



Fresno County Parenting Education Assessment



Jessica Shadrick, MS
Cassandra Joubert, ScD



FRESNO STATE
Central California Children's Institute



Acknowledgements

Central Valley Children's Services Network (CSN)

Project Funded By: First 5 Fresno County

Project Guidance and Oversight: Dr. Cassandra Joubert, Central California Children's Institute (CCCI)

Child Safety Core Council Planning Team:

- Gayle Duffy, CSN
- Dr. Cassandra Joubert, CCCI
- Pam Kallsen, Marjaree Mason Center
- Nancy Richardson, Consultant, First 5 Fresno County
- Courtney Shapiro, First 5 Fresno County
- Alicia Gonzalez, United Way

Executive Summary

Project Background:

In response to high rates of childhood maltreatment, and in alignment with their Strategic Plan, First 5 Fresno County developed the Fresno County Parenting Education Assessment Project in 2010. First 5 Fresno County has determined that parents with young children need a stronger knowledge of healthy child development, and the role of parents in supporting their child's development.

In order to comprehensively support the efforts to reduce childhood maltreatment, we must first understand the epidemiology and etiology of abuse and the perpetrators. The majority of childhood maltreatment happens in the child's primary home. It is critical to understand that perpetrators of child abuse and neglect only happen out of the family and home 10% of the time. Large numbers of parents continue to engage in behaviors that are harmful to their children. Parenting education assumes an underlying theory of action; that is, intervening with parents can directly improve parenting skills, positive youth outcomes, and the reduction of future occurrences of maltreatment. The need for access to and improvement of parenting education programs are consistent themes and vital to the efforts in childhood maltreatment.

In 2011, the Parent Education Coordinator was hired and tasked with assessing parenting education resources for Fresno County's families as well as determining the need for expansion or modifications of services to include recommending establishment of new family support services, ranging from basic parenting education to intensive services for our highest risk families in Fresno County.

The Parent Education Coordinator identified 164 Fresno County-wide agencies that provided some form of parenting education. The agencies were identified as having either a structured evidence-

based curriculum or informal parenting education services. Seventy-eight (78) agencies were interviewed, 39 agencies did not respond to participate in the county-wide assessment, and 47 agencies disbanded their parenting education program.

Study Methods:

The study involved four phases of methodology in order to adequately assess Fresno County's resources as it relates to parenting.

The first phase of the study consisted of examining literature in order to research effective practices and implementation of parenting education programs that correspond to Fresno County's diverse population.

The second phase was to identify parenting education resources. A detailed questionnaire was created to conduct face to face interviews with parenting education agencies. The agencies interviewed consisted of one of the following: for profit, hospital, faith-based, educational institution, or community-based organization.

The third phase was to conduct four parent focus groups to gauge if parents' current parenting education programs met their needs, obtain suggestions on how to improve Fresno County's parenting education system, and to assess parent's overall knowledge of their children's behavioral health. Targeted focus groups consisted of: (1) Spanish speaking parents, (2) teen parents, (3) court-mandated parents, and (4) parents who are not currently participating in any form of parenting education. The latter parent focus group was captured from a licensed child care center.

Subsequent to the face-to-face agency interviews, collection of initial data of available parenting education resources agencies, and research on best practices, the agencies were then asked to participate in their own focus group to determine appropriateness and goodness of fit based on the initial findings.



Executive Summary

Strengths:

Fresno County is rich in culture and programs that support multiple domains of caregiving capacity. Presented here are a few of Fresno County's strengths as they relate to parenting education:

- Parenting education programs are geographically well-represented; from Firebaugh to Kingsburg;
- More than half, 58.97% of all parenting education facilitators have their bachelor's degree or higher;
- 61.65% of agencies serve undocumented persons and do not require proof of residency to provide services;
- 15 families is the average number of families served by each parenting education program;
- 65% of the agencies offer child care for children 0-5 years of age.

Areas for Improvement:

Even though Fresno County is rich in the type and amount of services it provides to its families, the depth of services is a factor to consider. Provided below are a few areas that Fresno County can improve upon as it moves forward in providing quality parenting education:

- Parenting education programs lack curricula that are evidence-based and responsive to diverse families; out of the 78 agencies that were interviewed, only 13 agencies use evidence-based curriculum; 46.15% of those agencies use the Nurturing Parenting curriculum;
- The majority of the parenting education programs are fairly new and lack experience in providing services, 23% of all agencies have been conducting parenting education for only 1-3 years;
- 83.33% of all agencies are not Fresno County Court Approved;
- 67% of all agencies have waiting lists with an average wait time of 1-4 weeks

Policy Recommendation:

As the project progressed, factors other than the curriculum influenced the "success" of the parenting education programs. The parents who are participating in these parenting education programs have a myriad of factors and contexts that influence their caregiving capacities (e.g. parent age, parents' own childbearing history, psychopathology, abusive family environments, etc.). Listed here is a brief description of how programs can better respond to the complex needs of families:

- Provide evidence-based programs with fidelity and sensitivity to the cultural contexts of families;
- Shift how we "help" families from a pathological model to a strength based model;
- Create a universal, primary prevention message to reduce the stigma of parenting education services;
- Use technology and social media for marketing and promotion of parenting education services;
- Increase capacity of agencies and communities to highlight the importance of father involvement and creation of men's/father's groups;
- Change the method of delivery of parenting education programs to include other informal and formal learning opportunities.

Table of Contents

Project Background	9
I. Epidemiology of Childhood Maltreatment	10
II. Who is at Risk for Childhood Maltreatment?	12
III. Protecting Children through Prevention	15
Assessing Parenting Education Programs	18
I. Promoting Protective Factors	19
II. Parenting Education Curricula for Selected Populations	20
Selective (At-Risk) or Indicated (In-Crisis) Parents	21
Incarcerated Parents	22
Strengthening Families Program	23
Adolescent Parents	23
Parents with Young Children (0-5)	24
Culturally Diverse Parents	25
Immigrant Parents	26
Divorced Parents	27
Other Parenting Education Opportunities	27
Methodology	30
Population and Sample	30
Instrumentation	31
Data Collection	32
Data Analysis	33
Results	34
Policy Recommendations	42
References	49
Appendix	59

Project Background

In response to high rates of childhood maltreatment, and in alignment with their Strategic Plan, First 5 Fresno County developed the Fresno County Parenting Education Assessment Project in 2010. First 5 Fresno County has determined that parents with young children need a stronger knowledge of healthy child development and the role of parents in supporting their child's development. In 2011, First 5 Fresno County provided support to the Central Valley Children's Services Network and the Central California Children's Institute, California State University, Fresno to conduct an inventory and assessment of parenting education programs in Fresno County.

Improved access to parenting education programs is a critical strategy for reducing childhood maltreatment, promoting positive youth outcomes, and supporting parents to become more engaged in their child's socio-emotional, cognitive, and physical development (Daro & McKurdy, 2007; Howard, 2009). The Federal Child Abuse Prevention and Treatment Act defines child abuse and neglect, at a minimum, as:

1. "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation", or
 2. "An act or failure to act which present[s] an imminent risk of serious harm"
- (Child Abuse and Prevention Act, 2010).

Federal legislation provides a minimum set of criteria for individual states to define and enforce childhood maltreatment laws. California Penal Code defines childhood maltreatment as "physical injury inflicted by other than accidental means upon a child by another person, sexual abuse, neglect, willful cruelty or unjustifiable punishment, unlawful corporal punishment or injury" (Keeping Children and Families Safe Act, 2003). To effectively combat childhood maltreatment, the origins of abuse, perpetrator profiles, and childhood risk factors should be understood.

I. Epidemiology of Childhood Maltreatment

The failure to comprehensively prevent and address childhood maltreatment threatens the futures of hundreds of thousands of children, not to mention the residual effects that abuse contributes to their ability to parent later in life. Child maltreatment has pervasive and adverse consequences on the overall well-being of the child in multiple domains such as physical, cognitive, social, and emotional (Daro & McKurdy, 2007; Howard & Brooks-Gunn, 2009; Wang & Holton, 2007).

Child maltreatment is not only a societal issue; it is also an economic one. In the 2007 fiscal year, the nation spent conservatively \$103.8 billion on child abuse and neglect intervention methods rather than preventative care (Wang & Holton, 2007). This figure does not include the indirect cost of childhood maltreatment such as medical examinations, hospitalization, mental health resources, law enforcement, the judicial system, and public social services programs. The research is limited on indirect costs associated with long term care related to childhood maltreatment, but what is evident is that children who were abused are more likely to experience adverse consequences throughout their life span in the following areas:

1. Physical health: hypertension, obesity, smoking, eating disorders, alcoholism, sexually transmitted diseases;
2. High risk behaviors: earlier age of first voluntary intercourse, teen pregnancy, higher number of sexual partners, substance and alcohol abuse;
3. Emotional and mental health: depression, higher thoughts of suicidal ideation and suicide attempts, post-traumatic stress disorder (PTSD);
4. Behavioral problems: aggression; children who are abused are 53% more likely to be arrested as a juvenile, to engage in adult criminality, and abusive or violent behaviors;

5. Cognitive difficulties: deficits in attention, language acquisition, abstract reasoning, and problem-solving skills which are necessary for academic success; and
6. Social difficulties: in developing and maintaining relationships with peers and adults, insecure attachments, and poor boundary setting (Mikton & Butchart, 2009; Centers for Disease Control and Prevention, 2010; Child Welfare Information Gateway, 2006; Thomas, Leicht, Hughes, Madigan & Dowell, 20043; Guttmacher Institute, 2011; Shannon, 2002; Wang & Holton, 2007; Widom, 1992).

When we consider the indirect costs of childhood maltreatment, the costs become rapidly exponential, resulting in direct losses for all taxpayers. The financial losses alone should motivate policy makers and communities to expand, align, and deepen their efforts to prevent child abuse.

In 2008, there were approximately 772,000 substantiated child abuse and neglect victims in the United States. More children suffer from neglect than any other form of maltreatment. Of all the child abuse reports in 2008, 71% of the incidents were found to be neglect (Child Abuse Prevention and Treatment Act of 2010). Neglect is the failure and/or inattentiveness to provide the necessary protection in these key areas: physical, medical, educational, and emotional. One-third of all the childhood maltreatment related fatalities in 2008 were a direct result of neglect. See Figure 1-1 for the epidemiology of child maltreatment in the United States for the 2008 fiscal year.

In 2008, Fresno County had 2,124 substantiated child abuse cases. By 2011, there were 2,201 substantiated child abuse and neglect victims in Fresno County, an increase of 77 cases; with a victimization rate of 7.9 per 1,000 referrals (CWS Outcomes and Accountability Charts, 2012). No matter how slight the increase, every child we fail to protect faces the risk of adverse long term consequences. Neglect tended to be the

highest form of childhood maltreatment, consisting of 53.4%; this is in alignment with national data (County of Fresno Department of Children and Family Services, 2005).

The fact that neglect is the highest substantiated form of child abuse nationally and county-wide speaks volumes about the needs of our parents. Our parents need access to resources such as housing, employment, education, and medical care in order to provide a safe and healthy home environment for children. In order for our parents to become self-actualized as good parents, their basic needs must be met. Furthermore, because neglect consists of more than half of all substantiated child abuse cases, the child protection system needs to be comprehensive in its response such that intervention is child centered, family-focused, and community-based (Child Abuse Prevention and Treatment Act of 2012, Daro & McKurdy, 2007).

II. Who Is At Risk for Childhood Maltreatment?

There are certain characteristics that are generally associated with higher rates of child maltreatment relative to parents, children, and the environment. The presence of these characteristics alone does not necessarily predict family violence. Factors in one family that result in violence may not result in violence in another. Preventative services are crucial in efforts to offset potential risk factors.

The national victimization rate is approximately 12.2 children per 1,000 referral cases for children under the age of 18 years of age (Child Abuse Prevention and Treatment Act, 2010; The Center for Social Services Research, 2011). Children are never responsible for the abuse that occurs, but there are certain childhood characteristics that also have been shown to influence the propensity of childhood maltreatment. The risk of maltreatment is highest for children 4 years of age and younger, and this age group is also at greater risk for severe injury and death due to maltreatment (Centers for Disease Control and Prevention, 2010; Thomas et al., 2003). In 2008, children who were 4 years of age and younger comprised 72% of child maltreatment fatalities. Children who were a year old or younger comprised 45% of

these fatalities (Child Abuse Prevention and Treatment Act, 2010). The statistics indicate that parents especially need support during the first five years of their children's lives.

Children with intellectual and/or developmental disabilities face additional hardships that cause stressors in families, which increases the likelihood of childhood maltreatment. Children with intellectual and/or developmental disabilities are more likely to have behavioral disorders, which most parents are not accustomed to dealing with. This can lead to negative child rearing practices (McIntyre & Phaneuf, 2007). Behavioral problems are then exacerbated by negative parenting, continuing the cycle of maltreatment and maintenance of toxic family stressors, creating an unhealthy and unstable environment for these children. Cross, Kaye, and Ratnofsky (1993) found that children who have disabilities such as mental retardation were significantly more likely to be abused than their typically developing peers. Gender and age also contribute to the likelihood of being maltreated, with female adolescents being at greater risk for sexual abuse than their male counterparts (Mraovick & Wilson, 1999).

One of the most studied predictors of childhood maltreatment is ethnicity of the child. The Child Abuse Prevention and Treatment Act of 2010 found that in the 2008 fiscal year, African-American, American Indian, and Alaskan Native children experienced the highest rates of victimization. Data from the Center for Social Services Research at the University of California at Berkeley (2011) also reveal that the rate of victimization for African-American children is 17.6 incidents per 1,000 cases and 19.3 incidents per 1,000 cases for Native Americans in California. The rate of victimization for Fresno County's children of color mirror what was found for the state, with 17.4 incidents for African-American, 15.0 incidents for Native Americans, and 8.8 incidents for Hispanic children compared to 6 incidents for Caucasian/White children per 1,000 referrals made (Disproportionality Data, 2010). Children of color continue to be victims of child abuse and neglect at higher rates compared to their Caucasian/White counterparts which is indicative of both the disproportionality in the reporting as well as unmet needs of

culturally diverse parents, who are more likely to be poor and to experience multiple family stressors.

Poverty is a strong predictor of childhood maltreatment (Black, 2000; Centers for Disease Control and Prevention, 2010; Shannon, 2002). Poverty, in and of itself, is associated with a myriad of factors that impede healthy parenting and increase the likelihood of childhood maltreatment. Families who live in poverty have greater substantiated cases of child abuse, domestic violence, unemployment, lack of social support, and lower levels of perceived support from the community (Black 2000; Daro & McKurdy, 2007; Thomas et al., 2003; Shannon, 2002; Howard, 2009). Families who live in poverty often live in neighborhoods that have concentrated levels of community violence, residential instability, lack of access to supportive services, and a high density of alcohol outlets (Lundah & Nimerl, 2006; Daro & McKurdy, 2007; Howard, 2009; Task Force on Community Preventative Services, 2003). As a society and a community, we need to shift our priorities and vision to include the belief that all children are our children, and we are responsible for protecting them. So many children live in families and communities that are not adequately prepared to provide for their overall care and well-being.

Fresno County is no stranger to poverty or the challenges that poverty brings. In 2005, the County of Fresno Department of Children and Family Services outlined a three year plan to help reduce the number of child abuse cases. It was noted that 38% of Fresno County children were living in poverty compared to the 24.6% statewide figure. In 2010, the percentage of children living in poverty was 22.5% compared to the statewide percentage of 13.7% (U.S. Census Bureau, 2010). Even though Fresno County's poverty rate has slightly decreased in the past five years, Fresno County children are more likely to live in poverty than children in the state as a whole. See Figure 1-2 for a comparison of Fresno County children living in poverty compared to statewide figures.

Family characteristics also influence the dynamics and the propensity of childhood maltreatment cases. The majority of child abuse and neglect happens in the child's primary home. Single mothers represent 39.9% of all perpetrators, followed by single fathers at 17.6% (Oldham, 2012). The perpetrators of child abuse are outside of the family and home only 10% of the time; thus, the need to provide prevention and intervention services to parents. Children in families where substance abuse is present were more likely to experience abuse, and the severity of the abuse was greater (U.S. Department of Health & Human Services, 1993). Another study conducted by The Child Welfare League of America (2001) found that 40-80% of child abuse victims had substance abuse present in the home at the time of victimization. Other family characteristics such as domestic violence, parent's own childhood experiences, teen pregnancy, and low parenting knowledge also contribute to the prevalence of child abuse and neglect.

