

First-Time Parent Support Program Pilot Evaluation

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The First-Time Parent Support Program is a collaborative initiative to help first-time parents connect with community resources in order to support their children's development and family's success. The Building for Kids, Birth to 5, Birth to 3, Early Intervention, and Family Services are working together on this initiative to leverage their knowledge and resources for first-time families in the Fox Valley Community. Each organization's mission is aimed at supporting local families in order to build a stronger community and together these organizations can more successfully reach this goal.

The First-Time Parent Support Program has four complementary goals:

- Connect first-time parents to community resources for current and future needs
- Educate first-time parents on infant development, childcare, and community resources
- Develop trust between parents and partner organizations to increase the likelihood they will access resources
- Connect first-time parents to other parents to prevent isolation

These program goals also support the individual missions of each partner organization, therefore assisting them in achieving their goals as well. The Building For Kids serves as the hub for related events, providing families with a nonintimidating location in which to meet the various organizations. The free 18-month membership to the Building for Kids also provides parents with continued access to events.

First-Time Parent Support Program Pilot

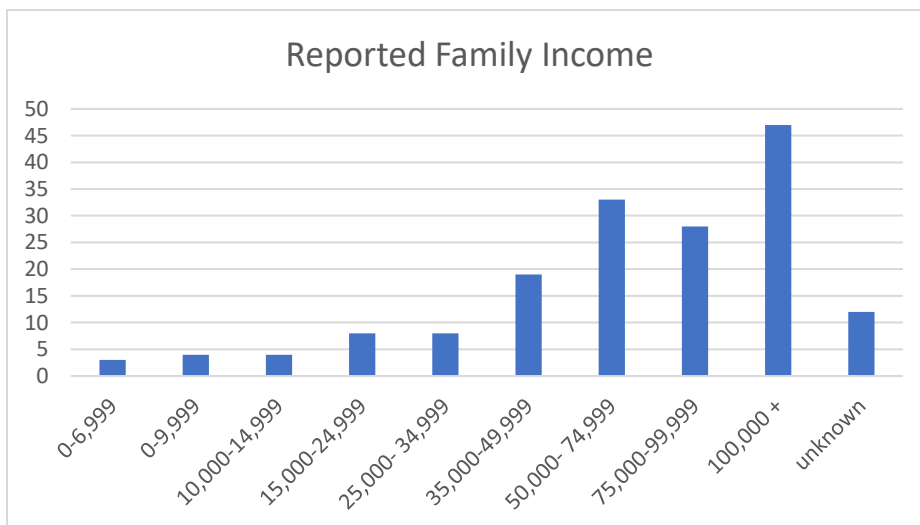
The First-Time Parent Support Program Pilot was organized into 3 phases. The first phase, Reaching, was focused on Family Services making contact with first-time families in the hospital following the birth of their child. The second phase, Connecting, revolved around several events at the Building for Kids in which first-time families could connect with several community service programs including Birth to 3, Early Intervention, Family Services, and Birth to 5. The events provided new parents with important information about their new additions and some gifts including baby wipes, a baby book, and a free 18-month membership to the Building for Kids. The third and final phase, Evaluating, examined pilot results to determine the next steps for a permanent implementation of this program.

Reaching

Findings. The First-Time Parent Support Program Pilot: Reaching, ran from March 12, 2019 to April 29, 2019. During this time, Family Services was provided with financial support to allow their staff members to assess families giving birth to children on days that are typically missed during screenings. The goal of hospital assessments is to provide universal service, offering resources to families so that no family slips through the cracks. The program serves as a gateway for new parents to access local resources best suited to their individual needs and strengths early, before crises develop. All collaborating partners, including the five area hospitals, screen parents using a standardized tool/screen for risk factors that may contribute to child abuse/neglect. If risk factors are identified, the Hospital Assessor has an in-depth conversation to further identify needs, risks and strengths, and provides referrals to individualized services based on their circumstances, eligibility for services, and program openings (See Appendix A for the full list of screening factors).

