BECOMING OUR CHILDREN’S CHAMPIONS
TRAINING PARENTS, IMPROVING CHILDREN’S OUTCOMES

Jessica L. Vollmer • Elly Matsumura • Kenyatha V. Loftis, Ph.D.

WORKING PARTNERSHIPS USA
FUNDING BY FIRST 5 SANTA CLARA COUNTY
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EXECUTIVE SUMMARY

Parents of diverse races, nationalities and backgrounds are united by a single hope: raising a child who is healthy, happy and successful from infancy through adulthood. And in our increasingly complex contemporary society, it still takes a village to raise a child. As families become more mobile, frequently moving far from extended family and friends, the role of child-serving systems and professionals—teachers, doctors, librarians, recreation leaders—grows.1

At the same time, we see our children’s well-being diminish. The current generation of children may be the first to have a shorter life expectancy than their parents. As the U.S. education system falls behind other countries by various metrics, reliance on educational attainment in order to secure family-supporting jobs is greater than ever.

Such statistics are even starker for children of color, of low socioeconomic status and of foreign-born parents, and these populations are growing as a share of the overall U.S. population. Total immigrant population is projected to grow from 13 percent in 2011 to 19 percent by 2050. People of color, who comprised 15 percent of the U.S. in 1960, made up 33 percent in 2005 and are expected to be 53 percent of the population in 2050. And 21.9 percent of children lived below the poverty level in 2011. Yet a variety of indicators lag for these children. Black and Latino students, for example, graduated at rates of 60 percent and 58 percent, respectively, as compared to the 76 percent graduation rate of white students. Forty-three percent of children in poor families were described as being in excellent health compared with 64 percent of children in families that were not poor.

Though the causes of these dismal and disparate outcomes are complex, there is an unmistakable correlation between these outcomes and the lack of access to and quality of experience with the health and education systems whose aim is to help children achieve these outcomes. Researchers and the U.S. court system alike have cited underfunding of the schools attended by low socioeconomic status children and children of color as a cause of shortcomings such as low graduation rates. Immigrants are twice as likely to be uninsured as U.S.-born citizens,
and immigrant children were 40 percent to 80 percent more likely to have gone more than a year without a visit to the doctor or dentist.

No one has a greater interest in seeing these children succeed than their parents. A vibrant parent training field has emerged to build parents’ capacity to change their children’s futures. This study analyzes this field to seek new opportunities to improve children’s outcomes and reduce disparities by investing in their parents. Given the important role of child-serving systems in these outcomes, the study focuses on parents’ capacity to engage with those systems. Two overarching inquiries guide the investigation.

• How does parent engagement improve the health and educational outcomes for children, and what are the disparities in parent engagement by race, immigration status and socioeconomic status?

• How do current parent training programs build parents’ capacity to improve children’s outcomes via child-serving systems, and what best and frequently used practices for program design and curriculum should inform the creation of new programming?

To determine the benefits of and disparities in parent engagement, we looked at academic literature and spoke to scholars and practitioners working with the child-serving systems we investigated. To understand how the parent training field currently responds to these issues and how new training might best address them, we surveyed programs through the research literature and focused on model parent-training programs using evaluation reports, primary documents and interviews with staff and alumni to examine their goals and best practices.

Two clear messages emerged from the parent engagement literature. First, children whose parents engage with health and education systems are healthier and do better in school. Children of parents who interact effectively and positively within the education system have better attendance and grades, higher graduation rates and greater rates of attending higher education. By contrast, lack of parental access to the resources, techniques or knowledge to foster educational opportunities for children at an early age has a positive correlation with poor academic performance. Similarly in the area of health, children of engaged parents utilize health care more, decrease their incidence of obesity and have better health outcomes.

The second theme in the parent engagement literature was that parents of color, immigrant parents and those of low socioeconomic status engage less or not at all because the systems’ traditional mechanisms for engagement are inaccessible to them. Study after study has revealed
marginalized parents to appear absent or uninvolved—at least in the kind of involvement that child-serving professionals expect. This traditional kind of engagement often relies on parents to, for example, be able to participate in school activities during the work day, to be fluent in English, to have a nearby grocery store with fresh and healthy food or to be able to interact with authority figures without fear of deportation. Thus just as marginalized children face demographically based barriers to growing up healthy and well-educated, their parents face barriers to getting involved in the systems that aim to help their children reach these goals.

The parent training field approaches these barriers in three main ways, all deriving from common ground in training programs’ theories of change. Programs share:

- Visions for what good health and education mean for children;
- Research about the beneficial activities and behaviors that lead children to these outcomes;
- Recognition that these activities and behaviors are reduced by a variety of factors, including barriers to access in the child-serving systems that offer them; and
- A belief in parent leadership—parents’ unique rights, responsibility and potential to improve children’s outcomes.

The difference among the three major approaches hinges upon the kind of relationship with child-serving systems they train parents to have—whether as service recipients, agents of policy and system change or engaged partners for child-serving professionals.

Parent-child activities programs emphasize what activities and behaviors parents themselves can promote for their own children, engaging with the system primarily through utilization of services. Parents’ role is to increase the children’s beneficial activities and behaviors. Systems are changed only to the extent that this change comes from increased utilization.

Policy and systems change programs emphasize parents changing the system’s policies and procedures to increase access for many children. Systems’ role is to increase children’s beneficial activities and behaviors and parents’ role is to lead the systems in this change. System change to remove barriers is the focus of the theory of change.
Another approach exists—one in which parents work within systems as they are to help the professionals inside those systems to serve their children better. Traditional engagement is one manifestation of this approach, but if marginalized parents are to be able to engage on behalf of their children, there must be another way.

Parent championing is individual action to optimize individual outcomes. This type of leadership aims to diminish the day-to-day barriers that parents face in their engagement and their children’s access. Three main characteristics distinguish parent championing from other types of parent leadership:

- Parents champion with the goal of improving the access of their own children to systems or activities that improve their outcomes;
- Parents champion with the objective of changing the nature of the interaction between their children and child-serving professionals, recognizing this interaction as key to improving access; and
- Parents champion by engaging in a different kind of interaction with child-serving professionals, recognizing that this change is necessary in order to change the professionals’ interaction with the child.

Though parent championing has received little attention in the academic literature, a number of parent training programs focus on parent championing. Existing programs target niche audiences and often focus on championing with a specific system, such as elementary school or mental health care.

Parent championing is not a replacement for the other forms of parent leadership. Certain parent-child activities, like daily reading and healthy eating, are critically important for children to reach good outcomes. Traditional engagement offers a number of venues that parent champions may use to work with the system. Policy and system change is the only way to remove barriers that inhere in child-serving systems, not the individual actions of child-serving professionals. Parent championing, however, recognizes that parents have more immediate opportunities to diminish barriers and optimize individual outcomes by partnering with those professionals.

Parent championing is not a silver bullet for improving children’s outcomes. Indeed, it can be more effective in combination with other approaches. These considerations, as well as the preponderance of existing, high quality parent training programs, indicates an approach of creating not another new program but a parent-championing curriculum that can be easily integrated into existing programs across the parent leadership spectrum. The curriculum would be comprised of modules to build participants’ ability to partner with child-serving professionals, focusing on seven key capacities:

- How to identify desired child outcomes/child development;
• How to identify activities to achieve those outcomes;
• Parent rights, roles and responsibility in their children’s outcomes;
• Effective communication;
• Goal setting;
• Problem solving; and
• A sense of efficacy.

Training would incorporate best and frequently-used practices garnered from leading parent training programs:

• Structure the training content to build the seven parent leadership capacities;
• For implementation of curriculum, partner with a sponsoring agency that can integrate curriculum into a set of broader training and organizational goals;
• Offer child care during training;
• Engage parents over a long period to promote long-term use of parent-leadership capacities;
• Design curriculum for easy adaptation and integration;
• Train facilitators on the curriculum, pedagogy and diversity;
• Allow sponsoring agencies to select target audiences within the target population;
• Incorporate multiple sessions, peer-to-peer learning and relationship building into program structure and pedagogy;
• Account for diversity in language and literacy levels when designing training exercises; and
• Evaluate parent outcomes through assessments administered prior to training and upon graduation; seek to evaluate child outcomes in the longer term.

Existing parent champion training programs have demonstrated success through third-party evaluations that showed parents achieving the desired learning objectives; evaluations to assess impact on children’s outcomes are underway. Combined with anecdotal evidence, these data offer good reason to expect that a more widely available parent championing curriculum could make a difference in children’s health and education outcomes. Possible broader impacts could be explored through a pilot study of the curriculum:

• Do parents utilize their championing capacities in the other systems with which they interact, and if so, to what effect?
• What impact could an increase in parent championing have on institutional or system practices?
• What happens if parent championing is unable to overcome barriers to children’s access to child-serving systems? Will parents become discouraged from championing or motivated to engage in policy and system change?

At its core, parent championing proposes a different kind of relationship for parents with child-serving professionals: a relationship of support and accountability for the shared goal of children’s success. Other systems of accountability position parents to pursue this goal by influencing the policies and procedures regulating systems and professionals or by simply divesting and departing from systems that are not meeting outcomes. Parent championing is an accessible means for marginalized parents to interact with professionals in a way that can alter the course of their children’s lives.
INTRODUCTION

A school tells a mother that her son has behavioral issues. The mother worries that this perception could follow him throughout his academic journey, increasing his chances of discipline, expulsion and incarceration. She thinks that he is actually having developmental challenges and may need extra support. She takes him to the doctor, who tells her that he has no developmental challenges. She knows that her son needs support he won’t get in a mainstream classroom; but what can she do now?

All children should have ample opportunity to succeed academically and to be healthy. Academic success manifests as children being ready to transition into each new step on their academic journey and attaining educational accomplishments that prepare them for economic self-sufficiency and civic participation as adults. We draw from literature that utilizes a wide range of indicators of educational outcomes; hence, our understanding of desired educational outcomes reflects this breadth and encompasses indicators including, but not limited to

- Grades,
- Scores on standardized tests,²
- School attendance,
- Severe disciplinary measures such as suspension and expulsion,
- Grade retention and need for remediation,
- Timely completion of high school,
- Preparation to compete in the job market and
- Preparation for college.

Children who are healthy live to be adults.³ They are not only free of illness and injury, but minimize their risk factors for illness and injury and engage in health behaviors that are demonstrated to decrease morbidity and mortality and increase indicators of physical, mental and emotional health. We draw from literature that uses indicators including but not limited to obesity, nutrition, exercise and substance abuse to assess health outcomes. The literature also recognizes the complexity of factors that contribute to health outcomes. The myriad factors that contribute to health outcomes for children tend to correlate with each other, creating a complex web that parents must navigate to insure the best possible health outcomes for their children. For example, socioeconomic status, correlated with race, ethnicity and immigration status, among other things, is also correlated with residence in safe neighborhoods, access to healthy foods and access to health care. Our discussion attempts to reflect some of this complexity.

To achieve these outcomes, these children should have positive interactions with child-serving
systems in which parent engagement plays a critical part. When a health care professional understands the breadth of a child’s family and health background, she or he is better able to treat or diagnose potential health issues. Parents play a crucial role not just in relaying that background to the professional, but also in working with their children to carry out the treatment plan in the home. Parents are also integral to insuring their children are receiving nutrition and access to physical activity in the home. In this way, parents engage in preventive measures with their children in order to pursue the best possible outcomes for their children.

For children to achieve maximum success at school, they should have positive relationships with their educators. Studies show that students who feel their teachers are sincerely interested in their success are more likely to perform higher academically than those students who feel their teachers are disinterested. Parents play a crucial role in their children’s academic outcomes. Studies show that educators’ perception of parents’ involvement in the school may predict children's academic performance as may overall parent engagement in their children's education. In terms of both health and education, parents are experts on their children, and their expertise can help guide their children through the systems with which their children interacts.

Extensive research in the past decade has revealed a positive correlation between parent engagement in these systems and child academic and health outcomes; it has also revealed barriers to access for diverse children. Unfortunately, parents do not always know how to overcome the obstacles to their engagement with these systems. To address this, many parent training programs have focused their efforts on building parents’ capacity to engage with systems to diminish barriers and to engage with their children to complement services available from systems.

In spite of the active parent training field and its demonstrated effectiveness in building participants’ capacity, the children of marginalized parents—those with low socioeconomic status, or who are non-white or immigrants to the United States—still experience less desir-
able health and education outcomes than their peers who are children of white, middle class, U.S.-born parents. All parents stand to gain from engage in child-serving systems on behalf of their children, but marginalized parents have even more to gain given their children’s worse outcomes. Nonetheless, they are less likely to engage, facing greater barriers to engagement that are correlated with their immigration status, educational attainment, cultural differences and a lack of resources such as time outside of work hours, among other factors. This gap in parent engagement makes targeting marginalized parents for training critical to achieving outcomes for our children that are both more equitable across demographic groups and more desirable across the board.

PURPOSE OF ASSESSMENT OF THE PARENT TRAINING LANDSCAPE

Parent training represents a vital piece of the range of strategies to improve children’s health and educational outcomes. Trainings offered by sources as varied as volunteer-run rap groups, peer-to-peer support, local service agencies, national nonprofits producing replicable curriculum, academic studies and federal programs come together in a large and vibrant field. The effectiveness of many of these programs has been well established by third-party evaluations. And yet too many children continue to reach adulthood without the health status and education needed for success – all the more so for children of marginalized parents.

This study responds to the severity and persistence of these poor and inequitable outcomes by analyzing existing parent trainings to seek opportunities to grow the field, focusing on building parents’ capacity to engage with child-serving systems. Two overarching inquiries guided the investigation.

- How does parent engagement improve the health and educational outcomes for children, and what are the disparities in parent engagement by race, immigration status and socioeconomic status?

- How do current parent training programs build parents’ capacity to improve children’s outcomes via child-serving systems, and what best and frequently used practices for program design and curriculum should inform the creation of new programming?
Because parent training and parent engagement are well-established and studied fields, this study relies heavily on the academic literature, supplemented by selected interviews and primary source documents to investigate areas that are left out of the literature or are new and emerging. To determine the benefits of and disparities in parent engagement, we looked at academic literature and spoke to scholars and practitioners working with the child-serving systems we investigated. To understand how the parent training field currently responds to these issues and how new training might best address them, we surveyed programs through the research literature and focused on model parent training programs using formal evaluations, primary documents and interviews with staff and alumni to examine their goals and best practices. The scope of our research was national, but several of our key informants were based in the south San Francisco Bay Area because this is the home region of the institutions funding and authoring this study.

In researching the challenges the children and parents in our target population face in child-serving systems and engagement, we selected academic articles and evaluation reports that addressed:

- Barriers faced by parents and children within health, education and immigration systems for both the general population and specifically immigrant, nonwhite and low socioeconomic status populations;
- Parent engagement in education, health and immigration systems; and
- Parent or child outcomes resulting from parent trainings on effective engagement and other actions for parents to improve children’s outcomes.

