FORWARD with HOPE for Family Support Programs

An excerpted brief from the full ‘Forward with Hope’ report, focused on Home Visiting and Parenting Education

Written by: Nina Tracy, MSW & Melea Rose-Waters, MSW
Edited by: Elizabeth Fowler

Prevent Child Abuse North Carolina

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Introduction

Child abuse, neglect, and dependency — often referred to collectively as child maltreatment — refer to a set of adversities experienced by young people that include physical, emotional, and sexual abuse; physical, educational, emotional, supervisory, and medical neglect; and dependency, where a young person either has no caregiver or their caregiver is unable to provide the child with the care that they need.

In the United States, about 15% of children are estimated to experience child abuse or neglect annually, and about 25% of children are believed to experience child abuse or neglect at some point in their childhood. In North Carolina, 4.34% of children were assessed for allegations of abuse and neglect in 2020 alone — data which may be an underestimate given limited interactions with families during the pandemic. Child maltreatment can result in negative outcomes across the lifespan of a child and their family, with immediate, short-term, and life-long impacts. These impacts manifest in a variety of ways at the individual, family, community, and society levels.

Children of color are also disproportionately impacted by the child welfare system. Black children represented 14% of the US child population in 2020, yet 23% of the foster care population. Similarly, Indigenous children (counted as American Indian and Alaskan Native) were 1% of the US child population in 2020, yet 2% of the foster care population. BIPOC (Black, Indigenous, and People of Color) children are also disproportionately affected by encounters earlier in the child welfare system. While about a quarter of all children (26.3%) are estimated to experience a Child Protective Services (CPS) investigation by their 18th birthday, this rate is nearly double for Black and Indigenous (Native American) children (46.8% and 50.2%, respectively).

Child abuse and neglect, as well as family separation by placement into the foster care system can result in a child experiencing chronic, toxic stress. Chronic stress can result in an allostatic load that has lasting, harmful effects on the child’s development reverberating into adulthood with impacts on the individual’s immune system, self-regulation of emotions, and biological responses to stress leading either to an overactive or dampened stress response. Children who have experienced abuse or neglect on average tend to have lower educational attainment, employment, and earnings. They also experience higher rates of substance use disorders and mental health diagnoses than those who did not experience child abuse or neglect.

Policymakers carry the responsibility of ensuring that public investments improve the lives of children, families, and the communities they live in. Implementing research-backed policies and programs that have been shown to prevent child abuse and neglect can have both immediate and long-term positive impacts. Policymakers cannot be expected to be experts in every topic, and they rely on researchers, constituents, the populations they serve, staff, colleagues, and their own personal experiences to inform their decision-making process.

Home visiting and parenting education programs are one promising strategy for supporting families and preventing child maltreatment, but significant investments are needed in order for these programs to reach all of the families who could benefit from their services. One of the questions explored by the Policymaker Perspectives on Child Maltreatment Prevention in NC study team was “What are NC policymaker perceptions of polices that have been linked to primary prevention and the potential paths forward for these policies?” This exploration covered both family-friendly workplace policies and investments in home visiting and parenting education.
Home Visiting and Parenting Education (HVPE)

What are Home Visiting and Parenting Education Programs?

Parenting education is typically delivered in a home setting (home visiting) or group setting (parenting education groups). Home visiting programs help parents gain basic parenting skills by matching new families with trained providers, such as nurses, social workers, or parent educators. Similarly, group-based parenting education increases the skills and knowledge of parenting and child development but in a setting outside of the home. Evidence-based parenting education, whether delivered in the home or in a group setting, has been shown to prevent child abuse and neglect. In the context of this paper, “family support programs” refers to voluntary home visiting and/or parenting education programs that are designed to strengthen protective factors, including parenting skills, increasing parental knowledge of child development, and increasing family functioning and problem-solving skills.

Family support programs work with families at varying stages of child development from birth to age 18 with many targeting preschool age children (ages three to five). This time during a child’s development can be challenging as an infant grows into a toddler and begins to walk, communicate, explore the world, and test boundaries. According to a 2015 environmental scan, 90% of family strengthening programs in NC may include families with children from birth to age five.

Early childhood home visiting programs are a specialized, two-generational way to holistically deliver parenting education in the home (or virtually), one-on-one with the primary caregiver(s). Depending on the program, home visitors may begin working with a family during pregnancy up to age five. Most begin home visits shortly after birth and the frequency of visits range from light touch (total of one to three visits) to more intensive (weekly visits) while parents are participating in the program. Home visiting programs are recommended as a cost-effective way to promote infant and child health, prevent child maltreatment, and improve family functioning.

