



**The North Carolina Partnership for Children, Inc.
Parents as Teachers (PAT)
Model Fidelity**

Activity Name: Parents as Teachers

Website Reference: www.parentsasteachers.org (national site)
www.ncpat.org (North Carolina site)

Research/Evaluation:

Independent evaluations of the PAT program show that children in Parents as Teachers at age three are significantly more advanced in language, social development, problem solving and other cognitive abilities, than comparison children. PAT children score higher on kindergarten readiness tests and on standardized measures of achievement in early grades. Parents in PAT are more involved in their children's schooling, read more to their children, and are more confident in their parenting role.

Problem or Issue:

Research confirms that young children are most likely to reach their full potential when they have nurturing and supporting relationships, particularly during the first five years of life.¹ Prevention and intervention are most effective when they begin at the earliest possible time, notably before children are born. A growing approach to help parents support the development of their young children is home visiting.

Model Description:

The program provides the following services: 1) *personal visits*: personal visits (monthly, bi-weekly or weekly) are the major service delivery component. During these visits, parent educators share age-appropriate child development information with parents, help them learn to observe their own child, address their parenting concerns, and engage the family in activities that provide meaningful parent/child interaction; 2) *group meetings*: parent group meetings provide opportunities to share information about parenting issues and child development. Parents learn from and support each other, observe their children with other children and practice parenting skills; 3) *screenings*: periodic screening and functional assessments for early identification of developmental delays or health, vision, and hearing problems provides regular review of each child's developmental progress, identifies strengths and abilities as well as areas of concern that require referral for follow-up services, and increases parents' understanding of their child's development; and 4) *resource network*: parent educators help families identify and connect with needed resources, and overcome barriers to accessing services. Programs take an active role in establishing ongoing collaborative relationships with other organizations that serve families.

¹ Shonkoff, J. and Phillips, D. (2002) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. National Academy Press. Washington, D.C.

Required Components for Model Fidelity

A. Target Population (The “Who” in the logic model)

The PAT early childhood parent education and family support program can serve families throughout pregnancy until their child enters kindergarten, usually age five. In keeping with North Carolina legislative mandates (1) local plans must address assessed needs of all children to the extent feasible, especially those below poverty level (G. S. 143B-168.15(a)) and (2) programs not fully funded in their first year should consider how to meet the needs of low-income children and families (G. S. 143B-168.15(c)). Each local partnership should consider these legislative mandates when selecting the target population. Additionally, participating families may have other risk factors such as single-parent households, children with disabilities, social isolation, maternal education of less than a high school diploma, limited English proficiency, lack of a high quality early education experience, etc. Communities that have only limited resources would be better served to use those resources to serve families that have some level of risk. However, families participating in PAT should not be court ordered or substantiated for reported abuse or neglect. PAT is a voluntary participation program and should not be a mandatory intervention.

Small PAT programs with one or two PAT educators might want to consider targeting communities instead of trying to implement the model county-wide. This will assist with developing relationships in a particular community, limiting the mileage and time necessary for travel, as well as, providing a social network for those families participating.

B. Services to be provided (The “What” in the logic model)²

- **Personal visits:** Certified parent educators conduct personal visits during the program year to support parents in their parenting role in order to promote optimal child development and positive parent-child interaction. These visits regularly occur in the families’ home to build on the primary learning environment of the family. When extenuating circumstances exist, personal visits can be delivered in a mutually agreed upon site outside the home.
 - Parent educators use the *Born to Learn* curriculum to deliver personal visits.
 - Parent educators deliver personal visits from a strengths-based approach, including commenting on strengths of the parent(s) or primary caregiver during each visit.
 - Parent educators partner with families to establish, record, and achieve child development and parenting goals that are developmentally appropriate for their children and within the scope of the program.
 - Parent educators integrate the five essential elements of a personal visit within each visit:
 - Rapport
 - Observation

² Service components derived from *A Closer Look...The PAT Standards and Self-Assessment Guide* (2003).