III. Protecting Children through Prevention

Since the 1960s and the identification of the Battered Child Syndrome, prevention has taken on different forms and varying definitions. Most researchers agree that prevention encompasses either promotion of an action or behavior, or activities to stop an action or behavior (Child Welfare Information Gateway, 2010; Centers for Disease Control and Prevention, 2010; Thomas et al., 2003; Shannon, 2002). To ensure that we are supporting our families comprehensively as well as ensuring that limited dollars are invested wisely, prevention programs should be evidence-based. An evidence-based prevention program “involves identifying, assessing, and implementing strategies that are supported by scientific research” (U.S. Department of Health & Human Services, 2010, p.4). Evidence-based programs ensure that positive outcomes are produced for our families and children with the caveat that community based organizations must assess the appropriateness of such programs for the specific population they serve.

There are three common preventive interventions designed for parents seeking to create a healthy environment for their children and reduce childhood maltreatment (Thomas et al., 2003; Office of Juvenile Justice and Delinquency Prevention, 2012; National Registry of Evidence-based Programs, 2012). The first level of prevention is **universal** services which target the general population and are typically shorter in length and less intensive. The second level of prevention targets high risk individuals, families, or members of an at risk subgroup of the population. This preventive intervention is also known as **selective** prevention. Interventions at this stage are generally longer in length and involve parents, children, and extended family members. The third and most intensive form of prevention is **indicated** and targets in-crisis populations. Prevention programs at this level target families who have multiple identified and diagnosed risk factors such as history of child abuse, delinquency, and parenting dysfunction. Prevention programs at this stage are more intensive, extensive and are combined with in-home or center based therapeutic sessions.

Parenting knowledge is the strongest indicator in the reduction of childhood maltreatment cases. It encompasses a basic understanding of how to care for children, how children develop, and the role of parents as their child's first teacher (Alvorado, 2002; Black, 2000; Bornstein & Cote, 2004; Centers for Disease Control and Prevention, 2010; Child Welfare Information Gateway, 2010; Thomas et al., 2003; Fleck, 2006; Johnson et al. 2006; Rahman, Iqbal, Roberts & Husain, 2008; McIntyre & Phaneuf, 2007; Schaller, Oglesby-Rocha & Barshinger, 2007; Shannon, 2002). Parenting education can be incorporated into all three levels of prevention programming (i.e. Universal, Selective, and Indicated). Bornstein and Cote (2004) found that European mothers compared to immigrant mothers had a stronger knowledge of parent rearing techniques because they referenced their formal education and sought expert advice at critical developmental milestones. When parenting education becomes a community based normative practice, all populations will have access to the necessary tools to

support their children's well-being. The current authors did note that both formal and informal learning opportunities are needed in order to give our children and parents the tools necessary to enhance the well-being and outcomes of children.

It is evident that parents need additional resources and education on how to effectively parent. First 5 Fresno County, the Central Valley Children's Services Network, and the Central California Children's Institute at California State University, Fresno have collaborated to assess Fresno County's current parenting education system and provide policy recommendations to better meet the needs of Fresno County's diverse population.

Assessing Parenting Education Programs

There are approximately 850,000 families in the U.S. participating in voluntary or court-mandated parent education programs each year. There are over 500,000 children in the U.S. that are placed in out-of-home care, and more than a million families receiving child welfare services (Armstrong, Birnie-Lefcovitch & Ungar, 2005). These numbers highlight the fact that some parents continue to engage in behaviors that are harmful and dangerous to their children. Intervening with parents directly can improve parenting skills, childhood outcomes, and ultimately reduce childhood maltreatment. The purpose of this section is to assess the use of evidence-based parenting education curricula in Fresno County with both at-risk families and intact families. It is important to note that there is no standard curriculum that is a “one size fits all” model when working with parents.

Effective parenting may look and feel different across racial/ethnic groups and cultures, but researchers and educators have a shared understanding of what effective parenting is. When assessing healthy parenting, it is beneficial to distinguish the different styles of parenting: (a) **authoritarian** parents have higher levels of control and demand, and lower levels of warmth and autonomy, and their children may be withdrawn and unhappy; (b) **permissive** parents tend to have lower levels of control and demand and higher levels of warmth, and may result in children who are less responsible and less independent; and (c) **authoritative** parents have a balance between control and demand, warmth, and autonomy and typically have children who are both independent and productive members of society (Baumrind & Black, 1967; Baumrind, 1971; Baumrind, 1978; Johnson et al., 2006;). Researchers agree that the authoritative parenting style is the benchmark for successful and effective parenting.

I. Promoting Protective Factors

Thus far, the report has highlighted risk factors that contribute to the likelihood and propensity of childhood maltreatment (i.e. poverty, low educational attainment levels, teen pregnancy), but in order to frame a comprehensive context for effective parenting, protective factors that contribute to the well-being of the parent, child, and environment should be considered. Incorporation of protective factors promotes a strengths-based approach and creates a paradigm shift away from a model focused largely on pathology.

Of the six protective factors (e.g. parental resilience, social connections, knowledge of parenting and child development, social and emotional competence of children), concrete support in times of need is the most important factor to help increase the well-being of the child and family (Daro & McKurdy, 2007, Borkowski, Smith & Akai, 2007; Lundahl & Nimer, 2006; Mikton, 2009). Having trusted family and social support provides parents with a much needed emotional outlet when they are faced with challenges. Research shows that infants who have a nurturing and affectionate parent tend to develop into children, teens, and adults who are happy, healthy, and independent (Child Welfare Information Gateway, 2008). When children have nurturing parents who are stable, and are in an environment that provides trust and consistency, children tend to thrive.

The security of a child's broader social environment, the community in which they live, is also of heightened importance in ensuring protection from childhood maltreatment. When the community supports the well-being of all families, an environment is created that allows for concrete supports for parents. The community also takes on the responsibility of preventing child abuse by providing an environment that is safe with basic resources such as quality housing, child care, employment, transportation, crime, and family-specific services like parenting education (U.S.

Department of Health & Human Services, 2010). When these resources are afforded to all families, the health and well-being of children is assured.

Parents and children thrive in an environment where attention to positive behavior is encouraged. Schaefer (1991) found that when parents and teachers directed their attention to positive actions of the child, they reported increases in positive behaviors and decreases in negative behaviors. The behavior we focus on becomes the behavior that is dominant; meaning that by highlighting what we want, children can meet their parents' expectations, thereby supporting positive parenting. The degree to which parents are predictable and consistent dictates the nature of the child-parent interaction; but most importantly, it determines how children perceive how the world operates (Strategic Direction for Child Maltreatment Prevention, 2007). Parents are their child's first teacher in learning how to interact appropriately with those around them, and in seeing their world and environment as manageable and predictable. Parent stability and consistency buffers the potential impact of childhood stressors.

II. Parenting Education Curricula for Selected Populations

Our understanding of the protective factors can greatly contribute to how we work with maltreating families. Parenting education programs have the added responsibility of addressing the underlying etiology of childhood maltreatment. The appropriate match between parents and parenting education programs is of great concern, especially when dealing with families involved in the child welfare system where reunification is determined based on completion of such programs. This concern transcends "systems", and questions the validity of the parenting education curricula and whether it truly meets the needs of the participating parents. Often, the standards for effective parenting are set at the minimum. Not all agencies, institutions, or counties have consistent standards for evaluating parenting adequacy. The next section discusses parenting education curricula by target population, as well as highlights the need to provide other informal parenting education opportunities. By no means, is this list of evidence-based parenting

education curricula exhaustive but it addresses the most frequently researched and used curricula in Fresno County.

Selective (At-Risk) or Indicated (In-Crisis) Parents

Parenting education curricula for those who are at-risk or in-crisis should consider the etiology of the abuse or dysfunction in order to adequately prevent or stop the recurrence of childhood maltreatment. Most curricula for at-risk and in-crisis parents are longer in duration, intensity, and often combine parent education with in-home visitation or therapeutic sessions (Office of Juvenile Justice and Delinquency Prevention, 2012; National Registry of Evidence-based Programs and Practices, 2012). Many of these programs are classified as both preventive and treatment because they are effective in preventing the developmental progression from one disorder to another or one dysfunction to another one. Critical elements that are typically present in each of these programs and curricula are: (a) a strong theoretical base, (b) varied teaching methods, (c) comprehensiveness in programming, (d) fostering positive relationships, (e) well trained and culturally sensitive staff, and (f) rigorous evaluation methods and meaningful outcomes (Oldham, 2012; Borkowski, Smith & Akai, 2007).

The Nurse-Family Partnership Program combines selective and indicated preventions. The Nurse-Family Partnership targets low-income, first time mothers on a voluntary basis. The framework of the curriculum/program is that a registered nurse assists first time mothers throughout their pregnancy as well as through the first two years of the child's life through home visits. This curriculum/program is comprehensive, providing parenting education and maintenance, in-home visitation, and concrete resources for new parents. Nurses have a caseload of no more than 25 clients and no more than 8 nurses per supervisor. The structure of the program allows for appropriate treatment at the onset of a problem, while the frequency and duration promotes effective long term change. A 15-year follow up randomized controlled trial showed a 48%

reduction in child abuse (Daro & McCurdy, 2007; Thomas et al., 2003; Howard & Brooks-Gunn, 2009).

The Nurturing Parenting Program was created to work with families who are in the child welfare system. Johnson et al. (2006) reviewed this curriculum extensively and found that even though the curriculum was strong conceptually, it lacked the rigorous evaluation and meaningful outcomes to determine effectiveness. The Nurturing Parenting curriculum proved to increase parents social cognitive processing and decreased family conflict, but was unable to demonstrate sustained family change in a one year follow up (Mandel, Bigelow & Lutzker, 1998; Matthews & Hudson, 2001).

Parent-child interaction therapy (PCIT) has also been found to be effective in reducing physical child abuse with families who have been referred to child protective services or who are at risk for maltreating (Chaffin et al., 2004). PCIT is an intensive behavioral intervention for parents and children. Parents are trained in specific parenting skills, parent-child interaction, and appropriate play using a live coaching system. PCIT provides parenting education in practical and realistic situations to enable parents to nurture their children by helping them interpret their child's behavior, and teaching them how to respond appropriately for lasting behavior change.

Incarcerated Parents

Youth who have an incarcerated parent face higher rates of juvenile delinquency, substance abuse, gang involvement, teen pregnancy, and mental illness (Alvarado, 2002; Mumola, 2000; Bloom, 1993). Typically, research is conducted when the incarcerated parent is the father, but little research has been done when the incarcerated parent is the mother. Only 25% of the youth of incarcerated mothers live with their fathers (Bloom & Owen 2002). What is common practice is that the remaining 75% of youth are placed in the child welfare system. Youth who have at least one incarcerated parent are five to six times more likely than their peers to become incarcerated (Alvarado, 2002; Johnston, 1995). Seventy-two percent (72%) of

incarcerated mothers have co-occurring substance abuse problems and 12.2% have a mental illness (Alvorado, 2002). Programs targeted for parents, more specifically, women who are incarcerated, must be tailored to provide mental health services, substance abuse treatment, and to promote a positive relationship with their children.

Strengthening Families Program

Incarcerated parents are at higher risk of maltreatment, and intervening prior to release with a parenting education program will help ease the transition to reunification and stronger parent-child relationships. The Strengthening Families Program has been shown to work with male and female offender parents. It is a 14-week curriculum designed to reduce risk factors and increase resiliency for families with children 6-10 years of age. The structure of the program allows for parents and children to have individual sessions, and then come together as a family to practice the skills that they learned. Using a quasi-experimental group design, the curriculum has been shown to be effective in improving outcomes in multiple caregiving domains such as parenting skills and social-cognitive functioning (Harm & Thompson, 1997).

Adolescent Parents

The United States continues to have the highest teen pregnancy rate in the developed world (Guttmacher Institute, 2011). Each year, on average, 750,000 teens between the ages of 15-19 years become pregnant. Of that number, 59% of all teen pregnancies end in birth (See figure 2-1 for teen pregnancy outcomes for 2006). Black and Hispanic teens have the highest pregnancy rates; 126-127 per 1,000 compared to 44 per 1,000 for their Caucasian/White teen counterparts. Babies who are born to teen mothers are typically born underweight because these mothers receive late or no prenatal care (Guttmacher Institute, 2011; Todd, 2000). Teen parents are also at greater risk of not graduating high school or completing a GED. Fewer than 2% of all teen parents attain a college degree by the age of 30 years (Guttmacher Institute, 2011; Todd, 2000). Being a teen parent compounds risk factors; childhood maltreatment may

surface if the proper course and preventive strategies are not administered timely. Given the high rates of teen pregnancy in the San Joaquin Valley, it is more crucial to implement curricula and other learning opportunities that meet the challenging and complex needs of teen parents.

Most parenting education programs for teen parents are similar to those for adult parents; however, teen parents face different challenges than adult parents. Most notably, teens are dealing with their own social, emotional, and cognitive development, which compete with the needs of a newborn. Parenting education curricula and programs often highlight and target key areas such as: home safety, parenting beliefs and knowledge of child development, and parent-child interactions (Johnson et al. 2006). A qualitative study conducted by the University of Colorado at Denver implemented solution-focused parenting classes for high risk teens, and found that the curriculum design and theory-based learning provided a comprehensive parenting education program that successfully targeted multiple caregiving domains and bio-psychosocial components (Todd, 2000).

Parents with Young Children (0-5)

Typically, parenting education programs for parents with children 0-5 years of age encompass home visitation models, social-cognitive processing, parenting skills, and stress management (Johnson et al., 2006). One of the most evaluated curricula, Project Safe Care, resulted in improvements in parents' abilities to identify their children's health symptoms, positive parenting behaviors, and home safety (Bigelow & Lutzker, 2000; Gershater-Molko, Lutzker, & Wesch, 2003). The Incredible Years has also shown to be a successful curriculum with this population. It has demonstrated a reduction in "harsh, negative, inconsistent and ineffective parenting with increases in supportive and positive parenting" (Johnson et al., 2006). Even Start programs have extensive research on positive parent outcomes in an informal setting (Kopasci & Koopmans, 1992; Ponzetti & Dulin, 1997). The Triple P Positive Parenting Program has

strong empirical evidence that supports improvement in negative parental attributions of child's misbehavior, lower levels of dysfunctional parenting, and high levels of client satisfaction (Hess, Papas & Black, 2002; Lundahl & Nimer, 2006).

Parents of children with learning disabilities need multiple dimensions of support. The Three Tier Model of Parent Education provides these parents with progressive treatment from least intensive to most intensive services (McIntyre & Phaneuf, 2008). The framework for this parenting education program is strength based and builds professional-family partnerships. Tier 1 incorporates family-focused childhood education and self-administered parent education materials. Tier 2 is group-based parenting education approach that is facilitated by an early care and education teacher trained in the curriculum. Tier 3 provides one-on-one support to parents who have needs beyond the group-based parenting education program.

Parents with intellectual disabilities are not necessarily inadequate parents; but the presence of disabilities carries the potential for risk. It is important to decrease these risk factors in order to enable these parents to become self-sufficient, and increase their knowledge in child development and where to identify concrete supportive resources. Parenting education curricula/programs that are targeted towards this population are generally home based, emphasize concrete and practical strategies, and utilizes competency-based teaching methods (Mildon, Wade & Matthews, 2008).

Culturally Diverse Parents

The parenting needs of culturally diverse parents vary depending on culture, race, and ethnicity and are different from the White population. Fresno County is no different in this respect and culturally diverse parents need other types of support and curricula to help enable them to be effective parents. The AVANCE curriculum targets Latino/Hispanic mothers with children 0-3 years of age due to strong empirical research that indicates that experiences in the first three years of life set the foundation for learning and social relationships (Rodriguez, 2003). Through the AVANCE curriculum,

parents attend three-hour center-based sessions for 9 months where parenting education, school advocacy, social support and toymaking are core components of the program. The Strong African American Families Program (SAAF) is a family-focused program designed to increase parenting skills and to prevent alcohol use and abuse among children 10-14 years of age. Delivery of the curriculum consists of seven two-hour consecutive weekly meetings where parents and their children have individual sessions. Parents and children come together during the second hour to practice the skills they have learned (Blueprints Promising Programs, 2006). SAAF has been shown to increase protective factors among youth who have participated and improved parenting practices (Blueprints Promising Programs, 2006).

Immigrant Parents

The U.S. has seen a dramatic increase in the immigrant population in the last decade and with that, a greater need to understand cultural differences and how they relate to parenting (U.S. Census, 2000). There are roughly 14 million children who live with at least one immigrant parent in the U.S. (U.S. Census, 2000). An immigrant parent is defined as a parent who was born outside the U.S. (Federal Interagency Forum on Child and Family Statistics, 2002). Current research on immigrant families highlight that culturally significant parenting beliefs and norms are among the most resistant to change and most resistant to adapt to the majority belief systems (Bornstein & Cote, 2004). The majority of immigrant parents communicate that they want healthy outcomes for their children, but when surveyed regarding knowledge of normative child development behaviors, they scored 25% below the majority group (Bornstein & Cote, 2004; Varela et al., 2004). Parenting education curricula that has been determined to be successful with this population incorporate delivering the curriculum/program in the setting in which the skills are needed (i.e. home or school), instructional materials that use concrete and realistic strategies, and are delivered by culturally proficient staff (Mildon, Wade & Matthews, 2008; Schaeffer, 1991; Varela, et al., 2004). The AVANCE curriculum

(described above) has been proven to help guide immigrant parents to become positive and active influences in the first years of their children's lives (Schaller, Oglesby-Rocha & Barshinger, 2007; Rodriguez, 2003).