Both types of family support programs offer evidence-based strategies to prevent child maltreatment and have been developed with child and family well-being in mind. 40% of all children confirmed as victims of child maltreatment in North Carolina are children under the age of five, and infants and toddlers are at the highest risk (also depicted in the graphic above), making home visiting and parenting education optimal for meeting families where they are during a critical time in their child’s development.
Home Visiting in North Carolina
An extensive landscape analysis of home visiting in North Carolina was conducted by the UNC Jordan Institute for Families in 2018. Researchers identified 13 different home visiting programs (though there may be others that opted not to participate in the study), and the National Home Visiting Resource Center estimated that 5,825 families and 6,379 children participated in evidence-based home visiting services in 2016. Over 70% of the programs examined in the Jordan Institute's study reported having waitlists for services, and fewer than 1% of families with infants and toddlers were being served.

Home Visiting and Parenting Education System Design in NC
The NC Partnership for Children currently leads an effort to develop a Home Visiting and Parenting Education (HVPE) System that supports statewide expansion of home visiting and parenting education services. The NC HVPE System Action Plan calls for better coordination across state funders and programs to build and maintain a system that remediates racial and economic inequities through the equitable access points, quality, and distribution of services by:

- collecting and using data across funders and program models to assure services are targeted where there is need and to measure and track outcomes;
- assuring dedicated resources are spent in the most effective way;
- improving the quality of services through professional development and continual improvement based on family feedback and impact measures;
- reducing administrative burden of community service providers who may currently need to report separately to different funders as they combine funding to serve families; and
- supporting community level system-building to coordinate all home visiting and parenting education services as well as connect them with other early childhood services such as childcare, preschool, health, and mental health to improve family access to services.

Parenting Education in NC
Parenting education is an effective tool in the prevention of child abuse, by building families’ protective factors with a particular emphasis on the factors of ‘parental knowledge of child development and parenting skills’ and ‘social and emotional competence of children.’ These programs engage parents in learning and developing parenting skills, understanding their developing children, building community with other parents, and troubleshooting parenting difficulties.

Parenting education programs, much like home visiting programs, are not reaching all of the families in need in North Carolina, and service availability is highly dependent on where a family lives. Rural communities tend to have fewer options available, if any at all, than more suburban or urban areas. There are seven main parenting education programs, including a mix of both evidence-based and research-informed programs, with the most predominant ones being Triple P, Incredible Years, and Strengthening Families Program.

High-quality, peer-reviewed research – including a meta-analysis of randomized, controlled trials (a gold standard for scientific evidence) – has determined that the use of parenting programs is an effective public health approach to the reduction of child maltreatment and that such programs should be widely adopted into practice. Additionally, a systematic review of reviews by the World Health Organization named parenting education as one of the four most promising approaches to child maltreatment prevention around the globe.
Environmental Scan of North Carolina Family Strengthening Programs

In the 2015 environmental scan, family strengthening programs were defined as "a primary or secondary prevention program that was available to parents/caregivers of children birth to 18 with a goal of achieving outcomes in one or more of the following areas: increased parenting skills/knowledge of child development; improved health; increased access to social support; prevention of child maltreatment; or improved school readiness. All programs were available to families from July 1, 2014, through June 30, 2015." The scan included home visiting and parenting education programs that are evidence-based, evidence-informed, or promising. While the report can provide a snapshot of both home visiting and parenting education programs that were being implemented from 2014-2015 in the state, it does not give a clear picture of the landscape today. At the time of the report, family strengthening programs were being implemented in all 100 counties in NC. However, the number of families served by these programs is not clear.
The Study: Policymaker Perspectives on Child Maltreatment Prevention in NC

Study Background

Phase I Pilot
The project was designed based on the Bellwether Methodology, developed by the Harvard Family Research Project. A phase I pilot study was conducted in Fall 2020 through Spring 2021 to test the project’s methods, identify edits to the research and interview questions, and troubleshoot any potential challenges with the design ahead of embarking on the full study, or phase II. During the pilot phase, an initial interview guide was drafted following the funnel format typical to the Bellwether Method and reviewed with two state legislators — a Republican and a Democrat — for feedback. Adjustments were made to that version of the interview guide before it was tested in phase 1 pilot interviews with participants. For the pilot, eligible participants were elected officials serving on town/municipal councils or boards, including mayors, or elected officials serving on county commissioner boards. These participants were also sampled following the Bellwether Method.

