



Expectant and Parenting Youth in Foster Care

A Resource Guide
2014

Center
for the
Study
of
Social
Policy

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The information presented in this publication is for resource purposes only. The Center for the Study of Social Policy does not specifically recommend any of the programs included.

INTRODUCTION

Over the last two years, the Center for the Study of Social Policy (CSSP), has been working with four jurisdictions (Knox County, Tennessee; New York City, New York; Washington, DC; and Washington State) to improve child welfare services - and ultimately outcomes - for expectant and parenting youth and their children within these foster care systems.

In 2011, CSSP issued a compendium of evidence-informed programs for meeting the needs of expectant and parenting foster youth and their children. This document has helped inform each of the four jurisdictions' work. Today, based on what we learned from both these four sites, and from tracking other states' efforts, we are re-issuing the compendium with updated information about program effectiveness.

The purpose of this guide is twofold:

- 1) To enhance the knowledge of evidence-informed and promising practices that address the needs of expectant and parenting youth in foster care and their children
- 2) To provide a comprehensive set of resources for jurisdictions interested in achieving safety, permanency and well-being for these young families

This guide augments information in the first edition, highlighting the result(s) that each program, intervention, initiative and curriculum seek to impact. This allows jurisdictions to easily identify strategies geared toward their particular objectives on behalf of expectant and parenting youth in foster care and their children. The guide draws on the following sources: a review of an expanded list of existing clearinghouses on evidence-informed programs, an internet search of programs and phone interviews with programs to secure updated evaluation data. Like the search that guided our initial scan of programs, this review did not yield many evidence-informed programs that are specifically targeted towards expectant and parenting youth in foster care. Consequently, we broadened our inquiry and have included other programs and resources that can be adopted and used to serve these young families. This guide provides a strong starting point for bringing together the best information available in the field today.

METHODOLOGY

CSSP's process of gathering information for this guide comprised of the following inquiries:

First, we searched the major clearinghouses and other evidence-informed practice websites including:

- California Evidence-Based Clearinghouse for Child Welfare (CEBC)
- Campbell Collaboration
- Center for the Study of Prevention of Violence: Blueprints for Healthy Youth Development
- Child Trends
- Cochrane Collaboration
- FindYouthInfo
- Healthy Teen Network's Evidence-Based Resource Center
- Institute of Education Services: What Works Clearinghouse
- National Clearinghouse on Families and Youth
- National Guideline Clearinghouse
- National Registry of Evidence-Based Programs and Policies (NREPP)
- National Resource Center for Community-Based Child Abuse Prevention
- Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide
- Promising Practices Network (PPN)
- Strengthening America's Families Effective Family Programs for Prevention of Delinquency
- Department of Health and Human Services, Office of Adolescent Health List of Evidence-Based Programs
- Department of Health and Human Services, Office on Child Abuse and Neglect Report on Effective Programs
- Department of Health and Human Services, Home Visiting Evidence of Effectiveness (HomVEE)

Second, we conducted a general Internet search for resources specifically designed to serve expectant and parenting youth in foster care and their children. Finally, we conducted phone and email inquiries with practitioners, program administrators and evaluators to secure updated evaluation data on program effectiveness.

HOW TO READ THIS RESOURCE GUIDE

The resource guide is organized into three major program categories:

- 1) Parenting Supports, including Co-parenting and Fatherhood
- 2) Developmental Supports for Children and Parents, including Health Care and Trauma-Informed Interventions
- 3) Preparation for Adulthood, including Education, Housing and Employment

Each category is divided into two sections. The first lists programs, interventions and initiatives, that are evidence-informed and those that hold promise for serving these young families. For the purposes of this guide we have defined *evidence-informed* as programs, interventions, initiatives and curricula that were developed based on theory and for which sufficient data has been collected to determine effectiveness. This definition is inclusive of those efforts that have been determined to be *evidence-based* through randomized control trial research design. *Evidence-informed* draws on the best available data findings from theory, research, evaluation and practice to determine effectiveness and guide design and implementation. *Promising practices* are defined as programs, interventions, initiatives and curricula that were developed based on theory or research, but for which insufficient data have been collected to determine the effectiveness of the practice. It is our hope that the promising practices will be reviewed and evaluated by experts, researchers and academics to generate on-the-ground learning and evidence to inform and provide guidance on impact, replication and scalability.

The second section contains information on curricula and training. While we found four training curricula that specifically target skill development for workers, practitioners and resource parents, the other curricula can serve as a starting point for improving staff and resource parent capacity in servicing this population.

KEY

Each entry contains the following components:

1. **Name of the program, initiative, intervention and curriculum.** All of the entries listed in this guide serve expectant and parenting youth in foster care. Parentheses after each of the programs describe the primary target population, using the following descriptors:
 - **EPY-FC** – designed specifically to serve expectant and parenting youth in foster care
 - **EPY** – designed to serve expectant and parenting youth
 - **Foster Youth** – designed to serve youth in foster care
 - **Youth** – designed to serve youth more generally
 - **Parents** – designed to serve parents more generally
 - **Fathers** – designed to serve fathers more generally

2. **Results** that the program, intervention, initiative and curriculum attempts to achieve. The results identified include:
 - Children and youth are healthy
 - Children and youth are safe
 - Children enter school ready to learn and are prepared to succeed
 - Youth succeed in their education
 - Youth are prepared to succeed as adults
 - Children and youth have healthy and positive social connections
 - Youth have steady and gainful employment
 - Children and youth have safe, stable and affordable housing
3. **Target population** to be served, including all specified criteria
4. **Description** of the program
5. **Source of the evidence-informed clearinghouse** that has rated the program, intervention, initiative and curriculum followed by the rating given. Each evidence-informed clearinghouse has its own specific rating system. Detailed information for each rating system referenced can be found in the appendix.
6. **Evidence of effectiveness** including detailed information of external and/or internal evaluations conducted
7. **Location** of where the program, intervention, initiatives and curricula are implemented
8. **Website source** or key contact for more information

The programs, interventions, initiatives and curricula that are designated as evidence-informed are listed first, followed by an alphabetical listing of promising practices.

An index at the end of the guide provides an alphabetical list of the programs and the corresponding page number.

The descriptions of each of the programs, interventions, initiatives, curricula and other resources that follow are quoted directly or adapted from the programs' materials and/or other vetted reference sources. In all cases the citation is clearly listed. For further information about these sources, please contact Lisa Primus at lisa.primus@cssp.org.

PARENTING SUPPORTS

I. PROGRAMS, INTERVENTIONS AND INITIATIVES

Evidence-Informed:

ADOLESCENT PARENTING PROGRAM

(EPY)

Results:

- Children and youth are safe
- Children enter school ready to learn and are prepared to succeed
- Youth have steady and gainful employment
- Children and youth have safe, stable and affordable housing

Target Population: First-time expectant and parenting youth age 12 to 19 enrolled in school or a GED-completion program and their children age birth to five years old

Description: The Adolescent Parenting Program (APP) provides support to first-time expectant and parenting teens through intensive home visiting and peer group education. Each APP serves a caseload of 15-25 teens that may enter the program at any time during their pregnancy or after their child's birth. Participants receive monthly home visits using either the Partners for a Healthy Baby or Parents as Teachers home visiting curriculum, along with 24 hours of prescriptive group education with their peers. The goal of the program is to support adolescent parents to become self-sufficient and better able to support themselves and their families through a focus on education, acquisition of job skills and increase in parental capacity. APP applies a two generational approach and strives to improve outcomes for the adolescent and the children.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/Youth-parenting-program-app/detailed#relevant-research>

Rating: 3 – Promising Research Evidence

Evidence of Effectiveness: The most recent study of APP was conducted in 2012 and included 35 female graduates of the program age 18 to 24. The majority of participants were African American. Measurements utilized include the *Parenting Sense of Competence Scale*, the *Parenting Opinions Questionnaire*, the *Student Life Satisfaction Scale*, a subset of the *Multidimensional Students' Life Satisfaction Scale*, the 10-item *Rosenberg Self-Esteem Scale* and the *Young Female Parent Life Status Assessment Form*. Results indicated that AAP graduates were found to have a more positive life trajectory: greater primary responsibility for housing and utilities, greater higher education enrollment, more job stability and greater focus on career goals (Gruber, 2012).

Implementation Site(s): North Carolina

For more information: www.teenpregnancy.ncdhhs.gov

BABY FAST GROUPS FOR YOUNG MOTHERS

(EPY)

Results: Children and youth are safe

Target Population: Babies (birth to two years) who are at-risk for child abuse and neglect, their young mothers (age 14 to 21) and the babies' extended family which include biological fathers and grandparents

Description: Baby FAST Groups for Young Mothers are structured multi-family, multi-generational groups led by trained teams consisting of a health visitor, an infant massage expert, a social worker from the public child welfare agency, an advocate for young men, a grandmother of a teenage mother and a teenage mother. The eight structured sessions aim to build positive relationships across the informal social support networks, defuse conflicts, connect the parents with expert professionals for referrals and services, optimize the infant-parent attachment and protect the baby from neglect and abuse.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/baby-fast-groups-for-young-mothers/detailed>

Rating: NR – Not Able to be Rated

Evidence of Effectiveness: A pretest/posttest evaluation of the Baby FAST Groups for Young Mothers was conducted in 2009. Participants included 115 mothers age 15 to 28 (average age 19). Of these young mothers, 82 percent were Caucasian, eight percent were Native American and the remainder were of an unidentified race/ethnicity. Results indicated statistically significant increases in parental self-efficacy for the young mothers, improved parent–child bonds, reductions in stress and family conflict and increases in social support (McDonald, Conrad, Fairtlough, Fletcher, Green, Moore & Lepps, 2009).

Implementation Site(s): Nationwide; England, Canada and Australia

For more information: <http://www.familiesandschools.org/programs/baby-fast.php>

Early Intervention Program (EIP) for Adolescent Mothers (EPY)

Results: Children and youth are healthy

Target population: Expectant and parenting youth age 14 to 19, particularly Latina and African American adolescents

Description: The Early Intervention Program (EIP) for Adolescent Mothers is a home visiting program by nurses extending from pregnancy through a year after delivery, designed to improve the health of expectant youth through promoting positive maternal behaviors. During home visits, public health nurses use a variety of teaching methods to cover five main content areas: (1) health, (2) sexuality and family planning, (3) maternal role, (4) life skills and (5) social support systems.

Source of Rating: U.S. DHHS,
<http://homvee.acf.hhs.gov/document.aspx?sid=39&rid=1&mid=1>

Rating: Well-Supported by Research Evidence

Evidence of Effectiveness: A randomized control trial was conducted in 2002 in San Bernardino County, California, a large, ethnically diverse county adjacent to Los Angeles. The sample included adolescent mothers and their children and was comprised of 64 percent Latina and 11 percent African American and 19 percent Caucasian. The study found that the total number of days of infant hospitalization (excluding birth-related) was significantly lower in the treatment group than in the control group, with 74 and 154 days, respectively. The percentage of children immunized in the treatment group was 96, compared with 86 percent of the control children. Limitations of this study were that the data were based on maternal recall and self-report (Koniak-Griffin, Anderson, Brecht, Verzemnieks, Lesser & Kim, 2002).

Implementation Site(s): San Bernardino County, Calif.

For more information: <http://www.childtrends.org/?programs=early-intervention-program-for-adolescent-mothers>

Healthy Families America (Home Visiting for Child Well-Being) (EPY, Parents)

Results:

- Children and youth are safe
- Children and youth are healthy

Target population: Families with children from birth to age five who are at-risk for child abuse and neglect or other adverse childhood experiences

Description: Healthy Families America (HFA) is a home visiting program model designed to work with overburdened families with children at-risk for child abuse and neglect and other adverse childhood experiences. It is designed to connect weekly with families who may have histories of trauma, intimate partner violence and mental health and/or substance abuse issues. HFA services are offered voluntarily, intensively and over three to five years after the birth of the baby. Families are determined eligible for services once they are screened and/or assessed for the presence of factors that could contribute to increased risk for child maltreatment or other poor childhood outcomes (e.g., social isolation, substance abuse, mental illness, parental history of abuse in childhood, etc.). Home visiting services must be initiated either prenatally or within three months after the birth of the baby.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/healthy-families-america-home-visiting-for-child-well-being/detailed>

Rating: 1 - Well-Supported by Research Evidence

Evidence of Effectiveness: A review of 33 evaluations and 15 studies found that program participants demonstrated a significant improvement in parenting attitudes, as documented by a reduction in their scores from the *Child Abuse Potential Inventory* and the *Adolescent Parenting Inventory* from baseline to year two. HFA was also found to reduce the parenting stress of its participants with significantly lower scores indicated on the *Parenting Stress Index* at year two. The studies were conducted in ethnically diverse locations. Thirty-seven percent of 100 sample sites in nine states served predominately African American families and 21 percent of these sites served predominately Latino families (Harding, Galano, Martin, Huntington & Schellenbach, 2007).

Implementation Site(s): Nationwide

For more information: <http://www.healthyfamiliesamerica.org/home/index.shtml>

Nurturing Parenting Program: Nurturing Skills for Teenage Parents (EPY)

Results:

- Children and youth are safe
- Children and youth are healthy

Target population: Adolescent mothers age 12 to 18

Description: The Nurturing Parenting Programs (NPP) are family-based programs developed to help families who have been identified as at-risk for child abuse and neglect. The Nurturing Skills for Teenage Parents program is designed to reduce parenting stress, improve parenting behaviors and the overall mental health of adolescent mothers. The program consists of 59 lessons adapted from the evidence-based NPP. Each session is designed for 50 to 90 minutes and is delivered by specially trained professionals. Each lesson presents easy to follow, step-by-step instructions for teaching the parent(s) skills appropriate for the age level of their children. Skill areas and lessons can be taught in any sequence based on the needs of the family. Parents are encouraged to include their children as part of the program to enhance positive parent-child attachment. Instructional booklets are provided to assist adolescents in promoting healthy child development.

Source of Rating: SAMHSA's National Registry of Evidence Based Programs and Practices, <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=171>

Rating: 3.2 on a Quality of Research scale of 0.0 to 4.0, with 4.0 being the highest rating given

Evidence of Effectiveness: Three control group studies and 49 implementation reports were reviewed, the most recent conducted in 2009, included a sample of 58 percent Caucasian families, the race and ethnicity of the remaining 42 percent were not specified. Key findings indicate significant improvements in (1) parenting attitudes, knowledge, beliefs and behaviors, (2) rates of recidivism of child abuse and neglect reports and (3) family interaction (Hodnett, Faulk, Dellinger & Maher, 2009).