The most prevalent finding in the literature regarding working with immigrant families pertained to the parenting education program recruitment process. Researchers advise that when recruiting Hispanic immigrant parents, the path to participation, retention, and completion is usually through churches or by word of mouth (Varela et al., 2004). Most often times the avenue to recruit Asian immigrant parents is through the school or through a physician (Bornstein & Cote, 2004).

Divorced Parents

Nearly half (between 43% and 50%) of all first time marriages end in divorce in the U.S. (U.S. Census Bureau, 2004). Given the large number of children and families affected by divorce each year, it is befitting that we understand the ramifications and long term effects that divorce contributes to the overall well-being of children. Children of divorced parents experience higher levels of internalizing and externalizing problems, lower academic achievement, and greater problems in social relationships than non-divorced children (Lansford, 2009). Divorce often leads to poor management of children and an increase in parent-child conflict (Short, 2002). There is limited research on co-parenting curricula that are effective and use an experimental or quasi-experimental design. Individual agencies in Fresno County have created their own curriculum from a variety of proven techniques and theories.

Other Parenting Education Opportunities

Parenting education ranges from basic intervention (being the least intensive of services) to intensive services for high risk populations. The proper course of treatment for maltreating families is to have parenting education in conjunction with other family support services such as family therapy and home visitation. It is important to note that maltreating families need highly structured parenting education programs that are

congruent with best practice curriculum standards and delivery methods in order to achieve lasting results. This type and form of parenting education is only ONE way to engage parents effectively; other forms of parenting education exist and have been shown to be effective. Highly structured parenting education programs only “work” for a small percentage of families, meaning that agencies need to be cognizant of the appropriate delivery method for the population they are serving, and for parents' needs.

The majority of parents need the support of other parents in a non-threatening environment that provides respite care, increases knowledge in child development, and is flexible in meeting their needs. It is not uncommon for a structured evidence-based parenting education curriculum to have an average drop out rate of 40% (Moran, Ghate, & van de Merwe, 2004). Low income, urban families are reported to have a drop out rate of 15% (Gross et al., 2003). Research highlights that other forms of parenting education (other than the highly structured models) can help increase parenting skills and capacity, increase child development knowledge, interpersonal communication, and provide support systems for parents (Fowler, 2002; Mann, 2008). Other informal parenting education opportunities consist of developmental learning labs where parents' shared interests are in the socialization of their children. These labs create an environment where parents understand their children's development, appropriate parent-child interactions, and parent support.

Parent support groups are another informal parenting education opportunity. Parent support groups are semi-structured where it has a lead facilitator to provide guidance and oversight as to topics of conversation. Parents are each other's primary teachers in these settings. These parent support groups are a form of respite care for parents because they provide the necessary “relief from the ongoing responsibilities of caring for children in the home” (Thomas et al., 2003, p. 13). In a recent evaluative report regarding parenting education, the Canadian Association of Family Resource Programs (2006) conveyed that:

“It is short-sighted to limit access to [parenting education] programs because they don't offer 'evidence-based' cause-and-effect solutions for parenting concerns- it is universally intuitive that when adults feel supported, they can better cope with stress and hence parent more effectively (p. 20).” As much attention and examination that goes into the selection of evidence-based curricula, should also go into the organization and implementation of informal parenting education opportunities.

Methodology

The purpose of this project was to assess parenting education resources for Fresno County's families, as well as determine the need for expansion or modifications of services. The project also sought to develop recommendations for the provision of basic and intensive parenting education services for the County's families.

Population and Sample

Fresno County continues to have greater rates of victimization for childhood maltreatment than the state. Research demonstrates that parent education is vital for preventing child maltreatment. Through this project, First 5 Fresno County sought to provide education, identification of resources, and systems improvement for parents and ultimately our children. To conduct a comprehensive assessment of Fresno County's parenting education programs, this project included face-to-face agency interviews, a partner-agency feedback meeting, and parent focus groups.

Agency Interviews: The population sample for this project consists of 78 Fresno County agencies that provide some form of parenting education, whether evidence-based or non-evidence-based (e.g. monthly parent meetings/workshops, support groups, developmental learning groups). The agencies interviewed were either: (1) for-profit, (2) hospital-based, (3) faith-based, (4) an educational institution, or (5) community-based organization.

Parent Focus Groups: Parent focus groups were conducted to allow parents to contribute to how parenting education programs can be enhanced. Four parent focus groups were conducted that represented the county both geographically and culturally: (1) rural parents, (2) court-mandated parents, (3) teen parents, and (4) parents not currently participating in a parenting education program. The latter focus group was conducted with parents whose children attend a licensed child care center. Parent focus groups averaged 7-12 parents.

Partner-Agency Feedback: Following the face-to-face agency interviews, and research on best practices, agencies were then asked to participate in their own focus group to determine appropriateness and goodness of fit based on the initial findings. The researcher invited 20 agencies to participate in the partner-agency meeting and nine agencies attended. Agency representatives consisted of Executive Directors to Parenting Education Facilitators who represented a myriad of community-based organizations, for-profit organizations, and educational institutions (e.g. Fresno Unified School District, Exceptional Parents Unlimited, Stone Soup, Centro La Familia, Children's Services Network, Sanger Cal-Safe & Family Connections Program, and the Marjaree Mason Center).

Instrumentation

Agency Interviews: A 32-item detailed questionnaire was developed to assess existing organizations' parenting education programs, including: curriculum, staffing, funding, frequency/duration, incentives, supportive services, etc. (see tools in appendix). The information collected was used to identify gaps in services in Fresno County and to develop recommendations on best practices in terms of parent education curricula that are culturally appropriate and meet the needs of Fresno County's diverse demographics. The questionnaire used in this assessment was created by the researcher, Central California Children's Institute at California State University, Fresno, and the Child Safety Core Council Planning Team. There has been extensive debate over defining and measuring parenting education "success" using quantifiable outcomes. Researchers will agree that qualitative data is just as valuable and important when measuring effectiveness (Mann, 2008; Torjman, 1999). For the purposes of this project, the questionnaire was designed to include qualitative items to assess thoughts, opinions and reflections of the agency's parenting education program.

Parent Focus Groups: The first section of the questionnaire included items regarding ethnicity, number of children, children's ages, highest level of education

completed, household status, and how they heard about the parenting education program. The next section consisted of seven items to assess parents' needs and their children's behavioral health outcomes. Parents received either the evidence-based curriculum questionnaire or the non-evidence-based curriculum questionnaire set, depending on the type of program they were enrolled in. The need to have two separate questionnaires was created to assess if parents who were currently enrolled in a structured evidence-based parenting education program responded positively to the nature of the program as well as to assess their needs. The need for a non-evidence-based curriculum questionnaire encompassed those parenting education programs that did not have a curriculum or did not use an evidence-based curriculum. There were two evidence-based curricula and two non-evidence-based curricula parent focus groups. There was one Spanish speaking parent focus group. Each of the questionnaires was translated into Spanish (see tools in appendix).

Partner-Agency Feedback: The questionnaire created for the partner-agency feedback meeting consisted of seven items that asked the agencies to respond to the data that was presented to them, other questions they would like to have seen in the agency face-to-face questionnaire, missing questions from the parent focus group questionnaire, and recommendations on how to enhance Fresno County's parenting education system.

Data Collection

Agency Interviews: The researcher created an inventory of existing parenting education agencies in Fresno County and made contact with individual agencies through phone calls, e-mails, and mailings informing them of the project and their needed participation. The researcher met with each agency individually and completed the questionnaire. Each agency was informed that they would be asked to participate in a partner-agency feedback meeting and be provided with a report of the findings.

Parent Focus Groups: The researcher was granted permission by the individual agencies to conduct one-hour parent focus groups. A member from the Child Safety Core Council Planning Team conducted the Spanish parent focus group. Parents were given a consent form, either in English or in Spanish, prior to participation in the parent focus group indicating that their answers were confidential and anonymous. Consent forms were collected prior to participation. Each parent focus group was recorded and transcribed.

Partner-Agency Feedback: The researcher held a two-hour meeting where agency representatives were presented with preliminary findings from this project. Feedback provided by the agencies was recorded and transcribed.

Data Analysis

Agency Interviews: Seventy-eight (78) agencies participated in the face-to-face interviews. The qualitative data was analyzed using Microsoft Access and Excel. Individual questions were totaled and reported using tables and charts for descriptive statistics.

Parent Focus Groups: Data was collected from the four one-hour parent focus groups using a digital recording device and was transcribed to provide parent's direct feedback and suggestions.

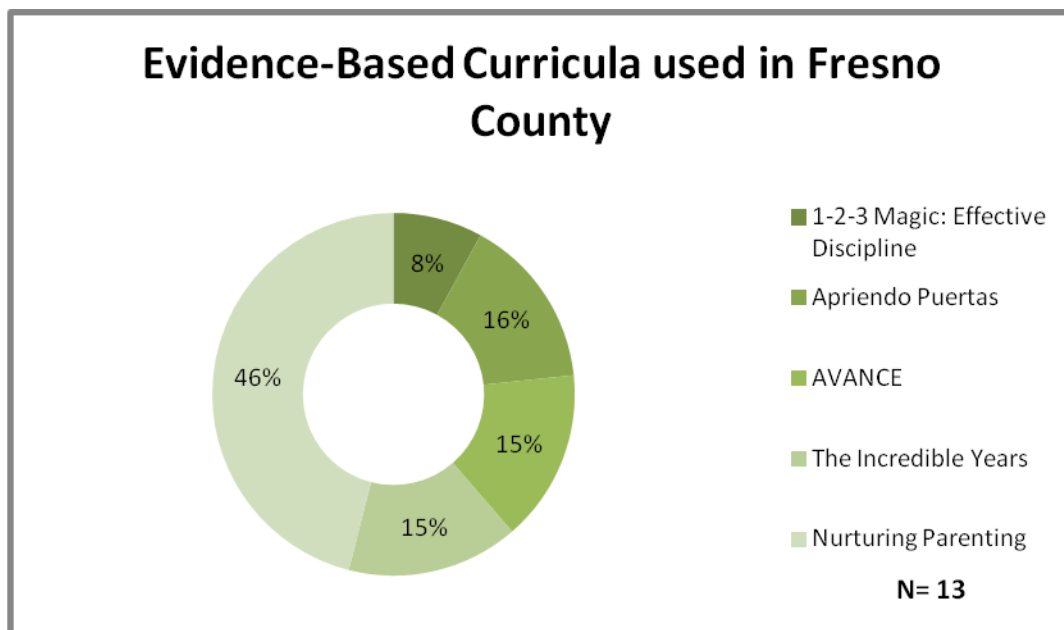
Partner-Agency Feedback: Data was collected from the partner-agency feedback meeting by a designated note-taker who transcribed individual agency's responses to the questionnaire and their feedback.

Results

As stated in previous chapters, effective parenting education can lead to the reduction and prevention of childhood maltreatment. An assessment of available parenting education resources, and families' access to these services, is vital to these stated efforts. Understanding parents' perceived barriers to access and involvement in parenting education was also a key factor in determining whether parents' needs correspond to the services that Fresno County provides. Coordinating the efforts of agencies that offer parenting education is also necessary. This research hopes to better coordinate systems on three levels: agencies, parents, and the community at large.

Agency Interviews: The researcher identified 164 Fresno County agencies that provided some form of parenting education. The agencies were identified as having either a structured evidence-based curriculum or informal parenting education services. Seventy-eight (78) agencies were interviewed, 39 agencies did not respond, and 47 agencies had disbanded their parenting education program. Of the 78 agencies that participated in the county-wide assessment, 43.59% were community-based organizations, 44.87% were educational institutions, 2.56% were faith-based, 7.69% were for-profit, and 1.68% identified the agency as "other." No hospital-based parenting education programs participated in the assessment. Tables 1-28 show the quantitative items of the questionnaire. Tables 29-32 show findings from the qualitative items of the questionnaire. A total of 53 agencies (68%) provided structured parenting education classes, however only 13 agencies (16.7%) used an evidence-based curriculum. Nearly fifty percent (46.15%) of the 13 agencies used The Nurturing Parenting Program, 17% used The Incredible Years, 17% used Apriendo Puertas, 8% used AVANCE, and 8% used 1-2-3 Magic: Effective Discipline. See Chart 4.1 below for the breakdown for evidence-based curricula.

Chart 4.1



Most of the agencies were fairly new in providing parenting education; 23% of all agencies interviewed have been conducting parenting education for 1-3 years. More than half of all agencies (61.65%) served undocumented families or required no proof of residency to receive services. This is especially important since citizenship status poses additional barriers to accessing services. More than half (61.54%) of the agencies surveyed do not have a waiting list. Those that do have a waiting list were asked a follow up question as to the average amount of time that parents spend on the agency's perspective waiting list. Chart 4.2 and 4.3 illustrate Fresno County agencies' wait list capacity.

Chart 4.2

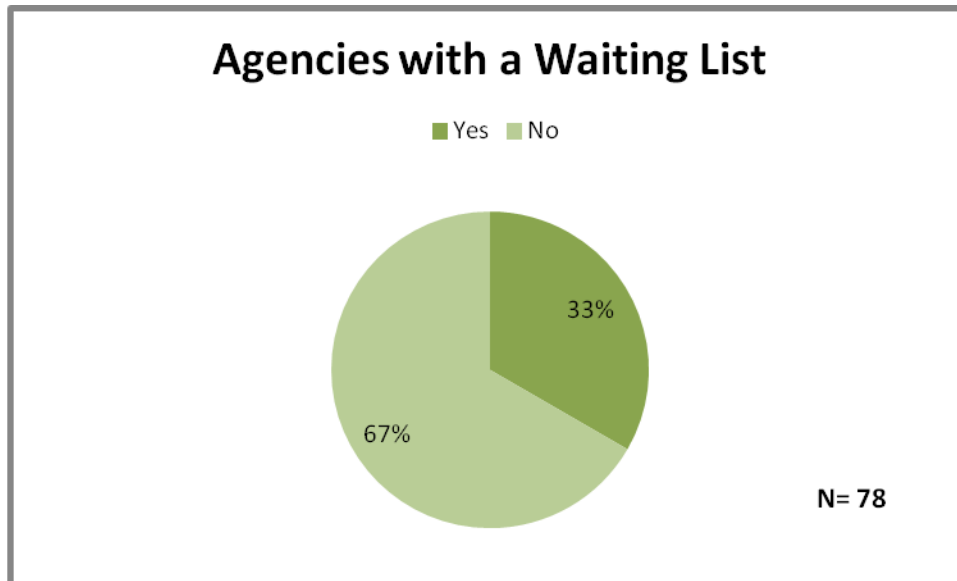
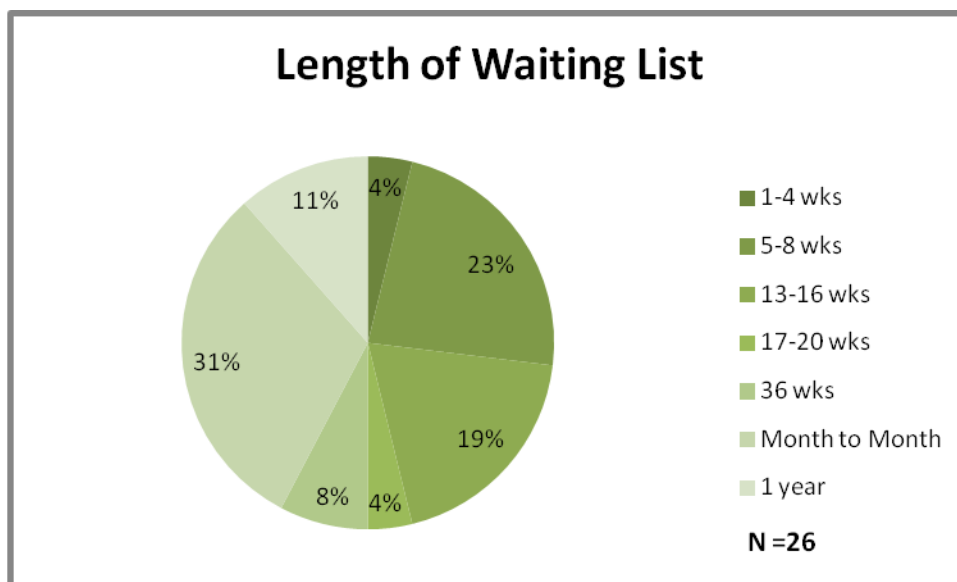


