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PROFILE OF PARENT EDUCATION

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PROFILE OF PARENT EDUCATION

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1985

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CHAPTER I

PROBLEM, STUDY DESIGN, and TOTAL GROUP FINDINGS

The Problem

Interest and programming in parent education is expanding rapidly at local, state, and national levels. This expansion reflects rapid and complex changes occurring in American families and in American society and a view that parent education is one means of offering help to parents in dealing with these changes. In earlier eras of American society, parents were fairly certain of their roles and were members of relatively homogeneous communities which set and enforced norms that served as guidelines for child rearing from one generation to the next. Social changes such as the rapid increase in female participation in the labor market, the erosion of a sense of community, and the geographical distancing of generations have shifted responsibilities for child rearing, introduced new and diverse behavior patterns, and reduced opportunities for parental role modeling within families and communities. In this light, parent education can be viewed as an effort to formalize what traditionally existed informally.

The American family is experiencing extensive stress as evidenced in the statistics on unemployment, divorce, child abuse, spouse battering, adolescent pregnancy, and suicide. Social, medical, psychological, and educational agencies, many with some type of parent education components, are providing services to families as they attempt to act upon these sources of stress.

Along with emerging needs for parent education, the availability of various forms of parent education has become more evident. A wide range of individuals with diverse qualifications are involved in providing these educational opportunities. Along with this diversification, there is no clearly defined structure for communication among programs and personnel who provide them. Qualifications for personnel and standards for parent education programs are not clearly defined. The quality of parent-child relationships and environments for children as developing human beings in communities and in the state as a whole are potentially affected by this lack of structure and criteria in the field. Limited information regarding what is offered, by whom, and through what structures is another byproduct of the unstructured nature of parent education in Minnesota and throughout the United States generally. Further, responsibility for leadership in the field is not clearly designated. These factors reduce the identity and credibility of parent education and, consequently, limit its potential in providing services which can enhance parent-child relationships and environments for children throughout the state.

Lack of a clear conceptualization of the ultimate goals of parent education underlies these problems in parent education. Observable practice in programs indicates that programs have inconsistent or even contradictory goals rather

than a unified, overall sense of mission stemming from a clearly organized well-defined field. For example, programs may seek to change parent behavior, improve the lives and development of children, give advice to parents, or teach a "one best" approach to parenting. Without conceptual clarity concerning its mission or ultimate goals, a clearly defined structure and organization of the field, and a firmly established knowledge base, the impact of parent education is likely to be diluted and may even be negative.

Significance of Research

The problems of an expanding field receiving impetus from a growing need in society and searching for conceptual clarity, structure, direction, and communication in the field require both empirical and philosophical study. The present study represents an empirical approach aimed at a rudimentary but basic question of what is presently available in parent education in Minnesota. Descriptive information regarding parent education programs and providers is important background for the development of parent educator training programs and for further research leading to parent education program development and improvement, the development of standards for personnel and parent education offerings, determining effectiveness of programs, and establishing a structure for communication within the field and with others outside the field on both state and national levels.

A logical starting point for addressing the problems of conceptual clarity, structure, direction, effectiveness, and communication in the field of parent education is the development of profile information about parent education - what it includes, who is doing it, by whom it is sponsored, what are the qualifications of personnel, who receives it, and how it is delivered. Such information provides a picture of what is. Obviously this is not sufficient information on which to base development of training programs and policy for parent education. Such developments also require information about what should be. The present study addresses the question of "what is" in parent education in Minnesota as a first step. This information is not currently available and is a needed component in a total approach to developing and improving both the system for delivering parent education in Minnesota and the specific services provided.

Research Objectives

The objectives of the descriptive research conducted included the following:

1. To identify types of agencies, organizations, and institutions in Minnesota involved in providing some form of parent education.
2. To develop profile data concerning parent education offered by agencies, organizations, and institutions in Minnesota including:
 - a. Content offered
 - b. Staff size and qualifications
 - c. Characteristics of participants in parent education programs
 - d. Format and structure of programs
 - e. Coordination and communication of parent education program staff with other community groups related to program participants

Research Procedures

A parenting task force composed of University of Minnesota faculty, parent educators, and community representatives concluded that profile data on parent education in Minnesota was needed as a basis for advancing practice and developing research in the field of parent education. Units and groups represented on this task force include the Institute of Child Development, University Child Care Center, Department of Family Social Science, Division of Home Economics Education, Minnesota Department of Education, the Agricultural Extension Service, and representatives of public schools and community agencies. A subcommittee of the task force sought and received funding to proceed with this research project.

A mailing list consisting of addresses of agencies, organizations, and institutions potentially providing parent education in Minnesota was developed. Potential sponsors of parent education were identified by the parenting task force. The categories of potential sponsors of parent education identified included public and private schools, area vocational technical institutes, colleges and universities, early childhood programs, the Agricultural Extension Service, public and private social service agencies, health agencies and institutions, agencies and organizations serving special needs groups, churches, businesses, legal agencies, and other private organizations.

Table 1 contains a list of each type of agency, organization, or institution and the number of addresses identified in each group.

Table 1. Mailing List Categories

Category	Frequency
Colleges, universities, and community colleges (statewide)	52
Area vocational technical institutes (statewide)	36
Secondary vocational centers (statewide)	46
Public schools (elementary and secondary statewide)	1173
Community education in public schools (statewide)	479
Private schools (statewide)	616
Early childhood programs (licensed full day and half day programs statewide)	937
Agricultural Extension Service (counties statewide)	92
Special needs focused agencies, organizations, or institutions (mostly from 7-county metropolitan area)	140
Public welfare (counties statewide)	102
Private agencies	57
YMCA/YWCAs (statewide)	47
Women's organizations (statewide)	113
Mental health agencies	34
Public health nursing services (statewide)	190
Hospitals (statewide)	181
Churches	1569
Businesses	49
Legal agencies (unavailable except for 3 in metropolitan area)	3
Other miscellaneous addresses viewed as potential providers of parent education	41
Total	5957

The mailing list of private agencies included those addresses available in the seven-county metropolitan area or statewide, e.g., Family and Children's Service, Lutheran Social Services, Jewish Family and Children's Service. Mental health agencies receiving questionnaires included public agencies statewide and private agencies in the seven-county metropolitan area. Since it was not financially feasible to send questionnaires to every church in the state of Minnesota, several Protestant denominations or branches of these denominations were selected to be sent questionnaires based on the availability or feasibility of obtaining mailing lists and an attempt to sample a variety of denominations. Those selected included all churches statewide of two branches of the Baptist denomination; all American Lutheran churches statewide; all Presbyterian churches in the seven-county metropolitan area; all churches of Jesus Christ of Latter Day Saints in the state, and all Episcopal, Congregational/ United Church of Christ, and Methodist churches statewide. The six Catholic archdioceses in the state were also sent questionnaires as were all Jewish temples statewide. A list of primarily metropolitan area businesses identified as part of a needs assessment was obtained from the Minnesota Department of Education.

Specific potential providers of parent education in each sponsor category were identified by contacting the headquarters of potential sponsors and obtaining address lists of group members. For example, addresses of school districts were obtained from the Minnesota Department of Education. Church subgroups were identified by contacting the Minnesota Council of Churches and the denominational headquarters' offices. Before mailing the questionnaire, a check for duplication in addresses reduced the mailing list total from 5,957 to 5,895.

A questionnaire was developed which was designed to obtain the profile information desired on parent education offerings in the state as indicated in the research objectives. This questionnaire was developed on the basis of descriptive components of educational programs and included questions on content, staff size and qualifications, characteristics of participants, services provided, formats for delivering services, funding sources and sponsors, goals and objectives, cooperation with others offering parent education, and problems encountered. Eight parent educators and professionals in the field were asked to pilot test the questionnaire. The definition of parent education used in this study that was stated in both the cover letter and questionnaire is as follows: The term parent education refers to organized, planned efforts designed to enhance understanding of and performance in the parental role.

After mailing the questionnaire to 5,895 potential providers of parent education offerings with enclosed stamped, pre-addressed envelopes and receiving responses for several weeks, a follow-up stratified sample of 193 nonrespondents was selected from the mailing list and sent another copy of the questionnaire along with a request for its completion and return. This stratified sample was comprised of four percent of the nonrespondents in each sponsor category.

The data on the returned questionnaires were coded and computer analyzed using descriptive statistics. Descriptive statistics were obtained for the entire group of respondents, for the group of follow-up respondents, for the respondents by sponsor group, and for the respondents by specific sponsor. Data were collected in May and June of 1984.

Results of the study will be presented and discussed at three levels: total group, sponsor groups, and specific sponsors. In this study, the term sponsor group refers to comprehensive categories of sponsors of parent education which represent major social institutions such as education, health, and religious institutions. Examples of labels selected for these sponsor groups include public schools; private schools; health agencies, organizations, and institutions; churches; etc. The term specific sponsor refers to specific categories or units of sponsors within the sponsor groups. For example, community education, elementary schools, and secondary schools are three specific sponsor categories within the public school sponsor group. Hospitals, clinics, mental health agencies, and nursing services are units of specific sponsors within the sponsor group category of health agencies, organizations and institutions. In some sponsor groups a category of "undesigned" was included at the specific sponsor level to accommodate those responses that could not be categorized within the other specific sponsor groups.

Results and Discussion for All Respondents

As indicated previously, 5,895 questionnaires were originally mailed to potential providers of parent education. Of these, 1,426 were returned and included both providers and nonproviders of parent education. Among the individuals returning these questionnaires, 1,053 indicated their programs provided parent education in some form. Their responses were coded for analysis. Ten sponsor groups were identified by grouping the types of agencies, organizations, and institutions under categories derived through logical conceptual analysis of the list in Table 1. Respondents indicating that they did not provide parent education as defined numbered 342. Thirteen questionnaires provided combined data from 31 individual responders who chose to report their data cooperatively. The following is a list of the breakdown by sponsor group of those who responded and indicated that they did not provide parent education:

Table 2. Nonproviders of Parent Education Among the Responders

Sponsor Group	Frequency
Public schools	81
Private schools	32
Post secondary education	5
Early childhood programs	39
Agricultural Extension Service	0
Businesses	3
Churches	110
Public community or government nonhealth agencies, organizations, institutions	9
Private nonhealth agencies, organizations, institutions	21
Health agencies, organizations, institutions	19
Total	319

The remaining 23 questionnaires that were returned and indicated no provision of parent education were uncategorizable because codes had been removed. It was also determined that 182 addresses on the mailing list of 5,895 were either duplicates or inaccurate addresses. Therefore, the response rate was 25 percent.

Tables 3 and 4 provide the frequency and percentage of all responders who reported providing programs by job title and sponsor, respectively.

Table 3. Job Title of Responder

Job title	Frequency	Percent
Program administrator	664	63.1
Parent educator	187	17.8
Combination of roles	137	13.0
Resource person/consultant	21	2.0
No response	44	4.2
Total	1053	100.1*

*Total percents that vary from 100 are due to rounding.

Table 3 indicates that program administrators were clearly the individuals who most frequently completed the questionnaire, followed by parent educators and individuals who served in combined roles. Very few resource people or consultants completed the forms. This data likely reflects the fact that the questionnaires were sent to programs rather than individuals.

Table 4 shows that public school systems were the most frequent responders, comprising 27.5 percent of the total responders, closely followed by churches with 21.8 percent. Health groups, early childhood programs and private nonhealth agencies, organizations and institutions comprised similar proportions of the responses (10.9, 9.9, and 9.9 percent, respectively). These were followed in order of frequency by private schools (6.7 percent); public community or government nonhealth agencies, organizations, and institutions (5.7 percent); the Agricultural Extension Service (5.0 percent); and post secondary educational institutions (2.5 percent). Only two business providers of parent education responded, but this may be a result of the limited mailing list of potential business providers of parent education that was available.

Elementary and secondary school administrators throughout the state, community education directors, and vocational centers were sent questionnaires. As indicated in the cover letter, these questionnaires could have been forwarded to anyone in the school system to complete depending upon the perception of the administrator about who is providing parent education in their school district. In some cases one individual reported data combined from several parent education offerings within their school district. Consequently, public school results should not be interpreted as reflecting magnitude or an exhaustive representation of providers of parent education by subgroups within the school system.

Table 4 indicates that within the public school sponsor group, community education units were the most frequent responders with 13.2 percent of all responders. Secondary schools, with 6.2 percent, and elementary schools, with 3.9 percent, were the next most frequent responders within public schools. Parent Teacher Associations (1.4 percent), special education programs (1.0 percent), and early childhood programs (1.0 percent) were other providers of parent education within the public schools.

Table 4. Sponsor of Programs

Sponsor	Frequency	Percent
Community education	139	13.2
Secondary schools	65	6.2
Elementary schools	41	3.9
PTAs	15	1.4
Special education	11	1.0
Early childhood programs	10	1.0
Undesignated	7	0.7
Vocational centers	<u>1</u>	<u>0.1</u>
PUBLIC SCHOOL SPONSOR GROUP TOTAL	289	27.5
Lutheran	107	10.2
Methodist	58	5.5
Congregational/United Church of Christ	20	1.9
Baptist	17	1.6
Presbyterian	14	1.3
Episcopal	7	0.7
Church of Jesus Christ of Latter Day Saints	3	0.3
Catholic	2	0.2
Undesignated	1	0.1
Jewish	<u>0</u>	<u>0.0</u>
CHURCH SPONSOR GROUP TOTAL	229	21.8
Undesignated	43	4.1
Hospitals	41	3.9
Mental health agencies	14	1.3
Nursing services	13	1.2
Clinics	<u>4</u>	<u>0.4</u>
HEALTH AGENCY, ORGANIZATION, INSTITUTION	115	19.9
SPONSOR GROUP TOTAL		
Undesignated	71	6.7
Church affiliated	<u>34</u>	<u>3.2</u>
EARLY CHILDHOOD PROGRAM SPONSOR GROUP TOTAL	105	9.9

Table 4. (cont'd)

Sponsor	Frequency	Percent
Undesignated	35	3.3
Special needs focused agencies	22	2.1
Day care/early childhood programs	17	1.6
YMCA/YWCAs	12	1.1
Church affiliated agencies, organizations	10	1.0
Family service associations	4	0.4
Battered women's centers	<u>4</u>	<u>0.4</u>
PRIVATE NONHEALTH AGENCY, ORGANIZATION, INSTITUTION SPONSOR GROUP TOTAL	104	9.9
Private elementary and secondary schools	<u>70</u>	<u>6.7</u>
PRIVATE SCHOOL SPONSOR GROUP TOTAL	70	6.7
Social service agencies	30	2.8
Day care/early childhood programs including Head Start	23	2.2
Special needs focused agencies	6	0.6
Legal agencies	1	0.1
Undesignated	0	0.0
Battered women's centers	<u>0</u>	<u>0.0</u>
PUBLIC COMMUNITY OR GOVERNMENT NONHEALTH AGENCY, ORGANIZATION, INSTITUTION SPONSOR GROUP TOTAL	60	5.7
Agricultural Extension Service	<u>53</u>	<u>5.0</u>
AGRICULTURAL EXTENSION SERVICE SPONSOR GROUP TOTAL	53	5.0
Vocational schools (AVTIs)	15	1.4
Colleges, universities	8	0.8
Community colleges, junior colleges	3	0.3
Undesignated	<u>0</u>	<u>0.0</u>
POST SECONDARY EDUCATION SPONSOR GROUP TOTAL	26	2.5
Businesses	<u>2</u>	<u>0.2</u>
BUSINESS SPONSOR GROUP TOTAL	<u>2</u>	<u>0.2</u>
GRAND TOTAL	1053	100.1*

*Total percents that vary from 100 are due to rounding.

For the church sponsor group Table 4 shows that Lutheran responders (10.2 percent) were the most frequent responders, followed by Methodist (5.5 percent), Congregational/United Church of Christ (1.9 percent), Baptist (1.6 percent), Presbyterian (1.3 percent), Episcopal (0.7 percent), and Church of Jesus Christ of Latter Day Saints (0.3 percent). There were two Catholic archdiocese responders, no Jewish responses, and one response without a denominational designation. The total of 21.8 percent of the responders from churches indicates that many church personnel clearly viewed themselves as providers of parent education.

Health agencies, organizations and institutions (10.9 percent); early childhood programs (9.9 percent); and private nonhealth agencies, organizations, and institutions (9.9 percent) were three other sponsor groups with a considerable number of respondents who reported providing parent education as defined in the study. Church affiliated early childhood programs represented 3.2 percent of the total responders, and undesignated early childhood programs comprised 6.7 percent of the total responders. Among the private nonhealth agencies, organizations, and institutions, the most frequent responders were undesignated (3.3 percent). Other providers of parent education in the private nonhealth agencies, organizations, and institutions sponsor group included special needs focused private agencies (2.1 percent), private day care/early childhood programs (1.6 percent), YMCAs and YWCAs (1.1 percent), and church affiliated private agencies such as Lutheran Social Services (1.0 percent). Private family service associations (0.4 percent) and battered women's centers (0.4 percent) also reported providing parent education. For the health agencies, organizations, and institutions sponsor group, the most frequent responders were undesignated (4.1 percent), followed closely by hospitals (3.9 percent), with mental health agencies (1.3 percent), nursing services (1.2 percent), and clinics (0.4 percent) also reporting provision of parent education. Because it was not possible to clearly differentiate between public and private health agencies, organizations, and institutions, both types were classified together in this sponsor group.

Of the public community or government nonhealth providers of parent education, the majority of responders were public social service agencies within public welfare agencies (2.8 percent) and public day care or early childhood program providers such as Head Start (2.2 percent). Several special needs focused public agencies (0.6 percent) and one public legal agency also responded as providers.

The post secondary education units that were the most frequent responders were the vocational schools or area vocational technical institutes (1.4 percent) and colleges or universities (0.8 percent). Only three community colleges responded as providers of parent education.

The distribution of responding providers of parent education over a wide range of sponsor groups which represent major institutions in our society such as education, health, and religious institutions indicates that parent education as defined in this study is in evidence and may even be well established within several of these societal institutions including public and private schools, churches, and public and private health and social service agencies, organizations, and institutions.

Another manner in which the responders by sponsor can be analyzed is by comparing the number of providers responding in each group or category with the number of agencies, organizations, and institutions in each category that were sent questionnaires. Because categories represented in the mailing lists were consolidated, the number responding in each of the 10 sponsor group categories cannot be directly compared to the number in each of the mailing list categories. However, with appropriate adjustments, Table 5 indicates the percent of responders by sponsor group or specific sponsor who reported providing parent education based on to the entire mailing list in each of the categories listed.

By comparing Table 5 and Table 6, it can be seen that those sponsor groups with highest frequency of response among the responding providers represented a smaller proportion of their total sponsor group than did some groups with lower response frequencies. For example, the Agricultural Extension Service comprises a relatively small proportion of the total responses (5 percent), but this group had the highest group response rate (58 percent). Conversely, public schools were number one in frequency of response of all responding providers as indicated in Table 6, but were near the bottom in response rate based on the total questionnaires sent as indicated in Table 5.

Table 5. Response Rates for Mailing List Groups

Mailing List Group	Percent
Agricultural Extension Service	58
Hospitals	50
Area vocational technical institutes	42
Mental health agencies	41
Public school community education	29
Public social service agencies	29
Private nonhealth agencies, organizations, institutions	24
Colleges, universities, community colleges	21
Public and private special needs focused agencies	20
Early childhood programs	16
Churches	15
Private elementary and secondary schools	11
Public elementary and secondary schools	9
Public health nursing services	9
Businesses	4

Table 6. Response Rates for Sponsor Groups

Sponsor Group	Frequency	Percent
Public schools	289	27.5
Churches	229	21.7
Health agencies, organizations, institutions	115	10.9
Early childhood programs	105	10.0
Private nonhealth agencies, organizations, institutions	104	9.9
Private elementary and secondary schools	70	6.6
Public community or government nonhealth agencies, organizations, institutions	60	5.7
Agricultural Extension Service	53	5.0
Post secondary education	26	2.5
Businesses	2	0.2
Total	1053	100.0

Table 7 indicates the content areas addressed in respondents' parent education programs. Child development (69.5 percent), child rearing practices (68.7 percent) and family life (68.5 percent) head the list in Table 7 as the content areas most frequently dealt with in parent education offerings.

Table 7. Content of Programs

Content	Frequency	Percent (N=1053)
Child development	732	69.5
Child rearing practices	723	68.7
Family life	721	68.5
Family support systems	566	53.8
Parent/adult development	468	44.4
Health	466	44.3
Nutrition	451	42.8
Other	160	16.1
Family violence	32	
Spiritual and religious education	31	
Prenatal development and education	30	
Chemical dependency	17	
Human sexuality	14	

The other four content response choices were also frequently checked and were clearly content areas frequently offered to parents by the responding parent education providers: family support systems (53.8 percent), parent/adult development (44.4 percent), health (44.3 percent), and nutrition (42.8 percent). Five other content areas were written in frequently enough on the completed questionnaires in the "other, please specify" item in the question on content to warrant tallies of the frequency with which they were mentioned. These included family violence (N = 32), spiritual and religious education (N = 31), prenatal development and education (N = 30), chemical dependency (N = 17), and human sexuality (N = 14). The fact that these topics were not listed as choices and yet were written in by many of the responders suggests that these choices were considered to be important content areas by some responders. The 46 "other" responses written in the "other" item that had lower frequencies than the five tabulated areas included safety, death education, and special needs issues related to single and foster parent families and special needs children. In a broad sense all topics that were specifically written in as "other" content areas could be included under the 12 content areas tallied. Written-in content areas of self-esteem, discipline, and communication were counted as examples of child development, child rearing practices, and family life content areas, respectively, rather than counting them in the "other" category, but because they were also so frequently written-in, they were tallied with the following results: self-esteem (N = 13), discipline (N = 13), and communication (N = 14). These were clearly three popular topics under three of the content areas listed.

The percent of particular audiences served by the parent education offerings of responders is listed in Table 8. These data indicate that couples (71.2 percent), parents of preschoolers (67.4 percent), children (67.0 percent), and single parents (64.9 percent) were the groups most frequently served by the respondents. These audiences were followed closely in frequency served by parents of other specific age groups of children: parents of school-age children (59.8 percent), parents of toddlers (52.9 percent), parents of infants (50.8 percent), and parents of teen-age children (47.5 percent). Although parents of preschoolers were the most commonly served group among parents with children at a particular age level, parents of children of each major developmental group throughout the years of childhood and adolescence (infants, toddlers, preschoolers, school-age children, and teen-age children) were specifically served in almost half or more than half of the responding parent education programs (range = 47.5 - 67.4 percent). While it is not surprising that

Table 8. Audiences Served

Audience	Frequency	Percent (N=1053)
Couples	750	71.2
Parents of preschoolers	710	67.4
Children	705	67.0
Single parents	683	64.9
Parents of school-age children	630	59.8
Parents of toddlers	557	52.9
Parents of infants	535	50.8
Parents of teen-age children	500	47.5
Parents in reconstituted families (step-parents)	452	42.9
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	425	40.4
Adoptive parents	393	37.3
Mothers only	372	35.3
Expectant parents	372	35.3
Teen-age parents	355	33.7
Foster parents	327	31.1
Fathers only	270	25.6
Parents of twins	265	25.2
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	263	25.0
Parents of gifted children	253	24.0
Parents of adult children	229	21.7
Children of aging parents	209	19.8
Adolescents, including those in preparenting education	207	19.7
Grandparents	203	19.3
Other	68	6.5

parents of preschoolers were the most frequently served among these particular age-defined groups since this group of parents is commonly targeted for parent education efforts, the range of various audiences served by a substantial proportion of the responders (20 percent or more) is striking. It should be pointed out that the audience categories in Table 8 are not discrete but, rather, are overlapping. Consequently, parents of handicapped or gifted children, for example, could also be single parents or parents of school-age children.

Table 8 suggests that a wide range of specific parenting needs were addressed by those responding given the high percentage of programs serving audiences with specific characteristics. The percent of couples served (71.2 percent) versus mothers only (35.3 percent) and fathers only (25.6 percent) is a result worth noting which may indicate that these parent education providers viewed the service of both parents together as more important than serving either parent alone or that participating parents placed high importance on participating together in whatever type of offering they selected.

Only 68 of the 1053 responders (6.5 percent) checked "other" under audiences served. Of these, examples of other specific audiences served that were written in included: general public, all people birth to death, any parent, all parents in community, general audience of the church, all parents of all students in the school, all people who work with parents, university students, minority parents, and low-income parents. Because responders who served a general audience frequently responded to all categories on the questionnaire, the findings reflect both those programs that served specific audiences as well as those that served a general audience.

The data presented in Tables 9 and 10 reflect general estimates by respondents of the number of individuals in various categories who were served by their programs. Therefore, these data should not be viewed as representing a precise count of individuals but rather as presenting a general pattern of numbers served. Responders who indicated they served adolescents (see Table 8) were not able to indicate the number served because of the questionnaire design. Consequently, some responders reported adolescent counts in the children category, and some reported their adolescent counts as adults.

Table 9. Frequency and Percent of Programs Serving Varying Numbers of Adults

Number of adults served per year	Frequency	Percent
Under 30	232	22.0
31-100	335	31.8
101-200	169	16.0
201-500	121	11.5
501-1000	56	5.3
Over 1000	38	3.6
No response	102	9.7
Total	1053	99.9*

*Total percents that vary from 100 are due to rounding.

The information in Table 9 indicates that most of the programs of the responders served approximately 31-100 adults per year (31.8 percent). A large number of programs (22.0 percent) also served less than 30 adults each year. Programs serving 101-200 adults per year (16.0 percent) and 201-500 adults per year (11.5 percent) were also common among the responders, with fewer serving larger numbers of adults, i.e., 501-1,000 (5.3 percent) and over 1,000 (3.6 percent).

The number of programs which reported serving children is shown in Table 10. These numbers closely paralleled the number of adults served per year by responders. The most frequent number of children served per year was in the 31-100 range (31.4 percent), with those programs serving less than 30 children per year (29.2 percent) a close second. Many programs also served 101-200 children (13.7 percent) and 201-500 (9.7 percent). Considerably fewer of the programs served 501-1,000 children per year (3.4 percent) and over 1,000 per year (2.5 percent). Ten responders wrote in the number of families they served per year rather than the number of adults and/or children they served because this was apparently the means by which they recorded their participation figures.

Based on the data reported concerning the approximate total number of individuals or families served per year, it appears that most programs responding were relatively small and served 100 or fewer adults, children, and/or families. A substantial number also served less than 30 adults and/or children, many programs served between 100-500, and considerably fewer served over 500 and 1000.

Table 10. Frequency and Percent of Programs Serving Varying Numbers of Children

Number of children served per year	Frequency	Percent
Under 30	307	29.2
31-100	331	31.4
101-200	144	13.7
201-500	102	9.7
501-1000	36	3.4
Over 1000	26	2.5
No response	107	10.2
Total	1053	100.1*

*Total percents that vary from 100 are due to rounding.

Data concerning characteristics of audiences served indicated that about a fourth of those served had college degrees. The approximate percentage of adults served by the parent education offerings of responding programs according to socioeconomic level and racial group was reported. Mean percentages calculated from these data appear in Tables 11 and 12.

Table 11. Persons Served by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	20.1
Lower middle	38.3
Upper middle	36.3
High	6.2
Total	100.9*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 12. Persons Served by Racial Group

Race	Mean Percent
Caucasian	92.2
Native American	2.6
Black	2.1
Asian	1.0
Latino	0.8
Total	98.7*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 11 indicates that the largest group of participants served by responders were from middle socioeconomic levels, with a mean percent of 38.3 reported for the lower middle level and 36.3 reported for the upper middle level. One-fifth of those served were from the low socioeconomic level, and very few (6.2 percent) in the high socioeconomic level were served. Racial characteristics indicated that the vast majority of those served by responding programs were Caucasian (92.2 percent). Only 2.6 percent of those served were Native Americans, 2.1 percent were Black, 1.0 were Asian, and 0.8 were Latino or of Hispanic descent. The parents served by the reporting sample were well-educated, mostly white, and middle class.

The services provided by reporting programs and the formats used in these programs are listed in order of frequency in Tables 13 and 14. The relatively high percent of response for each type of service indicates that a wide variety of services were provided by these programs. Group means of delivering services where groups of people meet together to participate in services provided were clearly high on the list, with series of classes, whether formal (59.3 percent) or informal (44.0 percent) very popular. Single class offerings seemed more likely to be formal in nature (51.5 percent) versus informal (36.4 percent).

Table 13. Services Provided by Programs

Service	Frequency	Percent (N=1053)
Series of formal classes or lecture sessions	624	59.3
Single formal class or lecture sessions	542	51.5
Telephone contact with individual parents	539	51.2
Newsletters, pamphlets, fact sheets, books	536	50.9
Referral services	502	47.7
Series of informal group discussion sessions including support and self-help groups	463	44.0
Lending library with references and materials for parents	429	40.7
Individual counseling/conferencing sessions	423	40.2
Single informal group discussion sessions including support and self-help groups	383	36.4
Child care during parent education offerings	353	33.5
Newspaper articles	274	26.0
Health and nutrition services, e.g., Early and Periodic Screening	268	25.5
Lending library with books and/or toys for children	236	22.4
Group counseling sessions	158	15.0
Television, radio, and/or theater programs; films or video (single or series)	148	14.1
Other	53	5.0

Table 14. Formats Used in Programs

Format	Frequency	Percent (N=1053)
Group sessions held in community settings	824	78.3
Mothers and fathers together	628	59.6
Couple and child interaction/activity	333	31.6
Mothers separately	309	29.3
Mother and child interaction/activity	260	24.7
One-to-one sessions held in community settings	255	24.2
One-to-one sessions held in homes	230	21.8
Father and child interaction/activity	208	19.8
Fathers separately	192	18.2
Group sessions held in homes	158	15.0
Other	33	3.1

Individual and mass modes of providing services were also frequently reported in this sample of responding programs. Individual services refer to those services provided to participants on a one-to-one basis such as telephone contact with individual parents and individual counseling sessions; and mass modes of service refer to services made available to large numbers of people through various forms of mass media such as newspaper and newsletter articles, books, films, and television programs. Telephone contact with individual parents (51.2 percent), and individual counseling/conferencing sessions (40.2 percent) were reported by approximately half of the responders. Mass modes of service were reflected in the responses indicating provision of newsletters, pamphlets, fact sheets, and books (50.9 percent) and the use of television, radio, and/or theater programs and films or videos (14.1 percent). What might be called auxiliary services were also available in the form of referral services (47.7 percent), child care during parent education offerings (33.5 percent), health and nutrition services (25.5 percent), lending libraries for parents (40.7 percent), and lending libraries for children (22.4 percent). The percentage of other types of services reported was small (5.0 percent). Examples of specific other services written in by respondents included consulting services for other groups organizing or providing parent education, field trips or special events for audiences served, provision of facilities or transportation, and laboratory experiences with children for students in preparenthood classes.

The high percentage (78.3 percent) of responding programs providing group sessions held in community settings indicates the predominance of the use of this means in attempting to reach parent audiences. The emphasis on reaching mothers and fathers together, as compared to mothers separately and fathers separately, is consistent with the data regarding audiences served which indicated that couples were the audience most frequently served by these programs. Children were clearly involved in many parent education efforts in these programs, with couple and child interaction/activity available in approximately a third of the programs, mother and child interaction/activity in a fourth of the programs, and father and child interaction/activity in one-fifth of the programs.

One-to-one sessions held either in community settings (24.2 percent) or in homes (21.8 percent) were other formats reported by responding programs; group sessions held in homes were also available in some programs (15.0 percent). Other formats specifically written in that did not fall within the listed formats were few (3.1 percent) and included children separately in group sessions, cross-generational groupings, family groups, and distribution of materials and information to parents through their school children.

The individuals who were reported providing educational offerings to parents in the responding programs are listed in order of frequency in Table 15. There was great diversity in the individuals who were identified as functioning in a parent educator role. Twenty-five percent or more of the programs reported using early childhood educators (44.3 percent); nurses (37.8 percent);

Table 15. Providers of Parent Education Services

Provider	Frequency	Percent (N=1053)
Early childhood educators	467	44.3
Nurses	398	37.8
Experienced parents	397	37.7
Social workers	363	34.5
Adult educators	358	34.0
Ministers, priests, rabbis	339	32.2
Counselors	331	31.4
Elementary educators	318	30.2
Lay leaders, paraprofessionals, educational aides	290	27.5
Psychologists, psychiatrists	266	25.3
Home economists	235	22.3
Secondary educators	219	20.8
Religious educators	190	18.0
Doctors, pediatricians	189	17.9
Nutritionists	185	17.6
College or university instructors	161	15.3
Therapists	119	11.3
Legal personnel, law enforcement officers	88	8.4
Other	52	4.9

experienced parents (37.7 percent); social workers (34.5 percent); adult educators (34.0 percent); ministers, priests, or rabbis (32.2 percent) counselors (31.4 percent); elementary educators (30.2 percent); lay leaders, paraprofessionals, or educational aides (27.5 percent); and psychologists or psychiatrists (25.3 percent). It was not clear whether those who reported experienced parents and lay leaders as providers of parent education also reported other professional roles for the same individuals.

The number of other individuals who provided parent education in these programs in "other" professions or categories written in by responders was small (4.9 percent). Examples written in included special education teachers, school administrators, childbirth educators, dentists, and individuals brought in to present specific topics.

Responders were asked to indicate the specialization of secondary educators and college or university instructors providing parent education. Secondary educator specializations listed included home economics, family life, child development, social studies, biology, health and special education. College or university instructor specializations included early childhood, elementary, home economics and special education; nursing or health; child development or family studies; sociology; psychology; and religion.

Table 16 presents the data on the number of part-time and full-time educators employed in the parent education offerings in the responding sample. It is important to note that 36 percent of the program providers indicated they employed no one in their programs part-time and 50 percent employed no one full-

Table 16. Frequency and Percent of Programs Employing Part- and Full-Time Educators

Number of educators employed	Part-Time		Full-Time	
	Frequency	Percent	Frequency	Percent
0	379	36.0	526	50.0
1-5	379	36.0	318	30.2
6-10	63	6.0	19	1.8
11-20	29	2.8	10	1.0
21-50	18	1.7	9	0.9
Over 50	6	0.6	1	0.1
No response	179	17.0	170	16.1
Total	1053	100.1*	1053	100.1*

*Total percents that vary from 100 are due to rounding.

time. In addition, 81 respondents wrote in volunteers as the providers of parent education in their programs. From these data it is not possible to determine if those who did not employ individuals part-time instead employed them full-time and vice versa, but the possibility of large numbers of individuals functioning in the parent educator role without being employed for doing so is worth further investigation. In most programs it is clear that, of those employing either part- or full-time educators, most employed only a small number of individuals, i.e., 36 percent of the responders reported employing 1 - 5 educators part-time and 30.2 percent of the responders reported employing 1 - 5 full-time educators. It is clear from Table 16 that very few programs employed more than five individuals either part- or full-time.

In response to the request for data on the number of part- and full-time educators employed in the programs of responders, a number of responders left blank or inserted zero for the number of either part- or full-time employed parent educators. These same responders reported data concerning qualifications of their parent education personnel. Such patterns may reflect the use of volunteers or situations such as ministers or nurses who were employed full-time in churches or public health nursing services, respectively, and were providing parent education as part of their role. The problems with this question on the number of part- and full-time employed parent educators indicate that the question was too simple for the real life situation. The question should have allowed responders to report the number of part- and/or full-time employed parent educators in their programs, the number of individuals employed part- and/or full-time in another role which included parent education as part of their responsibilities, and the number of volunteers providing parent education services. The entire difficulty surrounding this question highlights both the whole question of what is a parent educator and the fact that the parent educator role is one that is new and emerging and found embedded within other roles rather than standing on its own.

Tables 17 and 18 indicate the mean of the percents reported regarding the highest degrees held by educators employed in the responding parent education programs and the licenses held by these individuals. Approximately 85 percent of the educators in responders' programs had Bachelor's or higher degrees. Almost a fourth (22.3 percent) had Master's degrees with another 11.4 percent having credits beyond a Master's degree. An average of only 6.6 percent did not have a degree. Based on this data, it appears that the majority of individuals identified in these programs as educators have attained at least a Bachelor's degree.

Table 17. Educators by Highest Degree

Degree	Mean Percent
Bachelor's	48.2
Master's	22.3
Credits beyond Master's	11.4
None	6.6
Associate	5.4
Doctoral	4.2

Table 18. Educators by License

License	Mean Percent
Other teaching license	24.3
Early childhood educator license	17.4
Other license(s)	17.0
Adult vocational parent educator license	15.3
Other vocational teaching license	11.2

Programs were asked to report the percent of their teaching staff that held various types of professional licensure. The most common license held by educators employed in the responding programs was that of an "other teaching license" (24.3 percent). This other teaching license category most commonly included licenses in elementary, secondary, and special education. Examples of other non-teaching licenses held by those functioning as parent educators (17.0 percent) included licensed psychologists or psychiatrists, social workers, counselors, therapists, nurses, and ordained ministers. The adult vocational parent educator license is a specific license for parent educators. A relatively small percentage of parent educators (15.3 percent) in responding programs, held this license.

Table 19. Funding Sources of Programs

Funding source	Frequency	Percent (N=1053)
Service user fees including tuition	413	39.2
Public school funds including vocational grants	298	28.3
Church/synagogue/parish budgets	166	15.8
Contributions -- undesignated	121	11.5
Public funds -- undesignated	100	9.5
Private agency, organization, institution budgets -- undesignated	67	6.4
Specific public health grants, programs, organization budgets or other funds	55	5.2
Fund raising events	47	4.5
Agricultural Extension funds	43	4.1
Specific public grants, programs, organization budgets or other funds	42	4.0
Private school budgets	37	3.5
Contributions in time and facilities	29	2.8
Health agency, organization, institution budgets -- undesignated	27	2.6
Corporation budgets including insurance companies	21	2.0
Endowments, foundations	20	1.9
Private health organization budgets or funds	9	0.9

Responders were asked to indicate the funding source(s) for their parent education offerings. Based on the types of responses that were written in, a coding system was developed which consisted of the 16 categories of funding sources listed in rank order of frequency in Table 19. The term "undesignated" was used in several of the 16 funding categories to indicate that the specific source of funds such as public funds or contributions was not indicated or was not clear. Service user fees including tuition (N = 413) were clearly the most common source of funds for reporting programs. Public schools funds including vocational grants (N = 298) accounted for over a quarter of the funding in these programs. Church, synagogue, or parish budgets (N = 166); undesignated contributions (N = 121); and undesignated public funds (N = 100) also provided a considerable amount of funding for parent education offerings. As can be seen from the data in Table 19, other funding used in responding programs came from a wide variety of sources.

Responders were asked to check "yes" or "no" to the question "Do you charge fees?" and they were also asked to indicate the rate of fee if they did charge one. Of the total 1053 responders, 395 checked that they did charge fees (These select-type response data differ slightly from the write-in-type data related to service user fees as a funding source reported in Table 19.), 595 indicated that they did not, and 63 did not respond to this question. The answers provided to the question of the rate charged by those indicating they did charge a fee were coded according to four fee types listed in Table 20.

A standard, set fee (N = 170) and a variable fee based on services or resources used (N = 161) were almost equally common. Fees by the ability to pay was another means of charging fees used in several programs (N = 44). Only two programs reported volunteer time, effort, and other resources as a fee type.

Table 20. Type of Fees

Fee type	Frequency	Percent (N=395)
Standard fee	170	43.0
Variable fee based on services or resources used	161	40.8
Fees by the ability to pay	44	11.1
Volunteer time, effort, and other resources	2	.5
No response	18	4.6
Total	395	100.0

Responders were asked to list other groups or organizations, if any, with whom they cooperated in offering parent education. These data were categorized into 11 categories which are listed in rank order of frequency in Table 21.

Table 21. Agencies With Whom Programs Cooperate

Cooperating agency	Frequency	Percent (N=1053)
Public schools	223	21.2
Private nonhealth agencies, organizations, institutions	220	20.9
Health agencies, organizations, institutions	176	16.7
Public nonhealth agencies, organizations, institutions	157	14.9
Intra-agency cooperation	133	12.6
Churches	103	9.8
Post secondary education	70	6.6
Early childhood programs	61	5.8
Agricultural Extension Service	39	3.7
Private schools	13	1.2
Businesses	8	0.8

Public schools (N = 223) and private nonhealth agencies, organizations, and institutions (N = 220) were the groups with whom this sample of parent education providers reported most frequent cooperation in offering parent education.

Cooperation with health agencies, organizations, and institutions (N = 176) and with public nonhealth agencies, organizations, and institutions (N = 157) was also relatively common. It is interesting to note that 133 of the overall responders reported intra-agency cooperation (cooperation with other groups within their own agency, organization, or institution). From the data reported in Table 21 it is clear that there was a considerable amount of cooperation reported among the providers of parent education and between these providers and other resources within the community in offering parent education.

Table 22. Problems of Programs

Problem	Frequency	Percent (N=1053)
Low enrollment/attendance/participation	196	18.6
Lack of interest/commitment, attitudinal problems	138	13.1
Funding	99	9.4
Scheduling, time of day, conflict with other activities in the community	60	5.7
Delivering the program, including transportation	55	5.2
Workload -- parent education adds additional responsibilities to other duties	52	4.9
Time demands on busy parents	47	4.5
Finding qualified personnel	45	4.3
Those parents with the greatest need do not participate, and those with less need do participate	41	3.9
Few or no problems	40	3.8
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	35	3.3
Lack of public awareness and understanding	32	3.0
Quality of curriculum materials	21	2.0
Father/male participation	21	2.0
Lack of child care services	20	1.9
Lack of or inadequate space/facilities	18	1.7
Planning, estimating demand	17	1.6
Determining program content	15	1.4
Helping families realize all families have difficulties	13	1.2
Parents participate only after problems arise	13	1.2
Lack of interagency cooperation	12	1.1
Costs too high for participation	11	1.0
Dealing with wide range of diversity in participants	9	0.9
Demand exceeds supply, need to expand services	9	0.9
Determining program goals	7	0.7
Finding training for staff	4	0.4
Impatience in parents who want quick "how-to-do" methods of parenting	4	0.4
Evaluation, measuring results	2	0.2

Finally, responders were asked to list any problems they had encountered in providing parent education offerings or programs. Of those who responded to this question, the responses were categorized according to the 28 problem categories listed in rank order of frequency in Table 22.

Low enrollment/attendance/participation (N = 196) and lack of interest/commitment, attitudinal problems (N = 138) were clearly the most frequent problems encountered by those responding to this question. Funding (N = 99); scheduling, time of day, conflict with other activities in the community (N = 60); delivering the program, including transportation (N = 55); work load -- parent education adds additional responsibilities to other duties of providers (N = 52); time demands on busy parents (N = 47); finding qualified personnel (N = 45); and those parents with the greatest need do not participate, and those with less need do participate (N = 41) were other commonly listed problems. Some of the providers indicated they had encountered few or no problems (N = 40). The overall list of problems, regardless of the frequency with which they were raised, can be viewed as useful information for planning for inservice parent educator offerings.

Results and Discussion for Follow-up Respondents

Of the follow-up mailing to a stratified sample of 193 nonrespondents to the first mailing, 36 questionnaires were returned, a percentage of 18.7. Twenty of these respondents indicated they provided parent education and their questionnaires were coded for analysis, 14 respondents indicated their programs did not provide parent education, and two reported data that had been included on questionnaires received and coded from the first mailing. The results of the analysis of the data provided by the follow-up respondents were extremely consistent with the data provided by the initial respondents and, therefore, indicated that the first group of respondents was not unique. Further, the proportion of nonproviders among responders in this follow-up group was higher (39 percent) than in the initial response group (27 percent). These data suggest that a substantial proportion of the nonresponders to the initial questionnaire were nonproviders and had no data to contribute. The questionnaire format may have contributed to a tendency for recipients to not return the questionnaire if they were not providers of parent education since there were no explicit directions for nonproviders to respond. Because these respondents were not different, they were analyzed along with the overall group of responders.

Summary

A wide variety of groups and organizations reported providing parent education including five major sectors: education, religion, health, social service, and business. Content of programs was reported to focus most frequently on children and families, parent and adult development, health and nutrition. White, middle class audiences were reported served most frequently with about one-fourth of those reported served holding a college degree. Yet, within these characteristics a high frequency of diverse audiences which spanned all stages of parenthood and developmental stages of children were reported served.

Diversity was also apparent in the services and formats reported used, although group classes in community settings for couples were the most frequently reported service and format.

