

Evaluation of the Parenting Education Program

PROMOTING POSITIVE PARENTING AMONG
URBAN PARENTS

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RESUMEN

Este artículo presenta la evaluación del proceso y del Programa de Educación para Padres y Madres implementado en un contexto urbano. En este estudio participaron 1,118 personas, que completaron las pre y post pruebas, enfocadas en la adquisición de conocimiento sobre crianza positiva y las expectativas de comportamiento futuro. El análisis estadístico incluyó pruebas-T, análisis descriptivos y temáticos para medir la satisfacción de estos participantes. El análisis demostró que hay un cambio estadísticamente significativo ($p < .05$) en el conocimiento de estas personas sobre crianza positiva y en sus expectativas de comportamiento futuro. Dichos resultados fueron

consistentes en todos los grupos de padres y madres. Los participantes, además, demostraron altos niveles de satisfacción con el programa.

Palabras clave: abuso a menores, evaluación de programa, padres adultos, prevención, visitas al hogar

ABSTRACT

This paper presents process and outcome evaluation data of a multi-component community-based parenting program for urban parents. A total of 1,118 participants in the Parenting Education Program completed pre and post surveys that measured parenting knowledge and behavioral intent. Paired-samples *t*-tests were employed to document change in scores. Descriptive and thematic analyses from surveys, phone interviews and a focus group were utilized to understand program satisfaction. Administrative data was gathered to document program implementation. The results indicate that changes in scores were significantly different (at least $p < .05$) between pre- and post-test for all waves of data collection for graduating parents in each age group class. Parents strongly agreed that they were satisfied with the program.

Keywords: child maltreatment, home visiting, parents/adults, prevention, program evaluation

Parents can exert considerable influence over their children's life-course, and certain parenting strategies can have a positive impact on child development. Supportive family environments and positive parenting relate to healthy child development and protect youth from negative behaviors. These practices are directly linked to adaptive behaviors in children (Prevatt, 2003).

The Centers for Disease Control define positive parenting skills as good communication, appropriate discipline, and responding to children's physical and emotional needs (National Center for Injury Prevention & Control, 2008). Successful parental monitoring and involvement have been associated with reductions in child externalizing behaviors (Frick, Christian & Wooten, 1999). Likewise, strong parent-child relationships predict lower risk for behavior problems and substance abuse among youth (e.g., Forgatch, Bullock & Patterson, 2004; Guilamo-Ramos, Turrisi, Jaccard, Wood & Gonzalez, 2004; Kumpfer, Alvarado & Whiteside, 2003; Parker & Benson, 2005). Positive parenting practices can buffer negative outcomes, even among at-risk families (Landy & Tam, 1998).

While positive parenting strategies can promote adjustment and achievement, child abuse and neglect can interrupt healthy development in children and lead to maladaptive functioning. Each year, more than three million children are reported as abused or neglected in the United States (Peddle, Wang, Diaz & Reid, 2002; U.S. Department of Health & Human Services, 2007). The U.S. Department of Health and Human Services (2006) reported that nationally, an estimated 905,000 children were the victims of maltreatment, and at least 1,530 children died of abuse and neglect in 2006. Additionally, children under three years of age had the highest rates of victimization; over half of the victims were seven years of age or younger (U.S. Department of Health & Human Services, 2007). These findings, which have far-reaching implications for policy makers, service providers, and parents, demand our attention.

However, parenting behaviors are modifiable (Gardner, Burton & Kilmes, 2006; Webster-Stratton et al., 2001). Parenting programs have demonstrated that they can provide critical information on child development and safety, promote positive parenting behaviors, teach effective discipline strategies, alter negative family patterns, and reduce levels of child abuse and neglect (Kendrick, Barlow, Hampshire, Stewart-Brown & Polnay, 2008; Gardner, Shaw, Dishion, Burton & Supplee, 2007; MacLeod & Nelson, 2000; Taylor & Biglan, 1998). A variety of intervention modes exist to influence parenting practices and promote healthy families such as educational and skill training programs (Wyatt Kaminski, Valle, Filene & Boyle, 2008; Palusci, Crum, Bliss & Bavolek, 2008; Petrie, Bunn & Byrne, 2007; Lundahl, Nimer & Parsons, 2006; Irvine, Biglan, Smolkowski, Metzler & Ary, 1999; Taylor & Biglan, 1998), home visiting programs (DuMont, et al., 2008; Olds et al., 1997), and support groups (National Council on Crime and Delinquency, 2008).

