

Great Parents, Great Start **Summary of Program Models and Curricula**

2008-09 Program Year

Laura V. Bates, MA
Research Assistant

Celeste Sturdevant Reed, PhD
Principal Investigator
Evaluator



**MICHIGAN STATE
UNIVERSITY**



University Outreach
& Engagement
Michigan State University
East Lansing

SEPTEMBER 2009

Copies of this report are available from:

University Outreach and Engagement

Michigan State University
Kellogg Center, Garden Level
East Lansing, Michigan 48824
Phone: (517) 353-8977
Fax: (517) 432-9541
Web: <http://outreach.msu.edu/CERC>

© 2008 Michigan State University. All rights reserved

The views expressed are solely those of the authors. For more information about this report, contact Celeste Sturdevant Reed at the above address, or phone number (517) 432-8439, or email: csreed@msu.edu.

Funding

This report was supported by Michigan Department of Education *Great Parents, Great Start* Grantees' evaluation funds transferred to the Midland County Educational Services Agency and contracted with University Outreach and Engagement.

Michigan State University is an affirmative-action, equal-opportunity institution.

Highlights

Accomplishments

- Many of the curricula and program models that grantees used are based on research and have undergone some evaluation of their effectiveness.
- The three models used most frequently (Parents as Teachers, Healthy Families America, and Nurturing Parenting) have received positive ratings from objective organizations such as the Promising Practices Network, SAMSHA, or the Office of Juvenile Justice and Delinquency Prevention.
- Many grantees who are targeting families with a specific risk factors (parent-child relationship issues, poor birth outcomes, behavior problems, developmental delays) used models that are intended for that population or problem.

Areas for Improvement

- Many curricula or models used can show limited evidence of their effectiveness because of problems with evaluation methodology (parent self-report, lack of a comparison group), or they lack evidence of how effective they are with different subgroups (families of different ethnicities, parents with multiple risk factors).
- Many grantees have identified target populations that include families with a wide range of risk factors; with such a broad population, it is difficult to design a program that will meet their multiple needs. Defining a narrower target population and selecting an approach specifically directed to that group or problem might bring about better outcomes.
- Parents as Teachers alone or combined with Healthy Families America, Nurturing, or Building Strong Families is probably a good model for the general population of low-income or low-literacy families, but families with high needs or multiple risks might benefit more from a model that specifically targets their particular needs.
- Because families who perceive the need for services are more likely to benefit from those services, careful attention to family-identified needs and program satisfaction might improve results.
- Implementing a high quality program with well-trained staff will require more resources than are currently allocated to GP,GS grantees.

Introduction

The Importance of Early Intervention Services

Research has established that early intervention services, in particular home visiting, are an important component of an effective system of care for young children and their families. While benefits are often quite modest and inconsistent across programs, ongoing home visiting, particularly in combination with center-based early childhood education can produce meaningful benefits for children and families.¹ However, careful attention to the quality of implementation of the program could boost outcomes. This would mean focusing on intensity of services that families actually receive, the skills of the home visitors, and the content of the home visiting curriculum.² In addition, home visiting services appear to be most beneficial for families where either the initial need is greatest and/or where parents perceive that their children need the services (for example, children are born with low birth weight, have special needs, or have behavioral problems which the parents are trying to address).³

A recent Issue Brief on home visitation programs published by Chapin Hall at the University of Chicago⁴ identified the attributes of successful programs. Some of these attributes are: 1) a theory of change that links specific aspects of the program to specific outcomes; 2) a model that shows positive outcomes for program participation when participants are compared to similar individuals who didn't participate; 3) evidence that the program has impacts on specific domains of family functioning or child development and that identifies characteristics of participants (for example, ethnicity, educational level) who benefitted more or less from the program.

Definitions

In this report we will discuss various approaches that grantees are using and what is known about the appropriate uses of the different approaches with different groups of children and families. To improve the clarity of this discussion, we begin by defining a few terms that we will use.

First, it is important to make a distinction between a curriculum and program model. An early childhood curriculum is a set of lessons or activities with specific objectives that parents and teachers can use to promote development in one or several domains, such as language and literacy or social-emotional development. It can also refer to a set of activities designed to improve parenting knowledge or practices. A program model is a particular approach to interacting with parents and children that promotes specific parenting or developmental goals. It may have several components (for example, assessment, home visiting, play groups, and referral to community agencies), and it may or may not have a specific accompanying curriculum (set of activities with specific objectives).

