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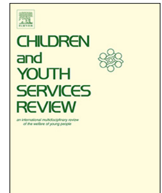
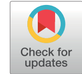


Discussion

Promoting positive parenting for families in poverty: New directions for improved reach and engagement



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ABSTRACT

An extensive literature documents the numerous interrelated stressors families in poverty face, and associated risks for children's wellbeing. Positive parenting holds tremendous promise as a counterbalance to these risks; thus, evidence-based parenting programs represent one of the most important approaches in the arsenal of services for children and youth in poverty. However, logistic and perceptual barriers with particular relevance for low-income families contending with multiple stressors prevent many parents from engaging in supportive services. Applying an ecological public health model, we present evidence for innovative service models from within and outside of the parenting literature that provide support to individuals and families in communities of poverty, highlighting aspects of service models that align with the needs of high poverty families. Specifically, we review evidence that parenting programs may reach and engage more families if services are 1) led by fellow community members to align with cultural norms and multiply opportunities for service provision; 2) embedded in key settings such as homes and schools with flexibility to bridge settings; 3) aligned with the goals and needs of those settings, and bundled with other services to address families' pressing needs, thereby taking a "family-centered" form; and 4) offered through multiple formats, from traditionally formatted sequenced curricula to informal conversations infused with core parenting principles. Expanding the workforces, settings, intervention foci, and formats that can support parents' adoption of positive parenting practices may reduce the research to practice gap for some of our nation's most vulnerable children and families.

Families in poverty face complex and difficult challenges that can place children at risk for accumulated stress and adverse experiences, and behavioral and emotional problems in childhood and over the life course (Cappella, Frazier, Atkins, Schoenwald, & Glisson, 2008). Evidence-based parenting programs have demonstrated success supporting participating parents to develop supportive parenting strategies, which in turn can partially offset the stress placed on children. However, these programs have also demonstrated limited reach, in particular for parents living in communities of poverty and contending with multiple stressors. From this perspective, vulnerable families continue to be underserved.

In this review, we apply an ecological public health framework (Atkins, Rusch, Mehta, & Lakind, 2015) to consider how the barriers to engaging in services experienced by families in poverty, can inform opportunities to support families more effectively. This framework acknowledges contextual influences on individuals, families, and settings as well as the extent to which individuals' actions, in turn, critically shape their settings (Bronfenbrenner, 1979; Kelly, 2006). We discuss the potential to provide meaningful support to families in poverty by developing a paraprofessional community-based workforce, and consider opportunities for a variety of other youth workers to provide support to parents in parallel with their work serving youth directly. We also examine opportunities to embed parenting services in everyday settings and describe how the content of parenting programs can be realigned with the goals and needs of these settings through multiple formats that span the intervention continuum from universal public health messaging to early intervention (Atkins & Frazier, 2011).

1. Understanding parenting and poverty

Research suggests that children who experience deep and persistent poverty face increased risk for poor mental health, and that exposure to cumulative associated stressors may partially account for elevated risks of social, behavioral, and emotional problems (Evans & English, 2002; Morrow & Villodas, 2017). Parenting represents a particularly promising locus for intervention, as a considerable research base demonstrates that parenting profoundly influences children's development (Stack, Serbin, Enns, Ruttle, & Barrieau, 2010). Positive parenting

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practices such as consistent and non-harsh discipline, positive reinforcement, and warmth have been found to be potent buffers for children in poverty, predicting school achievement (Kiernan & Mensah, 2011), emotional competence (Stack et al., 2010), and decreased problem behavior (Galambos, Barker, & Almeida, 2003). Harsh, aggressive, authoritarian, and inconsistent parenting practices predict worse mental health (Gershoff, 2002), particularly in combination with higher levels of neighborhood violence (Fitzgerald, McKelvey, Schiffman, & Montañez, 2006).

Although positive parenting holds tremendous promise as a counterbalance to the many risks and stressors for children in poverty, it may also be more difficult for parents to implement (McLoyd & Wilson, 1991). Conger and Donnellan (2007) propose a "family stress model" in which the detrimental effects of poverty on parents' wellbeing lead to emotional and behavioral problems. These manifest in negative parenting practices, in turn contributing negatively to children's adjustment. Many caregivers experience significant stressors across the lifespan, likely compounding the effect of present day stressors and exacerbating the damaging effects of poverty on parenting (Lupien, Gunnar, McEwen, & Heim, 2009). Scholarship on the social determinants of health locates poverty as a robust predictor of numerous physical and mental health problems (Marmot, 2005). Inadequate social services (e.g., housing assistance, medical needs) further exacerbate the scarcity of time and resources with which people in poverty must contend regularly, in addition to causing stress and compromising attentional and decision-making capacity (Acevedo-Garcia, Osypuk, McArdle, & Williams, 2008; Mullainathan & Shafir, 2013). Social isolation, associated with more negative parenting (Freisthler, Thomas, Curry, & Wolf, 2016), can be exacerbated by community contexts that are perceived as unsafe or that have structural barriers to community cohesion (Sampson, Raudenbush, & Earls, 1997), and by individual-level factors influenced by the experiences of poverty, such as maternal depression (Brown & Moran, 1997). Mothers living in more chaotic households are more likely to attribute children's misbehavior to intentions rather than situational factors (Wang, Deater-Deckard, & Bell, 2013), with attendant increased risk for maltreatment.