A wide range of personnel provided parent education in terms of professional background, from highly specialized professionals to lay individuals. The qualifications of lay individuals or volunteers were not indicated in this data. Further, the extent to which volunteers versus paid staff were involved in programs as parent educators is not clear. The data indicate that parent educator is sometimes a part-time role embedded in another full-time job role. Most individuals providing parent education appeared to have at least a baccalaureate degree.

Most responding programs served under 100 adults and under 100 children per year.

Parent education provided by respondents was funded primarily by service user fees and public funds. Money was the predominant form of payment by service users rather than time, effort or other resource contributions, although fees charged varied among a substantial portion of responders according to amount of services used and ability to pay.

Institutions and organizations reported cooperating together in providing parent education.

Problems reported encountered by respondents were related to the audience(s) served or potentially served, personnel, funds, scheduling offerings, curriculum and materials, auxiliary services, facilities, delivery of programs, volume of demand and supply of services, and program evaluation.

CHAPTER II

FINDINGS: SPONSOR GROUPS

As indicated in Chapter I, 10 sponsor groups were identified for analysis by grouping the types of agencies, organizations, or institutions under categories derived through logical conceptual analysis of the mailing list. Table 6 on page 10 is a list of these 10 sponsor groups and the frequency of response from each. These ten sponsor groups were individually analyzed using the same approach as that for the analysis of the respondents as a total group reported in Chapter I. The separate analyses for nine of the 10 sponsor groups are reported and discussed in this chapter. Since there were only two respondents in the sponsor group of businesses, this sponsor group is not included in the reported data beyond the overall data reported in Chapter I. After presenting and discussing results for the nine sponsor groups, patterns of response for the nine groups are compared. The percentage of response reported in each program component for each sponsor group is based on the total number of responders within each particular sponsor group. All tables in this section list only those categories for which there was at least one response except in the tables on specific sponsors and on numbers of adults and children served where all categories of response are listed regardless of response frequency. Because no new or useful information was discovered in the sponsor group analyses of job title of responders and number of part- and full-time parent educators employed, this data is not reported and discussed in this chapter or the next chapter on specific sponsors.

Public Schools

Table 23 represents the frequency of response from specific sponsors identified as potential providers of parent education within the sponsor group of public schools. Most frequent responders in this sponsor group were community education units, secondary schools, and elementary schools.

Table 23. Specific Sponsors in Public Schools

Specific sponsor	Frequency	Percent (N=289)
Community education	139	48.1
Secondary schools	65	22.5
Elementary schools	41	14.2
PTAs	15	5.2
Special education	11	3.8
Early childhood programs	10	3.5
Undesignated	7	2.4
Vocational centers	1	0.3
Total	289	100.0

Table 24 lists in rank order the content of programs of responders in the public school sponsor group. It is almost identical to the pattern of response for all responders and reflects the frequency of the public school sponsor group in the overall data. Child development heads the list (81.0 percent), followed by child rearing practices (75.8 percent), family life (66.8 percent), health (55.0 percent), family support systems (54.7 percent), nutrition (54.0 percent), and parent/adult development (46.0 percent). Of the few write-in responses, the topics of family violence (N = 7) and chemical dependency (N = 6) were mentioned most frequently.

Table 24. Content of Programs in Public Schools

Content	Frequency	Percent (N=289)
Child development	234	81.0
Child rearing practices	219	75.8
Family life	193	66.8
Health	159	55.0
Family support systems	158	54.7
Nutrition	156	54.0
Parent/adult development	133	46.0
Other	1	0.3
Family violence	7	
Chemical dependency	6	
Prenatal development and education	1	
Human sexuality	1	

Public schools reported serving a wide range of audiences in their parent education programs as indicated in Table 25. Children head the list of audiences served (69.2 percent), followed by couples (61.6 percent), parents of preschoolers (59.5 percent), single parents (56.7 percent), and parents of school-age children (50.2 percent). These are the same top five audiences reported to be served by all responders.

Table 26 indicates that programs serving smaller members of adults per year were most common in the responding public school parent education programs (under 30, 32.9 percent; 31-100, 29.1 percent), although some programs served larger numbers (101-200 adults, 12.5 percent; 201-500 adults, 9.3 percent) with 10 programs reporting serving over 1000 per year. Table 27 shows that slightly larger numbers of children were served by these same public school programs per year, i.e., 31-100 children (29.8 percent), under 30 (26.3 percent), 201-500 (15.9 percent) and 101-200 (13.8 percent).

Table 25. Audiences Served by Public Schools

Audience	Frequency	Percent (N=239)
Children	200	69.2
Couples	178	61.6
Parents of preschoolers	172	59.5
Single parents	164	56.7
Parents of school-age children	145	50.2
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	130	45.0
Parents of toddlers	121	41.9
Parents in reconstituted families (step-parents)	113	39.1
Parents of infants	113	39.1
Mothers only	105	36.3
Adoptive parents	103	35.6
Parents of teen-age children	99	34.3
Parents of gifted children	91	31.5
Foster parents	90	31.1
Fathers only	89	30.8
Teen-age parents	88	30.5
Adolescents, including those in preparenting education	84	29.1
Expectant parents	81	28.0
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	71	24.6
Parents of twins	68	23.5
Parents of adult children	28	9.7
Children of aging parents	27	9.3
Grandparents	23	8.0
Other	19	6.6

Table 26. Frequency and Percent of Public School-Sponsored Programs Serving Varying Numbers of Adults

Number of adults served per year	Frequency	Percent (N=289)
Under 30	95	32.9
31-100	84	29.1
101-200	36	12.5
201-500	27	9.3
501-1000	14	4.8
Over 1000	10	3.5
No response	23	8.0
Total	289	100.1*

*Total percents that vary from 100 are due to rounding.

Table 27. Frequency and Percent of Public School-Sponsored Programs Serving Varying Numbers of Children

Number of children served per year	Frequency	Percent (N=289)
Under 30	76	26.3
31-100	86	29.8
101-200	40	13.8
201-500	46	15.9
501-1000	14	4.8
Over 1000	8	2.8
No response	19	6.6
Total	289	100.0

The data from responders in the public school sponsor group indicate that 19.8 percent of the individuals served in the public schools through parent education had college degrees. Tables 28 and 29 provide further data on the socioeconomic and racial characteristics of participants in parent education in public schools. The public school audience was mainly middle class (lower middle = 42.0 percent and upper middle = 34.3 percent). More low (19.2 percent) than high (7.6 percent) socioeconomic level audiences were served by the public schools. The overwhelming majority of people served through public school parent education offerings were Caucasian (92.4 percent), with very few being Native American (2.2 percent) and Black (1.4 percent).

Table 28. Persons Served in Public School-Sponsored Programs by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	19.2
Lower middle	42.0
Upper middle	34.3
High	7.6
Total	103.1*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 30 indicates that the most frequently provided parent education services in the public school sponsor group were reported to be series of formal classes or lecture sessions (64.0 percent); single formal class or lecture sessions and series of informal group discussion sessions including support and self-help groups (each 49.1 percent); newsletters, pamphlets, fact sheets, and books (44.3 percent); health and nutrition services (42.2 percent); and referral services (41.9 percent). In these public school programs, group services were more frequently offered than other types of services, although other services also appeared to be prevalent.

Table 29. Persons Served in Public School-Sponsored Programs by Racial Group

Race	Mean Percent
Caucasian	92.4
Native American	2.2
Black	1.4
Asian	.9
Latino	.7
Total	97.6*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 30. Services Provided by Programs in Public Schools

Service	Frequency	Percent (N=289)
Series of formal classes or lecture sessions	185	64.0
Single formal class or lecture sessions	142	49.1
Series of informal group discussion sessions including support and self-help groups	142	49.1
Newsletters, pamphlets, fact sheets, books	128	44.3
Health and nutrition services, e.g. Early and and Periodic Screening	122	42.2
Referral services	121	41.9
Telephone contact with individual parents	105	36.3
Lending library with references and materials for parents	104	36.0
Single informal group discussion sessions including support and self-help groups	103	35.6
Child care during parent education offerings	100	34.6
Newspaper articles	87	30.1
Lending library with books and/or toys for children	72	24.9
Individual counseling/conferencing sessions	53	18.3
Television, radio, and/or theater programs; films or video (single or series)	42	14.6
Group counseling sessions	33	11.4
Other	16	5.5

The formats reported to be used in the parent education programs in the public school sponsor group are listed in Table 31. The five most frequently used formats were group sessions held in community settings (83.0 percent), mothers and fathers together (51.9 percent), couple and child interaction/activity (36.0 percent), mother and child interaction/activity (34.3 percent), and father and child interaction/activity (29.8 percent). The community group session was clearly the predominant format used, although mothers and fathers together and parent-child interaction/activity were also common in many of these programs.

Table 31. Formats Used in Programs in Public Schools

Format	Frequency	Percent (N=289)
Group sessions held in community settings	240	83.0
Mothers and fathers together	150	51.9
Couple and child interaction/activity	104	36.0
Mother and child interaction/activity	99	34.3
Father and child interaction/activity	86	29.8
Mothers separately	69	23.9
Fathers separately	57	19.7
One-to-one sessions held in community settings	52	18.0
One-to-one sessions held in homes	36	12.5
Group sessions held in homes	13	4.5
Other	9	3.1

In the public school sponsor group, the most frequent providers of parent education services in the programs of responders are listed in Table 32. In rank order these providers included early childhood educators (55.0 percent), nurses (42.9 percent), elementary educators (41.9 percent), social workers (40.5 percent), secondary educators (38.4 percent), home economists (37.0 percent), adult educators (34.9 percent), experienced parents (32.9 percent), and counselors (30.8 percent). Individuals functioning in a wide variety of roles, including educators of all age levels, were clearly involved in offering parent education in the public school programs of responders.

Table 33 indicates that the providers of parent education in the public school sponsor group had Bachelor's degrees as their highest degree (60.0 percent) far more commonly than either a Master's degree (19.9 percent) or credits beyond a Master's degree (10.9 percent). The educators in these programs were most likely to have nonvocational teaching licenses (34.5 percent), followed by adult vocational parent educator licenses (25.1 percent), other vocational teaching licenses (23.5 percent), and early childhood educator licenses (18.9 percent) (See Table 34).

Table 32. Providers of Parent Education Services in Public Schools

Provider	Frequency	Percent (N=289)
Early childhood educators	159	55.0
Nurses	124	42.9
Elementary educators	121	41.9
Social workers	117	40.5
Secondary educators	111	38.4
Home economists	107	37.0
Adult educators	101	34.9
Experienced parents	95	32.9
Counselors	89	30.8
Psychologists, psychiatrists	81	28.0
Lay leaders, educational aides, paraprofessionals	50	17.3
Nutritionists	48	16.6
Doctors, pediatricians	46	15.9
Ministers, priests, rabbis	37	12.8
Therapists	30	10.4
College or university instructors	25	8.7
Legal personnel, law enforcement officers	25	8.7
Other	17	5.9
Religious educators	8	2.8

Table 33. Educators by Highest Degree in Public Schools

Degree	Mean Percent
Bachelor's	60.0
Master's	19.9
Credits beyond Master's	10.9
None	4.7
Associate	3.6
Doctoral	2.1

Table 35 indicates that the two major funding sources of parent education programs in the public education sponsor group were reported to be public school funds including vocational grants (N = 237) and service user fees including tuition (N = 129). Less than half (43.9 percent) of the responders in the public school sponsor group reported charging fees for their parent education offerings. Table 36 indicates that 56 of those who did report charging fees charged a standard fee, and 44 charged a variable fee based on services or resources used.

Table 34. Educators by License in Public Schools

License	Mean Percent
Other teaching license	34.5
Adult vocational parent educator license	25.1
Other vocational teaching license	23.6
Early childhood educator license	18.9
Other license(s)	9.1

Table 35. Funding Sources of Programs in Public Schools

Funding source	Frequency	Percent (N=289)
Public school funds including vocational grants	237	82.0
Service user fees including tuition	129	44.6
Fund raising events	18	6.2
Public funds-undesignated	12	4.2
Special public grants, programs, organization budgets or other funds	7	2.4
Contributions in time and facilities	4	1.4
Special public health grants, programs, organization budgets or other funds	3	1.0
Private funds-undesignated	3	1.0
Private health organization budgets or funds	2	0.7
Contributions-undesignated	1	0.3
Endowments, foundations	1	0.3
Health agency, organization, institution budgets--undesignated	1	0.3

Table 36. Type of Fees in Public Schools

Fee type	Frequency	Percent (N=127)
Standard fee	56	44.1
Variable fee based on services or resources used	44	34.6
Fees by the ability to pay	11	8.7
Volunteer time, effort, and other resources	1	.8
No response	15	11.8
Total	127	100.0

As indicated in Table 37, intra-agency cooperation (N = 65) was the most frequently reported type of cooperation with other groups in offering parent education in the public school sponsor group. Because there are potentially several specific sponsors of parent education offerings within public schools, it is not surprising that these various units cooperate within their own institution or school district in parent education efforts. Frequently mentioned groups outside the public schools included private nonhealth agencies, organizations, and institutions (N = 48); health agencies, organizations, and institutions (N = 46); and public nonhealth agencies, organizations, and institutions (N = 43).

Table 37. Agencies With Whom Programs Cooperate in Public Schools

Cooperating agency	Frequency	Percent (N=289)
Intra-agency cooperation	65	22.5
Private nonhealth agencies, organizations, institutions	48	16.6
Health agencies, organizations, institutions	46	15.9
Public nonhealth agencies, organizations, institutions	43	14.9
Post secondary education	23	8.0
Public schools	22	7.6
Early childhood programs	20	6.9
Agricultural Extension Service	15	5.2
Churches	13	4.5
Businesses	2	.7

Problems most commonly reported as encountered by public school sponsors of parent education in offering parent education are ranked in Table 38, and included low enrollment/attendance/participation (N = 49); lack of interest/commitment, attitudinal problems (N = 38); funding (N = 33); and scheduling, time of day, conflict with other activities in the community (N = 18).

Table 38. Problems of Programs in Public Schools

Problem	Frequency	Percent (N=289)
Low enrollment/attendance/participation	49	17.0
Lack of interest/commitment, attitudinal problems	38	13.1
Funding	33	11.4
Scheduling, time of day, conflict with other activities in the community	18	6.2
Few or no problems	14	4.8
Workload - parent education adds additional responsibilities to other duties	12	4.2
Delivering the program, including transportation	12	4.2
Lack of public awareness and understanding	11	3.8
Time demands on busy parents	11	3.8
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	9	3.1
Those parents with the greatest need do not participate, and those with less need do participate	9	3.1
Lack of or inadequate space/facilities	8	2.8
Finding qualified personnel	8	2.8
Father/male participation	8	2.8
Quality of curriculum materials	5	1.7
Helping families realize all families have difficulties	5	1.7
Lack of interagency cooperation	4	1.4
Dealing with wide range of diversity in participants	2	.7
Planning, estimating demand	2	.7
Determining program content	1	.3
Lack of child care services	1	.3
Parents participate only after problems arise	1	.3
Costs too high for participation	1	.3
Finding training for staff	1	.3
Demand exceeds supply, need to expand services	1	.3

Private Elementary and Secondary Schools

Seventy private elementary and secondary schools provided data in this sponsor group. Table 39 indicates the following incidence of content addressed in the parent education offered by these schools: family life (72.9 percent), child development (61.4 percent), child rearing practices (54.3 percent), parent/adult development (41.4 percent), family support systems (41.4 percent), health (24.3 percent) and nutrition (18.6 percent). Spiritual and religious education (N = 6) and chemical dependency (N = 5) were the most frequently listed write-in responses.

Table 39. Content of Programs in Private Schools

Content	Frequency	Percent (N=70)
Family life	51	72.9
Child development	43	61.4
Child rearing practices	38	54.3
Parent/adult development	29	41.4
Family support systems	29	41.4
Health	17	24.3
Nutrition	13	18.6
Other	1	1.4
Spiritual and religious education	6	
Chemical dependency	5	
Human sexuality	3	
Prenatal development and education	1	

Table 40 shows that private elementary and secondary schools reported serving the following audiences most frequently through their parent education offering: children (82.9 percent), parents of school-age children (78.6 percent), couples (62.9 percent), single parents (54.3 percent), and parents of teen-age children (52.9 percent). It appears that responders in this sponsor group were most likely to serve the children enrolled in these schools and their parents.

Private schools reported serving audiences of adults per year that almost all consisted of less than 500 in the following order: 101-200 (35.7 percent), 31-100 (30.0 percent), 201-500 (14.3 percent), and under 30 (11.4 percent) (See Table 41). Table 42 indicates that this was also true of the number of children served per year, but in a different rank order: 31-100 children (31.4 percent), 101-200 children (30.0 percent), under 30 children (17.1 percent), and 201-500 children (12.9 percent).

Over 35 percent (35.2 percent) of the participants in private school parent education offerings were reported to have college degrees. These people were mainly middle class (lower middle = 39.7 percent and upper middle = 39.8 percent), although over one-fifth (21.2 percent) were reported to be in the low socioeconomic level (See Table 43). Only 5.7 percent of private school participants were reported to be in the high socioeconomic level. Table 44 indicates that private schools, like all other sponsor groups, mainly served Caucasians (87.8 percent). However they reported serving more Native Americans (5.7 percent) than any other sponsor group.

Table 40. Audiences Served by Private Schools

Audience	Frequency	Percent (N=70)
Children	58	82.9
Parents of school-age children	55	78.6
Couples	44	62.9
Single parents	38	54.3
Parents of teen-age children	37	52.9
Parents of preschoolers	34	48.6
Parents in reconstituted families (step-parents)	22	31.4
Adoptive parents	22	31.4
Parents of gifted children	19	27.1
Foster parents	17	24.3
Parents of twins	16	22.9
Mothers only	15	21.4
Parents of infants	15	21.4
Fathers only	14	20.0
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	14	20.0
Expectant parents	14	20.0
Parents of toddlers	14	20.0
Parents of adult children	13	18.6
Teen-age parents	12	17.1
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	10	14.3
Grandparents	9	12.9
Children of aging parents	7	10.0
Adolescents, including those in preparenting education	6	8.6
Other	5	7.1

Table 41. Frequency and Percent of Private School-Sponsored Programs
Serving Varying Numbers of Adults

Number of adults served per year	Frequency	Percent (N=70)
Under 30	8	11.4
31-100	21	30.0
101-200	25	35.7
201-500	10	14.3
501-1000	1	1.4
Over 1000	1	1.4
No response	4	5.7
Total	70	99.9*

*Total percents that vary from 100 are due to rounding.

Table 42. Frequency and Percent of Private School-Sponsored Programs Serving Varying Numbers of Children

Number of children served per year	Frequency	Percent (N=70)
Under 30	12	17.1
31-100	22	31.4
101-200	21	30.0
201-500	9	12.9
501-1000	2	2.9
Over 1000	1	1.4
No response	3	4.3
Total	70	100.0

Table 43. Persons Served in Private School-Sponsored Programs by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	21.2
Lower middle	39.7
Upper middle	39.8
High	5.7
Total	106.4*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 44. Persons Served in Private School-Sponsored Programs by Racial Group

Race	Mean Percent
Caucasian	87.8
Native American	5.7
Black	2.4
Asian	1.4
Latino	.6
Total	97.9*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 45 indicates that the most frequently provided parent education services in the private school sponsor group were reported to be single formal class or lecture sessions (55.7 percent), telephone contact with individual parents (54.3 percent), and series of formal classes or lecture sessions (52.9 percent). Newsletters, pamphlets, facts sheets, and books (44.3 percent) and referral services (40.0 percent) were two other parent education services frequently provided by private schools.

Table 45. Services Provided by Programs in Private Schools

Service	Frequency	Percent (N=70)
Single formal class or lecture sessions	39	55.7
Telephone contact with individual parents	38	54.3
Series of formal classes or lecture sessions	37	52.9
Newsletters, pamphlets, fact sheets, books	30	42.9
Referral services	28	40.0
Individual counseling/conferencing sessions	25	35.7
Single informal group discussion sessions including support and self-help groups	23	32.9
Health and nutrition services, e.g., Early and Periodic Screening	22	31.4
Lending library with references and materials for parents	20	28.6
Series of informal group discussion sessions including support and self-help groups	19	27.1
Lending library with books and/or toys for children	11	15.7
Newspaper articles	11	15.7
Group counseling sessions	8	11.4
Television, radio, and/or theater programs; films or video (single or series)	7	10.0
Child care during parent education offerings	7	10.0
Other	1	1.4

As with all other sponsor groups, Table 46 indicates that the two most frequently used formats in parent education programs in the private school sponsor group were group sessions held in community settings (80.0 percent) and mothers and fathers together (58.6 percent). Two other frequently used formats were couple and child interaction/activity (40.0 percent) and mothers separately (20.0 percent).

Table 47 indicates that elementary educators (70.0 percent); ministers, priests, or rabbis (68.6 percent); and religious educators (62.9 percent) were reported to provide the major share of parent education services in the private school sponsor group, all responses that might be predicted since many private schools are elementary and/or church sponsored. These data also suggest that parent education in private schools is likely to be provided by individuals for whom the parent educator role is embedded in another role.

Table 46. Formats Used in Programs in Private Schools

Format	Frequency	Percent (N=70)
Group sessions held in community settings	56	80.0
Mothers and fathers together	41	58.6
Couple and child interaction/activity	28	40.0
Mothers separately	14	20.0
One-to-one sessions held in community settings	12	17.1
Fathers separately	12	17.1
Group sessions held in homes	10	14.3
One-to-one sessions held in homes	10	14.3
Mother and child interaction/activity	5	7.1
Father and child interaction/activity	5	7.1
Other	1	1.4

Table 47. Providers of Parent Education Services in Private Schools

Provider	Frequency	Percent (N=70)
Elementary educators	49	70.0
Ministers, priests, rabbis	48	68.5
Religious educators	44	62.9
Adult educators	28	40.0
Lay leaders, educational aides, paraprofessionals	28	40.0
Counselors	27	38.6
Experienced parents	25	35.7
Social workers	20	28.6
Early childhood educators	19	27.1
Nurses	18	25.7
Psychologists, psychiatrists	15	21.4
Secondary educators	13	18.6
College or university instructors	11	15.7
Doctors, pediatricians	8	11.4
Nutritionists	7	10.0
Other	5	7.1
Therapists	4	5.7
Legal personnel, law enforcement officers	3	4.3
Home economists	2	2.9

Most educators in private schools were reported to hold Bachelor's degrees as their highest degree (43.2 percent) (See Table 48). Master's degrees (21.0) and credits beyond a Master's degree (18.3) were also frequently reported. Table 49 shows that over half (52.9 percent) of these educators held non-vocational teaching licenses. Very few held any of the other licenses listed.

Table 48. Educators by Highest Degree in Private Schools

Degree	Mean Percent
Bachelor's	43.2
Master's	21.0
Credits beyond Master's	18.3
None	9.6
Doctoral	2.3
Associate	1.3

Table 49. Educators by License in Private Schools

License	Mean Percent
Other teaching license	52.9
Early childhood educator license	5.2
Other license(s)	4.2

Table 50 ranks the funding sources of parent education programs reported in the private school sponsor group. These funding sources included church, synagogue, or parish budgets (N=23); private school budgets (N=20); service user fees including tuition (N=16); undesignated contributions (N=13); and fund raising events (N=12). Fees were reported to be charged in 21.4 percent of these programs. Table 51 shows that a variable fee based on services or resources used (N=10) and a standard fee (N=3) were the two most commonly used types of fees in private school parent education programs.

Table 50. Funding Sources of Programs in Private Schools

Funding source	Frequency	Percent (N=70)
Church/synagogue/parish budgets	23	32.9
Private schools	20	28.6
Service user fees including tuition	16	22.9
Contributions-undesignated	13	18.6
Fund raising events	12	17.1
Contributions in time and facilities	3	4.3
Public school funds including vocational grants	3	4.3
Special public grants, programs, organization budgets or other funds	3	4.3
Private funds-undesignated	1	1.4

Table 51. Type of Fees in Private Schools

Fee type	Frequency	Percent (N=15)
Variable fee based on services or resources used	10	66.7
Standard fee	3	20.0
Fees by the ability to pay	1	6.7
No response	1	6.7
Total	15	100.1*

*Total percents that vary from 100 are due to rounding.

As with public schools, intra-agency cooperation (N=16) was the most frequently reported type of group cooperation in providing parent education in the private school sponsor group (See Table 52). Other cooperation was reported to be done with private nonhealth agencies, organizations, and institutions (N=11); public schools (N=8); churches and public nonhealth agencies, organizations, and institutions (each N=7); and health agencies, organizations, and institutions (N=6).

Table 52. Agencies With Whom Programs Cooperate in Private Schools

Cooperating agency	Frequency	Percent (N=70)
Intra-agency cooperation	16	22.9
Private nonhealth agencies, organizations, institutions	11	15.7
Public schools	8	11.4
Churches	7	10.0
Public nonhealth agencies, organizations, institutions	7	10.0
Health agencies, organizations, institutions	6	8.6
Private schools	2	2.9
Post secondary education	2	2.9
Businesses	1	1.4

Table 53 shows that the three most frequently listed problems encountered by private school parent education providers were low enrollment/attendance/participation (N=16); lack of interest/commitment, attitudinal problems (N=10); and funding (N=9).

Table 53. Problems of Programs in Private Schools

Problem	Frequency	Percent (N=70)
Low enrollment/attendance/participation	16	22.9
Lack of interest/commitment, attitudinal problems	10	14.3
Funding	9	12.9
Workload - parent education adds additional responsibilities to other duties	5	7.1
Scheduling, time of day, conflict with other activities in the community	5	7.1
Time demands on busy parents	3	4.3
Planning, estimating demand	3	4.3
Delivering the program, including transportation	2	2.9
Lack of child care services	2	2.9
Lack of or inadequate space/facilities	1	1.4
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	1	1.4
Determining program content	1	1.4
Finding qualified personnel	1	1.4
Quality of curriculum materials	1	1.4
Father/male participation	1	1.4
Helping families realize all families have difficulties	1	1.4
Parents participate only after problems arise	1	1.4
Those parents with the greatest need do not participate, and those with less need do participate	1	1.4

Post Secondary Education

Table 54 represents the frequency of response from specific sponsors identified as potential providers of parent education within the sponsor group of post secondary education.

In this sponsor group, the content reported to be addressed by responders ranked in the following order (See Table 55): child development (92.3 percent), family life (84.6 percent), child rearing practices (80.8 percent), health (65.4 percent), nutrition (57.7 percent), parent/adult development (57.7 percent), and family support systems (50.0 percent). Family violence (N = 5) and prenatal development and education (N = 3) were the most common write-in responses.

Table 54. Specific Sponsors in Post Secondary Education

Specific sponsor	Frequency	Percent (N=26)
Vocational schools (AVTIIs)	15	57.7
Colleges, universities	8	30.8
Community colleges, junior colleges	3	11.5
Undesignated	0	0.0
Total	26	100.0

Table 55. Content of Programs in Post Secondary Education

Content	Frequency	Percent (N=26)
Child development	24	92.3
Family life	22	84.6
Child rearing practices	21	80.8
Health	17	65.4
Parent/adult development	15	57.7
Nutrition	15	57.7
Family support systems	13	50.0
Other	1	3.8
Family violence	5	
Prenatal development and education	3	
Human sexuality	1	

The respondents in the sponsor group of post secondary education reported serving parents of preschoolers most frequently (76.9 percent), followed by single parents (61.5 percent), couples and parents of toddlers (each 57.7 percent), and parents of infants, school-age children, and special needs children (each 50.0 percent) (See Table 56). Only this sponsor group and the health agency, organization, and institution sponsor group reported serving children in less than 50 percent of their programs (in this case, 42.3 percent).

Table 57 indicates that the sponsor group of post secondary education reported serving numbers of adults per year in all categories, although larger audiences of 101-200 adults and 201-500 adults (each 19.2 percent) predominated, followed by the two smaller categories (under 30 percent and 31-100, each 15.4 percent). Table 58 shows that considerably fewer children were served per year by those reporting in this sponsor group: under 30 (42.3 percent), 31-100 (19.2 percent), and 101-200 (11.5 percent).

Table 56. Audiences Served by Post Secondary Education

Audience	Frequency	Percent (N=26)
Parents of preschoolers	20	76.9
Single parents	16	61.5
Couples	15	57.7
Parents of toddlers	15	57.7
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	13	50.0
Parents of infants	13	50.0
Parents of school-age children	13	50.0
Parents in reconstituted families (step-parents)	12	46.2
Adoptive parents	12	46.2
Parents of teen-age children	12	46.2
Children	11	42.3
Foster parents	10	38.5
Mothers only	9	34.6
Fathers only	9	34.6
Expectant parents	9	34.6
Teen-age parents	8	30.8
Parents of twins	6	23.1
Parents with special needs; i.e., abused, handicapped, long-term and terminally ill	5	19.2
Parents of gifted children	4	15.4
Parents of adult children	4	15.4
Children of aging parents	4	15.4
Grandparents	4	15.4
Adolescents, including those in preparenting education	4	15.4
Other	4	15.4

Table 57. Frequency and Percent of Post Secondary Education-Sponsored Programs Serving Varying Numbers of Adults

Number of adults served per year	Frequency	Percent (N=26)
Under 30	4	15.4
31-100	4	15.4
101-200	5	19.2
201-500	5	19.2
501-1000	1	3.8
Over 1000	3	11.5
No response	4	15.4
Total	26	99.9*

*Total percents that vary from 100 are due to rounding.

Table 58. Frequency and Percent of Post Secondary Education-Sponsored Programs Serving Varying Numbers of Children

Number of children served per year	Frequency	Percent (N=26)
Under 30	11	42.3
31-100	5	19.2
101-200	3	11.5
201-500	1	3.8
501-1000	1	3.8
Over 1000	0	0.0
No response	5	19.2
Total	26	99.8*

*Total percents that vary from 100 are due to rounding.

Only 12.5 percent of the participants in parent education offered through post secondary education were reported to have college degrees. Table 59 indicates that these people were reported to be mainly in the middle socioeconomic level (lower middle = 44.7 percent and upper middle = 36.3 percent), although around 10 percent were reported in each of the other two levels (low = 11.6 percent and high = 9.7 percent). Table 60 shows that the participants in this sponsor group were overwhelmingly Caucasian (96.9 percent).

Table 59. Persons Served in Post Secondary Education-Sponsored Programs by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	11.6
Lower middle	44.7
Upper middle	36.3
High	9.7
Total	102.3*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 61 indicates that the two most frequently provided parent education services in the post secondary education sponsor group were reported to be series of and single formal class or lecture sessions (80.8 and 61.5 percent, respectively). Other frequently offered services included newsletters, pamphlets, fact sheets, and books (46.2 percent) and series of informal group discussion sessions including support and self-help groups and lending libraries with references and materials for parents (each 42.3 percent). Formal group classes were clearly the predominant service reported to be offered by this sponsor group.

Table 60. Persons Served in Post Secondary Education-Sponsored Programs by Racial Group

Race	Mean Percent
Caucasian	96.9
Native American	1.0
Black	.9
Latino	.7
Asian	.6
Total	100.1*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 61. Services Provided by Programs in Post Secondary Education

Service	Frequency	Percent (N=26)
Series of formal classes or lecture sessions	21	80.8
Single formal class or lecture sessions	16	61.5
Newsletters, pamphlets, fact sheets, books	12	46.2
Series of informal group discussion sessions including support and self-help groups	11	42.3
Lending library with references and materials for parents	11	42.3
Telephone contact with individual parents	10	38.5
Referral services	10	38.5
Single informal group discussion sessions including support and self-help groups	9	34.6
Child care during parent education offerings	9	34.6
Lending library with books and/or toys for children	7	26.9
Newspaper articles	7	26.9
Television, radio, and/or theater programs; films or video (single or series)	4	15.4
Health and nutrition services, e.g., Early and Periodic Screening	4	15.4
Group counseling sessions	3	11.5
Individual counseling/conferencing sessions	3	11.5
Other	2	7.7

In the post secondary education sponsor group, the formats reported to be most frequently used are listed in Table 62 and included group sessions held in community settings (80.0 percent), mothers and fathers together (58.6 percent), couple and child interaction/activity (40.0 percent), and mothers separately (20.0 percent). This pattern of response is similar to that in other sponsor groups.

Table 62. Formats Used in Programs in Post Secondary Education

Format	Frequency	Percent (N=26)
Group sessions held in community settings	18	69.2
Mothers and fathers together	11	42.3
Couple and child interaction/activity	10	38.5
Mothers separately	8	30.8
Mother and child interaction/activity	8	30.8
Father and child interaction/activity	8	30.8
Fathers separately	6	23.1
Other	5	19.2
Group sessions held in homes	4	15.4
One-to-one sessions held in homes	1	3.8

Table 63 lists the frequency of reported providers of parent education services in the post secondary education sponsor group. Early childhood educators head the list (57.7 percent), followed by adult educators and home economists (each 53.8 percent), nurses (38.5 percent), counselors (34.6 percent), and college or university instructors and experienced parents (each 30.8 percent).

Table 63. Providers of Parent Education Services in Post Secondary Education

Provider	Frequency	Percent (N=26)
Early childhood educators	15	57.7
Adult educators	14	53.8
Home economists	14	53.8
Nurses	10	38.5
Counselors	9	34.6
College or university instructors	8	30.8
Experienced parents	8	30.8
Elementary educators	7	26.9
Secondary educators	7	26.9
Social workers	7	26.9
Doctors, pediatricians	5	19.2
Nutritionists	5	19.2
Psychologists, psychiatrists	4	15.4
Therapists	3	11.5
Legal personnel, law enforcement officers	3	11.5
Lay leaders, educational aides, paraprofessionals	3	11.5
Ministers, priests, rabbis	2	7.7
Religious educators	1	3.8
Other	1	3.8

Table 64 indicates that over half (55.5 percent) of the providers of parent education in post secondary education were reported to hold Bachelor's degrees as their highest degree. Some educators were also reported to hold doctoral degrees (13.6 percent), Master's degrees (12.8 percent), and credits beyond Master's degrees (10.5 percent). Table 65 shows that the majority of parent educators in this sponsor group held adult vocational parent educator licenses (61.9 percent). Since vocational technical institutes were included in this sponsor group and since this license is required of parent educators employed by these institutions, it is not surprising that the adult vocational parent educator license was the most frequent license in this sponsor group. This license was represented with much greater frequency in the post secondary sponsor group than in all other sponsor groups. A considerable number of educators in this sponsor group were also reported to hold early childhood educator licenses (27.9 percent) and other nonvocational teaching licenses (17.9 percent).

Table 64. Educators by Highest Degree in Post Secondary Education

Degree	Mean Percent
Bachelor's	55.5
Doctoral	13.6
Master's	12.8
Credits beyond Master's	10.5
Associate	5.0
None	2.7

Table 65. Educators by License in Post Secondary Education

License	Mean Percent
Adult vocational parent educator license	61.9
Early childhood educator license	27.9
Other teaching license	17.9
Other vocational teaching license	3.3
Other license(s)	2.8

Table 66 indicates that the two major funding sources for the parent education offerings in the post secondary education sponsor group were reported to be public school funds including vocational grants (N=20) and service user fees including tuition (N=14). A higher percentage of these providers (80.8 percent) reported charging fees than any other sponsor group. Table 67 shows that the two fee types most prevalent in these programs were a standard fee (N=16) and a variable fee based on services or resources used (N=4).

Table 66. Funding Sources of Programs in Post Secondary Education

Funding source	Frequency	Percent (N=26)
Public school funds	20	76.9
Service user fees including tuition	14	53.8
Contributions-undesignated	1	3.8
Contributions in time and facilities	1	3.8
Public funds-undesignated	1	3.8
Agricultural Extension funds	1	3.8
Special public grants, programs, organization budgets or other funds	1	3.8
Special public health grants, programs, organization budgets or other funds	1	3.8
Private funds-undesignated	1	3.8

Table 67. Type of Fees in Post Secondary Education

Fee type	Frequency	Percent (N=21)
Standard fee	16	76.2
Variable fee based on services or resources used	4	19.0
Fees by the ability to pay	1	4.8
Total	21	100.0

Table 68 shows that the post secondary education sponsor group reported cooperation with a variety of other groups in providing parent education. These groups included public schools (N=9); public nonhealth agencies, organizations, and institutions (N=9); health agencies, organizations, and institutions (N=5); private nonhealth agencies, organizations, and institutions (N=4); and early childhood programs and the Agricultural Extension Service (each N=3). Cooperation with other post secondary education institutions was also reported by three of the responders in this sponsor group.

Table 68. Agencies With Whom Programs Cooperate in Post Secondary Education

Cooperating agency	Frequency	Percent (N=26)
Public schools	9	34.6
Public nonhealth agencies, organizations, institutions	8	30.8
Health agencies, organizations, institutions	5	19.2
Private nonhealth agencies, organizations, institutions	4	15.4
Post secondary education	3	11.5
Early childhood programs	3	11.5
Agricultural Extension Service	3	11.5
Churches	2	7.7

Table 69 shows that the top three problems reported to be encountered by providers of parent education among the responders in the post secondary education group were low enrollment/attendance/participation (N=7); funding (N=4); and lack of or inadequate space/facilities (N=3). Four of the responders in this sponsor group indicated that they encountered few or no problems.

Table 69. Problems of Programs in Post Secondary Education

Problem	Frequency	Percent (N=26)
Low enrollment/attendance/participation	7	26.9
Funding	4	15.4
Few or no problems	4	15.4
Lack of or inadequate space/facilities	3	11.5
Finding qualified personnel	2	7.7
Father/male participation	2	7.7
Costs too high for participation	2	7.7
Lack of public awareness and understanding	1	3.8
Lack of interest/commitment, attitudinal problems	1	3.8
Workload - parent education adds additional responsibilities to other duties	1	3.8
Scheduling, time of day, conflict with other activities in the community	1	3.8
Lack of child care services	1	3.8
Those parents with the greatest need do not participate, and those with less need do participate	1	3.8
Lack of interagency cooperation	1	3.8
Planning, estimating demand	1	3.8

Early Childhood Programs

Two specific sponsor groups, undesignated and church affiliated, were identified as providers of parent education within the sponsor group of early childhood programs. In the specific sponsor of undesignated early childhood programs there were 71 respondents, and 34 responded from church affiliated early childhood programs.

Child rearing practices (82.9 percent) and child development (80.0 percent) were clearly the most common content in parent education offerings in early childhood programs (See Table 70). The other content areas addressed in order of frequency included nutrition (54.3 percent), health (50.5 percent), family life (44.8 percent), parent/adult development (28.6 percent), and family support systems (26.7 percent). Family violence (N = 8) and spiritual and religious education (N = 4) were the content responses most frequently written in.

Table 70. Content of Programs in Early Childhood Programs

Content	Frequency	Percent (N=105)
Child rearing practices	87	82.9
Child development	84	80.0
Nutrition	57	54.3
Health	53	50.5
Family life	47	44.8
Parent/adult development	30	28.6
Family support systems	28	26.7
Other	10	9.5
Family violence	8	
Spiritual and religious education	4	
Prenatal development and education	1	

Table 71 indicates that early childhood programs almost all reported serving parents of preschoolers in their parent education offerings (95.2 percent). This was followed by children (78.1 percent), couples (76.2 percent), and single parents (64.8 percent). Parents in reconstituted families or step-parents were reported to be served by over 50 percent of the programs responding in this sponsor group, which is a higher percent than with all respondents and may indicate a particular audience served by these early childhood programs.

Almost half (47.6 percent) of the responders in the early childhood programs sponsor group served 31-100 adults per year in their parent education programs. A number of these programs also served from 101-200 adults (24.8 percent) and under 30 adults (14.3 percent) (See Table 72). Table 73 indicates that over half of the early childhood programs also served 31-100 children per year in their parent education programs (51.4 percent), followed by those programs serving under 30 children (24.8 percent) and those serving 101-200 children (17.1 percent). In the case of both adults and children, almost all of the responders in early childhood programs showed their programs serving 200 or fewer of both groups per year.

Table 71. Audiences Served by Early Childhood Programs

Audience	Frequency	Percent (N=105)
Parents of preschoolers	100	95.2
Children	82	78.1
Couples	80	76.2
Single parents	68	64.8
Parents in reconstituted families (step-parents)	53	50.5
Parents of school-age children	50	47.6
Adoptive parents	48	45.7
Parents of toddlers	47	44.8
Mothers only	43	41.0
Parents of infants	36	34.3
Fathers only	33	31.4
Expectant parents	32	30.5
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	29	27.6
Parents of gifted children	29	27.6
Parents of twins	28	26.7
Foster parents	22	21.0
Parents of teen-age children	17	16.2
Teen-age parents	12	11.4
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	10	9.5
Grandparents	8	7.6
Parents of adult children	5	4.8
Adolescents, including those in preparenting education	4	3.8
Children of aging parents	3	2.9
Other	1	1.0

Table 72. Frequency and Percent of Early Childhood Programs Serving Varying Numbers of Adults

Number of adults served per year	Frequency	Percent (N=105)
Under 30	15	14.3
31-100	50	47.6
101-200	26	24.8
201-500	8	7.6
501-1000	0	0.0
Over 1000	0	0.0
No response	6	5.7
Total	105	100.0

Table 73. Frequency and Percent of Early Childhood Programs Serving Varying Numbers of Children

Number of children served per year	Frequency	Percent (N=105)
Under 30	26	24.8
31-100	54	51.4
101-200	18	17.1
201-500	4	3.8
501-1000	0	0.0
Over 1000	0	0.0
No response	3	2.9
Total	105	100.0

The sponsor group which reported serving the largest number of persons with college degrees (51.8 percent) was the early childhood programs. Tables 74 and 75 indicate that these programs also served mainly middle socioeconomic level participants (lower middle = 33.6 percent and upper middle = 50.0 percent) and Caucasian (91.6 percent) participants. As for other sponsor groups, few of the persons served were in other racial groups (Black = 2.6 percent, Native American = 1.9 percent, Asian = 1.4 percent, and Latino = 1.3 percent).

Table 74. Persons Served in Early Childhood Programs by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	10.5
Lower middle	33.6
Upper middle	49.6
High	4.8
Total	98.5*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 75. Persons Served in Early Childhood Programs by Racial Group

Race	Mean Percent
Caucasian	91.6
Black	2.6
Native American	1.9
Asian	1.4
Latino	1.3
Total	98.8*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 76 indicates that the parent education services most frequently provided in the early childhood programs sponsor group were newsletters, pamphlets, fact sheets, and books (77.1 percent); telephone contact with individual parents (70.5 percent); single formal class or lecture sessions (59.0 percent); referral services (54.3 percent); and lending libraries with references and materials for parents (52.4 percent). Four out of these top five services are nongroup parent education services, indicating that these means of serving parents were extensively used in the early childhood programs responding in this study.

Table 76. Services Provided by Programs in Early Childhood Programs

Service	Frequency	Percent (N=105)
Newsletters, pamphlets, fact sheets, books	81	77.1
Telephone contact with individual parents	74	70.5
Single formal class or lecture sessions	62	59.0
Referral services	57	54.3
Lending library with references and materials for parents	55	52.4
Individual counseling/conferencing sessions	38	36.2
Child care during parent education offerings	37	35.2
Single informal group discussion sessions including support and self-help groups	35	33.3
Series of informal group discussion sessions including support and self-help groups	32	30.5
Newspaper articles	32	30.5
Health and nutrition services, e.g., Early and Periodic Screening	31	29.5
Series of formal classes or lecture sessions	27	25.7
Lending library with books and/or toys for children	21	20.0
Other	7	6.7
Television, radio, and/or theater programs; films or video (single or series)	5	4.8

Table 77 indicates that the two most common formats reported to be used in the sponsor group of early childhood programs were group sessions held in community settings and mothers and fathers together (each 68.6 percent). Other frequently reported formats included one-to-one sessions held in community settings (28.6 percent), mothers separately (24.8 percent), and couple and child interaction/activity (22.9 percent).

As might be expected in the sponsor group of early childhood programs, the most frequent providers of parent education services were reported to be early childhood educators (89.5 percent) (See Table 78). Although adult educators (33.3 percent) and experienced parents (31.4 percent) were reported second and third in frequency as providers in this sponsor group, none of the other providers listed were near the frequency of that of early childhood educators.