Under traditional circumstances, children born on Tuesdays, Thursdays, and Saturdays are not likely to be assessed because Family Services does not have sufficient staff hours. During the 2019 Pilot, Family Services was able to assess 170 first-time families in the hospital following the birth of their children. Based on the typical days of assessment, 45.3% (77) of these families would normally not have received a screening. From these initial screenings, 38 (14 of which would not typically have received a screening visit) families immediately qualified for services (three or more risk factors present) and 6 opted in to receiving home visitation services. Without the additional screenings, 2 of the 6 families would not have been screened for services. Over the course of the year, two additional families opted in to receiving services (one of these families with delayed opt-in participated in a connecting event at the Building for Kids). This increased access to services from birth is an important aspect of the First-Time Parent Support program. Table 1 and Graph 1 display the demographics of first-time parents giving birth in local hospitals during the pilot time frame. As you can see, age, education, and income vary significantly between first-time parents. By conducting in-person hospital assessments of risk factors Family Services is readily able to connect these new families to important community resources.

Demographics	Mother	Father
Average Age	27.57	29.99
Age Range	15 to 38	15 to 61
<i>Race</i>		
African American	3	4
Asian	1	1
Hmong	3	4
Hispanic	3	6
Native American	0	1
Swahili	2	1
White/Non-hispanic	151	134
Unknown/Other	6	18
<i>Education Level</i>		
Middle School	8	6
High School	45	59
Associates	20	19
College	86	63
Masters	6	4
Doctorate	1	2
Unknown	4	17



Future. Due to the increase in first-time family screenings during the pilot, a continuation of increased staff hours for Family Services is a valuable investment for community health. Family Services is often families first introduction to the multitude of community resources available in the Fox Cities. Early intervention is key to improving long-term outcomes for children and families, but families are often not educated on these resources. In addition to assisting new parents, this information can be valuable as families expand, providing them with information for any additional children. Further, family dynamics also change. Families who do not initially qualify for services can experience changes leading them to become single parents, experience decreases in family income, encounter mental health challenges, or identify a disability in their child. These changes would qualify families for services. Providing continued access to Family services through connection events, as described below, can help these changing families receive the needed services.

Connecting

Findings. The initial screenings conducted at the hospitals by Family Services are a great way to identify families and children with risk factors and connect them with appropriate services. However, many families who do not initially qualify for services eventually do qualify once their child misses certain developmental milestones or family circumstances change. Additionally, screenings are not conducted on families giving birth to additional children. While a first-born child may not encounter developmental concerns, a second or third child might require additional services. For this reason, the Connecting phase is an important component in maintaining a relationship with first-time parents and providing them with continued educational experiences to help them care for their baby, and any future children, appropriately. Family Services, Birth to 3, Early Intervention, and Birth to 5 are all free community resources that provide children and families with the support they need to succeed.

During the screenings in the Reaching phase, families were invited to participate in Connection events hosted by the Building for Kids. 148 families provided their email addresses to receive more information about the Connection events. Families were invited to participate in one of six connection events at the Building for Kids between April 22, 2019 and October 5, 2019. Approximately 25 new families participated in these connection events. Connection events

consisted of both informational tables and educational activities for families. Parents were able to learn more about identifying infant emotions, baby sign language, infant massage, infant play, and reading with infants. They were also able to talk one-on-one with representatives from partner organizations both at the informational tables and during the educational activities. Parents provided feedback after the events which is shown below in Tables 2 and 3. Additionally, attendees were interested in receiving more information from the organizations based on their needs as shown in Table 4.

Table 2. How helpful was each session you attended on a scale of 1 (not helpful) to 5 (very helpful)?

Session	Mean
Everyday Emotions	4.41
Baby Sign/Early Language Development	4.75
Infant Massage	4.57
Importance of Play	4.63
Early Literacy for Infants	4.59

Table 3. Which aspects of the events were most useful to you as a new parent? (1= not helpful; 5= very helpful)

Event Components	Mean
Learning about community resources	4.73
Information provided during sessions	4.59
Free membership to BFK	4.95
Meeting other new parents	3.63

Table 4. Would you be interested in receiving more information on any of the programs or services at the event?

Appleton Area School District	
Birth to Five	11
Early Intervention	6
Parent Connection/ Family Services	9

Future.

While the Connection events were well received by attendees, the turnout was not as high as anticipated. Only 25 new families participated in these events. There seem to be several barriers to attendance that the collaboration is working to overcome.

To begin, many first-time parents are reluctant to take their new infants out into the community. From the stress of being a new parent, to the demands of a newborn, leaving the house can be a challenge. The events were spaced over several months to give parents an opportunity to participate but we did not see an increase in attendance overtime. One solution is to consider hosting an initial connection event for families in their third trimester of the pregnancy. Before the birth of the baby parents might be more capable of attending the events and learning about the community resources.

