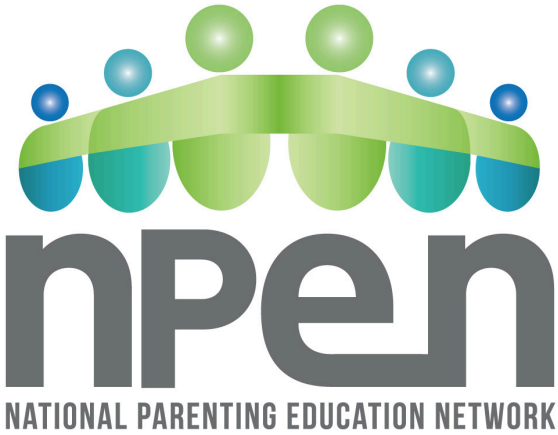
REPORT

on

PARENTING EDUCATION ENGAGEMENT AND OUTREACH:

Findings from NPEN's National Survey in the Field



Policy and Advocacy Committee
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INTRODUCTION

At the National Parenting Education Network (NPEN) annual meeting in North Carolina in April 2015 members of NPEN's Policy and Advocacy Committee met to brainstorm objectives for the coming year. We began to wonder as a group about our starting point: What do we know about the current practice of parenting education in this country? What are our successes and where are parenting educators struggling? What does parenting education *look like* on a national level? Each member of our committee knew what was happening in our own individual workplaces and networks, but what were the trends across the country? What information was there to share with each other about programming, marketing, results, advocacy and funding? Finally, what was there to share about our profession that could move parenting education forward on a national level with regard to policy and funding? We decided to find out.

This report presents the results of NPEN's 2015 survey: **Parenting Education Engagement and Outreach**. Members of NPEN's Policy and Advocacy Committee designed and conducted the national survey during the summer of 2015, and, after data was collected, consolidated and analyzed, the results were presented and discussed in a webinar on December 10th, 2015. The material presented in the webinar and additional commentary and recommendations are presented here for ready reference and further dissemination to interested parties, including policy makers and funders. We hope it will be a useful tool for those in the field and an informative and enlightening overview for those outside the field.

ABSTRACT

NPEN's 2015 survey of parenting education nationwide revealed information about work being done in the parenting education arena, including how parents and other caregivers are being reached, how they are engaging with parenting programs, what they are learning and how those programs are promoted and funded. Data was also collected regarding the settings in which parenting educators work, what kind of curricula are being used, what advocacy efforts are being made and which of those efforts have the most success, and what are the greatest obstacles to providing more parenting education. The findings suggested worthwhile areas of exploration for parenting educators to pursue in their own work and for NPEN to tackle on a national level for the profession as a whole. The results also led NPEN to propose several recommendations for moving forward in advancing parenting education on several fronts.

NATIONAL PARENTING EDUCATION NETWORK

The National Parenting Education Network (NPEN) is a national umbrella organization that encourages information sharing, professional development and networking opportunities for the more than 250,000 professionals, paraprofessionals and volunteers who serve as parenting educators. The core value of NPEN is that all parents/caregivers/families should have the information, resources and support needed to provide a nurturing relationship and an optimal environment that will encourage their children's healthy growth and development.

OBJECTIVE

The goal of the Policy and Advocacy Committee is to raise awareness of and promote parenting education on a national level and to open new avenues and generate more support for parenting educators to do the important work they do.

We mobilized to conduct this survey in order to get a reading on the current state in the field, to find out what's working and where our biggest challenges lie, and to share trends and ideas amongst ourselves and with policy makers and funders.

The report presents the data collected in numerical and chart form, and, where relevant, provides analysis of and possible recommendations from the findings.

DEFINITIONS

Parenting educators are individuals whose background includes preparation in the following areas: child development, adult development and learning, family relationships, parenting education, and interpersonal and group facilitation. They provide the education and the support parents and caregivers need to engage in effective decision making for their families.

Parenting education strengthens families by providing relevant, research-informed, effective educational support and encourages an optimal environment for the healthy growth and development of parents, caregivers and children.

Parenting education:

- helps parents guide their child through childhood toward healthy adulthood.
- enhances family relationships and promotes family resiliency.
- is consistent with current, validated research and information regarding child and adult development.
- is based on best practices and principles of parenting education and family support.
- promotes knowledge and skills through education and support for all parents and others in parenting roles.
- recognizes, respects and responds to the unique contexts, religious, racial/ethnic and cultural diversity of each family.
- is an effective resource for a strengths-based approach in serving all families.

Parents include any key persons who play the central, parenting role in a child's life.

SURVEY DISTRIBUTION

Information was solicited and gathered through several channels:

• NPEN listserv

• Request to NPEN paid members

• NPEN Council members reaching out to their local networks

• Requests to all known statewide parenting networks to disseminate to their members

SURVEY DEMOGRAPHICS

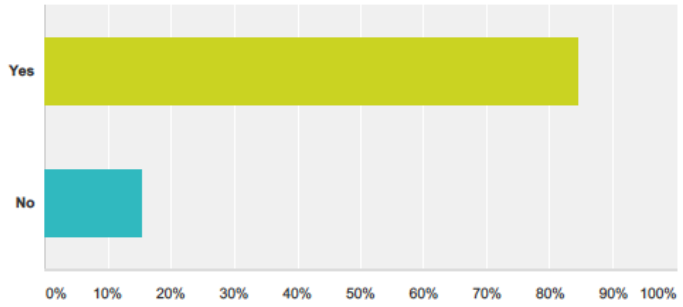
We set a goal of surveying at least 500 parenting educators. We received 690 responses with 572 moving beyond the first question and an average of 392 responding to the remainder of the essential questions. The majority of respondents (65%) were senior administrators in their organization or independent practitioners, and 85% provided direct parenting education. Those who answered the survey came from 302 different organizations and represented a fairly wide geographic reach with responses from 40 states.

SURVEY QUESTIONS and RESPONSES

The following is raw data collected for all numerical data. Comments (which are part of answers in questions 5, 7, 9, 10 and 12, and the entire response for questions 14 and 15) are not shown here but were compiled and sorted by category; the findings from those comments are included in the analysis section of this report.

Q1 Did you or your organization provide parenting education directly to parents in 2014?

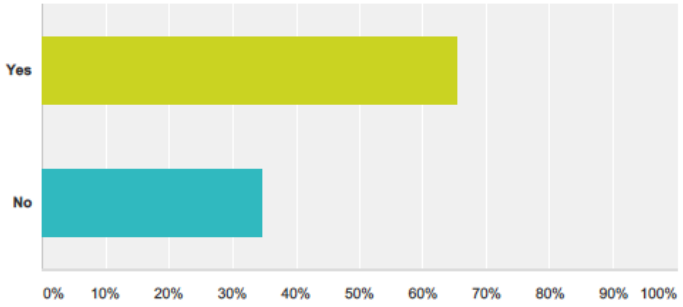
Answered: 690 Skipped: 0



Answer Choices	Responses	
Yes	84.64%	584
No	15.36%	106
Total		690

Q2 Are you either a senior administrator for your organization or an independent parenting educator?

