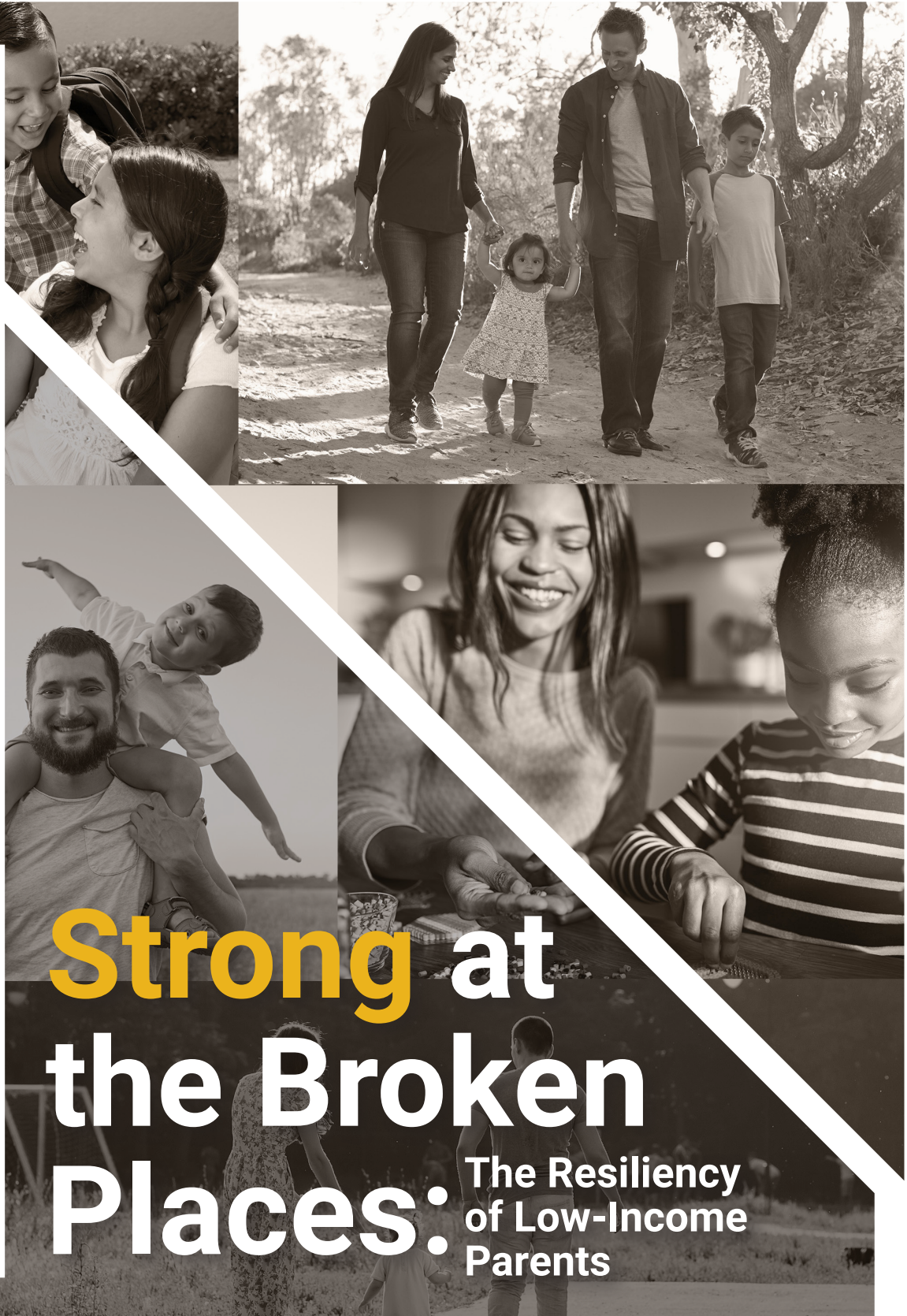


POLICY REPORT

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Strong at the Broken Places:

The Resiliency
of Low-Income
Parents

The National Center for Children in Poverty (NCCP) is a nonpartisan public policy research center at Columbia University's Mailman School of Public Health. Founded in 1989 with endowments from the Carnegie Corporation of New York and the Ford Foundation, NCCP is dedicated to promoting the economic security, healthy development, and well-being of America's low-income children and their families. Using research to inform policy and practice, the center seeks to advance family-oriented solutions and the strategic use of public resources at the state and national levels to produce positive outcomes for the next generation.

Strong at the Broken Places: The Resiliency of Low-Income Parents

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Strong at the Broken Places: The Resiliency of Low-Income Parents

Renée Wilson-Simmons | Yang Jiang | Yumiko Aratani

ABSTRACT

Despite the multitude of obstacles that low-income parents face, many of them succeed in helping their children flourish. They raise children who possess the social-emotional competence needed to develop and keep friendships; establish good relationships with parents, teachers, and other adults; and experience a range of achievements that contribute to their self-confidence, self-esteem, and self-efficacy.

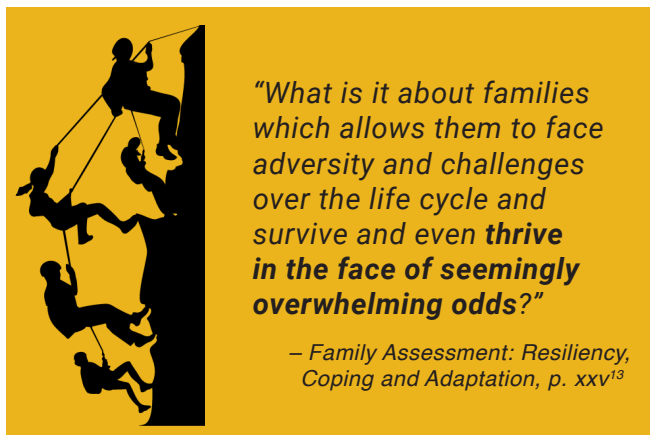
What can we learn about these resilient parents that can be shared with other parents who could benefit from such information, as well as with those who are committed to supporting parents' efforts to nurture their children? What types of policies and programs have been shown to promote parents' resiliency and, in turn, their children's? This policy report provides some of the answers to these questions.

Introduction

Social-emotional competence in children – the ability to manage emotions, express needs and feelings, deal with conflict, and get along with others – plays a critical role in their cognitive skill building, mental health, and overall well-being.¹ In addition, social-emotional competence has proven to be an important protective factor, buffering children from stressors and aiding in the prevention of serious emotional and behavioral difficulties, such as internalizing and externalizing behaviors.²

Decades of research have shown that children living in poverty are significantly more likely to develop internalizing and externalizing problems than are their peers who are not poor, with the magnitude of the differential increasing with longer exposure to impoverished conditions.^{3,4,5,6} Many of these children are labeled as “at risk” – of academic difficulties, school failure, suspension, expulsion, dropping out, and involvement with the juvenile justice system.^{7,8}

While living in disinvested communities with limited economic and social resources has been shown to hamper the acquisition of such essential skills as self-regulation/self-control, empathy, patience, communication, and persistence, the quality and stability of a child's relationships with primary caregivers, most notably parents, has been shown to support the development of these skills.^{9,10} However, poor parents – who are constantly dealing with challenges ranging from unemployment, underemployment, and low pay to substandard housing, violence exposure, substance abuse, and health/mental health problems – must first focus on meeting their children's most basic subsistence needs. Ensuring that they have food, clothing, and shelter often leaves time for little else. This not only makes parents feel anxious, overwhelmed, and depressed, but can also produce inconsistent or harsh parenting that falls short of meeting their children's emotional needs.^{11,12}



Still, despite the multitude of challenges that poor parents face, many succeed in helping their children flourish. They raise children who are able to develop and maintain friendships; have good relationships with parents, teachers, and other adults; and enjoy a range of other social gains that aid them in making successful transitions from childhood to adolescence, and to adulthood. What can we learn about these resilient parents that can be shared with others parents – low income and not – who are struggling to raise children to be socially and emotionally competent and, in turn, resilient?

