Proud Parenting Program Final Evaluation Report

July 28, 2021

Prepared for SBCS to meet requirements under funding from the 2018-1021 Proud Parenting Grant Program of the California Board of State and Community Corrections (BSCC)

Young People's Environments, Society, and Space Research Center
San Diego State University Research Foundation

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1. INTRODUCTION

1.1 Program Design: overview of components and strategies

SBCS is an experienced provider of personal visiting programs, including the evidence-based Parents as Teachers (PAT) curriculum. SBCS' Proud Parenting Program (PPP) was created as a local expansion of an existing program, First 5 First Steps (F5FS), which provides personal visitation services to specific high-risk target populations countywide. SBCS has been the provider responsible for F5FS (and its predecessor newborn home visiting program) in the South Region of San Diego County since 2005. (Note that Healthy Families America recently adopted the term "personal visits" in recognition that parent engagement may happen in settings outside of the home. The term personal visits is used with respect to services provided through the PPP, though the terminology of home visitation is still prevalent.)

The PPP enhanced F5FS by focusing on young parents and expectant parents between the ages of 14 and 25 (at time of project participation enrollment) who were involved in the criminal/juvenile justice systems and/or considered crossover youth within the child welfare system, and who have children aged 0-5.

The program was designed to deliver parenting support for approximately 25 eligible parents per year. Services provided included one-on-one personal visiting using the evidence-based Parents as Teachers (PAT) curriculum, combined with group activities and care coordination. The PPP Home Visitor received a Domestic Violence Counselor Certification by participating in SBCS' state-approved 40-Hour Domestic Violence Training, completed PAT training, and was trained in various strategies to engage and support families, including evidence-based motivational interviewing. The F5FS Advisory Committee oversaw the program, which also worked closely with the South & Central Region Home Visiting Collaborative to ensure that services link seamlessly with existing programming and to avoid duplication of services.

The program implemented the PAT model through 4 major service delivery components:

- ***Personal visits***, in which the Home Visitor shares age-appropriate child development information with parents, help parents learn to observe their child's development, address parenting concerns, and engage the family in activities that provide meaningful parent/child interaction and support the child's development. Evidence-based Motivational Interviewing will ensure parent engagement in the program.
- ***Parent group meetings*** that provide opportunities to discuss information about parenting issues and child development. Parents learn from and support each other, observe their children with other children and practice parenting skills;
- ***Periodic screening*** for early identification of potential developmental delays and/or health, vision and hearing problems; and
- ***A resource network*** through which Home Visitors help families identify and connect with needed resources and overcome barriers to accessing services. SBCS takes an active role in maintaining ongoing collaborative relationships with community agencies and organizations that offer additional family services.

1.2 Evaluation Design

1.2.1 Use of an external evaluator

The Young People's Environments, Society, and Space Research Center (YESS Center) at San Diego State University implemented the evaluation for SBCS' PPP and is responsible for the contents of this report. YESS Center Project Director and project lead Dr. Thomas Herman has a long history of partnering with SBCS and has been the evaluator for the F5FS program since its inception. Project Manager Rhianna Maras took the lead in coordinating with program staff to assure accurate and timely data collection, quarterly reporting on key indicators, conducting qualitative research, and carrying out quality assurance.

The YESS Center Program Manager and/or Project Director attended and participated in all Proud Parenting Advisory Board Meetings, ETO/Data Management/Evaluation Meetings with SBCS, and any other additional meetings (as needed) throughout the duration of the program. The YESS Center staff completed the required Quarterly Reports, developed data tracking spreadsheets, generated data cleaning reports, monitored the Local Evaluation Plan implementation, and provided additional support to Proud Parenting staff on an ongoing basis. In addition, YESS Center staff created the Teacher Survey that was distributed to the teachers at Lindsay Community School who were knowledgeable about the parents who were enrolled in the Proud Parenting Program. This survey collected supplemental feedback from teachers regarding the progress and improvements observed in students in the Proud Parenting Program. YESS Center staff also conducted one client interview to gather information about parent experiences with the program and how children benefited from the additional support.

1.2.2 Goals and objectives

The PPP had 3 goals, each with related, measurable objectives.

Goal 1: To provide the information, support, and encouragement that high-risk parents need to help their children develop optimally during the crucial early years of life.