Chart 4.3

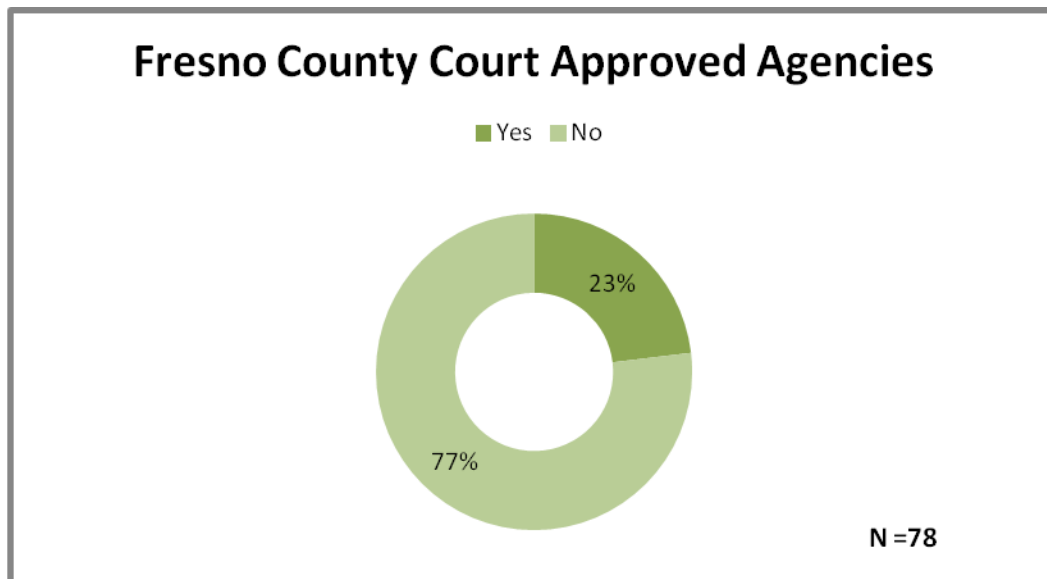


Fresno County parents face potential familial, financial, and societal barriers that impede their participation and retention in parenting education programs. The questionnaire asked what type of supportive or incentive programs agencies offered. Sixty-five percent (65%) of all agencies offered child care for children 0-5 years of age. Most agencies do not offer transportation or child care services for children older than 5

years of age. Forty-three (43) agencies conduct their parenting education program in Spanish and only nine agencies provide parenting education in Hmong. Item 23 probed agencies on whether they offered their parenting education program at multiple times in order to accommodate families with varying needs, and only eight agencies responded that they offered classes at varying times. Seventy (70) agencies, or 90% do not offer a flexible schedule.

The most surprising finding was that only 16.67% of agencies are Fresno County court-approved, with 83.33% of all agencies being non-court approved. Agencies that are Fresno County court approved are inundated with parents and usually are the ones with the waiting list. Not having enough court-approved parenting education programs poses devastating effects for Fresno County families, who must meet court requirements before they can be reunified with their child(ren). Being a Fresno County court-approved parenting education agency also means that there is an additional level of evaluation and standard of rigor that these agencies have met which entails provides recognition throughout the community. Chart 4.4 shows agencies that are Fresno County court approved versus those who are not.

Chart 4.4



Parent Focus Groups: The second phase was to conduct four parent focus groups to gauge whether parent's current parenting education program met their needs, obtain suggestions on how to improve the parenting education system, and to assess parent's overall knowledge of their children's behavioral health. Targeted focus groups consisted of: (1) Spanish speaking parents, (2) teens, (3) court-mandated, and (4) parents who are not currently participating in any form of parenting education. The latter parent focus group was conducted at a licensed child care center.

The first part of the parent focus group consisted of demographic questions; parents were asked to indicate their age, number of children, marital status, ethnicity, highest level of education, and how they came to participate in their current parenting education program. There were a total of 37 parents who participated; 70% were Hispanic, 19% were Caucasian/White, 8% were African-American, 3% were American Indian/Alaskan Native, and there were no parents that identified themselves as Asian/Pacific Islander. The median age of parents was 26-35 years old. Seventy-eight percent (78%) of parents had children between the ages of 0-3 years of age. Parents' marital status was divided fairly evenly with 49% of parents indicating they were single-head of household and 51% indicating that they were a two-parent household. There were two important descriptors that were concluded from the demographic section; one being that for the majority of parents, 27% participated in their current parenting education program because of referrals made by another agency. Parents were not recruited by the provider agency nor did parents know this particular agency conducted parenting education prior to the referral. The second important aspect was that 30% of parents indicated that their highest level of education was "some college." The parents who responded with "some college" noted that they attended "a semester or two" and dropped out. Nineteen percent (19%) of the parents who participated did not graduate high school.

During the teen parent focus group there was an apparent lack of education and information that parents had regarding their child's behavioral health. The teens noted that they would "take her to the doctor if I had questions" but parents struggled to articulate their concerns clearly. When asked this same question to rural parents, they responded that they would go to an immediate family member like, "mi madre o mi abuelita." The greatest differences were seen among court ordered parents; the majority of them said they did not know where to go, or because "they haven't been taught."

All parents responded with an overwhelming "yes" about their participation in informal parenting opportunities. Parents were not happy with the current structure of their parenting education because the class atmosphere did not provide for interaction or group discussion. The parents also stated that agencies should advertise about parenting more often in such places as "WIC offices, CalWORKs, billboards, Fresno Bee, and on T.V." The majority of parents stated that they would attend structured evidence-based parenting education as well but not at the current length of sessions or the amount of time required. This answer segued into the next question regarding whether parents would change any aspect of the program. Most parents were hesitant to answer or appeared lost in thought; the researcher then provided examples such as having their children attend. A female court-ordered parent stated that:

"Yea, that would be good to have your kid be able to come and then, like the rest of the time in day care, but at least let them be part because for parents that have their kids in CPS like me, I'm 3rd party so I can be with my kids all day, but I can't stay the night, like when I first got here I could only see my kids once a week, so that's what would make me not want to come. For those parents who don't have their kids, this would make them want to come and spend time with them; that's an extra visit that I get to have with my kids."

Parents' perspective on what they need in order to be effective parents was discussed. Most notably, this process gave parents a voice in actively changing Fresno

County's parenting education system. The majority of parents stated that they would attend parenting education, if available, but also made it clear that they did not know where to go to receive it. There were some parents, usually the court ordered parents, who would not attend again because they felt like they were "being punished." But this negative view was not the underlying theme. Parents voiced their optimism about participating in such programs, but need the flexibility that informal parenting opportunities provided. The current structure and duration of parenting education programs are not conducive to their needs.

Partner-Agency Feedback: Agencies that participated in the face-to-face interviews were asked to attend a meeting where initial findings were shared, including results from the agency questionnaire and parent focus groups. Subsequent to the findings, agency representatives were asked their overall response to Fresno County's current system of parenting education, as well as how to enhance the current system.

The topic of evidence-based curriculum was of great concern for agencies. In order for agencies to receive funding, they must incorporate an evidence-based curriculum and therein lies the challenges when working with families. When using evidence-based curriculum, it is key that the curriculum, match the target population; "who are they validated on or are they matched for the population?" that the agency is serving. There seems to be a disconnect in terms of what agencies are providing and the specific parent population they are serving. The structure of the parenting education program was also a concern. There were a few comments made about facilitator's training and that they needed to "validate parent's strengths and be non-judgmental." Through this line of conversation also came the need for "support groups for trainers so that they can learn from each other," as well as provide the much needed reflection and processing of their day-to-day work with families.

The agencies present also understood that parents need informal and varied parenting education opportunities. "Younger parents like on-line" parenting education

programs, but currently there are no such parenting education opportunities in Fresno County. Stone Soup asked about father involvement programs and “how can we engage them because they want to learn.” The majority of agencies highlighted the real need for parent support groups and stated that the “importance of peer support in parenting classes can't be underestimated.” But before parents can actively engage and participate in parenting education, “parents need information [as to] where to find this information! 2-1-1? advertisements?” The parent focus groups conveyed that for 27% of parents' currently participating in parenting education, there had been a direct referral from another agency. The second most common mode of communicating about parenting education services is through “word of mouth,” with 19% of parents indicating that their participation was because of a friend's recommendation.

The partner-agency feedback reinforced the need for informal parenting education opportunities because not all evidence-based curricula meet the needs of parents, and these programs lock facilitators into a program that may not be suitable for all parents.

Policy Recommendations

Fresno County is rich in programs that support multiple domains of caregiving capacity. Parenting education is geographically well-represented from Firebaugh to Kingsburg. This is especially important because parents who live in rural areas tend to have higher risk factors such as unemployment, lack of transportation, and lack of resources that impede their parenting capacity and increase the likelihood of childhood maltreatment. More than half of all interviewed agencies (61.65%) serve undocumented persons and do not require proof of residency. The United States immigrant population is growing, with the latest statistics indicating that 14 million children live with at least one immigrant parent. Fresno County parenting education agencies provide services to a minimum of 15 families. The majority of agencies (65%) also provide other types of supportive services to help enable families complete the parenting education program, such as child care for children 0-5 years of age.

Even though Fresno County is rich in the type and amount of services it provides to its families, the appropriateness and effectiveness of services continues to be a concern. Parenting education programs lack curricula that are evidence-based and responsive to diverse families. Out of the 78 agencies that were interviewed, only 13 agencies used evidence-based curriculum; 46.15% of those agencies use the Nurturing Parenting curriculum. Further, of all the agencies interviewed, 83.33% are not Fresno County Family Court approved. This poses additional hardships for families because the court approved programs tend to have a long waiting list. The average time that parents spend on a given waiting list can be anywhere from a month to eight weeks. However, most of Fresno County families who participate in parenting education are not involved in the child welfare system. The diversity in curriculum and structure of parenting education is of real concern for retention. Having evidence-based parenting education curricula available to families is reassuring; however, it is critical that the curricula match the parent population.

Twenty-three percent (23%) of all agencies have only been conducting parenting education for 1-3 years and most of these agencies provide a breadth of services, but not depth. Fresno County parents have multiple needs; therefore, they need multiple avenues of support. The agencies interviewed understand this need and try to accommodate parents to the best of their ability. There is a growing and important need for Fresno County to enlist and actively use a comprehensive resource and referral network so that we as a community can ensure that families are being supported comprehensively.

As the project progressed, factors other than the curriculum influenced the “success” of the parenting education programs. The parents participating in these parenting education programs have a myriad of factors and contexts that influence their caregiving capacities (i.e. parent age, parents’ own childbearing history, psychopathology, abusive family environments, etc.). The following section offers policy recommendations for enhancing Fresno County's parenting education system.

1. Provide evidence-based programs with fidelity and sensitivity to the cultural contexts of families.

Sixty-five percent (65%) of agencies in Fresno County do not use an evidence-based curriculum. Of the 13 agencies that are using an evidence-based curriculum; nearly half (46.15%) are using The Nurturing Parenting Program which is targeted towards families in the child welfare system. Nearly 60% of facilitator's have their Bachelor's Degree, but only half have ever been trained in the curriculum that they are implementing. Research states that a primary reason for high attrition rates in parenting education programs is that facilitators are not effectively trained, as well as variation in the fidelity of program delivery (Fowler, 2002; Lipman & Boyle, 2005; Mann, 2008; Moran et al., 2004). The limited number of parenting education programs that are evidence-based calls attention to the need to incorporate training curricula that meet the needs of Fresno County's diverse population.

2. Shift how we “help” families from a pathological model to a strengths based model.

Family structure has changed drastically in the last fifty years, and as a result, many parents lack models on how to parent within the current reality of blended families, single parents, and divorced parents. The aim of the strengths-based model is that it is parent centered, promotes social inclusion, builds assets, promotes empowerment, increases sense of control over one's circumstances, and has been shown to reduce the negative effects of living in disadvantaged conditions (Ennis & Samson, 2002; Mann, 2008). Strengths-based approaches allow disadvantaged and culturally diverse families to have access to the same information and resources given to those with a higher socio-economic status. Using the strengths-based model creates a buffer against negative environmental effects, while increasing parents' capacity to problem solve and inevitably parent effectively.

3. Create a universal, primary prevention message to reduce the stigma of parenting education services.

When asked, “Would you attend meetings with other parents where the group supported each other as well as provided structured tools and techniques for assisting you with your child(ren)?,” an overwhelming number of parents responded “Yes.” By slightly changing the description of parenting education classes to “meetings,” parents responded more positively and stated that they would attend. The term parenting education has been so stigmatized in our society that parents generally believe there is pathology present or that they are not “good” parents. Creating a universal prevention message regarding parenting education services reduces the stigma. The new message is strengths-based, which allows parenting education to become the standard of care.

4. Use technology and social media for marketing and promotion of parenting education services.

Word of mouth continues to be one of the most common ways of learning about parenting education services. The need for greater awareness of parenting education services was a dominant theme both in the parent focus groups and the partner-agency feedback meeting. It is not that parents do not want to participate in parenting education

services; they do not know how to access these programs. With more than 1 billion people in the United States with smart phones and over 250 million people using some form of social media, the marketing of parenting education can be enhanced by the increased use of technology. During the parent focus groups, most parents asked for a media and marketing blast of available parenting education services. Research has shown that awareness campaigns such as public service announcements, press releases, posters/billboards, information kits/brochures, television/video documentaries, and other media have the ability to reach diverse communities, parents, prospective parents and community stakeholders (Thomas et al., 2003). For example, national campaigns such as the “Designated Driver” campaign elevated public awareness and changed behavior from the 80's to 2001 with a 30% decline annually in alcohol-related fatalities.

5. Increase capacity of agencies and communities to highlight the importance of father involvement and creation of men's/father's groups.

Fathers play a significant role in the well-being of their children's lives, but too little attention is given to men. In Fresno County, men of color comprised 65.2% of the total male population in 2010. Latinos represented the largest percentage of males (50.3%) with Whites accounting for 32.7%, Asian/Pacific Islanders at 9.6% and followed by African-Americans at 5.3% of the total Fresno County male population (U.S Census, 2010). Fathers need to be provided with the same amount of education and access to available resources as those provided for mothers. Thirty-five percent (35%) of community based organizations from this study indicated that they have “seen” fathers come through their parenting education program but when probed further, the male participation rate dwindled to only one-third of all community based organizations actually having fathers participate.

Father involvement helps improve children's academic success, social behavior, and reduces negative effects of delinquency and depression (Marsiglio et al., 2000; Russell, 2003). With the increasingly changing family structure, fathers are taking a more

active and needed role. However, fathers still are the minority population in every parenting education activity. Programs and research that attract and are designed for fathers are still in the infancy stages. The fathers that participated in the parent focus groups did feel that there was a need to have a men's/fathers group because they shared that "there are some things we just don't want them [partners] to know." Russell (2003) found that the type of group discussion that dominates mother-centered parenting education groups does not appeal to men/father's groups. Moran et al. (2004) highlighted that the more successful men/father's programs provided activities such as trips, outings, sports activities for men alone or men with their children. Fathers need to be afforded with education on how to parent effectively, in an environment that they feel secure in.

6. Change the method of delivering parenting education programs to include informal and formal learning opportunities.

Many structured evidence-based parenting education programs have high dropout rates, particularly for families of color. Fresno County needs to incorporate formal and informal parenting education programs/services to help assist in meeting the needs of our diverse families. Not all families have the means (i.e. financial, transportation, child care) to participate in parenting education opportunities, nor need the strict structure of formalized parenting education curricula. When implementing evidence-based curricula, it is crucial to examine the population that it was designed for, effective delivery of the curricula, and proper training for those that will be teaching the content. Most often, highly structured parenting education programs are for those families who are high risk or are in crisis. Research has also shown that formalized parenting education opportunities are not needed for most parents. Research states that we cannot overlook the benefits of parent support groups or delivery of parenting education as a secondary means to parent's initial concerns.

Conclusion: Bewilderment about how to effectively parent is universal. Parents need access to both formal and informal parenting education resources. There is strong

evidence that parenting education can reduce childhood maltreatment. Parenting education also increases parent's knowledge about how to effectively raise their children. This project and its supporting data provides a snapshot of Fresno County's available parenting education resources. Face-to-face interviews and a detailed questionnaire were used to assess individual agencies parenting education programs. After the initial data was collected, the researcher conducted four parent focus groups to gain the perspective of parents who are currently participating in parenting education services. The third phase of the study was to gain partner-agency feedback to provide recommendations on how to enhance Fresno County's parenting education system. All data analysis is provided in the appendix.

