



READY TOGETHER

A community assessment of evidence-based parenting education / intervention and child care programs in Guilford County

A study commissioned by
The Cemala and Joseph M. Bryan Foundations
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READY TOGETHER

A Community Assessment of Parenting Intervention/Education in Guilford County

Introduction

At both the state (North Carolina) and local (Guilford County) levels we have embraced a view of school readiness which states that families, communities, and schools must work in concert to ensure that children enter school ready to learn and ready to succeed socially. The evidence is clear that the two critical building blocks for children's readiness for school are effective support of parenting and quality child care. As a community we have taken important first steps to heighten awareness of these critical aspects of school readiness by supporting efforts such as *Focusing on What Matters* (2004), the *Guilford School Readiness Report Card* (2007), and the School Readiness Collaborative. Through the Guilford Partnership for Children, state Smart Start funding has provided for major initiatives to improve child care quality and early parenting programs in Guilford County. With support from the Cemala Foundation and the Joseph M. Bryan Foundation, an important next step has been taken. *Ready Together* provides a community assessment and critical evaluation of the various early parenting programs in Guilford County to determine 1) if they are using an evidence-based model with outcomes that predict important elements of school readiness, and child and family well-being, 2) if they are effectively and efficiently implemented, 3) if there is collaboration with other programs to offer integrated, comprehensive services, and 4) if the benefits of these programs and services are cost effective in promoting school readiness outcomes for children and families. Based on these results we have provided a set of recommendations with priorities for agencies and community supporters to assist in program improvement, advocacy, and allocation of resources.

Executive Summary

This report provides an assessment of our community's capacity to provide two critical building blocks of children's school readiness: effective support of parenting and quality child care. It highlights collaborative partnerships, integration of services, and evidence-based practice as essential mechanisms for strengthening early parenting education and intervention programs. These mechanisms are equally important to improving child care quality. The authors recognize the importance of broad-based, culturally responsive, and multidisciplinary initiatives to promote healthy parenting and child care quality. The final report focuses on two major areas of the Ready Together Community Assessment: 1) findings from an evaluation of the ten core parenting programs and 2) recommendations and priorities for implementation. A third section, Community Assessment Update 2008 is also included as part of the appendices. Our final report will contain these additional white paper sections and products: School Readiness: Antecedents and Consequences; Parenting Best Practices; Quality Child Care; Cost-Effective Investments in Children; and Parenting Assessments and Evaluation Tools.

Our findings indicate that Guilford County has the capacity to strengthen families and support its most vulnerable citizens. The parenting intervention and education programs currently available in this county provide a breath of services and target many at risk populations in the county. The program directors embody a wealth of knowledge, are competent, and are fully invested in providing high quality, inclusive services to every family. However, a lack of formalized coordination between programs reduces each program's effectiveness and efficiency, ultimately leaving many families without much needed services. In addition, these rich resources often go unnoticed by those who need them the most. Limited visibility of the programs and services available in the county leaves many families struggling unnecessarily.

The majority of parents interviewed were appreciative for the services they were receiving. Most felt supported and respected by their service provider and believed the services they received improved their parenting skills. However, parents expressed some frustration with the lack of information available regarding resources and services available in the county, the quality and competence of their service provider, limited resources for basic items (e.g., diapers), and the lack of additional support (e.g., respite care). Overall, the primary parenting intervention services available in Guilford county address the diverse needs of the community, however more resources are needed to maintain, expand, and strengthen these service to improve family functioning and increase school readiness and, thus, strengthen the community.

In this report we recommend steps to be undertaken by the Guilford County community to promote good developmental outcomes for young children through the support of healthy parenting and quality child care. The recommendations are prioritized under three broad categories: Partnership for Positive Parenting (PPP); School Readiness Collaborative (SRC); and Community Capacity, Awareness, and Marketing. For the PPP and SRC categories we address the need for structure and coordination, evidence-based curricula and practice, workforce development, and evaluation and quality improvement. As well, for each of these collaboratives we recommend mechanisms to provide for universal services for all expectant and new parents, targeted interventions for the most vulnerable mothers and children, and mental health initiatives.

Our recommendations are focused primarily on the health care and parenting programs represented in the *Ready Together Community Assessment*. However, the authors are aware that many of the recommendations in this report are broad and potentially far-reaching. In order to be successful, they will require the development of a strategic plan to further refine priorities and establish mechanisms to initiate and evaluate their impact. We recognize that this strategic plan will involve consideration of further input from *Ready Together* advisory groups, relationship to current and future community and philanthropic priorities, budgetary issues, and relationship to other health and parenting organizations and initiatives.

Findings

Children who lack academic readiness skills in kindergarten and first grade, particularly in the area of literacy and behavioral regulation typically develop academic and social problems later in school and in life (NICHD Early Child Care Research Network, 2002a). At a macro level, our nation has made federal and state investments to improve

children's school readiness for several decades. Yet, the improvement of children's school readiness in the United States remains an "epochal task" (Boyer, 1991, p.125).

The CEMALA and Bryan foundations, aware of these facts but uncertain of how and where to best invest their resources to improve early childhood development and school success in Guilford County, commissioned the *Ready Together* project from UNCG's Center for Youth, Family and Community Partnerships under the direction of Dr. Chris Payne in the fall of 2007.

