

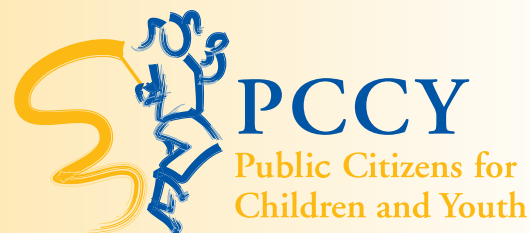
It Takes A Village to Raise A Child



Public Citizens for
Children and Youth

**A Report by:
Public Citizens for Children and Youth**

March, 2009



About PCCY

Public Citizens for Children and Youth (PCCY) serves as the region's leading child advocacy organization and works to improve the lives and life chances of its children.

Through thoughtful and informed advocacy, community education, targeted service projects and budget analysis, PCCY seeks to watch out and speak out for children and families. PCCY undertakes specific and focused projects in areas affecting the healthy growth and development of children, including child care, public education, child health, juvenile justice and child welfare.

Founded in 1980 as Philadelphia Citizens for Children and Youth, our name was changed in 2007 to better reflect the expanded work in the counties surrounding Philadelphia. PCCY remains a committed advocate and an independent watchdog for the well-being of all our children.

Special thanks to the Green Tree Community Health Foundation, the Samuel S. Fels Fund, the United Way of Southeastern Pennsylvania and the William Penn Foundation.



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It Takes A Village



to Raise A Child

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Introduction

“It Takes A Village To Raise A Child”

When Marion Wright Edelman uttered this old African proverb, many Americans nodded in agreement, recognizing that the community has an important stake and role in the raising of children. While parents are children’s first and best teachers, parents need a supportive network and community to teach, model, support and assist them in this vital job.

Ideally, these parents would have adequate role models and resources, and live in communities – villages – that provide additional help, understanding and guidance. The idea of this supportive village, however, does not match the reality of life for tens of thousands of children and families across the country and for many in our city.

Last year in Philadelphia, more than half the babies born were to unmarried women; many of these newborns went to homes where there were few older heads for parents to turn to for advice, counseling, or to offer a helping hand. In many instances, the primary caretaking parent worked outside the home and struggled with economic and emotional issues, while the kinds of supportive help that other generations of parents secured from neighbors, friends or large families was not available. Those parents who were at home often struggled with poverty, hopelessness and isolation. Many of these parents lived in stress-filled communities without the kinds of programs and supports that could help them.



Prevention Programs and Our Community

With the support of the Green Tree Community Health Foundation¹ and the assistance of the Samuel S. Fels Fund, PCCY investigated the state of parenting education and recreation programs in northwest Philadelphia and reviewed the resources for behavioral health care for children in the community. Although the project began in 2008, a relatively stable economic time in the city, the year was filled with several fiscal crises that threatened support for these community prevention programs.

According to the Trust for Public Land, Philadelphia is in the middle of the 75 largest US cities in the number of large recreation centers per person.² Over the last 25 years, while the city has lost significant population, the number of people living in poverty has grown; more than 35 percent of the city's children live in poverty. Neither the size of the recreation workforce nor the recreation budget have changed substantially in more than twenty-five years.

PCCY visited all the recreation centers located in the northwest section of Philadelphia and either visited, interviewed or spoke directly with representatives of all the area's parenting programs, as well as many city-wide programs. We found the physical condition of the recreation programs varied, but almost all enjoyed strong community and citywide support. Although there were several programs and centers in which there were activities for people of all ages, we focused on programming for youth. While we found several large multi-use facilities, that were state of the art and several that were simple community playing fields, all the programs were busy and most had staff whose commitment to the youth and to the importance of recreation was notable. We were surprised to learn how many centers were regularly visited by youth from other parts of the city as well as those living in the neighborhood. We did not find evidence of major disrepair in the physical conditions of the facilities, but we were unable to access a swimming pool in one school that supposedly was to be used as part of the recreation program. We did not review the condition of swimming pools. Although there were school teams that used playing fields regularly, there appeared to be less interaction between the schools and the recreation centers than we anticipated. We found opportunities for improvement in connection to the city's other youth serving agencies and within the Recreation Department's own structure. We discovered the recreation centers generally served very needed functions, performed a valuable community and youth service and had major impacts on both the safety and well-being of children and families.

We also reviewed the availability of public outpatient behavioral resources for children in the northwest and found there were eight programs in sites located throughout the area. For children, the wait for intake increased by half a week from 2007-2008, the wait for therapy decreased by about half a week and the wait for a psychiatric appointment decreased by almost one week. While on the whole these may be slightly encouraging trends, a child must wait about five weeks to begin behavioral health therapy in our community, in part due to patient load and to limited staff. We continue to monitor availability and wait times for children and we urge increased capacity to respond to children's needs.

Most of this report examines parenting education and support programs. These programs, which help connect and guide families as they raise their children, have been funded largely by the state and city's child welfare agency, the Department of Human Services (DHS), and focus on those families whose children are at risk of abuse and neglect. During our review we found little public awareness of the existence of the programs in the northwest; a lack of stability in funding and security in the programs on-going support; limitations on the length of time that any program could serve a family; and confusion and fear about the impact of narrowing the definition of their target consumers - those children who were at risk. Finally, we found a general lack of recognition that all parents needed support and education about parenting and that programs providing such services enhance and strengthen the community.

While many of these programs reduce parents' isolation and provide opportunities for them to learn about child development, anger management and positive parenting the programs still face significant challenges to prove their effectiveness. Although it is hard to definitely isolate causality, the number of abused and neglected children have declined as parenting and other prevention programs increased. In our research we found many local programs used evaluation tools, parent interviews and surveys to determine their efficacy, but still struggled to prove their long-lasting impact.

A recent report by the Centers for Disease Control and Prevention (CDC) highlighted The Positive Parenting Program (Triple P), urging that a general community-wide public health approach for parenting programs for all would result in far less child abuse and neglect.³ The report echoed findings of other programs like Healthy Mothers, Healthy Babies and Nurse Family Partnership that underscore the community safety-net role that prevention programs play.⁴

Finally, we want to draw attention to this year's studies by Katya Smyth and Lisbeth Schorr, who challenge the pursuit of traditional proof of effectiveness methodology in assessing prevention programs.⁵ While championing accountability and care in designing and supporting programs, they express concern that traditional evaluation requires consistency, standardization and uniformity over time when such prevention programs require the development of trust and flexibility in responding to issues as they arise. Some of these programs are limited in their ability to have enough time to build trust and confidence. Those programs that did continue to be open to maintaining support for families after the initial program period expired did so in spite of funding limitations. Ironically, these authors warn that the effort to prove effectiveness may actually undermine the very results sought.

In conclusion, we recommend continued and expanded support of both parenting and recreation programs, noting their importance in building the fabric of the community, as well as strengthening child and family safety and well being. We urge that there be more diverse funding, more clarity about the purpose, design and accountability of individual programs and an understanding of the complexity of the task and the lives that are impacted by this important work.