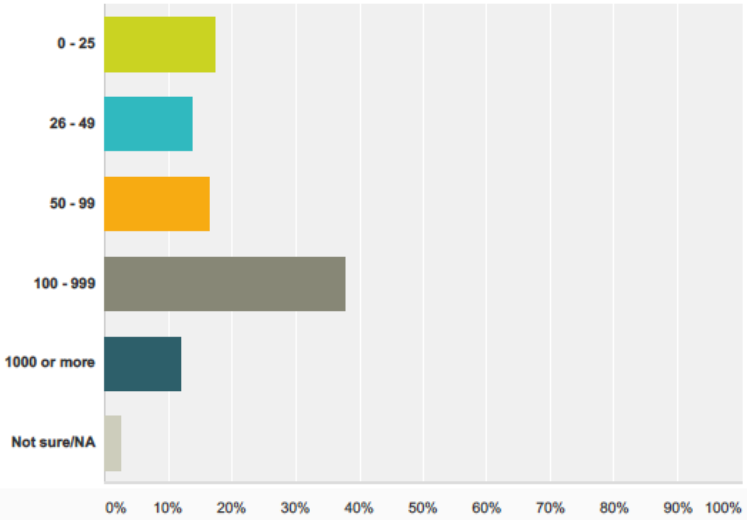
Answered: 572 Skipped: 118



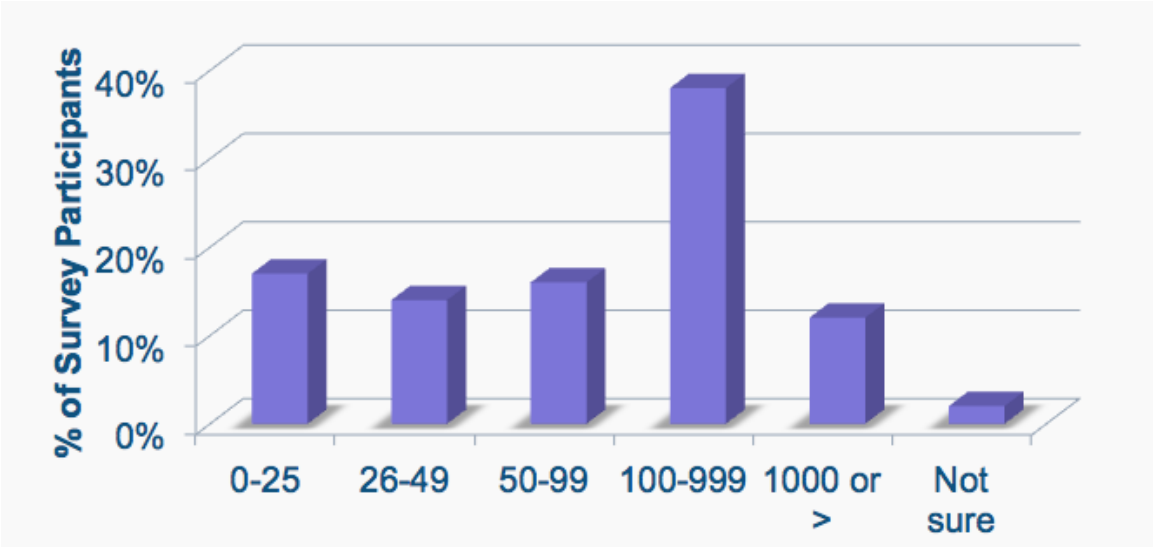
Answer Choices	Responses	
Yes	65.38%	374
No	34.62%	198
Total		572

Q3 How many parents did you or your organization provide any type of direct parenting education to in 2014?

Answered: 328 Skipped: 362



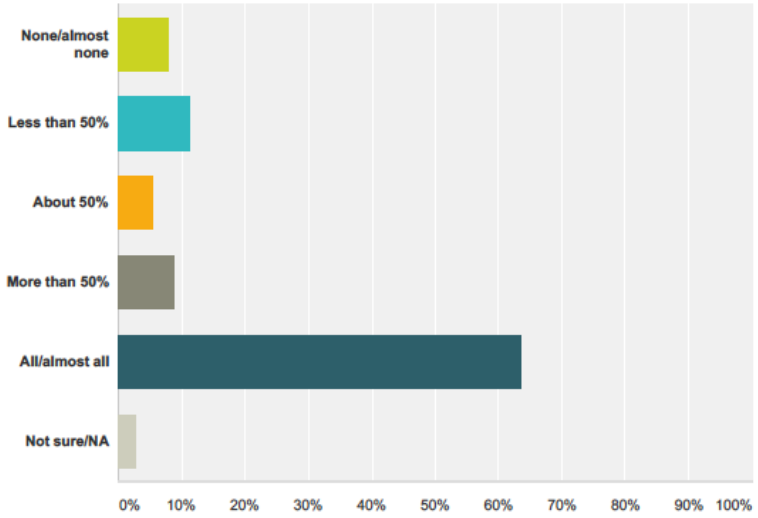
Answer Choices	Responses	
0 - 25	17.38%	57
26 - 49	13.72%	45
50 - 99	16.46%	54
100 - 999	37.80%	124
1000 or more	12.20%	40
Not sure/NA	2.44%	8
Total		328



More than 1/3 of the programs were serving between 100 – 1000 clients per year. Answers to Question 8 in this survey show limited number of staff is devoted directly to parenting education at most organizations. It appears that a small number of individuals are doing a great deal of the work.

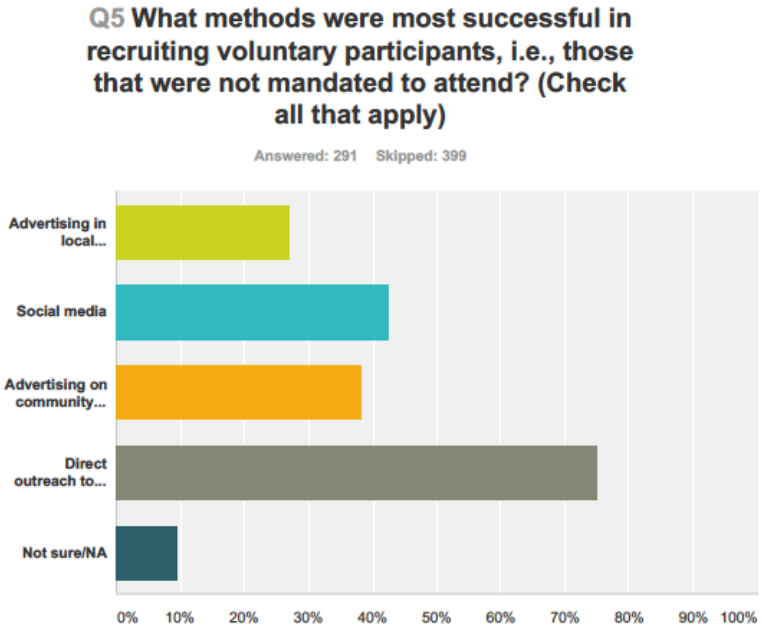
Q4 Of the parents that your organization served in 2014, what percentage participated voluntarily, i.e., they were not ordered or mandated to participate?

Answered: 328 Skipped: 362



Answer Choices	Responses	
None/almost none	7.93%	26
Less than 50%	11.28%	37
About 50%	5.49%	18
More than 50%	8.84%	29
All/almost all	63.72%	209
Not sure/NA	2.74%	9
Total		328

Notably, a majority of programs (64%) said that all/almost all of their participants are voluntary participants, meaning that they are not mandated by a court or other entity to enroll in parenting education. These figures could be used to support messaging for the public that counteracts the stigma that parenting classes are only for those who are required and somehow labeled as 'bad parents.'



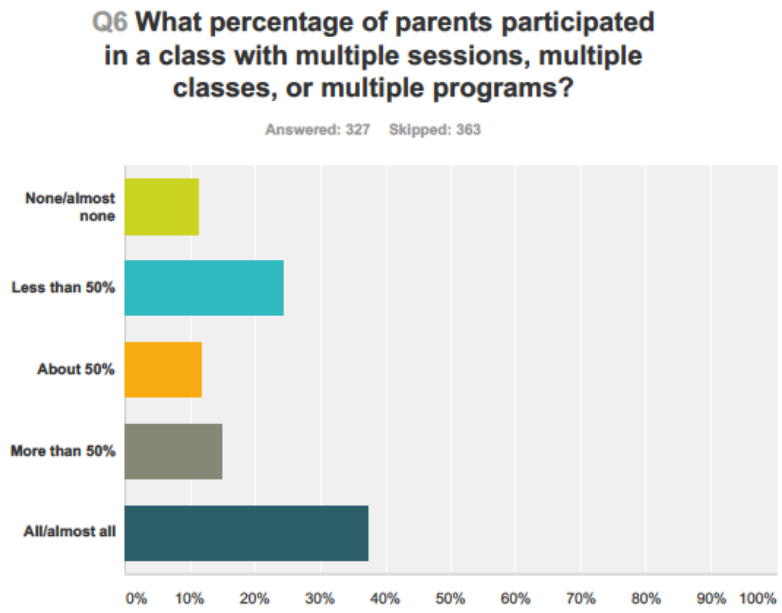
Answer Choices	Responses	
Advertising in local newspapers, magazines, or other publications	27.15%	79
Social media	42.61%	124
Advertising on community and/or school listservs	38.14%	111
Direct outreach to organizations that work with parents (e.g., pediatricians, schools)	75.26%	219
Not sure/NA	9.62%	28
Total Respondents: 291		

The data shows that direct outreach to other organizations working with parents/caregivers is the most effective method of recruiting voluntary participants (75%). In their comments, many respondents said that having a personal connection seems to be an effective way to recruit participants from other programs. These outreach efforts involve organizations such as schools, community fairs or other community events, churches, preschools or health organizations.

Social media is also reported effective (42%). From comments, we gleaned that having a website is identified as helpful in directing parents to parenting education services. Because we didn't ask for specific channels in the question, we don't know to what extent organizations are relying on these websites or whether they are also using more interactive options on social media. This is an area of ongoing interest.

