



Abriendo Puertas/ Opening Doors Parenting Program:

Summary Report of Program Implementation and Impacts

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Executive Summary and Discussion Brief:

Child Trends' Evaluation of the Abriendo Puertas/Opening Doors Program

Overview

The Abriendo Puertas/Opening Doors program works with Latino parents of young children to promote practices that foster children's learning and development, parent leadership, and advocacy. Abriendo Puertas is one of the largest programs in the United States working with Latino parents of pre-school aged children. Since it began in 2007, the program has served over 30,000 low-income parents/families in over 400 family-serving organizations and schools in 34 states around the country. Parents participating in the Abriendo Puertas program attend 10 educational and discussion sessions. Child Trends recently completed a rigorous evaluation of this program—the first random-assignment evaluation of a culturally-relevant parenting program serving Latino children in the United States. The findings reveal how, with relatively few resources, an evidenced-informed and well-managed effort can make a difference in key parenting behaviors associated with academic success.

The findings of the Child Trends evaluation contribute to our knowledge base of best practices in the field, while paving the road for the Abriendo Puertas program to continue to improve its services and focus its efforts and resources in areas where they are most likely to be successful. The study found that the Abriendo Puertas program has a number of impacts, especially related to educational support in the home. It also highlights aspects of the program that may be more effective if modified, such as those that address more challenging behavioral changes including diet modification and increased parent advocacy with school and other authority figures.

This brief provides an overview of the evaluation study and draws on focus group data to provide context for the findings in the discussion sections.

The Problem

Children's educational success is central to ensuring a healthy society in the future. Today, one in four children in the United States is of Hispanic descent. By 2050, Latino children are expected to represent 36 percent of the U.S. population age 17 and under, compared to the projected 36.4 percent of White children. Yet, troubling disparities in educational achievement levels among Hispanic children, especially those from low-income families, threaten the chances for economic and life success for many in this population. While Hispanic high school dropout rates have decreased substantially in recent years, reports still find that Latino youth are much more likely to drop out of high school compared with their White counterparts.^{i,ii} In addition, while Hispanic enrollment in post-secondary programs has increased in recent years,

Latino adults are least likely to have completed a post-secondary degree in comparisons to all other groups.

What Do We Know?

Understanding the complexities of factors that contribute to academic achievement is the first step to the development of effective programs that promote behaviors needed to improve performance. Latino children from low-income communities enter elementary school with fewer skills that support later educational attainment. This is important because studies indicate that children's early skills are critical to high school completion.

Researchers find that kindergartners who enter school with basic knowledge of arithmetic and reading are more likely to fare well in elementary school. Furthermore, studies find that students' grades in elementary and middle school are good predictors of school completion; those with higher letter grades are less likely to drop out of school than those with low grades. Unfortunately, Latino children are less likely to demonstrate cognitive and literacy readiness skills upon entering school compared to White, Black and Asian students. For example, less than one in five Latino children ages three to six recognizes the 26 letters of the alphabet compared to more than one in three Black and White children and two in five Asian children.ⁱⁱⁱ

Furthermore, there is substantial evidence that parents play an important role in nurturing their children's educational success. Important family factors related to school drop out rates are linked to the type of relationship that parents and their children have and the types of educational parenting practices employed in the home. Also, parents who are emotionally supportive, are involved in their children's schooling, are authoritative (are both warm and encourage independent decision-making) in their parenting practices, and who monitor their children's activities, are less likely to have children who later drop out of school.^{iv}

The Abriendo Puertas Program

With these research findings in mind, the Abriendo Puertas program specifically promotes Latino parents' leadership and advocacy as well as parenting practices that foster children's early learning and development in a culturally-relevant manner. The program has set ambitious outcome goals that include teaching parents how to foster children's learning, to how to respond to children's emotional expressions, to how to keep children physically healthy, and how to advocate for children's well-being. The Abriendo Puertas curriculum covers these topics over ten sessions.

Program Evaluation

Research finds that it is difficult to change behavior, especially when the desired outcome seeks to change established habits or counters deeply held values. That is why it is imperative that programs aimed at behavior modification include built-in monitoring and evaluation to identify

the most promising approaches, and to shed light on practices that may require additional strategies to best achieve desired outcomes.

Child Trends' rigorous evaluation of the Abriendo Puertas program consisted of an impact study and two implementation studies in Los Angeles. In some cities the Abriendo Puertas program is administered by local community organizations. In other cities, including Los Angeles, the Abriendo Puertas program is administered and implemented by trained staff in the local public school districts. The Los Angeles Unified School District (LAUSD) is the second largest school district in the nation; nearly 75 percent of students enrolled in kindergarten are of Hispanic heritage. Mirroring the national school drop out rates, Latino students in the LAUSD continue to lag behind Whites and Asians in graduating from high school.^{v,vi}

Impact Study: A total of 922 parents participated in the Child Trends impact study, of which 89 percent were foreign born. Parents were randomly assigned to either a treatment group (468 parents) which was offered the Abriendo Puertas program, or to a control group (454 parents) which did not participate in the program. Information was collected for both groups in person before the start of the program, and by phone five to six weeks after the end of the program. Additionally, the evaluators collected information from parents who participated in the program 14 weeks after program completion. Results from both groups were compared to determine program impact.

Implementation Study: Child Trends also conducted a two-phase implementation study to determine the effectiveness of the Abriendo Puertas program operations and to provide context for the findings. A total of sixty-seven people participated in Phase I of the implementation study, consisting of a series of focus groups and interviews. Forty-two parents participated across four focus groups held in Spanish and all study participants completed a program satisfaction questionnaire as part of the follow-up phone interview five to six weeks after the program. In addition, 25 program personnel from participating schools were interviewed: nine program facilitators, nine LAUSD staff members, and seven principals. Phase II of the implementation study was conducted approximately one year after the end of the program in order to gather parents' and facilitators' impressions of the impact study findings.

Findings

Areas of greatest impact-educational support

The evaluation study found that the Abriendo Puertas program led to the adoption of parenting practices that enhance preschool children's learning and preparation for school. The study found that Latino parents participating in the program gained knowledge about high quality child care and education settings, and improved their organizational strategies and ability to plan and set goals for their children. Parents also gained an appreciation for their role as

models for their children. Importantly, these practices appear to be sustained over time. Specifically, Child Trends reported that the Abriendo Puertas successfully enhanced the following behaviors and knowledge base:

- **Parent educational activities at home**, such as reviewing the letters of the alphabet and reading to their child more frequently.
- **Approaches to reading with the child**, such as stopping from time to time to talk about the story with the child and reading with an expressive and enthusiastic voice.
- **Library use**, such as going to the library and checking out children’s materials to take home.
- **Knowledge about aspects of child care quality**, such as the importance of child care providers reading to children every day, teaching children how to play with others, and providing healthy snacks.
- **Family organization and planfulness**, such as developing plans to reach family goals for their children and taking time to respond to children’s behavior.
- **Parent role modeling**, such as being more mindful of how their behavior sets an example for their children.

Discussion: Research has consistently found that behaviors are hard to change, especially within a short period of time. Nonetheless, Child Trends’ evaluation found that parents in the Abriendo Puertas program made important behavioral changes to foster their children’s learning, and evidence suggests that these changes were sustained over time. Hispanic parents have reported in various research studies, and in the focus groups of this evaluation, that they have high educational aspirations for their children.^{vii} By providing parents with information and tools they need to better align their behaviors with the aspirations they have for their children, the Abriendo Puertas program reinforces and builds on these values.

The program may also reinforce Latino parents’ cultural value of “familismo”, which stresses the importance of family and parental adherence to being responsible for their children. Parents became more intentional in their parenting as they developed family goals for their children, learning to implement strategies to better support their children. Thus, it seems that the educational aspirations and cultural values of Latino parents positioned them to be receptive to the information they learned and to apply it to new behaviors that encourage children’s learning.

Parents’ and facilitators’ perception of the program

In general, parents reported positive experiences with the Abriendo Puertas program and identified areas that they particularly appreciated: the interactive activities that engage parents and provide concrete information, and the culturally sensitive and accessible nature of

the classes that encourage social connections. Specifically, the majority of parents and facilitators appreciated that it was a Spanish-language curriculum—rather than being a translation from English, and because it incorporates culturally relevant activities, such as children’s music from Latin America, culturally familiar games (e.g. Loteria—a bingo-like game from Latin America), and "dichos" (popular sayings in the Latino culture that convey messages with strong values or beliefs). Parents also appreciated that the program instruction uses simple terms and plain language and that the group discussions provide a safe place to reflect on their parenting skills and to expand on them. The majority of facilitators believed that the program provides parents a place to learn from each other and develop social connections.

Areas of less impact

The Abriendo Puertas program also gives parents information about how to offer children healthier foods and an active lifestyle, how to foster children’s emotional development, and how to become effective advocates for their child before medical, social services and school (principal) authorities. The evaluation study found that the Abriendo Puertas program did not record significant results in these behavioral areas. Parents who attended the program did not seem to gain significant knowledge or to change their practices much in these specific areas.

Discussion: The focus group discussions with the parents point to possible reasons for these findings, presenting the Abriendo Puertas program with the opportunity to consider programmatic options in order to continue improving outcomes. The challenges to improving healthy living behavior, for example, are widespread across populations in the United States. Weight loss programs abound and many people participate in these programs at different times throughout their life span. Parents in the Abriendo Puertas study reported having had basic knowledge about healthy lifestyle behaviors prior to participating in the program, as they are repeatedly exposed to these messages through numerous sources. They also reported however, that even with basic knowledge about lifestyle behaviors, it was hard for them to actually apply the information. There was a strong sentiment among parents in the focus groups that making behavioral changes, such as avoiding fast foods and cooking healthy meals, was not only impractical (e.g. expensive and time-consuming), but it also went against their deep-seated cultural habits of food preparation and lifestyle.

Conversations with participants also suggested that parents might not have been receptive to the information about children’s emotional expressions because the information did not align well with their cultural norms of gender-appropriate emotional expressions. For example, several parents mentioned that they have been taught that girls express emotions more freely, but that boys should not do this.

Child Trends found a similar situation regarding learning to advocate for the children before authorities. Unlike program participants' increased interactions with teachers—a behavioral change that had positive results—the evaluation study did not find significant changes in parents' ability to advocate for their child in dealings with other authority figures such as doctors and school principals. Parents participating in the focus groups expressed that they did not really know how to initiate a dialogue with the school principal, for example. This uncertainty may also have roots in perceived cultural roles. Several studies have documented how some Hispanic cultures consider that it is not necessarily the role of parents to question the “experts” such as medical doctors or school authorities.^{viii}

Careful consideration of these findings could lead to possible changes in the expected outcomes or focus of the program, as well as how these topics are best introduced and communicated to the parents throughout the program.

Summary Discussion

The Abriendo Puertas program is a model program that demonstrates how, with modest resources, a brief 10-session program can achieve important results for children by helping their parents to prepare them for educational success. It has expanded to 34 states and has the potential for even greater reach. In addition to the positive research findings of this evaluation, participating parents provided countless anecdotes of the constructive effect the program has had on them and their families. Importantly, the program targets the critical problem of children's early skills necessary for later school completion and success.

Abriendo Puertas has developed a culturally-relevant training program that is grounded in educational research. The Child Trends evaluation of the Abriendo Puertas program revealed positive outcomes in several key child development areas associated with academic success, as well as in increasing parents' use of libraries and their knowledge about quality child care.s. Among other behavioral outcomes, such as healthier lifestyle changes, fostering children's emotional development, and advocating for their child, the Abriendo Puertas program did not record significant results.

It is important to note that the Child Trends evaluation was conducted in only one of the many cities where the Abriendo Puertas program provides services, Los Angeles—an area where public information about healthy living and other topics covered in the program is readily available. For example, the evaluation finding that parents in Los Angeles did not gain significant knowledge about healthy living may be due to the fact that they already had access to this information through many other sources, as indicated in the focus groups. Some of the findings, then, may not necessarily apply to other regions where public information about

healthy living topics may not be as accessible as in Los Angeles, or in areas where the Abriendo Puertas program is not administered through the local school district.

The Abriendo Puertas program covers a great deal of information in a short period of time. While some topics are covered and reinforced throughout the program, namely those that improve parental approaches to support preschool children’s learning, the health and nutrition and social and emotional development topics are covered in only one session. Research on program evaluations find that behavioral and attitudinal changes are more likely to occur when information is repeated and reinforced through hands-on experience. It may be that some of the messages that address the more challenging behavioral changes could benefit from greater repetition and increased hands-on focus, if program resources allow.

There are contextual, cultural and programmatic explanations for the evaluations’ findings. Thus, it may be that parents more readily exhibited behavioral changes related to parental support for educational outcomes in the home since these changes aligned well with their educational aspirations for their children and the cultural value of familismo. At the same time, parents were less likely to apply the tools they learned in the program related to healthy living and advocacy because these did not easily align with their habits, economic possibilities and/or their perceived cultural roles and norms.

In summary, by focusing on Latino parents in a culturally- appropriate manner to help them prepare their children for educational success, the Abriendo Puertas program is making a necessary contribution to future generations of Latinos in the United States, an increasing need in light of the growing Latino population in the United States.

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CHAPTER I. Background

Immigrant children¹ are the fastest growing group of children in the United States, and in 2010 over half of foreign-born children were of Hispanic² origin.^{ix,x} Although Hispanics live across the United States, California ranks number one in its Hispanic population compared with other states.^{xi} In the Los Angeles Unified School District (LAUSD) alone, the second largest school district in the nation, nearly 75 percent of students enrolled in kindergarten are Latino. Reports on school enrollment find that Hispanic youth are much more likely to drop out of high school compared with their White counterparts. For example, in 2012 U.S.-born Hispanics were almost three times as likely to drop out of high school compared with White youth (12.7 percent vs. 4.3 percent).^{xii} Mirroring these national school dropout rates, Hispanic students in the LAUSD continue to lag behind Whites and Asians in graduating from high school.^{xiii, xiv}

A number of factors are associated with school dropout rates, some of which are related to the individual student and the family environment, and some of which are related to the school and community. Students' school grades in elementary and middle school are good predictors of school completion; those with higher letter grades are less likely to drop out of school than those with low grades.^{xv} Data indicate that kindergartners who enter school with basic knowledge of math and reading are more likely to fare well academically in elementary school.^{xvi} These reports indicate that children's early reading and math skills are critical to later school completion. Unfortunately, Hispanic children are less likely to demonstrate cognitive and literacy readiness compared with White, Black, and Asian students. For example, less than one in five Hispanic children ages three to six could recognize the 26 letters of the alphabet compared with more than one in three Black and White children and two in five Asian children.^{xvii} Thus, Hispanic children enter school with fewer skills that support later educational attainment and this may put them at risk for dropping out of school.