The *Ready Together* project was a community assessment of the ten primary parenting intervention and parent education programs in Guilford County as well as the child care programs serving infants, toddlers, and preschoolers. The specific aims of the project were: 1) to identify the need for quality early parenting and child care services in Guilford County; 2) to identify best practices in existing programs from both an evidence-based and an implementation perspective; 3) to identify redundancies and gaps in services; 4) to assess coordination among programs and agencies; and 5) as a result of findings, to provide a comprehensive model for Guilford County detailing the most efficacious delivery of parent education and early child care services based on a triage approach of what services are needed and for whom.

Procedure

Four collaborative groups were convened to serve as advisors and partners in this community assessment.

A *community stakeholders* group, representing various health, social services, religious, education, and early intervention programs, provided information about the specific needs in Guilford County, the community's capacity to meet those needs, and identified the ten core programs included in the assessment. Co-chaired by Margaret Arbuckle and Jean Goodman, this group included representatives from niche groups such as the Hispanic community to ensure the parenting needs of all families were considered.

A *core providers* group, which consisted of program directors (or lead representative) identified by stakeholders, provided information and insight about individual programs and services, community capacity, and niche needs. This group of providers represented a wealth of knowledge and resources and offered a historical account of their programs' individual trajectories, the overlap among programs, and the intersections between their programs as the needs of Guilford County have evolved. Each core provider participated in monthly advisory meetings, provided documentation, and individually interviewed. In addition, a home visitor from each agency was interviewed and shadowed on a home visit. Four additional programs were identified by core providers as significant contributors to parenting intervention and education services in Guilford County. Thus, additional information was collected from each of these programs.

A *parent focus* group consisting of mothers from core programs evaluated program efficacy and community capacity by sharing their personal stories and their appreciation for and frustrations with the programs offered in Guilford County. In addition, anonymous surveys and telephone interviews were used to further capture individual experiences and to identify gaps in services.

A *scientific advisory* group was convened to ensure the validity and reliability of the evaluation and outcome products. This group included Dr. Marion O'Brien, a child development scholar and professor from UNCG and Dr. Marian Earls, a pediatrician and public policy scholar in Guilford County.

The *Ready Together* project assessed the strength of the evidence-based models of each parenting program, and the effectiveness, implementation and fidelity to the model as delivered in Guilford County. An overview of each program, including the number and types of parents served by each program, the redundancies and gaps in services, and additional resources needed for full implementation of each program was summarized. This summary also documents the coordination and integration of the various parenting programs in the county.

A secondary goal of the *Ready Together* project was to provide a community assessment of the various child care and early education programs serving infants and preschool children in Guilford County. Data were collected concerning cost, quality, and availability of these services and has been summarized.

This collaboration and data collection resulted in recommendations and priorities, which are proposed to assist in program improvement, advocacy, and allocation of resources. In addition, an evaluative tool was provided for community agencies to use in evaluating parenting risk and for monitoring the effectiveness of their programs based on their programs' logic model.

Core Programs

The purpose of this community assessment was to provide an evaluation of the ten core programs in Guilford County providing case management and parenting intervention/education for pregnant women, new mothers, and their infants. Core Providers included the following community case management and home visitation programs:

Services initiated in the prenatal period and continuing after birth

1. Maternity Care Coordination (MCC)
2. Nurse Family Partnership (NFP)
3. Adopt-a Mom Healthy Start (AMHS)

Services beginning at birth

1. Baby Love and Newborn visits (UNHV)
2. Child Service Coordination (CCC)
3. Family Care Coordination (FCC)
4. Children's Developmental Services Agency (CDSA)
5. Family Support Network (FSN)
6. Parents as Teachers (PAT)

Auxiliary Programs included:

1. Bringing Out the Best (BOB)
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2. Family Life Council (FLC)
3. Fairview Family Resource Center
4. Adolescent Parenting Program (YWCA, Greensboro)

We have provided to each program director a detailed evaluation of their program. For the purpose of this report we have summarized the goals of each program with a description of services, evaluation findings, and program needs and gaps.

Goals

Most agencies were established to address a specific need in the community. Over the years each agency has evolved and expanded to meet the changing needs of our community. While many of these agencies target a specific domain, their goals often overlap. The ten core programs that were evaluated address the following goals: Improve maternal and infant health; Reduce abuse and neglect; Increase knowledge of early childhood development and improve parenting; and Strengthen families.

Improve Maternal and Infant Health. The greatest and most immediate goal is to improve maternal and infant health. This goal addresses physical and mental health and is facilitated in a variety of ways. First, the Maternal Care Coordination, Nurse Family Partnerships, and Adopt-A-Mom programs work diligently to increase the number of moms who are getting prenatal care, including regular doctor visits and prenatal vitamins, and making healthy choices (e.g., nutrition, and drug use). Focusing on prenatal care decreases infant mortality and increases the number of babies born with healthy birth rates. In addition, these programs (and the Universal Newborn Home Visits program) help moms establish pediatric relationships in an effort to ensure newborns will receive preventive and continuous care. In addition, the Universal Newborn Home Visits program provides in-home support immediately following discharge, which allows nurses to assess moms and babies for birth related physical and mental (i.e., post partum) challenges.