Implementation Site(s): Nationwide

For more information: <http://nurturingparenting.com/ecommerce/category/1:2:3/>

Parents as Teachers – Born to Learn

(EPY, Parents)

Results: Children enter school ready to learn and are prepared to succeed

Target population: Expectant parents or parent of children up to age five, inclusive of expectant and parenting youth

Description: Parents as Teachers (PAT) – Born to Learn is an early childhood parent education, family support and school readiness model based on the premise that “all children will learn, grow, and develop to realize their full potential.” The model provides personal visits carried out by professional staff trained and certified in use of the *Born to Learn* curriculum, which draws heavily on the science of child development, including brain development. Other required model components are group meetings to foster social networks and regular health and developmental screenings, with referral to a community resource network if needed.

Essential components of the program are monthly (at minimum) personal visits, regular screenings regarding developmental progress, monthly site-based group meetings for parents and a resource network to connect the family to community resources.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/parents-as-teachers-born-to-learn/detailed>

Rating: 3 – Promising Research Evidence

Evidence of Effectiveness: A random stratified sample of 7,710 elementary students were assessed at kindergarten and at the third-grade. An analysis of two multi-year data sets was then used to examine the impact of pre-kindergarten services on the school readiness and later school success of children in the early elementary years. This study found that participation in PAT improved children’s school readiness and third grade achievement for all income levels. The indicators used in the evaluation of this program were (1) the frequency that parent participants read to their children and (2) whether parent participants enrolled their children into a preschool program. A correlation was found between those parenting behaviors and children’s overall school success. Results also indicate that children living in poverty benefited the most from involvement in PAT. Of the low-income children who received PAT services, 82 percent were ready for kindergarten, compared with 64 percent who were not involved with the program. (Wagner & Clayton, 1999).

Implementation Site(s): Missouri

For more information: www.parentsasteachers.org

SafeCare

(EPY-FC)

Results:

- Children and youth are safe
- Children and youth are healthy

Target population: Parents of children birth to age five who are at-risk for child abuse and neglect or parents with a history of child abuse and neglect

Description: SafeCare is an in-home parenting program that provides direct skill training in child behavior management and planned activities, home safety and child health care skills with the overarching goals of preventing child abuse and neglect.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/safecare/>

Rating: 2 – Supported by Research Evidence

Evidence of Effectiveness: Among other studies, a randomized controlled trial evaluation of SafeCare was conducted in 2012 with 2,175 participants in Oklahoma, of whom 67 percent were Caucasian, 16 percent were Native American, nine percent were African American and five percent were Hispanic or Latino. Results indicate a decrease in child welfare recidivism for the experimental group compared to the control, especially for those received SafeCare coaching. A follow-up study examining acceptability among Native American parents found that recipients of SafeCare had higher consumer ratings of cultural competency, working alliance, service quality and service benefits. Measures utilized include the *Beck Depression Inventory-2*, the *Child Abuse Potential Inventory*, *Working Alliance Inventory*, the *Client Cultural Competency Inventory* and the *Client Satisfaction Survey* (Chaffin, Hecht, Bard, Silovsky & Beasley, 2012).

Implementation Site(s): Atlanta

For more information: www.safecarecenter.org

SPIN Video Interaction Guidance (SPIN VIG) (EPY, EPY-FC)

Results:

- Children and youth are safe
- Children and youth are healthy

Target Population: Parents of children birth to age 17 who are at-risk for child abuse and neglect

Description: SPIN VIG is a home visiting program that aims to improve the relational skills of abusive/neglectful/at-risk parents. It can operate as a stand-alone program, or be integrated into existing parent education programs. The model is informed by attachment theory, theories of primary intersubjectivity, learning theory and adult learning principles.

SPIN VIG practitioners videotape parent-child interactions and offer strengths-based self-modeling feedback using carefully edited video samples of parents' successful interactions with their children. The interactions are analyzed and feedback plans are designed using a process that focuses on creating sustained patterns of successful interactions to improve relational skills and meet goals jointly developed by parent and practitioner within the context of broader program goals.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/spin-video-home-training/detailed>

Rating: NR – Not Able to be Rated

Evidence of Effectiveness: A meta-analysis of 29 studies (n= 1,844 families) shows statistically significant positive effects of video feedback interventions on the parenting behavior and attitude of parents and the development of the child. Results indicate that parents become more skilled in interacting with their young child, experience fewer problems and gain more pleasure from their role as parent. Shorter programs appeared to be more effective in improving parenting skills. The intervention effects were smaller for the attitude domain at parent level. The experimental outcomes were smaller at child level if the parents belonged to a high-risk group. The families who took part in the video programs had an average of 27.9 years varying from teenage mother age 17 to parents age 34. Various measurements were utilized including the *Ainsworth sensitivity scale*, *Maternal Behavior Q-sort*, the *Parenting Stress Index*, the *Child Behavior Checklist* and the *Child Behavior Rating Scale* among others (Fukkink, 2008).

Implementation Site(s): Nationwide

For more information: <http://www.spinusa.org/>

Triple P—Positive Parenting Program (EPY, Parents)

Results:

- Children and youth are safe
- Children and youth are healthy

Target population: Families, including families with young parents, with children birth to age 16

Description: Triple P—Positive Parenting Program is a multi-tiered system of five levels of education and support for parents and caregivers of children and adolescents. Developed for use with families from diverse cultural groups, Triple P is designed to prevent social, emotional, behavioral and developmental problems in children by enhancing their parents' knowledge, skills and confidence. The program, which also can be used for early intervention and treatment, is founded on social learning theory and draws on cognitive, developmental and public health theories. Triple P has five intervention levels of increasing intensity to meet each family's specific needs. Each level includes and builds upon strategies used at previous levels, from Level one, for common behavioral and developmental concerns, to Level five, an enhanced behavioral family strategy for families in which parenting difficulties are complicated by other sources of family distress. There are also specialized programs including programs for parents of children with a disability, parents of children with health or weight concerns and parents going through divorce or separation.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/triple-p-positive-parenting-program-system/detailed>

Rating: 1 – Well-Supported by Research Evidence

Evidence of effectiveness: Evaluations of Triple P include two meta-analyses and ten randomized controlled trials conducted with predominantly Caucasian participants in either Australia or Eastern Europe. The latest study was conducted in the U.S. in 2009 and included 85,000 participants, 35 percent of whom were African American. Findings indicate significant improvement in parenting abilities and decreased child maltreatment substantiations. Triple P is currently used in 25 countries and has been shown to work across cultures, socio-economic groups and in all kinds of family structures (Prinz, Sanders, Shapiro, Whitaker & Lutzer, 2009).

Implementation Site(s): Nationwide, Worldwide

For more information: <http://www.triplep-america.com/glo-en/home/>

A. Co-Parenting and Fatherhood Supports

Evidence-Informed:

DADS Family Project

(Fathers)

Results:

- Children and youth are safe
- Children and youth have healthy and positive social connections

Target population: All fathers

Program Description: The DADS Family Project is a program to assist fathers to improve their understanding of the essential role of being a parent. It is designed to adapt to a variety of settings, from schools and churches, to prisons and businesses. The DADS Family Project is based on the belief that in a supportive learning environment, fathers can be inspired, empowered and enabled through skill-building techniques to gain confidence in their role as a parent.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/dads-family-project/>

Rating: NR – Not able to be Rated

Evidence of Effectiveness: Results from a pretest/posttest evaluation conducted in 2006 indicate that there were significant differences in participants' knowledge and attitudes about their roles as parents after completing the program. The study consisted of 63 fathers that participated either face-to-face or through distance learning and completed the *Parental Attitudes Research Instrument (PARI Q4)*. Limitations include the lack of a control group (Cornille, Barlow & Cleveland, 2006).

Implementation Site(s): Tallahassee, Fla.

For more Information: Larry Barlow, Ph.D, Florida State University,

lbarlow@mailers.fsu.edu

Parenting Together Project (PTP)

(EPY, Parents)

Results: Children and youth have healthy and positive social connections

Target Population: First time parents in the second trimester of pregnancy through five months post-partum

Description: Parenting Together Project (PTP) is an educational intervention for first-time parents that focuses on the development of fathers' knowledge, skills and commitment to the fatherhood role. The programs goals are to increase mothers' support and expectations for the fathers' involvement; to foster co-parenting teamwork by the parents; and to have the parents deal more constructively with contextual factors such as work and cultural expectations. The intervention consists of eight two-hour sessions that are spread out between the second trimester of pregnancy and five months post-partum.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/parenting-together-project/>
Rating: 2 – Supported by Research Evidence

Evidence of Effectiveness: The most recent study examining this intervention's success in enhancing the quality of father-child interaction and increasing father involvement for first-time parents was conducted in 2006. The sample size included 168 male/female parent dyads ranging from age 18 to 45. Couples were randomly assigned to either an eight session treatment or to a control group. Outcomes were assessed with time diaries, using the Interaction/Accessibility Time Chart, coded observations of parent-child play, using the *Parent Behavior Rating Scale* and self-reports using the *Parental Responsibility Scale* (PRS) at six months and 12 months post-partum. Findings indicate that the intervention had positive effects on fathers' skills in interacting with their babies during work days, but not during those days when the father was home. Limitations included difficulty with attrition and generalizability to child welfare populations due to low-risk sample characteristics (Doherty, Erickson & LaRossa, 2006).

Implementation Site(s): Minneapolis

For more information: Contact William J. Doherty, PhD by email at bdoherty@umn.edu or phone: (612) 625-4752 or (612) 625-4227

Promising Practices:

Dads Matter

(Parents, Fathers)

Results:

- Children and youth are safe
- Children and youth have healthy and positive social connections

Target Population: Parents, particularly fathers, enrolled in perinatal child welfare home visiting programs

Description: Dads Matter is a service enhancement designed to be integrated with perinatal home visiting programs seeking to fully include fathers in their services. The goal of Dads Matter is to assess a father's role in the family and the ways in which it can be improved, managed, or enhanced; to successfully engage fathers in a co-parenting role with the mother; and to provide direct support to the father, specifically with respect to managing the stresses and the challenges of being a father. The program concentrates home visitor efforts during the initial phases of home visiting services and can be delivered simultaneously with both the mother and father together or separately, depending on the assessed nature of the father's role in the family, his availability and the quality of the relationship with the mother. The service enhancement is designed to complement and not supplant, home visiting curricula, and is delivered as a normal part of in-home direct discussions with parents, similar to the delivery of home visiting services.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: A pilot study of Dads Matter was conducted in 2012 by Professor Neil Guterman at the University Of Chicago School Of Social Service Administration. The study employed a time-lagged comparison group design and evaluated 24 families receiving home visiting services, half of these families received Dads Matter enhancements. Compared to the control group, families receiving Dads Matter enhancements showed comparatively favorable outcomes in the quality of the mother-father relationship, attitudes in co-parenting, partner abuse, parenting stress as reported by both mothers and fathers, greater father involvement with the child, and greater father verbal interactions with the child. Finally, preliminary results indicate fathers' greater engagement in home visiting services. The results of the pilot study are promising, supporting the potential for successfully carrying out a larger, randomized trial of the intervention (Guterman, 2012).

Implementation Site(s): Chicago, Ill.

For more information: Neil Guterman, nguterman@uchicago.edu

Greater Bridgeport Area Prevention Program, Inc., Teen Fathers Program (EPY-FC, Fathers)

Results:

- Children and youth are safe
- Children and youth have healthy and positive social connections
- Youth succeed in their education

Target Population: Fathers or expectant fathers involved in the child welfare system under the age of 23

Description: The Greater Bridgeport Area Prevention Program, Inc. (GBAPP, Inc.), Teen Fathers Program's goal is to support non-custodial adolescent fathers in forming and sustaining a healthy and positive relationship with their child(ren). The major services and activities that are provided include: in house individualized case management, group education sessions, linkage and referrals to medical and social services and home visits. The home visits are designed to teach the young father about child development, healthy relationships and their involvement in the child-rearing process.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: Internal evaluation data from 2013 indicate that 90 percent of program participants successfully completed high school, 92 percent had acquired gainful employment and only 1.3 percent experienced a repeat pregnancy. Of the 213 program participants, 44 percent were Hispanic/Latino and 43 percent were African American.

Implementation Site(s): Bridgeport, Conn.

For more information: <http://gbapp.wordpress.com/housing-and-supportive-services/>

II. TRAINING CURRICULA

Evidence-Informed:

Circle of Security

(EPY, Parents)

Results: Children and youth are safe

Target population: Parents, including youth

Description: Circle of Security is a visually based approach, making extensive use of both graphics and video clips, to help parents better understand the needs of their children. It is based on attachment theory and current, affective neuroscience. The approach is a basic protocol that can be used in a variety of settings, from group sessions (20 weeks), to family therapy, to home visitation. The common denominator is that all of the learning is informed around the following themes: teaching the basics of attachment theory, increasing parent skills in observing parent/child interactions, increasing capacity of the caregiver to recognize and sensitively respond to children's needs and supporting a process of reflective dialogue between clinician and parent to explore both strengths and areas of parent difficulties. Circle of Security also offers training on their approach for practitioners and agencies.

Source of Rating: Department of Health and Human Services, *Office on Child Abuse and Neglect*,

<https://www.childwelfare.gov/preventing/programs/whatworks/report/report.pdf>.

Rating: Effective Program

Evidence of Effectiveness: The Circle of Security program was evaluated using a quasi-experimental, pre and post design with no comparison group. The sample included 57 parent/child dyads. Results indicate the program led to an increase in positive child behavior and use of effective caregiver strategies, increased secure caregiver strategies, child attachment, caregiver affection, sensitivity, delight and support for exploration. There were also decreases in the levels of caregiver rejection, neglect, flat affect and role reversal (Cassidy, Woodhouse, Sherman, Stupica & Lejuez, 2011).

Implementation Site(s): Nationwide

For more information: <http://www.circleofsecurity.net/>

Effective Black Parenting

(Parents)

Results: Children and youth are safe

Target Population: African American families with children age two to 12 who are at-risk for child abuse and maltreatment

Description: Effective Black Parenting is a parenting skill-building program created specifically for parents of African American children. It was originally designed as a 15-session program to be used with small groups of parents. A one-day seminar version of the program for large numbers of parents has also been created. Since the late 1980s, Effective Black Parenting has been disseminated via instructor training workshops conducted nationwide. These workshops provided training for over 3,500 professionals from 40 states. Program content helps parents learn to identify the root causes of their parenting struggles, including harsh to non-existent disciplinary measures, an absence of an achievement strategy and ethnic self-disparagement. Phases of the training program include culturally-specific parenting strategies, general parenting strategies, basic parenting skills taught in a culturally-sensitive manner and individualized program topics.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/effective-black-parenting-program/detailed>

Rating: 3 – Promising Research Evidence

Evidence of Effectiveness: Effective Black Parenting was field tested on two cohorts of inner city African American parents and their children in 1992. Eligible families were recruited through schools. Pre and post changes on parental acceptance-rejection, family relationships and on child behavior problems and social competencies were compared in a quasi-experimental design involving 109 treatment and 64 control families over a period of one year. Measures were conducted in structured interviews with parents and children and included an examination of parenting attitudes, beliefs and practices; family relationships; substance use, psychiatric and legal histories; and family stresses and resources. Specific measures included the *Parental Acceptance Rejection Questionnaire for Mothers*, the *Parenting Practices Inventory*, the *Retrospective Family Relationships Questionnaire* and the *Child Behavior Checklist*. Results indicate that the EBP produced significant improvements in parental acceptance of their child, quality of family relationships, child behavior outcomes, as well as improved use of effective parenting behaviors (Myers, Alvy, Arlington, Richardson, Marigna, Huff & Newcomb, 1992).