Some of the family factors found to be associated with Latino students' high school completion include parents' educational levels and income. For example, an analysis of data from the National Education Longitudinal Study found that Hispanic students whose parents had low-incomes and low educational attainment were more likely to drop out of school compared with their counterparts whose parents had higher incomes and higher educational levels.^{xviii} Some experts contend that parents make choices about how much time and resources to invest in their children based on the resources and constraints they have.^{xix} That is, parents who have higher incomes have the means to provide resources that support their children's education,

¹Immigrant children are defined in two ways: *First generation* children are foreign-born children; *second generation* children are U.S.-born children with at least one parent who was born outside of the United States.

² The term Hispanic is used when discussing national data; otherwise Latino and Hispanic are used interchangeably.

such as access to better quality schools and a literacy-rich environment, whereas low-education and low-income parents might not.^{xix, xx}

Other important family factors related to school dropout rates are the type of relationship that parents and their children have and the types of parenting practices employed in the home. Parents who are emotionally supportive, are involved in their children's schooling, are authoritative (are both warm and encourage independent decision-making) in their parenting practices, are involved in their children's schooling, and who monitor their children's activities are less likely to have children who drop out of school.^{xxi, xxii} In short, there is substantial evidence indicating that parents are important in determining the educational attainment of students and, as such, programs aimed at increasing student achievement levels, particularly those of Latinos, should target parents.

Evaluations of Parenting Among Low-Income Parents with Children Aged 0-12

To provide context for the current evaluation of the Abriendo Puertas/Opening Doors program, Child Trends conducted a review of rigorous evaluations of parenting programs for low-income parents with children ages 0-12. Only random assignment evaluations with an intent-to-treat analysis were included, because these are the most rigorous and least biased evaluations. Often, effects found with less rigorous approaches become smaller and/or less significant when a program is tested with a random assignment evaluation. In addition, the evaluations that were selected all included at least one outcome that corresponds to an outcome addressed by Abriendo Puertas. We focused our review on those outcomes that are targeted by Abriendo Puertas. For example, Hawaii Healthy examined outcomes related to health care, including whether or not a family had a primary care provider for their child, as well as social support; our review focuses on social support because that is the outcome that corresponds to Abriendo Puertas' outcomes.

Child Trends' extensive search for rigorous evaluations yielded a very small set of six relevant random assignment evaluation studies with an intent-to-treat analysis.³ These include:

- Supporting Parents on Kids Education in Schools (SPOKES),^{xxiii} an evaluation of 104 parents of children ages 5-6 in London;

³ Several parent outcomes assessed by the Abriendo Puertas evaluation, but not by any other evaluations which met the search criteria. Namely, there were no evaluations which assessed the degree to which parents engaged in educational activities related to literacy and/or numeracy with their children, practices to children's foster control of emotional expression, the creation of opportunities for healthy eating and exercise for their children, or library use. Similarly, there were no qualifying evaluations which assessed parents' knowledge about children's language and learning, knowledge of high quality early care and education environments, knowledge of early child development, knowledge of role modeling for their child, or confidence in advocating for their child.

- Family Check Up,^{xxiv} an evaluation of 731 families with children ages 0-2 in Pittsburgh (PA), Eugene (OR), and Charlottesville (VA);
- Hawaii Healthy Start Program,^{xxv} a study of 730 families with a child ages 0-12 in Oahu, Hawaii;
- Primary Care Triple P Intervention,^{xxvi} an evaluation of 30 families with a child ages 2-6 in Brisbane, Australia;
- Chicago Parent Program,^{xxvii} an evaluation of 292 parents of children ages 2-4 in Chicago; and,
- ParentCorps,^{xxviii} an evaluation of 171 parents of 4-year-olds in New York City.

Although all of these evaluations focused on low-income samples, none of them focused on Latinos, although one—the Chicago Parent Program—was comprised of about 30 percent Latinos. Below, we provide a brief summary of the outcomes assessed by each evaluation and the impacts that were found.

SPOKES (Supporting Parents on Kids Education in Schools). The SPOKES^{xi} program targeted parents’ reading engagement practices and consisted of 28 sessions (each 2.5-hours) over three terms. It included a combination of group and individual instruction during home visits. There was no significant intervention impact on the amount of time parents spent reading with their child at immediate post-test. However, there was a significant positive intervention impact on the number of strategies parents used to help their child read at immediate post-test.

Family Check-Up. The Family Check-Up^{xii} program targeted parents’ encouragement and appreciation practices and consisted of individual instruction during two home visits and the option for additional in-person or phone instruction. There was a significant positive intervention impact on parents’ positive behavior support (a composite of parent involvement, positive reinforcement, engaged interaction, and proactive parenting) at the one-year follow-up.

Hawaii Healthy Start Program. The Hawaii Healthy Start Program^{xiii} consisted of individual instruction during home visits (as frequently as once a week, depending on families’ needs) over two years. It targeted parents’ family organization and planfulness, but had no significant intervention impact on the amount of social supports parents received at the one-year or two-year follow-up. In addition, the program targeted parental encouragement and appreciation practices. There was no significant intervention impact on mothers’ ratings on the quality of their relationship with their child at one-year or two-year follow-up. At the two-year follow-up, there was no significant intervention impact on the number of parents who reported using

nonviolent discipline with moderate frequency, but a positive impact on the number of parents who reported using nonviolent discipline frequently.

Primary Care Triple P Intervention. The Primary Care Triple P Intervention^{xiv} targeted parents' encouragement and appreciation practices and consisted of 3-4 30-minute weekly individual consultations with nurses. At immediate post-test, there was no significant intervention impact on parental permissive discipline, parent positive behaviors (e.g., praise or affection), or parent negative behaviors (e.g., negative physical contact or negative attention). However, there was a significant positive impact on parents' over-reactivity and verbosity (i.e., long reprimands or reliance on talking in interactions with child) such that both decreased.

Chicago Parent Program. The Chicago Parent Program^{xv} targeted parents' encouragement and appreciation practices and consisted of eleven weekly group instruction sessions and one booster session two months later. There was no significant intervention impact on parents' ratio of positive (e.g., praise or positive parent affect) to negative (e.g., criticism or negative physical behaviors) parenting behaviors at any follow-up. However, there was a significant intervention impact on parents' use of corporal punishment at the one-year follow-up and use of commands during play time at the one-year follow-up such that both decreased. Additionally, there was a significant positive impact on consistent discipline and warm parenting at the one-year follow-up.

ParentCorps. The ParentCorps^{xvi} program targeted parents' encouragement and appreciation practices and consisted of 13 2-hour sessions of group instruction led by mental health professionals. There was a significant positive intervention impact on parents' effective parenting practices at immediate post-test.

Across these six evaluations, then, we see that one evaluation had no significant impacts in the domains addressed by Abriendo Puertas, one had a positive impact on the single outcome that was addressed by Abriendo Puertas, and the remaining four evaluations had mixed impacts (see Table 1).

With this background of few evaluations and mixed findings, we describe the Abriendo Puertas program and evaluation and then share the evaluation results.

Table 1: Summary of Findings from Random Assignment Evaluations of Parenting Programs for Low-Income Parents with Children 0-12, for Outcomes Addressed by the Abriendo Puertas Parenting Program

Program Name	Construct	Assessed Outcomes	Positive Outcomes	Overall Results
Supporting Parents on Kids Education in Schools (SPOKES) ^{xi}	Reading Engagement Practices	2	1	Mixed
Hawaii Healthy Start Program ^{xiii}	Family Organization and Planfulness	1	1	Nonsignificant
	Encouragement and Appreciation	2	1	Mixed
Family Check-Up Intervention ^{xii}	Encouragement and Appreciation	1	1	Positive
Primary Care Triple P Intervention ^{xiv}	Encouragement and Appreciation	5	2	Mixed
Chicago Parent Program ^{xv}	Encouragement and Appreciation	5	4	Mixed
ParentCorps ^{xvi}	Encouragement and Appreciation	1	1	Positive

Abriendo Puertas/Opening Doors

Abriendo Puertas is a comprehensive educational program for Latino parents with children ages birth to five. Abriendo Puertas is based on the premise that enhancing parenting skills early in a child’s life leads to economic and societal benefits. The interactive ten-session program provides parents with tools and techniques to participate with the schools in ways that improve student education while also enhancing their home parenting skills. Table 2, below, summarizes the topics covered in the Abriendo Puertas curriculum, and the learning objectives for each session.

Table 2: Session Descriptions

Session	Objectives
<p>1: I Am My Child’s First Teacher. “Chip off the old block.”</p>	<ul style="list-style-type: none"> • Develop trust and confidence with the facilitators. • Get to know the other parents. • Reflect on childhood experiences and explore how they have affected them as parents. • Strengthen understanding of rights and responsibilities as parents. • Gain awareness that the path toward college for their children begins at a young age. • Understand the objectives and content of the Abriendo Puertas training.
<p>2: Reaching Family Success. “Actions speak louder than words.”</p>	<ul style="list-style-type: none"> • Contribute to the comprehensive growth of their family to develop new abilities and attitudes based on their family values. • Explore and evaluate daily practices that allow them to maintain their family vision and mission. • Understand that good communication is fundamental to family unity, and get to know to the concept, styles, and techniques for improving communications. • Learn that practicing positive discipline will teach children to develop responsible, healthy, and acceptable behavior, which promotes self-respect and respect for others.
<p>3: My Child Grows. “What begins well, ends well.”</p>	<ul style="list-style-type: none"> • Become informed about the stages of children’s development, particularly age-appropriate physical and cognitive expectations. • Learn about and practice activities that help promote healthy child development according to the ages and stages of their own children’s development. • Discover existing resources and services in the community for the early detection, intervention, and/or treatment of special needs for children.
<p>4: My Child Talks. “You never forget what you learn well.”</p>	<ul style="list-style-type: none"> • Gain knowledge of children’s language development, specifically the different stages and appropriate expectations for each age, while recognizing that every child is unique and goes through an individual process to learn how to talk. • Recognize that their role as parents is crucial to the language development of their children, particularly in providing emotional security and linguistic stimulation. • Learn about the importance of singing and playing in supporting language development. • Gain awareness about the importance of reading during the early years of a child’s life. • Learn about bilingualism, discussing its benefits and myths.

5: Let's Continue Opening Doors. "Knowledge is power."

- Learn about different resources and services in the community that can help address areas of concern if they identify potential problems in their child's language development.
- Become familiar with the resources available at the local library, such as free access to books, activities, and services.
- Learn how to apply for a library card.
- Know how to choose books that are age-appropriate for their child, and develop strategies for reading to their children through a variety of interactive activities.
- Gain awareness of the importance of reading to their child at an early age.
- Learn about the eligibility requirements and how to apply for the Earned Income Tax Credit (EITC).

6: Our Health is First: Part I. "Better safe than sorry."

- Reflect on role in the physical well-being of their children, specifically the responsibility to make healthy decisions related to nutrition and exercise.
- Become aware of the importance of balanced nutrition by providing adequate serving size portions needed to maintain a healthy body.
- Promote strategies to support healthy family nutrition and establish exercise routines to help prevent diseases or lessen their impact.
- Learn how to advocate for the physical well-being of their children.
- Learn about available local and state resources and health programs, and if eligible, how to enroll and access these programs.

7: Our Health is First: Part II. "Each mind is a universe unto itself."

- Understand how emotional well-being is part of overall well-being.
- Understand that parents must begin by taking care of their own mental and emotional well-being to care for that of their child.
- Share concepts and ideas of child socio-emotional development.
- Understand healthy child socio-emotional development and areas of concern.
- Understand that children learn how to love and respect themselves, and self-regulate their emotions through their parents' love and respect.
- Learn to promote a child's healthy socio-emotional development through daily activities.

8: Let's Go to School. "If you don't look forward, you stay behind."

- Understand that choosing a child care or early education program is an important decision in their child's life.
- Know how to choose a quality preschool and child care program.
- Know how to communicate with a child care provider or an early education teacher.
- Learn that by encouraging and supporting learning experiences and modeling behavior that values education, their children will develop a positive attitude towards school.

<p>9: Advocating for Our Future. “There is no worse struggle than the one never waged.”</p>	<ul style="list-style-type: none"> • Identify activities that will help prepare their child succeed in school. • Have an understanding of preschool educational standards that will help them collaborate more effectively with their child’s school and provide a better quality of education for their child.
<p>10: Yes We Can! “Success knows no bounds.”</p>	<ul style="list-style-type: none"> • Increase their leadership and advocacy skills to problem solve and overcome challenges. • Practice their public education-related rights and responsibilities through activities. • Understand how to use the recommended complaint process when they seek to solve a problem relevant to their child’s school. • Learn the importance of civic participation, including the right to vote. • Reflect on their accomplishments throughout the training. • Be recognized for their commitment and participation in the graduation ceremony. • Receive a certificate for their participation. • Celebrate their accomplishments with their families and children.

An earlier quasi-experimental evaluation of the Abriendo Puertas program found significant increases in parents’ confidence about parenting skills, knowledge about and access to available community health services, social supports and social connections in the community, community involvement, and actions to encourage others to vote—especially on behalf of children.^{xxix} Without a control or comparison group, however, the results of this earlier evaluation cannot be viewed as definitive.

This report summarizes findings from Child Trends’ rigorous evaluation of Abriendo Puertas implemented in the LAUSD. Child Trends views Abriendo Puertas as a potentially effective program for Latino parents because it incorporates strategies that have been identified as promising in other programs and interventions targeting Latino families and children.^{xxx, xxxi} These strategies include: The inclusion of Latino culture in the program curriculum; the program’s focus on the family; and the use of Spanish-speaking facilitators.^{xxx, xxxi} Given the growth of the Hispanic population in recent years and the risks for sub-optimal educational outcomes among Hispanic children, it is imperative to design effective programs that promote the development of factors that contribute to school success.