Second, these and other agencies (Healthy Start, Parents as Teachers, Universal Newborn Home Visits) educate and increase awareness concerning immunizations and other health screenings that are important for newborns, infants, and toddlers. Third, Family Care Coordination, Healthy Start, and Child Service Coordination specifically target moms and children with mental health issues. In addition to providing ongoing support, information, and education, these programs assess mental and emotional challenges and offer therapeutic counseling.

Third, all agencies observe children's development in an attempt to detect and refer children who may be at risk for developmental delays. The Children's Developmental Services Agencies is integral in providing children with developmental delays and/or disabilities with appropriate therapy or services. Fourth, all agencies promote healthy spacing of children. Moms are encouraged to space children to prevent maternal health issues related to short birth intervals.

Reduce Abuse and Neglect. Reducing abuse and neglect is another overlapping goal of the core programs. Agencies work to reduce abuse and neglect by offering support, helping reduce stress, and through preventive education. Because services are predominately conducted in-home, service providers have more opportunities to observe family interactions and relationships and are more likely to detect situations where abuse and neglect are occurring.

Increase Knowledge of Early Childhood Development and Improve Parenting. Improving parenting skills through parent education can impact child development for many years to come. While many of the core programs prioritize health and intervention before parenting education, several programs (Parents as teachers, Nurse Family Partnership, Maternal Care Coordination, Family Services of the piedmont) use evidenced bases curricula to increase parents' knowledge of early child development and improve parent-child interactions. Focusing on normal development teaches parents what to expect and normalizes their experience. Parents are also taught the importance of positive interactions and bonding, how to choose quality childcare, and appropriate discipline techniques. Increasing parents' knowledge of early childhood development improves parenting competence and confidence. In addition, the Family Support Network specifically targets families with children at risk for developmental delays and disabilities. They support these families through education and awareness and ongoing mentoring and support.

Strengthen Families. The underlying goal of every program is to strengthen families. By increasing physical and mental health awareness and care, providing support, establishing goals, improving family functioning, and promoting healthy parent-child relationships each program is strengthening families and preparing children for success. When moms and children are physically and mentally healthy they make healthy choices, they become self-sufficient, and they contribute to the well-being of their community.

Description of services

The core parenting programs can be divided into two distinct groups, (1) Parenting Intervention and Education Resource Programs; and (2) Nurse Home Visitation Parenting Intervention and Education Programs. Each group has identified its niche and, fortunately, programs work collaboratively to meet the diverse needs of the families in Guilford County.

Nurse Home Visitation Parenting Intervention and Education Programs. These programs provide in-home case management by registered nurses and focus primarily on health related assessments, support, and education. Services are targeted at improving pregnancy and child outcomes, including, but not limited to, breast feeding support, post-partum evaluation and education, therapeutic counseling, and assistance in goal setting and establishing a healthy lifestyle. While health is the initial and most immediate need for many women and families in these programs, they also address housing and food related challenges, provide child development information, and help women and families connect with resources and support in the community.

Parenting Intervention and Education Resource Programs. These programs provide targeted support and education by human service workers and licensed clinical social workers. Services are targeted at providing support, education, and therapeutic counseling for moms, various forms of therapy related to early development and disabilities for children, and connecting families with resources in the community. Once basic health needs are addressed these programs emphasize education and support geared toward strengthening families and preparing children for future success.

A single program cannot meet the varying needs of today's families; however, working cooperatively the services currently available in Guilford County can meet many of the needs of families in this community.

Findings

Survey Data and Phone Interviews. Parents from each program were recruited to complete anonymous surveys and follow-up phone interviews. An overwhelming majority of parents were satisfied with the services they (93%) and their children (94%) were receiving. They felt respected (100%) and supported (97%) by their service provider and planned to continue services (87%).

"I consider her a friend, actually, she's a good person...she's always welcome here."

When asked what they liked best about the program in which they were participating, parents reported: (1) Information, educational resources, and referrals; (2) Characteristics of the service provider; (3) Services provided in-home and the frequency of visits; (4) Support; (5) Helpful; (6) Everything; and (7) Child benefits.

"The Materials provided are references; I refer back to them at other times."

"Helps me deal with and solve different issues in a way that I probably wouldn't have."

"Our kids love the books that she's brought. They are the only books that my kids will carry around and actually fight over."

When asked what they liked least about the program in which they were participating, parents reported: (1) Their child aged out of the program; (2) Do not meet often enough; (3) Cannot meet all moms needs; (4) Being on the waiting list; and (5) Unclear about all the services that are available.

"Once the kids turn one, they program is through."

"They say to make goals, but they aren't able to help me meet goals. No resources."

"Because I never needed any of these services before, I'm not really sure what I qualify for or what is out there."

Focus Group Data. Focus group data yielded a wealth of data with regard to parents' experiences with individual agencies. While every agency was not represented the overwhelming consent among participants illustrates the universal challenges with which parents are faced. Parents had ethnically and economically diverse backgrounds and had children with diverse needs.

Participants all indicated that the provision of services were helpful in terms of receipt of important information and services that their children needed. Participants also appreciated that service providers were able to come to their homes or work to meet them; this helped with transportation issues as well as privacy concerns.