- Objective 1A: Home Visitor will be hired and trained by August 1, 2018;
- Objective 1B: All participating parents will receive a comprehensive, family-centered, strengths-based assessment within 30 days of entry into the program, documented in case files;
- Objective 1C: 25 eligible families per year will receive regular personal visits for up to 2 years, or until their child reaches the age of 5, documented in case files;
- Objective 1D: Home Visitor will deliver the PAT curriculum during personal visits, which includes information designed to increase parent knowledge of early childhood development and improve parenting practices, and provide early detection of developmental delays and health issues, documented in case files and measured by the HFPI assessment tool;
- Objective 1E: Participating families will have access to at least 10 group activities every year which include topics related to child development and positive parenting practices, documented by monthly schedules.

Goal 2: To reduce the number of chronically offending parents.

- Objective 2A: Home Visitor will deliver the PAT curriculum during personal visits, which includes information designed to improve parental attitudes about responsible parenting, prevent child abuse and neglect, and increase parent-child bonding, documented in case files and measured by the HFPI assessment tool;
- Objective 2B: Parents will be referred to any relevant services and programs that will help to improve their self-esteem, life-skills, as indicated by the HFPI and Parent Concerns assessment tools.
- Objective 2C: Participating families will have access to at least 10 group activities every year which include opportunities to socialize with peers and participate in pro-social activities, documented by monthly schedules.

Goal 3: To increase parents' knowledge and utilization of community resources.

- Objective 3A: All participating parents will receive a comprehensive, family-centered, strengths-based assessment within 30 days of entry into the program, which will include identification of needed community resources, documented in case files;
- Objective 3B: The Home Visitor will assist participating parents to access and engage in needed community resources, documented in case files and the HFPI assessment tool.

1.2.3 Data sources

A number of diverse data sources, listed below, were used to inform the evaluation of the PPP.

- SBCS staff maintained case management records, including documentation of services, assessments, and referrals made on behalf of clients using Efforts to Outcomes (ETO) client management software.
- Minutes of F5FS Advisory Board meetings were created and shared by SBCS staff.
- A family intake and Client Concerns Assessment were collected for each family.
- The Family Well Being Assessment was used at intake and exit to assess each family's strengths and needs.
- The Healthy Families Parenting Inventory (HFPI) was used at multiple time points to measure changes in parenting knowledge and skills.
- The 9-item Parent Health Questionnaire (PHQ-9) was used at prescribed intervals to screen for depression and mental health needs in parents.
- The Ages and Stages Questionnaire, Third Edition (ASQ-3) was used at prescribed intervals to screen children for potential concerns with regard to development.
- The Ages and Stages Questionnaire, Social-Emotional, Second Edition (ASQ:SE-2) was used at prescribed intervals to screen children for potential concerns with regard to behavior and social-emotional development.
- A teacher survey was developed by the program evaluator to capture information about the impact of the program on its participants.
- A 10-item Completion and Exit Assessment was developed from an instrument used in the First Steps program and used to capture information on grant-specific participant outcomes at time of exit.
- Notes from a qualitative interview with one program participant conducted via Zoom.

