



EC LINC R2A Birth to Three Best Practices: Playgroups

Literature Review:
Playgroup Practices

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Contents

SECTION 1 –Introduction.....	1
1.1 Background	1
1.2 Definitions.....	2
1.3 Review Questions.....	3
SECTION 2 – Methods.....	3
SECTION 3 – Results	3
3.1 Research Methodologies	4
3.2 Research Findings	4
Child Outcomes	4
Parent Outcomes	5
Community Outcomes	6
Outcomes for Special Populations	7
3.3 Program Processes	7
Intake and Engaging Families.....	7
Ongoing Engagement.....	8
3.4 Program Components.....	8
Facilitator	8
Frequency.....	9
Session	9
Venue	9
Evaluation	9
Funding	10
Evidence-based Curricula	10
SECTION 4: Discussion and Conclusions	13
4.1 Review of Findings	13
4.2 Conclusion	14
References	15

SECTION 1 –Introduction

1.1 Background

This review was prepared for First 5 Ventura County on behalf of the EC LINC R2A Birth to Three Best Practices: Playgroups project to identify:

- Existing best practice models for playgroups;
- Use of evidence-based curricula;
- Protocols for intake, referrals and coordination of services;
- The role of playgroups in the continuum of services for early childhood;
- Financing; and
- Existing evaluation frameworks.

At the most basic level, a playgroup is defined as a regularly scheduled meeting of a consistent group of young children and their parents. Parents are typically seeking opportunities for their children to take part in supervised creative and social play, and frequently looking to build their own social connections with other parents in the community. Playgroups exist in various permutations, organized solely by parents or facilitated by various programs with a myriad of goals: child development, early intervention, school readiness, or parental support and education.

Facilitated playgroups tend to be built around the premise that providing sufficient familial support for early learning and development will help prepare children for future academic and social success. Research by Denham et al. (1991), showed that low social and emotional competence in a young child predicts academic performance in the first grade, regardless of cognitive skill level and family background and that this effect persists through even the later elementary years. Facilitated playgroups provide increased parental awareness of developmental milestones, the importance of providing early learning experiences, and can raise parental sensitivity and responsiveness. (Fraley et al., 2013)

Because playgroups differ in shape, execution, and targeted population, there is little quantitative evidence for the ideal playgroup format. Most studies have focused on the positive child development outcomes of playgroup participation, without regard to how playgroup services are delivered. Hancock et al., (2012) compared children’s early learning competence and found that those who attended playgroups displayed higher early learning competence than children who had not attended playgroups, even after controlling for socio-economic factors and family composition.

More recently researchers have turned their attention to the benefits of playgroups for parents and communities, (McShane et al., 2016) stating that playgroups assist in strengthening communities as a whole, through “increasing trust, connectedness and volunteering, as well as the development and maintenance of knowledge and skills that contribute to informal and formal economies.”

Much of the research on playgroups is centered in Australia, where significant governmental effort has been expended in providing “supported playgroups” to targeted vulnerable populations, including culturally and linguistically diverse families, indigenous families, young parents, socially isolated parents, economically disadvantaged families, and those experiencing mental health issues or living with a disability (Commerford & Robinson, 2016). These supported playgroups employ a paid facilitator who guides the playgroup format and activities. Even within this government-supported approach, a variety of models and practice principles are used, so no one-true-way has emerged from the research. In the United States, the Substance Abuse and Mental Health Administration (SAMSHA) maintains a National Registry of Evidenced-Based Programs and Practices (NREPP). Within this database are several programs, such as Parents as Teachers and Triple-P Positive Parenting, which incorporate playgroups as an integral component. However, even within these models, the playgroups take several forms depending upon the needs of program participants, rendering it difficult to inform a substantive research base on the playgroup itself.

This literature review summarizes findings on outcomes for parents, children, communities, and special populations. It also provides information on playgroup processes and components, including successful facilitator characteristics, frequency, management committee practices, evaluation and funding.