Implementation Site(s): Nationwide

For more information: <http://www.ciccparenting.org/EffBlackParentingDesc.aspx>

The Incredible Years

(Parents)

Results: Children and youth are safe

Target population: All parents with young children

Description: The Incredible Years® parent training intervention is a series of programs focused on promoting parent/child relationships, strengthening parenting competencies (monitoring, positive discipline, confidence) and fostering parents' involvement in children's school experiences in order to promote children's academic, social and emotional competencies and reduce conduct problems. Programs for different age groups are available as well as coaching manuals for home visitors.

The Incredible Years®, which is available to order online, includes separate training programs, intervention manuals and DVDs for the use of trained therapists, teachers and group leaders designed to help parents and teachers provide young children birth to age 12 with a strong emotional, social and academic foundation and with the longer-term aim of reducing the development of depression, school drop-out, violence, drug abuse and delinquency in later years.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/the-incredible-years/detailed>

Rating: 1 – Well-Supported by Research Evidence

Evidence of Effectiveness: The Incredible Years® parent training programs were first recommended by the American Psychological Association Task Force in 1998 as meeting the stringent “Chambless & Hollon criteria” for empirically supported mental health intervention. Research evaluated includes twelve randomized controlled trials conducted in the Western U.S. and eleven independent replications in the U.S., Canada, and Western Europe. Eastern Europe.

U.S. studies were highly representative of African Americans, Latinos and Asian Americans and demonstrated a significant increase in parenting ability. Results from the most recent randomized controlled trial evaluation indicate The Incredible Years® led to an increase in positive parenting styles and decreased conduct problems and child abuse/neglect reports (Bywater, Hutchings, Linck, Whitaker, Yeo & Edwards, 2011).

Implementation Site(s): Nationwide, Worldwide

For more information: <http://www.incredibleyears.com/>

Supporting Fathers Involvement

(Parents, Fathers)

Results:

- Children and youth are safe
- Children and youth have healthy and positive social connections

Target Population: Fathers with children birth to age 11, particularly focusing on the needs of low-income parents

Description: Supporting Fathers Involvement (SFI) is a preventive intervention designed to enhance fathers' positive involvement with their children. The curriculum is based on an empirical family-risk model predicting child development outcomes through five risk-buffer domains. These domains include family member characteristics, three generation expectation, quality of parent-child relationship, quality of parents' relationship and the balance of stressors versus social support for the family. The curriculum highlights the potential contributions fathers make to the family. The goals are to strengthen fathers' involvement in the family, promote healthy child development and prevent key factors associated with child abuse. SFI is designed for groups of four to eight couples or 10-12 fathers, with two leaders. Childcare and case management are provided for all participants.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/supporting-father-involvement/detailed>

Rating: 2 – Supported by Research Evidence

Evidence of Effectiveness: Among other evaluations, one rigorous randomized control trial was conducted in 2009 with 371 low-income male-female couples with children age birth to 7, of whom 67 percent were Mexican-American and 27 percent were European American. Participants were randomly assigned to a 16-week fathers group, a 16-week couples group, or a comparison group that only attended a single informational meeting. All participating families also had access to a case manager, who could make needed referrals to services and follow-up with regard training sessions' attendance. Measures developed by the evaluators included a self-reported estimate of father-child relationship and parents' self-ratings of division of labor in childcare. Parents also completed the *Parenting Stress Inventory (PSI)*, the *Ideas About Parenting Questionnaire* and the *Quality of Marriage Index*. Children's behavioral problems were assessed with the *Child Adaptive Behavior Inventory*. Results showed that parents in the 16-week group training conditions reported more stable perceptions of children's problem behaviors and those in the couples groups reported more stable levels of relationship satisfaction. No effects were found for parenting attitudes. Limitations include self-report measures and use of a screened convenience sample (Cowan, Cowan, Pruett, Pruett, & Wong, 2009).

Implementation Site(s): California

For more information: www.supportingfatherinvolvement.org

Systematic Training for Effective Parenting (STEP) (EPY, Parents)

Results: Children and youth are safe

Target population: Parents, including adolescent parents, dealing with common parenting challenges that result in autocratic parenting styles

Description: Systematic Training for Effective Parenting (STEP) provides skills training for parents dealing with frequently encountered challenges with their children that often result in autocratic parenting styles. STEP is rooted in Adlerian psychology and promotes a more participatory family structure by fostering responsibility, independence and competence in children; improving communication between parents and their children; and helping children learn from the natural and logical consequences of their own choices.

STEP is presented in a group format. Using the STEP multimedia kit, the leader teaches lessons to parents on how to understand child behavior and misbehavior, practice positive listening, give encouragement (rather than praise), explore alternative parenting behaviors and ways to express ideas and feelings, develop their child's responsibilities, apply natural and logical consequences, convene family meetings and develop their child's confidence. Parents engage in role-plays, exercises, discussions of hypothetical parenting situations and the sharing of personal experiences. Videos demonstrate the concepts covered each week with examples of ineffective and effective parent-child interactions.

Source of Rating: SAMHSA's National Registry of Evidence Based Programs and Practices, <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=132>

Rating: 3.2 on a Quality of Research scale of 0.0 to 4.0, with 4.0 being the highest

Evidence of Effectiveness: This program was most recently evaluated in 2002 in a quasi-experimental design involving 191 parent/child groups. Study sample were representative of African American and Latino families, with one study comprised of 100 percent Latino families. All evaluation was conducted in urban settings. Results indicate that STEP improved child behavior, reduced potential risk of physical abuse within the family and improved general family functioning (Huebner, 2002).

Implementation Site(s): Nationwide

For more information: <http://www.steppublishers.com>

Promising Practices:

Ackerman Institute - Personal Best for Pregnant and Parenting Youth in Foster Care (EPY-FC)

Results:

- Children and youth are safe
- Children and youth are healthy

Target Population: Expectant and parenting youth in foster care, age 15 to 21

Description: Personal Best for Pregnant and Parenting Youth is a comprehensive 22-session group program for young mothers in foster care to improve their coping, communication problem solving and goal setting skills in order to become more responsive parents. This program was adapted from the original Personal Best parenting curriculum for vulnerable families with young children. Additional sessions were added to promote the youth's executive function, emotional and behavioral self-regulation and life skills for a successful transition to adulthood. Each session includes discussion, activities and opportunities for storytelling to increase the youth's ability to reflect and make sense of life experiences. A core feature of the program is the process of building resilience and personal growth through graded mastery experiences and mutual support. The manual includes a Personal Best Guidebook to help staff apply the principles and practices from the curriculum in their work with youth and young families.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: An independent study was conducted in 2008 by Mathematica Policy Research to evaluate implementation of the Personal Best curriculum in Early Head Start and community mental health agencies. Participants were 50 percent African American, 40 percent Latino and ten percent Caucasian. The study demonstrated the Ackerman Institute's ability to train staff to implement the Personal Best program at a high level of fidelity, quality and, through parent reports, found the following outcomes: increased understanding of their children's needs and behavior as well as their own needs and emotions; improved relationships with children and partners; positive changes in discipline; increased patience and ways to resolve problems ((Monahan, Brown, Jones & Sprachman, 2008).

Implementation Site(s): New York City

For more information: Judy Grossman, PhD, jgrossman@ackerman.org, <http://www.ackerman.org/>

**DEVELOPMENTAL SUPPORT, INCLUDING
HEALTH AND TRAUMA- INFORMED SUPPORTS**

I. PROGRAMS, INTERVENTIONS AND INITIATIVES

Evidence-Informed:

Centering Pregnancy

(EPY)

Results: Children and youth are healthy

Target population: Expectant youth less than 24 weeks expectant

Description: Centering Pregnancy is a 10-week prenatal care program delivered in a group setting to expectant youth with similar delivery dates. The program is based on three primary components of care: health/physical assessment, education and skills building and support. It begins when the girls are in their second trimester of pregnancy. The group setting is facilitated by a trained practitioner, such as a midwife or obstetrician. Expectant youth begin each session with a health assessment that might include a blood pressure screening, blood tests and fetal heart rate monitoring; they are encouraged to maintain copies of their own health information to increase their self-empowerment and self-efficacy. Education sessions follow the health assessment and are led by the trained practitioners. These educational discussions, based on a structured manual, often center on prenatal care, preparation for childbirth and caring for infants after birth.

Source of Rating: Healthy Communities Institute,
<http://indyindicators.iupui.edu/bestpractices.aspx>

Rating: Evidence Based Practice

Evidence of Effectiveness: A multi-site quasi-experimental evaluation of the Centering Pregnancy was commissioned by the Tennessee Department of Health in 2012. The evaluation included 6,000 women participants with a sample representing a broad range of ethnic and racial groups. Findings indicate significant health increases for mother and child when compared to traditional prenatal care (Tanner-Smith, Steinka-Fry & Lispey, 2012).

Implementation Site(s): Nationwide

For more information: <http://www.centeringhealthcare.org/>

Child First (Child and Family Interagency Resource, Support and Training)

(EPY, Parents)

Results:

- Children and youth are healthy
- Children and youth are safe

Target Population: At-risk families, prenatal through age five, inclusive of expectant and parenting youth

Description: Child First (Child and Family Interagency Resource, Support, and Training) is a home-based, early childhood intervention grounded in current research on brain development that works to decrease the incidence of serious emotional disturbance, developmental and learning problems and abuse and neglect among the most vulnerable young children and families. The home visiting team consists of a master's level clinician who provides a dyadic, two generation psychotherapeutic intervention and a bachelor's level care coordinator who connects children and families with community-based services and supports.

Source of Rating: Coalition for Evidence Based Policy, <http://toptierevidence.org/programs-reviewed/child-first>

Rating: Near Top Tier Standard

Evidence of Effectiveness: A randomized controlled trial of Child First was completed in Bridgeport, Connecticut from 2003-2005. The sample was racially/ethnically diverse, inclusive of 157 families with a child between ages six to 36 months who were identified as being at-risk. Results indicated that children in the Child First program were less likely to experience language development problems. After one year only 10.5 percent of Child First participants were diagnosed with severe language delays, compared to 33.3 percent of the children in the control group. Child First participants were also less likely to exhibit clinically concerning behaviors (17 percent) compared to the children not enrolled in the program (29.1 percent). A decrease in mothers' psychological distress and lower rates of involvement with the child welfare system were also documented at year three (Lowell, Carter, Godoy, Paulicin & Briggs-Gowan, 2011).

Implementation Site(s): Connecticut

For more information: <http://www.childfirst.com/cf/page/model-description/>

Combined Parent-Child Cognitive Behavioral Therapy CPC-CBT (Parents)

Results:

- Children and youth are healthy
- Children and youth are safe

Target Population: Children age three to 17 and their parents (or caregivers) in families in which child physical abuse by parents has been substantiated, families that have had multiple referrals to a child protection services agency and parents who have reported significant stress and who are at-risk of physically abusing their child

Description: Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT): Empowering Families Who Are at Risk for Physical Abuse is a structured clinical treatment program aimed at reducing children's post-traumatic stress disorder (PTSD) symptoms, other internalizing symptoms and behavior problems while improving parenting skills and parent-child relationships and reducing the use of corporal punishment by parents. In addition to therapeutic services, core elements of the program include psychoeducation, creation of a family safety plan, coping skill building and parent skills training. Treatment can be delivered in individual family sessions or group family sessions.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/combined-parent-cognitive-behavioral-therapy-cpc-cbt/detailed>

Rating: 3 – Promising Research Evidence

Evidence of Effectiveness: A randomized controlled trial compared the efficacy of two types of group cognitive behavioral therapy, Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT) and Parent-Only Cognitive-Behavioral Therapy (CBT), for treating the traumatized child and offending parents in cases of child physical abuse. The sample was predominantly African American. Measures utilized were *Conflict Tactics Scale-Parent-Child (CTS-PC)*, the *Kiddie-Sads-Present and Lifetime Version (K-SADS-PL)*, *Alabama Parenting Questionnaire (APQ-P & APQ-C)* and the *Child Behavior Checklist (CBCL)*. Results show that the children and parents in the CPC-CBT group demonstrated greater reductions in total post-traumatic symptoms and improvements in positive parenting skills, respectively, compared to those who participated in the Parent-Only CBT group. This study is limited due to the small sample size and high attrition rate (Runyon, Deblinger & Steer, 2010).

Implementation Site(s): Louisiana, Mississippi, New Jersey, North Carolina, Utah and Sweden

For more information: http://caresinstitute.org/services_parent-child.php

DARE to be You

(EPY, Parents)

Results:

- Children and youth are healthy
- Children and youth are safe

Target Population: At-risk families with children age two to five, inclusive of adolescent parents

Description: DARE to be You (DTBY) is a multilevel prevention program targeting aspects of parenting that contribute to children's developmental attainments, adolescent resilience, including parental self-efficacy, effective child rearing, social support and problem-solving skills. Families engage in parent-child workshops that focus on developing the parents' sense of competence and satisfaction with the parenting role, providing knowledge of appropriate child management strategies and improving parents' and children's relationships with their families and peers.

Source of Rating: SAMHSA's National Registry of Evidence Based Programs and Practices, <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=65>

Rating: 2.8 on a Quality of Research scale of 0.0 to 4.0, with 4.0 being the highest

Evidence of Effectiveness: A study evaluating the effectiveness of the program included a racially/ethnically diverse sample which was 42 percent Caucasian, 26 percent American Indian or Alaskan Native, 23 percent Hispanic or Latino and the remainder unknown. Measures utilized included two subscales of the *Self-Perceptions of the Parental Role scale*. Parents filled out the questionnaire at pretest, immediately following the intervention and one year later in one study and at one and two years later in a second study. Results indicated that parents in the intervention group increased in parental self-efficacy beliefs and the use of nurturing child-rearing practices when compared with parents in the control group (Head Start-University Partnership Grant DTBY Final Evaluation Report, 2000).

Implementation Site(s): Nationwide

For more information: www.coopext.colostate.edu/DTBY

Healthy Steps for Young Children

(EPY, Parents)

Results:

- Children and youth are healthy
- Children and youth are safe

Target population: Parents and their children from birth through age three

Description: Healthy Steps for Young Children is a national initiative that focuses on the importance of the first three years of life. Healthy Steps emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional and intellectual growth and development of children from birth to age three. The program model is delivered by a team of medical practitioners and a Healthy Steps Specialist (HSS), a professional with expertise in infant and toddler development, who provides home visits to the families. Families also receive a joint visit with their medical provider and their HSS at each well child visit until the age of three. The HSS serves as the primary child development resource for families and works to link the family with medical practitioners and community agencies as appropriate. The HSS also conducts key developmental screenings, provides written materials to parents and staffs a child development telephone information line.