To round out our understanding of opportunities for and barriers to parent engagement in immigration, health and education systems, we interviewed representatives of the Services, Immigrant Rights and Education Network (SIREN), the Medical-Legal Partnership Clinic of the Santa Clara Valley Health and Hospital System and the Stanford Center for Opportunity in Policy Education (SCOPE).

To identify model programs to study, we began with background research on the field of
parent training programs that focus on civic engagement or other advocacy or had been studied for their effects on children’s education or health outcomes. We guided our sample selection by surveying the academic literature and reviewed information available on program websites, including curricula, reports, evaluations and parent testimony, as well as requesting recommendations from all interviewees.

We selected a subset of programs that shared similar goals to ours, building parents’ capacity to take actions that would increase children’s activities and behaviors to improve their health and educational outcomes, giving preference based on

- The existence of third-party evaluations;
- Their length of existence; and
- Whether the program had been replicated on a national scale.

The evaluations we considered included, in the instances of four of the programs, nine third-party quantitative studies of parent outcomes, parent-reported child outcomes and parent and teacher reviews presented in a news article profiling a program. We spoke with two programs that developed trainings for national replication and two organizations that use nationally replicated curriculum. This meant we received insight into both developing programming that could be adapted to fit various audiences and the process of adapting pre-packaged curriculum to fit specific audiences. We interviewed designers, implementers and alumni of eight established parent-training programs with questions that explored areas including:

- Opportunities to effectively enhance the capacities of our target population to engage in child-serving systems;
- The development, implementation and results of interviewee’s parent training programs to ascertain best or frequently used practices which could be used to guide our own program development; and
- What types of programs already exist and where additional training could fit into the field.

We also spoke to an academic from New York University currently studying the relationships among parent empowerment training, training for mental health agency staff and child mental health outcomes.

**DEFINITIONS**

**Education outcomes:** Measures of overall academic performance, including such indicators as school readiness, attendance and grades, graduation rates and attendance to and completion of higher education.

**Health outcomes:** Measures of overall health, including mental, social, emotional and physical health, including such indicators as self-reported health status, incidence of various health conditions, obesity and mortality.
It should be noted that education and health outcomes are not entirely separate; each affects the other in a variety of ways. A child’s health affects academic performance. Childhood academic development includes positive emotional health and socialization. Health problems may affect a child’s ability to learn; for example, illness may cause frequent absences or undiagnosed poor vision may impede comprehension of written material. Health issues which may require treatment, including social, emotional and behavioral issues as well as physical and vision, are identified by the school. Also, levels of educational attainment are predictors of overall health in adulthood. Higher educational attainment is associated with higher access to employer-provided health insurance, health literacy and “self-perception of both his or her sense of personal control and social standing, which also predict higher self-reported health status.”

**Parent:** Any legal guardian or primary caregiver of a child.

**Marginalized:** Possessing demographic characteristics associated with barriers to access to systems, primarily including low socioeconomic status, nonwhite races or ethnicities, English-language learners, low literacy, foreign born or their children, or any combination thereof.

**Child-serving system:** An interconnected set of institutions with which children are most likely to interact, or parents are likely to interact with on behalf of their children, and for which a primary goal is to help children reach desired outcomes. An **institution** is an entity within a system—for example, a school or a hospital.

**Education systems:** Schools or school districts, especially public schools; community resources that focus on educational activities.

**Health systems:** The health care delivery system, health insurance or institutions like schools, community centers or parks offering health promotion activities.

**Child-serving professional:** A representative of a child-serving institution, usually a staff member, such as a teacher, principal, librarian, receptionist, recreation leader or nurse.

**Parent engagement:** Parent action to improve the effectiveness of child-serving systems, either by interacting with the system or by supporting a child’s system-prescribed or assigned activities while the child is in the parent’s care. Parent engagement includes actions ranging from attending parent-teacher conferences to working with children to complete homework assignments. We will discuss the range of parent engagement; however, our emphasis is on interactions between parents and the representatives of systems.

**Access:** The ability to participate in the activities, utilize the resources and gain the full benefits of a system as indicated by attaining the outcomes produced by the system. For example, “access” may refer both to being able to get into a dance class at a community center and whether the quality of experience provides the maximum possible health and educational benefits.

**Barriers:** Policies or practices of systems, institutions and their representatives that create a pattern of diminished access to the system or institution for children or parents.

**Opportunity gap:** Inequities in health and educational outcomes among demographic groups
by such factors as race, socioeconomic status and immigration status correlated with barriers to access to health and education systems.

**Parent outcomes or learning objectives:** Techniques, information, relationships and sense of efficacy gained by parents by completing a training.

**Best and frequently used practices:** Pedagogy, methodology, content and other relevant aspects of programming whose positive relationship to parent and/or child outcomes has been demonstrated through evaluations of programs. In cases of nonexistent or currently in-process evaluations, we looked for frequently used practices or those program features that, though not established as effective through a formal study, were used in two or more parent training programs that we studied.

**PROFILE OF THE TARGET POPULATION**

Communities of color, immigrants and their children and individuals with low socioeconomic status represent a large percentage of the total United States population, which grows each year. While as a nation, we see our children as a whole falling short of the educational and health success that we wish for them, these marginalized populations fall even shorter in their overall health and education outcomes. These disparities in outcomes correlate with disparities in access to child-serving systems and the quality of services available in systems. Thus to investigate opportunities to build parents’ capacity to increase children’s access to these systems, we focused on parents of these marginalized children as our target population.

In 2004, “one in five U.S. children [was] a child of immigrants.” It is expected that by 2020, fully one-third of children in the United States will be children of immigrants.

In 2011, the total immigrant population in the United States reached 40.4 million, or 13 percent of the population, according to Pew Research Hispanic Center’s analysis of U.S. Census Bureau data.14 This statistic was projected to reach 80 million, or 19 percent, by 2050. Eighty-two percent of population growth between 2005 and 2050 was projected to be comprised of immigrants arriving after 2005 or their children. In 2004, “one in five U.S. children [was] a child of immigrants.”15 It is expected that by 2020, fully one-third of children in the United States will be children of immigrants.16

Further, it was projected that nonwhite racial groups would drive U.S. population growth over the next four decades. The Hispanic population was projected to grow from 42 million in 2005 to 128 million in 2050, the black population from 38 million to 59 million
and the Asian population from 14 million to 41 million.\textsuperscript{18} Over the same time period, the non-Hispanic white population was expected to grow from 199 million to 207 million. The U.S. Census Bureau reported that the 2010 census showed “the population reporting multiple races grew by 32.0 percent from 2000 to 2010, compared with those who reported a single race, which grew by 9.2 percent.”\textsuperscript{19} A 2012 U.S. Census Bureau report on population projections predicted that the American Indian/Alaska Native population would increase from 1.2 percent of the total population, or 3.9 million, in 2012 to 1.5 percent of the total population in 2060, or 6.3 million. Populations of color— all those except single race, non-Hispanic white populations,\textsuperscript{20} which were at 37 percent of the total population in 2012, “are projected to comprise 57 percent of the [total U.S.] population in 2060.”\textsuperscript{21}

According to the U.S. Census Bureau’s 2011 report, “Income, Poverty, and Health Insurance Coverage in the United States,” 21.9 percent of children under the age of 18 live below the poverty level. A child under the age of six lives in 24.5 percent of households in poverty. In 2011, the poverty rate among foreign-born populations was 19 percent, as compared to 14.4 percent for native-born populations.\textsuperscript{23}

Membership in a marginalized population is correlated with poor education and health outcomes for children. A 2012 U.S. Department of Education report on high-school graduation rates by state indicated that black and Latino students graduated at rates of 60 percent and 58 percent, respectively, as compared to the 76 percent graduation rate of white students.\textsuperscript{24} A February 2013 analysis showed that total nationwide graduation rates made significant gains for the first time in 40 years, “but the good news comes with a big asterisk: students with learning disabilities and limited fluency in English face long odds to finish high school, with graduation rates for those groups as low as 25 percent in some states.”\textsuperscript{25} Further, “about one-third of African-American students and 29 percent of Hispanic students drop[ed] out before graduation.”\textsuperscript{26} Even Massachusetts, Minnesota, Wisconsin and Oregon—generally

![Figure 1](image1.png)

![Figure 2](image2.png)
considered high-performing states—had “strikingly poor records with some minority students.” This opportunity gap, which culminates in these graduation statistics, begins long before high school. For instance, according to Bridges, et al.

Many Latino children start kindergarten six months cognitively behind their non-Latino peers. This lag marks the beginning of an achievement gap in literacy, math, and general learning that continues, culminating with … great risk for dropping out of high school …

Finally, the marginalized children who seek higher education graduate at a lower rate than their counterparts. According to a Newsweek report on minority graduation rates:

Studies show that more and more poor and nonwhite students aspire to graduate from college—but their graduation rates fall far short of their dreams. The graduation rates for blacks, Latinos and Native Americans lag far behind the graduation rates for whites.

Research links these disparate educational outcomes to disparate access for marginalized groups. Barriers to equitable access manifest both through institutionalized policies and practices and through the actions of individual representatives of child-serving institutions. The prevalence of underfunded schools in communities of low socioeconomic status is one such policy. Schools in these neighborhoods often do not receive adequate funding, which “generate[s] huge disparities in the quality of school buildings, facilities, curriculum, equipment for instruction, [and] teacher experience and qualifications.”

A 2005 study by the Education Trust found that “most states significantly shortchange poor and minority children when it comes to funding the schools they attend.” According to Biddle and Berliner’s research synthesis on equity issues in school funding, multiple studies have concluded that levels of school funding have “substantial effects” on academic outcomes. U.S. courts in states across the country have ruled there is “a causal connection between the poor performance of … students and the low funding provided their schools,” specifying as indicators high-school “dropout rates, … graduation rates, … need for remedial help, … inability to compete in job markets, … and inability to compete in collegiate ranks.” Biddle and Berliner attribute this connection to a failure of leaders to prioritize students who are living in poverty: “Such inequities appear because the needs of disadvantaged students are less often heeded in debates about programs, facilities, and funding allocation in local venues.”

While many critical funding decisions are made outside of the education system, policies, practices and individual actions inside the system can also contribute to inequality for marginalized populations. According to Lott and Rogers, “interactions [in the education
system] with nonmainstream parents and their children [are filtered] through the stereotyped beliefs and negative expectations they [personnel of systems] share with the dominant culture.”38 Further, the researchers discuss studies of these education-system assumptions which found some educators shared a belief “that African American children show higher rates of behavior problems, poorer educational prognosis, and more negative qualities than their white counterparts.”39 School discipline practices manifest these racial disparities: “… African American students are two or three times more likely to be suspended from school …” and minor infractions committed by minority students are more likely to be harshly judged.40 Racial bias also affects standardized testing, says author and researcher Harold Berlak: “[R] esearch has shown that minorities statistically have lower standardized test scores than whites because of existing, hidden biases in the development and administration of standardized tests and interpretation of their scores”41

Low socioeconomic status, immigrant or second generation and nonwhite children also face poor health outcomes. Children in these populations “have almost a 1 in 2 chance of being overweight or obese,”42 and “Hispanic children … are 51 percent more likely to be obese than non-Hispanic white children.”43 Compared with white children, black children are “20 percent more likely … to be diagnosed with asthma and to have had an attack in the prior year,” four times more likely to have elevated blood-lead levels and 75 percent more likely to be overweight. 44 Also, “88 percent of Latino children have unmet mental health needs, [and] although Latino children have the highest rate of suicide, they are less likely than others to be identified by a primary care physician as having a mental disorder.”45

Though youth mortality rates as a whole have decreased from 1990 to 2005, with the largest declines seen among males and African Americans, “racial and ethnic disparities still exist, with American Indians/Alaskan Native and African Americans experiencing the highest teen death rates.”46 Vehicular deaths, homicide and suicide are the three leading causes of death among youth, with American Indians/Alaskan Natives experiencing the highest rates of vehicular mortality and suicides. African Americans have the highest rates of homicide.47

The Centers for Disease Control found significant correlations between children’s socioeconomic status, race and self-reported health status:

- “As the level of parent education increased, the percentage of children with excellent health increased.
- “Poverty status was associated with children’s health; 43% of children in poor families were in excellent health compared with 64% of children in families that were not poor.

Children in these populations have almost a 1 in 2 chance of being overweight or obese.

Children in poor families were four times as likely to be in fair or poor health as children in families that were not poor.
“Children in poor families were four times as likely to be in fair or poor health (4%) as children in families that were not poor (1%).”

The mechanisms by which health outcomes correlate with socioeconomic and immigration status are complex. Stress and related mental and emotional health issues are a major factor. The national County Health Rankings & Roadmaps program explains that income levels are correlated with the safety of the neighborhood in which a family lives, and “exposure to crime and violence has been shown to increase stress, which may exacerbate … stress-related disorders … lead people to engage in smoking in an effort to reduce or cope with stress … [and be] associated with increased substance abuse.”

The stress of the long, busy hours and poverty resulting from low-wage jobs creates emotional and mental health problems for parents associated with similar problems for their children. Parent-child and family-child relationships are positively correlated to the emotional, mental and social development of children and are critical to successful outcomes in those areas. Issues relating to that development can predict a child’s future health outcomes as well as their academic success.

In terms of health as related to diet and exercise, parents who work long hours or multiple jobs find themselves with less time to prepare meals. This phenomenon has been particularly studied in immigrant families’ process of assimilating to U.S. mainstream culture as parents join the low-wage workforce. The lack of time to prepare meals—which affects many people who have highly demanding jobs—is associated with a dependence on quick, pre-prepared food, whether packaged or from fast-food restaurants. Parents living in poverty may tend to rely on quick and cheap food due to the aforementioned lack of time, or because of inadequate access to healthy foods, which tend to be more expensive. These factors combined help pave the road to their children’s acculturation to the American lifestyle of their socioeconomic status, which can also lead to higher incidence of overweight, obesity and overall poor health in these populations.

Thus the County Health Rankings & Roadmaps program concludes that economically-based health barriers such as community safety, access to safe housing, ability to purchase healthy food, access to health insurance and likelihood of health literacy—have such a strong relationship to health outcomes that “one study showed that if poverty were considered a cause of death in the U.S., it would rank among the top 10.” Given these threats to the health of marginalized children, their need for health systems – both preventive and for health care delivery—are greater. Yet their access is worse. According to the Federal Education Budget Project, less than 30 percent of schools meet minimum requirements for the nutritional con-
tent of free and reduced-price lunches – that is, the lunches being served to children below 185 percent of the federal poverty level. Students whose families’ incomes are below 130 percent of the annual income poverty level are eligible for free lunches, and those below 185 percent are eligible for reduced-price lunches. Socioeconomic status is also linked to lack of access to opportunities for physical activity, as is race: “[C]ompared to white neighborhoods, many black urban neighborhoods…have fewer grocery stores and recreational facilities.”

