NC Early Childhood FOUNDATION

i(cs) INSTITUTE for CHILD SUCCESS

What Works for Third Grade Reading
NC Pathways to Grade-Level Reading Working Paper

Positive Parent-Child Interactions: Supported and Supportive Families and Communities

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I. Pathways Measure of Success

Average number of minutes per day that parents talk or play with their children

II. Definitions

The following terms are referenced in this brief:

Parenting Interventions help parents and other caregivers over time learn and use positive approaches to support children's optimal development. Interventions can and are used in the home, child care and prekindergarten classrooms, schools and other community settings.[i] Child outcomes include improved social-emotional health, language and cognitive development, and a reduction in problematic behaviors. Parent outcomes include more positive parenting attitudes, practices, and parent-child attachment through a better knowledge of child development and the reduction of stress.[ii]

Positive Parent-Child Interactions are the physical, social, and emotional back-and-forth actions between parents or caregivers and young children that allow children to establish secure expectations that their needs will be met. Positive parent-child interactions build safe, stable, responsive relationships between parents and children, which help children's brains develop and help them build social-emotional skills. When parents or caregivers respond negatively, inconsistently or not at all to children's expressed needs, their developing brains can be impacted, resulting in physical, mental and emotional health issues.[iii]

Self-regulation is the process of properly managing feelings, thoughts and behaviors. Self-regulation involves cognitive and social-emotional skills, including goal-setting, impulse control and problem solving. Self-regulation begins to emerge during a child's first five years but is not completely developed until early into adulthood.[iv]

Social and Emotional Development refers to the development of skills necessary to interact positively with peers and adults, regulate emotions and behavior, and develop social competence and self-identity.[v]

Toxic Stress can occur when children or adults experience long-lasting stressors like child maltreatment, domestic violence, family substance abuse, parental incarceration, and/or chronic poverty, without being buffered by needed supports. For very young children, toxic stress can negatively impact the development of brain architecture and functioning, resulting in a higher risk of social-emotional and cognitive impairment, and the development over time of chronic health conditions.[vi]

III. Positive Parent-Child Interactions: Why They Matter

Positive, responsive interactions between parents or other primary caregivers and young children are the foundation of children's cognitive, language, and social-emotional development, all of which are essential for early literacy. Starting at birth, positive parent-child interactions promote attachment and a sense of security for children—parents respond to babies' cries, and babies learn to expect a soothing response when they express their needs.[vii] Positive parent-child interactions can buffer children from negative psychological and hormonal impacts of toxic stress.[viii] However, family stress also can result in

parent-child interactions that are less positive and/or less frequent, which impacts child development and long-term outcomes.[ix]

Parent-child interactions can look different in different families—there is no "right way" to parent—and mothers and fathers tend to influence children's development in different ways.[x] Parent-child interaction also is influenced by differences in children's temperaments.[xi] Single parents face additional stressors, often struggling to handle financial, workforce, and childcare issues alone. This level of stress can result in reduced or aggravated parent-child interactions, negatively impacting both the parent and the child.[xii]

IV. Positive Parent-Child Interactions: Connections to Other Pathways Measures of Success

Just like the domains of child development, the Pathways Measures of Success are highly interconnected. The table and text below outline the measures that *influence* or *are influenced by* Positive Parent-Child Interactions.

Health and Development on Track, Beginning at Birth	**Supported and Supportive Families and Communities**
Early Intervention	Formal and Informal Family Supports
Social-Emotional Health	Safe at Home
	Reading with Children

Early Intervention. Children living in families struggling with both low income and maternal depression are particularly at risk for developmental delays in language and communication,[xiii] partly because of fewer positive parent-child interactions. One in two low-income mothers with young children may experience depression.[xiv] High-quality parent-child interactions improve children's outcomes with early intervention.[xv] High-quality early intervention programs provide needed supports for families, educate and empower parents to advocate for their children,[xvi] and help to improve the quality of parent-child interactions.[xvii]

Social-Emotional Health is the process of children developing the skills necessary to build strong attachments with adults, maintain positive relationships with peers and adults, develop empathy, construct healthy personal identities, and manage their own behaviors through self-regulation.[xviii] For young children, these skills are built largely through positive parent-child interactions.[xix] Social-emotional development is often described in terms of a child's temperament, attachment, social skills or social competence, and emotional regulation.[xx]

Formal and Informal Family Supports. Many factors in the lives of children and their adult caregivers impact the development of positive parent-child relationships. Parents who experienced significant adversity in their own childhoods, live in poverty, suffer from depression, and/or experience a difficult separation from a parenting partner (including divorce, incarceration or death) may have more trouble developing positive relationships with their children.[xxi] These adverse experiences increase the stress on caregivers who, without well-functioning networks of support, find it difficult to support children's language and communication development, emotional engagement, and social interaction.[xxii] What

ought to be a naturally-occurring period of bonding between a parent and young child can devolve into stressful and negative interactions or neglect.