- Discussion
 - Parent-child activity
 - Summary
- During the personal visit parent educators discuss the following with parents:
 - Child development information, including developmental characteristics;
 - Neuroscience information;
 - Parenting topics;
 - Questions and concerns the parent(s) may have; and
 - Information about what to expect regarding child development during the coming months.
- Parent educators build upon and adapt to the home environment, seeking to transfer personal visit activities to daily interaction between parent and child.
- Parent educators model, individualize, and adjust the parent-child activity to maximize both parent and child success with the activity.
- Parent educators summarize the visit, including restating key observations of the child's development and parent strengths, and review the follow-up activity.
- Legislative Mandate N.C.G. S. 143B-168.16 requires program to:
 - Obtain the written, informed consent of parents prior to providing home-centered services. The consent form must contain a clear description of the program.
 - Allow parents access to their family's records on home-centered services and the right to include written responses in their records.
- **Group meetings:** Group meetings are offered during the program year that provide opportunities for parents to acquire information about child development, parenting and positive parent-child interaction, while gaining support from one another.
 - During the group meeting there is a parent educator and if possible, a program supervisor present.
 - Across the program year, the program provides a variety of group meeting formats including parent-child interaction, presentation plus, small ongoing groups, and community events.
 - Group meeting topics and formats are responsive to the special populations or groups served by the program such as teen parents, foster parents, grandparents, non English speaking parents, etc.
 - The program employs multiple strategies to encourage parents to attend group meetings, including two or more of the following:
 - Program newsletter or flier;
 - Personal invitation from parent educator;
 - Personal invitation from another parent;
 - Reminder during personal visit;
 - Postcard or phone chain reminders;
 - Door prizes;
 - Food; and/or
 - Transportation.
 - Parent educators maximize the success of each group meeting by:
 - Establishing ground rules;

- Using a range of communication techniques;
 - Encouraging participation;
 - Facilitating parent-child activities or discussion; and
 - Minimizing distractions.
 - Each group meeting includes one or more of the following topics:
 - Parenting;
 - Child development or neuroscience research;
 - Health; and/or
 - Community resources.
 - Clear, well-organized, and comprehensive records of all group meetings are on file that document planning, implementation, attendance, and evaluation.
- **Developmental Screenings:** Screenings provide regular information about each child's health and developmental progress, increase parents' understanding of their child's development, and identify strengths and abilities, as well as areas of concern. All enrolled children will receive an annual developmental screening. It is recommended that children receive their developmental screening in their medical home* and that the results are shared by the family with the parent educator. If screenings/assessments are not completed in the child's medical home each child should be assessed using the Ages and Stages Questionnaire (ASQ), a basic functional hearing and vision assessment, and dental and health assessments completed via parent questionnaire. Children should be referred to the appropriate agency if concerns are noted during the screening.
 - Screeners are trained to perform developmental screenings and trained to use the screening instrument.
 - There are written procedures outlining the screening and referral process.
 - When developmental screenings are conducted by an outside agency, the program must have a written agreement with the outside agency that states results will be reviewed with parents and forwarded to the program.
 - All enrolled children receive developmental, hearing, vision, dental, and health screenings within a 12 month period.
 - Parents receive written and verbal summaries of all screening results, ideally at the time of screening.
 - For particular areas of concern identified through screening, specific recommendations are made by program staff for follow-up activities to support the child's development.
 - A sample of each parent educator's completed developmental screening protocol is reviewed at least annually by the supervisor for accurate administration and scoring.

* All children should have a medical home. The parent educator should assist parents in locating a medical home and primary care provider and should inquire whether or not well child visits have occurred and immunizations are up-to-date. Each parent educator will have brochures and information to provide to families to assist them with selecting a medical home and the importance of well child visits.

- **Connection to Community Resources:** The resource network connects families to needed resources and takes an active role in the community, establishing ongoing relationships with other institutions and organizations that serve families.
 - The program has well defined procedures for providing families with information about and helping them access community resources.
 - Parent educators help families when they transition out of the program, providing information and connecting families to community resources that meet their interests and needs.
 - Parent educators are knowledgeable about community resources including informal networks, local customs, and events.
 - Program staff work on a regular basis with other local providers of services and programs to address the needs of the population the program serves.
 - The process for connecting families with community resources includes documentation and follow-up with the family and organization. This documentation may be recorded on the annual individual service record.

C. Intensity of Services (The “How Many” in the logic model)

- Monthly personal visits which last approximately one hour each. Although not a requirement, it is recommended that families with more than one risk factor and teen parents receive bi-weekly or weekly home visits. The frequency and length of visits should be determined by both family preference and the PAT educator’s recommendation. This information should be documented in the *Personal Visit Record*.
- Each program must provide a minimum of six group meetings. It is recommended that each program provide monthly group meetings utilizing the plans for group meetings as provided in the *Born to Learn* curriculum.
- Annual developmental screenings using the ASQ, functional assessments, and health questionnaires.
- Referrals to community resources are provided on an as needed basis.

D. Program Outcomes (the “So What” in the logic model)

Of the estimated (number determined by LP) parents who participate in 75% (9/12) of the monthly personal visits, X% (x/y) will experience an increase in knowledge about child development as measure by changes in pre and post XXX³ scores.

Of the estimated (number determined by LP) parents who participate in 75% of the monthly personal visits, X% (x/y) will experience an increase in positive parenting practices as measured by changes in pre and post test XXX⁴ scores.

Of the (number determined by LP) children identified in need of follow-up services, X% (x/y) will receive those services.

³ Measure to be determined.