Source of Rating: U.S. DHHS,
<http://homvee.acf.hhs.gov/document.aspx?rid=1&sid=12>

Rating: Effective

Evidence of Effectiveness: A quasi-experiential design evaluation of 15 sites was conducted including a sample of 5,565 children and their parents enrolled at birth and followed over the first three years of life. Results suggest that Healthy Steps positively affected participation by the family in well child visits, increased compliance with on time immunization rates, infant sleep position and increased mother-child activities. In addition, Healthy Steps parent participants were more likely to play and read to their children and less likely to employ harsh discipline strategies (Minkovitz Hughart, Strobino, Scharfsterin, Grason, Hou, Miller, Bishai, Augustyn, Taaffe McLearn & Guyer, 2003).

Implementation Site(s): Nationwide

For more information: <http://www.healthysteps.org>

Home Instruction for Parents of Preschool Youngsters (Parents)

Results:

- Children and youth are safe
- Children and youth are healthy

Target population: Parents with children age three to five

Description: Home Instruction for Parents of Preschool Youngsters (HIPPY) is a home-based and parent-involved school readiness program that seeks to support parents who may not feel sufficiently confident to prepare their children for school. The HIPPY model includes four distinct features: a developmentally appropriate curriculum; weekly home visits and monthly group meetings; role play as the method of instruction; and staffing structure that includes peer home visitors from the community in which the family is being served and professional coordinators with sensitivity to the needs of families.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/home-instruction-for-parents-of-preschool-youngsters/>

Rating: 2 – Supported by Research Evidence

Evidence of Effectiveness: A study examined the effect of participation in HIPPY on the school readiness of children born to teenage mothers versus children born to older mothers participating in HIPPY. A 45-item survey was collected from the kindergarten teachers of both the children of teenage mothers enrolled in HIPPY and a matched control group. The survey consisted of five subsections: socio-emotional development, approaches to learning, physical development, language development and general knowledge. Results of independent sample t-tests indicated no statistical difference between the two groups. These results suggest that the curriculum used by HIPPY, which focuses on supporting parents as their child's first teacher, helps to mitigate any potential negative effects of being a child of a teenage mother (Brown, 2013).

Implementation Site(s): Nationwide

For more information: <http://www.hippyusa.org/index.php>

Lighthouse Independent Living Program

(EPY- FC)

Results:

- Youth succeed in their education
- Youth are prepared to succeed as adults

Target population: Youth age 16 to 19 aging out of the child welfare or juvenile justice systems, inclusive of teen parents and their child(ren)

Description: The Independent Living Program, developed by Lighthouse Youth Services, is designed to provide housing, life-skills training, case management, mental health counseling and other support services to youth nearing adulthood. The program aims to provide them with the knowledge and skills necessary to live self-sufficiently.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/independent-living-program-lighthouse/detailed>

Rating: NR – Not able to be Rated

Evidence of Effectiveness: A one group pretest/posttest design study examined the characteristics of youth on entry in the Lighthouse Independent Living Program during a six-year period, as well as their outcomes upon exiting the program. Youth were assessed at intake using the *Global Assessment of Functioning (GAS)* scale and classified into six risk factor groups: mental health and substance abuse, teen parenting, delinquency, learning disability, social adjustment and other risks. The average treatment duration was just under 10 months. At discharge, 60 percent had completed high school/GED program, 31 percent were employed and 33 percent were independently housed. Clients entering the program at ages 19 to 20 showed significantly better outcomes than younger clients. Female clients were more likely to be living independently at discharge, while no other gender differences in outcomes were found. Limitations included unknown validity and reliability of the measures used due to retrospective compilation, as well as potential confounding variables (Mares & Kroner, 2011).

Implementation Site(s): Cincinnati

For more information: <http://www.lys.org/ilp2.html>

Nurse-Family Partnership

(Parents)

Results:

- Children and youth are healthy
- Children and youth are safe

Target population: First time, low-income mothers

Description: The Nurse-Family Partnership (NFP) is a prenatal and infancy nurse home visitation program that aims to improve the health, well-being and self-sufficiency of low-income, first-time parents and their children. Nurse home visits begin early in pregnancy and continue until the child's second birthday. The frequency of home visits changes with the stages of pregnancy and infancy and is adapted to the mother's needs, with a maximum of 13 visits occurring during pregnancy and 47 occurring after the child's birth.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/nurse-family-partnership/detailed>

Rating: 1 – Well-Supported by Research Evidence

Evidence of Effectiveness: Evaluation of NFP has demonstrated a wide range of positive results for participants. Findings from randomized control studies conducted in Elmira, NY, Denver, CO and Memphis, TN, indicate that mothers who participated in the program were found to have a reduced number of subsequent births, greater intervals between births, improved maternal self-sufficiency, fewer child injuries and maltreatment and increased school readiness for children. A study conducted in 2010 evaluated longitudinal data from the Olds et al. (1985) randomized control trial of NFP. Results indicated that youth whose mothers participated in the treatment group were less likely to have ever been arrested or convicted than were those in the comparison group. Girls in the nurse-visited group born to high-risk (un-married and low-income) mothers had fewer children and were less likely to have received Medicaid than the high-risk girls in the comparison group. The major study limitation was the reliance on youth self-report as the only outcome measure (Eckenrode, Campa, Luckey, Henderson, Cole, Kitzman, Anson & Olds, 2010).

Implementation Site(s): Nationwide

For more information: <http://www.nursefamilypartnership.org/>

The Parent-Child Home Program

(EPY, Parents)

Results:

- Children enter school ready to learn and are prepared to succeed
- Children and youth have healthy and positive social connections

Target population: Parents of children age two to three who experience multiple risk factors including living in poverty, being a single or youth parent, having low parental education status and literacy

Source of Rating: CEBC, <http://www.cebc4cw.org/program/the-parent-child-home-program/detailed>

Rating: 3 – Promising Research Evidence

Description: The Parent-Child Home Program (PCHP), a national early childhood program, promotes parent-child interaction and positive parenting to enhance children's cognitive and social-emotional development. The program prepares children for academic success and strengthens families through intensive home visiting by trained and paid paraprofessionals. Twice weekly home visits are designed to stimulate the parent-child verbal interaction, reading and educational play critical to early childhood brain development.

Evidence of Effectiveness: Over six studies, including a randomized control trial, have evaluated PCHP and support its efficacy. The most recent evaluation was conducted in 2008 in Western Manitoba, Canada and evaluated over 20 years of outcome data from PCHP. Participants were recruited through the child welfare system and represented 58 percent Caucasians and 33 percent Aboriginal. Results indicate progressive increases in the quality of the home environment in terms of both parent's and child's behavior, child behaviors conducive to learning and the quality of parent-child interaction over the course of the program. Overall, PCHP has been shown to increase quality and quantity of parent-child verbal interaction, increase pro-social behavior in the child, and strengthen families and increase language and pre-literacy skills (Gfellner, McLaren & Matcalfe, 2008).

Implementation Site(s): Nationwide, Worldwide

For more information: <http://www.parent-child.org/>

Parent-Child Interaction Therapy

(Parents)

Results: Children and youth are safe

Target Population: Parents of children age two to six with behavior and or parent-child relationship problems

Description: Parent-Child Interaction Therapy (PCIT) is a dyadic behavioral intervention for children and their parents that focuses on decreasing externalizing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation and improving the parent-child attachment relationship. It teaches parents traditional play-therapy skills to use as social reinforcers of positive child behavior and traditional behavior management skills to decrease negative child behavior. Parents are taught and practice these skills with their child in a playroom while coached by a therapist. The coaching provides parents with immediate feedback on their use of the new parenting skills, which enables them to apply the skills correctly and master them rapidly. PCIT is time-unlimited; families remain in treatment until parents have demonstrated mastery of the treatment skills and rate their child's behavior as within normal limits on a standardized measure of child behavior. Therefore treatment length varies but averages about 14 weeks, with hour-long weekly sessions.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/parent-child-interaction-therapy/detailed>

Rating: 1 – Well-Supported by Research Evidence

Evidence of Effectiveness: A randomized control trial of PCIT was conducted including 30 mothers of children age three to six years old who had been diagnosed with oppositional defiant disorder (ODD) and mental retardation (MR). The treatment group included 67 percent Caucasian, 17 percent African American, 13 percent biracial and three percent Hispanic. Child and parent functioning was assessed using the *Child Behavior Checklist (CBCL)*, *Eyberg Child Behavior Inventory (ECBI)*, the *Parenting Stress Inventory (PSI)* and the *Dyadic Parent-Child Interaction Coding System (DPICS)*. Result showed that parents in the treatment group improved significantly on the parenting skills taught by the program and the percentage of positive behaviors shown by the children also increased significantly in comparison to the control group. The externalizing behaviors in the treatment group children decreased, their total score on the *CBCL* improved and fewer disruptive behaviors were reported on the *ECBI*. However, groups did not differ on maternal distress on the *PSI* and *DPICS* subscales (Bagner & Eyberg, 2007).

Implementation Site(s): Nationwide

For more information: <http://www.pcit.org/>

Shared Family Care

(EPY-FC)

Results:

- Children and youth are safe
- Youth succeed in their education
- Children and youth have steady and gainful employment

Target population: Parenting youth with a child under four years old who are at risk of removal from their family or who are in the process of reunification

Description: Shared Family Care (SFC) is a model for serving adolescent parents in foster care and their children. SFC supports the entire family by temporarily placing them in the home of a trained mentor who supports the parents as they develop the skills necessary to care for their children and move toward independent living. As an alternative to traditional family preservation services or out-of-home care, SFC promotes safety of children while preventing the separation of parent and child(ren). Mentor families from the community are carefully screened and receive extensive training in child safety, child development, parenting, adult communication, conflict resolution and accessing community resources.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/shared-family-care/detailed>

Rating: NR – Not Able to be Rated

Evidence of Effectiveness: One non-randomized control group study evaluated 84 families in foster care. The sample was made up of 54 percent African American, 12 percent Latino and 17 percent Caucasian families. Results showed that eight percent of the children in families who completed the SFC program re-entered foster care within one year of the program, compared to 14 percent in the state of California and 17 percent in Contra Costa County, CA. Seventy-six percent of program participants were employed at graduation from the program compared to 36 percent at intake. The average monthly income of participants increased from \$520.00 at intake to \$1100.00 at graduation. The percentage of families living independently increased from 18 percent at intake to 76 percent at graduation (Price & Wichterman, 2003).

Implementation Site(s): California, Colorado, New York, North Carolina and Wisconsin

For more information: <http://aia.berkeley.edu/child-safety-well-being/shared-family-care/>; https://www.childwelfare.gov/supporting/support_services/familycare.cfm

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) (Youth, Parents)

Results:

- Children and youth are healthy
- Children and youth are safe

Target population: Children and adolescents age three to 17 with a wide array of traumatic experiences

Description: Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in children and youth. Initially developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss and the often multiple psychological traumas experienced by children prior to foster care placement. The treatment model is designed to be delivered by trained therapists who initially provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment. Adaptations of this program have been developed for use with diverse cultures, including Latino and tribal populations.

Source of Rating: SAMHSA's National Registry of Evidence Based Programs and Practices, <http://www.nrepp.samhsa.gov/viewintervention.aspx?id=135>

Rating: 3.7 on a Quality of Research scale of 0.0 to 4.0, with 4.0 being the highest

Evidence of Effectiveness: Evaluations of TF-CBT include 13 randomized clinical trials. Samples were representative of African Americans and Caucasians. Findings indicate TF-CBT resulted in a significant decrease in post-traumatic stress, in addition to anxiety, depression and sexual behavior problems. The most recent study, conducted in 2011, was a randomized control trial evaluation with a sample of children with a history of sexual abuse trauma and post-traumatic stress disorder. This study found TF-CBT to be highly effective at improving parenting skills, children's safety skills and participant symptomatology (Deblinger, Mannarino, Cohen, Runyon & Steer, 2011).

Implementation Site(s): Nationwide, Worldwide

For more information: <http://tfcbt.musc.edu>

Promising Practices:

Attachment, Self-Regulation and Competency (Foster Youth)

Results:

- Children and youth are healthy
- Children and youth are safe

Target Population: Children and youth exposed to complex trauma and their parents

Description: Attachment, Self-Regulation and Competency (ARC) is a comprehensive framework for clinical intervention with children and youth exposed to complex trauma and their families. It is grounded in both attachment and traumatic stress theories and recognizes the core effects of trauma exposure on relational engagement, self-regulation and developmental competencies. Intervention is tailored to each client's needs and may include individual and group therapy for children, education for caregivers, parent-child sessions and parent workshops. ARC principles have successfully been applied in a range of settings, including outpatient clinics, residential treatment centers, schools and day programs. The ARC guidebook provides a menu of possible strategies and offers developmental considerations.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: The Alaska Trauma Center has tracked outcomes for children receiving ARC treatment through the National Child Traumatic Stress Network's core data sets which include the following measures: the *Child Behavior Checklist (CBCL)*, *Parent Stress Index (PSI)*, *Trauma Symptom Checklist (TSC-C)*, *Child & Adolescent Needs and Strengths (CANS)* and *UCLA PTSD Index*, along with clinician pre and post self-ratings of attitudes, skills and knowledge. These measures were administered at baseline, three-month intervals and at discharge. Outcome data indicates that 92 percent of children completing treatment achieved permanency in placement (adoptive, pre-adoptive, or biological family reunification), compared with a 40 percent permanency rate after one year for the state as a whole. Children who completed ARC treatment also exhibited a 17.2 percent drop in overall CBCL T-scores, with a marked reduction from 85th to 49th percentile in Behavioral Concerns as measured by the CBCL (Arvidson, Kinniburgh, Howard, Spinazzola, Strothers, Evans, Andres, Cohen & Blaustein, 2011).

Implementation Site(s): Nationwide

For more information: <http://www.traumacenter.org>

The Healthy Start Initiative

(Parents)

Results: Children and youth are healthy

Target population: Pregnant women, particularly women at high risk of poor pregnancy outcomes

Description: Healthy Start is an initiative established by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) to reduce the rate of infant mortality and improve perinatal outcomes in areas with high annual rates of infant mortality. All Healthy Start projects provide the following core services: direct outreach and client recruitment, health education, case management, depression screening and referral and interconceptional care services to for all participants. Currently, there are 105 federally-funded Healthy Start projects located in 39 U.S. states, the District of Columbia and Puerto Rico. The five different types of Healthy Start grants include Perinatal Health, Border Health, Interconceptional Care, Perinatal Depression and Family Violence.