¹ Gomby, D. (2005). *Home Visitation in 2005: Outcomes for Children and Families*. Invest in Kids Working Paper No. 7. Committee for Economic Development: Invest in Kids Working Group. July. Available at www.ced.org/projects/kids.shtm

² Gomby

³ Gomby

⁴ Daro, D. (September, 2009). *Embedding Home Visitation Programs within a System of Early Childhood Services*. Chicago: Chapin Hall at the University of Chicago. Available on line at <http://www.chapinhall.org/research/brief/embedding-home-visitation-services-within-system-early-childhood-services-0>

Second, in judging the effectiveness of a model or curriculum, it is important to distinguish between “research-based” and “effective”. When a developer states that a curriculum is *research-based*, this means they considered knowledge gained from research on how children develop, learn, and form relationships with adult caregivers in developing the curriculum. However, to be considered *effective*, a particular curriculum or program model must have been evaluated to determine if children/families who participate in services show better outcomes in the areas the program is intended to affect than those who do not participate. The weakest evaluations are those that use only pre- and post-assessments of child and family outcomes because without a comparison group, there is no way to know if the program was responsible for the changes. Stronger evaluation designs use a comparison group of similar children/families or better yet, assign families randomly to an intervention group or a control or low-treatment group. If the intervention group shows more improvement, it is possible to assume that the intervention made a difference. Also, a good evaluation will show if the program was more effective for some types of families than for others (for example, families of different ethnicities, parents with low educational levels, teen parents, etc.).

Summary of Services and Models/Curricula Used for Targeted Services

Data Sources

In their Continuation Grant Plans for 2008-2009, grantees were asked to explain how they chose their population for targeted services and to identify the program models and/or curricula and the type of delivery method they used. They were also asked about research that supports the use of this program or curriculum for particular target groups of families. Data for this section came from the following sections of their Continuation Grant Plans for 2008-2009: 1.b and 1.c, Targeted High-Intensity Services, and 1.d, Further Information Related to Curriculum for Targeted Populations. The proposal information is based on self-report and is prospective (what was intended to happen).

Methods of Delivering Targeted Program Services

The great majority (53/57, 93%) of grantees used home visiting as the primary method of delivering high-intensity services to their target populations. Eighteen of this group combined home visits with parent-child play groups, early learning groups, parent education groups, or parent meetings. Several said screening was a service offered regularly; other services mentioned were telephone contacts and family events.

One grantee planned to deliver all high-intensity services through parent-child play groups. Three grantees did not specify the method of delivery beyond saying “face-to-face” or “parent training”.

Program Models and Target Populations

In this section we will briefly summarize how GP,GS grantees used various program models or curricula, and the target populations they intended to serve using these models. Table 1 shows the number and percent of grantees who used each of the more frequently used program models or curricula (those used by seven or more grantees) The percentages do not add up to 100% because a number of grantees combined several of these program models. Only six grantees did not use *any* of these program models.

Table 1: Program Models Used by Seven or More Grantees

Program Model	Number	Percent
Parents as Teachers (PAT)	39/57	68
Healthy Families America (HFA)	9/57	16
Nurturing Parenting Programs	8/57	14
Hawaii Early Learning Profile (HELP)	7/57	12
Building Strong Families (BSF)	7/57	12
None of the above	6/57	11

The program model/curriculum used most frequently by grantees was Parents as Teachers, followed by Healthy Families America, Nurturing Parenting Programs, Hawaii Early Learning Profile (HELP), and Building Strong Families. More thorough reviews of these models/curricula are in Appendix A. A number of other models/curricula were mentioned by five or fewer grantees; these are described briefly in Appendix B.

Most programs used a selection process to identify families with risk factors likely to influence child development, school readiness, or parent-child interaction. At-risk families were identified in three different ways: 1) by demographic characteristics (such as low parent education, low income); 2) by referral from partner agencies (and sometimes by self-referral); or 3) by specific assessments such as the Michigan School Readiness risk factors or the use of a developmental screening instrument such as the Ages and Stages Questionnaire.

Parents as Teachers (PAT)

The vast majority of grantees (39 of 57, 68%) employed one or more of the PAT program models, either alone or in combination with other models/curricula. Grantees mentioned using the general PAT Born to Learn® curriculum and models adapted for teen parents, for parents of preschoolers (3 – 5 years), and for working with Spanish speaking or immigrant/refugee families. One grantee also used a PAT nutrition and fitness curriculum. The majority of grantees used PAT in home visits, sometimes in combination with play groups or “parent education”.

Ten grantees said they were using PAT alone or only occasionally supplementing it with additional curricula. The target populations for these grantees included low-income families, families with various risk factors, those needing information on child development and expectations, children with birth complications or needing social-emotional development. Several reported using PAT with families referred by other programs for at-risk children, such as Early On or Community Mental Health. Several grantees served teen parents or Spanish speaking parents using the PAT curriculum. PAT has curricula that are modified for these populations, but grantees did not specify that they were using these modified options.

Six grantees used the basic PAT model along with PAT curricula modified for specific target populations. These included teen parents and families who are Spanish speaking or for whom English is a second language. Two of this group said they did not modify the curriculum but used bilingual staff to deliver the curriculum to Spanish speaking families. One grantee also used the PAT health and fitness curriculum with teens.

