

Affiliate Funding Guide

Grant Boilerplate Language



Introduction

This document includes sample grant language to commonly asked questions on grant applications for affiliates to copy and alter accordingly when writing grants.

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History of Evidence-Based Model Samples

1. The catalyst for Parents as Teachers® was emerging research in the 1970s that confirmed the first years of a child's life are critical to their later success in school and life, and family involvement is directly related to the child's academic and interpersonal skills. In response, the PAT home visiting model was developed and piloted in Missouri in the early 1980s and is now the most replicated evidence-based home visiting model in the United States.
2. The concept for Parents as Teachers was developed in the 1970s when teachers, led by Founder Mildred Winter, noted that children were beginning kindergarten with varying levels of school readiness. Early childhood professionals suggested that a program to provide early detection of developmental delays and health issues and parent education to help parents understand their role in encouraging their child's development from the beginning could help improve school readiness and parent involvement.

Needs Statement Samples

1. In their first few years, children acquire social and emotional skills that lay the foundation for developing the cognitive abilities critical for success in school and life. Responsive and nurturing caregivers are essential to this development. Very young children who are exposed to biological, relationship-based, or environmental risk factors or who experience toxic stress more frequently experience disruptions in their social and emotional development, and consequently, develop mental health challenges. This project's target population - families with children living in shelters – is particularly in need of quality supports to help mitigate the potential lifelong negative developmental impacts on young children with these experiences. Home visiting is one such support.

The early intervention, positive parenting, and kindergarten readiness supports that PAT provides are powerful ways to improve children's academic success and well-being. PAT strengthens relationships within families and reduces parent and child stress through regular ongoing support; provides research-based parenting education that increases parenting confidence and competence; and prevents child abuse and neglect by helping parents to understand child development and set reasonable expectations.

2. *Using St. Louis City data as an example* – Social and economic factors disproportionately negatively impact African Americans in St. Louis City, where families participating in the Parents as Teachers program live. St. Louis City statistics show that, in the aggregate, the area has high levels of need based on poverty, unemployment and crime and is the fifth most at-risk county in the State. For example, whereas statewide in Missouri 25.3% of children live in single-parent households, that figure is 51% in St. Louis City, and 27.7% of St. Louis City children live in poverty compared to 17% statewide (Missouri Kids Count 2021). Child homelessness rates are much higher in the city (16.9%) than at the state level (3.8%) (Missouri Kids Count 2021). And while employment rates overall have improved, the unemployment rate for African American St. Louisans (7.1%) is considerably higher than for Hispanic (4.9%) or White St. Louisans (3.2%) (St. Louis Federal Reserve Data, Dec 2021). Living with these difficulties and challenges often leads to poorer educational attainment for children, and poorer overall well-being for families. The 2021 Missouri Kids Count report shows that, once again, St. Louis City is the lowest ranked county based on a composite score on measures of economic well-being, health, family and community, and education.

Parents as Teachers serves families in some of the most distressed zip codes in the city. The population served is 73% African American. Families served are low-income (185% of poverty level for Missouri or Medicaid eligible) pregnant women, postpartum women or primary caregivers of the index child(ren); 93% have one or more of the factors that put them at greater risk of poor birth outcomes or child abuse and neglect, including but not limited to low income (83%), young parent (20%), parent with low educational attainment (29%), parent with mental health issues (20%), low birthweight infants (6%), and a child with disabilities or developmental delays (8%). Priority is given to pregnant women and those with children less than one year of age at the time of recruitment. PAT has seen a large increase in the number of families enrolling prenatally; currently, they represent 27% of enrolled families.