Source of Rating: Promising Practices Network,
<http://www.promisingpractices.net/program.asp?programid=118>

Rating: Promising

Evidence of Effectiveness: Mathematica Policy Research, Inc. conducted a national evaluation of Healthy Start focusing on the initial 15 demonstration programs. Comparing infant birth and morbidity rates for Healthy Start project areas with matched comparison sites from 1984 to 1996, the evaluation found the following results: significantly lower rates of very low birth weight babies; significantly lower pre-term birth rates; a higher percentage of women in Healthy Start receiving adequate or better prenatal care as compared with women in the comparison areas (Devaney, Howell, McCormick & Moreno, 2000).

Implementation Site(s): Nationwide

For more information: <http://mchb.hrsa.gov/programs/healthystart/>

Intensive School-Based Program for Teen Mothers (EPY)

Results:

- Children and youth are healthy
- Children and youth are safe

Target population: Parenting youth, enrolled in high school

Description: This home visiting model offers case management by a master's level social worker who is based at the student's high school and is culturally matched to the youth. The social worker provides client-centered care and support, ranging from coaching to direct assistance, referral to other services and agencies and follow-up on each referral. In addition, the social worker facilitates weekly group meetings on topics such as risk-taking behaviors, healthy relationships, parenting skills, academic performance, careers, contraception and sexually transmitted infections (STIs).

The program also offers comprehensive medical care to each participant. A female pediatrician specializing in adolescent medicine sees participants and their children together on a designated weekly afternoon at the nearby university ambulatory care center. The physician uses a patient-centered approach with motivational techniques, as well as a developmental scrapbook completed by the mother at well-child visits. The program requires cross-disciplinary collaboration between all the staff members involved.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: Evaluation of this program has demonstrated that participants (n=63) were less likely to give birth to a second child than the comparison group (n=252). A 50 percent reduction in the rate of subsequent births was documented among program participants at the three year follow-up. The primary indicators tracked during evaluation were: (1) the frequency of participant participation in weekly group meetings and (2) participant follow-up with health care appointments. The sample size consisted of African American first-time adolescent mothers. (Key, Gebregziabher, Marsh & O'Rourke, 2008).

Implementation Site(s): Charleston, S.C.

For more information: <http://www.advocatesforyouth.org/publications/1332-intensive-school-based-program-for-teen-mothers>

New Birth Assessment – Illinois Department of Children and Family Services (EPY-FC)

Results:

- Children and youth are healthy
- Children and youth are safe

Target Population: Expectant and parenting youth in foster care

Description: New Birth Assessment is an initiative by the Illinois Department of Children and Family Services (DCFS), providing individualized services to teen parents who are in foster care when their children are born. When an adolescent in care gives birth to or fathers a child, DCFS caseworkers are required to complete an Unusual Incident Report (UIR) within 48 hours. This report triggers a referral for a new birth assessment, which must be completed within 60 days. During the assessment process a specialty worker is assigned to the youth and their child. This worker observes parent-child interactions, provides parenting education, identifies any unmet parent or child needs, makes notes of any safety concerns or other risk factors and shares information about community resources. The basic assessment tool covers four domains: (1) pregnancy, birth and follow-up care; (2) parent-child interactions; (3) safety and risk factors; and (4) interventions/information. Currently, new birth assessments are being implemented in 38 of the state's 102 counties.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: To evaluate this initiative, subsets of specialty service providers, worker supervisors and youth receiving services were interviewed. Administrative data from agency records were also analyzed. The interviews from all three groups generally revealed positive attitudes toward the program. Specialty workers indicated that new birth assessments can reveal a great deal about a youth's parenting abilities. They also expressed satisfaction with the ability to personalize parenting education. However, workers did express concern that the 60-day timeframe may not be long enough to complete all of the steps required for an adequate assessment. The evaluators suggest a randomized control trial as a next step in testing the effectiveness of the program (Dworsky & Wojnaroski, 2012).

Implementation Site(s): Illinois

For more information: Amy Dworsky, Phone: 773-256-5164, Fax: 773-256-5364, Email: adworsky@chapinhall.org

UCAN¹'s Partners in Parenting

(EPY-FC)

Results:

- Children and youth are healthy
- Children and youth are safe
- Youth are prepared to succeed as adults
- Children and youth have healthy and positive social connections

Target Population: Expectant and parenting youth age 16 to 21 in foster care heading towards emancipation and independence

Description: UCAN's Partners in Parenting (PIP) program works with youth age 16 to 21 who are in the custody of the Department of Children & Family Services and on the path to emancipation and independence. The program uses group and individual life skills training to help parenting and/or expectant youth to develop the skills necessary to break the cycle of abuse and to support independence. Program staff provide a comprehensive array of the services to both the parents and their children in the form of case management services, connections to resources and family support including family planning, parenting skills and community outreach guidance. PIP youth learn to provide a safe and nurturing environment for their children, become advocates for their own health care, identify and maintain healthy ties with family members, extended family and significant others, as well as learn daily life skills to promote social and job readiness.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: According to the UCAN's outcome report, 65 percent of young parents enrolled PIP were engaged in either education, vocational training or employment (<http://www.ucanchicago.org/outcomes/>). Findings from a 2011 multi-site pretest/posttest study suggest that PIP affects basic elements of parent-child relationships, including parenting attitudes and practices and parental stress. Statistically significant results include: (1) decreased endorsement of corporal punishment and reversal of parent-child roles, (2) decreased parental stress, (3) increased parental empathy and appropriate child expectations and (4) increased use of positive parenting and consistent discipline practices. 54 parent-child dyads participated in this study, of whom 70 percent were Caucasian and 26 percent were Latino/Hispanic (Wilson, Hahn, Gonzalez, Henry & Cerbana, 2011).

Implementation Site(s): Illinois

For more information: <http://www.ucanchicago.org/pip/>

¹ UCAN stands for Uhlich Children's Advantage Network.

II. TRAINING CURRICULA

Evidence-Informed:

Be Proud! Be Responsible! Be Protective! (EPY)

Results: Children and youth are healthy

Target population: Latina and African American expectant youth and other young mothers.

Description: Be Proud! Be Responsible! Be Protective!, an adaptation of the Be Proud! Be Responsible! Program, targets adolescent mothers and pregnant youth. The curriculum emphasizes the role of maternal protectiveness in motivating adolescents to make healthy sexual decisions and decrease risky sexual behavior. It also encourages adolescents to become sexually responsible and accountable. The intervention aims to affect knowledge, beliefs and intentions related to condom use and sexual behaviors such as initiation and frequency of intercourse. It also addresses the impact of HIV/AIDS on pregnant women and their children, the prevention of disease during pregnancy and the post-partum period and other concerns of young mothers.

Source of Rating: FindYouthInfo, <http://www.findyouthinfo.gov/node/31759>

Rating: High quality study; short term impact

Evidence of Effectiveness: An external evaluation study (the combined sample size totaled 497 women) showed an analyses of trends over time, revealing that students assigned to the Be Proud! Be Responsible! Be Protective! intervention increased their knowledge of HIV/AIDS and their intentions to use condoms to a greater extent than students assigned to the control intervention. At the six-month follow-up, Be Proud! Be Responsible! Be Protective! students reported having significantly fewer sexual partners than did control students. This was no longer the case at the 12-month follow-up. At none of the follow-ups did Be Proud! Be Responsible! Be Protective! students significantly differ from control students on frequency of unprotected intercourse.

This sample was ethnically diverse. Seventy-eight percent were Hispanic, 18 percent were African American and four percent were categorized as Other (Koniak-Griffin, Lesser, Nyamathi, Uman, Stein & Cumberland, 2003).

Implementation Site(s): Nationwide

For more information: <http://www.childtrends.org/?programs=project-charm>

Early HeartSmarts Program for Preschool Children (Parents)

Results:

- Children and youth are healthy
- Children and youth are safe

Target Population: Parents of children age three to six

Description: The Early HeartSmarts Program for Preschool Children is designed to facilitate the social, emotional, physical (i.e., motor skills), cognitive and language development of children. The program is based on over a decade of research on the role that positive emotions play in the functioning of the body, brain and nervous system and the subsequent positive impact these emotions have on cognitive development. Teachers deliver the curriculum-based program, which is composed of 11 core lessons intended to help children recognize and better understand basic emotional states, self-regulate their emotions, strengthen their expression of positive feelings, improve peer relations and develop problem-solving skills. Each lesson lasts 15-20 minutes and is delivered twice weekly.

Source of Rating: SAMHSA's National Registry of Evidence Based Programs and Practices, <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=291>

Rating: 2.4 on a Quality of Research scale of 0.0 to 4.0, with 4.0 being the highest

Evidence of Effectiveness: A quasi-experimental longitudinal field research design with three measurement moments (baseline, pre and post intervention panels) was conducted to assess the efficacy of the Early HeartSmarts Program for Preschool Children in the Salt Lake City School District. The study used *The Creative Curriculum Assessment* (TCCA) instrument, a teacher-scored, 50-item instrument measuring student growth in four areas of development: social/emotional, physical, cognitive and language development. Children in nineteen preschool classrooms were divided into intervention and control group samples (n = 66 and 309, respectively; mean age = 3.6 years), in which classes in the former were specifically selected to target children of lower socio-economic and ethnic minority family backgrounds. Overall, there was evidence of the efficacy of the program in increasing total psychosocial development in children. The study sample was racially/ethnically diverse. Fifty-four percent of the participants were Hispanic or Latino, 29 percent were Caucasian, five percent were Native Hawaiian or other Pacific Islander, three percent were Black or African American, two percent were Asian, one percent were American Indian or Alaskan Native and racial and ethnic data was missing for seven percent of the participants (Bradley, Atkinson, Rees & Tomasino, 2009).

Implementation Site(s): Arizona, California, Colorado, Florida, Hawaii, Illinois, Michigan, New Jersey, New Mexico, New York, Oregon, Utah and Wisconsin

For more information: Jeff Goelitz, (831) 338-8713, jgoelitz@heartmath.org

Wyman's Teen Outreach Program®

(Youth)

Results:

- Children and youth are healthy
- Youth succeed in their education
- Children and youth have healthy and positive social connections

Target population: Youth age 12 to 17

Description: Wyman's Teen Outreach Program® (TOP) is a national youth development program designed to develop healthy behaviors, life skills and a sense of purpose among adolescents. The nine-month TOP curriculum combines community service learning, adult support and guidance and curriculum-based group activities. The curriculum has four levels appropriate for a range of grades and ages. Participants at all levels engage in a minimum of 20 hours of community service per academic year. TOP staff guide the youth in choosing, planning, implementing, reflecting on and celebrating their service learning project. Service projects may include direct service, indirect service, or civic actions.

TOP groups also meet at least once a week throughout the school year to discuss topics from the curriculum, including communication skills/assertiveness, understanding and clarifying values, relationships, goal-setting, influences, decision-making and youth health and sexual development.

Source of Rating: Promising Practices Network,
<http://www.promisingpractices.net/program.asp?programid=14>

Rating: Promising

Evidence of Effectiveness: Allen and Philliber (2001) found that Wyman's Teen Outreach Program led to a reduction in pregnancy for all youth groups, especially for those who were already parenting. Those enrolled in the Teen Outreach Program were also at a decreased risk of failing classes compared to the control group, especially for female participants. Suspension rates were also substantially decreased for participants in the Teen Outreach Program. All races are described as being represented in this study and no significant outcome difference was detected between racial groups (Allen & Philliber, 2001).

Implementation Site(s): Nationwide

For more information: <http://www.promisingpractices.net/program.asp?programid=14>;
<http://wymancenter.org/>

Promising Practices:

Bright Beginnings Parent-Child Program (EPY, Parents)

Results:

- Children and youth are healthy
- Children and youth are safe

Target Population: At-risk families and children

Description: Bright Beginnings Parent-Child Program is a structured curriculum for families with infants and toddlers and for families making the transition to parenthood. It is designed to enhance parent capacities and promote children's social and emotional development and school readiness. The curriculum encompasses four critical areas of parenting: (1) developing the emotional relationship and attachment between parents and children; (2) promoting children's exploration and learning; (3) supporting language and literacy; and (4) guiding towards interdependence. Bright Beginnings consists of four components, each with a detailed manual: prenatal group focused on developing the bond between the mother and unborn child; parent-infant/toddler groups with themed discussion and parent-child activities that focus on the four areas of parenting; home visitation to individualize the program; and video review to enhance parent's understanding of their children and to highlight parenting strengths.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: A process evaluation assessing the implementation of Bright Beginnings found that the facilitators in their sample (n=19) implemented the program with a high degree of fidelity. Bright Beginnings facilitators followed the curricula and conveyed its content in 88 percent of the program's sessions. Data was gathered through video recorded observations of the program's sessions and through participant surveys (Monahan, Brown, Jones & Sprachman, 2008).

Implementation Site(s): New York City

For more information: Martha E. Edwards, PhD, medwards@ackerman.org, <http://www.ackerman.org/>

Home-Based Mentoring for First-Time Youth Mothers (EPY)

Results: Children and youth are healthy

Target population: First-time adolescent mothers

Description: This mentoring program is designed to provide the young mother with: (1) skills for communicating with her own mother; (2) parenting skills for raising her infant; and (3) alternative strategies to achieving autonomy through a focus on personal values, decision-making, access to birth control and goal setting. The program is based in social cognitive theory and relies on cultural norms, behavior and attitude modeling and concepts of self-efficacy and social support.

The 19-lesson, home-based curriculum is delivered by college-educated, young, single mothers of the same ethnicity as the youth. The first two lessons blend themes of youth development and parenting; thereafter, mentors can deliver the remaining lessons in any order, combine lessons, or repeat lessons as required to meet the needs of the adolescent mother. Throughout, family members of the adolescent mother are involved as much as possible in the program. Social support is further strengthened through the mentors, who present themselves as “big sisters” who have been through the experience of single parenting and who are not authority figures.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: Findings from a randomized control study conducted in 2006, indicate that participants in the mentoring program were significantly less likely to give birth to a second child than the control group and improved their use of recommended health care services for infants than the control group. The study involved over 360 mothers and their infants, all of whom were African American, first-time adolescent mothers. (Black, Bentley, Papas, Oberlander, Teti, McNary, et al., 2006).

Implementation Site(s): Baltimore, Md.

For more information: <http://www.advocatesforyouth.org/library/1331-home-based-mentoring-for-first-time-adolescent-mothers>

PREPARATION FOR ADULTHOOD

I. PROGRAMS, INTERVENTIONS AND INITIATIVES

Evidence-Informed:

Cal-SAFE Program, California

(EPY)

Results:

- Children care are healthy
- Children enter school ready to learn and prepared to succeed
- Youth succeed in their education

Target population: Expectant and parenting youth age of 13 and 19 and their children

Description: The Cal-SAFE Program is a community-linked school-based program that serves expectant and parenting students and their children. Cal-SAFE is designed to improve the educational experience, increase the availability of support services for enrolled students and provide child care and development services for the students' children.

