ENVISIONING FUTURE DIRECTIONS:

THE ROLE OF CHILDREN’S TRUST FUND IN PROMOTING PARENT EDUCATION SUPPORT PROGRAMS IN MASSACHUSETTS

Tufts University

URBAN ENVIRONMENTAL POLICY AND PLANNING

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The Tufts University Urban and Environmental Policy and Planning Field Project, Envisioning Future Directions: The Role of Children’s Trust Fund in Promoting Parent Education Support Programs in Massachusetts, developed a strategic course of action for our client, the Massachusetts Children’s Trust Fund (CTF). CTF is a statewide public agency that leads efforts to prevent child abuse and neglect in the Commonwealth. Currently, CTF faces a critical crossroads; recent budget cuts of nearly 35% to its parenting education and support programs (PESPs) prevent the agency from continuing to fully allocate its modest grants. CTF enlisted the Tufts Field Project team to conduct on-the-ground research with its current grantees to determine alternate strategies for supporting their work. Based on an extensive literature research and qualitative findings from grantee interviews and a survey administered to providers across the state, we identified a dearth of evidence-based outcomes related to parenting education.

Based on CTF’s stated objective and the research, our proposed recommendations involve redirecting funding towards a high quality evaluation of PESPs and expanding training opportunities for statewide providers. Providing more flexible and varied training options would address the need expressed by providers. Regarding evaluation, we suggest a model based on Jacobs’ Five Tiered approach. Evaluation would provide the necessary empirical evidence to assess whether PESPs represent an effective strategy for reducing child maltreatment, or whether other approaches might more readily realize this goal. Our recommendation is intended to help guide CTF’s strategic planning process as the agency considers its future role in PESPs.
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The Tufts University Urban and Environmental Policy and Planning Field Project, Envisioning Future Directions: The Role of Children’s Trust Fund in Promoting Parent Education Support Programs in Massachusetts, entails charting a strategic course of action for our client, the Children’s Trust Fund (CTF). Founded in 1988, CTF is a statewide agency that leads efforts to prevent child abuse and neglect and strengthen families in the Commonwealth. CTF works towards achieving this crucial goal through multifaceted programming that funds family support and child welfare organizations across the state, as well as by administering technical assistance to providers. CTF funds Healthy Families, a home visiting program for teen mothers, parenting support education programs (PESPs), among others.

The current recession provides the context for the scope of this project. As Massachusetts has confronted budget constraints, state agencies have become increasingly vulnerable to cuts in funding. CTF is not an exception: recently, the agency experienced a loss of nearly 35% of its funding designated for PESPs.

Accordingly, CTF finds itself at a critical crossroads: how will its role in promoting parenting education programs transform given this sober economic reality? CTF has enlisted the Tufts University Field Project team to assist with charting a future course of action regarding its role in supporting PESPs in Fiscal Year 2013 and beyond. In order to assess the most effective strategy, the Field Project team conducted qualitative interviews with CTF’s 16 current grantees and administered an internet survey to a broader group of providers to understand organizations’ myriad needs. To complement this qualitative research, the Tufts Field Projects Team also reviewed social policy and child development literature in order to explore the status of parenting education and its role in contributing to CTF’s overarching mission: to reduce child abuse and neglect and strengthen families. In addition to CTF’s
desire to better understand the needs of PESPs, both their own grantees and non-grantees, the agency expressed interest in developing an evaluation plan. Thus, the Field Project team reviewed literature related to the field of evaluation in order to recommend an evaluation approach.

Results from our qualitative interviews indicated that CTF’s 16 grantees expressed the strong need for continued, and even increased, funding, as well as expanded training opportunities that include online options as well as in-person sessions accessible to organizations located outside of the Boston area. Quantitative analysis software demonstrated that, similar to the 16 grantees, statewide providers seek more flexible training options, including online formats. The literature review identified a dearth of evidence-based outcomes related to PESPs as a persistent problem and highlighted the need for more rigorous research. Research related to evaluation plans indicated that a non or quasi-experimental approach is most cost-effective.

Based on these substantive findings, the Tufts Field Project team recommends that CTF redirect its limited resources currently funding PESPs to conduct a high quality evaluation and simultaneously expand training opportunities for statewide providers. Increasing training options represents a chief need articulated by providers in the survey we administered. More accessible trainings will also reach a wide array of providers across the state. Regarding evaluation, CTF has already prioritized a rigorous, multi-phase evaluation of its Healthy Families Massachusetts (HFM) project. A similar commitment towards evaluating its PESPs will enable the agency to assess whether PESPs represent the most effective strategy for achieving the agency’s mission to reduce abuse and neglect and strengthen families, or whether it should focus its attention elsewhere.
Children’s Trust Fund (CTF)

Established in 1988, the Massachusetts Children’s Trust Fund (CTF) is a statewide agency dedicated to supporting organizations that work to prevent child abuse and neglect and strengthen families.

CTF is supported by a combination of federal, state and private funding, through its 501c(3) organization, Friends of CTF. As an umbrella organization, CTF evaluates, financially supports and promotes the work of over 100 agencies that serve parents and enable them to increase their capacity in raising healthy children. Through these community partners, parents have the opportunity to join childrearing support groups and can attend activities at family centers. In addition, young, first-time parents can enroll in a home-visiting program to get information, support and referrals.

CTF also offers a variety of training and technical assistance opportunities to professionals who work with families and children. Trainings focus on topics such as Shaken Baby Syndrome Prevention, fostering father involvement in raising children, and strategies for encouraging healthy parenting and preventing child abuse.

Furthermore, CTF works with local and national organizations dedicated to supporting children and families. CTF is currently collaborating with The Pew Center on the States, The Center for the Study of Social Policy and the National Alliance of Children’s Trust and Prevention Funds. CTF’s long-term partners include the Department of Early Education and Care, the Department of Public Health, and the Department of Children and Families. CTF is partnering with the Pew Center on the States to strengthen the field of home visiting.
Pew is providing funding to the Massachusetts Healthy Families Evaluation, one of 14 national projects, in support of its work to assess the effects of home visiting for first-time teenage mothers. Additionally, CTF and Pew are partnering to promote the development and adoption of evidence-based quality standards for Massachusetts’ funded home visitation programs.

Massachusetts Home Visiting is expanding home visiting services in 17 high-need communities. In partnership with the Department of Public Health, CTF is providing technical assistance and training to support program implementation and holds a key role in the task force that is planning and developing the program enhancements, collaboration, and evaluation.

CTF was selected by the Center for the Study of Social Policy to participate in a collaborative project to advance the implementation of the Protective Factors framework in family-serving programs. This project, called the AIM (Action, Implementation and Momentum) Initiative, is funded by the Doris Duke Foundation. Together with the Department of Children and Families, Department of Early Education and Care, and Department of Public Health, CTF is mentoring early childhood professionals in their use of the Strengthening Families Approach. Massachusetts is one of four states selected to participate in this initiative.

On behalf of the National Alliance of Children’s Trust and Prevention Funds, CTF has developed a curriculum for family serving organizations in order to assist them in better integrating Strengthening Families Approach in their work.

CTF began working in partnership with the Department of Children and Families to design
and implement family support programs and services at their newly created Family Resource Centers.

In 2011, CTF’s 18th Annual A View from All Sides conference brought together 650 family support professionals for in-depth examination of cutting edge theories and promising practices in family support and education.

Finally, CTF continues to be the Commonwealth’s leading provider of free trainings to family service professionals. In 2011, over 1,500 individuals participated in at least one of CTF’s educational programs. Additional information and resources are available on CTF’s website www.mctf.org.

**Challenge Presented and Project Goal**

CTF strives to offer its services and resources to as many parents as possible through a combination of funding and supporting 16 community-based organizations across the Commonwealth of Massachusetts. This support enables grantees to operate Parent Education and Support Programs (PESPs).