Often PAT was combined with other curricula or program models, frequently with Healthy Families America, Nurturing Parenting, Becoming a Love and Logic Parent, Building Strong Families, or the Hawaii Early Learning Profile (HELP). The first three programs target improved parent-child interaction and positive parenting, Building Strong Families is intended for families with low literacy and limited resources, and Hawaii HELP is a child assessment instrument combined with developmentally appropriate activities.

Seven grantees used PAT in combination with Healthy Families America and/or Nurturing Parenting, both of which are designed to reduce the risk of child abuse and neglect and improve parent-child interaction. The target populations for these grantees included families with a number of different characteristics, such as teens, Spanish speaking, “at risk” or those eligible for other programs but not receiving services. Four of this group were specifically targeting families who would be considered at

high risk of abuse or neglect because of factors such as family stress, substance use, assessed need for 0-3 secondary prevention services, referral from the Child Care Expulsion Project, or reported abuse/neglect.

Two grantees supplemented PAT with Infant Mental Health services, an approach designed to address parent-child relationship issues; their target populations were families with established risks related to health problems or potential for developmental problems. Two additional grantees used PAT with Positive Behavioral Supports, designed to reduce problem behaviors, and one also used Strengthening Parents, which is designed to build family resilience. Both grantees targeted children with challenging behavior. One of these grantees and one additional grantee used Becoming a Love & Logic Parent, a program that focuses on reducing problem behavior and building on children's assets.

Four grantees combined PAT with Hawaii HELP or Project AHEAD, which are both appropriate for families with children at risk of developmental delays or identified disabilities. Two of these grantees targeted families with identified school readiness risk factors; the other two identified high-risk populations based on family circumstances (for example, children in foster care).

Six grantees used PAT along with other general parent education curricula, including Building Strong Families, Parenting Counts, and play groups using the Creative Curriculum. Their target populations included low income families, at-risk families, and in two cases, families of children identified as eligible for Early On. Two grantees listed multiple supplementary curricula or programs; one grantee targeted general at-risk families and the other had multiple target populations with identified health or school readiness risk factors.

Healthy Families America (HFA) and Nurturing Parenting Programs

Healthy Families America and Nurturing Parenting Programs were the most frequently mentioned programs after PAT. HFA was used by 9 of 57 (16%) of grantees and Nurturing by 8 of 57 (14%). Among grantees who did not use PAT, HFA and the Nurturing Program were used either alone or in combination by 6 grantees, three of whom used HFA and Nurturing together. Other programs used in combination with these two included Hawaii HELP, the Parent-Infant Program, Positive Parenting, and Parenting the Preschooler. Services were delivered primarily through home visits, although one grantee also offered play groups and another mentioned "support groups".

Three grantees said they targeted low income families, and four described families with various identified risks, including exposure to alcohol, tobacco, and other drugs (ATOD), social isolation, lack of understanding of child development, a history of truancy in the family, and unstable families identified by the court.

Hawaii Early Learning Profile (Hawaii HELP)

Seven grantees (12%) reported using Hawaii HELP, a family-centered developmental assessment linked to developmental activities. In addition to those using HELP with PAT, 4 grantees used HELP – 2 used it alone, and the others combined it with Love & Logic, Nurturing, and Parenting Counts. Two grantees targeted children at risk of or with identified developmental delays. The other two targeted mothers with limited support or unstable families identified by the court.

Building Strong Families (BSF)

Seven grantees (12%) used the Building Strong Families curriculum, which was developed by MSU Extension to provide parent education to limited resource families with low literacy. Four grantees not using PAT employed the BSF curriculum or Parenting the Preschooler, which was also developed by MSUE. All used home visits to deliver the services, and two combined home visits with play groups or

parent support groups. BSF was used in combination with other curricula such as Positive Parenting and Exploring Parenting. Target populations offered BSF included parents of newborns, low-income families, children without preschool experience, families not receiving other services, and court-identified unstable families.

Other Models and Curricula

Six grantees did not use any of the program models discussed previously. Two of these grantees were targeting general “at risk” families but chose to use other parenting curricula – the Creative Curriculum® and Growing Great Kids. The other four had specific target populations and used a model that focused on that particular population or problem. Two targeted low literacy or academic failure and used literacy-based approaches – Raising a Reader, and the Parent-Child Home Program. Two grantees worked with families with social-emotional difficulties; one used the Infant Mental Health approach and the other employed individualized family plans. Finally, one grantee targeted pregnancy and birth problems and used the Healthy Start Program, which is designed to reduce infant mortality and improve maternal and infant health.