1.2 Definitions

For the purposes of this review, the following definitions are used:

- Child Development Domains – common assessment areas of child development include fine and gross motor skills, cognitive and language development, literacy, numeracy, and social and emotional functioning
- Community Playgroup – a parent-initiated playgroup in which activities, venue, and participants are selected by parents.
- Evidenced-based Practice – practices for which a research base has established that the practice is effective in achieving its objective.
- Facilitated Playgroup – a program initiated playgroup in which activities, venue, and curricula are selected by a trained facilitator.
- Grey Literature – research that is either unpublished or has been published in non-commercial form. Examples of grey literature include: government reports, policy statements, and issues papers.
- Parent – the biological parent, adoptive parent, or any person acting in loco parentis with whom the child resides and who participates in the playgroup with the child.
- Parenting Education – curricula or programs designed to increase parent knowledge and skills in regards to healthy child development and education, improve parent-child interactions, and increase family resiliency.

- School Readiness – possessing the skills, knowledge, and attitudes necessary for success in school. (Office of Head Start, 2015)
- Therapeutic Playgroup – a playgroup in which activities, venue, and curricula are selected by a licensed therapist, such as an occupational or psychotherapist.

1.3 Review Questions

The main inquiry for this review is: What evidence exists to guide playgroup best practices, including service models, curriculum, intake procedures, parent and child attendance and engagement, evaluation, and playgroup roles? Objectives for the review included:

- Identification of best practice models.
- Identification of evidence-based curriculum.
- Identification of the role of the playgroup in the early care continuum, including outcomes from participation for parents, children, communities, and special populations.
- Identification of best practices in playgroups as they pertain to the facilitator, frequency of dosing, the session, the venue, and funding.

SECTION 2 – Methods

The definition of playgroup for this literature review included both community, therapeutic, and facilitated playgroups. Studies qualifying for inclusion in this review were identified through academic databases (Marshall University Research Library) and online data sources. Search terms included: playgroup, playgroup* OR program, parent education, infant AND playgroup, toddler AND playgroup, disabilities AND playgroup.

The broad search generated 2,406 articles. Fifty-one sources, a mixture of research articles and grey literature were used for this review. Articles were included if they investigated program components that were directed at both parents and young children, were held in a group setting, and the program was designed to cover at least one of the following: increase parental knowledge, link parents, enhance child development, build positive parent-child interactions, school readiness, or social skills development. Of that number, 268 articles and studies were excluded due to lack of relevance to the literature scan parameters. Within the United Kingdom, the term playgroup pertains to child groups in a preschool setting with or without parent involvement, resulting in the exclusion of 411 articles. Since this review focused on young children, 1,676 articles were excluded because the playgroup article studied children over the age of five.

SECTION 3 – Results

The fifty-one articles selected for inclusion are summarized in this section. The section contains a discussion of outcomes of playgroup participation for children, parents, communities and special

populations. Also included are program processes, including intake procedures, and integral program components of playgroups.

3.1 Research Methodologies

As previously noted, very little experimentally designed research on playgroup practices exists. The majority of articles regarding playgroup practices and results are qualitative data, consisting of case studies, interviews, surveys and focus groups. There are significant sources of grey literature regarding playgroup practices, primarily originating in Australia.

3.2 Research Findings

Child Outcomes

The majority of articles reported on child outcomes. Jackson (2009) reports that children in playgroups benefit from socialization and relationship building, and that playgroup participation assists in forming secure attachments and reduces separation anxiety. Denham et al., (2001) also observed secure attachments in playgroup participants from playgroups with positive emotional responsiveness; however, Denham's research found that children in playgroups "characterized by anger and negative emotional responsiveness are evaluated as lacking in social competence up to a year later." Therefore it is important that facilitators and parents work to ensure positive playgroup atmosphere and experiences.