Female and male students age 18 and younger who have not graduated from high school may enroll in Cal-SAFE if they are an expectant parent, a custodial parent, or a non-custodial parent taking an active role in the care and supervision of her/his child. As long as parents are enrolled in Cal-SAFE, their children are eligible for services until age five or until their entry into kindergarten, whichever comes first.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/california-school-age-families-education-cal-safe-program/detailed>

Rating: NR – Not able to be Rated

Evidence of Effectiveness: Based on California system data, over 75 percent of the students left Cal-SAFE having successfully completed their high school education. The vast majority of children born while their parents were enrolled in Cal-SAFE were healthy. Over 75 percent of the children of Cal-SAFE students attended a child care center sponsored by Cal-SAFE and received programming and services based on an assessment of their developmental needs. Ninety-four percent of the children enrolled in child care sponsored by Cal-SAFE were up-to-date on their immunization schedules (LeTendre, n.d.).

Implementation Site(s): California

For more information: <http://www.cde.ca.gov/ls/cg/pp/legreport.asp>

The Family Growth Center (FGC)

(EPY)

Results: Youth succeed in their education

Target Population: Expectant and parenting adolescent mothers

Description: The Family Growth Center (FGC) is a comprehensive, community-based family support program designed to reduce repeat pregnancy and school drop-out rates among adolescent mothers. Young women are recruited for the program by perinatal counselors/coaches when they arrive at participating hospital clinics for prenatal visits. Thereafter, they are offered home visits, crisis intervention, bi-monthly parenting classes, supervised daycare, transportation services, recreational opportunities and advocacy and referral services.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/the-family-growth-center-fgc/House>

Rating: 3 – Promising Research Evidence

Evidence of Effectiveness: A non-equivalent control group design study evaluated the effectiveness of FGC. Measures used included the *Adult-Adolescent Parenting Inventory (AAPI)*, the *Beck Depression Inventory (BDI)*, the *Interpersonal Support Evaluation List (ISEL)* and the *Family Apgar*. Results indicated that adolescents in the Family Growth Center group were significantly less likely than those in the control group to have a repeat pregnancy or drop out of school (Solomon & Liefeld, 1998).

Implementation Site(s): Nationwide

For more information: www.socio.com/passp03.php

Larkin Extended Aftercare for Supported Emancipation (LEASE) (Foster Youth)

Results:

- Children and youth have safe, stable and affordable housing
- Youth succeed in their education
- Youth have steady and gainful employment

Target population: Emancipating foster care youth age 18 to 24

Description: LEASE, a program of Larkin Street Youth Services, is a scattered-site transitional housing program for youth age 18 to 24 who have emancipated from the foster care system. Youth are housed in studio, one-bedroom, or two-bedroom apartments and receive a range of supportive services including counseling, employment training, education counseling, financial literacy and case management.

Most participants attend college on a part-time or full-time basis. Youth work with their case manager to develop an individual plan to meet their unique needs. For all participants, an emphasis is placed on developing the life skills needed for independent living such as household organization and money management.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/larkin-extended-aftercare-for-supported-emancipation/>

Rating: NR – Not able to be Rated

Evidence of Effectiveness: According to outcome data provided by the LEASE program for fiscal year 2012, 93 percent of the youth exited the program to stable housing, 16 percent of youth moved up one educational level from intake, six percent moved up two levels and 60 percent of youth who were unemployed at intake gained part-time or full-time employment. The program served 43 youth in FY2012, comprising of 40 percent African American, two percent Native American, two percent Asian/Pacific Islander, 33 percent Latino, 14 percent multiracial, two percent Caucasian and five percent unknown (Youth Homelessness in San Francisco, 2013).

Implementation Site(s): San Francisco

For more information: www.larkinstreetyouth.org

My First Place

(Foster Youth)

Results:

- Children and youth have safe, stable and affordable housing
- Youth succeed in their education
- Youth have steady and gainful employment

Target population: Foster youth age 16 to 23 who are, or are at-risk of becoming, homeless

Description: My First Place supports youth in their transition from foster care to successful adulthood by promoting choices and strengthening individual and community resources. The program consists of a supportive housing, employment readiness support, academic enrichment supports, counseling, youth community center and collaboration with other area organizations.

My First Place focuses on financial literacy and access to an apartment for the youth (studio, one- bedroom or two-bedroom). Youth pay a low subsidized rent each month, which is saved and returned to them in full upon graduation from the program at which point there are able to maintain their housing. Youth participate in weekly meetings with their youth advocate (case manager) and an Employment and Education Specialist to help meet their individual goals and monthly community building events. Move-in

assistance, a move-in stipend and a monthly food stipend are also provided. (For expectant and parenting youth, a slightly higher stipend is provided.)

Source of Rating: CEBC, <http://www.cebc4cw.org/program/my-first-place/detailed>
Rating: NR – Not able to be Rated

Evidence of Effectiveness: A formative evaluation conducted by independent researchers about My First Place from June 2010 to March 2012, suggests that the participants experienced significant positive changes in education, employment, housing and healthy living while in the program. Among the documented outcomes in the first six to 12 months, 68 percent enrolled in education programs and 72 percent obtained employment. According to demographic data, 36 percent of the participants were parenting, 75 percent were African American, 12 percent mixed race, ten percent Hispanic and three percent Caucasian (Moore, Bailin, Courtney, Berrick, et al., 2012).

Implementation Site(s): Concord, Fairfield, Los Angeles, Oakland and San Francisco, Calif.

For more information: www.firstplaceforyouth.org

The WAY Home

(Foster Youth)

Results:

- Youth succeed in their education
- Youth have steady and gainful employment

Target population: Youth age 12 to 18 in residential treatment facilities or foster care

Description: The WAY Home scholarship program at Children’s Villages in New York was designed to help youth make a successful transition back to their home communities and gain the skills needed to become productive and self-sufficient adults. The program features a progression of learning and responsibility in replicated and actual job settings. It provides up to five years of counseling to residents. The WAY Home aims to help young people finish high school thereby preparing youth for successful entry into the workforce; instill positive feelings about education and work; teach young people skills for securing and holding a job; and help participants plan for their futures and acquire a sense of control over their lives.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/the-work-appreciation-for-Youth/>

Rating: NR – Not able to be Rated

Evidence of Effectiveness: A 15-year (1984 - 1999) longitudinal study published by the Child Welfare League of American showed that 80 percent of The Way Home

alumni completed high school, 80 percent were employed and 95 percent had avoided adult criminal arrests. The sample represented a cross-section of African American and Hispanic youth residing in New York City (Baker, Olson & Mincer, 2000). According to information on the Children's Village website, The Way Home program continues to show results for youth in the New York area. Ninety-four are reported to have either graduated or are in school and passing, 59 percent are working at least part-time, 86 percent are in stable housing and 94 percent have avoided any contact with the criminal justice system.

Implementation Site(s): New York City

For more information: <http://childrensvillage.org/community-based-programs/the-way-home/>; <http://www.cwla.org/programs/r2p/cvarticlesway.htm>

The Workforce Development Center (Foster Youth)

Results:

- Youth succeed in their education
- Youth have steady and gainful employment

Target population: Youth age 16 to 24 who have been or are currently in foster/kinship care

Description: The Workforce Development Center, developed by the Living Classrooms Foundation, seeks to support youth's transition to independence through an array of services that target gainful employment. In addition to job training and search supports, the program provides life skills training, financial literacy, vocational training, assistance with housing and transportation and an individualized savings agreement. Intensive retention services are also provided to ensure that the youth maintains employment at an established employment partner for at least one year.

Source of Rating: CEBC, <http://www.cebc4cw.org/program/the-workforce-development-center/detailed>

Rating: NR – Not able to be Rated

Evidence of Effectiveness: Not Available

Implementation Site(s): Washington, D.C.

For more information:

https://livingclassrooms.org/our_workforce_development_center.php

Promising Practices:

Illinois Subsequent Pregnancy Project

(EPY-FC)

Results:

- Children and youth are healthy
- Youth succeed in their education

Target Population: Expectant and parenting adolescent mothers age 13 to 18, inclusive of first-time mothers in foster care

Description: The Illinois Subsequent Pregnancy Project (ISPP) helps first-time adolescent mothers delay a second pregnancy and complete their high school education. ISPP also helps ensure the youth and her child are healthy and that the mother is prepared for school. First-year ISPP participants receive an integrated model of service delivery with two primary interventions: (1) intensive home visiting and (2) training through bi-monthly attendance to a peer support group. Second-year participants are trained to work as Subsequent Pregnancy Peer Educators in their own communities.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: According to an external study of ten years of program data collected by ISSP between September 1998 and June 2008, three percent of the participants experienced a second pregnancy and 80-85 percent graduated or remained in school each year. Approximately 300 first-time adolescent mothers, age 14 to 18, join the program every year: 62 percent are African American, 25 percent are Mexican/Mexican American, seven percent are Puerto Rican and six percent are Caucasian. The program has been implemented with diverse populations of youth and has shown consistent results over time (Mosena & Ruch-Ross, 2002).

Implementation Site(s): Cook County, Ill

For more information: <http://www.dhs.state.il.us/page.aspx?item=31978>

New Beginnings

(Foster Youth)

Results:

- Youth succeed in their education
- Youth have steady and gainful employment

Target population: Former or current foster youth age 18 to 24

Description: New Beginnings is an initiative in Alameda County, CA that prepares youth for the future through education and job skills development. New Beginnings uses on-the-job training, mentorship and creative expression to encourage positive outcomes for at-risk youth. The program seeks to inspire the personal confidence and professional competencies youth need to become engaged members of diverse communities. New Beginnings emphasizes exposure to a variety of occupations, mentors and contacts through interactive workshops and enrichment programs.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: Not Available

Implementation Site(s): Alameda County, Calif.

For more information: <http://www.acgov.org/newbeginnings/internship.htm>

New Heights

(EPY-FC)

Results:

- Youth succeed in their education
- Youth have steady and gainful employment

Target population: Expectant or parenting youth in foster care that enrolled in high school

Description: New Heights is a school-based program located in 13 public high schools and two public charter schools in the District of Columbia. The program works with both expectant and parenting students – mothers and fathers – towards the goal of high school graduation and post-secondary education enrollment. Students participating in New Heights work as partners with program staff to develop strengths-based solutions to the challenges confronting them and their children. Primary program components include supportive case management and educational workshops.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: Not Available

Implementation Site(s): Washington, D.C.

For more information:

<http://dcps.dc.gov/DCPS/In+the+Classroom/Health+and+Wellness>

New Mexico GRADS

(EPY)

Results:

- Children and youth are healthy
- Youth succeed in their education

Target population: Expectant and parenting youth and their children

Description: New Mexico GRADS is a multi-site school and community-based program designed to facilitate parenting youths' graduation and economic independence, promote healthy multi-generational families and reduce risk-taking behaviors. It houses an adolescent parenting program in the traditional school setting and uses trained teaching professionals who help students prepare for work and their careers while learning to balance work and family roles. The program encourages prenatal and maternal care to improve birth outcomes and provides on-site child care. New Mexico GRADS actively recruits school-age dropouts and has reached over 613 students in 29 high schools across the state. The program uses a number of curricula including Meld Resources and Parents as Teachers. GRADS is funded entirely by state dollars and is overseen by the New Mexico Public Education Department.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: According to their website, in 2013, the New Mexico GRADS program served 518 expectant and parenting youth in 27 counties across the state. The program has seen the following results: 82 percent graduation rate, a two and a half percent repeat pregnancy rate and a two and a half percent low birth weight among babies born to program participants (<http://www.nmgrads.org/>).

Implementation Site(s): New Mexico

For more information: <http://www.nmgrads.org/>

Summer Career Exploration Program

(Youth)

Results:

- Youth succeed in their education
- Youth have steady and gainful employment

Target population: Youth who have completed grades 10 to 12 from families with incomes less than 150 percent of the federal poverty level

Description: The Summer Career Exploration Program (SCEP) is a summer job program that emphasizes the importance of academic achievement in order to promote career success in low-income high school students. All students undergo pre-employment training consisting of the following soft skills: interview skills, making career choices, maintaining a job, demeanor, job readiness and work-place behavior. Approximately 15 hours per week are spent in pre-employment training. Students are also assigned a part-time work placement (25 hours per week) that matches with their interests. College Monitors serve as role models and provide personal and academic support for students. Monitors visit each student at work twice a week to ensure that employers are providing a safe and well-supervised work experience and that students are meeting employers' expectations. Students may participate in the program for up to three summers.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: According to information presented on the North Light Community Center website of their SCEP, a long-term impact study of SCEP alumni from 2003-2013 found the following results: 99 percent graduated high school, 95 percent of the high school graduates attended college or graduated college, 91 percent are currently or have recently worked part or full-time paid jobs, 91 percent said SCEP influenced or aided them in going to college, 66 percent said SCEP helped them improve their academic performance and 36 percent stated their school attendance improved (http://www.northlightcommunitycenter.org/?page_id=108).

A randomized control evaluation of SCEP found that with regard to college preparation, the program increased enrollment in college-track curricula and visits to a College Center, but it did not increase class effort, types of courses elected in high school, the likelihood to graduate and the likelihood of taking a college entrance exam. The sample size consisted of approximately 72 percent African American youth, with the remaining 28 percent split between Hispanics, Asians and non-Hispanic whites. Females comprised over half of the sample (62 percent) (McClanahan, Sipe & Smith, 2004).

Implementation Site(s): Camden, N.J. and Philadelphia

For more information: <http://childtrends.org/?programs=summer-career-exploration-program>

Transitional Housing Placement Plus (THP-Plus) (Foster Youth)

Results: Children and youth have safe, stable and affordable housing

Target Population: Youth age 18 to 24 who have emancipated from foster care, including youth who are expectant and parenting

Description: The Transitional Housing Placement Plus (THP-Plus) is a statewide implementation project that began as a collaboration between the John Burton Foundation, the California Department of Social Services and the Corporation for Supportive Housing. The program provides youth with affordable housing and a wide range of supportive services, including job training, educational support, counseling, financial planning and a savings program.

Source of Rating: Healthy Communities Institute,
<http://indyindicators.iupui.edu/bestpractices.aspx>

Rating: Effective Practice

Evidence of Effectiveness: One non-randomized analysis that used a pre-experimental, pretest/posttest design with no comparison or control group was completed in 2010. The findings did not provide strong evidence that participation in the THP-Plus program caused the changes observed in the participants' income, education nor other outcomes. Nonetheless, the study noted that some positive program effect was plausible for the participants that entered THP-Plus with major self-sufficiency challenges, such as homelessness, no income, lack of high school credentials, serious mental health needs and/or imminent exit from foster care (Kimberlin & Lemley, 2010).