By examining factors that promote or hinder children's healthy development, this policy report draws on recent studies to illustrate the importance of parent resiliency in the development of social-emotional competence among low-income children. The report concludes with program and policy recommendations that have proven effective in promoting the development of protective factors, reducing vulnerabilities, and cultivating resiliency among low-income parents and, consequently, their children.

Resiliency: What's in a Name?

Our understanding of resilience has continued to evolve since the 1800s. Originating in the disciplines of psychiatry and developmental psychology, the study of resilience arose from an interest in how children functioned in relation to their early-life experiences.¹⁴ Initially, the focus tended to be on personality characteristics, with the term *resiliency* defined as the ability to survive situations of stress and maltreatment.¹⁵ A common vocabulary centered on the identification of risks to human development and individual's *protective factors* (also known as *assets*), as

well as *vulnerabilities* that influence one's ability to positively negotiate adversity.^{16,17,18} It was argued that children who developed well, despite the adversities they encountered, could help researchers learn what made a difference in their lives, aiding in the development of effective public policies and programs.¹⁹

A range of definitions for **resilience** have emerged, all with a common element – **the ability to thrive in the face of adversity** – as well as the explicatory detail that resilience is not invulnerability in the face of adversity, but rather an effective means of coping.²⁰

Resilience



The process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress



– American Psychological Association, What is resilience? ²¹

Major qualities associated with resilience:²²

- ✓ A positive view of oneself and confidence in one's strengths and abilities
- ✓ Skills in communication and problem-solving
- ✓ The capacity to make realistic plans and take steps to carry them out
- ✓ The ability to manage negative feelings and impulses

Resiliency in Low-Income Parents

Parental resiliency:

The capacity of parents to deliver competent, quality parenting to their children, despite adverse circumstances

– Parental resilience: A neglected construct in resilience research, Clinical Psychologist, November 2015. ²³

Over the past two decades, research on resiliency in the field of family studies has grown rapidly, shifting from a focus on parenting failures to examining why some families succeed in spite of significant obstacles. Such advances in the study of family resiliency have recognized that many parents living in poverty possess positive attributes that enable them to persevere despite a range of life stressors. In so doing, these parents continue to fulfill family responsibilities and become even stronger and more resourceful as a result.²⁴

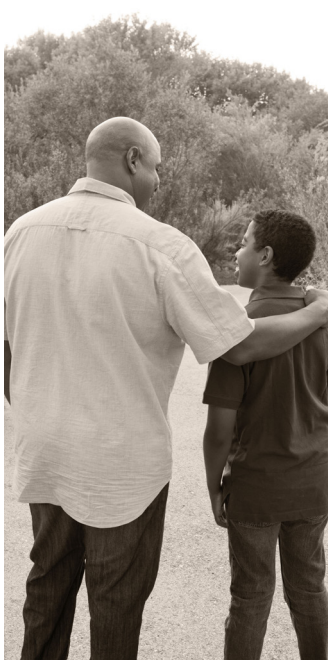
The evidence also shows that children experience economic adversity, in part, through their parents' responses to it. However, if parents: (1) do not exhibit emotional distress because of their circumstances, (2) avoid high levels of parental conflict, and (3) remain nurturing and involved, their children are likely to experience significantly less distress.^{25,26} Such resilient, low-income parents employ a parenting style that uses the assets they possess, such as stability and nurturance, in efforts to compensate for the effects that economic hardship might otherwise have on their children.²⁷

Researchers have found that when lower-income parents practice a parenting style that provides warmth and nurturance to their children as well as rules and consequences, their children are more likely to function competently through young adulthood.^{28,29,30}

Today, one in four children under the age of 18 in the U.S. – a total of about 17.4 million – are being

raised in single-parent households, primarily by mothers, and nearly half of them (45 percent) live below the poverty line.³¹ In many single-parent (primarily female) low-income families, the parenting style is based in part on the mother's ability and availability to parent alone. Clearly, single parenthood poses risks for parental well-being and children's adjustment. Children of sole parents, on average, have poorer records of academic achievement, display higher rates of psychological distress, and have an increased likelihood of nonmarital childbearing than their peers from two-parent families. In addition, sole mothers have poorer mental health than do their partnered peers, which affects their capacity to parent their children effectively. However, it is important to highlight the fact that the majority of children who are raised without both biological parents in the home grow up without serious problems.^{32,33}

Still, despite the barriers to successful child-rearing that low-income single mothers, single fathers, and two-parent families face, many have proven to be resilient, fostering healthy development of their children. Research with populations ranging from rural white families in Iowa to African American families in both rural and urban areas³⁴ has identified factors associated with such family resilience. The family relationship factors listed in the sidebar, Resilient Parents, when combined, can produce a strong parent-child bond, which is central to positive child development, including the acquisition of social-emotional competence.^{35,36}



Resilient Parents...

Can function well, even when faced with challenges, because they:

- Exhibit a positive outlook on life
- Communicate clearly and positively with all family members
- Establish and follow family routines and rituals
- Know how to seek help when needed
- Are flexible
- Promote family harmony, security, and unity
- Are able to manage their finances
- Have support networks
- Show appreciation and love for all family members
- Possess a strong sense of a greater good and purpose in life (e.g., spirituality)
- Have clear expectations of children's behavior
- Demonstrate consistency
- Make sure there is sufficient "family time"

Source: Becvar, D.S. (2013). *Handbook of Family Resilience*. New York: Springer.

Low-Income Children, Externalizing and Internalizing Behaviors, and Social-Emotional Competence

The environmental risk factors that abound in poor neighborhoods produce stressors that can lead to externalizing and internalizing behaviors in children.

Externalizing and Internalizing Behaviors

Inattention, impulsivity, and aggression are hallmarks of **externalizing behaviors** and consist of disruptive, hyperactive, and hostile actions.^{37,38} These behaviors represent the most common forms of externalizing behaviors in childhood.³⁹ Once these problems become established behaviors in children, they tend to be chronic, placing children at high risk for a range of negative outcomes such as academic failure; rejection by peers; poor relationships with siblings, peers, parents, and other adults; and delinquency.^{40,41}

Internalizing behaviors appear in the form of withdrawal, depression, anxiety, and fearfulness.⁴² Shy and withdrawn behavior in reaction to social interaction may be among the first signs of internalizing problems in childhood.^{43,44} Researchers have found associations between children's internalizing behaviors and insecure parent-child attachment, often as a result of maternal depression,⁴⁵ which has also been identified as a risk factor for externalizing behavior among children and adolescents.⁴⁶

It is, therefore, crucial that children growing up in communities that put them at high risk for poor outcomes are able, with the help of their parents and other caring adults, to not only avoid the development of externalizing and internalizing behaviors but also acquire the social-emotional competence needed to adapt in the face of the adversity they experience.