A similar picture of disparity plays out in rates of health insurance coverage. Immigrants are twice as likely to be uninsured as U.S.-born citizens, typically lacking both employer-provided health insurance and the resources to purchase private insurance. While some insurance access issues will be addressed when the Affordable Care Act is enacted, some populations of immigrant families will still face access barriers. A 2006 study by Yu, Huang and Ledky found that “foreign-born noncitizen children were four times more likely than children from native families to lack health insurance … [and] 40% and 80% more likely to have not visited a doctor or a dentist in the previous year.” The same study found that children living in poverty were two times as likely not to have visited a dentist in the past year. The Children’s Defense Fund (CDF) reports 33 percent of black children and 39 percent of Latino children receive preventive dental care, as compared to 25 percent of white children. The CDF also reports that “children miss more than 51 million hours of school a year [for dental-related illness alone].”

Studies link these inequities of access to inequities of outcomes, showing that “people with better health were more likely to have health insurance” and that the “uninsured are less likely to have received adequate care for chronic health conditions.” According to Yu, Huang and Ledky, though the citizenship status of parents has a strong relationship with the access to health care of their children, “poverty’s effects on access to health insurance and health care appeared to be the strongest.” The County Health Rankings & Roadmaps program states,

While negative health effects resulting from poverty are present at all ages, children in poverty face greater risks. Children face greater morbidity and mortality due to greater risk of accidental injury, lack of health care access, and poor educational achievement.

Further, Yu, Huang and Ledsky state “the strong adverse effect of lacking insurance coverage on all aspects of pediatric health care use can be seen both by [this] study and other research on immigrant health.” Children alone cannot overcome such daunting barriers to achieving good health and educational success. Parent engagement has been shown to help carry children farther down this path.
THE CASE FOR PARENT ENGAGEMENT

The majority of the literature, as supported by our interviews and the third-party evaluations of existing parent training programs, demonstrates parent engagement in the education and health systems to be positively correlated with the child’s academic performance and health outcomes. Through parent engagement, barriers to those systems diminish, allowing children to gain easier access to the activities and benefits offered by these systems.

Yet parents themselves face significant barriers to engagement, especially when they are members of marginalized populations. Traditional models for and norms of engagement typically fail to engage parents of color or low socioeconomic status or who are immigrants.

The current literature documents two main categories of actions a parent may take to improve her or his children's outcomes: those in the home or community environment between parent and child—such as reading, healthy diets, or going to the library—and those which may occur between a parent and the system itself—such as building effective relationships with educators or health care providers or engaging in system and policy reform.

EDUCATION

Research indicates that parent engagement in the education system is related to a narrower opportunity gap. The most effective parent engagement in education begins before children interact with the school system and continues through graduation. Engagement that starts proactively, rather than in reaction to a problem a child is having, is more positively related to high school graduation. Students of parents who interact effectively and positively within the education system have better attendance and grades, higher graduation rates and greater rates of attending higher education. Studies have shown that the relationship between parent involvement and educational outcomes remains positive across racial and gender lines. By contrast, lack of parental access to the resources, techniques, or knowledge to foster educational opportunities for children at an early age has a positive correlation with poor academic performance.

Parent engagement in education is linked to better outcomes for their children for several reasons. It fosters educators’ understanding of the cultures and needs of children; it increases parents’ own awareness of their children’s progress in school; and it gives children a more positive view of schoolwork. Again, according to Bower and Griffin:

Increased parent involvement leads to early social compe-
tence, which ultimately leads to academic success. Similarly, parent involvement also increases social [networks]. As social networks are increased, students are able to access additional support or resources, such as tutoring, enrichment opportunities, or access to curriculum extensions beyond the school …

Traditional models of parent engagement in the education system have been well-defined and also demonstrated to exclude marginalized parents. Joyce Epstein’s model of parent engagement in education has dominated the field since the 1980s and outlines six types of engagement to improve outcomes of students, parents and educators:

- Parenting, including providing food, shelter and a quiet place for a child to complete homework;
- Effective school-to-home and home-to-school communication;
- Volunteering at school;
- Providing opportunities for child learning in the home;
- Parental inclusion in school decision making; and
- Collaborating with the community.

More recent research suggests pieces of this model are less able to predict positive outcomes, especially for marginalized populations. For instance, according to Desimone, parent volunteering in schools only has a positive association with education outcomes for students of European descent. Bower and Griffin’s analysis of parent involvement reveals that the “traditional definition of parent involvement includes activities in the school and home … however, viewed through this lens, African American and Latino families demonstrate low rates of parental involvement.” Their case study found that more traditional methods of parent engagement, including school invitations to “school-based activities … fail to adequately cover parental involvement of low-[socioeconomic status] families and families of color.”

The inconsistency between the traditional definition of parent engagement in school and the engagement of marginalized parents is further illustrated in a study by Ingram, Wolfe and Lieberman. Their study examined the Epstein Model of parent engagement in three high-achieving urban Chicago schools serving “low-income, at-risk” populations and found parents in those schools only consistently participated in two traditional aspects: parenting and learning at home. It is also worth noting that school-based activities, as defined through
this traditional model of engagement, assume one parent—typically a woman—will be a primary, stay-at-home caretaker. Traditional engagement practices, like attending parent-teacher meetings scheduled during the work day, do not account for those parents who work. Prins and Willson Toso, in analyzing an assessment of parent engagement utilized by the Even Start Family Literacy program, found that it “tend[ed] to promote and evaluate parents according to the mainstream (middle-class, predominantly white) model of parenting,” linking this to the dominant discourse of parent involvement … that encourages dependence on mothers’ supplementary educational work, deficit perspectives of nonmainstream parents, and individualistic explanations of educational disparities. … By assuming that parents are chiefly responsible for children’s educational outcomes, the [assessment] subtly shifts our attention to parental practices and away from structural and institutional factors that contribute to educational disparities.89

Traditional engagement models do not account for diversity among parents in terms of literacy levels, English language fluency, work schedules and access to transportation and childcare—factors affecting whether and how they receive communication from the school and engage in home-based activities to support children’s schoolwork.90 Homework may be sent home with an expectation that parents will help their children complete it, but without instructions from the teacher regarding the role of the parent within the assignment.91 Materials sent home with the child might not be translated into the parent’s first language92 or may be “impersonal, confusing, and jargon filled.”93 There may also exist an incomplete understanding of the cultural beliefs or values surrounding education and the parent’s role therein when working with the children of immigrant parents.94 Diversity in parent attitudes towards the education system is also ignored by traditional engagement models. Marginalized parents may have had a negative experience in the school system or be fearful of interacting with an institution due to their undocumented immigration status.95 Further, confusion may exist around available resources or access to those resources. For instance, some parents may not access resources on behalf of their U.S.-born child due to an assumption that they will then be ineligible for permanent residency.96 Recent immigrants may be unfamiliar with United States systems,97 or may feel self-conscious about interacting with educators due to cultural knowledge differences, their own cultural beliefs surrounding education,98 or educational attainment.99 Barriers to engagement and the resulting lack of engagement reinforce each other cyclically. Parents who do not engage in the education system through the traditional framework are
more often viewed as apathetic towards their children’s outcomes than are their mainstream counterparts, which in turn further discourages those parents’ engagement. Indeed, a study by Nzinga-Johnson, et al., found that teachers perceived African American and Latino parents and parents with low levels of education as less involved than their white and/or more educated counterparts.

Information in the literature is limited about what engagement models could be effective for marginalized parents. “[W]e know little about ‘the successful workings of minority families’ [in parenting and early literacy] since most ‘models of successful development have been based on European American, middle-class samples.” Prins and Willson Tosso recommend that child-serving professionals examine their cultural beliefs about parents’ roles; modify engagement policies, procedures and practices to maximize inclusion and parental self-determination; learn about families’ life conditions that affect how they engage—such as whether they can afford books to read with their children at home; and “involve parents in defining what good parenting means and in assessing themselves.” Nzinga-Johnson, et al., stress the importance of relationships between parents and child-serving professionals, as discussed below.

**HEALTH**

Parents’ engagement is critical to the health outcomes of their children: “[S]tudies linking the awareness and knowledge of community resources have shown a positive association with health care utilization and subsequent health outcomes” At the very least, parents need to be aware of child development and the appropriate intervals of appointments with doctors. Further, parents need to relay information about the health of their children in those appointments, carry out necessary treatment in the home and engage in preventive care activities with their children, including those related to obesity and substance abuse. Parental encouragement of physical activities and demonstration and reinforcement of healthy eating habits, including recommended daily exercise and diet or nutrition, is linked to a decreased incidence of childhood obesity. A 2010 study of the role of parent involvement in early success in obesity treatment found that “parent involvement is statistically significantly related to weight loss and to clinically significant weight loss.” In this study, parents participated in weight-loss activities alongside their children, as role models, including activities related to diet, physical activity and behavior change. The researchers also found that “parent involvement was highly related to early markers of adherence, including … adoption of physical activity.” In the case of substance abuse prevention, effective parent-child communication “may directly affect some or all of the individual risk factors, such as academic achievement, self-esteem, psychological autonomy … and school con-
The link between parent engagement and improved outcomes comes mostly in the form of mutual understanding and shared information between health care provider and patient. Parent engagement in the health system through partnerships with professionals that facilitate understanding of the health of their children or necessary treatment “can give both parents and professionals insight into the point of view of the other and a feeling of satisfaction that communication can effect further progress.” Further, “understanding of the complex interplay between culture, social context and healthcare is vital to providing effective health education programs that build trust, communication, collaboration and community capacity to engage in the health care system.” When parents are able to initiate effective forms of engagement appropriate for themselves and their children, and “although there has been limited study of shared decision-making in pediatrics, greater parent participation in decision-making may also lead to improved care” of their children.

Transformations in the health care delivery system over the last few decades have made parent engagement both more essential and, in some cases, more difficult. The desired nature of the care provider-patient interaction has shifted from authoritarian to collaborative, relying more on the ability of patients or their parents to communicate effectively with the provider. At the same time, these interactions have become more regimented. However, “if [parents] receive different information from various caregivers, inadequate information, or are unable to comprehend the information presented, then how can they participate fully [in the health system],” especially if the strict protocol and schedule of the provider constrains spontaneous and extended interactions? In such a situation, parent engagement requires an understanding of how to work with health professionals to ensure the clarity of the health information being discussed or a recognition of their own expertise in their children’s needs and capacity to seek help beyond the health care provider in front of them if she or he is not addressing those needs.

In this health care paradigm, the delivery system relies heavily on patients’ knowledge of how to access the system, terminology and concepts used by providers, how to utilize the system’s methods of exchanging health-related information with patients and how to make decisions regarding care. Patients able to follow this protocol—in other words, those able to engage via the traditional model—are called “health literate.” Health literacy rates, a measure
of engagement, are lower among parents in marginalized populations.\textsuperscript{117} According to the County Health Rankings & Roadmaps program, “15% of high school graduates and 49% of adults who have not completed high school have below basic health literacy skills.”\textsuperscript{118} This form of traditional engagement clearly correlates with improved health outcomes. According to the “Quick Guide to Health Literacy” available on the Office of Disease Prevention website,

\begin{quote}
... persons with limited health literacy skills are more likely to skip important preventive measures such as ... flu shots. When compared to those with adequate health literacy skills, studies have shown that patients with limited health literacy enter the healthcare system when they are sicker.
\end{quote}

Two other key barriers to parent engagement keep parents away from the system entirely: First, marginalized populations often simply lack information about social and community health services, like Emergency Medicaid\textsuperscript{119} or perhaps free community clinics, which serve them. Second, some parents—just as in the education system—fear interaction with an institution will lead to deportation.\textsuperscript{120}

\section*{IMMIGRATION}

We examined the immigration system in light of the correlations between documentation status and children’s outcomes and of anticipated comprehensive immigration reform and the recent creation of Deferred Action as a new path to documented status for undocumented young people. However, the literature lacks a discussion of the impact of parent engagement in the immigration system on child outcomes. Also, the immigration system is not a child-serving system in the sense of having as its primary function in relation to children being able to improve their outcomes. Its function is more complex. As a result, the frameworks proposed in this report do not neatly apply to the immigration system. Our primary research indicated that parents’ opportunities to influence the outcomes of immigration proceedings are highly circumscribed.

Nonetheless, this is a system of tremendous importance in the lives of immigrant parents and their children. Parents’ ability to engage in health and educational systems is of paramount importance because it could help in the process of gathering the documentation required to apply for Deferred Action. Thus immigration is indirectly treated in this report. The planning of any further study conducted for the purpose of developing a parent training curriculum as recommended below should weigh the option of more primary research to investigate potential impact of and capacities needed for parent engagement in the immigration system.

\section*{COMMONALITIES ACROSS SYSTEMS}

Though much distinguishes each child-serving system, they share key commonalities in the impact of and barriers to parent engagement. For both education and health, effective parent engagement in child-serving systems correlates with long-term benefits for children,
and effective engagement starts early. According to Bridges, et al., “Parents’ involvement in the preschool years has a profound effect on children’s academic outcomes during formal schooling, and on their learning potential throughout life.” The Centers for Disease Control and Prevention suggests that parents should promote their children’s health by monitoring achievement of early developmental milestones even before the first visit to the pediatrician, at two months. Its handbook “Learn the Signs. Act Early. Important Milestones: Your Baby at Two Months” provides checklists and tips to help parents assess their children’s development and engage with their pediatricians to address any issues.

How your child plays, learns, speaks, and acts offers important clues about your child’s development … Check the milestones your child has reached by the end of two months … and talk to your child’s doctor at every visit about the milestones your child has reached and what to expect next.

As is detailed above, many of the barriers—for both children’s access and parents’ engagement—look the same, both across systems and across demographic variables for the children and parents. Research into the engagement challenges of diverse immigrant nationalities quickly revealed significant common ground. Barriers to systems access and service quality are not correlated with the cultural characteristics of any given marginalized group but with marginalization itself: speaking a language not utilized by systems; unfamiliarity with U.S. systems; attitudes towards health and education professionals different from those that the systems expect from parents; and constraints on rights or fear of deportation that discourage any interactions with systems.

