REPORT

Supporting Parents of Young Children in the Child Welfare System

Katherine A. Beckmann | Jane Knitzer | Janice Cooper | Sheryl Dicker

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The National Center for Children in Poverty (NCCP) is the nation's leading public policy center dedicated to promoting the economic security, health, and well-being of America's low-income families and children. Using research to inform policy and practice, NCCP seeks to advance family-oriented solutions and the strategic use of public resources at the state and national levels to ensure positive outcomes for the next generation. Founded in 1989 as a division of the Mailman School of Public Health at Columbia University, NCCP is a nonpartisan, public interest research organization.

SUPPORTING PARENTS OF YOUNG CHILDREN IN THE CHILD WELFARE SYSTEM

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Dedicated to Jane Knitzer, a champion of quality parenting.

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Introduction

Consistent, responsive, and nurturing early relationships foster emotional well-being in young children, as well as create the foundation for the behavioral, social, and cognitive development essential for school readiness.[1] Developmental research tells us that parents are one of the most important influences on children with high quality parenting essential for healthy child development. Thus, preventing behavior problems in young children requires family-oriented, evidence-informed strategies that address the needs of both parents and their children.

This report explores the challenges and opportunities of improving mandated parent training for parents of young children in the child welfare system. Drawing on lessons from research and practice, it calls on states, courts and communities to use more intentional, cost effective, and strategic approaches to required parent training. The report is based on Improving Parenting Outcomes for Children in the Child Welfare System: an emerging issues roundtable that the National Center for Children in Poverty conducted in July 2007 in New York. The forum brought together leaders in child welfare, policymakers, philanthropists, researchers and those with practice expertise to explore the best means to ensure effective parenting training and to consider action steps to help this high risk population. (See Appendix I for a list of participants.)

While parent education is only one component of a comprehensive service plan to help parents better parent, it is a point of potential leverage to improve the child welfare system by providing more effective prevention services, such as parenting education, and spending scarce resources more efficiently. This report explores the research, proposes criteria for effective programs, and discusses strategies that can be used at the local, state and national levels to change policy and practice.

Setting the Context: Children

- While more than 3.5 million children received investigations or assessments by Child Protective Services in 2007, 794,000 children were deemed to have suffered from abuse or neglect.
- Among these identified children, the youngest had the highest rate of maltreatment – the rate for the age group of birth to 1 year was 21.9 per 1,000 children of the same age group as compared to 11.5 per 1,000 children age 4 to 7 years. Further, more than three-quarters of all children (1,760 in total nationally) who died due to abuse and neglect were younger than 4 years of age.
- During 2007, 59.0 percent of children associated with the child welfare system experienced neglect, 10.8 percent were physically abused, 7.6 percent were sexually abused, and 4.2 percent were psychologically maltreated.
- More than one half of substantiated cases were girls (51.5 percent), and approximately one half of all children were white (46.1 percent) while 21.7 percent were African American and 20.8 percent were of Hispanic ethnicity.
- More than 20 percent of cases were placed in foster care settings.

Source:

U.S. Department of Health and Human Services, Administration on Children, Youth and Families. 2009. *Child Maltreatment 2007*. Washington, DC: U.S. Government Printing Office.

Supporting Parents of Children in the Child Welfare System: Challenges and Opportunities

Most children who experience abuse and neglect remain in their homes and often do not have access the array of services that children in out-of-home care receive

Nationally, child maltreatment rates have hovered between 11.8 and 15.3 per 1,000 children for the last decade and a half.[2] During 2007, 59.0 percent of children in the welfare system experienced neglect, 10.8 percent were physically abused, 7.6 percent were sexually abused, 4.2 percent were psychologically maltreated, and 0.9 percent suffered from medical neglect. Additionally, 4.2 percent of children in this population experienced "abandonment," "threats of harm to the child," and/or "congenital drug addiction."[3] On average, nine out of 10 children will remain at home after investigations of abuse and/or neglect.[4] The small percentage of children who are removed from their biological parents and live in out-of-home care, are more likely to have their abuse classified as more severe than those who remain at home.[5] Furthermore, approximately half of these high risk children will return home within 18 months of removal, with the rest remaining in foster or group care or being adopted.[6] Studies show that children who remained in their homes are significantly less likely to receive services for indicated problems than those who were removed.[7] Indeed one study shows significantly higher rates of service use for children with substantiated cases compared to those with unsubstantiated cases of child abuse and neglect.[8]

Setting the Context: About Parents

- In 2007, women comprised more than half of individuals accused of abuse and neglect whose cases were substantiated (56.5 percent female compared to 42.4 percent male).[A]
- During 2007, parents made up nearly 80 percent of individuals accused of child maltreatment whose cases were substantiated, with the majority being biological parents.[A]
- Nearly 75 percent of individuals with substantiated cases were younger than age 40 years; more than half of individuals were white, while one-fifth were African American and one-fifth were Hispanic.[A]
- The estimated number of children whose parents have had their rights terminated shows no distinct pattern. Between FY 2000 and FY 2005, the number of children whose parental rights had been terminated ranged from 65,000 to 73,000.[A]
- In the National Survey of Child and Adolescent Well-Being, eight percent of investigated caregivers abused alcohol, nine percent abused illegal substances, and 12 percent had recently been arrested. In addition, approximately 15 percent had a serious mental health problem, seven percent had a cognitive impairment, and five percent had a physical impairment.[B]

Sources:

A: U. S. Department of Health and Human Services, Administration on Children, Youth and Families. 2009. *Child Maltreatment 2007*. Washington, DC: U.S. Government Printing Office.

B: National Survey of Child and Adolescent Well-Being. 2005. *CPS Sample Component: Wave 1 Data Analysis Report.*

A range of risk factors, including domestic violence and poverty, exacerbates the effects of child abuse and neglect on child development

Domestic violence; neglect; physical, emotional, and/or sexual abuse; and poverty are among several risk factors that have an additive effect on child development. Self-reported rates of domestic violence by in-home caregivers associated with the child welfare population are approximately 45 percent higher than that of the general population.[9] These risks are often compounded by parental substance abuse, maternal depression, serious mental illness, and family instability, resulting in disruptions to caregiver relationships and foster care placement.[10] In fact, an estimated 40 percent of parents in the child welfare system could be diagnosed with clinical depression. Of these depressed parents, only one third will likely receive services over the next three years.[11]

Studies have demonstrated a consistent association between clinically significant child behavioral problems and caregiver issues with alcohol and drug abuse, as well as mental illness. In fact, children with parents who suffer from substance abuse and/or mental illness are twice as likely to have clinically significant externalizing symptoms as their peers

who have parents who do not endure these struggles.[12] As a result, the child welfare and family court systems must address family needs while balancing the conflicting time required that is associated with child development and that is needed for substance abuse recovery. These timelines are often divergent in nature. Substance abusers need time to recover, and relapse is common. However, during early development, children need safe and stable environments in which nurturing relationships can be fostered and secure attachment be attained to ensure future healthy development.