Investments in quality early childhood development are critical to reduce the likelihood of these outcomes. The early intervention, positive parenting, and kindergarten readiness supports that PAT provides are powerful ways to interrupt these cyclical patterns and outcomes and improve children's academic success and well-being. PAT strengthens relationships within families and reduces parent and child stress through regular ongoing support. Parent Educators provide research-based parenting education that increases parenting confidence and competence and helps to prevent child abuse and neglect by helping parents to understand child development and set reasonable expectations. Through discussions with the family about goals and family well-being, Parent Educators help parents identify additional supports by connecting them with the resources they may need to improve their physical and emotional health, expand their career or educational options, or access crucial social supports. Through developmental screening and surveillance, developmental delays are detected early, so that the child receives the services they need from a younger age.

Target Audience Sample

1. Upon initial entry into our program, our target audience is parents of children, prenatal through age 4, who reside in the City of XXXX. Our program is voluntary and supports families and their children through kindergarten completion. Families can enroll children at any time up to age 5. Based on those currently served, we expect families to have the following attributes: X% present with two or more high-needs characteristics (for example, parent with substance abuse issues, parent with a disability, domestic violence, mental health issues, or having an incarcerated parent), X% are low income, X% are teen parents, and X% have low educational attainment.

Goals Samples

1. Parents as Teachers improves the early learning, development, and health of babies and toddlers by partnering trained professionals with parents and caregivers beginning as early as pregnancy through kindergarten.
2. To help families during their children's most formative years, our program seeks to:
 - Increase parent knowledge of early childhood development and improve parenting practices
 - Provide early detection of developmental delays and health issues
 - Prevent child abuse and neglect
 - Increase children's school readiness and success
 - Strengthen community capacity and connectedness

Four Component Activities Samples

1. The model achieves these goals through incorporating several components to support whole family well-being, including Personal Visits, Group Connections with other PAT families, Child Health and Developmental Screenings, and a Resource Network. Trusted home-visiting professionals called Parent Educators (PEs) meet with families where they are comfortable, typically in-person at their home or over Zoom. During visits, PEs assess family needs, partner with primary caregivers to set family goals, and conduct regular screenings to evaluate a child's development and the family's overall well-being. Parent Educators also provide necessary information and resources that can further support a child's emotional, behavioral, and physical development. Additionally, the PAT model facilitates social events that encourage PAT caregivers to meet and get to know each other as a community.
2. We deliver the four components of the PAT model to families, who enroll voluntarily at any point from before a child's birth through kindergarten. The primary service strategies for participants are Personal Visits and Group Connections. Participants are offered monthly or more frequent visits that include at least one parent and one child (or a pregnant parent) but can include multiple adults and children. Families with high-need characteristics receive visits with a higher frequency.
3. By matching parents and caregivers with trained professionals who make regular personal home visits during a child's earliest years in life, we help build strong communities and thriving families with children who are healthy, safe and ready to learn. PAT affiliates deliver four key services to families: 1) personal visits, 2) group meetings with other families, 3) child health and developmental screenings, and 4) referrals to other needed resources.

4. Parent Educators (PEs) who implement the PAT model first complete a multi-day Foundational Curriculum and Model Implementation training to become certified.

Affiliates deliver the four components of the PAT model to families who enroll voluntarily at any point from before a child's birth through kindergarten. The primary service strategies for participants are personal visits and group connections. Participants are offered monthly or more frequent visits that include at least one parent and one child (or a pregnant parent) but can include multiple adults and children. Families with high-need characteristics receive visits with a higher frequency. Most visits are conducted in person, but parents also have the option of virtual visits.

Parent Educators use the Parents as Teachers core curricula to plan, design, and guide personal visits. Resources from the curricula offer parenting and child development information based on the developmental age of the child, and they cover all four developmental domains – language, motor, cognition, and social/emotional. The curricula include information for parents on child development topics, including attachment, discipline, health, nutrition, safety, sleep transitions and routines, and healthy births. PEs partner, facilitate, and reflect with parents to set goals for the family's well-being and success. PEs model positive parenting behaviors such as nurturing, designing/guiding, responding, communicating, and supporting learning, and they use activity pages from the curricula to observe and reflect with families on parent-child interaction.