When participants were asked to distinguish between the services they received and the individuals who provided those services, significant themes emerged. A number of participants described unpleasant interactions with some of their service providers (i.e., service providers were frequently more than 15 minutes late for scheduled appointments and often did not call to notify parents if they would miss appointments; service providers were rude, impatient, or "talked down" to participants, and service providers often did not notify parents of who they were or why they were providing services for the child). Participants noted that some service providers provided services so quickly – not taking time to fully explain services or prepare them for what happens next or why they were doing certain things. Parents felt service providers were too busy; they do not have enough time because they have so many clients. More than one participant wished services could last longer (i.e., they wished their children could receive services after they aged out of the programs).

"I don't even know the name of my service provider; I keep trying to look at her name badge."

"They don't explain everything."

Participants did not like being talked down to or disrespected; this theme was echoed by the majority of participants (particularly in reference to medical professionals). One participant felt one of the service providers treated her infant like a "science project."

Also noteworthy were the participants who emphasized the excellent service they received from their service providers. Two of the participants shared the same service provider emphasized the service providers professionalism, care for their children, and willingness to do anything to help them. Additionally, one participant commented numerous times on the significance the program had on her life and the healthy development of her son.

"We are first time parents, our service provider has helped us know what is appropriate for development stage and adjusted age of child...Service provider has played a big part in why my child has grown so well."

Participants liked the warm and friendly relationships they shared with the service providers. Participants felt supported and encouraged. They believed their service provider generally cared about them and their children and would help them in any way they could, even going above and beyond to help.

"If she [baby] needed a special pacifier that was only in Africa, she [service provider] will go get it."

Participants expressed high praise and some criticism for the various service providers they received services from. In general, however most participants felt relationships with service providers were fairly good. One participant indicated that her service provider tried to locate resources to help with financial challenges (paying for diapers or school books). Another participant stated that her service provider did anything she could to help her relieve stress

(i.e., the service provider helped her retrieve her keys after she locked them in her car). Another participant noted that because she didn't qualify for lots of services (because of her income) her service provider was generous with "stuff" she needed and helped her qualify for discounted services.

"My service provider is my friend, supportive and positive."

A few participants indicated that they had to wait a long time before they began receiving services. In addition, participants talked about having to fight to get the services their child needed (e.g., speech therapy). The full case loads of the various service providers was a recurring topic of discussion and high turnover was mentioned. As a result of high turnover and inexperienced service providers some participants thought their evaluations and services weren't always high quality.

During the process of the focus group, participants revealed a lack of knowledge about the agencies they received services from. When participants were asked to name the agency or agencies they received services from, only a few were able to name the agencies or provide substantive descriptions of the services they received. One participant repeatedly emphasized that she didn't know the extent of services the agencies provided and therefore didn't know if they could help her with additional issues. Moreover, this participant stated that she would be hesitant to discuss her needs with the service provider because she didn't want to be perceived as greedy or as trying to use the service provider or agency. Other focus group participants expressed agreement that having information on the extent of services each agency could provide would help them in determining if the agency or other agencies could help them with other challenges or issues. Participants re-stated that they needed to know the extent of services each agency could provide.

"I never knew all these services were available."

Several participants commented on the transportation services provided by Medicaid. They stated that the service was not very useful because it took "half a day" to get to and from an appointment when the service was used. Two participants stated that they only used the service if they had no other alternatives. Two participants stated that when children accompanied them on the transportation bus, they were required to bring car seats; this proved difficult because they had 3 children and because they were not allowed to leave the car seats on the bus and had to carry three car seats with them to all their appointments. Also, more services are needed in rural Guilford county, where people have varying needs and minimal opportunity (due to transportation) to receive assistance.

Participants discussed challenges such as stress, transportation, financial difficulties, and not enough knowledge and information about how to care for children, especially children with special needs. Participants also noted frustration that their child was "slipping through the cracks." If a child doesn't have multiple diagnoses they are not considered high risk "enough" and don't qualify for services.

Participants also discussed having to deal with and accept the child's diagnosis; they are grieving the child (i.e., relationship with child) they will never have because it will be different than the typical parent-child relationship. This realization is difficult and stressful.

“I didn’t ask for this journey – I was chosen for this journey.”

Participants discussed the stress that came along with their parenting responsibilities. One participant said she needed an “energy boost,” help before she gets burnt out. *“If they are concerned about mom’s well being they should do something about it.”* The majority of participants enthusiastically stated that respite services were badly needed and that they would gladly participate if the services were available. In addition, participants thought having a support group (similar to this focus group) that provided more information and education would be really helpful. They would like an opportunity to vent, commiserate, and support each other. Several commented that “mom’s groups” currently available are more about “mom’s night out’s” than the support and education they needed; especially medical information.

Participants desired more information about child development and parenting; what to expect and tips. In addition, one participant talked about going home with a child who has several different times of medications and how to handle and organize that type of care.

When asked “how do you cope?” Respondents all agreed, *“Faith!”*

“It is a job to survive and care for our children.”