Child abuse and neglect incidences almost always leave young children traumatized

A vast body of evidence points to the high cost of trauma experienced by children and youth, especially for young children. Nearly 75 percent of child fatalities due to maltreatment involve children under age 4.[13] Further, 22 percent of all children in the National Survey of Child and Adolescent Well-Being (NSCAW) study experienced the first onset of maltreatment before age 3.[14] Occurrences of trauma range from 25 percent in the general population of children and youth to 90 percent for children and youth in specific child-serving systems, such as child welfare and high-risk situations.[15] Most striking is that incidents of child maltreatment and trauma can be preventable through education that gives parents the tools to truly parent. Reasonable parental expectations of child capacity and needs from ages birth to 3 are essential. This young population is the most vulnerable, defenseless, and disadvantaged as compared to their adult counterparts.

Strong parenting skills can foster resilience among vulnerable children in child welfare and promote health child development

Early childhood is a time of special vulnerability and opportunity – especially for children living in high-risk situations. During this period, young children gain social understanding, develop attachment, acquire language, grow physically, and cultivate emotional regulation. In fact, a growing body of research links early childhood experiences to cognitive, social, emotional, and physical health and development later in life.[16] Therefore, the impact of the consequential poor parenting on children can be profound, often resulting in insecure attachments that lead to a spectrum of maladaptive coping mechanisms, poor emotional regulation, and diminished learning potential.[17] Maltreatment often results in impaired cognitive development and attention capacities in children, resulting in lower school achievement than their counterparts who have not endured abuse and/or neglect.[18] This is only compounded by the high prevalence of chronic medical conditions and developmental delays among children in foster care.[19] Further, potential alienation from peers and family members due to shame and secrecy, in addition to the fear of angering a parent, may only exacerbate anxiety and insecurity.[20]

New research supports the biological impact of abuse and neglect in early childhood

Recent research demonstrates that toxic stress evolves when there is prolonged activation of stress response systems in the absence of the buffering protection of adult support. Constant elevations of stress hormones and altered levels of key brain chemicals disrupt developing brain chemistry and architecture. Some researchers have shown that early separations have short-term and long-term effects on neuroendocrine regulation in children.[21] In fact, science has shown that toxic stress in early childhood can lead to a lifetime of greater susceptibility to physical illnesses (such as cardiovascular disease, hypertension, obesity, diabetes, and stroke) as well as mental health problems (such as depression, anxiety disorders, and substance abuse).[22] For example, research reveals that depression is more common for children in the child welfare population than in the general child population.[23] For young children experiencing toxic stress from the multiple risks, interventions that provide specialized services matched to the issues they are targeted to address can, in fact, promote better developmental outcomes.[24]

The Case for High Quality Parenting Education

Parenting education is one good example of interventions with specialized services that can make a difference. Many caregivers themselves were not raised in nurturing environments and have had little exposure to information and strategies that promote healthy child growth and development, as well as healthy family functioning. There is a significant body of research on the intergenerational transfer of parenting practices.[25] In fact, maltreatment by a caregiver in childhood has been associated with involvement in the child welfare system later as a parent.[26] Some parents may not be aware that certain forms of punishment, such as shaking and spanking, can be considered physical maltreatment. They may not be familiar with the idea that lack of bathing, health care, clothing, and safe supervision may constitute examples of neglect. Further, parents may not be aware that a child's needs change as the child ages. In fact, child welfare workers report that approximately one-third of parents have poor parenting skills, almost one-fifth have unrealistic expectations of their children, and one-tenth use excessive discipline.[27] Unfortunately, the current system does not support these parents in their need to be good parents. Nearly 65 percent of families who do not lose parental rights, but whose cases are deemed substantiated cases of abuse and/or neglect, do not receive needed services from child welfare that may include substance abuse treatment, mental health treatment, and parenting education.[28] The law requires that each child in foster care has a permanence plan developed for or with him or her that outlines a set of goal-oriented strategies to ensure they have a permanent living arrangement. Development of parenting capacity to aid in family rebuilding and reunification is essential.

Customary practices in parent training program delivery for families associated with the child welfare system often fall short of what is needed

It is estimated that more than half of all parents involved in the child welfare system nationwide, including those with children in foster care as well as those receiving services at home, attend parenting education programs. As a result, approximately 850,000 American families participate in voluntary or court-mandated parent education programs each year.[29] As mentioned, parents with young children in the child welfare system are parents who experience many risk factors themselves. Many parents associated with the child welfare system present a more complex constellation of risks and challenges than the general population of parents who attend typical parenting education classes.[30] At the same time, we know that parent training is generally delivered in an ad hoc way and often characterized by uninformed practices with very little, if any, attention to whether actual parenting practices change. Further, there appear to be only modest attempts to comply with federal policy goals of promoting family strength and child well-being.[31]

Without regard to the specific needs of the parent or child, existing parenting education classes are often one-size-fits-all with the same curriculum used for each parent involved in any type of maltreatment case.[32] Few child welfare agencies and family courts that fund and mandate parenting education programs have established criteria for program completion that encompass an assessment of knowledge or competency.

Currently attendance alone fulfills the court-mandated requirement set forth in Adoption and Safe Families Act (ASFA), rather than demonstration of acquired knowledge and its application. Parents are required to show a certificate of attendance to the court and child welfare agency as evidence of participation, but there are few assessment efforts to gauge whether parents actually need these programs and, if so, what parenting deficits should be addressed. By performing an evaluation of the parent interacting with their child before and after program participation valid decisions can be made concerning the need for parenting programs and/or more intensive counseling or

other interventions. Similarly, by performing a behavioral observation or testing after completion of the program, improvements in parenting can be demonstrated. The current pervasive use of certificate of attendance does not provide courts with significant feedback on parenting capacity or gained improvement that could aid in decision-making. Without meaningful documentation, parents may not be able to demonstrate readiness for reunification (or conversely, the evidence needed to terminate parental rights) to the court or child welfare agency and that they have developed the capacity to sensitively and safely care for and nurture their child.

Provision of evidence-based parenting education is consistent with the goals of federal child welfare policy that promotes family reunification, builds on family strengths, and promotes child well-being. Since the passage of the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), programs to train parents to better care for children have been a key component of reasonable efforts to preserve and reunify families. This concept was bolstered in 1997 by the Adoption and Safe Families Act (ASFA), which obligates states to ensure the safety, permanency, and well-being of children. ASFA's child well-being regulations specifically require states to address children's physical health, mental health, and education needs and ensure that "families have enhanced capacity to provide for their children's needs" (45 C.F.R. Part 1357, section 1355b (2)). Parenting education programs are one example of prevention efforts to preserve and reunify families.