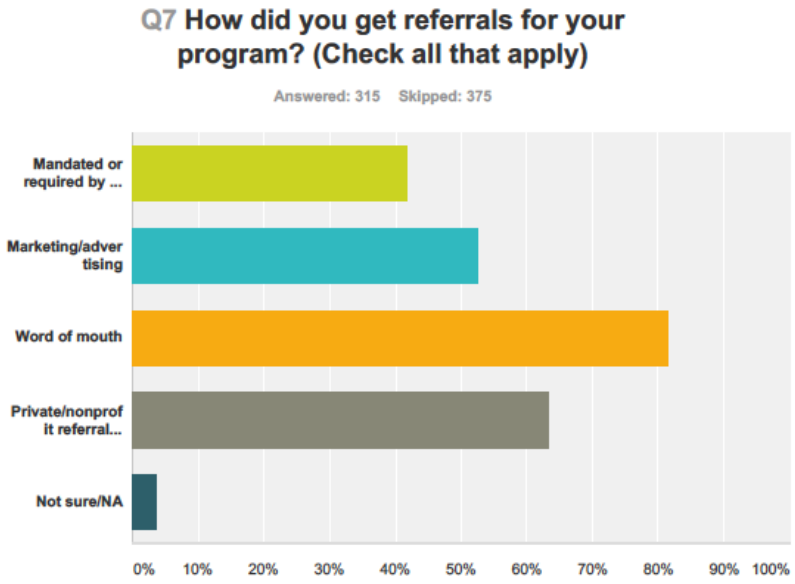
Advertising *by itself* comes in last among recruitment efforts. But, we did learn that advertising on community or school listservs (38%) works better than advertising in local newspapers, magazines or other publications (27%). This poses the question of whether advertising in traditional publications is cost effective. One would need to look at the cost/benefit on a case-by-case basis.

An interesting idea for recruitment for family programs that came from comments on the survey was reaching out to the *kids* as another avenue as opposed to only thinking about reaching out to parents/caregivers. Children can be the impetus for family involvement if they are informed about programs at school and youth events; they then can encourage parents to register for classes, either through handouts or during youth sport events, etc.



Answer Choices	Responses	
None/almost none	11.31%	37
Less than 50%	24.46%	80
About 50%	11.93%	39
More than 50%	14.98%	49
All/almost all	37.31%	122
Total		327

While a little more than 1/3 of respondents said that "ALL/almost all" parents were more than one-time attendees, 1/4 said that less than 50% of their clients were repeat attendees. Therefore, the top two answers to this question were on opposite ends of the spectrum. There does not seem to be a trend here, although it might be more telling to know what factors contributed to parents attending multiple times or not (e.g. funding, offerings, expectations, follow-up, child care availability etc.).



Answer Choices	Responses
Mandated or required by a governmental entity (e.g., child protective service, probation/parole, social service programs, divorce/separation, child custody or visitation requirement)	41.90% 132
Marketing/advertising	52.70% 166
Word of mouth	81.59% 257
Private/nonprofit referral sources (e.g., recommended by pediatrician, counselors, school, lawyer)	63.49% 200
Not sure/NA	3.81% 12
Total Respondents: 315	

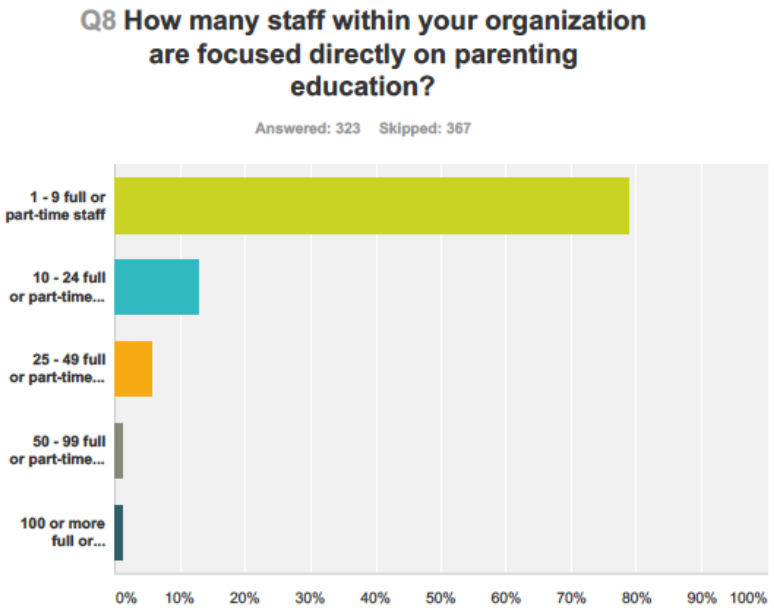
In terms of direct *referrals* for programs we found that "word of mouth" ranked highest with 82% of respondents indicating this as their primary avenue.

Perhaps this speaks to the importance of as trusted relationship in this realm and parents/caregivers relying on experiences of someone they know. And, it raises the question: How do we encourage current participants to share information with others about their experience?

After "word of mouth," "private/nonprofit referral sources" ranked next with a 63% response. Again, this seems to indicate the importance of recommendations from trustworthy sources such as pediatricians, counselors, lawyers, or a school. It also raises the question of how parenting educators can best build collaboration with these sources to increase communication about parenting education services.

While marketing/advertising only ranked third, 53% of respondents indicated that they use these vehicles to obtain clients, showing that the majority of programs still rely on this channel for outreach and possibly branding.

Finally, recruitment through mandated referrals was indicated by 42% as a way that parents come to their programs. Data shows that most programs do *not* have a majority of their clients coming from mandated referrals (Question #4), and, again, we can use these figures showing that parenting education is accessed mostly by those *not* mandated to shape the messaging when marketing parenting education to the public.

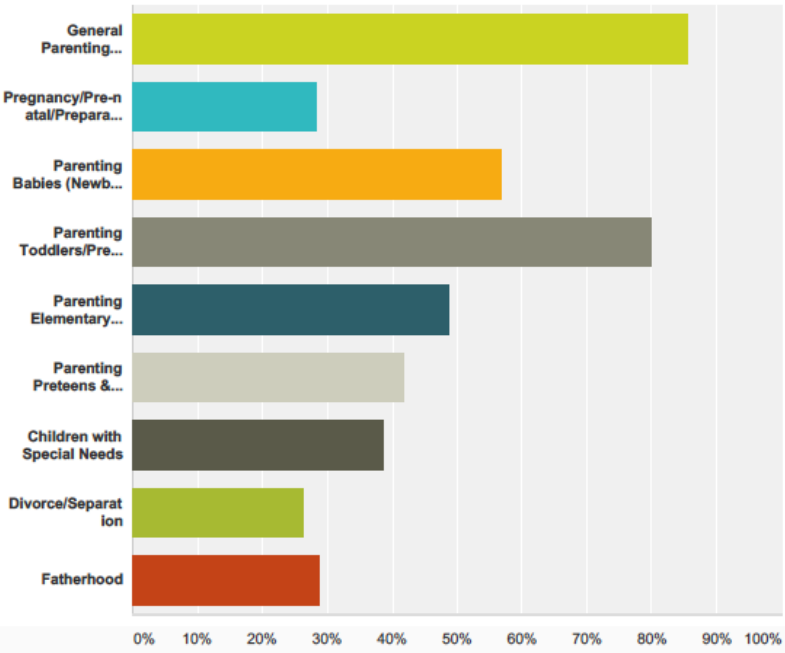


Answer Choices	Responses	
1 - 9 full or part-time staff	78.95%	255
10 - 24 full or part-time staff	13.00%	42
25 - 49 full or part-time staff	5.57%	18
50 - 99 full or part-time staff	1.24%	4
100 or more full or part-time staff	1.24%	4
Total		323