Connections to responsive and supportive networks, services, and institutions can increase knowledge and understanding of child development and parental behavior for parents of infants, which is likely to lead to improved outcomes in social development and school readiness.[xxiii] High-quality home visiting, parenting education, and family preservation programs that are coordinated with early learning programs and other formal and informal supports can teach and support parents to meet their children's social, emotional, and physical needs.[xxiv]

Safe at Home. Child maltreatment is the most powerful evidence of a negative or non-existent parent-child relationship. Neglect (also called "acts of omission" or "unresponsive care") is more prevalent than abuse, accounting for 75 percent of abuse and neglect cases substantiated by child protective services.[xxv] The most frequent categories of neglect, as defined by federal child welfare policy, are physical neglect (not providing for basic needs like nutrition, hygiene, or appropriate clothing) and inadequate supervision (leaving children unsupervised, not protecting them for safety hazards, providing inadequate caregivers, or engaging in harmful behaviors).[xxvi] Children who live with parental neglect or abuse and other adverse childhood experiences (ACEs) when they are very young can experience developmental delays, limited vocabulary development, and reduced self-regulation skills, school readiness and academic outcomes.[xxvii] These life experiences in childhood also can contribute to chronic illnesses later in adulthood.[xxviii]

Reading with Children. Reading regularly with parents improves young children's language development, early reading achievement and school readiness. When adults read to young children and engage them in rich conversations, children develop larger vocabularies, learn to read more easily, and grow stronger emotionally. Early language and literacy develop concurrently, beginning at birth with ongoing visual, vocal, and verbal exchanges between a very young child and his or her primary caregivers.[xxix]

Whether parents use books to engage with their children depends both on their knowledge of the importance of reading and whether they have the necessary resources. Toxic levels of family stress, unstable housing and homelessness, and the risk of violence in the home can reduce positive parent-child interactions and negatively impact parents' capacity to read regularly with their young children.[xxx]

V. Context Matters: Positive Parent-Child Interactions

The following issues are important to consider when planning policy, practice and program strategies to address Positive Parent-Child Interactions.

Family Poverty. Living in poverty can affect the chemical make-up of our bodies in ways that undermine parents' abilities to provide the safe, strong, nurturing relationships that young children need for healthy language, cognitive, and social-emotional development.[xxxi] Repeated stress—such as not knowing where the next meal is coming from—results in more easily triggered, more frequent, and longer-lasting bursts of stress hormones, which impact health, learning, decision-making abilities, and self-regulation.[xxxii] Successful parenting interventions address these chronic stressors, in addition to building parents' skills and providing them with information about child development.

Parental Depression. Prenatal and post-partum depression are risks to healthy parent-child interactions. *Maternal* depression can endanger young children's cognitive, social-emotional, and behavioral development, as well as their learning and physical and mental health over the long term.[xxxiii] Although most research has been on maternal depression, fathers also experience depression. Estimates of *paternal* depression in the first several months after the birth of a child range from four to 25 percent of new fathers.[xxxiv]

Depression and stress prior to birth can reduce expectant mothers' participation in prenatal care and transmit high levels of maternal stress hormones to the unborn child through the placenta. These conditions can also result in more babies being born preterm and/or at low birthweight. After birth, mothers' and fathers' stress and depression can reduce parent-child interactions, impacting children's social-emotional and language development. Untreated maternal depression can increase the risk of child maltreatment as well as children's own risk of depression, separation anxiety, and difficult behavior.[xxxv] Between 10 and 20 percent of pre- and post-partum women experience clinically diagnosable depression. Among low-income mothers, this rises to about 60 percent.[xxxvi]

Grandparents Raising Grandchildren. In 2015, nearly three million U.S. children were being raised by their grandparents, an increase of half a million over the past decade.[xxxvii] Seven percent of North Carolina children under age 18 (170,000) lived in families headed by grandparents. Of these, nearly one in two children are five years of age or younger.[xxxviii] Comparison of data from 2007 to 2015 reveals a substantial increase in the numbers of children living with grandparents, about 35,000 children.[xxxix] African Americans are overrepresented among these families—five in ten were White and four in ten were Black/African American. Seven in ten were under 60 years of age. One in four lived at or below the federal poverty level.[xl]

American Community Survey data from 2008-2012 reveals grandparents raising their grandchildren make up about three and a half percent of the total North Carolina population (about 200,000 people). About half of these grandparents bear sole responsibility for their grandchildren, and most have been caring for them for years.[xli] Grandparents who become primary caregivers experience a great deal of satisfaction from taking on this role, but many also experience depression, health problems, legal and financial problems, role conflicts in their marriages and work, as well as social isolation and stigma.[xlii]

VI. Policy Options to Support Positive Parent-Child Interactions

Federal Funding for Positive Parent-Child Interactions. *Maximize enrollment in federal programs that focus on supporting positive parent-child interactions.*

Some federally-funded programs include activities designed to support positive parent-child interactions and family engagement, including:

- Child Care Development Fund (CCDF)
- Early Head Start and Head Start
- Family Services through the Children's Bureau
- IDEA Part C and Part B
- Home Visiting
- Libraries and Museums
- Quality Rating and Improvement Systems (QRIS)
- State Funded Preschool