Since the completion of parenting education programs is considered a vital component of reunification efforts, all children in foster care have a court order approving placement and service provision, with the majority of these orders containing requirements for mandated parenting programs.[33] Similarly, the majority of family services plans developed by child welfare agencies require participation in parenting education programs.[34] However, the National Survey of Child and Adolescent Well-being (NSCAW) documented that of all children placed out of home, only 55 percent of parents had received parenting education by 18 months of foster care placement.[35] Of children who are reunified with family, 75 percent of parents received parent training by 18 months. Furthermore, while NSCAW reports that 46 sessions of parent training are attended on average, the quality and effectiveness of this training is unknown.[36]

Although we know that customary mandated parenting education practice has many flaws, there has been little focused research on the implementation of more effective practices for young children, or, in fact, children of all ages. The *Caring for Children in Child Welfare Study* demonstrated that parent training services are considered part of a family case plan in most counties in the United States but parent training is not a required element of general mandated child welfare policy. Further, the number of hours spent in parental education class peaked at 20 hours in many group parenting sessions – an underestimation in the amount of time needed to create sustainable change in parental behavior and child-rearing beliefs.[37] It is not uncommon for child welfare agencies to provide lower cost, short-term parenting interventions and believe them to be adequate in altering parenting beliefs and behaviors. However, a recent study by Hurlbert, et. al. demonstrated that brief, low intensity interventions did not have sufficient impact for families with multiple risk factors.[38] Adding to variability in quality of programming, most counties also reported that parenting education is provided by community-based organizations that contract with the child welfare system and/or in family homes.[39] Many trainers often lacked competency in parenting education and did not possess much more knowledge of child development and rearing than the parents in attendance.[40] On the whole, these programs varied in content and quality while being operated under various auspices with little oversight.[41] This is compounded by a dearth of empirical evidence supporting current parenting programs and limited nationwide use of the few evidence-based programs that do exist. In fact, NSCAW data showed that less than one percent of the 92 counties reported using evidence-based parenting strategies.[42]

Since many parents involved in abuse and neglect cases are mandated to attend parenting programs, that are neither evidence-based nor known to improve parenting capacity, it is imperative for communities to begin to reform this system. To continue funding ineffective programs is unfair to families and children, as well as a waste of precious financial resources. In 2007, the country spent $25.7 billion for child welfare services that include direct and administrative services the state agency provides to children and families. Of this total, 42 percent were from federal funds, 48 percent from state funds, and 10 percent from local funds.[43] However, funding dedicated to parenting education and interventions difficult to disentangle from these figures. In light of the substantial number of young children in child welfare, not only do parents need better supports to promote positive parenting experiences and family reunification, but children need high quality programs so that they may grow up in safe environments that promote child well-being.

Effective Evidence-based Parent Education Strategies

Program content and delivery are important components of high quality services. Although bureaucratic systems are not known for being nimble, the effective implementation of evidence-based parenting education in child welfare systems requires continuing evaluation, adjustment, and adaptation on the part of intervention creators, service systems, organizational leadership, providers, and parents. Poor implementation may result in negative perceptions of evidence-based programming when, in truth, it may be a failure of program delivery and translation to real world settings.[44] Participant buy-in rests on the effectiveness of program content and execution. Supportive strategies that get parents engaged and invested in training opportunities are also important for program effectiveness and knowledge retention.

What We Know About Evidence-informed Practices

There is relatively little experimental research to guide the implementation of effective parenting education for parents associated with the child welfare system.[45] What is often anecdotally reported is that parenting programs are not tailored to the needs of families, and fail to consider the most basic factors for efficacy such as age of the child, challenges facing parents (for example, substance abuse and mental illness), challenges facing the child (such as developmental delays and disabilities), family culture, and/or prior history in the welfare system. Further, parenting interventions targeted to the family as a unit have been studied even less, although evidence suggests that family factors contribute greatly to maltreatment (such as marital conflict, and mental illness).[46] Specifically, mental health of the mother may have significant impacts on the mother-child dyad that may result in poor child psychological health outcomes. A recent meta-analysis of 26 studies that examined parent education program effects on maternal psychosocial health determined that parenting education may result in short-term mental health benefits, but long-term effects are unknown. While the results of programming on the whole were positive, some research demonstrated no program effect in terms of maternal mental health.[47] Similar weak findings were reported for group-based parenting programs for children under age 3. Barlow and colleagues found little evidence for sustained effectiveness of group parenting programs directed at improving the emotional and behavioral health of children younger than 3. They did identify one primary prevention program that showed, at six-week follow-up, improvements in child behavioral adjustment and parents' attitudes and behaviors.[48]

Building nurturing family relationships may positively influence a number of domains that make up the complex system of child development. However, while many programs are labeled as parenting programs, children are often absent from training and parents have little or no opportunity to practice lessons learned with their own children. Parents ought to be taught to understand needs of their child by participating in hands-on training, or modeling of strategies to address those needs with their own child. By gaining knowledge and experience about

how to care for their own child, parents will be able to demonstrate that they can safely regain custody. Even more importantly, they will learn the skills necessary to become more responsive parents with reasonable expectations of their child for his or her age level.

Although the child welfare system has not for the most part utilized effective parenting programs, there have been efforts often spurred by other systems, as well as through community inventions, to address the challenges of improving parenting for these high risk young children and parents who face multiple challenges. Thus far, two types of research-informed efforts to improve parenting skills and knowledge of child development are prevalent. Some strategies involve group efforts where parents seek support from peers who have had similar life experiences and backgrounds; others, often more costly, are based on one-on-one interventions.

For young children, and particularly children from birth to 3, there have been efforts to implement relationship-based therapies based largely on attachment theories from psychology. An example can be found in an intervention that links evidence-based parenting programs from the behavioral health literature with maltreatment reduction from the discipline of social work. Many have reported success with dyadic programs like Parent Child Interaction Therapy (PCIT). Evaluations of PCIT have revealed that as parenting behaviors become more skilled and masterly, the recurrence of maltreatment diminishes. Other evidence-based programs, such as the *Incredible Years* and *Parent Management Training*, have demonstrated similar results, providing further support for the idea that targeted parenting education has direct effects on maltreatment reduction in child welfare.[49]

In addition, there is some evidence that clinical interventions that seek to improve caregiver sensitivity through sustained, individualized sessions and that consider the mother's broader life circumstances and needs, are beneficial.[50] In addition, research on parent training in the child behavioral health arena has demonstrated that structured parenting classes that focus on parent skill development can change key parenting attributes such as higher levels of nurturance, consistency of limit setting, re-direction of anger from the child to more productive outlets, use of nonviolent punishment, and higher sense of parenting efficacy.[51] Again, little research has targeted the high risk families associated with the child welfare system. More research is needed on effective parenting education geared towards parents associated with the child welfare system. This would include a stronger emphasis on mitigating parent-child maltreatment than typical parenting education programming.