The four revised research questions used for the second phase of the study were:

1. What do North Carolina policymakers know about adverse childhood experiences (ACEs), adverse community experiences, social drivers of health (SDOHs), and their impacts on health and well-being?
2. What do NC policymakers know about primary prevention of child abuse and neglect, and how is primary prevention connected to their role?
3. What sources of information and beliefs influence NC policymakers’ decision making?
4. What are NC policymaker perceptions of policies that have been linked to primary prevention and the potential paths forward for these policies?

These questions were designed to fulfill the project's overall goal of identifying the challenges and opportunities for policy work around child maltreatment prevention, addressing Adverse Childhood Experiences, Social Drivers/Determinants of Health, and informing advocacy strategies around paid family and medical leave and home visiting and parenting education. Questions specific to home visiting and parenting education were encompassed within the fourth research question.

Phase II Study
This study was reviewed and approved under expedited review by Salus IRB for Protocol 1A. Phase II of the study utilized interview data collected by the research team between November 2021 and February 2022. Eligible participants for phase II of the study were North Carolina policymakers at the state or local level. For the purposes of this study, “policymakers” was a term defined to be inclusive of policy-creators (e.g., legislators, council members, other elected officials), policy-implementers (e.g., leaders in various state agencies and entities), and policy-influencers (i.e., individuals with influence and sway over what policies are adopted and implemented).

The research team conducted 26 interviews with policymakers in North Carolina over the course of four months. Interviews were conducted in a semi-structured format, following the interview guide while leaving room for adaptation to follow the natural course of the conversations. The interviews focused on many topics, covered in more detail in the full Forward with Hope report. One of the areas discussed was home visiting and parenting education — the focus of this specific report.
Study Sample Demographics

Twenty-six total policymakers participated in this project. Participants came from across the state, with representation of each of the four regions assigned as “Western,” “Central,” “Triangle,” and “Eastern” as divided below:

![Map of North Carolina with regions marked]

Of those interviewed, 19% were from Eastern NC, 38% from the Triangle region, 35% from Central NC, and 8% from Western NC. The participants were also asked demographic questions about how they self-identified in a variety of categories. See table below for the demographic breakdown for the sample:

<table>
<thead>
<tr>
<th>DEMOGRAPHICS</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race</strong></td>
<td></td>
</tr>
<tr>
<td>African American, Black, Afro-Caribbean</td>
<td>8 (31)</td>
</tr>
<tr>
<td>Asian American</td>
<td>1 (4)</td>
</tr>
<tr>
<td>White or Caucasian</td>
<td>17 (65)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
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<tr>
<td>Female</td>
<td>17 (65)</td>
</tr>
<tr>
<td>Male</td>
<td>9 (35)</td>
</tr>
<tr>
<td><strong>Government/Other Work Level</strong></td>
<td></td>
</tr>
<tr>
<td>Local (County or Municipal)</td>
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</tr>
<tr>
<td>State</td>
<td>19 (73)</td>
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<tr>
<td><strong>Elected Office</strong></td>
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</tr>
<tr>
<td>Yes</td>
<td>16 (62)</td>
</tr>
<tr>
<td>No</td>
<td>10 (38)</td>
</tr>
<tr>
<td><strong>NC Region</strong></td>
<td></td>
</tr>
<tr>
<td>Eastern</td>
<td>5 (19)</td>
</tr>
<tr>
<td>Triangle</td>
<td>10 (38)</td>
</tr>
<tr>
<td>Central</td>
<td>9 (35)</td>
</tr>
<tr>
<td>Western</td>
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</tr>
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<td><strong>Political Party</strong></td>
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<tr>
<td>Republican</td>
<td>5 (19)</td>
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<tr>
<td>Democrat</td>
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<tr>
<td>Independent</td>
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<tr>
<td>Unaffiliated</td>
<td>1 (4)</td>
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<tr>
<td><strong>Seniority (Years in Position)</strong></td>
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</tr>
<tr>
<td>New (0–2 years)</td>
<td>9 (35)</td>
</tr>
<tr>
<td>Mid-level (3–8 years)</td>
<td>10 (38)</td>
</tr>
<tr>
<td>Senior (9+ years)</td>
<td>7 (27)</td>
</tr>
</tbody>
</table>
Findings on Home Visiting and Parenting Education (HVPE)

Overall Familiarity with HVPE

Home visiting and parenting education were topics that solicited a wide variety of responses — from some recognizing and naming them right away as child maltreatment prevention strategies, occasionally before the interviewers ever mentioned HVPE, to others who were completely unfamiliar with them.