The benefits to children from playgroup participation also include increased phonemic and phonological awareness, increased socio-emotional competence, and increased cognitive skills. (Deutscher et al., 2006; Evangelou & Sylvia, 2003; Evangelou et al., 2007; Freiberg et al., 2005; Hackworth et al., 2013). Whiten and Flynn (2010) report that playgroups are excellent settings for social learning experiences where children learn through observation and modeling by both adults and other children, a result replicated by Ferreira de Lucena and Pedrosa (2014).

Playgroups can also ease the transition to school entry. Knaus, Warren, and Blaxell, (2016) found that children who participated in a community playgroup held in a school setting in their preschool years experienced a smooth transition into kindergarten. Jackson (2009) stated that playgroup participation assisted children in adapting to transitions by helping "anxious children feel secure going to preschool and school settings." Docket et al. (2007) reported the same finding that children who participated in playgroups had more successful transition to school environments than children who did not participate in playgroups. Hancock et al., (2012) found that playgroup participation from birth to three could be used "to predict social-emotional functioning and learning competence." This study also found that:

“For learning competence, both boys and girls from disadvantaged families scored three-four points higher if they attended playgroup at ages birth-one year and two-three years compared to boys and girls from disadvantaged families who did not attend playgroup.”

Other benefits of playgroups can include increased physical activity and reduced screen time. (Weber et al., 2014) Children in this study increased the number of hours spent in non-sedentary and outdoor activities after participating in a playgroup promoting active play.

Children with disabilities also reap gains from playgroup participation. Bekar et al., (2016) assigned children ages 2 to 4 with low scores on vital measures of adaptation to a peer playgroup using the Relationship for Growth and Learning curriculum. At the end of the intervention, children in the playgroup no longer had significant differences on vital measures of adaptation. Higher doses of the intervention, consisting of playgroup twice per week instead of once, was correlated with higher social competence and decreased behavioral problems among the sample group. Fabrizi, Ito, and Winston, (2016) demonstrated increased playfulness and responsiveness among children aged 15 months to 3 years with special needs after participation in an 8 week playgroup with caregivers and a therapist. Guralnick and Groom (1987) identified playgroup settings as developmental opportunities for mildly delayed children to increase peer interactions and support social skills development. Bell, Lynn, and Kolvin (1989) also explored participation in a Developmental Play Therapy playgroup as a treatment modality for infants and found that it increased cooperative and creative play in children with special needs who previously displayed low social competence.

Parent Outcomes

The second largest cluster of articles pertained to outcomes for parents. Bohr, et al., (2010) found that playgroup participation increased maternal sensitivity, parent confidence, and language interaction and decreased reported stress levels. French (2009) states that playgroups provide parents with opportunities for parent participation, social networking, training, observation of staff's professional practice, access to high quality early childhood services, language support, opportunities to identify early intervention needs, and information on how to access supports. Jackson (2011) notes that playgroups serve as friendship and social network supports to parents, including relational, peer, and emotional support. Jackson (2009) states that parents receive parenting role and information and resource support, as well as multidisciplinary support in a “non-clinical environment to connect with intervention specialists and social workers.” McShane et al., (2016) state that playgroups provide parents a landscape of social care which provides a setting for non-formal learning and modeling of parenting practices. McShane further states that playgroups contribute to the personal development of parents allowing them to acquire new skills and knowledge. His research also states that playgroups can help parents develop social capital and build both institutional and social networks. Strange et al., (2014) give playgroups a central role of support due to changes in traditional community structures.

Harman, Guilfoyle, and O'Connor (2014) explored why parents elected to attend playgroups. Respondents stated that parents attended to develop a sense of belonging and to seek validation as parents. Jackson (2011) framed reasons for attendance in eight categories:

- Friendship and Social Network Support
- Relational Support
- Peer Support
- Emotional Support
- Parenting Role Support
- Information and Resource Support
- Circle of Care Support
- Multidisciplinary Support

In affirmation of this increase of social capital and network support, Hancock et al., (2015) found that parents who participated in playgroups had more social connections four years after their children had aged out of playgroup participation than parents who had not participated in playgroups, stating that “persistent playgroup participation may act as a protective factor against poor social support outcomes.”