Still, no matter what domain gives rise to certain parent programming, it is unclear if some types of parenting education program styles work better than others to achieve desired outcomes for children in child welfare. With diverse types and causes of maltreatment, are there programs that are better suited to dealing with issues of physical abuse as opposed to neglect? Should multiple types of parenting programs be provided? Parents and children involved in the child welfare system face many challenges, and it seems appropriate that parenting programs must be flexible to meet their often complicated and shifting needs.

By gaining knowledge and experience about how to care for their own child, parents will be able to demonstrate that they can safely regain custody.

Selection of Notable Evidence-based, Empirically Supported, or Best Practices Parenting Education Programming

A number of models of parent training that have shown traction in improving outcomes for children with challenging behaviors across the developmental age span has been developed in the past decade. Although we know that the usual and customary current practice has many flaws, there has been little focused research on how to implement more effective practices, either for young children, or indeed for any aged children. At the same time, often spurred by mental health systems as well as community inventions, there have been efforts to address the challenges of improving parenting for young children and parents in high-risk situations who face multiple challenges. Below we highlight a range of parent education strategies deemed effective by virtue of evidence based in either randomized controlled trials, empirical support, and/or field determined best practice. These strategies are a subset of practices implemented around the country that could provide a framework for states and communities to examine their own approaches. Parenting program inclusion was based in relevance to the child welfare population as well as research support that includes the use of some form of control group to evaluate program effectiveness. Evidence-based examples that focus on the vulnerable early years include the following:

Parents with young children in the child welfare system are parents who experience many risk factors themselves.

The Attachment and Biobehavioral Catch-up Program

Funded by the National Institute of Mental Health, the *Attachment and Biobehavioral Catch-up* (*ABC*) program targets caregivers with children age 3 years in the system. Using curricula that cater to both biological and foster parents in the child welfare system, *ABC* seeks to cultivate secure attachment and enhance emotional and biological regulation by assisting caregivers in developing nurturing, trusting relationships with their children and in providing a predictable interpersonal environment. The program employs trainers who are masters of social work, doctors of philosophy, or graduate students working under supervision.[52]

With more than a decade of evaluation research to support it, *ABC* is focused on behavior change, not solely skill acquisition. It is characterized by one-on-one interventions with video feedback that are designed to promote healthy attachment through intensive, individualized curricula. The 10 sessions include the child and are provided in family homes. Adding flexibility, at least three booster sessions are sometimes added at the end to reinforce learning and address any new issues. Some basic aspects of the *ABC* content include lessons on nurturance provision, learning to effectively respond to the child's cues, understanding the child's emotions, and conflict resolution.[53] The creator, Dr. Mary Dozier, has expressed interest in developing a group version based on the 10 structured sessions.

Recent studies have reported improved secure attachments for children and caregivers involved in this program. One randomized control trial using *ABC* for the treatment and *Developmental Education for Families* for the control group demonstrated a significant difference in child cortisol levels one month after intervention. Cortisol levels, a biological measure of stress response, were significantly lower in those who had participated in the *ABC* program when compared to the control. These results were comparable to a normally developing group of children at follow-up, as well. Further, foster parents reported significantly fewer problem behaviors in children after *ABC* program completion.[54] Similar findings, soon to be published, have been found for children and biological parents involved in the program, as well.[55] At this time, it is unclear what long-term program effects remain.

The Incredible Years

The Incredible Years is a prevention-oriented group intervention that trains parents of young children in positive communication and child-directed play skills, consistent and clear limit setting, and non-violent discipline strategies. The program also educates parents how to teach young children problem-solving skills and anger management.[56] Designed and tested for specific racial and ethnic populations,[57] *The Incredible Years* has three forms that include basic, advanced, and child components depending upon group needs. The advanced portion includes difficult topics geared toward the child welfare population, such as depression and trauma. Home-based activities reinforce lessons learned during weekly sessions and also allow parents to make up any missed classes.[58]

Characterized by interactive reading pieces, *The Incredible Years* promotes parental self-care, social and emotional child development, and secure attachment. Modified videos include immigrant families and ethnic and language diversity in vignettes. Working cooperatively with parents, the trained leader and/or mental health professional modifies the curriculum to parents' needs by varying modules. For example, modifications can be made to the curriculum if a parent loses custody of his or her child. One adapted form of the program has been used in California with biological families who have had their children removed and placed in foster care. The adaptation allows for the biological parents to train with demographically similar parents and children. The biological parents practice parenting skills with these families and then go back through the program with their own children at a later point in time.[59]

Multiple random controlled trials of *The Incredible Years* with Head Start populations have demonstrated that negative parenting behaviors (including spanking, harshness, criticism) were reduced and positive parenting behaviors (such as positive affect, praise, nurturing and supportive parenting, discipline competence) were enhanced after program completion.[60] With most effects retained one year after program completion, parents who participated in *The Incredible Years ADVANCE Parenting* program showed increases in observed marital problem-solving and their children showed increases in social problem solving as compared to the untreated control group and to those who received *the Incredible Years BASIC* only.[61] Results support the idea that evidence-based parenting programs of longer duration and higher intensity have greater impact than those often used by community agencies serving parents in contact with child welfare.[62] However, further research is needed assessing long-term recidivism rates after program completion in populations with reported histories of child maltreatment.

Criteria to Consider When Choosing Effective Parenting Education Programs

- Evidence-based curricula that includes:
  - Emphasis on parenting consistency
  - Taking into account the developmental stages of children
  - Enhancing positive parent-child interactions and emotional communication skills
  - Real-time parent-child interaction
  - Use of disciplinary techniques such as "time out"
- Experiential, peer-to-peer learning formats
- Small group size
- Flexibility of curriculum so that it can be targeted to specific groups
- Well-trained facilitators
- Pre/Post-testing of parenting knowledge that includes observations of parent-child interactions
- Sufficient program duration for families to build relationships and maintain knowledge gained

Sources:

Barth, R.; Landsverk, J.; Chamberlain, P.; Reid, J.; Rolls, J. 2005. Parent-training Programs in Child Welfare Services: Planning for a More Evidence-based Approach to Serving Biological Parents. *Research on Social Work Practice* 15(5): 353-371.

Kaminsky, J.; Valle, L., Filene, J.; Boyle, C. 2008. A Meta-analytic Review of Parenting Programs. *Journal of Abnormal Child Psychology* 36: 567–589.