In order for parenting education to be fully incorporated into our community, we must create a universal prevention message that reduces the stigma associated with it. The general population views parenting education for those families who are “bad,” parents but research conveys that all parents can increase their knowledge of child development and effective child rearing practices. Parents indicated that they would take advantage of parenting education opportunities, but in order to do so, they need to know what is available. The findings of this study illustrate the type of services that are available to Fresno County parents, as well as areas that Fresno County can improve in. Recommendations provided in this study come from partner-agency feedback, Fresno County parents, and research regarding best practices. Together, these sources have unveiled rich opportunities for improvement of parenting education in our County.

References

- Alvarado, R. (2002). Strengthening America's families: Programs that work for justice-involved women with co-occurring disorders. In Davidson, S. and Hills, H. (eds.) *Series on Women with Mental Illness and Co-occurring Disorders*. 8. Delmar, NY: National GAINS Center.
- Armstrong, M.I., Birnie-Lefcovitch, S., & Ungar, M.T. (2005). Pathways between social support, family well beings, quality of parenting, and child resilience: What we know. *Journal of Child and Family Studies*, 14(2), 269-281.
- Baumrind, D., & Black, A.E. (1967). Socialization practices associated with dimensions of competence in preschool boys and girls. *Child Development*, 38(2), 291-327.
- Baumrind, D. (1971). Harmonious parents and their preschool children. *Developmental Psychology*, 4, 99-102.
- Baumrind, D. (1978). Parental disciplinary patterns and social competence in children. *Youth and Society*, 9(3), 239-276.
- Bigelow, K., & Lutzker, J. (2000). Training parents reported for or at risk for child abuse and neglect to identify and treat their children's illness. *Journal of Family Violence*, 15(4), 26-30.
- Black, M. (2000). The roots of child neglect. In R.M. Reece (Ed.), *Treatment of child abuse: Common mental health, medical, and legal practitioners*. Baltimore, MD: Johns Hopkins University Press.
- Bloom, B. (1993). Mothers and their children: Maintaining family ties. In American Correctional Association (Ed.). *Female Offenders: Meeting the Needs of a Neglected Population*. Baltimore: United Book Press.
- Bloom, B., & Owen, B. (2002). *Gender-Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders*. Washington, DC.: U.S. Department of Justice, National Institute of Corrections.

- Blueprints Promising Programs. (2006). *Strong African American Families (SAAF) Program*. Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado at Boulder. Retrieved from www.colorado.edu/cspv
- Borkowski, J.G., Smith, L.E., & Akai, C.E. (2007). Designing effective prevention programs: How good science makes good art. *Infants and Young Children*, 20, 229-241.
- Bornstein, M.H. & Cote, L.R. (2004). "Who is sitting across from me?" Immigrant mothers' knowledge of parenting and children's development. *Pediatrics*, 114(5), 557-564. doi: 10.1542
- Canadian Association of Family Resource Programs. (2006). *FRP Canada survey of parenting group facilitators*. Ottawa, ON: Canadian Association of Family Resource Programs.
- Centers for Disease Control and Prevention. (2010). *Preventing child maltreatment through the promotion of safe, stable, and nurturing relationships between children and caregiver*, 1-10.
- Child Abuse Prevention and Treatment Act. (2010). *U.S. Department of Health and Human Services, Administration for Children and Families*, 3-48.
- Centers for Disease Control and Prevention. (2010). *Understanding child maltreatment*. Retrieved from <http://www.cdc.gov/violenceprevention>
- Child Welfare Information Gateway. (2006) *Preventing child abuse and neglect*. Retrieved from <http://www.childwelfare.gov/pubs/factsheets/preventingcan.cfm>
- Child Welfare Information Gateway (2008). *What is child abuse and neglect?* Retrieved from <http://www.childwelfare.gov/pubs/factsheets/whatiscan.cfm>
- Child Welfare League of America. (2001). Alcohol, other drugs, & child welfare. Study number 20. Retrieved from <http://www.childabuse.com>.

- Cross, S.; Kaye, E., & Ratonofsky, A. (1993). *A report on the maltreatment of children with disabilities*. Washington, DC: National Clearinghouse on Child Abuse and Neglect Information.
- Daro, D. & McKurdy (2007). Interventions to prevent child maltreatment. In Doll, L., Bonzo, S., Sleet, D., Mercy, J., & Hass, E. (Eds.) *Handbook of Injury and Violence Prevention*. New York (NY): Springer, 137-156.
- Ennis, F., & Samson, Y. (2002). *At the Heart of Our Work: The Theoretical Framework and Core Elements of a Reporting and Evaluation System for the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP)*. Atlantic Canada: Halifax, Health Canada.
- Federal Interagency Forum on Child and Family Statistics. (2002) *America's Children: National Indicators of Well-Being*. Washington, DC.: U.S. Government Printing Office.
- Fleck, H. (2006). Learning to live with our children. *Public Health Nursing*, 23(6), 561-562. doi: 0737-1209
- Fowler, C. (2002). Maternal knowledge: Beyond formal learning. *Australian Journal of Adult Learning*, 42(2).
- Fresno Boys and Men of Color. (2012). *Fresno area policy recommendations: Assembly select committee hearing on the status of boys and men of color*. Fresno, CA: Gonzalez, A, Joubert, C, & Immekus, J.
- Fresno County. (2010). *Disproportionality Data*. Quarter 4 2010 Data Extract. Fresno, CA: Fresno County Department of Children and Family Services.
- Gershater-Malko, R.M., Lutzker, J.R., & Wesch, D. (2003). Project SafeCare: Improving health, safety, and parenting skills in families reported for, and at risk for child maltreatment. *Journal of Family Violence*, 18(8), 377-385.
- Guttmacher Institute. (2011). Facts on American teens' sexual and reproductive health. 1-4. Retrieved from <http://www.guttmacher.org/pubs/FB-ATSRH.html>

- Gross, D., Fogg, L., Wenster-Stratton, C., Garvey, C., Julion, W., & Grady, J. (2003). Parent training of toddlers in day care in low-income urban communities. *Journal of Consulting and Clinical Psychology, 71*(2), 261-278.
- Hamilton, M.E., Roach, M.A., & Riley, D.A. (2003). Moving toward family-centered early care and education: The past, the present, and a glimpse of the future. *Early Childhood Education Journal, 30*(4), 225-232.
- Harm, N.J., & Thompson, P.J. (1997). Evaluating the effectiveness of parent education for incarcerated mothers. *Journal of Offender Rehabilitation, 24*(3/4), 135-152.
- Hess, C.R., Papas, M.A., & Black, M.M. (2002). Resilience among African-American adolescents mothers: Predictors of positive parenting in early infancy. *Journal of Pediatric Psychology, 27*(7), 619-629.
- Howard, K. & Brooks-Gunn, J. (2009). The role of home-promising programs in preventing child abuse and neglect. *Future of Children, 19*(2), 119-146.
- Johnson, M.A., Stone, S., Lou, C., Ling, J., Claassen, J., & Austin, M.J. (2006). Assessing parent education programs for families involved with child welfare services: Evidence and implications. *Bay Area Social Services Consortium and the Zellerbach Family Foundation, 1-37*.
- Johnston, D. (1995). Effects of parental incarceration. In K. Gabel & D. Johnston (Eds.), *Children of Incarcerated Parents*, 59-88. New York: Lexington Books.
- Keeping Children and Families Safe Act. (2003). *Weekly Compilation of Presidential Documents, 39*.
- Kopasci, R., & Koopmans, M. (1992). *Even Start: An assessment of parent involvement in early childhood education*. Newark, NJ: Newark Board of Education, Office of Planning, Evaluation, and Testing.
- Lansford, J.E. (2009). Parental divorce and children's adjustment. *Perspectives on Psychological Science, 4*(2), 140-152. doi: 10.1111/j.1745-6924.2009.01114.x

- Lipman, E., & Boyle, M. (2005). Social support and education groups for single mothers: A randomized controlled trial of a community-based program. *Canadian Medical Association Journal*, 173(12).
- Lundahl, B.W. & Nimer, J. (2009). Preventing child abuse: A meta-analysis of parent training programs. *Research on Social Work Practice*, 16(3), 251-262.
- Mandel, U., Bigelow, K., & Lutzker, J.R. (1998). Using video to reduce home safety hazards with parents reported for child abuse and neglect. *Journal of Family Violence*, 13(2), 147-162.
- Mann, B. (2008). What works for whom?: Promising practices in parenting education. *Canadian Association of Family Resource Programs*, 3-71. Retrieved from <http://www.parentsmatter.ca>
- Marsiglio, W, et al. (2000). Scholarship on fatherhood in the 1990's and beyond. *Journal of Marriage and the Family*, 62(4), 1173-1191.
- Matthews, J.M., & Hudson, A.M. (2001). Guidelines for evaluating parent training programs. *Family Relations*, 50(1), 77-86.
- McIntyre, L.L. & Phaneuf, L.K. (2007). A three-tier model of parent education in early childhood: Applying a problem-solving model. *Topics in Early Childhood Special Education*, 27(4), 214-222.
- Mikton, C. & Butchart, A. (2009). Child maltreatment prevention: A systemic review of reviews. *Bulletin of the World Health Organization*, 87(5), 325-404.
- Mildon, R., Wade, C., & Matthews, J. (2008). Considering the contextual fit of an intervention for families headed by parents with an intellectual disability: An exploratory study. *Journal of Applied Research in Intellectual Disabilities*, 21, 377-387. doi: 10.1111/j.1468-3148.2008.00451.x
- Moran, P., Ghatge, D., & van der Merwe, A. (2004). *What Works in Parenting Support? A Review of the International Evidence*. U.K.: Policy Research Bureau, Department for Education and Skills.

- Mraovick, L., & Wilson, J. (1999). Patterns of child abuse and neglect associated with chronological age of children living in a midwestern county. *Child Abuse and Neglect*, 23(9), 899-903.
- Mumola, C.J. (2000). *Incarcerated Parents and Their Children*. Washington DC.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- National Registry of Evidence-based Programs and Practices. (2012). U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.nrepp.samhsa.gov/>
- Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J.,...King, B. (2011). *Child Welfare Services Reports for California*. Retrieved from University of California at Berkeley Center for Social Services Research website http://cssr.berkeley.edu/ucb_childwelfare>
- Office of Juvenile Justices and Delinquency Prevention. (2012). U.S. Department of Justice, Office of Justice Programs. Retrieved from <http://www.ojjdp.gov/mpg/>
- Oldham, R. (2012). *The prevention of child maltreatment: A public health approach*. Fresno County Department of Behavioral Health. Presented on April 2012.
- Ponzetti, J.J., & Dulin, W. (1997). Parent education in Washington State even start family literacy programs. *Early Childhood Education Journal*, 25(1), 23-29. doi: 1082-3301/97/0900
- Rahman, A., Iqbal, Z., Roberts, C., & Husain, N. (2008). Cluster randomized trial of a parent-based intervention to support early development of children in a low-income country. *Child: care, health, and development*, 35(1), 56-62. doi: 10.1111/j.1365-2214.2008.00897.x
- Rodriguez, G.G. (2003). *Connecting With Parents: The AVANCE Experience*. San Antonio, TX: AVANCE, Inc.
- Russell, C. (2003). *Parent Education: What is Required to Build the Skills Parents Need To Raise Health Children?* Toronto: Invest in Kids.

- Schaefer, E.S. (1991). Goals for parent and future-parent education: Research on parental beliefs and behavior. *The Elementary School Journal*, 91(3), 239-247.
doi: 0013-5984/91/9103-0006\$01.00
- Schaller, A., Oglesby-Rocha, L., & Barshinger, D. (2007). Maternal attitudes and parent education: How immigrant mothers support their child's education despite their own low levels of education. *Early Childhood Education Journal*, 34(5), 351-356.
doi: 10.1007/s10643-006-0143-6
- Shannon, L.C. (2002). Best practices for parent education programs seeking to prevent child abuse. *Extension Associate: Children, Youth, and Families*. North Carolina State University Cooperative Extension Service, 1-6.
- Short, J.L. (2002). The effects of parental divorce during childhood on college students. *Journal of Divorce and Remarriage*, 38, 143-156.
- Task Force on Community Preventive Services. (2003). First Reports evaluating the effectiveness of strategies for preventing violence: Early childhood home visitation. *MMWR Recommendations and Reports*, 52, 1-9.
- Thomas, D., Leicht, C., Hughes, C., Madigan, A. & Dowell, K. (2003). Emerging practices: In the prevention of child abuse and neglect. *Office of Child Abuse and Neglect*, 1-63.
- Todd, T. (2000). Solution focused strategic parenting of challenging teens: A class for parents. *Family Relations*, 49(2), 165-168. Retrieved from <http://www.jstor.org/stable/585812>
- U.S. Census Bureau. (2000). *Profile of the Foreign-Born Population in the United States: 2000*. Washington, DC.: Government Printing Office.
- U.S. Census Bureau, (2004). *Detailed tables: Number, timing, and duration of marriages and divorces*. Washington, DC: Government Printing Office.

U.S. Department of Health and Human Services. (1993). *Study of child maltreatment in alcohol abusing families*. Washington, DC: National Center on Child Abuse and Neglect.

U.S. Census Bureau. (2010). *State & County Quick Facts*. Retrieved from <http://uquickfacts.census.gov/qfd/states/06/06019/html>

U.S. Department of Health and Human Services. (2010). *Preventing child maltreatment and promoting well-being: A network for action*. Washington, DC: National Center on Child Abuse and Neglect. Retrieved from <http://www.childwelfare.gov/preventing>

Varela, R.E., Vernberg, E.M., Sanchez-Sosa, J.J., Riveros, A., Mitchell, M., & Mashunkashey, J. (2004). Parenting style of Mexican, Mexican American, and Caucasian-non-Hispanic families: Social context and cultural influences. *Journal of Family Psychology*, 18(4), 651-657. doi: 0893-3200

Wang, C.T., Holton, J.H. (2007). Total estimated cost of child abuse and neglect in the United States. *Prevent Child Abuse America*, 1-6.

Appendix

Part A: Descriptors of Agency

Name of Agency: _____
 Address: _____
 Zip Code: _____
 Ph. No.: (559) _____
 Parenting Ed. Facilitator: _____
 Site Director: _____
 Website: _____
 Interviewee: _____



Funded by:



Start Time: _____ End Time: _____

Type of Organization: ☐ Hospital ☐ CBO ☐ Ed. Institute/School ☐ Faith-Based ☐ Profit ☐
 Other: _____

1. What types of services does the agency provide for the public?

- ☐ Counseling ☐ Educational Services ☐ Substance Abuse
- Treatment**
☐ Individual ☐ School Readiness ☐ Inpatient
☐ Groups ☐ In-home assistance ☐ Outpatient
☐ Couples/Marital ☐ Tutoring
☐ Child ☐ Adult Education
- ☐ Social Services Assistance ☐ Domestic Violence Resources ☐ Health & Wellness
- ☐ (list): _____ ☐ Restraining orders ☐ Medical
 Services _____ ☐ Safe Houses/Transitional Living ☐ Dental
 _____ ☐ Crisis Management ☐ Nutrition
- ☐ Parenting Education
☐ Classes
☐ Support Groups
☐ Father Involvement
☐ Workshops
☐ Other: _____

2. How do persons become eligible for services?

- ☐ Income Eligibility Guidelines ☐ School Based programs/referrals ☐ Other: _____
☐ Targeted Populations ☐ Hospital Based programs/referrals
 List: _____ ☐ Open to the general public

3. What percentage of the families that the agency serves is undocumented?

4. Is there a fee for the parenting education program? ☐ Yes ☐ No

4a. If yes, then how much is the cost for the entire program?

☐ Sliding Scale ☐ \$0-\$50 ☐ \$51-\$100 ☐ \$101-\$150 ☐ \$151-\$200 ☐ Other:

5. Do you have a website for your program or use social media? ☐ Yes ☐ No ☐ Other:

6. How long has the agency been conducting parenting education?

☐ 0-3 years ☐ 4-7 years ☐ 8-11 years ☐ 12-15 years ☐ 16-20 years ☐ Other:

Part B: Description of Curriculum

7. What is the current population that this agency serves in their parenting education program?

☐ White/Caucasian ☐ American Indian/Alaskan Native ☐ Court Mandated

☐ Hispanic/Latino ☐ Black/African American ☐ Other:

☐ Mixteco

☐ Other:

☐ At-Risk Families (Please define what this means to the agency):

☐ Asian & Pacific Islander

☐ Asian Subgroups:

☐ Other:

8. Where does funding for the parenting education program come from?

Grants: ☐ Federal ☐ State ☐ Local ☐ Private Foundation ☐ Individual Donation

☐ Other:

Contracts: ☐ Federal ☐ State ☐ Local ☐ Private Foundation ☐ Individual Donation

☐ Other:

Core Organization Funds: ☐ Yes ☐ No ☐ Other:

9. How many staff does the agency employ?

10. What is the name of the current curriculum used? Can you please describe the contents of the curriculum?

***Multiple Curriculums Used:**

Name:

Contents:

*** Multiple Curriculums Used:**

Name:

Contents:

10a. If do not use a curriculum, Did you or the agency design curriculum? ☐ Yes (Please describe) ☐ No

11. Do you supplement the curriculum with additional modules? ☐ Yes (Please describe) ☐ No

12. What is the current frequency of the parenting education program?

☐ 1-2 sessions per week ☐ 3-4 sessions per week ☐ 5-6 sessions per week ☐ Once a month ☐ Quarterly

13. What is the current schedule offered for the parenting education?

☐ Weekday ☐ 8am-5pm ☐ Evenings:
☐ Weekend ☐ 8am-5pm ☐ Evenings:

14. Does the agency have a waiting list? ☐ Yes ☐ No

14a, If yes, how long is the average wait time?