Rigorous evaluations of parenting programs and interventions are scarce and no known rigorous evaluation that specifically targets the Latino population has been conducted to date.^{xxx} Thus, it is difficult to suggest specific evidence-based strategies that might work to improve the developmental trajectories of the nation’s Latino children. The Current Evaluation

The goal of this evaluation was to assess the extent to which Abriendo Puertas increases the knowledge, attitudes, and positive behaviors of Latino parents with young children. While we intended to assess attitudes, knowledge, and behavior, our primary focus was on measuring changes in behavior, as changes in parenting practices are the most likely to affect the development and well-being of children. Analyses of impacts on child development were not conducted, as this is a short-term evaluation of outcomes after just three months. Nonetheless, this random assignment experimental evaluation, with intent-to-treat analyses, fills a gap in the literature as it is the first one of its kind to assess the effectiveness of a parenting program for the Latino population.

Based on the material in the curriculum and the expectations of the program developer and program staff, a priori hypotheses were developed. Specifically, it was hypothesized that parents would:

- See themselves as important early educators of their children;
- Engage in more reading, language, and learning activities with their preschool children;
- Engage in more positive discipline strategies and encourage expression of emotions and feelings;
- Engage in healthier behaviors;
- Gain confidence in their ability to advocate on behalf of their child;
- Acquire knowledge about the characteristics of good child care;
- Become more playful in their approach to childrearing; and
- Take their child to their local library.

More detailed hypotheses are highlighted in Appendix A.

A pilot study was conducted at one school in the Los Angeles Unified School District (LAUSD) in the spring of 2012 to test study measures and procedures and to offer suggestions for training and implementation in an effort to address any gaps that were noted. The pilot study included two site visits; one to observe program enrollment and one to observe program implementation. Based on the pilot study, the questionnaires and study procedures were revised.

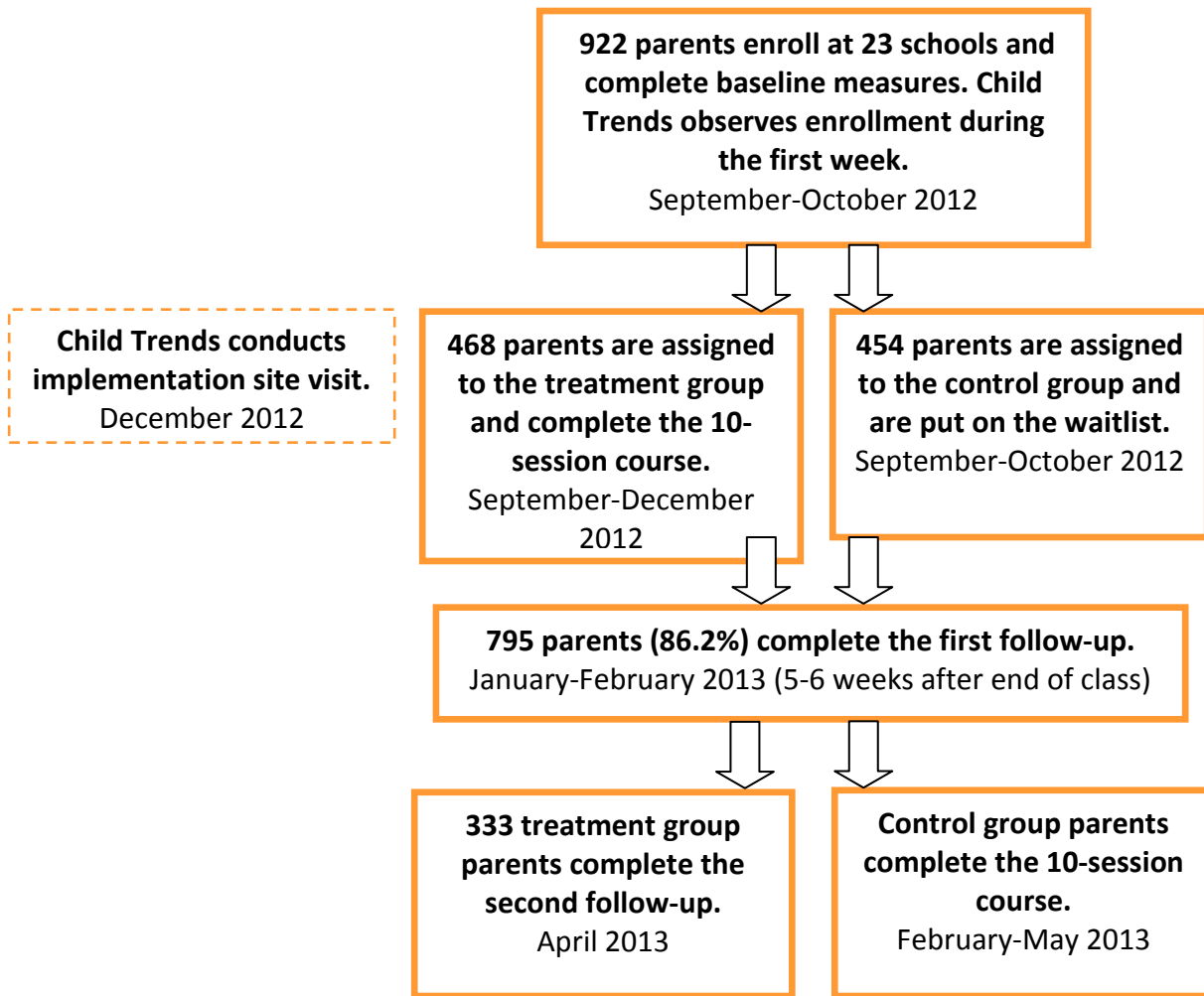
Twenty-three LAUSD schools participated in the full evaluation. Abriendo Puertas staff trained a total of twenty-six LAUSD employees to implement the program. At each school, LAUSD staff recruited parents to participate in the study using flyers and phone calls in which the Abriendo Puertas program and the study were described. Parents who came to their child's school to enroll in Abriendo Puertas were again informed that they would be randomly assigned to either take the class immediately (in the fall of 2012), or they would be placed on a waitlist to take the

class in the spring. The random assignment study was described, and data collection and consent procedures were described. Upon enrollment, parents completed consent forms, provided demographic information, and reported on 14 measures of parenting knowledge and behaviors. A total of 922 parents participated in the study, with 468 in the treatment group and 454 in the waitlist control group.

Within each school, parents were randomly assigned to the treatment group or the waitlist control group. Assignment to the treatment group to participate in the Abriendo Puertas program at the school where they enrolled in the fall of 2012. Parents assigned to the waitlist control group were eligible to participate in the Abriendo Puertas program at the school where they enrolled in the spring of 2013. Both groups were contacted for follow-up telephone surveys approximately 5-6 weeks after the end of the fall session. The treatment group was contacted again for another follow-up telephone survey approximately three months after the end of the fall session.

An implementation evaluation that included two phases involving focus groups, class observations, and interviews, was also conducted. All protocols were reviewed and approved by an Institutional Review Board (IRB).

Figure 1: Timeline for the Study



Participant Characteristics

Demographic information about study participants was collected through enrollment forms. As shown in Table 3, the vast majority (96%) of the participants were female. About half were married (54%), with many others living with a partner (31%). Only 11 percent of participants were born in the United States; the majority of participants were born in Mexico (74%), and about 14 percent were born in Central America. Among the foreign-born participants, the majority had been living in the U.S. for at least 5 years (96%). Most participants spoke only Spanish (76%), but 22 percent spoke both Spanish and English (see Table 3). Most participants had only a middle school education or less (60%), were not employed (85%), and had a household income of less than \$20,000 (78%).

In keeping with their low-income levels, about 42 percent received CalFresh benefits (or a member of their family received them), which is California’s food stamp program. Additionally, about 82 percent received MediCal benefits (or a member of their family received it), which is California’s Medicaid program. Seventy-six percent of participants rented a house or apartment; and only 11 percent owned their own home. The majority of participants were parents (89%), and 34 percent had previously taken some sort of parenting class.

We also examined whether background and demographic characteristics differed for the treatment versus the control group. There was a marginally significant difference between the treatment and control group on one measure—housing. Among the treatment group, 75 percent rented a house or apartment, 14 percent lived in shared housing, 11 percent owned a house or apartment, and none lived in temporary housing or were homeless. Among the control group, 77 percent rented a house or apartment, 11 percent lived in shared housing, 10 percent owned a house or apartment, 1 percent lived in temporary housing, and less than 1 percent were homeless. There was a significant difference between the treatment and control group in terms of marital status. Among the treatment group, 57 percent were married, 28 percent were living with a partner, 7 percent were separated, 6 percent were never married, less than 1 percent were widowed, and less than 1 percent were divorced. Among the control group, 51 percent were married, 34 percent were living with a partner, 7 percent were separated, 5 percent were never married, about 1 percent was widowed, and 2 percent were divorced.

All analyses control for a set of background variables, including whether the parent was foreign-born, whether the parent had previously attended a parenting class, family income, the parent’s education level, the parent’s marital status, and whether or not a control group parent had spoken with a treatment group parent about information learned in the Abriendo Puertas program.

Table 3: Participant Demographics

	Total N (%)	Treatment N (%)	Control N (%)
Gender			
Male	35 (4.0%)	15 (3.4%)	20 (4.6%)
Female	851 (96.0%)	432 (96.6%)	419 (95.4%)
Marital Status**			
Married	491 (54.4%)	265 (57.4%)	226 (51.2%)
Divorced	11 (1.2%)	1 (0.2%)	10 (2.3%)
Separated	63 (7.0%)	34 (7.4%)	29 (6.6%)
Living with a partner	280 (31.0%)	130 (28.1%)	150 (34.0%)
Never married	52 (5.8%)	29 (6.3%)	23 (5.2%)
Widowed	6 (0.7%)	3 (0.6%)	3 (0.7%)
Country of Origin			
United States	98 (11.0%)	42 (9.2%)	56 (12.6%)
Foreign Born	802 (89.1%)	413 (90.8%)	388 (87.4%)
Mexico	668 (74.2%)	-	-
El Salvador	72 (8.1%)	-	-
Guatemala	35 (3.9%)	-	-
Nicaragua	12 (1.3%)	-	-
Honduras	8 (0.9%)	-	-
Argentina	2 (0.2%)	-	-
Colombia	1 (0.1%)	-	-
Panama	1 (0.1%)	-	-
Paraguay	1 (0.1%)	-	-
Peru	1 (0.1%)	-	-
Years in U.S. (if foreign born)			
Less than 5 years	32 (4.3%)	21 (5.6%)	11 (3.1%)
5-9 years	201 (27.3%)	94 (24.9%)	107 (29.8%)
10-14 years	228 (30.9%)	125 (33.1%)	103 (28.7%)
15 or more years	276 (37.4%)	138 (36.5%)	138 (38.4%)
Education Level			
Middle school or less	538 (60.3%)	282 (61.6%)	256 (58.3%)
High school or more	354 (39.7%)	176 (38.4%)	178 (41.7%)
Employed			
Yes	140 (15.4%)	65 (14.1%)	75 (16.7%)
No	770 (84.6%)	397 (85.9%)	373 (83.3%)
Household Income			
Less than \$20,000	629 (77.6%)	307 (76.6%)	322 (78.7%)

More than \$20,000	181 (22.4%)	94 (23.4%)	87 (21.3%)
Receive CalFresh			
Yes	366 (42.0%)	174 (39.4%)	192 (44.8%)
No	505 (58.0%)	268 (60.6%)	237 (55.2%)
Receive MediCal			
Yes	723 (81.9%)	358 (79.9%)	365 (83.9%)
No	160 (18.1%)	90 (20.1%)	70 (16.1%)
Housing*			
Own a house/apartment	95 (10.6%)	51 (11.2%)	44 (10.0%)
Rent a house/apartment	680 (76.0%)	340 (74.9%)	340 (77.4%)
Shared housing	112 (12.5%)	63 (13.9%)	49 (11.2%)
Temporary housing	5 (0.6%)	0	5 (1.1%)
Homeless	1 (0.1%)	0	1 (0.2%)
Language			
Spanish only	679 (76.3%)	356 (78.2%)	323 (74.3%)
English only	16 (1.8%)	6 (1.3%)	10 (2.3%)
Spanish & English	195 (21.9%)	93 (20.4%)	102 (23.4%)
Relationship to child			
Parent	818 (88.8%)	416 (89.1%)	402 (88.5%)
Other caregiver	103 (11.2%)	51 (10.1%)	52 (11.5%)
Taken a Parenting Class			
Yes	301 (34.0%)	157 (34.9%)	144 (33.1%)
No	584 (66.0%)	293 (65.1%)	291 (66.9%)

*marginally significant (p<.10) **significant (p<.05)

	Mean	SD	Minimum	Maximum	N
Parent Age					
Total	33.58	7.660	18	70	892
Treatment	33.45	7.437	18	67	457
Control	33.75	7.899	19	70	431
Focal Child Age					
Total	3.44	1.323	0	8	795
Treatment	3.35	1.381	0	8	389
Control	3.53	1.265	0	6	402

Organization of this Report

In Chapter II, we provide a brief description of the Abriendo Puertas program, and an overview of Phase I and Phase II of the implementation evaluation.

In Chapter III, we present results from the experimental evaluation of Abriendo Puertas, comparing impacts on scales for parents randomly assigned to receive the Abriendo Puertas

parenting program relative to parents randomly assigned to the waitlist control group. Specifically, we examine mean scores on scales to assess hypothesized impacts of Abriendo Puertas. Findings from both phases of the implementation study relevant to the scales are also included to provide context to the impact evaluation findings. We also examine 15 questions included at all three time points because they assess topics most central to the study). In addition, we present non-experimental findings from the follow-up data for the treatment group to assess the extent to which patterns are sustained, increase, or fade over several months. We also report findings from an overall scale based on the fifteen questions included at all three times and assess impacts at the time of the first follow-up for each of these questions.

To assess whether increases in positive outcomes or declines in negative outcomes occurred, we also present additional impact analyses of individual questions to examine whether changes on the positive end or the negative end are found (see Appendix K).

In Chapter IV, we identify conclusions and provide reflections on the evaluation findings.