2. PROCESS EVALUATION

2.1 Status of program objectives

	STATUS	EXPLANATION
Objective 1A: Home Visitor will be hired and trained by August 1, 2018	NOT MET	*Actual hiring date 8/28/18*
Objective 1B: All participating parents will receive a comprehensive, family-centered, strengths-based assessment within 30 days of entry into the program, documented in case files	PARTIALLY MET	*PPP met this standard with 32/37 cases (84%).*
Objective 1C: 25 eligible families per year will receive regular personal visits for up to 2 years, or until their child reaches the age of 5, documented in case files	PARTIALLY MET	*A total of 37 families were served, but only in Year 2 were there 25 active families.*
Objective 1D: Home Visitor will deliver the PAT curriculum during personal visits, which includes information designed to increase parent knowledge of early childhood development and improve parenting practices, and provide early detection of developmental delays and health issues, documented in case files and measured by the HFPI assessment tool	MET	*A total of 37 clients received a personal visit that included the PAT curriculum.*
Objective 1E: Participating families will have access to at least 10 group activities every year which include topics related to child development and positive parenting practices, documented by monthly schedules	MET	*Activities met goals for parenting skills development.*
Objective 2A: Home Visitor will deliver the PAT curriculum during personal visits, which includes information designed to improve parental attitudes about responsible parenting, prevent child abuse and neglect, and increase parent-child bonding, documented in case files and measured by the HFPI assessment tool;	MET	*All 37 clients received the PAT curriculum as part of personal visits.*
Objective 2B: Parents will be referred to any relevant services and programs that will help to improve their self-esteem, life-skills, as indicated by the HFPI and Parent Concerns assessment tools.	MET	*A total of 109 referrals were made on behalf of 37 families.*
Objective 2C: Participating families will have access to at least 10 group activities every year which include opportunities to socialize with peers and participate in pro-social activities, documented by monthly schedules	MET	*Activities met goals for pro-social interactions among families.*
Objective 3A: All participating parents will receive a comprehensive, family-centered, strengths-based assessment within 30 days of entry into the program, which will include identification of needed community resources, documented in case files	PARTIALLY MET	*PPP met this standard with 32/37 cases (84%).*
Objective 3B: The Home Visitor will assist participating parents to access and engage in needed community resources, documented in case files and the HFPI assessment tool	MET	*A total of 109 referrals were made on behalf of 37 families.*

2.2 Process evaluation data

2.2.1 Home Visitor hiring and training

The launch of PPP was negatively impacted by delays in the hiring of staff. While the original plan would have had the Home Visitor hired and trained by August 1, the Home Visitor for the program was hired August 28, 2018. This resulted in clients not being enrolled into the program until the second quarter of implementation.

The PPP Home Visitor did have the advantage of the connection and support provided by the existing First 5 First Steps personal visiting program, so supervision and training infrastructure were in place so that the program could get up and running quickly one hiring was complete.

The PPP Home Visitor participated in intensive and ongoing professional development trainings to build capacity and assure parents in the program benefited from the best strategies possible. The major trainings completed by the Home Visitor are listed below.

1. Motivational Interviewing
2. Trauma Informed Care
3. 40 Hour Domestic Violence Counselor Certification
4. Parents as Teachers Foundational Trainings
5. Mental Health First Aid
6. Teen Dating Violence
7. Group Facilitation
8. Home Visitor Safety
9. Crisis Intervention and De-Escalation
10. Assessment and Service Plan
11. Cultural Competency
12. Eradicating Racism and Bias in Child Welfare
13. Practicing Cultural Humility to Support Equity and Inclusion in Family Support Programs

2.2.2 Demographics and risk factors for program participants

	# of Parents	% of Parents
***Gender**		
Male	3	8.1%
Female	34	91.9%
Primary Language		
English	31	83.8%
Spanish	6	16.2%
Other	0	0.0%
****Ethnicity**		
American Indian or Alaskan Native	0	0.0%
Asian	2	5.4%
Black or African American	4	10.8%
Hispanic, Latino or Spanish	33	89.2%
Middle Eastern or North African	0	0.0%
Native Hawaiian or Other Pacific Islander	0	0.0%
White	2	5.4%
Employment Status		
Unemployed	9	24.3%
Part-time	28	75.7%
Full-time	0	0.0%
Education Level		
Some High School	30	81.1%
High School Graduate	6	16.2%
Some College	1	2.7%
Housing Status		
Living with relatives	32	86.5%
Living Independently	5	13.5%
Expectant Parent		
Yes	12	32.4%
Current Involvement in Justice System		
Yes	9	24.3%
Past Involvement in Justice System		
Yes	15	40.5%
Currently on Probation		
Yes	9	24.3%
Mental Health Diagnoses		
Yes	11	29.7%
Involved in CWS as a Parent		
Yes	10	27.0%
Involved in CWS as a Child		
Yes	16	43.2%

**Gender was determined by the demographic data provided when the referral was made into the program.*

***Client may be represented in multiple ethnic categories.*

2.2.3 Family needs and concerns

Family Well-Being Assessment (FWBA):

- The areas of need noted at intake were most frequently (and for a majority of participants) related to adult education, employment, income/budget, family relations, and shelter.
- Many parents presented complex needs, and those needs often shifted over time as they progressed through the program.