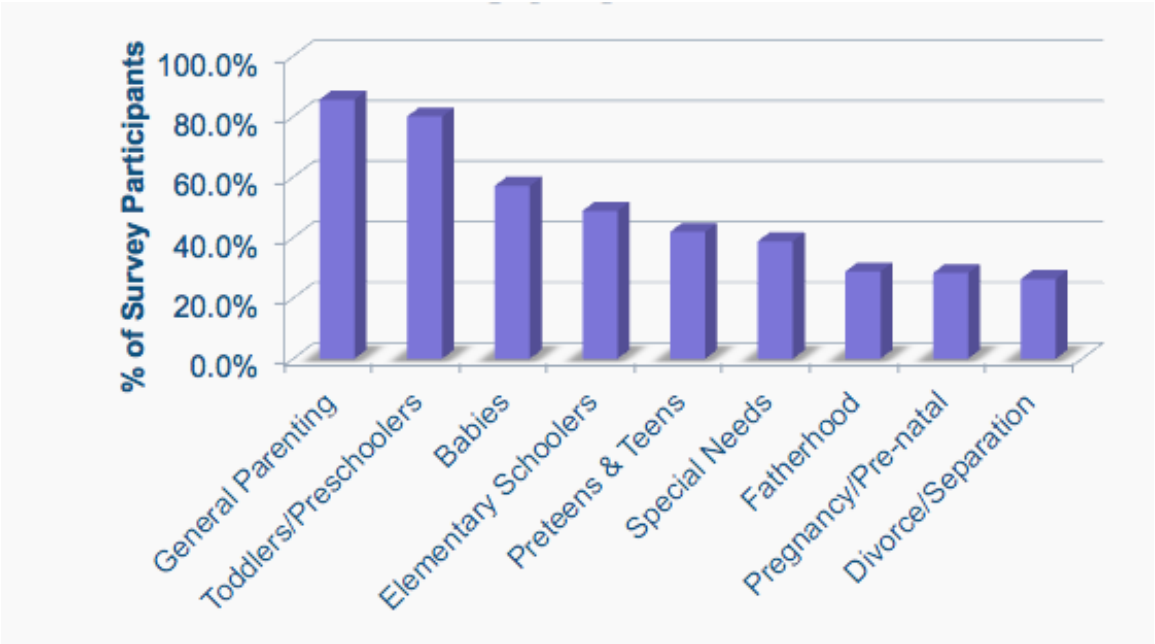
79% said that their organization had between 1 and 9 staff members devoted directly to parenting education. This might mean that there are many people who are doing this as *part* of a job with much wider scope.

Q9 What parenting topics did you cover in 2014? (Check all that apply)

Answered: 480 Skipped: 210



Answer Choices	Responses	
General Parenting Topics	85.63%	411
Pregnancy/Pre-natal/Preparation for Parenting	28.33%	136
Parenting Babies (Newborn - 11 months)	57.08%	274
Parenting Toddlers/Preschoolers (1 - 4 years)	80.00%	384
Parenting Elementary Schoolers (5 - 11 years)	48.75%	234
Parenting Preteens & Teens (12 - 18 years)	41.88%	201
Children with Special Needs	38.75%	186
Divorce/Separation	26.25%	126
Fatherhood	28.75%	138
Total Respondents: 480		



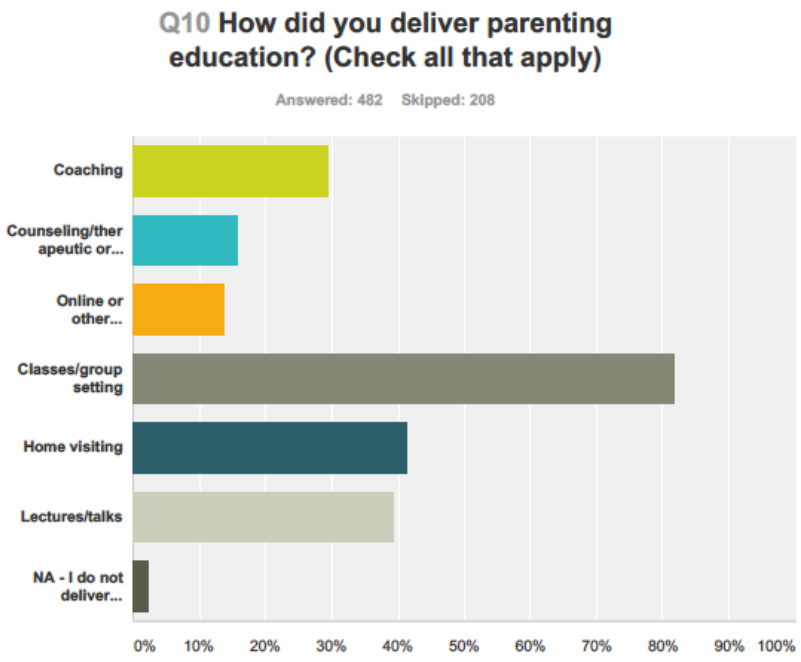
The overwhelming majority of programs seem to serve a broad range of parents in terms of children's ages and the issues about which they want or need to learn, with 86% of 411 responders indicating that they provide "General Parenting Topics." This suggests a belief that all parents need general parenting knowledge, even if some parents have additional particular issues/needs. *Or,* it may indicate that these programs aim to appeal to the widest audience possible.

Following closely, education in "Parenting Toddlers and Preschoolers (age 1-4)" was offered by 80% of those responding. It's not clear whether this trend follows 1) demand (indicating that most parents seek or are mandated education when their children are this age), 2) funding possibilities, and/or 3) whether the organizations have decided that this is a priority area for services.

While "Parenting Babies (Newborn to 11 months)" was the second most popular specific topic at 57%, there was a big drop off in the number of programs offering it (compared to "General Parenting Topics"). And, "Pregnancy/Prenatal/Preparation for Parenting" was the *second least* offered topic, with only 28% covering it. This is alarming, given what we know (from the ACE studies and other research) about the long-term affects of what happens during the first year of life.

Of the 411 people who responded to this question, 73 (18%) said that they offer "Other" topics than the choices given and indicated a range of offerings on topics related to: addiction, child care, child welfare/adoption/ foster care, cultural competency, domestic violence, children's education, emergency/safety, emerging adulthood, grandparenting, parenting issues for families in the military, nutrition, screen time/technology, sexuality and teen parenting. Of these, child welfare/adoption/ foster care, screen/time technology, emergency/safety and nutrition were the topics most offered.

We don't know from this data to what degree topic offerings are flexible in response to the needs of the attendees and to what degree the general topics are already set, but several of the respondents specifically commented that the topics covered were determined by the needs of the attendees.



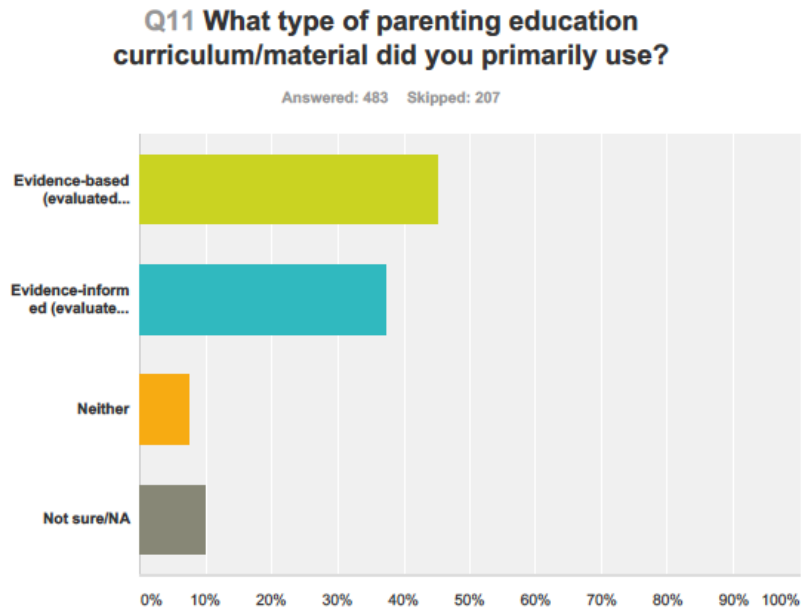
Answer Choices	Responses	
Coaching	29.46%	142
Counseling/therapeutic or clinical services	15.77%	76
Online or other technology tools (e.g., Skype, text)	13.69%	66
Classes/group setting	81.74%	394
Home visiting	41.29%	199
Lectures/talks	39.42%	190
NA - I do not deliver parenting education	2.28%	11
Total Respondents: 482		

By far the format most used to deliver parenting education is classes/group setting at 82%. The second most used modality (yet, at nearly half the rate) is home visiting with 41% of respondents providing it. Lectures/talks followed closely behind at 39%.

482 people responded to this question and, spread over seven possible options (including an "Other" box, but not including "NA – I do not deliver parenting education") there were 1106 'checked' responses, including 39 in the "Other" category, many of which included more than one format (e.g. "Website with

parent resources, educational literature, media spots"). So, while we can't know (unless we look at and tally each individual response) what the average number of formats one organization offers, we can assume that most are offering more than one way for parents to receive information and that some are offering *many*. This would seem to be good news, since we know that parenting education is certainly not "one size fits all" and that our best shot at reaching as many parents as possible is to give them options so that they can choose (or the organization can recommend) the modality that best suits their learning style/preference, and what is possible given their living constraints.