CHAPTER II: Implementation Evaluation Study of Abriendo Puertas/Opening doors

This chapter focuses on the implementation evaluation of the Abriendo Puertas/Opening Doors program, conducted in two separate phases at four Los Angeles school sites. Phase I was conducted while the treatment group was receiving the program. While successful implementation of a program does not guarantee a positive impact on outcomes, weak or partial implementation clearly diminishes the likelihood that program goals will be attained. Implementation evaluation allows researchers to describe the program components, understand the experiences of both program providers and participants, and understand and interpret program outcomes. Thus, gleaned information about how the Abriendo Puertas program was implemented in this randomized study is important to provide context for its findings. Phase II of the implementation evaluation was conducted after data from the randomized study were analyzed to further provide context for the findings.

This chapter outlines the research questions of Phase I and Phase II of the implementation study, general findings from each phase of the study, and the implications of these findings for the program. However, it is necessary to have a clear idea of the objectives, approach, and description of the Abriendo Puertas program curriculum before discussing the findings of the implementation evaluation.

Abriendo Puertas/Opening Doors: A description of the program

The Abriendo Puertas parent leadership and advocacy curriculum was developed with the *goal* of increasing the number of successful Latino children living in the United States by supporting Latino parents. The key *goal* of Abriendo Puertas is to equip Latino parents with tools and increase their knowledge and confidence to support their children's success. Abriendo Puertas also teaches parents how to be strong and effective advocates for their children.

Abriendo Puertas seeks to reach its goal through four core principles, including the beliefs that:

1. Parents are their child's first and most important teachers.
2. Parents have the capacity to foster their child's healthy development with access to knowledge, tools, and resources.
3. Parents can be confident and strong advocates for their children when they learn to navigate the social systems that have an impact on their children.
4. Parents have the right and responsibility to be civically engaged for the success of their children.

A pedagogical approach. The Abriendo Puertas curriculum follows a pedagogical approach based on the participant-centered teaching and learning method called *popular education*

(educación popular, or “people’s education”), based on the work of the Brazilian educator and philosopher, Paulo Freire. Popular education develops critical awareness among participants and is based on the following principles:

- The content and methods used in this facilitation of learning (teaching) are based on the social and cultural context of the participants.
- This approach recognizes that communities are culturally rich, and this can be a source of knowledge.
- The community is involved in the curriculum development, thus, the facilitation of learning is responsive to the needs of a community group.
- The facilitator and the learner are equals; both learn from one another.

Popular education also operates from the perspective that people have the capacity to take action to create societal change. According to this perspective, community members join forces to engage in dialogue for self-reflection in order to understand their social reality and take action for change. Through further self-reflection and action, change continues to occur.

Based on these popular education principles, the Abriendo Puertas curriculum encourages Latino parents to build connections between their own experiences and the larger social issues they face as immigrants to the United States. It engages with parents using art, drama, songs, popular sayings and storytelling. The curriculum also assumes that the curriculum facilitator is central to the learning process of Latino parents.

Facilitator training. The Abriendo Puertas’ train-the-trainer model utilizes more experienced facilitators to train and provide technical assistance to less experienced facilitators. In addition to being taught the curriculum content for each of the 10 sessions, facilitators learn about the guiding popular education approach of the curriculum during a 3-day training session. They learn that the facilitator is the parents’ partner, whose role is to guide the group to dialogue, self-reflect, learn, and problem-solve together. They also learn how to facilitate sessions that are participant-centered, and how to be responsive to—and to prioritize—the learning needs of the parents, as well as specific strategies to approach parents from a strength-based perspective. Grounded in a popular education perspective, the curriculum is designed to be culturally relevant to Latino parents. Thus, trained facilitators are culturally sensitive and honor and respect the parents’ culture, language, and community. It should be noted, though, that the program developer is the trainer for the Abriendo Puertas program in Los Angeles.

The Abriendo Puertas curriculum was designed to be culturally relevant. In addition to the culturally sensitive facilitators discussed above, the curriculum was designed to be culturally relevant in four key ways: (1) the program was designed in Spanish in partnership with Latino

parents to incorporate their cultural beliefs and values, as well as their experiences; (2) the program uses “dichos,” (popular sayings in Latino cultures that convey messages with strong values or beliefs) so that parents will be able to relate to the lesson content in a familiar format; (3) the facilitator establishes a safe space where parents can share their experiences and begin to see each other as support for one another in the same way that the Latino cultural concept of “comadreo” (a supportive and trusting friendship) is valued; and (4) the program includes culturally familiar games (e.g., Lotería), music and bilingual books.

Sessions and topics of the *Abriendo Puertas* program. As Table 1 (see Chapter I) illustrates, the curriculum activities cover a range of topics: Early childhood development, school readiness, good health, socio-emotional and economic well-being, parenting styles, and leadership and advocacy.

Session 8 “Vamos a la Escuela/Let’s Go to School”, provides an example of how school readiness is covered using a variety of activities. The session begins with the facilitator greeting parents with great enthusiasm and introduces the session with a dicho: “If you don’t look forward, you stay behind/Quien adelante no mira, atrás se queda.” As an ice breaker to the session, parents are then asked to reflect on how they felt, (or would feel), when they first left their child in the care of another person. Two or three parents are asked to share their feelings and the facilitator acknowledges that leaving children for the first time is not easy; however, the facilitator also notes the importance of exposing children to different activities for their social and cognitive development. Parents are then asked about their thoughts on early care and education programs, and what they know about the different types of programs. The facilitator provides information about the differences between licensed and unlicensed child care and examples of the kinds of questions parents might ask when choosing child care (e.g., What can my budget afford? What type of child care will fit my schedule? Do I understand all the different kinds of child care programs?).

Parents then watch the video, “I am Your Child—The Pre-K Promise,” after which two or three parents are asked to say what the following phrase means to them: “before everything else, getting ready is the secret of success”. The key point for this specific activity is for parents to be aware that different child care opportunities can affect their child’s future. Parents are then shown a Power Point presentation of data confirming the importance of early education. Parents are then encouraged to reflect on what they knew before the session about early care and education programs and what they know after this session’s activities, and two or three parents are asked to share. Parents are asked again to reflect on what they think “being well prepared for kindergarten or ready to start school” means; and two to three parents are asked to share their reflections. The facilitator hands out a worksheet about the four domains that contribute to school readiness: cognitive, socio-emotional, language and communication, and

physical motor skills. The facilitator also discusses how early care and education experiences can foster development of these domains.

A small group activity follows, in which parents are asked to identify things they can do to encourage their children's development in one of the four developmental domains discussed above. Parents then fill in a pledge card, which is a step in their commitment to provide their children access to a high quality early care and education program. Parents are asked to read their pledge card out loud as a group and are asked to reflect on how it feels to make that commitment. Parents are then asked to reflect on what they expect from their child's school and what they think the school expects of them. The key point here is for parents to learn that parent involvement is important for their child's education and that it needs to start in early childhood. The facilitator then asks parents to reflect on what they learned in the session and what messages they will be taking home. To close the session, the facilitator reviews the parent resource kit given to them at the start of the session to familiarize parents with the resources in their community.

Objectives and research questions of the implementation evaluation: Phase I and Phase II

Phase I

The objectives for the first phase of the implementation evaluation of the Abriendo Puertas program were to understand how the program was implemented, and to obtain information about the experiences parents had in the program to better interpret the data collected for the impact study. The purpose of this evaluation was also to identify areas where programmatic improvements may be needed.

The following key research questions guided the implementation evaluation:

- 1. How was the Abriendo Puertas curriculum implemented?**
- 2. What were the experiences of parents and staff with the curriculum?**
- 3. What are the program strengths?**
- 4. What areas of the program need improvement?**
- 5. Was the program implemented with fidelity?**
- 6. What are the implications for the program?**

To answer these research questions, the implementation evaluation study drew data from six complementary sources: focus groups composed of participating parents; focus groups and semi-structured interviews with Abriendo Puertas facilitators, select LAUSD staff, and LAUSD principals; program implementation observations; and a program satisfaction survey. In addition, data from the telephone survey for the treatment group are presented. Text Box 1 provides an overview of the methodology used for the implementation study; more detailed

information about methodology is included in Appendix B. For detail protocols refer to Appendices C-F.

Text Box 1. Methodology for Phase I of the Implementation Evaluation

Methodology Implementation Evaluation Phase I

Sample. A total of 67 participants took part in the implementation evaluation. This sample included 42 parents attending Abriendo Puertas sessions, 9 program facilitators, 9 LAUSD staff who took part in the recruitment and enrollment efforts, and 7 principals whose schools implemented the program.

Recruitment. To recruit parents for the implementation evaluation, AP program staff and LAUSD staff assigned to work with the program announced the focus groups, distributed study flyers, and provided verbal information about the study. To recruit program staff, facilitators, and principals, a senior LAUSD staff member assigned to work with the program informed them about the focus group or interviews. Child Trends then contacted those who expressed an interest in participating in the evaluation to give them more detailed information about the study and focus groups and interviews would be conducted. Incentives, in the form of a \$25 gift card, were given to participating parents; facilitators and LAUSD employees did not receive an incentive.

Data collection. Child Trends conducted 5 focus groups: Four with parents in Spanish with parents, and one in English with facilitators. Individual semi-structured interviews were conducted with LAUSD staff, school principals, and with some facilitators who were unable to join the focus group. Four classroom observations were conducted; two separate observations were conducted for sessions 8 and 9. Additionally, participants in the treatment group were asked 12 program satisfaction questions at the time of their second follow-up. These questions asked about the clarity and usefulness of the material presented during the sessions, satisfaction with program facilitators, and overall perception of the program as a learning tool.

Phase II

This phase of the implementation study was conducted after data analysis from the impact study was completed. The objectives for the second phase of the implementation evaluation were to gather information from parents and facilitators to help researchers understand non-significant findings, obtain guidance on which modules could be preserved and how to do so, and how the program could be improved or updated, if needed.

This phase of the implementation study drew data from focus groups with parents who participated in the program during the study and triads (a group of three participants) with facilitators who implemented the program for the study. Text Box 2 provides an overview of the methodology used for this phase of the implementation study; more detailed information about methodology is included in Appendix B. For detail protocols refer to Appendices C-F. The

following sections provide key and general findings that emerged from across all sources of data for each phase of the implementation study, followed by a discussion of finding implications.

Text Box 2. Methodology for Phase II of the Implementation Evaluation

Methodology Implementation Evaluation Phase II

Sample. A total of 31 participants took part in Phase II of the implementation evaluation. This sample included 23 parents who participated in the Abriendo Puertas program, either in the treatment group in the of Fall 2012 or in the control group waitlisted for the Spring of 2013, and 9 program facilitators who implemented the program during the study.

Recruitment. Parent participants were recruited by an LAUSD staff member who informed schools about the focus groups to gain access to parents, and distributed study flyers to parents who had previously participated in the program. To recruit facilitators the LAUSD staff member informed them about the triads. Parents received a \$25 gift card for their participation, while facilitators were not offered an incentive.

Data collection. Child Trends conducted four focus groups in Spanish with parents. Three triads were conducted with Abriendo Puertas facilitators. All participants were asked to provide their opinions about the non-significant results, recommendations for program improvement and which information and models they thought should be retained. Additionally, parents were asked to discuss the type of information that they have found most useful and still use, and facilitators were asked to talk about their favorite and least favorite aspects of the program.

Implementation Evaluation Phase I: Findings

In this section, the following questions are explored:

- What were the experiences of parents and facilitators with the curriculum?
- Was it implemented with fidelity?
- What are the strengths of the program?

In general, parents and staff reported having positive experiences in the program (see Appendix G). They thought that the program included interactive activities that engage parents and provide concrete information, is culturally sensitive, is accessible, and encourages social connections. In general, findings in this section suggest that Abriendo Puertas was implemented with fidelity.

i. Interactive activities engage and provide concrete information for parents.

The vast majority of parents and facilitators thought that interactive activities were successful in engaging and teaching parents. More specifically, the activity in which parents create a

spiderweb was popular among parents and facilitators. According to the majority of facilitators, this activity was memorable because it taught a complex concept, (the environmental factors that shape brain circuitry) yet it was fun, engaging, and accessible. Similarly, the majority of parents reported liking the spiderweb activity because it provided a concrete example of the importance of stimuli to foster brain development. A parent discussed the long-lasting impression this activity made for her and consequently, she reads to her child everyday:

There was one activity we did, a spiderweb. It was about a kid where one kid would only go to the park once so he would only have one connection. One parent would only do few things with kids so he would have very few connections. Another parent would do a lot of things, read five times, go to the park many times, so that web was bigger and that kid had more knowledge than the other kid. Now I apply it, I read to my son every night, but it's not just reading once. Now I read it again if my son wants to.

The Loteria, and the book making activity were also well-liked among all parents, and program facilitators confirmed this. Parents thought these activities helped them understand how they can foster literacy skills in their children.

ii. The program satisfaction survey confirms that parents had positive views on the activities.

Participants in the treatment group were asked 12 program satisfaction questions at the time of their second follow-up. As Table 4 illustrates an overview of the data collected from the second follow-up survey. Almost eight out of ten parents reported that they were interested in the program sessions all of the time and nine out of ten reported that the material presented to them was clear.

Table 4. Summary of Program Satisfaction Questions

Item	% of Parents
Parents Assessing Program Delivery	
<i>Percentage of participants who reported feeling...</i>	
Interested in the program sessions all of the time	79%
The material was presented clear all the time	89%
They were learning an important skill all the time	92%
That discussions and activities helped them learn program lessons all of the time	87%
Parents Assessing Program Facilitators	
<i>Percentage of participants who...</i>	

Respect staff in the Abriendo Puertas program	99%
Agreed or strongly agreed that the program staff cared about them	98%
Felt the person leading the discussion was prepared for class all the time	91%
Felt the facilitator showed respect towards them all of the time	92%
Assessing Other Factors	
<i>Percentage of participants who strongly agree or agree...</i>	
Developed greater confidence in themselves because of Abriendo Puertas	96%
Made new friends during the program	95%
Felt Abriendo Puertas was respectful of their culture	100%

Fidelity and strengths of the program

Together these findings suggest that the implementation of the curriculum was successful in helping parents gain information through activities grounded in the curriculum’s pedagogical approach in that it made information accessible and relevant for Latino parents. Additionally, these findings suggest that providing Latino parents with information through experiential learning is an important strength of the Abriendo Puertas curriculum.

i. Abriendo Puertas is culturally relevant because it is instructed in Spanish.

