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## **Sample Proposal on Children Parenting Education Program**

Dear Grant Officer,

The Cone Health Center for Children requests \$68,725 to fund a pilot parent education program in their facility. In alignment with your mission to support early childhood welfare and parent education, this project will strengthen the parent-child relationship increasing the outlook for the child and family.

Currently an exploratory parent education program is under way at the Cone Health Center for Children. This program exists as part of a larger grant that supports the coordination of parent educational service provision in Greensboro, North Carolina. In the current exploratory program, a parent educator is in the clinic 10 hours per week. In this time the parent educator implements PURPLE Crying as part of the well-child checkups and Triple P parenting education by appointment. The curriculum in use at Cone Health Center for Children is designed to prevent child abuse. *Triple P: Positive Parenting Program* stated objectives of this theory based and evidence driven program are to prevent behavioral and emotional problems in children and teenagers.

The objective of the parent education program at Cone Health Center for Children is to provide additional support, education, and training for parents. Due to the success of the exploratory program, we are seeking support to create and evaluate a pilot program. We appreciate the interest of the Caplan Foundation for Early Childhood in improving the outlook for Greensboro children by supporting the development of safe and enriching home environments. Please let us know if we can provide any further information.

Sincerely,

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## **Executive Summary**

The ABC organization requests XXXXXX to fund a pilot parent education program that will provide support to parents for the creation of a safe and enriching environment for their children. The need for a parent program exists because parenting is challenging and few parents enter the role fully ready to handle the diverse and complicated responsibilities associated with the needs of their child. Parental stress has been shown to have harmful effects for child psychosocial development and does not foster healthy family atmospheres. Participating families will receive training from the parent educator using the curriculum of the period of purple crying and Triple P: Positive Parenting Program. This pilot program will serve as an expansion of an existing exploratory parent education program in the clinic that is currently in place to address these issues. The focus of the pilot will be decrease stigma around receiving parent education and also to increase parental confidence and knowledge to reduce the chance of child mistreatment. This pilot will formalize program procedures, so that it is possible to evaluate, improve, and replicate this program.

## **Problem statement**

A mother and father come home from the hospital with their newborn who will not stop crying. As new parents, they do not understand how to calm the crying. The mother is near tears; the father is exhausted and worried. This is a common experience among families, and parenting is challenging. Few parents enter the role fully ready to handle the diverse and complicated responsibilities associated with the needs of their child. Childhood needs coexist with other responsibilities, which creates sudden lifestyle changes and transitions for the entire family.

These changes and transitions are not to be taken lightly. Effective support and education to parents and families is necessary. Lacking this information and support could result in unfortunate outcomes. When parents lack support, child mistreatment

can occur. This has obvious immediate consequences, but it has also been shown to affect longer term issues like brain development and increases the chance of multiple mental and physical health problems.

Parents independently manage their child's needs, while focusing on additional household needs and responsibilities. On top of the responsibilities of parenting, there are many other burdens in the life of the modern parent. **The average American employee, age 25 to 54 with children, works 8.7 hours per day, spends 1.3 hours caring for others, and 1.1 hours on household activities (Bureau of Labor Statistics, 2013).** This is 11.1 hours of work per day, which leads to the heavy workload and stress parents are under. Additionally, it is important to remember that these numbers are simply an average and many parents work far more.

Despite all this, receiving formal support is rare due to the misperception that parenting skills come naturally. According to Dooley et al. (1983), becoming a parent is a "normal developmental crisis for a family unit" (p. 95). Traditionally, parents are expected to leave a visit with their health care provider fully prepared to face any obstacles pertaining to their child's health and developmental needs. Regardless of family make-up or socioeconomic status, there will be stress, sleeplessness, and feeling of isolation experienced by the family. It is clear that a new approach in supporting and educating parents is needed to better prepare parents and protect children.

Due to limited time with health care providers, parents expressed their lack of confidence and readiness. Not only do parents need education and support, but also they want help. According to the national center for infant and early childhood health policy, 75% of parents desire useful information regarding their child's development. Parents want their individual health care providers to give more relevant health information and education. Their desire supports the need for more parent and health provider partnerships; creating opportunities for parent education and support in the medical systems.

While the lack of parental support in the existing medical system impacts many, like children, doctors, etc., parents are the target population. All parents need support when learning the developmental needs of a child and there are many who believe certain parents are more at risk of emotional, financial and social stress than others. Raising a child affects the family including role separation, finances, employment, and emotional well-being of all.