Parents from different backgrounds interacting with different systems share both a set of challenges and a stake in overcoming those challenges: significant potential to change their children’s lives. This commonality indicates that parents also have much in common in the types of support and learning that could break current patterns and barriers. Rather than unique interventions for each demographic, each system and each institution, a replicable—and adaptable—approach to building parent engagement capacity has the potential for widespread impact.
ANALYSIS OF THE PARENT TRAINING LANDSCAPE

The parent training programs that we studied were united in their theories of change in four fundamental ways. They shared:

- Visions for what good health and education mean for children;
- Research about the beneficial activities and behaviors that lead children to these outcomes;
- Recognition that these activities and behaviors are reduced by a variety of factors, including barriers to access in the child-serving systems that offer them; and
- A belief in parent leadership—parents’ unique rights, responsibility and potential to improve children’s outcomes.

Theories of change diverge in the degree to which parents work to change the policies of the system or practices of its representatives as a means to address barriers to children’s access. Figure 4 illustrates this spectrum, and where the three major types of parent leadership fall along the axis of degree of system change. This figure also illustrates the elements of training needed to enhance the capacity for parents to engage through these three major avenues, discussed below.

One the left end of the spectrum, programs’ theories of change emphasize what activities and behaviors parents themselves can promote for their own children, engaging with the system primarily through utilization of services. Parents’ role is to increase the children’s beneficial activities and behaviors. Systems are changed only to the extent that this change comes from increased utilization.

On the right end of the spectrum, programs’ theories of change emphasize parents changing the system’s policies and procedures to increase access for many children; parents’ role is as engaged constituents pursuing a set of goals through the democratic process. System change to remove barriers is the focus of the theory of change.

Other modes of parent leadership lie between these poles, with a parent not aiming to change system policies and protocols but engaging with professionals within systems to change those professionals’ practices with her/his individual child, helping them to improve that child’s access and outcomes. We explore these modes and the capacities that parents need to provide this kind of leadership in their children’s lives.

Across the spectrum, programs pursued seven parent learning objectives in order to build participants’ capacity to take leadership:

- How to identify desired child outcomes/child development;
• How to identify activities to achieve those outcomes;
• Parent rights, roles and responsibility in their children’s outcomes
• Effective communication;
• Goal setting;
• Problem solving; and
• A sense of efficacy.

Each type of parent training program encompassed these parent leadership capacities but these techniques and information were oriented differently depending on the desired degree of system change—in other words, whether parents are being trained to take action primarily with their children, with changing the system, or with child-serving professionals in partnership.

In most cases, each program that we studied focused primarily, but not exclusively, on one type of parent leadership and presented anecdotal evidence that their graduates often lead in more than one way. The predominant attitude in the field is one of appreciating the importance of each form of parent leadership.

**LANDSCAPE OF PARENT TRAINING INPUTS AND OUTPUTS**
PARENT-CHILD ACTIVITIES

Parent training programs focused on parent-child activities fall on the far left of the spectrum, as they aim to address barriers to education and health systems by increasing what parents do outside of these systems to prepare their children for success within the systems. Even though these activities may require parents to interact with systems—for instance, a parent taking her or his child to the library is accessing the education system—the aim is not to change the systems. Parents who participate in these activities may need training to provide them with more techniques to identify the resources available within those systems and means to access them. However, this type of parent engagement does not emphasize methods to increase access to a particular institution. If parents discover a certain outcome-improving activity is not available through their local institution, she or he might search outside their community for institutions that do offer the activity rather than working to change that local institution. Therefore, the parent leadership capacities in this type of engagement are mostly oriented around family interaction, though they may include interactions with child-serving professionals.

Trainings which focus on this type of engagement enhance these capacities by, for example:

- Training parents how to set expectations relating to the health and education of their children and families as a whole and set appropriate goals for their children, like reaching a healthy weight;
- Teaching parents how to identify beneficial activities available through local resources like community centers;
- Fostering parents’ self-perception as their children’s role models and teachers;
- Training parents how to effectively communicate with their children, including how to set appropriate boundaries;
- Teaching parents how to identify problems that may arise in their families and threaten to prevent them from reaching a goal and how to develop and implement effective solutions; and
- Fostering parents’ sense of that they can apply what they learn to their children and families and have accessible support in doing so.

Abriendo Puertas (AP), one parent-child activities program whose effectiveness has been well documented, emphasizes parent engagement in early childhood through enhancing parents’ capacity to be leaders within their home and families. The AP curriculum includes sessions on child development, parent-child communication, balanced nutrition and diets and how to access the library.125 Through this program, parents learn that they are the most important role models for their children and that they have a responsibility to actively participate in the development and education of their children to ensure desired outcomes are reached.
Parents also increase their sense of efficacy through the program through a pedagogy that recognizes parents as the experts on their children and their lives and encourages the use of discussion and shared experiences to create a safe, respectful community environment. Further, the methodology incorporates demonstration and practice of learned techniques in that safe space of the training group, allowing parents to make and correct mistakes before they apply those techniques in their lives. AP training also includes two sessions that deal with elements of parent engagement and parent-driven policy and system change—the next two types of parent leadership on the spectrum. One session discusses effective interaction with child-care providers and early-education teachers. The other examines parents’ rights and responsibilities in the public education system and the policy-change process.

Salt Lake City Head Start/Early Head Start uses many different curricula in its trainings, but overall the program emphasizes improved educational and health outcomes of children through parent-child activities. Some of Head Start programs focus, for example, on training parents to recognize healthy developmental milestones and how to recognize and address unmet milestones. Others focus on cognitive development by showing parents the importance of reading with their children and creating a space in which that activity may occur. There is also an overarching emphasis on the healthy psychosocial development of children in the program. Families can participate in Salt Lake City Head Start/Early Head Start through two venues: In home-based trainings, staff visit families in their homes and teach parents what they can do within that environment to promote health and education. Other children receive care at a child care center, in which case parents are trained through sixteen socialization sessions—in which all families and children gather at a center to interact with each other—per school year.

Parent-child activities trainings are limited in how they prepare parents to overcome or eliminate those barriers since this is not their theory of change.

Parent-child activities promote educational and health outcomes by enhancing the capacity of parents either to prepare their children for success—for example, in the education system—or continue, in the home or community, the work that the education or health system does with their children. Parents are thus less reliant on systems’ providing good access to their children, so the power for change can feel more within their ken and more immediate. Parent-child activities trainings are limited in how they prepare parents to overcome or eliminate those barriers since this is not their theory of change. The trainings focus on parents overcoming two kinds of barriers:

- Limitations in systems’ marketing and public awareness efforts that leave marginalized parents with less information about activities available through local institutions and

- Divergent expectations between parents and professionals about parents’ knowledge of their children, in other words, parents who are viewing their children’s development through a similar framework as professionals will be better able to communicate with those professionals about their children’s needs.
Other barriers—such as language access, fear of deportation or schedules for parent-professional interaction that are inaccessible to parents working multiple jobs—are not the primary focus of such trainings. When the children of parents who engage in this way enter a child-serving system, they are still confronted with barriers to their improved outcomes within those systems.

**PARENT ENGAGEMENT**

Parent engagement occupies the middle of the spectrum and encompasses two overlapping subtypes of parent leadership. Both work within the current policies and procedures of child-serving systems rather than aiming to change these. However, parent championing, discussed below, does aim to change the practices of representatives of the system.

**TRADITIONAL ENGAGEMENT**

Traditional engagement lies just left of center and includes interactions like parent-teacher conferences, parental volunteering in classrooms or pediatricians’ providing handouts on good nutrition. It aims to involve parents in supporting a system’s work. Parent engagement may enhance the effectiveness of the system—for example, by raising money for the school, keeping up fitness activities outside of an extracurricular program, or giving a doctor information that leads to a better diagnosis. It can be system-initiated, like back-to-school night, or parent-initiated, like a bake sale. It does not, however, fundamentally change the workings of the system or decrease barriers. Many of these practices, as discussed in the above sections, are not reflective of the ways in which marginalized parents typically interact with the system. We did not examine parent trainings for traditional engagement because the literature so thoroughly establishes its exclusion of marginalized parents. Parent training to raise awareness of opportunities for traditional engagement still cannot, for example, overcome the barrier of parent-teacher conferences scheduled during a parent’s work hours. That research further shows the elements of this type of engagement are not consistently correlated with improved outcomes for children.

**PARENT-DRIVEN POLICY AND SYSTEM CHANGE**

On the far right of the spectrum is parent-driven policy and system change. This would include concerted efforts by parents to change, for example, legislation regulating a child-serving
system. Parent-driven policy and system change addresses barriers to access by working to diminish or eliminate them through policy and procedure change. This is imperative to permanently closing the opportunity gap and creating equity in all systems for all children; however, we recognize this type of change occurs incrementally and over time. The parent-leadership capacities are oriented here to interaction with the decision-makers and decision-making processes that set the policies and procedures that parents aim to change. This means that problem solving in this type of leadership, for example, is used to identify widespread systemic issues and the reasons that those issues exist and to develop a strategy to change the policies governing those issues. Policy and system change trainings may:

- Engage parents in articulating goals and vision for children broadly, not only their own children;
- Teach parents to recognize the barriers children face to desired outcomes;
- Train parents in civic engagement methods, like policy development and strategies for policy change efforts, which address and eliminate those barriers;
- Help parents realize their responsibility to engage in policy change as the key avenue to eliminate barriers to the outcomes of all children in a child-serving system;
- Train parents to effectively use the media or communication with legislators to build support for their proposed policy;
- Teach parents to set goals in the frame of policy writing, promotion and passage relating to government agendas;
- Train parents to identify sweeping policy problems and campaign strategies to eliminate those issues; and
- Demonstrate parents’ political power to affect policy change with networks that support their efforts to achieve that change.

The Parent Leadership Training Institute (PLTI) is an example of a policy and system change program. The program implements its curriculum in two phases, each of which has a different facilitator with expertise in the relevant subject matter: The first focuses on the family and parents as leaders, including lessons about child development and reflections on parents’ own leadership motivations and role models. This phase incorporates elements of training for parent-child activities and traditional engagement. The second focuses on policy and systems change, including such topics as public budgets, policy making processes and effective action for influencing policy. PLTI emphasizes diversity in parent participant groups and the communities from which they are recruited as a way to familiarize parents with the techniques and comfort levels needed to effectively network for policy change. In order to affect policy, parents should be confident in their interactions with people from myriad backgrounds, and diverse participant groups begin to foster that comfort.

PLTI was developed in Connecticut through parent input as part of an initiative to promote school readiness and is used today across the country. At the time of its development, PLTI
relied on private funding to operate in various communities across Connecticut. However, through the development of skilled parent policy-change advocates, a parent-driven initiative to establish public funding of child-outcome improving programs successfully created the Parent Trust Fund, which is funded both by the state and private foundations.\(^{131}\)

PLAN to LEAD, offered by Oakland’s Parent Leadership Action Network, is another policy and system change training, which works with both parents and schools focusing on advocacy and traditional engagement. Through PLAN, parents in the Oakland area have changed the policy regulating the local education system’s standard of parent engagement to include practices defined by the majority low-socioeconomic status parents as reflective of their needs.\(^{132}\)

Existing evaluations of the programs we studied suggest that they connected to parents’ ability to participate effectively in systems and improve their own and their child’s outcomes. An evaluation of PLTI, for example, found that 82 percent of parents surveyed stated the training had improved their ability to be an “agent of change;” 69 percent of respondents reported improved information gathering to understand issues; and 79 percent reported increased self-confidence.\(^{133}\) The same report found 23 percent of respondents reported improvements in their child’s grades; 16 percent reported improvement in their child’s school attendance; and 25 percent reported their child was better able to “resist peer pressure for risky behaviors.”\(^{134}\)

Policy and systems change efforts directly address barriers by aiming to diminish or eliminate them. They have improved access and outcomes for millions of children. For a parent who wishes to improve her/his own child’s outcomes, however, changing the system is typically a time-consuming and arduous process with uncertain success. Thus parents may seek more immediate ways to improve their children’s access.

**PARENT CHAMPIONING**

This report begins with the true story of a mother who learned from her son’s school that he had behavioral issues. Knowing this label could follow him throughout his academic journey and increase his risk of suspension, not finishing high school, or even incarceration, she took him to the doctor to discuss her concerns that he may have a developmental disability. The doctor dismissed her concerns, attempting to reassure her. But she knew that her son needed support that he wouldn’t get in a mainstream classroom.

This mother had completed a parent-child activities training, so she knew her rights, responsibilities and power to change the course of her son’s life. Rather than telling herself there was nothing she could do and deferring to the school and the doctor, she relied on her own expertise about her child. She sought help from the community organization that provided the training, where one of the staff members had experienced a similar challenge. She wrote

*For a parent who wishes to improve her/his own child’s outcomes, however, changing the system is typically a time-consuming and arduous process with uncertain success.*
a letter to the key school professional to change the assessment of the behavior problem and pursue an individualized education program.

The story illustrates the need for parent championing, a different kind of parent leadership than the three described above: individual action to optimize individual outcomes. This type of leadership aims to diminish the day-to-day barriers that parents face in their engagement and their children's access. Three main characteristics distinguish parent championing from other types of parent leadership:

- Parents champion with the goal of improving the access of their own children to systems or activities that improve their outcomes;
- Parents champion with the objective of changing the nature of the interaction between their children and child-serving professionals, recognizing this interaction as key to improving access; and
- Parents champion by engaging in a different kind of interaction with child-serving professionals, recognizing that this change is necessary in order to change the professionals' interaction with the child.

Parent championing lies in the middle of the parent leadership spectrum. As occurs in traditional engagement, parents interact with the system and its professionals beyond just utilizing services, but they do not aim to change the system. Rather, they aim to work within the system's current policies and procedures. This type of engagement addresses barriers to systems access by working within systems, but changing the traditional framework of parent-system interaction on an individual, case-by-case basis.

Parent championing consists of interaction with a system through avenues identified by parents as appropriate for them and with the goal of altering the actions of child-serving professionals.

Unlike traditional engagement, parent championing consists of interaction with a system through avenues identified by parents as appropriate for them and with the goal of altering the actions of child-serving professionals. It thus addresses three shortcomings of traditional engagement as documented above: First, rather than emphasizing the parent's responsibility for the child's outcomes, it acknowledges the importance of both parents and child-serving systems and professionals. Second, by allowing the parent to select her or his means of engagement, rather than relying on an engagement model built around one mainstream group, it equalizes access for parents of diverse cultural and socioeconomic backgrounds. Third, as recommended by Prins and Willson Toso, it creates a space for parents to inform child-serving professionals about extenuating circumstances that may prevent them from engaging in [traditional engagement] activities. In this way, [child-serving professionals] could identify—and help parents acquire—the material and social resources needed to provide an enriching...environment.
Parent championing has received little attention in the academic literature to study through observation whether and how best it can be effective. The Nzinga-Johnson, et al., parent engagement study is an exception. These researchers observed a relationship between “parent and teacher perceptions of the quality of home-school relationships” and parent involvement, suggesting that “relationships between individual teachers and parents comprise the heart of effective involvement.” The authors also state their findings “suggest that parental involvement is improved among less-involved parents when these relationships are characterized by warmth, trust, and communication.” Further, Bower and Griffin state:

Schools must reconsider their beliefs about parent involvement to focus on individual families’ strengths and design a more effective parental involvement plan … Relationship building, efficacy, and advocacy utilize non-traditional strategies to empower parents to develop personal social networks and engage in reciprocal relationships with schools.