In general, the majority of parents articulated appreciation that the program was created in Spanish rather than being a translation from English. According to these parents, the curriculum contained Spanish words that made sense and were understood. In line with this sentiment, one parent reported that she was able to fully comprehend the program because it was not a translation from another language. She thought programs that are translated from English to Spanish are often incorrectly translated and this makes it hard to focus on the content of the program; for example, she stated:

it is important that it [program] is only in one language... because when you translate a class, it’s not done correctly,... they may change the meaning. If you know some English, then instead of paying attention, you are worried about whether the translation was correct or not. It’s frustrating.

Thus, offering Abriendo Puertas in Spanish not only made it a culturally sensitive program, but it also made it accessible to parents. Another parent expressed this sentiment when she

compared Abriendo Puertas to other parenting programs she has taken that were translated from English to Spanish: "I understand it [program] better when it's all in Spanish."

The vast majority of facilitators and school staff also thought that Abriendo Puertas was culturally sensitive because it was offered in the parents' native language. A facilitator voiced this opinion when she shared her fascination and excitement about teaching Abriendo Puertas:

From the get-go, it was fascinating to me because of the cultural content. I had done parenting classes in English [before] and would translate to Spanish, so having Abriendo Puertas in Spanish with the music and the dichos was very exciting to me.

Thus, both parents' and facilitators' reports suggest that an advantage of Abriendo Puertas compared to other programs is that it is meant to be taught in Spanish and that it is not a translation of another program meant to be instructed in English.

ii. Abriendo Puertas is culturally sensitive because it incorporates culturally relevant elements.

In addition to its linguistic sensitivity, parents, facilitators, and school staff thought that parents could relate to Abriendo Puertas because it incorporates elements of Latino culture. For example, according to parents and facilitators, it includes children's music from Latin America (music parents might have heard when they were children), culturally familiar games (such as Lotería), and dichos." A school staff confirms this when she described Abriendo Puertas as a culturally sensitive program: "dichos play a great role to connect with the parents...[because] they can relate to them." One parent described her positive impressions of the program, stating: "The dichos were very good. Our culture uses dichos." According to her, incorporating dichos made Abriendo Puertas culturally relevant; and according to another facilitator, "they [dichos] got parents talking."

The vast majority of facilitators also thought that the inclusion of children's music and games from Latin America made Abriendo Puertas culturally sensitive. For example, a facilitator stated that:

Abriendo Puertas is a group where they [parents] can come relate to because it's in Spanish, it has common...games, and music from when they were children.

Another facilitator stated that the culturally sensitive nature of Abriendo Puertas makes it accessible to many parents:

I think the fact that they come into the room and there's children's music ... I think one of the beautiful things about this program is that it is accessible, that they can understand it, relate to it, they can take it home, they can apply it there.

The program satisfaction questions included in the second follow-up survey also provide evidence that parents in the treatment group felt Abriendo Puertas was respectful of their culture. As Table 2 demonstrates, all parents in the program either agreed or strongly agreed that the program respected their culture.

iii. The implementation findings suggest that parents, facilitators, and school staff experienced Abriendo Puertas as intended.

Based on its pedagogical approach, the curriculum should contain content based on the cultural environment of the participants. Data from this study show that parents thought the program was sensitive to their culture and this made the program accessible. Thus, a key strength of the curriculum is that it provides parents information and tools with a culturally sensitive approach.

iv. The majority of the facilitators thought that Abriendo Puertas teaches concepts in an approachable manner.

According to the facilitators, the Abriendo Puertas curriculum assumes that its participants are "good" parents. As a result, the facilitators approached parents from a strength-based perspective, rather than from a deficit perspective. They believed their goal is to build upon, and expand on, those good parenting behaviors with which parents came into the program. A facilitator shared this sentiment when she discussed her experience with Abriendo Puertas:

Every class I feel like I'm giving them tools they can use to get their child ready for school, be better advocates. I don't feel like I'm making them better parents, I never think that, whereas in other parenting classes I've thought, 'this parent needs to parent a little better.' [In Abriendo Puertas] I think of it as they're probably good enough parents like everyone else, now I'm just giving them the tools so they can have their child achieve better overall and just be better advocates for their kids.

About a third of the facilitators reported that sometimes parents view parenting programs as stigmatizing because these programs may view their participants as poor parents. Abriendo Puertas is different because it identifies and builds on parents' strengths and encourages parents to open up and engage in the program. The following facilitator articulated this when she discussed her role as an Abriendo Puertas facilitator:

They [parents] feel like it's [being in a program] judging them, like 'I'm not a good parent so I need to take that [program].' But I think approaching it in an additive way, you have a lot of knowledge as a parent, but we're just adding to it and giving additional skills.

Another element that makes Abriendo Puertas an approachable or accessible program for Latino parents is that it utilizes simple terms and plain language. This facilitates comprehension

of complex topics and helps parents to absorb the program's content. One facilitator described how she found the program to be accessible for parents”:

What I like about the program is that it's so easy... The wording...it doesn't have big words, it doesn't sound like a scientific program. You're not telling them they have to do this, but you're suggesting if you do this, the outcomes will be more positive. And of course everyone wants to be a better parent; everyone wants a chance to excel. It's a very happy program, everything is positive. Everything is if you do this your child is going to learn more.

Although parents did not discuss whether they thought Abriendo Puertas was an approachable program, the satisfaction survey showed that the vast majority of parents felt respected by the facilitator all of the time (see Table 2).

v. Together these findings suggest that the curriculum was implemented as intended.

Facilitators approached parents in keeping with the Abriendo Puertas emphasis on respect. One of the key aspects of the training is to ensure facilitators work from a strength-based perspective. The fact that parents perceived the facilitators as respectful of them indicates that the facilitator training was successful in conveying the value of a strength-based perspective.

vi. Group discussions engage parents, facilitate parent learning, and build social connections among parents.

There was a strong sentiment across all facilitators that Abriendo Puertas provides social support for parents. Through group discussions, the program provides a safe place for parents to reflect on their parenting skills and expand on them. It also provides parents a place to learn from each other, as parents are encouraged to discuss and exchange information. One facilitator reported being partial to group discussions because it builds social connections for parents:

I think the idea of doing the [group] discussion is good. If you just sit there and listen you don't get as much as if you discuss things. It develops social connections among parents, they're comfortable coming here. So I think that's good.

The vast majority of facilitators thought group discussions were important because they engage parents in the program as well. A program provider stated that she lets parents discuss issues related to the program because this suggests they are engaged and interested in the topic:

If you allow for there to be a dialogue [among parents and facilitators], you see that parents are interested, then you let them talk.

In addition to engaging parents, according to the minority of facilitators, group discussions help parents expand their knowledge and brainstorm best solutions to problems. A provider articulated this when she discussed what she thought was a key component of the Abriendo Puertas curriculum:

The most important thing is to have the ability to allow for dialogue and to guide it so it can enrich parents... That is what I like most...based on dialogue, you say what you believe in, I say what I believe in, and in taking the program we find a solution together.

The program satisfaction survey suggests that parents gained social supports, as the vast majority reported they made new friends in the program (see Table 2).

These findings also suggest that the curriculum was implemented with fidelity because it enhanced communication and encouraged self-reflection. Although it is unclear from the implementation data whether parents learned information through these dialogues, these data suggest that parents developed social supports and engaged in self-reflection. These data also imply that facilitators were successfully trained to guide the dialogue as a parallel person to find solutions with the parents.

Areas for Improvement of the Abriendo Puertas Curriculum

In this section, the following set of research questions is addressed:

- What were the experiences of parents and staff with the curriculum?
- What are the areas for improvement for the Abriendo Puertas program?
- Was the program implemented with fidelity?
- What are the implications for the program?

While most parents, program facilitators, and school staff reported positive experiences with the Abriendo Puertas program, a minority reported some unfavorable experiences. In general, these unfavorable impressions were as a result of a perceived lack of time. Parents thought some topics were not deeply covered, while program facilitators thought they did not have enough time to cover the topics.

i. Time management is a challenge.

The vast majority of facilitators thought managing time was challenging because the curriculum covers a lot of material within a two-hour session. For example, a facilitator voiced her concern that she was not able to get through the material during the sessions:

It's too much material. I'm not able to get through it in 2 hours. I feel like I'm scrambling the last 15 minutes, and I feel like there's always one activity that I've wanted to do that I haven't had time to do.

Observational data confirmed that time management was a challenge. Although all of the facilitators we observed finished the sessions within two hours, some accomplished this by: skipping parts of the curriculum, shortening the modules within the session, and/or by asking parents to skip their break to get through all of the material. Facilitators reported how they determined which modules to skip or shorten during a session; they usually prioritize the material they think is important for the parents to learn, and/or based on what they think they have covered, or will cover, in other sessions. Thus, facilitator reports and observational data corroborate that it is challenging to deliver the program due to the abundance of material in each session.

Group discussions are another source of the time management challenges facilitators faced. According to the majority of facilitators, group discussions often take more time than anticipated because parents feel comfortable sharing their opinions and usually spend a lot of time discussing. A facilitator reported this when she discussed her time management challenges:

Parents love to talk. So even though the curriculum calls for 3-4 parents to share out in a group, you maybe have to limit it to 2 because this parent wants to take 10 minutes when I only have 2 minutes, and I have to move on so we don't fall behind.

Another facilitator echoed the notion that group discussions are a source for time management challenges:

If we were the only speakers it would be fine, but since it's interactive it's not like that. They're often socially isolated so they take the opportunity to share. So that takes time.

It is important to note that while facilitators thought group discussions posed challenges to keeping the session within the two hours, the vast majority thought group discussions are important for parents (see Section iv) to process information and to learn from one another.

ii. Insufficient time to extensively cover topics.

Further indication of the time management challenges facilitators faced come from some reports that there was insufficient time to cover topics extensively. A minority of facilitators thought the curriculum did not lend itself to cover the information, as written in the curriculum. According to them, while the program is good and “rich” in information, there is not enough time to cover it all. The following facilitator expressed this concern:

Today there was an activity that should be 15 minutes, and I did it in 12. So I try to move it along quicker than suggested. So I think that we find that throughout [the program] we're trying to do that. Because we keep thinking there's so much in the curriculum, it's so rich, it has so much, and it's so ambitious...

iii. Parents say: Some topics may not be extensively covered.

Interestingly, parents' experiences with the program reflect the time management challenges facilitators reported. The minority of parents thought some topics were not covered in depth. For example, a focus group mother stated:

For us to understand it [topic] better we need more time, and for us to assimilate it so we can pass it onto our children... I was telling [facilitator] we need more time, there are a lot of concepts we need to cover. If we don't get it, we can't use it with our children.

Similar to the mother quoted above, parents who thought topics were not extensively covered stated that they needed additional time to discuss and process information to internalize it. Parents thought the following topics needed to be extensively covered: child brain development, nutrition, self-esteem, and literacy development.

Fidelity and implications for the program: The time management challenges facilitators faced threatened program implementation fidelity. As the data show, facilitators took measures to end on time and sometimes shortened or even skipped material. These findings suggest the program's content may need to be abbreviated or the amount of time dedicated to the program should be extended, to allow facilitators to cover all the material with fidelity.

Incidentally, when asked to provide recommendations for program improvement, the majority of facilitators suggested for the program to be extended. Some facilitators thought the sessions should be three hours long, while others thought the program should be extended to more weeks. They emphasized the program had rich information, but it required more time to cover it all. The parent group also discussed extending the program. Some parents recommended extending the number of hours per session, while others suggested expanding the program to more sessions because they would not be able to stay for longer than two-hour sessions.

iv. Lacking needed materials is a challenge.

Although not a pervasive sentiment, a minority of facilitators reported that in some situations they did not readily have the materials they needed to implement the program (e.g., DVDs, handouts). These facilitators thought that not having the materials in the handbook or the appropriate resources to give parents posed a challenge. They felt that they had to prepare well in advance for each session and often times they did not have the time to do so. In line with this sentiment, a facilitator stated that when she can't find the handouts in her handbook, she needs to borrow them from someone else the next morning and "then at the last minute in the morning I'm making copies. So there are things where I just wish everything was there."

Fidelity and implications for the program: Not readily having the materials can threaten the extent to which the program is implemented with fidelity. For example, if the facilitator is

unable to prepare ahead of time to show a video or to hand out the resources for the session, it is likely that these will be skipped. Observational data showed that in some situations, the video or the resources sections were omitted. The reasons behind these particular omissions are unknown, but based on facilitators' reports in the qualitative data, omissions may have occurred because the facilitators did not have the materials available. Thus, it is important to ensure that facilitators get all the needed information well in advance.

Participant Recruitment and Retention Findings

Participant recruitment and retention procedures during an evaluation are generally different than what it is done under normal circumstances—when a program is not being evaluated. In the case of this Abriendo Puertas evaluation study, LAUSD scaled up the implementation of the program specifically for this evaluation, and this may have altered the typical recruitment and retention activities that LAUSD conducts under normal circumstances. The evaluation affected the recruitment activities in the following way: there was limited time to recruit participants, LAUSD had to recruit participants from 23 different schools, the enrollment process was conducted at each school in one day, and it added the burden of the research activities, such as the consent process and survey questions.

It is important to note that LAUSD did an outstanding job in their recruitment efforts; their recruitment surpassed the target recruitment numbers for the evaluation. Again, because the evaluation activities altered the regular recruitment and retention efforts, it is difficult to come to clear conclusions of the recruitment and retention efforts for this particular study. The textboxes below outline some of the ways in which the evaluation affected recruitment and retention.

Evaluation activities may exclude potential program participants. Aside from the perceived limited time to cover topics, half of the facilitators and school staff did not like some activities related to the program evaluation. They voiced their regret that many parents were unable to take the program in the Fall and that they were placed on a waitlist. They felt this excluded many parents who could benefit from the program and thought some of these parents would not come back for the program in the Spring. Also, according to these facilitators, as one stated, *“Parents were disappointed that they were not chosen for the fall class.”*

Participant retention factors unrelated to the evaluation

Facilitators discussed several challenges pertaining to participant retention unrelated to the evaluation activities worth mentioning. These were barriers parents often faced to attend the program such as lack of child care and time. One facilitator recalled that some of her parents stopped coming to the program because "they don't have childcare" and they didn't feel comfortable bringing their children to the sessions. Although LAUSD provided childcare for attending parents, some parents didn't feel comfortable because the care was in the room where the session was delivered, and they felt their child would be disruptive. Observational data indicated that parents were sometimes distracted and felt the need to attend to their child. In addition to child care, another facilitator reported that some of her parents stopped coming because they had employment responsibilities.

