New York State Parenting Education Partnership
Survey of Parenting Education Providers Use of Evidence: Summary Results

NYSPEP's Evidence & Evaluation workgroup asked parenting education providers how they use evidence in selecting and implementing programs. We were interested in programs intended to enhance parenting skills, knowledge and behavior, and that serve anyone who has the primary responsibility for raising and nurturing children.

The survey form addressed just one parenting education program or curricula, but respondents were free to complete it multiple times for different programs. It was available online through SurveyMonkey, and as an emailed fillable-form, with an invitation to complete it emailed to approximately 300 parenting educators and NYSPEP members.

Seventy one completed surveys were received from 65 people. Eleven additional responses were incomplete and not included in tabulations.

Programs Reported
51% said they are presenting a recognized model/curricula as designed, including:

- ACT Parenting Program
- Active Parenting
- Caring for Our Own
- Childbirth Preparation and Parenting Series
- Discipline is Not a Dirty Word
- Effective Black Parenting Program
- Family Education Program
- Great Beginnings Start at Birth
- Healthy Families America/New York
- Incredible Years

- Nurturing Parenting Program
- Parent Child Home Program
- Parenting A Second Time Around
- Parenting Partners
- Parenting Skills Workshop Series
- Parents As Teachers
- Relatives as Parents Program
- Supplemental Fluoride and Oral Health
- The Parenting Journey

22% (16) said they have adapted their program from a recognized model/curriculum.
> Half indicated they added material from other curricula or additional material on specific topics. Six made changes to better meet the needs of the families they serve or time constraints. Two are presenting programs that leave it to the provider to determine specific material, timing, etc.

27% (19) said they developed this model/curriculum themselves.
> Two combined recognized curricula; three used the TEPE process for developing curricula based on individual parent needs.

Why Providers Use the Programs They Do
Sixty respondents identified the **one** most important reason for using this particular program.

"It meets particular needs expressed by parents" was selected by 27%. In addition, 8 "other" responses described meeting the needs of the populations they work with, for a total of 40% saying that the needs of those they serve is the most important reason they use the program.

The percentage of respondents selecting each of the remaining choices is:
    15% - Local, state or national organization, or collaboration, requires it
    12% - It is a recognized best or promising practice in the literature
    10% - Our logic model prompted us to choose it
     5% - Funding was available for implementation and/or training
     5% - It has been rigorously evaluated

5% - It is familiar to us / easily available
3% - It was recommended by someone we respect
8% - Other answers

When asked to identify **all** of the reasons for using the program, the number of respondents said "It meets the particular needs expressed by parents" rose to 53. The next most frequent reasons were "Funding was available for implementation and/or training" (31) and "It is familiar to us/easily available" (29), followed by "It is a recognized best or promising practice in the literature" (28) and " It was recommended by someone we respect" (23).

Evaluating Programs

Asked "Are you assessing, or have you assessed, the effectiveness of the program as you have implemented it, i.e. conducted an evaluation?" 23% (16) said No, 77% (54) said Yes.

Those who have not conducted an evaluation were asked, "How do you know this program as you have implemented it is successful?" Each of the following was selected by half of the respondents:
- participants' continued requests for services
- participants' informal comments
- participants' satisfaction surveys
- informal facilitator/staff observations of change in participants
- participants' praise for the facilitator/presenter
- participants' attendance/retention records

Asked what resources they are lacking to do an evaluation, the most frequent responses were "Time/Staff," "Funding for evaluation," "Support/buy-in from administration," and "Evaluation expertise."

Those who have or are conducting an evaluation were asked a similar question "What encouraged or enabled you to do so." The most frequent response, from 70%, was "Organization's commitment to quality improvement." More than a third of responses included "It was a requirement from our funder," "The program/curriculum came with evaluation instruments," and "We had a data collection system."

Of the 45 respondents who identified their **evaluation design**, 4% use random-assignment control groups; 58% use pre-post tests or surveys; 18% use pretests and a second survey after participants have had time to implement changes; and 20% use only a post-test.

The main **goals** of the evaluations are to measure program outcomes or impacts and assess participant satisfaction. About 15% also described program improvement as a goal.

Fifty-three respondents identified **parent/caregiver outcomes** they measure, most listed three or more. Most frequent, included by more than half, were: satisfaction with program, nurturing parent-child interactions, parenting skills, knowledge of child development, parenting attitudes, and coping skills.

Asked how they are measuring parent/caregiver outcomes, 11 named standardized instruments; the remainder provided more general descriptions, e.g. survey, observation, tools that came with the program.

Thirty-two respondents identified **child outcomes** they are measuring. Most (88%) include "positive parent-child interactions." Other high-frequency responses include "healthy development" and "positiive behavior." Fourteen of them are using standardized measures; four use tools provided with the program; ten use parents' feedback and/or staff observation.

Seventeen respondents identified **community / system outcomes** they are measuring or tracking. Most frequently, those include "utilization of or referral to program," "coordination / integration / partnering among human service community," and "accessibility / utilization of community resources to meet family/child needs." Most describe tracking, rather than measuring, this data. Five use surveys, focus groups, or include related items in pre-post tests.

We also asked, how programs have used, or intend to use, information from their evaluations. The two primary uses that emerged are to improve the program and for reports to, or requests of, funders.