In the past year, CTF has seen a severe decline in the amount of funding received by the federal and state government. As indicated in the graph, the only source of funding that has increased is the money that CTF received through its private funding arm, the Friends of CTF. While the amount allocated to training community providers has remained constant, CTF has suffered a dramatic reduction in funding at both the state and federal levels. The loss in funding received from the state in particular was so severe that CTF cannot afford to divert any state funds to support PESPs.
In the graph, we see a column entitled ‘Federal – CP’. This refers to the comprehensive programs funded by CTF. CTF supports PESP providers in two ways. While most programs receive a $5,000 grant per year during a two-year grant period, the comprehensive programs receive a grant of $10,000, during a five-year period. As a result of these budget cuts, CTF’s ability to financially support PESPs has fallen from $229,764 in the fiscal year 2011 to $151,000 in the fiscal year 2012. At an almost 35% deficit from the previous year, this represents an immense loss. Table 1 displays a detailed breakup of the loss in funding structure.

<table>
<thead>
<tr>
<th>Source of Funding</th>
<th>FY 2011</th>
<th>FY 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal - CP</td>
<td>$68,764.00</td>
<td>$52,000</td>
</tr>
<tr>
<td>State</td>
<td>$20,000.00</td>
<td>$0</td>
</tr>
<tr>
<td>Federal</td>
<td>$95,000.00</td>
<td>$43,000</td>
</tr>
<tr>
<td>Private</td>
<td>$30,000.00</td>
<td>$40,000</td>
</tr>
<tr>
<td>Training</td>
<td>$16,000</td>
<td>$16,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$229,764.00</strong></td>
<td><strong>$151,000</strong></td>
</tr>
</tbody>
</table>

*Table 1: CTF’s PESP Funding*
Keeping in mind these drastic budget cuts, our goal is to assist the Children’s Trust’s Fund’s Program and Evaluation Committee in developing a new strategic plan to best support their community partners in the fiscal year 2013 and beyond.

**Research Question**

Qualitative research questions exhibit the following attributes: they are exploratory, open-ended, and evolving (Creswell 2007). These traits refer to the idea that research questions do not assume a specific outcome; instead, they aim to examine various perspectives in order to address the problem. The research questions also might shift during the data process. Based on the significant funding challenge presented above, we have developed the following research questions to address the problem:

“How can CTF better support PESPs as a tool to strengthen families and prevent child abuse and neglect based on literature, research, and evidence from current programs?”

As exploratory and open-ended research questions, the inquiry is grounded in the qualitative research field. “To study these topics, we ask open-ended research questions, wanting to listen to the participants we are studying and shaping the questions after we “explore”…” (Creswell 2007, 43) Since we are interested in learning about effective strategies for achieving CTF’s mission as well as ways in which those strategies might specifically support PESPs, we formulated a broad question.

Given that CTF has limited funding which will not be able to sustain its 16 grantees beyond fiscal year 2012, the agency faces a critical juncture for determining its future course
of action. In order to inform CTF’s strategy forward, our research question focuses on exploring effective strategies for supporting PESPs.
Parenting Education

According to The Center for Parenting Education’s website, the mission of parent education and support programs (PESPs) is inform parents about how to raise their children in emotionally healthy ways so that their children can thrive personally, socially and academically. The Pew Charitable Trusts’ Report defines parenting education as, programs, support services and resources offered to parents and caregivers that are designed to support them or increase their capacity and confidence in raising healthy children. Within this realm of family support, parenting education is seen as a central strategy for nurturing and empowering parents in ways that are consistent with family support principles (Carter and Kahn 1996, 6).

Outcomes for parenting education can be defined at several levels. For instance, programs might focus on parent outcomes, (knowledge, skill building, attitude, behavior, mental health etc.); child outcomes (health, safety, freedom from neglect and abuse, social skills, language acquisition, school success, appropriate behavior etc.); family outcomes (strengthening family relationships, attachment); and community and social outcomes (building support networks, social capital). All of these outcomes are interrelated, with studies indicating that parent outcomes are a mediating variable for achieving child outcomes, such as school success, pro-social behavior and reducing abuse and neglect (Mann 2008). Specifically, programs don’t uniformly target the same outcomes; thus, there is a lack of standard criteria by which to evaluate PESPs, an issue we will elaborate upon later in this report.

Background of Parenting Education

Parenting education as a phenomenon dates back to the early 1800s. In the 1820s, mothers met regularly in “maternal associations” to discuss child rearing problems and
concerns about the religious and moral improvement of their children. The first parenting magazine “Mother’s Magazine” was published in 1832 and the Society for the Study of Child Nature was founded in 1888. Federal support for parent education began in 1909, with the establishment of the first White House Conference on Child Welfare and the creation of the Children’s Bureau in 1912. As more parents began to ask for help, educators and social workers recognized the need for parent education and began to collect and distribute organized materials (Croake and Glover 1977). In 1946, a pediatrician named Benjamin Spock published Baby and Child Care, a book that shot to the top of the best-seller lists and paved the way for many similar publications. The mid 1950s experience the birth of hundreds of grassroots organizations across the country.

The creation of the Head Start program in the 1960s marked a shift in the landscape of parenting education. For the first time, parents were given the opportunity to shape decisions in the Head Start program and were considered to be valuable partners in the education of their children.

By the 1980s parenting education was growing exponentially. Programs originating as local grassroots organizations expanded and became more influential. Some of these programs were driven by efforts to address major social concerns such as school readiness and child abuse prevention, while the driving force for many others was simply the parental desire to offer the best to their children. Cities and states launched programs such as ‘Parents as Teachers’ in Missouri and ‘Healthy families’ in Hawaii, which were nationally replicated by the 1990s (Carter and Kahn 1996).

According to the United States Department of Health and Human Services website, today,
there are over 100,000 parenting programs that reach parents and caregivers across the country. These programs and the families they serve are widely diverse and vary greatly in the quality of service provided. Although most of these programs are small, community-based efforts, there are also multimillion dollar programs funded by state and federal governments, non-profit parenting programs with multiple replicated sites as well as a growing number of for-profit businesses. The advent of the 21st century also saw the rise of parenting education in the media, through the prevalence of multiple parenting shows on television.

**The Need for Parenting Education**

Research indicates salient reasons that parenting education is necessary, including serving as a support network for parents, teaching parents about early brain development, child abuse and neglect prevention, and promoting healthy child development. New developments in neuroscience show that important developments in brain development occur during early childhood (Centers for Disease Control and Prevention 2009). Regarding the absence of support networks for many parents, the past few decades have seen a dramatic shift in American family structure. Nearly 75% of women with children under the age of 18 work outside the home, either full or part time, including 54% with children under the age of five. Over 30% of all families are headed by a single parent. For African American families that figure extends to over 65%. Furthermore, many parents do not live near their extended families and if they are part of America’s growing poor population, live with their children in homes where they face many threats to their safety and well being, which can lead to negative child outcomes. Such shifts in family structure and mobility have led to less informal support networks for parents, such as extended family. Furthermore, unhealthy
parenting is considered an indicator for numerous societal problems such as child abuse, delinquency, substance abuse, violence, poor academic achievement and teen pregnancy (Barth 2009).

Parent education is designed to strengthen and support families and communities with the goal of preventing child abuse and neglect. The Child Abuse Prevention and Treatment Act identifies parent education as a core prevention service (USDHHS 2003). Successful parent education programs help parents acquire and internalize the parenting and problem-solving skills that necessary to build a healthy family. Research has shown that effective parent training and family interventions promote protective factors and lead to positive outcomes for both parents and children (Lundahl and Harris 2006).

Child Abuse Prevention

Parenting education jointly aims to prevent child abuse and foster healthy families. Child abuse represents a significant national problem. According to the national advocacy organization Prevent Child Abuse America, nearly one million children suffer abuse or neglect annually. Child abuse carries both individual and societal costs. According to their 2007 estimates, financial costs related to child abuse surpass $100 billion per year. This amount refers to both indirect and direct costs; indirect costs include longer-term impacts such as juvenile delinquency, mental health care, and special education, while direct costs include hospitalization, mental health services, and law enforcement. Furthermore, depending on the seriousness of child maltreatment, children might enter the foster care system, which has cost an estimated $14.4 billion in the last 10 years (Jenson and Fraser 2011). Locally, the Massachusetts Department of Children and Families’ website reported
that 115,814 children were abused and neglected in 2009.