Although great strides have been made towards preventing child maltreatment and promoting healthy families, not enough is known about the impact of parent education, training and home visiting programs on reducing this problem (U.S. Department of Health & Human Services, 2003; Repucci, Britner, Woolard, & Dillon, 1997). In addition, large-scale trials and meta-analyses

have shown limited effects and inconsistent evidence for some of them (Casanueva, Martin, Runyan, Barth & Bradley, 2008; Chaffin, 2004). Programs focus on preventing or achieving a variety of outcomes (e.g. child neglect, educational achievement), with varying populations (e.g. single mothers, incarcerated fathers), making it difficult to generalize on the efficacy of approaches as a whole and compare programs to each other (MacLeod & Nelson, 2000).

The consensus in the prevention literature underscores the need for more services to assist high risk parents in avoiding engagement in child-maltreatment. Those that have outcome value supported by evidence are particularly necessary due to the high human and economic costs involved. While several evidence-based interventions (EBI) for child maltreatment prevention have been developed in the clinical research environment, many programs exist which originated in community settings and in response to community needs. In light of the availability of these widely accepted and utilized, culturally and linguistically competent existent programs, current proponents of the EBI movement advocate evaluating the efficacy of these community initiatives as opposed to solely focusing on the translation to the community of those EBIs researchers have created. Programs developed at the grassroots level in response to community needs often have acceptance and legitimacy, and may be more culturally and linguistically competent. However, they often lack the resources and motivation to demonstrate their effectiveness through rigorous evaluation (Asscher, Hermanns, & Dekovic, 2008). One promising program, the Parent Education Program of the Community Counseling Centers of Chicago, has begun the process of testing a grassroots model in a real community setting to move towards more evidence-based practice.

In 1996 the Community Counseling Centers of Chicago launched their Parent Education Program (PEP). Since its inception, PEP has served approximately 3,500 parents and caregivers. Through a universal parenting educational approach, PEP aims to enhance positive parenting behaviors and family relationships, and address risk factors. It is a multi-component program that includes group-based behavioral parent education and training sessions, home visits, comprehensive referral services, and an

on-going parent support division. Its core component is a set of eight-week group sessions which focus on positive parenting such as non-violent discipline, knowledge of child development, parent-child communication, and problem solving. While some parents enrolled in the program are mandated by the Illinois Department of Children and Family Services (DCFS) or the court system, many of them attend voluntarily based on individual and agency referrals. The group sessions are led by a skilled parenting educator in either English or Spanish. Sessions focus on three main age groups: parents of children birth through seven years of age, parents of youth seven through 12 years of age, and parents of adolescents 12 through 16 years old.

Other components of the parenting program include home visits, referrals and on-going support groups. Home visits are provided to discuss and practice parenting strategies, evaluate home environments, and offer additional support of associated issues (e.g. domestic violence, economic concerns). Parents are connected with other aids they may need through comprehensive referral services. These may be psychological, family, educational, recreational, community, and health related. An ongoing support group led by a previous program participant allows parents to stay connected with the program, or share parenting success stories and challenges with other parents. It intends to alleviate some of the everyday stresses and strains that may lead to child maltreatment. Additionally, a children's art group is made available simultaneously during the classes and support group in order to provide enrichment, and allow parents to bring their children to the classes.

Since 2002, PEP partnered with an external team of researchers to conduct process and outcome evaluations. The purpose of this paper is to present the preliminary process and outcome evaluation data of a multi-component community-based parenting program for urban parents- the Parent Education Program (PEP).