Parenting Education Programs



The programs in communities that can help parents raise their children are wide ranging: assuring safety, health services, recreation, community-based family services, parenting guidance and support groups. They can be found in child welfare agencies and in county, neighborhood or non-profit centers. Over the last several decades, the city, state and philanthropic communities have invested in programs to provide more help to parents.

The Community-Based Prevention Services (CBPS) of the city's child welfare agency has supported the creation of a variety of programs that teach parents about child and youth development and help them deal with their own parenting issues. These programs are seen as prevention focused; they are designed to prevent an at-risk child from becoming abused or neglected or placed out of the home by the child welfare agency. How broadly "at-risk" is defined is a subject of some debate. Additionally, whether the term "at-risk" is identified generally (a child living in a community with many risk factors) or specifically (referring to specific life circumstances of an individual child) is not settled.

The kinds of parenting programs existing in Philadelphia are broad and varied. Some are integrated into a child welfare agency's cases; some focus on parenting and school collaboration; others target parents who have struggled with many problems and are in some kind of rehabilitation; a few are drop-in programs in communities whose mission is to provide a safe, community space for parents to discuss their parenting challenges.

Some programs provide support to parents with special issues: challenges presented if the parent or child has a disability, problems experienced by teen parents, and programs that deal with parents who have been a part of the deep end of the child welfare system and want to reclaim their children from out-of-home placement.

Over the last five years, the number of reported child abuse and neglect cases in Philadelphia has diminished substantially from 5,166 in 2002 to 4,947 in 2006.⁶ This decrease occurred at a time of substantial investments in parenting, after-school and other prevention programs. The role of this decline and its connection to increased investment in community support is yet another issue that has not been settled. Although studies have been undertaken both locally and nationally to determine the effectiveness of these and other prevention focused programs, the difficulty in proving that they work has made them vulnerable to being cut, particularly in times of budget shortfalls.

The Project

In 2008-2009, PCCY undertook a study to begin to better understand the possible influence of parenting programs on child well-being. With the support of the Green Tree Community Health Foundation and the Samuel S. Fels Fund, PCCY focused on parenting programs in the northwest section of Philadelphia. The northwest includes a broad swath of homes encompassing many different income levels.

As the study proceeded, PCCY expanded its scope to include parenting programs citywide as there were far fewer programs than expected and because some parents from the northwest traveled to programs in other parts of the city.

We started with the idea that parenting programs were about both education and support. We believed that many parents need to understand the stages of child development to guide them and need to secure the support of a network of other parents wrestling with the same issues. We understood that sometimes parenting programs function like early intervention, assisting parents who are already known to the child welfare system in order to prevent further involvement. At other times programs are more prevention-focused, providing information and support to prevent children and families from entering the system. We struggled over the prevention/intervention dichotomy and hoped the programs were able to serve a mix of people, some of whom had never been a part of the child welfare system and others who were required by the court to attend the programs.

Access to Parenting Programs



We had difficulty visiting programs during the summer as many were not operating, especially programs that operated within schools. We interviewed people from various institutions in the northwest community, finding that most thought parenting programs were needed, but few knowing whether any existed. We also learned that many families and programs were uncomfortable being observed; thus we were unable to see some programs in action.

Community organizations (religious institutions, hospitals and libraries) were unaware of the availability of parenting education programs in their neighborhoods. We had expected that Beacon Programs (school-based community centers designed to support children, youth and families) would be providing parenting services, but found only one Beacon providing parenting programs, with several others reporting they had held them in the past. Two respondents mentioned that parents had asked about parenting classes and three felt there was a need for classes. Five Beacons were run by a specific umbrella human service agency; program staff referred parenting requests to the larger organization.⁷

Before visiting programs we conducted a literature review, spoke with national experts, interviewed stakeholders and leadership in the Parenting Collaborative (the Collaborative), and established a small advisory committee to guide the project. We identified programs through internet searches, interviews with stakeholders, DHS listings (including the Collaborative), as well as knocked on doors of community centers and community organizations. We contacted 103 organizations including social service agencies, health centers, places of worship and Beacon programs via telephone, e-mail or site visits. We asked if the agency provided parenting classes or if the staff knew about parenting programs in the community.

In conversations with community stakeholders we learned that some families who live in the northwest section do attend parenting classes in other areas of Philadelphia. We also learned there were surprisingly few programs located in the northwest and they were unknown to most residents and institutions. We expanded our scope to parenting programs that provide services throughout the City.

The Parenting Collaborative

The county child welfare agency in Philadelphia, the Department of Human Services (DHS), has always provided some parenting support. DHS provides an information and referral network for parenting programs throughout Philadelphia, the Parent Action Network (PAN). PAN programs are generally staffed by DHS workers. The services are often delivered as part of other child welfare services.

In 2001, DHS created another strategy, forming the Parenting Collaborative, a network of community-based parenting education and support programs. When the Collaborative was formed there were 45 social service and health agencies city-wide providing services to 1,910 parents and caregivers. The Collaborative has grown to include 63 agencies providing 66 parenting programs serving over 8,000 parents/caregivers by Fiscal Year 2008.⁸

Programs in the Collaborative serve parents and caregivers who are involved, or are at high risk of involvement, with the child welfare system. This includes parents with routine child rearing issues as well as caregivers who themselves are impacted by mental illness, substance abuse, homelessness and incarceration. Programs may serve adoptive and foster parents, as well as parents who are seeking reunification with their children in foster care. Some programs offer classes to parents who have children with disabilities. Programs may also provide services to teen parents and parents of children who are involved with the juvenile justice system. Some parents who attend classes are not involved in the child welfare system, nor have they been identified as being at-risk of involvement; they may live in communities with high indicators of poverty, school truancy, and violence.

The Collaborative requires that parenting education program staff receive on-going training and staff development, and use curricula that address vital issues in child development and parental guidance. While all of the programs do not use the same curricula they are all required to use evidence-based strategies.

The Collaborative, which is primarily funded through State and City child welfare funds, requires each program to address the five mandatory DHS Parenting Collaborative goals:

1. to increase parents' knowledge of what constitutes abuse and neglect, including parental responsibilities.
2. to improve parents' ability to identify, express, process and manage feelings, such as anger stress, loss, grief and guilt.
3. to increase parents' understanding of ages and stages of child development, including emotional and relational aspects.
4. to increase parents' understanding of varied approaches to positive parenting, including discipline, setting structure, child rearing, conflict resolution and problem-solving.
5. to increase parents' knowledge of nurturing and responsive parenting inter-actions, including empathy, caring for self and others.

DHS contracts with four agencies to provide support to the Collaborative: Branch Associates, Best Practices Institute, the Institute for Family Professionals and Public Health Management Corporation (PHMC). Together, these agencies provide programs in the Collaborative with support through program monitoring, professional development and training, data collection, evaluation, fiscal guidance and planning and development.