Social-Emotional Competence

Achieving social-emotional competence is a key developmental task that begins during early childhood and continues throughout life, with milestones along the way. It involves building a set of interrelated and developmentally appropriate skills that include the following:^{47,48,49,50}

Self-Awareness

- Identifying emotions
- Recognizing strengths and needs

Social Awareness

- Having empathy
- Respecting others
- Acknowledging others' perspectives

Self-Management

- Managing emotions
- Controlling impulses
- Setting goals
- Motivating self

Relationship Management

- Working cooperatively
- Seeking and providing help
- Building relationships
- Communicating effectively
- Managing conflict

Responsible Decision Making

- Identifying and solving problems
- Evaluating and reflecting on situations
- Taking personal responsibility

The developmentally appropriate milestones associated with these abilities range from showing “contagious distress” when others are unhappy (such as, in a child care setting, crying when seeing another child crying); to beginning to define one’s values and beliefs in early adolescence; to starting to develop and explore a sexual identity as well as a racial/ethnic identity in adolescence. Gaining competence in all of the areas listed above has been shown to play an important role not only in the development of social skills, but also in school adjustment, learning, and achievement as early as kindergarten.^{51,52}

Parent Resilience and Children’s Social-Emotional Competence: Is There a Link?

Is parent resilience among low-income families associated with the absence of externalizing and internalizing behaviors in children? To answer that question: (1) a review of the resiliency literature was completed to determine how parent resilience is conceptualized, prioritizing research conducted with poor and low-income families; and (2) analysis of a national longitudinal database of low-income families was conducted to identify parent resilience associated with two important aspects of children’s social-emotional competence – the absence of internalizing and externalizing behaviors.

DATA

The findings presented are the result of analyses conducted using a nationally representative sample from the Fragile Families and Child Wellbeing Study, which is following 4,898 children born in large U.S. cities between 1998 and 2000. We restricted the sample to 2,379 children who have lived in low-income families (under 200 percent of the Federal Poverty Level) for three to five years and who at nine years old completed a survey for the first time, which was administered in the home. The child survey addressed parental supervision and relationship, parental discipline, sibling relationships, routines, school, early delinquency, task completion and behaviors, and health and safety. We excluded from our analyses children who did not have valid information on the social-emotional competence measure. Thus, the final analytic sample size is 2,210. Demographics are presented in Table 1.

Table 1
Child and Family Demographic Characteristics (weighted)

VARIABLES	ALL
Sample Size	2,210
MOTHER’S RACE	
Non-Hispanic White	15%
Non-Hispanic Black	42%
Hispanic	36%
Other	7%
CHILD’S GENDER	
Female	42%
Male	58%
MOTHER’S EDUCATION	
Less than high school diploma	30%
High school diploma	28%
Some College	34%
College or graduate degree	8%
MOTHER’S MARITAL STATUS	
Unmarried	63%
Married	37%
SIBLINGS	
1 or more siblings	68%
No Siblings	32%
MOTHER’S AGE (MEAN)	
	25.0
MATERNAL DEPRESSION (SELF-REPORT)	
	15%

The analyses were designed to identify parental resilience characteristics that have been shown to be particularly important for inhibiting externalizing and internalizing behaviors in children, as measured by the *Self-Description Questionnaire (SDQ)*. Children who had an SDQ score that was not within the top 25th percentile for internalizing and externalizing behaviors were considered to be more likely to possess social-emotional competence.

The following **parent resiliency factors** available in the Fragile Families Study were used for our analyses:

1. Parental supervision
2. Mother-child closeness
3. Mother-child communication
4. Mother-child time
5. Mother’s attendance at important events
6. Mother’s fair treatment

For more detail about the analyses, see the **Methods** sidebar at the end of this report.

General Findings

The most notable finding is this: **The majority of low-income nine-year-olds rated their caregiver, primarily their mother, high on all of the factors we used to measure parent resiliency.** As shown in Table 2:

68%

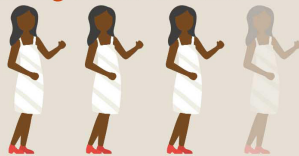


reported that their primary caregiver (most often their mother) **has knowledge of what they are doing** during their free time and the friends with whom they spend time



reported that their primary caregiver (most often their mother) **has knowledge of the friends** with whom they spend time

74% rated their mother as “always” or “often” **spending enough time** with them



92% rated the **relationship with their mother** as “extremely close” or “quite close”

61% reported that their mother “often” or “always” **listens to their side of an argument**



share ideas or talk about **things that matter** with their mother “extremely well” or “quite well”



64%

reported that their mother “often” or “always” **talks over important decisions** with them

Numerous studies have demonstrated the importance of the parent-child relationship in predicting children’s emotional development, academic performance, and social growth, especially during the early school years.^{53,54,55} The fact that most of the low-income children who responded to the survey gave high marks to their parent-child relationship is an extremely positive finding that deserves to be highlighted.

GENDER DIFFERENCES

For the most part, these extremely positive findings held true for both girls and for boys, though differences do exist:

GIRLS

74%

GIRLS

71%

BOYS

66%

BOYS

59%

reported that their mother knows which friends they hang out with

reported that their mother “often” or “always” talks over important decisions with them

Parental Factors Associated with the Absence of Externalizing and Internalizing Behaviors

Of all the parental resiliency factors displayed in Table 2, only three – parental supervision, mother’s attendance at important events, and mother’s fair treatment of all children – are significantly associated with the absence of externalizing and internalizing behaviors in the low-income nine-year-olds surveyed.

Table 2
Parent Resiliency Factors and the Absence of Internalizing and Externalizing Behaviors
 (weighted percentage)

	ALL	GIRLS	BOYS
SAMPLE SIZE	2,210	1,059	1,151
PARENT RESILIENCY FACTORS			
Parental Supervision			
Primary caregiver often/always knows what child does during free time	68%	66%	69%
Primary caregiver often/always knows which friends child hangs out with	69%	74%	66%
Mother-Child Closeness			
Child feels extremely close to mother	92%	92%	92%
Mother-Child Communication			
Mother and child share ideas and talk about things that matter extremely well/quite well	76%	78%	74%
Mother often/always talks over important decisions with child	64%	71%	59%
Mother often/always listens to child’s side of an argument	61%	57%	64%
Mother-Child Time			
Mother often/always spends enough time with child	74%	78%	71%
Mother’s Attendance at Important Events			
Mother is always present at events that are important to child	38%	46%	33%
Mother’s Equitable Treatment of All Children			
Child never feels that mother treats other children better	35%	42%	31%
Child never feels jealous of attention mother gives to other children	31%	30%	32%
No sibling	32%	30%	34%
Social-Emotional Competence			
% of children who self-reported no internalizing or externalizing behavior	65%	71%	60%

PARENTAL SUPERVISION

Research has provided us with consistent and robust findings showing that, from preschool through adolescence, low levels of parental supervision are associated with high levels of problem behaviors.⁵⁶ We considered the level of parental supervision to be “high” if the child reported that the primary caregiver “often” or “always” knows which friends she/he hangs out with, and “low” if the response was “never.”