Monthly (at minimum) group connections augment the personal visits and provide socialization and learning opportunities for parents. Group connections are scheduled at various times to accommodate schedules. If they are in-person, they are held at neutral locations easily accessible by public transportation. If necessary, transportation is provided, as is childcare and refreshments. Many meetings provide 'incentives' to encourage attendance, such as diapers or age-appropriate literacy materials (books or blocks). In terms of discussion topics, the groups focus on a certain developmental topic, and often, a guest speaker from a community resource may present information on a special topic such as health insurance, childcare subsidies, or other subjects requested by the group. Some groups provide parent-child interaction opportunities. In addition to personal visits and group connections, child health and developmental screenings are conducted. PEs conduct assessments for maternal depression in adults, as needed, and are mandated reporters for intimate partner violence; they also provide referrals for substance use disorders, as appropriate. Additional screenings are conducted to meet the PAT model requirements; if a screening results in the need for a referral or further screening for the child or parent, PEs support families by connecting them with professionals who can provide the follow-up they need.

5. As a numbered list

1. Home visits - PAT provides personal visits where trained Parent Educators meet one-on-one with parents and children in their homes, typically bi-weekly, depending on the number of indicated stressors a family faces. The focus of these visits is parent-child interaction, development-centered parenting, and family well-being. During visits, Parent Educators use partnering, facilitation, and reflection to promote parental resilience, knowledge of parenting and child development, and social and emotional competence of children.
2. Group Connections meetings - To increase parents' social connection and build a feeling of community and shared responsibility for the community's growth, PAT hosts monthly Group Connections meetings. The meetings last an hour and a half each and have a topical focus, such as fatherhood, childhood immunizations, nutrition, etc. In some meetings, local experts will present on life skills and workforce development, such as banking and financial literacy, infant mortality and risks, understanding your legal rights, CPR, and resume writing and interview skills. Group Connections meetings are held year-round, at least once per month at convenient locations, such as schools or churches. Parent Educators recruit families and encourage them to attend multiple sessions. Transportation to Group Connections is often provided to increase attendance.
3. Child health and developmental screenings - Children receive free annual vision, hearing, health, and developmental screenings in order to identify children who need additional services to succeed. During home visits, Parent Educators screen children using the Ages and Stages Questionnaire (ASQ-3) and Developmental Indicators for the Assessment of Learning (DIAL-4), which are evidence-based and widely used screening tools for evaluating children on key developmental, emotional, and social milestones. If a delay or issue is identified, families will be referred for additional assessments and intervention.
4. Resource referral network - The high-needs families who this project will serve often do not have personal and professional connections that help them access support services for their family. Difficulty navigating the "system" of services and not knowing whom to contact can be a barrier that prevents parents from seeking help for their children. During home visits, Parent Educators get to know families' unique needs and help connect the family to other community services on an ongoing basis.

Evidence-Based Language Samples:

1. Evidence of impact and positive outcomes resulting from implementation of the PAT model, in all four primary goal areas, is supported by a robust body of research, including randomized controlled trials.
2. Evidence of impact and positive outcomes resulting from implementation of the PAT model, in all four primary goal areas, is supported by a robust body of research, including randomized controlled trials. Because of the evidence-based approach, PAT is listed on a number of clearinghouses and databases that recognize effective home visiting models, such as the Prevention Services Clearinghouse, The California Evidence-Based Clearinghouse for Child Welfare, Child Trends What Works Programs Database, and the Home Visiting Evidence of Effectiveness for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program.

PAT's comprehensive Foundational Curricula are highly regarded in the field. The PAT Foundational Curriculum recently received a stellar review in "WestEd's Curriculum Consumer Report", which assesses curricula for infants and toddlers, preschool, and home-based programs across 15 effectiveness and quality indicators.

3. The PAT model is grounded in foundational research from the early childhood development field that recognizes the concentric circles that simultaneously shape a child's life – neighborhood, community, and society (Bronfenbrenner, 1986) – and the family as a system where parents and children affect each other in an inextricable way (Minuchin, 1985).