- State Child Care Licensing Requirements
- Title I of the Elementary and Secondary Education Act (ESEA).[xliii]

Activities included across these federally-funded programs include flexible program hours to accommodate parents' schedules, home visits and parent-teacher conferences, parent education, skill building training in parent-child interactions, and linkages to other community services. See Appendix A for a chart of these programs and the specific activities they include.[xliv]

Access to Maternal Mental Health Screening and Treatment. *With North Carolina members of Postpartum Support International,[xlv] identify gaps in the delivery of pre- and postpartum mental health screening and access to treatment. Analyses should consider race/ethnicity and geographic data. Policy solutions may include changes in private or public health care systems and reimbursement to ensure widespread access to screening and treatment services.*

Maternal depression impacts parent-child interactions, and screening is the first step towards reducing the incidence of depression. More than half of the 14 medical practices within the Community Care of North Carolina (CCNC) network routinely screen for maternal postpartum depression. In July 2016, North Carolina's Medicaid program began to reimburse providers for up to four postpartum maternal depression risk screens.[xlvi]

Screening that is not followed by timely treatment, however, will not improve the capacity of mothers with young children to parent in a positive, responsive manner. National data analysis reveals that many adults who have been screened for mental health challenges still do not receive treatment.[xlvii] See the Pathways *Early Intervention* brief.

VII. Practice Options to Support Positive Parent-Child Interactions

Streamlining the application process for family supports and bundling services to reduce additional stress on families.

Services for adults with disabilities has proven the benefit of a "no wrong door" policy for eligibility determination and a joint application across service programs.[xlviii] Simultaneous enrollment across programs like Medicaid, Children's Health Insurance Programs (Health Choice), SNAP (food stamps), and other types of assistance for families at risk can reduce family stress and increase the rates of enrollment.[xlix] Government agencies can review internal and interagency rules and application procedures to simplify and streamline the application process.

Data reveals that eligible North Carolina families are under-enrolled or under-served in formal supports known to improve family well-being. Participation in these programs improves short- and long-term child and family health, educational, and economic outcomes by helping ensure that low-income families' and children's basic needs are met.[l]

The North Carolina Work Support Strategies Initiative aims to streamline policies, service delivery, and program eligibility to create a "no wrong door" system.[li] As part of the initiative, North Carolina continues to expand implementation of its NC FAST integrated eligibility system at the state and county levels. See also the *Formal and Informal Family Supports* brief.

Programs included in NC FAST are:

- Food and Nutrition Services, North Carolina's SNAP program
- Medicaid, and NC Health Choice, North Carolina's CHIP program
- TANF and Work First
- Subsidized Child Care/Child Care Financial Assistance
- Refugee Assistance

Including practices shown to improve parent-child interactions in state- and community-funded parenting support programs

The recent federal *Compendium of Parenting Interventions* has identified a group of research-informed practices that when implemented with fidelity can support positive parent-child interactions. They include:

- Focusing on parents' strengths, self-efficacy, and empowerment
- Affirming parents' cultural traditions, beliefs, and practices related to raising children
- Sharing information with parents, such as information about child development and learning
- Teaching or modeling parenting and discipline skills, such as strategies for managing challenging behaviors or supporting a child's learning
- Modeling healthy interactions with children, such as how to follow a child's lead during play or how to set appropriate limits
- Changing parents' attitudes and beliefs
- Reducing parental stress by improving access through case management or service referrals
- Improving social support
- Working with parents on areas other than parenting

Programs that intentionally include these practices result in improved parent-child interactions, more positive parenting and discipline practices, and reduced parenting stress and child maltreatment. Children experience increased social-emotional competence, increased cognitive, language and literacy development, and increased attachment to their parents.[lii]

VIII. Evidence-Based Program Options to Support Positive Parent-Child Interactions[liii]

The *Compendium of Parenting Interventions* developed by the federal Administration for Children and Families finds that there are "a significant, but limited number of parenting interventions" with published evidence of their effectiveness in early care and education settings and even fewer that were designed for specific ethnic and cultural groups.[liv] The *Compendium* also notes that:

- Agencies that rate the evidence-base of programs (such as the California Clearinghouse of Evidence-Based Programs and the federal Home Visiting Evidence of Effectiveness Clearinghouse) often use different terminology that may not be comparable. A few examples include "adequate evidence," "evidence-based," and "program that works."
- Some programs are found to be effective in achieving certain outcomes but not others—even when the outcomes are similar or related. For example, a home visiting program might produce improvements in positive parent-child relationships, interactions, positive parenting practices,

and attitudes, but no improvements in positive discipline practices, parental well-being, knowledge of child development, parenting stress, or child maltreatment.

The programs listed below have been identified by one or more compendia of evidence-based programs or interventions. The specific programs vary by types of families served (universal vs. targeted) and the ages of children served (birth to early elementary school).[lv]

Detailed information is provided in Appendix B for each of the following programs.