Parent championing requires the same seven capacities as other parent trainings. The orientation of these capacities, however, is toward preparing parents to interact effectively with child-serving professionals. When a parent hits a barrier when working with a professional to improve the child’s outcomes, she or he would have the capacity to overcome that challenge by, for instance, seeking help from another entity or working with the professional to suggest new and different strategies to address the child’s needs. The specific parent learning objectives of a parent championing training are discussed below in “Implications for Action and Program Development” and in Appendix I.

Several parent training programs focus on parent championing, targeting niche audiences and often focusing on championing with a specific system. Parents Helping Parents in Santa Clara County, California, primarily serves families of children with disabilities; the Collaborative Community Project serves families in and around the Washington neighborhood of San Jose, California; the Parent Leadership Action Network’s Parents Ready for School serves the Oakland, California, area and focuses on engagement with the school system; the Family Empowerment Project was a temporary study serving only families of children in the mental health system at Fort Bragg, North Carolina; and the Parent Empowerment Program in New York serves only families of children in the mental health system in New York State. These programs offer valuable insights into how to build parents’ capacity to champion.

Parents Helping Parents is a Santa Clara County-based organization that works with families of children with physical, mental and learning disabilities. Some of its programs emphasize parent-driven engagement in the education and health systems to improve the access
to services their children need.\textsuperscript{140} Its trainings include sessions on the rights of parents of disabled children and effective collaboration with child-serving professionals.\textsuperscript{141} It trains parents both how to resolve issues at the lowest level and how to advance up the ladder of a system if necessary and build positive relationships with professionals at all levels of hierarchy.\textsuperscript{142} It is a peer-led organization, with parents of children with disabilities—typically former and/or current clients of the organization—serving as staff and board members and in other leadership roles.

The Collaborative Community Project (CCP) is a new organization serving parents of students at San Jose’s Washington Elementary School and the surrounding neighborhood. Its weekly program offers a rap group-like atmosphere for parents whose children are attending a mentoring program at the neighborhood library. Parents select the topics they want to study and craft these into a calendar for their sessions, frequently choosing topics to enhance their ability to be parent champions. Topics range from yoga to bullying to navigating the public school system and other such topics related to parent engagement in child-serving systems. The facilitator brings in guest speakers or other material, like films, to address the requested topics and then provides light structure for participants to discuss the material and generate actionable lessons from it and the knowledge and experience of those in the room, including how they can use that information to champion for their children.

Parents Ready for School (PR4S) is a program offered by the Bay Area Parent Leadership Action Network (PLAN), an organization serving the Oakland area that focuses on parent engagement in the school system with an emphasis on social justice.\textsuperscript{143} Generally, PR4S works with groups within an education institution, comprised of parents and a school staff member. This program trains parents how to define the framework of their engagement in that school, which is facilitated by the participation of a school staff member. For example, one session in its curriculum works with parents to design a list of “the right questions” to ask their child’s educator when in meetings. The parents work together as a group to come up with the list, and when they are finished, the principal or a teacher—the actual professionals with whom those parents are most likely to meet with in a real life situation—is brought into the room so parents can practice asking those questions.\textsuperscript{144}

The Parent Empowerment Program study in New York within the mental health community builds off the Family Empowerment Project study, which occurred in the 1990s. In the FEP, researchers developed an intervention for parents of children with mental health issues who received treatment at the Fort Bragg Child & Adolescent Mental Health Demonstration, investigating the relationship between caretaker intervention and improved child mental-health outcomes.\textsuperscript{145} The researchers theorized that a caretaker intervention which increased the capacity to engage in the mental health system would be associated with an increase in the
access of their children to that system, and therefore improve child outcomes. They evaluated the effects of the intervention three and 12 months after completion of the intervention and found that although the intervention increased a caretaker’s capacity, this successful learning was not necessarily associated caretakers putting the learning into action to gain access to services for their children.\textsuperscript{146} Absent that action by caretakers, the trainings were not necessarily correlated with improved child outcomes. This may have occurred for a variety of reasons, including the severity of children’s mental health issues and the absence of an evaluation of the effectiveness of the services provided at the Mental Health Demonstration.\textsuperscript{147} However, their study revealed that when caretakers did engage, there was a positive association between caretaker engagement in the system and access of their children to mental health services.\textsuperscript{148}

The Parent Empowerment Program study is also examining parent interventions and the effects on child mental-health outcomes, but it is building on the FEP findings by including an agency intervention in its work.\textsuperscript{149} Through these agency interventions, investigators are hoping to improve parent-professional partnerships, with each group trained to effectively collaborate with the other and improve access to child mental health services as an avenue to improved child mental health outcomes. Though the results of the study will not be analyzed for another year, the researchers are optimistic about the program’s impact.

Parent championing is not a replacement for the other forms of parent leadership. Certain parent-child activities, like daily reading and healthy eating, are critically important for children to reach good outcomes. Traditional engagement offers a number of venues that parent champions may use to work with the system. Policy and system change is the only way to remove barriers that inhere in child-serving systems, not the individual actions of child-serving professionals. Parent championing, however, recognizes that parents have more immediate opportunities to diminish barriers and optimize individual outcomes by partnering with those professionals. By focusing on changing the actions of child-serving professionals, parent championing affirms the expertise and agency of those professionals. In recognizing the inequitable nature of existing barriers, parent championing also acknowledges that—while all parents need to champion for their children—parents in marginalized populations have a particular need to engage with the system through this avenue.

\textit{Parent championing, however, recognizes that parents have more immediate opportunities to diminish barriers and optimize individual outcomes by partnering with those professionals.}
IMPLICATIONS FOR ACTION AND PROGRAM DEVELOPMENT

Parent championing creates a space for parents to engage in ways appropriate to their own needs and assets, which then allows them to collaborate with child-serving professionals to change and shape the nature of the interaction between the professional and children. Currently, a narrow audience can access trainings focused on parent championing. A larger audience stands to benefit from parent training focused on parent championing.

Figure 5 illustrates our theory of change for how training in parent championing can affect child outcomes. This narrative explanation references the numbers for the elements of the diagram. The capacities needed to effectively parent champion (outputs) can be fostered in marginalized parents through a training program (inputs which provide preparation for parents to take action) (I). Training outputs (II) are parents’ enhanced capacity to champion—internalization of key information, techniques and sense of efficacy. They begin to take action through direct application of their championing (III, IV) to overcome barriers. They also manifest their learning through its diffuse application (V), those changes in their behavior that diminish barriers in ways that are rooted in the training experience but not specifically prescribed by the training. Diminished barriers increase system access, thereby achieving the immediate outcomes of children increasing their educational and healthy activities (VI). Increased activities and behaviors improve the children's educational and health outcomes (VII).
PARENT CHAMPIONING CURRICULUM

The desired parent outcomes for a championing training would fall into the seven capacities that unite the parent leadership training programs studied for this report. Capacity building for a parent champion program would be oriented towards preparing parents to interact with child-serving professionals to improve those professionals’ ability to help their children attain positive health and educational outcomes. In parent championing, these capacities are oriented to train parents to:

• Identify desired outcomes for their own children;
• Recognize the activities that help their children attain those outcomes and identify the positive relationships and kinds of interactions with child-serving professionals that will enhance those activities and their effectiveness for their children;
• Realize their role in facilitating those relationships and interactions for their children;
• Build an effective strategy to discuss those needs with child-serving professionals;
• Set goals with their children and professionals as milestones towards successful outcomes;
• Appropriately identify the obstacles that may arise along the timeline to their strategies and goals and positively collaborate with professionals to overcome those obstacles; and
• Recognize their ability to be leaders in their children’s lives and foster the confidence in their leadership techniques.

Parent championing is not a silver bullet for improving children’s outcomes. Indeed, it can be more effective in combination with other types of parent leadership.

• Parent champions who are also trained in parent-child activities will
  o More deeply internalize information about beneficial activities to be able to seek them out and pursue improved quality of activities in child-serving systems;
  o Grow their knowledge of their children to be able better to help child-serving professionals understand them and work with them effectively and
  o Build their credibility with child-serving professionals by demonstrating their commitment to acting as partners and doing their share to help children reach desired outcomes.

• Parent champions who are also trained in policy and systems change will be able to utilize these capacities to address barriers that inhere in the policies and procedures
of the systems and cannot be solved by individual professionals changing their practices.

These considerations, as well as the preponderance of existing high quality parent training programs, indicate an approach of creating not another new program but a parent-championing curriculum that can be easily integrated into existing programs across the parent leadership spectrum.

The curriculum would be comprised of modules to build participants’ parent championing capacities. Each module could easily be tailored to integrate smoothly with the main training program by eliminating redundant components and by clearly noting within materials where local examples or adaptations should be used. Modules would consist not only of entire workshop lesson plans but also exercises, assignments and other materials to be used in conjunction with the main training. Sample curricula for parent-child activities and policy and systems change could also be provided so that the curriculum could stand alone if implemented by an organization that was not already offering another type of parent training.

Appendix I details the recommended program design and curriculum framework. The development of this recommended program was guided by the best and frequently-used practices in the development and implementation of existing parent training programs. We used information gathered through literature and our interviews to identify these practices in parent-engagement trainings that exist along the range of the parent leadership spectrum.

**BEST AND FREQUENTLY-USED PRACTICES FOR TRAINING**

These practices related to the following areas were derived from our interviewees with training providers and developers:

- Needed or desired information and techniques;
- Institutional support;
- Target audience;
- Program structure and pedagogy;
- Content; and
- Evaluations.

Given the recommendation not to develop a stand-alone parent championing program but a supplementary curriculum instead, some of these practices apply to the curriculum, whereas
others are included as recommended criteria for assessing the quality of programs proposing to add a parent championing component.

**STRUCTURE THE TRAINING CONTENT TO BUILD THE SEVEN PARENT LEADERSHIP CAPACITIES**

Parents’ mastery of certain information and techniques is positively correlated with effective parent engagement in child-serving systems\(^{150}\) and improved confidence of parents in their ability to interact with child-serving systems to ensure their children receive quality care and education. As discussed above, these foundational leadership capacities are:

- **Information:**
  - How to identify desired child outcomes/child development;
  - How to identify activities to achieve those outcomes; and
  - Understanding their rights, responsibilities and role in their children’s education and health.\(^{151}\)

- **Techniques**
  - Effective communication;
  - Goal setting;
  - Problem solving; and

- **A sense of efficacy.\(^{152}\)**

These capacities are included in all three types of parent trainings studied. Each training type orients the capacities differently depending on the kind of action that it is preparing parents to take: parent-child activities, policy and systems change or parent championing.

For example, one session of Abriendo Puertas includes components on effective communication with early childhood educators and care providers, including information on what schools expect from them as parents and what they should expect from schools, to build a collaborative relationship in which both the parents and the professionals know and are able to successfully participate in their role in children’s education. AP also provides curriculum on the development of children and how to identify and access those activities that promote development, which they can do with their children outside of the education or health systems.

The Parent Leadership Training Institute includes sessions on goal-setting and problem-solving in a public policy context, covering topics such as how to navigate systems and knowing the structure and hierarchy of systems and institutions—and how to research, craft and advocate for an agenda through the policy process.

Parents Helping Parents has trainings on how to navigate the health and education systems
for children with disabilities, helping parents understand the processes that they will have to use to ensure their children get the services and attention needed. This would include knowing how to identify and resolve problems in the services their children are getting, setting goals for their children and learning how to communicate with their children’s educators or health system professionals to insure the needs of their children are being met. Parents also need to understand healthy development milestones in order to identify any issue their children may have and to then understand what their roles, rights and responsibilities are in obtaining desired outcomes in their children’s education or health.

PARTNER WITH A SPONSORING AGENCY THAT CAN INTEGRATE CURRICULUM INTO A SET OF BROADER TRAINING AND ORGANIZATIONAL GOALS

Most of the nationally replicated programs studied herein worked with what the Parent Leadership Training Institute calls “sponsoring agencies.” These are organizations that are not necessarily related to the training program developer but that use or want to use the PLTI curriculum with parents in their communities. We use the term “program developer” to refer to the organization which developed the parent-training program and curriculum.

Program developers typically create lesson plans, handouts, designs for learning assignments, facilitator trainings and recommendations for program recruitment and logistics. Sponsoring agencies raise funds for the implementation of the program, including the cost of facilitator hiring and training, provide staff, recruit participants from their clients or members and broader target audiences and provide support services like childcare, food and transportation. It should also be noted that, in many cases, sponsoring agencies will have their own desired outcomes for the communities they serve and may already offer original or other curriculum to achieve those outcomes. In some cases, these agencies may also begin to form networks across states and the nation, which can share best practices and provide the program developer with feedback for continuous program improvement as well as gathering emerging research on regarding what is best for a child’s health and education outcomes. Abriendo Puertas reported this network of agencies is contributing to its current programming update.

Somos Mayfair is one such agency—it uses a variety of training programs to work with parents and community leaders to improve outcomes for residents of the Mayfair neighborhood in San Jose, California. According to its website, the organization works to “increase the awareness … in the neighborhood of the consequences of high rates of school failure” on all aspects of the community, and it encourages residents to engage in activities that can reduce
those rates individually, with their family and collectively. Through the use of these simple activities, the path to overall neighborhood improvement will be less overwhelming and occur with the least effort and will lead to “a neighborhood environment that deeply values community activism, school success and family wellness” and raises the expectations of all residents for those values.\textsuperscript{156} Somos Mayfair adapts curriculum, like Abriendo Puertas, both to achieve the goals of that training and to advance its organizational goal of transforming the neighborhood.\textsuperscript{157}

**OFFER CHILD CARE DURING TRAINING**

Program representatives, when asked to describe the ideal support services offered by a sponsoring agency, agreed that child care should be offered.\textsuperscript{158} However, program developers whose training is used by sponsoring agencies also agree that, because those agencies know their targeted audience better than the developers, the decision about support services were left up to the agency’s discretion.

Two interviewees also recommended providing food at trainings and assistance with transportation.