Additionally, the United Way of Southeastern Pennsylvania provides partial support to the Institute for Family Professionals and over a dozen parenting programs in the city. Many of these programs are also supported by the child welfare agency.

Some of these programs are:

- Child, Home & Community, Inc.
- Children's Aid Society*
- Congreso de Latinos Unidos*
- Educating Communities for Parenting*
- Family Service of Chester County
- Family Service of Montgomery County
- Family Support Services, Inc.
- Maternal and Child Health Consortium of Chester County
- Maternity Care Coalition
- People's Emergency Center*
- Pottstown Early Action for Kindergarten Readiness (PEAK) Project
- Resources for Children's Health*
- Turning Points for Children
- Youth Service, Inc.

(* Member of the Collaborative)

Programs



In our review of parenting programs, we found that while all shared the same goal – to strengthen parenting – programs varied in their approaches. We found that most programs were part of community-based child welfare agencies. In addition to on-site programming, more than half the providers traveled off-site to offer classes in the community.

Some classes are held in schools, Family Court, churches, community and recreation centers, homeless shelters, substance abuse treatment centers, residential treatment facilities, YMCAs and even in the family's

home. We found very few programs in the city that were part of general community-based centers that would encourage more informal drop-in participation by community parents.

We learned that some programs focus on teaching about child development and providing support. Others focus on educating parents about their own behaviors and offer alternative techniques for them to use. Many support a combination of approaches. We found some programs use curricula that build sequentially, requiring parents to take classes over a specific period of time, while others were less formal and a few allowed parents to simply drop-in. Some parents took classes to learn what was best for them and their children and others wanted to build a support network, a place to turn for advice and support after the program ended. Many parents were referred to programs by their DHS case worker or a judge and were mandated to attend. Although the primary goals of the programs varied – to provide support, to change parent or child behaviors, to build a community safety zone, to increase parent support and involvement with a children's school or to comply with a Court order – the curricula used were often similar.

Program duration ranges from 6 - 16 weeks with classes held weekly for one to two hours. Completion rates, as reported by the providers interviewed, fluctuate between 35 - 85 percent depending on the program. Branch Associates reports that 56 - 66 percent of the participants completed the Parenting Collaborative programs in the northwest during the Fiscal Year 2008.⁹ Some parents return to take other classes at the same site. Some facilitators use more interactive styles than others. Many programs adjust the curricula to literacy levels. Most programs operate in an agency site, although one operates in schools and another in the court; most offer evening hours; parents report the hours after 5:30 pm as most convenient to their schedules. Many programs, particularly school-based programs, do not operate during the summer months.

One program taking place in several sites around the city is structured to support parents in connecting with their children's school. This program is among the most structured and positively evaluated. Most programs provide tokens to parents so they would be able to travel to the class site. One program which serve parents throughout the city actually provides door-to-door pick-up of the families attending class. Although the provider described the significant challenges caused by offering this service, she was clear the program would continue to furnish rides to ensure that families who want to attend are not impeded by transportation issues.

We found one program located in Montgomery County that provides educational workshops (many geared to parents of teens), parent-child activities for infant and toddlers, and support groups (including a play group and a single parent group). This program also offers one-on-one personal coaching, as well as online programming. Unlike programs in the Collaborative, there is a fee for these services. Fees range from \$15 for a one-day workshop to \$120 for an eight-week course. This organization also partners with local libraries to offer free parenting classes while children enjoy story time. This program is not affiliated with the child welfare system; its sole mission is to provide support and education to parents in raising their children. Most programs address support informally but try to expand parents' social networks.

One group of parents spoke of attending a program in their neighborhood where they learned that some of their children were already playing together. Since this discovery the parents have planned more activities together; they are beginning to form a new social network.

After visiting six programs, PCCY created one questionnaire for parents and another for providers.¹⁰ These questionnaires were used to conduct interviews with 22 providers, 17 parents and six stakeholders. Additionally, PCCY observed six parenting classes.

Of the 17 parents we interviewed:



- Ten attended parenting programs in the northwest;
- Three were fathers;
- One was a grandmother;
- The youngest was 15-years old;
- Their children's ages range from 0 (expecting) to 28-years old;
- More than 70 percent lived in the same neighborhood where the class is located;
- About 50 percent were referred by a social service agency or community group;
- Only one parent found the class on the internet.

At any given time, approximately half of the parents in a parenting class have been mandated by the Court or referred by a DHS case worker to attend the program. The providers we interviewed reported that between 20 and 90 percent of a class can be mandated by the court or referred by DHS case workers. The facilitators of the parenting programs we spoke to reported that many of their parents face issues with housing, employment and substance abuse.

Parent Feedback



When we asked the 17 parents why they attended parenting programs; 11 said they wanted to gain specific parenting skills while two were mandated to attend. The teen parents expressed a need to have time for themselves – away from their families. Parents said they keep coming back for two key reasons: they learned they are not alone and the classes work.

Many providers pointed to the social support networks among the caregivers that developed over the duration of the course as being just as important as the specific lessons learned in class; caregivers returned to take the same classes over and over again. Women who were raising children without the support of friends or family found encouragement through the programs they attended. By building social networks for caregivers programs sustain change and strengthen communities. “For many of these folks, it’s their only night out,” said one provider.

For me, that class was a relief from the isolation of being a new mom.

~ A parent

Both parents and providers reported that the skill level and approachability of the facilitator contribute to the support that parents experience. Parenting educators can use their role to model positive parenting for caregivers. Facilitators in the Collaborative are required to receive training and on-going professional development through the Institute for Family Practices. Facilitators are professionals, including social workers, teachers and therapists. Some programs use two facilitators to instruct each group. One specifically employs female co-instructors and male co-instructors in order to role model positive male-female interaction and communication for the parents.

We learned there was a mix of parents in many programs, some having had experience in the child welfare system and others not. Typically, participating parents completed pre- and post-tests. The results of such evaluation have shown self-reported improvements in parents’ understanding of child development and anger management skills, as well as decreased levels of isolation.¹¹ We found programs that dealt with particular needs of parents who were more involved with the child welfare system (and thus were more focused on intervention rather than prevention) were structured, sequential, city-wide in reach, and enjoyed a good reputation as being effective. Some programs did not track outcomes.