Family Well-Being Assessment (FWBA)				
	Clients with Need at Intake (n=35)		Clients with Need at Exit (n=31)	
Areas of Need	**#**	**%**	**#**	**%**
Adult Education	34	97.1%	31	100.0%
Employment	32	91.4%	28	90.3%
Income/Budget	31	88.6%	23	74.2%
Family Relations	24	68.6%	11	35.5%
Shelter	19	54.3%	12	38.7%
Nutrition	15	42.9%	10	32.3%
Legal History	15	42.9%	9	29.0%
Mental Health	13	37.1%	10	32.3%
Alcohol/Drug Use	7	20.0%	6	19.4%
Mental Health Co-Occurring Issue	7	20.0%	3	9.7%
Health Care	6	17.1%	4	12.9%
Alcohol/Drug Use Co-Occurring Issue	5	14.3%	2	6.5%
Parenting	4	11.4%	2	6.5%
Children's Education	1	2.9%	0	0.0%

Family Concerns Assessment:

- The most frequently cited areas of concern for parents entering the program are highlighted below.

Concerns identified by parents at intake (n=32)			
My baby's development and behavior	**65.6%**	*How to calm a crying baby*	34.4%
Building my confidence as a parent	**59.4%**	*Family planning/ birth control*	28.1%
Bonding/Attachment with the baby	**53.1%**	*Feeding my baby*	28.1%
Employment	**53.1%**	*Depression/anxiety/MH concerns*	28.1%
Education	**53.1%**	*Infant Care*	25.0%
Learning to manage stress or anger	**53.1%**	*Safety in the home*	18.8%
Plans for discipline	**50.0%**	*Dental Care*	12.5%
Finances	46.9%	*Parents' childhood history*	9.4%
Feeling better about myself	43.8%	*Problems with the law*	9.4%
Relationship stress	43.8%	*Medical Care*	9.4%
Housing	40.6%	*Substance abuse*	6.3%
Transportation	40.6%	*Child Welfare Involvement*	3.1%
Support/someone to talk to	37.5%		

- The summary of services and referrals needed by parents entering the program shows that needs were greatest around basic needs (food, transportation, and housing), followed by counseling and mental health services.

Families needing services/referrals at intake (n=32)			
Food banks/boxes	12	*Medi-Cal/Insurance*	4
Baby clothes, equipment	11	*Dental Care*	4
Transportation	11	*Breastfeeding support*	2
Housing	9	*Child care information*	1
Food stamps	8	*Substance abuse services*	1
Counseling Services	8	*Parent groups*	1
Prenatal class	6	*Spiritual resources*	1
Education	5	*Tobacco prevention*	1
Family planning	5	*WIC*	1
Mental Health Services	5		

Post-Partum Depression Screening:

- 34 parents completed at least one the PHQ-9 (27 Adult version and 7 Adolescent version)
    - 50.0% reported a concern on at least one PHQ-9 (48.1% Adult versions and 57.1% Adolescent version)

Developmental and Social Emotional Screening of Children (ASQ-3 and ASQ:SE-2)

- 20 children were screened using the ASQ-3, with only one child scoring in a range indicating a concern (in 4 out of 5 domain). None of the 21 children for whom an ASQ:SE-2 was completed showed a concern.

2.2.4 Parent engagement and retention

Recruitment:

Participant recruitment was a challenge at the beginning of the Proud Parenting Program. It was difficult to gain access to the specific high-risk target population that included *young parents or expectant parents between the ages of 14 and 25 who were involved in the criminal/juvenile justice systems, and/or considered crossover youth within the child welfare system, and who have children aged 0-5*. In order to access and serve the target population, and the needs of the community, the PPP partnered with Lindsay Community School in San Diego. Lindsay Community School, which serves pregnant or parenting teens in 9th-12th grade, provided office space for the PPP, allowed SBCS to provide services on site, and gave high school credits to students participating in the PPP. This collaboration was particularly beneficial in the recruitment of students for the Proud Parenting Program. SBCS Proud Parenting was able to address the needs of students at Lindsay Community School by providing them with additional support including one-on-one personal visits, the Parents and Teachers (PAT) curriculum, and other group activities.

- 66.1% of parents referred to PPP enrolled in services.