*Low-income children who reported that their primary caregiver always or often knows which friends they hang out with were **twice as likely not to engage in problem behaviors** as those with a low level of parental supervision.*

MOTHER’S ATTENDANCE AT IMPORTANT EVENTS

The importance of parental involvement in children’s activities outside the home and its association with problem behaviors has been well established in the literature.⁵⁷ In our analysis, parental involvement is measured by asking nine-year-olds whether their mother is always, often, sometimes, or rarely present at events or activities considered important to the child. Attendance is rated as high if the child reported that the mother is “always” or “often” present, and low if the response was “rarely.”

*Children who rated their mother as always or often being present at important events were **twice as likely not to engage in negative behaviors** as those whose mothers rarely attended important events.*

Among girls, the results are especially striking. The odds of self-reporting a lack of internalizing or externalizing behaviors are three times higher among girls with a high level of event attendance by their mother than among girls who reported low attendance. There was no difference found among boys.

MOTHER’S EQUITABLE TREATMENT OF ALL CHILDREN

It has been suggested that if child health and development is viewed as a function of how family resources are distributed among siblings, then parental treatment is a basic resource subject to competition.⁵⁸ Research has found associations

between children’s subjective evaluations of unequal parental treatment and their socio-emotional well-being,^{59,60} prompting us to examine whether such connections exist in our sample.

Mother’s treatment of children was rated as fair if her child reported never feeling that other siblings were treated better, and unfair if the child reported that he or she “often” or “always” felt that other children were treated better.

*Children who felt that they were being treated fairly by their mother were **twice as likely not to engage in negative behaviors** as those who felt they were being treated unfairly often or always.*

A gender difference was seen as well. The odds of reporting no externalizing or internalizing behaviors were four times higher among girls who reported their mother’s treatment as fair than among those who reported unfair treatment.

Among boys, the odds of reporting no externalizing or internalizing behaviors were two times higher among those who rated their mother’s treatment of siblings as fair than among those who reported it as being unfair.

We also considered mother’s treatment of siblings, rating it as fair if children reported that they “never” felt jealous of the attention given to other children, and unfair if children reported that they “often” or “always” felt jealous of the attention given to siblings.

*Children who reported no sibling jealousy were **six times as likely to report no externalizing and internalizing behaviors** than those who often or always felt jealous of the attention given to other children.*

When we examined this association separately for girls and boys, the results were striking. The odds of reporting no externalizing or internalizing behaviors were six times higher among girls who never felt jealous of the attention given to other children than among girls who always felt jealous. Among boys, the odds were approximately five times higher for those who never felt jealous, compared to boys who always felt jealous.

Are There Policies That Support Parent Resilience?

In 2015, an estimated 14 million families with at least one child – a little more than 65 percent of all low-income families – earned below 200 percent of the poverty threshold.⁶¹ Often, these children and their families are spoken of in terms of deficiencies. This is inaccurate, because many low-income parents are resilient. Despite the hardships they face daily, they are effectively supervising their children, including knowing where they are, what they are doing, and who they have as friends; developing a strong and positive parent–child relationship; participating in events important to their child; treating all of their children fairly; and communicating with their children in ways that promote closeness. Surely, those who care about low-income families – and the future of our nation – must find ways to acknowledge their strengths and achievements and support funding for policies and programs that could contribute significantly to increasing their success.

While research has shown us that better outcomes for low-income children can be achieved by focusing on early intervention and implementing two-generation approaches, significantly more funds must be channeled into sustained, high-quality implementation of both evidence-based and promising programs for their replication to produce long-lasting and widespread impact.

Also, state policies can be marshaled to promote two-generation approaches for supporting parent resilience. NCCP’s report, [State Policies through a Two-Generation Lens](#), presents policies that help families gain access to high-quality early care and education, child and parent health care, support for parenting and family economic security, and strategies for enhancing these resources through two-generation policy initiatives.

Critical policies that both state and federal policymakers should work to advance include the following:

- Increasing parents’ access to health and mental health care,

including depression screening and treatment

- Increasing investment in training of providers in evidence-based parenting and parent-child programs and expansion of these programs
- Strengthening key safety net policies – such as unemployment insurance, Temporary Assistance for Needy Families, and housing assistance – to reduce extreme adverse circumstances that can overwhelm families and reduce their chances of using their resilience to escape poverty and ensure their children’s success
- Investing in the expansion of two-generation programs that include strong supports for parent well-being and resilient parenting

Also promising are efforts supported by the Robert Wood Johnson Foundation and Pure Edge, Inc., to support implementation of the Collaborating States Initiative (CSI). Facilitated by the Collaborative for Academic, Social, and Emotional Learning (CASEL), CSI is an effort by states to develop policies, learning standards or goals, and guidelines to support statewide implementation of social and emotional learning (SEL). Each state has identified its own priorities to advance the implementation of evidence-based approaches to SEL, from preschool to high school. Several teams are also developing plans for building community and family support for social–emotional learning.

As adults, we have a special responsibility to support the healthy development of our most precious asset, especially those whose futures are in jeopardy because of economic hardship. We must contribute to creating an America where all families are economically secure, strong, and nurturing, so that all children are supported to thrive and grow into healthy adults. This is a truth that should always be at the heart of our efforts: ***Children do better when their families do better.***

Are There Effective Programs That Promote Family Resiliency?

Is it possible to help develop resilience in low-income parents? Based on our review of the literature as well as the results of our analyses of Fragile Families Study data, we believe the answer is a resounding “Yes.”

We recommend supporting programs that enable low-income parents – especially mothers, since the majority of the data we analyzed focused on them – to develop strong relationships with their children. This strengthened connection will, in turn, contribute to the development of their children’s social-emotional competence.

However, compelling research suggests that the traditional approach of providing developmental enrichment to poor children and information

to mothers in the form of parenting education programs, while valuable, is not sufficient to promote children’s social-emotion competence⁶² (see Sidebar, A Whole Family Approach to Success). **Two-generation approaches** are needed that focus on both parent and child. The focus may be placed equally on both, primarily on the child with services and opportunities for the parent, or primarily on the parent but with services and opportunities for the child.^{63,64,65} In addition, when considering what types of programs and policies are most beneficial, it is important to support those that **focus on early intervention**.

Although there is limited evidence of the effectiveness of new two-generation programs, some of these programs do show proof of success, such as the following examples.

A Whole-Family Approach to Success

“The time has come to address both the benefits and the limitations of parenting education and social support as cornerstones of early childhood policy and practice. On the positive side, the value of providing practical information and concrete assistance has tremendous intuitive appeal and a research base to support its positive effects, particularly for mothers with limited education. There is also reason for concern, however, that the magnitude of impact achieved by such interventions is typically modest (4, 5) and the absence of significant effects on parents and children who are facing substantial disadvantage is a reality that must be confronted.”

– Jack P. Shonkoff, Leveraging the biology of adversity to address the roots of disparities in health and development. Proceedings of the National Academy of Sciences of the United States, 109(Supplement 2), p. 17305.





NURSE-FAMILY PARTNERSHIP

(www.nursefamilypartnership.org)

Investing in children has been demonstrated to improve their lives, both during the school-age years and afterward, as assessed by outcomes such as employment and income.⁶⁶ One of the most successful early-intervention programs is Nurse-Family Partnership (NFP), developed by David Olds, a professor of pediatrics, psychiatry, and preventive medicine at the University of Colorado Denver.