Another barrier to attendance was simply contacting families. While interested families provided their email addresses, mass emails like our informational fliers are often filtered to SPAM. Families, especially new families, are also not avid users of their emails and overlook messages. To combat these issues we are considering mailing fliers to home addresses and using text messaging as ways to share information about events.

Finally, the free 18-month membership to the Building for Kids was meant to be an incentive for families to participate in the events. However, families attending the Connection events often noted they did not know what resources the Building for Kids actually had, especially for young children and infants. To provide additional incentive, marketing for the events will include photos of the infant spaces and lists of family events hosted at the Building for Kids.

Evaluating

The Evaluation phase of this pilot served two purposes. First, it was important to evaluate the effectiveness of the pilot and make decisions for the full implementation of the program. The results of this evaluation are outlined above. Second, the Evaluation phase served as a test of data collection techniques and sources to identify a long-term project evaluation plan for the full implementation. It will remain vital for the First-Time Parent Support Program to continue collecting data and evaluating the impact of the program on a consistent basis to support future work.

Data collection will continue using 2 avenues. First, in order to monitor the program's ability to reach its target population, new family data including race/ethnicity, family income, and family education levels will continue to be collected through hospital assessments. An aggregate of this data will be compared to the program participants' data to identify key

demographics to target. This continual monitoring will allow the program to adjust outreach techniques and program features to ensure a wide variety of families are able to take part in the program.

The second avenue of data collection will be through participant surveys and collaborative partner feedback. Participants will be asked to complete an initial survey to provide feedback on the enrollment event and to indicate any programs they would like to have additional contact with. Participants will also complete a survey at the end of their free 18-month membership to help shape the continuing events during which partner organizations will be able to maintain contact with the families and continue to share resources for families. As a long-term community outreach program, the First-Time Family Support Program hopes to continue to engage local families, improving outcomes for families and the community as a whole. These surveys will assist the program in continuing to shape the program as needs change.

APPENDIX A

Parent Connection Parents as Teachers Home Visiting Eligibility

1.) Must reside in Winnebago, Outagamie or part of Calumet County (address is Appleton)

2.) Mom or Dad need to be a first time parent (**we can accept parents with multiple children in our Oshkosh office**. Nurse would need to have concern and inform assessment worker)

Must than meet **THREE OR MORE** of the below risk factors to become eligible for services. *denotes Federal Risk Factors

Risk Factor	Definition
Low income *	A family whose total annual income before taxes is equal to, or less than, 200% of the Federal Poverty Threshold. And/or: if family is receiving SSI, or if families qualify for Head Start, WIC, Child care subsidy, free/reduced lunch, TANF, Food Share, or BadgerCare. ¹
Smoking *	Use of tobacco products by anyone living in the home identified either by self-report or through a substance abuse screening (including vaping, smokeless tobacco)
Current or past interaction with child welfare *	Any documented, self-reported, or referred case of a parent or caregiver who has a history of abuse or neglect or has had involvement with child welfare services, either as a child or as an adult.
Have family members that are serving or have served in armed forces*	Documented or self-reported mother, father/partner, primary caregiver, or other individual is a member (current or past) of any division of the armed forces and has a primary residence with the family.
Low Academic Achievement*	Based on self-report, enrollees who have perceived themselves or their child (ren) as having low student achievement. Or mother or father/partner, or primary caregiver does not have high school diploma or GED and/or children 18 years or younger living in the household are referred or documented with risk for or low academic achievement.
History of AODA Concerns*	A history of substance abuse or need treatment by mother, father/partner, primary caregiver, or anyone living in the household identified either by referral, self-report, or through a substance abuse screening.
Parent has a disability	The parent has a physical or cognitive impairment (disability or chronic health concern) that substantially limits their ability to parent as determined by the parent or the parent educator.
Resident of the United States for < 4 years	One or both parents are foreign born and entered the country within the past five years.
Teen parent	Youth who are pregnant or parenting under the age of 21.
History of mental health concerns	A parent has a thought, mood, or behavioral disorder (or some combination associated with distress and/or impaired functioning as determined by parent report, positive screening, or a diagnosis.
Single parent	A parent bringing up a child or children without a partner.
Child with disability or health concern *	A child 18 years or younger living in the household having developmental delays or disabilities documented or referred by Birth to 3, school early childhood programs, or medical records; or suspected of having developmental delays or disabilities based on the Ages and Stages Questionnaire (ASQ) or other screening processes.