■ Method

Participants

This study includes data from PEP participants who enrolled and completed the program (attended a minimum of six of the eight-week group education sessions) during four waves of data

collection (between 2004 and 2007). Study participants constituted a convenience sample of parents/caregivers recruited into the program through collaborations with local schools, libraries, health clinics, clinicians and community based organizations. The study included data from 1,118 program graduates. Regarding demographics (see Table 1), there were 810 female and 302 male participants. Sixty-six percent of them took the classes taught in Spanish, while the rest took the class in English. In addition, one-third of the parents were mandated to the program by the Illinois Department of Children and Family Services or the court system.

Instruments

Outcome Measure. For the outcome evaluation, a confidential pre-post test survey was administered on the first and last day of the 8-week group sessions to determine the change in parenting knowledge and behavioral intent, which were measured through questions about child development knowledge, communication and problem solving skills, and non-violent discipline strategies. Three versions of the questionnaire were developed based on the age group of the class (0-7, 7-12, 12-16). All of them included five vignettes with a total of 15 to 17 multiple-choice questions. A summary score was created for each of the three age-based surveys with a higher score indicating positive behavioral intent and more knowledge. Internal reliability of all three questionnaires was high (age 0-7 instrument $\alpha = .92$; age 7-12 instrument $\alpha = .96$; age 12-16 instrument $\alpha = .93$). Construct validity of the questionnaire was confirmed through several measures: examination of program curriculum to identify main program constructs, exhaustive literature review to identify widely used instruments for parenting education programs, utilization of a panel of experts to develop survey questions, piloting of the survey, item analysis of pilot data, and secondary review of the instrument by a panel of experts using item analysis results. At this last stage experts selected items to be included or discarded using a 100% consensus agreement rule.

Process Measures. For the process evaluation, participants completed an anonymous consumer satisfaction survey at the end of the 8-week group sessions that evaluated satisfaction with the

session content, the facilitator's skills, and program activities. The survey included 10 close-ended questions using a 4-point Likert-type scale (strongly agree-strongly disagree) and 7 open-ended questions. Higher scores on the close-ended questions indicated stronger agreement.

Data collection

A data collection protocol and participant consent form were developed by PEP staff and approved by the agency's Quality Assurance Officer. All project staff members were trained on human subject issues and survey administration. The University of Puerto Rico Institutional Review Board approved the use of secondary data.

PEP parent educators administered the pre-post test survey during the first and last session of the 8-week group sessions, while the consumer satisfaction survey measure was administered at the last session. Research team members conducted an administrative records review to determine the number of Home Visits that were provided to participants each year, the number and type of Referrals given, and the number of people who participated in the Support Groups. Additionally, members of the research team conducted a focus group and phone interviews with Support Group participants during Wave 1 and Wave 3, respectively. All parents who took part in the Support Group were invited to participate. The Wave 1 focus group included eight participants, while the Wave 3 phone interviews included ten participants. On both occasions participants were asked about the group format and organization, group topics, attendance, facilitators, and recommendations for improvement.

Data analysis

Paired sample t-tests were utilized to compare graduating parents' scores from pre-test to post-test. Descriptive analyses were used to illustrate the level of satisfaction participants had with the group sessions and to present administrative data including: Home Visits, Referrals and Support Group attendance. Additionally, a thematic analysis was conducted with the data gathered through open-ended questions on the consumer satisfaction surveys, as well as the focus group and phone interviews conducted with Support Group participants.

Results

Sample characteristics

Results of the descriptive analyses are described in Table 1 for all four waves. Data from 1,118 program graduates were included in the pre-post survey. A total of 175 (15.6%) parents/caretakers were excluded due to missing data (in Wave 4, 43 participants were excluded because the post-test was not administered). A total of 1,083 participants were included in the Consumer Satisfaction Surveys, an average of 271 each year. Eight Support Group parents (24%) participated in the focus group, while a total of 10 parents who attended the support groups (30%) participated in the phone interview.