Needs and Gaps

There are seven important domains which programs in Guilford County are having difficulty addressing. First, there is not currently a comprehensive resource guide to assist service providers in making referrals and recommendations for services or for parents to know what services are available in Guilford County. There are many great services available in Guilford County, but many of them are invisible to the people who need them the most.

Second, mental health assessments and referrals for both moms and children are not readily accessible. Many programs report increases in mental health challenges, however, once identified there is nowhere to refer them. Third, interpreters and translated materials, particularly for languages other than Spanish, are extremely limited. Limited numbers of interpreters and high levels of turnover leave service providers unable to reach many families. In addition, the diverse population in Guilford County requires translated educational materials to be available in many languages.

Fourth, transportation is a major challenge and stressor for many families in Guilford County. Current public transportation is not meeting the needs of the most vulnerable families. Fifth, quality, affordable childcare, especially for children with special needs is very difficult to find. The average childcare facility is not equipped for children with special needs and/or disabilities. Further, early childhood educators are often unprepared to handle the complex developmental delays, diagnoses, and disabilities of many children.

Sixth, many families cannot afford basic items for their babies, items that are crucial to a baby’s well-being. For example, safe baby beds and diapers have been identified as major needs for many families. Because of the high

incidence of SIDS in Guilford County it is imperative that families have appropriate, safe bedding. Seventh, there are many undocumented women and children in Guilford County whose basic health needs are not being met. Regardless of their status, all moms and all children who reside in our communities should have basic health care.

It is important to note these needs and gaps are not a reflection of any agency's unwillingness or lack of desire to address these issues, agencies are currently ill equipped, physically and financially, to address these issues.

Auxiliary Programs

Documentation and data were collected from four additional programs identified by core providers as significant contributors to parenting intervention and education services available in Guilford County. These programs were beyond the scope of the current investigation and, thus, the available data and description of services is limited.

Description of Services

These programs provide targeted support and education for parents, including teen moms and fathers. Services are targeted at providing support and education for teen moms, increasing awareness and understanding of children's social and emotional challenges, and providing parent education for both moms and dads with an emphasis on improving parent-child interactions.

Goals

These auxiliary programs have the same overlapping goals as the core parenting programs, they include: Improving maternal and infant health; Reducing abuse and neglect; Increasing knowledge of early childhood development and improve parenting; and strengthening families.

Improve Maternal and Infant Health. Teen parenting programs address this goal by educating teen moms about the importance of prenatal care, encouraging them to delay a second pregnancy, and by monitoring the mom and newborns' mental and physical health.

Reduce Abuse and Neglect. These programs work to reduce abuse and neglect by offering support, helping reduce stress, and through preventive education.

Increase Knowledge of Early Childhood Development and Improve Parenting. While many of the core programs prioritize health and intervention before parenting education, auxiliary programs' predominant focus is on increasing parents' knowledge of early child development and improving parent-child interactions. Parents are taught the importance of positive interactions, educated about milestones and typical development, and encouraged to use appropriate discipline techniques. The Family Life Council specifically targets fathers, seeking to increase father involvement. Additionally, Bringing out the Best focuses on educating teachers and parents about social and emotional challenges in early childhood.

Strengthen Families. These auxiliary programs strengthen families by reducing drop-out rates of teen moms, encouraging further education and employment preparation, and by working on life management skills and goal setting. By improving family functioning and promoting healthy parent-child relationships each program is strengthening families and preparing children for success. These programs help parents feel competent, improve

parent-child interactions, and help families plan for the future, thus they strengthen not only the family, but also the entire community.

Needs and Gaps

Similar to the core parenting programs, the auxiliary programs' biggest challenge is marketing and advertising. With limited resources most programs choose not to advertise, instead allocating resources to educational materials for families. These programs also noted the need for more funding to continue to fund current programming and to expand services (e.g., funds to provide developmentally appropriate toys for children, housing for teen moms).

Next Steps for Core Providers and Parent Participants

During the next six months we will

- Convene our ten core providers to assist in developing a strategic plan for triage of parenting services for both pre and postnatal mothers. The group will be convened as the Partnership for Positive Parenting.
 - Disseminate individual program evaluations and recommendations to each core provider
 - Assist programs needing to develop logic models and program outcomes for evaluations
 - Pilot the Parenting Risk and Resilience Assessments with program mothers
 - Pilot the Effective Parenting measure with program mothers
 - Share piloting data with Core Providers and refine assessments based on their feedback and piloting data
 - Invite Core Providers to participate in community presentations of Ready Together results and recommendations
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Recommendations

Guilford County enjoys a rich history of collaborative, multidisciplinary partnerships focused on providing children and families with the best health care, prevention services, early intervention, and educational services. We are recommending the formal establishment of two consortia to provide a seamless and integrated approach to support parenting and school readiness for children ages birth to five. Each of these collaborative would draw upon the strength and experience of two informal groups which have been in existence for the past several years, but without clear mechanisms for support, organization, and governance.

Partnership for Positive Parenting

One of the key themes that arose in meetings with our Core Providers over the past year was the need for a more organized and influential consortium of early parenting services providers. The LICC and other infant consortia were cited as examples of groups which were effective for informal networking and case consultation but have not provided opportunities to create and implement more integrated and effective practice in the field. Concerns expressed with the current informal arrangement were that there was no official convener or direction and that the members did not have the “time to share in chairing the group effectively”. Some noted that “we spend lots of time talking about the same issues over and over, but no one has the power to get big things accomplished.” We recognize that while there are many individuals sitting on related committees, much of the deep experience and knowledge in the parenting arena is represented with our Core Providers.