Name of the Program	**Rated By**
1-2-3 Magic	Compendium
Adults and Children Together Raising Safe Kids – ACT	Compendium
Chicago Parent Program	Compendium
Child FIRST	HOMVEE
Circle of Security	Compendium
Early Head Start Home Visiting	HOMVEE
Early Start New Zealand	HOMVEE
Effective Black Parenting Program	Compendium
Family Check Up for Children	HOMVEE
Health Access Nurturing Development Services (HANDS)	HOMVEE
Healthy Beginnings	HOMVEE
Healthy Families America	HOMVEE
Home Instruction for Parents of Preschool Youngsters (HIPPY)	HOMVEE
Incredible Years Attentive Parenting Program	SAMHSA NREPP
InsideOut Dad (Note: This is an example of a program cited by one resource as evidence based, while another resource (California Clearinghouse) indicates there is not enough evidence to rate it.	National Fatherhood Initiative
Maternal Early Childhood Sustained Home-Visiting Program (MECSH)	HOMVEE
Nurse-Family Partnership (NFP)	HOMVEE
Nurturing Parenting Programs	Smart Start Resource Guide
Parent Corps	Compendium
Parents as Teachers (PAT)	HOMVEE
Play and Learn Strategies (PALS)	HOMVEE
Safe Care (Augmented)	HOMVEE
Systematic Training for Effective Parenting (STEP)	Compendium
Triple P	HOMVEE

Appendix A. **BUILD Initiative: Integrating Family Engagement to Support Positive Parent-Child Interactions**

The national BUILD Initiative has catalogued a set of federally-funded services, supports and programs that include goals and activities designed to promote positive parenting and support parent-child interactions.

- Chart I, below, shows these activities across the various programs, with those that directly impact parent-child interactions or the parent-child relationship noted at the top of the chart and highlighted in grey.
- Chart II provides a description of each program or system included in Chart I, with those that directly impact parent-child interactions or the parent-child relationship highlighted in grey.[lvi]

The charts were replicated from analyses by the national BUILD Initiative.[lvii] The descriptions cite directly from that report.

Chart I: Parenting Support Across Federally-Funded Programs or Systems

Strategy/Activity/ Practice	CCDF	(Early) Head Start	Family Support	IDEA Part C	IDEA Part B	Home Visiting	QRIS	Libraries/ Museums	PreK	Licensing	Title I ESEA
Activities facilitate parent-child relationship		x	x	x		x	x	x			
Curriculum focused on supporting parent-child interactions		x	x			x		x			
Parent access to program at any time	x	x		x	x	x	x	x	x	x	x
Home visits		x	x	x		x					
Parent-teacher conferences	x	x			x		x		x		x
Family communication in primary language		x									
Parent/ Family education		x		x				x	x		x
Parent-child groups		x	x	x			x	x			
Transitions PK-K		x		x	x	x	x		x		
Intergenerational activities		x	x	x	x		x	x	x		
Links to community supports		x	x	x	x	x					

Chart II: Program Descriptions

Program or System	Description/Philosophy: Engaging Families and Supporting Parent-Child Relationship
Child Care and Development Fund	Increases the availability, affordability and quality of child care. Consumer education around child care choices is required and the state lead agency is required to coordinate with employment services and workforce development. There are no federal requirements related to family engagement and parent-child interaction.
Early Head Start and Head Start	Parent and family engagement in Head Start/Early Head Start (HS/EHS) is about building relationships with families that support family well-being, strong relationships between parents and their children, and ongoing learning and development for both parents and children. The model embodies a family partnership strength-based approach, collaboration with parents, programmatic decision-making driven by families and support for family-child interactions.
Family Services (Children's Bureau)	As part of Children's Bureau funding, family support services under the Promoting Safe and Stable Families program include coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services. The Community-Based Grants for the Prevention of Child Abuse and Neglect program includes community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect.
IDEA Part C	Statewide systems of coordinated, comprehensive, multidisciplinary, interagency programs and making early intervention services available to children with disabilities, aged birth through 2, and their families, are required. The IDEA requires that early intervention services be provided in natural environments, which include the home or a community setting where the child would be participating if they did not have a disability. Each child and family has an individualized family service plan (IFSP) created at the onset of services, which guides delivery.
IDEA Part B, section 619	Assistance to states in providing a free, appropriate public education in the least restrictive environment for children with disabilities ages 3 through 5. States may include preschool-aged children who are experiencing developmental delays, as defined by the state and as measured by appropriate diagnostic instruments and procedures, who need special education and related services. To the maximum extent appropriate, children with disabilities are educated with children who do not have disabilities. Each child has an Individualized Education Plan (IEP) informed by expert assessment of the child and accepted by the parent.
Intensive Home Visiting (MIECHV included)	Intensive home visiting programs use the home visitor-family relationship as the tool through which all the work takes place; the centrality of the parent-child relationship to home visiting is a key feature that defines the delivery of each home visiting model, regardless of the model used by the program. Home visitors work directly with parents, through intensive, often weekly, home visits, to support them in their parenting role, develop their skills to interact with their child, and support their child's healthy development.
Libraries and Museums	Museums and libraries bring a unique focus on family engagement and the parent-child relationship with their role as connectors that bridge the generations and bring children, their parents, and their families together in fun and nonthreatening settings that build mutual knowledge, skills, and self-efficacy.