Table 1

Demographic information of program graduates (all waves)

Variable	Total		Wave 1		Wave 2		Wave 3		Wave 4	
	n	%	n	%	n	%	n	%	n	%
Total	1118	100%	259	100%	293	100%	291	100%	275	100%
Gender										
Male	302	27%	79	31%	73	25%	79*	27%	71	26%
Female	810	72%	180	69%	220	75%	206*	71%	204	74%
Class Age Group										
0-7	634	57%	179	69%	160	55%	148	51%	147	53%
7-12	335	30%	63	24%	101	34%	73	25%	98	36%
12-16	149	13%	17	7%	32	11%	70	24%	30	11%
Language										
Spanish	742	66%	150	58%	216	74%	191	66%	185	67%
English	376	34%	109	42%	77	26%	100	34%	90	33%
Mandation Status										
Mandated	373	33%	97	37%	66	23%	90	31%	120	44%

* Row does not add up to 100% due to missing data.

Outcome measures

T-tests were utilized to compare graduating parents' scores from pre-test to post-test. Table 2 presents the pre and post-test mean

scores, along with the t and p values for all four waves of data grouped by age group class. In summary, changes in parenting knowledge and behavioral intent score were significantly different (at least $p < .05$) between pre- and post-test for all four waves of data collection for graduating parents in each age group class.

Table 2

Changes in parenting skills knowledge among program graduates in the age group classes

	n	pre	post	df	t
Age group 0-7					
Wave 1	160	6.6	8.2	154	9.09***
Wave 2	155	6.8	8.4	154	9.36***
Wave 3	148	10.7	12.6	141	6.27***
Wave 4	104	7.3	7.8	103	1.9*
Age group 7-12					
Wave 1	56	11.2	13.4	55	5.61***
Wave 2	95	11.4	14.1	94	9.74***
Wave 3	69	11.5	13.5	68	7.14***
Wave 4	80	11.5	13.2	79	4.45***
Age group 12-16					
Wave 1	15	11.6	13.3	14	3.83**
Wave 2	23	12.1	13.6	22	2.67*
Wave 3	71	11.1	13.5	70	6.45***
Wave 4	29	12.0	13.7	28	3.83***

* $p < .05$ ** $p < .01$ *** $p < .001$

Process measures

Descriptive analyses were utilized to illustrate the level of satisfaction graduating parents reported with the program. Table 3 presents the mean level of satisfaction parents reported for all of the consumer satisfaction questions for the four waves. In summary, the majority of parents reported a high level of satisfaction (strongly agree) with the program. Overall, parents strongly agreed that they would recommend the program, thought the facilitator was knowledgeable, and felt they could apply their knowledge.

Table 3*Responses to consumer satisfaction survey (all waves)*

	Wave 1		Wave 2		Wave 3		Wave 4	
	<i>n</i>	<i>M</i>	<i>n</i>	<i>M</i>	<i>n</i>	<i>M</i>	<i>n</i>	<i>M</i>
I learned a lot in this course.	253	3.7	301	3.7	281	3.7	245	3.8
I will be able to apply what I learned in this course with my children.	254	3.7	296	3.7	280	3.7	247	3.7
I was given the opportunity to participate and discuss information with other parents.	253	3.6	296	3.7	279	3.6	207	3.6
This course was well organized.	253	3.7	299	3.8	279	3.7	246	3.8
I found the material distributed to be easy to read and follow.	252	3.7	248	3.9	281	3.7	233	3.8
The facilitator was knowledgeable about the material.	253	3.7	297	3.7	279	3.7	247	3.7
The facilitator addressed my questions and concerns.	219	3.7	300	3.8	281	3.8	245	3.8
I would recommend this course to other parents.	253	3.7	259	3.9	279	3.8	247	3.8
I felt comfortable participating in this course.	253	3.8	299	3.8	282	3.8	242	3.8
The homework exercises were helpful to enhance my parenting skills.	253	3.7	297	3.8	280	3.7	188	3.8

Note. Range is between zero and four, with four representing the highest score.