Findings

We found that:

- Programs were difficult to identify and not known in the communities in which they were located.
- Staff in libraries and communities of faith expressed a need for the programs, but did not know where any were located.
- There were fewer programs in northwest Philadelphia than we expected.
- There was almost no advertising or outside signs to guide people who were experiencing trouble and wanted to drop in on the programs.
- More than half of the program participants completed the programs.
- Approximately half of the participants were referred by a DHS case worker.
- There did not seem to be a problem having mandated and non-mandated parents in the same classes.
- There were families involved with the child welfare system traveling to programs outside their area.
- Uncertainty about funding hampered the programs.
- Many of the programs were administered by child welfare agencies, which may account for the minimal outreach or publicity about them.
- Programs often had difficulty maintaining stable attendance.
- Many of the programs were flexible and worked to respond to family need.
- Most of the programs provided a meal, child care and tokens. The participants and leaders thought the meal was particularly important in creating a safe environment and promoting positive parent-child interaction.
- Those programs which purposefully sought to keep parents engaged and connected after the class ended helped parents build their networks. However, these programs faced difficulty in funding such supportive components of the programming.
- Programs that incorporated socializing opportunities were more successful in parent recruitment than others.
- Parents we interviewed spoke openly about how much they had learned, believing they were better parents for attending the classes.



- Many parenting programs, like prevention programs, were having difficulty due to a shift in funding practices from program funding to fee-for-service reimbursement.
- There was very little evidence of the casual drop-in programs (family-friendly places that invited people to stop in and discuss a problem), in part because they are so difficult to identify and few such programs exist.
- Most of the participants we spoke with or whose evaluation we reviewed thought the programs were helpful.

Funding



As we began to knock on doors to visit programs, we heard many concerns from providers about the vulnerability of funding. They were concerned about the future of their programs generally, about their contracts being renewed in a timely way, and about potential changes being required. (City contracts had not yet been renewed.)

Prior to September 2008, programs in the Collaborative were required to see a minimum number of clients for whom providers would receive an annual flat-fee reimbursement. In September, DHS reduced the

amount of reimbursement and providers were required to serve a parent twice a month for three consecutive months in order to receive reimbursement.

Many providers expressed concern that neither the state nor the county recognized the difficulty the new payment formula would pose in a community-based prevention model. Although the goal of the new formula was expressed as necessary to improve consistent attendance – which in turn would improve parenting outcomes – the payment strategy made programs more vulnerable and discouraged staff stability. Additionally, those programs providing extra incentives to parents to encourage increased attendance were not reimbursed at a higher rate for their extra work. Providers reported that some parents who did not attend regularly needed the programs the most; they struggled to continue to support the cost of running these programs under these changed circumstances.

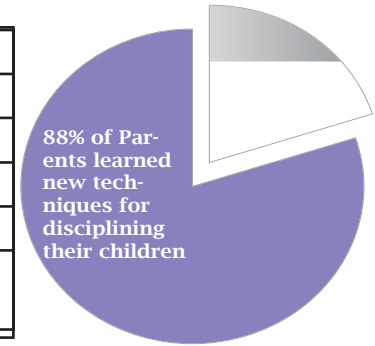
Finally, most of these programs are funded primarily through state child welfare dollars and the state agency has been reviewing the appropriate targets for these programs. If programs are to be supported only for those at risk, how broadly is the term to be interpreted? As we publish this report, DHS has responded to the concerns of the providers and determined that the agency will pay providers per hour of client service. The reimbursement rate per client per year will be lower than previously used, but the onerous attendance requirements were changed. DHS will provide support for parenting services for up to 12 hours per client annually. The time restriction of 12 hours per year limits the ongoing impact programs can have on parents. The current funding does not support on-going engagement if a family wants to come back to a program for follow-up services, or if a new issue arises and they need more help, or because they made a connection with the educator and want extra support.

Evaluation of Parenting Education Programs

Recently, pressure has mounted to prove the efficacy of parenting education programs. In our review we found several kinds of reports for the parenting programs in Philadelphia. Branch Associates conducted a telephone survey of 34 caregivers who participated in Parenting Collaborative programs in 2007-2008 and found: ¹²

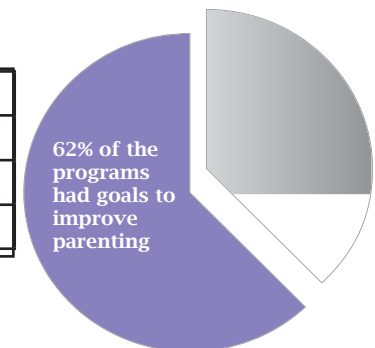
- New parenting skills learned, as reported by caregivers:

88%	Techniques for disciplining their children
85%	Alternatives to corporal punishment
94%	Better communication
77%	Better home management skills
79%	The definition of child abuse and neglect
88%	How to provide more structure for their children



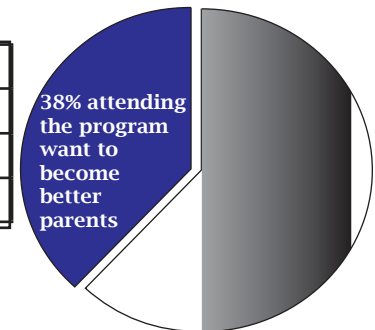
- Purpose of the parenting program, as reported by caregivers:

62%	Improve parenting
53%	Learn alternative ways of reacting to children
24%	Improve communication
15%	Improve relationships within family



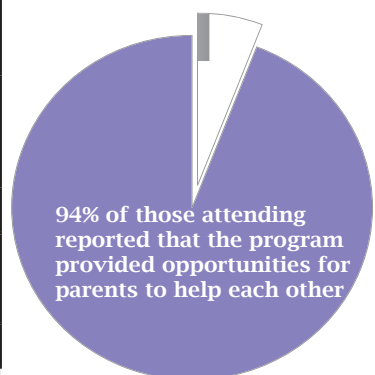
- Reason for attending the parenting program, as reported by caregivers:

38%	To become better parents
18%	Required to attend by DHS
6%	Recommended to attend by DHS worker
6%	Court ordered to attend



- Benefits of the parenting program, as reported by caregivers:

94%	Reported that the program provided opportunities for parents to help each other.
97%	Indicated they were comfortable sharing their feelings and thoughts with other parents in the program.
77%	Would return to the program.
56%	Would attend more often if classes were offered.
100%	Would recommend the program to a friend.



Through site-visit observations and interviews, Branch Associates found parents and caregivers to be highly engaged in the programs.¹³ Caregivers said they appreciated the opportunity to connect with other caregivers in a safe place where they could learn and reflect on their parenting practices. They reported they valued their experiences in the classes and believed their participation had positively impacted their parenting. Likewise, providers valued their work with caregivers and reported improved parenting practices among caregivers. Branch Associates used the Adult Adolescent Parenting Inventory (AAPI) – a standardized scale measuring parent attitudes – to evaluate programs in the Collaborative.¹⁴

Of the 1,170 caregivers who completed the AAPI, statistically significant improvements were made on the following constructs:

- Parental Expectations – 33 percent have more appropriate expectations of their children.
- Corporal Punishment – 35 percent learned and considered alternatives to corporal punishment.
- Role Reversal – 34 percent have a better understanding of and accept appropriate parent and child roles.
- Power Independence – 23 percent want their children to feel empowered and can provide positive encouragement and support.
- Empathy – 60 percent who scored low on the pre-test, learned about empathy and the importance of attending to their children's needs.¹⁵

Looking Closer at Some Programs

One agency¹⁶ provides parenting education and support through four programs in 46 sites throughout Philadelphia: Family Night (1 site), Minnesota Early Learning Design (2 sites), Time Out for Teens and Tots (5 sites) and Families and Schools Together (38 sites). Family Night includes an opportunity for parents and children to participate in activities together. This program also conducts their own evaluations, asking parents to self-report.¹⁷ In Fiscal Year 2008, the program reported that of the 30 caregivers who completed self-reports:

- 90% have a better understanding of what child abuse and neglect is.
- 83% learned to clarify their parental responsibilities.
- 77% can identify their feelings in the parenting process.
- 73% learned at least two new methods to manage their feelings in a more positive manner.
- 70% learned at least two new methods of positively disciplining your children.
- 90% are spending more time with their children since attending the program.
- 70% are able to identify two of their children's developmental needs.
- 80% visited their children's schools during the session to inquire how they are doing.
- 70% shared with the group new positive interactions in their family since they began attending the program.