Parents Referred to Proud Parenting		
Total # of referrals	56	
Referral Outcomes	**# of parents**	**% of parents**
Referral open for services	37	66.1%
Referral did not open	19	33.9%
Not Eligible	7	36.8%
Parent Declined	5	71.4%
Unable to Contact Parent	5	100.0%
Other	2	40.0%

Engagement and Retention:

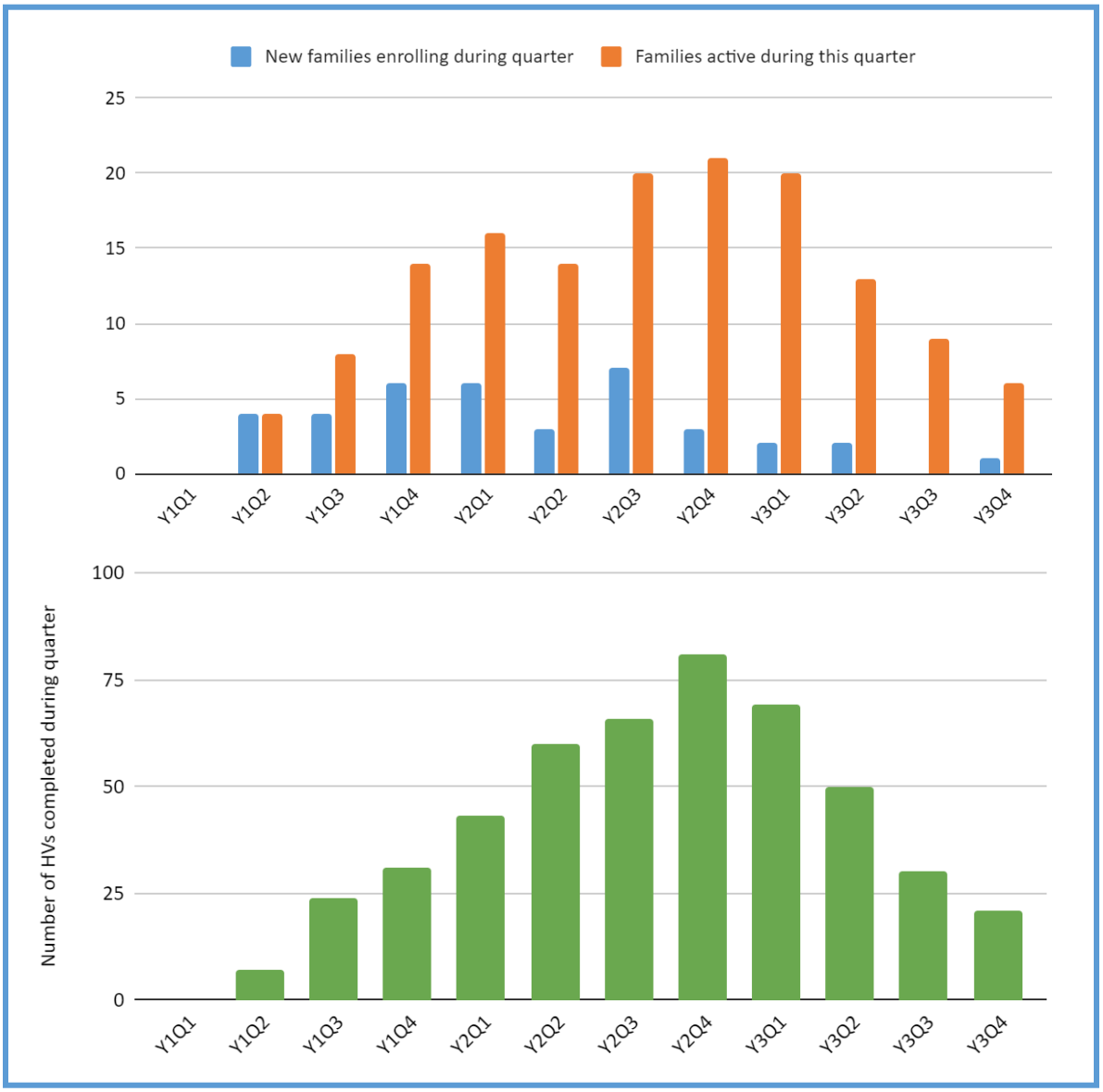
- Engaging and retaining clients in the program for the planned duration of two years was very challenging. The average number of months enrolled in program was 7 months, while the median was slightly less than that.
- SBCS introduced an incentive structure to promote greater parent engagement in personal visits and group activities starting in April 2020. In September 2020, the protocol was revised to allow families to earn incentives more frequently.