While these costs reflect the significant ways in which child abuse and neglect impact society, they fail to capture the immense levels of pain, suffering, and decreased quality of life inflicted on victims (Wang and Holton 2007). Research widely corroborates myriad negative effects of child abuse and neglect on victims. Adverse outcomes include poor physical health, impaired emotional and mental health, social problems, cognitive dysfunction, high-risk health behaviors, and behavioral problems (Wange and Holton 2007) as well “Developmentally, maltreatment often results in delayed physical growth, neurological damage, and mental and emotional/psychological problems, such as violent behavior, depression, and posttraumatic stress disorder” (Jenson and Fraser 2011, 61).

**Risk Factors for Child Abuse**

Experts have identified specific factors that increase the chances of child abuse and neglect (Asawa, Hansen, and Flood 2008). Rooted in Bronfenbrenner’s (1979) ecological framework that argues that various contexts affect children, such as the home, school, and community, risk factors also occur within multiple realms. Accordingly, risk factors vary according to different contexts.

Examples of parental risk factors are mental health, family history, personality; risk factors in children include prenatal drug use and the child’s age; interactional context risk factors pertain to the parents’ level of knowledge about child development, parenting skills, and partner violence; finally, neighborhood risk factors include poverty and a lack of a social support network. While risk factors vary according to the individual, many families will
encounter at least one of these variables (Hensen 2008). However, research indicates that child maltreatment is much more likely when multiple risk factors simultaneously affect the family. The concept that the presence of several risk factors leads to a higher probability of negative outcomes is documented in social policy and child development research. “… It is the accumulation of risk – the sheer number of adversities and traumas confronted by children and families – that seems to disrupt normal developmental trajectories” (Jenson and Fraser 2011, 8).

Consequently, Asawa, Hansen, and Flood 2008 (2008) propose that child maltreatment prevention programs that tackle several risk factors within different domains, such as child, parent, interactional, and neighborhood, are most effective.

While certain risk factors are associated with a higher potential for child abuse and neglect, researchers have identified influences referred to as protective factors that help to thwart negative outcomes in children. “Protective factors are those influences, characteristics, and conditions that buffer or mitigate a person’s exposure to risk” (Jenson and Fraser 2011, 11). Similar to risk factors, protective factors exist within different domains or contexts, such as the child, parent, and community. Attributes considered to foster positive outcomes within children involve individual, family, and community traits. Individual traits include self-sufficiency, high self-esteem, and altruism; family characteristics include positive relationships between members; lastly, community traits involve possessing nurturing relationships with people and/or organizations outside of the family.

Specific protective factors in children that are considered to help mediate against abuse and neglect include physical health, an ability to reach age-appropriate benchmarks, high self-
esteem, and, overall, a high level of interpersonal, cognitive, and intellectual skills. Parental protective factors that help to reduce the potential for abuse include a positive relationship with extended family, a healthy relationship with at least one parent and a positive social network. Finally, protective factors within the community involve positive peer relationships, extended family in the neighborhood, and academic and extracurricular participation, among others (Jenson and Fraser 2011).

**Fostering Positive Outcomes**

In addition to serving as a tool for child abuse and neglect prevention, parenting education represents an effective strategy for promoting positive outcomes in children. Scholars have demonstrated that high quality parenting correlates to children’s language development, literacy, cognition, and school readiness learning (Lugo Gil and Tamis LeMonda 2008). In particular, Lugo Gils and Tamis LeMonda (2008) propose that the following factors are crucial for influencing positive outcomes in the areas noted above: parental sensitivity, cognitive stimulation, and warmth. Parental sensitivity involves recognizing children’s need for both support and independence; cognitive stimulation relates to fostering children’s cognitive and language development through engaging, age-appropriate activities; parental warmth provides affection and respect to children, which is considered to enhance learning.

**Importance of Evaluation for PESPs**

While the outcomes described above illustrate the significance of healthy parenting, parent education and family support programs have long needed data and evaluation to support their work. The Pew Charitable Trusts’ Report aptly observes that,
While well within our reach, we have not fully documented our activity. We have struggled to show the direct link from changes in parents’ knowledge and skills to their changed behavior with their children, and from that to more positive outcomes for the children. And we have little evidence on the cost/benefit of our work with families, which could have dramatic impact on the rapid evolution of health care in the U.S. In other words, parenting education is long on promise and, so far, short on proof (Carter and Kahn 1996, 58).

This urgency is further substantiated because many in the field, including CTF’s current grantees, believe that while their work possesses inherent value, there is a notable lack of documented evidence. “There is unanimous feeling that we are on to something and that we must be far more serious about proving it” (Carter and Kahn 1996, 58). While there has been some evaluation work done, there is an overwhelming call for additional high quality, rigorous research, highlighted by the Centers for Disease Control and Prevention’s 2009 report on Parent Training (U.S. Department of Health and Human Services). We will later discuss evaluation in greater detail.
Research Methodology

As mentioned in the introduction, our project focuses on a qualitative inquiry. “We also conduct qualitative research because we need a complex detailed understanding of the issue. This detail can only be established by talking directly with people...” (Creswell 2007, 40). As Creswell indicates, developing a ‘complex detailed understanding’ requires inclusion of the perspectives of those directly affected by the subject. In the case of our project, the perspectives vital to informing our work were those of PESPs involved in the daily work.

While data collection includes several methods such as interviews, observations, documents, audiovisual materials (Creswell 2007), we utilized a combination of interviews and a survey in order to address our research question. CTF had specifically asked the Field Project team to acquire an understanding of both their grantees’ and other PESP providers’ perspectives. Furthermore, these methods were most appropriate to fully address the research question as we needed to comprehend the current needs of those programs in order to discern the most effective ways to support PESPs. The methods utilized enabled us to develop an accurate understanding of a broad range of both grantees and various providers across the state. Furthermore, implementing multiple forms of data collection ensured that our project adhered to qualitative research standards, which typically employ several methods.

Sample

As noted in qualitative research literature, key informants include individuals that possess access to pertinent insights and perspectives regarding the research topic. The sample population we interviewed consisted of key informants who represent experts in the PESP
field and are representatives of community-based organizations. The phone interview sample comprised of representatives from the 16 organizations receiving funding from CTF to operate their PESPs, while the survey sample consisted of over 4,000 individuals on CTF’s email Listserv. These individuals consisted of past providers, funders, programs providing or interesting in providing parenting education and other people interested in CTF’s work. As our research question specifically addresses effective strategies for strengthening families, preventing child abuse and neglect and ways in which CTF might aid in implementing these strategies, the sample required that participants either offered this type of program or were considering the possibility of offering it in the future. CTF directly connected us to the organizations by providing an introductory email to the 16 grantees and by sharing their listserv contact information.

Qualitative Interviews

Methodology

As CTF’s 16 grantees are located throughout the state, our ability to conduct in-person interviews was limited. Therefore, at the request of CTF, we elected to do phone interviews, dividing the 16 organizations equally among field project team members.

In conjunction with CTF, we devised a semi-structured interview instrument composed of approximately 10 open-ended questions (Appendix B). The questions were broken down according to general organizational background, specific parenting education program, and its relationship with CTF. The questions focused on the program’s PESP experience and its
most pressing needs. We developed the questions to illuminate findings pertinent to the research question.

Results

Analysis of qualitative research is “a process of generating, developing, and verifying concepts – a process that builds over time and with the acquisition of data” (Corbin and Strauss 2007, 57). As we read notes from the phone interviews, we sifted through the responses to identify core concepts relevant to the project. These major concepts were reviewed in order to corroborate their applicability to each group of interviews that was conducted by a different field project team member. Findings from the interviews were distilled into the following overarching themes.