Nurturing the Families of Louisiana Parenting Program

Focusing on the chronic neglect of low income parents of children age 0 to 5 years, the *Nurturing the Families of Louisiana Parenting Program*[63] builds nurturing skills as alternatives to abusive child rearing attitudes and parenting practices. This family-based program focuses on teaching age-appropriate expectations, discipline with dignity, empathy towards children's needs, parental and child empowerment, positive self-worth and parent-child role clarification. There are 13 *Nurturing Parenting Programs* for parents and children prenatal to 18 years that maintain an overall objective of stopping cycles of abuse, reducing rates of recidivism, reducing rates of juvenile delinquency and alcohol abuse, and lowering rates of teenage repeat pregnancies.[64] Designed with race and ethnic differences among populations in mind (such as Hmong, African American, Arabic, Haitian and Hispanic), the program incorporates trained facilitators and staff from the surrounding community who have similar backgrounds to targeted parents.[65] In Louisiana, the curriculum is delivered through a network of community-based family resource centers and supported by the Department for Social Services using Title IV-B (Child Welfare) funding.

Provided in group and home-based formats, the *Nurturing the Families of Louisiana* program requires parents and children to attend 16 group based sessions with concurrent intermittent home-based practice sessions. There are 15 competency areas with 80 available lessons complemented by specialized lessons to meet the individual family needs and reinforce material in home-based instruction. Examples of competencies include child development, empathy, discipline (trauma is included but the focus is on familial separation). Individual assessments are performed to create profiles so that curriculum becomes prescriptive and targeted to individual parent needs. Together, the parent and parent educator review parenting strengths and weaknesses before developing the Family Nurturing Plan. When possible, families are grouped around competencies for peer support and lessons. For the foster care population, the Nurturing Program model adapts to the specific family and sessions become supervised visitation for parents and children.[66]

The Adult-Adolescent Parenting Inventory-2 instrument (AAPI-2) is used for pre- and post-testing to assess knowledge and skills gained after program completion. The AAPI-2 is a norm-referenced, standardized inventory designed to assess the parenting and child-rearing attitudes of adults and adolescents. Responses generated from the inventory measure the expectations parents have of their children, empathy toward children's needs, belief in the use of corporal punishment, parent-child role clarification and empowering children's autonomy and independence.[67] Using the AAPI-2, pre-post-testing of the *Nurturing Parenting Program* demonstrated statistically significant improvements in parental childrearing beliefs as well as a reduction in repeat maltreatment. While promising, this study had many participants who did not complete the full program and/or provided insufficient data. Currently, random control trials have not been performed in evaluating the *Nurturing the Families of Louisiana* program.[68]

Parent Child Interaction Therapy

Parent-Child Interaction Therapy (PCIT) is an empirically supported, dyadic intervention that engages both the child and primary caregiver in real time. It is focused on enhancing bonds between parent and child, improving parenting skills, and reducing problems associated with the child's behavior. Primary caregivers are trained through interactive coaching methods to learn strategies that enhance stronger relationships between the child and the caregiver, such as positive discipline strategies. They also develop skills aimed at improving the child's ability to follow directions and the caregiver's ability to deliver instructions and needs. Motivation matters more in PCIT than standard didactic parenting groups because parents must be actively engaged with role playing and homework, for example.[69]

Ten to 20 weeks in duration, PCIT is appropriate for children and youth ranging from ages 3 to 6 years with externalizing behaviors. It has also been used for behavior modification with maltreating parents of children between ages 4 to 12 years.[70] Skill acquisition and retention have been good with live coaching making significant differences in program efficacy. The equivalent of a master's degree and licensure as a mental health care provider is

Case Study: Dependency Court Parenting Initiative, Florida

In Miami-Dade County, increased rates of young children's entry into the child welfare system necessitated court-university partnerships, bringing researchers and clinicians together to improve parenting programs and move towards evidence-based systems of care. Building on existing partnerships experienced in reforming services for young children in foster care, Judge Cindy Lederman and experts from the Linda Ray Intervention Center at the University of Miami convened a working group of representatives from the child welfare Community-Based Care Alliance, early intervention, mental health and other providers of existing parenting programs.[A]

Using research on effective parenting programs, the group developed minimum criteria for court approved parenting providers that included: (1) a pre- and post-assessment of parent-child interactions with a requirement of behavioral observations by trained professionals for children under age 5; (2) the use of an evidence-based curriculum; (3) the use of real-time parent-child interactions to practice new skills; and (4) the use of standard reporting templates for the court. These criteria are now embedded in contracts with the child welfare agencies, mandated for child welfare funding, and required for all court-approved parenting programs. Currently, the approved provider network assists the administrative office of the court in maintaining the standards for the parenting education programs.[A]

In addition, the Linda Ray Intervention Center developed an intensive 26-week parenting program employing existing components of the *Nurturing Parenting Programs*,[B] *Nurturing Families in Substance Abuse Treatment and Recovery*,[C] and *Strengthening Families*[D] for use with families in Dependency Drug Court. This exemplifies the benefits of using existing evidence-based education components to target a specific population of families who deal with issues of substance abuse, neglect, abandonment, family violence, as well as the negative impact these risk factors have on child development. Only certified trainers, trained in the curriculums, behavioral observation and court reporting procedures, may contract with child welfare or participate in court-ordered parenting programs in Miami. They teach new evidence-based components that include target language development, infant mental health concepts, guiding behavior techniques, and literacy activities, relationship-based play, increased reciprocity in parent-child dyads, and parental sensitivity.

Federal, state, and local funds have been secured to develop, evaluate and implement this evidence-informed parenting program. Though young in its implementation, preliminary analyses demonstrate positive impacts on parents' perceptions of parenting stress and perceptions of parent-child dysfunctional interactions.

Sources:

A: Katz, L. 2007. Meeting at The National Center for Children in Poverty entitled, *Improving Outcomes for Parents in the Child Welfare System,* New York, NY.

B: Bavolek, Stephen. 2005. Nurturing Parenting Programs, Asheville, NC: Family Development Resources, Inc.

C: Moore, Jane; Finkelstein, Norma. 2001. Parenting Services for Families Affected by Substance Abuse. Child Welfare 80(2): 221-238.