Certain types of families, in the past, have been more commonly targeted because they are living in poverty, lack employment and/or education, face homelessness, have physical or cognitive limitations, face domestic violence, mental health or substance abuse problems.

Yet, parental education and support programs must be careful to not only target one group, like low-income or more at-risk families, as this could promote stigma of receiving information and support. Basic information should be offered to all parents, and those most at risk, as mentioned above, can receive more appropriately specialized information. Therefore, the topic of education can vary depending on what the families need and desire.

The patient and parent population at the organization's Center for Children includes mostly the medically underserved and uninsured. They also have a large immigrant population. Special considerations need to be made for parents from other cultures as there may be other factors affecting their support and stress levels like adjustment and adaptation to the unique challenges they face related to immigration. Therefore, it becomes increasingly important to address parental stress considering the multitude of other adjustments.

The effects of neglecting parent education are significant. Inadequate parental support has negative consequences for children, parents, family, and the community. Life is full of unexpected stressors from unemployment, disease diagnosis, or divorce. Stress is expected and has to be accounted for. Parent education teaches coping mechanisms to

help navigate these challenges. In the case of a chronic disease diagnosis, such as Type 1 Diabetes Mellitus, parents reported feeling incompetent, lacking confidence, and feeling stressed and anxious in providing disease-related care for their child. This was not a unique finding. These feelings persist even when there was no child disease diagnosis. After parent education delivery, parents reported decreased stress in the parent-child relationship, an important indicator in abuse-prevention.

Lack of parental support means stress. Stress has been shown to have harmful effects for child psychosocial development and does not foster healthy family atmospheres. Parent education enables a safe and enriching environment where children are raised up to be the best students and community leaders they can be, and parents are confident in their ability to manage the many stressors of child-rearing.

## **Objectives & goals**

### Broad, non-measurable goal:

Provide support to parents for the creation of a safe and enriching environment for their children.

### Measurable Objectives:

1. By the end of 2016, all CCCH families will have access to parent education services.
2. By 2018, 65 families per year will attend Triple P parenting classes. Of those who participate, 90% will demonstrate an increase in parenting confidence.
3. By 2020, 80% of guardians of patients at Cone Health Center for Children will report that they are open to receiving parenting education supports.

## **Methodology**

In general, educational parenting programs are designed to provide effective parenting strategies to meet the needs and wants of parents and children. These programs have shown to have positive outcomes in reducing childhood behavior problems and give



parents the resources and skills necessary to provide a safe and enriching environment. Yet, the availability and access to these educational programs is limited, and many children and parents do not receive the support they need, which can lead to an increase in stress for parents.

The current exploratory is a grant funded program with support for a Parent Educator to be in the clinic 10 hours per week through June 2016. In the first six months of 2015, the Parent Educator was able to have 315 face-to-face educational visits with families during well-child exams. Feedback on this exploratory program has been positive. One parent said, “It is like I am parenting a different child since I started using the strategies.” Other parents reported feeling calmer, less stressed, and affirmed in their parenting abilities. The main objective of the proposed pilot program at the Cone Health Center for Children is to expand on the success of the exploratory program to increase parental confidence and decrease stress through knowledge of parenting strategies.

Additionally, the program aims to decrease the stigma associated with parental education. It is often perceived that parenting is a skill that is, or should be innate. This is simply not true. As a result of this misperception, parent education programs targeted at “at risk” parents. As a result of this, parent education is perceived to be a punishment for those who have fallen short in some way, rather than critical information and strategies that all parents need.

To accomplish Objective 1, we will increase clinic hours for the parent educator to allow for a more complete provision of basic services, which includes a brief check-in during the annual well-child visit. Additionally, increased hours will allow for more scheduled appointments for those who seek additional support. Furthermore, the parent educator will be responsible for providing information to parents about the services available. These actions will result in increased access to parent education services. Increasing this access, will increase the number of parents who receive the Triple P training. This training is intended to increase parental knowledge, ability, and confidence in utilizing parenting strategies (Objective 2). Finally, having a parent educator on a full-time basis,

normalizes the service, and allows it to be seen as a standard procedure rather than a targeted service. This in turn, will decrease stigma associated with the service, and the content of the parenting sessions will contribute to an increase in the number of children in safe and enriching environments (Objective 3).