Implementation Site(s): California

For more information: <http://thpplus.org/resources/Youth-resources/>

Youth Employment Partnership (YEP)

(Foster Youth)

Results:

- Youth succeed in their education
- Youth have steady and gainful employment

Target population: All foster youth, probation youth, low-income youth age 14 to 21

Description: YEP serves youth facing the greatest barriers: court-involved youth, foster youth, homeless youth, teen parents, youth who have dropped out of high school and those returning to the community following incarceration. YEP trainees get the opportunity to work at local nonprofits, government agencies, after-school programs and small businesses. Trainees train and support their younger peers, rehabilitate houses to create affordable homes for low-income families and operate YEP's social enterprise café, Training Grounds, at the Oakland International Airport. Programs offer support services, including supplemental education and support, to help youth succeed in school, enroll in college and become self-sufficient adults.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: Not Available

Implementation Site(s): Oakland, Calif.

For more information: <http://www.yep.org/>

II. TRAINING CURRICULA

Promising Practices:

Preparing Adolescents for Young Adulthood (PAYA) – Module V (EPY-FC)

Results:

- Children and youth are healthy
- Youth in foster care are prepared to succeed as adults

Target population: Expectant and parenting youth transitioning out of foster care

Description: Preparing Adolescents for Young Adulthood (PAYA) is a workbook series for youth transitioning out of foster care that can be used alone or with an adult. Module Five (V) is specifically designed for expectant and parenting youth and includes sections on pregnancy and health issues, the different developmental stages of the young child, housing and career planning.

Each section of PAYA begins with a questionnaire to help the youth identify the areas where he or she needs/wants to develop more skills. Following the questionnaire and exercise to identify where skills are needed, the guide contains practical information on the section topic relevant to the youths' lives as they prepare for independent living and what to expect from each stage of pregnancy and parenting.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: Not Available

Implementation Site(s): Lavalette, W.Va.

For more information: http://www.itsmymove.org/training_resources_lifeskills.php

The Promise Project

(EPY)

Results: Youth succeed in their education

Target population: Expectant and parenting youth enrolled in high school

Description: The Massachusetts Alliance on Teen Pregnancy initiated the Promise Project to increase the number of expectant and parenting youth who complete high school or GED programs and pursue higher education. Through the Promise Project, the Alliance created two tools that help educators support expectant and parenting students to remain in school: the Model District Policy for Expectant and Parenting Students and the Roadmap to Graduation Guide. The Roadmap to Graduation Guide consists of eight documents to support a school staff in their work with expectant and parenting students.

Source of Rating: Not Available

Rating: Not Available

Evidence of Effectiveness: Not Available

Implementation Site(s): Massachusetts

For more information: <http://www.massteenpregnancy.org/policy/promise-project>

OTHER RELATED RESOURCES

I. FACT SHEETS, REPORTS, TOOL KITS and GUIDES

Advocacy for Pregnant and Parenting Teens in Foster Care

This fact sheet, developed in 2009 by the Healthy Teen Network and the American Bar Association Center on Children and the Law, provides answers to some common questions practitioners face when advocating for expectant and parenting youth in foster care. The questions address youth rights, custody and foster parent maintenance payments.

To access this fact sheet:

<http://www.healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7BC876BB1F-D845-4B45-81E6-EEBCD8970BB4%7D.PDF>

American Bar Association: “Advocacy for Young or Expectant Parents in Foster Care”

This 2009 fact sheet addresses the legal rights of expectant and parenting youth in foster care.

To access this fact sheet:

http://www.americanbar.org/content/dam/aba/migrated/child/PublicDocuments/Advocacy_for_Young_or_Expectant_Parents_in_Foster_Care.authcheckdam.pdf

Are You an Askable Parent?

Advocates for Youth developed this guide in 2005 to assist caretakers in speaking with youth about sexuality. The guide highlights approaches caretakers can use to become more comfortable with speaking about sex and steps to develop into an “askable” adult who youth can rely upon for accurate information about healthy sexual behavior.

To access this guide: <http://www.advocatesforyouth.org/publications/475-are-you-an-askable-parent>

A Behavior-Determinant-Intervention (BDI) Logic Model for Working with Young Families Resource Kit

This resource, developed in 2008 by the Healthy Teen Network, provides practitioners with information on intervention activities for programs interested in a focused-approach on selected outcomes for young families.

To access this resource:

<http://www.healthyteennetwork.org/vertical/sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7BBFBA6B3C-8481-4AEF-B1D0-2F68EFBCC406%7D.PDF>

Bricks, Mortar and Community: The Foundations of Supportive Housing for Pregnant and Parenting Teens: Findings from the Field

This 2012 report identifies a set of core components for supportive housing programs serving expectant and parenting teens and presents case studies of programs meeting these standards. The report also includes examples of supportive housing programs integrating the core components and a list of additional housing resources.

To access this fact sheet:

www.healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7BF708F838-0408-4E99-B20B-B13A22C48788%7D.PDF

California's Most Vulnerable Parents: When Maltreated Children Have Children

This fact sheet, developed in 2013 by the Conrad N. Hilton Foundation, provides the key findings from a study that aimed to better understand the lives of expectant and parenting youth in foster care residing in Los Angeles County. The research questions target the health consequences of adolescent mothers in foster care and their children.

To access this fact sheet:

http://www.hiltonfoundation.org/images/stories/PriorityAreas/FosterYouth/Downloads/2013.11.12_Teen_Parents_Fact_Sheet.pdf

Effective Planning for Child Welfare Leaders to Help Prevent Teen Pregnancy

This resource, developed by the National Campaign to Prevent Teen and Unplanned Pregnancy, the American Public Human Services Association (APHSA) and the National Association of Public Child Welfare Administrators (NAPCWA) in 2010, provides guidance to child welfare agency leaders and their teams about making decisions and developing effective programs for youth at highest risk of becoming pregnant and having children.

To access this resource: <http://thenationalcampaign.org/resource/briefly-effective-planning-child-welfare-leaders-help-prevent-teen-pregnancy>

Guide to Working with Young Parents in Out of Home Care

Fordham Interdisciplinary Parent Representation Project and New York City Administration for Children's Services developed this guide in 2012, offering suggestions for engaging young parents in conferencing and supportive services while highlighting the importance of maintaining the young parents' right to privacy and autonomy. The guide is designed to be used primarily by provider agency case planners, but may also be useful to child protection staff, parent advocates, attorneys and others who work with expectant and parenting youth in foster care.

To access this guide:
http://www.nyc.gov/html/acs/downloads/pdf/a_ABCs%20of%20Young%20Parents%20Out%20of%20Home.pdf

Healthy Beginnings, Healthy Futures: A Judge's Guide

Produced in 2009 in collaboration with the National Council of Juvenile and Family Court Judges and the Zero to Three National Policy Center, this guide addresses the wide array of health needs of very young children in the child welfare system. By sharing current research on physical health, child development, attachment, infant mental health and early care and education, the authors provide tools and strategies to help juvenile and family court judges promote better outcomes for babies, toddlers and preschoolers who enter their courtrooms.

To access this guide:
http://main.zerotothree.org/site/DocServer/Healthy_Beginnings.pdf?docID=9822

Helping Pregnant and Parenting Teens Find Adequate Housing

The American Bar Association Center on Children and the Law and Healthy Teen Network collaborated in 2010 to develop an overview of housing-related legal and policy issues with which advocates for young families should be familiar.

To access this resource:

<http://www.healthyteennetwork.org/vertical/Sites/{B4D0CC76-CF78-4784-BA7C-5D0436F6040C}/uploads/{6B08D6EF-E9F0-4637-B3D5-E6D2A63A6330}.PDF>

National Crittenton Foundation Rights and Resource Guide

The National Crittenton Foundation Rights and Resources Guide is a booklet specifically created in 2011 for expectant and parenting female youth in foster care. It explains basic placement and custody rights with regard to their baby and is written in a way that is easy to read and accessible for youth who might need it. The booklet is available in PDF form online at the National Crittenton Foundation website. The website also includes state-specific information regarding custody and placement rights for expectant and parenting youth in foster care.

To access this guide: <http://www.nationalcrittenton.org/rights-and-resources/>

National Resource Center for Adolescent Services (NRYSC) Online Catalog

The NRCYS Online Catalog has products for purchase aimed at young parents, including a practical guide through pregnancy for young mothers and fathers.

To access this resource: <http://www.nrcys.ou.edu/catalog/home.php?cat=13>

National Women's Law Center: Pregnancy Test for Schools: The Impact of Education Laws on Pregnant and Parenting Students

This 2012 report describes the particular challenges faced by expectant and parenting students, highlights the requirements of federal education laws and ranks how well each state's laws, policies and programs address the needs of these students. A toolkit for advocates and students to prevent pregnancy and parenting discrimination in school is also provided. This toolkit includes a sample advocacy letter, wallet-card Bill of Rights for expectant and parenting students and a guide to document and report pregnancy discrimination.

To access this resource: <http://www.nwlc.org/reports-overview/pregnancy-test-schools-impact-education-laws-pregnant-and-parenting-students>

Opportunities to Help Youth in Foster Care: Addressing Pregnancy Prevention in the Implementation of the Fostering Connections to Success and Increasing Adoptions Act of 2008

This paper produced in 2009 by the National Campaign to Prevent Teen and Unplanned Pregnancy discusses the implications of the Fostering Connections to Success and Increasing Adoptions Act of 2008 for expectant and parenting teens in out of home care. This paper makes recommendations for how federal, state and local governments can use provisions in this Act to help young people in and transitioning out of foster care get the education and health services they need to be successful parents, as well as avoid early or repeat pregnancy.

To access this resource: <http://thenationalcampaign.org/resource/briefly-opportunities-help-youth-foster-care?display=grid>

Strengthening Families and Communities: 2011 Resource Guide

This resource guide was written in 2011 to support service providers in their work with parents, caregivers and their children to strengthen families and prevent child abuse and neglect. The guide includes information about protective factors that help reduce the risk of child maltreatment, strategies for changing how communities support families and evidence-informed practices. It also provides tip sheets for specific parenting issues, including enhancing social supports for teen parents.

To access the guide: www.childwelfare.gov/pubs/guide2011/guide.pdf

Understanding the Adolescent Brain and its Implications for Young People Transitioning From Foster Care

Developed by The Jim Casey Youth Opportunities Initiative in 2011, this guide provides information on the most current research on adolescent brain development and practice considerations.

To access this guide: http://jimcaseyyouth.org/sites/default/files/WhatsGoingOnInThere_FINAL.pdf

Working with Pregnant and Parenting Teens Tip Sheet

This tip sheet developed by Administration for Children and Families' Family and Youth Service Bureau in 2012 addresses the unique needs of expectant and parenting youth and highlights key program elements that can lead to successful outcomes for this population.

To access this resource: <http://www.acf.hhs.gov/programs/fysb/resource/pregnant-parenting-tip-sheet>

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APPENDICIES

Appendix A: California Evidence-Based Clearinghouse for Child Welfare (CEBC)²

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) is funded by the California Department of Social Services' Office of Child Abuse Prevention. The Clearinghouse provides information on evidence-based practices for children and families with a particular focus on those involved with the child welfare system.

Rating	CEBC Rating Scale Definition
1	<p>Well-Supported by Research Evidence</p> <ul style="list-style-type: none"> • There is no case data suggesting a risk of harm that: a) was probably caused by the treatment and b) the harm was severe or frequent. • There is no legal or empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it. • The practice has a book, manual, and/or other available writings that specify components of the service and describe how to administer it. • Multiple Site Replication: At least two rigorous randomized controlled trials (RCTs) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature. • In at least one RCT, the practice has shown to have a sustained effect at least one year beyond the end of treatment, when compared to a control group. • Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects. • If multiple outcome studies have been published, the overall weight of the evidence supports the benefit of the practice.
2	<p>Supported By Research Evidence:</p> <ul style="list-style-type: none"> • There is no case data suggesting a risk of harm that: a) was probably caused by the treatment and b) the harm was severe or frequent. • There is no legal or empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it. • The practice has a book, manual, and/or other available writings that specify the components of the practice protocol and describe how to administer it. • At least one rigorous randomized controlled trial (RCT) in usual care or a practice setting has found the practice to be superior to an appropriate comparison practice. The RCT has been reported in published, peer-reviewed literature. • In at least one RCT, the practice has shown to have a sustained effect of at least six months beyond the end of treatment, when compared to a control group. • Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects. • If multiple outcome studies have been conducted, the overall weight of evidence supports the benefit of the practice.

² <http://www.cebc4cw.org/>

3	<p>Promising Research Evidence:</p> <ul style="list-style-type: none"> • There is no case data suggesting a risk of harm that: a) was probably caused by the treatment and b) the harm was severe or frequent. • There is no legal or empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it. • The practice has a book, manual, and/or other available writings that specify the components of the practice protocol and describe how to administer it. • At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list study) has established the practice's benefit over the control, or found it to be comparable to a practice rated a 1, 2, or 3 on this rating scale or superior to an appropriate comparison practice. The study has been reported in published, peer-reviewed literature. • Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects. • If multiple outcome studies have been conducted, the overall weight of evidence supports the benefit of the practice.
4	<p>Evidence Fails to Demonstrate Effect:</p> <ul style="list-style-type: none"> • Two or more randomized controlled trials (RCTs) have found the practice has not resulted in improved outcomes, when compared to usual care. The studies have been reported in published, peer-reviewed literature. • If multiple outcome studies have been conducted, the overall weight of evidence does not support the benefit of the practice. The overall weight of evidence is based on the preponderance of published, peer-reviewed studies, and not a systematic review or meta-analysis. For example, if there have been three published RCTs and two of them showed the program did not have the desired effect, then the program would be rated a "4 - Evidence Fails to Demonstrate Effect."
5	<p>Concerning Practice:</p> <ul style="list-style-type: none"> • If multiple outcome studies have been conducted, the overall weight of evidence suggests the intervention has a negative effect upon clients served; and/or • There is case data suggesting a risk of harm that: a) was probably caused by the treatment and b) the harm was severe or frequent; and/or • There is a legal or empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it.

NR	Not able to be Rated: <ul style="list-style-type: none">• There is no case data suggesting a risk of harm that: a) was probably caused by the treatment and b) the harm was severe or frequent.• There is no legal or empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it.• The practice has a book, manual, and/or other available writings that specify the components of the practice protocol and describe how to administer it.• The practice is generally accepted in clinical practice as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers.• The practice does not have any published, peer-reviewed study utilizing some form of control (e.g., untreated group, placebo group, matched wait list study) that has established the practice's benefit over the placebo, or found it to be comparable to or better than an appropriate comparison practice.• The practice does not meet criteria for any other level on the CEBC Scientific Rating Scale.
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Appendix B: Coalition for Evidence-Based Policy³

The Coalition for Evidence-Based Policy is a nonprofit organization that maintains a listing of evidence-based interventions that address an array of social issues such as teen pregnancy prevention, mental health and K-12 education.