Recruitment and Retention

Parents are often referred to PESPs through other resources such as WIC, Head Start, community centers or pediatricians. Referrals from WIC and HeadStart are especially telling as it indicates that many participants in these programs are low-income. Programs also utilize traditional methods such as posting flyers, ads and word of mouth. Most programs find that parents continue attending the series unless there are special circumstances such as transportation issues. The community and support created is often a strong enough motivator to encourage people to attend all sessions. When a challenge arises, program staff personally call participants to see what the issue may be and try to resolve the problem if appropriate. All programs offer transportation to those who need it and most ensure that their participants receive a meal when they attend a session. Some programs
“Parents have to know that they are not alone, and someone else is going through the same experiences they are.”
Facilitator, Family Service Inc.

Program Content

All programs respond to participants’ individual interests during the sessions. Often times, challenges come up when participants are talking among each other and look for support, such as a baby not sleeping at night. When program staff are informed of particular challenges faced by members of the group, they use the opportunity to work through the situation together. Some programs have a more formalized approach of surveying their participants about themes that interest them through formal questionnaires, and satisfaction surveys conducted at the end of each individual session. Certain programs are more specific in nature, while others cater to any parent or guardian who is interested in their programs. Programs that focus on a more targeted audience include Family Services, Inc. which focuses on mental health to help parents recognize challenges that conflict with their parenting, the Massachusetts School of Professional Psychology which is geared towards parents of children who are mentally challenged and Center for Living and Working, Inc., which focuses on parents of deaf children. Programs are generally small with approximately 10-15 participants and program length varies with each program.

Evaluation

Programs are required to utilize CTF’s evaluation (Appendix E). Most programs also administer their own evaluation either at the end of each session or at the end of the series.
Evaluations administered by programs tend to be less formal and more qualitative in nature.

Relationship with CTF

Programs all expressed gratitude for CTF’s funding but often also emphasized the need for other resources and funding to maximize the impact of the PESP. Tanji Donald, the parenting education grants provider, is the main point of contact for the programs and is universally considered a great resource and support. Programs utilize trainings provided by CTF to enhance their knowledge base of PESP issues. Overwhelmingly, programs report their relationship with CTF to be more supportive and hands on than relationships with other funders. Certain programs consider CTF’s evaluation to be far too rigorous and time consuming for the small amount of funding received from them. An overarching theme that surfaced is that all programs deeply appreciate their unique relationship with CTF, which combines financial support with training, resources, and consistent support.

What Works Well

Programs indicate that a large need for parenting education in the communities they serve. As such, programs are often saturated with participants. Most programs establish a goal of creating a support network for their participants. One program that forms an online chat group for program participants for the duration of the session. This chat group is facilitated by the program director for the duration of the program, and then taken over by the parents. In this manner, parents continue to be sources of support for each other for as long as they choose. All programs rely on participant feedback and group needs in order to establish their curricula. Many program facilitators continue to follow up with participants
after the program has ended and serve as an ongoing source of support. All programs utilize established curricula, specifically the Nurturing Child curriculum provided by CTF as well as curricula that is more focused on specific group needs. However, all programs emphasize the need to be flexible and modify their programs in response to participants needs. Some programs also offer incentives for attendance and completion of program.

**Resources Needed**

Important needs of CTF’s grantees include continued funding, increased training and webinars and greater access to resources. Many PESPs run programs that are specific to the funding that they receive from CTF. Without this funding, those PESPs would not be able to continue those specific programs. Unsurprisingly, many of these programs expressed a need for greater funding in order to expand their programs and better meet the needs of their communities. Programs also express the need for continued training as well as training in different forms, such as webinars, online trainings and more specialized trainings in fields such as cultural competency and mental health issues. Programs located further from Boston are most interested in online trainings and webinars, as well as in facilitating access to CTF’s resources, such as their library and research materials.

**Online Survey**

**Methodology**

The main objective of creating a survey to administer to PESP providers across the Commonwealth was to acquire a broad understanding of their needs. While the 16 grantees...
provided in-depth information through phone interviews, the large scope of the survey enabled us to capture the general perspective/sentiment of the field of parenting education.

We utilized Tufts University’s Qualtrics Program, a software tool specifically for creating surveys. In order to facilitate data analysis, the majority of the questions asked in the survey were in a multiple-choice format. A few questions were open-ended in order to acquire a broader knowledge of organizations’ needs regarding PESPs.

The survey was divided into two sections: the first part asked basic introductory questions, specifically to identify participants whose organizations provide or have an interest in providing parenting education. Participants who did not have an interest in providing parenting education were automatically taken to the end of the survey. As the focus of our was to develop a recommendation to CTF. Participants expressing an interest in PESPs were taken to the next component of the survey, which focused on gathering information and feedback on organizations’ current training needs regarding parenting education groups. In order to glean the most helpful types of training (in-person workshops, webinars, etc), we included an option for participants to type in an open-ended response.

An incentive for completing the survey was offered to all participants. This comprised of one of CTFs most popular resources, an educational DVD and booklet entitled “All Babies Cry”.

Results

We received nearly 300 responses in response to our survey. Of these, approximately 95% operated or were interested in operating PESPs. From there, our goal was to better
understand what type of support do those who operate or have interest in operating PESPs need. Specifically, we wanted to analyze the role that CTF can play in supporting their efforts. We posed several options of support and the top three responses were: Resources, In Person Trainings/Workshops and Conferences.

The survey closed with an open-ended question giving respondents the opportunity to identify any other areas of interest. Parenting skills and discipline are two of the major needs we found in our analysis. The following image indicates the needs and concerns of providers. The size of the word in the image represents the frequency with which it appeared in our survey. Larger words appeared more frequently, while smaller words appeared with less frequency.

Figure 2: Additional Areas of Interest from Online Survey
Limitations of Surveys and Interviews

Although extensive data analysis was conducted on the results extracted from the surveys and interviews, we realize that there are limitations to our research methods. Of the 4,000 contacts on CTF’s listserv who were administered the online survey, only 300 responded. Many participants chose to complete the survey in order to receive the incentive, mentioned earlier. Furthermore, we understand that our respondents were more likely to be providing or be interested in providing PESPs, and thus, are not representative of the entire population.

In terms of the interviews, all organizations were informed that we would be speaking with them on behalf of the Children’s Trust Fund. Although we do not think this is the case, it is possible that participants were inclined to answer favorably knowing that their responses would be conveyed to CTF.
When CTF approached us with their challenge, they proposed two possible solutions while indicating their willingness to consider other viable options. The first option was to maintain funding of PESP to the best of the organization’s ability. This was not a feasible option as funding has decreased by approximately 35% and future funding is unknown. A more feasible variation of this would be to support as many programs as possible given the limited funding, but still focus on providing grants to community organizations. The second option proposed was to focus providing trainings to community partners, and eliminate programs fiscal support. In this scenario, trainings would be available to all programs, current and non-grantees alike. Based on the research, The Tufts Field Projects Team decided to forego the two suggested options and instead propose the following recommendations.

**Proposed Strategic Plan**

Our proposal highlights three main initiatives. First, CTF should reallocate funding formerly used to provide program grants. The funding would then be reallocated to the remaining two initiatives in the proposal. CTF can then provide organizations from whom funding has been cut with a list of state, federal and private grant opportunities and assist them in applying for and receiving those grants to operate their PESP.

Our second initiative focuses on enhancing training. Based on the interviews and survey conducted, program administrators share a need for enhanced professional and programmatic development, as well as skills training. CTF has proven itself to be a valuable resource to providers; thus, this method would still enable the organization to encourage statewide efforts in parent education and child abuse and neglect prevention. We suggest maintaining approximately the same level of funding to trainings because most responses...
have indicated the services are at the ideal level. Many of these resources are electronic and therefore require little maintenance or cost. There were several requests for regionally based trainings and a greater array of topics. Both requests can be accommodated through electronic dissemination of information, but other considerations can also be made based on available funding.