Quality Rating and Improvement System (QRIS)	A QRIS is a method to assess, improve and communicate the level of quality in early care and education settings. A QRIS includes the following components: (1) quality standards for programs and practitioners, (2) supports and an infrastructure to meet such standards, (3) monitoring and accountability systems to ensure compliance with quality standards, (4) ongoing financial assistance that is linked to meeting quality standards, and (5) engagement and outreach strategies. As QRIS involves levels of quality, the family engagement and support for the parent-child relationship varies across the levels, involving more intensive strategies at the highest levels.
State-funded Preschool	State-funded preschool programs have as their primary goal to enhance the learning and development of children, particularly those at greatest risk, and ensure young learners are ready for school success. States make the determination around family engagement and parent-child relationship focus and activities.
State Licensing Requirements	Federal law requires that states have policies in place to protect the health and safety of children in child care in three areas: the prevention and control of infectious diseases; building and physical premise safety; and health and safety training appropriate to the program setting. The standards set by states for licensing child care centers and family child care homes vary greatly in areas of training, group size and ratio and environment and include the most basic standards around engaging with families, such as exchanging information at the beginning and end of the day.
Title I of ESEA	Local schools, districts and LEAs may opt to use Title I funding to run preschool programming. This programming is typically targeted at high need, eligible children. Programs using Title I funding are required to implement parental involvement activities.

Appendix B. **Evidence-Based Program Descriptions**

Narrative descriptions are generally cited directly from the referenced source.

1-2-3 Magic
1-2-3 Magic aims to educate caregivers about age-appropriate expectations and child behavior problems. Families served are parents and caregivers of children 18 months to 12 years old. The primary focus is on improving parent-child relationships and decreasing children's disruptive and oppositional behaviors, while increasing positive behaviors. Other objectives are to reduce family stress and increase marital satisfaction.[lviii]

Adults and Children Together Raising Safe Kids – ACT
ACT aims to help parents and caregivers provide safe environments in which to raise children without violence. ACT-RSK is designed to prevent and reduce child maltreatment, increase positive, nonviolent parenting skills, and reduce children's aggression. ACT-RSK is a community-based intervention for groups of parents with children from birth to eight years old. ACT-RSK has been adapted for and piloted with incarcerated fathers. Intervention objectives are to educate parents and caregivers about positive, effective parenting, strengthen families and create a safe and healthy environment that prevents child maltreatment.[lix]

Chicago Parent Program
Chicago Parent Program was developed with the participation and input of a panel of seven African-American and five Latino parents. The intervention focuses on the parent-child relationship to build positive parenting strategies that promote children's socio-emotional development while reducing behavior challenges. Families served include parents and caregivers of children two to five years old. CPP was originally developed for African-American and Latino parents with low incomes raising young children in urban communities. It is designed to serve a culturally and economically diverse audience. Intervention objectives are to nurture child social and emotional development, reduce child behavior challenges, and promote positive parenting strategies while reducing harsh or inconsistent parenting behaviors.[lx]

Child First
Child First works to decrease the incidence of emotional and behavioral disturbance, developmental and learning problems, and abuse and neglect among high-risk young children and families. Child First serves pregnant women and families with children birth through age five. A mental health/developmental clinician and care coordinator work as a team to provide services that include a comprehensive assessment of child and family needs, observation and consultation in early care and education settings, a family and child plan of care, a parent-child mental health intervention, and care coordination. The program typically lasts six to 12 months, depending on a family's needs. During the first month, the clinician and care coordinator conduct joint home visits twice per week, and thereafter visits occur either separately or jointly and at least weekly.[lxi]

Circle of Security (COS)
Circle of Security is a group-based intervention designed to create a secure attachment between children and their caregivers, or help them shift to one. Research has shown that children with secure attachments to caregivers have stronger emotional, social, and cognitive resources than their non-secure peers.[lxii]

Circle of Security Parenting (COS-P) is "more scalable" and "less intense" than COS. Circle of Security Home Visit (COS-HV) is a modification of COS to home visiting programs. Families served are "high-risk" parents or caregivers of children ages 0 to 5. Intervention objectives are to promote or shift to secure parent-child attachment for better child outcomes, help parents recognize child cues that signal exploration and seeking of haven of safety, and help parents learn appropriate responses and sensitivity to child's attachment needs.[lxiii]

Early Head Start Home Visiting

Early Head Start targets low-income pregnant women and families with children from birth through age 3, most of whom are at or below the federal poverty level or who are eligible for Part C services under the Individuals with Disabilities Education Act in their state. The program provides early, continuous, intensive, and comprehensive child development and family support services. EHS programs include home- or center-based services, a combination of home- and center-based programs, and services provided in family child care homes. We focus here on the home-based service option. EHS home-based services include weekly 90-minute home visits and two group socialization activities per month for parents and their children. Home visitors are required to have knowledge and experience in child development and early childhood education; principles of child health, safety, and nutrition; adult learning principles; and family dynamics. An infant mental health home-based services adaptation of EHS home-based services aims to help parents build stronger relationships with their infants and toddlers, foster healthy family functioning, and support the emotional health of both parent and child. Three studies found positive parenting as a primary outcome; 23 did not. Five studies found positive parenting as a secondary outcome; 30 did not.[lxiv]