A few participants were unfamiliar with HVPE, such as one who explained, “Early childhood home visiting... I don't know. Unless it's a child in foster care going to their home, original family, or a parent visiting a child during the early - who's not in the home. I'm just not clear. I'm not, for me - in all frankness, I'm not familiar with that term.” Additionally, this participant seemed to reference the child welfare system, mentioning foster care, when trying to define what HVPE might be. Multiple participants specifically thought of the Department of Social Services (DSS) or Child Protective Services (CPS) when asked about HVPE. For example, another participant described, “When I think about that, early childhood and home visiting, that is for one of two reasons: there's an issue within the family; there's a problem. Child protective services, I think of those.” While those working in DSS or CPS may visit homes or provide parenting education, this falls outside the context of the early childhood home visiting and group-based parenting education and suggests that some associate HVPE with downstream intervention by the child welfare system instead of upstream prevention programs separate from the system.

Other participants fell into a middle category of having some familiarity with HVPE, but not expressing in-depth knowledge about the programs. One such participant replied to a question about what they think of when they hear the term parenting education with, “Parenting education? Teaching people. Like I said, they don't come with an instructional manual. So, somebody should try to teach them what to do with this thing.” A recurring theme among these answers is demonstrated by this participant's sentiment that children do not come with instructions. For example, another expressed a similar belief, noting that, “I think it can be parental education after a child is born, just teaching them about how to be a parent, whether it's bathing, feeding, diapering, all the things that - Anybody can be a mom, and nobody gives you lessons.” While it is unclear from their responses whether these participants are aware of existing parenting education programs, it is evident that they understand the general concept of these types of programs.

While more of participants' responses seemed to focus on parenting education, there were also those who described what home visiting would look like. One participant discussed how they believed home visiting might look, as,

“Someone in the community that comes out and visits with a new parent, or someone who maybe has a 2, 3, 4-year-old who needs some help or guidance around early childhood, and is worried about their child preparing for school, and making that transition. So, I think there’s a number of different things that could be under that umbrella.”

Of those who knew about home visiting and parenting education, many referenced a specific program or model with which they were familiar. For home visiting, the most referenced program was Nurse-Family Partnership — for example, one participant commented, “Well, I think of Nurse-Family Partnership immediately.” Triple P (the Positive Parenting Program) was most frequently discussed when participants were asked about their familiarity with parenting education, such as with one participant who commented, “They have a program here in [county] called Triple P, the parenting program.”
HVPE & Prevention

Participants had a variety of theories about how HVPE programs prevent child maltreatment, with the mechanisms described as family observation, teaching parents what to and not to do, and providing families with supports and resources. In comparison to paid leave, participants were much more readily able to connect home visiting and parenting education to child maltreatment prevention.

A few participants focused on how programs, especially home visiting programs, would be helpful for prevention by observing what was happening within families and homes. For some, this observation seemed to refer to seeing what is happening in homes in a way that would enable the visitors to coach and educate families, as in one participant’s comment that “when you have a home visitor, the parent education part of home visiting is to help them understand child development and it’s got someone coming to your home every week. So, I think that’s a pretty – I mean I think a home visitor who’s really good... a good home visitor is gonna see things and hear things.” However, for other participants, they seemed to be referring more to home visits as a form of surveillance of families that would catch potential maltreatment or negative parenting practices. In one such instance, a participant explained,

“First, I think it’s sometimes very necessary to have someone from the outside assess the best interests of the child and make sure that those environments are safe... Because there’s a lot of neglect and dependency that might not raise to the level of a criminal violation like child abuse, but it’s nonetheless not a safe environment for the child. And so, home visits should ferret out some of that.”

Notably, perceptions of home visiting as a form of surveillance were discussed by other participants as a concern, particularly in communities that already experience disproportionate surveillance by governmental entities such as law enforcement. See the HVPE Concerns section below for a more in-depth discussion.