D: Kumpfer, K.L.; DeMarsh, J.P. 1983. Strengthening Families Program: Parent Training Curriculum Manual. *Prevention Services to Children of Substance-abusing Parents*. Social Research Institute, Graduate School of Social Work, University of Utah.

required for treatment protocol implementation.[71] While programs vary by delivery system, PCIT is more expensive and intensive than most parent training programs due to concentrated dyad work format rather than a less costly group format. However, the program may prove to be more cost-effective in the long-term.[72] In 2004, the Washington State Institute for Public Policy evaluated a range of early intervention and prevention programs with the goal of better understanding what types of programs carry the greatest return on investment for taxpayers. Amidst an array of programs with home visiting components targeted to child welfare populations and examined for program effectiveness, PCIT inferred $4,724 in benefits compared to $1,296 in costs, resulting in gains of $3,427.[73] Benefits of program participation were evaluated in areas of crime, education, substance abuse, child abuse and neglect, teen pregnancy, and public assistance.[74]

Randomized control trials have shown that PCIT reduces risk for child abuse, enhances parenting skills, improves child behavior functioning, treats multiple issues simultaneously and effectively, and is easily adapted to different populations (including white, African-American, Asian, and Hispanic).[75] Standard PCIT has also been shown to be associated with significantly fewer reports of child abuse recidivism.[76] Further, PCIT improves parenting skills and attitudes in terms of reflective listening, greater prosocial verbalization, fewer sarcastic comments and child criticism, and improved physical closeness between parent and child.[77]

SafeCare

Targeting parents at risk for child neglect and/or abuse, *SafeCare*[78] provides skill training to parents in behavior management, activity planning, home safety, and children's health care in order to prevent maltreatment. It is designed with both parent and child components for families with children age birth to 5 years who are developmentally delayed. Activities are tailored to meet individual family needs in addition to safeguarding the environment in which the child resides. Essential facets of the program include role-playing, safety and health care checklists, and skill assessment within the family home environment.[79]

In a recent study that examined recidivism in a sample of parents in the SafeCare program with substantiated cases of child abuse and/or neglect, participants demonstrated significantly lower rates of relapse 24 months later compared to parents who were in a general family preservation program. Fully 36 months after the intervention, 85 percent of parents in the SafeCare group had no further reports of child abuse and/or neglect, as compared with 54 percent of parents in the general family preservation program. This study did not meet the criteria to prove its efficacy and effectiveness since parents were not randomly assigned into the different parenting programs and since the analyses of the results only included parents who completed all phases of the SafeCare program.[80] The SafeCare study demonstrated high rates of attrition (only 10 percent completed all program components of SafeCare).[81] In another study that demonstrated significant improvements in health, safety, and parenting domains with pre-post testing, high rates of attrition was also a factor.[82] While SafeCare is a promising program in training parents at risk of child maltreatment, it needs further empirically-sound research to support its efficacy.

Triple P-Positive Parenting Program

The *Triple P-Positive Parenting Program* seeks to prevent severe behavioral, emotional, and developmental problems in children by focusing on parenting skills. *Triple P* targets parents and caregivers of children from birth to age 16 within five developmental periods ranging from infancy to adolescence. Formatted for individual, self-directed, or group learning environments, the multidisciplinary program employs program-accredited practitioners in adoptive homes, birth family homes, community agencies, foster homes, hospitals, outpatient clinics, residential care facilities and schools.[83]

Using developmentally-appropriate interventions, the program assesses risk levels and tailors intensity to each family's needs. It incorporates an explicit self-regulatory framework that includes goal setting, behavior monitoring, self-management, anger management, coping skills, self-sufficiency, and problem-solving. Interventions may last from one to 12 weeks, depending on family risk level.[84]

Evaluated for use in group settings, randomized control trials that included Australian families with young children and at least one risk factor demonstrated that *Triple-P* with trained provider assistance was associated with decreased levels of parent-reported disruptive child behavior, decreased levels of dysfunctional parenting, and increased confidence in parenting abilities. Families in an enhanced program version with interventions tailored to each family demonstrated more reliable improvement. However, at one-year follow-up, both types of programming (enhanced and standard) achieved similar levels of improvement in disruptive child behavior.[85]

Although *Triple-P* was not explicitly designed for specific racial and ethnic groups in mind, its efficacy has been examined in a variety of diverse cultural contexts (such as Australia, China, and United States) as well as among different racial and ethnic groups (such as white, Asian, and African-American). As previous studies illustrated, post-intervention scores indicated improvement in child behavior problems, parenting styles, and parenting competency.[86] Further, a randomized control trial of 85, 000 American parents demonstrated significantly lower rates of child maltreatment after Triple-P program participation.[87]

Pedagogy, Engagement and Policy-related Strategies

Beyond content, increasingly research suggests that strategies and policies to support quality parenting education have an impact on outcomes for young children in child welfare. The way the parents are taught may be as critical as what they are taught. Adult learning theories suggest that self-direction may be critical to learning and several elements are important for knowledge transfer.[88] These include an environment that engenders trust, respect, mutuality and collaboration, participation by the learner in planning, assessment, goal-setting and engagement in activities that stimulate inquiry.[89] Research shows that adult learning techniques are associated with positive gains in knowledge and application of knowledge compared to learners not exposed to those techniques.[90] In addition, specific adult learning methods and their application over time were also associated with enhanced levels of effectiveness. In our review of the literature, we were unable to determine whether any parent training programs that focus on parents of children in child welfare include these techniques. However, the mandatory nature of these interventions may suggest the need for specific techniques to engage parents and primary care givers.

Engagement and retention of participants clearly impact on their ability to translate the knowledge and skills gained into practice. A review of supporting evidence for effective parenting interventions for parents of young children concludes that parental engagement and retention represent significant and major challenges.[91] Lack of engagement is characterized by low rates of attendance, drop out and poor participation quality.[92] Research indicates that factors associated with engagement and retention vary. They include parent and child characteristics, structural barriers, family stressors, level of motivation and intervention-related considerations.[93] Intervention-related factors can include perceived need for the intervention, belief in the proposed model, and providers associated with the intervention.[94] Research is mixed on the important child and parental factors that enhance engagement in parenting interventions.[95] Clear challenges to engagement and consistent participation include structural barriers like lack of transportation or unreliable transportation, language skills, lack of child care or conflicting work schedules. In addition, some research points to the importance of marital status and time constraints on attendance and the quality of the participation. A range of "best practices" that are designed to address enhanced engagement have been identified. They address the nature of the delivery of the training, parents' need for information, and supports.[96] (See box below.)

Retention in training programs present similar problems when it comes to adoption and diffusion of strategies. In a study of an evidence-based parenting program, maternal depression, parental low socio-economic status and low maternal cognitive function were strong factors in determining attrition. However, mothers with depression who received supports were as likely as other parents to remain in the treatment.[97]

Strategies to Enhance Engagement: Parenting Interventions

- Provide information on intervention and all phases and processes of intervention to participants
- Explain the reasons for specific required tasks
- Facilitate participants' ability to access the intervention
- Support participants in developing their own goals related to the intervention
- Provide a choice of delivery methods for the intervention
-

Source:

Morawska, A., and M. Sanders. A Review of Parental Engagement in Parenting Interventions and Strategies to Promote It. *Journal of Children's Services* 1, 2006: 29-40.