⁴ Measure to be determined.

Of the (number determined by LP) parents who receive a referral(s) to a community resource, X% (x/y) will be linked⁵ to the referred service.

⁵ Linked is defined as “made contact and determined eligibility for services”

E. Staff Qualifications

- Parent educators should have a bachelor's degree or beyond in early childhood education or a closely related field and at least 3 years of supervised experience working in the early childhood field. An equivalent combination of education, experience and skills and abilities will be considered. (For existing staff and new hires who do not meet the degree requirements the experience of the educator should be considered as well as personal characteristics.) Generally, parent educators who are hired and do not meet minimum educational requirements will require more frequent supervision.
- All parent educators complete the *Prenatal to 3 Years* and the *3 Years to Kindergarten Born to Learn* Institute depending on the population to be served before delivering PAT services.
- The program supervisor attends the 2-day Supervisor training at the *Born to Learn* Institute.
- Within their first 3 months, new parent educators observe an experienced parent educator deliver at least one personal visit.
- At least annually, a supervisor observes each parent educator providing a personal visit.
- Parent educators access competency-based professional development and training to promote quality service delivery and maintain annual PATNC certification. Each parent educator should receive a minimum of 20 contact hours (1st year educator); 15 hours (2nd year educator); or 10 hours (3+ years educator). All contact hours must be approved by the Supervisor and submitted to the North Carolina PAT State Coordinator.
- Educators should be reflective of the cultural and racial diversity of the community being served and should complete training regarding supporting and working with diverse communities.

F. Staff Responsibilities

Program Management Considerations:

- The program has a leadership council or advisory committee that meets at least every 6 months; is composed of community service providers, community leaders, and families; reflect the cultural backgrounds of the program's service population; provides support for the development and promotion of the PAT program; helps identify funding sources; and provides input into program planning and evaluation.
- The program has clearly defined, written program goals and objectives that are updated when the design of the program and/or the population served by the program changes.
- The program has written policies and/or procedures that outline the organizational practices to be followed by staff. Each parent and parent educator should have a commitment agreement that outlines the expectations to be fulfilled by each participating entity. This agreement should include missed or cancelled visits; participation in group meetings; and should outline the number of visits that each family is eligible to receive. This agreement would document the family's consent to participate in the program as required by legislation.
- The program has well defined procedures to maintain confidentiality.

- The program maintains an efficient and comprehensive record keeping system that facilitates accurate and timely completion, submission, filing, and retrieval of essential PAT documents.
- The program submits required documentation for annual re-certification to the PAT state system leader by the required deadline.
- In addition to staff time allotted for personal visits, staff time is also budgeted for staff meetings and professional development.
- Each parent educator participates in relationship-based supervision that occurs on a regular basis, at least once a month for approximately one hour in duration (reflective supervision). Staff with less than the minimum educational requirements, should receive more frequent supervision.
- Programs in their first and second years of implementing the PAT model must use the self-assessment standards to guide practice, while established programs engage in self-assessment once they have implemented the PAT model for 3 years. The self assessment process is then completed every 3 years thereafter.

Parent Educator

- One full-time parent educator typically conducting weekly or bi-weekly home visits should complete on average 10 visits per week with the maximum number of visits being 15.
- The typical caseload for one FTE parent educator should be approximately 30 visits with no more than 40 visits in one month. If a Program Coordinator/Supervisor also conducts personal visits, he/she should have a reduced case load (minimum of 5 families).
- A family that indicates a desire to participate is contacted about participation within two weeks.
- If no wait list exists in the community, personal visits begin within 4 weeks following the family being contacted about participation. Visits for families with high needs begin 2 weeks following the family being contacted about participation.
- A wait list should be created for families who request PAT services and qualify for services. Families on the personal visit wait list and other community parents should be offered other services such as newsletters, participation in playgroups and group meetings, etc.
- Parent educators facilitate families' continued participation in personal visits through the use of one or more of the following strategies:
 - Leaving a written reminder about the next visit with the family;
 - Sending postcards about upcoming visits;
 - Making phone contact between visits; and/or
 - Leaving door hangers when a family misses a visit.

G. Program Evaluation

- The program has written data collection procedures that include timelines to ensure the accurate and timely collection of information.
- An evaluator works closely with program staff and provides objective feedback to the program about its strengths and areas for improvement.

- The program measures outcomes for the children and families served, including one or more of the following:
 - Parent knowledge and practices
 - Parent feeling of support and access to information
 - Identification of child delays
 - Referral to community resources
- Outcome evaluation tools and measures are valid, reliable, and culturally and linguistically appropriate for the program's population.
- Programs engage in self-assessment once they have implemented the PAT model for 3 years and engage in a continuous quality improvement process. The self assessment process is then completed every 3 years thereafter.