The key features that distinguish this project's approach to creating positive outcomes for youth are that it:

- Focuses on the early years because those years represent the critical window when young minds begin absorbing the knowledge that forms the basis for all learning.
- Prepares children for kindergarten because mastering key cognitive and social skills helps children to avoid the delays, setbacks, and behavior problems that accumulate throughout elementary school and beyond if children enter kindergarten not prepared to succeed.
- Engages parents because they are their child's most influential resource. The research-based methods that PAT uses to engage parents include many activities with children that are focused on developing early literacy and math skills.
- Works collaboratively with other organizations to leverage those resources for families and make connections among parents to reduce isolation.

Families and children that receive PAT model services benefit in numerous ways. Demonstrated research-based outcomes include:

- Children's developmental delays and health problems are detected early.
- Children enter kindergarten ready to learn, and the opportunity gap is narrowed.
- Children achieve school success into the elementary grades.
- Parents improve their parenting knowledge and skills.
- Parents are more involved in their children's schooling.
- Families are more likely to promote children's language and literacy.
- Homes experience a reduction in the incidence of suspected abuse and neglect.

4. Parents as Teachers evidence-based model is backed by nearly 40 years of independent research including many evidence recognitions:
- California Evidence-Based Clearinghouse (CEBC) for Child Welfare: cebc4cw.org, 2018
 - Child Trends What Works Programs Database: childtrends.org/programs, 2010
 - Community-based Child Abuse Prevention’s (CBCAP) Matrix of Evidence-Based Programs: friendsnrc.org/evidence-based-practice-in-cbcap/evidencebasedpractice-directory, 2015
 - Educational Program That Works by the National Diffusion Network: eric.ed.gov/?id=ED381535, 1995
 - Home Visiting Evidence of Effectiveness for Maternal, Infant, Early Childhood Home Visiting program (MIECHV): homvee.acf.hhs.gov 2013
 - Proven and Promising Practices website: promisingpractices.net, 2014
 - Title IV-E Prevention Services Clearinghouse: preventionservices.abtsites.com, 2019
 - Early Impact Foundation - United Kingdom, a database of effective early intervention programs: eif.org.uk, 2021
 - Grüne Liste Prävention – Germany, a database of programs that aim to prevent violence, crime, addictive behavior and other problem behaviors among children and adolescents: <https://www.gruene-liste-praevention.de/nano.cms/datenbank/information>, 2020
 - National Academy of Parenting Practices’ (U.K.) Commissioning Toolkit: Nationalarchives.gov.uk/webarchive, 2014
 - PGF wirkt! – Switzerland, a list of effective prevention and health promotion projects: pgfwirkt.ch/de, 2020
 - Phineo Wirkt! program for working with children in poverty in Germany: phineo.org, 2018

Outcomes Samples

1. PAT has well-established tools and processes for affiliates to measure and document outcomes.

The anticipated outcomes for this project are:

1. 93% of caregivers will report that personal visit activities strengthened their relationship with their child.
2. 94% of caregivers will report that PAT motivates them to try new parenting strategies.
3. 96% of caregivers will report that PAT increased their understanding of their child's development.
4. 91% of caregivers will report feeling less stressed because of PAT.
5. 100% of children will receive ASQ:SE screening at least annually.
6. 100% of children whose ASQ:SE screening indicated a potential delay will be referred for additional assessment/intervention.
7. 80% of children referred to social-emotional services will initiate intervention services, and repeat ASQ:SE screenings will indicate progress.
8. 80% of caregivers will report progress or improvement in the extent to which they support their children's development of positive relationships with adults (aligned with HSELOF indicators).

The measurement tool used for Outcomes 1-4 is the PAT "Parent Satisfaction Survey," administered annually by PAT affiliates. This survey, designed by PATNC's Research and Quality Improvement team, assesses how parents think PAT services have impacted their parenting and parent-child interactions through developing coping/stress management/resiliency skills, reducing isolation, gaining knowledge about available community resources, and cultivating positive parenting skills.