Interestingly, about half of the facilitators and school staff thought that Abriendo Puertas should be open to the whole community so that anyone who does not have barriers to attend the program can participate in it. These facilitators thought that the whole community could benefit from the program regardless of whether they are a parent of a young child. One facilitator articulated this view in the following quote:

We need to put more emphasis in recruiting those that will participate. The ones that would come would like it a lot. The idea is that this is a workshop for the community, for Latinos, and all of them influence children. The more adults we get, the better. We need to consider all of these people and not just parents. Latinos tend to be more family-oriented.

It is important to note that there was an underlying sentiment that the Abriendo Puertas program is well-liked and that parents stop coming because they are unable to attend, not because they don't like the program.

Evaluation activities hindered participant recruitment and retention. Enrollment activities pertaining to the program evaluation also hindered participant recruitment. About one-third of the facilitators and school staff thought many parents were discouraged from enrolling in the program due to the evaluation consent process. According to them and to the following school staff member, parents would get discouraged because “...*the consent form was really long and it wasn’t fun for parents, taking too long.*” Incidentally, one school staff member reported that some parents did not complete the enrollment process because they had to go to work.

Additionally, a minority of facilitators and school staff thought the consent process during enrollment deterred parents from coming back to the program for the first session. According to them, the consent process did not explain the program in simple terms and this was a source of parents’ confusion about the program. One school staff recalled that, “*Some parents didn’t have a clear idea of the classes; it [enrollment process] was very technical for the parents. We know how to attract them because we know the community...but, many parents were confused.*”

Consequently, one of the key recommendations school and facilitators had in terms of recruitment and retention was to simplify and extend the window of time for the recruitment and enrollment process. This would allow parents to obtain all the needed information and clarify any doubts they have about their participation in the Abriendo Puertas program.

Implementation Evaluation Phase II: Findings

What kind of information do parents remember and are still using approximately a year after being in the program?

In general, parents across focus groups reported that they remember information they learned in Abriendo Puertas. For example, the majority of parents discussed that they are still practicing strategies they learned in the program to foster children’s early learning, reading and literacy, and positive self-concept as well as to motivate their children to attain educational goals. Parents also noted that they are still employing effective discipline strategies they learned in the program.

i. Fostering children’s literacy and learning

The majority of parents reported that they are still using reading and literacy activities, such as creating books and reading with them, as the following mother noted: “The program helped me make reading more fun. Now, she [her daughter] is in kinder and she is already reading!” Additionally, the majority of these parents noted the value of providing learning opportunities for their children not only to foster brain development, but also to motivate children to attain their educational goals, as the following mother stated:

I liked how they taught us how to support our young children to become productive adults. We always have to support them, given them time and let them know that we are there for them and to do well in school.

ii. Spending quality time with children

The majority of the parents also noted that they learned the value of spending quality time with their children (i.e. builds a positive self concept) and they are making great efforts to devote time to them. A mother stated in the following quote how Abriendo Puertas taught her how to spend time with her children:

“What I experienced with the teacher and class was how to do activities with my children, how to play Loteria, color, play ball... Dedicate time to them so they have a healthy childhood. I still use this information.”

The minority of parents also discussed how their children enjoyed this quality time and this in turn, motivated parents to continue to spend quality time with their children.

iii. Applying effective discipline strategies

Another common theme that emerged from the focus groups in Phase II of the implementation study was that the majority of the parents are still using discipline strategies that they learned in the program. These parents discussed a range of parenting strategies, such as using time-out, taking a moment to calm down before reacting to the child’s behavior, and the use of consistent discipline strategies. The following mother provides an example of the discipline strategies that she learned in Abriendo Puertas and is effectively using:

I use ‘el time-out’ a lot and I didn’t use it before (Abriendo Puertas). They [her kids] didn’t understand it [time-out] and I didn’t either. I don’t yell at them anymore, I just give them ‘time-out’ and they know to go to it, there is no discussion about it. I used to yell at them before and they didn’t listen to me.

Programmatic Implications

Findings from Phase I of the implementation study suggest that it would be important to remove some of the barriers to program attendance. For example, providing on-site childcare in a separate room might make parents feel more comfortable. To address the barrier of parents having other responsibilities during the program time, offering the program at different times, or days, may be helpful. Some mothers mentioned that they would like their husband to attend the program because they valued the information they learned in the program. However, they thought husbands would not be able to attend because they work during the week. Findings from Phase II of the implementation study suggest that Abriendo Puertas provides important information that the parents who participated in the focus groups are using with their children. These findings also imply that program modules addressing these parenting behaviors are effectively conveying the message and positively changing parents’ behaviors.

CHAPTER III. Impact Evaluation Results

Since this evaluation is a random assignment experimental study, our analyses concentrate on comparing outcomes for those in the treatment group with those in the waitlist control group, controlling for a set of baseline covariates to address differences due to attrition or that occur despite random assignment. Qualitative findings from both phases of the implementation evaluation are also incorporated into the discussion of some of the impact findings reported in this chapter.

Overview of Experimental Impact Analyses

Several types of experimental impact analyses were conducted. First, we report on the twelve scales and indices we developed to assess impacts on central constructs that we hypothesized would be affected by exposure to the Abriendo Puertas program. For each scale or index, we compare means for the treatment and control groups, net of baseline covariates. Scales are comprised of items that were judged based on previous research and knowledge on the topics to be measures of each construct. Because parents are “nested” within schools (rather than being randomly distributed across the city), we tested for variance between schools, but found that the variance between schools was not problematic. Overall, a response rate of 86.2% percent was achieved; but attrition was significantly higher for three subgroups: married mothers, those born in the U.S. and mothers in lower income families. All of these variables were controlled for in the impact analyses. We also assessed if there were differences among treatment participants based on their attendance, and we compared parents in the treatment group with only younger children (0-5yrs) with parents in the treatment group with older children (6 -18 yrs), to assess whether program messages had larger impacts on parents with preschool children who had not previously had a child enter elementary school.

Second, we examine mean scores on a sub-set of fifteen items that were assessed at baseline and at the first follow-up for all study participants, and for parents in the treatment group at the second follow-up. These questions were identified as measures of critical constructs. Accordingly, we examine each of these items individually, and we assess whether there are statistically significant impacts on each question at the first follow-up. We also confirm that there are not differences at baseline between treatment and control parents.

Third, in addition to these experimental analyses, we present *non-experimental* analyses of these same fifteen questions, based on the follow-up survey with members of the treatment group, that assess whether impacts are being sustained, are increasing, or are fading out over the ensuing several months.

Fourth, we present an experimental analysis of an index based on the fifteen items included in each data collection wave, to assess the overall impact of the program. Senior researchers at Child Trends identified positive cut-offs (0,1) and negative cut-offs (also 0,1) for each of these fifteen questions, and scores were added up, from 1 to 15 for the positive end index and from

1 to 15 for the negative index. Scores on each index are compared for treatment parents relative to control parents.

In Appendix K, we also present an experimental examination of individual items included in the survey, within domains. We assess the proportion of the experimental and control groups at follow-up who scored at the positive end for each item and the proportion who scored at the bottom end for each item. Specifically, as noted above, based on their expertise on the topics, four senior researchers made judgments about what a positive response would be and what a negative response would be for each question in the survey, and we compared the proportion of treatment and control respondents at the high end on each item. We also compared the proportion of treatment and control respondents at the low end for each item. The goal of these analyses is to assess a critical possibility that goes beyond whether an average impact is identified. These analyses assess whether there are fewer parents at the bottom end or more parents at the top end for a particular outcome. In other words, whether or not the mean score changes, it is possible that the program has the impact of reducing the number of parents exhibiting negative behaviors or attitudes, or of increasing the number of parents demonstrating positive behaviors or attitudes. The items are arrayed within construct domains, to provide interested readers with a sense of which items within a domain were impacted by Abriendo Puertas.

Appendices H through J provide a detailed view of all the questions included in the survey along with descriptive statistics.

Experimental Impact Results and Pertinent Phase I and Phase II Qualitative Findings

i. Experimental analyses of scales

For each scale, we report on the questions included in each scale or index and the Cronbach's alpha for scales (which assesses the extent to which the items in the scale are related to one another). The letter and number in parentheses after each question represent the question number from the survey, which is included in Appendix H. The Beta coefficient⁴ for the treatment/control difference, the t-statistic, the significance level⁵ for the difference, and the effect size (Cohen's d)⁶ are then reported. All tests reflect directional hypotheses, and therefore the findings are reported as a one-tailed test. In addition, all tests control for a number of background variables that include whether the parent was foreign-born, whether the parent had previously attended a parenting class, the family income, the parent's education level, the

⁴ A Beta coefficient is a standardized measurement of the expected change in the outcome per unit change in the explanatory variable. In this case, it represents the difference in a scale score that you would expect to find when comparing treatment parents to control parents who are otherwise similar.

⁵ Both the t-statistic and the significance level are indications of whether the effect that a particular variable has on the outcome might be due to chance or is likely a true indication of a difference (i.e. statistically significant).

⁶ "Cohen's d" represents the effect size, which is a measurement of the strength or magnitude of the identified relationship.

parent's marital status, and whether or not a control group parent had spoken with a treatment group parent about topics in the Abriendo Puertas class. Finally, to address clustering within schools, all analyses were repeated to include fixed effects for each school.

Results are presented in separate sections for each of the following domains:

- Parent Educational Activities
- Language and Learning Scale
- Reading Scale
- Control of Emotional Expression Scale
- Family Organization and Planfulness Scale
- Child Care Scale
- Encouragement and Appreciation Scale
- Early Development Knowledge Scale
- Parental Confidence Scale
- Library Index
- Healthy Habits Index
- Role Modeling Index

Impacts on parental educational approaches

The first three scales assess parents' approaches to educational activities, language and learning, and reading. Results for two of these three scales measuring the impact of Abriendo Puertas on educational outcomes were positive and statistically significant. Results for the third scale were positive but not statistically significant.

Parent educational activities scale. The internal consistency of the scale is not high, but it is adequate, with an alpha of .58. The impact of the Abriendo Puertas program on parent's educational activities is highly statistically significant. Compared with parents in the waitlist control group, parents who were in the treatment group were significantly more likely to engage in a varied set of educational activities.

Items

- In the past week, how many days did you: Read to your child? (B1)
- In the past week, how many days did you: Tell your child a story that was not from a book? (B2)
- In the past week, how many days did you: Play counting games with your child? (B4)
- In the past week, how many days did you: Go over letters in the alphabet with your child? (B5)

- When you read to your child, how often do you: Stop from time to time and talk about the story together with your child? (D1)
- How often do you: Use trips to the supermarket as an opportunity to teach things to your child? (E3)
- How often do you: Make time to eat dinner with family at home, without the TV on? (E6)

	B	T	<i>p</i> (one tailed)	<i>Cohen's d</i>
Treatment vs Control ⁷	0.334	3.9	0.000	0.34

Parental educational practices from the implementation findings: phases I and II: Qualitative data from Phase I of the implementation evaluation corroborate these impact findings.

Information from parents suggested that the parents in the Abriendo Puertas program engaged in activities that foster children’s development as a result of participating in the program. When asked to describe how the program influenced their parenting, half of the focus group parents stated that they now understand their role in their child’s education, and provided examples of how they implemented what they had learned during the sessions. For example, one mother reported how playing Loteria with her son has helped him improve his literacy skills:

My son is 5 and he started saying the words and even writing them! He did something I didn't know, something I learned [she can influence his development through playing Loteria] and that you can put in practice.

Similarly, another mother reported that she has played games with her daughter because she learned in the program that playing games helps to teach her child various things. As a result “this has helped my [her] daughter a lot with numbers and colors, playing games helps.”

As discussed in Chapter II, during Phase II of the implementation study the majority of parents in the focus groups indicated that they have continued to engage in educational activities that foster children’s literacy and learning. Taken together, the impacts and the implementation evaluation findings suggest that Abriendo Puertas has influenced parents to engage in educational activities with their children and, at least among those who participated in the focus groups during Phase II of the study, these activities may be persisting well after the program.

⁷ Controlling for: Foreign Born (1= foreign 0= USA born), Group (1= treatment, 0= control), Parenting Class (1= yes, 0= no); Income (1= more than 20,000 0= less than 20,000), Education (1= high school or more, 0= middle school or less); Marital status 1= married, 0= other); Contaminated (1=yes, 0=no).

Impacts on language and learning

Language and learning scale. The internal consistency for this six-question scale is good, with an alpha of .68. However, the impact of Abriendo Puertas on this scale falls short of being statistically significant; the treatment group and the control group were not significantly different.

Items

- How strongly do you agree or disagree: Bilingual children have difficulty developing language skills. (A2)
- How strongly do you agree or disagree: Parents should wait to start reading to their children until their children are learning to read. (A3)
- How strongly do you agree or disagree: A preschool is only a place for children to pass the time. (A6)
- How strongly do you agree or disagree: I think that a child who uses two languages will get confused. (A9)
- How strongly do you agree or disagree: A child starts learning when he/she enters kindergarten. (I1)
- How strongly do you agree or disagree: I think that a child who uses two languages will have a hard time learning in school. (I12)

	B	t	p (one tailed)	Cohen's d
Treatment vs Control	0.048	0.758	0.224	0.06

Language and learning from the implementation findings: phases I and II: Parents and Abriendo Puertas facilitators in Phase I of the implementation evaluation did not spontaneously have discussions pertinent to the language items included in this Language and Learning scale. However, about half of the focus group parents acknowledged that, prior to Abriendo Puertas, they had underestimated the learning capacity of their young children, but after participating in Abriendo Puertas they understand that children can learn even at a young age. The following quote provides an example of how one mother learned that even her young child could learn new things, and that she became aware that she can foster his development by talking with him:

This class is making us aware that kids are learning. I didn't used to talk to my children, but if you talk to them you motivate them and they learn. My son is 9

months, and when I say words to him, he starts repeating. Sometimes we think they are too young. It's very important to talk to them.