Conclusions

Given that the great majority of grantees used home visiting as one of the delivery methods for targeted services, we will discuss conclusions in light of the recent research on the effectiveness of home visiting. As noted earlier, implementation issues such as content of the curriculum, training of the home visiting staff, intensity of the service, and the motivation of families to participate in the service, can all influence the effectiveness of the service. It is particularly important to use a curriculum or program model that has been shown by thorough evaluations to be effective for the particular outcomes desired and for the types of families a program intends to serve.

With those thoughts in mind we offer a few observations about the accomplishments of targeted services provided by GP,GS grantees:

- Many of the curricula and program models that grantees used are based on research and have undergone some evaluation of their effectiveness
- The three models used most frequently (PAT, HFA, and Nurturing) have received positive ratings from objective organizations such as the Promising Practices Network, SAMSHA, or the Office of Juvenile Justice and Delinquency Prevention.
- Many grantees who are targeting families with a specific risk (parent-child relationship issues, poor birth outcomes, behavior problems, developmental delays) used models that are intended for that population or problem.

Program effectiveness might be improved by consideration of the following:

- Many curricula or models used can show limited evidence of their effectiveness because of problems with evaluation methodology (parent self-report, lack of a comparison group); or they lack evidence of how effective they are with different subgroups (families of different ethnicities, parents with multiple risk factors).
- Many grantees have identified target populations that include families with a wide range of risk factors; with such a broad population, it is difficult to design a program that will meet their multiple needs. Defining a narrower target population and selecting an approach specifically directed to that group or problem might bring about better outcomes.
- PAT alone or combined with HFA, Nurturing, or BSF is probably a good model for the general population of low-income families but possibly is not targeted enough for families with high needs or multiple risks
- Because families who perceive the need for services are more likely to benefit from those services, careful attention to family-identified needs and program satisfaction might improve results.
- Implementing a high quality program with well-trained staff will require more resources than are currently allocated to GP,GS grantees.

Appendices

Appendix A: Review of Program Models/Curricula Used by Seven or More Grantees

A1: Parents as Teachers

A2: Healthy Families America

A3: Nurturing Parenting Programs

A4: Building Strong Families

A5: Hawaii Early Learning Profile (Hawaii HELP)

Appendix B: Supplementary Programs/Curricula Used by Five or Fewer Grantees

Appendix A1: Parents as Teachers Program (PAT)

Overview

Based on the premise that parents are children's first teachers, the PAT program seeks to educate and empower parents to give their children the best start in life. The overarching philosophy of Parents as Teachers is to provide parents with child development knowledge and parenting support. Through a four-part intervention model known as the Parents as Teachers *Born to Learn*® model, trained and certified parent educators offer support to families from pregnancy to the time the children enter kindergarten. Curricula are adapted for some special populations, such as teen parents. Parent handouts are available at 2 reading levels and in Spanish.

Goals: 1) increase parent knowledge of early childhood development and improve parenting practices; 2) prevent child abuse and neglect; 3) increase children's school readiness; 4) detect developmental delays and health issues.

Target Population: Families of all income levels and ethnicities. Adapted curriculum for teen parents. Suitable for families from prenatal period to kindergarten entry, focusing on birth to 3 years.

Components

The *Born to Learn*© program components include home (personal) visits, group meetings, developmental screening, and linking with a resource network.

- **Personal visits** (monthly, bi-weekly or weekly) are the primary service delivery component. Parent educators share age-appropriate child development information with parents, help parents learn to observe their child's development, address parenting concerns, and engage the family in activities that provide meaningful parent/child interaction and support the child's development.
- **Parent group meetings** provide opportunities to discuss information about parenting issues and child development.
- **Screening** annually of developmental, health, vision and hearing is required for early identification of potential developmental delays or health problems.
- **Resource network** - Parent educators help families identify and connect with needed resources and overcome barriers to accessing services.

Implementation

PAT National Center requires that PAT parent educators receive training through regional coordinators and become certified. It is suggested that supervisors also attend part of the PAT training. Quality standards and a self-assessment tool are provided to help programs to maintain program fidelity.

Evidence of Efficacy

The Promising Practices Network gives PAT a rating of Promising, which means evaluation results have shown some positive results from the program but they are not definitive. [Several studies reported that PAT participants significantly outscored control group children on measures of language skills, cognitive abilities, physical development, and social development. In addition, one of the randomized controlled trials reports several significant program effects on social, self-help, physical, and cognitive dimensions—although effects varied by child's age and a significant difference was found for only one of three cognitive tests. No significant effects were found in either of the two studies that assessed child abuse and

neglect outcomes. However, one study did not find any significant differences between PAT and control children and in several studies, positive outcomes were found for only a few of many indicators that were measured.