**ENGAGE PARENTS OVER A LONG PERIOD TO PROMOTE LONG-TERM USE OF PARENT LEADERSHIP CAPACITIES**

Program representatives cited a link between continued involvement with the sponsoring agency and increased capacity to engage with child-serving and other systems, including continued use of the techniques gained through training.\textsuperscript{159} Structured opportunities provided by the agency for application of learning help keep parents motivated to take action,\textsuperscript{160} as does support from a sponsoring agency and parent training graduates.\textsuperscript{161}

For the Collaborative Community Project (CCP), participants meet regularly—weekly in one program and bimonthly in another—for the length of children’s interaction with an elementary school, rather than having a set number of sessions and then completing the program.\textsuperscript{162} In combination with the flexible agenda in which parents participate in setting session topics, this ongoing contact allows learning to unfold and be reinforced over multiple sessions. Sessions afford parents opportunities to report back on how they have been putting to use the information and techniques gained from the program and gain help from their fellow participants to troubleshoot obstacles that they are encountering in this process. Participants often use this opportunity to plan, rehearse and problem-solve for parent championing interactions that they have with child-serving professionals.
DESIGN CURRICULUM FOR EASY ADAPTATION AND INTEGRATION

Sponsoring agencies carry most of the responsibility for adapting the curriculum to fit the needs of their community. In some cases, the curriculum's program developer will play a quality-control role to ensure no imperative material or content is lost in adaptation. Programs intended to be used across target audiences and geographic locations should be easily adaptable to sponsoring agency goals, community needs and the setting in which trainings are offered; curriculum may need to be developed into home-based and group-setting versions. For example, curriculum that can be integrated into existing programming through the ability to include or eliminate specific sessions and that has clearly-marked spaces to include local examples, can be more easily adapted into programs already being used by a sponsoring agency.

TRAIN FACILITATORS ON THE CURRICULUM, PEDAGOGY AND DIVERSITY

Sponsoring agencies choose facilitators and, in some cases, who to send to a facilitator training so that the attending staff member will then train other facilitators. The program developer may also play a quality-control role in the selection of the facilitator or interpreter. Most program developers offer train-the-facilitator programs, which a facilitator should attend before implementing the curriculum.

Across the board, these programs occurred over three days. The following components appear to be standard when training the facilitator:

- Introduction to and familiarity with the curriculum;
- Facilitation techniques given the pedagogy of the program; and
- Outreach or recruitment techniques.

Facilitation techniques may include:

- How to manage a group;
- Overview of adult learning methods;
- Language use; and
- Cultural competency.

It is essential for facilitators to understand program pedagogy. For instance, facilitators not familiar with popular education—a methodology discussed below that is grounded in notions of social transformation that employ reflection and discussion, among other learning modes—will need to understand how that pedagogy is incorporated into the training. All but one of the program models used facilitators, rather than traditional trainers employing
didactic methods for unidirectional knowledge transfer from trainer to participants, as a way to encourage discussion and reflection and for parents to share experiences and learn from each other.

ALLOW SPONSORING AGENCIES TO SELECT TARGET AUDIENCES WITHIN THE TARGET POPULATION

In most cases, the selection of a target audience—within the framework of a specific target population—is a decision made by the sponsoring agency. The program developer may play a quality control role in the selection of community parameters. Some sponsoring agencies may define their target audience as one school or one neighborhood; others may define it in relation to a city or county. As mentioned above, many program developers will offer guidance on how to recruit program participants. For instance, a Community Assessment on the Head Start website gives tips on where to recruit parents.

INCORPORATE MULTIPLE SESSIONS, PEER-TO-PEER LEARNING AND RELATIONSHIP-BUILDING INTO PROGRAM STRUCTURE AND PEDAGOGY

MULTIPLE SESSIONS

All the programs with which we spoke conducted their trainings over multiple sessions. When a large amount of information is included in one session, it becomes overwhelming and difficult for parents—truly, for many learners—to absorb it all. Also, having multiple sessions allows for strong relationships between participants and facilitators to be built, which is an important factor to all programming, as will be discussed below.

PEER-TO-PEER LEARNING

All but one of the programs emphasize peer-to-peer learning, meaning participants learn from each other rather than through a trainer giving information. Activities include reflection, discussion, group work and experience sharing. In some programs, this methodology is based on the value that parents are the experts in their own lives, their needs and their children. Others explicitly adopt the pedagogy of popular education. The popular education model uses these and other discussion-fueling methods to develop participants’ understanding of root causes of current conditions in their lives and communities and their collaboration on strategies to overcome disparity.

Somos Mayfair incorporates popular education pedagogy—as does Abriendo Puertas, a program sponsored by Somos Mayfair—not just to train parents but to encourage discussion about why inequity exists in society and its systems. Parents Helping Parents also emphasizes peer-to-peer learning, stating parents should never feel like they are being talked to “from
As the name of the organization implies, its approach consists of parents training and working with peers with shared experiences of the barriers their children face, which PHP has found to be the most effective in improving the outcomes of their children.

**RELATIONSHIP BUILDING**

Many interviewees stressed the association of facilitator-participant and participant-participant relationships with the success of the training. Throughout program interviews, when talking about program success, the terms “open,” “respect,” “safe place” and “relationship” continuously emerged as characteristics valued throughout effective parent-training programs. The use of peer-to-peer learning places an emphasis on participant relationship building and creating a sense of community, security, openness and honesty in the class. Relationship-building and intergroup participation was also a strategy used by most of the programs we spoke with to overcome differences in literacy levels. They reported that parents will help each other when needed, especially when strong relationships are built between the participants.

**ACCOUNT FOR DIVERSITY IN LANGUAGE AND LITERACY LEVELS WHEN DESIGNING TRAINING EXERCISES**

Well-established techniques exist for creating inclusive learning environments for groups who are diverse in their languages and literacy levels. Hiring simultaneous interpreters and providing headsets to all participants – not just linguistic minorities – is a simple step to facilitate learning across diversity. Offer all materials in participants’ preferred languages. Often, program developers rely on the sponsoring agency—which is the expert on its community—to translate or otherwise adapt the program materials, though they may play a role to ensure the message or other important information is not lost in translation.

Literacy issues must be addressed by minimize use of written materials, writing on visuals or writing as a feature of exercises; when reading aloud, participants should be allowed to volunteer – not be called on – and any information delivered in written form must be reviewed and reinforced out loud.

Strong participant relationships are the greatest asset in facilitating equitable learning for participants of different linguistic backgrounds and literacy levels. For instance, programs that have highly diverse participant groups have found that parents support each other in adapting the training to make it accessible to all. The Collaborative Community Project reported that if one parent has trouble reading or writing, she or he may partner with another parent to get help. The Parent Leadership Training Institute has a great emphasis on diversity and expects the training to be run in highly diverse communities with a group representative
This is because the program is intended to promote civic engagement among its participants, so they cannot expect to deal only with individuals who are similar to themselves. By encouraging significant diversity within a single participant group, PLTI helps parents become used to communicating and relating to individuals who come from different backgrounds and have different experiences, all in a safe environment. They also learn to see past stereotypes relating to differing cultures and acknowledge the relationship between system barriers and marginalized characteristics.

**EVALUATE PARENT OUTCOMES THROUGH ASSESSMENTS ADMINISTERED PRIOR TO TRAINING AND UPON GRADUATION; SEEK TO EVALUATE CHILD OUTCOMES IN THE LONGER TERM**

Not all the programs with which we spoke have third-party evaluations, but those that do requested researchers to conduct quantitative studies examining parent outcomes and/or parent-reported child outcomes. Many receive feedback from parents at the end of each session to understand what parents feel works or does not. Evaluations administered in the early phases of a program’s existence tend to focus on parent outcomes, often by measuring a parent’s mastery of information or techniques prior to taking the course, and once again after the course is completed, to look for improvement.

Child outcomes are measured after more time has passed to get a more accurate understanding of the effects of the parent training on children’s academic achievement or health. Some programs have begun to strive to assess child improvement in education by getting academic records of children whose parents have gone through their training. In other words, both formative and summative approaches to program evaluation are utilized, including participant assessment of individual training sessions, impact assessment of parent outcomes—frequently pre- and post-assessment of parents’ mastery of information and techniques and summative measurement of child outcomes in health and academic performance over time. It is important, however, not only to assess outcomes for program participants and their children, but also to understand how the programming contributed to those outcomes.

We found widespread agreement that parent engagement in systems improves child outcomes, but, as previously noted, there is a limitation of hard data available showing improved health or academic performance attributed to parent engagement capacity training. In other words, having the capacity to effectively engage may not necessarily mean parents will use that capacity. However, those programs that are currently administering quantitative studies of child outcomes as related to their parent trainings are optimistic about their positive association with each other. Data will not be available for at least another year, but the partial data Somos Mayfair has gathered from its neighborhood school show some improvement in educational outcomes as linked to their trainings.
A necdotal evidence offers empirical demonstration of the impact of parent championing, but its virtual invisibility in the literature means that its full potential remains to be determined. In addition to the possibility that it can improve the health and educational outcomes of the children of parent champions themselves, it could have a further reach. A pilot study of parent championing curriculum must track participants’ achievement of learning objectives and may also treat questions about the extent to which they actually engage in parent championing in the systems serving their children. Studying the extent to which their children’s outcomes are affected would likely need to wait until after the pilot phase of the training. Studying secondary effects of the curriculum during the pilot, though, would be important to understanding the broader impact of parent championing.

First, do parents utilize their championing capacities in the other systems with which they interact, and if so, to what effect? Having these techniques may be positively associated with the ability to identify and access services that they need, which may improve their own outcomes. For example, a parent who has these techniques and wishes to take English as a Second Language classes will be better able to identify and access a quality program. Use of parent championing may also have a positive relationship with the ability to identify and address personal or familial issues. Trained parents could utilize championing capacities, for example, to persuade their landlords to fix hazardous housing conditions or to obtain a raise at work. An evaluation of the PLAN to LEAD program discussing the impact of the training on parents’ personal transformation reported, “After many years in an abusive relationship, one participant reported her abuser and sought assistance” using the techniques she gained through the program.

Second, what impact could an increase in parent championing have on institutional or systemic policies and procedures? It is possible that parent championing, when engaged in consistently in one institution over a period of time, could be associated with reform beyond the practices of individual child-serving professionals. Those professionals may work with each other and/or with parents to change policies and procedures that lie at the root of the professionals’ practices that are targeted by parent champions. Continuous parent champi-
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onoing leading to continuous individual professional practice change could correlate with, constitute or lead to, over time, an institution-wide policy or procedure change. If continuous parent championing should occur in multiple institutions in one system over an extended period of time, it may be associated with reform of system practices that are the targets of championing. A related concern is that, in institutions where a group of parents engage in parent championing, their children may as a category receive better access as compared to children whose parents do not engage through championing – perhaps even at the expense of the other children. On the other hand, it is possible their combined efforts could change policies, procedures or practices to benefit all children being served by those professionals and that institution.

Third, what happens if parent championing is unable to overcome barriers to children’s access to child-serving systems? As with the Family Empowerment Project, Parent Empowerment Program and the Bay Area Parent Leadership Action Network’s training programs, the use and evaluation of parent championing curriculum may reveal a need for institutional or system interventions, training child-serving professionals to partner effectively with parents in an institution. Parent championing is the ability to overcome obstacles to meeting children’s needs at an institutional or system level. Those obstacles may be more easily overcome if professionals also understand how parents champion and are clear about their role in this type of engagement.

It is possible that parents may reach a point in their championing at which barriers become insurmountable through that type of parent leadership. Some barriers exist at the institutional or systemic level and are not within the ken of individual child-serving professionals to change. Those barriers may only be removed through parent-driven policy and system change, and parents may become frustrated when their parent championing reaches its limits. However, that frustration may not necessarily be a negative outcome but rather spur parents to engage in collective action leading to policy or system change. Not all sponsoring agencies may be able to support collective action but may instead need to either create the capacity to support it, or to partner with other organizations that have that capacity. Because of the overlaps between parent championing capacities and policy and systems change capacities, trained parent champions will be better prepared than those without that training to engage in successful collective action to change systems.

We do not yet have concrete evidence of how parent championing will impact institutions, systems, parents or children, but we can surmise potential impacts based on the experiences of participants in other programs. Each of the possible impacts discussed here presents a scenario which could lead to positive outcomes for all participants in parent championing.

What happens if parent championing is unable to overcome barriers to children’s access to child-serving systems?

Frustration may not necessarily be a negative outcome but rather spur parents to engage in collective action leading to policy or system change.
CONCLUSION

The premise of our democratic society is that community members must come together to provide resources and leadership to meet shared needs, like the need to raise healthy and educated denizens. Living out this vision requires collaboration between parents and the professionals whose role is to help their children meet those goals. In order to be successful in this role, child-serving professionals rely on parents to support their work. They rely on parents to share insight into their children and to engage in activities at home that enhance the effectiveness of what happens at school or the doctor’s office. They rely on parents to hold them accountable for success and ultimately to treat this support and accountability as inextricably intertwined.

Special education researchers Patrick Wolf and Bryan Hassel call this approach to weaving a system into its community via parent-professional partnerships the community model of accountability. It contrasts with the compliance model, in which effectiveness tends to be defined in terms of whether or not procedural regulations were satisfied, the proper steps taken, and the right paperwork processed correctly and on time. … Ironically, the compliance model fails even to ensure widespread compliance with federal and state laws and regulations, while generating unexpected, undesirable outcomes and perverse incentives.202

A major assumption of the compliance model is that the processes being measured and enforced are always the right ones—and the only right ones—to achieve outcomes. On the other hand,

organizations that function [under the community model] view effectiveness as context-dependent. They will focus on impacts and outcomes if what they are doing is amenable to those effectiveness criteria; however, they will pay close attention to services and processes if more results-oriented effectiveness measures would be inappropriate. … [These] organizations can make quick adjustments in how they operate and what they emphasize because they rely upon values, norms, and relationships, not hierarchy or regulations, to guide members’ behavior.203

In reality, almost all institutions function under models of accountability that are a hybrid of these and other approaches, given that different approaches offer different benefits. But the community model, whose underutilization in special education Wolf and Hassel document, offers several key benefits that should not be overlooked: it is the most efficient ap-
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proach to accountability\textsuperscript{204} and it treats child-serving professionals’ agency—their ability to utilize some degree of expertise and discretion and not only serve as implementers of rote procedures—as an asset.

Moreover, other models use methods of accountability that are less accessible for parents. The compliance model holds professionals accountable via regulations, paperwork and audits—mechanisms, set by authorities, which can only be influenced by parents via policy and systems change efforts. Another model, called the competition or market-driven model, relies on parents to “vote with their feet,” switching schools, doctors or recreation centers if they feel that their family is not being served well.\textsuperscript{205} Parents often do not have the financial freedom to leave or may not feel that a problem warrants such extreme action. The community model, by contrast, gives parents the opportunity to use relationships as a means to provide support and accountability.