Families facing the challenges of poverty are also often marginalized in other ways. People of color contend with racial bias in employment, education, and housing in addition to navigating the challenges of scarcity (Acevedo-Garcia et al., 2008). Non-standard work schedules (e.g., non-daytime, rotating shift, or variable schedules) are more common among black and Latino/a workers, and low-income and less-educated workers (Presser & Ward, 2011). Importantly, these employment factors present additional challenges to parenting, especially for young single parents, with evidence for negative behavioral outcomes for young children (Joshi & Bogen, 2007). Aggressive policing tactics, incarceration, and restricted employment opportunities for felons disproportionately affect families in communities of color (The Pew Charitable Trusts, 2010). Similarly, for immigrant-origin families, barriers related to language, acculturation, documentation status, and limited cultural competence of providers and systems may compound difficulties accessing and benefiting from services (Chow, Jaffee, & Snowden, 2003). Federal policies may also contribute to family stress through threat of deportation and the fracturing of families (Rusch & Reyes, 2013). Minority parents living in communities of poverty are also often marginalized by the systems that serve their children and families. African American parents, for example, have described feelings of isolation, alienation, disengagement, and frustration regarding interactions with personnel in their children's schools (McKay, Atkins, Hawkins, Brown, & Lynn, 2003).

Given the critical importance of parenting for children in poverty, effective services that support the use of positive parenting with high poverty families are especially important. In fact, interventions to enhance or change parenting practices through training, support, and education, represent one of the most successful models in the arsenal of children and youth services. The earliest parenting programs targeted parents of children with identified behavior problems (e.g., Patterson, Chamberlain, & Reid, 1982); however, decades of research have shown that prevention-oriented parenting programs can promote competencies, avert a range of problem outcomes, and can lead to demonstrable positive effects decades later (see Sandler, Ingram, Wolchik, Tein, & Winslow, 2015). Importantly, a number of parenting programs have been developed explicitly for racial/ethnic minority families in poverty, with similar levels of effectiveness as programs with parents from more privileged backgrounds (Sanders, 2012).

Yet, continued high need for parenting supports in our most vulnerable communities suggests that from a public health perspective, far more work is needed to effectively reach and engage parents in services. In this paper, we review studies indicating how an ecological public health framework, designed specifically to reach and meet the needs of families living in communities of poverty, can address perceptual and logistic barriers to involvement. We also examine innovations in behavioral health services for families living in high poverty communities to identify new directions for parenting supports that respond to the risks of poverty, address barriers to service engagement, and hold promise for expanded reach.

2. Contextualizing services to fit the needs of parents living in poverty

2.1. Expanding the paraprofessional workforce

The long-standing shortage of professional clinicians and the costliness of clinician-delivered interventions suggest the need for alternatives to address the high need for mental health services. A community-based paraprofessional workforce can reach more families through prevention and promotion efforts (Garland et al., 2013; Schoenwald, Hoagwood, Atkins, Evans, & Ringeisen, 2010). By "paraprofessional," we refer broadly to individuals who have not received advanced degrees with specialized clinical training, but are positioned to provide support to children, youth, and families because they are already employed within children/youth/family-serving settings or could be. Paraprofessional health workers (known by several designations including community health workers, outreach worker, patient navigators, and *promotores/as de salud*), have been found to be effective across a range of settings, and health outcomes. Most importantly, they have done so in communities that experience disparities in health outcomes and in service receipt (see Brownstein, Hirsch, Rosenthal, & Rush, 2011), and in key settings such as schools and community based organizations (Cappella et al., 2008).

Rogers (2003) first noted the importance of *near peers* to provide natural social support and as *boundary spanners* – individuals with local credibility who can lend support to outside experts. Fellow community members may be more salient role models than professionals who do not share as many lived experiences with the population served. Community members positioned as paraprofessionals may better understand and empathize with parent choices and share practical, local knowledge related to the constellation of needs and demands parents face. Thus, employing paraprofessionals can strengthen interventions by minimizing social distance and stigma (Serrano-Villar, Huang, & Calzada, 2017) and incorporating local knowledge to deliver contextually appropriate services (Frazier, Cappella, & Atkins, 2007; McKay & Bannon, 2004).

The emerging literature on family support models for children with diagnosed mental illness suggests the promise of involving paraprofessional near peers in delivering parenting programs. Family peer advocates are themselves parents of children with diagnosed mental illness, experienced in the mental healthcare system. They are tasked with providing parents with emotional support and information, and helping with action planning, skills development, and advocacy (Rodriguez et al., 2011). Reviews suggest that family peer advocates can enhance family engagement and facilitate the delivery of high

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