Finally, parents experience positive outcomes for enhancing the early home learning environment if they engaged in playgroup participation. Nicholson et al., (2016) found that parents who participated in a parenting skills focused playgroup intervention observed increased parent verbal responsivity and increased early educational activity participation at home. Secondary effects of the intervention included parent reported “higher parenting confidence, increased wellbeing, increased child communication, socio-emotional and general development skills.”

Community Outcomes

McShane et al., (2016) explored ways in which the community as a whole benefitted from parent participation in playgroups and found that playgroup attendance builds social trust in communities and creates community cohesion that outlives direct participation in the playgroup. McShane states that “Social trust is a key element of community capacity building. Trust encourages cooperation and reciprocity, fosters knowledge sharing and facilitates business transactions.” This study also noted that playgroups played an important role in helping new residents assimilate into the community, providing social and economic benefits.

Outcomes for Special Populations

For bilingual or English as a Second Language learners, Pelletier and Corter (2005) found that bilingual support, in the form of a bilingual facilitator or assistant facilitator, in a playgroup setting assisted both the child and parent in acquisition of English speaking skills.

Warr et al., (2013) established that playgroup participation for migrant families assisted these families in achieving positive child well-being outcomes for their children, as well as serving as a soft point of entry to accessing other early childhood supports. New, Guilfoyle, and Harman (2015) found that playgroup participation for a group of African refugee families assisted them as they navigated “preparing for school, accessing supports, and experiences of transitioning to school.”

In regards to foster children, Pears, Fisher, and Bronz, (2007) discovered that playgroups can serve as an effective intervention for foster children, who are at risk for adverse outcomes and low school-readiness. The intervention group attended a therapeutic playgroup twice weekly for seven weeks. The intervention group displayed higher social competence and self-regulation than the comparison group.

3.3 Program Processes

Intake and Engaging Families

A few articles investigated best practices for intake processes that sustainably engage families in the program. Leske et al., (2015) found that indigenous families were more likely to participate in early childhood programs that interacted with families from a strengths-based approach, provided family supports including linkages with transportation, considered family situations and composition, and focused on relationship-building. Riggs et al., (2012) found that ensuring that the family had outreach from a consistent staff person from the program increased the rate of playgroup invitation acceptance, engagement, and attendance. The study conducted by Riggs also found that prearranged intake appointments for playgroup entry raised engagement over passive informal community notifications such as bulletin board postings. Additionally, the study noted that the cultural competence of the intake worker impacted family engagement. Basu, Salisbury, & Thorkildsen (2010) report that intake workers should take a collaborative consultative approach and consider both the parent’s and the child’s needs from the service. This study reported increased levels of parent participation under this method.

French, (2009) recommends that programs need to acknowledge and plan playgroup sessions around parents’ employment and financial responsibilities. She also recommends sharing some playgroup tasks to encourage ownership among participants. Additionally, French recommends that playgroup policies and procedures are conveyed to parents clearly.

Ongoing Engagement

Johnston and Sullivan, (2004) report higher rates of ongoing attendance if the playgroup provides novel, stimulating content. The study reports that higher rates of attendance were also correlated with personal invitations, a consistent facilitator, a welcoming comfortable physical environment, high quality toys and resources, and a strong link with the local community.