Notably, only 14% of respondents indicated that they used "Online or other technology tools," although a few (12 respondents) who indicated "other" mentioned some kind of online offering. This may indicate a disconnection between what parents want and what parenting educators are offering. Although our survey did not question parents, a 2010 study by Zero to Three showed that, while parents relied on their own mother/mother-in-law, for child development information and parenting advice more than any other source, even back then (five years ago), the internet (along with media, books, pediatricians and friends) was one of the other preferred sources listed.

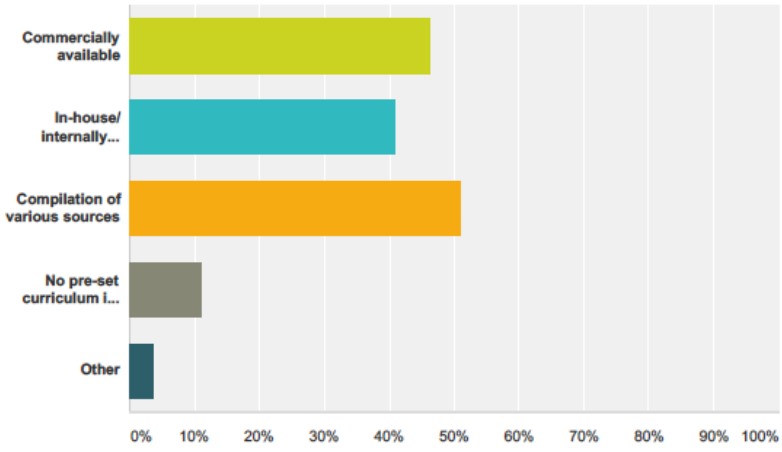


Answer Choices	Responses	
Evidence-based (evaluated using at least two randomized control trials or other comparable methodology)	45.34%	219
Evidence-informed (evaluated using less rigorous evaluation designs that have no comparison group)	37.27%	180
Neither	7.45%	36
Not sure/NA	9.94%	48
Total		483

More than 80% reported using evidence-based or evidence-informed programs. (Evidence-based was slightly more with 45%, and evidence-informed programs were used by 37%.) The finding that a significant number of programs used are evidence-based or evidence-informed is promising and has the potential to advance the field in terms of professionalism and standards, funding, and public perception. For example, it might be seen as a clear way of distinguishing parenting education from parenting advice for the public.

Q12 What best describes your parenting education curriculum/material? (Check all that apply)

Answered: 476 Skipped: 214

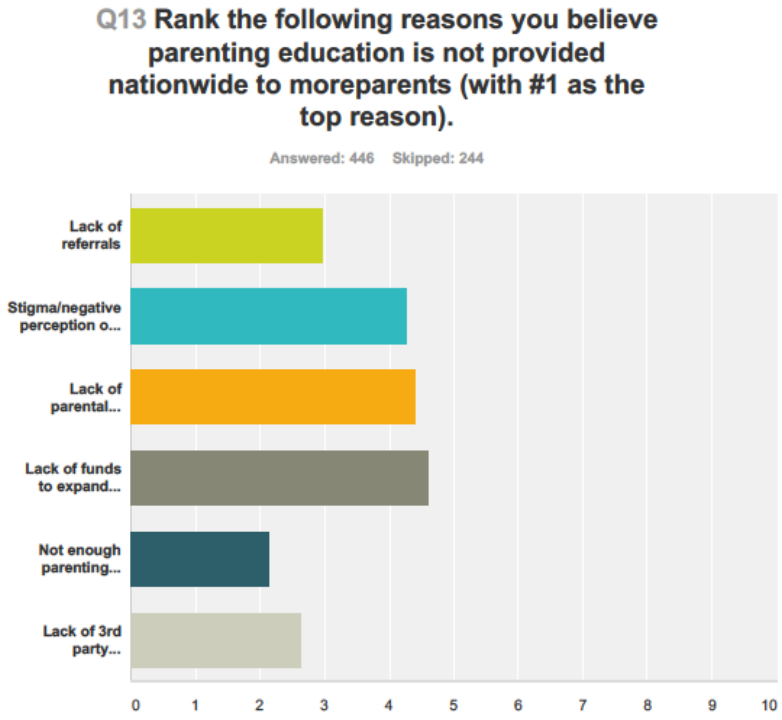


Answer Choices	Responses	
Commercially available	46.43%	221
In-house/ internally developed	40.97%	195
Compilation of various sources	51.05%	243
No pre-set curriculum is used	11.13%	53
Other	3.78%	18
Total Respondents: 476		

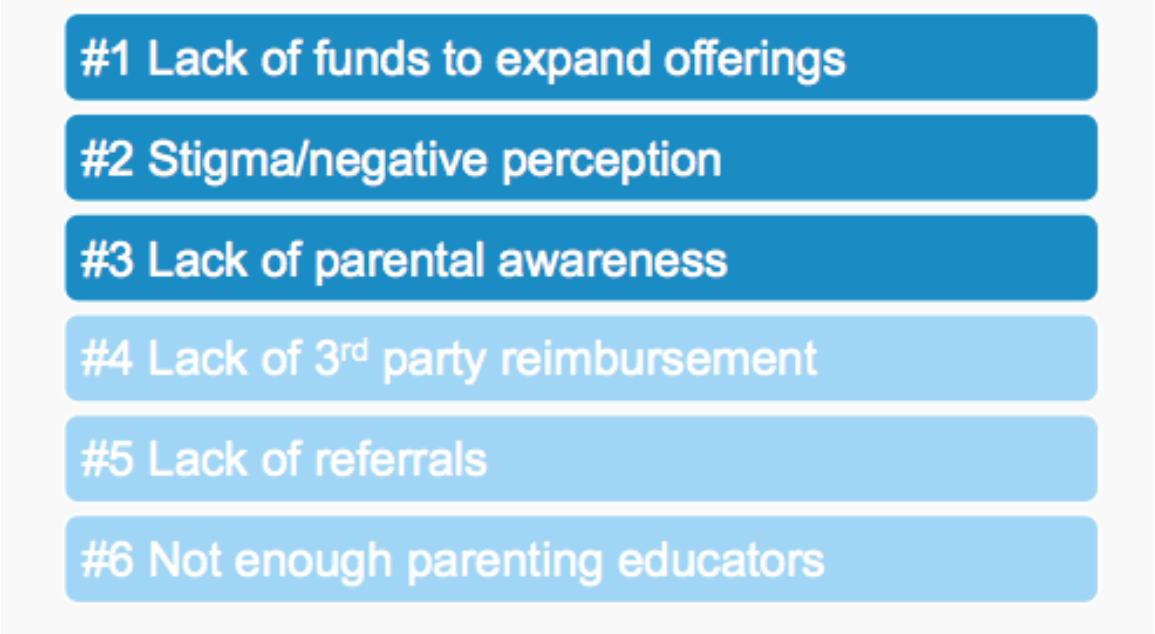
More than half of the respondents (51%) reported using a compilation of sources. Forty-six percent of respondents use commercially available curriculum as at least one of their sources or exclusively. The curricula most named were (in descending order of number mentioning): Parents as Teachers (P.A.T.), Triple P (Positive Parenting Program), Nurturing Parent, Incredible Years, Positive Discipline, Parenting the Love and Logic Way, Strengthening Families, and Systematic Training for Effective Families.

Forty-one percent of respondents used in-house/internally-developed curricula. Only 11% used no pre-set curriculum. The last group might reflect a program's

flexibility in terms of responsiveness to client's needs, which can be seen as a positive attribute. Or, it may indicate a need to better support services that are anchored in evidence-informed material.



	1	2	3	4	5	6	Total	Score
Lack of referrals	**4.71%** 21	**10.31%** 46	**16.37%** 73	**29.37%** 131	**23.77%** 106	**15.47%** 69	446	2.96
Stigma/negative perception of parenting education	**30.11%** 134	**21.57%** 96	**16.40%** 73	**13.26%** 59	**13.93%** 62	**4.72%** 21	445	4.27
Lack of parental awareness (e.g., marketing & outreach)	**19.78%** 88	**31.69%** 141	**26.07%** 116	**14.61%** 65	**6.74%** 30	**1.12%** 5	445	4.40
Lack of funds to expand parenting education offerings	**37.98%** 169	**18.20%** 81	**20.45%** 91	**15.73%** 70	**6.74%** 30	**0.90%** 4	445	4.62
Not enough parenting educators	**2.25%** 10	**4.27%** 19	**7.19%** 32	**13.71%** 61	**36.85%** 164	**35.73%** 159	445	2.14
Lack of 3rd party reimbursement	**5.38%** 24	**14.13%** 63	**13.68%** 61	**13.23%** 59	**11.88%** 53	**41.70%** 186	446	2.63



One of our foremost goals at NPEN is increasing the reach of parenting education on a national scale, so we wanted to know the reasons those in the field believe parenting education is not provided nationwide to more parents. Thirty-eight percent felt that lack of funds is the greatest obstacle in expanding parenting education offerings. Thirty percent believe it is the stigma/negative perception of parenting education, and 20% indicated a lack of parental awareness (which would indicate a need to increase marketing/outreach/ advocacy). Five percent think it is a lack of 3rd party reimbursement, five percent a lack of referrals, and, only two percent said that there are not enough parenting educators.