Table 77. Formats Used in Programs in Early Childhood Programs

Format	Frequency	Percent (N=105)
Group sessions held in community settings	72	68.6
Mothers and fathers together	72	68.6
One-to-one sessions held in community settings	30	28.6
Mothers separately	26	24.8
Couple and child interaction/activity	24	22.9
Fathers separately	18	17.1
Mother and child interaction/activity	18	17.1
Father and child interaction/activity	14	13.3
One-to-one sessions held in homes	12	11.4
Other	4	3.8
Group sessions held in homes	2	1.9

Table 78. Providers of Parent Education Services in Early Childhood Programs

Provider	Frequency	Percent (N=105)
Early childhood educators	94	89.5
Adult educators	35	33.3
Experienced parents	33	31.4
Elementary educators	29	27.6
Nurses	28	26.7
Psychologists, psychiatrists	25	23.8
Nutritionists	21	20.0
Social workers	18	17.1
Counselors	18	17.1
Doctors, pediatricians	15	14.3
Lay leaders, educational aides, paraprofessionals	11	10.5
Ministers, priests, rabbis	10	9.5
Religious educators	10	9.5
College or university instructors	9	8.6
Home economists	9	8.6
Therapists	9	8.6
Other	4	3.8
Secondary educators	3	2.9
Legal personnel, law enforcement officers	3	2.9

Table 79 indicates that most educators in early childhood programs were reported to have Bachelor's degrees (64.4 percent). Table 80 shows that 49.2 percent of these educators had early childhood educator licenses followed by 24.6 percent with other nonvocational teaching licenses.

Table 79. Educators by Highest Degree in Early Childhood Programs

Degree	Mean Percent
Bachelor's	64.4
Associate	10.5
Master's	9.8
Credits beyond Master's	7.7
None	5.5
Doctoral	1.3

Table 80. Educators by License in Early Childhood Programs

License	Mean Percent
Early childhood educator license	49.3
Other teaching license	24.6
Adult vocational parent educator license	9.7
Other license(s)	7.6
Other vocational teaching license	2.2

Table 81 indicates that the major funding source for the parent education offerings in the early childhood programs sponsor group was service user fees including tuition (N=62). Private school budgets (N=15); contributions in time and facilities (N=12); and church, synagogue, or parish budgets (N=10) were also reported to supply funds to some of these programs. Fees were reported to be charged by 29.5 percent of the early childhood program sponsors. Table 82 shows that most of these fees were either standard fees or variable fees based on the services or resources used (each N=14).

Table 81. Funding Sources of Programs in Early Childhood Programs

Funding source	Frequency	Percent (N=105)
Service user fees including tuition	62	59.0
Private schools	15	14.3
Contributions in time and facilities	12	11.4
Church/synagogue/parish budgets	10	9.5
Contributions-undesignated	5	4.8
Public school funds including vocational grants	5	4.8
Public funds-undesignated	4	3.8
Private funds-undesignated	3	2.9
Corporation budgets including insurance companies	3	2.9
Endowments, foundations	2	1.9
Fund raising events	1	1.0

Table 82. Type of Fees in Early Childhood Programs

Fee type	Frequency	Percent (N=31)
Standard fee	14	45.2
Variable fee based on services or resources used	14	45.2
No response	3	9.7
Total	31	100.1*

*Total percents that vary from 100 are due to rounding.

Table 83 shows that providers of early childhood parent education programs who responded to this study reported cooperating with a variety of community groups in offering parent education. In order of frequency these included public schools (N=22); private nonhealth agencies, organizations, and institutions (N=12); other early childhood programs (N=11); public nonhealth agencies, organizations, and institutions (N=10); health agencies, organizations, and institutions (N=9); and churches (N=8). Intra-agency cooperation was also reported by seven of these early childhood programs.

Table 83. Agencies With Whom Programs Cooperate in Early Childhood Programs

Cooperating agency	Frequency	Percent (N=105)
Public schools	22	21.0
Private nonhealth agencies, organizations, institutions	12	11.4
Early childhood programs	11	10.5
Public nonhealth agencies, organizations, institutions	10	9.5
Health agencies, organizations, institutions	9	8.6
Churches	8	7.6
Intra-agency cooperation	7	6.7
Post secondary education	5	4.8
Agricultural Extension Service	3	2.9
Businesses	2	1.9
Private schools	1	1.0

Almost one-fourth (N=25) of the responders in this sponsor group indicated that they had problems with low enrollment/attendance/participation (See Table 84). Other frequently reported problems included time demands on busy parents and scheduling, time of day, conflict with other activities in the community (each N=12); funding (N=11); and lack of interest/commitment, attitudinal problems (N=10).

Table 84. Problems of Programs in Early Childhood Programs

Problem	Frequency	Percent (N=105)
Low enrollment/attendance/participation	25	23.8
Time demands on busy parents	12	11.4
Scheduling, time of day, conflict with other activities in the community	12	11.4
Funding	11	10.5
Lack of interest/commitment, attitudinal problems	10	9.5
Workload - parent education adds additional responsibilities to other duties	7	6.7
Lack of public awareness and understanding	5	4.8
Quality of curriculum materials	4	3.8
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	3	2.9
Those parents with the greatest need do not participate, and those with less need do participate	3	2.9
Determining program content	2	1.9
Father/male participation	2	1.9
Lack of child care services	2	1.9
Delivering the program, including transportation	1	1.0
Finding qualified personnel	1	1.0
Helping families realize all families have difficulties	1	1.0
Parents participate only after problems arise	1	1.0
Costs too high for participation	1	1.0
Finding training for staff	1	1.0
Planning, estimating demand	1	1.0
Few or no problems	1	1.0

Agricultural Extension Service

The Agricultural Extension Service sponsor group included 53 respondents. Table 85 illustrates the high frequency with which both family life and nutrition (each 94.3 percent) were addressed as content areas in the Agricultural Extension Service parent education offerings of responders. Child development (81.1 percent) was also high on the list, followed by child rearing practices (64.1 percent), health (60.4 percent), family support systems (56.6 percent), and parent/adult development (54.7 percent).

Table 86 indicates that the Agricultural Extension Service reported serving a more even distribution of diverse audiences than sponsor groups like the public and private schools. The rank order of the most frequently reported audiences served is as follows: parents of preschoolers and school-age children (each 86.8 percent), couples (84.9 percent), parents of toddlers and teen-age

children (each 81.1 percent), parents of infants (73.6 percent), children and single parents (each 69.8 percent), grandparents (66.0 percent), parents of adult children (58.5 percent), children of aging parents (54.7 percent), and parents in reconstituted families or step-parents (52.8 percent). The Agricultural Extension Service was the only sponsor group that reported serving grandparents, parents of adult children, and children of aging parents in over 50 percent of the programs reporting. These audiences were also served considerably more in this sponsor group than in any of the others except churches, in which these three audiences were also served by a relatively high percentage of responders (34.0, 41.5, and 41.0, respectively).

Table 85. Content of Programs in Agricultural Extension Service

Content	Frequency	Percent (N=53)
Family life	50	94.3
Nutrition	50	94.3
Child development	43	81.1
Child rearing practices	34	64.2
Health	32	60.4
Family support systems	30	56.6
Parent/adult development	29	54.7
Other	6	11.3
Prenatal development and education	3	
Chemical dependency	1	
Family violence	1	

Table 87 indicates that the Agricultural Extension Service tended to serve more large numbers of adults per year than the other sponsor groups. Serving 201-500 adults per year was most commonly reported (30.2 percent), followed by 501-1000 adults (24.5 percent), over 1000 (13.2 percent), 31-100 adults (11.3 percent) and 101-200 adults (7.5 percent). Table 88 shows that the number of children reported to be served per year was less, although all group sizes were represented: under 30 children (24.5 percent), 31-100 children (18.9 percent), 201-500 children (15.1 percent), 501-1000 (13.2 percent), 101-200 children (7.5 percent), and over 1000 children (7.5 percent).

College degrees were reported to be held by 17.3 percent of the participants in the parent education offerings of the Agricultural Extension Service sponsor group. As indicated in Table 89, this sponsor group reported serving mostly people in the middle socioeconomic level (lower middle = 42.5 percent and upper middle = 32.0 percent), although 20.3 percent were reported to be in the low socioeconomic level. Table 90 shows that the Agricultural Extension Service respondents reported serving mainly a Caucasian population (93.6 percent), although 3.9 percent reported serving Native Americans.

Table 86. Audiences Served by Agricultural Extension Service

Audience	Frequency	Percent (N=53)
Parents of preschoolers	46	86.8
Parents of school-age children	46	86.8
Couples	45	84.9
Parents of toddlers	43	81.1
Parents of teen-age children	43	81.1
Parents of infants	39	73.6
Single parents	37	69.8
Children	37	69.8
Grandparents	35	66.0
Parents of adult children	31	58.5
Children of aging parents	29	54.7
Parents in reconstituted families (step-parents)	28	52.8
Expectant parents	25	47.2
Foster parents	22	41.5
Adoptive parents	22	41.5
Mothers only	20	37.7
Teen-age parents	17	32.1
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	17	32.1
Parents of twins	17	32.1
Adolescents, including those in preparenting education	13	24.5
Parents of gifted children	12	22.6
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	10	18.9
Fathers only	9	17.0
Other	6	11.3

Table 87. Frequency and Percent of Agricultural Extension Service-Sponsored Programs Serving Varying Numbers of Adults

Number of adults served per year	Frequency	Percent (N=53)
Under 30	2	3.8
31-100	6	11.3
101-200	4	7.5
201-500	16	30.2
501-1000	13	24.5
Over 1000	7	13.2
No response	5	9.4
Total	53	99.9*

*Total percents that vary from 100 are due to rounding.

Table 88. Frequency and Percent of Agricultural Extension Service-Sponsored Programs Serving Varying Numbers of Children

Number of children served per year	Frequency	Percent (N=53)
Under 30	13	24.5
31-100	10	18.9
101-200	4	7.5
201-500	8	15.1
501-1000	7	13.2
Over 1000	4	7.5
No response	7	13.2
Total	53	99.9*

*Total percents that vary from 100 are due to rounding.

Table 89. Persons Served by the Agricultural Extension Service by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	20.3
Lower middle	42.5
Upper middle	32.0
High	5.4
Total	100.2*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 90. Persons Served by the Agricultural Extension Service by Racial Group

Race	Mean Percent
Caucasian	93.6
Native American	3.9
Black	1.3
Asian	.9
Latino	.2
Total	99.9*

*Total percent varies from 100 due to percentages reported not equaling 100.

The Agricultural Extension Service was unique in what respondents reported to be their most frequently provided services. Table 91 indicates that the top two services reported, both mass modes of service, were reported to be offered in almost all of the programs of responders (newsletters, pamphlets, fact sheets, and books = 96.2 percent and newspaper articles = 88.7 percent). Other parent education services frequently reported were single formal class or lecture sessions (73.6 percent); television, radio, and/or theater programs, films or video (single or series) (66.0 percent); telephone contact with individual parents (60.4 percent); and series of formal classes or lecture sessions (49.1 percent). This pattern of services provided differs from that of other sponsor groups and likely indicates the service delivery approaches most common in the Agricultural Extension Service in general.

Table 91. Services Provided by Programs in Agricultural Extension Service

Service	Frequency	Percent (N=53)
Newsletters, pamphlets, fact sheets, books	51	96.2
Newspaper articles	47	88.7
Single formal class or lecture sessions	39	73.6
Television, radio, and/or theater programs; films or video (single or series)	35	66.0
Telephone contact with individual parents	32	60.4
Series of formal classes or lecture sessions	26	49.1
Single informal group discussion sessions including support and self-help groups	14	26.4
Individual counseling/conferencing sessions	10	18.9
Lending library with references and materials for parents	10	18.9
Referral services	9	17.0
Child care during parent education offerings	8	15.1
Series of informal group discussion sessions including support and self-help groups	7	13.2
Other	3	5.7
Group counseling sessions	2	3.8
Lending library with books and/or toys for children	1	1.9

Table 92 indicates that the most frequently used formats reported in the Agricultural Extension Service sponsor group were group sessions held in community settings (86.8 percent), mothers and fathers together and mothers separately (each 52.8 percent), and group sessions held in homes (37.7 percent). The format of group sessions held in homes is a format typically used in the Agricultural Extension Service and was reported to be used more in this sponsor group than in any other.

Table 92. Formats Used in Programs in Agricultural Extension Service

Format	Frequency	Percent (N=53)
Group sessions held in community settings	46	86.8
Mothers separately	28	52.8
Mothers and fathers together	28	52.8
Group sessions held in homes	20	37.7
Couple and child interaction/activity	8	15.1
One-to-one sessions held in homes	7	13.2
Mother and child interaction/activity	7	13.2
One-to-one sessions held in community settings	6	11.3
Fathers separately	4	7.5
Father and child interaction/activity	4	7.5
Other	4	7.5

Table 93 shows that almost all of the reported providers of parent education services in the Agricultural Extension Service sponsor group were reported to be home economists (96.2 percent). Other frequently reported providers included college or university instructors (67.9 percent), adult educators (45.3 percent), experienced parents (39.6 percent), nutritionists (34.0 percent), and nurses (32.0 percent). The two most frequently reported providers, home economists and college or university instructors, are what might be predicted since most Home Economics County Extension Agents in Minnesota are home economists, and all are considered to be faculty associated with the University of Minnesota.

Table 94 shows that 65.9 percent of the educators providing parent education offerings in the Agricultural Extension Service were reported to have Bachelor's degrees as their highest degree. Master's degree were reported to be held by 19.6 percent of the educators. Vocational teaching licenses other than the adult vocational parent educator license were reported to be held by 34.6 percent of the educators in this sponsor group (See Table 95). Several respondents (17.9 percent) also reported that their educators had other nonvocational teaching licenses.

Table 96 indicates that Agricultural Extension funds (N=42) were reported to be the major funding source of parent education programs in the Agricultural Extension Service sponsor group. Service user fees including tuition (N=15) were also reported to be a source of funds in over one-fourth of these programs. Fees were reported to be charged in 28.3 percent of the programs of the respondents in this sponsor group. Table 97 shows that these fees were either a variable fee based on services or resources used (N=9) or a standard fee (N=6).

Table 93. Providers of Parent Education Services in Agricultural Extension Service

Provider	Frequency	Percent (N=53)
Home economists	51	96.2
College or university instructors	36	67.9
Adult educators	24	45.3
Experienced parents	21	39.6
Nutritionists	18	34.0
Nurses	17	32.1
Social workers	14	26.4
Lay leaders, educational aides, paraprofessionals	14	26.4
Psychologists, psychiatrists	12	22.6
Counselors	10	18.9
Doctors, pediatricians	10	18.9
Ministers, priests, rabbis	10	18.9
Early childhood educators	9	17.0
Legal personnel, law enforcement officers	5	9.4
Elementary educators	4	7.5
Secondary educators	3	5.7
Religious educators	3	5.7
Other	2	3.8

Table 94. Educators by Highest Degree in Agricultural Extension Service

Degree	Mean Percent
Bachelor's	65.9
Master's	19.6
Credits beyond Master's	6.0
None	5.5
Associate	2.4
Doctoral	0.4

Table 95. Educators by License in Agricultural Extension Service

License	Mean Percent
Other vocational teaching license	34.6
Other teaching license	17.9
Other license(s)	6.2
Adult vocational parent educator license	1.5

Table 96. Funding Sources of Programs in Agricultural Extension Service

Funding source	Frequency	Percent (N=53)
Agricultural Extension funds	42	79.2
Service user fees including tuition	15	28.3
Public funds-undesignated	4	7.5
Public school funds including vocational grants	4	7.5
Contributions-undesignated	3	5.7
Endowments, foundations	1	1.9
Private funds-undesignated	1	1.9
Church/synagogue/parish budgets	1	1.9

Table 97. Type of Fees in Agricultural Extension Service

Fee type	Frequency	Percent (N=15)
Variable fee based on services or resources used	9	60.0
Standard fee	6	40.0
Total	15	100.0

As indicated in Table 98, the groups with whom those offering parent education through the Agricultural Extension Service sponsor group most frequently cooperated in providing parent education were public schools (N=32); health agencies, organizations, and institutions (N=24); public nonhealth agencies, organizations and institutions (N=20); post secondary education (N=11); and early childhood programs and private nonhealth agencies, organizations, and institutions (each N=10). The percentage of frequency of response as to cooperation with other groups in offering parent education was higher in this sponsor group than in the others, indicating that those responding in the Agricultural Extension Service sponsor group may cooperate more with other groups in regard to their parent education offerings than do the other sponsor groups.

Problems reported to be faced in offering parent education in the Agricultural Extension Service are listed in Table 99. These problems included low enrollment/attendance/participation (N=12); work load -- parent education adds additional responsibilities to other duties and time demands on busy parents (each N=6); and lack of public awareness and understanding; lack of interest/commitment, attitudinal problems; and delivering the program, including transportation (each N=4).

Table 98. Agencies With Whom Programs Cooperate in Agricultural Extension Service

Cooperating agency	Frequency	Percent (N=53)
Public schools	32	60.4
Health agencies, organizations, institutions	24	45.3
Public nonhealth agencies, organizations, institutions	20	37.7
Post secondary education	11	20.8
Early childhood programs	10	18.9
Private nonhealth agencies, organizations, institutions	10	18.9
Churches	7	13.2
Intra-agency cooperation	3	5.7
Agricultural Extension Service	2	3.8
Businesses	1	1.9

Table 99. Problems of Programs in Agricultural Extension Service

Problem	Frequency	Percent (N=53)
Low enrollment/attendance/participation	12	22.6
Workload - parent education adds additional responsibilities to other duties	6	11.3
Time demands on busy parents	6	11.3
Lack of public awareness and understanding	4	7.5
Lack of interest/commitment, attitudinal problems	4	7.5
Delivering the program, including transportation	4	7.5
Determining program content	3	5.7
Father/male participation	3	5.7
Helping families realize all families have difficulties	3	5.7
Those parents with the greatest need do not participate, and those with less need do participate	3	5.7
Lack of interagency cooperation	3	5.7
Funding	2	3.8
Dealing with wide range of diversity in participants	2	3.8
Lack of or inadequate space/facilities	1	1.9
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	1	1.9
Scheduling, time of day, conflict with other activities in the community	1	1.9
Lack of child care services	1	1.9
Planning, estimating demand	1	1.9
Few or no problems	1	1.9

Churches

Table 100 represents the frequency of response from specific church denominations or branches of denominations whose mailing lists could be obtained for use in sending questionnaires.

Table 100. Specific Sponsors in Churches

Specific sponsor	Frequency	Percent (N=229)
Lutheran	107	46.7
Methodist	58	25.3
Congregational/United Church of Christ	20	8.7
Baptist	17	7.4
Presbyterian	14	6.1
Episcopal	7	3.1
Church of Jesus Christ of Latter Day Saints	3	1.3
Catholic	2	0.9
Undesignated	1	0.4
Jewish	0	0.0
Total	229	99.9*

*Total percents that vary from 100 are due to rounding.

Heading the list of content of programs in churches is family life (88.2 percent), followed by family support systems (63.8 percent) (See Table 101). Child rearing practices (56.8 percent), parent/adult development (49.8 percent), and child development (41.5 percent) were also content areas frequently addressed in parent education sponsored by church respondents. It should be noted that 20 responders added responses on content of programs related to spiritual and religious education. Human sexuality was also written in as a content area by several responders from churches.

Churches reported serving diverse audiences, as indicated in Table 102. Churches most frequently served couples (81.2 percent), followed by children (73.8 percent), parents of teen-age children (70.3 percent), parents of school-age children (69.0 percent), parents of preschoolers (66.4 percent), single parents (60.0 percent), parents of toddlers (60.0 percent), and parents of infants (57.2 percent). A difference from overall respondents worth noting is the fact that churches reported more service to parents of teen-age children.

Table 101. Content of Programs in Churches

Content	Frequency	Percent (N=229)
Family life	202	88.2
Family support systems	146	63.8
Child rearing practices	130	56.8
Parent/adult development	114	49.8
Child development	95	41.5
Health	30	13.1
Nutrition	14	6.1
Other	0	0.0
Spiritual and religious education	20	
Human sexuality	6	
Chemical dependency	3	
Family violence	2	

Table 102. Audiences Served by Churches

Audience	Frequency	Percent (N=229)
Couples	186	81.2
Children	169	73.8
Parents of teen-age children	161	70.3
Parents of school-age children	158	69.0
Parents of preschoolers	152	66.4
Single parents	137	59.8
Parents of toddlers	137	59.8
Parents of infants	131	57.2
Parents of adult children	95	41.5
Children of aging parents	94	41.0
Parents in reconstituted families (step-parents)	86	37.6
Grandparents	78	34.1
Teen-age parents	73	31.9
Adoptive parents	70	30.6
Expectant parents	67	29.3
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	60	26.2
Mothers only	58	25.3
Foster parents	50	21.8
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	49	21.4
Fathers only	42	18.3
Parents of twins	40	17.5
Adolescents, including those in preparenting education	37	16.2
Parents of gifted children	36	15.7
Other	11	4.8

Tables 103 and 104 indicate that churches tended to serve relatively small numbers of both adults and children per year in their parent education offerings (under 30 adults, 30.6 percent; 31-100 adults, 38.0 percent; under 30 children, 34.5 percent; 31-100 children, 38.4 percent). However, a sizable percent did serve larger numbers of both adults and children (101-200 adults, 9.6 percent; 201-500 adults, 8.7 percent; 101-200 children, 10.9 percent; 201-500 children, 4.8 percent).

Table 103. Programs in Churches Serving Varying Numbers of Adults

Number of adults served per year	Frequency	Percent (N=229)
Under 30	70	30.6
31-100	87	38.0
101-200	22	9.6
201-500	20	8.7
501-1000	4	1.7
Over 1000	1	0.4
No response	25	10.9
Total	229	99.9*

*Total percents that vary from 100 are due to rounding.

Table 104. Programs in Churches Serving Varying Numbers of Children

Number of children served per year	Frequency	Percent (N=229)
Under 30	79	34.5
31-100	88	38.4
101-200	25	10.9
201-500	11	4.8
501-1000	0	0.0
Over 1000	0	0.0
No response	26	11.4
Total	229	100.0

In the church sponsor group, 35.2 percent of the persons served by parent education efforts were reported to have college degrees. The socioeconomic level and race of these participants are listed in Tables 105 and 106. Over 84 percent of those served were in the middle socioeconomic level (lower middle = 41.0 percent and upper middle = 43.2 percent), and over 95 percent were Caucasians. The only other racial group served by churches in over one percent of the responding programs was that of Native Americans (2.0 percent). Responding church programs reported serving the fewest low income individuals of all sponsor groups at 9.4 percent.

Table 105. Persons Served by Churches by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	9.4
Lower middle	41.0
Upper middle	43.2
High	5.7
Total	99.3*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 106. Persons Served by Churches by Racial Group

Race	Mean Percent
Caucasian	95.4
Native American	2.0
Asian	.5
Black	.4
Latino	.3
Total	98.6*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 107 indicates that the most frequently provided parent education services in the church sponsor group were reported to be individual counseling or conferencing sessions (75.5 percent), series of formal classes or lecture sessions (67.2 percent), lending libraries with references and materials for parents (52.4 percent), series of informal group discussion sessions including support and self-help groups (50.7 percent), referral services (48.5 percent), and telephone contact with individual parents (48.0 percent). Over 40 percent also reported offering single formal class or lecture sessions (43.2 percent) and single informal group discussion sessions (41.5 percent). Churches clearly offered both group and nongroup parent education services to parents. It should be noted that churches identified individual counseling or conferencing sessions as a parent education service they provided with the highest frequency of any sponsor group.

Table 108 indicates that the church sponsor group most frequently reported using the formats of group sessions held in community settings (72.5 percent) and mothers and fathers together (58.1 percent). Other frequently reported formats included one-to-one sessions held in homes (34.5 percent), couple and child interaction/activity (33.2 percent), one-to-one sessions held in community settings (28.4 percent), mothers separately (27.1 percent), and group sessions held in homes (25.3 percent). Churches clearly used a variety of formats including both individual and group formats in home and community settings.

Table 107. Services Provided by Programs in Churches

Service	Frequency	Percent (N=229)
Individual counseling/conferencing sessions	173	75.5
Series of formal classes or lecture sessions	154	67.2
Lending library with references and materials for parents	120	52.4
Series of informal group discussion sessions including support and self-help groups	116	50.7
Referral services	111	48.5
Telephone contact with individual parents	110	48.0
Single formal class or lecture sessions	99	43.2
Single informal group discussion sessions including support and self-help groups	95	41.5
Child care during parent education offerings	93	40.6
Lending library with books and/or toys for children	83	36.2
Newsletters, pamphlets, fact sheets, books	72	31.4
Group counseling sessions	51	22.3
Television, radio, and/or theater programs; films or video (single or series)	25	10.9
Newspaper articles	20	8.7
Health and nutrition services, e.g., Early and Periodic Screening	10	4.4
Other	7	3.1

The providers of parent education services in the church sponsor group, as indicated in the responses from churches, are listed in order of frequency in Table 109. These providers included ministers, priests, or rabbis (89.1 percent); lay leaders, paraprofessionals, or educational aides (55.9 percent); religious educators and experienced parents (each 52.0 percent); counselors (39.7 percent); and adult educators (33.2 percent). Both religious leaders/educators and lay leaders appeared to be the predominant providers of parent education offerings in the programs of church responders.

Table 110 shows that the most frequent response to highest degree held by educators in churches was a Master's degree (32.3 percent), followed by a Bachelor's degree (27.3 percent) and credits beyond a Master's degree (22.1 percent). Table 111 indicates that the most commonly reported licenses held by these educators were noneducation related licenses (26.7 percent) and nonvocational teaching licenses (12.3 percent).

Table 108. Formats Used in Programs in Churches

Format	Frequency	Percent (N=229)
Group sessions held in community settings	166	72.5
Mothers and fathers together	133	58.1
One-to-one sessions held in homes	79	34.5
Couple and child interaction/activity	76	33.2
One-to-one sessions held in community settings	65	28.4
Mothers separately	62	27.1
Group sessions held in homes	58	25.3
Fathers separately	41	17.9
Mother and child interaction/activity	30	13.1
Father and child interaction/activity	29	12.7
Other	2	.9

Table 109. Providers of Parent Education Services in Churches

Provider	Frequency	Percent (N=229)
Ministers, priests, rabbis	204	89.1
Lay leaders, educational aides, paraprofessionals	128	55.9
Religious educators	119	52.0
Experienced parents	119	52.0
Counselors	91	39.7
Adult educators	76	33.2
Elementary educators	67	29.3
Social workers	66	28.8
Early childhood educators	64	27.9
Secondary educators	52	22.7
Nurses	50	21.8
Psychologists, psychiatrists	40	17.5
College or university instructors	30	13.1
Doctors, pediatricians	30	13.1
Legal personnel, law enforcement officers	20	8.7
Therapists	16	7.0
Home economists	14	6.1
Nutritionists	6	2.6
Other	3	1.3

Table 110. Educators by Highest Degree in Churches

Degree	Mean Percent
Master's	32.3
Bachelor's	27.3
Credits beyond Master's	22.1
None	9.2
Doctoral	7.4
Associate	1.3

Table 111. Educators by License in Churches

License	Mean Percent
Other license(s)	26.7
Other teaching license	12.3
Early childhood educator license	8.6
Other vocational teaching license	4.2
Adult vocational parent educator license	3.5

In the church sponsor group, Table 112 indicates that church, synagogue, or parish budgets (N = 126); undesignated contributions (N = 71) and service user fees including tuition (N = 47) were the most frequently reported funding sources for parent education programs. Of the 21.8 percent of these church responders who reported charging fees, most (N = 42) charged a variable fee based on services or resources used, and twelve reported charging a standard fee (See Table 113).

Table 112. Funding Sources of Programs in Churches

Funding source	Frequency	Percent (N=229)
Church/synagogue/parish budgets	126	55.0
Contributions-undesignated	71	31.0
Service user fees including tuition	47	20.5
Private funds-undesignated	5	2.2
Public school funds including vocational grants	4	1.7
Contributions in time and facilities	3	1.3
Endowments, foundations	2	0.9
Fund raising events	2	0.9
Special public health grants, programs, organizations budgets or other funds	1	0.4
Private schools	1	0.4
Corporation budgets including insurance companies	1	0.4

Table 113. Type of Fees in Churches

Fee type	Frequency	Percent (N=55)
Variable fee based on services or resources used	42	76.4
Standard fee	12	21.8
Fees by the ability to pay	1	1.8
Total	55	100.0

The responders in the church sponsor group most frequently reported cooperating with other churches; with public schools; and with private nonhealth agencies, organizations, and institutions (each N = 52) in offering parent education (See Table 114). Several churches also reported intra-agency cooperation (N = 19).

Table 114. Agencies With Whom Programs Cooperate in Churches

Cooperating agency	Frequency	Percent (N=229)
Public schools	52	22.7
Churches	52	22.7
Private nonhealth agencies, organizations, institutions	52	22.7
Intra-agency cooperation	19	8.3
Public nonhealth agencies, organizations, institutions	18	7.9
Health agencies, organizations, institutions	13	5.7
Post secondary education	3	1.3
Agricultural Extension Service	2	.9
Private schools	1	.4
Early childhood programs	1	.4
Businesses	1	.4

Table 115 indicates that the problems most frequently reported to be faced by churches in providing parent education were lack of interest/commitment, attitudinal problems (N = 38); low enrollment/attendance/participation (N = 33); finding qualified personnel (N = 18); and scheduling, time of day, conflict with other activities in the community (N = 15).

Table 115. Problems of Programs in Churches

Problem	Frequency	Percent (N=229)
Lack of interest/commitment, attitudinal problems	38	16.6
Low enrollment/attendance/participation	33	14.4
Finding qualified personnel	18	7.9
Scheduling, time of day, conflict with other activities in the community	15	6.6
Those parents with the greatest need do not participate, and those with less need do participate	14	6.1
Workload - parent education adds additional responsibilities to other duties	10	4.4
Time demands on busy parents	8	3.5
Few or no problems	8	3.5
Funding	7	3.1
Parents participate only after problems arise	7	3.1
Planning, estimating demand	7	3.1
Delivering the program, including transportation	6	2.6
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	5	2.2
Determining program goals	4	1.7
Determining program content	3	1.3
Quality of curriculum materials	3	1.3
Father/male participation	3	1.3
Lack of child care services	3	1.3
Lack of interagency cooperation	3	1.3
Costs too high for participation	3	1.3
Impatience in parents who want quick "how-to-do" methods of parenting	2	.9
Helping families realize all families have difficulties	2	.9
Demand exceeds supply, need to expand services	2	.9
Lack of or inadequate space/facilities	1	.4
Dealing with wide range of diversity in participants	1	.4

Public Community or Government Nonhealth Agencies,
Organizations, and Institutions

Table 116 represents the frequency of response from specific sponsors identified as providers of parent education within the sponsor group of public community or government nonhealth agencies, organizations, and institutions.

Table 116. Specific Sponsors in Public Community or Government Nonhealth Agencies, Organizations, and Institutions

Specific sponsor	Frequency	Percent (N=60)
Social service agencies	30	50.0
Day care/early childhood programs including Head Start	23	38.3
Special needs focused agencies	6	10.0
Legal agencies	1	1.7
Undesignated	0	0.0
Battered women's centers	0	0.0
Total	60	100.0

Table 117 lists in order of frequency the content reported to be offered by providers of parent education in this sponsor group. The order of frequency is as follows: child development (88.3 percent), child rearing practices (86.7 percent), family support systems (65.0 percent), nutrition (61.7 percent), health (60.0 percent), family life (56.7 percent), and parent/adult development (46.7 percent). Family violence (N = 3) and chemical dependency (N = 2) were the written-in responses.

Table 117. Content of Programs in Public Community or Government Nonhealth Agencies, Organizations, and Institutions

Content	Frequency	Percent (N=60)
Child development	53	88.3
Child rearing practices	52	86.7
Family support systems	39	65.0
Nutrition	37	61.7
Health	36	60.0
Family life	34	56.7
Parent/adult development	28	46.7
Other	11	18.3
Family violence	3	
Chemical dependency	2	

As with the sponsor group of private nonhealth agencies, organizations, and institutions, Table 118 indicates that the sponsor group of public community or government nonhealth agencies, organizations, and institutions reached a high number of diverse audiences, and single parents and couples head the list. Those audiences served by the parent education offerings of 50 percent or more of these public program sponsors included single parents (88.3 percent), couples (83.3 percent), parents of special needs children (81.7 percent), parents of preschoolers (78.3 percent), parents of infants and toddlers and parents in reconstituted families or step-parents (each 68.3 percent), parents of schoolage children (65 percent), foster parents (61.7 percent), children (60.0 percent), parents with special needs (56.7 percent), parents of teen-age children (51.7 percent), and teen-age parents and mothers only (each 50 percent).

Table 118. Audiences Served by Public Community or Government Nonhealth Agencies, Organizations, and Institutions

Audience	Frequency	Percent (N=60)
Couples	53	88.3
Single parents	53	88.3
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	49	81.7
Parents of preschoolers	47	78.3
Parents in reconstituted families (step-parents)	41	68.3
Parents of infants	41	68.3
Parents of toddlers	41	68.3
Parents of school-age children	39	65.0
Foster parents	37	61.7
Children	36	60.0
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	34	56.7
Parents of teen-age children	31	51.7
Mothers only	30	50.0
Teen-age parents	30	50.0
Adoptive parents	28	46.7
Parents of twins	27	45.0
Expectant parents	27	45.0
Fathers only	23	38.3
Parents of gifted children	17	28.3
Parents of adult children	12	20.0
Grandparents	12	20.0
Children of aging parents	8	13.3
Adolescents, including those in preparenting education	7	11.7
Other	7	11.7

Table 119 indicates that the group of public nonhealth sponsors was most likely to serve under 500 adults per year in the following order of frequency: 31-100 (36.7 percent), under 30 (20.0 percent), 101-200 (15.0 percent), and 201-500 (10.0 percent). Almost all of these sponsors reported serving less than 500 children in a year, with under 30 the most common number of children served (33.3 percent), followed by 31-100 (26.7 percent), 101-200 (18.3 percent), and 201-500 (10.0 percent) (See Table 120). About half of the public nonhealth groups reported serving 100 or fewer adults and children each year.

Table 119. Frequency and Percent of Programs in Public Community or Government Nonhealth Agencies, Organizations, and Institutions Serving Varying Numbers of Adults

Number of adults served per year	Frequency	Percent (N=60)
Under 30	12	20.0
31-100	22	36.7
101-200	9	15.0
201-500	6	10.0
501-1000	3	5.0
Over 1000	2	3.3
No response	6	10.0
Total	60	100.0

Table 120. Frequency and Percent of Programs in Public Community or Government Nonhealth Agencies, Organizations, and Institutions Serving Varying Numbers of Children

Number of children served per year	Frequency	Percent (N=60)
Under 30	20	33.3
31-100	16	26.7
101-200	11	18.3
201-500	6	10.0
501-1000	0	0.0
Over 1000	2	3.3
No response	5	8.3
Total	60	99.9*

*Total percents that vary from 100 are due to rounding.

Public community or government nonhealth agencies, organizations, and institutions reported that only 8.1 percent of their participants had college degrees, which was the least reported in all of the sponsor groups. Another unique characteristic of the participants in these public nonhealth groups'

parent education offerings was that almost 60 percent (59.6) were reported to be in the low socioeconomic level (See Table 121). Only 25.5 percent were in the lower middle level, and only 11.9 were in the upper middle level. These groups also served the lowest number of high socioeconomic level participants (2.7 percent). Table 122 indicates that most of the people reported to be served by the public nonhealth sponsor group were Caucasian (89.4 percent). A few Native Americans (4.1 percent), Latinos (2.9 percent), Blacks (2.2 percent), and Asians (1.5 percent) were also reported served by these groups.

Table 121. Persons Served in Public Community or Government Nonhealth Agencies, Organizations, and Institutions by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	59.6
Lower middle	25.5
Upper middle	11.9
High	2.7
Total	99.7*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 122. Persons Served in Public Community or Government Nonhealth Agencies, Organizations, and Institutions by Racial Group

Race	Mean Percent
Caucasian	89.4
Native American	4.1
Latino	2.9
Black	2.2
Asian	1.5
Total	100.1*

*Total percent varies from 100 due to percentages reported not equaling 100.

The number one parent education services provided by the public nonhealth agency, organization, and institution sponsor groups were reported to be telephone contact with individual parents and referral services (each 71.7 percent) (See Table 123). Other frequently provided services included series of formal class or lecture sessions and newsletters, pamphlets, fact sheets, and books (each 61.7 percent); single formal class or lecture sessions (58.3 percent); and series of informal group discussion sessions including support and self-help groups and lending libraries with references and materials for parents (each 51.7 percent). These public programs tended to provide both group and nongroup parent education services.

Table 123. Services Provided by Programs in Public Community or Government Nonhealth Agencies, Organizations, and Institutions

Service	Frequency	Percent (N=60)
Telephone contact with individual parents	43	71.7
Referral services	43	71.7
Series of formal classes or lecture sessions	37	61.7
Newsletters, pamphlets, fact sheets, books	37	61.7
Single formal class or lecture sessions	35	58.3
Series of informal group discussion sessions including support and self-help groups	31	51.7
Lending library with references and materials for parents	31	51.7
Individual counseling/conferencing sessions	29	48.3
Child care during parent education offerings	27	45.0
Single informal group discussion sessions including support and self-help groups	25	41.7
Health and nutrition services, e.g., Early and Periodic Screening	24	40.0
Lending library with books and/or toys for children	17	28.3
Group counseling sessions	15	25.0
Newspaper articles	13	21.7
Television, radio, and/or theater programs; films or video (single or series)	5	8.3
Other	5	8.3

Table 124 indicates that two formats predominated in the parent education programs of the sponsor group of public community or government nonhealth agencies, organizations, and institutions. Group sessions held in community settings (80.0 percent) and mother and fathers together (65.0 percent) were followed by one-

Table 124. Formats Used in Programs in Public Community or Government Nonhealth Agencies, Organizations, and Institutions

Format	Frequency	Percent (N=60)
Group sessions held in community settings	48	80.0
Mothers and fathers together	39	65.0
One-to-one sessions held in homes	29	48.3
Mother and child interaction/activity	27	45.0
Couple and child interaction/activity	24	40.0
Mothers separately	21	35.0
Father and child interaction/activity	20	33.3
One-to-one sessions held in community settings	18	30.0
Fathers separately	15	25.0
Group sessions held in homes	13	21.7
Other	2	3.3

to-one sessions held in homes (48.3 percent), mother and child interaction/activity (45.0 percent), and couple and child interaction/activity (40.0 percent). One-to-one home sessions were more common in this sponsor group than in any other.

Table 125 indicates wide diversity in the frequently reported providers of parent education services in the public community or government nonhealth agency, organization, and institution sponsor group. These providers included in order of frequency social workers (63.3 percent); early childhood educators (55.0 percent), nurses (51.7 percent), psychologists or psychiatrists (45.0 percent), experienced parents (43.3 percent), counselors (38.3 percent), nutritionists (36.7 percent), adult educators (31.7 percent), therapists (26.7 percent), and home economists (25.0 percent). All of these 10 kinds of providers were listed by at least one-fourth of the responders in this sponsor group.

Table 125. Providers of Parent Education Services in Public Community or Government Nonhealth Agencies, Organizations, and Institutions

Provider	Frequency	Percent (N=60)
Social workers	38	63.3
Early childhood educators	33	55.0
Nurses	31	51.7
Psychologists, psychiatrists	27	45.0
Experienced parents	26	43.3
Counselors	23	38.3
Nutritionists	22	36.7
Adult educators	19	31.7
Therapists	16	26.7
Home economists	15	25.0
Doctors, pediatricians	14	23.3
Lay leaders, educational aides, paraprofessionals	13	21.7
College or university instructors	12	20.0
Elementary educators	10	16.7
Legal personnel, law enforcement officers	10	16.7
Other	5	8.3
Secondary educators	2	3.3
Ministers, priests, rabbis	1	1.7

Table 126 indicates that the highest degree held by most providers of parent education services in this sponsor group was a Bachelor's degree (56.6 percent). Over 15 percent (15.9) held Master's degrees as their highest degree. Nonvocational teaching licenses were most frequently reported to be held by these providers (20.7 percent), followed closely by those with other noneducation related licenses (20.1 percent) (See Table 127). In addition, several of these educators held early childhood educator licenses (13.3 percent) and adult vocational parent educator licenses (11.9 percent).

Table 126. Educators by Highest Degree in Public Community or Government Nonhealth Agencies, Organizations, and Institutions

Degree	Mean Percent
Bachelor's	56.6
Master's	15.9
None	7.2
Credits beyond Master's	5.1
Doctoral	4.2
Associate	3.4

Table 127. Educators by License in Public Community or Government NonHealth Agencies, Organizations, and Institutions

License	Mean Percent
Other teaching license	20.7
Other license(s)	20.1
Early childhood educator license	13.3
Adult vocational parent educator license	11.9
Other vocational teaching license	3.5

In the public community or government nonhealth agency, organization, and institution sponsor group, Table 128 shows that the major funding source for parent education programs was undesignated public funds (N=35). Special public grants, programs, organization budgets or other funds (N=21) and service user fees including tuition (N=12) were two other frequently reported sources of funds. Fees were reported to be charged in 23.3 percent of these parent education offerings. Table 129 indicates that most of these fees included fees by the ability to pay or a standard fee (each N=5) or a variable fee based on services or resources used (N=3).

Table 130 shows that these public nonhealth sponsors reported cooperating most frequently with health agencies, organizations, and institutions in providing parent education (N=28). Other groups with whom these public agencies reported cooperating were other public nonhealth groups in their same sponsor group (N=18); public schools (N=16); private nonhealth agencies, organizations, and institutions (N=13); early childhood programs (N=8); and post secondary education (N=7). Six of these public nonhealth groups also reported intra-agency cooperation.

Table 128. Funding Sources of Programs in Public Community or Government Nonhealth Agencies, Organizations, and Institutions

Funding source	Frequency	Percent (N=60)
Public funds-undesignated	35	58.3
Special public grants, programs, organization budgets or other funds	21	35.0
Service user fees including tuition	12	20.0
Contributions in time and facilities	4	6.7
Public school funds including vocational grants	4	6.7
Special public health grants, programs, organization budgets, or other funds	3	5.0
Private funds-undesignated	3	5.0
Fund raising events	1	1.7
Corporation budgets including insurance companies	1	1.7

Table 129. Type of Fees in Public Community or Government Nonhealth Agencies, Organizations, and Institutions

Fee type	Frequency	Percent (N=14)
Fees by the ability to pay	5	35.7
Standard fee	5	35.7
Variable fee based on services or resources used	3	21.4
No response	1	7.1
Total	14	99.9*

*Total percents that vary from 100 are due to rounding.

Table 130. Agencies With Whom Programs Cooperate in Public Community or Government Nonhealth Agencies, Organizations, and Institutions

Cooperating agency	Frequency	Percent (N=60)
Health agencies, organizations, institutions	28	46.7
Public nonhealth agencies, organizations, institutions	18	30.0
Public schools	16	26.7
Private nonhealth agencies, organizations, institutions	13	21.7
Early childhood programs	8	13.3
Post secondary education	7	11.7
Agricultural Extension Service	6	10.0
Intra-agency cooperation	6	10.0
Private schools	1	1.7

Table 131 ranks the problems reported to be encountered in offering parent education in this sponsor group. These problems included low enrollment/attendance/participation (N=20); lack of interest/commitment, attitudinal problems and delivering the program, including transportation (each N=10); funding (N=8); and serving audiences with special needs and those parents with the greatest need do not participate and those with less need do participate (each N=6).

Table 131. Problems of Programs in Public Community or Government Nonhealth Agencies, Organizations, and Institutions

Problem	Frequency	Percent (N=60)
Low enrollment/attendance/participation	20	33.3
Lack of interest/commitment, attitudinal problems	10	16.7
Delivering the program, including transportation	10	16.7
Funding	8	13.3
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	6	10.0
Those parents with the greatest need do not participate, and those with less need do participate	6	10.0
Lack of child care services	5	8.3
Scheduling, time of day, conflict with other activities in the community	3	5.0
Workload - parent education adds additional responsibilities to other duties	2	3.3
Finding qualified personnel	2	3.3
Parents participate only after problems arise	2	3.3
Finding training for staff	2	3.3
Demand exceeds supply, need to expand services	2	3.3
Lack of or inadequate space/facilities	1	1.7
Lack of public awareness and understanding	1	1.7
Time demands on busy parents	1	1.7
Determining program content	1	1.7
Quality of curriculum materials	1	1.7
Father/male participation	1	1.7
Dealing with wide range of diversity in participants	1	1.7
Evaluation, measuring results	1	1.7
Impatience in parents who want quick "how-to-do" methods of parenting	1	1.7
Lack of interagency cooperation	1	1.7
Costs too high for participation	1	1.7
Few or no problems	1	1.7

Private Nonhealth Agencies, Organizations, and Institutions

Table 132 presents the frequency of response from specific sponsors identified as providers of parent education within the sponsor group of private nonhealth agencies, organizations, and institutions.