Months Enrolled in Program	**# of Parents**	**% of Parents**
0-3 months	9	29.0%
4-7 months	11	35.5%
8-11 months	4	12.9%
12-15 months	5	16.1%
16+ months	2	6.5%
Average # of Months in Program	**7**	

Exit Reason	# of Parents	% of Parents
Unable to contact	21	67.7%
Dropped out of programs/services (client declined services)	7	22.6%
Moved out of area	3	9.7%

Personal Visits:

- The total number of personal visits delivered through the PPP was 482. This is an average of 13 completed personal visits per parent, or about 2 personal visits per month enrolled.



3. OUTCOME EVALUATION

3.1 Evidence of successful program completion and overall impact

3.1.1 Program completion and success

- The duration of family involvement in PPP was shorter than expected, and no family completed two years in the program.
- The exit assessment tool created by PPP was used to assess the success of the families in achieving program goals. Parents who completed 6 or more of the 10 goals were deemed to have been successful. 54.8% of parents successfully completed the program using that standard.

10-Item Completion/Exit Assessment (n=31)	# Yes	% Yes
1- Completes child development activities.	10	32.3%
2- Demonstrates skills and confidence in advocating for the family and child.	22	71.0%
3- Independently uses healthy coping behaviors to manage stress	15	48.4%
4- Actively participates in setting and achieving goals based on the current family goals.	12	38.7%
5- Has maintained and utilizes a healthy support system as needed.	18	58.1%
6- Has established at least one positive support system	26	83.9%
7- Provides for child's wellness independently	17	54.8%
8- Continues to meet basic needs either independently or through community resources/public assistance	22	71.0%
9- Is emotionally available to child.	18	58.1%
10- Sets limits with children over age 1 that are mutually respectful	8	25.8%
***Has there been involvement with the justice system since enrolled in the program?**	0	0.0%
***Has there been an increase in time spent with their child since program enrollment?**	12	40.0%

- A teacher survey was also use to assess the impact of the program on participating families. 100% of teachers reported that the program *greatly improved* positive parent-child interactions.

Proud Parenting Teacher Survey Preliminary Results (n=14)	*Greatly improved*	*Somewhat improved*	*Not sure*	*No change*	*Greatly declined*
Involvement/participation in school	57.1%	21.4%	7.1%	14.3%	0.0%
Social emotional health	71.4%	28.6%	0.0%	0.0%	0.0%
Responsibility for their actions	78.6%	21.4%	0.0%	0.0%	0.0%
Resistance to risk-factors (e.g. depression, drug/alcohol use, etc.)	64.3%	21.4%	0.0%	0.0%	14.3%
Resiliency factors (e.g. social support and problem solving skills)	71.4%	28.6%	0.0%	0.0%	0.0%
Comfort with parenting role	71.4%	28.6%	0.0%	0.0%	0.0%
Knowledge and utilization of community services	57.1%	42.9%	0.0%	0.0%	0.0%
Do you feel the Proud Parenting Program has helped increase positive parent-child interactions?	100.0%	0.0%	0.0%	0.0%	0.0%
Do you feel the student/parent has increased their knowledge in child development (i.e. physical, cognitive, and social/emotional health)	92.9%	7.1%	0.0%	0.0%	0.0%
Do you feel that the student/parent has the information, support, and encouragement necessary to help their child develop optimally?	100.0%	0.0%	0.0%	0.0%	0.0%
To your knowledge, has the student re-offended or re-entered the criminal justice system since participating in the program?	85.7%	0.0%	0.0%	14.3%	0.0%
Overall, did the Proud Parenting Program help provide the tools needed to avoid re-offending or re-entering the criminal justice system?	100.0%	0.0%	0.0%	0.0%	0.0%