We recommend that a **Partnership for Positive Parenting (3Ps)** be organized with the following **structure**:

- Coordinator/Facilitator would be hired to facilitate the group and serve to coordinate resources and supportive services to the groups
 - Coordinator would arrange for trainings, technical assistance, evaluation services
- Consortium of Core Providers would serve as a Steering Committee for 3Ps with a governing role
 - Consortium of Core Providers would be tasked with creating and implementing triage and integration of parenting services for both universal and vulnerable populations
 - Consortium of Core Providers would be tasked with decision-making concerning curricula, workforce development, and evaluation and quality improvement
- Consortium of Parenting Intervention and Education Specialists would serve as advisory committee to 3Ps Steering Committee
- Medical Community would serve as advisors to the group
- Community Parenting Partners (faith based, public safety, public school educators, etc.) would serve as advisors to group

The Partnership for Positive Parenting would implement a **mechanism to coordinate parenting services** for all families as well as those most vulnerable. A **triage approach**, using MCC, PPV, and UNHV as portal of entry, would recommend services to expectant and new mothers.

Provide universal parenting services

Supporting Positive Parenting for Every Baby

- Expanding Universal Newborn Home Visitation (UNHV) program
- Creating additional Prenatal Practitioner Visit (PPV) for first time mothers
- Compiling Universal Prenatal Parenting Information/Resources (ObGyns)
- Support to existing programs
 - Curricula, materials, niche programming
 - Evidence-based parenting curriculum with common platform
 - Promoting First Relationships
 - Parenting Resource Guide
 - Programs targeting fathers
 - Workforce development
 - Diversity training and increased staff diversity
 - Address staff support, burn-out, and professional behavior
 - Scholarship assistance for additional training and education
 - Evaluation and Quality Improvement
 - Program evaluation and logic models
 - Risk, resiliency, and needs assessment
 - Assessment of Effective Parenting

Strengthening services for the most vulnerable mothers and children

- Expanding Universal Newborn Home Visitation (UNHV) program
 - Creating additional Prenatal Practitioner Visit (PPV) for vulnerable mothers
 - Expand the Nurse Family Partnership (NFP) program
 - Serve first time mothers in poverty, adolescents, and those without spouse or family support
 - Respite care for families with special needs infants
 - Interpretation and support services for non-English speaking families
 - Court-based intervention
 - Expansion of Elizabeth's Closet concept to all families in need
 - Pak and Play for low income families to reduce SIDS
 - Accessibility to services
 - Gaps in public transportation
 - More flexible program delivery options
 - Support to existing programs
 - Curricula, materials, niche programming
 - Evidence-based parenting curriculum with common platform
 - Promoting First Relationships
 - Parenting Resource Guide
 - Programs targeting fathers
 - Workforce development
 - Diversity training and increased staff diversity
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- Address staff support, burn-out, and professional behavior
- Scholarship assistance for additional training and education
- Evaluation and Quality Improvement
 - Program evaluation and logic models
 - Risk, resiliency, and needs assessment
 - Assessment of Effective Parenting

School Readiness Collaborative

The School Readiness Collaborative (SRC) is an existing and effective mechanism for addressing issues of school readiness in Guilford County. The purpose of the School Readiness Collaborative is to address the challenge of mobilizing community resources to significantly improve the school readiness of young children who are vulnerable for school failure. The SRC, with planning grant funding provided through the Weaver Foundation, has served as a catalyst for numerous professional development initiatives, applied research grants, collaborative meetings, presentations, and working groups. The original purpose of the Weaver Planning grant funding was to support the work of the SRC to implement new collaborative initiatives to enhance the education of young children at risk for school failure. Key areas of concern identified by the SRC were professional development to promote quality early education, family and parental involvement, and providing appropriate services for an increasingly diverse preschool population. Since its inception in 2004, more than 1.8 million dollars has been received in foundation and federal grant funding to support these efforts.

The School Readiness Collaborative (SRC) was formed in 2004 from a small group of individuals representing programs serving at-risk preschoolers in Guilford County. A core leadership team comprised of the Executive Director of Guilford Child Development, the Guilford County Schools' Pre-K Director, and a UNCG CYFCP Associate Director convened a planning retreat to address the challenge of mobilizing community resources to significantly improve the school readiness of at-risk pre-kindergarten children. Their vision was to develop a collaborative for enhancing school readiness by introducing proven, evidence-based methods of quality enhancement and professional development into all classrooms serving pre-K children at risk of school failure in Guilford County, NC. This was achieved through a partnership among academic institutions, the public school system, Head Start, and a broad array of community partners. The School Readiness Collaborative includes the following partners: Guilford County Schools, Guilford Child Development (Head Start grantee for Guilford County), the University of North Carolina at Greensboro (UNCG), NC A&T State University (NC A&T), Guilford Technical Community College (GTCC), the Guilford County Partnership for Children (Smart Start), Guilford Education Alliance (GEA), Greensboro College, High Point University, and the United Ways of Greensboro and of High Point.