Surprisingly, lack of 3rd party reimbursement is *not* seen as a strong reason for parents not attending (at only five percent — surprising because it is related to lack of funding, which is the top reason given).

Q14 What other obstacles exist to increasing participation in parenting education?

Answered: 316 Skipped: 374

In addition to learning what parenting educators feel is the leading deterrent to getting greater participation in parenting education, we asked a more open-ended question, which was not multiple choice, but rather given in comments as to what *other* obstacles exist to increasing participation in parenting education.

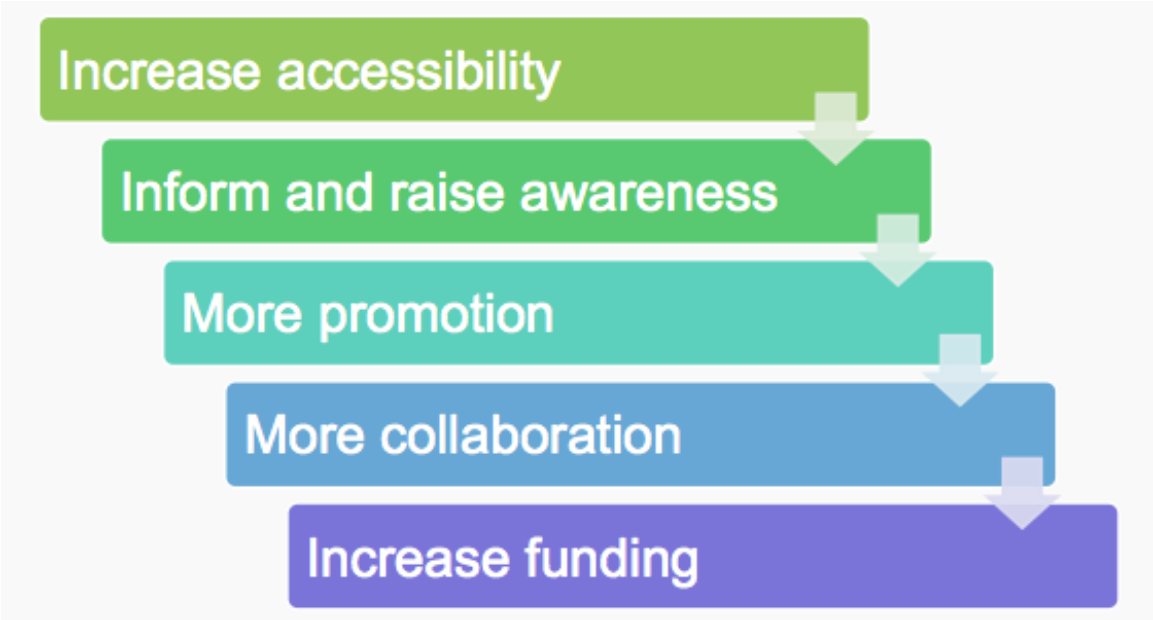
The comments on deterrents or obstacles to participation were categorized and tallied as follows: Parenting educators overwhelmingly view "lack of time/family schedules" as the primary obstacle to participation in their programs (this was mentioned in some way by 85 of the 316 people who responded to this question). One might say that inherent in this perception is the indication that parenting education is not a high priority for parents/caregivers. People, in general, find a way to do things that they see is important/critical. Parents have huge demands on their time and energy and naturally must prioritize how they use their time. Perhaps the huge potential *benefits* (both short and long term) of parenting education need more emphasis.

Not surprisingly, transportation (76 responses) and childcare issues (63 responses) were also seen as significant barriers. Lack of motivation or interest and the stigma parents might attach to parenting education were two other notable perceived obstacles. Other obstacles mentioned included: lack of support to help families afford parenting education and language barriers.

Responses to this question are most likely both partially based on feedback from parents (via surveys or informal feedback) and partially on parenting educators' own perception. We don't know if these are *truly* the obstacles since there might be that mixed basis for input. Additional data collected from parents/caregivers would be useful in validating these findings.

Q15 What is your vision or strategy for making parenting education more acceptable and accessible for parents?

Answered: 323 Skipped: 367



Again, answers to this question were solely in open-ended comment form. The comments were categorized and tallied and fell mostly into the following general categories shown in the chart above.

Twenty two percent want to increase accessibility. Ideas for increasing

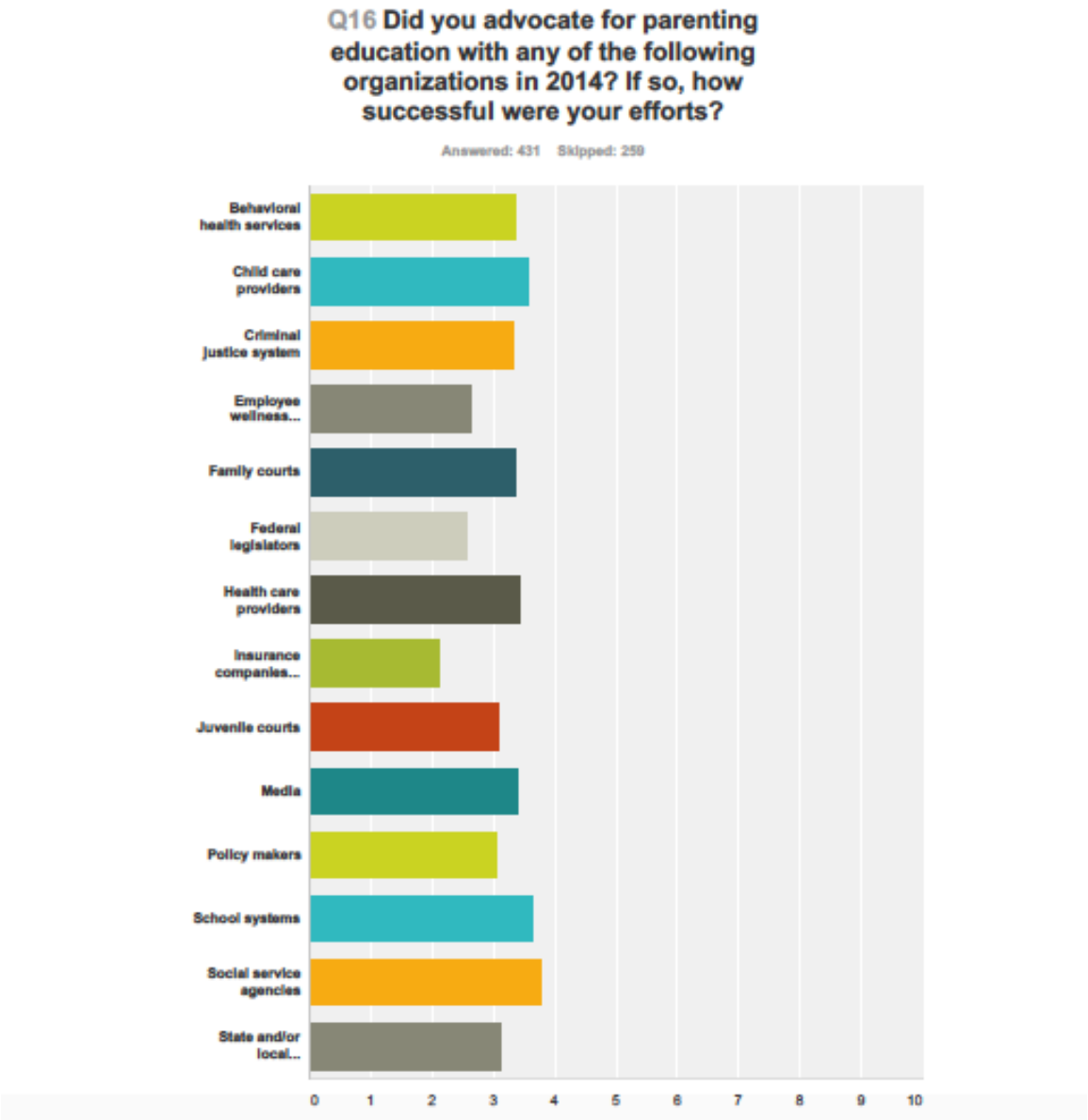
accessibility included (but were not limited to): Offering more online programs, providing tax-rebates for parents who attend programs, integrating parenting education into prenatal, pediatric and post-natal care, and continuing with integration into early childcare and schools. Other ideas for increasing access were to provide universal free classes, go to where parents are already (e.g. playgroups, religious organizations), to encourage employers to include parenting education in employee wellness programs.