Another program that is offered through this larger agency is school focused.¹⁸ It has demonstrated improvements in family functioning and school success, as well as in declining levels of family stress after program participation. Parents who participate in this program spend an average of 22.5 hours at their children's schools with an interdisciplinary support team. Team members include: a mental health partner, parent partner, school partner, prevention partner and three to four recreation partners. The teams work with at-risk families for eight weeks; the work is reinforced through a two-year follow-up of monthly group meetings. This program is currently located at 38 schools throughout Philadelphia. Three schools are in northwest Philadelphia.

One particular program, at a northwest elementary school, reported significant improvements (2007) in the following categories:¹⁹

- Family Cohesion – 75%
- Relationship with child – 83%
- Total Social Support – 80%
- Parent School Involvement – 100%
- Parent Effectiveness:
- Social Efficacy – 75%
- General Efficacy – 50%
- Child's Behavior Difficulties – 100%
- Parents rated the program a 10 out of 10 (10 = very satisfied)
- Parents rated their relationships with other parents a 9 out of 10

Between 2005-2008, the program partnered with 50 different schools. Based on parent pre and post self-reports during the period, statistically significant improvements were reported on the following outcomes:

- Family cohesion
- Total family relationship
- Community relationships
- Relationship with child
- Total social relationships
- Tangible social support
- Emotional support
- Total social support
- Support provided to others
- Support received from others
- Total reciprocal support
- Parent school involvement
- Total parent involvement
- Knowledge of the impact of alcohol, tobacco and other drugs on the family
- Ability to recognize addiction
- Resources for help with addiction
- Negative effects of alcohol, tobacco and other drugs on health

And statistically significant reductions were reported on the following outcomes:

- Family conflict
- Child's conduct problems
- Child's hyperactivity
- Total child difficulties
- Impact of child difficulties

The average parent ratings (on a scale of 1=poor, 10=excellent) of their relationships with:

- Other parents in the program was 8.72
- Parent partners was 8.89
- School partners was 8.98
- Community agency partners was 8.97

The average overall satisfaction of parents with the program (on a scale of 1=very dissatisfied, 10=very satisfied) was 9.35.

National Findings

The Centers for Disease Control and Prevention (CDC) has established initiatives promoting evidence-based parenting programs as a way to prevent child maltreatment.²⁰ The CDC reports that which has seemed almost axiomatic, when parents meet other parents, they can share similar parenting experiences – the challenges and successes. Such contact also leads to shared resources and greater community connection. Participation in formal and informal social networks within a neighborhood provides families with greater social connections and supports good parenting. When families do not have such opportunities, they can feel isolated which can lead to problems in parenting.

Programs and policies that encourage and promote positive parent-child interactions and improve parenting skills may provide parents and caregivers with the skills they need to better manage behavior before violence can occur.²¹

~ The Centers for Disease Control and Prevention

The National Committee to Prevent Child Abuse reported that the most effective strategy to preventing child maltreatment is to begin parenting education and support when the first baby is born. Researchers highlight four critical areas of successful parenting education programs: relationships, empowerment, education and support, and culture and diversity.²²

The Positive Parenting Program (Triple P)



A recent study by the CDC examining population-based prevention of child maltreatment argues for a public health approach to the issue; one that focuses not on individual children or cases in evaluation but on the construction of community-based prevention and support to prevent abuse.²³ The Positive Parenting Program (Triple P) is a multi-tiered “preventive intervention” system that has been shown to reduce the rates of child maltreatment in communities by targeting all families.

By integrating parenting prevention strategies (Triple P) at various levels in the community, the study found a significant decline in substantiated child maltreatment cases, out-of-home placements and child injuries due to maltreatment. It is estimated that a community with a population of 100,000 children under eight-years old will experience a decrease of 688 child maltreatment cases, 240 out-of-home placements, and 60 children with injuries due to child maltreatment. While this study strongly buttresses the argument that child maltreatment rates can be reduced in whole communities by providing all families - not just families in crisis - access to parenting education and support, parenting programs continue to be fragile and struggle without adequate support.

The Triple P study underscores the importance of integrating services throughout the community. Less than three percent of the providers who were trained in Triple P worked in the social services field. A multidisciplinary group of providers was able to supplement their services within their existing sites and provide parenting support. The estimated impact on the entire surrounding community was significant; the entire community benefitted.

“Proof is Not Enough”²⁴

In a recently published paper, Katya Smyth and Lisbeth Schorr warn of the negative consequences of evaluating all programs with the same “scientific” methodology.²⁵ The authors argue that the gold standard of evaluation – randomized clinical trials and the experimental method – is inappropriate to use when evaluating prevention programs and may distort them. The authors suggest a series of starting points for rethinking evaluation to ensure greater accountability without reducing the chances of getting help to those who need it. Smyth and Schorr suggest that we give too high a credence to programs that provide absolute assurance of change in a particular domain – for this threatens to skew practices that could help many marginalized lives.

The study also warns that utilizing or emphasizing those factors that can be more easily measured may limit the range of interventions that could solve urgent social problems. Pressures to go forward favoring program results that are easily measured may not be what parents need.

Smyth and Schorr argue that too often we do not allow programs the room to grow and evolve; instead, programs become stuck in the rut of what has been known to work in the past.

They conclude that scientific evaluations require standardization, consistently over long periods of time, which may be the opposite of what is necessary. Too often, the authors argue, programs are not afforded the flexibility to adapt to the context within which providers are working and families are experiencing problems.

Smyth and Schorr identify the characteristics of successful programs as having:

- An emphasis on relationships and trust;
- An orientation toward working in partnership with program participants;
- Significant frontline flexibility within established quality;
- A deep understanding of the importance of the larger environment;
- Accountability – judicious use of quantitative and qualitative data.

The underlying incompatibility between existing methods of program assessment and the genuine understanding of program operation and impact puts the field at risk. The authors caution that such a fundamental disconnect can distort social policy and priorities, resulting in the elimination of valuable programs that do not fit in the traditional mold of a “successful” program.