15. What is the current duration of the parenting program?

☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ 12 weeks ☐ 14 weeks ☐ Hours: ☐ Other:

Multiple Curriculums:

☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ 12 weeks ☐ 14 weeks ☐ Hours: ☐ Other:

Multiple Curriculums:

☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ 12 weeks ☐ 14 weeks ☐ Hours: ☐ Other:

16. How long are typical sessions? ☐ 30 mins. ☐ 60 mins. ☐ 90 mins. ☐ 120 mins. ☐ 180 mins

☐ Other:

17. What is the participant capacity/classroom size?

☐ 0-5 participants ☐ 6-10 participants ☐ 11-15 participants ☐ 16-20 participants
☐ Other:

18. How many families are served by the parenting program?

☐ 0-5 families ☐ 6-10 families ☐ 11-15 families ☐ 16-20 families ☐ Other:

19. What population is targeted by this curriculum?

☐ Expectant Mothers ☐ Expectant Teens ☐ Single Mothers ☐ Single Fathers ☐ Divorce/Separation
☐ Court Mandated ☐ Blended Families ☐ Adoption ☐ Teen Parents ☐ Special Needs Children
☐ Juvenile Court ☐ 2 Parent households ☐ Grandparents ☐ Fathers
☐ Family Court ☐ Mothers

20. Is the curriculum designed for a specific age group?

☐ 0-6 months ☐ 7-12 months ☐ 1-3 years old ☐ 4-5 years old
☐ 6-10 years old ☐ 11-14 years old ☐ 15-18 year old ☐ Other: _____

21. Is the parenting education program court approved for Fresno County? ☐ Yes ☐ No (See 22b)

21b. If no, would the agency like assistance in the process of becoming court approved? ☐ Yes (Give handout) ☐ No

22. What are the education requirements that the parenting education facilitator(s) need in order to facilitate the curriculum?

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Employment Experience | <input type="checkbox"/> Curriculum Certification | <input type="checkbox"/> Training |
| <input type="checkbox"/> A.A/A.S | <input type="checkbox"/> Years: | <input type="checkbox"/> Bilingual: | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> B.A/ B.S | | | <input type="checkbox"/> FBI |
| <input type="checkbox"/> M.A/ M.S | | | <input type="checkbox"/> DOJ |

Part C: Supportive Services & Incentives

23. Do you offer supportive services to the parents in your parenting education program?

- | | | | | |
|--|----------------------------------|------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Child Care | Ages for child care: | <input type="checkbox"/> 0-5 years | <input type="checkbox"/> 6-12 years | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Transportation | | | | |
| <input type="checkbox"/> Languages other than English: | <input type="checkbox"/> Spanish | <input type="checkbox"/> Hmong | <input type="checkbox"/> Other: | |
| <input type="checkbox"/> Multiple parenting education times: | | | | |
| <input type="checkbox"/> Multiple parenting education location (list): | | | | |
| <input type="checkbox"/> Other (please describe): | | | | |

24. Do you offer incentives for the participants in the parenting education program?

- | | | |
|--|---|--|
| <input type="checkbox"/> Monetary Incentives | <input type="checkbox"/> Gifts & Prizes | <input type="checkbox"/> Other Incentives: |
| <input type="checkbox"/> Gift Cards/Certificates | <input type="checkbox"/> Car Seats | |
| <input type="checkbox"/> Scholarships | <input type="checkbox"/> Other: | |
| <input type="checkbox"/> Other: | | |

25. Do you provide a maintenance program for your parents that have attended the agency's parenting education program? ☐ Yes (See 28b) ☐ No

25b. If yes, what does the maintenance program consist of?

26. Does the agency have a tracking system for attendance? ☐ Yes ☐ No

27. Is there a tracking system for graduation/completion of the parenting education program? ☐ Yes ☐ No

28. Does the agency provide a pre and post test to participants in the parenting education program? ☐ Yes ☐ No

29. What are some of the greatest challenges the agency faces when implementing parenting education programs?

- 30. Are there additional needs that the agency has identified for families but because of funding, time, space, etc. cannot provide?**
- 31. Can you name at least one success story the agency has had based on implementing the curriculum?**
- 32. Does the agency have the capacity to connect families with other needed services based on issues that arise in the parenting program?**

Parent Focus Group Questionnaire for EVB Parenting Education Program

Focus Group Goal:	To learn participants' perspectives about parenting education programs and about what they feel they need as parents in order to be supportive during their child's physical and socio-emotional development.
Enfoque:	<i>Para conocer las perspectivas de los participantes acerca de los programas de educación para padres y sobre la ayuda que ellos sienten que necesitan como padres durante el desarrollo físico y socio-emocional de sus hijos.</i>
Question # 1	Can you describe your overall experience in attending a parenting education class? <i>¿Puede describir su experiencia general en asistir a una clase de educación para padres?</i>
Question # 2	With that being stated in Question #1, would you participate in a parenting education class again? <i>¿Con su respuesta a la pregunta 1, volvería a participar en una clase de educación para padres?</i>
Question # 3	If you could make changes to the parenting education classes, what would you change or do differently? <i>¿Si podría hacer algún cambio a las clases de educación para padres, que es lo que cambiaría o haría diferente?</i>
Question # 4	Would you know if your child is growing up both physically and developmentally healthy? <i>¿Sabría usted si su hijo esta creciendo en una manera saludable tanto de salud física y el desarrollo?</i>
Question # 5	What would you do if you had questions/concerns about your child's behavior? <i>¿Que haría usted si tuviera alguna pregunta o preocupación sobre el comportamiento de su hijo?</i>
Question # 6	If you decided to seek help outside of your family where would you go? <i>¿Si usted decide buscar ayuda fuera de su familia, a donde iría?</i>
Question # 7	Would you attend meetings with other parents where the group supported each other as well as provided structured tools & techniques for assisting you with your child (ren)? <i>¿Usted asistiría a reuniones con otros padres donde el grupo se apoyaran unos a los otros a demás de recibir información sobre métodos y técnicas estructuradas para ayudar con sus hijos?</i>

Parent Focus Group Questionnaire for Non-EVB Parenting Education Programs

Focus Group Goal:	To learn participants' perspectives about parenting education programs and about what they feel they need as parents in order to be supportive during their child's physical and socio-emotional development.
Question # 1	Who do you rely on or trust for parenting advice/tips? <i>¿A quién confiar o confiar de consejos para padres / consejos?</i>
Question # 2	There are community based organizations that provide parenting education classes. Are you aware that parenting classes are being offered in Fresno County? Hay organizaciones de base comunitaria que ofrecen clases de educación para padres. ¿Es usted consciente de que las clases para padres se están ofreciendo en el condado de Fresno?
Question # 2b	If you are aware, can you tell me what has prevented you from attending these classes? <i>Si usted está enterado, ¿me puede decir lo que le ha impedido asistir a estas clases?</i>
Question # 3	Now that you know that there are community based organizations that provide parenting education classes, what would you need in order to attend these classes? (Transportation, child care, etc) Ahora que usted sabe que hay organizaciones comunitarias que ofrecen clases de educación para padres, lo que usted necesita con el fin de asistir a estas clases? (Transporte, cuidado infantil, etc)
Question #4	What are some of your concerns/fear/anxiety surrounding your attendance of a parenting education program? <i>¿Cuáles son algunas de sus preocupaciones / miedo / ansiedad en torno a su asistencia de un programa de educación de los padres?</i>
Question # 5	Who would you trust most in providing parent education classes to you and your family-i.e. community based organizations, churches, hospitals, etc? <i>¿A quién más confiar en la provisión de clases de educación para padres de usted y su familia, es decir-organizaciones comunitarias, iglesias, hospitales, etc?</i>
Question # 6	Would you know if your child is growing up both physically and developmentally healthy? <i>Como sabe si u hijo/a esta creciendo en una manera saludable en cuanto a su salud fisica y el desarrollo?</i>
Question # 7	What would you do if you had questions/concerns about your child's behavior? <i>A donde iria si usted tiene alguna pregunta sobre el comportamiento de su hijo/a?</i>
Question # 8	If you decided to seek help outside of your family, where would you go? <i>¿Si usted decide buscar ayuda fuera de su familia, a donde iría?</i>
Question # 9	Would you attend meetings with other parents where the group supported each other as well as provided structured tools & techniques for assisting you with your child (ren)? <i>¿Usted asistiría a reuniones con otros padres donde el grupo se apoyaran unos a los otros a demás de recibir información sobre métodos y técnicas estructuradas para ayudar con sus hijos?</i>

2. How do persons become eligible for services?

	Income		School Based		Hospital Based		Open		Targeted Populations		Totals	
	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:
CBO (Unduplicated)	2	5.88%	6	17.65%	1	2.94%	16	47.06%	9	26.47%	34	100.00%
Ed. Institute/School (Unduplicated)	11	31.43%	1	2.86%	0	0.00%	11	31.43%	12	34.29%	35	100.00%
Faith-Based (Unduplicated)	0	0.00%	0	0.00%	0	0.00%	2	100.00%	0	0.00%	2	100.00%
Hospital (Unduplicated)	0	0.00%	0	0.00%	0	0.00%	0	00.00%	0	0.00%	0	0.00%
Profit (Unduplicated)	0	0.00%	0	0.00%	0	0.00%	6	100.00%	0	0.00%	6	100.00%
Other (Unduplicated)	0	0.00%	0	0.00%	0	0.00%	1	100.00%	0	0.00%	1	100.00%

3. What percentage of the families that the agency serves is undocumented?

	0%	1%	5%	10%	15%	70%	75%	80%	90%	Do Not Ask	Totals:
CBO	4	0	1	5	0	2	1	0	0	21	34
Ed Institute/School	1	1	1	1	1	4	1	1	3	21	35
Faith-Based	1	0	0	0	0	0	0	0	0	1	2
Profit	0	2	0	0	0	0	0	0	0	4	6
Other	0	0	0	0	0	0	0	0	0	1	1
Totals by % groups:	6	3	2	6	1	6	2	1	3	48	78
Overall Agency Response:	7.69%	3.85%	2.56%	7.69%	1.28%	7.69%	2.56%	1.28%	3.85%	61.54%	100.00%

4. Is there a fee for the parenting education program?

	Yes		No		Totals	
	N:	%:	N:	%:	N:	%:
CBO	32	94.10%	2	5.90%	34	100.00%
Ed. Institute/School	33	94.30%	2	5.70%	35	100.00%
Faith-Based	1	0.00%	2	100.00%	2	100.00%
Hospital	0	0.00%	0	0.00%	0	0.00%
Profit	6	100.00%	0	0.00%	6	100.00%
Other	0	0.00%	1	100.00%	1	0.00%

4a. If yes, then how much is the cost for the entire program?

	\$101-150		\$151-200		Sliding Scale		\$365.00		\$500	
	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:
CBO	0	0.00%	1	2.94%	1	2.94%	0	0.00%	0	0.00%
Ed. Institute/School	1	2.86%	0	0.00%	1	2.86%	0	0.00%	0	00.00%
Profit	3	50.00%	0	0.00%	1	16.70%	1	16.70%	1	16.70%

5. Do you have a website for your program or use social media?

Q5: Website/Social Media?				
	Yes		No	
	N:	%:	N:	%:
CBO	25	73.53%	9	26.47%
Ed. Institute/School	20	57.14%	15	42.86%
Faith-Based	2	100.00%	0	0.00%
Hospital	0	0.00%	0	0.00%
Profit	2	33.33%	4	66.67%
Other	0	0.00%	1	100.00%

6. How long has the agency been conducting parenting education?

	0-3 Yrs		4-7 Yrs		8-11 Yrs		12-15 Yrs		16-20 Yrs		21-30 Yrs		31-40 Yrs		100 Yrs	
	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:
CBO	6	17.65%	10	29.41%	6	17.65%	4	11.76%	3	8.82%	1	2.94%	4	11.76%	0	0.00%
Ed. Institute /School	5	14.29%	8	22.86%	10	28.57%	2	5.71%	5	14.29%	1	2.86%	4	11.43%	0	0.00%
Faith-Based	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	50.00%	0	0.00%	1	50.00 %
Hospital	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Profit	2	33.33%	3	50.00%	0	0.00%	0	0.00%	0	0.00%	1	16.67%	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	100.00 %	0	0.00%	0	0.00%	0	0.00%

7. What is the current population that this agency serves in their parenting education program?

	American Indian		Black/AA		Court Mandated		Hispanic		Mixteco		White		Asian		Hmong		Lao		Tai		Cambod.		Japanese	
	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:
CBO	5	50.00 %	1 9	46.34%	7	46.67%	3 1	42.47%	4	33.3 3%	1 9	45.2 4%	1 0	62.5 0%	6	33. 33 %	2	40. 00 %	0	0.00 %	2	100. 00%	0	0.0 0%
Ed. Institute /School	1	10.00 %	1 4	34.15%	3	20.00%	3 3	45.21%	8	66.6 7%	1 4	33.3 3%	4	25.0 0%	9	50. 00 %	2	40. 00 %	1	100 .00 %	0	0.0 0%	1	10 0.0 0%
Faith-Based	1	10.00 %	1	2.44%	0	0.00%	2	2.74%	0	0.00 %	2	4.76 %	0	0.00 %	1	5.5 6%	0	0.0 0%	0	0.0 0%	0	0.0 0%	0	0.0 0%
Hospital	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00 %	0	0.00 %	0	0.00 %	0	0.0 0%	0	0.0 0%	0	0.0 0%	0	0.0 0%	0	0.0 0%
Profit	2	20.00 %	6	14.63%	4	26.67%	6	8.22%	0	0.00 %	6	14.2 9%	2	12.5 0%	1	5.5 6%	1	20. 00 %	0	0.0 0%	0	0.0 0%	0	0.0 0%
Other	1	10.0 0%	1	2.44%	1	6.67%	1	1.37%	0	0.00 %	1	2.38 %	0	0.00 %	1	5.5 6%	0	0.0 0%	0	0.0 0%	0	0.0 0%	0	0.0 0%
Total # of Agencies	10		41		15		73		12		42		16		18		5		1		2		1	
% Totals by Race/Ethnicity	100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00 %		100.00%		100.00%		100.00%		100.00 %	

8. Where does funding for the parenting education program come from?

Grant Funding Source	Federal	State	Local	Private Foundation	Individual Donation
CBO	6	7	1	3	0
Ed. Institute/School	8	3	0	0	0
Faith-Based	0	0	0	0	0
Hospital	0	0	0	0	0
Profit	0	0	0	0	0
Other	0	0	0	0	0
Totals by Source of Funding:	14	10	1	3	0

Contract Funding Source	Federal	State	Local	Private Foundation	Individual Donation
CBO	0	18	0	0	0
Ed. Institute/School	1	16	0	0	0
Faith-Based	0	0	0	0	0
Hospital	0	0	0	0	0
Profit	0	0	0	0	0
Other	0	0	0	0	0
Totals by Source of Funding:	1	34	0	0	0

Core Agency Funds	Yes
CBO	9
Ed. Institute/School	8
Faith-Based	2
Hospital	0
Profit	6
Other	1
Totals by Source of Funding:	26

9. How many staff does the agency employ?

[illegible]

10.What is the name of the current curriculum used? Can you please describe the contents of the curriculum?