3.4 Program Components

Facilitator

The playgroup facilitator is the linchpin for successful outcomes. A significant portion of the literature concerns the characteristics of a good playgroup facilitator. Gahan and Broughton (2010) recommend that facilitators display teamwork and have aligned staff beliefs and practices. Forry et al., (2011) state that three key areas affect the facilitator's effectiveness. The first is attitude, which encompasses "feelings about and perceptions of families." The second is knowledge, which includes self-knowledge, as well as community, cultural, and conceptual and theoretical knowledge about children and families. The third area is behaviors, including relational ability and "goal-oriented practices." Cummings and Wong (2008) identified additional traits that are important in facilitators, which include: a focus on playgroup goals; a family-centered approach; an ability to empathize; cultural sensitivity; and an ability to validate parents as experts on their children. Jackson, (2009) concurs that facilitators must use family-centered practices, have a good knowledge base of the local service system, develop and maintain effective interpersonal skills to foster trust and engagement, create a space for families, and have a good foundation in child development. Morgan et al., (2013) add additional factors for facilitator success include cultural competence and second language skills if needed by the community.

Facilitators also play a crucial role in ensuring playgroup cohesion. Gibson, Harman, and Guilfoyle, (2015) found that playgroups that lacked facilitators could lead to some participants feeling "left out" of activities, especially those participants from disadvantaged backgrounds. McFarland et al., (2012) also noted that facilitators could assist school transitions through relationship building between parents and teachers, by helping teachers to understand the importance of including parents.

Rhodes and Hennessy, (2000) note that ongoing professional development for facilitators is necessary. When facilitators participated in training, children displayed higher levels of complex social and cognitive play. Rhodes and Hennessy also observed higher levels of caregiver sensitivity and positive relationships among facilitators who participated in ongoing professional development.

Frequency

Frequency in this context refers to how often the playgroup meets. There is limited research on the differences in frequency of meeting. Of the thirty-four facilitated playgroups reviewed by Williams et al., (2015) all met on a weekly basis. Bekar et al., (2016) did report higher outcomes for children with disabilities if the playgroup met twice per week.

Session

French, (2009) and Eddy, (2003) recommend that playgroup sessions follow a consistent routine, beginning with free play, then a group activity, and should engage adults as partners in play. Evangelou et al., (2013) suggests that a playgroup session should include all of the following activities: parent-child play, parent discussions, outdoor and indoor play, music, group story, and free play. This article also noted that ‘children are fond of unusual resources.’ Williams et al., (2015) noted that group size fluctuated from as small as six to as large as fifteen.

Venue

French (2009) recommends holding the playgroup in an established venue that has a literacy rich, child-centered environment. Morgante, (2013) notes that different materials and resources encourage different types of play activities, with domestic materials and toys encouraging social play, while art supplies, sand and water tables, and puzzles elicit parallel or solitary play. Areas large enough to provide gross motor activities also contributed to social play. McLean et al., (2014) cited the benefits of locating playgroups for young children within schools, stating that families who participated in school-located venues built social connections with the school and felt connected to the school community.

Evaluation

While most of the literature reviewed did evaluate the effectiveness of playgroups overall, none of the literature studied direct evaluation of playgroup practices and procedures for playgroups. For direct evaluation of playgroup practices, most playgroups in the literature used parent surveys to assess participant satisfaction with playgroup services. Other playgroup programs employ a pre-test and post-test modality to measure parenting skills changes or changes in home early learning practices. (Williams et al., 2015). Additional methods of playgroup evaluation include providing playgroup facilitators with a supervisor trained in observation, collaboration, and reflective supervision. The supervisor observes the facilitator’s direct practices with families, and shapes supervisory support to the facilitator to build on established competencies and strengthen areas that need development.

Funding

None of the literature reviewed addressed funding sources for playgroups. French, (2009) did have recommendations for potential funding sources, which include grants, foundations, and governmental support. French recommended that organizations wishing to begin or sustain a playgroup take the following steps:

“.... Engage in thoughtful, inclusive planning, have strong leadership, prepare, take a collaborative approach and acknowledge that building a high quality initiative takes time.”