Table 132. Specific Sponsors in Private Nonhealth Agencies, Organizations, and Institutions

Specific sponsor	Frequency	Percent (N=104)
Undesignated	35	33.7
Special needs focused agencies	22	21.2
Day care/early childhood programs	17	16.3
YMCA/YWCAs	12	11.5
Church affiliated agencies, organizations	10	9.6
Family service associations	4	3.8
Battered women's centers	4	3.8
Total	104	99.9*

*Total percents that vary from 100 are due to rounding.

Table 133 indicates that child development (72.1 percent), family support systems (72.1 percent), child rearing practices (68.3 percent), and family life (67.3 percent) were the most frequently addressed content areas in this sponsor group. These were followed in frequency by parent/adult development (46.2 percent), health (41.3 percent), and nutrition (32.7 percent). Family violence (N = 4) and prenatal development and education (N = 3) were the most commonly reported written-in responses.

Table 133. Content of Programs in Private Nonhealth Agencies, Organizations, and Institutions

Content	Frequency	Percent (N=104)
Child development	75	72.1
Family support systems	75	72.1
Child rearing practices	71	68.3
Family life	70	67.3
Parent/adult development	48	46.2
Health	43	41.3
Nutrition	34	32.7
Other	12	11.5
Family violence	4	
Prenatal development and education	3	
Human sexuality	1	

The sponsor group of private nonhealth agencies, organizations, and institutions stood out as one of only two sponsor groups reportedly serving single parents most frequently (81.7 percent) (See Table 134). Other audiences served with high frequency included parents of preschoolers (71.2 percent), parents of toddlers (68.3 percent), parents of infants and school-age children (each 65.4 percent), couples and children (each 61.5 percent), parents of special needs children (58.7 percent), parents of teen-age children (52.9 percent), and parents in reconstituted families or step-parents (51.0 percent). It appears that these private groups reached a high number of diverse audiences.

Table 134. Audiences Served by Private Nonhealth Agencies, Organizations, and Institutions

Audience	Frequency	Percent (N=104)
Single parents	85	81.7
Parents of preschoolers	74	71.2
Parents of toddlers	71	68.3
Parents of infants	68	65.4
Parents of school-age children	68	65.4
Couples	64	61.5
Children	64	61.5
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	61	58.7
Parents of teen-age children	55	52.9
Parents in reconstituted families (step-parents)	53	51.0
Mothers only	48	46.2
Teen-age parents	44	42.3
Adoptive parents	43	41.3
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	42	40.4
Expectant parents	41	39.4
Foster parents	39	37.5
Parents of gifted children	29	27.9
Parents of twins	28	26.9
Parents of adult children	27	26.0
Fathers only	23	22.1
Adolescents, including those in preparenting education	21	20.2
Grandparents	20	19.2
Children of aging parents	19	18.3
Other	9	8.7

Tables 135 and 136 indicate that the group of private nonhealth agencies, organizations, and institutions that responded served all sizes of audiences of adults and children per year to a considerable degree, but the majority served less than 200. Serving 31-100 adults was most common (28.8 percent), followed by audiences of 101-200 (18.3 percent), under 30 (17.3 percent), 201-500 (9.6 percent), over 1000 (8.7 percent), and 501-1000 (7.7 percent). Under 30 children was the number reported to be served most frequently (30.8 percent), followed by 31-100 children (25.0 percent), 101-200 children (8.7 percent), 201-500 children (7.7 percent), 501-1000 children (5.8 percent), and over 1000 children (5.8 percent).

Table 135. Frequency and Percent of Programs in Private Nonhealth Agencies, Organizations, and Institutions Serving Varying Numbers of Adults

Number of adults served per year	Frequency	Percent (N=104)
Under 30	18	17.3
31-100	30	28.8
101-200	19	18.3
201-500	10	9.6
501-1000	8	7.7
Over 1000	9	8.7
No response	10	9.6
Total	104	100.0

Table 136. Frequency and Percent of Programs in Private Nonhealth Agencies, Organizations, and Institutions Serving Varying Numbers of Children

Number of children served per year	Frequency	Percent (N=104)
Under 30	32	30.8
31-100	26	25.0
101-200	9	8.7
201-500	8	7.7
501-1000	6	5.8
Over 1000	6	5.8
No response	17	16.3
Total	104	100.1*

*Total percents that vary from 100 are due to rounding.

The sponsor group of private nonhealth agencies, organizations, and institutions reported that 31.1 percent of the persons they served had college degrees. Table 137 indicates that over 60 percent of these participants were in the middle socioeconomic level (lower middle = 31.8 percent and upper middle = 29.6 percent). A considerable number of persons served were also in the low socioeconomic level (29.7 percent). According to Table 138, private groups served a majority of Caucasians (87.8 percent), but they also reported serving more Blacks than any other sponsor group (7.5 percent).

Table 137. Persons Served in Private Nonhealth Agencies, Organizations, and Institutions by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	29.7
Lower middle	31.8
Upper middle	29.6
High	7.9
Total	99.0*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 138. Persons Served in Private Nonhealth Agencies, Organizations, and Institutions by Racial Group

Race	Mean Percent
Caucasian	87.8
Black	7.5
Native American	2.1
Asian	1.2
Latino	.9
Total	99.5*

*Total percent varies from 100 due to percentages reported not equaling 100.

Three nongroup services head the list of parent education services provided by the sponsor group of private nonhealth agencies, organizations, and institutions (See Table 139). These services include telephone contact with individual parents (60.6 percent); referral services (59.6 percent); and newsletters, pamphlets, fact sheets, and books (58.7 percent), followed by series of informal group discussion sessions including support and self-help groups (59.7 percent) and single and series of formal class or lecture sessions (54.8 and 53.8 percent, respectively). Group, individual, and mass modes of delivering services all appeared to be important in these parent education programs.

Table 139. Services Provided by Programs in Private Nonhealth Agencies, Organizations, and Institutions

Service	Frequency	Percent (N=104)
Telephone contact with individual parents	63	60.6
Referral services	62	59.6
Newsletters, pamphlets, fact sheets, books	61	58.7
Series of informal group discussion sessions including support and self-help groups	59	56.7
Single formal class or lecture sessions	57	54.8
Series of formal classes or lecture sessions	56	53.8
Child care during parent education offerings	49	47.1
Individual counseling/conferencing sessions	47	45.2
Single informal group discussion sessions including support and self-help groups	45	43.3
Lending library with references and materials for parents	42	40.4
Group counseling sessions	29	27.9
Newspaper articles	26	25.0
Lending library with books and/or toys for children	19	18.3
Health and nutrition services, e.g., Early and Periodic Screening	16	15.4
Television, radio, and/or theater programs; films or video (single or series)	13	12.5
Other	7	6.7

Group sessions held in community settings (83.7 percent) and mothers and fathers together (65.4 percent) were the most frequently used formats reported by responders in the sponsor group of private nonhealth agencies, organizations, and institutions (See Table 140). Other frequently used formats included mothers separately (40.4 percent), mother and child interaction/activity (34.6 percent), and one-to-one sessions held in community settings (31.7 percent).

As indicated in Table 141, social workers head the list of most frequent providers of parent education services in the private nonhealth agency, organization, and institution sponsor group (54.8 percent). Experienced parents (48.1 percent) were also frequently reported, followed by early childhood educators (47.1 percent), counselors (44.2 percent), and psychologists or psychiatrists (37.5 percent). It might be expected that professionals such as social workers, counselors, and psychologists would be most likely to provide parent education services in this sponsor group since they are likely to be the kinds of professionals most commonly employed in private nonhealth agencies, organizations, and institutions.

Table 140. Formats Used in Programs in Private Nonhealth Agencies, Organizations, and Institutions

Format	Frequency	Percent (N=104)
Group sessions held in community settings	87	83.7
Mothers and fathers together	68	65.4
Mothers separately	42	40.4
Mother and child interaction/activity	36	34.6
One-to-one sessions held in community settings	33	31.7
Couple and child interaction/activity	26	25.0
Group sessions held in homes	25	24.0
One-to-one sessions held in homes	22	21.2
Father and child interaction/activity	19	18.3
Fathers separately	18	17.3
Other	3	2.9

Table 141. Providers of Parent Education Services in Private Nonhealth Agencies, Organizations, and Institutions

Provider	Frequency	Percent (N=104)
Social workers	57	54.8
Experienced parents	50	48.1
Early childhood educators	49	47.1
Counselors	46	44.2
Psychologists, psychiatrists	39	37.5
Adult educators	38	36.5
Nurses	32	30.8
Lay leaders, educational aides, paraprofessionals	27	26.0
Therapists	23	22.1
College or university instructors	22	21.2
Doctors, pediatricians	20	19.2
Elementary educators	19	18.3
Secondary educators	17	16.3
Nutritionists	17	16.3
Legal personnel, law enforcement officers	14	13.5
Ministers, priests, rabbis	13	12.5
Home economists	11	10.6
Other	7	6.7
Religious educators	3	2.9

Table 142 indicates that the highest degree held by the most providers of parent education services in this sponsor group was a Bachelor's degree (37.8 percent) followed closely by those with a Master's degree (33.1 percent). Non-education related licenses were most commonly held by these providers (19.2 percent), followed closely by early childhood educator licenses (17.4 percent) (See Table 143).

Table 142. Educators by Highest Degree in Private Nonhealth Agencies, Organizations, and Institutions

Degree	Mean Percent
Bachelor's	37.8
Master's	33.1
Credits beyond Master's	6.2
None	5.3
Doctoral	4.4
Associate	3.0

Table 143. Educators by License in Private Nonhealth Agencies, Organizations, and Institutions

License	Mean Percent
Other license(s)	19.2
Early childhood educator license	17.4
Other teaching license	13.6
Adult vocational parent educator license	10.1
Other vocational teaching license	3.6

Table 144 indicates that two funding sources were reported to be used most frequently in funding the parent education offerings of the private nonhealth agency, organization, and institution sponsor group. These funding sources were service user fees including tuition (N=57) and undesignated private agency, organization, or institution budgets (N=48). Undesignated contributions (N=20) were another source of funding used in a considerable number of these programs. Over half (54.8 percent) of these programs reported charging fees. Table 145 indicates that most of these fees were reported to be standard fees (N=24), variable fees based on services or resources used (N=23), or fees by the ability to pay (N=12).

Table 146 shows that this sponsor group of private nonhealth agencies, organizations, and institutions reported cooperating most frequently with other private nonhealth agencies, organizations, and institutions in offering parent education (N=45). Other frequently reported groups included public schools (N=27); public nonhealth agencies, organizations, and institutions (N=18); health agencies, organizations, and institutions (N=13); and churches (N=11).

Table 144. Funding Sources of Programs in Private Nonhealth Agencies, Organizations, and Institutions

Funding source	Frequency	Percent (N=104)
Service user fees including tuition	57	54.8
Private funds-undesignated	48	46.2
Contributions-undesignated	20	19.2
Public funds-undesignated	13	12.5
Endowments, foundations	12	11.5
Fund raising events	11	10.6
Corporation budgets including insurance companies	8	7.7
Public school funds including vocational grants	7	6.7
Church/synagogue/parish budgets	6	5.8
Special public grants, programs, organization budgets or other funds	3	2.9
Special public health grants, programs, organization budgets or other funds	3	2.9
Contributions in time and facilities	2	1.9
Health agency, organization, institution budgets-undesignated	2	1.9
Private health organization budgets or funds	1	1.0
Private schools	1	1.0

Table 145. Type of Fees in Private Agencies, Organizations, and Institutions

Fee type	Frequency	Percent (N=60)
Standard fee	24	40.0
Variable fee based on services or resources used	23	38.3
Fees by the ability to pay	12	20.0
Volunteer time, effort, and other resources	1	1.7
Total	60	100.0

Table 147 ranks the problems in providing parent education most frequently reported by this sponsor group. These problems included low enrollment/attendance/participation (N=14); funding (N=13); delivering the program, including transportation (N=12); and lack of interest/commitment, attitudinal problems (N=10).

Table 146. Agencies With Whom Programs Cooperate in Private Nonhealth Agencies, Organizations, and Institutions

Cooperating agency	Frequency	Percent (N=104)
Private nonhealth agencies, organizations, institutions	45	43.3
Public schools	27	26.0
Public nonhealth agencies, organizations, institutions	18	17.3
Health agencies, organizations, institutions	13	12.5
Churches	11	10.6
Post secondary education	8	7.7
Intra-agency cooperation	7	6.7
Private schools	6	5.8
Early childhood programs	4	3.8

Table 147. Problems of Programs in Private Nonhealth Agencies, Organizations, and Institutions

Problem	Frequency	Percent (N=104)
Low enrollment/attendance/participation	14	13.5
Funding	13	12.5
Delivering the program, including transportation	12	11.5
Lack of interest/commitment, attitudinal problems	10	9.6
Finding qualified personnel	6	5.8
Workload - parent education adds additional responsibilities to other duties	5	4.8
Time demands on busy parents	5	4.8
Few or no problems	5	4.8
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	4	3.8
Quality of curriculum materials	3	2.9
Costs too high for participation	3	2.9
Lack of public awareness and understanding	2	1.9
Determining program goals	2	1.9
Determining program content	2	1.9
Scheduling, time of day, conflict with other activities in the community	2	1.9
Lack of child care services	2	1.9
Those parents with the greatest need do not participate, and those with less need do participate	2	1.9
Demand exceeds supply, need to expand services	2	1.9
Planning, estimating demand	2	1.9
Lack of or inadequate space/facilities	1	1.0
Dealing with wide range of diversity in participants	1	1.0
Impatience in parents who want quick "how-to-do" methods of parenting	1	1.0
Helping families realize all families have difficulties	1	1.0
Parents participate only after problems arise	1	1.0

Health Agencies, Organizations, and Institutions

Table 148 represents the frequency of response from specific sponsors identified as potential providers of parent education within the sponsor group of health agencies, organizations, and institutions.

Table 148. Specific Sponsors in Health Agencies, Organizations, and Institutions

Specific sponsor	Frequency	Percent (N=115)
Undesignated	43	37.4
Hospitals	41	35.7
Mental health agencies	14	12.2
Nursing services	13	11.3
Clinics	4	3.5
Total	115	100.1*

*Total percents that vary from 100 are due to rounding.

Table 149 indicates that child development (68.7 percent) was the most frequently reported content area among responding parent education programs sponsored by health agencies, organizations, and institutions. It was followed very closely by health (67.8 percent) and nutrition (65.2 percent). Child rearing practices (60.0 percent), family life (43.5 percent), family support systems (40.0 percent), and parent/adult development (34.8 percent) were also frequently addressed content areas in health group sponsored parent education programs. Among the write-in responses, prenatal development and education (N = 18) stood out as a content area of importance in these programs.

Table 149. Content of Programs in Health Agencies, Organizations, and Institutions

Content	Frequency	Percent (N=115)
Child development	79	68.7
Health	78	67.8
Nutrition	75	65.2
Child rearing practices	69	60.0
Family life	50	43.5
Family support systems	46	40.0
Parent/adult development	40	34.8
Other	4	3.5
Prenatal development and education	18	
Human sexuality	2	
Family violence	2	
Spiritual and religious education	1	

Table 150 illustrates that the sponsor group of health agencies, organizations, and institutions reported serving a different pattern of audiences than that of all respondents and other sponsor groups. Single parents (73.9 percent) and couples (73.0 percent) head the list, followed by parents of infants (67.0 percent), expectant parents (65.2 percent), and teen-age parents (61.7 percent). The latter three groups are likely to be audiences to whom health groups particularly target their parent education services. Parents of toddlers (57.4 percent) and parents of preschoolers (55.7 percent) were also high on the list of audiences reported to be served in the health sponsor group. Children were an audience served by less than 50 percent of the programs reporting (41.7 percent). The health and the post secondary education groups were the only two sponsor groups where children were served by less than 50 percent of the reporting programs.

Table 150. Audiences Served by Health Agencies, Organizations, and Institutions

Audience	Frequency	Percent (N=115)
Single parents	85	73.9
Couples	84	73.0
Parents of infants	77	67.0
Expectant parents	75	65.2
Teen-age parents	71	61.7
Parents of toddlers	66	57.4
Parents of preschoolers	64	55.7
Parents of school-age children	55	47.8
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	51	44.3
Children	48	41.7
Mothers only	44	38.3
Adoptive parents	44	38.3
Parents of teen-age children	44	38.3
Parents in reconstituted families (step-parents)	43	37.4
Foster parents	39	33.9
Parents of twins	35	30.4
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	32	27.8
Adolescents, including those in preparenting education	29	25.2
Fathers only	27	23.5
Children of aging parents	18	15.7
Parents of gifted children	14	12.2
Parents of adult children	14	12.2
Grandparents	14	12.2
Other	7	6.1

Table 151 indicates that programs serving 200 or fewer adults per year were reported in over 50 percent of the sponsors in the sponsor group of health agencies, organizations, and institutions (31-100 adults, 27.0 percent; 101-200, 20.0 percent; under 30, 7.0 percent). A number of programs sponsored by health groups also served larger numbers of adults (201-500 adults, 16.5 percent; 501-1000, 10.4 percent). Table 152 indicates that fewer children per year were served by these same programs, i.e., under 30 children (33.0 percent), 31-100 children (20.9 percent), 101-200 children (11.3 percent), and 201-500 (7.8 percent).

Table 151. Frequency and Percent of Programs in Health Agencies, Organizations, and Institutions Serving Varying Numbers of Adults

Number of adults served per year	Frequency	Percent (N=115)
Under 30	8	7.0
31-100	31	27.0
101-200	23	20.0
201-500	19	16.5
501-1000	12	10.4
Over 1000	5	4.3
No response	17	14.8
Total	115	100.0

Table 152. Frequency and Percent of Programs in Health Agencies, Organizations, and Institutions Serving Varying Numbers of Children

Number of children served per year	Frequency	Percent (N=115)
Under 30	38	33.0
31-100	24	20.9
101-200	13	11.3
201-500	9	7.8
501-1000	5	4.3
Over 1000	5	4.3
No response	21	18.3
Total	115	99.9*

*Total percents that vary from 100 are due to rounding.

About one-fifth of the participants (19.4 percent) in the health sponsor group parent education offerings were reported to have college degrees. Over 65 percent of these persons served were in the middle socioeconomic level (lower middle = 36.5 percent and upper middle = 29.3 percent), and over a fourth of

those served by health groups were in the low socioeconomic level (28.1 percent) (See Table 153). Table 154 indicates that health agencies, organizations, and institutions reported serving mostly Caucasians (91.6 percent) as well as a few Native Americans (3.1 percent) and Blacks (2.3 percent).

Table 153. Persons Served by Health Agencies, Organizations, and Institutions by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	28.1
Lower middle	36.5
Upper middle	29.3
High	5.4
Total	99.3*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 154. Persons Served in Health Agencies, Organizations, and Institutions by Racial Group

Race	Mean Percent
Caucasian	91.6
Native American	3.1
Black	2.3
Asian	1.3
Latino	.9
Total	99.2*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 155 indicates that the most frequently provided parent education services in the health agency, organization, and institution sponsor group were series of formal classes or lecture sessions (69.6 percent); telephone contact with individual parents (55.7 percent); newsletters, pamphlets, fact sheets, and books (54.8 percent); and referral services (53.0 percent). Single formal classes (45.2 percent) and series of informal groups (40.0 percent) were also frequently reported, as well as individual counseling or conferencing sessions (39.1 percent).

Two formats were frequently used far more than any others in the parent education offerings of responders in the health agency, organization, and institution sponsor group (See Table 156). Group sessions held in community settings (77.4 percent) and mothers and fathers together (73.0 percent) head the list. Other formats used in one-fourth or more of these programs included one-to-one

sessions held in community settings and mothers separately (each 33.0 percent), one-to-one sessions held in homes (28.7 percent), couple and child interaction/activity (27.0 percent), and mother and child interaction/activity (25.2 percent).

Table 155. Services Provided by Programs in Health Agencies, Organizations, and Institutions

Service	Frequency	Percent (N=115)
Series of formal classes or lecture sessions	80	69.6
Telephone contact with individual parents	64	55.7
Newsletters, pamphlets, fact sheets, books	63	54.8
Referral services	61	53.0
Single formal class or lecture sessions	52	45.2
Series of informal group discussion sessions including support and self-help groups	46	40.0
Individual counseling/conferencing sessions	45	39.1
Health and nutrition services, e.g., Early and Periodic Screening	39	33.9
Lending library with references and materials for parents	36	31.3
Single informal group discussion sessions including support and self-help groups	33	28.7
Newspaper articles	31	27.0
Child care during parent education offerings	23	20.0
Group counseling sessions	16	13.9
Television, radio, and/or theater programs; films or video (single or series)	12	10.4
Lending library with books and/or toys for children	5	4.3
Other	5	4.3

Table 156. Formats Used in Programs in Health Agencies, Organizations, and Institutions

Format	Frequency	Percent (N=115)
Group sessions held in community settings	89	77.4
Mothers and fathers together	84	73.0
One-to-one sessions held in community settings	38	33.0
Mothers separately	38	33.0
One-to-one sessions held in homes	33	28.7
Couple and child interaction/activity	31	27.0
Mother and child interaction/activity	29	25.2
Father and child interaction/activity	22	19.1
Fathers separately	20	17.4
Group sessions held in homes	12	10.4
Other	3	2.6

The health agency, organization, and institution sponsor group reported that nurses were their most frequent providers of parent education services (74.8 percent) (See Table 157). Other frequently reported providers but reported considerably less frequently than nurses included nutritionists (35.7 percent), doctors or pediatricians (33.9 percent), social workers (21.7 percent), and early childhood educators (20.0 percent). The response in this area is what might be expected in health institution sponsored parent education offerings. The health sponsor group was the only one which indicated using experienced parents in less than 30 percent of their programs (15.7 percent).

Table 157. Providers of Parent Education Services in Health Agencies, Organizations, and Institutions

Provider	Frequency	Percent (N=115)
Nurses	86	74.8
Nutritionists	41	35.7
Doctors, pediatricians	39	33.9
Social workers	25	21.7
Early childhood educators	23	20.0
Adult educators	22	19.1
Psychologists, psychiatrists	21	18.3
Experienced parents	18	15.7
Therapists	17	14.8
Counselors	16	13.9
Lay leaders, educational aides, paraprofessionals	15	13.0
Ministers, priests, rabbis	13	11.3
Elementary educators	11	9.6
Home economists	11	9.6
Secondary educators	10	8.7
Other	8	7.0
College or university instructors	7	6.1
Legal personnel, law enforcement officers	5	4.3
Religious educators	1	.9

The Bachelor's degree was the highest degree reported to be held by the most educators in health sponsored programs (45.0 percent) (See Table 158). Other highly ranked degrees were an associate degree (19.3 percent) and a Master's degree (16.4 percent). It should be noted that an R.N. degree was categorized with associate degrees, therefore, the health agencies had a higher percentage of response in this degree category than any other sponsor group. Table 159 shows that "other licenses" were the most frequently reported licenses held by educators in this sponsor group (48.0 percent). These included licenses typically held by nurses, doctors, and other health professionals. In addition, over 10 percent of the educators in this sponsor group were reported to have adult vocational parent educator licenses.

Table 158. Educators by Highest Degree in Health Agencies, Organizations, and Institutions

Degree	Mean Percent
Bachelor's	45.0
Associate	19.3
Master's	16.4
None	7.9
Doctoral	5.6
Credits beyond Master's	2.4

Table 159. Educators by License in Health Agencies, Organizations, and Institutions

License	Mean Percent
Other license(s)	48.0
Adult vocational parent educator license	10.4
Other teaching license	9.0
Other vocational teaching license	5.7
Early childhood educator license	2.1

Table 160 indicates that the health agency, organization, and institution sponsor group reported receiving most of its funding for parent education services through service user fees including tuition (N=60); specific public health grants, programs, or organization budgets or other funds (N=44); undesignated public funds (N=31); and undesignated health agency, organization, or institution budgets (N=24). Over half (55.7 percent) of the programs in this sponsor group were reported to charge a fee. Table 161 indicates that most of these fees were a standard fee (N=34) followed by fees by the ability to pay (N=13) and variable fees based on services or resources used (N=12).

Table 162 shows that the groups with whom reporting providers of parent education in the health agency, organization, and institution sponsor group most frequently cooperated in providing parent education were public schools (N=35); other health agencies, organizations, and institutions (N=31); private nonhealth agencies, organizations, and institutions (N=24); and public nonhealth agencies, organizations, and institutions (N=15). Several health sponsors also reported intra-agency cooperation (N=10).

Problems reported to be most frequently encountered by reporting providers of parent education in this sponsor group are listed in Table 163 and included low enrollment/attendance/participation (N=20); lack of interest/commitment, attitudinal problems (N=17); funding (N=12); lack of public awareness and understanding and delivering the program, including transportation (each N=8); and finding qualified personnel (N=7).

Table 160. Funding Sources of Programs in Health Agencies, Organizations, and Institutions

Funding source	Frequency	Percent (N=115)
Service user fees including tuition	60	52.2
Special public health grants, programs, organization budgets or other funds	44	38.3
Public funds-undesignated	31	27.0
Health agency, organization, institution budgets--undesignated	24	20.9
Public school funds including vocational grants	14	12.2
Contributions-undesignated	7	6.1
Special public grants, programs, organization budgets or other funds	7	6.1
Corporation budgets including insurance companies	7	6.1
Private health organization budgets or funds	6	5.2
Endowment, foundations	2	1.7
Fund raising events	2	1.7
Private funds-undesignated	2	1.7

Table 161. Type of Fees in Health Agencies, Organizations, and Institutions

Fee type	Frequency	Percent (N=64)
Standard fee	34	53.1
Fees by the ability to pay	13	20.3
Variable fee based on services or resources used	12	18.8
No response	5	7.8
Total	64	100.0

Table 162. Agencies With Whom Programs Cooperate in Health Agencies, Organizations, and Institutions

Cooperating agency	Frequency	Percent (N=115)
Public schools	35	30.4
Health agencies, organizations, institutions	31	27.0
Private nonhealth agencies, organizations, institutions	4	20.9
Public nonhealth agencies, organizations, institutions	15	13.0
Intra-agency cooperation	10	8.7
Post secondary education	8	7.0
Agricultural Extension Service	8	7.0
Early childhood programs	4	3.5
Churches	3	2.6
Private schools	2	1.7
Businesses	1	.9

Table 163. Problems of Programs in Health Agencies, Organizations, and Institutions

Problem	Frequency	Percent (N=115)
Low enrollment/attendance/participation	20	17.4
Lack of interest/commitment, attitudinal problems	17	14.8
Funding	12	10.4
Lack of public awareness and understanding	8	7.0
Delivering the program, including transportation	8	7.0
Finding qualified personnel	7	6.1
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	6	5.2
Few or no problems	6	5.2
Quality of curriculum materials	4	3.5
Workload - parent education adds additional responsibilities to other duties	3	2.6
Scheduling, time of day, conflict with other activities in the community	3	2.6
Lack of child care services	3	2.6
Lack of or inadequate space/facilities	2	1.7
Determining program content	2	1.7
Dealing with wide range of diversity in participants	2	1.7
Those parents with the greatest need do not participate, and those with less need do participate	2	1.7
Demand exceeds supply, need to expand services	2	1.7
Time demands on busy parents	1	.9
Determining program goals	1	.9
Father/male participation	1	.9
Evaluation, measuring results	1	.9

Summary of Sponsor Groups

The content offered in parent education in the various sponsor groups was generally similar across sponsor groups and to respondents overall, although minor differences were noted. For example, more emphasis seemed to be placed on the area of family with less attention given to other content areas among church and private school responders. While public schools more frequently reported child development than family life content, this was reversed for private schools. Health and nutrition were predictably high on the list of content areas addressed by health sponsors, along with child development. Early childhood programs most frequently addressed child rearing practices and child development, and nutrition and health were also frequent content areas in these

programs. Family life, nutrition, and child development were the three most frequently offered topics among responders in the Agricultural Extension Service. Public and private nonhealth agencies reported family support system content more frequently than did other sponsor groups.

Different patterns of audiences most frequently served were clearly evident in the responses within each of the sponsor groups. Public and private schools, post secondary education, early childhood programs, and churches showed less diversity in the audiences they served than did health agencies, organizations, and institutions; public and private nonhealth sponsors; and the Agricultural Extension Service. The public school response was similar to that of all respondents. In most audience categories the number of public school programs reporting serving the category was the highest of all sponsor groups. This reflects the large number of public school respondents compared to other sponsor groups. For private schools, parents of school-age and teen-age children were frequently reported served, a difference from the public schools and respondents overall. Churches also reported serving a high percentage of parents of teen-age children. Early childhood programs served audiences similar to the respondents overall as well as having the highest proportion of any sponsor group that reported serving parents in reconstituted families. Private and public nonhealth agencies, organizations, and institutions were the only two sponsor groups to serve single parents most frequently. A high percentage of public nonhealth agencies, organizations, and institutions served diverse audiences which included parents of special needs children, parents in reconstituted families, and foster parents. Health sponsors and the Agricultural Extension Service showed patterns of serving different audiences which were unique to each. Health agencies, organizations, and institutions served a high percentage of expectant and teen-age parents; and the Agricultural Extension service was the only sponsor group that reported serving a high percentage of grandparents, parents of adult children, and children of aging parents.

Among the sponsor groups, the reported number of adults and children served per year varied considerably. The Agricultural Extension Service reported serving more large audiences than other sponsor groups, especially adult audiences. This was also true for the adult audiences of the post secondary education sponsor group. Health sponsors and private groups reported serving both large and small numbers of adults. Private schools and public nonhealth groups almost entirely served less than 500 of either adults or children per year. Public schools, churches, and early childhood programs reported serving mainly smaller numbers of adults and children, although some public schools and churches also served larger numbers of both groups.

There were clearly differences in the characteristics of the persons served through parent education offerings in the nine sponsor groups analyzed. Over half of the early childhood parent education program participants were reported to have college degrees, whereas only about eight percent of those participating in parent education offered through public community or government nonhealth agencies, organizations, and institutions had college degrees. Other relatively high percents (31-35 percent) of participants with college degrees were reported by private schools, churches, and private nonhealth agencies, organizations, and institutions.

With the exception of the sponsor group of public nonhealth agencies, organizations and institutions, the majority of participants were reported to be

in the middle socioeconomic level if figures from the lower and upper middle levels are combined. The public nonhealth agencies, organizations, and institutions stood out as providing parent education services to a population of which over half were categorized as low socioeconomic status. About 20-30 percent of the participants in private nonhealth agencies, organizations, and institutions; health agencies, organizations, and institutions; private schools; the Agricultural Extension Service; and the public schools were also reported to be in the low socioeconomic level. Churches reported serving the smallest percentage of low socioeconomic participants. Almost 50 percent of those served by early childhood programs were reported to be in the upper middle socioeconomic level. All of the nine sponsor groups reported that less than 10 percent of the participants they served through parent education were in the high socioeconomic level.

Without exception, all nine sponsor groups reported serving a mostly Caucasian audience (range = 87.8-97.0 percent). Private schools reported serving more Native Americans than any other sponsor groups; private nonhealth agencies, organizations, and institutions reported serving the most Blacks; and public nonhealth agencies, organizations, and institutions served the highest percent of Asians and Latinos.

The parent education services provided in the programs of responders varied across the nine sponsor groups. The majority of sponsor groups appeared to have provided a balance of group and nongroup services. Early childhood programs; the Agricultural Extension Service; churches; and public and private nonhealth agencies, organizations, and institutions reported individual or mass modes of service most frequently. In contrast, the post secondary education sponsor group provided predominantly formal class sessions. The two most frequently used formats in the parent education programs of responders in all nine sponsor groups were group sessions held in community settings and mothers and fathers together.

The providers of parent education services in each sponsor group were consistent with what might be expected in each group. For example, elementary educators were frequently reported as providers in both public and private schools; ministers, priests, or rabbis were the most frequent providers in churches; nurses were the most frequent providers reported in the health agency, organization, and institution sponsor group; social workers most frequently provided parent education in the public and private nonhealth agencies, organizations, and institutions; early childhood educators were reported to do most of the parent education in early childhood programs; and home economists were the most frequently reported providers in the Agricultural Extension Service.

A Bachelor's degree was the degree most commonly held by educators throughout all sponsor groups except in churches where a Master's degree was most common. This result may indicate the degree of higher education required by ministers who were most frequently reported to provide parent education services in the churches. Education related licenses were reported to be held most frequently by educators in the sponsor groups representing educational institutions, i.e., public and private schools, post secondary education, and early childhood programs. Distinctive patterns of the type of education related licensure held by providers were found in post secondary education, with over 60 percent of the providers holding an adult vocational parent educator license,

and in early childhood programs, with almost 50 percent of the providers holding an early childhood education license. Where educator licenses are not required, as in the Agricultural Extension Service, churches, and public, private, and health agencies, organizations, and institutions, not as many licenses were reported to be held by providers of parent education. It should be noted, however, that almost half of the responders in the health sponsor group category indicated their providers of parent education held "other licenses," which probably is a result of the large number of licensed nurses and doctors providing parent education in this sponsor group. It is also noteworthy that the adult vocational parent education license was held by a portion of the educators in almost every sponsor group.

Service user fees including tuition were the funding source of parent education programs reported most frequently in almost all sponsor groups. Other frequently used funding sources appeared to be sponsor group specific. For example, public school funds including vocational grants were the main funding source in the public school and the post secondary education sponsor groups; church, synagogue, or parish budgets most frequently funded church and private school parent education offerings; undesignated public funds were the most frequently reported source of funds in the public nonhealth agency, organization, and institution sponsor group; and Agricultural Extension funds were the main source of funds in the Agricultural Extension Service. Throughout all sponsor groups, where fees were charged, the two major types of fees were either a standard fee or a variable fee based on services or resources used except in the public nonhealth and health agency, organization, and institution sponsor groups where fees by the ability to pay were first or second in frequency in type of fee charged.

The public school sponsor group was the group listed most frequently or near the top in frequency as an agency with whom programs in the other sponsor groups cooperated in offering parent education. No clear patterns of cooperation with specific groups were evident among the sponsor groups (although some cooperation may have been somewhat sponsor group specific) with the exception that public schools reported more intra-institutional cooperation than inter-institutional cooperation and all other sponsor groups reported more inter- than intra-organization cooperation. Churches reported cooperating most frequently with other churches; private nonhealth agencies, organizations, and institutions reported most frequent cooperation with other private groups, and public nonhealth agencies, organizations, and institutions reported cooperating most frequently with health agencies, organizations, and institutions. The Agricultural Extension Service reported a higher degree of cooperation with other groups in offering parent education than any other sponsor groups.

The top 11 problems for the responders overall were listed among the most frequent problems encountered by one or more of all of the nine sponsor groups. As with all responders, low enrollment/attendance/participation was reported to be the number one problem among sponsor groups followed by lack of interest/commitment, attitudinal problems. Problems with funding and scheduling were also common across most sponsor groups. Some uniquenesses also existed. For example, the Agricultural Extension Service respondents frequently identified work load of personnel providing parent education as a problem, and the post secondary group reported problems with facilities.

CHAPTER III

FINDINGS: SPECIFIC SPONSORS

Within seven of the 10 identified sponsor groups, specific sponsors were also identified as listed in Table 4 on pages 7 and 8 in Chapter I. The specific sponsors within each of these sponsor groups with 10 or more respondents were individually analyzed in the same manner as all of the respondents together and each of the sponsor groups. These separate analyses which provided additional useful information beyond the sponsor group level are reported and discussed in this section under the headings of their sponsor group. The percentage of response listed in the tables in this section is based on the total number of responders within each specific sponsor. The reader should be cautioned in interpreting percentages based on small numbers of respondents. Further, there is variation among specific sponsors in the proportion of the specific sponsor group that is represented by the number of responses. All tables in this section list only those categories for which there was at least one response. After presenting results in the selected specific sponsor groups, patterns of response will be noted and compared across specific sponsors within a sponsor group where appropriate.

The results from the two specific sponsors of early childhood programs, undesignated and church affiliated, are not reported and discussed in this section because the patterns of response were extremely consistent in both, and separate analyses revealed only minor differences. Since early childhood programs was a specific sponsor in the public school sponsor group; since day care/early childhood programs including Head Start was a specific sponsor in the public community or government nonhealth agency, organization, and institution sponsor group; and since day care/early childhood programs was a specific sponsor in the private nonhealth agency, organization, and institution sponsor group; these three specific sponsors will be compared along with the early childhood programs sponsor group in a separate section at the end of this portion of the report. The minor differences noted between the undesignated and church affiliated early childhood programs will also be pointed out in that section.

The church specific sponsors will not be discussed separately beyond what has already been reported under the church sponsor group in the last section because, due to the uneven sample of churches from each denomination receiving questionnaires, it was decided that such separate analyses would not yield an entirely accurate picture of the comparison of provision of parent education across denominations in this sponsor group.

Because no new information was revealed from the specific sponsor analyses of numbers of adults and children served and fees charged, this data is not reported and discussed in this section.

It was not feasible to arrange the tables in this section in a way that facilitates gaining both a sense of the descriptive profile of each reported

specific sponsor within a sponsor group and, at the same time, allows easy comparison of specific sponsors. The decision was made to present a profile of each specific sponsor and to provide a comparative discussion at the end of each group of specific sponsors within a sponsor group where appropriate. The reader who is interested in the information about one or more specific sponsors will find this organization helpful. The reader who is interested in comparing the specific sponsors within a sponsor group on each dimension of information will need to bear the inconvenience of needing to go back and forth between the tables for each specific sponsor to obtain a comparative picture on each descriptive dimension reported. This latter reader is advised to first read the comparative summaries found on pages 140, 191, and 215 before beginning the reading of this section.

Specific Sponsors Within the Public Schools

Community education providers of parent education were the most frequent responders of the specific public school sponsors (N = 139), followed by secondary schools (N = 65), elementary schools (N = 41), PTAs (N = 15), special education (N = 11), and early childhood education (N = 10). The other two public school specific sponsors, undesignated and vocational centers had less than 10 responders and are not discussed here. After presenting the data on the other six specific sponsors within the public schools, comparisons will be made across these specific sponsors along the descriptive dimensions of parent education reported in the data.

Community Education

Child development and child rearing practices were the two top content areas reported in community education, with over 50 percent of the responders also indicating provision of content in the five content areas of family life, parent/adult development, health, family support systems, and nutrition (See Table 164).

Table 164. Content of Programs in Public School Community Education

Content	Frequency	Percent (N=139)
Child development	111	79.9
Child rearing practices	111	79.9
Family life	92	66.2
Parent/adult development	78	56.1
Health	74	53.2
Family support systems	73	52.5
Nutrition	72	51.8
Other	0	0
Prenatal development and education	1	
Chemical dependency	1	
Family violence	1	

As indicated in Table 165, parents (couples and single) of children of all age groups and their children were the most commonly reported audiences served by community education responders. Parents of preschoolers, children, and couples head the list, and over 50 percent also served single parents and parents of toddlers, school-age children, infants, and teen-age children.

Of those served by parent education in community education, 22.4 percent were reported to have college degrees. Most of these persons were reported to be in the lower middle or upper middle socioeconomic level, although a substantial proportion were also reported in the low socioeconomic level (See Table 166). Most of those served were Caucasian (See Table 167).

Table 165. Audiences Served by Public School Community Education

Audience	Frequency	Percent (N=139)
Parents of preschoolers	115	82.7
Children	114	82.0
Couples	111	79.9
Single parents	96	69.1
Parents of toddlers	91	65.5
Parents of school-age children	85	61.2
Parents of infants	82	59.0
Parents of teen-age children	73	52.5
Parents in reconstituted families (step-parents)	67	48.2
Mothers only	66	47.5
Adoptive parents	64	46.0
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	60	43.2
Fathers only	58	41.7
Expectant parents	57	41.0
Foster parents	53	38.1
Parents of gifted children	50	36.0
Teen-age parents	46	33.1
Parents of twins	42	30.2
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	39	28.1
Parents of adult children	17	12.2
Adolescents, including those in preparenting education	17	12.2
Grandparents	16	11.5
Children of aging parents	15	10.8
Other	11	7.9

Table 166. Persons Served in Public School Community Education by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	17.9
Lower middle	44.3
Upper middle	37.6
High	8.4
Total	108.2*

*Total percent varies from 100 due to percentages reported not equalling 100.

Table 167. Persons Served in Public School Community Education by Racial Group

Race	Mean Percent
Caucasian	91.4
Native American	2.6
Latino	1.2
Black	1.0
Asian	.7
Total	96.9*

*Total percent varies from 100 due to percentages reported not equaling 100.

Formal classes or lecture sessions, either series or single, were reported to be the most common services provided by community education. As indicated in Table 168, series of informal group discussion sessions including support and self-help groups were another frequently provided service. Services which might be considered auxiliary or supportive of these group efforts were also frequently reported and included child care during parent education offerings; newsletters, pamphlets, fact sheets, and books; referral services; lending library with references and materials for parents; and health and nutrition services.

Group sessions held in community settings clearly head the list of most frequently reported formats used in community education parent education efforts (See Table 169). Mothers and fathers together, couple and child interaction/activity and mother and child interaction/activity were other frequently used formats.

Table 168. Services Provided by Programs in Public School Community Education

Service	Frequency	Percent (N=139)
Series of formal classes or lecture sessions	94	67.6
Single formal class or lecture sessions	87	62.6
Series of informal group discussion sessions including support and self-help groups	79	56.8
Child care during parent education offerings	65	46.8
Newsletters, pamphlets, fact sheets, books	63	45.3
Referral services	62	44.6
Lending library with references and materials for parents	61	43.9
Health and nutrition services, e.g., Early and Periodic Screening	58	41.7
Single informal group discussion sessions including support and self-help groups	55	39.7
Lending library with books and/or toys for children	49	35.3
Telephone contact with individual parents	47	33.8
Newspaper articles	47	33.8
Television, radio, and/or theater programs; films or video (single or series)	22	15.8
Individual counseling/conferencing sessions	16	11.5
Group counseling sessions	11	7.9
Other	9	6.5

Table 169. Formats Used in Programs in Public School Community Education

Format	Frequency	Percent (N=139)
Group sessions held in community settings	121	87.1
Mothers and fathers together	82	59.0
Couple and child interaction/activity	68	48.9
Mother and child interaction/activity	66	47.5
Father and child interaction/activity	58	41.7
Mothers separately	42	30.2
Fathers separately	37	26.6
One-to-one sessions held in community settings	22	15.8
One-to-one sessions held in homes	16	11.5
Group sessions held in homes	8	5.8
Other	3	2.2

Table 170 indicates that early childhood educators were the most commonly reported providers of parent education services in community education, followed in rank order by adult educators, elementary educators, nurses, and experienced parents. Over half of these providers were reported to have Bachelor's degrees as their highest degree, and over a third were reported to have nonvocational teaching licenses or adult vocational parent educator licenses (See Tables 171 and 172).

Table 170. Providers of Parent Education Services in Public School Community Education

Provider	Frequency	Percent (N=139)
Early childhood educators	98	70.5
Adult educators	71	51.1
Elementary educators	61	43.9
Nurses	58	41.7
Experienced parents	56	40.3
Home economists	54	38.8
Social workers	49	35.3
Counselors	44	31.7
Secondary educators	41	29.5
Psychologists, psychiatrists	38	27.3
Nutritionists	33	23.7
Lay leaders, paraprofessionals, educational aides	33	23.7
Doctors, pediatricians	28	20.1
Ministers, priests, rabbis	22	15.8
Legal personnel, law enforcement officers	19	13.7
College or university instructors	12	8.6
Therapists	8	5.8
Religious educators	6	4.3
Other	6	4.3

Table 171. Educators by Highest Degree in Public School Community Education

Degree	Mean Percent
Bachelor's	56.7
Master's	17.9
Credits beyond Master's	8.4
None	8.3
Associate	4.9
Doctoral	3.6

Table 172. Educators by License in Public School Community Education

License	Mean Percent
Other teaching license	37.0
Adult vocational parent educator license	33.8
Early childhood educator license	24.0
Other vocational teaching license	10.4
Other license(s)	8.8

Table 173 shows that community education sponsored parent education was reported to be funded mainly through public school funds including vocational grants and through service user fees including tuition.