Parent championing is the set of activities that build those relationships of support and accountability. Training can grow parents’ capacity for these activities by increasing the information and techniques at their disposal. Perhaps most important, training can alter parents’ cost/benefit analysis of the value of championing for their children by decreasing the intimidation and opacity surrounding systems and increasing parents’ estimation of their own power and responsibility. Parents who are well-served by traditional engagement mechanisms find their reward for engagement in the improved health and education outcomes of their children. Parent championing offers marginalized parents a different path to the same opportunity: to alter the course of their children’s lives.
APPENDIX I

PARENT CHAMPIONING CURRICULUM

The design of this recommended curriculum was guided by the best and frequently used practices as outlined in the “Implications for Action and Program Development” section in the report.

DEFINITION AND RATIONALE OF PARENT CHAMPIONING

Parent championing is individual action to optimize individual outcomes. This type of leadership aims to diminish the day-to-day barriers that parents face in their engagement and their children’s access. Three main characteristics distinguish parent championing:

• Parents champion with the goal of improving the access of their own children to systems or activities that improve their outcomes;

• Parents champion with the objective of changing the nature of the interaction between their children and child-serving professionals, recognizing this interaction as key to improving access; and

• Parents champion by engaging in a different kind of interaction with child-serving professionals, recognizing that this change is necessary in order to change the child-serving professionals’ interaction with the child.

This type of engagement addresses barriers to systems access by working within systems, but changing the traditional framework of parent-system interaction on an individual, case-by-case basis.

PARENT CHAMPIONING AND CHILD OUTCOMES

Parent engagement in child-serving systems is associated with improved child outcomes within those systems. We propose parent championing as a mode of engagement more accessible to marginalized parents than traditional engagement. Parent training programs are linked with improved parent outcomes related to the capacity to effectively engage in these systems and with their child in the home environment. The connection between the improved parent capacity to engage in systems and improved child outcomes has not yet been reliably established.

Therefore, the recommended program goals include not only adding to parents’ information and repertoire of techniques but also closing the learning-doing gap—in other words,
increasing the likelihood that parents will take action utilizing their enhanced capacities—by changing a parent’s sense of efficacy: her or his calculation of the potential to make change in a child’s health, academic experience or other interactions in other systems.

**GENERAL GOALS OF RECOMMENDED PROGRAM**

The curriculum will build seven parent leadership capacities to prepare participants to interact with child-serving professionals in a way that will change those professionals’ interactions with participants’ children.

Parents will gain more **information** relating to:

- Identifying desired outcomes for their children/child development;
- Identifying activities that will promote those outcomes; and
- Their rights, roles and responsibilities in their child’s health and education.

Parents will enhance their **techniques** for:

- Effectively communicating with child-serving systems and professionals;
- Setting goals for their child’s education and health outcomes and activities and working towards those goals;
- Identify challenges facing their child, whether through school or the health system, and how to overcome those challenges using strategic, effective parent championing;
- Implementing parent championing techniques and information in real-world situations.

Parents will grow their sense of efficacy by:

- Affirming and refining their hopes for their child;
- Making real, significant connections with their peers;
- Acknowledging their expertise on their child’s life and needs;
- Recognizing the systemic issues and inequities that are at the root of the challenges that their children are experiencing;
- Being affirmed in their unique role in their children’s success and in their potential to make a difference;
- Exposure to models and examples of effective parent championing;
- Exposure to mentors or facilitators with whom they can identify but whom they see as role models and authorities;
- Being validated in their cultural and community assets; and
- Demystifying child-serving professionals and seeing them as equals.
TARGET POPULATION

The target population includes parents in marginalized populations and parents of children in these populations who experience barriers to both effective parent engagement in, and children's access to, child-serving systems.

Parents are any legal guardian or primary caregiver of a child recruited from the community as defined by the sponsoring agency or the partner program. We recommend crafting a curriculum that can be tailored to parents of minor children of any age to maximize the breadth of its possible reach. Interviewees lamented a dearth of parent training for parents of older children, and there is evidence that parent engagement throughout the entirety of children's interaction with systems correlates with improved outcomes. However, groups may offer the potential for greater impact than others: First, parents of children under age five, given evidence that early parent engagement has a stronger correlation with improved child outcomes than later engagement. Second, parents of incoming kindergartners, because of the dramatic increase in contact with child-serving systems that a family experiences when a child enters K-12 education.

GENERAL PROGRAM

The recommended program would be a supplemental curriculum to existing parent training programming. In recognition of the plethora of effective programs in the parent-training field, this curriculum would build upon that strong foundation. It would be comprised of modules that a program's sponsoring agency would use or remove to tailor the curriculum both to its overall goals and to the structure and content of the foundational program to which parent champion curriculum was being added as a supplement. These modules would include a set of self-contained workshops and activities designed specifically around parent championing, as well as resources and exercises that could be inserted in workshops or activities of the foundational program to orient them toward building parent championing capacities. Recommended methods for adapting foundational programming to increase championing-related learning outcomes would also be included.

Finally, the suggested championing curriculum would recommend a set of activities and templates for a sponsoring agency to use when tailoring the programming, which could look like:

- A sponsoring agency holding parent focus groups, as needed, to gauge the kinds of barriers they or their children are facing and which child-serving systems are most important to them (otherwise, this information will emerge through a core session in the champion add-on module in which parents share their experiences, issues and concerns);
- And a process for sponsoring agencies to reach out to the appropriate systems and community resources to engage with the program.

Each workshop in the curriculum would be approximately two hours in length to allow sufficient time to reflect, discuss and share answers and ideas through a popular education method.
approach while not losing participants’ attention by running too long. For the broadest possible reach, after a pilot has been tested and approved, two versions of the program should be designed: one for a classroom setting and one for a home-based model. The final program should also be offered in both English and Spanish.

Existing programs report participants are able to overcome challenges relating to varying literacy levels through diversifying the group, minimal or no dependence on written materials in the curriculum and strategies that individual participants devise on their own, like getting help from each other. The recommended programming could also utilize facilitator-based methods to maximize training accessibility for audience of diverse literacy levels. These recommended methods are also effective training tools in and of themselves, regardless of literacy levels. They include:

- Maximizing interactive exercises, including those that encourage participants to move around the room;
- Ensuring that no activities require all participants be able to read or write but rather that reading and writing activities take place in small groups where participants can self-select for these tasks;
- Providing information in multiple manners—for instance, reading material out loud as well as providing a handout;
- Ensuring that all written material includes understandable pictures and diagrams;
- Encouraging participants to draw pictures instead of writing words to complete assignments like individual reflection;
- Asking for volunteers to read aloud versus calling on participants;
- Creating a safe environment that embraces diversity;
- If written assignments are necessary, administering them interactively with all participants—for example, having staff read the questions aloud to participants individually and write down their spoken answers; and
- When composing small groups or pairs for assignments, ensuring that each group has a member comfortable with the level of reading or writing required for the activity; using skits—not just handouts—to model what groups should do; and ensuring that facilitators check in regularly with each group to answer any questions about the activity.

**CURRICULUM**

This curriculum would utilize the popular education model, with emphasis on the parent as the expert in her or his own life and child. This pedagogy views learning through a social transformation lens, meaning training tactics include reflection, discussion and peer-to-peer learning. This not only provides participants with an experience of themselves as experts,
but also leads them through a critical analysis of why things are as they are—for instance, why their children face barriers in systems that are not present for every child—using that realization to shape their ideas of change. In line with this concept, an underlying theme of addressing inequality—recognizing barriers to child outcomes, how system policies and procedures and professionals’ practices affect these barriers, and experiences confronting and overcoming system disparities—would be woven throughout the entire recommended curriculum.

While the recommended program and the main report specifically reference the education and health systems, included would be suggestions to research other systems if their targeted parent audience identifies them as important. Immigration and juvenile justice systems are likely to be of interest. Because of the potential legal consequences for children of their parents’ engagement with the system, it would be crucial for content about these systems to be regularly updated to ensure accuracy and developed with support from an attorney available. Content-neutral activities—those which could be easily applied to all systems without specifically referencing any—would also be incorporated into the recommended curriculum to facilitate tailoring modules to specific systems.

We recognize that some of these themes are already present in existing parent-training programs. Parent championing utilizes parent leadership capacities present in other types of engagement, and therefore elements of those capacities are necessary in a parent championing training. The proposed curriculum would, however, reorient those capacities to prepare parents specifically to be champions.

The curriculum of the recommended program will be presented here in content themes, rather than specific classes, to identify the areas important to championing enhancement. Each module would address a specific content theme, and would contain a combination of workshop agendas, exercises, resources and structures for participant learning projects. Each of the seven parent-leadership capacities—information and techniques—would also be addressed in each of the themes and throughout the curriculum.

Engaging child-serving professionals and staff of community organizations as guest speakers would help in the tailoring of the program to the community of the sponsoring agency. It would also promote participant attainment of a sense of efficacy by humanizing child-serving professionals.

**THEME: Yourself and Your Child**

Modules in this theme would address topics including:

- Identifying your vision and goals for your child
- Family-child and parent-child relationship development;
- Child development and milestones;
- Understanding the challenges your child faces;
• Recognizing yourself as the expert on your child; and
• Understanding your role and impact as a parent champion.

**THEME: Activities to Promote Child Outcomes**
Modules in this theme would address, among other topics:

• Identifying and selecting educational or healthy activities to do with your child;
• Healthy social, emotional and cognitive development;
• The parent’s role in her or his child’s health or education in the home environment;
• How to identify and access educational or health resources in the community; and
• Becoming familiar with programs, services, or activities available to your child in all child-serving systems.

**THEME: Systems and Navigation**
Modules in this theme would address topics including:

• Mapping system decision-makers;
• Learning how systems work;
• Understanding parents’ and children’s rights;
• Learning what professionals need from you as a parent; and
• Learning how to set realistic expectations of outcomes of children and partner with systems professionals to reach those goals.

**THEME: Taking Action**
Modules in this theme would address topics including:

• How change occurs, and your role within change;
• How to identify and define a problem;
• How to strategically solve a problem;
• Relationship building;
• Effective communication and listening;
• Knowing what requests to make of child serving professionals;
• How to get peer support;
• Knowing how and when it is appropriate to take a request up a system’s hierarchy; and
• Knowing when to get and how to access outside help from community or other organizations when championing alone is not enough.

All of these themes are relevant to parent championing and ideally, all would be covered in a training program that aimed to prepare parents to champion, along with other training goals. Redundancies exist between these topics and those addressed in current parent training programs but we recommend including them all in the curriculum so that sponsoring agencies would have a single source of curriculum for the various topics that might be needed to make the foundational program into a championing program. Much material in the curricula of existing parent trainings is relevant and should be modified with permission for use in this curriculum.

The curriculum would also include a structure for a project in which parents could apply their championing abilities in a real-world situation with guidance from the facilitator and participant group. For example:

• Each parent could select an institution in which their child is engaged as their venue for championing;

• They would prepare their strategy and practice championing dialogues in the classroom through the course of workshops like goal-setting, problem solving and communication.

• The facilitator and participant group would offer structured support and opportunity for each parent to update on their progress—time to report back and engage in peer coaching, in a classroom or small-group setting, with a peer mentor graduate from the program or with a home-visiting educator.

This type of activity would enhance the ability of the sponsoring agency to link the project to supports including structured skills training, specific assignments (e.g. setting a meeting with your child’s educator or contacting a community agency who can assist in overcoming barriers if a parent hits a wall), or exposure to community resources.

**PEER MENTORING**

Structures that promote peer mentoring should be set up through the program. As the pool of alumni grows, they can be engaged by acting as:

• Recruiters;

• Teaching assistants;

• Peer mentors; and

• Facilitators.
CRITERIA FOR SPONSORING AGENCIES

The ideal sponsoring agency would:

- Have connections to child-serving systems and community resources or the potential to create those connections;
- Have a relationship with the community in order to recruit participants and facilitators to the program; and
- Preferably have the ability to continue engaging parents after the program is completed, though the absence of this ability would not impede parents’ attainment of learning outcomes but might reduce their implementation of learned capacities and the impact on child outcomes.

The last criterion is preferred because it would allow parents to continue to champion for their children while still having access to the resources needed to support them. Some interviewees suggested parents are more likely to continue to use the skills they have gained from training if there is a continuous outlet for support and reinforcement. Sponsoring agencies could also use this continued engagement of parents as an opportunity to boost their success in other areas of their organizational programming in which they engage this same audience. It may be possible that the foundations laid through continuous engagement could be used, at some point in the future, as a basis for community organizing.

It is also recommended that sponsoring agencies create a warm, welcoming environment through music, decorations and room set-up, and provide support services including food, transportation and high-quality childcare, as needed.

FACILITATORS

The sponsoring agency would select facilitators who should share common ground with the target audience both demographically and in life experiences. This would facilitate the relationship- and trust-building between the facilitator and the participants. Although the popular education pedagogy will emphasize drawing out the knowledge and capacity of the participants and building peer support, participants will inevitably look to facilitators as experts and authority figures. Therefore, it is crucial to ensure that those who hold this position are easily related to by the participant group and can make mastery of the content of the training seem more attainable.

EVALUATION

Evaluation of parent trainings can focus on one or more of three levels of outcomes:

- Whether parents attain learning outcomes;
- Whether parents engage in actions utilizing capacities built through the training; and
• Whether children’s outcomes improve.

The first level is standard for parent training evaluations; the third level is more technically difficult and typically not utilized until a program has been in operation for several years.

The provision of parent champion training as a supplement to a foundational program instead of a stand-alone training will require a sophisticated evaluation approach in order to distinguish the parent outcomes that were linked with the parent championing curriculum from those linked with the foundational program.

RECOMMENDATIONS FOR PILOT PROGRAM

The suggested pilot program should begin in a classroom setting, rather than a home-visit setting, to allow staff to collaborate with and support each other as well as observe the peer-to-peer interaction created by the program. The written curriculum and facilitator support should be in one language, to start, which will depend on the language of the target audience of this first sponsoring agency. If the agency has a multi-lingual target audience, they will need to translate the materials and support simultaneous interpreters.

The recommended pilot of the parent champion curriculum should be run as an add-on to a foundational parent training program. This will allow the championing core to be tested before developing a more comprehensive program.

The facilitator training component of the pilot program should be designed specifically for the sponsoring agency. In the long term:

• If the parent championing curriculum needs to be developed into a stand-alone program, the facilitator training should be modeled after those offered by Abriendo Puertas and the Parent Leadership Training Institute as described in the Report;

• If the parent championing curriculum remains a supplemental curriculum, providing facilitator training will be most practical as a written addendum to the overall curriculum, or through other media such as online videos or a technical assistance staff available by phone or email; and

• If the curriculum remains supplemental and a set of foundational programs with which it is especially successful emerges, consider partnering with those programs to create a supplement to their facilitator trainings.
APPENDIX II:

RESOURCES FOR CURRICULUM DEVELOPMENT

Given our recommendation for the creation of curriculum for parent champions, we offer this appendix of resources that could be valuable in the process of developing such a curriculum. These include materials and evaluations of programs with which we spoke (Section A); documents which could be useful handouts or otherwise provide valuable information about training methods or relevant content (Section B); and recommendations for recruitment of hard-to-reach populations (Section C).