In order to broaden the dissemination and impact of lessons learned through this collaborative, current SRC efforts seek to establish a demonstration site to serve as a teaching and applied research laboratory for promoting school readiness for at-risk children and support for their families. This demonstration facility would house a combination of Head Start, Public School Pre-Kindergarten, and early intervention classrooms and would serve as an observational lab for professional development and family involvement activities. The facility would provide a vehicle to continue

implementing evidence-based practice using the Classroom Assessment Scoring System described below as a platform across a variety of pre-K classrooms (Head Start, public school, ESL, and early intervention). Programs to promote effective parenting and parental involvement would be integrated, as well, into the Center's portfolio. The site would have a special emphasis on immigrant populations (e.g. providing ESL opportunities for parents and children) and would house a Family Resource Center for families with pre-K children.

School Readiness Collaborative

We recommend that the School Readiness Collaborative be organized with the following structure:

- Coordinator/Facilitator (part-time) would be hired to facilitate the group and serve to coordinate resources and supportive services to the groups
 - Coordinator would arrange for trainings, technical assistance, evaluation services
- Consortium of Core current SRC members would serve as a Steering Committee for SRC with a governing role
 - SRC Steering Committee members would be tasked with creating and implementing triage and integration of child care and early education services for both universal and vulnerable populations
 - SRC Steering Committee members would be tasked with decision-making concerning curricula, workforce development, and evaluation and quality improvement
- 3Ps partnering with existing SRC
- Partnering with existing child care initiatives
 - Guilford Partnership for Children
 - GCD Resource and Referral
 - Head Start
 - GCS Pre-K

Supporting Quality Child Care for Every Child

- Support to existing programs
- Teacher-child interactions focus of intervention
 - Curricula, materials, niche programming
- Evidence-based common professional development platform to enhance quality
 - (CLASS)
 - Programs to support parental involvement
 - Workforce development
 - Cultural competence
 - Address staff support, burn-out, turnover, and professional behavior
 - Scholarship assistance for additional training and education
 - Evaluation and Quality Improvement
 - Program evaluation and logic models
 - Quality Standards: NAEYC, ECERS, CLASS, STARS
- New Initiatives with Guilford County Schools/Smart Start/Guilford Education Alliance
 - Early support for parenting and child development
 - Birthday newsletter *Watch Me Grow, Help Me Learn*, gift and educational DVD

Strengthening services for the most vulnerable children at risk for school failure

- Support to existing programs
 - Increase services for children with challenging behaviors
 - Bringing Out the Best
 - Incredible Years for Center Programs
- Teacher-child interactions focus of intervention
 - Curricula, materials, niche programming
 - Evidence-based common professional development platform to enhance quality
 - (CLASS)
 - Programs to support parental involvement
 - Workforce development
 - Cultural competence
 - Address staff support, burn-out, turnover, and professional behavior
 - Scholarship assistance for additional training and education

Mental Health Initiative

A persistent theme that arose from stakeholders, providers, and parents throughout this year-long-study was the need for expanded and more effective mental health services for mothers and their young children. At this time there are critical needs for services and providers for mental health services for mothers and interventions for young children. This is a cross-cutting issue. Children are presenting with problems of emotion regulation, attachment disorders, and challenging behaviors in both home and child care/early education settings. There is clear evidence that early, untreated issues related to poor social emotional development lead to more persistent patterns of challenging behaviors which follow children into child care and school settings, compromising their ability to adjust and to learn. We recommend the following initiatives related to mental health for mothers and young children:

Mental Health Initiatives

- Institute for training and professional development
- Funding for mental health therapists and nurses
- Social and emotional services for early childhood
- Family Check-Up Intervention targeting toddlers
- Therapeutic services in the school system
- Ages and Stages Screening as part early health screenings for all children
- Focus on the quality of relationship and interactions with caregiver as point for intervention
- Social emotional benchmarks for professionals, parents, and community

Community Capacity, Awareness, and Marketing

One of Guilford County's greatest strengths is the capacity of its citizens to work together to face challenges, solve problems, and promote a common good. In the areas of child health and well-being, child care, and education, this community is known for its collaborative initiatives, its lack of turf battles, and its commitment to excellence. To move forward with school readiness and positive parenting initiatives requires that we build community capacity and increase awareness and marketing on the importance of the years zero to five.

Community Capacity, Awareness, and Marketing

- Awareness of the needs of infants and toddlers and services required
- Awareness of social emotional developmental benchmarks
- Marketing and advertising
 - PSA, billboards, community TV and radio
- PPP and SRC websites
- Parenting Resource Guide
 - Web-based
 - Interactive for professionals and parents
 - Password protected accessibility for various levels
 - Resources, manuals, assessments, protocols
 - Continually updated
 - Will improve coordination among agencies and health professionals
 - Print version
 - Printed annually and distributed across county
- Presentation to community partners
 - Medical, education, child care, faith-based, public safety
 - Civic, business, government, and philanthropic organizations

Recommended Priorities

In this report we recommend steps to be undertaken by the Guilford County community to promote good developmental outcomes for young children through healthy parenting and quality child care. We have listed these priorities based on our assessment of the community's need, the current research literature on school readiness, and a view of the broader context of benefit-cost assessments from the Brookings Institution (*Cost Effective investments in Children*).