Informing the public and raising awareness about parenting education was indicated by 14% of respondents and 10% want to see more promotion of programs through marketing, advertising, and social media.

More collaboration with other programs/services is a vision held by nine percent, and this included working with businesses to provide parenting education in the workplace as a benefit to their employees, more partnering with schools, and joining forces with community organizations and other social agencies. Seven percent want increased funding and six percent believe it is important to remove the stigma still present around seeking parenting education.

Many respondents mentioned the idea of providing parenting education to individuals long before they become parents as part of their general schooling, beginning anywhere from elementary school to high school.

On a final note, two percent propose parenting education being mandated for all.



The following options were given to determine how successful advocacy efforts were: "No Advocacy," "Not Sure," "Still In Progress," "Not Successful," "Somewhat Successful," and "Successful."

The results from this question are not definitive because it is clear from the comments (of which there were many – 148) that people have a very broad

range of what they consider to be "advocacy." So, while it might seem that there is much advocacy work being done, much of that is not true advocacy, but rather involves offering a class for free, collaboration with another organization, advertising/promoting a class, securing funding, etc. These were just a few of the efforts noted as "advocacy" which are positive, but actually more in the area of outreach and marketing.

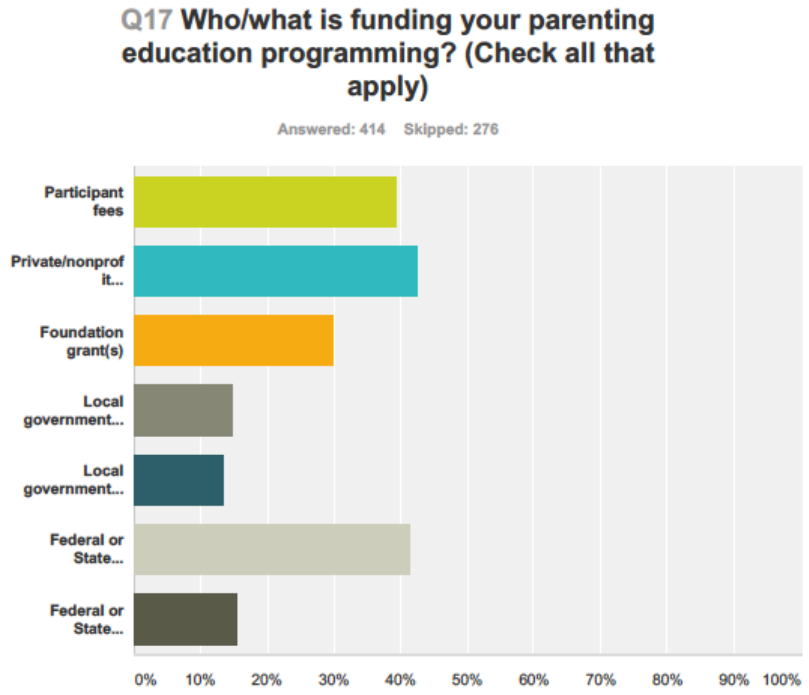
Respondents said they had most success advocating with social service agencies and school systems, and they seemed to be doing the least amount of advocacy with insurance companies, federal legislators and employee wellness programs. This is significant, because one might say that the latter group are some of the stakeholders with greatest influence and funding potential, and that they may be the *most* important to influence if parenting education is going to become normalized in our society.

Notable ways that people said they were advocating in the comments were through presentations (for example, one respondent said that he/she gave "presentations to community, family court and local Department. of Social Services about the benefits of primary prevention programs") and through using social media (e.g. "Posting to social media any success with parenting education.").

Also, mentioned as a way of advocating was involving other entities in planning. For example, one respondent said, "Those places where we have been successful are locations/groups where we have a direct relationship with one or more individuals. Planning programs together and sharing credit are important. Asking the question, 'what can I do for you' is more effective than

saying, 'here is what I want to do for you.'"

And, finally, an additional way of advocating mentioned in comments is highlighting to stakeholders the cost-benefit of parenting education, for example by showing "proof of money-saving in the long term."



Answer Choices	Responses	
Participant fees	39.37%	163
Private/nonprofit organization(s)	42.51%	176
Foundation grant(s)	29.95%	124
Local government grant(s)	14.73%	61
Local government contract(s)	13.53%	56
Federal or State government grant(s)	41.55%	172
Federal or State government contract(s)	15.46%	64
Total Respondents: 414		

The top two funding sources identified were private/non profit organizations at 43% and Federal/State government grants at 42%.

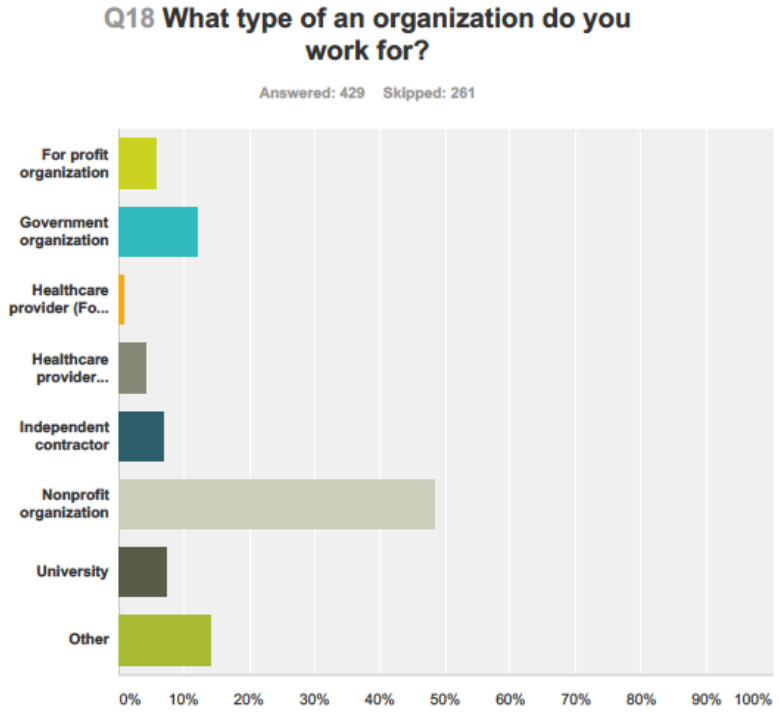
The comments showed that private/nonprofit funding sources encompass a wide range that included fundraising, sponsorships from businesses/vendors, PTA membership dues, unrestricted funds generated by other income from training, United Way, a department of a Children's Hospital, insurance company and "donors."

Federal/State government grants include support through school system funding, a Community Service Block Grant (CSBG), a state funding statute, Smart Start funding, a Children's Trust Fund, and payment by Child Protective Services.

Participant fees were third most mentioned funding source (39%). The fact that participant fees are not the main source of funds should not come as a surprise – it's indicative of either parents' inability and/or unwillingness to pay for parenting education coupled with the fact that providing services of this kind is usually only sustained with other sources other than direct participant fees. It certainly highlights the need to secure more sustainable funding sources such as health insurance coverage and state budgets.

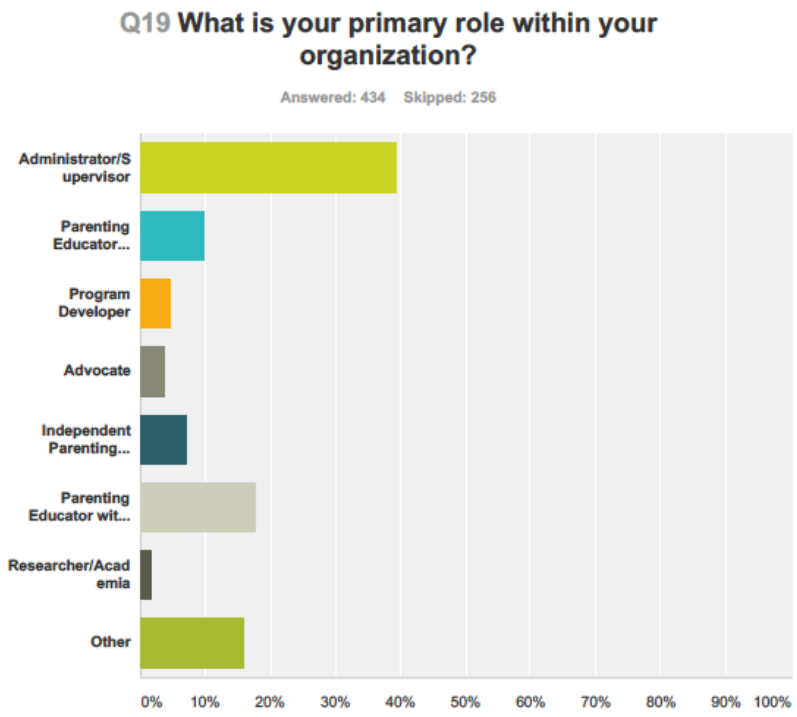
Thirty percent of respondents indicated funding through foundation grants. Specific foundations were not identified other than "local." Federal/State government contracts were identified by 15% of respondents and these included Medicaid billing for home visitation services, a State Department of

Mental Health, a statute for state funding in all school districts, Title 1 schools, and several mentions of State Extension programs.