Sources

- PAT National Center <http://www.parentsasteachers.org/site/pp.asp?c=ekIRLcMZJxE&b=272091>
- Promising Practices Network, <http://www.promisingpractices.net/program.asp?programid=88>
- Child Trends, Inc., <http://www.childtrends.org/lifecourse/programs/ParentsasTeachers.htm>

Appendix A2: Healthy Families America

Overview

Healthy Families America promotes positive parenting by educating parents about ways to interact with their child, helping them understand their child's capabilities at each developmental stage, identifying and shaping their attitudes towards parenting, and teaching them positive forms of discipline. Home visitors help parents recognize the importance of building a strong parent-child relationship and help them develop skills to increase their sensitivity, responsiveness, and nurturing capabilities towards their children.

Goals: 1) promote positive parenting and child health and development; 2) prevent child abuse, neglect and other poor childhood outcomes

Target Population: Expectant and new parents who are at high risk for child abuse and neglect. Families are recruited prenatally, if possible, or at birth, and retained through outreach efforts to build trust. Families are identified through systematic screening of all new parents in a given population, and then offered intensive home visiting services to those at highest risk.

Components

Model provides home visiting and referral to other services for parents at risk of child abuse and neglect. Systematic assessment of risk for child abuse and neglect is performed by trained Family Assessment Workers, often using the Kempe Family Stress Index. Service components include:

- **Home visiting** – Trained home visitors provide information and support to new parents and model positive parent-child interactions
- **Links to community resources** including links to a medical home and preventive health care
- **Periodic developmental screening** to identify any developmental delays and provide appropriate intervention where needed.

Implementation

All HFA programs adhere to a series of Critical Elements, which represent the field's most current knowledge about implementing successful home visitation programs. These critical elements fall into 3 categories: service initiation and outreach, content, and provider selection and training. To have an impact it is expected that services should be provided over a long period of 3 – 5 years. Selection of workers is based on personal characteristics, including compassion, a nonjudgmental approach, and the ability to build trust and work with culturally diverse groups, rather than specific education or training. Program staff are trained in the key concepts of assessment or home visitation and in the 12 "critical elements" of the HFA model. All service providers should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.

Evidence of Efficacy

A recent two-year study of Healthy Families – New York using an experimental design found positive effects on birth outcomes among families participating before the 30th week of gestation and positive effects on parenting. Parents in the Healthy Families group when compared to the control group, which received only information and referral, had fewer self-reported incidents of abuse or neglect, of severe physical abuse, of minor physical aggression or psychological aggression. There was no difference in substantiated cases of child abuse and neglect; however results for this indicator are complicated by the fact that it is a low-incidence event and that families in the Healthy Families group were subject to greater

surveillance by agency staff. Other studies reported by Healthy Families America have found positive effects on various indicators including immunization rates, parenting knowledge, quality of home environment, and positive parent-child interaction.

Promising Practices Network gave the Healthy Families New York program a **proven** rating because the program evaluation design and implementation met their criteria for high quality evaluation and positive outcomes were significant and meaningful. The program is similar to other Healthy Families American programs implemented throughout the country.

Sources

- Promising Practices Network, <http://www.promisingpractices.net/program.asp?programid=147>
- Healthy Families America, http://www.healthyfamiliesamerica.org/about_us/index.shtml

Appendix A3: Nurturing Parenting Programs

Overview

The Nurturing Parenting Programs are family-centered programs designed to build nurturing skills as alternatives to abusive parenting and child rearing attitudes and practices. To meet the specific needs of families, programs have been identified according to the standard levels of prevention: primary, secondary (intervention) and tertiary (treatment).

The programs feature activities to foster positive parenting skills and self-nurturing, home practice exercises, family nurturing time, and activities to promote positive brain development in children birth to 18 years. Thirteen separate programs are available targeting families with children of different ages, families with different demographic characteristics, and families in need of different levels of prevention/intervention.

Goals: 1) to prevent recidivism in families receiving social services; 2) lower the rate of multi-parent teenage pregnancies; 3) reduce the rate of juvenile delinquency and alcohol abuse; 4) stop the intergenerational cycle of child abuse by teaching positive parenting behaviors

Target population(s): all families at risk for abuse and neglect with children birth to 18 years. Programs have been adapted for special populations, including Hmong families, military families, Hispanic families, African-American families, teen parents, foster and adoptive families, families in alcohol treatment and recovery, parents with special learning needs, and families with children who have health challenges.

Components

The programs feature activities in the following areas:

- **Positive parenting skills**, addressing topics such as discipline, nurturing, communication, home safety, establishing values morals and rules, and the link between anger, alcohol, and abuse.
- **Self-nurturing** and self-expression
- **Home practice exercises** for follow-through at home
- **Family nurturing time** in which parents and children learn new skills and new ways to have fun
- Activities to promote **positive brain development** in children of all ages

Implementation

Lessons can be delivered in a home-based setting, group setting, or combination of home and group settings. Facilitators should attend a three-day training provided at various locations in the country. Each curriculum has its own training.