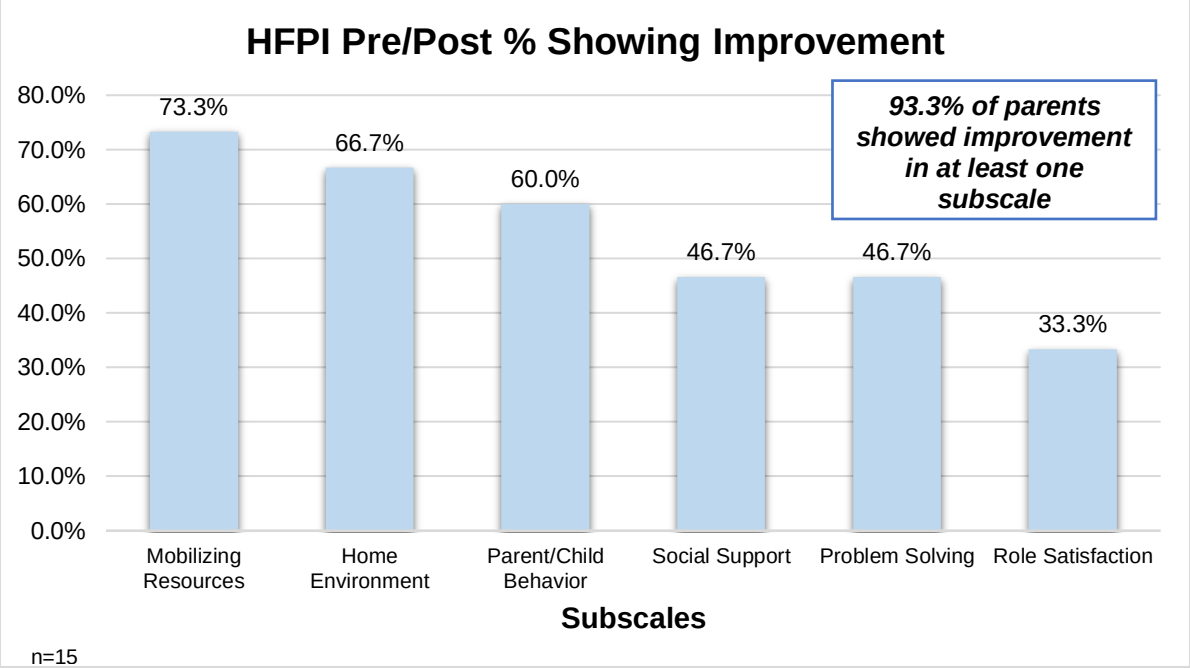
3.2 Evidence of remaining free of further involvement with justice system

- 93.3% of parents with a 10-Item Program Completion and Exit Assessment had no involvement the justice system since being enrolled in the program. This was question was *unable to be determined* for 6.7% of parents with a 10-Item Program Completion and Exit Assessment (see table above).
- 85.7% of teachers indicated that their student greatly improved (14.3% reported no change) and have not re-entered the criminal justice system since participating in the program.
- 100% of teachers reported that the Proud Parenting Program helped to provide the tools needed to avoid re-offending or re-entering the criminal justice system (see table above).

3.3 Evidence of increased parenting knowledge and skills

- The Healthy Families Parenting Inventory (HFPI) was used to measure change in parenting knowledge and skills. Among those parents who did complete at least two HFPAs, 93.3% showed improvement in at least one subscale.

HFPI Matched Pre/Post Tests (n=15)				
	Improvement		No change	
Subscales	**#**	**%**	**#**	**%**
Mobilizing Resources	11	73.3%	1	6.7%
Home Environment	10	66.7%	0	0.0%
Parent/Child Behavior	9	60.0%	2	13.3%
Social Support	7	46.7%	3	20.0%
Problem Solving	7	46.7%	4	26.7%
Role Satisfaction	5	33.3%	3	20.0%



3.4 Evidence of improved knowledge and utilization of community services

- 73.3% of parents reported improvement on the pre/post HFPI in the Mobilizing Resources Subscale (see table and chart above).
- 100% of teachers reported that their students had *greatly improved or somewhat improved* in their knowledge and utilization of community services (see table above).
- 71.0% of clients showed a reduction in needs on the FWBA.
- 100% of families received one or more referrals to other community resources or services.
    - 85.3% of 109 referrals resulted in services being initiated.

Referrals From Proud Parenting to Other Services	# of Referrals	%
First 5 – Healthy Development Services	2	1.9%
Food Bank	2	1.9%
Infant and Child Nutrition (e.g. WIC)	3	2.8%
Other	97	91.5%
Workforce Readiness/Employment Services	2	1.9%
Total	**106**	-

Note: Clients may have more than one referral.