Table 173. Funding Sources of Programs in Public School Community Education

Funding source	Frequency	Percent (N=139)
Public school funds including vocational grants	125	89.9
Service user fees including tuition	102	73.4
Public funds - undesignated	7	5.0
Fund raising events	4	2.9
Specific public health grants, programs, organization budgets or other funds	2	1.4
Private agency, organization, institution budgets -- undesignated	2	1.4
Contributions - undesignated	1	.7
Contributions in time and facilities	1	.7
Specific public grants, programs, organization budgets or other funds	1	.7
Private health organization budgets or funds	1	.7
Health agency, organization, institution budgets -- undesignated	1	.7

Community education most frequently reported cooperation with health agencies, organizations, and institutions; intra-agency cooperation; and cooperation with private and public nonhealth agencies, organizations, and institutions in offering parent education (See Table 174).

The top three problems of community education parent education programs that were reported were low enrollment/attendance/participation, funding, and lack of interest/commitment, attitudinal problems (See Table 175).

Table 174. Agencies With Whom Public School Community Education Programs Cooperate

Cooperating agency	Frequency	Percent (N=139)
Health agencies, organizations, institutions	35	25.2
Intra-agency cooperation	32	23.0
Private nonhealth agencies, organizations, institutions	28	20.1
Public nonhealth agencies, organizations, institutions	27	19.4
Post secondary education	20	14.4
Agricultural Extension Service	14	10.1
Early childhood programs	13	9.4
Public schools	12	8.6
Churches	6	4.3
Businesses	1	.7

Table 175. Problems of Programs in Public School Community Education

Problem	Frequency	Percent (N=139)
Low enrollment/attendance/participation	27	19.4
Funding	26	18.7
Lack of interest/commitment, attitudinal problems	16	11.5
Lack of public awareness and understanding	11	7.9
Delivering the program, including transportation	8	5.8
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	7	5.0
Time demands on busy parents	6	4.3
Helping families realize all families have difficulties	5	3.6
Few or no problems	5	3.6
Lack of or inadequate space/facilities	4	2.9
Scheduling, time of day, conflict with other activities in the community	4	2.9
Those parents with the greatest need do not participate, and those with less need do participate	4	2.9
Workload -- parent education adds additional responsibilities to other duties	3	2.2
Finding qualified personnel	3	2.2
Lack of interagency cooperation	3	2.2
Planning, estimating demand	2	1.4
Father/male participation	1	.7
Dealing with wide range of diversity in participants	1	.7
Parents participate only after problems arise	1	.7
Finding training for staff	1	.7
Demand exceeds supply, need to expand services	1	.7

Secondary Public Schools

Table 176 indicates that child development, family life, and nutrition were content areas in parent education reported to be provided by over 75 percent of the responders in the secondary public schools.

Table 176. Content of Programs in Secondary Public Schools

Content	Frequency	Percent (N=65)
Child development	60	92.3
Family life	57	87.7
Nutrition	50	76.9
Child rearing practices	48	73.8
Health	42	64.6
Family support systems	39	60.0
Parent/adult development	29	44.6
Other	0	0.0
Chemical dependency	2	
Family violence	2	

Table 177 shows that adolescents were clearly the audience most frequently served by parent education in the secondary public schools. Teen-age parents were also reported to be served considerably more than other audiences. Only 9.8 percent of those served were reported to have college degrees further reflecting the predominance of teens in this audience. Table 178 indicates that most of those reported served by the secondary public schools were in the lower middle socioeconomic level with a sizable number also in the upper middle and low socioeconomic levels. Table 179 indicates that most of those served were Caucasian.

Table 177. Audiences Served by Secondary Public Schools

Audience	Frequency	Percent (N=65)
Adolescents, including those in preparenting education	58	89.2
Teen-age parents	27	41.5
Single parents	17	26.1
Children	16	24.6
Parents of infants	13	20.0
Expectant parents	10	15.4
Parents of toddlers	9	13.8
Parents of preschoolers	8	12.3
Children of aging parents	7	10.8
Mothers only	5	7.7

Table 177. (Continued)

Couples	5	7.7
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	5	7.7
Parents of school-age children	5	7.7
Parents of teen-age children	5	7.7
Fathers only	3	4.6
Parents in reconstituted families (step-parents)	3	4.6
Foster parents	3	4.6
Adoptive parents	3	4.6
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	3	4.6
Parents of twins	2	3.1
Parents of gifted children	2	3.1
Grandparents	2	3.1
Other	2	3.1
Children of aging parents	1	1.5

Table 178. Persons Served in Secondary Public Schools by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	19.3
Lower middle	45.9
Upper middle	26.3
High	6.5
Total	98.0*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 179. Persons Served in Secondary Public Schools by Racial Group

Race	Mean Percent
Caucasian	90.2
Native American	3.0
Black	1.4
Asian	0.9
Latino	0.4
Total	95.9*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 180 shows that series of formal classes or lecture sessions were clearly more frequently provided than other services among the responders offering parent education in the secondary public schools. Table 181 indicates that the most common format used in these programs was group sessions held in community settings.

Table 180. Services Provided by Programs in Secondary Public Schools

Service	Frequency	Percent (N=65)
Series of formal classes or lecture sessions	50	76.9
Series of informal group discussion sessions including support and self-help groups	25	38.5
Newsletters, pamphlets, fact sheets, books	21	32.3
Single formal class or lecture sessions	17	26.2
Newspaper articles	14	21.5
Referral services	14	21.5
Single informal group discussion sessions including support and self-help groups	13	20.0
Telephone contact with individual parents	12	18.5
Television, radio, and/or theater programs; films or video (single or series)	11	16.9
Health and nutrition services, e.g., Early and Periodic Screening	10	15.4
Individual counseling/conferencing sessions	9	13.8
Child care during parent education offerings	9	13.8
Lending library with books and/or toys for children	8	12.3
Group counseling sessions	6	9.2
Other	6	9.2

Table 181. Formats Used in Programs in Secondary Public Schools

Format	Frequency	Percent (N=65)
Group sessions held in community settings	51	78.5
Mothers and fathers together	8	12.3
Mothers separately	7	10.8
Mother and child interaction/activity	7	10.8
Couple and child interaction/activity	6	9.2
One-to-one sessions held in community settings	4	6.2
Father and child interaction/activity	4	6.2
Fathers separately	3	4.6
Other	3	4.6
Group sessions held in homes	1	1.5
One-to-one sessions held in homes	1	1.5

Secondary educators and home economists head the list of the providers of parent education in the secondary public schools of the responders (See Table 182).

Table 182. Providers of Parent Education Services in Secondary Public Schools

Provider	Frequency	Percent (N=65)
Secondary educators	49	75.4
Home economists	41	63.1
Nurses	22	33.8
Social workers	19	29.2
Counselors	17	26.2
Experienced parents	14	21.5
Early childhood educators	11	16.9
Elementary educators	9	13.8
Ministers, priests, rabbis	9	13.8
Doctors, pediatricians	7	10.8
Lay leaders, paraprofessionals, educational aides	6	9.2
Adult educators	5	7.7
Psychologists, psychiatrists	5	7.7
Nutritionists	5	7.7
Other	4	6.2
Legal personnel, law enforcement officers	3	4.6
College or university instructors	2	3.1
Therapists	2	3.1

Tables 183 and 184 indicate that a Bachelor's degree was the highest degree most commonly held by these educators, and they were most likely to have vocational teaching licenses.

Table 183. Educators by Highest Degree in Secondary Public Schools

Degree	Mean Percent
Bachelor's	74.2
Master's	11.4
Credits beyond Master's	8.4
Associate	4.4
Doctoral	.9
None	.4

Table 184. Educators by License in Secondary Public Schools

License	Mean Percent
Other vocational teaching license	66.3
Adult vocational parent educator license	20.7
Other teaching license	19.4
Other license(s)	4.3
Early childhood educator license	.4

The chief funding source reported for the secondary public school parent education programs was public school funds including vocational grants (See Table 185).

Table 185. Funding Sources of Programs in Secondary Public Schools

Funding source	Frequency	Percent (N=65)
Public school funds including vocational grants	54	83.1
Service user fees including tuition	5	7.7
Public funds - undesignated	3	4.6
Specific public health grants, programs, organization budgets or other funds	1	1.5

Intra-agency cooperation was the most common pattern of cooperation reported in offering parent education, but cooperation was not frequently reported by secondary school respondents (See Table 186).

Table 186. Agencies With Whom Secondary Public School Programs Cooperate

Cooperating agency	Frequency	Percent (N=65)
Intra-agency cooperation	9	13.8
Public nonhealth agencies, organizations, institutions	3	4.6
Private nonhealth agencies, organizations, institution	3	4.6
Post secondary education	2	3.1
Churches	2	3.1
Health agencies, organizations, institutions	2	3.1
Early childhood programs	1	1.5

Father/male participation was the most frequently reported problem of parent education programs in the secondary public schools although only a small proportion of these programs reported problems (See Table 187).

Table 187. Problems of Programs in Secondary Public Schools

Problem	Frequency	Percent (N=65)
Father/male participation	6	9.2
Lack of interest/commitment, attitudinal problems	4	6.2
Low enrollment/attendance/participation	4	6.2
Workload -- parent education adds additional responsibilities to other duties	4	6.2
Scheduling, time of day, conflict with other activities in the community	4	6.2
Quality of curriculum materials	4	6.2
Few or no problems	3	4.6
Funding	2	3.1
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	1	1.5
Finding qualified personnel	1	1.5
Those parents with the greatest need do not participate, and those with less need do participate	1	1.5
Lack of interagency cooperation	1	1.5

Elementary Public Schools

Table 188 indicates that the top three most frequently reported content areas offered in parent education in the elementary public schools were child development, child rearing practices, and family support systems.

Children were the most frequently served audience, followed by parents of special needs children, couples, and parents of school-age children (See Table 189). Parents of preschoolers, single parents, and parents of school-age children were also reported to be served by over 50 percent of these respondents. Most of the people served were reported to be in the upper middle socioeconomic level, with many also in the lower middle and low socioeconomic levels (See Table 190). The vast majority of those served were reported to be Caucasian (See Table 191), and 23.7 percent were reported to have college degrees.

Table 192 indicates that over 50 percent of the respondents offering elementary public school parent education reported providing the following four services: health and nutrition services, telephone contact with individual parents, referral services, and newsletters, pamphlets, fact sheets, and books, all usually individual or mass modes of service.

Table 188. Content of Programs in Elementary Public Schools

Content	Frequency	Percent (N=41)
Child development	28	68.3
Child rearing practices	27	65.9
Family support systems	24	58.5
Family life	18	43.9
Health	18	43.9
Nutrition	15	36.6
Parent/adult development	9	22.0
Other	0	0.0
Human sexuality	1	
Chemical dependency	1	
Family violence	1	

Table 189. Audiences Served by Elementary Public Schools

Audience	Frequency	Percent (N=41)
Children	33	84.5
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	29	70.7
Couples	28	68.3
Parents of school-age children	28	68.3
Parent of preschoolers	23	56.1
Single parents	22	53.7
Parents of gifted children	22	53.7
Mothers only	18	43.9
Parents in reconstituted families (step-parents)	17	41.5
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	16	39.0
Foster parents	15	36.6
Adoptive parents	13	31.7
Fathers only	12	29.3
Parents of twins	11	26.8
Parents of teen-age children	9	22.0
Parents of toddlers	8	19.5
Parents of infants	7	17.1
Teen-age parents	5	12.2
Expectant parents	5	12.2
Parents of adult children	4	9.8
Adolescents, including those in preparenting education	3	7.3
Grandparents	2	4.9
Other	2	4.9
Children of aging parents	1	2.4

Table 190. Persons Served in Elementary Public Schools by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	19.3
Lower middle	31.7
Upper middle	40.5
High	5.5
Total	97.0*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 191. Persons Served in Elementary Public Schools by Racial Group

Race	Mean Percent
Caucasian	96.4
Asian	1.5
Native American	.8
Black	.7
Latino	.2
Total	99.6*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 192. Services Provided by Programs in Elementary Public Schools

Service	Frequency	Percent (N=41)
Health and nutrition services, e.g., Early and Periodic Screening	26	63.4
Telephone contact with individual parents	25	61.0
Referral services	24	58.5
Newsletters, pamphlets, fact sheets, books	22	53.7
Single informal group discussion sessions including support and self-help groups	18	43.9
Individual counseling/conferencing sessions	18	43.9
Series of informal group discussion sessions including support and self-help groups	17	41.5
Series of formal classes or lecture sessions	16	39.0
Single formal class or lecture sessions	15	36.6
Lending library with references and materials for parents	12	29.3
Newspaper articles	12	29.3
Child care during parent education offerings	12	29.3
Group counseling sessions	11	26.8
Lending library with books and/or toys for children	4	9.8
Television, radio, and/or theater programs; films or video (single or series)	4	9.8

Table 193 indicates that the two most frequent formats reported to be used were group sessions held in community settings and mothers and fathers together.

Table 193. Formats Used in Programs in Elementary Public Schools

Format	Frequency	Percent (N=41)
Group sessions held in community settings	32	78.0
Mothers and fathers together	30	73.2
One-to-one sessions held in community settings	15	36.6
Couple and child interaction/activity	13	31.7
Mothers separately	12	29.3
Mother and child interaction/activity	12	29.3
Father and child interaction/activity	12	29.3
Fathers separately	10	24.3
One-to-one sessions held in homes	9	22.0
Group sessions held in homes	2	4.9
Other	1	2.4

Table 194 shows that elementary educators were more commonly reported than any others as providers of parent education in the elementary public schools. Nurses, social workers, early childhood educators, and psychologists or psychiatrists were also indicated as providers by over half of the respondents. Tables 195 and 196 indicate that a Bachelor's degree was the most common highest degree held by these providers of parent education, and they most frequently held nonvocational teaching licenses.

Table 194. Providers of Parent Education Services in Elementary Public Schools

Provider	Frequency	Percent (N=41)
Elementary educators	31	75.6
Nurses	24	58.5
Social workers	24	58.5
Early childhood educators	23	56.1
Psychologists, psychiatrists	22	53.7
Counselors	14	34.1
Experienced parents	14	34.1
Adult educators	11	26.8
Secondary educators	9	22.0
Lay leaders, paraprofessionals, educational aides	9	22.0
Therapists	7	17.1
Doctors, pediatricians	6	14.6
Home economists	5	12.2
Nutritionists	5	12.2
College or university instructors	4	9.8
Other	3	7.3
Ministers, priests, rabbis	2	4.9
Legal personnel, law enforcement officers	2	4.9

Table 195. Educators by Highest Degree in Elementary Public Schools

Degree	Mean	Percent
Bachelor's	54.8	
Master's	33.1	
Credits beyond Master's	19.6	
Associate	.8	
None	.8	
Doctoral	.3	

Table 196. Educators by License in Elementary Public Schools

License	Mean	Percent
Other teaching license	45.6	
Early childhood educator license	21.2	
Other license(s)	14.4	
Adult vocational parent educator license	11.7	

Table 197 shows that public school funds including vocational grants were the most frequently reported funding source in these programs.

Table 197. Funding Sources of Programs in Elementary Public Schools

Funding source	Frequency	Percent (N=41)
Public school funds including vocational grants	30	73.2
Service user fees including tuition	14	34.1
Fund raising events	6	14.6
Contributions in time and facilities	3	7.3
Specific public grants, programs, organization budgets or other funds	2	4.9
Endowments, foundations	1	2.4
Public funds - undesignated	1	2.4
Private agency, organization, institution budgets - undesignated	1	2.4

Intra-agency cooperation was the most common form of cooperation in offering parent education (See Table 198); and low enrollment/attendance/participation, lack of interest/commitment, attitudinal problems, and scheduling, time of day, conflict with other activities in the community were the most frequently reported problems of parent education programs in elementary public schools (See Table 199).

Table 198. Agencies With Whom Elementary Public School Programs Cooperate

Cooperating agency	Frequency	Percent (N=41)
Intra-agency cooperation	16	39.0
Private nonhealth agencies, organizations, institutions	8	19.5
Public nonhealth agencies, organizations, institutions	5	12.2
Health agencies, organizations, institutions	4	9.8
Early childhood programs	2	4.9
Public schools	1	2.4
Post secondary education	1	2.4
Churches	1	2.4

Table 199. Problems of Programs in Elementary Public Schools

Problem	Frequency	Percent (N=41)
Low enrollment/attendance/participation	9	22.0
Lack of interest/commitment, attitudinal problems	8	19.5
Scheduling, time of day, conflict with other activities in the community	5	12.2
Few or no problems	4	9.8
Lack of or inadequate space/facilities	3	7.3
Funding	3	7.3
Workload -- parent education adds additional responsibilities to other duties	3	7.3
Delivering the program, including transportation	3	7.3
Time demands on busy parents	2	4.9
Those parents with the greatest need do not participate, and those with less need do participate	2	4.9
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	1	2.4
Determining program content	1	2.4
Finding qualified personnel	1	2.4
Costs too high for participation	1	2.4

Public School PTAs

Table 200 indicates that the top three content areas offered in the parent education reported to be provided by PTAs were child development, child rearing practices, and family support systems.

Children were clearly the audience reported to be most frequently served by these programs followed by couples; parents of special needs children, school-age children, and gifted children; and single parents (See Table 201). Of the persons served, 24.9 percent were reported to have college degrees. Their most common socioeconomic level was lower middle, followed by upper middle and low (See Table 202). Most of those served were reported to be Caucasian (See Table 203).

Table 200. Content of Programs in Public School PTAs

Content	Frequency	Percent (N=15)
Child development	11	73.3
Child rearing practices	9	60.0
Family support systems	9	60.0
Parent/adult development	7	46.7
Health	7	46.7
Family life	6	40.0
Nutrition	4	26.7
Other	0	0.0
Family violence	1	

Table 201. Audiences Served by Public School PTAs

Audience	Frequency	Percent (N=15)
Children	14	93.3
Couples	11	73.3
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	11	73.3
Parents of school-age children	11	73.3
Parents of gifted children	9	60.0
Single parents	8	53.3
Parents in reconstituted families (step-parents)	7	46.7
Adoptive parents	7	46.7
Foster parents	6	40.0
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	6	40.0
Parents of twins	5	33.3
Parents of preschoolers	5	33.3
Parents of teen-age children	5	33.3
Mothers only	3	20.0
Fathers only	3	20.0
Teen-age parents	3	20.0
Parents of infants	3	20.0
Parents of toddlers	3	20.0
Expectant parents	2	13.3
Parents of adult children	2	13.3
Children of aging parents	2	13.3
Grandparents	2	13.3
Adolescents, including those in preparenting education	2	13.3
Other	2	13.3

Single and series of formal classes or lecture sessions and health and nutrition services were the top three services reported to be provided by PTA parent education (See Table 204).

Table 202. Persons Served in Public School PTAs by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	20.1
Lower middle	40.4
Upper middle	24.6
High	15.1
Total	100.2*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 203. Persons Served in Public School PTAs by Racial Group

Race	Mean Percent
Caucasian	97.0
Native American	1.1
Asian	1.0
Black	.7
Latino	.1
Total	99.9*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 204. Services Provided by Programs in Public School PTAs

Service	Frequency	Percent (N=15)
Single formal class or lecture sessions	10	66.7
Series of formal classes or lecture sessions	8	53.3
Health and nutrition services, e.g., Early and Periodic Screening	8	53.3
Series of informal group discussion sessions including support and self-help groups	7	46.7
Newsletters, pamphlets, fact sheets, books	7	46.7
Single informal group discussion sessions including support and self-help groups	6	40.0
Lending library with references and materials for parents	5	33.3
Telephone contact with individual parents	4	26.7
Referral services	4	26.7
Newspaper articles	3	20.0
Group counseling sessions	2	13.3
Individual counseling/conferencing sessions	2	13.3
Lending library with books and/or toys for children	2	13.3
Child care during parent education offerings	2	13.3
Television, radio, and/or theater programs; films or video (single or series)	1	6.7
Other	1	6.7

Table 205 indicates that group sessions held in community settings was the format reported to be used by almost all of the responders from PTAs. Over half also reported using the format of mothers and fathers together.

Table 205. Formats Used in Programs in Public School PTAs

Format	Frequency	Percent (N=15)
Group sessions held in community settings	14	93.3
Mothers and fathers together	8	53.3
Couple and child interaction/activity	6	40.0
Mother and child interaction/activity	3	20.0
Father and child interaction/activity	2	13.3
One-to-one sessions held in community settings	1	6.7
Mothers separately	1	6.7
Fathers separately	1	6.7

Table 206 indicates that the three most frequently mentioned providers of parent education services in the PTAs were elementary educators, social workers, and experienced parents. Most of these educators had Master's degrees as their highest degree followed closely by Bachelor's degrees (See Table 207), and nonvocational teaching licenses and other noneducation related licenses were the two most commonly reported licenses of these educators (See Table 208).

Table 206. Providers of Parent Education Services in Public School PTAs

Provider	Frequency	Percent (N=15)
Elementary educators	10	66.7
Social workers	8	53.3
Experienced parents	7	46.7
Counselors	6	40.0
Psychologists, psychiatrists	6	40.0
Early childhood educators	5	33.3
College or university instructors	5	33.3
Adult educators	5	33.3
Secondary educators	4	26.7
Nurses	4	26.7
Doctors, pediatricians	2	13.3
Therapists	2	13.3
Ministers, priests, rabbis	2	13.3
Other	2	13.3
Nutritionists	1	6.7
Religious educators	1	6.7
Lay leaders, paraprofessionals, educational aides	1	6.7

Table 207. Educators by Highest Degree in Public School PTAs

Degree	Mean Percent
Master's	46.6
Bachelor's	39.1
Credits beyond Master's	12.8
Doctoral	1.6

Table 208. Educators by License in Public School PTAs

License	Mean Percent
Other teaching license	33.3
Other license(s)	30.0
Early childhood educator license	3.3

Table 209 shows that fund raising events, public school funds including vocational grants, and service user fees including tuition were all reported sources of funding for PTA parent education.

Table 209. Funding Sources of Programs in Public School PTAs

Funding source	Frequency	Percent (N=15)
Fund raising events	8	53.3
Public school funds including vocational grants	5	33.3
Service user fees including tuition	4	26.7

Cooperation with public schools and intra-agency cooperation were the two most common types of cooperation reported in providing parent education (See Table 210). However, cooperation with other organizations was not frequently reported by this group.

Lack of interest/commitment, attitudinal problems and low enrollment/attendance/participation were the two most frequently reported problems of parent education programs offered by PTAs although few problems were reported (See Table 211).

Table 210. Agencies With Whom Public School PTA Programs Cooperate

Cooperating agency	Frequency	Percent (N=15)
Public schools	4	26.7
Intra-agency cooperation	3	20.0
Private nonhealth agencies, organizations, institutions	2	13.3
Churches	1	6.7
Public nonhealth agencies, organizations, institutions	1	6.7

Table 211. Problems of Programs in Public School PTAs

Problem	Frequency	Percent (N=15)
Lack of interest/commitment, attitudinal problems	6	40.0
Low enrollment/attendance/participation	3	20.0
Funding	1	6.7
Workload -- parent education adds additional responsibilities to other duties	1	6.7
Scheduling, time of day, conflict with other activities in the community	1	6.7

Public School Special Education

All respondents in public school special education reported offering child rearing practices as a content area, and many also reported offering child development and family life content (See Table 212).

Table 212. Content of Programs in Public School Special Education

Content	Frequency	Percent (N=11)
Child rearing practices	11	100.0
Child development	9	81.8
Family life	8	72.7
Parent/adult development	5	45.5
Family support systems	5	45.5
Health	5	45.5
Nutrition	5	45.5

All respondents also reported serving parents of special needs children as well as a high percentage of single parents, parents of preschoolers, children, couples, parents in reconstituted families, and adoptive parents (See Table 213).

Table 213. Audiences Served by Public School Special Education

Audience	Frequency	Percent (N=11)
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill, deceased	11	100.0
Single parents	10	90.9
Parents of preschoolers	10	90.9
Children	10	90.9
Couples	9	81.8
Parents in reconstituted families (step-parents)	8	72.7
Adoptive parents	8	72.7
Mothers only	6	54.5
Fathers only	6	54.5
Foster parents	6	54.5
Parents of school-age children	6	54.5
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	2	18.2
Parents of twins	2	18.2
Parents of toddlers	2	18.2
Teen-age parents	1	9.1
Parents of gifted children	1	9.1
Parents of teen-age children	1	9.1

Eleven percent of those served were reported to have college degrees. Tables 214 and 215 indicate that most of those served were in the lower middle socioeconomic level and were Caucasian, although a considerable number of blacks were also reported to be served in these programs.

Table 214. Persons Served in Public School Special Education by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	28.3
Lower middle	42.4
Upper middle	30.3
High	0.4
Total	101.4*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 215. Persons Served in Public School Special Education by Racial Group

Race	Mean Percent
Caucasian	83.0
Black	13.7
Native American	2.0
Asian	1.1
Latino	.1
Total	99.9*

*Total percent varies from 100 due to percentages reported not equaling 100.

Series of informal group discussion sessions including support and self-help groups, telephone contact with individual parents, and child care during parent education offerings were the top three services reported to be provided in public school special education parent education (See Table 216).

Table 216. Services Provided by Programs in Public School Special Education

Service	Frequency	Percent (N=11)
Series of informal group discussion sessions including support and self-help groups	7	63.6
Telephone contact with individual parents	7	63.6
Child care during parent education offerings	7	63.6
Series of formal classes or lecture sessions	6	54.5
Newsletters, pamphlets, fact sheets, books	6	54.5
Health and nutrition services, e.g., Early and Periodic Screening	6	54.5
Referral services	6	54.5
Single formal class or lecture sessions	5	45.5
Lending library with references and materials for parents	5	45.5
Single informal group discussion sessions including support and self-help groups	4	36.4
Individual counseling/conferencing sessions	3	27.3
Newspaper articles	3	27.3
Lending library with books and/or toys for children	2	18.2
Group counseling sessions	1	9.1

Table 217 shows that the two most commonly reported formats were group sessions held in community settings and mothers and fathers together.

Table 217. Formats Used in Programs in Public School Special Education

Format	Frequency	Percent
Group sessions held in community settings	9	81.8
Mothers and fathers together	9	81.8
One-to-one sessions held in homes	6	54.5
Mother and child interaction/activity	6	54.5
Father and child interaction/activity	5	45.5
Couple and child interaction/activity	5	45.5
One-to-one sessions held in community settings	4	36.4
Mothers separately	3	27.3
Fathers separately	3	27.3
Group sessions held in homes	1	9.1
Other	1	9.1

Early childhood educators were clearly the most frequently reported providers of parent education in public school special education (See Table 218). Tables 219 and 220 indicate that these providers were most likely to have credits beyond a Master's degree as their highest degree, and they were most likely to either have early childhood educator licenses or other nonvocational teaching licenses.

Table 218. Providers of Parent Education Services in Public School Special Education

Provider	Frequency	Percent (N=11)
Early childhood educators	9	81.8
Social workers	5	45.5
Therapists	5	45.5
Nurses	4	36.4
Psychologists, psychiatrists	4	36.4
Elementary educators	3	27.3
Adult educators	2	18.2
Counselors	2	18.2
Doctors, pediatricians	2	18.2
Nutritionists	2	18.2
Legal personnel, law enforcement officers	1	9.1

Table 219. Educators by Highest Degree in Public School Special Education

Degree	Mean Percent
Credits beyond Master's	39.4
Bachelor's	34.2
Master's	26.3

Table 220. Educators by License in Public School Special Education

License	Mean Percent
Early childhood educator license	55.3
Other teaching license	46.9
Other license(s)	18.8
Adult vocational parent educator license	4.1

Table 221 shows that public school funds including vocational grants were reported to be the major source of funds for parent education offered by public school special education.

Table 221. Funding Sources of Programs in Public School Special Education

Funding source	Frequency	Percent (N=11)
Public school funds including vocational grants	8	72.7
Specific public grants, programs, organization budgets or other funds	3	27.3
Private health organization budgets or funds	1	9.1

Cooperation with both private and public nonhealth agencies, organizations, and institutions and intra-agency cooperation in offering parent education were reported (See Table 222).

Table 222. Agencies With Whom Public School Special Education Programs Cooperate

Cooperating agency	Frequency	Percent (N=11)
Private nonhealth agencies, organizations, institutions	4	36.4
Public nonhealth agencies, organizations, institutions	3	27.3
Intra-agency cooperation	2	18.2

Low enrollment/attendance/participation was the most commonly reported problem encountered by these programs, followed by few or no problems (See Table 223).

Table 223. Problems of Programs in Public School Special Education

Problem	Frequency	Percent (N=11)
Low enrollment/attendance/participation	4	36.4
Few or no problems	2	18.2
Lack of interest/commitment, attitudinal problems	1	9.1
Delivering the program, including transportation	1	9.1
Finding qualified personnel	1	9.1
Father/male participation	1	9.1
Dealing with a wide range of diversity in participants	1	9.1
Lack of child care services	1	9.1
Those parents with the greatest need do not participate, and those with less need do participate	1	9.1

Public School Early Childhood Programs

Table 224 shows that all respondents in public school early childhood programs reported offering child development content in their parent education, and a high percentage also offered content in child rearing practices, family life, nutrition, family support systems, and health.

Table 224. Content of Programs in Public School Early Childhood Programs

Content	Frequency	Percent (N=10)
Child development	10	100.0
Child rearing practices	8	80.0
Family life	7	70.0
Nutrition	7	70.0
Family support systems	6	60.0
Health	6	60.0
Parent/adult development	3	30.0
Other	1	10.0
Chemical dependency	1	
Family violence	1	

Couples and parents of preschoolers were reported to be the two most frequently served audiences (See Table 225). Of those served, 12.6 percent were reported to have college degrees. The lower middle socioeconomic level was the socioeconomic level reported to be most frequently served, and most of those served were reported to be Caucasian (See Tables 226 and 227).

Table 225. Audiences Served by Public School Early Childhood Programs

Audience	Frequency	Percent (N=10)
Couples	9	90.0
Parents of preschoolers	8	80.0
Children	7	70.0
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill, deceased	7	70.0
Single parents	7	70.0
Parents in reconstituted families (step-parents)	6	60.0
Mothers only	5	50.0
Fathers only	5	50.0
Adoptive parents	5	50.0
Expectant parents	5	50.0
Parents of toddlers	5	50.0
Parents of school-age children	5	50.0
Foster parents	4	40.0
Parents of twins	4	40.0
Parents of infants	4	40.0
Teen-age parents	3	30.0
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	3	30.0
Parents of gifted children	3	30.0
Parents of teen-age children	2	20.0
Adolescents, including those in preparenting education	2	20.0
Parents of adult children	1	10.0
Children of aging parents	1	10.0

Table 226. Persons Served in Public School Early Childhood Programs by Socioeconomic Level

Socioeconomic level	Mean Percent
Low	27.5
Lower middle	39.4
Upper middle	27.5
High	4.4
Total	98.8*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 227. Persons Served in Public School Early Childhood Programs by Racial Group

Race	Mean Percent
Caucasian	98.6
Native American	1.0
Asian	0.4
Total	100.0

Health and nutrition services, telephone contact with individual parents, and referral services, all nongroup services, were the top three reported services provided by public school early childhood program parent education (See Table 228).

Table 228. Services Provided by Public School Early Childhood Programs

Service	Frequency	Percent (N=10)
Health and nutrition services, e.g., Early and Periodic Screening	9	90.0
Telephone contact with individual parents	8	80.0
Referral services	8	80.0
Lending library with references and materials for parents	7	70.0
Newsletters, pamphlets, fact sheets, books	7	70.0
Series of formal classes or lecture sessions	6	60.0
Single informal group discussion sessions including support and self-help groups	5	50.0
Series of informal group discussion sessions including support and self-help groups	5	50.0
Lending library with books and/or toys for children	5	50.0
Newspaper articles	4	40.0
Single formal class or lecture sessions	3	30.0
Individual counseling/conferencing sessions	3	30.0
Child care during parent education offerings	3	30.0
Group counseling sessions	2	20.0
Television, radio, and/or theater programs; films or video (single or series)	2	20.0

Table 229 lists the top three reported formats used in these programs as mothers and fathers together, group sessions held in community settings, and couple and child interaction/activity.

Table 229. Formats Used in Public School Early Childhood Programs

Format	Frequency	Percent (N=10)
Mothers and fathers together	8	80.0
Group sessions held in community settings	7	70.0
Couple and child interaction/activity	6	60.0
One-to-one sessions held in community settings	5	50.0
Mother and child interaction/activity	5	50.0
Father and child interaction/activity	5	50.0
One-to-one sessions held in homes	4	40.0
Mothers separately	3	30.0
Fathers separately	2	20.0
Group sessions held in homes	1	10.0
Other	1	10.0

All of the respondents in public school early childhood programs reported early childhood educators as providers of parent education services, followed closely by social workers and nurses (See Table 230).

Table 230. Providers of Parent Education Services in Public School Early Childhood Programs

Provider	Frequency	Percent (N=10)
Early childhood educators	10	100.0
Social workers	9	90.0
Nurses	7	70.0
Adult educators	4	40.0
Counselors	4	40.0
Psychologists, psychiatrists	4	40.0
Home economists	3	30.0
Therapists	3	30.0
Elementary educators	2	20.0
Secondary educators	2	20.0
Other	2	20.0
College or university instructors	1	10.0
Doctors, pediatricians	1	10.0
Nutritionists	1	10.0
Lay leaders, paraprofessionals, educational aides	1	10.0
Experienced parents	1	10.0

Providers of parent education services most commonly had Bachelor's degrees as their highest degree and had either nonvocational teaching licenses or early childhood educator licenses (See Tables 231 and 232).

Table 231. Educators by Highest Degree in Public School Early Childhood Programs

Degree	Mean Percent
Bachelor's	70.5
Master's	18.8
None	11.0
Credits beyond Master's	2.5
Doctoral	1.0

Table 232. Educators by License in Public School Early Childhood Programs

License	Mean Percent
Other teaching license	47.7
Early childhood educator license	44.6
Adult vocational parent educator license	30.0
Other license(s)	9.7
Other vocational teaching license	2.4

Table 233 shows that the most common funding source for these parent education offerings was reported to be public school funds.

Table 233. Funding Sources of Programs in Public School Early Childhood Programs

Funding source	Frequency	Percent (N=10)
Public school funds including vocational grants	9	90.0
Service user fees including tuition	1	10.0
Public funds-undesigned	1	10.0

These programs were reported to most frequently cooperate with other early childhood programs in offering parent education (See Table 234).

Table 234. Agencies With Whom Public School Early Childhood Programs Cooperate

Cooperating agency	Frequency	Percent (N=10)
Early childhood programs	4	40.0
Churches	3	30.0
Health agencies, organizations, institutions	3	30.0
Public schools	2	20.0
Public nonhealth agencies, organizations, institutions	2	20.0
Intra-agency cooperation	2	20.0
Agricultural Extension Service	1	10.0
Businesses	1	10.0
Private nonhealth agencies, organizations, institutions	1	10.0

Table 235 indicates that time demands on busy parents and scheduling, time of day, conflict with other activities in the community were the top two problems reported to be encountered by these respondents.

Table 235. Problems of Public School Early Childhood Programs

Problem	Frequency	Percent (N=10)
Time demands on busy parents	3	30.0
Scheduling, time of day, conflict with other activities in the community	3	30.0
Low enrollment/attendance/participation	2	20.0
Lack of or inadequate space/facilities	1	10.0
Lack of interest/commitment, attitudinal problems	1	10.0
Workload -- parent education adds additional responsibilities to other duties	1	10.0
Finding qualified personnel	1	10.0
Quality of curriculum materials	1	10.0

Summary of Public School Specific Sponsors

The content of parent education programs offered by the various specific sponsors in the public school sponsor group showed little variation. Child development, child rearing practices, and family life or family support systems were the three most frequently reported content areas in five of the six specific sponsors. In the secondary public schools, nutrition was one of the top three content areas rather than child rearing practices.

The secondary public schools were the only specific sponsor of parent education among the six reported within the public schools which had adolescents as their top audience served (89.2 percent). They also reported serving teen-age parents more than any other of the six groups. It is predictable that parents of special needs children would be the audience most frequently served by parent education in public school special education, which they were. It is interesting to note that this audience of parents was also frequently served by elementary public schools, PTAs, and public school early childhood programs. Couples, single parents, and children were consistently frequently served audiences in most of these groups. Community education reported serving parents of children of all developmental age groups while elementary schools and PTAs reported serving more parents of school-age children, and early childhood programs more parents of preschoolers. PTAs also reported serving a considerable number of parents of gifted children (60.0 percent), which is the only public school specific sponsor serving this audience with such frequency.

Variation appeared in the educational level of audiences served. Since most of those served in secondary public school parent education were adolescents, it is understandable that a low percentage of those served had college degrees. Community education, elementary public schools, and PTAs served an audience with about one-fourth holding college degrees. A smaller percentage of those served had college degrees in public school special education and early childhood programs (11.0 and 12.6, respectively). About 20 percent of those served were in the low socioeconomic level in community education, secondary and elementary schools, and PTAs, with a higher percentage in this level in special education and early childhood programs. Most of these specific sponsors reported serving the lower middle socioeconomic level except for the elementary schools which more frequently reported serving the upper middle socioeconomic level. The majority of those served across all groups were reported to be Caucasian, although a considerable proportion of the special education parent education sponsors reported serving blacks (13.7 percent).

Group services and formats were most common in community education, secondary education, PTAs, and special education. Special education also frequently reported individual services such as telephone contact with parents, and both elementary schools and early childhood programs reported individual parent education services more frequently than group services. Elementary schools and early childhood programs reported health and nutrition services, telephone contact, and referral services most frequently. Newsletters, pamphlets, fact sheets, and books were also reported to be frequent services provided by these two specific sponsors. Along with group sessions in community settings, mothers and fathers together was another format frequently reported by all six specific sponsors in the public schools.

Providers of parent education services in the six specific public school sponsors followed what might be considered somewhat of a predictable pattern. Secondary educators and home economists head the list of providers in secondary schools, elementary educators head the list in elementary schools and PTAs, and early childhood educators head the list in early childhood programs. Early

childhood educators also top the list of providers in special education and community education. The fact that early childhood educators were most common in special education may indicate that most of the public school parent education reported in special education was done with parents of younger children. This is further reinforced by the fact that over 90 percent of those served in special education were reported to be parents of preschoolers. It is not as evident why early childhood educators were the most frequent providers in community education although the most frequently reported audience served by this sponsor was parents of preschoolers. Adult educators were the second most frequent providers in community education, and social workers were second or third in elementary education, PTAs, special education, and early childhood education. Nurses were reported within the four most frequent providers in all groups but the PTAs. There was clearly both predictability and diversity in who provided parent education services in these various public school specific sponsors.

A Bachelor's degree was the highest degree reported to be most commonly held by parent education providers across all of these specific sponsors except in PTAs and special education. Since over half of the PTA providers were reported to be social workers, this may account for the most common highest degree reported for PTA providers being a Master's degree. Since special education teachers usually are required to have work beyond a Bachelor's degree, it is not surprising that the highest degree reported to be held by educators in special education was credit beyond a Master's degree. Of the licenses reported to be held by educators, in elementary schools and special and early childhood education, nonvocational teaching licenses or early childhood educator licenses were most common. PTAs most frequently reported noneducation related licenses along with nonvocational teaching licenses. In contrast, the two vocational teaching licenses were most common among parent education providers in the secondary schools; and in community education, nonvocational teaching licenses and adult vocational parent educator licenses were most common.

Public school funds including vocational grants were the most frequent source of funding for parent education in all of the public school specific sponsors except in PTAs where fund raising events headed the list.

Intra-agency cooperation in offering parent education was a frequently reported form of agency/program cooperation among all of these public school specific sponsors. Cooperation in providing parent education was also reported to be fairly consistent across all six groups with health, public, and private agencies, organizations, and institutions. Early childhood programs, however, most commonly cooperated with other early childhood programs.

Low enrollment/attendance/participation and lack of interest/commitment, attitudinal problems were frequently reported problems encountered in all six specific sponsors. Funding was a frequently reported problem in community education, and male participation was the most frequently reported problem in secondary schools. Time demands on busy parents and scheduling were the most frequently reported problems in early childhood programs and appeared among the problems reported by other school sponsors as well.

Specific Sponsor Within Post Secondary Education

Vocational Schools (AVTIs)

Of the four post secondary education specific sponsors, vocational schools were the only specific sponsor with 10 or more respondents (N = 15). The analyzed data from this specific sponsor are reported in this section. Since this specific sponsor comprised three-fifths of the post secondary sponsor group, the data presented in this section show patterns very similar to the sponsor group with the exception of the personnel-related data. Fewer personnel with doctoral degrees or credits beyond Master's degrees were reported in the AVTI responses than were reported for the post secondary sponsor group. Further, over 85 percent of the AVTI parent educators held the adult vocational parent education license in responding programs compared to 62 percent in the sponsor group. There were also some, but less dramatic, differences in the backgrounds of personnel providing parent education in the AVTIs and the sponsor group. These data are reported in Tables 63, 64, 65, 242, 243, and 244.

The top three content areas provided in the parent education offerings in vocational schools were child development, child rearing practices, and family life (See Table 236). The content areas of parent/adult development, health, family support systems, and nutrition were also frequently reported.

Table 236. Content of Programs in Post Secondary Education Vocational Schools (AVTIs)

Content	Frequency	Percent (N=15)
Child development	13	86.7
Child rearing practices	13	86.7
Family life	13	86.7
Parent/adult development	11	73.3
Health	10	66.7
Family support systems	9	60.0
Nutrition	9	60.0
Other	0	0.0
Family violence	2	
Prenatal development and education	1	
Human sexuality	1	

Table 237 indicates that parents of preschoolers and single parents were the audiences reported to be most frequently served by AVTIs. Couples, parents of toddlers and infants, and children were also audiences frequently reported to be served. These programs appeared to most commonly serve both parents as couples and single parents of younger children, i.e., infants, toddlers, and preschoolers.

Of the audiences served by AVTI parent education offerings, 16.9 percent were reported to have college degrees. Most of those reported to be served were reported to be in the lower middle socioeconomic level, although over a third

were also reported in the upper middle socioeconomic level (See Table 238). Table 239 indicates that the overwhelming majority of those served were Caucasian.

Table 237. Audiences Served by Post Secondary Education Vocational Schools (AVTIs)

Audience	Frequency	Percent (N=15)
Parents of preschoolers	13	86.7
Single parents	11	73.3
Couples	10	66.7
Parents of toddlers	10	66.7
Parents of infants	9	60.0
Children	9	60.0
Adoptive parents	8	53.3
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill, deceased	8	53.3
Parents in reconstituted families (step-parents)	7	46.7
Foster parents	7	46.7
Mothers only	6	40.0
Fathers only	6	40.0
Parents of school-age children	6	40.0
Parents of teen-age children	6	40.0
Expectant parents	5	33.3
Parents of twins	4	26.7
Teen-age parents	3	20.0
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	2	13.3
Parents of gifted children	2	13.3
Grandparents	2	13.3
Parents of adult children	1	6.7
Children of aging parents	1	6.7
Adolescents, including those in preparenting education	1	6.7
Other	1	6.7

Table 238. Persons Served by Socioeconomic Level in Post Secondary Education Vocational Schools (AVTIs)

Socioeconomic level	Mean Percent
Low	10.6
Lower middle	46.1
Upper middle	37.2
High	12.8
Total	106.7*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 239. Persons Served by Racial Group in Post Secondary Education Vocational Schools (AVTIs)

Race	Mean Percent
Caucasian	97.3
Latino	.9
Asian	.8
Native American	.5
Black	.4
Total	99.9*

*Total percent varies from 100 due to percentages reported not equaling 100.

Series of and single formal classes or lecture sessions head the list of reported services provided by vocational schools along with newsletters, pamphlets, fact sheets, and books (See Table 240). Series of informal group discussion sessions including support and self-help groups and lending libraries with references and materials for parents were also frequently reported services.

Table 240. Services Provided by Programs in Post Secondary Education Vocational Schools (AVTIs)

Service	Frequency	Percent (N=15)
Series of formal classes or lecture sessions	11	73.3
Single formal class or lecture sessions	9	60.0
Newsletters, pamphlets, fact sheets, books	9	60.0
Series of informal group discussion sessions including support and self-help groups	8	53.3
Lending library with references and materials for parents	8	53.3
Referral services	7	46.7
Child care during parent education offerings	7	46.7
Single informal group discussion sessions including support and self-help groups	6	40.0
Telephone contact with individual parents	6	40.0
Lending library with books and/or toys for children	6	40.0
Newspaper articles	5	33.3
Health and nutrition services, e.g., Early and Periodic Screening	3	20.0
Other	2	13.3
Group counseling sessions	1	6.7
Television, radio, and/or theater programs; films or video (single or series)	1	6.7

Table 241 indicates that group sessions held in community settings was the most frequent response in regard to formats used in vocational school parent education programs. Interaction/activity between couples and children, mothers and children, and fathers and children were also frequently reported formats.