The program – serving first-time, low-income mothers and their children – is designed to improve **pregnancy outcomes** by encouraging health-promoting behaviors; **child health, development, and safety** by cultivating competent caregiving; and **mother's life course** by promoting pregnancy planning, educational achievement, and employment. NFP is also intended to enhance families' material support by connecting them to needed health and social services and promoting supportive relationships among family and friends.

Three randomized, controlled trials of NFP have been conducted with low-income white, African American, and Hispanic women, children, and their families. Benefits were found for both mothers and their children, including reduced rates of child maltreatment, ingestions, and injuries; reduced rates of smoking during pregnancy; reduced rates of rapid-repeat pregnancy; increased rates of employment; and reduced rates of welfare receipt. Among children, longer-term effects were found, such as fewer arrests and convictions, lower rates of smoking and drinking, and fewer sexual partners. NFP is the only early-childhood program that meets the Coalition for Evidence-Based Policy's "Top Tier" of evidence, which means it has the strongest evidence that it prevents child abuse and neglect.⁶⁷ It has also been recognized as producing a significant economic return on investment.



CIRCLE OF SECURITY

(<http://circleofsecurity.net>)

Considering the importance of mother–child relationships, a program that help mothers strengthen the parent-child bond can also help children develop social-emotional competence and prevent the development of internalizing and externalizing behaviors. The Circle of Security Parenting program (COS-P) is a theoretically grounded, research-informed intervention that focuses on **building a secure attachment between caregiver and young child, strengthening the parent-child relationship and promoting positive early-childhood development.**^{68,69}

COS-P is designed for parents whose children are younger than six years old and have problems with emotional regulation, impulse control, disruptive behavior, aggression, and withdrawn/detached behavior. It works with parents to bolster their ability to (1) read their child's cues; (2) pause, reflect, and choose security-promoting caregiver behaviors; (3) regulate their own stressful emotional states; (4) recognize ruptures in the parent-child relationship and facilitate repairs; (5) provide comfort when their child is in distress; and (6) show empathy for their child. The program also helps parents decrease the negative motivations they attribute to their child's problem behaviors and provides services to help parents address children's internalizing and externalizing behaviors.

Available in Spanish, Italian, Japanese, Norwegian, and Swedish as well as English, COS-P has been listed as an evidence-based/evidence-informed program by the U.S. Department of Health and Human Services Children's Bureau and as a reported effective program by the Emerging Practices in the Prevention of Child Abuse and Neglect Project, Children's Bureau Office on Child Abuse and Neglect, U.S. Department of Health & Human Services, Administration for Children & Families.



DARE TO BE YOU

<http://dtby.colostate.edu>

Launched in 1979, Dare To Be You (DTBY) is designed to reduce poor outcomes among youth, especially drug use, by **increasing resiliency factors and reducing risk factors in families with young children**. The target population includes parents, extended family members who fill caregiving roles, and siblings. The program focuses on four domains: (1) the child, and increasing resiliency factors; (2) the family environment, and improving parents' self-efficacy, self-esteem, internal locus of control, parent-child relationship quality, child-rearing practices, and skills in decision-making, reasoning, and stress management; (3) the school environment, and targeting teachers' self-efficacy and sense of self-worth as well as teaching methods; and (4) the community, and training teams of community workers who work with the target families.

The program operates in as many as 20 sites nationwide and has been proven effective in rural and urban settings among families with a wide range of risk indicators who represent Native American, Asian and Pacific Islander, Hispanic, and African American populations as well as mixed cultures.^{70,71,72} Assistance is offered to organizations interested in replicating the program, either onsite or through a training program in its Cortez, Colorado, facility.

There is also a Dare To Be You Bridges Program, which brings together families of children in kindergarten through second grade (ages five to seven years) and their teachers to support the transition to formal schooling. Both are listed as model programs proven effective in reducing the risk factors for drug abuse by the National Registry for Effective Prevention Programs of the Substance Abuse and Mental Health Services Administration (SAMHSA).⁷³



CHILD FIRST (CHILD AND FAMILY INTERAGENCY RESOURCE, SUPPORT, AND TRAINING)

<http://www.childfirst.org>

The community-based model, Child FIRST, which was highlighted in NCCP's [Young Children in Deep Poverty fact sheet](#), targets children from the prenatal period through five years and is designed to serve the most vulnerable families with young children, such as those experiencing severe economic hardship, social isolation, and mental health problems.

There are 15 program sites in Connecticut, where a central agency implements the program with a community-based collaborative of child and adult service providers that helps participating families gain access to needed services.

The program consists of evidence-based parent-child interventions; Early Head Start; home visiting; and financial, housing, and food assistance.

A randomized, controlled trial of the program's effectiveness with multi-risk urban mothers and their children ages 6-36 months found that at 12-month follow-up, children had improved language and externalizing symptoms compared to children in standard care. In addition, Child FIRST mothers had less parenting stress at the 6-month follow-up, lower psychopathology symptoms at 12-month follow-up, and less protective service involvement 3 years later, relative to the comparison group of mothers. Program families also accessed 91 percent of wanted services relative to 33 percent of the comparison group.⁷⁴



TWO-GENERATION PRESCHOOL PROGRAMME⁷⁵

The Two-Generation Preschool Programme in Alberta, Canada, targets low-income parents with a child that has one or more risks for developmental delay. It is designed to **improve early-childhood development** and **promote school readiness** by strengthening multiple interrelated aspects of a child's environment and parental psychosocial resources. The program has six components: (1) center-based preschool and kindergarten education, (2) transportation, (3) nutritious food, (4) health and developmental assessments and interventions, (5) parenting and life skills education, and (6) family support and counseling during home visitation.

An evaluation was conducted of the program, which operated in a single city-center site and served approximately 50 children and their parents, to determine what effects program participation had on children's receptive language (i.e., the ability to understand words, sentences, and the meaning of what others say or what is read) and global development (i.e., achieving appropriate developmental milestones), as well as parental self-esteem, community life skills, parenting stress, and risk for child maltreatment. Also examined was whether the identified effects were sustained for children up to seven years old and their parents.

Comparison of scores on a range of measures at intake and exit for children and parents demonstrated that children experienced improvements in receptive language and global development, and parents showed improvements in self-esteem, use of community resources, parenting stress, and risk for child maltreatment, all of which stabilized the home environment and increased parental psychosocial resources. Many of these improvements were sustained at

the seven-year-old follow up. Another follow-up evaluation found that program effects for receptive language scores were sustained at age ten years. However, different program effects were observed within the three cultural groups participating in the program – Aboriginal, other Canadian-born, and recent immigrant – as well as between boys and girls, suggesting that a deeper understanding of these groups is required to better meet their needs.

The program, still in operation in one site in Calgary, now includes Nurturing Parenting as a major component. Focused on the prevention and treatment of child abuse and neglect, the Nurturing Parenting Program for Parents and their Infants, Toddlers and Preschoolers is designed to produce measurable gains in the individual self-worth of parents and children, parental empathy, and the ability of parents to meet their needs and their children's in healthy ways.⁷⁶

Two-Generation Approaches: Organizations Leading the Way

Several organizations are actively promoting two-generation approaches, most notably The Aspen Institute, Foundation for Child Development, and Annie E. Casey Foundation. Their efforts are described briefly below.