The measurement tools used for Outcomes 5-7 include service delivery records, screening outcome data, and personal visit reports (all recorded in and reported out of the Penelope data system).

The measurement tool for Outcome 8 is the Health Families Parenting Inventory (HFPI) with data also recorded in Penelope. The HFPI tool is used to measure family outcomes across nine domains: social support, problem-solving/coping, depression, personal care, mobilizing resources, role satisfaction, parent/child interaction, home environment, and parenting efficacy. The tool is administered at intake, at 6 months, and at 12 months. This tool is used primarily to identify issues of greatest concern to families and to guide Parent Educators in individualizing services to meet families' needs.

2. As a chart

Key Activity Outputs	Outcomes
3,900 personal visits, predominantly in the home, will be completed.	<p>97% of caregivers will report that their Parent Educator encouraged them to read books to their child.</p> <p>93% of caregivers will report that the activities in their visits strengthened their relationship with their child.</p>
36 group connection opportunities with 10 families attending will be delivered on a variety of parenting and family well-being topics.	<p>94% of caregivers will report that the program motivates them to try new parenting strategies.</p> <p>96% of caregivers will report that the program increased their understanding of their child’s development.</p>
350 children will receive health and developmental screenings.	82% of 19- to 35-month-olds will be up to date on immunizations.
225 families will be connected with additional resources.	91% of caregivers will report feeling less stressed because of PAT.

Based on our XX years of experience with the Parents as Teachers home-visiting model backed by more than a dozen outcome studies, we help create stronger communities and thriving families with children who are healthy, safe, and ready to learn. Specifically, we anticipate higher rates of immunization and better kindergarten preparedness among PAT children, stronger parent-child relationships, improved parenting skills, reduced parent stress levels, and a greater understanding of a child’s development.

The outcomes data listed above will be secured utilizing the Parents as Teachers “Parent Satisfaction Survey” which is administered annually. The Parent Satisfaction Survey was designed by the Parents as Teachers National Center’s Research and Quality Improvement team to collect family feedback on their overall experience with PAT’s services, including personal visits, group connections, and screenings. This survey is one way of gathering information directly from parents, and it can help programs make decisions about how to better meet their families’ needs.

Request Language Sample

1. Group Connections and Event Supplies - Parents as Teachers requests funding to support family engagement opportunities, both in person and virtually, allowing for refreshed interactions that meet families' evolving needs. Opportunities include a "Back to School" fair as we welcome children to daycare, preschool, and kindergarten; a holiday celebration including family "adoptions"; a celebration of "Babies First Birthday" recognizing the infant mortality challenges we face in the high risk predominantly African American population we serve; group connections encouraging social relationships among parents; and finally growth of our Doula program supporting mothers in their access to quality healthcare and positive birthing experiences.

Funds will be used to purchase supplies for engagement opportunities, training for staff to support doula work, and a small amount for staff salary to implement the project.

Project goals and measurements -

1. 12 group connections completed with 96% of caregivers reporting that the program increased their understanding of their child's development.
2. 3 unique celebration events completed with 91% of caregivers reporting feeling less stressed because of PAT.
3. Educate 100% of pregnant moms on the benefit of utilizing a Doula. Outcomes data will be secured utilizing feedback from the annual Parents as Teachers "Parent Satisfaction Survey", post-event surveys, and personal visit records.

Budget Language Sample

1. Grant funds would be used to provide personal visit and Group Connections supplies for families. When funding allows, we provide books to families, preferably on every personal visit. Parent Educators often bring materials to personal visits to help engage parents and children together in developmentally appropriate activities. We also supplement families' needs for basic supplies and safe sleep materials.

Our X funding supports 1 group connection a month, but we have continued to offer more frequent virtual group connections

Typical expenses associated with personal visit and group connections are staff planning and facilitation time, consumables to use during personal visits or group meetings ("make it and take it" activities, children's books, etc.), event participation incentives for in-person group connections, transportation costs, and consultant expenses (infrequent).