Early Start (New Zealand)

Early Start is a home visiting program that shows results for positive parenting. Early Start is a voluntary home visiting program designed to improve child health, reduce child abuse, improve parenting skills, support parental physical and mental health, encourage family economic well-being, and encourage stable, positive partner relationships. Early Start was designed to be a mainstream program, targeting at-risk families with newborns and children up to age 5. However, the developers took steps to ensure that the model would also be culturally responsive to the Māori, an indigenous population of New Zealand. Home visitors deliver services at varying levels of intensity, depending on the family's needs. Families with the highest needs receive up to three hours of home visits and indirect contact per week (level 1), families with moderate needs receive up to three hours of home visiting every two weeks (level 2), and families with lower needs receive up to one hour of home visiting monthly (level 3). The fourth and final level of services includes up to one hour of contact every three months. Home visitors in consultation with their supervisors determine when a family is ready to progress to the next level. Three studies found positive parenting results as a primary outcome.[lxv]

Effective Black Parenting Program

This program is a cognitive-behavioral parenting skills training intervention adapted from the Confident Parenting Program. The focus of the intervention is to address issues specific to African-American parents, related to parenting skills. EBPP emphasizes helping parents change the "harsh disciplinary practices" that "originated historically as survival adjustments to slavery," and helping convey positive messages to their children about their cultural heritage. EBPP was originally developed for parents of African-American children ages two to 12. Most of its evaluation studies have been conducted with families in this community. However, since 1988, EBPP has been used with teenage African-American parents and their babies, and with African-American parents of adolescents. Intervention objectives are to help parents enhance the quality of their relationships with their children, use parenting strategies

and skills shown to be helpful in raising prosocial, competent, and healthy children, convey positive messages about cultural heritage, and help parents guide children's development away from delinquency, dropping out of school, and substance abuse. This program also has positive outcomes specific to parent-child interactions.[lxvi]

Family Check Up for Children
This is a home visiting program that shows results for positive parenting**.** It is a preventative program for high risk families, to help parents address typical challenges that arise with young children before these challenges become more serious or problematic. The model includes three home visits with a trained parent consultant who has an advanced degree in psychology or a related field. After the three home visits, the parent consultant makes recommendations for a family-based intervention tailored to the needs of the family, such as parent management training, preschool consultation, or community referrals. It is rated as evidence-based by Home Visiting Evidence for Effectiveness (HOMVEE). Two studies found positive parenting results as a primary outcome.[lxvii]

Incredible Years Attentive Parenting Program is a set of three interlocking, comprehensive, and developmentally-based training programs for children and their parents and teachers. These programs are guided by developmental theory that looks at the role of multiple interacting risk and protective factors in the development of conduct problems. The three programs are designed to work jointly to promote emotional and social competence and to prevent, reduce, and treat behavioral and emotional problems in young children.[lxviii] The Incredible Years Parent Program serves parents of infants and toddlers, preschoolers and school-aged children to age 12 years. The programs focus on strengthening parent-child interactions and relationships, reducing harsh discipline, and fostering parents' abilities to promote children's social, emotional, and language development. In the programs for parents of preschoolers and school-age children, participants also learn how to promote school readiness skills and are encouraged to partner with teachers to become involved in their children's school experiences, promoting academic achievement, social skills, and emotional self-regulation, and reducing conduct problems. Each program includes protocols for use as a prevention program or as a treatment program for children with conduct problems and attention-deficit/hyperactivity disorder.[lxix]

Health Access Nurturing Development Services (HANDS)
HANDS is a home visiting program is a voluntary home visiting program designed to prevent child maltreatment, improve family functioning, facilitate positive pregnancy and child health outcomes, and maximize child growth and development. The program targets first-time pregnant mothers or parents with children up to three months old who have multiple challenges, such as single parenthood, low income, substance abuse problems, or being victims of abuse or domestic violence. A trained paraprofessional or professional home visitor, such as a social worker, conducts prenatal and postnatal home visits with parents; provides parenting information, problem solving techniques, and parenting skill development; and addresses basic needs. The level of services offered to families varies and is based on the needs of the family and the pace at which they progress through the program. Positive parenting was not measured as an outcome.[lxx]

Healthy Beginnings
Healthy Beginnings is a home visiting program started as a demonstration project in Sydney, Australia, implemented from 2007 to 2010. Healthy Beginnings targeted first-time mothers of infants from socially and economically disadvantaged areas. The model aimed to prevent childhood obesity by improving children's and families' eating patterns, reducing sedentary activities such as television viewing, and increasing physical activity. In Healthy Beginnings, nurse home visitors addressed the following topics

during each visit: infant nutrition and physical activity, family nutrition and physical activity, and family social support. The home visitors offered referrals if the family had questions or concerns unrelated to the discussion topics. Telephone support was available between visits. Families received eight home visits from the prenatal period through age 24 months. Each visit ranged in length from 45 to 90 minutes. Ten studies showed results of positive parenting as a secondary indicator.[lxxi]