The Aspen Institute

A Washington, D.C.-based educational and policy studies organization, The Aspen Institute is advancing two-generation approaches, with attention to racial and gender equity issues, through its Ascend policy program (<http://ascend.aspeninstitute.org>). Ascend: (1) convenes national forums and roundtable discussions where leaders in policy development, research, program design, evaluation, and community engagement share lessons learned; (2) identifies and publicizes emerging and promising programs with the potential to multiply the returns on investments; and (3) develops tools to advance its two-generation efforts. A fellows program, which brings together leaders from diverse sectors and communities to tackle intergenerational poverty, is also a component of the initiative, as is a 2Gen Outcomes Bank (<http://outcomes.ascent.aspeninstitute.org>), a crowd-sourced collection of information on two-generation research, program outcomes, and tools.

Foundation for Child Development

The commitment to understanding how to best support young children, especially those who must overcome the effects of economic instability and social exclusion, is the Foundation for Child Development's mission (<http://fcd-us.org>). FCD promotes two-generation approaches through its efforts to connect research, policy, and practice to help build effective early-childhood systems; fund projects; and offer a range of resources on its website. Included among its many resources are the publications *Promoting Two-Generation Strategies: A Getting-Started Guide for State and Local Policy Makers* (revised and updated in 2016),⁷⁷ *Two-Generation Strategies and Involving Immigrant Parents in Children's Education*,⁷⁸ and *Investing in Children and Parents: Fostering Dual-Generation Strategies in the United States*.⁷⁹

Annie E. Casey Foundation

Founded in 1948, the Annie E. Casey Foundation (<http://www.aecf.org>) in Baltimore has as its mission to help build a brighter future for children and families at risk of poor educational, economic, social, and health outcomes by working to strengthen families, build stronger communities, and ensure access to opportunity. Casey's **Center for Working Families** (<http://tcwfi.org>) in Atlanta, with the goal of moving families out of poverty via workforce development, economic support, and asset building, provides a range of coordinated services to parents and children in a central location. In addition, through its **Family-Centered Community Change** strategy, the foundation is supporting several local initiatives that are taking a two-generation approach to serve children and families in Buffalo, New York; Columbus, Ohio; and San Antonio, Texas.⁸⁰

Methods

This policy brief uses nationally representative data from the *Fragile Families and Child Wellbeing Study*, undertaken to examine the causes and consequences of non-marital childbearing. The study is following 4,898 children born in large U.S. cities between 1998 and 2000, with about three-quarters born to unmarried parents. Both parents participated in an in-person interview after the birth of their child, and by telephone again when the child was 1, 3, 5, and 9 years old. When the child was 3, 5, and 9 years old, in-home surveys were conducted with the primary caregiver (usually the mother) to collect information on the child's cognitive and emotional development, as well as health and home environment. Children were interviewed for the first time when they were 9 years old.

The sample consists of 2,210 children who have lived in low-income families (under 200 percent of the federal poverty level) for three to five years, participated in the survey at nine years old, and had valid information on measures of internalizing and externalizing behaviors. The Self-Description Questionnaire (SDQ) was used to measure internalizing (8 items) and externalizing (6 items) behaviors:

Internalizing Behaviors	Externalizing Behaviors
I feel angry when I have trouble learning something.	I often argue with other kids.
I worry about taking tests.	It is hard for me to pay attention.
I often feel lonely.	I get distracted easily.
I feel sad a lot of the time.	It is hard for me to finish my schoolwork.
I worry about doing well in school.	I get in trouble for talking and disturbing others.
I worry about finishing my work.	I get in trouble for fighting with other kid.
I worry about having someone to play with.	
I feel ashamed when I make mistakes at school.	

Children were asked to rate the frequency of each item on a scale of 0 to 3, with “0 = not true,” “1 = a little true,” “2 = mostly true,” and “3 = very true.” Children identified as possessing social-emotional competence are those who have an SDQ score that was not within the top 25th percentile for internalizing and externalizing behaviors.

We applied logistic regression to examine whether the parental resiliency factors – parental supervision, mother-child closeness, mother-child communication, mother-child time, mother's attendance at important events, mother's fair treatment – were significantly associated with children's social-emotional competence, while controlling for the following child and family demographic characteristics: child gender; mother's race, age, education, and self-reported depression; family structure; and presence of siblings. Further, the analyses were stratified by gender, because prior research has consistently shown gender difference in social-emotional competence as well as parental supervision.

Weighting. Ideally, a selected sample is a miniature of the population it came from. Unfortunately, this is usually not the case, and some groups may be over- or under-represented in analyses. Therefore, to obtain an unbiased statistical estimate, weighting was used when presenting the descriptive statistics and examining the association between parental resilience and children's social-emotional competence as the weights help to adjust for the sample design, nonresponses, and attrition (loss of participants) over the five waves of data collection between 1998 and 2010.

Limitations. There are several limitations in the analyses conducted for this policy brief. First, the measure of social-emotional competence is based on **the child's self-report** of externalizing and internalizing behaviors at nine years old, and children tend to underreport their behavioral problems in surveys. Second, several parental resilience factors self-reported by children, such as closeness to mother and parental supervision, are highly skewed toward the high end, which makes it difficult to compare children who reported high levels of parental resilience to children with those who reported low levels of parental resilience because the number of responses in the low category were so small. Third, children's social-emotional competence and parental resilience are measured at the same survey wave; therefore, the results present associations between parental resilience factors and child's social-emotional competence, not causal relationships.