To accomplish Objective 1, we will increase clinic hours for the parent educator to allow for at least 750 check-in visits in one year. This number of check-in visits is a projection from the exploratory program. During the check-in visits, parents of children under one year of age will be introduced to PURPLE crying, a way of helping parents understand and cope with the cycle of their baby's crying.

During the check-in visit the parent educator will develop a relationship with parents, while establishing their role in the medical setting for families receiving care at CCCH. We will measure Objective 1 by looking for an increase in the number of check-in visits, along with an increase in the number of scheduled appointments with the parent educator. We expect that check-ins during the annual well-child visit, will increase the opportunity for more scheduled appointments for those families who seek additional support from the parent educator.

Scheduled appointments will focus on the Triple P training; providing parents with the necessary skills and tools to handle the diverse challenges faced during child rearing. Once parents are aware of these services and a full-time parent educator is on staff, we expect access to parent education services will increase, leading to an increase in the number of parents who receive the Triple P training.

To accomplish our second objective, of increasing parenting confidence among clinic members, parents must attend Triple P parenting education sessions taught by the parent educator. There are ten sessions in the Triple P curriculum that range from 45 minutes to an hour each. Due to the time commitment with each parent(s), it is expected that a full-time parent educator, who is splitting their time between appointments and well-child drop-ins, would only be able to go through all ten sessions with 65 families.



While 65 families will receive intensive one-on-one appointments, many others, up to 750 could have brief contact with the parent educator through the well-child visits during the course of a year. These session appointments would be interactive, and it would involve the parents working on handouts and a workbook during the sessions with the parent educator, as well as on their own once they are at home with their child. The Triple P curriculum strives to accomplish several tasks such as improve parent-child relationships, destigmatize family education and support and increase parent's confidence and competence in raising children.

This curriculum teaches parents strategies to promote positive relationships with their children, encouraging desirable behaviors (i.e. using descriptive praise, giving full attention) and teaching parents new skills and behaviors for parenting, like by focusing on setting a good example. There are also tips for parents when it comes to managing misbehavior. These tips include things like setting fair, specific and enforceable ground rules and intentionally ignoring problem behavior rather than reacting poorly to the child.

For the pilot study, while we could measure knowledge growth through a pre-post test, for more sustainable behavior change, we have decided to measure parent's confidence. Parents with a high sense of self-confidence in their parenting are more likely to trust their own abilities when challenges arise, think about problems in a less threatening way and overall better overcome difficult situations. In the research realm, parental confidence is referred to as "perceived parenting self-efficacy" (PPSE). PPSE is the "beliefs or judgements a parent holds of their capabilities to organize and execute a set of tasks related to parenting a child." If a parent has high levels of PPSE, they are more likely to serve as a protective factor against stress, parental anxiety and any relationship difficulties that may arise.

It is also associated with increased parental competence, psychological functioning and positive outcomes for the child. In order to increase the parental confidence of the parents who attend the Triple P appointments, it will take a well-trained parent educator. It is also important that staff, such as nurses and physicians are aware of how important

parental confidence is and use language that supports the development of parental confidence. The timeline of this objective is continuous. For each parent, the curriculum will last ten sessions, but the hope is that during these sessions, parents will learn information, skills and behavior in order to build their self-efficacy.

The third and final objective of this proposal, as mentioned above, relates to the destigmatization and normalization of parent education. The objective reads, “By XXXX, 80% of guardians of patients at Cone Health Center for Children will report that they are open to receiving parenting education supports.” An important first step to accomplishing this objective is having a parent educator at the clinic on a full-time basis. This expands the number of parents who are able to benefit from parenting education through the more informal “drop-in” sessions during annual well-child exams.

More parents experiencing these education sessions will lead to a more widespread understanding that this is information that is beneficial to all parents. This normalizes the experience and prevents parents from feeling like receiving support identifies them as inferior.

Furthermore, the dialogue around parent education will be consistent throughout the clinic. Staff, nurses, and physicians will attend a parent education workshop to ensure consistent messaging on the benefits of parent education and the importance of recognizing its benefit to all parents. This consistent messaging from health care professionals will lend credibility and value to the sessions in the opinion of clinic families. To further this positive messaging, there will be parenting education materials available in the waiting rooms that will speak to this as well.

## **Evaluation**

As this is a pilot program, we will be conducting a process evaluation throughout to determine what is working to meet our objectives and what needs to be changed in the future. In order to measure objective 1, the parent educator will create a database that

will be utilized to track the number of check-in visits and scheduled appointments. Not only will this database track the number of check-in visits and scheduled appointments, but it will also track the number of new and re-visiting families. The database will serve as a system that will be used to evaluate objective 1. There are a number of evaluation questions that will need to be considered when evaluating objective 1.