Related to the above description of how observing families could lead to programs educating parents, another theme that arose was that home visiting and parenting education could prevent child maltreatment by teaching parents both what to do and what not to do. One participant explained, "Well, I think knowledge is power, and I mean just from a very basic standpoint I think there’s plenty of child abuse and neglect that occurs because people just didn’t know that’s what they were doing." This participant points out education at a basic level that can be helpful for parents about what not to do, while some others spoke about education tailored to navigating particular and challenging ages and developmental stages, such as toddlerhood. Another participant described how, “I don’t know if training is the right word, but at least a resource to say, ‘This is happening. What’s a better way to handle it?’ You know, 2-year-olds can be exhausting. My daughter was in the ‘Terrible Twos’ for five years. It’s frustrating, so having guidance on how to deal with a 2-year-old from somebody else.” Lastly, a participant explained how they believed these programs were beneficial, stating,

“I think it’s a start. I think it’s a great start. Depending on the kind of education that’s offered, parents are given a lot of tools and a lot of hands-on information about what to do with a child that is fussy, or that has a medical problem, or that has – or that’s just being a baby and crying. That can be really frustrating for either of you parents.”

Lastly, a very common theme was that the supports and connections available
to families through home visiting and parenting education programs could contribute to better outcomes and the prevention of child maltreatment. These supports included the connection with another person for help, as one explained, ‘People are transient. They move, they relocate. They may not have that family connection to bounce things off of or even to give them relief from childcare. So, I think that could be helpful to have. I think of that being a support that comes maybe after you have a baby.’ A subtheme here that arose across interviews was that HVPE programs could help to fill in as supports for families who are more disconnected from family and friends’ help than typically in the past. Another participant echoed this sentiment, describing how,

“Well, I mean, because we live in a young community, I think — and people come here from all over the country... And they come into a community where they don't have their parents, they don't have aunts and uncles, they don't have children. And so, they don't have that support network. And I think that challenges us. And I think parent education is something that, sometimes, you learn from families, from family members, like your mother and father or your aunt and uncle, or your grandmother and grandfather. And when they come here, they simply don't have it. So, how can we educate them? How can we provide services?... And so, I think they're extremely important.”

Similarly in the theme of supports and resources, others also discussed how these types of programs can build supportive relationships for families — specifically, parenting education programs can create networks amongst parents, and home visiting creates a trusting relationship between the family and the home visitor. One described this as,

“The best kind of parenting classes are classes that are really more building a network amongst a peer support group, among families, right? Who have an opportunity to talk with each other, and share their frustrations, share their goals and aspirations, learn from each other, and who really just takes support and solace from each other. If it's more of a one-on-one relationship in a home visiting setting again, that relationship with a trusted partner who they can kind of share some of their worries and fears, and kind of talk through things, get information that might help them alleviate some of their needs.”
HVPE Concerns

While participants were readily able to draw connections between HVPE and child maltreatment prevention, there were also concerns that emerged. **Themes in this area generally focused on concerns with programs’ cultural fit and relevance for families, sensitivity to having a program intervening in people’s homes, ensuring proper training and qualifications for home visitors, and guaranteeing that programs delivered were high quality.** Additionally, there were some challenges with the use of the terms ‘home visiting’ and ‘parenting education’ to refer to these types of programs, evident through both concerns expressed directly by participants and through some confusion about what types of programs these terms referenced.

The cultural relevance, fit, and sensitivity of programs came up repeatedly in discussions of concerns with home visiting and parenting education programs. This particular concern ranged from emphasizing the need for a diverse and sensitive staff delivering programs, to the norms reinforced by programs. One participant explained their perspective with,

“I mean, there has to be some cultural training around what teachers are going to experience when they go in and do home visits and there’s also some personal training that needs to occur so that you can understand why your belief system is what it is and all of us are impacted by lived experience and we can’t help when, what I call, our baggage shows up.”

This participant is particularly focused on ensuring that providers are well-equipped to understand various cultures. Another took it a step beyond training staff on cultures, describing how they saw programs would benefit from diverse staffing as “Whatever program we had would need to make sure it had some sort of a diverse population of instructors or educators or what have you. So, that you could match like cultures or ethnicities or races. I just think that would be really important.”

**In addition to the identities and cultural training of program staff, a few others discussed the need for programs themselves to fit different religious, racial, or cultural norms of families.** Two participants described how they specifically have concerns about if programs could reinforce Eurocentric or white-dominant norms for families, with one describing how,

“With regards to the cultural norms... we just have a very Eurocentric view and a lot of providers, and if we don't diversify the staff and the providers in the communities, which oftentimes are people of color that are being targeted... because it's an overlay of poverty in the child welfare system, then we're never going to actually be able to address those issues. So, I would like a hell of a lot more diversity and attention paid to parenting, and not one size fits all cultural competency with regards to that.”