Table 241. Formats Used in Programs in Post Secondary Education Vocational Schools

Format	Frequency	Percent (N=15)
Group sessions held in community settings	13	86.7
Couple and child interaction/activity	9	60.0
Mother and child interaction/activity	8	53.3
Father and child interaction/activity	8	53.3
Mothers and fathers together	7	46.7
Mothers separately	5	33.3
Fathers separately	4	26.7
Group sessions held in homes	3	20.0
One-to-one sessions held in homes	1	6.7

Adult educators and home economists were reported to be the most frequent providers of parent education services in AVTIs (See Table 242). Early childhood educators were another commonly reported category of providers.

Table 242. Providers of Parent Education Services in Post Secondary Education Vocational Schools (AVTIs)

Provider	Frequency	Percent (N=15)
Adult educators	11	73.3
Home economists	11	73.3
Early childhood educators	10	66.7
Nurses	7	46.7
Counselors	6	40.0
Elementary educators	5	33.3
Secondary educators	4	26.7
Social workers	4	26.7
Nutritionists	4	26.7
Experienced parents	4	26.7
Doctors, pediatricians	3	20.0
Legal personnel, law enforcement officers	3	20.0
Psychologists, psychiatrists	2	13.3
College or university instructors	1	6.7
Therapists	1	6.7
Ministers, priests, rabbis	1	6.7
Lay leaders, paraprofessionals, educational aides	1	6.7
Other	1	6.7

Almost three-fourths of these educators were reported to have Bachelor's degrees as their highest degree (See Table 243). Over 85 percent of these providers were reported to have adult vocational parent educator licenses (See Table 244).

Table 243. Educators by Highest Degree in Post Secondary Education Vocational Schools (AVTIs)

Degree	Mean Percent
Bachelor's	74.4
Master's	10.9
Associate	8.8
None	4.7
Credits beyond Master's	.4
Doctoral	.4

Table 244. Educators by License in Post Secondary Education Vocational Schools (AVTIs)

License	Mean Percent
Adult vocational parent educator license	85.8
Early childhood educator license	17.5
Other teaching license	15.2
Other vocational teaching license	4.6
Other license(s)	.1

Table 245 indicates that public school funds including vocational grants was reported to be a funding source by all respondents, and many also reported service user fees including tuition as a funding source.

Table 245. Funding Sources of Programs in Post Secondary Vocational Schools (AVTIs)

Funding source	Frequency	Percent (N=15)
Public school funds including vocational grants	15	100.0
Service user fees including tuition	9	60.0
Public funds - undesignated	1	6.7

Cooperation with other programs in offering parent education most commonly occurred with public schools and public nonhealth agencies, organizations, and institutions (See Table 246).

Table 246. Agencies With Whom Programs Cooperate in Post Secondary Vocational Schools (AVTIs)

Cooperating agency	Frequency	Percent (N=15)
Public schools	6	40.0
Public nonhealth agencies, organizations, institutions	6	40.0
Agricultural Extension Service	3	20.0
Private nonhealth agencies, organizations, institutions	3	20.0
Health agencies, organizations, institutions	3	20.0
Post secondary education	1	6.7
Early childhood programs	1	6.7

Table 247 shows that the most frequently reported problems were funding, low enrollment/attendance/participation, and lack of or inadequate space/facilities. Several respondents also indicated having few or no problems.

Table 247. Problems of Programs in Post Secondary Vocational Schools (AVTIs)

Problem	Frequency	Percent (N=15)
Funding	4	26.7
Low enrollment/attendance/participation	4	26.7
Lack of or inadequate space/facilities	3	20.0
Few or no problems	3	20.0
Finding qualified personnel	2	13.3
Lack of interest/commitment, attitudinal problems	1	6.7
Workload -- parent education adds additional responsibilities to other duties	1	6.7
Scheduling, time of day, conflict with other activities in the community	1	6.7
Those parents with the greatest need do not participate, and those with less need do participate	1	6.7
Lack of interagency cooperation	1	6.7
Costs too high for participation	1	6.7
Planning, estimating demand	1	6.7

Specific Sponsors Within Public Community or Government Nonhealth Agencies,
Organizations, and Institutions

In the sponsor group of public community or government non-health agencies, organizations, and institutions only two of the six specific sponsors had 10 or more respondents. The results of these two specific sponsors, social service agencies (N = 30) and day care/early childhood programs including Head Start (N = 23), are presented in this section as two examples of specific sponsors in this sponsor group. Since there is no direct relationship between these two specific sponsors other than their both being public agencies or organizations, no comparative discussion is included in this section.

Public Social Service Agencies

Child rearing practices and child development were reported most frequently as the content of parent education programs in public social service agencies (See Table 248). Family support systems and family life were also content areas frequently reported.

Table 248. Content of Programs in Public Social Service Agencies

Content	Frequency	Percent (N=30)
Child rearing practices	27	90.0
Child development	25	83.3
Family support systems	20	66.7
Family life	16	53.3
Parent/adult development	14	46.7
Nutrition	14	46.7
Health	13	43.3
Other	5	16.7
Chemical dependency	1	
Family violence	1	

Table 249 indicates that couples and single parents were the two most frequently reported audiences served by public social service agency parent education. Parents of special needs children was another frequently reported audience. Over 50 percent of the public social service agency providers indicated serving parents of children of all developmental age groups, as well as parents in reconstituted families, foster parents, teen-age parents, and parents with special needs. The respondent agencies appeared to serve a wide diversity of audiences through their parent education offerings.

Table 249. Audiences Served by Public Social Service Agencies

Audience	Frequency	Percent (N=30)
Couples	25	83.3
Single parents	25	83.3
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	23	76.7
Parents of school-age children	21	70.0
Parents of preschoolers	20	66.7
Parents of infants	19	63.3
Parents of toddlers	19	63.3
Parents in reconstituted families (step-parents)	18	60.0
Foster parents	18	60.0
Parents of teen-age children	18	60.0
Teen-age parents	17	56.7
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	17	56.7
Mothers only	13	43.3
Adoptive parents	12	40.0
Parents of twins	11	36.7
Expectant parents	11	36.7
Fathers only	10	33.3
Children	9	30.0
Parents of gifted children	8	26.7
Parents of adult children	7	23.3
Adolescents, including those in preparenting education	7	23.3
Children of aging parents	5	16.7
Other	5	16.7
Grandparents	3	10.0

Only 7.6 percent of the persons served by public social service agencies were reported to have college degrees. Over half of those served were reported to be in the low socioeconomic level, and most of those served were reported to be Caucasians (See Tables 250 and 251).

Table 250. Persons Served by Socioeconomic Level in Public Social Service Agencies

Socioeconomic level	Mean Percent
Low	52.1
Lower middle	34.1
Upper middle	12.3
High	1.9
Total	100.4*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 251. Persons Served by Racial Group in Public Social Service Agencies

Race	Mean Percent
Caucasian	96.7
Native American	1.4
Black	.8
Latino	.7
Asian	.5
Total	100.1*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 252 shows that the most frequently reported parent education service provided by these public social service agencies was series of formal classes or lecture sessions. Over 50 percent of these agencies also reported providing individual counseling/conferencing sessions, referral services, and telephone contact with individual parents, all nongroup services.

Table 252. Services Provided by Programs in Public Social Service Agencies

Service	Frequency	Percent (N=30)
Series of formal classes or lecture sessions	22	73.3
Individual counseling/conferencing sessions	17	56.7
Referral services	17	56.7
Telephone contact with individual parents	16	53.3
Series of informal group discussion sessions including support and self-help groups	14	46.7
Single formal class or lecture sessions	12	40.0
Newsletters, pamphlets, fact sheets, books	12	40.0
Group counseling sessions	11	36.7
Single informal group discussion sessions including support and self-help groups	9	30.0
Lending library with references and materials for parents	8	26.7
Child care during parents education offerings	8	26.7
Health and nutrition services, e.g., Early and Periodic Screening	7	23.3
Newspaper articles	4	13.3
Television, radio, and/or theater programs; films or video (single or series)	4	13.3
Lending library with books and/or toys for children	3	10.0
Other	2	6.7

Table 253 indicates that group sessions held in community settings was the most commonly reported format, with over half of these respondents also indicating use of the format of mothers and fathers together.

Table 253. Formats Used in Programs in Public Social Service Agencies

Format	Frequency	Percent (N=30)
Group sessions held in community settings	23	76.7
Mothers and fathers together	17	56.7
One-to-one sessions held in homes	13	43.3
One-to-one sessions held in community settings	9	30.0
Mothers separately	9	30.0
Mother and child interaction/activity	9	30.0
Couple and child interaction/activity	9	30.0
Father and child interaction/activity	8	26.7
Fathers separately	6	20.0
Group sessions held in homes	3	10.0
Other	2	6.7

Social workers were the most frequently reported provider of parent education services reported by these agencies (See Table 254). Nurses and counselors were the next most frequently reported providers.

Table 254. Providers of Parent Education Services in Public Social Service Agencies

Provider	Frequency	Percent (N=30)
Social workers	22	73.3
Nurses	12	40.0
Counselors	12	40.0
Psychologists, psychiatrists	10	33.3
Lay leaders, paraprofessionals, educational aides	8	26.7
Experienced parents	8	26.7
Early childhood educators	7	23.3
Adult educators	6	20.0
Nutritionists	6	20.0
Therapists	5	16.7
Home economists	4	13.3
College or university instructors	3	10.0
Doctors, pediatricians	3	10.0
Legal personnel, law enforcement officers	3	10.0
Elementary educators	2	6.7
Ministers, priests, rabbis	1	3.3
Other	1	3.3

Table 255 indicates that Bachelor's and Master's degrees were the two highest degrees most commonly reported held by the providers of parent education in public social service agencies. Table 256 shows that the parent education providers who were reported to hold licenses most frequently held noneducation related licenses.

Table 255. Educators by Highest Degree in Public Social Service Agencies

Degree	Mean Percent
Bachelor's	45.7
Master's	26.8
Credits beyond Master's	8.3
None	7.2
Doctoral	4.9
Associate	1.4

Table 256. Educators by License in Public Social Service Agencies

License	Mean Percent
Other license(s)	29.7
Other teaching license	14.8

The major funding source for parent education offered by public social service agencies was reported to be undesignated public funds (See Table 257).

Table 257. Funding Sources of Programs in Public Social Service Agencies

Funding source	Frequency	Percent (N=30)
Public funds-undesignated	24	80.0
Service user fees including tuition	7	23.3
Specific public grants, programs, organization budgets or other funds	7	23.3
Specific public health grants, programs, organization budgets or other funds	3	10.0
Contributions in time and facilities	1	3.3
Public school funds	1	3.3
Private organization, agency, institution budgets-undesignated	1	3.3
Corporation budgets including insurance companies	1	3.3.

Table 258 indicates that these agencies most commonly reported cooperating with health agencies, organizations, and institutions in offering parent education.

Table 258. Agencies With Whom Programs Cooperate in Public Social Service Agencies

Cooperating agency	Frequency	Percent (N=30)
Health agencies, organizations, institutions	15	50.0
Public nonhealth agencies, organizations, institutions	10	33.3
Public schools	8	26.7
Private nonhealth agencies, organizations, institutions	7	23.3
Post secondary education	4	13.3
Intra-agency cooperation	4	13.3
Early childhood programs	2	6.7
Agricultural Extension Service	2	6.7

The three most frequently reported problems encountered in the provision of parent education by public social service agencies were low enrollment/attendance/participation, lack of interest/commitment, attitudinal problems, and funding (See Table 259).

Table 259. Problems of Programs in Public Social Service Agencies

Problem	Frequency	Percent (N=30)
Low enrollment/attendance/participation	10	33.3
Lack of interest/commitment, attitudinal problems	7	23.3
Funding	4	13.3
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	3	10.0
Delivering the program, including transportation	3	10.0
Those parents with the greatest need do not participate, and those with less need do participate	2	6.7
Demand exceeds supply, need to expand services	2	6.7
Lack of or inadequate space/facilities	1	3.3
Lack of public awareness and understanding	1	3.3
Workload - parent education adds additional responsibilities to other duties	1	3.3
Determining program content	1	3.3
Finding qualified personnel	1	3.3

Table 259. (Continued)

Scheduling, time of day, conflict with other activities in the community	1	3.3
Quality of curriculum materials	1	3.3
Father/male participation	1	3.3
Dealing with wide range of diversity of participants	1	3.3
Lack of child care services	1	3.3
Evaluation, measuring results	1	3.3
Parents participate only after problems arise	1	3.3
Lack of interagency cooperation	1	3.3
Costs too high for participation	1	3.3
Finding training for staff	1	3.3
Few or no problems	1	3.3

Public Day Care/Early Childhood Programs (Including Head Start)

Child development and child rearing practices were the top two reported content areas in the parent education offered by public day care/early childhood programs, many of which were Head Start programs (See Table 260). Health and nutrition were two other frequently reported content areas.

Table 260. Content of Programs in Public Day Care/Early Childhood Programs (Including Head Start)

Content	Frequency	Percent (N=23)
Child development	21	91.3
Child rearing practices	19	82.6
Health	18	78.3
Nutrition	18	78.3
Family life	15	65.2
Family support systems	14	60.9
Parent/adult development	13	56.5
Other	6	26.1
Family violence	2	
Chemical dependency	1	

Table 261 indicates that couples, single parents, parents of preschoolers, and children were audiences reported to be served by most of these early childhood parent education programs. Parents of special needs children and parents in reconstituted families were two other frequently reported audiences served.

Table 261. Audiences Served by Public Day Care/Early Childhood Programs
(Including Head Start)

Audience	Frequency	Percent (N=23)
Couples	22	95.7
Single parents	22	95.7
Parents of preschoolers	22	95.7
Children	21	91.3
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill, deceased	20	87.0
Parents in reconstituted families (step-parents)	19	82.6
Parents of infants	17	73.9
Parents of toddlers	17	73.9
Expectant parents	15	65.2
Parents of school-age children	15	65.2
Mothers only	14	60.9
Foster parents	14	60.9
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	14	60.9
Parents of twins	14	60.9
Fathers only	12	52.2
Parents of teen-age children	12	52.2
Adoptive parents	11	47.8
Teen-age parents	10	43.5
Parents of gifted children	8	34.8
Grandparents	8	34.8
Parents of adult children	4	17.4
Children of aging parents	2	8.7
Other	2	8.7

Only 7.8 percent of the persons served were reported to have college degrees. Over 75 percent of those served were reported to be in the low socioeconomic level which is consistent with Head Start guidelines, and most of those served were reported to be Caucasians (See Tables 262 and 263). Compared to other specific sponsors and sponsor groups, more people of other racial groups were also reported to be served by these parent education programs.

Table 262. Persons Served by Socioeconomic Level in Public Day Care/Early Childhood Programs (Including Head Start)

Socioeconomic level	Mean Percent
Low	75.4
Lower middle	16.0
Upper middle	4.5
High	2.8
Total	98.7*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 263. Persons Served by Racial Group in Public Day Care/Early Childhood Programs(Including Head Start)

Race	Mean Percent
Caucasian	82.3
Native American	6.7
Latino	5.8
Black	2.8
Asian	2.4
Total	100.0

Table 264 indicates that four nongroup services head the list in frequency of parent education services reported provided by public day care/early childhood programs: referral services; telephone contact with individual parents; newsletters, pamphlets, fact sheets, and books; and lending library with references and materials for parents.

The top two formats reported to be used most frequently were group sessions held in community settings and mothers and fathers together (See Table 265).

Table 264. Services Provided by Programs in Public Day Care/Early Childhood Programs (Including Head Start)

Service	Frequency	Percent (N=23)
Referral services	21	91.3
Telephone contact with individual parents	20	87.0
Newsletters, pamphlets, fact sheets, books	20	87.0
Lending library with references and materials for parents	18	78.3
Single formal class or lecture sessions	17	73.9
Child care during parent education offerings	17	73.9
Health and nutrition services, e.g., Early and Periodic Screening	15	65.2
Series of formal classes or lecture sessions	13	56.5
Series of informal group discussion sessions including support and self-help groups	13	56.5
Single informal group discussion sessions including support and self-help groups	12	52.2
Lending library with books and/or toys for children	10	43.5
Individual counseling/conferencing sessions	8	34.8
Newspaper articles	8	34.8
Other	2	8.7
Group counseling sessions	1	4.3

Table 265. Formats Used in Programs in Public Day Care/Early Childhood Programs (Including Head Start)

Format	Frequency	Percent (N=23)
Group sessions held in community settings	20	87.0
Mothers and fathers together	18	78.3
Mother and child interaction/activity	14	60.9
One-to-one sessions held in homes	12	52.2
Couple and child interaction/activity	11	47.8
Father and child interaction/activity	10	43.5
Group sessions held in homes	9	39.1
Mothers separately	8	34.8
Fathers separately	7	30.4
One-to-one sessions held in community settings	6	26.1

Early childhood educators were clearly the most frequently reported providers of parent education services in these day care/early childhood programs (See Table 266). Nurses, nutritionists, and experienced parents were also frequently reported providers.

Table 266. Providers of Parent Education Services in Public Day Care/Early Childhood Programs (Including Head Start)

Provider	Frequency	Percent (N=23)
Early childhood educators	21	91.3
Nurses	17	73.9
Nutritionists	16	69.6
Experienced parents	15	65.2
Social workers	14	60.9
Psychologists, psychiatrists	14	60.9
Adult educators	12	52.2
Home economists	11	47.8
Counselors	10	43.5
Doctors, pediatricians	10	43.5
Elementary educators	8	34.8
College or university instructors	7	30.4
Legal personnel, law enforcement officers	7	30.4
Therapists	5	21.7
Lay leaders, paraprofessionals, educational aides	4	17.4
Other	3	13.0
Secondary educators	1	4.3

Table 267 shows that the highest degree most commonly held by these providers was reported to be a Bachelor's degree. Table 268 indicates that early childhood educator licenses and other nonvocation teaching licenses were reported to be most frequently held by these educators.

Table 267. Educators by Highest Degree in Public Day Care/Early Childhood Programs (Including Head Start)

Degree	Mean Percent
Bachelor's	65.2
None	8.9
Master's	7.6
Associate	5.8
Doctoral	.6
Credits beyond Master's	.2

Table 268. Educators by License in Public Day Care/Early Childhood Programs
(Including Head Start)

License	Mean Percent
Early childhood educator license	23.6
Other teaching license	21.7
Adult vocational parent educator license	14.7
Other license(s)	12.1
Other vocational teaching license	6.3

Table 269 indicates that specific public grants, programs, organization budgets or other funds were most frequently reported to be a funding source for the parent education offered by public day care/early childhood programs.

Table 269. Funding Sources of Programs in Public Day Care/Early Childhood Programs (Including Head Start)

Funding source	Frequency	Percent (N=23)
Specific public grants, programs, organization budgets or other funds including Head Start	14	60.9
Public funds-undesignated	5	21.7
Service user fees including tuition	3	13.0
Contributions in time and facilities	3	13.0
Public school funds including vocational grants	3	13.0

Table 270 shows that cooperation in offering parent education was reported to be done most frequently with health and public nonhealth agencies, organizations, and institutions; public schools; and other early childhood programs.

The two most frequently reported problems encountered by these programs in offering parent education were low enrollment/attendance/participation and delivering the program (See Table 271).

Table 270. Agencies With Whom Programs Cooperate in Public Day Care/Early Childhood Programs (Including Head Start)

Cooperating agency	Frequency	Percent (N=23)
Health agencies, organizations, institutions	9	39.1
Public nonhealth agencies, organizations, institutions	8	34.8
Public schools	7	30.4
Early childhood programs	6	26.1
Agricultural Extension Service	4	17.4
Private nonhealth agencies, organizations, institutions	4	17.4
Post secondary education	3	13.0
Private schools	1	4.3
Intra-agency cooperation	1	4.3

Table 271. Problems of Programs in Public Day Care/Early Childhood Programs (Including Head Start)

Problem	Frequency	Percent (N=23)
Low enrollment/attendance/participation	9	39.1
Delivering the program, including transportation	6	26.1
Funding	4	17.4
Lack of child care services	4	17.4
Lack of interest/commitment, attitudinal problems	3	13.0
Those parents with the greatest need do not participate, and those with less need do participate	3	13.0
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	2	8.7
Scheduling, time of day, conflict with other activities in the community	2	8.7
Time demands on busy parents	1	4.3
Finding qualified personnel	1	4.3
Impatience in parents who want quick "how-to-do" methods of parenting	1	4.3
Parents participate only after problems arise	1	4.3
Finding training for staff	1	4.3

Specific Sponsors Within Private Nonhealth Agencies, Organizations, and Institutions

Five of the seven specific sponsors within the sponsor group of private nonhealth agencies, organizations, and institutions had 10 or more respondents; and their data analysis results are reported, compared, and discussed in this section. These five specific sponsors include: private nonhealth agencies, organizations, and institutions -- undesignated (N = 35), special needs focused agencies (N = 22), day care/early childhood programs (N = 17), YMCA/YWCAs (N = 12), and church affiliated agencies and organizations (N = 10).

Private Nonhealth Agencies, Organizations, and Institutions -- Undesignated

The specific sponsor group of undesignated private nonhealth agencies, organizations, and institutions consisted of a wide variety of privately sponsored groups including women's groups, community action groups and neighborhood centers, training and referral centers and/or services, and psychological services.

Table 272 indicates that over half of the respondents from undesignated private agencies, organizations, and institutions reported offering the following content in their parent education: child development, child rearing practices, family life, family support systems, and parent/adult development.

Table 272. Content of Programs in Private Nonhealth Agencies, Organizations, and Institutions (Undesignated)

Content	Frequency	Percent (N=35)
Child development	24	68.6
Child rearing practices	24	68.6
Family life	24	68.6
Family support systems	23	65.7
Parent/adult development	20	57.1
Health	10	28.6
Nutrition	10	28.6
Other	0	.0
Family violence	2	
Prenatal development and education	1	

Single parents and parents of infants and toddlers head the list of audiences reported to be served by these agencies, with single parents clearly the most frequently served audience (See Table 273). Couples and parents of children of all other developmental age groups were also reported to be frequently served as were parents in reconstituted families.

Table 273. Audiences Served by Private Nonhealth Agencies, Organizations, and Institutions (Undesignated)

Audience	Frequency	Percent (N=35)
Single parents	29	82.9
Parents of infants	25	71.4
Parents of toddlers	24	68.6
Couples	21	60.0
Parents of preschoolers	21	60.0
Parents of school-age children	19	54.3
Parents of teen-age children	19	54.3
Parents in reconstituted families (step-parents)	18	51.4
Expectant parents	16	45.7
Children	16	45.7
Mothers only	15	42.9
Teen-age parents	15	42.9
Adoptive parents	15	42.9
Foster parents	12	34.3
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill, deceased	10	28.6
Parents of twins	10	28.6
Parents of gifted children	10	28.6
Fathers only	9	25.7
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	8	22.9
Parents of adult children	8	22.9
Grandparents	8	22.9
Adolescents, including those in preparenting education	8	22.9
Other	8	22.9
Children of aging parents	6	17.1

Of those served by these private nonhealth agencies, organizations, and institutions, 39.3 percent were reported to have college degrees. Table 274 indicates that most of those served were reported to be either in the lower or upper middle socioeconomic levels, although over one-fourth were also reported to be in the low socioeconomic level. Caucasians were clearly the racial group most frequently served (See Table 275).

Table 274. Persons Served by Socioeconomic Level in Private Nonhealth Agencies, Organizations, and Institutions (Undesignated)

Socioeconomic level	Mean Percent
Low	27.0
Lower middle	34.3
Upper middle	32.6
High	8.3
Total	102.2*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 275. Persons Served by Racial Group in Private Nonhealth Agencies, Organizations, and Institutions (Undesignated)

Race	Mean Percent
Caucasian	93.0
Black	3.0
Latino	1.6
Asian	.9
Native American	.8
Total	99.3*

*Total percent varies from 100 due to percentages reported not equaling 100.

Newsletters, pamphlets, fact sheets, and books were reported to be the most frequent parent education service provided by these private nonhealth agencies, organizations, and institutions (See Table 276). Single and series of formal classes or lecture sessions were also frequently reported services.

Group sessions held in community settings was the most common format reported to be used, and mothers and fathers together was another frequently reported format (See Table 277).

Table 276. Services Provided by Programs in Private Nonhealth Agencies, Organizations, and Institutions (Undesignated)

Service	Frequency	Percent (N=35)
Newsletters, pamphlets, fact sheets, books	23	65.7
Single formal class or lecture sessions	18	51.4
Series of formal classes or lecture sessions	18	51.4
Series of informal group discussion sessions including support and self-help groups	15	42.9
Telephone contact with individual parents	14	40.0
Single informal group discussion sessions including support and self-help groups	13	37.1
Referral services	13	37.1
Lending library with references and materials for parents	12	34.3
Child care during parent education offerings	11	31.4
Individual counseling/conferencing sessions	9	25.7
Newspaper articles	7	20.0
Group counseling sessions	5	14.3
Television, radio, and/or theater programs; films or video (single or series)	5	14.3
Lending library with books and/or toys for children	2	5.7
Other	2	5.7
Health and nutrition services, e.g., Early and Periodic Screening	1	2.9

Table 277. Formats Used in Programs in Private Nonhealth Agencies, Organizations, and Institutions (Undesignated)

Format	Frequency	Percent (N=35)
Group sessions held in community settings	30	85.7
Mothers and fathers together	20	57.1
Mothers separately	14	40.0
Group sessions held in homes	9	25.7
One-to-one sessions held in community settings	8	22.9
Mother and child interaction/activity	8	22.9
Couple and child interaction/activity	8	22.9
Fathers separately	7	20.0
Father and child interaction/activity	6	17.1
One-to-one sessions held in homes	5	14.3
Other	1	2.9

Table 278 shows that the three most frequently reported providers of parent education services in undesignated private nonhealth agencies, organizations, and institutions were experienced parents, social workers, and counselors. These providers were most likely to hold as their highest degree either Master's or Bachelor's degrees, and they most commonly held noneducation related licenses if they were licensed (See Tables 279 and 280).

Table 278. Providers of Parent Education Services in Private Nonhealth Agencies, Organizations, and Institutions (Undesignated)

Provider	Frequency	Percent (N=35)
Experienced parents	17	48.6
Social workers	15	42.9
Counselors	14	40.0
Early childhood educators	12	34.3
Adult educators	11	31.4
Psychologists, psychiatrists	11	31.4
Lay leaders, paraprofessionals, educational aides	11	31.4
Nurses	10	28.6
College or university instructors	9	25.7
Secondary educators	8	22.9
Legal personnel, law enforcement officers	6	17.1
Nutritionists	5	14.3
Therapists	5	14.3
Elementary educators	4	11.4
Doctors, pediatricians	4	11.4
Home economists	3	8.6
Other	3	8.6
Ministers, priests, rabbis	2	5.7
Religious educators	1	2.9

Table 279. Educators by Highest Degree in Private Nonhealth Agencies, Organizations, and Institutions (Undesignated)

Degree	Mean Percent
Master's	36.6
Bachelor's	36.2
None	6.1
Credits beyond Master's	5.0
Doctoral	3.8
Associate	1.9

Table 280. Educators by License in Private Nonhealth Agencies, Organizations, and Institutions (Undesignated)

License	Mean Percent
Other license(s)	35.9
Adult vocational parent educator license	17.1
Other teaching license	14.1
Early childhood educator license	9.6
Other vocational teaching license	7.4

Table 281 indicates that the most frequently reported funding source for these parent education offerings was service user fees including tuition.

Table 281. Funding Sources of Programs in Private Agencies, Organizations, and Institutions (Undesignated)

Funding source	Frequency	Percent (N=35)
Service user fees including tuition	25	71.4
Private organization, agency, institution budgets - undesignated	15	42.9
Contributions - undesignated	8	22.9
Fund raising events	6	17.1
Endowments, foundations	5	14.2
Corporation budgets including insurance companies	4	11.4
Contributions in time and facilities	2	5.7
Public funds - undesignated	2	5.7
Public school funds	2	5.7
Church/synagogue/parish budgets	2	5.7
Specific public grants, programs, organization budgets or other funds including Head Start	1	2.9
Specific public health grants, programs, organization budgets or other funds	1	2.9
Health organization, agency, institution budgets - undesignated	1	2.9

These respondents indicated they were most likely to cooperate with other private nonhealth agencies, organizations, and institutions in providing parent education (See Table 282).

Table 283 shows that the three most frequently reported problems in offering parent education in these private nonhealth agencies, organizations, and institutions were funding; lack of interest/commitment, attitudinal problems; and low enrollment/attendance/participation.

Table 282. Agencies With Whom Programs Cooperate in Private Nonhealth Agencies, Organizations, and Institutions (Undesignated)

Cooperating agency	Frequency	Percent (N=35)
Private nonhealth agencies, organizations, institutions	12	34.3
Public nonhealth agencies, organizations, institutions	6	17.1
Public schools	5	14.3
Post secondary education	5	14.3
Churches	3	8.6
Private schools	2	5.7
Early childhood programs	2	5.7
Health agencies, organizations, institutions	2	5.7
Intra-agency cooperation	2	5.7

Table 283. Problems of Programs in Private Nonhealth Agencies, Organizations, and Institutions (Undesignated)

Problem	Frequency	Percent (N=35)
Funding	4	11.4
Lack of interest/commitment, attitudinal problems	4	11.4
Low enrollment/attendance/participation	4	11.4
Delivering the program, including transportation	3	8.6
Finding qualified personnel	3	8.6
Lack of or inadequate space/facilities	1	2.9
Lack of public awareness and understanding	1	2.9
Workload - parent education adds additional responsibilities to other duties	1	2.9
Time demands on busy parents	1	2.9
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	1	2.9
Scheduling, time of day, conflict with other activities in the community	1	2.9
Lack of child care services	1	2.9
Those parents with the greatest need do not parti- cipate, and those with less need do participate	1	2.9
Costs too high for participation	1	2.9
Demand exceeds supply, need to expand services	1	2.9
Planning, estimating demand	1	2.9
Few or no problems	1	2.9

Private Special Needs Focused Agencies

Table 284 indicates that family support systems was the content area in parent education most frequently reported to be offered by private special needs focused agencies. Child rearing practices, family life, child development, and

health were also content areas reported to be offered by at least half of these agencies.

Table 284. Content of Programs in Private Special Needs Focused Agencies

Content	Frequency	Percent (N=22)
Family support systems	20	90.9
Child rearing practices	14	63.6
Family life	14	63.6
Child development	11	50.0
Health	11	50.0
Parent/adult development	8	36.4
Nutrition	7	31.2
Other	8	36.4
Prenatal development and education	1	

As might be expected, Table 285 shows that most of these private special needs focused agencies reported serving parents of special needs children. Single parents was another frequently reported audience served.

Table 285. Audiences Served by Private Special Needs Focused Agencies

Audience	Frequency	Percent (N=22)
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill, deceased	21	95.5
Single parents	16	72.7
Couples	14	63.6
Adoptive parents	14	63.6
Parents of infants	14	63.6
Parents of toddlers	14	63.6
Parents of preschoolers	14	63.6
Parents of school-age children	14	63.6
Foster parents	13	59.1
Parents of teen-age children	13	59.1
Parents in reconstituted families (step-parents)	12	54.5
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	12	54.5
Children	12	54.5
Parents of adult children	10	45.5
Teen-age parents	9	40.9
Parents of twins	9	40.9
Mothers only	7	31.8
Parents of gifted children	7	31.8
Expectant Parents	7	31.8
Grandparents	7	31.8
Adolescents, including those in preparenting education	5	22.7
Fathers only	4	18.2
Children of aging parents	2	9.1

Of those served by these agencies, 23.1 percent were reported to have college degrees. Table 286 indicates that most of those served were reported to be in the lower middle socioeconomic level, with about 25 percent also reported in the low and in the upper middle socioeconomic levels. Table 287 shows that most of those served were reported to be Caucasian, although more blacks and Native Americans were served by these agencies than in many of the other specific sponsors and sponsor groups.

Table 286. Persons Served by Socioeconomic Level in Private Special Needs Focused Agencies

Socioeconomic level	Mean Percent
Low	26.1
Lower middle	43.6
Upper middle	24.8
High	5.6
Total	101.1*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 287. Persons Served by Racial Group in Private Special Needs Focused Agencies

Race	Mean Percent
Caucasian	89.5
Black	4.4
Native American	3.6
Asian	1.3
Latino	.9
Total	99.7*

*Total percent varies from 100 due to percentages reported not equaling 100.

All of the services reported to be provided by more than 50 percent of these private special needs focused agencies were nongroup services and included (in order from most to least frequently reported): telephone contact with individual parents; newsletters, pamphlets, fact sheets, and books; lending library with references and materials for parents; referral services; and individual counseling/conferencing sessions (See Table 288).

Table 288. Services Provided by Programs in Private Special Needs Focused Agencies

Service	Frequency	Percent (N=22)
Telephone contact with individual parents	20	90.9
Newsletters, pamphlets, fact sheets, books	18	81.8
Lending library with references and materials for parents	17	77.3
Referral services	17	77.3
Individual counseling/conferencing sessions	12	54.5
Single informal group discussion sessions including support and self-help groups	11	50.0
Series of informal group discussion sessions including support and self-help groups	10	45.5
Single formal class or lecture sessions	9	40.9
Series of formal classes or lecture sessions	9	40.9
Newspaper articles	9	40.9
Child care during parent education offerings	8	36.3
Group counseling sessions	7	31.8
Lending library with books and/or toys for children	7	31.8
Television, radio, and/or theater programs; films or video (single or series)	6	27.3
Health and nutrition services, e.g., Early and Periodic Screening	6	27.3
Other	2	9.1

Table 289 shows that group sessions held in community settings and mothers and fathers together were the two most frequently reported formats used by these agencies in offering parent education.

Table 289. Formats Used in Programs in Private Special Needs Focused Agencies

Format	Frequency	Percent (N=22)
Group sessions held in community settings	19	86.4
Mothers and fathers together	16	72.7
One-to-one sessions held in community settings	13	59.1
One-to-one sessions held in homes	8	36.4
Mothers separately	8	36.4
Couple and child interaction/activity	7	31.8
Group sessions held in homes	6	27.3
Fathers separately	6	27.3
Mother and child interaction/activity	5	22.7
Father and child interaction/activity	4	18.2

Table 290 indicates that the top three reported providers of parent education services in private special needs focused agencies were experienced parents, social workers, and psychologists or psychiatrists. These providers were most likely to have either Bachelor's or Master's degrees as their highest degrees, and they were most likely to hold noneducation related licenses (See Tables 291 and 292).

Table 290. Providers of Parent Education Services in Private Special Needs Focused Agencies

Provider	Frequency	Percent (N=22)
Experienced parents	15	68.2
Social workers	11	50.0
Psychologists, psychiatrists	11	50.0
Therapists	10	45.5
Counselors	9	40.9
Doctors, pediatricians	8	36.4
Early childhood educators	7	31.8
Adult educators	6	27.3
Nurses	6	27.3
Lay leaders, paraprofessionals, educational aides	6	27.3
Elementary educators	5	22.7
Legal personnel, law enforcement officers	4	18.2
College or university instructors	3	13.6
Home economists	2	9.1
Nutritionists	2	9.1
Ministers, priests, rabbis	2	9.1
Other	2	9.1
Secondary educators	1	4.5

Table 291. Educators by Highest Degree in Private Special Needs Focused Agencies

Degree	Mean Percent
Bachelor's	32.8
Master's	26.9
None	8.2
Credits beyond Master's	4.2
Doctoral	3.1
Associate	1.5

Table 292. Educators by License in Private Special Needs Focused Agencies

License	Mean Percent
Other license(s)	16.4
Early childhood educator license	13.4
Other teaching license	12.7
Adult vocational parent educator license	2.0

Undesignated contributions; undesignated private, agency, organization, or institution budgets; and service user fees including tuition were the three most frequently reported funding sources for the parent education offered by private special needs focused agencies (See Table 293).

Table 293. Funding Sources of Programs in Private Special Needs Focused Agencies

Funding source	Frequency	Percent (N=22)
Contributions - undesignated	8	36.4
Private organization, agency, institution budgets - undesignated	7	31.8
Service user fees including tuition	6	27.3
Public funds - undesignated	4	18.2
Corporation budgets including insurance companies	3	13.6
Public school funds	2	9.1
Specific public health grants, programs, organization budgets or other funds	2	9.1
Endowments, foundations	1	4.5
Fund raising events	1	4.5
Specific public grants, programs, organization budgets or other funds including Head Start	1	4.5
Private health organization budgets or funds	1	4.5

These agencies were most likely to cooperate with private nonhealth agencies, organizations, and institutions in offering parent education (See Table 294).

Table 295 shows that delivering the program and low enrollment/attendance/participation were most frequently reported to be the problems encountered by these agencies in offering parent education.

Table 294. Agencies With Whom Programs Cooperate in Private Special Needs Focused Agencies

Cooperating agency	Frequency	Percent (N=22)
Private nonhealth agencies, organizations, institutions	11	50.0
Public schools	4	18.2
Public nonhealth agencies, organizations, institutions	3	13.6
Health agencies, organizations, institutions	2	9.1
Private schools	1	4.5
Post secondary education	1	4.5
Churches	1	4.5
Intra-agency cooperation	1	4.5

Table 295. Problems of Programs in Private Special Needs Focused Agencies

Problem	Frequency	Percent (N=22)
Delivering the program, including transportation	5	22.7
Low enrollment/attendance/participation	4	18.2
Funding	3	13.6
Workload - - parent education adds additional responsibilities to other duties	3	13.6
Few or no problems	2	9.1
Lack of interest/commitment, attitudinal problems	1	4.5
Time demands on busy parents	1	4.5
Finding qualified personnel	1	4.5
Scheduling, time of day, conflict with other activities in the community	1	4.5
Quality of curriculum materials	1	4.5
Dealing with wide range of diversity in participants	1	4.5
Helping families realize all families have difficulties	1	4.5

Private Day Care/Early Childhood Programs

Table 296 indicates that the three content areas of parent education most frequently reported by private day care/early childhood program providers were child development, child rearing practices, and health, with child development reported by all but one respondent.

Table 296. Content of Programs in Private Day Care/Early Childhood Programs

Content	Frequency	Percent (N=17)
Child development	16	94.1
Child rearing practices	12	70.6
Health	10	58.8
Family life	8	47.1
Family support systems	8	47.1
Nutrition	6	35.3
Parent/adult development	3	17.6
Other	4	23.5
Human sexuality	1	
Family violence	1	

Over 50 percent of these respondents reported serving the following audiences in order of reported frequency: parents of preschoolers, single parents, children, couples, parents of special needs children, and parents of toddlers and school-age children (See Table 297).

Table 297. Audiences Served by Private Day Care/Early Childhood Programs

Audience	Frequency	Percent (N=17)
Parents of preschoolers	15	88.2
Single parents	14	82.4
Children	14	82.4
Couples	13	76.5
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	12	70.6
Parents of toddlers	11	64.7
Parents of school-age children	9	52.9
Mothers only	8	47.1
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	8	47.1
Parents of infants	8	47.1
Parents in reconstituted families (step-parents)	7	41.2
Foster parents	7	41.2
Adoptive parents	6	35.3
Parents of gifted children	6	35.3
Teen-age parents	5	29.4
Parents of twins	4	23.5
Fathers only	3	17.6
Parents of teen-age children	3	17.6
Expectant parents	2	11.8
Adolescents, including those in preparenting	2	11.8

Of those served, 32.9 percent were reported to have college degrees. Table 298 indicates that most of those served were in the upper middle socioeconomic level, with a considerable number also in the low and lower middle socioeconomic levels.

Table 298. Persons Served by Socioeconomic Level in Private Day Care/Early Childhood Programs

Socioeconomic level	Mean Percent
Low	30.2
Lower middle	25.8
Upper middle	36.6
High	7.2
Total	99.8*

*Total percent varies from 100 due to percentages reported not equaling 100.

Most of those served were Caucasians, although almost a fourth of those served were reported to be black (See Table 299).

Table 299. Persons Served by Racial Group in Private Day Care/Early Childhood Programs

Race	Mean Percent
Caucasian	71.5
Black	23.6
Native American	2.3
Asian	1.6
Latino	.3
Total	99.3*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 300 indicates that the most frequently reported service provided by these private day care/early childhood programs was referral services. Other frequently reported services included single formal class or lecture sessions; newsletters, pamphlets, fact sheets, and books; child care during parent education offerings; and series of informal group discussions.

Table 300. Services Provided by Programs in Private Day Care/Early Childhood Programs

Service	Frequency	Percent (N=17)
Referral services	14	82.4
Single formal class or lecture sessions	11	64.7
Newsletters, pamphlets, fact sheets, books	11	64.7
Child care during parent education offerings	10	58.8
Series of informal group discussion sessions including support and self-help groups	9	52.9
Individual counseling/conferencing sessions	8	47.1
Telephone contact with individual parents	8	47.1
Lending library with references and materials for parents	8	47.1
Series of formal classes or lecture sessions	7	41.2
Newspaper articles	6	35.3
Health and nutrition services, e.g., Early and Periodic Screening	6	35.3
Lending library with books and/or toys for children	5	29.4
Single informal group discussion sessions including support and self-help groups	4	23.5
Group counseling sessions	3	17.6
Television, radio, and/or theater programs; films or video (single or series)	2	11.8

Mothers and fathers together and group sessions held in community settings were the top two reported formats used by these early childhood programs in offering parent education (See Table 301).

Table 301. Formats Used in Programs in Private Day Care/Early Childhood Programs

Format	Frequency	Percent (N=17)
Mothers and fathers together	14	82.4
Group sessions held in community settings	12	70.6
Mother and child interaction/activity	5	29.4
Couple and child interaction/activity	5	29.4
Mothers separately	4	23.5
Father and child interaction/activity	2	11.8
Other	2	11.8
One-to-one sessions held in community settings	1	5.9
Group sessions held in homes	1	5.9
One-to-one sessions held in homes	1	5.9

All of the respondents in this specific sponsor group indicated that early childhood educators were providers of their parent education services (See Table 302). Social workers, nurses, and experienced parents were other frequently reported providers.

Table 302. Providers of Parent Education Services in Private Day Care/Early Childhood Programs

Provider	Frequency	Percent (N=17)
Early childhood educators	17	100.0
Social workers	9	52.9
Nurses	8	47.1
Experienced parents	7	41.2
Adult educators	6	35.3
Psychologists, psychiatrists	6	35.3
Counselors	5	29.4
Elementary educators	3	17.6
College or university instructors	3	17.6
Doctors, pediatricians	3	17.6
Nutritionists	3	17.6
Therapists	2	11.8
Ministers, priests, rabbis	2	11.8
Legal personnel, law enforcement officers	2	11.8
Secondary educators	1	5.9
Home economists	1	5.9
Lay leaders, paraprofessionals, educational aides	1	5.9
Other	1	5.9

Table 303 shows that these providers were most likely to have a Bachelor's degree as their highest degree, and Table 304 indicates that early childhood educator licenses were reported to be the license most commonly held by these providers.

Table 303. Educators by Highest Degree in Private Day Care/Early Childhood Programs

Degree	Mean Percent
Bachelor's	39.4
Doctoral	10.9
Master's	10.3
Credits beyond Master's	10.0
Associate	6.7
None	6.6

Table 304. Educators by License in Private Day Care/Early Childhood Programs

License	Mean Percent
Early childhood educator license	48.0
Other license(s)	19.6
Other vocational teaching license	6.7
Adult vocational parent educator license	4.2
Other teaching license	2.8

Service user fees including tuition and undesignated private agency, organization, or institutions budgets were reported as the main funding sources for the parent education offered by private day care/early childhood programs (See Table 305).

Table 305. Funding Sources of Programs in Private Day Care/Early Childhood Programs

Funding source	Frequency	Percent (N=17)
Service user fees including tuition	7	41.2
Private organization, agency, institution budgets - undesignated	6	35.3
Public funds - undesignated	3	17.6
Endowments, foundations	2	11.8
Public school funds	2	11.8
Contributions - undesignated	1	5.9
Fund raising events	1	5.9
Specific public grants, programs, organization budgets or other funds including Head Start	1	5.9
Private schools	1	5.9

Table 306 shows that these programs were most likely to cooperate with private nonhealth agencies, organizations, and institutions and public schools in offering parent education.

Funding and low enrollment/attendance/ participation were the two most frequently mentioned problems encountered by these programs in providing parent education (See Table 307).