*Evaluation questions:*

- Did the number of parents receiving Purple crying and Triple P increase?
- Did all parents receive the training, and not just a certain group of parents?
- Did the number of parents who knew who the parent educator was increase?

In order to measure objective 2, we will need to measure two things. The first part is to measure how many people are attending the one-on-one parent education appointments, where the Triple P curriculum is implemented. We will need to be sure the parent educator is meeting enough unique families in the well-child visits to discuss the option for parental education.

At the same time, the rest of the staff will have to be involved in discussing parent education as an additional service parents have available to them. Therefore, our objectives will overlap slightly because parents will need to have access and know that attending a parent education class is normal in order to attend these appointments. We will want to make sure we are on track to meet 65 or more parents over the course of a year.

Depending on the age group, there will be several scales used to measure parental confidence. During the first year of life, we will be using the Karitane Parenting Confidence Scale developed by Rudi Črnčec, Bryanne Barnett and Dr. Stephen Matthey. It has 15 items and it has an easy four-point scoring method. It measures

confidence in terms of feeding, soothing, playing and managing when the baby is unwell among other topics.

Below is an example of the what the form looks like and a question:

Your name: _____	Baby's name: _____
Your age: _____	Baby's age (months): _____
You are baby's (circle): mother / father	Number of children including baby: _____
Cultural background: _____	Today's date: _____

This scale has 15 items. Please underline the answer that comes closest to how you generally feel.

Here is an example already completed:

**eg. I am confident about holding my baby**

No, hardly ever  
 No, not very often  
Yes, some of the time  
 Yes, most of the time

*Office use only.*

Page 1 \_\_\_\_\_

Page 2 \_\_\_\_\_ +

Total \_\_\_\_\_

This would mean "I feel confident about holding my baby some of the time".

Please complete the other questions in the same way.

However, as a child gets older, there will be other behaviors and skills that will need to be measured. For example, if the parent educator is working with parents of toddlers. She would instead use the Knowledge of Effective Parenting Scale, which has 28-items that are all in form of multiple choice. Here is a sample question:

An 11-year-old girl tends to yell and shout at her younger sister, in order to get what she wants. She is most likely to have learned this by:

- a) Seeing characters from her favourite TV show yelling at each other.
- b) Listening to loud music, which may have affected her hearing.
- c) Listening to her parents raise their voices at her, when she does not do her chores or do as she's told.
- d) It's probably just part of her nature.

A child is jumping on the couch. Her mother wants her to stop. Which approach would be most effective?

- a) Telling her to stop jumping on the couch and to jump outside if she would like to jump.
- b) Saying "Sarah, don't be so silly".
- c) Explaining to her again, why jumping on the couch is dangerous.
- d) Asking her to explain why she wants to wreck the couch.

It is necessary to have a variety of scales depending on the child's age because at this time, there is not one set scale to measure a parent's confidence across a child's development. However, a possibility for our program is to provide insight and knowledge to how confidence is increased over ten sessions of a parenting education program and what are some ways to measure it. The parent educator will give these parenting scales to parents at the beginning of their sessions together and at the end to see the growth in confidence or self-efficacy.

The evaluation for Objective 3 will include evidence of a full-time parent educator. It has been determined that this full-time parent educator is the marker for increased availability of parental support services. To ensure consistent messaging on parent education, clinic-wide, evaluation will include evidence of a workshop for all clinic staff, nurses, and physicians. Finally, as further evidence of information availability, the evaluation packet needs to include copies of materials used to increase parents' awareness and acceptance of parenting education services.

## **Sustainability**

As with any program proposals, the sustainability of the initiative is a top concern. To ensure that this parent education program has the opportunity to thrive beyond this funding cycle several things are being done. First, the clinic is seeking to incorporate the Parent Educator into the electronic scheduling program. This will allow the Parent Educator to track clients and appointments. Further, it allows parents to receive appointment reminder and follow-up phone calls. This increases parents' access to the service. The increased access and convenience should increase demand for the parent education services. Additionally, the clinic is seeking a process through which parent education services can become billable. This will provide financial sustainability for the program.

## Budget

The current exploratory project will end in June of 2016, and it only allows the parent educator to be present at the Cone Health Center for Children for ten hours a week. The following is a budget outline and justifications of the necessary resources for a successful pilot program.