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REFERENCES

- ¹Mandez, J., McDermott, P., Fantuzzo, J. (2002). Identifying and promoting social competence with African American preschool children: Developmental and contextual considerations. *Psychology in the Schools*, 39(1), 111–123.
- ²Garnezy, N. (1991). Resilience and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioural Scientist*, 34(4), 416–430.
- ³Duncan, G., Brooks-Gunn, J., Klebanov, P. (1994). Economic deprivation and early childhood development. *Child Development*, 65(2), 296–318.
- ⁴McLeod, J.D., Shanahan, M.J. (1996). Trajectories of poverty and children's mental health. *Journal of Health and Social Behavior*, 37(3), 207–220.
- ⁵McLoyd, V.C. (1998). Socioeconomic disadvantages and child development. *American Psychology* 53: 185–204.
- ⁶Dearing, E., McCartney, K., Taylor, B. A. (2006). Within-child associations between family income and externalizing and internalizing problems. *Developmental Psychology*, 42(2), 237–252.
- ⁷Evans, G. W., English, K. (2002). The environment of poverty: Multiple stressor exposure, psychophysiological stress, and socioemotional adjustment. *Child Development*, 73(4), 1238–1248.
- ⁸Taylor, B. A., Dearing, E., McCartney, K. (2004). Incomes and outcomes in early childhood. *Journal of Human Resources*, 39(4), 980–1007.
- ⁹Center on the Developing Child at Harvard University. (2015). Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper No. 13. Retrieved January 23, 2017, from <http://developingchild.harvard.edu/wp-content/uploads/2015/05/The-Science-of-Resilience2.pdf>.
- ¹⁰Healy, K.L., Sanders, M.R., Iyer, A. (2015). Facilitative parenting and children's social, emotional and behavioral adjustment. *Journal of Child and Family Studies*, 24(6), 1762–1779.
- ¹¹McGroder, S.M. (2000). Parenting among low-income, African American single mothers with preschool-age children: Patterns, predictors, and developmental correlates. *Child Development*, 71(3), 752–771.
- ¹²Pereira, M., Negrão, M., Soares, I., Mesman, J. (2013). Predicting harsh discipline in at-risk mothers: The moderating effect of socioeconomic deprivation severity. *Journal of Child and Family Studies*, 22(3), 1–9.
- ¹³McCubbin, H.I., Thompson, A.I., McCubbin, M.A. (1996). *Family Assessment: Resiliency, Coping and Adaptation: Inventories for Research and Practice*. Madison: University of Wisconsin Publishers.
- ¹⁴Nichols, W.C. (2013). Roads to understanding family resilience: 1920s to the twenty-first century. In D.S. Becvar (Ed.). *Handbook of Family Resilience*. New York: Springer, 3–16.
- ¹⁵Jew, C.L., Green, K.E., Kroger, J. (1999). Development and validation of a measurement of resiliency. *Measurement and Evaluation in Counseling and Development*, 32(2), 75–89.
- ¹⁶Luthar, S.S., Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology*, 12(4), 857–885.
- ¹⁷Rutter, M. (1993). Resilience: Some conceptual considerations. *Journal of Adolescent Health*, 14(8), 626–631.
- ¹⁸Luthar, S.S., Cicchetti, D., Becker, D. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543–562.
- ¹⁹Masten, A.S. (2001). Ordinary magic: resilience processes in development. *American Psychologist*, 56(3), 227–238.
- ²⁰Masten, A.S., Garnezy, N. (1985). Risk, vulnerability, and protective factors in development psychopathology. In B. Lahey, & A. Kazdin (Eds.), *Advances in Clinical Child Psychology*. New York: Plenum Press, 152.
- ²¹American Psychological Association. (N.D.) What is resilience? The Road to Resilience. Accessed February 12, 2017, at: <http://www.apa.org/helpcenter/road-resilience.aspx>.
- ²²Ibid.
- ²³Gavidia-Payne, S., Denny, B., Davis, K., Francis, A., Jackson, M. (2015). Parental resilience: A neglected construct in resilience research. *Clinical Psychologist*, 19(3), 111–121.
- ²⁴Walsh, F. (2006). *Strengthening Family Resilience* (2nd ed.). New York: Guilford.
- ²⁵Conger, R.D., Conger, K.J. (2002). Resilience in Midwestern families: Selected findings from the first decade of a prospective, longitudinal study. *Journal of Marriage and Family*, 64(2), 361–373.
- ²⁶Center on the Developing Child at Harvard University. (2015).
- ²⁷Masten, A.S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227–238.
- ²⁸Orthner, D., Jones-Sanpei, H., Williamson, S. (2004). The resilience and strengths of low-income families. *Family Relations*, 53(2), 159–167.
- ²⁹Conger and Conger, 2002.
- ³⁰Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*, 11(1), 56–95.
- ³¹U.S. Census Bureau. (2015). Household relationship and living arrangements of children under 18 years, by age and sex: 2014. Washington, D.C. Accessed February 9, 2017, at: <http://www.census.gov/hhes/families/data/cps2014C.html>.
- ³²Kelly, J., Emery, R. (2003). Children's adjustment following divorce: Risk and resilience perspectives. *Family Relations*, 52(4), 352–362.
- ³³For additional information, see Park, M. (2003). Are Married Parents Really Better for Children? What Research Says about the Effects of Family Structure on Child Well-Being, accessible via the Center for Law and Social Policy website at <http://www.clasp.org/resources-and-publications/states/0086.pdf>.
- ³⁴Conger, R.D., Wallace, L.E., Sun, Y., Simmons, R.L., McLoyd, V.C., Brody, G.H. (2002). Economic pressure in African American families: A replication and extension of the family stress model. *Developmental Psychology*, 38(2), 179–193.
- ³⁵Carlson, E.A., Sroufe, L.A. (1995). Contribution of attachment theory to developmental psychopathology. In D. Cicchetti & D.J. Cohen (Eds.), *Developmental Psychopathology: Vol. 1*. New York: Wiley, 581–617.
- ³⁶Rudolph, K., Hammen, C., Burge, D. (1995). Cognitive Representations of self, family, and peers in school-age children: Links with social competence and sociometric status. *Child Development*, 66(5), 1385–1402.