Answer Choices	Responses	
For profit organization	5.83%	25
Government organization	12.12%	52
Healthcare provider (For profit)	0.93%	4
Healthcare provider (Nonprofit)	4.20%	18
Independent contractor	6.99%	30
Nonprofit organization	48.48%	208
University	7.23%	31
Other	14.22%	61
Total		429

Not surprisingly, half of the organizations represented by those who responded were non-profit organizations. The second most selected option for the type of organization was "Other" at 14%. The "Other" category included: School Districts (the largest group), resource centers, community coalitions, faith-based organizations, private practices, early childhood care, a health department, behavioral health services, cooperative extensions, tribal governments (Chickasaw Nation was one), Head Start, a technical college and independent contractors/self employed. These answers demonstrate the wide range of settings where parenting education is delivered.



Answer Choices	Responses	
Administrator/Supervisor	39.40%	171
Parenting Educator Trainer	9.91%	43
Program Developer	4.61%	20
Advocate	3.69%	16
Independent Parenting Educator	7.14%	31
Parenting Educator within a larger organization	17.74%	77
Researcher/Academia	1.61%	7
Other	15.90%	69
Total		**434**

Only approximately 25% (combining those who are independent and those working for an organization) said that their primary role was as a parenting educator. This supports the reality that parenting educator is often part of multi-faceted services.

AFTER THE SURVEY: QUESTIONS TO EXPLORE AND RECOMMENDATIONS FOR MOVING FORWARD

The survey data successfully led to some findings that lead to further questions to be examined while providing useful information pointing to specific recommendations to share.

The following are suggestions to further the conversation:

Need for Central Data Base/Clearinghouse for Parenting Education Programs and Services

The survey demonstrates the wide-ranging services reportedly being offered in the country, taking place in various settings, using various curricula and utilizing an assortment of funding sources. One specific possible role for NPEN or another capable organization is the role of developing a clearinghouse to help manage information about the specifics of parenting education services in the United States. Collecting the details of what is offered, who is offering it, and, how the services are being funded would provide vital information from which to glean critical data to inform steps forward.

In addition, the data confirming the broad range of settings in which parenting educators do their work, also might point to the difficulties of finding consistent funding, publicity, and general support for parenting education, and efforts might be explored as how to best overcome that obstacle. A national organization such as NPEN could present a collective message and provide united advocacy for more emphasis on parenting programs and government funding.

Curriculum Standards & Best Practices

NPEN believes that the establishing of standards, such as the use of evidence-based or informed programs and certifications, and education and ongoing professional development of parenting educators will result in more positive outcomes both in the quality of services provided and in establishing parenting and family education as the norm and a recognized profession on a large scale. Research has found that successful interventions must both reduce risk factors and promote protective factors to ensure the well being of children and families (*Promoting Healthy Families in Your Community*, Administration on Children, Youth and Families, Department of Health & Human Services). Respondents in this survey identified wide-ranging programming, from established, research-based programming such as Strengthening Families, Parents As Teachers, etc., to those who reported providing services without a set curriculum.

While the data showed that more than 80% of parenting educators surveyed are using evidence-based or evidence-informed programs, establishing standards for the provision of parenting education services will require the ongoing education of our colleagues around the importance of adopting evidence-informed curricula and the credentialing of parenting educators. In addition to insuring best practices, the use of evidence-based and evidence-informed programs and the increase in parenting educator credentialing systems as a standard has the potential to be persuasive ammunition when lobbying for reimbursements through Medicaid/ Medicare and other fee-for-service providers on a larger scale. NPEN can provide leadership in education around these issues as well as help identify effective approaches and resources.

Parenting Topics and Outreach

From the data collected in this survey, it appears that the overwhelming majority of programs provide general parenting topics as part of their programming with significantly fewer providing classes for specific age groups and narrower topics aside from programs for parents of toddlers. Emphasis on ways of relating to children from birth through adulthood would be a more effective intervention, as it would provide a heuristic to use at all ages. There would be value in examining whether parenting programs are offering enough variety in their topics, and if they are fully meeting the needs of their clients. In addition, it would be helpful to look at whether there is sufficient focus on providing education for parents in the earliest years of their children's lives; the data in this survey showed that only a little more than half of respondents offered programs in this area.

With regard to reaching parents to inform them about services and to provide parenting information, we know that parents are seeking much of their information on parenting through the Internet. Given that it is likely that this preference will only increase, parenting education programs might explore which few places on the Internet (experts say that it's best to focus on just two or three outlets) they are most likely to connect with clients and increase the use of those outlets in their marketing/client acquisition strategy. And, because online learning is a growing trend, organizations might be considering the Internet not only for outreach, but also as a vehicle for providing at least a portion of their parenting education offerings (e.g. webinars, counseling via Skype, etc.).

Normalizing Help-Seeking Behaviors Around Parenting Education

Survey respondents identified stigma as one barrier seen for caregivers not seeking parenting education services. Most agree that historically, parenting education services have often been connected to a dictate from above, (the courts, Temporary Assistance for Needy Families, Child Protective Services, etc.). A critical partner component to providing effective services is to pave the way for a change in public attitude around help-seeking behaviors as it relates to parenting education. Examples of such campaigns include South Carolina's "Universal Triple P" strategy, which focuses on the general population through a media-based parent information campaign. Engaging in public awareness campaigns around the benefits of parenting education (through community-wide media campaigns, utilization of social media platforms, etc.) can be likened to the primary prevention work of public health that has made great progress in changing attitudes around smoking, for example.

The Need for More Reliable Funding Sources

While respondents to this survey said that the stigma around parenting education was the second most prevalent reason for parents not enrolling in programs, and lack of awareness was the third, the lack of funds ranked highest. This would seem to indicate that, despite some misperceptions about parenting education, respondents felt there would be more parents in programs if there were funds to do so. Funding for parenting education services is addressed throughout the survey with comments about "too little available," to creative options for the future, including third-party reimbursement. Certainly, a follow-up conversation about the details of the funding: sources, duration of funding, and amounts of funding, etc. is important.

While some states are able to leverage local and State public funds, other respondents mention Federal funding, private funding as well as client fees. Perhaps parenting educators are failing to see the potential for third-party reimbursement and not realizing the extent to which the lack of it might be a deterrent and therefore a conversation should be ongoing with the long-considered goal of accessing healthcare dollars (private insurance, Medicaid) to help support parenting education services.

The critical job before us is solidifying the connection identified in some recent research clearly identifying the link between effective parenting education and the health and welfare of the nation's children and their families. Respondents said they had most success advocating with social service agencies and school systems and they seemed to be doing the least amount of advocacy with insurance companies, federal legislators and employee wellness programs. This is significant, because one might say that these are some of the stakeholders that may be the *most* important to influence if parenting education is going to become the standard for our society. Differentiating between marketing and advocacy and putting efforts into *both* should be an important part of an organization's overall strategy.

Need for Follow-up Data

NPEN's Engagement & Outreach Survey was a good starting point. It began a conversation among colleagues about the *who,* the *what* and the *where* of our important work. Some postscript considerations:

- Define in greater detail some of the concepts/ideas contained in the questions posed in this survey (i.e. advocacy, accessibility, etc.) for future information-gathering efforts.
- What parts of the country are more resource rich in the area of parenting education and why? What can we learn from our neighbors?
- Additional data collected from *parents/caregivers* would be useful in validating some of these findings collected from the providers' point of view.
- Parenting education programs for youth in K-12 settings was not included in this survey and should be considered for future information gathering.
- Education for providers of parenting education services around the great potential of third-party reimbursement is certainly a marathon not a sprint. We will need to engage those working on ground zero of the budget issues with Medicaid, for example, (some of which are part of NPEN) and see how we can become more involved.