Categories	Item Totals	Sub-totals	Justification
<b>Training</b>			
<ul style="list-style-type: none"> <li>Triple P - Level 4 Standard Training</li> </ul>	\$XXXX		An evidence-based “train the trainer” parent education training focused on working with parents of children aged 0-12.
<ul style="list-style-type: none"> <li>Continuing Education</li> </ul>	\$XXXX		Allotted for three trainings a year
<i>Subtotal</i>		\$XXX	
<b>Personnel - Parent Educator</b>			A full-time Parent Educator on staff increases the reach and impact of services.
<ul style="list-style-type: none"> <li>Salary (40 hr/week)</li> </ul>	\$XXXX		
<ul style="list-style-type: none"> <li>Benefits</li> </ul>	\$XXXX		
<i>Subtotal</i>		\$XXXXX	



<b>Supplies</b>			Needed resources to complete task.
• Educational Materials- Print	\$XXXX		Triple P Workbook and other handouts (est. 65 families/year at \$20/book + Tax & S/H costs)
• Educational Materials - DVDs	\$XXXX		
• Flyers/Brochure	\$XXXX		To raise awareness about parent education for the clinical population.
<b>Subtotal</b>		<b>\$XXXX</b>	
<b>Total</b>		<b>\$XXXX</b>	

To align with our overall goal, providing exceptional parent education services, a parent educator needs to be in the clinic full-time. Therefore, our budget includes the salary and benefits of a parent educator. According to Indeed.com, the salary for a parent educator available for forty hours a week can range is \$XXXX. Additionally, the benefits are 1.4 times the base salary, which accounts to \$XXXXX.

Here is a job description that would represent the ideal parent educator: The parent educator will help parents/guardians gain the necessary knowledge and skills to raise emotionally, developmentally, and physically healthy children. The parent educator must have strong written and verbal communication, and listening skills. Problem solving and relationship building skills are necessary. The parent educator must be knowledgeable of child development, parenting techniques and community resources, as well as culturally competent. In order to be considered for the parent educator position, the

individual must have at least a Bachelor degree in the area of child development, social work, counseling, or family studies.

To provide quality parent education sessions, the parent educator should be trained in an evidence-based program, like the well-respected Triple P - Positive Parenting Program. The skills-based “train the trainer” training includes three days of training and one day of accreditation and includes instructive presentations, video demonstrations, clinical problem solving, rehearsal of consultation skills, feedback and peer tutoring. The level 4 training would be so the parent educator could work with parents of children who are 0 to 12 years old. It costs \$XXXX. Resources given at the training include a practitioner's kit for Standard Triple P and Every Parent's Survival Guide DVD. In order to maintain this accreditation, we have allotted \$XXXX for continuing education trainings.

Finally, there are supplies needed for the parent educator to properly provide parent education services. For example, the current parent educator brings a brochure into well-child Visits, now called Purple Crying, to help parents understand the cycle of their baby's crying, and for parents to understand crying is normal. Along with handouts similar to this, Triple P also has an accompanying workbook that would be given to the parents, so they have a resource while they are at home. The workbooks cost \$XX each, and it is estimated that they will be given to 65 families that the parent educator sees for appointments throughout the year.

For shipping and handling and other materials, we have allocated \$XXXX. There is also \$XXXX available for the parent educator to purchase educational DVDs. Lastly, since many parents of child patients may not know what a parent educator does, and also to reduce the stigma of receiving parent education services, there will be continuous stream of flyers, brochures and other announcements about the parenting education service, which will cost about \$2,000 over the course of the year.

Therefore, in total, we are requesting \$XXXXXX to support a parent education service at the Cone Health Center for Children.

## **Conclusion**

To reduce parental stress and in the interest of improving the environment in which children are raised, the Cone Health Center for Children requests funding for a parent education pilot program. Additionally, this program seeks to increase parents understanding of parenting strategies and confidence in carrying out parenting activities. The Cone Health Center for Children was created to serve the medically underserved in Greensboro.

This clinic is an appropriate setting for this intervention because it provides a much-needed service that is not available to this client-base elsewhere. To accomplish this the Center will hire a full-time parent educator to implement the curriculum of the Period of PURPLE Crying and Triple P: Positive Parenting Program. It is known that parenting heavily impacts a child's social, physical, and emotional development. With this in mind, an investment in the skills and confidence of parents to ensure the best opportunities for our children is imperative.

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