Another explained, “Positive parenting again, not necessarily defined by white America... And being open, listening to that... It's understanding the family and not responding but interacting with a family based on their context, based on their needs, and providing opportunities from a knowledge and skill perspective to help them with what's important to them.” Similar to this participant, others also discussed the importance of services being relationship-based and how important it is that programs are not overly prescriptive, but instead adaptable to individual families’ needs and priorities.

A theme that arose around home visiting concerns specifically focused on entering someone’s home and critiquing their parenting – a very personal and sensitive practice. One comment along this line was, “I think I have a bit of visceral reaction, even though I recognize the benefit, but I just think the government in people's homes makes me nervous.” Similarly, another explained how, “People get real touchy about their kids. I know I do. And I think it's really hard to try to tell people or teach people how to raise a kid... I think we're getting better about it, but... I think that we just need to
be more open to different types of parenting. Participants seemed to recognize that the service being delivered during home visits provided benefits, and their concerns in this area focused on how the support was offered – emphasizing a need to be sensitive to how vulnerable families are in this situation. Another participant summed this sentiment with, "I would imagine that there would be some level of discomfort to a person having someone come in their home just because it could feel invasive. And, you're opening yourself up to criticism and critique. So, I do think that it needs to be mindfully and thoughtfully and kindly done. It needs to be an additive to parenting, not a correcting to parenting."

Another main theme of concerns about HVPE focused on whether programs were evidence-based and staffed with well-trained and qualified home visitors and educators. This theme tied in with earlier concerns about cultural fit of programs and the sensitivity of entering someone's home, with one participant commenting that their concerns were, "None, except for the effectiveness. I could see it being harmful if there was a lack of cultural competence, for example, or a lack of adequate training and skills." Another focused on the need for programs to be evidence-based specifically, stating that, "We have to stick with approaches that are evidence-based that can show improve their outcomes. So, I think if a program can show improve their results, I can be more open to it then."

A couple of participants also expressed hesitation or concerns with the terminology used to refer to home visiting and parenting education programs. One expressed how they find the term of 'parenting education' to suggest programs that are prescriptive instead of relationship-based, explaining that, "Parenting education, I've moved a little bit away from using that term... I mean, to me, when I hear parenting education... I think more about educating parents about a child's development, kind of more pushing in information to them, rather than sort of building a relationship with them, and building on their strengths and their questions, and sort of their goals for their children."

Challenges with using the terminology of 'home visiting' also became evident with many of the participants mistaking it as referring to visits from DSS or CPS involved in a child welfare intervention, as well as the hesitation that some participants expressed at having interventions in someone's home. One described their reaction with, "I think any time you're talking about going to someone's home and checking in on them, that can feel pretty loaded." It is possible that the terminology may turn off potential supporters before they can be engaged in a conversation, based in preconceived notions they may develop about what 'home visiting and parenting education' means.

Overall, the main theme was tied to a general sentiment behind many of the concerns expressed about home visiting and parenting education was tied to a concern that programs be delivered well. This high-quality delivery includes having diverse and well-trained staff implementing evidence-based models that are adaptable to families' needs. Despite having some concerns, the participants generally held positive opinions of home visiting and parenting education programs. Additionally, the terminology of 'home visiting and parenting education' may pose a challenge to engaging some people in conversations.
Participant Ratings of HVPE
When asked to rate their priority level for HVPE for the state of North Carolina, as with paid leave, **most also rated it as a high priority of 8/10 to 10/10, however there was a wider spread of ratings for HVPE** – with some rating it as a medium priority (5/10 to 7/10) and a couple giving low priority ratings (4/10 and lower). Additionally, **multiple participants provided separate priority numbers for home visiting and parenting education** – with two rating them very differently from each other. Six participants also did not provide a clear rating of their priority level for either home visiting or parenting education.

**Most participants indicated that they believed HVPE should be a high priority to the state of NC, citing the need for truly preventative strategies and a belief that it would help address the state’s current infant and maternal mortality rates, among other reasons.** One participant who rated both home visiting and parenting education as an 8/10 priority explained, "Cause again, I think that we would see some real prevention. What’s the best way to stop something from happening? Not go in afterwards and fix it afterwards. Start early. Start before the problem solidifies. Start in the environment where the most impact can happen, which is in the home with the children."