Referral Outcomes	# of Referrals with Outcomes	%
Ineligible for Services	2	1.8%
Initiated Services	93	85.3%
Pending	13	11.9%
Other	1	0.9%
Total	**109**	-

3.5 Summary of interview with program participant

An interview was conducted with one participant in the Proud Parenting Program who enrolled prior to the COVID-19 pandemic and continued services throughout the pandemic and up to the end of the grant.

- Client is a 25 year old Latina, pregnant at intake, who was referred to PPP by Probation.
- The client was on probation at intake and for the duration of services, and was also attending 52 weeks of mandated classes while participating in the program.
- Client lives with partner and father of the target child, and is currently not in school or working.
- Client lost custody of an older child a few years back and has a history of alcohol use.

It was evident from her feedback that the program filled an essential gap for her as an expecting and then new parent. She reported that her Home Visitor was warm and welcoming, and did not judge her for her past involvement in the justice system. She stated, “It was comfortable and easy, the baby would be comfortable with her [the Home Visitor].” She shared that the resources were helpful and facilitated bonding and growth both for her and her son, indicating “The activities were for me and the baby, but also activities just for me.” She was able to

continue with the program during the transition into virtual visits, but found it to be more challenging due to the attention span of her new baby. However, she did indicate that the activities and resources were still beneficial even with the virtual visits, and actually helped keep her engaged. “Every week it was something new, different activities and the bond that was created.” Overall, she valued the program and remained enrolled because it was easy, comfortable, helpful, and fun!

4. CONCLUSION

The Proud Parenting Program undertook a difficult challenge during a grant period that introduced new and unforeseen difficulties with the arrival of the COVID-19 pandemic. Engaging and retaining parents in the target population requires overcoming barriers such as stigma regarding receiving parenting support services, lack of time or inconsistency in schedules, and lack of understanding of program benefits for parents and their babies. Within the course of implementing this grant, SBCS ran up against these issues and struggled to recruit and retain families. SBCS was able to identify and implement changes to the programmatic design to successfully recruit families, and was conducting intakes at the expected rate by the start of the second year of implementation. Changes in the program also increased the level of engagement, with the intensity of services also peaking in the second year. The Home Visitor achieved this increase in engagement by making shifts in the delivery of services, making greater use of electronic communications and shorter meetings with parents at the school site. The introduction of incentives, while notable, came only after the impact of the pandemic was being felt, so it is difficult to speculate how incentives affected retention. It is important to recognize the progress that was made and the valuable lessons that can be taken away from this experience with regard to serving this population. The success that was achieved in the second year was ultimately undermined by the circumstances of the pandemic, but the ability of SBCS to adjust the program to meet families' needs and use available opportunities to provide support and education is seen in the data.

The measurement of program outcomes is best considered preliminary given the challenges with client retention just discussed. The evaluation design expected for changes in parenting capacity and child health to be measurable across two years of participation, and the majority of participants remained in the program for less than one year. Nonetheless, in this small and partial sample there is some evidence to suggest the program can generate the intended benefits for the health, well-being, and self-sufficiency of young families. The data from multiple assessment tools – including the Family Well-Being Assessment, Healthy Family Practices Inventory, and a teacher survey – are in agreement that positive outcomes are being realized by parents in accordance with their participation and commitment. The expertise that SBCS has developed in the field of newborn personal visiting gave PPP an advantage in terms of supporting the professional growth and development of the Home Visitor in the program. This may be part of why the program can be successful in making an impact, but the close partnership with the school is also an important factor. The challenges of engagement and retention remain primary for this program design, but the service delivery model can deliver effective support for parents. The one interview conducted as part of the evaluation provides language to sum up this achievement of PPP:

> *"I learned a lot of information, what is expected for the baby and what the mother can do.[…] The activities were for me and the baby, but also activities just for me [to] learn to bond."*

Finally, this evaluation must acknowledge the precarious nature of the lives of the young parents and new babies who were the focus of the Proud Parenting Program. An easy yet

important conclusion to make is that greater access and increased stability in the availability of appropriate support systems is essential if the goal is to have a positive impact on the target population. Collaboration across systems to best meet the needs of is an important strategy to continue.