**Hearing different opinions, learning from other parents
how to handle my kids in different situations – I’ve learned to deal
with being wrong and accepting criticism. Each child is different
and you have to treat them differently.**

~ A parent

Conclusion



We began this inquiry with the belief that supporting parents in the critical task of raising children is important and that prevention services help build community. We believe all parents need support and guidance and that those parents with the most challenges need the most support. We are also aware that many parents who particularly need parenting support have many other needs and few resources. Many families struggle with myriad problems including poverty, homelessness, unemployment and emotional issues, as well as social isolation and addiction; often, they face the challenges of child rearing with little guidance and information about child development and parenting.

Studies have shown that parents who have been found to neglect their children usually have fewer sources of support to learn differently. One study reported 95 percent of “severely abusive” parents did not have meaningful relationships with anyone outside of the home.²⁶ Community institutions, such as neighborhood associations, religious institutions, child care centers, recreational centers and social clubs, are local resources that can provide positive support to families. Formal networks established by such organizations not only provide parents access to services and resources, but also offer the support they may not receive from their naturally occurring social networks. In some cases, these agencies help to create the only social network known to parents.

Parenting programs can take advantage of these already existing groups of families. By locating classes in settings where parents frequent, such as child care sites, communities of faith, civic organizations, schools and healthcare and recreation facilities, providers can cast a larger net and include any parent from the community.

Neighborhood settings for parenting programs can significantly strengthen the community and limit the parent isolation that has been identified as a factor in child abuse and neglect. In fact, the possibility of a neighborhood organization developing a volunteer base to assist in parent education and support holds much promise.

**A change in me creates a change in them (children).
Now that I understand ages and stages; I have more patience.**

~ A parent

Community members ought to be able to easily find parenting programs. When programs are difficult to locate parents may give up before finding help. It is crucial that communities are aware of where such programs are held so they can connect parents to appropriate resources. Almost every parent with whom we spoke suggested that parenting programs should increase recruitment and advertise more, particularly in community spaces including libraries, hospitals and doctor's offices, bus stops and twilight programs.

**They have higher self-esteem because I don't tear it down all the time.
My children like me to come to this program.**

~ A parent

As we write this report, the city, state and nation face severe budget strains. Prevention programs seem to be particularly at risk of significant funding cuts; we believe programs supporting parents should be continued and strengthened. Efforts should be undertaken to offer parenting programs as prevention services, not only in child welfare agencies, but also in non-child welfare sites. Many child welfare programs focus on early intervention services (after a family already has been involved with the child welfare system). We urge that as a community we recognize the importance and cost savings of good prevention programs and seek to further diversify the funding of prevention and early intervention programs. The public health approach of the Triple P model supports the idea of blended funding streams providing community-wide service.

We know that child abuse and neglect typically result from several risk factors, which is why it is important to offer families a range of supportive services. The more risk factors programs can reduce, the less likely child abuse will occur or continue. Parent isolation is an identified factor in child abuse and neglect, so parenting programs ought to be valued for building support for parents to come together and learn from each other, with a curriculum that includes knowledge about child development.

While there is growing evidence showing the positive effects of parenting programs, the case is not airtight – nor can it be. We must recognize the critical importance of trust, flexibility and time in changing patterns of behavior. We must heed Smyth's and Schorr's warning and guard against changing programs so they are more measurable, but ultimately less effective.

In one class, we had a 13-year old mother and an 80-year old caregiver. The older women noticed that the young mother was over feeding her child. They nurtured her and taught her. They became her community.

~ A parenting educator

In order to support community members in the vital role of raising children, parenting programs should be known and identifiable to the community and capable of attracting and providing on-going support from a variety of sources. They impact the lives of individuals in various positive ways, from improving a parent's coping skills to teaching alternative disciplinary techniques, to providing a parental network of support extending far beyond the parenting program itself.

Connecting parents to other resources is critical in supporting change.

~ A parenting educator

Recreation Programs and Our Community



In Philadelphia, a city of neighborhoods, there are places in each community which serve children, youth and families during the non-working, non-school hours. These places and programs also provide support, safety guidance, and a safety net for members of the community; the recreation centers, playgrounds, and programs were originally designed for a city with another 500,000 people.

Ironically, as the population has decreased, the need for respite, safe places and programs for children and families has grown. The adult population increasingly has worked outside the home, and children and families whose incomes are low have become a larger part of the population. In communities across the city there are few neighbors to “watch out” for children during the non-school hours. Many children and youth need adult guidance, activities and support during the day. Also, many parents struggle to raise children without the guidance and support of their extended families; often these families live in or close to poverty and in communities where violence and trauma are a part of daily life. The lives of most community residents benefit from having safe and supportive havens nearby.

One of Philadelphia’s historic strengths has been its sense of community. This characteristic has nurtured the desire for every neighborhood to have a safe place where youth and adults can go to rest, play and learn. That yearning has been reflected in policy decisions made by local elected officials in supporting the development of these centers and playgrounds. While the cost of building, maintaining and staffing these facilities has grown over the years, the local budget has remained static.

In many areas, increased support for new and improved centers, while welcomed by the receiving community, has resulted in the downgrading or neglect of other centers. Recognizing both the need for many of these programs and their vulnerability, PCCY undertook a closer look at such programs located in northwest Philadelphia, a large section with a broad and varied population. For purposes of this study the northwest includes the Chestnut Hill, Mt Airy, West Oak Lane, Nicetown and Logan neighborhoods which fall into two of the Recreation Department districts.

Since we began this work, there have been drastic changes in the city’s public sphere that will affect how recreation services are delivered. Most importantly, the catastrophic changes in the city’s finances will mean more budget cuts. Secondly, the July 1st merger between the Recreation Department and the Fairmount Park System will mean a reassessment of programs in both departments. Finally, the public outcry about proposed library cuts will mean increased public input into the whole process and recognition of the value of public programs in communities.

According to the 2000 US Census, northwest Philadelphia has a population of 147,074, of whom 40,807 are children under 18.²⁷ (We have used the 2000 Census because later counts do not break out the number of children.) There are 16 publicly-supported recreation centers, 19 playgrounds and 14 swimming pools. We found waiting lists for increased staff and improved facilities in many areas, but we also found a few shiny, well-equipped, well-staffed, well-used programs. Those that boast swimming pools and bright, shiny buildings with well-staffed programs serve as magnets, hosting after-school and summer programming for the many youth in the area who are “home alone” after school.

At some centers, pools have been filled in and replaced with spraygrounds (sprinkler systems that can function well after the pools are closed at the end of summer.) Many facilities have tennis courts; others have sports fields and little else. The area is home to more than 1,000 acres of parkland. There are libraries that have programs for toddlers and a range of other youth programs. There is a settlement house, several PAL centers and Girls and Boys Clubs. At some playgrounds, the local community has partnered with the city and/or School District and private donors to build a playground. As we approach a time of particular fiscal crisis, we look to more opportunities to work with communities and the public to develop collaborations that make sense to the community, respond to the needs of children and youth and stretch the public dollar as much as feasible.