Ratings in the mid-range did not have a clear trend or theme but did reflect those whose overall reaction to home visiting, parenting education, or both was not particularly strong. For example, one who seemed to have a mostly positive opinion of home visiting rated it as a 5-6/10 because, ‘When I think of a resource constraint... given finite budget and finite personnel, I don’t know if the home visit is something that we could easily accomplish.’ This participant was concerned enough about the resource (financial and personnel) needs of implementing home visiting programs that this brought their overall prioritization of HVPE to the mid-range.

Both low priority ratings were by participants who gave mixed ratings – one who rated home visiting much lower than parenting education, and one who did the opposite. The one who preferred parenting education rated it as a 7/10, compared to a 3/10 for home visiting, due to distrust that they felt with having “the government in people's homes.” The participant who preferred home visiting explained that, “We, all of us need parenting coaches... So, I would say a 10 [for home visiting]. Parenting education: 4. I really don’t hold high value in that. I mean if that’s the only option that we have and it’s cheaper and that’s why we have it, okay. It’s better than nothing, but I would rather just have somebody working with the family independently.”

Six participants did not provide clear ratings for HVPE, with some citing the concern described above about the need for programs to be high quality as a reason that they could not give a definitive ranking. One described this hesitation as, "I think the answer to that is depends on the quality of the program." Others hesitated to give a firm ranking, as they felt there were other considerations to whether HVPE would be beneficial – such as whether there were adequate resources in a community, explained as, "Well, I think they should be a really high priority as long as we have the resources there to do something after we identify the problem... I think the worst thing is to identify a problem, let’s say try to do an intervention, and then there’s not the support there to ensure success or at least give a chance of success to the family."

HVPE's Path Forward
Two key themes arose around what could be the path forward for home visiting and parenting education in North Carolina – **educating legislators and policymakers about the programs to increase awareness and focusing on increasing funding and resources for these programs.** These two approaches work well in tandem with each other, as increasing policymakers’ awareness about HVPE could naturally be followed by efforts to secure increased funding allocations for the programs, and multiple participants discussed these two together. One other potential component of a path forward that arose from a few of the interviews as a suggestion that **parenting education could be incorporated into the high school curriculum for all students.**

When discussing the path forward of policymaker education, participants spoke mostly of educating legislators and other elected officials, with a few specifically mentioning executive branch roles or local officials. One participant discussed the path forward as,
"I think education of legislators or policymakers about how important it is. I don't think a lot of people know a lot about it, bringing in people that are doing the work to talk about what they do and how successful it’s been. We always like to see results and data, so if they had those kinds of things to show that they have home visiting or parenting education and they’ve gotten this feedback from parents saying it's really helped them..."

This participant specifically mentioned the importance of including stories about how programs have impacted parents and families, highlighting the importance of hearing from constituents and those with lived experiences – a topic discussed in the sources of information section above. One participant who had served in the legislature expressed their familiarity with and support for HVPE as connected to outreach when they were in office, including a site visit they were invited to with a program – underscoring this as a promising path forward. Another described specifically how local officials should be a target of this education as well, commenting that the path forward was to, "Make it a priority. Get the [elected officials]. And this is really good at the county level. That's where you need to focus, because of this [is] kind of public health. Which in North Carolina is what the counties do.”

Many discussed funding and resourcing these programs in conjunction with policymaker education. One explained, "If we put it on the radar for elected officials, they have a better understanding of what the challenges are. And hopefully, that helps in providing more resources where they’re needed most," while another who was very familiar with home visiting and parenting education described, "Well, I mean I think there needs to be more funding across multiple home visiting models. And you start with the General Assembly appropriating that, or simultaneously you have a Department Secretary. Right? I mean you have cabinet level secretaries who put this as a priority. You have the governor put this as a priority. And then the cabinet. And then it sort of cascades from there. But I think having funds available from the state level and the local level to leverage federal resources that are out there for home visiting and parent education is critical.”

Aside from these themes, one participant also offered a qualified response about the path forward for home visiting and parenting education in North Carolina. They explained, "Well, that's really hard to say because I think one of the things that we have to understand is that there is no one-size-fits-all. And so, I think in some situations it should be a super-high priority and then in other instances, it may not be as needed. So, I don't think that trying to require that as a mandate across the state.” Their hesitation seems to be grounded in a concern about the need for programs to be suited to particular communities and families' needs, instead of using one universal approach – underscoring the importance of having a system of varied programs available to meet families' unique needs. They also seem somewhat concerned about creating a statewide mandate, perhaps with a hesitation about what the role should be of government in this space. The participant quoted above discussing cabinet secretaries also provided a response that spoke of a path that would address some of the concerns with the role of government, stating that, “And then I think trying to figure out within the private sector just sort of the connector points to industry and sort of captains of industry... And so, you gotta help connect the dots so that maybe then those industries are gonna invest in this. And you got public and private dollars that are being leveraged to create or

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strengthen this ecosystem in our community... It’s also creating an infrastructure. I think that’s definitely within government’s role to create that kind of an infrastructure, whether it’s an early childhood department or cabinet or whatever that might look like.”