Similarly, prior to her participation in the program, another mother thought that early education was not important and so she wasn't concerned that her child was not going to preschool until she learned about the importance of an early education in Abriendo Puertas: "At first my daughter didn't get accepted into pre-K . . . I didn't care. This age is when they are learning a lot. I learned about that in Abriendo Puertas"

Thus, while the impact found in the experimental analysis indicates only a small and non-significant effect—suggesting that the treatment group and the control group were not significantly different in the Language and Learning scale—these parent reports imply that they are learning from the program. It is possible that these implementation findings are the reflection of a small group of parents, not of all parents participating in the program. The parent focus groups may have included a small subset of parents who were more motivated, engaged, and invested than others in the program, and thus they reported that the program shaped their knowledge about their children's learning. However, when looking at the individual learning items in Appendix K, none of them are significant.

Information drawn from Phase II of the implementation study provides some context for the non-significant findings for this scale in the impact study. When focus group parents and facilitators were asked to give their opinion about why there were non-significant findings, parents and facilitators gave two key explanations: (1) parents know this information from other sources and/or (2) from their own experience with older children (though our impact analyses did not find different patterns by age of the oldest child).

More specifically, the majority of parents and facilitators agreed that parents learn about the advantages of being bilingual through information they receive from the schools, and television and radio ads, as a mother explains (when discussing the non-significant findings of the impact study): "In their [children's] school they tell you, 'two languages open your doors'...or they tell you in other programs, or in TV ads." Similarly, a facilitator also stated: "I know for sure that three of the schools in our area were dual-language schools. I think those parents are a lot more well-versed in the values of bilingualism."

The vast majority of parents and facilitators in Phase II also thought that most parents learn about children's learning and how to support it through pediatricians, social services, and other programs (intended to improve the developmental outcomes of young children), as one mother noted: "First 5 LA focuses on that [early learning]. They tell you that you have to be involved . . . [Early learning] are the building blocks. There's a lot of information on that."

A smaller number of parents also thought that parents with older children may have learned that being bilingual is an advantage and that children learn at a young age from their own experience with older children. Findings from Phase II of the implementation evaluation suggest that parents in the LAUSD system are saturated with information, about children’s early learning and how to support their development, similar to that of Abriendo Puertas, therefore, the program is not providing new information that will set program participants apart from parents who have not attended the program.

Interestingly, though, parents and facilitators in Phase II of the implementation evaluation thought that parents should continue to learn about children’s early learning and the advantages of growing up bilingual—and that Abriendo Puertas should continue to provide those lessons—even if parents are receiving this information from other sources. A smaller number of parents and facilitators thought that Abriendo Puertas could go into more depth by providing parents with strategies to support children’s bilingual language development, information on California’s educational policies for dual language learners, and information on how to navigate the educational system to advocate for their children. As one facilitator shared:

I think parents need a little more information about what it means to be classified [as an English Learner], how to get out of a classification, and how we can help them. We give them [parents] a lot of basics, but I think we could add more detail.

Impacts on approaches to reading

Reading scale. This brief four-question scale has a modest though acceptable internal consistency, with an alpha of .53; however, the impact of Abriendo Puertas is statistically significant. Parents who participated in the Abriendo Puertas class were more likely to read to their child, re-read a book, read in a voice with expression, and/or let their child select a book.

- When you read to your child, how often do you: Stop from time to time and talk about the story together with your child? (D1)
- When you read to your child, how often do you: Read a book again if your child wants to? (D2)
- When you read to your child, how often do you: Read in a voice that has lots of expression and enthusiasm? (D3)
- How often do you: Let your child choose what he or she wants to read? (E5)

	B	t	p (one tailed)	Cohen’s d
Treatment vs Control	0.093	2.089	0.018	0.18

Approaches to reading from the implementation findings: phases I and II: Qualitative data from Phase I of the implementation study confirmed that parents learned and put into practice effective approaches to reading with their children. For example, a mother stated “I learned here [in Abriendo Puertas] that we have to read using enthusiastic voices so I do that with my daughter.” Similarly, another parents reported that she now lets her child lead their reading activity:

My daughter loves Snow White and she always wants to read the same book. [Before] I would tell her to go grab a different book, but here [in Abriendo Puertas] I learned that if they want to read it, then read it as many times as they want. Repetition is good.

The fact that parents can explicitly articulate the intended messages suggests that the program is effectively communicating these lessons. Therefore, both the impacts and the implementation evaluation findings suggest that Abriendo Puertas influenced parents to employ effective reading strategies that engage children and increase their interest in reading. Additionally, Phase II of the implementation study suggests that the majority of the parents in the focus groups continued to employ these strategies that engage children in reading activities.

Impacts on emotional expression control

The control of emotional expression scale. This scale has good internal consistency, with an alpha of .61, but the borderline statistically significant impacts go in a negative direction. That is, parents in the treatment group were less likely to endorse expression of feelings by young children.

- How strongly do you agree or disagree: Developing positive social/emotional skills means a child should always hide their true feelings. (A5)
- How strongly do you agree or disagree: I should punish my child when he/she expresses negative feelings. (A8)
- How strongly do you agree or disagree: Children should express only positive feelings. (I2)
- How strongly do you agree or disagree: Children should never express negative feelings. (I14)

	B	t	p (one tailed)	Cohen’s d
Treatment vs Control	-0.076	-1.572	0.058	-0.13

Emotional expression control from the implementation findings: phases I and II: Parents in Phase I of the implementation evaluation did not spontaneously discuss how, if at all, Abriendo Puertas has shaped their knowledge about children’s effective (or ineffective) emotional expression. Perhaps parents did not discuss this topic in the focus groups because they focused their discussions on topics for which they learned most about and therefore were salient in their mind. Thus, it may be that parents did not learn and internalize this information sufficiently enough to discuss it in the focus groups and to show positive impacts in the impact study.

Phase II of the implementation evaluation suggests that parents may not have learned and internalized this information sufficiently because the program does not cover this information in depth, and there is not enough time allocated to do so. The sentiment across the majority of the facilitators was that the activity on children’s emotional expression does not stand out in the midst of all the other information covered in that particular session. One facilitator explains:

The activity to help the child express emotions is very quick. The curriculum was very packed, so sometimes we had to pick and choose what activities we would cover. I didn’t prioritize this activity.

This explanation illustrates our finding that about half of the facilitators reported that they either skipped this activity or assigned it as homework for parents to complete at their leisure, and thus parent support of child’s emotional development was not systematically covered in the same way across the sites, if it was covered at all. The majority of parents added that the information they got from the program (related to children’s emotional expression control) was already familiar to them as the following parent reported: “We get to Abriendo Puertas with some [social-emotional] knowledge. Abriendo Puertas gives a little.”

All facilitators agreed that Abriendo Puertas should place a greater emphasis on how parents can support children’s emotional development, and the topic should be covered more in depth. As one facilitator noted: “Only a small part of the curriculum shows how to help parents help their children articulate their feelings. It’s towards the end. I remember rushing through it. I would say maybe emphasize it more.” Facilitators thought it is important for parents to learn about how to support their children’s emotional development because families attending the program may often come from difficult situations. One facilitator indicated that “. . . the communities we work in are very stressed. They are living in poverty. High rates of crime. Trauma. . .” and they need to help their children express their emotional reactions to those situations.

There was a mixed sentiment among parents whether Abriendo Puertas should cover this information in the curriculum. A minority of parents noted that regardless of what they learn in a program, parents will revert to the cultural norms of emotional expression, as this mother explained why she would not apply the information she learned regarding children’s emotional expression:

I think it’s our culture. We know [what should be done], but we go with how we were raised based on our culture. We give-up [what they learned in AP] and we go with what we know [from culture]. According to the culture, boys shouldn’t cry, we know we shouldn’t, but we go with that.

A smaller number of parents—and all of the facilitators—thought that the curriculum should cover this information in more depth by providing a wide range of information about how parents can support emotional development. They thought the curriculum should have plenty of scenarios and role plays to provide parents ample opportunity to learn and practice this information. One facilitator described the need for expanding the curriculum:

You have everything from validating an emotion to acknowledging it, to helping a child express it. Because a child doesn’t know what he’s going through. The parent has to stop and say, ‘you’re angry because...’ There are different ways you’re going to work it out, so I think this is a . . . whole semester!

Impacts on family organization and planfulness

The family organization/planfulness scale. This scale has good internal consistency, with an alpha of .71, and there are statistically significant impacts. Specifically, parents in the treatment group were significantly more likely to feel they were coping well, developing and sharing goals, taking time to think before responding to their child’s behavior, and reading nutritional labels on food.

- How often do you: Read the nutritional label on packaged foods before you buy them? (E1)
- How often do you: Talk with your child about your family plans and activities? (E2)
- How often do you: Feel you are coping well with the day to day demands of parenting? (H5)
- How often do you: Take time to think about how to respond to your child's behavior before you act? (H6)
- How often do you: Have someone you can talk to when you need help or advice about parenting? (H7)
- How often does your family: Develop plans to reach your family goals? (H8)

- How often does your family: Develop plans to reach family goals for your child(ren)? (H9)

	B	t	p (one tailed)	Cohen's d
Treatment vs Control	0.104	2.142	0.016	0.18

Family organization and planfulness from the implementation findings: phase I and II:

Although parents did not spontaneously discuss if Abriendo Puertas had shaped their approach to planning family goals, parents did discuss how the program helped them gain effective parenting skills. That is, the majority of focus group parents thought the program taught them how to better communicate with their children and how to use effective discipline strategies. For example, this mother articulated how Abriendo Puertas had helped her recognize that there are effective, non-punitive, parenting strategies:

This class has helped me to learn how to talk to them instead of yelling or getting upset. I have learned how to handle the problem, how to take a different approach and get to the same goal. Not screaming, not getting upset.

In addition to learning effective parenting strategies, parents also learned that positive parenting should be consistent in order to see positive outcomes in children’s behavior. For example, this mother reported that she has adopted new parenting strategies with her child:

My daughter is hyperactive—Abriendo Puertas taught me to be patient with her and to establish a routine. Be consistent, to teach her the routine, this will help her at home and at school. Be patient and learn how to communicate with them.

Parents and facilitators also noted that parents developed relationships with others in the course of participating in Abriendo Puertas. These relationships presumably provided someone else to speak with to obtain help or advice.

Thus, parents do not explicitly report that they have become more planful, or that they read labels on food packages. However, parents’ reports in the implementation evaluation parallel the broader contour of the findings from the impact evaluation suggesting that parents learned effective parenting strategies to respond to children’s behavior, and according to Phase II of the implementation evaluation, the majority of the focus group parents are still using discipline strategies that they learned in the program (see Chapter II for this discussion).

Impacts on knowledge about appropriate child care settings

The child care scale has an excellent alpha of .89, and results indicate that parents randomly assigned to the Abriendo Puertas class are significantly more likely than parents in the control group to endorse healthy snacks, daily reading, active play, and teaching children to play with others as important characteristics for a high-quality childcare provider.

- How important is it that:
 - Childcare providers provide healthy snacks for children? (G1)
 - Childcare providers read to children every day? (G2)
 - Childcare providers provide opportunities for physically active play? (G3)
 - Childcare providers teach children how to play with others? (G4)

	B	t	p (one tailed)	Cohen's d
Treatment vs Control	0.071	1.987	0.023	0.16

Knowledge about appropriate child care settings from the implementation findings: phases I and II: Contrary to the impacts evaluation, parents in both phases of the implementation evaluation did not spontaneously discuss whether, or how, the Abriendo Puertas program shaped their knowledge about the characteristics of high-quality child care settings. It is possible that this topic simply did not come up. Alternatively, these implementation findings are the reflection of a small group of parents participating in the program, who may have already been knowledgeable about the characteristics of a high-quality childcare provider.

Had there been a specific question about child care in the focus groups, it would be more apparent whether parents reported that they heard, assimilated, and retained messages about child care, as the strong and clear findings from the impact evaluation indicate that they did.

Impacts on parental encouragement

The encouragement scale. This 3-question scale has an adequate alpha, at 0.61. While the coefficient is positive, the finding falls short of being statistically significant.

- How often do you: Tell your child that you appreciate it when he/she behaves well? (E7)
- How often do you: Let your child know that you appreciate what he/she tries to do? (H2)
- How often do you: Encourage your child to tell you if he/she feels sad or frustrated? (H4)

	B	t	p (one tailed)	Cohen's d
Treatment vs Control	0.032	0.768	0.222	0.06

Parental encouragement from the implementation findings: phase I and II: Parents in the focus groups (both Phase I and Phase II) did not spontaneously discuss whether, or how, the Abriendo Puertas program shaped their expressions of encouragement and appreciation to their children. These findings align with the findings of the impact study; parents in the treatment group were not significantly different from the control group in encouraging and appreciating their children.

However, the majority of parents and a minority of facilitators in Phase II were surprised to hear about these non-significant findings. More specifically, parents thought that after attending Abriendo Puertas, they have been more intentional in providing positive reinforcement for their children's good behavior and the facilitators provided some anecdotal accounts that support this. The majority of facilitators as well as parents in Phase II attributed these non-significant findings to the questions that were asked for this particular scale. These parents and facilitators thought the questions were unclear and the answer choices were confusing as one parent noted:

The questions were a little confusing. I had to ask them to repeat them many times and I didn't know which one was the best response for my case...I was not sure of my answer. I think the questions had to do a lot with the findings.

Additionally, parents thought that other parents might have answered the questions in desirable ways to gain acceptance of the interviewer. According to these parents, a paper survey would have been ideal (instead of a phone survey) to not only prevent social desirability, but to also give them more time to think about their responses. A few of the parents reported feeling rushed to answer the questions, or that they couldn't devote their full attention because they might have been doing other tasks while the interviewer was asking the questions.

Impacts on knowledge about early child development

Early development knowledge scale. This nine-question scale has a good alpha, at 0.77, but the direction of the association is opposite to the hypothesis. However, the coefficient falls just short of being statistically significant. The effect size is rather small. Collectively, these findings suggest a possible but weak impact opposite to what was hypothesized.