- ³⁷Campbell, S.B., Shaw, D.S., Gilliom, M. (2000). Early externalizing behavior problems: Toddlers and preschoolers at risk for later maladjustment. *Development and Psychopathology*, 12(3), 467–488.
- ³⁸Coie, J.D., Dodge, K.A. (1998). Aggression and antisocial behavior. In W. Damon & N. Eisenberg (Eds.), *Handbook of Child Psychology: Vol. 3. Social, Emotional, and Personality Development*. New York: Wiley, 779–862.
- ³⁹Olson, S.L., Sameroff, A.J., Kerr, D.C.R., Lopez, N.L., Wellman, H.M. (2005). Developmental foundations of externalizing problems in young children: The role of effortful control. *Developmental Psychopathology*, 17(1), 25–45.
- ⁴⁰Caspi, A., Moffitt, T.E. (1995). The continuity of maladaptive behaviour: From description to explanation in the study of antisocial behavior. In D. Cicchetti & D. Cohen (Eds.), *Developmental Psychopathology*, Vol. 2. New York: Wiley, 472–511.
- ⁴¹Pitzer, M., Esser, G., Schmidt, M.H., Laucht, M. (2009). Temperamental predictors of externalizing problems among boys and girls: A longitudinal study in a high-risk sample from ages 3 months to 15 years. *European Archives of Psychiatry and Clinical Neuroscience*, 259(8), 445–58.
- ⁴²Campbell, S.B. (1995). Behavior problems in preschool children: A review of recent research. *Journal of Child Psychology and Allied Disciplines*, 36(1), 113–149.
- ⁴³Tandon, M., Cardeli, E., Luby, J. (2009). Internalizing disorders in early childhood: A review of depressive and anxiety disorders. *Child and Adolescent Psychiatric Clinics of North America*, 18(3), 593–610.
- ⁴⁴Coyne, L.W., Thompson, A.D. (2011). Maternal depression, locus of control, and emotion regulatory strategy as predictors of preschoolers' internalizing Problems. *Journal of Child and Family Studies* 20(6): 873–883.
- ⁴⁵Brumariu, L. E., Kerns, K. A. (2010). Parent-child attachment and internalizing symptoms in childhood and adolescence: A review of empirical findings and future directions. *Development and Psychopathology*, 22(1), 177–203.
- ⁴⁶Ewell Foster, C.J., Garber, J., Durlak, J.A. (2008). Current and past maternal depression, maternal interaction behaviors, and children's externalizing and internalizing symptoms. *Journal of Abnormal Child Psychology*, 36(4), 527–537.
- ⁴⁷Rhodes, B.L., Greenberg, M.T., Domitrovich, C.E. (2009). The contribution of inhibitory control to preschoolers' social-emotional competence. *Journal of Applied Developmental Psychology*, 30(3), 310–320.
- ⁴⁸Denham, A., Weissberg, R.P. (2004). Social-emotional learning in early childhood: What we know and where to go from here. In E. Chesebrough, T.P. King, T.P. Gullotta, & M. Bloom (Eds.), *A Blueprint for the Promotion of Prosocial Behavior in Early Childhood*. New York: Kluwer/Academic Publishers, 13–50.
- ⁴⁹Rhodes et al., 2009.
- ⁵⁰Zins, J.E., Elias, M.J., Greenberg, M.T., Weissberg, R.P. (2000). Promoting social and emotional competence in children. In K.M. Minke & G.G. Bear (Eds). *Preventing School Problems Promoting School Success: Strategies and Programs that Work*. Bethesda, MD: National Association of School Psychologists, 71–99.
- ⁵¹Howse, R., Calkins, S.D., Anastopoulos, A., Keane, S., Shelton, T. (2003) Regulatory contributors to children's kindergarten achievement. *Early Education and Development*, 14(1), 101–119.
- ⁵²Shields, A., Dickstein, S., Seifer, R., Giusti, L., Dodge Magee, K., Spritz, B. (2001). Emotional competence and early school adjustment: A study of preschoolers at risk. *Early Education and Development*, 12(1), 73–96.
- ⁵³Pianta, R. C. (1997). Adult-child relationship processes and early schooling. *Early Education and Development*, 8(1), 11–26.
- ⁵⁴Driscoll, K., Pianta, R.C. (2011). Mothers' and fathers' perceptions of conflict and closeness in parent-child relationships during early childhood. *Journal of Early Childhood and Infant Psychology*, 7, 1–24
- ⁵⁵Wood, J.J. (2007). Academic competence in preschool: Exploring the role of close relationships and anxiety. *Early Education and Development*, 18(2), 223–242.
- ⁵⁶Crouter, A. C., Head, M. R. (2002). Parental monitoring and knowledge of children. *Handbook of Parenting*, Volume 3, 461–483.
- ⁵⁷Hornby, G. (2011). Importance of parental involvement. In F. Hornby (Ed.). *Parental Involvement in Childhood Education*. New York: Springer, 1–9.
- ⁵⁸Foster, E.M. (2002). How economists think about family resources and child development. *Child Development*, 73(6), 1904–1914.
- ⁵⁹McGuire, S., Dunn, J., Plomin, R. (1995). Maternal differential treatment of sibling and children's behavioral problems: A longitudinal study. *Development and Psychopathology*, 7(3), 515–528.
- ⁶⁰McHale, S.M., Updegraff, K.A., Jackson-Newson, J., Tucker, C.J., Crouter, A.C. (2000). When does parents' differential treatment have negative implications for siblings? *Social Development*, 9(2), 149–172.
- ⁶¹Statistic is based on NCCP data analysis.
- ⁶²Shonkoff, J.P. (2012). Leveraging the biology of adversity to address the roots of disparities in health and development. *Proceedings of the National Academy of Sciences of the United States*, 109(Supplement 2), 17302–17307.
- ⁶³Mosle, A., Patel, N. (2012). *Two Generations, One Future: Moving Parents and Children beyond Poverty Together*. Washington, DC: The Aspen Institute. Accessed December 21, 2016, at <http://ascend.aspeninstitute.org/resources/two-generations-one-future>.
- ⁶⁴Princeton-Brookings. (2014). Helping parents, helping children: Two generation mechanisms. *The Future of Children*, 24(1).
- ⁶⁵St. Pierre, R.G., Layzer, J.I., Barnes, H.V. (1995). Two-generation programs: Design, cost, and short-term effectiveness. *The Future of Children*, 5(3),76–93.
- ⁶⁶Campbell, F., Conti, G., Heckman, J.J., Moon, S.H., Pinto, R., Pungello, E., Pan, Y. (2014). Early childhood investments substantially boost adult health. *Science*, 343(6178), 1478–1485.
- ⁶⁷For information about the Coalition for Evidence-Based Policy, visit <http://coalition4evidence.org>.
- ⁶⁸Powell, B. Cooper, G., Hoffman, K., Marvin, B. (2014). *The Circle of Security Intervention: Enhancing Attachment in Early Parent-Child Relationships*. New York, NY: Guilford Press
- ⁶⁹Zeanah, C.H., Berlin, L.J., Boris, N.W. (2011). Practitioner review: Clinical applications of attachment theory and research for infants and young children. *Journal of Child Psychology and Psychiatry*, 52(8), 819–833.
- ⁷⁰Miller-Heyl, J., MacPhee, D. Fritz, J.J. (1998) DARE To Be You: A family-support, early prevention program. *Journal of Primary Prevention*, 18(3), 257–285.

⁷¹MacPhee, D., Miller-Hey, J. (2003). Parent Self-Efficacy Mediates the Impact of Family Intervention. Poster presentation at the Annual Conference of the American Psychological Association, Toronto, Canada, August 8. Accessed February 8, 2017, at: <http://files.eric.ed.gov/fulltext/ED480095.pdf>.

⁷²MacPhee, D., Miller-Hey, J., Carroll, J. (2014). Impact of the DARE To Be You family support program: Collaborative replication in rural counties. *Journal of Community Psychology*, 42(6), 707–722.

⁷³SAMHSA's National Registry of Evidence-based Programs and Practices is accessible at <https://www.samhsa.gov/nrepp>.

⁷⁴Lowell, D., Carter, A., Godoy, L., Paulicin, B., Briggs-Gowan, M. (2011). A randomized controlled trial of Child FIRST: A comprehensive home-based intervention translating research into early childhood practice. *Child Development*, 82(1), 193–208.

⁷⁵For details regarding evaluations of the Two-Generation Preschool Programme, see Benzies, K., Mychasiuk, R., Kurilova, J., Tough, S., Edwards, N. Donnelly, C. (2014). Two-Generation Preschool Programme: Immediate and 7-year-old outcomes for low-income children and their parents. *Child & Family Social Work*, 19(2), 203–214; Benzies, K., Tough, S., Edwards, N., Nagan, K., Nowicki, B., Mychasiuk, R., Donnelly, C. (2009). Effects of a two-generation Canadian preschool program on parenting stress, self-esteem, and life skills. *Early Childhood Services*, 3(1), 19–32; Benzies, K., Edwards, N., Tough, S., Nagan, K., Mychasiuk, R., Keown, L. A., Donnelly, C. (2010). Effects of a two-generation preschool programme on receptive language skill in low-income Canadian children. *Early Child Development and Care*, 181(3), 397–412; and Mughal, M.K., Ginn, C.S., Perry, R.L., Benzies, K.M. (2016). Longitudinal effects of a two-generation preschool programme on receptive language skill in low-income Canadian children to age 10 years. *Early Child Development and Care*, 186(8), 1316–1326.

⁷⁶For additional information about Nurturing Parenting, see Maher, E.J., Marcynyszyn L.A., Corwin T.W., Hodnett, R. (2011). Dosage matters: The relationship between participation in the Nurturing Parenting Program for infants, toddlers, and preschoolers and subsequent child maltreatment. *Children and Youth Services Review*, 33(8), 1426–1434.

⁷⁷Available at <https://www.fcd-us.org/assets/2016/10/TwoGenGuideRevised2016.pdf>

⁷⁸Available at <https://www.fcd-us.org/assets/2016/04/Crosnoe-Two-Generation-Strategies.pdf>

⁷⁹Available at <https://www.fcd-us.org/assets/2016/04/KingEtAlDual-Gen-APPAM10-24-11.pdf>

⁸⁰For additional information, see <http://www.aecf.org/work/community-change/family-centered-community-change/>