A few participants also spoke of how they believed it could be beneficial to consider incorporating some parenting education into the curriculum for all high schoolers. This approach was described as a way to ensure that more people are well-informed about parenting practices prior to ever becoming parents – which could be a form of primary prevention. One participant described that, “We don’t have a kind of a standard approach to learning to be a parent. You learn by trial and by error. For most parents. And so, maybe there’s a better way out there – we added literacy to the high school education requirement a few – financial literacy. Maybe there should be something out there about family and parenting as well.”

**IMPLICATIONS FOR HOME VISITING AND PARENTING EDUCATION**

There was a wide spectrum of familiarity with HVPE programs. Many policymakers also associated HVPE with child welfare system interventions. Policymakers who were familiar with HVPE often referenced a specific program or model with which they were familiar, sometimes from program outreach or site visits. Education for policymakers is needed about HVPE generally and distinguishing between the HVPE and child welfare interventions. These efforts can clarify the voluntary and preventative nature of HVPE programs. Having specific programs or models involved in outreach and offering site visits appears to be an effective form of policymaker education.

HVPE programs were understood to prevent child abuse primarily by observing families, teaching parents what to and not to do, and providing families with supports and resources. Most policymakers in this study were readily able to connect these types of programs with child maltreatment prevention. Less education is needed in this area, except to highlight the mechanisms for prevention that encourage understanding of how all families need help sometimes, instead of seeing HVPE as something that would only benefit some families.

Policymakers were concerned about HVPE programs’ ability and willingness to adapt to communities’ and families’ cultural norms and needs. This is an important consideration for HVPE programs and the overall system and underscores the need
to prioritize a system with a variety of programs, as not all programs are a good fit for all families. Some policymakers were also uneasy with programs that intervene in families’ homes. **It may help to emphasize the trusting relationship developed between home visitors and families, as well as the voluntary nature of such programs.**

Policymakers expressed concerns about the quality of HVPE programs and qualifications of home visitors. It may help **to highlight the abundant research and data demonstrating positive outcomes of HVPE programs** in communications, and to reference policies — such as the bipartisan, federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program — that emphasize evidence-based programs and ongoing evaluation. The terminology of ‘home visiting’ and ‘parenting education’ did not resonate for all policymakers in this study, and others were misled by the terminology to think of other types of interventions. Consistent terminology for these types of programs is needed. Given the concerns expressed, **it may help to use an umbrella term that captures the relationship-based nature of these programs, such as ‘family support programs,’ to open conversations before delving into further descriptions of HVPE programs.**

Policymakers rated HVPE as a top priority less consistently than paid leave and spoke frequently about the number of other important priorities for improving families’ well-being. Advocates can help overcome this challenge by **framing HVPE as one component of a more comprehensive approach to prevention.** Advocates can also move HVPE forward by educating policymakers about HVPE programs to increase awareness and support; focusing efforts on a clarified ask, advocating for increased funding and resources for programs as an investment instead of a mandate; and exploring the feasibility, benefits, and downsides of incorporating parenting education into the state’s high school curriculum.
Conclusion

Child maltreatment can have devastating, lifelong consequences, and policymakers are key decision makers for public investments that can prioritize the prevention of abuse and neglect. However, these futures are not set, and policy approaches exist that have been demonstrated to improve outcomes and prevent child maltreatment — such as making investments in evidence-based early childhood home visiting and parenting education. Home visiting and parenting education programs in North Carolina currently reach only a small fraction of eligible families. Investments in the expansion of these programs could benefit families across the state and lead to more thriving children and families.

Policymakers in this study demonstrated varied levels of familiarity with these programs, with some who were well informed about HVPE, and others who perceived HVPE to be child welfare system interventions. More coordinated and consistent messaging and education could help to increase the overall familiarity and understanding of these programs. Addressing the concerns with HVPE will also be a key element of this education effort.

There are many opportunities to move these family support programs forward toward investment and expansion — see the Taking Action guide for a distilled selection of actionable items based on this study’s findings for HVPE and much more!
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