Finally the last element of the strategic plan is focusing the majority of the efforts and funding reallocated from funding programs, to evaluation. Based on the importance of evaluation emphasized in the literature, we believe CTF should lead efforts in launching and prioritizing an evaluation plan for parenting programs statewide. This will illustrate evidence-based outcomes of children and families receiving these services and also add much needed validity to the field of parenting education. By adding credibility to the parenting education, CTF can raise awareness on the importance of serving more children and families in need. Additional detail on the suggested evaluation method is provided in Appendix F.

**Evaluation**

As discussed, standardized, evidence-based outcomes applicable to PESPs are overwhelmingly absent. CTF requested that we research literature related to evaluation and its role in enhancing the field of PESPs. When hypothesizing possible solutions to how CTF can reach more families and children with their abuse and neglect prevention services, it was important to think about the broader field of parenting programs as a prevention tool. While we heard consistently hear anecdotes about the success of the various parenting education programs, clear and convincing evidence from formal evaluation is lacking. Since
evaluation represents a major component of our proposed recommendation, we provide a greater analysis of the importance of research, challenges limiting efforts, details on a suggested model and, finally, an option of implementation.

Evaluation Model

Based on the Pew Charitable Trusts’ Report suggestion, Jacobs’ five tiered model is an appropriate method upon which to base evaluations given that it takes into account “the broader and more complex dynamics of an ecological approach to families” (Carter and Kahn 1996, 63). This approach highlights multiple influences on the child ranging from social conditions to siblings and family members with whom the child interacts. “Family support programs represent a further statement of the ecological position: Since young children live primarily within families, promoting the well-being of family members and the family unit is viewed as necessary to a child’s healthy developing” (Weiss and Jacobs 1988, 46).

In considering a type of evaluation for parenting programs that supports a child’s healthy development, one must address all aspects of the program ranging from age of the child to the ability to carry out the evaluation (Weiss and Jacobs 1988). Important aspects that the evaluation should address include “collection and analysis of program-related data... used to understand how a program delivers services and/or what the consequences of its services are for participants” (Weiss and Jacobs 1988, 49). Even with funding and staffing constraints, “at minimum, programs should be able to identify their beliefs at the beginning of their operation, to describe changes in orientation as they occur, and to document the services delivered” (Weiss and Jacobs 1988, 49). Evaluation is a valuable tool that can help
the field of parenting education as well as encourage programs to look deeper into their work.

**Implementation**

In 2000, Jacobs et al. outlined how to evaluate family programs for state administrators. In their work, they suggest coming up with a team to support and implement the evaluation. This team should include people from various backgrounds including state administrators, caseworkers and community members. In addition to a team, there are also various elements that can help determine how to go about implementing the evaluation plan. Below is an equation on how to build a successful evaluation plan (Jacobs et al. 2000, 60).

<table>
<thead>
<tr>
<th>Program Elements</th>
<th>Evaluation Elements</th>
<th>Evaluation Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age and developmental stage</td>
<td>Purposes</td>
<td>Evaluation tier</td>
</tr>
<tr>
<td>Target population</td>
<td>Questions</td>
<td>Resources</td>
</tr>
<tr>
<td>Mission, goals, &amp; objectives</td>
<td>Audiences &amp; Stakeholders</td>
<td></td>
</tr>
<tr>
<td>Intervention theory</td>
<td>Resources</td>
<td></td>
</tr>
<tr>
<td>Service availability &amp; accessibility</td>
<td></td>
<td>Sampling plan</td>
</tr>
<tr>
<td>Service components</td>
<td></td>
<td>Analysis and reporting</td>
</tr>
<tr>
<td>Political context</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiscal support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Table 2: Evaluation Equation*

Taking into account these various components will help inform the type of design and methods needed for a strong evaluation plan. There are many reasons for an evaluation, some of which are,
to measure how satisfied the participants are; to determine the extent to which the program as promised is the program being delivered; to tease out the differential effects of the program by subgroups; to identify differences in effectiveness among program models; to refine intervention theory; to assess the cost-effectiveness of different combinations of services; to improve program operations; or to help make resource allocation decisions (Jacobs et al. 2000, 71).
After consideration for the ultimate purpose and acknowledgement of fiscal and time restraints, only then can the proper evaluation plan be implemented.

For the purposes of evaluating the effectiveness of PESPs as a child abuse and neglect prevention tool, a non-experimental (Tiers 1, 2, 3) or quasi-experimental (Tiers 3, 4) study would be more appropriate. The quasi experimental would likely be part of a second phase of evaluation, as they tend to be more expensive and require more time. To begin, there would be a cross-sectional survey that is replicated, a case study and finally a before and after assessment that does not include an assessment group (Jacobs et al. 2000, 81).

Further details of the approach are illustrated below.

<table>
<thead>
<tr>
<th>Design and Uses</th>
<th>Number of Groups</th>
<th>Random Assignment</th>
<th>Number and Timing of Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-experimental- Tiers 1, 2, &amp;3</td>
<td>N/A</td>
<td>No</td>
<td>1: during or after 2 or more: during or after (different samples)</td>
</tr>
<tr>
<td>a) cross-sectional survey</td>
<td>N/A</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>b) replicated cross-sectional survey</td>
<td>1</td>
<td>No</td>
<td>1: during or after 2: before and after</td>
</tr>
<tr>
<td>c) case study</td>
<td>1</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>d) before-after without comparison</td>
<td>1</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Quasi-experimental- Tiers 3 &amp; 4</td>
<td>1 or more</td>
<td>No</td>
<td>3 or more: before, during and after</td>
</tr>
<tr>
<td>a) time series/longitudinal survey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) before and after with comparison</td>
<td>2 or more</td>
<td>No</td>
<td>2: before and after</td>
</tr>
<tr>
<td>Experimental- Tier 5</td>
<td>2 or more</td>
<td>Yes</td>
<td>1: after</td>
</tr>
<tr>
<td>a) post-test only with control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) true experiment with control</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Table 3: Suggested Evaluation Plan*
Social policy and child development literature consistently document the absence of evidence-based outcomes for group-based parent education and support programs. Accordingly, the proposed recommendation focuses on addressing this critical gap and indicates a direction in which to concentrate further research.

Efforts toward implementing a formal and standardized evaluation would provide the necessary empirical evidence needed to determine the extent to which PESP's are achieving their intended outcomes. The use of a standardized evaluation would provide measurable outcomes for PESP's to enable them to assess the value and impact of their programs, and allow them to prove that their programs are successful in preventing child abuse and neglect.

Evaluation from programs targeted to specific populations such as teen parents, low-income families or parents of children with special needs will also assist in identifying the demographic that is most at risk for child abuse and neglect. This is essential in determining where future funding should be concentrated and be most beneficial.

In the current economy, financial support for social services is uncertain both at federal and state levels. Despite the constraints on financial support from federal and state governments, proven services such as home visiting programs and campaigns highlighted by advocacy organizations such as the Massachusetts Society for the Prevention of Cruelty to Children and Children’s Defense Fund are receiving large sums of money to fund their programs. In 2010, the Patient Protection and Affordable Care Act developed the first federal allocation for funding of home visiting in the form of a $1.5 billion grant to be distributed over a five-year period.
Using the example of home visiting, it appears that state and federal priorities for funding are focused on programs that have demonstrated evidence-based outcomes in preventing child abuse and neglect and fostering positive outcomes for children. In order for PESPs to gain validity in the field and receive funding in the future, it is essential to demonstrate that PESPs are a critical tool in reducing child abuse and neglect, a goal that can only be achieved through the implementation of a comprehensive evaluation model.


Bowman, Sally, Clara, Pratt, Denise, Rennekamp, and Michaella, Sektina. 2010. “Should We Invest in Parenting Education?” Enhancing the Skills of Parents Program II • Summary: 2006-2009 1-9.


Canadian Association of Family Resource Programs.