We visited 15 recreation centers in the northwest (including Hunting Park and Olney) and another 12 in different parts of the city by way of comparison. We conducted many of the visits during the summer. Most of the centers we surveyed had pools but even the ones that didn't buzzed with activity. Later visits were conducted during the winter. At that time, some facilities were “semi-closed” if they were centered mainly around outdoor activities and fields. However, even at those recreation centers there was still activity and services being provided.

Maintenance



Many of our visits took place in the weeks following a highly critical report by the City Controller that graphically portrayed dangerous conditions existing in some of these centers. At that time, we found center leaders wary of us – strangers from an unknown organization. Apart from cracked asphalt, we did not find dangerous conditions or clogged toilets. None of the four locked bathrooms we found during visits were in the northwest. While some centers were battered and shabby, none were dirty. We learned that every center has a maintenance person and that pools are maintained by a separate roving crew.

The Recreation Department is structured such that the maintenance workers are answerable not to each recreation center's leader but to a maintenance office downtown. Furniture and equipment were very shabby. District managers reported that equipment is replaced sporadically and with little respect to the specific needs of individual centers. One manager complained that she has been doing this work for fourteen years “and every time they send us Monopoly and Chutes & Ladders. It's not that I'm not grateful, but it would be nice for some variety.”

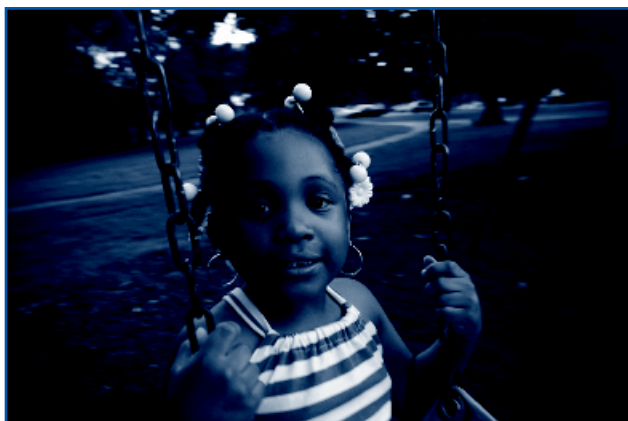
Staffing

District managers were very clear that each center has two full time staffers: a “Leader 3” or full time manager and a “Leader 1” who is being groomed to take over another center. Staff for summer camps is hired as needed. Staff for after school programs are funded to have a ratio of one worker for every 15 young people and have been funded separately, not as part of the Recreation Department budget. Leaders work from one to nine (“more like 10:30”) and the limits on programming depend on how creative a leader can be. Many programs and classes are run by volunteers as the centers cannot afford to pay staff.

Most center managers we spoke to said they worked alone, “just me.” One city official said that the discrepancy between individual or solo leaders and the stated policy of two leaders per center could probably be explained by the Department’s desire to have everything open during the summer, which means that staff is spread pretty thinly. He also reminded us of the City’s tendency to drag its feet on new hires.

One northwest center we visited in winter was located in a small building serving mostly as a field house for the pool and sports fields surrounding it. We met one harassed-looking center leader winding up his afternoon shift, so he could go work at another center in the evening. He explained that he runs an “informal” after school program and pays for many of the materials out of his own pocket. At one of our winter visits we learned that “five or six” of the centers have “teen centers” that include specific spaces for teenagers. These centers include two part-time staff in the early evening hours. Every leader we talked to put “more staff” on top of their wish list.

Usage



Center managers routinely told us that recreation center users are a highly mobile lot and in no way confined to their neighborhood centers. The sparkling new Gustine Lake Center on Kelly Drive draws kids from the eastern end of Allegheny Avenue. Young people from West Philadelphia routinely show up at 2nd and Jackson Streets in South Philadelphia. Not one of the 24 centers we visited was underused. The regional managers we talked with were vehement that there are not too many centers. Managers told us that parents often drive their children to specific centers so they can be part of specific programs, such as basketball leagues.

We learned the centers appealed to and were used by youth from diverse backgrounds, but on a city-wide basis, young people whose roots were Asian rarely used them. However, these youth did participate in the soccer leagues that use the fields. We do not know whether this absence from recreation centers is explained by their not feeling welcome or safe or not wanting to travel to different areas; we hope to examine this more closely in another project. One population we found to be underserved were the girls living in the area. As one director stated, often recreation centers are associated with gymnasiums and sports and that can be identified more with boys. She wished for more money and staff to be able to accommodate girls, more equipment for girls and girl-specific programming.

“...every time they send us Monopoly and Chutes & Ladders. It’s not that I’m not grateful, but it would be nice for some variety.”

~ Recreation center manager, on requests to replace equipment

Facilities

The recreation offerings in northwest Philadelphia are as varied as the neighborhoods themselves. There are several exciting, program- and activity-rich centers and other facilities that are sadly worn out with minimal equipment and few enticing qualities. There seems to be no baseline requirement for all center. Several playgrounds have been built with a combination of public/private support and much volunteerism in the wealthier sections of the area. These playgrounds are unique in bringing people from different socioeconomic backgrounds together. The indoor pools in some city schools have been opened for the use of the recreation centers, but one school pool specifically listed as a summer recreation site was virtually unknown to the community; we couldn't even find a way to enter the building.

There are three types of centers: A, B and C. An 'A' center has an indoor gym, swimming pool (usually outdoors) and meeting rooms. The Department has run three to four indoor pools in the summer; seven to eight in the winter. No one seemed to know which pools would be closed. 'B' centers may not have indoor gyms. 'C' centers are small buildings with fields around them. Some of the 'C' centers are unheated.

We visited four C centers in the northwest. It is important to note that some of these 'C' centers were designed simply as field houses for the playing fields and basketball courts around them. Even so, when we visited in the summer, we found no correlation between the size of a building and the level of activity. The smaller centers were filled with equipment ranging from board games to weight-training benches. The leaders listed more playing fields in addition to more staff at the top of their wish lists.

Community Relationships



Most of the recreation centers are valued by the community. While there have been incidents of vandalism - and even a few instances of violence over the past year - these incidents are comparatively rare. In spite of some concern about crowds congregating and the games being held late into the night ("midnight basketball"), there appears to be a general consensus that the centers are safe and good for the community. Many community members serve on neighborhood advisory groups, work with local political leaders, celebrate when their center secures additional support and complain when it doesn't. In general, the centers rely on the volunteerism of the community to assist in programming, coaching the teams, and advocating for more support.