French also stated that sustainable playgroup practices required support at the national, regional, and local level. While no current research exists on best practices for funding playgroups, common methods of funding playgroups include federal funds from programs such as Early Head Start, Community Based Child Abuse Prevention, and Maternal Infant Early Childhood Home Visiting. Some playgroups also charge parents a participation fee, although this practice is less common. Therapeutic playgroups offered by licensed therapists can access funding sources available through eligible health insurance benefits.

Evidence-based Curricula

None of the literature reviewed quantitatively evaluated evidence-based curricula. However, SAMSHA’s National Registry of Evidence-based Programs and Practices lists the following programs as effective, evidence-based curriculum and programs for the listed domains and would be suitable for use in a playgroup:

Curriculum	Rated Outcomes	Description
Conscious Discipline	Social Functioning/ Competence Educational Achievement and Attainment	Conscious Discipline is an early childhood, social emotional learning (SEL) program that aims to modify teacher and child behavior in order to create classrooms based on safety, connection, and problem solving instead of external rewards and punishments. Conscious Discipline’s goal is to create a system wide, relationship-based, community model for behavior management, called the “School Family.” The core components of Conscious Discipline center on building skills in teachers that allow them to develop SEL skills and competencies in children, and promote cooperation and the development of connections between and among adults and children. These goals are promoted through program activities that involve intensive teacher training and self-study; coaching and continuing support for teachers as they deploy key conceptual components in the classroom and model

		behaviors; and exposure of students to various social opportunities, including schoolwide opportunities and practice of skills.
Curriculum	Rated Outcomes	Description
Early Pathways	Disruptive Behavior Social Functioning/ Competence Family-child Relationship General Functioning and Well-being Parenting Behaviors	Early Pathways is a home-based, mental health services program, which is designed to treat and prevent disruptive behaviors in young children. The program comprises the following four components: strengthening the parent-child relationship through child-led play, maintaining developmentally appropriate expectations of children and cognitive methods for calmly and thoughtfully responding to disruptive behaviors, using positive reinforcement to strengthen prosocial behavior, and using time-limited strategies (time-outs, redirection, ignoring) for reducing disruptive behaviors. The typical program duration is between 8 and 10 sessions, with early sessions focusing on parent-child relationships and later sessions focusing on discipline strategies.
The HighScope Curriculum	Intellectual performance Vocabulary Educational achievement Employment rate and earnings Criminal arrests Socioemotional development	The HighScope Curriculum is an early childhood education program for children ages birth to 5 years. Designed for children with or without special needs and from diverse socioeconomic backgrounds and ethnicities, the program aims to enhance children's cognitive, socioemotional, and physical development, imparting skills that will help children succeed in school and be more productive and responsible throughout their lives. The curriculum is based on the view that children are active learners who learn from what they do as well as what they hear and see. It offers a balance of activities planned by children (e.g., playing with toys, games) and those planned by adults (e.g., group time, field trips, special events).. They engage in individual and social play and in small-group and whole-group activities, thereby developing initiative, a sense of responsibility, social cooperation, and individual competence. The curriculum has a version for infants and toddlers (birth to 3 years) and a version for preschool children (3 to 5 years).

Curriculum	Rated Outcomes	Description
Incredible Years	Parenting skills Child externalizing problems Child emotional literacy, self-regulation, and social competence Teacher classroom management skills Parents' involvement with the school and teachers	The Incredible Years parent programs. Three training programs are available for parents of babies and toddlers (up to 30 months), preschoolers (3-5 years), and school-age children (6-12 years). The lengths of the parent programs vary from 12 to 20 weekly group sessions (2-3 hours each). The programs focus on strengthening parent-child interactions and relationships, reducing harsh discipline, and fostering parents' ability to promote children's social, emotional, and language development. In the programs for parents of preschoolers and school-age children, participants also learn how to promote school readiness skills; in addition, these parents are encouraged to partner with teachers and become involved in their children's school experiences to promote children's academic, social skills, and emotional self-regulation and to reduce conduct problems. Each program includes protocols for use as a prevention program or as a treatment program for children with conduct problems and attention-deficit/hyperactivity disorder.
ParentCorps	Parenting practices Child behavior problems Parent involvement in school Academic achievement	ParentCorps is a culturally informed, family-centered preventive intervention designed to foster healthy development and school success among young children (ages 3-6) in families living in low-income communities. ParentCorps helps parents promote their children's social, emotional, and self-regulatory skill development and effectively partner with early childhood educators to advance their children's behavioral and academic functioning, mental health, and physical development. ParentCorps is implemented through a weekly series of fourteen 2-hour group sessions, which occur concurrently for parents and children. Groups include approximately 15 participants and are held in early childhood education or child care settings.