[illegible]

10. Do you supplement the curriculum with additional modules?

	CBO	Ed. Institute/ School	Faith-Based	Hospital	For Profit	Other	Totals:	% of Agencies Using Topic
Adoption	1						1	3.13%
Co-parenting	2	3	1		2		8	25.00%
Domestic Violence/Child Abuse	3	3			1		7	21.88%
Education, Safety, Employment	7	6					13	40.63%
Health		1					1	3.13%
Mental Health		1					1	3.13%
Special Education	1						1	3.13%
							32	100.00%

11. What is the current frequency of the parenting education program?

	1-2 p/wk	3-4 p/wk	5-6 p/wk	Once a month	Quarterly	
CBO	23	0	0	11	0	
Ed. Institute/School	11	0	5	17	2	
Faith-Based	2	0	0	0	0	
Hospital	0	0	0	0	0	
Profit	6	0	0	0	0	
Other	0	1	0	0	0	
Totals:	42	1	5	28	2	78
% of how frequent agencies conduct their parenting education program	53.85%	1.28%	6.41%	35.90%	2.56%	100.00%

13. What is the current schedule offered for the parenting education?

Weekday Schedule		8am-5pm	Evenings
	CBO	34	11
	Ed. Institute/School	35	10
	Faith-Based	0	0
	Hospital	0	
	Profit	0	6
	Other	1	1
	Total # of Agencies that offer :	70	28

Weekend Schedule		8am-5pm	Evenings
	CBO	6	
	Ed. Institute/School		
	Faith-Based	2	
	Hospital	0	
	Profit	2	
	Other	0	1
	Total # of Agencies that offer :	10	1

14. Does the agency have a waiting list?

	Yes	No	
CBO	11	23	
Ed. Institute/School	12	23	
Faith-Based	2	0	
Hospital	0	0	
Profit	1	5	
Other	0	1	
Total # of agencies:	26	52	78
% of agencies who have a waiting list:	33.33%	66.67%	

	1-4 wks	5-8 wks	9-12 wks	13-16 wks	17-20 wks	36 wks	Month to Month	1 year	
CBO	1	3	0	1	0	2	4	1	
Ed. Institute/School	0	2	0	4	1	0	4	2	
Faith-Based									
Hospital									
Profit		1							
Other									
Total agencies in wait time period:	1	6	0	5	1	2	8	3	26
	3.85%	23.08%	0.00%	19.23%	3.85%	7.69%	30.77%	11.54%	100.00%

15. What is the current duration of the parenting program?

	4 weeks	6 weeks	8 weeks	12 weeks	14 weeks	32-36 wks	Totals:
CBO	5	2	4	6	2	0	19
Ed. Institute/School	0	1	0	6	0	8	15
Faith-Based	0	0	0	1	0	0	1
Hospital	0	0	0	0	0	0	0
Profit	0	2		2	2	0	6
Other	0	0	0	0	1	0	1
Total # of agencies:	5	5	4	15	5	8	42
% of duration:	11.90%	11.90%	9.52%	35.71%	11.90%	19.05%	185.71%

16. How long are typical sessions?

	30 Minutes		60 Minutes		90 Minutes		120 Minutes		180 Minutes		240 Minutes		Totals	
	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:
CBO	0	0.00%	5	14.71%	13	38.24%	10	29.41%	5	14.71%	1	2.94%	34	100.00%
Ed. Institute/ School	1	2.86%	15	42.86%	7	20.00%	8	22.86%	2	5.71%	2	5.71%	35	100.00%
Faith- Based	0	0.00%	1	50.00%	0	0.00%	1	50.00%	0	0.00%	0	0.00%	2	100.00%
Hospital	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
For Profit	0	0.00%	1	16.67%	2	33.33%	1	16.67%	1	16.67%	1	16.67%	6	100.00%
Other	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	100.00%	0	0.00%	1	100.00%
# of Agencies session length:	1		22		22		20		9		4		78	
% of all agencies length of time:	1.28%		28.21%		28.21%		25.64%		11.54%		5.13%		100.00%	

17. What is the participant capacity/classroom size?

	0-5 Part.		6-10 Part.		11-15 Part.		16-20 Part.		21-30 Part.		31-40 Part.		41-50 Part.		100 Part.		Totals	
	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>
CBO	4	11.76%	9	26.47%	8	23.53%	4	11.76%	8	23.53%	0	0.00%	1	2.94%	0	0.00 %	34	100.00%
Ed. Institute/School	2	5.71%	3	8.57%	11	31.43%	6	17.14%	8	22.86%	2	5.71%	2	5.71%	1	2.86 %	35	100.00%
Faith-Based	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	100.00%	0	0.00 %	2	100.00%
Hospital	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00 %	0	0.00%
For Profit	0	0.00%	3	50.00%	2	33.33%	0	0.00%	1	16.67%	0	0.00%	0	0.00%	0	0.00 %	6	100.00%
Other	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	100.00%	0	0.00%	0	0.00%	0	0.00 %	1	100.00%
Total # of Agencies:	6		15		21		10		18		2		5		1		78	
% of Total of Agencies by Participant Capacity:	7.69%		19.23%		26.92%		12.82%		23.08%		2.56%		6.41%		1.28%		100.00%	

18. How many families are served by the parenting program?

	0-5 Fam.		6-10 Fam.		11-15 Fam.		16-20 Fam.		21-30 Fam.		31-40 Fam.		41-50 Fam.		100 Fam.		Totals	
	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>
CBO	1	2.94%	10	29.41%	11	32.35%	0	0.00%	8	23.53%	1	2.94%	2	5.88%	1	2.94%	34	100.00%
Ed. Institute/ School	2	5.71%	4	11.43%	12	34.29%	7	20.00%	5	14.29%	2	5.71%	1	2.86%	2	5.71%	35	100.00%
Faith-Based	0	0.00%	0	0.00%	0	0.00%	1	50.00%	0	0.00%	1	50.00%	0	0.00%	0	0.00%	2	100.00%
Hospital	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
For Profit	1	16.67%	4	66.67%	1	16.67%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	6	100.00%
Other	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	100.00%	0	0.00%	0	0.00%	0	0.00%	1	100.00%
Total # of Agencies:	4		18		24		8		14		4		3		3		78	
% of Total of Agencies by Families Served:	5.13%		23.08%		30.77%		10.26%		17.95%		5.13%		3.85%		3.85%		100.00%	

19. What population is targeted by this curriculum?

	Adoption		Blended Families		Divorce/ Sep		Expectant Mothers		Expectant /Parenting Teens		Grand-parents		2-Parent Household		Single Fathers		Single Mothers		Special Needs Children		Family Court		Juvenile Court	
	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:
CBO	7	46.6 7%	20	47.6 2%	15	46.8 8%	19	63.3 3%	27	48.2 1%	6	50.0 0%	8	34.7 8%	12	46.1 5%	22	46.81 %	10	58.8 2%	7	43.7 5%	6	66.67 %
Ed. Institute /School	5	33.3 3%	17	40.4 8%	11	34.3 8%	8	26.6 7%	26	46.4 3%	5	41.6 7%	13	56.5 2%	10	38.4 6%	21	44.68 %	6	35.2 9%	3	18.7 5%	1	11.11 %
Faith-Based	1	6.67 %	1	2.38 %	0	0.00 %	0	0.00 %	2	3.57 %	0	0.00 %	1	4.35 %	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %
Hospital	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %
For Profit	1	6.67 %	3	7.14 %	5	15.6 3%	2	6.67 %	0	0.00 %	0	0.00 %	0	0.00 %	3	11.5 4%	3	6.38 %	1	5.88 %	5	31.2 5%	1	11.11 %
Other	1	6.67 %	1	2.38 %	1	3.13 %	1	3.33 %	1	1.79 %	1	8.33 %	1	4.35 %	1	3.85 %	1	2.13 %	0	0.00 %	1	6.25 %	1	11.11 %
Total # of Agencies Serving Tar. Pop:	15		42		32		30		56		12		23		26		47		17		16		9	

20. Is the Curriculum designed for a specific age group?

	0-6 Months		7-12 Months		1-3 Yrs Old		4-5 Yrs Old		6-10 Yrs Old		11-14 yrs Old		15-18 yrs Old	
	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>
CBO	24	46.15%	24	45.28%	30	43.48%	29	47.54%	11	44.00%	13	52.00%	11	55.00%
Ed. Institute/School	22	42.31%	23	43.40%	31	44.93%	24	39.34%	6	24.00%	4	16.00%	4	20.00%
Faith-Based	2	3.85%	2	3.77%	2	2.90%	2	3.28%	1	4.00%	1	4.00%	1	5.00%
Hospital	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
For Profit	4	7.69%	4	7.55%	6	8.70%	6	9.84%	6	24.00%	6	24.00%	4	20.00%
Other	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	4.00%	1	4.00%	0	0.00%
Total # of Agencies:	52		53		69		61		25		25		20	

21. Is the parenting education program court approved for Fresno County?

	Yes		No		Totals	
	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>	<i>N:</i>	<i>%:</i>
CBO	11	32.35%	23	67.65%	34	100.00%
Ed. Institute/School	2	5.71%	33	94.29%	35	100.00%
Faith-Based	0	0.00%	2	100.00%	2	100.00%
Hospital	0	0.00%	0	0.00%	0	0.00%
For Profit	4	66.67%	2	33.33%	6	100.00%
Other	1	100.00%	0	0.00%	1	100.00%
%						

22. What are the education requirements that the parenting education facilitator (s) need in order to facilitate the curriculum?

Education Requirements	A.A/A.S		B.A/B.S		M.A/M.S		Did Not Answer		Totals	
	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:
CBO	4	11.76%	9	26.47%	11	32.35%	10	29.41%	34	100.00%
Ed. Institute/School	6	17.14%	15	42.86%	6	17.14%	8	22.86%	35	100.00%
Faith-Based	0	0.00%	0	0.00%	0	0.00%	2	100.00%	2	100.00%
Hospital	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
For Profit	0	0.00%	0	0.00%	4	66.67%	2	33.33%	6	100.00%
Other	0	0.00%	1	100.00%	0	0.00%	0	0.00%	1	100.00%
Totals by Agency by Degree:	10		25		21		22		78	
% of Agency by Degree:	12.82%		32.05%		26.92%		28.21%		100.00%	

Background Check	DOJ	FBI	Did Not Answer	Totals
CBO	23	23	11	34
%				
Ed. Institute/School	27	27	8	35
%				
Faith-Based	1	1	1	2
%				
Hospital	0	0	0	0
%	0.00%	0.00%	0.00%	0.00%
For Profit	0	0	6	6

23. Do you offer supportive services to the parents in your parenting education program?

	Child Care 6-12 years		Child Care 0-5 years		Hmong		Spanish		Multiple Parent Education Times		Multiple Parent Education Locations		Sign Lang		Transportation		Do Not have supportive Services	
	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:
CBO	5	63%	19	37%	5	56%	19	44%	4	50%	8	73%	1	100%	11	61%	7	41%
Ed. Institute/School	2	25%	30	59%	4	44%	21	49%	4	50%	2	18%	0	0%	6	33%	5	29%
Faith-Based	1	13%	2	4%	0	0%	1	2%	0	0%	1	9%	0	0%	1	6%	0	0%
Hospital	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
For Profit	0	0%	0	0%	0	0%	2	5%	0	0%	0	0%	0		0		4	24%
Other	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	6%
Totals of Agencies who provide this type of service	8		51		9		43		8		11		1		18		17	

24. Do you offer incentives for the participants in the parenting education program?

	Gift Cards/ Certificates		Prizes		Scholarships		Do not offer incentives		Totals	
	N:	%:	N:	%:	N:	%:	N:	%:	N:	%:
CBO	5	15%	12	35%	1	3%	16	47%	34	100%
Ed. Institute/School	3	9%	11	31%	0	0%	21	60%	35	100%
Faith-Based	0	0%	1	50%	0	0%	1	50%	2	100%
Hospital	0	0%	0	0%	0	0%	0	0%	0	0%
									0%	
For Profit	0	0%	0	0%	0	0%	6	100%	6	100%
Other	0	0%	0	0%	0	0%	1	100%	1	100%

25. Do you provide a maintenance program for your parents that have attended the agency's parenting education program?

	Yes		No		Totals	
	N:	%:	N:	%:	N:	%:
CBO	31	91.18%	3	8.82%	34	100.00%
Ed. Institute/School	33	94.29%	2	5.71%	35	100.00%
Faith-Based	2	100.00%	0	0.00%	2	100.00%
Hospital	0	0.00%	0	0.00%	0	0.00%
For Profit	5	83.33%	1	16.67%	6	100.00%
Other	1	100.00%	0	0.00%	1	100.00%

26. Does the agency have a tracking system for attendance?

	Yes		No		Totals	
	N:	%:	N:	%:	N:	%:
CBO	31	91.18%	3	8.82%	34	100.00%
Ed. Institute/School	33	94.29%	2	5.71%	35	100.00%
Faith-Based	2	100.00%	0	0.00%	2	100.00%
Hospital	0	0.00%	0	0.00%	0	0.00%
For Profit	6	100.00%	0	0.00%	6	100.00%
Other	1	100.00%	0	0.00%	1	100.00%

27. Is there a tracking system for graduation/completion of the parenting education program?

	Yes		No		Totals	
	N:	%:	N:	%:	N:	%:
CBO	31	91.18%	3	8.82%	34	100.00%
Ed. Institute/School	33	94.29%	2	5.71%	35	100.00%
Faith-Based	2	100.00%	0	0.00%	2	100.00%
Hospital	0	0.00%	0	0.00%	0	0.00%
For Profit	6	100.00%	0	0.00%	6	100.00%
Other	1	100.00%	0	0.00%	1	100.00%

28. Does the agency provide a pre and post-test to participants in the parenting education program?

	Yes		No		Totals	
	N:	%:	N:	%:	N:	%:
CBO	18	52.94%	16	47.06%	34	100.00%
Ed. Institute/School	14	40.00%	21	60.00%	35	100.00%
Faith-Based	1	50.00%	1	50.00%	2	100.00%
Hospital	0	0.00%	0	0.00%	0	0.00%
For Profit	3	50.00%	3	50.00%	6	100.00%
Other	1	100.00%	0	0.00%	1	100.00%

29. What are some of the greatest challenges the agency faces when implementing parenting education programs?

- Time, more information for parents, summer session, funding for father's program
- Keeping teens motivated, family life is dysfunctional, life skills
- Teens can barely take care of themselves and they are taking care of babies, Teens are not emotionally ready
- Attendance, difficult to get parents to participate & be consistent, child care
- Transportation
- Transportation
- Consistent attendance, productivity
- Arriving on time
- Making them want to be here because of court mandate
- Consistent location, overcoming past hurts as a parent
- Limited time with teens
- Having parents understand the importance of the education
- Some parents do not want to be here and only get what they want out of the class
- Court order parents who do not care & blame other parent
- Teens thinking they know it all, complying with the rules
- Lack of space
- Budget constraints
- Having a part time teacher
- Participation of parents, lack of attendance, lack of transportation
- Getting the parents there
- Having family stability so that they can be consistent in coming
- Maintaining parent classes so the waitlist is not lengthy, outreach to promote services
- Out of custody teens will not return phone calls
- Parents are transient, lack of transportation
- Getting parents to attend the sessions and keeping them coming
- Parent participation
- Bringing new families in, families are dealing with trust issues
- Balancing sensitive issues with the reality of the situation
- Changing generational patterns of unhealthy relationships & lifestyles
- Staying on task because the needs change so much
- Teens have multiple problems and we have to address primary needs first before we get into parenting
- Having parents understand the importance of the techniques in the curriculum
- Lack of transportation from parents and finding resources for them in their communities
- Teens being consistent in their attendance, finding a balance/diplomatic ways to be better parents from what we are teaching to the reality of their circumstances
- Parents are illiterate & cultural issues-discipline, language
- Available space to offer parenting groups, client privacy in leaving
- Teens have other questions that they would like to ask about their health and sexual education so it is difficult to stay on task because their other needs are not being met
- Parents work long hours and the participation rate is not always where I would like it
- Having parents discipline their teen who is a parent
- Application of the techniques with their children
- Knowing what teens want to know about in terms of raising their children

- Due to the nature of the work of our parents they work long hours and cannot attend evening workshops
- Transportation & weather
- Transportation-teens do not have Drivers' license
- Being relevant to the parents, families say child care & transportation
- Child care is limited because we are not at the actual center
- Child care for those families who are not a part of the CDC
- Child Care, transportation
- Parent participation
- Having parents understand their child's development, children assume more responsibility in families
- Challenges are getting the parents to follow through with the education
- Parent participation and attendance
- Both parents do not attend the meetings, would like father involvement
- Parent participation
- New to the area-so finding the needs of the family & a curriculum that meets those needs
- Space-we do not have additional room to hold meeting so we shorten the day for the kids
- Speaking proper Spanish
- Parent participation, transportation
- Amount of referrals coming in makes it difficult to get group started
- Knowing what models & strategies work that is for our targeted families
- Stakeholders need to take responsibility for families and change their perspective
- Limited resources in where families live
- Limited resources in community
- Funding for staff to stay over time
- Parents understanding importance of meetings/workshops
- Parents understand the importance of meetings/workshops
- Attrition rate, we are provided a list of 40 but lucky if we get 20 parents
- Transportation
- No challenges, this program is an opportunity
- Limited funding, programs are changing constantly
- Funding, getting resistant parents into the program

30. Are there additional needs that the agency has identified for families but because of funding, time, space, etc. cannot provide?