Shonkoff, J.P., and Phillips, D.A. From neurons to neighborhoods: The science of early

The Center for Parenting Education. 2012. “Building upon Families’ Strengths and Helping
to Create an Environment Where Children Can Thrive Personally, Socially, and


in the United States.” Prevent Child Abuse America Economic Impact Study.
### PESP Phone Interview List

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathy Sullivan</td>
<td>Program Coordinator</td>
<td>Attleboro Public Schools</td>
</tr>
<tr>
<td>Mary Wilson</td>
<td>Program Coordinator</td>
<td>Cape Cod Child Development Program Inc.</td>
</tr>
<tr>
<td>Joan Philip</td>
<td>Program Coordinator</td>
<td>Center for Living &amp; Working, Inc.</td>
</tr>
<tr>
<td>Mary Jo Belenger</td>
<td>Program Coordinator</td>
<td>Child Care of the Berkshires</td>
</tr>
<tr>
<td>Guy Apollon</td>
<td>Program Coordinator</td>
<td>Catholic Charitable Bureau of the Archdiocese of Boston Haitian Multi-Service Center</td>
</tr>
<tr>
<td>Tina Toran</td>
<td>Program Coordinator</td>
<td>Coalition for Children</td>
</tr>
<tr>
<td>Betsy Green</td>
<td>Facilitator</td>
<td>Family Services, Inc.</td>
</tr>
<tr>
<td>Lee MacKinnon</td>
<td>Program Coordinator</td>
<td>Hilltown Community Health Center</td>
</tr>
<tr>
<td>Maurie Bergeron</td>
<td>Program Coordinator</td>
<td>LUK Crisis Center, Inc.</td>
</tr>
<tr>
<td>Patricia DeSiata</td>
<td>Program Coordinator</td>
<td>Plymouth Public Schools</td>
</tr>
<tr>
<td>Sarah Ryan</td>
<td>Program Coordinator</td>
<td>South Boston Neighborhood House</td>
</tr>
<tr>
<td>Susan Jones</td>
<td>Program Coordinator</td>
<td>The United Arc of Franklin and Hampshire Counties</td>
</tr>
<tr>
<td>Heather McCauley</td>
<td>Program Coordinator</td>
<td>Valuing Our Children</td>
</tr>
<tr>
<td>Margaret Hannah</td>
<td>Executive Director</td>
<td>Warm Lines Parent Resources, Inc./MSPP: Freedman Center</td>
</tr>
<tr>
<td>Mary Vaughn</td>
<td>Executive Director</td>
<td>YMCA of Greater Boston/Roxbury YMCA</td>
</tr>
</tbody>
</table>
APPENDIX B

Questionnaire for Phone Interviews

Organization Background
a) Tell us a little bit about your organization.
b) What is your funding structure?
c) Tell us a little bit about your PESP’s.
d) Who are your principal staff on your PESP programs?

Program specifics
a) How long have you been operating the PESP?
b) How do you choose program topics and develop your curriculum?
c) Are there specific curricula or resources that you consistently pull from?
d) What is the population you serve?
e) What’s the size of your program? How many participants do you have? How many sessions are in the series?
f) Please describe your recruitment and retention strategies
g) Do you encourage and support parent involvement in the development of your program series? If yes, how?
h) What’s the biggest challenge families face related to consistent attendance?

Self Assessment of Program
a) What type of feedback have you received from the participants to your programs? b) How do you collect feedback from your participants?
c) What has worked well for your particular program? What components of the program have had the most success?
d) How do you evaluate success for your PESPs?
e) Is there anything you would do differently?

Relationship with the Children’s Trust Fund
a) Describe your relationship with CTF
b) How long have you been receiving CTF funding?
c) How does this differ from other funders. What type of support do you get from CTF that you don’t get elsewhere?
d) Where else do you access support, training and resources for program staff?
e) Are there any other ways in which CTF could support your work? (training topics, supplies and materials, etc)

Is there anything else you would like to add?
Questionnaire for Online Survey

1) What is your organization’s name?
2) What is your role within the organization
3) Does your agency currently provide or have interest in providing group-based parenting education and support programs?
   - If No, survey skips to the end.
   - If Yes, survey continues.
4) Do you receive support and technical assistance to run these groups?
   - If Yes, what type of support and by whom?
5) Where else do you access support, training and resources for your parenting education and support program staff? Check all that apply.
   - Children’s Trust Fund
   - Online
   - Other organizations (Please identify)
   - Other sources (Please identify)

6) How can CTF better support your group based parenting education and support efforts? Please check all that apply:
   - In-person trainings/workshops (Please identify topic of interest)
   - Online trainings/workshops (Please identify topic of interest)
   - Conferences
   - Site visits
   - Resources (curriculum and materials)
   - Other (Please identify)
Cognitive Development

To better understand the importance of PESPs in preventing child abuse and neglect, it is important to look at the science behind brain growth. While there are obvious moral reasons to want to nurture a child, the brain’s potential and sensitivity during the early years calls for extra attention.

Brain Growth, Outcomes, and Risks


Research says a great deal about the conditions that pose dangers to the developing brain and from which young children need to be protected. The developing brain is open to influential experiences across broad periods of development. This openness to experience is part of what accounts for the remarkable adaptability of the developing mind... The kinds of early experiences on which healthy brain development depends are ubiquitous in typical early human experience—just as nature intended (2000, 183).

Brain development in the early years is intense and rapid. From birth to 12 months old, the brain experiences a growth spurt, during which it doubles its volume (Glaser 2000). Furthermore, the spinal cord is formed, nearly all of the billions of neurons of the mature brain are produced, the dual processes of neural differentiation and cell migration establish the neuron’s functional roles, and synaptogenesis proceeds apace (Shonkoff and Phillips 2000, 185). With all this growth concentrated so early on in life, it is natural that special
attention should be paid to the experiences during one’s early years.

Advancements in neuroscience examine the relationship between the quality of experiences to outcomes and impact on children’s brains. In general, nurturing experiences will lead to positive outcomes and maltreatment will likely lead to adverse outcomes. Brain growth develops as “an elaborate interplay between gene activity and the surrounding environments both inside and outside the child” (Shonkoff and Phillips 2000, 185). These experiences will be further discussed in context of environment, shortly. However, it is important to note the correlation between experiences and brain growth. This directs attention to the early childhood years… because what is learned at the beginning of life establishes a set of capabilities, orientations to the world, and expectations about how things and people will behave that affect how new experiences are selected and processed. In short, getting off to a good start in life is a strategy for increasing the odds of greater adult competence (Shonkoff and Phillips 2000, 90).

Abusive situations or toxic environments pose a risk to healthy brain development. Negative experiences are a clear deterrent in healthy brain growth. “Abusive or neglectful care, growing up in a dangerous or toxic environment, and related conditions are manifest risks for healthy brain development” (Shonkoff and Phillips 2000, 183-184). Therefore, scientists have concretely affirmed that, “normal experience (e.g., good nutrition, patterned visual information) supports normal brain development, and abnormal experience (e.g., prenatal alcohol exposure, occluded vision) can cause abnormal neural and behavioral development” (Shonkoff and Phillips 2000, 194). The diagram below illustrates the outcomes of negative factors and environments (Figure 3).
Researchers have corroborated that environmental factors play a major role in early brain development since the young brain retains a high level of plasticity that facilitates learning (Glaser 2000). “The brain’s neurochemistry is exquisitely sensitive to behavioral and environmental stimuli” (Shonkoff and Phillips 2000, 194). Therefore, it is important to address the environmental factors in addition to the brain’s chemistry and development. The environment provided by the child’s first caregivers has profound effects on virtually every facet of early development, ranging from the health and integrity of the baby at birth to the child’s readiness to start school at age 5 (Shonkoff and Phillips 2000, 219).
Parenting programs can inform caregivers on how to create healthy environments for their children to achieve strong outcomes.

Bronfenbrenner further emphasized the importance of environmental factors in his ecological model of human life (Figure 4). In this model, both parent and child are embedded in a broader social network, and each person has reciprocal reactions with this network... The child may also be a sibling, a peer, and a student; the parent may also be a spouse, a worker, and an adult child. All of these networks of relationships are embedded within a particular community, society, and culture (Lerner et al. 2002, 318-319).