Many of the recommendations in this report are broad and potentially far-reaching. In order to be successful, they will require the development of a strategic plan to further refine priorities and establish mechanisms to initiate and evaluate their impact. We recognize that this strategic plan will involve consideration of further input from *Ready Together* advisory groups, relationship to current and future community and philanthropic priorities, budgetary issues, and relationship to other health, education, and parenting organizations and initiatives.

A key priority to promote the optimal development of young children is to support their readiness for school through quality care from both parents and caregivers.

School Readiness Collaborative

An important priority for our community is to support quality early education and child care programs for children ages birth through five. The most beneficial and cost effective ways to meet this priority are as follows:

- 1) Fund an Administrative Support/Facilitator (part-time) for the School Readiness Collaborative
- 2) Provide common platform for promoting evidence-based quality classrooms and teacher-child interactions: CLASS (Classroom Assessment Scoring System)
- 3) Provide professional development and CLASS training and technical assistance for GCS Pre-K and Kindergarten teachers/assistants
- 4) Provide professional development and CLASS training and technical assistance for private child care providers
- 5) Support common developmental screening and assessment for children entering 4 year pre-k programs
- 6) The Positive Parenting Coordinator would serve as a resource to the School Readiness Collaborative on parenting and family involvement issues.*

Promoting Positive Parenting

A second priority is to promote positive parenting through the support of a Positive Parenting Collaborative. The most beneficial and cost effective ways to meet this priority are as follows:

- 1) Fund position for coordinator to facilitate integration, implementation, and triage with exiting providers. Coordinator will serve as resource to provide training on common platform curriculum; to provide technical assistance, to provide evaluation services, and to assist in securing resources for parenting programs. *The coordinator would serve as a resource to the School Readiness Collaborative on parenting and family involvement issues.
- 2) Support common platform/curriculum to enhance early parenting intervention and education programs: Triple P and/or Promoting First Relationships

Expanded Home Visitation for Vulnerable Families

A third priority is to support the expansion of successful nurse-home-visitation programs to promote sound prenatal care and the healthy development of infants and toddlers. The most efficacious ways to meet this priority are as follows:

- 1) Expand the Universal Newborn Home Visitation Program to support additional visits to mothers and infants who are most vulnerable
 - 2) Create a Prenatal Practitioner's Visit for vulnerable mothers who are seen by private providers and therefore not eligible for the Maternal Care Coordination (MCC) program which is provided through the Health Department to low-income mothers. Obstetricians could refer mothers who appear at risk for poor parenting outcomes or mental health issues. The PPV Nurse could provide an ancillary doctor's office visit or home visit to referred mothers.
 - 3) Support the expansion of the Nurse Family Partnership program to serve first time mothers who may be vulnerable because they are adolescents, live in poverty, or are without spouse or family support. This is to expand services to mothers not being served by Guilford Child Development's combined NFP Early Head Start program.
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Mental Health Initiative

A fourth priority is to support a mental health initiative which will provide for expanded and more effective mental health services for mothers and their young children. This may be met through the following list of priorities:

- 1) Provide training and professional development through a Mental Health Institute
- 2) Expand social and emotional services in early childhood through programs like *Bringing Out the Best*, *Incredible Years*, and the *Family Check-Up Intervention*
- 3) Support Ages and Stages screenings as part of pediatric check-ups. Incorporate into Health Indicators Screening
- 4) Increase awareness of emotional development benchmarks for professionals, parents, and the community
- 5) Secure funding for additional mental health therapists and nurses
- 6) Secure funding for therapeutic services in the school system

Community Awareness and Resources

One of Guilford County's greatest strengths is the capacity of its citizens to work together to face challenges, solve problems, and promote a common good. In the areas of child health and well-being, child care, and education, this community is known for its collaborative initiatives, its lack of turf battles, and its commitment to excellence. A fifth, yet critical, priority is to build community capacity, awareness, and marketing around the importance of school readiness and the years birth through five. Following are a list of priorities:

- 1) Create an updated, interactive and user-friendly Parenting Resource Guide for parents and professionals (both web-based and print version) Commercial version is available with potential for easy updates
- 2) Provide marketing and advertising to support an awareness of the needs of infants and toddlers and services required
- 3) Provide marketing and advertising to support an awareness of social emotional developmental benchmarks
- 4) Support website for School Readiness Collaborative to allow for dissemination
- 5) Support presentations to community partners

Next Steps for Strategic Planning

Our next steps will include:

- Presentation and discussion of report with the four Ready Together community stakeholder groups
 - Presentation and discussion of report with scientific advisors and higher education faculty
 - Presentation of findings to Guilford County Schools working group on school readiness
 - Meeting with child care providers to complete final report on child care quality and needs
 - Work with core providers to develop a strategic plan with fundable initiatives
 - Selection of community, business, and civic groups for presentation of findings
 - Presentation of findings to groups
 - Securing commitments from groups for support and funding of initiatives
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- Preparing grant proposals to support selected areas of work such as parenting assessments and professional development
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