Evidence of Efficacy

An early evaluation of the preschool program with Head Start parents using pre- post-test design found parents were more able to empathize with their child's needs, had more negative views of corporal punishment, were better able to identify alternatives to corporal punishment, and had more appropriate expectations of their child's capabilities. A National Institute for Mental Health (NIMH) study demonstrated the effectiveness of the Nurturing Parenting philosophy and implementation strategies in remediating current abuse, and preventing the recurrence of abuse in 93% of the families completing the program.

The Nurturing Parenting Programs are recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Registry for Evidence-based Parenting Programs (NREPP), The Office of Juvenile Justice and Delinquency Prevention (OJJPD) and a number of state and local agencies as a **proven program** for the prevention and treatment of child abuse and neglect.

Sources

- Center for the Application of Substance Abuse Technologies, University of Nevada – Reno, <https://casat.unr.edu/bestpractices/view.php?program=67>
- Nurturing Parenting Programs, http://www.nurturingparenting.com/what_are_np.php

Appendix A4: Building Strong Families

Overview

Building Strong Families is a comprehensive parenting program designed to deliver parenting education on a one-to-one basis in the home or in small groups. It focuses on providing parents with information that will empower them to have a positive impact on their children's development. The curriculum provides information in formats that follow the principles of adult learning and are accessible to parents with limited literacy levels. It does not assume spousal support or intact families.

Goals: 1) enable parents to create positive and safe environments for children ages 0-3 years; 2) enable parents to respond to children in ways that are appropriate to the developmental level of the child; 3) facilitate the personal development and self care of the parent.

Target Population: First time parents and parents of young children from birth to 36 months of age who may have limited literacy skills and limited resources

Components

Program consists of an 8-12 week parent education curriculum delivered one-on-one in the home or in small groups by professionals, trained paraprofessionals or volunteers. The curriculum covers 4 topic areas:

- **Kids Develop** which examines normal stages of development and milestones for children 0-36 months of age
- **Helping Kids Behave** which presents positive discipline alternatives that are consistent with the stages of development
- **Playing to Learn** which focuses on positive parent-child interaction
- **Smart Living**, designed to facilitate parental development through identification of strengths and goal setting

Implementation

The curriculum is designed to be delivered in home visits or small-group sessions, one-to-two hours long. Intensity and duration vary from program to program, but the model is designed to be delivered in a minimum of 10 to 12 sessions. It is often used as a parent education component within other program models.

The curriculum can be delivered by trained paraprofessionals, volunteers, or professionals. Two-day intensive training is available; biannual follow-up sessions on program management are offered to participating MSU county extension programs.

Evidence of Efficacy

Several evaluations studies were conducted between 1995 and 2001. A large study in Michigan assessing changes in BSF participants using a pre- post-test design found positive changes in parenting behaviors. Quasi-experimental studies also found positive effects on parenting behaviors such as promoting development and using positive discipline, positive parent-child interaction, and parent satisfaction with their social support, although there was no change in the quantity of social support families received. In another study, mothers in the program group showed a significant increase in their sense of control over their lives from beginning to end of the program, while there was no change among mothers in a comparison group.

Sources

- MSU Extension, <http://www.anr.msu.edu/bsf/>

Appendix A5: Hawaii Early Learning Profile (Hawaii HELP)

Overview

HELP is a family-centered curriculum-based assessment for use by professionals working with infants, toddlers, young children, and their families. HELP is used for identifying needs, tracking growth and development, and determining "next steps" (target objectives). It offers play-based activities and intervention strategies for each skill. HELP can be used to identify needs, track growth and development, and develop plans for meeting objectives. It can be used to identify a child's developmental skill and behavior strengths and needs, physical and social environment factors affecting development, and the way development in one area may be affecting development in other areas. Although it offers developmental activities for each domain, it is primarily an assessment instrument. It can be used in developing outcomes for an Individual Family Service Plan (IFSP).

Goals: HELP focuses on the whole child--the importance of supportive environments and interactions, building on strengths, and providing activities for working on specific needs.

Target Population: Infants and children 0-36 months of age; can be adapted for use with children with specific disabilities and parents who have disabilities.

Components

HELP includes a developmental checklist which covers major domains of development: cognitive, language, gross motor, fine motor, social-emotional, and self-help. Skills are grouped into strands that are appropriate for assessing children with disabilities. The administration manual provides sample culturally-sensitive family interview questions regarding the child's strengths and needs and family concerns, priorities, and resources related to enhancing the child's development. Sets of developmentally appropriate activities are provided and parent handouts. Suggestions are available for adapting HELP for parents who have disabilities.

Implementation

Training in use of the assessment is required but number of hours is not specified.

Evidence of Program Efficacy

As a curriculum-based assessment, HELP is not standardized; it is used for identifying needs, tracking growth and development, and determining "next steps" (target objectives). No other information on evaluation was found.