A \$10,000 grant would allow for \$80 per family in personal visit/group connection supplies.

\$80 could purchase

- 8-10 high quality books for a family
- A pack and play for a family whose baby does not have a safe place to sleep
- Breastfeeding supplies for a new mother
- Supplies/incentives for participation in multiple group connections

Health Equity Sample

1. Home visiting is an “equity accelerator”, promoting family health and well-being, reducing disparities in maternal and child outcomes, and addressing protective factors, which leads to fewer incidents of child abuse and neglect, increased school readiness, and overall reduced obstacles to health and well-being.

These impacts are particularly critical for women of color, who experience the greatest disparities in maternal and infant health, including higher pregnancy-related mortality and morbidity (MM) rates. PAT’s direct services help women of color expand their opportunities for withstanding the adverse circumstances that affect their health and that of their child in the perinatal period and into their child’s early years.

Parents as Teachers intentionally helps remove barriers that impede families’ access to needed resources, such as healthcare, housing, employment, financial literacy, nutrition, and more, recognizing the need to help address the whole family’s basic needs before making inroads related to parenting. This has especially been the case during the pandemic. We also partner with numerous other community agencies to leverage resources (e.g., Affinia Healthcare, YMCA, Operation Food Search, Little Bit Foundation, St. Louis Area Diaper Bank, Mental Health of America, St. Louis Job Corps, and TPPP).

Racial Equity Sample

1. Overall, the approach of partnering, facilitating and reflecting with families – a concept that is woven throughout the PAT model’s components – helps to advance racial equity by unleashing the potential of families to advocate for themselves and their children. This is particularly important for reducing disparities for families who feel disenfranchised from support systems (e.g. the healthcare community, social services, or the education system), which is often due to multi-generational experiences of discrimination or inequity.

We advance equity by connecting families to the community resources they need to promote family well-being, and we provide support navigating the social services and health systems to help overcome the accessibility obstacles that many families experience.

We serve families in some of the most marginalized communities in the XXXX region – families living with the fallout from decades of systemic and institutionalized racism. We know that all parents want what is best for their children and want to be the best parents possible. We provide support and guidance for those families whose life circumstances may make it more challenging to fulfill that vision. For example, we supply needed information and safe sleep equipment and materials to young, often times minority, mothers in maternity shelters so they can provide a safe sleep environment for their baby both while in the shelter as well as when they find more stable housing. These activities serve to address the racial disparities in infant mortality rates that exist in our region.

PAT is contributing to lowering infant mortality rates, reducing disparities in experiences with the healthcare field, and leveling the playing field for children entering kindergarten. The need for these supports continues to be great as families, especially those in BIPOC communities, contend with the ongoing challenges the pandemic has created.

PAT promotes equity by impacting social determinants of health and building protective factors, which form the “Strengthening Families Framework”—a grounding theory that guides the work of Parents as Teachers and involves building evidence-based protective factors around young children through supporting their families. These protective factors include parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social-emotional competence of children

Additional Miscellaneous Language

- > Parenting a new baby is one of life’s greatest joys. It can also be isolating, hard, and exhausting. It truly takes a village. Parents as Teachers (PAT) is here to make sure parents and caregivers are not alone.
- > The early years of a child’s life are critical for optimal development and provide the foundation for success in school and in life.
- > Parents and caregivers are their children’s first and most influential teachers.
- > All young children and their families deserve the same opportunities to succeed, regardless of any demographic, geographic or economic considerations.
- > We welcome expectant families and those with children up to 5 years old to choose Parents as Teachers regardless of their background or circumstances. We strive to serve all because we care about the well-being of every family.
- > Our services are delivered by Parent Educators who focus on understanding each family’s specific strengths. By building trust, we can better support the whole family.
- > Parents as Teachers Parent Educators partner, facilitate and reflect with families to understand and organize around their unique strengths. Parent Educators respect this method because it is grounded in evidence based best practices