- Time & funding, home visitation program
- Conferences & trainings for supervisors
- Support groups and on staff facilitators
- Funding for child care
- Additional Mentors
- Additional space, and social service access for families
- Cost effective on-going training for staff
- For parents to follow up with individual counseling
- Family therapy
- Additional trained leaders in Fresno, access to technology, child care
- Time to develop parenting skills
- More funding for an additional MFT
- Working with expectant teen parents
- Trans-parenting- program that prepares parents for court expectations
- Transportation for other additional needs
- Speech therapist
- Evolving the program, looking at engagement in a different way
- Needs are for the teen babies-diapers, clothing, etc
- Mental Health Clinician or social worker to help with compounding issues
- Not really b/c have resources within our agency
- For those families on the WL to have immediate services available to them, additional transportation
- Formal training on teaching parenting classes
- After care services, reproductive health education, follow up care
- Play area for children to do more activities
- After hours parent education sessions, wanting my parents to know the value in taking their children to preschool/childcare
- What are the other children who are not being captured for preschool are and what services they are receiving
- Larger space, more staff
- Program to continue with all the components
- Parent-Child group; more time with families to be able to make and monitor change
- Mentorship program
- Mentorship program, teens to understand their worth and what it is to be loved
- Additional materials because parents learn in different ways
- English classes for parents
- A class for fathers & more practice with teen mothers
- Recreation room where kids & parents can interact & supervise so that skills are being learned, additional classes: cooking, crafts
- Family mentors, someone who has been through the situation to mentor parents
- Mentorship program
- Help parents understand health & safety around their homes
- Additional staff, funding for teens, sexual assault training
- Transportation, additional education for teens, prenatal classes
- Recreation area for teens to be teens, child care

- Being able to have more children in the center because families have a need
- Would like to do a year long program with this curriculum
- Space-ideal program would be a building that will be just for parents to receive additional education and one for children
- Full time counselor or social worker
- Would like to do a year long program
- Assist in helping families with their economic problems
- Funding for child care because families have multiple children
- Funding for child care
- Space & location-would like a center to be centralized in downtown b/c we are within gang boundaries & families from other sides of town will not cross
- More child care providers in Del Rey who service 0-5 years of age, another center to service 0-18 months
- Expanding the program to include longer programming for children
- Reaching families on the reservations & those that are not mandated to come
- Assistance with mental health and having a counselor for families, structured parenting classes
- Counseling or mental health
- Marriage Talks where couples speak to a counselor, extra amenities for families like clothing & shoes
- Training for staff on how to identify behavioral issues versus developmental concerns
- Current & up to date information
- Parents to engage with their children, be more positive with their children
- More DLG sessions, space
- More mental health accessibility
- Hard to schedule a time for the meetings
- Parent Leaders to help parents attend meetings & create a support system in community
- Free mobile clinic for adults, parks being more accessible, Pharmacy
- Free mobile clinic for adults, free immunizations
- ESL Classes, how are families supposed to defend children when they can't communicate with school officials
- A thrift store that is willing to donate to our families
- A thrift store that is willing to donate to our families
- Parents need to know appropriate toys based on child's age and development, engage with their children
- Mental Health Counseling
- Changing mentality of parents & community of 93706, community becoming proactive rather than reactive
- Professional child care services, address the poor housing conditions of families
- Parent Resource Center, mental health counseling

31. Can you name at least one success story the agency has had based on implementing the curriculum?

- Mother graduated our program and now she is the lead employee at our other site
- Mom was suicidal & struggling with depression & by creating a relationship with her she graduated and is married now
- Straight A student and is now going to UC Davis
- Parent who is new to the area stated she was able to meet new parents and support system
- Teen was in the program for 3 yrs & is now one of our mentors, she is married, has her own business, and is attending FPU
- Mother has a B.A but after marriage & children it halted her employment goals & she was having marital problems, parenting group allowed her to have a voice & now she works with the school district
- Shy teen parent who brought her mother to every session, by the end she was asking questions and proud of her self
- Parents saying that they tried the techniques & it worked
- Better parents leave because they have tools
- 2 parents spoke at FUSD Board meeting
- Teen parent graduated with honors, has own apartment and is attending FCC
- After class will reflect on how beneficial class was to them
- Dad, who received custody of 5 yr old daughter, learned to listen and speak to her at appropriate level and now they have a good relationship
- Parents using the tools to communicate for the sake of their child & finding it works
- Teen mother had one of her babies die from an enlarged heart and is now enrolled at FCC as well as dealing with the emotional and mental health concerns of a loss of a child at that age
- Mother wanted counseling services after attending parenting classes b/c she wanted the father to take an active role in parenting too but classes would be to vulnerable and relationship is much better
- Very resistant parent in the beginning and starting becoming more responsive in class, now he is in the immersion class to lead parenting classes
- 5 teens who graduated last year are enrolled in college
- TRIO speaker came from Fresno State & the parents were really interested and showed interest in furthering their education
- Charles had been released from prison and wanted to change his life around, involved in the county-wide policy, went back to school for his GED, obtained Driver's License, entirely different person
- Started as a teen, entered home visitation program, has now become a mentor
- Single father struggling with parenting and cultural appropriateness & understanding child's development and now he interacts differently with them
- Teen received Judge Gottlieb quarterly success award, has been doing well for nearly a year
- Female client was incarcerated, homeless, she started working and able to find a home, and is now in community college and volunteers here
- Parent who attended the sessions and felt confident enough to speak to the FUSD school board
- Parents usually come back multiple times for the same workshop or bring other families/parents to the workshops
- Having parents identify their problems and being able to share so that they can begin to cope and problem solve
- Parents have created support group and now take care for each other and support each other
- Mother did not know how to give positive affection & felt uncomfortable giving it, through the parenting allowed he to practice and model appropriate affection
- Parent has been in the program for 2 yrs, goes to FCC full time and understands how to talk to her children

- Showing up every day is a success with these teens because they have very difficult lives
- A father had his children taken away from him, had a negative attitude about parenting, continued to build a relationship with him, and shared that he had his children visit him for the first time in 4 yr & it was b/c of parenting class
- Parent came to all the workshops and now she is a parent advocate, and now she regularly meets with the school about her child
- Student graduated a couple of yrs ago stated that her mother was biggest "crack head in Fresno County" and she graduated H.S, college, and is an RN at St. Agnes
- Mother & daughter came into the program, we thought mother would make it before daughter but daughter made it, she graduated program, clean, back with father of children, has a job and housing
- Mother felt like a failure because children were living with father, shy and uncomfortable in telling her story but by the end she was open and had her children come over
- Two 6th grade students got pregnant and now in 8th grade, still together and they are doing great, maintain a 3.5 GPA & have healthy babies
- Site director was a parent that utilized Migrant Head Start, active parent, site encouraged her to go back to school, now she is the site director and will receive her B.S
- Undocumented mother was a victim of DV, through our workshop learned that not everyone is an abuser, filed residency papers, has her Drivers' license, and now has her GED, has a full time job as a truck driver
- Teen against entire program, was on track to a UC school, she wasn't one of "these people", she realized this was an opportunity, graduated early, going to Reedley College, got married and plans to transfer
- No babies needing to be referred for special services based off their ASQ's
- When parents become self-sufficient, getting their drivers' license, and speaking up for themselves
- Parent going through DV, dealing w/ emotional abuse from husband's family, depressed-would not come out of her room or take care of her children, finally starting coming to the parenting classes and she now values herself & takes care of her children
- Teen would not communicate with anyone or baby- now she interacts & communicates with baby, plays with baby and baby and mom have better relationship
- Foster parent with children with challenging behaviors, she was judgmental and labeled them as bad & would be punitive after one of the workshops she understands why behaviors happen & caught them being good
- Family moved from Arizona, documented, but was afraid to go out and have her children go out in AZ, she went to every single meeting and now has support system
- Parent shared she was abused by spouse & opened up discussion and trust within the group, now they are their own support and you see them hanging out outside of these workshops
- Mother was a victim of DV, she was depressed and now after parenting she speaks up, takes an active role in children's education, on committees, and helps women get out of abusive relationships
- Immigrant mother didn't realize how significant playing with child was and now we modeled behavior and she sees a huge progress in her child
- Child had developmental delays and would scream if he was away from grandma and now he is able to say words in Eng & Spanish & is able to be by himself & entertaining himself
- 2 parents in recovery who now work for me and are sober & have their children back with them
- Family didn't understand importance of education & have now become involved in the program even after her children graduated-now they value education
- Staff members who are now teachers, cooks, and janitors were all former parents in this program
- Some parents are now working for Head Start, received their A.A degree
- Curriculum really has the parents step back and reflect on their parenting and now they are communicating to one another about it
- NA because Nidia is new to the center

- LEADS program came & identified student with special needs
- Parents have grown taking what they learned from parenting to their lives
- Court mandated parents are taking responsibility, acknowledge the errors and how it effects children
- Demonstrated that educated parents didn't know nearly enough about the U.S school system
- Parents are able to speak up for their child & their education
- Parent in first cohort volunteered for the leadership academy, received her GED, received her in-home license, has day care, and is not hired through at center
- Referred child to EPU, and through that she was able to discover her child had Autism but now she able to cope and has a definite answer
- Family has had all 3 children at this site, eldest is 12 yr daughter in Gate program, father had GED and is undocumented and is now working out of the fields
- We have three families using Cancer Cares. Agency that provides transportation, financial assistance if you have cancer
- Cancer Cares organization in our community
- 4 yr old would not feed herself, created behavior plan, they got her to independently feed herself through the class
- Referred child to speech services and now they are receiving services
- Parent was a part of the program, unemployed, being a part of something helped her to build her resume & is not working
- Monolingual mom, could not read or write & by the end of the program she learned how to, attended Saber es Poder Conference as a speaker
- Hispanic families now know how to advocate for their children in the schools, they have learned they have rights too

32. Does the agency have the capacity to connect families with other needed services based on issues that arise in the parenting program?

- Definitely, we have a resource list, resource booklets
- Referrals to WIC, Healthy Start
- Referrals to WIC & Healthy Start
- I would connect the family to whatever they needed
- Referral list
- Referrals- FFCC, Marjaree Mason
- Referral list base on need
- Designed group time for other issues to be addressed
- Can provide individual counseling
- Refer to pediatrician,
- School has onsite psychologist
- MFT's onsite will deal with issues as they arise immediately
- MFT's provide direct interventions in class or during individual sessions
- If immediate issue deal with in session but then ask them to come back for individual counseling
- Refer to SAP Counselor
- Referral list
- Referral list
- Referral list
- Resource Guides
- Yes, we have Social Workers, RN's, and Mental Health
- Yes, we have support groups and have a resource guide
- Yes, trained clinicians to hear subtle issues or blaring issues and deal with them before they leave
- Yes, mentors provide additional information
- Refer to clinic services and referral list
- Refer our families to mental health
- None Applicable- sites offer resource guides
- Yes, we do not let go of the family until they get the services they need
- Yes, if there is a concern we make an appt w/ Frankie King
- Yes, see a counselor onsite
- If it is strictly information I will answer it there but I will refer out if it is not in my scope
- If it is strictly information I will provide them with that but other than that I will refer out for additional services
- Referral list
- Every parent has a case manager to connect them to their different goals or needs
- Ask for resources from school staff, and referral list
- Yes, what we can't provide here we connect to agencies in the community
- Yes, we can provide direct intervention but follow up with individual counseling
- If it is strictly information I will provide that but if it is something outside my scope of practice or knowledge I refer them to other sources
- Due to the nature of the parent education there is no time for parents to address their personal issues but if they ask we will connect them to services
- The families have a case manager and we connect them to other resources in Fresno
- I try-WIC, AFLP, other resources in Fresno
- Referral to other agencies
- We give parents referrals to receive food, low income housing, doctor's offices to get health

care

- We connect students with outside resources in terms of sexual education
- We research what the families are looking for
- Some share in class but others do not, when they do share home visitor will follow up to make needed connections
- We connect them to resources in terms of sexual education
- Resource list for every community we are in
- I will meet with families individually and research for them to be able to connect them to services
- Connect families to other needed services
- We refer to other services in Fresno
- Most families do not share personal info during meetings but if they do will refer them and connect them to agencies
- Referral to outside agencies
- Referral to other agencies
- Referral list, network of support from people, community, FCOE
- Referral list
- Resource Book that Head Start has
- Services in the church or speak to the pastor
- Sites where services can be delivered faster
- We do not let our parents leave without them being connected, resource list in San Joaquin
- Yes, referral booklet, identifying resources and following through,
- Refer them to social services agencies
- We have a community resource developer who we are working with to increase services
- Referrals to resources in community, make sure their needs are being met
- Refer to social service agencies
- Refer to social services agencies and within our agency
- Send a referral with the family asking the agency if they can help
- We refer them within our agency but we also send them to Health & Human Services, Marjaree Mason
- We refer them within agency but we also have other services here in Selma
- We try, we have a lending library
- Family advocates create goals and follow through with goal completion
- We connect families & parents, that is our success
- Employment, Medical Services, MISP program
- Refer to social services

Parent Focus Group Tables**1. How old are you?**

Years Old	N
12-18 yrs	9
19-25 yrs	9
26-35 yrs	13
36-45 yrs	3
46+ yrs	3

2. How many children do you have?

Amount	N	%
0-3 children	29	78%
4-5 children	7	19%
6-8 children	1	3%
Totals	37	100%

3. How did you hear about the services offered at your site?

Services	%	N
Relative	5%	2
Media	0%	0
Internet	3%	1
Advertisement	5%	2
Friend	19%	7
Primary Agency	16%	6
Referral from another agency	27%	10
Court Ordered/CPS	5%	2
NA	19%	7
Totals:	100%	37

4. What is your ethnicity?

Ethnicity	%	N
African American/Black	8%	3
American Indian/Alaskan Native	3%	1
Caucasian/White	19%	7
Hispanic/Latino	70%	26
Asian & Pacific Islander	0%	0
Totals:	100%	37

5. What is the status of your household?

Status	%	N
Single	49%	18
2-Parent	51%	19
Totals:	100%	37

6. What is the highest level of education you have completed?

Education Level	%	N
Elem. School (K-5th)	3%	1
Middle School (6th-8th)	16%	6
Some High School	19%	7
High School Diploma	27%	10
G.E.D	3%	1
Some College	30%	11
A.A Degree	3%	1
B.A/B.S Degree	0%	0
M.A/M.S Degree	0%	0
Totals:	100%	37

Participating Parenting Education Agencies

Clovis Family Literacy Program	Family Connections/ Teen Pregnancy Prevention Program
Clovis Youth Parent Program-Clovis High	Migrant Head Start
Clovis Youth Parent Program-Gateway	California Health Collaborative: Rural Teen Pregnancy Prevention
Connecting Families-Coalinga	San Joaquin School Readiness Program
Youth For Christ	Family Connections & Cal-Safe
Malaga Family Connections	KC Kids
Adolescent Family Life Program	Family Connections-Sanger
Alliant International University	Family Connections-Coalinga
Alternative Health Consultants	Family Connections-Firebaugh
Attachment Parenting International	Sanger Family Resource Center
Chrysalis House	Del Rey Infant Learning Center
Comprehensive Youth Services	West Fresno Family Connections Program
Counseling For Enhanced Living	Sierra Tribal Consortium Inc.
DeWolf High School-PACE	KCUSD Migrant Education Program
Downtown School Readiness Program	Migrant/Seasonal Head Start
Fresno County Department of Children & Family Services	Citrus Head Start
Fresno EOC- Early Head Start	Kingsburg Community Church
Fresno EOC-Head Start	Huron Head Start
Exceptional Parents Unlimited	San Joaquin Preschool
Fresno Family Counseling Center	Greenberg School Readiness Program
Focus Forward	Comprehensive Counseling Services
Fresno Barrios Unidos	Stone Soup
Fresno Center for New Americans	FCOE Parent Services
FUSD-Early Learning	Centro La Familia-Mendota
Homan School Readiness Program	Centro La Familia-Huron
Jane Addams School Readiness Program	Selma Migrant & Seasonal Head Start
Marjaree Mason Center	Washington Head Start
West Care-Alpha Zeta Phi	Roosevelt Head Start
Promesa Behavioral Health	Early Head Start
Proud 2 Parent 559	Head Start
Reading & Beyond	ASI Counseling Services
Roosevelt High School-PACE	Behavioral Intervention Association
Spirit of Women	Parlier Migrant Head Start
St. Joseph Counseling Center	Fresno Street Saints
Teen Parent Program	Centro Binacional Para El Desarrollo De Indigena Oaxaqueno
Huron Migrant Head Start	Washington Elementary School
Westside Family Preservation	
Kings Canyon High School-Cal Safe	