Table 306. Agencies With Whom Programs Cooperate in Private Day Care/Early Childhood Programs

Cooperating agency	Frequency	Percent (N=17)
Private nonhealth agencies, organizations, institutions	6	35.3
Public schools	4	23.5
Health agencies, organizations, institutions	3	17.6
Public nonhealth agencies, organizations, institutions	2	11.8
Early childhood programs	1	5.9
Churches	1	5.9
Intra-agency cooperation	1	5.9

Table 307. Problems of Programs in Private Day Care/Early Childhood Programs

Problem	Frequency	Percent (N=17)
Funding	3	17.6
Low enrollment/attendance/participation	3	17.6
Time demands on busy parents	2	11.8
Determining program goals	2	11.8
Costs too high for participation	2	11.8
Lack of public awareness and understanding	1	5.9
Lack of interest/commitment, attitudinal problems	1	5.9
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	1	5.9
Delivering the program, including transportation	1	5.9
Determining program content	1	5.9
Finding qualified personnel	1	5.9
Impatience in parents who want quick "how-to-do" methods of parenting	1	5.9
Parents participate only after problems arise	1	5.9
Those parents with the greatest need do not participate, and those with less need do participate	1	5.9

YMCA/YWCAs

Child development and family support systems head the list of content offered in the parent education programs sponsored by YMCA/YWCA respondents (See Table 308).

Table 308. Content of Programs in YMCA/YWCAs

Content	Frequency	Percent (N=12)
Child development	10	83.3
Family support systems	9	75.0
Parent/adult development	8	66.7
Health	8	66.7
Child rearing practices	7	58.3
Family life	7	58.3
Nutrition	4	33.3
Other	0	.0
Prenatal development and education	1	

Table 309 indicates that single parents and parents of infants, toddlers, and preschoolers were the audiences reported to be most frequently served by these programs.

Table 309. Audiences Served by YMCA/YWCAs

Audience	Frequency	Percent (N=12)
Single parents	10	83.3
Parents of infants	10	83.3
Parents of toddlers	10	83.3
Parents of preschoolers	10	83.3
Expectant parents	9	75.0
Parents of school-age children	9	75.0
Teen-age parents	8	66.7
Children	8	66.7
Mothers only	7	58.3
Parents of teen-age children	7	58.3
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	6	50.0
Couples	5	41.7
Parents in reconstituted families (step-parents)	5	41.7
Foster parents	5	41.7
Adoptive parents	5	41.7
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	5	41.7
Grandparents	5	41.7
Fathers only	4	33.3
Parents of gifted children	4	33.3
Parents of twins	3	25.0
Parents of adult children	3	25.0
Children of aging parents	3	25.0
Adolescents, including those in preparenting education	2	16.7

Of the persons served, 37.1 percent were reported to have college degrees. Table 310 indicates that most of those served were in either upper or lower middle socioeconomic levels, and Table 311 shows that most of those served were Caucasian.

Table 310. Persons Served by Socioeconomic Level in YMCA/YWCAs

Socioeconomic level	Mean Percent
Low	18.9
Lower middle	32.9
Upper middle	37.9
High	10.4
Total	100.1*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 311. Persons Served by Racial Group in YMCA/YWCAs

Race	Mean Percent
Caucasian	91.1
Black	4.0
Native American	3.8
Asian	.6
Latino	.4
Total	99.9*

*Total percent varies from 100 due to percentages reported not equaling 100.

Series of informal group discussion sessions including support and self-help groups and child care during parent education offerings were the most frequently reported services provided by the YMCA/YWCA parent education programs (See Table 312). Series and single formal class or lecture sessions, single informal group discussion sessions, and telephone contact with individual parents were also frequently reported services.

Table 312. Services Provided by Programs in YMCA/YWCAs

Service	Frequency	Percent (N=12)
Series of informal group discussion sessions including support and self-help groups	10	83.3
Child care during parent education offerings	10	83.3
Series of formal classes or lecture sessions	9	75.0
Telephone contact with individual parents	8	66.7
Single formal class or lecture sessions	7	58.3
Single informal group discussion sessions including support and self-help groups	6	50.0
Newsletters, pamphlets, fact sheets, books	5	41.7
Group counseling sessions	4	33.3
Individual counseling/conferencing sessions	4	33.3
Referral services	4	33.3
Newspaper articles	2	16.7
Health and nutrition services, e.g., Early and Periodic Screening	2	16.7
Lending library with references and materials for parents	1	8.3
Lending library with books and/or toys for children	1	8.3
Other	1	8.3

Group sessions held in community settings, mother and child interaction/activity, and mothers and fathers together were the formats most frequently reported to be used in providing parent education in YMCA/YWCAs (See Table 313).

Table 313. Formats Used in Programs in YMCA/YWCAs

Format	Frequency	Percent (N=12)
Group sessions held in community settings	11	91.7
Mother and child interaction/activity	10	83.3
Mothers and fathers together	9	75.0
Mothers separately	6	50.0
Father and child interaction/activity	6	50.0
One-to-one sessions held in community settings	5	41.7
Couple and child interaction/activity	5	41.7
Group sessions held in homes	4	33.3
One-to-one sessions held in homes	4	33.3
Fathers separately	3	25.0

Table 314 indicates that the most frequent providers of parent education services in YMCA/YWCAs were reported to be early childhood educators, adult educators, and experienced parents. Social workers, counselors, psychologists or psychiatrists, and nutritionists were also frequently reported.

Table 314. Providers of Parent Education Services in YMCA/YWCAs

Provider	Frequency	Percent (N=12)
Early childhood educators	8	66.7
Adult educators	8	66.7
Experienced parents	8	66.7
Social workers	7	58.3
Counselors	7	58.3
Psychologists, psychiatrists	6	50.0
Nutritionists	6	50.0
Elementary educators	5	41.7
Nurses	5	41.7
Lay leaders, paraprofessionals, education aides	5	41.7
Secondary educators	4	33.3
College or university instructors	4	33.3
Home economists	4	33.3
Doctors, pediatricians	4	33.3
Ministers, priests, rabbis	3	25.0
Therapists	2	16.7
Legal personnel, law enforcement officers	2	16.7
Religious educators	1	8.3
Other	1	8.3

Most of these providers were reported to have Bachelor's degrees as their highest degree and nonvocational teaching licenses if they held licenses (See Tables 315 and 316).

Table 315. Educators by Highest Degree in YMCA/YWCAs

Degree	Mean Percent
Bachelor's	72.5
Master's	16.2
Associate	5.2
Credits beyond Master's	5.2
Doctoral	4.6
None	2.3

Table 316. Educators by License in YMCA/YWCAs

License	Mean Percent
Other teaching license	54.3
Early childhood educator license	12.1
Adult vocational parent educator license	8.6
Other license(s)	4.3
Other vocational teaching license	1.4

Table 317 shows that the major funding source for the YMCA/YWCA parent education offerings was reported to be service user fees including tuition.

Table 317. Funding Sources of Programs in YMCA/YWCAs

Funding source	Frequency	Percent (N=12)
Service user fees including tuition	9	75.0
Private organization, agency, institution budgets - undesignated	5	41.7
Fund raising events	3	25.0
Contributions - undesignated	2	16.7
Endowments, foundations	1	8.3

These programs were most likely to cooperate with other private nonhealth agencies, organizations, and institutions and public schools in providing parent education (See Table 318).

Table 318. Agencies With Whom Programs Cooperate in YMCA/YWCAs

Cooperating agency	Frequency	Percent (N=12)
Private nonhealth agencies, organizations, institutions	8	66.7
Public schools	7	58.3
Health agencies, organizations, institutions	3	25.0
Public nonhealth agencies, organizations, institutions	2	16.7
Private schools	1	8.3
Churches	1	8.3
Intra-agency cooperation	1	8.3

Funding was reported to be the most frequent problem encountered by these programs in providing parent education (See Table 319).

Table 319. Problems of Programs in YMCA/YWCAs

Problem	Frequency	Percent (N=12)
Funding	3	25.0
Lack of interest/commitment, attitudinal problems	1	8.3
Workload - parent education adds additional responsibilities to other duties	1	8.3
Finding qualified personnel	1	8.3
Few or no problems	1	8.3

Church Affiliated Agencies and Organizations

Table 320 shows that all church affiliated agency and organization respondents reported offering family life as a content area. Child development, child rearing practices, and family support systems were other frequently reported content areas.

Table 320. Content of Programs in Church Affiliated Agencies and Organizations

Content	Frequency	Percent (N=10)
Family life	10	100.0
Child development	8	80.0
Child rearing practices	7	70.0
Family support systems	7	70.0
Parent/adult development	5	50.0
Health	1	10.0
Nutrition	1	10.0

Single parents, parents of school-age children, couples, and children were reported to be the audiences most frequently served by church affiliated agencies and organizations (See Table 321).

Table 321. Audiences Served by Church Affiliated Agencies and Organizations

Audience	Frequency	Percent (N=10)
Single parents	9	90.0
Parents of school-age children	8	80.0
Couples	7	70.0
Children	7	70.0
Parents in reconstituted families (step-parents)	6	60.0
Parents of preschoolers	6	60.0
Parents of teen-age children	6	60.0
Mothers only	5	50.0
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill, deceased	5	50.0
Parents of infants	5	50.0
Parents of toddlers	5	50.0
Children of aging parents	5	50.0
Teen-age parents	4	40.0
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	4	40.0
Parents of adult children	4	40.0
Fathers only	2	20.0
Foster parents	2	20.0
Adoptive parents	2	20.0
Expectant parents	2	20.0
Adolescents, including those in preparenting education	2	20.0
Parents of twins	1	10.0
Parents of gifted children	1	10.0
Other	1	10.0

Twenty-five percent of those served were reported to have college degrees. Table 322 shows that most of the persons served were reported to be in the low socioeconomic level, and approximately equal proportions were in the upper and lower middle socioeconomic levels.

Table 322. Persons Served by Socioeconomic Level in Church Affiliated Agencies and Organizations

Socioeconomic level	Mean Percent
Low	24.3
Lower middle	22.1
Upper middle	22.9
High	16.4
Total	85.7*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 323 indicates that most of the people reported to be served by these agencies and organizations were Caucasian.

Table 323. Persons Served by Racial Group in Church Affiliated Agencies and Organizations

Race	Mean Percent
Caucasian	95.9
Black	1.8
Asian	.6
Latino	.6
Native American	.5
Total	99.4*

*Total percent varies from 100 due to percentages reported not equaling 100.

Group services were reported to be the most common services provided by church affiliated agencies and organizations. Table 324 indicates that series of formal and informal class or group discussion sessions were most frequent, followed by single formal or informal class or group discussion sessions. Individual counseling/conferencing sessions was also a frequently reported service.

Table 324. Services Provided by Programs in Church Affiliated Agencies and Organizations

Service	Frequency	Percent (N=10)
Series of formal classes or lecture sessions	9	90.0
Series of informal group discussion sessions including support and self-help groups	8	80.0
Single formal class or lecture sessions	7	70.0
Single informal group discussion sessions including support and self-help groups	7	70.0
Individual counseling/conferencing sessions	7	70.0
Telephone contact with individual parents	6	60.0
Referral services	6	60.0
Group counseling sessions	5	50.0
Child care during parents education offerings	4	40.0
Newsletters, pamphlets, fact sheets, books	2	20.0
Lending library with references and materials for parents	1	10.0
Lending library with books and/or toys for children	1	10.0
Other	1	10.0

Table 325 shows data consistent with the service data and indicates that group sessions held in community settings were reported to be the predominant format used in the parent education programs offered by church affiliated agencies and organizations.

Table 325. Formats Used in Programs in Church Affiliated Agencies and Organizations

Format	Frequency	Percent (N=10)
Group sessions held in community settings	9	90.0
Mothers and fathers together	5	50.0
One-to-one sessions held in community settings	4	40.0
Mothers separately	4	40.0
Group sessions held in homes	3	30.0
Mother and child interaction/activity	3	30.0
One-to-one sessions held in homes	2	20.0
Father and child interaction/activity	1	10.0
Couple and child interaction/activity	1	10.0

Social workers were reported most frequently as providers of parent education services in these agencies and organizations (See Table 326). Counselors and ministers, priests, or rabbis were also frequently reported providers.

Table 326. Providers of Parent Education Services in Church Affiliated Agencies and Organizations

Provider	Frequency	Percent (N=10)
Social workers	9	90.0
Counselors	5	50.0
Ministers, priests, rabbis	4	40.0
Adult educators	3	30.0
Early childhood educators	2	20.0
Secondary educators	2	20.0
Nurses	2	20.0
Psychologists, psychiatrists	2	20.0
Therapists	2	20.0
Lay leaders, paraprofessionals, educational aides	2	20.0
College or university instructors	1	10.0
Doctors, pediatricians	1	10.0
Religious educators	1	10.0
Experienced parents	1	10.0

A Master's degree was reported to be the highest degree most commonly held by these educators, and the adult vocational parent educator license was the most frequently reported license (See Tables 327 and 328).

Table 327. Educators by Highest Degree in Church Affiliated Agencies and Organizations

Degree	Mean Percent
Master's	63.8
Credits beyond Master's	12.5
Bachelor's	7.8
Doctoral	2.2
Associate	.6
None	.6

Table 328. Educators by License in Church Affiliated Agencies and Organizations

License	Mean Percent
Adult vocational parent educator license	11.4
Other teaching license	3.6
Early childhood educator license	2.9
Other license(s)	2.1

Table 329 indicates that undesignated private agency, organization, and institution budgets; service user fees including tuition, and church/synagogue/parish budgets head the list of funding sources for the parent education offered by church affiliated agencies and organizations.

Table 329. Funding Sources of Programs in Church Affiliated Agencies and Organizations

Funding source	Frequency	Percent (N=10)
Private organization, agency, institution budgets - undesignated	8	80.0
Service user fees including tuition	6	60.0
Church/synagogue/parish budgets	4	40.0
Contributions - undesignated	1	10.0
Endowments, foundations	1	10.0
Public school funds including vocational grants	1	10.0
Corporation budgets including insurance companies	1	10.0
Health organization, agency, institution budgets - undesignated	1	10.0

Agencies and organizations in this specific sponsor group reported most frequent cooperation with other private nonhealth agencies, organizations, and institutions; churches; and public nonhealth agencies, organizations, and institutions in providing parent education (See Table 330).

Table 330. Agencies With Whom Programs Cooperate in Church Affiliated Agencies and Organizations

Cooperating agency	Frequency	Percent (N=10)
Private nonhealth agencies, organizations, institutions	5	50.0
Churches	4	40.0
Public nonhealth agencies, organizations, institutions	3	30.0
Public schools	2	20.0
Health agencies, organizations, institutions	2	20.0
Intra-agency cooperation	2	20.0
Private schools	1	10.0
Post secondary education	1	10.0

As indicated in Table 331, no patterns regarding problems reported by these agencies and organizations in offering parent education were apparent.

Table 331. Problems of Programs in Church Affiliated Agencies and Organizations

Problem	Frequency	Percent (N=10)
Lack of interest/commitment, attitudinal problems	1	10.0
Low enrollment/attendance/participation	1	10.0
Time demands on busy parents	1	10.0
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	1	10.0
Delivering the program, including transportation	1	10.0
Quality of curriculum materials	1	10.0
Demand exceeds supply, need to expand services	1	10.0
Planning, estimating demand	1	10.0

Summary of Private Nonhealth Agency, Organization, and Institution Specific Sponsors

Child development, child rearing practices, family life, and family support systems were content areas frequently reported to be offered in the parent

education of all private nonhealth agency, organization, and institution specific sponsors. Health was also a frequently reported content area in the special needs focused agencies and the day care/early childhood programs, and parent/adult development was a frequent response in the YMCA/YWCAs and the church affiliated agencies and organizations.

Single parents ranked first or second in frequency of audiences served by all five specific sponsors in the private nonhealth agency, organization, and institution sponsor group. As might be expected, parents of special needs children were reported to be most frequently served by special needs focused agencies, and parents of preschool children were most frequently served by private day care/early childhood programs.

The percent of persons with college degrees served by these five specific private sponsors ranged from 23.1 to 39.3 percent. A considerable number of those served were reported to be in the low socioeconomic level (range = 18.9 - 30.2 percent), although most of the people served were in the lower and upper middle socioeconomic levels overall. Most of the persons served were reported to be Caucasian, although about one-fourth of those served by the private day care/early childhood programs were black.

A variety of services were frequently reported across the five specific sponsors in the private nonhealth agency, organization, and institution sponsor group. Newsletters, pamphlets, fact sheets, and books; telephone contact with individual parents; referral services; and series of and single group services were all frequently reported across sponsors. Group sessions held in community settings and mothers and fathers together were among the formats most frequently reported used in all specific sponsors. Mother and child interaction/activity was also frequently reported by the YMCA/YWCA group.

Social workers were frequently reported providers of parent education services in all of the private nonhealth agency, organization, and institution specific sponsors. Experienced parents and early childhood educators were also frequently reported providers by most specific sponsors, and adult educators were frequently reported as providers in YMCA/YWCAs.

Undesignated private nonhealth agencies, organizations, and institutions and church affiliated agencies and organizations reported that most of their educators had Master's degrees as their highest degrees while the other three specific sponsors indicated that their educators had Bachelor's degrees as their highest degree. A variety of licenses were reported to be held by these educators across specific sponsors, with no one license predominating.

Service user fees including tuition; undesignated private agency, organization, and institution budgets; and undesignated contributions were the main funding sources for parent education offerings across most of the specific sponsors. All five specific sponsors indicated most frequent cooperation in offering parent education with other private nonhealth agencies, organizations, and institutions. Funding; delivering the program; lack of interest/commitment, attitudinal problems; and low enrollment/attendance/participation were the most frequently reported problems encountered in offering parent education across the five specific sponsors.

Specific Sponsors Within Health Agencies, Organizations, and Institutions

Four of the five specific sponsors in the sponsor group of health agencies, organizations, and institutions had 10 or more respondents. The results from these four specific sponsors are reported, compared, and discussed in this section. The specific sponsors include: health agencies, organizations, and institutions -- undesignated (N = 43); hospitals (N = 41); mental health agencies (N = 14); and nursing services (N = 13).

Health Agencies, Organizations, and Institutions -- Undesignated

The specific sponsor group of undesignated health agencies, organizations, and institutions included city and county health departments and health societies and organizations.

Table 322 shows that health, nutrition, child development, and child rearing practices were the most frequently reported content areas offered in the parent education of undesignated health agencies, organizations, and institutions.

Table 332. Content of Programs in Health Agencies, Organizations, and Institutions (Undesignated)

Content	Frequency	Percent (N=43)
Health	34	79.1
Nutrition	33	76.7
Child development	31	72.1
Child rearing practices	27	62.8
Parent/adult development	21	48.8
Family life	21	48.8
Family support systems	19	44.2
Other	2	4.7
Prenatal development and education	2	
Family violence	1	

Table 333 indicates that couples and parents of infants were the audiences most frequently reported to be served. Single parents, parents of preschoolers and toddlers, teen-age and expectant parents, and parents of school-age children were also frequently served audiences. Of the persons served, 19.3 percent were reported to have college degrees. Table 334 indicates that most of those served were reported to be in the low socioeconomic level, and Table 335 shows that most of those served were Caucasian.

Table 333. Audiences Served by Health Agencies, Organizations, and Institutions (Undesignated)

Audience	Frequency	Percent (N=43)
Couples	35	81.4
Parents of infants	35	81.4
Single parents	34	79.1
Parents of preschoolers	33	76.7
Parents of toddlers	32	74.4
Teen-age parents	29	67.4
Expectant parents	27	62.8
Parents of school-age children	27	62.8
Children	24	55.8
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	23	54.5
Parents of teen-age children	21	48.8
Mothers only	18	41.9
Parents in reconstituted families (step-parents)	18	41.9
Parents of twins	18	41.9
Adoptive parents	17	39.5
Foster parents	15	34.9
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	15	34.9
Adolescents, including those in preparenting education	15	34.9
Fathers only	11	25.6
Parents of gifted children	11	25.6
Children of aging parents	9	21.0
Parents of adult children	6	14.0
Grandparents	5	11.6
Other	4	9.3

Table 334. Persons Served by Socioeconomic Level in Health Agencies, Organizations, and Institutions (Undesignated)

Socioeconomic level	Mean Percent
Low	42.0
Lower middle	26.9
Upper middle	23.2
High	7.9
Total	100.0

Table 335. Persons Served by Racial Group in Health Agencies, Organizations, and Institutions (Undesignated)

Race	Mean Percent
Caucasian	91.5
Black	3.7
Asian	1.9
Latino	1.4
Native American	1.1
Total	99.6*

*Total percent varies from 100 due to percentages reported not equaling 100.

Telephone contact with individual parents; series of formal classes or lecture sessions; and newsletters, pamphlets, fact sheets, and books were the most frequently reported services provided by the parent education programs of these health agencies, organizations, and institutions (See Table 336). Referral services and health and nutrition services were also frequently reported.

Table 336. Services Provided by Programs in Health Agencies, Organizations, and Institutions (Undesignated)

Service	Frequency	Percent (N=43)
Telephone contact with individual parents	29	67.4
Series of formal classes or lecture sessions	27	62.8
Newsletters, pamphlets, fact sheets, books	27	62.8
Referral services	25	58.1
Health and nutrition services, e.g., Early and Periodic Screening	23	53.5
Single formal class or lecture sessions	22	51.2
Individual counseling/conferencing sessions	22	51.2
Series of informal group discussion sessions including support and self-help groups	20	46.5
Lending library with references and materials for parents	15	34.9
Single informal group discussion sessions including support and self-help groups	13	30.2
Newspaper articles	13	30.2
Child care during parent education offerings	10	23.3
Group counseling sessions	7	16.3
Television, radio, and/or theater programs; films or video (single or series)	6	14.0
Lending library with books and/or toys for children	4	9.3
Other	3	7.0

Group sessions held in community settings and mothers and fathers together were reported to be the most common formats used in these programs (See Table 337).

Table 337. Formats Used in Programs in Health Agencies, Organizations, and Institutions (Undesignated)

Format	Frequency	Percent (N=43)
Group sessions held in community settings	35	81.4
Mothers and fathers together	35	81.4
Mothers separately	21	48.8
One-to-one sessions held in community settings	16	37.2
One-to-one sessions held in homes	16	37.2
Fathers separately	13	30.2
Couple and child interaction/activity	13	30.2
Mother and child interaction/activity	12	27.9
Father and child interaction/activity	11	25.6
Group sessions held in homes	7	16.3

Table 338 indicates that nurses were the most frequently reported providers of parent education services in the undesignated health agencies, organizations, and institutions. Nutritionists and doctors or pediatricians were also reported to be frequent providers of parent education.

Table 338. Providers of Parent Education Services in Health Agencies, Organizations, and Institutions (Undesignated)

Provider	Frequency	Percent (N=43)
Nurses	34	79.1
Nutritionists	15	34.9
Doctors, pediatricians	12	27.9
Early childhood educators	9	20.9
Adult educators	7	16.3
Lay leaders, paraprofessionals, educational aides	7	16.3
Secondary educators	6	14.0
Social workers	6	14.0
Home economists	6	14.0
Experienced parents	6	14.0
Counselors	5	11.6
Elementary educators	4	9.3
College or university instructors	4	9.3
Ministers, priests, rabbis	4	9.3
Psychologists, psychiatrists	2	4.7
Therapists	2	4.7
Legal personnel, law enforcement officers	2	4.7
Other	2	4.7

These providers were most likely to have Bachelor's degrees as their highest degree and noneducation related licenses if they held a license (See Tables 339 and 340).

Table 339. Educators by Highest Degree in Health Agencies, Organizations, and Institutions (Undesignated)

Degree	Mean Percent
Bachelor's	52.7
Associate	15.3
Master's	14.3
None	7.5
Doctoral	4.7
Credits beyond Master's	2.9

Table 340. Educators by License in Health Agencies, Organizations, and Institutions (Undesignated)

License	Mean Percent
Other license(s)	28.1
Other teaching license	12.4
Other vocational teaching license	11.0
Adult vocational parent educator license	8.9

Service user fees including tuition, undesignated public funds, and special public health grants, programs, organization budgets or other funds were reported as the three major sources of funds for the parent education offerings of these health agencies, organizations, and institutions (See Table 341).

These health groups reported cooperating most frequently with the public schools and private nonhealth and other health agencies, organizations, and institutions in providing parent education (See Table 342).

Table 341. Funding Sources of Programs in Health Agencies, Organizations, and Institutions (Undesignated)

Funding source	Frequency	Percent (N=43)
Service user fees including tuition	22	51.2
Public funds - undesignated	18	41.9
Specific public health grants, programs, organization budgets or other funds	17	40.0
Health organization, agency, institution budgets - undesignated	7	16.3
Specific public grants, programs, organization budgets or other funds including Head Start	6	14.0
Public school funds including vocational grants	4	9.3
Corporation budgets including insurance companies	3	7.0
Private organization, agency, institution budgets - undesignated	2	4.7
Private health organization budgets or funds	2	4.7
Contributions - undesignated	1	2.3

Table 342. Agencies With Whom Programs Cooperate in Health Agencies, Organizations, and Institutions (Undesignated)

Cooperating agency	Frequency	Percent (N=43)
Public schools	18	41.9
Private nonhealth agencies, organizations, institutions	10	23.3
Health agencies, organizations, institutions	10	23.3
Public nonhealth agencies, organizations, institutions	6	14.0
Intra-agency cooperation	6	14.0
Agricultural Extension Service	4	9.3
Private schools	2	4.7
Early childhood programs	2	4.7
Churches	2	4.7
Post secondary education	1	2.3

Table 343 shows that lack of interest/commitment, attitudinal problems and low enrollment/attendance/participation were the most frequently reported problems encountered by these health agencies, organizations, and institutions in providing parent education.

Table 343. Problems of Programs in Health Agencies, Organizations, and Institutions (Undesignated)

Problem	Frequency	Percent (N=43)
Lack of interest/commitment, attitudinal problems	9	20.9
Low enrollment/attendance/participation	7	16.3
Lack of public awareness and understanding	5	11.6
Delivering the program, including transportation	4	9.3
Quality of curriculum materials	4	9.3
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	3	7.0
Funding	2	4.7
Workload - parent education adds additional responsibilities to other duties	2	4.7
Finding qualified personnel	2	4.7
Scheduling, time of day, conflict with other activities in the community	2	4.7
Lack of child care services	2	4.7
Those parents with the greatest need do not participate, and those with less need do participate	2	4.7
Demand exceeds supply, need to expand services	2	4.7
Few or no problems	2	4.7
Lack of or inadequate space/facilities	1	2.3
Time demands on busy parents	1	2.3
Determining program goals	1	2.3

Hospitals

Child development, health, and nutrition head the list of content areas reported to be offered most frequently in the parent education provided by respondents associated with hospitals (See Table 344). Prenatal development and education was a content area written in as offered by several of these respondents.

Table 344. Content of Programs in Hospitals

Content	Frequency	Percent (N=41)
Child development	27	65.9
Health	27	65.9
Nutrition	27	65.9
Child rearing practices	18	43.9
Family life	14	34.1
Family support systems	11	26.8
Parent/adult development	7	17.1
Other	2	4.9
Prenatal development and education	14	

Table 345 indicates that expectant parents and couples were the audiences reported to be most frequently served by these programs, followed by single and teen-age parents and parents of infants.

Table 345. Audiences Served by Hospitals

Audience	Frequency	Percent (N=41)
Expectant parents	35	85.4
Couples	31	75.6
Single parents	28	68.3
Teen-age parents	25	61.0
Parents of infants	23	56.1
Mothers only	14	34.1
Parents of toddlers	13	31.7
Children	13	31.7
Adoptive parents	11	26.8
Parents of preschoolers	11	26.8
Parents of twins	10	24.4
Parents of school-age children	10	24.4
Fathers only	9	22.0
Parents in reconstituted families (step-parents)	8	19.5
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	8	19.5
Adolescents, including those in preparenting education	8	19.5
Foster parents	6	14.6
Parents of teen-age children	6	14.6
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	3	7.3
Children of aging parents	3	7.3
Grandparents	3	7.3
Parents of adult children	2	4.9
Parents of gifted children	1	2.4

Twenty-two percent of the persons served by hospital sponsored parent education were reported to have college degrees. Most of those served were in the lower middle socioeconomic levels, with a substantial number also in the upper middle socioeconomic level (See Table 346). Table 347 indicates that most of those served were Caucasian.

Table 348 indicates that series of formal classes or lecture sessions were clearly the most frequently reported service provided by hospital parent education programs. The most common formats used were reported to be group sessions held in community settings and mothers and fathers together (See Table 349).

Table 346. Persons Served by Socioeconomic Level in Hospitals

Socioeconomic level	Mean Percent
Low	10.6
Lower middle	46.2
Upper middle	38.2
High	3.9
Total	98.9*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 347. Persons Served by Racial Group in Hospitals

Race	Mean Percent
Caucasian	91.3
Native American	6.1
Asian	1.1
Latino	.9
Black	.4
Total	99.8*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 348. Services Provided by Programs in Hospitals

Service	Frequency	Percent (N=41)
Series of formal classes or lecture sessions	33	80.5
Single formal class or lecture sessions	19	46.3
Newsletters, pamphlets, fact sheets, books	18	43.9
Telephone contact with individual parents	17	41.5
Referral services	16	39.0
Series of informal group discussion sessions including support and self-help groups	14	34.1
Single informal group discussion sessions including support and self-help groups	12	29.3
Lending library with references and materials for parents	11	26.8
Child care during parent education offerings	10	24.4
Newspaper articles	9	22.0
Individual counseling/conferencing sessions	7	17.2
Health and nutrition services, e.g., Early and Periodic Screening	6	14.6
Television, radio, and/or theater programs; films or video (single or series)	5	12.2
Group counseling sessions	4	9.8

Table 349. Formats Used in Programs in Hospitals

Format	Frequency	Percent (N=41)
Group sessions held in community settings	30	73.2
Mothers and fathers together	29	70.7
One-to-one sessions held in community settings	10	24.4
Mothers separately	6	14.6
Mother and child interaction/activity	6	14.6
Couple and child interaction/activity	6	14.6
One-to-one sessions held in homes	5	12.2
Father and child interaction/activity	4	9.8
Group sessions held in homes	3	7.3
Fathers separately	3	7.3
Other	1	2.4

Table 350 shows that nurses head the list of reported providers of parent education services in hospitals, followed by doctors or pediatricians and nutritionists. These providers were most likely to have either associate degrees (including R.N. degrees) or Bachelor's degrees as their highest degrees (See Table 351). Noneducation related licenses were the licenses reported to be most commonly held by these providers (See Table 352).

Table 350. Providers of Parent Education Services in Hospitals

Provider	Frequency	Percent (N=41)
Nurses	37	90.2
Doctors, pediatricians	22	53.7
Nutritionists	19	46.3
Adult educators	12	29.3
Social workers	10	24.4
Early childhood educators	8	19.5
Therapists	7	17.1
Experienced parents	7	17.1
Counselors	6	14.6
Psychologists, psychiatrists	6	14.6
Ministers, priests, rabbis	6	14.6
Elementary educators	3	7.3
Lay leaders, paraprofessionals, educational aides	3	7.3
College or university instructors	2	4.9
Legal personnel, law enforcement officers	2	4.9
Other	2	4.9
Home economists	1	2.4

Table 351. Educators by Highest Degree in Hospitals

Degree	Mean Percent
Associate	34.7
Bachelor's	34.2
None	13.5
Master's	9.0
Credits beyond Master's	.9
Doctoral	.8

Table 352. Educators by License in Hospitals

License	Mean Percent
Other license(s)	60.0
Adult vocational parent educator license	19.3
Other vocational teaching license	5.2
Other teaching license	4.5
Early childhood educator license	3.7

Table 353 indicates that the top three funding sources for these hospital respondents were service user fees including tuition; undesignated health agency, organization, or institution budgets; and special public health grants, programs, organization budgets or other funds.

Table 353. Funding Sources of Programs in Hospitals

Funding source	Frequency	Percent (N=41)
Service user fees including tuition	19	46.3
Health organization, agency, institution budgets - undesignated	16	39.0
Specific public health grants, programs, organization budgets or other funds	14	34.1
Public school funds including vocational grants	6	14.6
Public funds - undesignated	5	12.2
Contributions - undesignated	2	4.9
Fund raising events	1	2.4
Private health organization budgets or funds	1	2.4
Corporation budgets including insurance companies	1	2.4

Hospitals reported cooperating most frequently with other health agencies, organizations, and institutions; public schools; and private nonhealth agencies, organizations, and institutions in providing parent education (See Table 354).

Table 355 shows that the three most frequently reported problems encountered by hospitals in providing parent education were low enrollment/attendance/participation; funding, and lack of interest/commitment, attitudinal problems.

Table 354. Agencies With Whom Programs Cooperate in Hospitals

Cooperating agency	Frequency	Percent (N=41)
Health agencies, organizations, institutions	14	34.1
Public schools	9	22.0
Private nonhealth agencies, organizations, institutions	7	17.1
Post secondary education	5	12.2
Public nonhealth agencies, organizations, institutions	3	7.3
Intra-agency cooperation	2	4.9
Early childhood programs	1	2.4
Businesses	1	2.4

Table 355. Problems of Programs in Hospitals

Problem	Frequency	Percent (N=41)
Low enrollment/attendance/participation	7	17.1
Funding	5	12.2
Lack of interest/commitment, attitudinal problems	5	12.2
Finding qualified personnel	4	9.8
Few or no problems	3	7.3
Determining program content	2	4.9
Dealing with wide range of diversity in participants	2	4.9
Lack of or inadequate space/facilities	1	2.4
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	1	2.4
Delivering the program, including transportation	1	2.4
Scheduling, time of day, conflict with other activities in the community	1	2.4
Father/male participation	1	2.4

Mental Health Agencies

Table 356 indicates that the content areas of child rearing practices, family life, family support systems, and child development were reported to be most commonly offered in the parent education provided by responding mental health agencies.

Table 356. Content of Programs in Mental Health Agencies

Content	Frequency	Percent (N=14)
Child rearing practices	11	78.6
Family life	9	64.3
Family support systems	9	64.3
Child development	8	57.1
Parent/adult development	5	35.7
Health	3	21.4
Nutrition	2	14.3
Other	0	.0
Human sexuality	2	
Family violence	1	

Table 357 shows that single parents, parents in reconstituted families, foster and adoptive parents, parents of special needs children, and parents of school-age and teen-age children were all audiences frequently reported to be served by parent education in mental health agencies.

Table 357. Audiences Served by Mental Health Agencies

Audience	Frequency	Percent (N=14)
Single parents	10	71.4
Parents in reconstituted families (step-parents)	10	71.4
Foster parents	10	71.4
Adoptive parents	10	71.4
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	10	71.4
Parents of school-age children	10	71.4
Parents of teen-age children	10	71.4
Parents of preschoolers	9	64.3
Parents of toddlers	8	57.1
Couples	7	50.0
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	7	50.0
Mothers only	4	28.6
Fathers only	4	28.6
Teen-age parents	4	28.6
Expectant parents	4	28.6
Parents of infants	4	28.6
Parents of adult children	4	28.6
Children	4	28.6
Grandparents	3	21.4
Children of aging parents	2	14.3
Adolescents, including those in preparenting education	2	14.3
Other	2	14.3
Parents of twins	1	7.1
Parents of gifted children	1	7.1

Of the people served, 18.6 percent were reported to have college degrees. Most of those served were reported to be in the lower middle socioeconomic level, although almost a third were also reported to be in the low socioeconomic level and one-fourth were in the upper middle socioeconomic level (See Table 358). Most of those served were Caucasians (See Table 359).

Table 358. Persons Served by Socioeconomic Level in Mental Health Agencies

Socioeconomic level	Mean Percent
Low	32.5
Lower middle	37.5
Upper middle	25.0
High	3.5
Total	98.5*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 359. Persons Served by Racial Group in Mental Health Agencies

Race	Mean Percent
Caucasian	85.5
Black	5.5
Native American	2.4
Asian	1.6
Latino	.3
Total	95.3*

*Total percent varies from 100 due to percentages reported not equaling 100.

Table 360 shows that the most frequently provided services in these mental health agencies were series of formal classes or lecture sessions; newsletters, pamphlets, fact sheets, and books; and referral services. Group sessions held in community settings was the most commonly reported format used (See Table 361).

Table 360. Services Provided by Programs in Mental Health Agencies

Service	Frequency	Percent (N=14)
Series of formal class or lecture sessions	8	57.1
Newsletters, pamphlets, fact sheets, books	8	57.1
Referral services	8	57.1
Telephone contact with individual parents	6	42.9
Series of informal group discussion sessions including support and self-help groups	5	35.7
Individual counseling/conferencing sessions	5	35.7
Lending library with references and materials for parents	5	35.7
Single informal group discussion sessions including support and self-help groups	4	28.6
Group counseling sessions	4	28.6
Newspaper articles	3	21.4
Single formal class or lecture sessions	2	14.3
Health and nutrition services, e.g., Early and Periodic Screening	2	14.3
Child care during parent education offerings	2	14.3
Other	2	14.3
Lending library with books and/or toys for children	1	7.1
Television, radio, and/or theater programs; films or video (single or series)	1	7.1

Table 361. Formats Used in Programs in Mental Health Agencies

Format	Frequency	Percent (N=14)
Group sessions held in community settings	10	71.4
Mothers and fathers together	6	42.9
One-to-one sessions held in community settings	5	35.7
Couple and child interaction/activity	5	35.7
Mother and child interaction/activity	4	28.6
Mothers separately	3	21.4
Father and child interaction/activity	3	21.4
Fathers separately	2	14.3
Group sessions held in homes	1	7.1
One-to-one sessions held in homes	1	7.1
Other	1	7.1

Psychologists or psychiatrists head the list of providers of parent education services in mental health agencies (See Table 362). Therapists and social workers were also frequently reported as providers.

Table 362. Providers of Parent Education Services in Mental Health Agencies

Provider	Frequency	Percent (N=14)
Psychologists, psychiatrists	10	71.4
Therapists	7	50.0
Social workers	6	42.9
Early childhood educators	4	28.6
Secondary educators	3	21.4
Counselors	3	21.4
Lay leaders, paraprofessionals, educational aides	3	21.4
Experienced parents	3	21.4
Elementary educators	2	14.3
Ministers, priests, rabbis	2	14.3
College or university instructors	1	7.1
Adult educators	1	7.1
Nutritionists	1	7.1
Religious educators	1	7.1
Other	1	7.1

Table 363 shows that these providers were most likely to have a Master's degree as their highest degree. If these providers held licenses, they were most likely to be noneducation related licenses (See Table 364).

Table 363. Educators by Highest Degree in Mental Health Agencies

Degree	Mean Percent
Master's	63.3
Doctoral	19.4
Bachelor's	13.0
Credits beyond Master's	4.2

Table 365 indicates that the main source of funds reported to be used for the parent education offered by these mental health agencies was service user fees including tuition.

Table 364. Educators by License in Mental Health Agencies

License	Mean Percent
Other license(s)	24.0
Other teaching license	17.0
Early childhood educator license	9.0

Table 365. Funding Sources of Programs in Mental Health Agencies

Funding source	Frequency	Percent (N=14)
Service user fees including tuition	9	64.3
Specific public health grants, programs, organization budgets or other funds	3	21.4
Private health organization budgets or funds	3	21.4
Contributions - undesignated	2	14.3
Endowments, foundations	2	14.3
Corporation budgets including insurance companies	2	14.3
Fund raising events	1	7.1
Public funds - undesignated	1	7.1
Public school funds including vocational grants	1	7.1
Specific public grants, programs, organization budgets or other funds including Head Start	1	7.1

These agencies most frequently reported cooperation with private nonhealth agencies, organizations, and institutions in providing parent education (See Table 366).

Table 366. Agencies With Whom Programs Cooperate in Mental Health Agencies

Cooperating agency	Frequency	Percent (N=14)
Private agencies, organizations, institutions	5	35.7
Public schools	2	14.3
Public nonhealth agencies, organizations, institutions	2	14.3
Post secondary education	1	7.1
Early childhood programs	1	7.1
Health agencies, organizations, institutions	1	7.1

Funding and lack of public awareness and understanding were the problems mentioned as most frequently encountered by mental health agencies in providing parent education (See Table 367).

Table 367. Problems of Programs in Mental Health Agencies

Problem	Frequency	Percent (N=14)
Funding	3	21.4
Lack of public awareness and understanding	2	14.3
Lack of interest/commitment, attitudinal problems	1	7.1
Lack of child care services	1	7.1
Evaluation, measuring results	1	7.1

Nursing services

Table 368 indicates that the most frequently offered content areas in the parent education provided by reporting nursing services were health, nutrition, child development, and child rearing practices.

Table 368. Content of Programs in Nursing Services

Content	Frequency	Percent (N=13)
Health	12	92.3
Nutrition	11	84.6
Child development	10	76.9
Child rearing practices	10	76.9
Parent/adult development	5	38.5
Family support systems	5	38.5
Family life	3	23.1
Other	0	.0
Prenatal development and education	1	
Spiritual and religious education	1	

Teen-age parents, parents of infants, single parents, and parents of toddlers and preschoolers were the audiences most frequently reported served by this group of respondents (See Table 369). Mothers only, couples, parents of special needs children, and expectant parents were other frequently reported audiences served.

Table 369. Audiences Served by Nursing Services

Audience	Frequency	Percent (N=13)
Teen-age parents	11	84.6
Parents of infants	11	84.6
Single parents	10	76.9
Parents of toddlers	10	76.9
Parents of preschoolers	8	61.5
Mothers only	7	53.8
Couples	7	53.8
Parents of special needs children, i.e., abused, neglected, handicapped, long-term and terminally ill; deceased	7	53.8
Expectant parents	7	53.8
Foster parents	6	46.2
Parents with special needs, i.e., abused, handicapped, long-term and terminally ill	6	46.2
Parents of school-age children	6	46.2
Children	6	46.2
Parents in reconstituted families (step-parents)	5	38.5
Parents of twins	5	38.5
Parents of teen-age children	5	38.5
Adoptive parents	4	30.8
Children of aging parents	4	30.8
Adolescents, including those in preparenting education	4	30.8
Fathers only	2	15.4
Parents of adult children	2	15.4
Grandparents	2	15.4
Parents of gifted children	1	7.7
Other	1	7.7

Thirteen percent of the people served were reported to have college degrees. Table 370 indicates that most of those served were either in the lower or upper middle socioeconomic levels, and Table 371 shows that most of those served were Caucasian.

Table 370. Persons Served by Socioeconomic Level in Nursing Services

Socioeconomic level	Mean Percent
Low	14.4
Lower middle	47.6
Upper middle	35.5
High	2.5
Total	100.0

Table 371. Persons Served by Racial Group in Nursing Services

Race	Mean Percent
Caucasian	97.5
Native American	1.2
Black	.7
Asian	.2
Latino	.2
Total	99.8*

*Total percent varies from 100 due to percentages reported not equaling 100.

Telephone contact with individual parents, series of formal classes or lecture sessions, individual counseling/conferencing sessions, and referral services were the most frequently reported services provided by nursing service programs (See Table 372).

Table 372. Services Provided by Programs in Nursing Services

Service	Frequency	Percent (N=13)
Telephone contact with individual parents	11	84.6
Series of formal classes or lecture sessions	10	76.9
Individual counseling/conferencing sessions	10	76.9
Referral services	10	76.9
Single formal class or lecture sessions	8	61.5
Newsletters, pamphlets, fact sheets, books	7	53.8
Health and nutrition services, e.g., Early and Periodic Screening	7	53.8
Newspaper articles	6	46.2
Lending library with references and materials for parents	4	30.8
Single informal group discussion sessions including support and self-help groups	3	23.1
Series of informal group discussion sessions including support and self-help groups	3	23.1

Table 373 indicates that the most frequent format used by nursing services in providing parent education was reported to be one-to-one sessions held in homes. Group sessions held in community settings and mothers and fathers together were frequently reported formats.

Table 373. Formats Used in Programs in Nursing Services

Format	Frequency	Percent (N=13)
One-to-one sessions held in homes	11	84.6
Group sessions held in community settings	10	76.9
Mothers and fathers together	10	76.9
One-to-one sessions held in community settings	7	53.8
Mothers separately	7	53.8
Mother and child interaction/activity	6	46.2
Couple and child interaction/activity	5	38.5
Father and child interaction/activity	3	23.1
Group sessions held in homes	1	7.7
Fathers separately	1	7.7
Other	1	7.7

Table 374 shows that all respondents in the specific sponsor of nursing services indicated nurses were providers of parent education in their programs. Nutritionists, home economists, and doctors or pediatricians were also reported providers of parent education services by several of these respondents.