Sources:

- Friends National Resource Center for Community Based Child Abuse Prevention, <http://www.friendsnc.org/download/outcomeresources/toolkit/annot/help.pdf>
- VORT Corporation, http://www.vort.com/products/help_overview.html

Appendix B: Supplementary Programs/Curricula Used by Five or Fewer Grantees

Programs and Curricula

Name of Curriculum	Goals	Target Population	Evaluation (Yes/No)	Findings
Becoming a Love & Logic® Parent	Give parents, educators, and others working with children strategies for 1) reducing behavior problems; 2) increasing motivation; and 3) building assets which contribute to life-long responsibility and resiliency	Families of children with disruptive or challenging behavior	Y	A multi-state study using a pre- post-test design found significant improvements in parents' feelings of competence, ability to stay calm when disciplining the child, and reduced parenting stress. Parent perceptions of their child's behavior improved, especially in the area of parent-child arguments. Results are only suggestive, as there was no comparison group.
Bright Beginnings	Parent education to understand and enhance child's growth and development	Families of children from prenatal to age 8 years	?	Curriculum comes with evaluation tools and users are encouraged to report findings to developers. Evaluation results not posted on website.
Circle of Parents	To help parents exchange ideas, share information, develop and practice new parenting skills, learn about community resources, and give and receive support	Parents of children of any age	Y	In various evaluations, parents have reported improved parenting skills and knowledge of community resources; feeling supported and empowered.
Creative Curriculum®	To foster children's social-emotional, physical, cognitive, and language development; enhance learning in literacy, math, science, social studies, the arts, and technology	Families with infants, toddlers through age 2 and preschoolers	Y*	What Works Clearinghouse, Institute of Education Sciences, found no evidence of impact on oral language, print knowledge, phonological processing, and math; FACES 2000 national longitudinal study of Head Start found evidence of children's improvement across a number of measures and higher classroom quality
CSEFEL Mental Health	To improve the ability of programs, staff and	Teachers, child care staff, and	Y*	Randomized trials of mental health consultation

Name of Curriculum	Goals	Target Population	Evaluation (Yes/No)	Findings
Consultation	families to prevent, identify, treat, and reduce the impact of mental health problems among children	parents dealing with challenging behavior among children from birth to age 6		model underway. Early findings show positive influence on classroom climate and teacher confidence, teacher-child interactions, frequency of problem behavior and child social skills.
Exploring Parenting	To provide information and instruction to parents in a number of areas related to understanding the young child and responding to the child's needs; handouts to parents in English and Spanish	Parents of young children including Spanish speaking families	?	Information not available
Growing Great Kids	To support the development of nurturing and empathetic parent-child relationships; to help parents address child development and health, provision of care, parenting concerns and dynamics of parent-child and family relationships	Families with children from 0 to 3 years; a preschool version also available.	N	Curriculum is "research based" in that the latest research on child development and attachment were used in curriculum design but it has not been evaluated for effectiveness.
Healthy Start	To reduce infant mortality by 50% and generally improve maternal and infant health in at-risk communities	Pregnant women (particularly at high risk of poor pregnancy outcomes) and infants	Y*	Received a "Promising" rating from the Promising Practices Network. Three program sites had statistically significant decreases in very-low-birth-weight babies. However, no single program consistently showed improvements across all of the outcome areas, and it is not clear which program or implementation features led to which outcomes.
Infant Mental Health	To promote family stability, optimal development and emotional readiness to learn through helping the caregiver to build a	Expectant and new parents with children under 3 who are at high risk of developing or currently have	Y*	One clinical trial of high risk mother-infant pairs using random assignment found intervention mothers were more responsive, sensitive to infant cues and

Name of Curriculum	Goals	Target Population	Evaluation (Yes/No)	Findings
	sensitive and responsive relationship with the infant	relationship problems, developmental delays, or disorders of infancy		more fostering of growth. Results of a recent evaluation are pending.
Nurse-Family Partnership (formerly Nurse Home Visitation Program)	Reduce risks of poor birth outcomes, child abuse and neglect, welfare dependence and family instability; long term, reduce risks associated with school failure and antisocial behavior among children and adolescents	First-time new mothers who are at risk because of low socioeconomic status.	Y*	Has been evaluated multiple times. Overall, program more effective for young single adolescent mothers and those with low psychological resources. Improvements were found in women's prenatal health-related behavior, # pregnancy complications, # doctor/hospital visits of children for injury or ingestions, and in the incidence of closely spaced pregnancies. Children of heavy smokers seemed to benefit slightly in cognitive development. For some subgroups, improvements were also found in other aspects of the mother's personal development and long-term outcomes for children.
Parent-Child Home Program	Increase language and literacy skills; improve social competence; improve parent-child interaction	Families with low levels of education or other risk factors that are barriers to school readiness, generally from 16 mos. to 4 yrs.	Y*	Studies using a comparison group design indicate positive effects on kindergarten readiness among low-income minority, and ESL children.
Parenting Counts	To provide parent with information about how children think, feel, and learn; to support parents with examples of best parenting practices	Families with children from birth to 5 years	N	Curriculum is "research-based" in that it was developed using research on how children develop and learn. No information is available about evaluation of its effectiveness in promoting better parenting or child development.
PIWI	To enhance developmental opportunities for the child by expanding on and strengthening the	Parents eligible for early intervention services, such as Early On	N	Model found to have face validity with expert panel; participants agreed with practice indicators for implement and agreed they