Curriculum	Rated Outcomes	Description
Parents as Teachers	Cognitive development Mastery motivation School readiness Third-grade achievement	Parents as Teachers (PAT) is an early childhood family support and parent education home-visiting model. Families may enroll in Parents as Teachers beginning with pregnancy and may remain in the program until the child enters kindergarten. Based on theories of human ecology, empowerment, self-efficacy, and developmental parenting, Parents as Teachers involves the training and certification of parent educators who work with families using a comprehensive research-based and evidence-informed curriculum. Parent educators work with parents to strengthen protective factors and ensure that young children are healthy, safe, and ready to learn. The goals of the model are to increase parent knowledge of early childhood development, improve parenting practices, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness and school success. Different curriculum materials are used for those working with families of children up to age 3 and those working with families of children from age 3 to kindergarten.

Williams et al., (2015) reports that playgroups covered in their study used a range of curriculum, including Parents and Children Experiencing Success (PACES), Peers Early Education Partnership (PEEP), Preschool Intervention Program (PIP), Sing and Grow, and Parent-Child Mother Goose Program. Williams et al., did not study whether one of these curricula was more effective than another.

SECTION 4: Discussion and Conclusions

4.1 Review of Findings

The research strongly suggests that the playgroup occupies an important place in the early care continuum, assisting both children and their parents in the transition from early childhood to school. Children learn to develop secure attachments, reduce anxiety, and can transition smoothly between activities and settings. Playgroups are inclusive, non-stigmatizing ways that parents can access early intervention and other needed supports. Playgroups also provide children with disabilities or other delays safe spaces to acquire necessary cognitive and social skills. Foster children especially benefit from therapeutic playgroups, where they can build school-readiness skills in supportive environments.

Parents who participate in playgroups find themselves with increased social supports and a deeper connection to their communities. Playgroups can also assist immigrants and other culturally and linguistically diverse families integrate into their new, chosen communities. Playgroups often provide parents with a first step towards community involvement.

The research shows that there are several playgroup ingredients vital to creating a safe and secure space for parents and children to achieve effective and positive outcomes. The facilitator must be culturally competent and approach families from a strengths-based, family-centered viewpoint. The facilitator must also engage in ongoing professional development. The venue must be child-centered and contain sufficient, high quality resources and adequate space for activities. The playgroup session itself should include parent-child play, parent discussions, outdoor and indoor play, music, group story, and free play. The research demonstrates that most playgroups operate on a once-per-week basis; however, children who have more intensive developmental needs benefitting from higher dosing.

Although none of the literature reviewed showed compelling evidence for one curriculum over another, a review of SAMSHA's NREPP yielded six curricula with strong evidence bases designed for use in playgroup practice.

Programs seeking to implement playgroups should involve the community to assess needs and capacity. Then they should use that information to encourage funding buy-in from national and local legislators, local social service agencies, communities, and charitable foundations.

4.2 Conclusion

While no one-true-way to implement a playgroup was identified in the review, research does provide substantial guidance in shaping playgroup practice both to achieve a variety of developmental goals and significantly improve outcomes for children, families, and communities. The research heavily supports playgroups as a modality for parenting education, enhancing child development, supporting school-readiness and early literacy skills, and increasing parenting confidence and connectedness.

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