The Coalition uses the following language to rank interventions as Top Tier: *“Interventions shown in well-conducted randomized controlled trials, preferably conducted in typical community settings, to produce sizeable, sustained benefits to participants and/or society.”*

- In applying this standard, the Coalition uses the *Checklist For Reviewing a Randomized Controlled Trial* ([linked here](#)), which tracks guidance from the U.S. Office of Management and Budget, National Academy of Sciences, Institute of Education Sciences, and other research bodies. The Checklist reflects well-established principles on what constitutes a high-quality trial (e.g., adequate sample size, low sample attrition, valid outcome measures, etc.). This ranking also demonstrates effective implementation in at least two well-conducted trials or one large multi-site trial.
- Cost, scalability and sustainability of the intervention are also assessed.

The standards for assessing a program as Near Top Tier are that interventions shown to meet almost all elements of the Top Tier standard, and which only need one additional step to qualify.

³ <http://toptierevidence.org/solicitationreview-process/2-page-overview-of-our-solicitation-process-and-review-criteria>

Appendix C: Department of Health and Human Services, Home Visiting Evidence of Effectiveness (HomVEE)⁴

The Home Visiting Evidence of Effectiveness is sponsored by the U.S. Department of Health and Human Services. It provides information on evidence-based home visiting program models that target families with children from birth to age five.

Table 1: Summary of Study Rating Criteria for the HomVEE Review

HomVEE Study Rating	Randomized Controlled Trials	Quasi-Experimental Designs		
		Matched Comparison Group	Single Case Design ^b	Regression Discontinuity ^b
High	<ul style="list-style-type: none"> • Random assignment • Meets WWC standards for acceptable rates of overall and differential attrition^a • No reassignment; analysis must be based on original assignment to study arms • No confounding factors; must have at least 2 participants in each study arm and no systematic differences in data collection methods • Controls for selected measures if groups are different at baseline 	Not applicable	<ul style="list-style-type: none"> • Timing of intervention is systematically manipulated • Outcomes meet WWC standards for interassessor agreement • At least three attempts to demonstrate an effect • At least five data points in relevant phases 	<ul style="list-style-type: none"> • Integrity of forcing variable is maintained • Meets WWC standards for low overall and differential attrition • The relationship between the outcome and the forcing variable is continuous • Meets WWC standards for functional form and bandwidth
Moderate	<ul style="list-style-type: none"> • Reassignment OR unacceptable rates of overall or differential attrition • Baseline equivalence 	<ul style="list-style-type: none"> • Baseline equivalence established on selected measures and controls for 	<ul style="list-style-type: none"> • Timing of intervention is systematically manipulated • Outcomes meet WWC 	<ul style="list-style-type: none"> • Integrity of forcing variable is maintained • Meets WWC standards

⁴ <http://homvee.acf.hhs.gov/document.aspx?rid=4&sid=19&mid=5#ReviewProcess-ProducingStudyRatings-DescribingEffects>

	<p>established on selected measures</p> <ul style="list-style-type: none"> • No confounding factors; must have at least 2 participants in each study arm and no systematic differences in data collection methods 	<p>baseline measures of outcomes, if applicable</p> <ul style="list-style-type: none"> • No confounding factors; must have at least 2 participants in each study arm and no systematic differences in data collection methods 	<p>standards for interassessor agreement</p> <ul style="list-style-type: none"> • At least three attempts to demonstrate an effect • At least three data points in relevant phases 	<p>for low attrition</p> <ul style="list-style-type: none"> • Meets WWC standards for functional form and bandwidth
Low	Studies that do not meet the requirements for a high or moderate rating.			

NOTE: “Or” implies that one of the criteria must be present to result in the specified rating.

Appendix D: Department of Health and Human Services, Office on Child Abuse and Neglect, Report on Effective Programs⁵

The U.S. Department of Health and Human Services' Children Bureau's Office on Child Abuse and Neglects provides information on evidence-based practices that focus on prevention of child abuse and neglect.

- Tier 1, for *Demonstrated Effective* Programs, is restricted to programs that have undergone rigorous evaluation using an experimental research design (i.e., random assignment to experimental and control groups) that generated positive, conclusive outcomes.
- Tier 2, for *Reported Effective* Programs is restricted to programs that have used any other credible research and evaluation methods, such as quasi-experimental or non-experimental that have generated positive, but not necessarily conclusive/deterministic, outcomes.

Track 2: Innovative Programs

This track includes younger programs that have not yet had a chance to be fully evaluated but that have noteworthy accomplishments. This review highlights programs that have overcome barriers to success, have dealt extremely well with a particular problem, or are showcasing an exciting new research-based initiative in prevention.

⁵ <https://www.childwelfare.gov/preventing/programs/whatworks/report/report.pdf>

Appendix E: FindYouthInfo⁶

FindYouthInfo is website sponsored by the U.S. federal government, composed of 18 federal agencies. It provides information on evidence-based practices that target improving outcomes for youth.

The FindYouthInfo features evidence-based programs whose purpose is to prevent and/or reduce delinquency or other problem behaviors in young people using two evaluations models.

- 1) Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- 2) Teen Pregnancy Prevention Evidence Review

Studies that meet the review screening criteria are each assessed for quality of research design and implementation using the following criteria:

Criteria Category	High Study Rating	Moderate Study Rating	Low Study Rating
1. Study design	Random or functionally random assignment	Quasi-experimental design with a comparison group; random assignment design with high attrition or reassignment	Does not meet criteria for high or moderate rating
2. Attrition	What Works Clearinghouse standards for overall and differential attrition	No requirement	Does not meet criteria for high or moderate rating
3. Baseline equivalence	Must control for statistically significant baseline differences	Must establish baseline equivalence of research groups and control for baseline outcome measures	Does not meet criteria for high or moderate rating
4. Reassignment	Analysis must be based on original assignment to research groups	No requirement	Does not meet criteria for high or moderate rating
5. Confounding factors	Must have at least two subjects or groups in each research group and no systematic differences in data collection methods	Must have at least two subjects or groups in each research group and no systematic differences in data collection methods	Does not meet criteria for high or moderate rating

⁶ http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/eb-programs-review-v2.pdf

Appendix F: Healthy Communities Institute⁷

The Healthy Communities Institute is a for-profit company focused on improving the overall health of communities. It provides information on evidence-based practices that focus on building healthy communities.

Evidence-based Practice:

1. The program description includes at a minimum: the sponsoring organization, program goals, program implementation steps, and outcomes that have demonstrated program *success* in achieving the program goal in one or more localities.
2. The results from an evaluation of the program include quantitative measures showing improvement in the outcome(s) of interest after the implementation of the program (i.e. increase in smoking cessation, not just the delivery of a smoking cessation program). The outcome measure(s) is/are compared at relevant time periods before and after the intervention or program implementation. Alternatively, the evaluation study compares the outcome(s) between an intervention group and an appropriate control group.
3. The study is of peer-review quality and presents numbers in a scientific manner; measurements of precision and reliability are included (e.g. confidence intervals, standard errors), results from statistical tests show a significant difference or change in the outcome measure(s), and relevant point estimates and p-values are presented. Note: if the results from an evaluation of a program are presented in a scientific manner and the outcome measure is improved compared to the baseline measurement or the control group but the difference is not statistically significant, the practice is classified as effective and not evidence-based.

Effective Practice:

1. The program description includes at a minimum: the sponsoring organization, program goals, program implementation steps, and outcomes that have demonstrated program *success* and/or *promise* in achieving the program goal in one or more localities.
2. The results from an evaluation of the program include quantitative measures of improvement in outcome of interest (i.e. increase in voter registration, not just delivery of voter registration drive) and/ or the outcome measure is increased or improved compared to the baseline measurement or the control group but the difference is not statistically significant.

⁷ [http://www.sfhip.org/index.php?module=htmlpages&func=display&alias=ranking_methodology:](http://www.sfhip.org/index.php?module=htmlpages&func=display&alias=ranking_methodology)
[http://indyindicators.iupui.edu/bestpractices.aspx;](http://indyindicators.iupui.edu/bestpractices.aspx) <http://www.healthycommunitiesinstitute.com/>

Good Idea:

1. The program description includes: the sponsoring organization, program goals, program funding source, program implementation steps and outcomes.
2. The program evaluation is limited to descriptive measure(s) of success/accomplishment (i.e., program participation rates, number of services/education sessions/radio messages provided). Note: oftentimes, the program has been newly implemented and a program evaluation has not yet been conducted. Programs that have not yet been evaluated, but which show promise in improving health or quality of life, are classified as Good Ideas until an evaluation is conducted.

Appendix G: National Registry of Evidence-Based Programs and Practices (NREPP)⁸

The National Registry of Evidence-Based Programs and Practices (NREPP) is sponsored by the U.S. Department Health and Human Services' Substance Abuse and Mental Health Service Administration (SAMSHA). The Registry includes information on evidence-based practices focused on addressing mental health and substance abuse.

Each reviewer independently evaluates the Quality of Research for an intervention's reported results using the following six criteria:

Reliability of measures

Validity of measures

Intervention fidelity

Missing data and attrition

Potential confounding variables

Appropriateness of analysis

Reviewers use a scale of 0.0 to 4.0, with 4.0 being the highest rating given.

1. **Reliability of Measures**

Outcome measures should have acceptable reliability to be interpretable. "Acceptable" here means reliability at a level that is conventionally accepted by experts in the field.

0 = Absence of evidence of reliability or evidence that some relevant types of reliability (e.g., test-retest, interrater, interitem) did not reach acceptable levels.

2 = All relevant types of reliability have been documented to be at acceptable levels in studies by the applicant.

4 = All relevant types of reliability have been documented to be at acceptable levels in studies by independent investigators.

2. **Validity of Measures**

Outcome measures should have acceptable validity to be interpretable. "Acceptable" here means validity at a level that is conventionally accepted by experts in the field.

0 = Absence of evidence of measure validity, or some evidence that the measure is not valid.

2 = Measure has face validity; absence of evidence that measure is not valid.

4 = Measure has one or more acceptable forms of criterion-related validity (correlation with appropriate, validated measures or objective criteria); OR, for objective measures of response, there are procedural checks to confirm data validity; absence of evidence

⁸ <http://samhsa.gov/index.aspx>; <http://www.nrepp.samhsa.gov/AboutNREPP.aspx>

that measure is not valid.

3. Intervention Fidelity

The "experimental" intervention implemented in a study should have fidelity to the intervention proposed by the applicant. Instruments that have tested acceptable psychometric properties (e.g., inter-rater reliability, validity as shown by positive association with outcomes) provide the highest level of evidence.

0 = Absence of evidence or only narrative evidence that the applicant or provider believes the intervention was implemented with acceptable fidelity.

2 = There is evidence of acceptable fidelity in the form of judgment(s) by experts, systematic collection of data (e.g., dosage, time spent in training, adherence to guidelines or a manual), or a fidelity measure with unspecified or unknown psychometric properties.

4 = There is evidence of acceptable fidelity from a tested fidelity instrument shown to have reliability and validity.

4. Missing Data and Attrition

Study results can be biased by participant attrition and other forms of missing data. Statistical methods as supported by theory and research can be employed to control for missing data and attrition that would bias results, but studies with no attrition or missing data needing adjustment provide the strongest evidence that results are not biased.

0 = Missing data and attrition were taken into account inadequately, OR there was too much to control for bias.

2 = Missing data and attrition were taken into account by simple estimates of data and observations, or by demonstrations of similarity between remaining participants and those lost to attrition.

4 = Missing data and attrition were taken into account by more sophisticated methods that model missing data, observations, or participants, OR there were no attrition or missing data needing adjustment.

5. Potential Confounding Variables

Often variables other than the intervention may account for the reported outcomes. The degree to which confounds are accounted for affects the strength of causal inference.

0 = Confounding variables or factors were as likely to account for the outcome(s) reported as were the hypothesized causes.

2 = One or more potential confounding variables or factors were not completely addressed, but the intervention appears more likely than these confounding factors to account for the outcome(s) reported.

4 = All known potential confounding variables appear to have been completely addressed in order to allow causal inference between the intervention and outcome(s) reported.

6. Appropriateness of Analysis

Appropriate analysis is necessary to make an inference that an intervention caused reported outcomes.

0 = Analyses were not appropriate for inferring relationships between intervention and outcome, OR sample size was inadequate.

2 = Some analyses may not have been appropriate for inferring relationships between intervention and outcome, OR sample size may have been inadequate.

4 = Analyses were appropriate for inferring relationships between intervention and outcome. Sample size and power were adequate.

Appendix H: Promising Practice Network (PPN)⁹

The Promising Practice Network provides information on evidence-based/informed and promising practices that target improving outcomes for children and families.

Evidence Levels:

Proven and Promising Programs

Programs are generally assigned either a "Proven" or a "Promising" rating, depending on whether they have met the evidence criteria below. In some cases a program may receive a "Proven" rating for one indicator and a "Promising" rating for a different indicator. In this case the evidence level assigned will be "Proven/Promising," and the program summary will specify how the evidence levels were assigned by indicator.

Other Reviewed Programs

Some programs on the PPN site are identified as "Other Reviewed Programs". These are programs that have not undergone a full review by PPN, but evidence of their effectiveness has been reviewed by one or more credible organizations that apply similar evidence criteria. Other Reviewed Programs may be fully reviewed by PPN in the future and identified as Proven or Promising, but will be identified as Other Reviewed Programs in the interim.

Evidence Criteria:

Type of Information	Proven Program	Promising Program	Not Listed on Site
	Program must meet all of these criteria to be listed as "Proven".	Program must meet at least all of these criteria to be listed as "Promising".	If a program meets any of these conditions, it will not be listed on the site.
Type of Outcomes Affected	Program must directly impact one of the indicators used on the site.	Program may impact an intermediary outcome for which there is evidence that it is associated with one of the PPN indicators.	Program impacts an outcome that is not related to children or their families, or for which there is little or no evidence that it is related to a PPN indicators (such as the number of applications for teaching

⁹ <http://www.promisingpractices.net/criteria.asp>

			positions).
Substantial Effect Size	At least one outcome is changed by 20%, 0.25 standard deviations, or more.	Change in outcome is more than 1%.	No outcome is changed more than 1%.
Statistical Significance	At least one outcome with a substantial effect size is statistically significant at the 5% level.	Outcome change is significant at the 10% level (marginally significant).	No outcome change is significant at less than the 10% level.
Comparison Groups	Study design uses a convincing comparison group to identify program impacts, including randomized-control trial (experimental design) or some quasi-experimental designs.	Study has a comparison group, but it may exhibit some weaknesses, e.g., the groups lack comparability on pre-existing variables or the analysis does not employ appropriate statistical controls.	Study does not use a convincing comparison group. For example, the use of before and after comparisons for the treatment group only.
Sample Size	Sample size of evaluation exceeds 30 in both the treatment and comparison groups.	Sample size of evaluation exceeds 10 in both the treatment and comparison groups.	Sample size of evaluation includes less than 10 in the treatment or comparison group.
Availability of Program Evaluation Documentation	Publicly available.	Publicly available.	Distribution is restricted, for example only to the sponsor of the evaluation.

*Additional considerations play a role on a case-by-case basis. These may include attrition, quality of outcome measures, and others.

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