Name of Curriculum	Goals	Target Population	Evaluation (Yes/No)	Findings
	parent-child relationship			had been implemented. Additional evaluations underway.
Positive Behavior Supports	To reduce problem behaviors and enhance quality of life (enhanced relationships and increased independence)	Families of children with challenging behavior	Y	A number of studies have indicated reduced incidences of challenging behavior in school-age children using the model but little research has addressed preschoolers
Project AHEAD (At Home and At Day Care)	Help family members understand child's needs and promote optimal development; support family in dealing with feelings about a child's disability; help family bridge to child-care setting	Families of children birth to 3 w/ non-categorical disabilities	Y	A study in Utah using a pre- post design found all 61 children in the study made progress in multiple developmental areas and made greater gains in the program than they had before in 6 developmental domains. Over 95% of parents were satisfied w/ program and their visitor. All child care providers gave the program high ratings and believed they had gained skills
Raising a Reader	To foster healthy brain development, parent-child bonding and early literacy skills critical for school success	Families with children birth to 5 years, especially those w/ low literacy or English skills	Y	Studies have indicated effects on family, parent-child bonding, and pre literacy skills. A longitudinal study is underway.
Strengthening Families	To reduce the incidence of child abuse by building protective factors in families	Families of children 3-5	Y	Program for families of children 6-12 has been identified as an exemplary I program by the Office of Juvenile Justice and Delinquency Prevention for improving parenting skills, family relationships. However, there is no information on the preschool model.

* Model or curriculum has undergone evaluation using a comparison group or random assignment of participants to intervention and control groups

Sources:

Becoming a Love and Logic Parent: Love and Logic® <http://www.loveandlogic.com/>

Bright Beginnings: North Dakota State University Extension Service

Circle of Parents: Circle of Parents, Inc. <http://www.circleofparents.org/>

Creative Curriculum: Teaching Strategies, Inc. www.teachingstrategies.com

CSEFEL Mental Health Consultation: The Center on the Social and Emotional Foundations for Early Learning, <http://www.vanderbilt.edu/csefel/>

Exploring parenting: Early Childhood Learning and Knowledge Center, Administration for Children and Families, U.S. Department of Health and Human Services, http://www.eclkc.ohs.acf.hhs.gov/hslc/resources/ECLKC_Bookstore/21st%20Century%20Exploring%20Parenting%20Curriculum.htm

Growing Great Kids – Great Kids, Inc., <http://www.greatkidsinc.org/>

Healthy Start: Promising Practices Network, <http://www.promisingpractices.net/program.asp?programid=118> ; National Healthy Start Association, www.healthystartassoc.org

Infant Mental Health Services: Michigan Association for Infant Mental Health, <http://www.miamh.org/index.php>; Michigan Department of Community Health, http://www.michigan.gov/mdch/0,1607,7-132-2941_4868_7145-14659--,00.html

Nurse-Family Partnership: Nurse-Family Partnership, <http://www.nursefamilypartnership.org/> ; Promising Practices Network, <http://www.promisingpractices.net/program.asp?programid=16>

Parent-Child Home Program: The Parent-Child Home Program, <http://www.parent-child.org/>

Parenting Counts: Parenting Counts, Talaris Institute, <http://parentingcounts.org/>

PIWI (Parents Interacting with Infants): PIWI Projects, Children's Research Center, University of Illinois (Urbana-Champaign), not currently available on line

Positive Behavior Support: Technical Assistance Center on Positive Behavioral Interventions and Supports, <http://www.pbis.org/default.aspx> ; A Program-Wide Positive Behavior Support: Supporting Young Children's Social-Emotional Development and Addressing Challenging Behavior, http://www.challengingbehavior.org/do/resources/documents/sek_cap_booklet.pdf

Project AHEAD: Final report, Project AHEAD: Where the child is, where the services are. Utah State University, Logan, Dept. of Communicative Disorders, http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/16/ac/91.pdf

Raising a Reader: Raising a Reader, <http://www.raisingareader.org/>

Strengthening Families: Strengthening Families Program, <http://www.strengtheningfamiliesprogram.org/>; Strengthening American's Families, Office of Juvenile Justice and Delinquency Prevention, http://www.strengtheningfamilies.org/html/model_programs.html