Judicial actions that mandate access to high quality parent education strategies

The centrality of the court also is evident in every foster care case. Every child in foster care has a court order approving placement. Under Adoption and Safe Families Act (ASFA) courts have broad powers to periodically review case plans and order services. Yet, they typically order generic parenting education programs that in the majority of cases neither provide needed training to parents nor valuable information to assist judicial decision-making. Judges can incorporate research-based criteria in court orders to ensure that effective research-based parenting programs are provided. However, if evidence-based parenting programs are not available in a given community, court orders that mandate effective education will have little impact. A 2008 nationwide survey examining mandated parenting education indicated that 14 states have statutes that mandate parenting education for parents who file for divorce, separation, child custody, visitation while 13 states dictate that judges, counties, and districts are responsible for creating their own mandates. Although there are many derivations of the prevalence and types of mandates across states, it is notable that three states do not require or provide parenting education.[98]

Parenting programs that are linked to visitation opportunities

In the majority of child abuse and neglect cases, courts order visitation or visiting rights for parents. All too often these visits are once a week, or even once every other week, in an office setting that is hardly conducive to building relationships. Yet, visits can be transformed to meaningful opportunities to build parent-child relationships and practice parenting skills.

Fiscal strategies to maximize funding for high quality parent education

For meaningful and sustainable change, scarce resources must be invested wisely. It is critical for local agencies to do a fiscal analysis of what states and communities are now spending to aid in the evaluation of different approaches and strategic planning for implementation of a research-informed set of parenting practices. Strategic state and local planning and re-investment should be promoted by braiding and blending Medicaid, Title IV B, and Title IV E (child welfare related) funding more creatively and effectively. (See page 31 for a description of a range of federal child welfare-related funding). Petitioning the federal government to support additional statewide initiatives and demonstration efforts could also be another source of funding to enhance parenting education initiatives.

Key Elements of Successful Parent Education Programs

Programs that Target Parent Behaviors and Skills

- Promote development of emotional Communications Skills (such as. active listening, positive responses);
- Support parents' skill development through on-site practicing with the child; and
- Parents will know how to help children identify and manage emotions, reduce their own negative interaction with a child, and discipline consistently.

Programs that Target Child Behaviors

- Promote development of positive interactions with child;
- Promote skills in responding in ways that are sensitive and nurturing;
- Facilitate skills in the appropriate use of time-outs;
- Parents will develop problem-solving skills; and
- Provide opportunities to model behavior and provide on-site practicing with child.

For children with internalizing behaviors: Help parents develop cognitive and educational skills.

For children with externalizing behaviors: Assist parents in cultivating skills that include appropriate use of time-outs, responding consistently and engaging in positive parent-child interaction.

Source:

Kaminski, J.W.; Valle L..; Filene J.; and Boyle C. 2008. A Meta-analytic Review of Components Associated with Parent Training Program Effectiveness. *Journal of Abnormal Child Psychology* 36, 4: 567-89.

Recommendations

To address lost opportunities to improve outcomes for young children in child welfare, states, courts and communities need to take advantage of mandated parent education programs. Policymakers and jurists can more deliberately, strategically and efficiently improve parent education programs that serve parents of young children in the child welfare system. This requires an agenda that is attentive to both the content of training programs and the strategies used to deliver this training. Effective parent education strategies can result in improved child and family outcomes and lead to cost savings. Minimally, states, courts and communities must be able to make choices about which interventions they adopt based on value of those interventions from the perspective of the cost, relative to the desired results and relative to competing alternatives. To advance an agenda that includes effective parenting education in child welfare, we lay out a set of recommendations to improve the practice of parenting education.

1) Adopt an outcomes-focused approach to parent education strategies on the part of child welfare agencies:

- introduce policy incentives to use research-informed strategies that require observational evidence of improvements in child parenting behaviors and child and family outcomes;
- invest in infrastructure-building and facilitator-training. Whatever the model, program impact is dependent upon the skills and sensitivities of the facilitator;
- take parenting education programs to scale and invest in accountability and quality assurance mechanisms; and
- infuse a stronger developmental framework in parenting education and other family-related/based interventions and supports so that child rearing strategies align with children's developmental stages.

2) Build collaborative partnerships among child welfare, courts, and service providers:

- foster collaborations at all levels composed of family courts, child welfare, and the array of providers who serve families from child care, mental health, early intervention, and child welfare agencies to address parent training;
- collaborative partnerships should catalogue existing programs;
- use state and local data to inform decision-making about effective parenting education strategies; and
- develop criteria for establishing and evaluating parenting programs and tie these to funding and service purchase contracts and provider agreements.

3) Galvanize judicial leadership to create research-based parenting programs while using court orders to ensure their provision:

- judges should incorporate research-based criteria in court orders to ensure that effective parenting programs are provided;
- courts should mandate effective parenting education and require an assessment of effectiveness for all parenting education programs to which they mandate or refer;
- judges should examine other methods to use the courts to ensure that parents are safely supporting their children, such as mandating good child management strategies, for example, attending well-child visits, parent-teacher conferences, adopting early intervention strategies; and
- judges should have information on the parental competencies of the custodial parents, the track record of providing effective services for programs under consideration for court-ordered referrals, prior to sentencing, and an evaluation of post-program participation competencies for parents prior to closing a case whenever parenting training is court-ordered.

4) Tie parenting programs to visiting opportunities:

- judges, and those involved in the court and child welfare system, can target court orders and visiting plans to make visiting a meaningful component of parenting education. In many jurisdictions, visiting coaches can tailor parenting programs by seizing teaching opportunities "in the moment" of a particular parent-child interaction.

Court Improvement Program

In 1993 Congress for the first time earmarked funds for the nation's juvenile and family courts to improve the handling of foster care cases. That program, known as the Court Improvement Program (CIP), now operates in all 50 states. Lessons from the 17-year CIP experience underscore the importance of judicial leadership in the creation of services needed by children and families involved in the court process. Judges are uniquely positioned to convene and sustain collaborative partnerships. Informed at the ground level by the complex individual and often emergent nature of their cases, judges are community leaders who can highlight issues, secure attention from policymakers, and move public opinion. All of these facets of judicial leadership advance the creation of community collaborations that create reforms and the development of an array of new research-based parenting programs.

5) Promote strategic state and local planning and re-investment:

- states, courts and communities should conduct a fiscal analysis of current parenting education-related expenditures to aid in the evaluation of different approaches and strategic planning for implementation of a research-informed set of parenting practices;
- states, courts, and communities should promote strategic state and local planning and re-investment by braiding and blending Medicaid, Title IV B, and Title IV E funding more creatively and effectively; and
- the federal government should support additional state wide initiatives and demonstration efforts to enhance parenting education initiatives.

6) Support a strategic two-pronged research strategy: system change and programming content:

- states, courts, communities and the federal government should fund targeted, longitudinal research of the high risk population of parents associated with child welfare on what really works, especially for culturally diverse populations. Specifically: (a) identify strategies with a proven record of sustaining achieved gains; (b) conduct service delivery research on how to best implement and scale-up evidence-based, effective parenting programs; (c) establish the research base for accountability and monitoring with continuous feedback in parenting programs to ensure quality control and improvement; and (d) carry out cost-benefit analyses to improve the knowledge on viable parenting education alternatives.