These relationships are bidirectional, and one factor can have an impact on another. For instance, the resources in a community for child daycare during the parent’s working hours... or social programs available in a society supporting daycare, and the cultural values regarding families who place their infants in daycare, all exert an impact on the quality of the parent–child relationship (Lerner et al. 2002, 318).

PESPs are a community resource and therefore, as illustrated by the ecological model, play a crucial role in developing parent-child relationships.

The dynamic, multilevel perspective about human development presented in the [ecological] model provides a frame for understanding how parents and parenting provide bases of human development. They do so not through their sole, main, or direct effects on children but, instead, through their embeddedness in a dynamic, multilevel system. As such, neither parents nor parenting are alone responsible for the development of children. Systems effects must be understood, and variables from any level of analysis may be, for a given behavioral development at a given point in time, integral in providing the significant variance that drives the system forward (Lerner et al. 2002, 320).

Hence, it is crucial to highlight not only the neuroscience of young children, but it is also
important to look at the environmental factors and relationships that influence the child’s surroundings.

Figure 4: Bronfenbrenner’s Ecological Model. The developmental contextual view of human development. (Lerner et al. 20002, 319)
Both figures 3 and 4 illustrate the need to be aware of the dangers of harmful experiences while outlining the child’s expanded world. “Those who raise and work with young children are deeply concerned about whether they are providing them with the right experiences and protecting them from harmful ones” (Shonkoff and Phillips 2000, 194). When looking to maximize the greatest potential, “much of the contemporary discussion of the importance of the first three years of life is framed in the terminology of sensitive periods” (Shonkoff and Phillips 2000, 194). This makes sense as having a strong foundation can precipitate other opportunities for successful development. Additionally, early education enables growth because the brain is highly plastic and more responsive to stimulation at an early age (Shonkoff and Phillips 2000). A lack of stimulation can result in dysfunction, among many other challenges.

**Challenges and Conclusions**

Unfortunately, there are limitations to the research focused on studying early neuroscience and the impact of environmental factors. It is extraordinarily difficult to study issues of timing in human development given that it is profoundly unethical to deprive children of needed experiences in order to introduce them at different developmental stages (Shonkoff and Phillips 2000, 195). Using animal studies, researchers have substantiated many of the claims, but cannot be completely certain that these studies translate directly to humans. However, within these limitations, it is well known that a variety of environmental factors play a significant role in modulating early brain development. Some of the greatest insights have come from research on the detrimental consequences of early biological insults, deprivations, and stress (Shonkoff and Phillips 2000, 196).

Below is a table that outlines just a few key positive and negative factors that affect the brain.
Fortunately, brains exhibit the ability to adapt and grow according to need.
Increasing the complexity of the environment before or after brain damage in developing and adult rats enhanced recovery from the impairments produced by damage to various brain areas, probably through mechanisms that involve the development of alternative strategies rather than the direct recovery of lost functions (Shonkoff and Philips 2000, 197). Therefore, if the brain has experienced a lot of stress, there is still an opportunity to recover and utilize other functions to ensure positive growth. Translated from animal research to human subjects, there is reason to believe that young children have a small window of growth and need extra attention during that time.
Please help us improve future parent group and programs. We are interested in your honest opinions. Do not write your name—the evaluation is confidential.

1. How did you hear about this group? (Please check all that apply)
   - Friend
   - Flyer
   - Family member
   - Newspaper ad
   - TV / radio
   - Agency staff member
   - Other community agency
   - Other, please specify:

2. Why did you attend this group? (please check all that apply)
   - Talk about shared issues/frustrations
   - Meet other parents
   - Understand my child’s development
   - Special needs/Challenging child
   - To get new parenting information and skills
   - Learn about community resources
   - Other, please describe: ________________

3. How many groups were you able to attend?
   - 1
   - 2-3
   - 4-5
   - 5-6
   - 7-8
   - All

4. Were you offered childcare for all of the groups you attended?
   - Yes
   - No

4a. Did you use childcare for the group(s) you attended?
   - Yes
   - No

   If yes, how many times did you use childcare: ____________________________________________

   If no, please explain: __________________________________________________________________

5. Were you offered transportation for the group(s) you attended?
   - Yes
   - No

5a. Did you use transportation to and from the group (s) you attended?
   - Yes
   - No

   If yes, how many times did you use transportation: ________________________________________

   If no, please explain: __________________________________________________________________

6. Did the program provide healthy food at the group(s) you attended?
   - Yes
   - No

6b. Did you find it helpful that food was provided by the program?  - Yes  - No

   If no, please explain: __________________________________________________________________
For the statements below, circle the answer (1-4) that best represents how you felt about the group:

<table>
<thead>
<tr>
<th>Because of this program ……</th>
<th>1 = Strongly disagree</th>
<th>2 = Somewhat disagree</th>
<th>3 = Somewhat agree</th>
<th>4 = Strongly agree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. I was asked for input about group topics.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>8. I learned new information about parenting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>9. I learned what to expect from my child as she learns and grow.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>10. I learned where to go for information and support in my community.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>11. I made connections with other parents in my community.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>12. I was provided referrals to community resources from program staff.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>13. I felt that the group leader did a good job explaining ideas about parenting and child development.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>14. I was given a chance to participate in the groups.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>15. I felt comfortable sharing and talking in the groups.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>16. Overall, I am satisfied with my experience in this group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>17. Would you recommend this group to a friend?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

18. Did you receive the information that you were interested in?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

19. What topics were important to you to get information about? (Number in the order of importance to you)

- Discipline
- Communication with child (ren)
- Child development and behavior
- Health/safety
- Taking care of myself
- Helping my children learn
- Play activities
- Services in my community
- Other, please specify: ________________

20. What did you like best about the groups?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

21. Any suggestions for improvement?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________
Please tell us about you and your family

Your Age: _____

Your Gender:  □ Male    □ Female

Number of children _____   Age(s) of child (ren) _______________

Name of the city/town that you live in: ____________________________

How would you describe your race?

□ Black           □ White—Non-Hispanic □ White—Hispanic
□ Asian American □ American Indian/Native American
□ Other, please specify: ___________

Marital Status

□ Never married   □ Married        □ Not married, living with partner
□ Married, separated □ Divorce      □ Widowed

Please check all of the categories that you would use to describe yourself:

□ Single parent family □ Two-parent family
□ Teen parent         □ Foster parent
□ Grandparent or other relative

How would you best describe your highest level of education?

□ 11th grade or less □ Trade/business/vocational school
□ High school graduate □ Some college
□ GED                 □ College graduate

Current employment status:

□ Full-time         □ Part-time       □ Unemployed

Thank you for sharing your comments with us, we value your opinions!
Jacobs’ Five-Tiered Model

Jacobs’ five-tiered approach begins with level one, the Pre-implementation Tier. Similar to a needs-assessment or a planning period, this level includes basic information that illustrates there is a need. To support the claim, there should be evidence such as statistical data, research on the problem, and a proposal of the program. In the case of parenting programs, there needs to be data that illustrates a high rate of abuse or neglect in a specific community and proof that educating parents can reduce this rate.

Next, level two, the Accountability Tier describes the collection of data that illustrates accountability, at minimum, to funders, participants and the community. This is data of what exists, not necessarily what should be. “The family support movement should undertake a similar process. Indeed, if all programs could reach this level of evaluation (Tier 2), a visible and national constituency for family support programs could be established” (Weiss and Jacobs 1988, 56). This would include information about what programs look like, including curriculum and population served.

Level three, the Program Clarification Tier, synthesizes information collected in previous stages to monitor and improve the program. Objectives in their tier can include product objectives, outcome objectives and impact objectives. One common practice by current CTF grantees is a client satisfaction survey, which generates participant feedback for program improvement, which can be used for this tier’s evaluation. “Evaluation at this tier is rich and varied, and in many respects, this third tier’s activities are the most reliable for current family support programs. The options for evaluation priorities are numerous, and programs may need help in setting evaluation priorities and/or analyzing the data collected” (Weiss
Progress-toward-Objectives Tier is the fourth level and focuses on program effectiveness. This level incorporates previous tiers to develop a fuller, more complete evaluation. There is greater emphasis, in this level, on objective measurements of program effects, client progress accountability, instead of accountability for services provided as previously mentioned. This is a very intensive stage, which requires additional resources. Often times, external professionals are contracted to complete this stage because it is so demanding.