Healthy Families America (HFA)
HFA is a home visiting program that shows results for positive parenting. Healthy Families America (HFA) goals include reducing child maltreatment, improving parent-child interactions and children's social-emotional well-being, and promoting children's school readiness. Local HFA sites select the target population they plan to serve and offer hour-long home visits at least weekly until children are 6 months old, with the possibility for less frequent visits thereafter. Visits begin prenatally or within the first three months after a child's birth and continue until children are between 3 and 5 years old. In addition, many HFA sites offer parent support groups and father involvement programs. Sites can also develop activities to meet the needs of their specific communities and target populations.[lxxii] Three studies found positive parenting practices as a primary outcome; 33 found no effect on this indicator. Five studies found positive parenting as a secondary outcome; 35 found no effect as a secondary outcome.[lxxiii]

Home Instruction for Parents of Preschool Youngsters (HIPPY)
Hippy is a home visiting program that shows results for positive parenting. The program aims to promote preschoolers' school readiness and support parents as their children's first teachers by providing instruction in the home. The program model is designed for parents who lack confidence in their abilities to prepare their children for school, including parents with past negative school experiences or limited financial resources. HIPPY offers weekly, hour-long home visits for 30 weeks per year, and two-hour group meetings at least six times per year. HIPPY sites are encouraged to offer the three-year program model serving 3- to 5-year olds, but can offer a two-year program model. The home visiting paraprofessionals are typically drawn from the same population that is served by a HIPPY site, and each site is staffed by a professional program coordinator who oversees implementation and supervises the home visitors. One study found positive parenting practices as a primary outcome; nine found no effect on this indicator. One study found positive parenting as a secondary outcome.[lxxiv]

InsideOut Dad
This intervention was developed by National Fatherhood Initiative (NFI) to help incarcerated fathers improve their parenting skills and develop stronger relationships with their children while in prison and after release. The objectives of the program are to (1) increase fathers' self-efficacy, (2) increase fathers' awareness, knowledge, and attitudes about being involved, responsible, and committed fathers, and (3) increase contact between fathers and their children. The program consists of twelve two-hour core sessions delivered weekly to groups of up to 12 fathers. Three optional sessions focus on reentry issues such as reconnecting with family, fathers' rights and responsibilities, child support and visits with children. A fourth optional session addresses the role of spirituality in fatherhood. Sessions are led by one or two facilitators (two recommended for groups of eight or more). Facilitators can be correctional facility staff or volunteers from the community. No specific qualifications are required of facilitators; training on the program through NFI is recommended but not required.[lxxv]

Maternal Early Childhood Sustained Home-Visiting Program (MECSH) is a HOMVEE-rated evidence-based program that shows results for positive parenting. Based in Australia, the program is designed to enhance maternal and child outcomes by providing antepartum services in addition to the traditional

postpartum care women receive through Australia's universal system for maternal, child, and family health services. MECSH targets disadvantaged pregnant women at risk for adverse maternal and/or child health and development outcomes. Registered nurses conduct a minimum of 25 60- to 90-minute home visits, from pregnancy and until the child's second birthday. During the visits, nurses focus on parent education, maternal health and well-being, family relationships, goal setting, and other issues such as housing and finances. Also available are parenting groups, activities to link families to the community, and referrals to other specialized care (such as dieticians and drug and alcohol counselors). One study found positive parenting results; five did not.[lxxvi]

Nurse-Family Partnership (NFP) is a HOMVEE-rated evidence-based program that shows results for positive parenting. The program is designed for first-time, low-income mothers and their children. It includes one-on-one home visits by a trained public health-registered nurse. The visits begin early in the woman's pregnancy (with program enrollment no later than the 28th week of gestation) and conclude when the child turns two years old. NFP is designed to improve (1) prenatal health and outcomes, (2) child health and development, and (3) families' economic self-sufficiency and/or maternal life course development. There is also an alternate implementation of NFP, which has paraprofessionals, rather than nurses, conduct the home visits. The paraprofessionals receive the same length of training as the nurses and carried the same caseloads, but had a higher supervisor-to-home visitor ratio. Five studies found positive parenting practices as a primary result; 18 found no effect. One study found positive parenting as a secondary outcome.[lxxvii]

Nurturing Parenting Programs (NPP)

NPP is cited as an evidence-based program by the *Smart Start Resource Guide of Evidence-Based Programs and Practices*. The programs are family-based and target all families at risk for abuse and neglect with children birth to 18 years of age. Services can be offered in a group setting, in a home-visiting setting, or as a combination of both group meetings and home visitation. Goals of the Nurturing Parenting Programs are to:

- Prevent recidivism of abuse and neglect in families receiving social services
- Stop the intergenerational cycle of child abuse by teaching positive parenting behaviors
- Lower the rate of multiple teenage pregnancies

Components of the program include:

- Developing empathy and facilitating parent-child bonding and attachment
- Teaching parents appropriate expectations of children's growth, particularly ways to promote children's feelings of self-worth, trust, and security
- Employing discipline that promotes the dignity of children and adults
- Empowering adults and children to nurture themselves, others, and their environments
- Helping all family members develop a meaningful level of self-awareness and acceptance

The 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 with health challenges.[lxxviii]

Parent Corps

Parent Corps is a population-level approach to reduce the impact of poverty on early childhood health and development, by engaging and supporting both parents and teachers of young children. It is broadly

available and effective for low-income, minority children living in large urban centers. Parent Corps builds on the strengths of culturally-diverse families and aims to address the challenges of raising and educating children in this context. The program serves parents and teachers of children three to six years old. It is designed to be a universal intervention for all children and to recognize the diversity, such as immigration status and cultural identity, found in urban areas. Intervention objectives are to engage and support communities of parents and early childhood teachers, promote high-quality home and classroom experiences for young children, and strengthen children's learning, behavior, and health.[lxxix]

Parents as Teachers (PAT) is a HOMVEE-rated evidence-based program that shows results for positive parenting. The goal of the program is to provide parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness. The PAT model includes one-on-one home visits, monthly group meetings, developmental screenings, and linkages and connections for families to needed resources. Parent educators conduct the home visits using structured visit plans and guided planning tools. Local sites offer at least 12 hour-long home visits annually, with more offered to higher-need families. PAT serves families for at least two years between pregnancy and kindergarten. PAT affiliate programs select the target population they plan to serve and the program duration. One study found positive parenting as a primary result; 43 found no result. Forty-two studies found no result as a secondary outcome.[lxxx]

Play and Learn Strategies (PALS)
PALS is a HOMVEE-rated evidence-based program that shows results for positive parenting. The program is designed to strengthen parent-child bonding and stimulate children's early language, cognitive, and social development. There are two versions of the program: PALS I Infant curriculum for families with children five months to one year, which consists of 10 weekly sessions; and PALS II Toddler curriculum for children 18 months to three years, which consists of 12 weekly sessions. Both versions are offered through 90-minute home visits conducted by a parent educator. Parent educators are required to receive training and certification from the program developer, the Children's Learning Institute at the University of Texas Health Science Center. The Children's Learning Institute recommends that PALS be implemented by agencies with sustained funding mechanisms and organizational structures that can support program continuity, such as Head Start, Early Head Start, and not-for-profit early childhood agencies. Eleven studies found positive results for parenting as a primary indictor.[lxxxi]

Safe Care (Augmented)
Safe Care Augmented is a HOMVEE-rated evidence-based program. SafeCare aims to prevent and address factors associated with child abuse and neglect among the clients served. Eligible clients include families with a history of child maltreatment or families at risk for child maltreatment. SafeCare was developed to offer a more streamlined and easy-to-disseminate program based on key components of its precursor, Project 12-Ways. SafeCare typically provides 18 to 22 weeks of training to parents with children from birth to age five. Trained home visitors conduct 60- to 90-minute weekly or bi-weekly home visits focusing on three modules: parent-child/parent-infant interactions, infant and child health, and home safety. All SafeCare modules include baseline assessments and observations of parental knowledge and skills, parent training, and follow-up assessments to monitor change. Each module typically involves one assessment session and five training sessions. During the parent trainings, SafeCare home visitors explain the rationale for a particular concept, model the concept, have the parent practice the steps, and then provide feedback. SafeCare home visitors are not required to meet specific education requirements. Positive parenting was not measured as a primary or secondary outcome.[lxxxii]

Systematic Training for Effective Parenting (STEP)
STEP provides skills training for parents to give them the tools they need to deal with frequently encountered parenting challenges. Early childhood STEP adapts the STEP principles and techniques for use with parents of young children, focusing on child behavior, self-esteem, communication, cooperation, discipline, and social and emotional development. Families served are parents of children birth to age six. Intervention objectives are to improve parents' understanding of natural and logical consequences, reduce parental stress and parents' potential to be physically abusive, improve understanding of child behavior and misbehavior and general family functioning, improve communication between parents and children, and improve parental confidence.[lxxxiii]

Triple P (Positive Parenting Program)
Triple P is a home visiting program for parenting and family support designed to prevent and treat behavioral and emotional problems in children from birth through their teenage years. Specialized interventions target certain subgroups, including children with a disability and indigenous families. To meet the needs of different families and implementing agencies, the Triple P system uses five levels of increasing intensity, a range of delivery methods (such as one-on-one consultations in the home or group seminars), and staff from multiple disciplines (including paraprofessionals, counselors, and nurses). The intensity and length of services also varies across levels. For example, Primary Care Triple P (Level 3) includes approximately four individual consultations of 15 to 30 minutes over one to two months, and Enhanced Triple P (Level 5) includes approximately eight individualized sessions, each lasting 60 to 90 minutes. The HomVEE review is based on Triple P interventions where home visiting was the primary service delivery mechanism with prenatal parents or families with children birth to age (Triple P–Home Visiting)." Positive parenting was not studied as a primary or secondary outcome measure.[lxxxiv]

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