7) Expand and provide requisite funding for strategies beyond training that promote healthy parenting by parents at high-risk:

- provide targeted, and through reimbursement, universal funding for empirically-supported interventions that target both the child and the parent or primary caregivers;
- support the cultural and linguistic adaptation of two-generational prevention and intervention strategies to meet the diverse needs of families in the child welfare system;
- embed specialty treatment designed to address both the child and caregiver in the context of current child-focused interventions. For example, cognitive behavioral therapy (CBT) has been successfully integrated into a home visiting model;[99]
- increase community capacity to provide a two-generation focus to prevention, treatment and support through cross-training of workers in child welfare, child abuse prevention, child care, mental health and social services; and
- develop the ability of settings frequented by families and their children to contribute to capacity expansion to provide basic screening, information, psycho-education, peer-support groups and referral, through co-locating and cross-training. Such settings could include but would not be limited to: child care, after-school, recreation and community centers, youth centers, benefits eligibility offices and Women, Infant, and Children (WIC) centers.

APPENDIX I:
Improving Parenting Outcomes for Parents with Children in the Child Welfare System Participant List
National Center for Children in Poverty, July 18, 2007

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APPENDIX II
Federal Funding Sources[100]

Mandated by the Adoption and Safe Families Act (ASFA), preventive services are provided to parents whose children are at risk of abuse or neglect, and are funded through various mechanisms. Services include respite care, parenting education, housing assistance, substance abuse treatment, daycare, home visits, individual and family counseling, and home maker help. Preventive services are designed to increase the understanding of parents and other caregivers of the developmental stages of childhood and to improve their child-rearing competencies. States and local communities determine who will receive preventive services, what services will be offered, and how the services will be provided. The following federal funding sources are examples of resources that can be employed to provide preventive services required by ASFA.

- **Child Abuse Prevention and Treatment Act (CAPTA)**
  - Section 106 of Title I of the Child Abuse Prevention and Treatment Act (CAPTA) provides funds to states to improve Child Protection Services (CPS) systems. The purpose of the grant is to assist states in screening and investigating child abuse and neglect reports, creating and improving the use of multidisciplinary teams to enhance investigations, improving risk and safety assessment protocols, training CPS workers and mandated reporters, and improving services to infants disabled with life-threatening conditions.
  - Title II of CAPTA, or *The Community-Based Grants for the Prevention of Child Abuse and Neglect*, assists each state to support community-based efforts to develop, operate, and enhance initiatives aimed at preventing child abuse and neglect; to support networks of coordinated resources and activities to strengthen and support families; and to foster appreciation of cultural diversity.

- **Promoting Safe and Stable Families, Title IV-B, Subpart 2, Section 430 of the Social Security Act**

  Promoting Safe and Stable Families has the goal of keeping families together by funding preventive services that help children safely stay in their homes, services to develop alternative placements if children cannot remain safely in the home, and reunification services to enable children to return to their homes, if appropriate.

- **Social Services Block Grant (SSBG), Title XX of the Social Security Act**

  Under Title XX of the Social Security Act, Social Services Block Grant (SSBG), states may use funds for such preventive services as child care, child protective services, information and referral, counseling, and foster care, as well as other services that meet the goal of preventing or remedying neglect, abuse, or exploitation of children.

- **Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP)[101]**

  CBCAP supports community-based efforts to develop, operate, expand, enhance, and link family-focused initiatives targeted towards the prevention of child abuse and neglect. The grants also seek to support programs that foster understanding, appreciation, and knowledge of diverse populations.

APPENDIX III
Action Steps for Promoting Effective Parenting Education Programs[102]

Community Collaborative Agenda

First Task: Reviewing Research

- Review the existing research in peer-reviewed journals
- Review the relevant websites – such as the Blueprints for Violence Prevention program, funded by the Office of Juvenile Justice Delinquency Prevention (OJJDP) and the National Registry of Evidence-based Prevention Programs and Practices, a service of the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Review other evidence-based programs
- Catalog the parenting programs in your community – auspices, curricula used, total number served, contracting agency, use by the court
- Analyze the funding used for programs – categories and amounts of federal, state, local and private dollars
- Compare the parenting programs in your community to evidence-based criteria

Second Task: Developing Criteria

- Review criteria developed by established programs
- Identify and prioritize the components of greatest importance to your community
- Circulate draft for comments by collaborative and other stakeholders, particularly child welfare and the courts
- Finalize criteria and develop an implementation plan

Third Task: Implementation of Criteria

- Meet with commissioner of child welfare agency and supervising judge to introduce (if necessary) the criteria and discuss ways it can be implemented
- Get criteria included in all Requests for Proposals (RFPs) for continuing and future contracts for parenting programs
- Develop boilerplate language about the criteria to be embedded in all contracts for parenting programs
- Develop template court orders containing the criteria
- Develop and present training programs for potential and present providers so that they can implement the criteria
- Present information and training to all involved in the court and child welfare systems about new criteria

Fourth Task: Supporting New Research Based Parenting Programs

- Identify existing funding sources that can be redeployed to develop new programs consistent with the criteria
- Identify and secure private funds that can be used for pilot projects and evaluation
- Identify new sources of federal, state and local funds to be used for these programs
- Develop an evaluation plan

APPENDIX IV
Family Visiting Checklist for Family Court Judges[103]

Visiting Plan

- What is the current visiting arrangement? (where, how frequently, for how long, who is there, level of supervision)
- Is this visiting plan frequent enough to build attachment between the infant and parent?
- Does this visiting arrangement allow and support the parent to parent, including changing and feeding the infant, learning about the infant's cries, habits, growth, and demonstrating the ability to keep her or his child safe in real-life situations?
- Was the purpose of visits clearly communicated to the parent and by whom? (to utilize the time to meet the infant's needs, stimulate child's growth and development, communicate love for and enjoyment of the child to the child, ease toddler's adjustment to separation)
- What are the beginning and the end of the visits like? (child's response, parent's response, source of this info, possible reasons for assessment if any negative reports, changes over time, efforts put into place to ease transition)
- If there are other children living separately from the infant, have sibling visits been set up?

Evolution

- How long has this specific arrangement been in place? If longer than three months, what are the reasons the visiting arrangement has not progressed?
- Answers should be *child*-related (such as safety or developmental concerns), or related to the parent's ability to meet their children's needs; *not punitive,* for example, that parent has not followed through with referrals, not completed service plan; that parent relapsed three months ago; or that parties were waiting for next court date *unless* court directed this.

Permanency

- Is this visiting plan moving us closer to achieving the permanency goal? Whenever possible, are the visits close to real-life situations that will allow the parent to address real-life parenting challenges? For example, could a "visit" be going to the library with the infant or toddler and reading a book? … or shopping in the supermarket?

Endnotes

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