The final tier, level five, the Program-Impact Tier, often evaluates long term and short term impacts by using random assignment or control and comparison groups. This type of evaluation is the most demanding and therefore the least fully implemented among parent education programs (Weiss and Jacobs 1988).
Title: Tufts University Parenting Education Field Project Team

February 23, 2012 | Notice of Action
IRB Study # 1202032 | Status: EXEMPT

PI: Michelle Sedaca
Co-Investigator(s): LunYan Tom, Nalina Sood
Faculty Advisor: Justin Hollander
Review Date: 2/23/2012

The above referenced study has been granted the status of Exempt Category 2 as defined in 45 CFR 46.101 (b). For details please visit the Office for Human Research Protections (OHRP) website at: http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.101(b)

- The Exempt Status does not relieve the investigator of any responsibilities relating to the research participants. Research should be conducted in accordance with the ethical principles, (i) Respect for Persons, (ii) Beneficence, and (iii) Justice, as outlined in the Belmont Report.
- Any changes to the protocol or study materials that might affect the Exempt Status must be referred to the Office of the IRB for guidance. Depending on the changes, you may be required to apply for either expedited or full review.

IRB Administrative Representative Initials: [Signature]
Memorandum of Understanding
between
Tufts University Field Projects Team No. 4
and
CHILDREN’S TRUST FUND, MASSACHUSETTS

I. Introduction

Project (i.e., team) number: 4
Project title: Developing a Parent Education and Support Strategy
Client: Children’s Trust Fund

This Memorandum of Understanding (the “MOU”) summarizes the scope of work, work product(s) and deliverables, timeline, work processes and methods, and lines of authority, supervision and communication relating to the Field Project identified above (the “Project”), as agreed to between (i) the UEP graduate students enrolled in the Field Projects and Planning course (UEP-255) (the “Course”) offered by the Tufts University Department of Urban and Environmental Policy and Planning (“UEP”) who are identified in Paragraph II(1) below (the “Field Projects Team”); (ii) Children’s Trust Fund, further identified in Paragraph II(2) below (the “Client”); and (iii) UEP, as represented by a Tufts faculty member directly involved in teaching the Course during the spring 2012 semester.

II. Specific Provisions

(1) The Field Projects Team working on the Project consists of the following individuals:

1. Michelle Sedaca
   Email address: michelle.sedaca@tufts.edu
2. Naina Sood
   Email address: Nainasood@gmail.com
3. LunYan Tom
   Email address: Lunyan.tom@tufts.edu
(2) The Client’s contact information is as follows:

Client name: Children’s Trust Fund, Massachusetts
Key contact/supervisor: Karole Rose
Email address: karole.rose@state.ma.us
Telephone number: ______________________________
FAX number: __________________________________
Address: 55 Court Street, 4th Floor, Boston, MA 02108______
Web site: __www.mctf.org_____________________________________

(3) The goal/goals of the Project is/are:
• To acquire an understanding of the landscape of parent education programs in the Commonwealth of Massachusetts.
• To provide recommendations around parent education programming to assist the Children’s Trust Fund in developing their strategic plan for FY13.

(4) The methods and processes – including the methodologies – through which the Field Projects Team intends to achieve this goal/these goals is/are:
• Create and administer a comprehensive questionnaire to gain a better understanding of the strategies of each of CTF’s 16 current partner organizations. CTF will connect the Field Project team to each partner site. Following the appropriate introduction, the Field Project team will coordinate phone and/or in-person interviews with the Program Coordinator at each organization, and analyze the findings.
• Develop and administer an online survey to CTF’s listserv of providers to acquire an understanding of the particular kinds of support (skills/competencies) the parenting education field would like to focus on. Analysis of the findings will follow.
• Review of program files as necessary in order to facilitate information gathering and analysis.
• Research and document the current status of Parenting Education Support Programs (PESPs) in the State of Massachusetts, including those not currently served by the Children’s Trust Fund.
• Participant observation through site visit to a local Family Center to gain understanding of parenting education group in practice.
• Research relevant literature in order to identify current methods for evaluating successful PESP’s which could be replicated in CTF’s programs to demonstrate outcomes.

(5) The work products and deliverables of the Project are (this includes any additional presentations for the client, and may list project elements in order of priority):
• Analysis of data collected through methods cited above
• Possible presentation of findings to Program Committee
• Written report

(6) The anticipated Project timeline (with dates anticipated for key deliverables) is:
• Questionnaire completed: Wednesday, February 15th
• Questionnaire administered: Monday, February 20th
• Analysis of findings: Monday, February 27th
• Presentation of findings: Mid March
• Evaluation of PESP landscape: Initiated in mid-March
• Program Evaluation: Initiated in mid-March

(7) The lines of authority, supervision and communication between the Client and the Field Projects Team are (or will be determined as follows):
• The UEP field projects team will be supervised by Karole Rose, Family Support Manager with support from Tanji Donald, Parent Education Grants Manager.

(8) The understanding with regard to payment/reimbursement by the client to the Field Projects Team of any Project-related expenses is:¹
• CTF will be responsible for incentives provided to program participants, if any.

III. Additional Representations and Understandings

A. The Field Projects Team is undertaking the Course and the Project for academic credit and therefore compensation (other than reimbursement of Project-related expenses) may not be provided to team members

B. As the Course and the Project itself are part of an academic program, it is understood that the final work product and deliverables of the Project (the “Work Product”) – either in whole or in part – may and most likely will be shared with others inside and beyond the Tufts community. This may include, without limitation, the distribution of the Work Product to other students, faculty and staff, release to community groups or public agencies, general publication, and posting on the Web. Tufts University and the Field Projects Team may seek and secure grant funds or similar payment to defray the cost of any such distribution or publication. Site identifiable information will be kept confidential, and CTF will have final review of information shared to ensure this.

C. The client has the option to review all data and notes collected by the UEP Field Projects Team. The UEP field projects team will take into account all considerations made by CTF into our final project. Should the client choose to utilize any written part of the work of the UEP Field Projects

¹ Note that most clients have agreed to defray the cost of Field Projects materials and other expenses. Nonprofit and agency clients are asked to support the Field Projects effort by contributing $100; for-profit clients are asked to contribute $200.
Team may seek and secure grant funds or similar payment to defray the cost of any such distribution or publication. Site identifiable information will be kept confidential, and CTF will have final review of information shared to ensure this.

C. The client has the option to review all data and notes collected by the UEP Field Projects Team. The UEP field projects team will take into account all considerations made by CTF into our final project. Should the client choose to utilize any written part of the work of the UEP Field Projects team, appropriate acknowledgement is requested.

D. It is understood that this Project may require the approval (either through full review or by exemption) of the Tufts University Institutional Review Board (IRB). This process is not expected to interfere with timely completion of the project."

IV. Signatures

For Children's Trust Fund
By: Karole A. Rose
Date: Feb 8, 2012

Representative of the Field Projects Team
By: [PRINTED NAME - only one team member's signature is necessary]
Date: Feb 8, 2012

Tufts UEP Faculty Representative
By: [PRINTED NAME of the Instructor Working With Your Team]
Date: 2/ 8, 2012
Description was distributed.

3. If necessary, you can complete the signature page in separate pieces (e.g., with the team and instructor signing one copy, and the client signing and faxing in a second copy).

4. Part III is the place to include other issues that you need to identify and resolve up front.

5. Teams that are completing their project for another course or activity (e.g., the WSSS Practicum, the Practical Visionaries Workshop) may need to modify the MOU or use an alternative approach to set forth the detailed understanding of the project as among the team, the client (or supervisor of the activity), and a Course instructor.]