While many City leaders urge that the schools and recreation programs work more collaboratively by sharing their recreation facilities, (there are some notable examples occurring in the community) there is much more to be done. In addition to the markedly community-enriching playgrounds collaboratively built on school grounds, there are Beacon programs and afterschool programs using the schools, libraries, parks and recreation centers. There are recreation programs that use

pools to better serve the community and traditional and charter schools working with the recreation department to use the sports fields. The disappointing lack of access and use of one school's pool should be corrected and other potential shared resources should be more widely known and explored. Recent budget cuts threatening libraries and pools would have a large impact on recreation centers. For some children needing places to go after school and during the summer, the recreation centers may be the only place left. Given this added pressure on local recreation centers in the future, it is even more critical that their funding be maintained or increased to deal with rising demand.

Benefits

Recreation centers are important to Philadelphia because they offer a safe haven for children to go and participate in positive activities. The classes and facilities offered at recreation centers promote learning and healthy lifestyles, both of which are very important for urban youth. These facilities keep kids off the streets and offer opportunities to exercise, learn, interact with others in a positive environment, and be safe. Through the recreation centers youth are exposed to many activities they would not otherwise experience such as karate, gymnastics and dance classes, all of which are offered for free or at low cost.

Recreation centers also bring together children and adults of different backgrounds and neighborhoods, promoting community involvement. At one recreation center, the staff related how many children who play basketball and run track at their facility get college scholarships because of their achievements in those areas. Local community leaders who have connections with college coaches and scouts bring them to the recreation center to see these youth who would otherwise not have been noticed.

Looking to the Future

- The recreation centers are valuable resources and enrich the quality of life all over the city.
- The staff complement of the centers has not changed in twenty years - there should be more support.
- There should be a baseline of equipment, condition and staff for all facilities and programs.
- Supplies and support should be responsive to the individual sites' needs.
- The Recreation Department should expand and keep current its public information about current programming.
- The Recreation Department should explore combining resources, not only with the parks, but as much as possible with other community resources including public schools, PAL centers, Girls and Boys Clubs and private philanthropy. Experience suggests that an outside partner is needed to make two public bodies work well together. Several other city departments, notably the Free Library and Fairmount Park, have independent foundations which enhance that department's work. The Recreation Department should establish such a foundation. This would make it easier for outside philanthropists to adopt a center or playground.
- Every community should have within one mile a place for youth to play, learn and be engaged under the guidance of caring and qualified adults.
- The Recreation Department and the Fairmount Park System need to establish an equitable and transparent system of evaluating programs that concern their neighborhoods.



Endnotes

- 1- Formerly the Chestnut Hill Health Care Foundation
- 2- Center for City Park Excellence. (2008). Recreation centers per 20,000 residents. Retrieved March 4, 2009, from The Trust for Public Land website, http://www.tpl.org/content_documents/citypark_facts/ccpe_recreationcenters08.pdf
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- 7- Catholic Charities
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- 9- Branch Associates, Inc. (2008). Enhancing Parenting Skills Initiative Program Evaluation: Participant Retention.
- 10- See Appendix A and B for copies of the questionnaires.
- 11- Branch Associates, Inc. (2008). Enhancing Parenting Skills Initiative Program Evaluation: Adult-Adolescent Parenting Inventory Results; 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.
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- 13- The data reflect information obtained through class observation and interviews of caregivers and providers from six programs in the Collaborative. Branch Associates, Inc. (2008). Enhancing Parenting Skills Initiative Program Evaluation: Site Visits.
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- 15- Although not statistically significant, 28% of all reporting parents improved their empathy scores.
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- 17- Formerly the Children’s Aid Society of Pennsylvania, which has recently merged with Philadelphia Society for Services to Children to create Turning Points for Children.
- 18- Families and Schools Together.
- 19- Logan Elementary School.
- 20- National Center for Injury Prevention and Control. (2004). Using Evidence-Based Parenting Programs to Advance CDC Efforts in Child Maltreatment Prevention Research Activities. Atlanta (GA): Centers for Disease Control and Prevention.
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- 23- Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J. & Lutzker, J.R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P System population trial. *Prevention Science*.
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- 28- For more information about Behavioral Health Resources in Philadelphia visit PCCY’s website at www.pccy.org/child.htm.

Appendix A: Parent Questions

- 1) What are the ages of your children?
- 2) Do you live in this neighborhood?
- 3) How did you find out about the program?
- 4) What convinced you to join the program?
- 5) What could the program do to attract more families?
- 6) What keeps you coming to the program?
- 7) At the beginning of the program, what were your goals?
- 8) Have you accomplished your goals? If so, how? Can you give an example of what you do differently? If not, what were the obstacles for you to do so?
- 9) What did you like best about the program?
- 10) What would you change about the program?
- 11) Did you sign up for any further classes?
- 12) Are you involved with parents from your class outside of the program? If so, how often? Via telephone? In person? If not, do you want to be involved with others outside of the program?
- 13) Do you stay in touch with staff from the parenting program?
- 14) In what ways have your children benefitted from the program?
- 15) Are providers responsive to your feedback?
- 16) What more would you want from the program?
- 17) Did you attend a summer program? If not, why?
- 18) What makes you feel comfortable/uncomfortable about the provider?

Appendix B: Provider Questions

- 1) What are the goals of the program? Is/are parent support and/or education addressed? How is it measured?
- 2) What population does the program serve?
- 3) Who are your providers/facilitators/educators?
- 4) Have you witnessed an impact on parents' child rearing practices? How so?
- 5) Have you witnessed an impact on the child? How so?
- 6) Does the program utilize a specific curriculum?
- 7) How much time is spent in group vs. individual sessions?
- 8) What are the strategies/delivery methods used to change parents' knowledge, attitudes, and behaviors?
- 9) What are the strategies for support?
- 10) Are infant, child, and youth development and how parenting practices influence development addressed?
- 11) What is the duration of the program?
- 12) Does the intervention reflect the uniqueness of the group? Intensity? Culture? Family structure? Is there opportunity to observe parent-child interaction?
- 13) Does the program address multiple risk factors:
 - a) Immediate interactional context?
 - b) Broader context (Community/social network/connections)?
- 14) Do you conduct program evaluation? How are outcomes measured?
- 15) How is staff trained?
- 16) Is the program known in the community?
- 17) How are families recruited?
- 18) How many families stay the duration of the program?
- 19) Are mandated participants addressed differently than voluntary participants? How are feelings of stigmatization addressed?
- 20) Are there resources for longer-term follow-up?
- 21) What are strengths and challenges of the program?
- 22) Are you aware of other parenting programs? How do providers make referrals?

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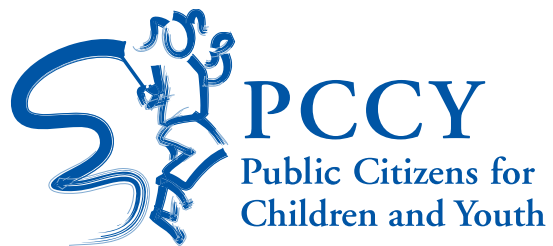
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