SECTION A.

The following are links to documents, evaluations or other information about interviewed parent-training programs.

ABRIENDO PUERTAS

Link to website: http://www.familiesinschools.org/abriendo-puertas-opening-doors/
Link to curriculum overview: http://www.familiesinschools.org/abriendo-puertas-opening-doors/curriculum-overview-english/

Evaluation:


BAY AREA PARENT LEADERSHIP ACTION NETWORK

Link to website: http://www.parentactionnet.org/
Link to PLAN to LEAD information: http://www.parentactionnet.org/?page_id=922
Link to Parents Ready for School information: http://www.parentactionnet.org/?page_id=932
Evaluations:


COLLABORATIVE COMMUNITY PROGRAM

Link to website: [http://collaborativecommunityprogram.org/](http://collaborativecommunityprogram.org/)

PARENTS HELPING PARENTS


PARENT LEADERSHIP TRAINING INSTITUTE


Evaluations:


SALT LAKE CITY HEAD START

Link to website: https://www.saltlakeheadstart.org/

SOMOS MAYFAIR

Link to website: [http://somosmayfair.org/](http://somosmayfair.org/)
SECTION B.

Families In Schools brochures on how to identify quality preschools, and how to identify quality teaching. Specific to Los Angeles, but sections of the brochures could be helpful in training parents, in a broader sense, on what to look for in their child's school and educator.


University Hospitals Rainbow Babies & Children's Hospital's Healthy Kids, Healthy Weight program website provides information on activities and eating habits parents can do with their children to decrease incidence of childhood overweight or obesity.


The following links are from Head Start's Technical Assistance and Support website ([http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsrc/Early%20Head%20Start/home-based-model/TechnicalAssista.htm](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsrc/Early%20Head%20Start/home-based-model/TechnicalAssista.htm)). “The Head Start National Centers provide technical assistance in different content areas for states and territories implementing HS and EHS as well as a resource for the broader early childhood community.” Information is quoted from that webpage.


  The National Center on Cultural and Linguistic Responsiveness provides the Head Start community with research-based information, practices, and strategies to ensure optimal academic and social progress for linguistically and culturally diverse children and their families.

Becoming Our Children’s Champions

The National Center on Health showcases research-based practices to ensure the health and mental wellness of Head Start staff, children, and families. The Center creates high-quality information to help every Head Start and Early Head Start program implement effective children, emergency preparedness, and environmental safety.

- The National Center on Parent, Family, and Community Engagement

  The National Center on Parent, Family, and Community Engagement will identify, develop, and disseminate evidence-based best practices associated with the development of young children and the strengthening of families and communities.

The following are documents from organizations not analyzed or websites not cited in the report but that may provide valuable material for curriculum development.


• Parents As Teachers. “Model Implementation.” http://www.parentsasteachers.org/training/model-implementation

SECTION C.
SUGGESTIONS FOR RECRUITMENT OF HARD-TO-REACH POPULATIONS

These are suggestions for recruitment compiled by the researcher.


• State-subsidized child care, state-funded Pre-K programs and/or family child care.
• “New populations may rely on faith-based institutions to meet their needs” (35).
• “In some communities, young children attend ‘Saturday schools’ that instruct them in their home language and culture.” (35).
• “Programs that help newcomers make transitions into housing, jobs, and school
“For refugee groups, local government agencies are designated to provide help and resources.” (36).

Other community/social services:
- Food Banks
- Clothing donation services
- English-as-a-Second-Language classes
- Job search services
- Catholic Charities and similar organizations
- Legal Aid


- Send letters to different and diverse organizations;
- Create and publish press releases;
- Utilize church and school leadership;
- Call local radio stations;
- Use word of mouth; and
- Utilize graduates/alums and their networks.

Generate a list of community organizations and contacts from the following areas:
- Community-based organizations that serve parents;
- Principals of public and private schools;
- Clergy of churches and synagogues;
- Selected businesses;
- Parent-teacher associations;
- Child care centers;
- Family day care providers networks;
- Housing programs; and
- Resource and referral networks.
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Somos Mayfair Staff. 2013. Conversation with authors.


Trenbath-Murray, Erin. Executive Director, Salt Lake City Head Start. 2013. Conversation with authors.


ENDNOTES

1 See McKnight 1996.

2 We recognize that the use of standardized test scores as a measure of academic performance is highly controversial. Our intent is not to enter into that debate but simply to disclose our reliance on literature that uses standardized test scores as a measure of educational outcomes in order to assess the impact of parent engagement on children’s outcomes.

3 This understanding of health intentionally conceptualizes deaths caused by violence and preventable accidents as unhealthy. See County Health Rankings and Roadmaps 2013a and Riesch, et al., 2006.

4 See Head 2007.

5 See Lott & Rogers 2005.

6 See Nzinga-Johnson et al 2009.


8 PLTI; Bay Area PLAN’s PLAN to LEAD and PR4S programs; AP.

9 PLTI; AP.

10 Somos Mayfair uses, among other curriculum, AP; and the Salt Lake City Early Head Start and Head Start programs use myriad parent-training curriculum, including, for example, Parents As Teachers.

11 See Yu et al 2006; Riesch et al 2006.

12 See Shobe et al, 2009; County Health Rankings & Roadmaps 2013b.

13 See County Health Rankings & Roadmaps 2013b.

14 See Pew Research Hispanic Center 2013.

15 See Lahaie 2008, 684.

16 See Lahaie 2008.

17 See Passel and Cohn 2008.

18 See Passel and Cohn 2008.

19 See U.S. Census Bureau 2012.

20 See U.S. Census Bureau 2012b.

21 See U.S. Census Bureau 2012b.

22 See Passel and Cohn 2008.

23 See DeNavas-Walt, Proctor, & Smith 2012.

24 See Huffington Post 2012.


26 See Simon 2013.


28 See Bridges et al 2012, 1.

29 See Newsweek 2010.

30 See Biddle & Berliner 2002, 51.

31 See Education Trust 2005.

32 2002.

33 See Strauss 2012, 2.

34 See Strauss 2012, 2.

35 See Biddle & Berliner 2002, 49.


37 2005.

38 See Lott & Rogers 2005, 5.


40 2005, 4.

41 See Reese 2013.

42 See Heinberg et al 2010, 1.

43 See Tavernise 2013, 4.


46 See Blum & Qureshi 2012, 2.

47 See Blum & Qureshi 2012.
Becoming Our Children’s Champions

48 See Centers for Disease Control and Prevention 2012, 6.

49 See Centers for Disease Control and Prevention 2012, 19. Data are not shown for American Indian/ Alaska Native and Native Hawaiian/Pacific Islander populations because the margin of error was too great.

50 2013a.


52 See Riesch et al 2006; Yu et al 2005.

53 See Riesch et al 2006.


55 See Tavernise 2013.

56 See Heinberg et al 2010.

57 See County Health Rankings & Roadmaps 2013c.

58 See Federal Education Budget Project 2013.

59 See Federal Education Budget Project 2013.

60 See Caprio et al 2008.


64 See Shobe et al 2009.

65 See National Immigration Law Center (NILC) 2013; NILC 2012.

66 See Yu et al 2006, 1.


68 See Chatterjee & Nielsen 2011, 16.

69 See Yu et al 2006, 8.

70 See County Health Rankings & Roadmaps.

71 See Yu et al 2006, 8.

72 See Barnard 2003; Bower & Griffin 2011; Seda 2007; Lee & Bowen 2006; Lahaie 2008; Terriquez 2012; Heinberg et al 2010; Leung, Tsang, & Dean 2011.


75 See Teachman, Paasch, & Carver 1997.


77 See Jeynes 2005.

78 See Carter 2013; Riesch et al 2006.


80 2011, 77.

81 See Lahaie 2008, 686.


83 1999.

84 See Desimone 1999.

85 2011.

86 See Bower & Griffin 2011, 78.

87 See Bower & Griffin 2011, 84.

88 2007.

89 See Prins and Willson Toso 2008, 558 & 584.


93 See Lott & Rogers 2005, 6.

94 See Bower & Griffin 2011.

95 See Terriquez 2012

96 See Segura 2013.

97 See Terriquez 2012.

98 See Bower & Griffin 2011; Terriquez 2012.

99 See Terriquez 2012, 664.

100 See Finders & Lewis 1994.

101 2009.

102 See Prins and Willson Toso 2008, 563.

103 See Prins and Willson Toso 2008, 586.
104 See Yu et al 2005, 28.
105 See Heinberg et al 2010.
106 See Appendix II, Section B for links to information on University Hospitals Rainbow Babies & Children's Hospital’s Healthy Kids, Healthy Weight program.
107 See Heinberg et al 2010, 463.
109 See Riesch et al 2006, 52.
110 See Popper 1990, 243.
111 See Mancuso 2011, 65.
112 See Mendelsohn et al 2012, 117.
113 See Head 2003.
118 2013a.
119 See NILC 2013.
120 See Yu et al 2005, 28.
121 See Teachman, Paasch & Carver 1997.
122 See Bridges et al 2012, 1.
123 See CDC 2012.
124 See Marquez 2001; Kim & Keefe 2010; Barnard 2003; Bower & Griffin 2011; Seda 2007; Lee & Bowen 2006; Lahaie 2008; Terriquez 2012; Heinberg et al 2010; Leung, Tsang, & Dean 2011.
125 See Abriendo Puertas 2013.
129 See Zimmerman 2013.
130 See Keckeisen 2013; Zimmerman 2013.
131 See Zimmerman 2013.
133 See Salloway 2004, xi.
134 See Salloway 2004, xi.
135 See Prins and Tos 2008, 586.
137 See Nzenga-Johnson 2009, 89.
138 2011, 84.
140 See Parents Helping Parents 2013.
141 See Parents Helping Parents 2013.
143 See Scott 2013.
144 See Scott 2013.
149 See Hoagwood 2013.
153 PLTI; AP; Somos Mayfair and Salt Lake City Early/Head Start are examples of a sponsoring agency.
154 See Gutierrez 2013.
155 See Gudino 2013; Somos Staff 2013.

157 See Gudino 2013; Somos Staff 2013.

158 PLTI; AP. Also should be noted that PR4S sponsoring agencies (usually schools) have a key staff person—a teacher or other organization staff—who can relate to the parent organization the needs of the participant group as well as directly address those needs before they become an issue. Also, PHP expressly said they don’t offer food at their trainings.

159 PLTI; Somos Mayfair; AP; PR4S/PLAN to LEAD.

160 See Gudino 2013.

161 See Gutierrez 2013; Zimmerman 2013.

162 See Muccino 2013.

163 PLTI; AP; Somos Mayfair is an example of a sponsoring agency which has adapted AP.

164 PLTI.

165 See Somos Staff 2013.

166 See Somos Staff 2013.

167 AP.

168 PLTI.

169 PLTI; AP; PR4S; Salt Lake City Early/Head Start; Somos Mayfair (also an example of an organization which has sent staff to Trainings Of Trainers for Abriendo Puertas).

170 PLTI; AP; PR4S.

171 PR4S. It should be noted that the PLTI’s TOT program’s ideal facilitator candidate already has facilitation skills—they do not offer trainings in basic facilitation skills.

172 PR4S.

173 PR4S; for example, some adults are visual learners; some adults learn through reading; some adults learn through watching a demonstration; and some adults learn through discussion of ideas. This facilitator piece is meant to insure facilitators use this knowledge of adult learning methods to use a variety of methods or activities in a lesson.

174 PR4S; meaning no technical language, no jargon—keeping the language at a level which can be understood by all parents no matter their circumstance.

175 PR4S.

176 With the exception of Salt Lake City Early/Head Start, which used a combination of teacher (more the “traditional trainer” role) and Family Advocate (the “facilitator” role).

177 PLTI; AP; PR4S.

178 A consistent, underlying piece of PLTI’s curriculum and model is fostering diversity and building new relationships to promote future civic engagement in parents (parents become comfortable building relationships with people who have different backgrounds, which is what much civic engagement entails). Therefore, diversity of the participant group to achieve the desired outcomes for parents and the community is necessary to their program. They also use an interview process for participants to insure the diversity of each class (parents will spend 20 sessions and graduate together) as well as the commitment to change and leadership of each participant.

179 See Appendix II for list of compiled information regarding where hard-to-reach populations might be recruited from.

180 Conversation with Somos staff.

181 PLTI; AP; Somos Mayfair; PR4S; CCP; PHP; Head Start/Early Head Start occurs in less of a multiple-family setting.

182 See Floethe-Ford 2013.

183 PLTI; AP; PR4S; Somos Mayfair; CCP; PHP.

184 PLTI; AP.

185 PLTI translated materials into Spanish for a sponsoring organization; Somos Mayfair talked about having to translate or otherwise adapt pre-made curriculum they use in their programming.

186 See Muccino 2013.


188 See Zimmerman 2013; Keckeisen 2013.

189 See Zimmerman 2013; Gutierrez 2013; Keckeisen 2013; Scott 2013.

190 AP will have a child-outcome evaluation available in 2014; Somos Mayfair will have child outcome evaluation gathered through school data next year; CCP is working on getting information from the school regarding child outcomes.
191 AP has evaluation of parent outcomes; PLTI has evaluation of parent and parent-reported child outcomes; and PR4S has an evaluation of parent outcomes. See Appendix II, Section A for links to program evaluations.

192 PLTI; AP; CCP; AP also gets feedback from facilitators to find out their perspective on what worked/didn't work.


194 AP; Somos Mayfair; CCP; PEP.

195 PLTI was able to evaluate child outcomes after a shorter time period by relying on parent-reported data; however it should be noted that self- or parent-reported data is less quantitatively accurate than measurements gathered through formalized studies (for instance, analysis of grade improvement or of decrease in weight in baseline overweight children).


197 See Gudino 2013.


199 Trenbath-Murray 2013; Mazzoni 2013.

200 See Gallegos-Castillo 2010.

201 See Gallegos-Castillo 2010, 9.

202 See Wolf and Hassell 2001, 54.

203 See Wolf and Hassell 2001, 57-58.

204 See Wolf and Hassell 2001, 58.

205 See Wolf and Hassell 2001, 56.
Working Partnerships USA is a 501(c)3 nonprofit social change organization founded by labor and community groups that equips everyday people to participate and win in developing a fair and free society. Our trainings build participants’ capacity to be leaders in shaping the practices, policies and systems that shape the lives of grassroots communities.

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