Administrative records were used to determine the number of Home Visits parents received, how many Referrals were given, and how many parents participated in the Support Groups at each wave of data collection. For Wave 1, 123 (47.5%) parents received at least one Home Visit. The average number of visits was 2.3 among these participants (range = 1-4, *SD*= 0.9). For Wave 2, 158 (53.9%) parents received at least one Home Visit. The average number of visits was 2.9 among these participants (range = 1-4, *SD*= 0.8). For Wave 3, 155 (53.3%) parents received at least one Home Visit. The average number of visits was 2.8 among these participants (range = 1-4, *SD* = 1.0). For Wave 4, 167 (60.7%) parents received at least one Home Visit. The average number of visits was 2.5 among these participants (range = 1-7, *SD*= 1.0). In addition to Home Visits, 194 referrals were provided to partici-

pants in Wave 1, 468 referrals in Wave 2, 326 in Wave 3, and 223 referrals in Wave 4.

Parent graduates were also offered the option of participating in a parent support group, with a total of 90 of them accepting the invitation. Thematic analysis from the focus group and phone interviews with support group participants revealed satisfaction with the support groups. They felt that the topics covered were relevant and enjoyed the variety in formats (e.g. both group-directed and facilitator-led). Participants enjoyed discussing their experiences as a parent. They connected well with the facilitators, and described them as attentive, motivational, and honest. Lastly, several parents expressed the necessity of the child care provided during the group.

■ Discussion

Parenting education and skills programs are a way to promote the emotional and physical development of children and prevent child maltreatment. They have the potential to strengthen parent-child relationships, promote non-violent discipline and violence-free homes, increase knowledge on child growth and development, and provide social support and access to community resources for parents and caregivers. These programs can capitalize on many of parents' strengths, such as their intentions to provide a loving and enriching environment for their children to grow. They can also help parents reduce risk factors for abuse and neglect such as lack of knowledge of effective discipline strategies.

This investigation showed that participation in a short-term (eight-session) group-based positive parenting program with home visits, comprehensive referrals, and a support group was related to improved parenting knowledge and behavioral intent among participants across four waves of data collection. In addition, parents report satisfaction with the program, its facilitators, and feel that they will be able to implement the skills that they have learned in the classroom. This program was able to reach an average of 280 parents each year, provide individual service through Home Visits, and facilitate the necessary community Referrals. However, although the program offered an optional Support Group for its graduates, only a small minority of parents

took advantage of this opportunity. Furthermore, this program was able to reach high-risk parents, such as those mandated to attend parenting courses through the state.

A strength of the current study is the triangulation of parent surveys, agency records, and a focus group and telephone interview to better understand a community-based parenting education program. However, while this study provides the first step in evaluating the impact of the Parent Education Program, several limitations need to be discussed. This exploration only utilized secondary data from a community-based agency. Therefore, some variables of interest could not be examined. These include the differences in outcomes between mandated and non-mandated participants, and more importantly, the differences between participants who graduated the course (i.e. attended six or more sessions) and those who did not. Program retention is a major threat to success among parenting programs. Also, while many programs evaluate change in knowledge and behavioral intent (e.g. knowledge of child development and discipline strategies), many well-researched ones have not been able to document changes in actual reports of abuse and neglect (MacMillan et al., 2005), or to sustain gains over time (Chaffin, 1994).

Finally, utilization of a cross-sectional design without a control group limits the ability to understand the causal relationship between the parent classes and change in parental knowledge and behavioral intentions. It could be that over time, motivated parents naturally acquire more knowledge and parenting skills. The authors are currently conducting a larger-scale controlled efficacy trial of PEP to answer some of these questions, and to determine whether the program has differential effects on specific populations (e.g. mothers versus fathers, Spanish-speakers versus English speakers).

Significantly more resources should be directed towards the evaluation, development and refinement of evidence-based parenting programs (Casanueva et al., 2008). The present study adds to the current literature by presenting process and outcome data from a short-term community-based parenting program delivered to mostly low-income urban minority parents. This community agency has invested considerable resources in formative

evaluation and research to aid in program improvement, and PEP should be considered a promising program. This study lays the groundwork for the program to engage in more rigorous evaluation and documentation of program development efforts to move towards an exceptional evidence-based practice.

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