Table 374. Providers of Parent Education Services in Nursing Services

Provider	Frequency	Percent (N=13)
Nurses	13	100.0
Nutritionists	5	38.5
Home economists	4	30.8
Doctors, pediatricians	4	30.8
Social workers	3	23.1
Lay leaders, paraprofessionals, educational aides	2	15.4
Experienced parents	2	15.4
Early childhood educators	1	7.7
Elementary educators	1	7.7
Secondary educators	1	7.7
Adult educators	1	7.7
Counselors	1	7.7
Psychologists, psychiatrists	1	7.7
Therapists	1	7.7
Ministers, priests, rabbis	1	7.7
Legal personnel, law enforcement officers	1	7.7
Other	1	7.7

Table 375 indicates that the highest degree held by these providers was most likely to be a Bachelor's degree, and Table 376 shows that noneducation related licenses were most likely to be held by these providers.

Table 375. Educators by Highest Degree in Nursing Services

Degree	Mean Percent
Bachelor's	69.3
Associate	11.1
Master's	8.3
Credits beyond Master's	4.2
Doctoral	4.2
None	2.9

Table 376. Educators by License in Nursing Services

License	Mean Percent
Other license(s)	70.0
Other teaching license	5.0

The most frequently reported sources of funds for the parent education offered by nursing services were reported to be special public health grants, programs, organization budgets or other funds, service user fees including tuition, and undesignated public funds (See Table 377).

Table 377. Funding Sources of Programs in Nursing Services

Funding source	Frequency	Percent (N=13)
Specific public health grants, programs, organization budgets or other funds	9	69.2
Service user fees including tuition	7	53.8
Public funds - undesignated	7	53.8
Public school funds including vocational grants	2	15.4
Contributions - undesignated	1	7.7
Health organization, agency, institution budgets - undesignated	1	7.7

Nursing services most commonly reported cooperating with public schools and other health agencies, organizations, and institutions in providing parent education (See Table 378).

Table 378. Agencies With Whom Programs Cooperate in Nursing Services

Cooperating agency	Frequency	Percent (N=13)
Public schools	5	38.5
Health agencies, organizations, institutions	5	38.5
Agricultural Extension Service	4	30.8
Public nonhealth agencies, organizations, institutions	3	23.1
Post secondary education	1	7.7
Churches	1	7.7
Private nonhealth agencies, organizations, institutions	1	7.7
Intra-agency cooperation	1	7.7

The main problem reported to be encountered by nursing services in offering parent education was low enrollment/attendance/participation (See Table 379).

Table 379. Problems of Programs in Nursing Services

Problem	Frequency	Percent (N=13)
Low enrollment/attendance/participation	4	30.8
Lack of interest/commitment, attitudinal problems	2	15.4
Serving audiences with special needs, e.g., single parents, working parents, teen parents, step-parents, low-income parents	2	15.4
Delivering the program, including transportation	2	15.4
Funding	1	7.7
Lack of public awareness and understanding	1	7.7
Workload - parent education adds additional responsibilities to other duties	1	7.7
Finding qualified personnel	1	7.7
Few or no problems	1	7.7

Summary of Health Agency, Organization, and Institution Specific Sponsors

Health, nutrition, and child development were the content areas most frequently reported to be offered in the parent education of the respondents in

the specific sponsors of undesignated health agencies, organizations, and institutions; hospitals; and nursing services in the sponsor group of health agencies, organizations, and institutions. The specific sponsor of mental health agencies in this sponsor group differed, with child rearing practices, family life, and family support systems ranking as the three most frequently reported content areas offered.

Single parents was an audience frequently reported to be served by all four of the specific sponsors in the sponsor group of health agencies, organizations, and institutions. Teen-age parents were also reported frequently served by the hospitals and nursing services, and expectant parents were the number one audience served by hospitals. Couples and parents of infants were two other frequently reported audiences served in the hospitals, nursing services, and undesignated health agencies, organizations, and institutions. Again, mental health agencies differed by frequently serving parents in reconstituted families, foster and adoptive parents, parents of special needs children, and parents of school-age and teen-age children.

There were not great differences across these four specific sponsors in the percentage of people served who were reported to have college degrees (range = 13.0 - 22.0 percent). Most of those reported served by hospitals, mental health agencies, and nursing services were in the lower middle socioeconomic level, although about one-third of those served by mental health agencies were also reported to be in the low socioeconomic level and most of those reported served by undesignated programs were in the lower income level. Most of those served in all four specific sponsors in this sponsor group were reported to be Caucasian.

Series of formal classes or lecture sessions was either the most frequent or second most frequent service reported as provided by parent education programs in all four of the specific sponsors in the health agency, organization, and institution sponsor group. Newsletters, pamphlets, fact sheets, and books; telephone contact with individual parents; and referral services were other frequently reported services across all four specific sponsors. Nursing services also frequently reported individual counseling/conferencing sessions as a provided service. Group sessions held in community settings and mothers and fathers together were in the top two most frequent formats reported to be used in all four specific sponsors. Respondents in the specific sponsor of nursing services also reported one-to-one sessions held in homes as the format they most frequently used.

Nurses were clearly the most frequently reported providers of parent education services in three of the specific sponsors in this sponsor group -- undesignated health agencies, organizations, and institutions; hospitals; and nursing services. Nutritionists and doctors or pediatricians were also frequently reported providers in these three specific sponsors. Again, the mental health agencies differed. Providers in these agencies were most frequently reported to be psychologists or psychiatrists, therapists, and social workers. Bachelor's degrees were the highest degrees held by educators in the undesignated programs and in the nursing services. Associate degrees (including R.Ns.) were the highest degrees most commonly held by educators in the hospitals, and Master's degrees were the highest degrees most commonly held by providers of parent education in mental health agencies. Noneducation related licenses were the licenses most frequently held by the providers of parent education in all four specific sponsors in this sponsor group.

Service user fees including tuition and specific public health grants, programs, organization budgets or other funds were among the most frequently reported sources of funds for offering parent education in all four specific sponsors in this sponsor group of health agencies, organizations, and institutions. Undesignated public funds; undesignated health agency, organization, or institution budgets; and private health organization budgets or funds were other frequently reported funding sources in these specific sponsors.

Public schools were one of the most frequently reported groups with whom the respondents in all four of these specific sponsors cooperated in offering parent education. Other health agencies, organizations, and institutions and private nonhealth agencies, organizations, and institutions were also frequently reported as cooperating with these sponsors in offering parent education. Low enrollment/attendance/participation, lack of interest/commitment, attitudinal problems, and funding were frequent problems reported to be encountered in offering parent education by all four specific sponsors in this sponsor group.

Early Childhood Programs

Early childhood programs have already been discussed as a sponsor group. In this section the results from this sponsor group data will be compared with the results from three early childhood programs specific sponsors (public school early childhood programs; day care/early childhood programs including Head Start in the public community or government nonhealth agency, organization, and institution sponsor group; and day care/early childhood programs in the private nonhealth agency, organization, and institution sponsor group) in order to provide an overall picture of early childhood programs. As indicated earlier, the results from the two specific sponsors of early childhood programs in the early childhood sponsor group, undesignated and church affiliated, are not reported and discussed separately because the patterns of response were so similar in both. What minor differences were noted will be discussed where appropriate in this section.

Early childhood program respondents within all sponsor groups consistently reported child development and child rearing practices as the content areas most frequently addressed in their parent education offerings. Nutrition, health, and family life were also addressed as content areas by almost 50 percent or more of these programs.

All early childhood program respondents also most frequently reported serving the same audiences. Parents of preschoolers, couples, children, and single parents were among the most frequently reported audiences served. Parents in reconstituted families or step-parents and parents of special needs children were also two audiences frequently reported by three out of four of these sponsors.

There were dramatic contrasts in the percentage of persons with college degrees reported served. Over 50 percent of those served by the early childhood programs sponsor group were reported to have college degrees, and 32.9 percent had college degrees in the private specific sponsor. However, only 7.8 percent were reported to have college degrees among those served by public early childhood programs, and the public school early childhood programs served only 12.6 percent with college degrees.

Differences were also clear in the socioeconomic levels and racial groups of those served. The overall sponsor group served mainly a middle class, Caucasian audience with only 10 percent in the low socioeconomic level. In contrast, 75 percent of those served by public early childhood programs were reported to be in the low socioeconomic level, and about 30 percent of those served by the parent education programs of the other two specific sponsors were in the low income group. The public and private early childhood programs reported serving more minorities than did the other early childhood programs. The private day care/early childhood program respondents reported that almost 25 percent of those served were black.

The services provided across all early childhood programs were consistent and included more individual or mass media kinds of services than group services. Referral services, telephone contact with individual parents, and newsletters, pamphlets, fact sheets, and books were among the most frequently reported services provided. Single formal class or lecture sessions was the most common group service reported offered. The public school early childhood programs were unique in reporting health and nutrition services as their most frequently provided service. Group sessions held in community settings and mothers and fathers together were the two most frequently reported formats used in the programs of all early childhood program respondents.

Early childhood educators were most frequently reported as the providers of parent education services in all groups of early childhood programs. Nurses and social workers were also frequently reported providers of parent education services in the three specific sponsor groups. A Bachelor's degree was the highest degree held by most of these providers in all groups of programs, and an early childhood educator license was the most commonly held license across programs. A difference noted between the undesignated and church affiliated specific sponsors of early childhood programs was that in the undesignated programs considerably more of the providers held adult vocational parent educator licenses than in the church affiliated programs. In the public school early childhood programs both nonvocational teaching licenses and adult vocational parent educator licenses were reported held by a higher percentage of providers than was reported for providers in the other groups.

Service user fees including tuition was the most commonly reported funding source in the sponsor group of early childhood programs and in the private early childhood programs. Special public grants, programs, organization budgets, or other funds was the most frequently reported funding source in public early childhood programs, and public school funds was the most frequently reported source of funds in the public school programs. Private school budgets was also a frequently reported source of funds in the church affiliated early childhood programs.

All groups of early childhood programs indicated cooperating with a variety of other groups in offering parent education; there was no particular pattern to this cooperation. Low enrollment/attendance/participation; time demands on busy parents; funding; scheduling, time of day, or conflict with other activities in the community; and delivering the program were all among the most frequently reported problems encountered by all groups of early childhood programs in offering parent education.

This comparison across early childhood programs indicates that, while programs are similar to each other on some dimensions, i.e., content, life stage of audience served, format of programs, they may be more similar to their sponsor group than each other on other dimensions, i.e., educational and socioeconomic levels and racial characteristics of audience served, services provided, staff credentials, and sources of funds.

CHAPTER IV

SUMMARY, CONCLUSIONS and RECOMMENDATIONS

Summary

In this study, profile information on parent education, defined as organized, planned efforts to enhance understanding of and performance in parental roles, provided by agencies, organizations, and institutions in Minnesota is reported and discussed. A four-page questionnaire designed to collect information on descriptive dimensions of parent education was mailed to approximately 6,000 agencies, organizations, and institutions throughout Minnesota that were determined to potentially offer some form of parent education as defined. The data from the 1,053 respondents indicating provision of parent education were computer analyzed to produce the descriptive profile information. Results reported in chapters one, two and three are focused on profile data of parent education in Minnesota and include information on content offered, characteristics of participants, services and formats used, staff providing parent education and their qualifications, funding sources for programs, cooperation of programs with other groups in offering parent education, and problems encountered by providers of parent education.

The types of agencies, organizations, and institutions in Minnesota involved in offering parent education were categorized into 10 sponsor groups which represent major societal institutions such as schools, churches, and health agencies, organizations, and institutions. Profile data is provided for the entire group of respondents, for the respondents in nine of the 10 identified sponsor groups, and for the respondents in specific sponsor groups which are subunits of sponsors within sponsor groups. The business sponsor group was not analyzed separately because of the small number of respondents. The percentage of response from each of the sponsor groups based on the number of potential sponsors in each group receiving questionnaires varied, and the results can be interpreted differently among the sponsor groups based on this rate of response. For example, only nine percent of the public elementary and secondary school administrators who were sent the questionnaire or persons to whom they forwarded the questionnaire responded, and 58 percent of the recipients of the questionnaire in the Agricultural Extension Service responded. Therefore, data from public elementary and secondary schools should not be interpreted as reflecting magnitude or an exhaustive representation of providers of parent education in these school institutions, but rather as information about the dimensions of the parent education those who responded offered. In contrast, the data from the Agricultural Extension Service is based on a more substantial proportion of this total sponsor group and might be interpreted as representative with more confidence. In spite of the variability of magnitude of response from the various sponsor groups and specific sponsors, this study has verified the wide range of sponsors of parent education representing major institutions in society.

The results of the analysis of the data by sponsor group revealed similarities as well as clear differences among the sponsor groups in relation to the various dimensions of profile data collected. In addition, the analysis of the specific sponsors within sponsor groups revealed both similarities and differences among these specific sponsors. In comparing the data from the total group of respondents with the data by sponsor group and specific sponsors, it is evident that such fine analyses of particular categories of respondents was necessary in order to begin to uncover an indication of the diversity and complexity of the parent education offered in Minnesota and of the field of parent education in general.

Conclusions Regarding Study Objectives

This section reviews the findings of the study in light of what conclusions they support regarding the objectives of the study.

Objective One

The first objective of the descriptive research conducted stated: To identify types of agencies, organizations, and institutions in Minnesota involved in providing some form of parent education. A taxonomy of 10 sponsor groups or types of agencies, organizations, and institutions was identified by grouping the agencies, organizations, and institutions represented in the mailing list under categories derived through logical conceptual analysis of the mailing list. This taxonomy is listed in Table 380. More specific types of responders were categorizable within these 10 groups.

Table 380. Taxonomy of Sponsors

- 01 Public schools-undesigned
- 02 Public schools-early childhood programs
- 03 Public schools-elementary
- 04 Public schools-secondary
- 05 Public schools-community education
- 06 Public schools-PTAs
- 07 Public schools-vocational centers
- 08 Public schools-special education

- 10 Private elementary/secondary schools

- 20 Post secondary education-undesigned
- 21 Colleges, universities
- 22 Community colleges/junior colleges
- 23 Vocational schools (AVTIs)

- 30 Early childhood programs-undesigned
- 31 Early childhood programs-church affiliated

- 40 Agricultural Extension Service

- 50 Businesses

- 60 Churches--undesignated denomination
 - 61 Baptist
 - 62 Presbyterian
 - 63 Church of Jesus Christ of Latter Day Saints
 - 64 Episcopal
 - 65 Congregational/United Church of Christ
 - 66 Methodist
 - 67 Catholic
 - 68 Jewish
 - 69 Lutheran

 - 70 Public community or government nonhealth agencies, organizations,
institutions--undesignated
 - 71 Social service agencies
 - 72 Legal agencies
 - 73 Day care/early childhood programs (including Head Start)
 - 74 Special needs focused agencies
 - 75 Battered women's centers

 - 80 Private agencies, organizations, institutions--undesignated
 - 81 Day care/early childhood programs
 - 82 Special needs focused agencies
 - 83 YMCA/YWCAs
 - 84 Family service associations
 - 85 Church affiliated agencies, organizations
 - 86 Battered women's centers

 - 90 Health agencies, organizations, institutions--undesignated
 - 91 Hospitals
 - 92 Nursing services
 - 93 Clinics
 - 94 Mental health agencies
-

For the most part, the taxonomy as developed fit the data well. The only problem discovered was that it might be more appropriate to put all organizations sponsoring early childhood programs into the same sponsor group. This would place public school early childhood programs in the public school sponsor group; day care/early childhood programs including Head Start in the public community or government nonhealth agency, organization, or institution sponsor group; and day care/early childhood programs in the private nonhealth agency, organization, and institution sponsor group into the early childhood sponsor group along with the two specific sponsors already identified in this sponsor group, i.e. undesignated and church affiliated. The same type of change might be made with the special education and special needs focused agency specific sponsors, i. e., the specific sponsors of public school special education and private and public special needs focused agencies might be placed in a new sponsor group of special education/needs focused parent education programs. However, since the responses from these specific sponsors did not appear to be more like the early childhood sponsor group or a potential special needs sponsor group than their current sponsor group, the taxonomy as it now stands is not inappropriate. A further change in the taxonomy in the future that could occur with more study would be the addition of more denominations as specific sponsors within the church sponsor group.

Objective Two

The second objective of the study stated: To develop profile data concerning parent education offered by agencies, organizations, and institutions in Minnesota including:

- a. Content offered
- b. Staff size and qualifications
- c. Characteristics of participants in parent education programs
- d. Format and structure of programs
- e. Coordination and communication of parent education program staff with other community groups related to program participants

Profile data is reported on all five dimensions identified above and on two other dimensions: funding sources of programs and problems encountered in the provision of parent education offerings or programs. Conclusions regarding both sponsor groups and specific sponsors related to each of these seven dimensions follows.

Content offered: Content of programs was reported to focus most frequently on children and families, parent and adult development, and health and nutrition. The content offered in the various sponsor groups and specific sponsors was generally similar, with a few differences in emphasis noted. For example, churches seemed to place more emphasis on the family. Health and nutrition along with child development were high on the list of content areas addressed by health sponsors. Mental health agencies, in contrast, reported child rearing practices and family life and family support systems content most frequently. Nutrition was a frequently offered content area in the Agricultural Extension Service and in secondary schools. Family life was also reported as frequently offered content in the Agricultural Extension Service. Health was frequently reported as content by private special needs focused agencies and private day care/early childhood programs. Parent/adult development was a frequent response in the YMCA/YWCAs and the private church affiliated agencies and organizations.

Staff size and qualifications: A wide range of personnel provided parent education in terms of professional background, from highly specialized professionals to lay individuals. The qualifications of lay individuals or volunteers were not indicated in this data. Further, the extent to which volunteers versus paid staff were involved in programs as parent educators is not clear. The data indicate that parent educator is sometimes a part-time role embedded in another full-time job role. All sponsor groups either employed no parent educators part- or full-time or employed few (one to five) part- or full-time educators more frequently than larger numbers of employees.

The providers of parent education services in each sponsor group were consistent with what might be expected in each group. For example, elementary and secondary educators were frequent providers in both public and private schools; ministers, priests, or rabbis were the most frequent providers in churches; nurses were the most frequent providers in health agencies, organizations, and institutions; social workers most frequently provided parent education in private and public nonhealth agencies, organizations, and institutions; psychologists or psychiatrists most frequently provided parent education in mental health agencies; early childhood educators were reported to do most of the parent education in early childhood programs; and home economists were the most frequent providers in the Agricultural Extension Service.

A Bachelor's degree was the degree most commonly held by educators throughout sponsor groups except in churches where a Master's degree was most common. Education related licenses were reported to be held most frequently by parent educators in the sponsor groups representing educational institutions (i.e., public and private schools, post secondary education, and early childhood programs). Almost half of the responders in the health sponsor group indicated their educators held noneducation related licenses which likely reflects the large number of licensed nurses and doctors providing parent education in this sponsor group. Where licenses are not required, as in the Agricultural Extension Service and churches, not as many licenses were reported to be held by providers of parent education.

Characteristics of participants in parent education programs: White, middle class audiences were reported served most frequently with about one-fourth of those reported served holding a college degree. Within these characteristics of the total audience reported served, a wide range of diverse audiences which spanned all stages of parenthood and developmental stages of children were reported. Public and private schools, post secondary education, early childhood programs, and churches showed less diversity in the audiences they served than did health agencies, organizations, and institutions; public and private nonhealth agencies, organizations, and institutions; and the Agricultural Extension Service.

The public schools reported serving children, couples and single parents, and parents of preschoolers and school-age children most frequently. Community education reported serving parents of children of all developmental age groups while elementary schools and PTAs served more parents of school-age children. Early childhood programs in the public schools and in all sponsor groups served parents of preschoolers with high frequency. Secondary public schools reported serving adolescents and teen-age parents most frequently and were the major group providing parent education to this age group. In private schools, parents of school-age and teen-age children were frequently reported served. A high percentage of churches also reported serving parents of teen-age children. Early childhood programs had the highest proportion of any sponsor group that reported serving parents in reconstituted families.

Private and public nonhealth agencies, organizations, and institutions were the only two sponsor groups that served single parents most frequently. A high percentage of mental health and public nonhealth agencies, organizations, and institutions served diverse audiences which included parents of special needs children, parents in reconstituted families, and foster parents. A high percentage of health agencies, organizations, and institutions reported serving expectant and teen-age parents; and the Agricultural Extension Service was the only sponsor group that frequently reported serving grandparents, parents of adult children, and children of aging parents.

Although a fourth of the total participants were reported to have college degrees, considerable variation in education level of participants was apparent across sponsor groups. For example, over half of the early childhood program sponsor group participants were reported to have college degrees, and only about eight percent of the participants in the public community or government nonhealth agencies, organizations, and institutions and the specific sponsor of day care/early childhood programs (including Head Start) within it had college degrees.

Also, although the majority of participants across respondents were reported to be in either the lower or upper middle socioeconomic levels, exceptions were noted. The public nonhealth agencies, organizations, and institutions reported providing parent education services to a population of which over half were low income, and 75 percent of those served by public day care/early childhood programs including Head Start were reported to be in the low socioeconomic level. About 20-30 percent of the participants in private nonhealth agencies, organizations, and institutions; health agencies, organizations, and institutions; private schools; the Agricultural Extension Service; and the public schools were reported to be in the low socioeconomic level.

Without exception, all sponsor groups and specific sponsors reported serving a mostly Caucasian audience. Private schools reported serving more Native Americans than any other sponsor groups. Private nonhealth agencies, organizations, and institutions reported serving the most blacks (The specific sponsor of day care/ early childhood programs within this sponsor group reported that almost 25 percent of those served were black.). Public nonhealth agencies, organizations, and institutions reported serving the highest percent of Asians and Latinos.

Most responding programs served under 100 adults and under 100 children per year. The Agricultural Extension Service and post secondary education reported serving larger numbers of adults per year than other sponsor groups, and health and private nonhealth agencies, organizations, and institutions reported serving both large and small numbers of adults per year.

Format and structure of programs: Diversity was apparent in the services and formats reported used, although group classes in community settings for couples were the most frequently reported service and format. The majority of sponsor groups appeared to have provided a balance of group and nongroup services. Early childhood programs, the Agricultural Extension Service, churches, and public and private nonhealth agencies, organizations, and institutions reported individual or mass modes of service most frequently. In contrast, the post secondary education sponsor group provided predominantly formal class sessions.

Almost all of the sponsor groups and specific sponsors reported the use of group formats in community settings with mothers and fathers together most frequently. In contrast, the specific sponsor of nursing services reported one-to-one sessions held in homes as the most frequent format used.

Coordination and communication of parent education program staff with other community groups related to program participants: Institutions, agencies, and organizations reported cooperating together in providing parent education. The public school sponsor group was the group listed most frequently as an agency with whom programs in the other sponsor groups cooperated. Intra-agency cooperation (cooperation within a single agency) was reported to be most frequent in the public and private school sponsor groups. Churches reported cooperating most frequently with other churches, reflecting a within sponsor group pattern of cooperation. Private nonhealth agencies, organizations, and institutions also reflected this pattern of cooperation. Public nonhealth agencies, organizations, and institutions reported cooperation most frequently with health agencies, organizations, and institutions, reflecting an across sponsor group pattern of cooperation.

Funding sources of programs including types of fees charged: Parent education provided by respondents was funded primarily by service user fees and public funds. Some funding sources appeared to be sponsor group specific. For example, public school funds were the main funding source in the public school and post secondary education sponsor groups; church, synagogue, or parish budgets most frequently funded church parent education offerings; undesignated public funds were the most frequently reported source of funds in the public nonhealth agency, organization, and institution sponsor group; and Agricultural Extension funds were the most frequently reported source of funds in the Agricultural Extension Service. Throughout all sponsor groups, where fees were charged, the two major types of fees were either a standard fee or a variable fee based on services or resources used except in the public nonhealth and health agency, organization, and institution sponsor groups where fees by the ability to pay were frequently reported.

Problems encountered in the provision of parent education: Low enrollment/attendance/participation was reported to be the number one problem with all responders followed by lack of interest/commitment, and client attitudinal problems. Problems with funding and scheduling were also common across most sponsor groups. Some uniqueness in problems reported also existed. For example, the Agricultural Extension Service respondents frequently identified workload of personnel providing parent education as a problem, and the post secondary education group reported problems with facilities.

General Conclusions

This section contains more general interpretations of the findings in the study. While the previous section focused on conclusions regarding the groups studied and their characteristics according to descriptive dimensions set forth in the objectives of the study and the data collection instrument, this section focuses on more general, overarching conclusions concerning parent education. It responds to the question, what can we say about parent education based on this data?

Conclusions Regarding Descriptive Variables

When the profile study was designed, variables included as descriptive dimensions were identified on the basis of their usefulness in providing a comprehensive picture of educational programs in general. The usefulness of some of these variables in differentiating among various types of parent education programs was apparent in the data. The data also revealed that some of the variables needed clarification and refinement. Further, it was discovered that some variables not included in the study would be useful in describing, differentiating and categorizing parent education programs.

Table 381 presents an outline of general descriptive variables and their dimensions identified on the basis of the study findings. A discussion of these variables and their definitions and dimensions follows. These variables represent "significant descriptive dimensions" by which parent education programs might be described.

Table 381. Descriptive Variables

- I. DELIVERY SYSTEMS
 - A. Education
 - B. Health
 - C. Social service
 - D. Religion
 - E. Business
- II. CONTENT
 - A. Child-focused
 - B. Caregiver-focused
 - C. Family-focused
 - D. Health, nutrition-focused
- III. AUDIENCE SERVED
 - A. Number
 - B. Types
 - 1. Caregiver role and/or relationship to child
 - 2. Age or developmental level or needs of child or parent
 - 3. Family configuration
 - 4. Educational level
 - 5. Socioeconomic level
 - 6. Racial/ethnic background
- IV. SERVICE DELIVERY MODE
 - A. Group modes
 - 1. Formal classes
 - 2. Informal group discussions
 - 3. Parent-parent, caregiver-child interaction activities
 - 4. Group counseling
 - B. Individual modes
 - 1. Telephone contact
 - 2. Home visits
 - 3. Counseling/conference sessions
 - C. Mass modes
 - 1. Newsletters, pamphlets, fact sheets, and books
 - 2. Newspaper articles
 - D. Auxiliary modes
 - 1. Referral services
 - 2. Lending library for references and materials
 - 3. Lending library for children's toys and books
 - 4. Child care while parents are educated
 - 5. Health and nutrition screening services
- V. SETTING
 - A. Home
 - B. Community
 - 1. School
 - 2. Church
 - 3. Clinic or hospital
 - 4. Agency
 - 5. Other

VI. PARTICIPATION

- A. Rate
- B. Pattern
- C. Intensity

VII. PERSONNEL

- A. Educational background
 - 1. Education-related
 - a. Early childhood
 - b. Elementary
 - c. Secondary
 - d. Adult
 - e. Home economics
 - 2. Health-related
 - a. Nursing
 - b. Medicine
 - c. Psychology
 - d. Nutrition
 - 3. Social service-related
 - a. Social work
 - b. Counseling
 - 4. Religion-related
- B. Degree level
- C. Employment status
 - 1. Paid employee
 - a. Parent education function only
 - 1. Part-time
 - 2. Full-time
 - b. Other major function in addition to parent education
 - 1. Part-time
 - 2. Full-time
 - 2. Volunteer (assumed to be a part-time role)
 - a. Parent education function only
 - b. Other major function in addition to parent education
- D. Credentials: licenses or certificates
 - 1. Educator
 - a. Early childhood
 - b. Elementary
 - c. Secondary
 - 1. Vocational
 - 2. Nonvocational
 - d. Adult parent educator
 - 2. Health
 - a. Registered nurse
 - b. Physician
 - c. Psychologist
 - d. Registered dietician

VIII. FUNDING SOURCES

- A. Sponsoring organization
- B. Service users
- C. External

- IX. COOPERATION NETWORKS
 - A. Intra-organization
 - B. Inter-organization
 - 1. Intra-specific sponsor
 - 2. Intra-sponsor group
 - 3. Inter-sponsor group
 - X. PROBLEMS
 - A. Audience-related
 - B. Personnel-related
 - C. Funding-related
 - D. Delivery-related
 - E. Curriculum, instructional materials-related
 - F. Auxiliary services-related
 - G. Facilities-related
 - H. Services supply-demand congruence
-

The first major variable, delivery systems, is defined as systems of organizations through which parent education is delivered. Study findings indicated that four major systems are currently involved in providing parent education: education, health, social service, and religion. A fifth system, business, may also be involved but responses in this study did not indicate large scale involvement of business in parent education at this point in time.

Content is a second major variable. This variable refers to what is taught in programs, i.e. the "subject matter" of parent education programs. Findings indicate that content can be categorized into four major categories: child-focused, caregiver-focused, family-focused, health and nutrition-focused. These findings have implications for planners of parent education training programs and for employers hiring parent educators in terms of the types of background training programs might provide and employers might seek. This range of content areas suggests that parent educators need comprehensive preparation across these content areas and, in addition, preparation providing them with educational expertise and understanding of their audience that will allow them to teach these areas effectively.

A third major variable is audience served. This variable refers to participants actually served as well as those intended to be served by the parent education program. Two dimensions relate to audience served. The number served refers to the quantity of units served. Units might be individuals, couples, families or some other unit. Parent education providers count their participants in varying units which is an important consideration in developing and reporting data on participation in parent education. Types of audiences refers to the qualitative characteristics of the audience(s) served. Six categories of qualitative characteristics were reflected in the data: caregiver role and/or relationship to child, age or developmental level or needs of child or parent, family configuration, educational level, socioeconomic level, and racial/ethnic background. Caregiver role and/or relationship to the child is reflected in such groups as foster parents, grandparents, mothers, fathers. Age or developmental level or needs of the child or parent is reflected in such groups as teen-age parents, parents of infants, parents of toddlers, special needs parents, special needs children. Family configuration is reflected in such groups as reconstituted families and single parents.

The fourth major variable, service delivery mode, refers to the types of services offered and the ways in which they are delivered. Four major modes of delivering services to designated audiences were reflected in the data: group, individual, mass, and auxiliary. The first three modes were primarily used to deliver educational services. The services delivered through the fourth mode were not directly educational services but facilitated, enhanced, supported or supplemented educational services. Categories of auxiliary services include child care during sessions for parents, lending libraries with materials and references or books and toys for children, referral services, and health and nutrition screening. While group, individual, and mass modes have previously been identified (Harmon & Brim, 1980),¹ the auxiliary services represent a category of services that has not previously been identified as a mode of education for parents. It could be argued that these services are not parent education services. However, these services were provided along with services that were clearly categorizable as parent education as defined in this study and, consequently, were an integral and substantial part of the educational system and may have a significant role in the effectiveness of parent education, the implementation of learning by parents, and in whether or not parents participate in parent education.

Group modes included formal classes, informal group discussions, parent-parent or caregiver-child interaction activities and group counseling. Individual delivery modes included telephone contact, home visits, and counseling/conference sessions. Mass modes included newsletters, pamphlets, fact sheets, books and newspaper articles.

The fifth and sixth major variables were not directly examined in the study. These variables emerged from the data as variables that would provide useful information in understanding parent education programs and in differentiating among them. Setting refers to the context or location where the education takes place. Two categories of setting were revealed in the data including home and community. Community settings included schools, churches, clinics, hospitals, and agencies.

Participation refers to the participation of the various audiences in programs. These conclusions are drawn primarily from the data on problems and consist of three dimensions. The first of these is the rate of participation (How many of an identified audience participate in relation to the potential number that could participate and in relation to the capacity of the program?). The second dimension is pattern of participation. Do participants who enroll once come back again? What factors govern whether or not they return? How does participation vary by the number of different kinds of offerings available within the organization and in other organizations? Are participation rates likely to be higher at some times of the year than others? These are pattern questions, and information about them would be useful to planners of parent education programs. A third dimension is intensity of participation. Dimensions of intensity might include passively receiving information about parenting, actively participating in parent education, and third, being a planner and decision maker in parent education programs and policies.

¹Harman, D., & Brim, O. G., Jr. (1980). Learning to be parents: Principles, programs, and methods. Beverly Hills, CA: Sage.

Personnel is a complex variable because of the diverse backgrounds of providers of parent education and the fact that both paid and unpaid and part- and full-time personnel are involved. The complexity of this category was not fully understood when the questionnaire was designed and, consequently, some potentially useful data could not be included in the analysis because it could not be clearly categorized. The four dimensions identified with personnel reflect the categories of description that the findings and the experience with this study suggest as being useful in collecting and reporting data on personnel in parent education programs.

Educational background refers to the major or field in which the provider of parent education was educated. Four major categories of educational background were evident in the study: education, health, social service and religion. The relationship of these areas to the delivery systems is clear. Degree level is the highest educational level completed. Four levels of this variable are evident: less than baccalaureate, baccalaureate, Master's, and doctorate. This variable is but one more indication among many that parent education providers are a diverse group. Employment status refers to paid or unpaid (voluntary), part- and full-time status, and job roles. Since these dimensions of employment status are interdependent, it is important to structure questions and data regarding these carefully.

Credentials refers to the licenses or certifications that the providers of parent education hold. Two major categories of credentials were evident: educator licenses and health services provider licenses. Education licenses spanned all educational levels and health licenses ranged from registered nurses to doctors.

A sizable group of providers were categorized as experienced parents. This finding raises more questions than it answers. For example, what preparation for teaching parenting is provided to these individuals? How does this source of expertise relate to paid or unpaid employment status? How does this source of expertise relate to what is taught and how it is taught? This variable is important to consider in collecting, organizing and reporting parent education personnel data because of the widespread distribution of individuals categorized as experienced parents among parent education providers and because of the potential difficulty of differentiating parent educators whose only source of expertise is their experience as a parent and those for whom experience as a parent is but one source of expertise.

The eighth major variable, funding sources, refers to the sources from which parent education programs draw their financial resources. While these varied greatly, all sources can be categorized into three basic sources: the sponsoring organization, the users of parent education services, and external funds. Funds from a combination of these sources were reported by many. Some implications related to source of funding are apparent. If the sponsoring organization is public, it is likely that parent education supported by sponsoring organization funds is tax-supported. The users of services source places the financial burden on those who benefit directly from the services. The external funds source could involve public or private monies. Questions of who benefits from parent education are especially relevant here. Is it the parents who receive the services who benefit? Is it their children who benefit? Is it the society at large that benefits? Is it all of these? If so, who should pay? Should costs be shared among these benefactors? Policy makers will undoubtedly struggle with these questions increasingly in the future as parent education continues to grow.

The ninth variable, cooperation networks, refers to the patterns of cooperation of parent education programs with other units and organizations. Two categories emerged from the cooperation data in the study: intra-organization cooperation and inter-organization cooperation. Intra-organization cooperation is characterized by a program cooperating with another program or unit in the same organization (e.g., the PTA and the elementary school in a given school district cooperating to provide a family education program to elementary students and their families). Inter-organization cooperation is characterized by a program cooperating with a program or unit in another organization (e.g., the PTA and the Red Cross cooperating to provide a program for parents concerning keeping children safe) which may be within the same sponsor group or may be in a different sponsor group.

Eight categories of problems emerged from the data on problems encountered by parent education providers. Audience-related problems include such items as attitudes and enrollment. Personnel-related problems include availability of qualified staff. Funding problems include obtaining sufficient funds. Delivery-related problems include scheduling programs at times people are available and publicizing the program appropriately and effectively. Curriculum and instructional materials-related problems include obtaining appropriate materials and structuring the program curriculum. Auxiliary services-related problems include coordinating services. Facilities-related problems include finding enough space and appropriate space for the types of activities parent education programs entail and acquiring and managing equipment for equipment-dependent programs (e.g., those that involve parent-child interaction or child care during parent education sessions). Services supply and demand problems refer to the economic problem of keeping supply of services available and demand for those services in reasonable balance. Audience and funding problems appear to be more common across sponsors of parent education while problems with facilities, auxiliary services and supply-demand congruence appear to be identified with specific sponsor groups. This finding has implications for technical assistance services that might be provided to parent education programs and for the curriculum of programs that prepare parent educators.

In summary, these variables and their dimensions appear to provide useful ways of characterizing parent education programs in order to understand them, determine their personnel development and technical assistance needs, and conduct research concerning them.

Nature of Parent Education

Several broad characteristics of parent education as reflected by the responders in this study stand out from the more detailed picture of the data presented in chapters one, two and three. These broad characteristics will be discussed in this section.

Diversity: That parent education is a diverse phenomenon is a theme represented in almost every dimension of the data but especially so in the range of services provided and the range of personnel which provide the services. There is also diversity in scale represented by large mass media efforts that reach thousands in a less intense manner to intense one-to-one interactions between a single provider and a single participant. Diversity in definitions of parent education also appear to exist in that "parent education" seems to encompass auxiliary-type services that are not really educational in nature but appear to

be closely integrated with services that are educational in nature. Given this diversity, the broad general definition of parent education used in this study, "organized, planned efforts to enhance understanding of and performance in parental roles," appears to be appropriate in terms of generality and comprehensiveness. This diversity demands a concept of parent education that includes adolescents who are not yet parents, adolescents who are parents, and adult children of aging parents as well as the more traditional and typical concept of the adult parent. The visual image of a group of adult mothers and a leader discussing parenting problems reflects a concept of parent education that is too narrow to encompass the tremendous diversity apparent in the data. The data suggests that a broad concept of parent education which spans the life cycle is more reflective of the parent education services that are being provided.

Embeddedness: Another striking characteristic in the data is what might be called embeddedness. It is clear that the parent educator role is frequently attached to or embedded in another major professional role. Parent education needs appear to be served at the same time and by the same agency, organization and personnel that serve other needs. The data regarding both diverse personnel who have other roles in addition to parent education and funding from diverse sources and general organization budgets support this. This embeddedness has several implications. First, access to audiences is undoubtedly assisted by embeddedness because people who may not seek parent education seek other services and, as a result, their needs for parent education can be identified and served. Secondly, embeddedness is undoubtedly a convenience for the participant in parent education who is able to deal with fewer organizations and receive a range of services. Third, more aspects of the client can be known to the provider who serves multiple needs than the provider who serves only a single need. Fourth, diverse providers can probably meet diverse parent education needs of diverse audiences more adequately than can a single provider. These are all advantages of embeddedness.

Some likely disadvantages are also apparent. First, if personnel and financial resources are not specifically identified and earmarked for providing parent education, they may be less available. Second, if an organization's primary responsibility is the provision of other types of services, parent education may not be given the emphasis and attention needed to provide services of sufficient quantity and quality. The number of referral services reported suggests that one way of capitalizing on the strengths of both embeddedness and specialization in parent education is a model in which organizations with access to potential parent education audiences but which have other types of major responsibilities function as service brokers, referring clients to organizations who do provide parent education as one of their primary functions. A third disadvantage is that standard setting for and monitoring of program and personnel quality is much more difficult because of the range of types of organizations and personnel involved. An interesting pattern in the data revealed that at least a small percentage of personnel in almost every sponsor group held the currently available specialized credential in adult parent education. This suggests the potential transportability of parent educator credentials and preparation between organizations. Embeddedness also suggests the practicality of providing parent educator credentials and preparation as an add-on dimension to another role or professional credential. A fifth disadvantage is that embeddedness could be expected to discourage communication between parent education professionals across the range of sponsoring organizations and systems because of the difficulty in gathering such a diverse range of personnel together in

forums that do not focus on their primary professional role(s). Still another disadvantage is that parent educators are hard to identify and define. Who is a parent educator? This question can hardly be answered any more precisely on the basis of the data than "almost everybody." A further disadvantage of embeddedness is lack of clarity about who has responsibility for preparing parent educators and about the nature of the preparation these diverse providers should have for their parent education role.

Programs differed in emphasis depending on their sponsor. This is a factor that is likely related to the embeddedness characteristic and supports the idea that the organization as a program context is an influential factor in the nature of the program. What are the implications of diverse emphases for parents and children served? More study will be needed to answer that question. One appropriate question related to embeddedness seems to be who can provide what best for whom.

Networks: A third striking feature in the data was the extent of cooperation reported by parent education programs with units, agencies, organizations and institutions within or outside their sponsoring organizations. Broad networks of schools, agencies, health providers and social services providers appear to exist and function in the provision of parent education. The existence of these networks may, to some extent, serve an informal communication function that a forum for parent educators from diverse sponsoring organizations would provide more formally. These networks are also likely to provide an important link between audience identifiers and educational service providers.

Recommendations

This study provided information useful for understanding and further study of parent education programs. Findings have implications for the development of parent education programs and personnel and for policy decisions regarding parent education. Recommendations that consider the findings, conclusions and implications of the study are presented below.

The finding that parent education programs, personnel and audiences are diverse suggests several recommendations:

1. Training programs for parent educators need to address the needs of a broad range of personnel with diverse educational and experience backgrounds and need to provide broad-based preparation in the areas of parenting, child development, adolescent and adult development, family theory, health and nutrition, and in a range of group, mass and individual educational methods.

Such training programs would address the diversity in backgrounds of those presently providing parent education and the embeddedness of parent education functions within other organizational services provided to clientele. Individuals who come from varied backgrounds typically possess expertise in only one or two of these components and need those components they do not already possess. Programs need to provide training in the components that individuals need. Further, although one delivery system may emphasize one area of content more than another, most programs reported including all the content areas identified above.

2. The need for broadening the application of minimum standards for parent education personnel and programs across the array of providers should be explored.

The more diverse the educational provider population, both in terms of area of professional preparation and level of education, the more critical is the existence of a minimum standard. Such a standard is especially important when there is great potential for a parent educator to move from one delivery system to another across a range of orientations and approaches to parent education. Such a standard would help to clarify who is identified as a parent educator and who can be assumed to have an acceptable level of expertise in this field to insure that services provided are of high quality.

Because programs are conducted by diverse groups and under widely varying conditions, a minimum level of program quality should be assured.

3. Forums for communication between diverse providers of parent education are needed.

Because individuals involved in parent education are so diverse, it is unlikely they will encounter each other as a result of their professional day to day activities unless they operate in a cooperative arrangement or are involved in referral processes. There is potential for these providers to learn from an exchange of views and ideas with each other, and such opportunities should be developed.

4. Parent education should be conceptualized broadly to include pre-parenting education for adolescents and expectant parents as well as individuals and couples who are already parents or function in a parental role.

Study findings indicate that parent education audiences include a wide variety of groups, some of which are not typically considered as parent education audiences (e.g., foster parents, grandparents, parents of adult children). Also functioning in a parental role are children of aging parents. Demographic data indicate that this group will increase dramatically in number in the future.

5. Further study should be conducted in the following areas: 1) replication in other states and expansion of research on parent education delivery systems; 2) goals, aims, and rationale for parent education; 3) patterns of participation in parent education; 4) evaluation of parent education effectiveness; 5) the prevalence and effectiveness of volunteer parent educators including experienced parents; and 6) the participation of business in parent education endeavors.

Research such as that conducted in this study provides a model that can be replicated in other states in order to identify similarities and differences in the profile information and further clarify the field of parent education. Follow-up studies including both more extensive study of profile information as well as other data might be done on separate sponsor groups and the specific sponsors. For example, the sponsor group of public schools and the identified specific sponsors within it are in need of much further study in order to better understand what units within the schools are attempting to serve particular parent audiences and what intra-school cooperation efforts are evident. Further,

the specific sponsors of public social service agencies or hospitals might be studied in more depth to obtain a clearer understanding of their contribution to parent education efforts. All of the dimensions of parent education identified in this study need to be studied individually and in their complex interrelationships in more depth. Overarching all of these suggested research efforts is the need to identify and compare models of parent education in a systematic way.

This study suggests that variation exists in goals, aims and rationale for parent education, and further study is needed to understand these variations and their implications. Such research might include study of views about, "What is an effective parent?" and, "What is desired development in children?"

Patterns of participation in parent education need to be studied to determine differences in characteristics, attitudes and knowledge of those who do and do not participate, to determine relationships between delivery mode and participation patterns of various audiences, and to discover other factors that may be helpful in solving problems of low enrollments and low participation rates in some sectors and insufficient services available to meet the demand in other sectors.

This study did not address questions about the effectiveness of parent education which is basic to developing and justifying parent education.

Volunteers and experienced parents were reported to be substantially represented among parent education providers. More needs to be known about these groups of personnel in terms of their educational background and expertise in parent education.

This study provided little data about business providers of parent education.

It is not clear if this indicates that very few businesses provide parent education, or if those who do provide parent education were not contacted, or if businesses simply did not respond.

Clearly, much research and development is possible and needed to answer questions raised in this study and to provide a basis for the development and improvement of parent education efforts. This study represents an initial step in providing a base from which further research efforts might be launched and policy questions formulated.