- How strongly do you agree or disagree: Parents need to read to preschool children every day (A1)
- How strongly do you agree or disagree: A child's education starts at birth. (A4)

- How strongly do you agree or disagree: I can help my child's brain develop by doing activities with him/her. (A7)
- How strongly do you agree or disagree: Parents should talk regularly with their newborn children. (A10)
- How strongly do you agree or disagree: A child starts to learn language at birth. (I3)
- How strongly do you agree or disagree: Parents have the right to be involved in the decisions at school that affect their child. (I5)
- How strongly do you agree or disagree: Parents should talk regularly to their preschool child, even if they don't have formal education. (I6)
- How strongly do you agree or disagree: Parents should use the correct and accurate names for things when speaking to a 2 year old child. (I8)
- How strongly do you agree or disagree: Parents should read or share stories with their preschool child, even if they don't have formal education. (I10)

	B	t	p (one tailed)	Cohen's d
Treatment vs Control	-0.037	-1.421	0.078	-0.12

Knowledge about early child development from the implementation findings: phase I and II:

In general, this impacts scale contains various items that tap into attitudes that were spontaneously discussed in the parent focus groups for both phases of the implementation study. For example, parents did discuss that they are now aware that they need to read and talk with their young children to foster child literacy and language development. They likewise asserted that they now know that a stimulus-rich environment can also help child development. Additionally, some reported that they now understand that they have the right to be involved in their child's education by talking with the child's teacher and advocating for their children. In general, these implementation findings for this subset of parents contradict the impact evaluation pertaining to this scale; however, it is important to remind the reader that the implementation findings are based on the small subset of parents who took part in the implementation evaluation, and may not be reflective of the overall sample of parents who took part in the impacts study. When looking at the individual items presented in Appendix K, one of the individual items is borderline significantly associated with parents being in the treatment group, but there is no evidence that this scale is significant.

The vast majority of parents and facilitators in Phase II agreed that many parents in LAUSD already have basic knowledge about young children's ability to learn and the things they can do to support children's learning. Parents cited a range of places from which parents can obtain this basic information, including pediatricians, social services (e.g. The Special Supplemental

Nutrition Program for Women, Infants, and Children, WIC), and community programs such as First 5 Los Angeles. This parent describes her engagement with First 5 Los Angeles to support the notion that other parents may also have obtained information from other programs: “When my daughter was 2-years-old, someone would come to my house from First 5 California and she taught her how to hold scissors, a pencil and how to color.” Thus, both parents’ and facilitators’ suggest that parents may know this information whether or not they attend Abriendo Puertas, and that the information the program provides is basically the same as that of other programs.

While all parents and facilitators thought Abriendo Puertas should continue to provide information about children’s early learning and how parents can support this, they also agreed that the curriculum could go a step beyond what other programs provide by incorporating more in-depth information and sufficient opportunities for hands-on experience, giving the example of the Spider Web activity (parents use yarn to simulate brain connections built in the child’s brain when he/she is exposed to an enriched or to a poor environment). According to a small number of parents, this activity demonstrated the underlying reasons for providing their children opportunities to learn and it left a big impression in their minds.

Impacts on parent confidence about advocating for their child

Parental confidence scale. This six-question scale assesses varied situations in which a parent might take action or speak up on behalf of their child. Items range from having discussions with health care providers or teachers, helping their child become a good reader, or advocating for social services or the child’s rights in school. It has a good alpha, at 0.81; but the scale is not significantly associated with being in the treatment group.

- How confident would you feel:
 - Discussing a problem or concern with your child's doctor or healthcare provider. (F1)
 - Discussing a problem or concern with your child's teacher? (F2)
 - Discussing a problem or concern with your child's school principal? (F3)
 - In your ability to help your child become a good reader? (F4)
 - Advocating for your child's rights in school? (F5)
 - Advocating with social agencies to obtain the necessary services for your child? (F6)

	B	t	p (one tailed)	Cohen's d
Treatment vs Control	-0.017	-0.374	0.354	-0.03

Parent confidence about advocating for their child from the implementation findings: phases I and II: Phase I implementation findings contradict the impact findings, suggesting that parents in the program did not feel any more confident about advocating for their child than parents in the control group. The majority of the focus group parents indicated feeling more confident about reaching out to their child’s teacher and being more involved at their child’s school than they did before attending Abriendo Puertas, as illustrated in the following quote:

My son’s teacher would give me complaints all the time, bad things. Like [the facilitator] said, I asked the teacher that for each bad complaint she would need to tell me four positive things about my son. You learn something new every time you come to this class. I used tips learned in class.

It is important to note that parents who participated in Phase II of the implementation evaluation were unable to provide a key explanation for these non-significant findings. Parents thought they gained valuable information on how to advocate for their children and how to become more involved in their child’s education and seek help at school. Again, it may be that the implementation findings are the reflection of a small group of parents participating in the program, who may have already been motivated to become advocates for their children and thus used the program to obtain information about how to become advocates, thereby becoming more confident to do so after the program.

Interestingly, facilitators also thought that the impact findings contradicted what they and other school personnel have observed in parents. According to the facilitators, parents who attended Abriendo Puertas approach teachers with questions and seem to be more engaged at school.. To make sense of these contradictory findings, some facilitators thought perhaps the scale used for this analysis would not reflect the behaviors they have been observing because the scale captures parents’ confidence in advocating for their children not only inside the school, but also in the community with other professionals. To further explore this contradiction, in a post-hoc analysis we created a subscale with items related to parents confidence in advocating for their child’s rights at school, namely items F2, F3, F4, and F5. The alpha remained strong, and while not significant, these items were associated with being in the treatment group (data not shown).

Impacts on library use

Library index. This measure of library use assesses the parent’s use in the previous two months, the time period since the Abriendo Puertas class. (Because it is an index, an alpha is not calculated.) This index indicates a statistically significant impact of being randomly assigned to take the Abriendo Puertas parenting class on more frequent library use after the class. The effect size, as measured by Cohen’s d, is small.

- In the past two months, how many times have you: Taken your child to the library (C2)
- In the past two months, how many times have you: Check out children's materials to take home (books, videos, CDs, audiotapes) from the library? (C3)

	B	t	p (one tailed)	Cohen's d
Treatment vs Control	0.433	1.787	0.037	0.15

Library use from the implementation findings: phases I and II: Although parents did not spontaneously discuss how Abriendo Puertas, shaped their library use, if at all, it was clear from both phases of the implementation findings that parents are reading to their children (see Approaches to Reading findings above) and have learned effective approaches to reading to their children. The impact evaluation suggests that parents may be accessing books from the library, and the implementation findings suggest that parents may be implementing the effective reading strategies with those books.

Impacts on health-related behaviors

The healthy habits index. A number of questions defined *a priori* to assess healthy behaviors among families with a young child were combined into an index. (Again, since it is an index, an alpha was not calculated.) While the coefficient is positive, as hypothesized, it is not statistically significant, and the effect size is very small.

- In the past week, how many days did you: take your child out to the playground or park? (B3)
- In the past week, how many days did you: provide opportunities for your child to play actively or exercise? (B7)
- In the past week, how many days did you: make sure your child ate a healthy breakfast? (B8)
- How often do you: Take time to prepare a healthy dinner? (H3)
- How often do you: Go to fast food restaurants with your child? (H1)

	B	t	p (one tailed)	Cohen's d
Treatment vs Control	0.05	0.361	0.359	0.03

Health-related behaviors from the implementation findings: phases I and II: Parents in Phase I of the implementation did not spontaneously discuss whether, or how, the Abriendo Puertas program shaped the healthy behaviors of the family with their young children. These findings align with the findings of the impact study in that parents in the treatment group were no different than the control group in employing health-related behaviors with their children. Perhaps parents did not discuss their health-related behaviors because they didn't employ these behaviors with their children. As discussed above, parents tended to discuss those topics from which they learned most and which, therefore, were salient in their mind. Thus, it may be that parents did not learn and internalize this information enough to discuss it in the focus groups and to show positive impacts in the impacts study.

Findings from Phase II of the implementation study provide important context to these Health-Related impact findings. As in other findings discussed above, the vast majority of parents agreed that the information Abriendo Puertas provides on this topic is basic and already familiar to them. Parents cited other places where they can obtain health-related information, such as through WIC and public ad campaigns, as a mother noted:

The information we are getting in Abriendo Puertas about nutrition, you can find in other places. Michelle Obama's thing [ad campaign] and WIC too... [In WIC] we get information on how to make Mexican recipes healthier. We already know that we have to give [our kids] fruits and vegetables, we are being saturated with that information.

In addition to already knowing basic information about healthy behaviors, there was consensus among the parents that it is hard to put this basic information into practice. Parents thought healthy behaviors are expensive and not practical. Employing healthy behaviors requires extra time and effort that, sometimes, parents do not have.

The majority of parents also agreed that healthy behaviors are harder to adopt because the unhealthy ones are deep-seated. The widespread sentiment among these parents was that they have become accustomed to eating unhealthy foods and that these foods "taste better!" While parents may know basic information about healthy behaviors, putting that knowledge into practice is more difficult. This mother explains: "Everyone knows that you need to eat well and that you need to exercise. Nobody thinks otherwise. I don't think in . . . a two-hour session you're going to be able to change those habits." Parents stated that they need to hear this information repeatedly in order to internalize it. Another mother expressed it like this: "It is not the same if they just tell you one time...there was only one session in Abriendo Puertas. If they have lots of sessions on the same topic, you learn the information."

A minority of parents and facilitators thought the health-related information is a standalone topic and it could be covered in a separate program. According to some of these facilitators,

taking this topic out of the curriculum would not affect the content of the other sessions. As one facilitator said when she suggested taking the health session out of the curriculum: “It’s a session that is so brief...in the greater scheme of 10 sessions, it isn’t integrated throughout. That one is very much stand-alone. You could remove it and I don’t think you would miss it.” Other facilitators thought that other topics could be given more time in place of the health section. Parents who thought this session could be deleted also thought that health could be better addressed by a program that specifically focuses on this topic to have hands-on experience, such as cooking and taking trips to the grocery store to show parents the different kinds of healthy foods. Says one mother “ ... I would suggest that Abriendo Puertas didn’t focus in the basics because we already know that. Maybe give us examples, recipes...something quick but healthy.”

Impacts on parents as positive role models

The role modeling index. A set of questions was included in the follow-up survey to assess the extent to which parents agreed or disagreed that the example they set for their child matters. This index is strongly and positively associated with having been in the Abriendo Puertas treatment group. The effect size is small, however.

- How strongly do you agree or disagree: What I say to my child matters more than what I do. (A12)
- How strongly do you agree or disagree: How I deal with problems sets an example for my child. (I4)
- How strongly do you agree or disagree: The example I set for my child matters more than what I say. (I9)

	B	t	p (one tailed)	Cohen’s d
Treatment vs Control	0.335	2.46	0.007**	0.21

Role modeling from the implementation findings: phases I and II: Phase I of the implementation study provided some evidence to suggest that parents in the focus group learned that they are role models to their children. That is, a few of the parents in the focus groups acknowledged that they learned in the Abriendo Puertas program that they set examples to their children. For example, one mother said she learned in the program that “parents are a child’s first teacher. My daughter treats her doll the same way I treat her [daughter]. We set the example at home. Just like they learn from teachers they learn from us.”

Parents in the focus groups seemed to be surprised by this discovery, but also excited that they can influence their children’s development. Thus, taken together the impacts and

implementation findings suggest that parents became aware of their important influence on their children’s development.

ii. Analyses to Assess Variance Among Parents in the Treatment Group by Attendance and Age of their Children

To assess the expectation that parents who attended more sessions would be more likely to have positive outcomes, Child Trends used attendance records of Abriendo Puertas participants in the treatment group to examine the effects of attendance, or “dosage”, on our 12 different outcomes. Seventeen percent of the parents in the treatment group did not attend any of the sessions while half of the sample attended at least eight sessions. See table below for detailed attendance records:

Number of Sessions Attended	Number of Treatment Group Participants n (%)
0	81 (17.4%)
1	40 (8.6%)
2	18 (3.9%)
3	23 (4.9%)
4	12 (2.6%)
5	12 (2.6%)
6	18 (3.9%)
7	27 (5.8%)
8	49 (10.5%)
9	80 (17.2%)
10	106 (22.7%)
Total	466 (100%)

We found that parents’ attendance was not related to the program findings. There was no significant variation among parents that attended a few sessions (1-5), to parents that attended several sessions (6-9). Parents attending all sessions did slightly better ($p < 0.05$) in the following scales (see data on Appendix L):

- **Parental Confidence Scale ($p = 0.03$)**
- **Early Development Knowledge Scale ($p = 0.03$)**
- **Parent Educational Activities Scale ($p < 0.05$)**
- **Child Care Scale ($p = 0.04$)**
- **Library Index ($p = 0.01$)**
- **Role Modeling Index ($p = 0.02$)**

We also examined the difference in outcomes between treatment parents with only young children (0–5yrs) compared to treatment parents with older children (6–8yrs). We found most outcomes to be non-significant, with the exception of the Library Index $p = 0.028$). Parents with older children, only, did better in this index (see data on Appendix L).

Additional analysis to assess variance between schools

To assess the implications of nesting within schools, analyses of variance between schools were conducted. These analyses found only one significant result which, when further examined, did not warrant enough variance to indicate needing to account for nesting.

- Despite not needing to account for nesting (i.e., all the variance is within the participants not between the schools), we ran the same regressions originally conducted but added dummy variables for the 23 schools.
- The initial results, pulled from the report, are on the top line. The regression results controlling for school are on the second line in bold.
- Betas are almost identical in each analysis, as are significance levels (indicated by p for the probability that results might be due to chance).

Scale/Index	Variance Between Schools	<i>B</i>	<i>t</i>	<i>p</i> (one tailed)
Parental Confidence Scale	0.0013	-0.02	-0.449	0.327
		-0.017	-0.374	0.354
Knowledge About Early Development Scale	0.0008	-0.038	-1.449	0.074
		-0.037	-1.421	0.078
Language/ Learning Scale	0	0.046	0.732	0.233
		0.048	0.758	0.224
Parent Educational Activities Scale	0.007	0.33	3.855	0
		0.334	3.9	0
Reading Scale	0.0013	0.089	2.007	0.023
		0.093	2.089	0.018
Child Care Scale	0.006	0.063	1.757	0.04
		0.071	1.987	0.023
Family Organization/Planfulness Scale	0	0.104	2.161	0.016
		0.104	2.142	0.016
Emotional Expression Control	0.0042	-0.077	-1.662	0.048
		-0.076	-1.572	0.058
Encouragement and Appreciation Scale	0	0.033	0.806	0.21
		0.032	0.768	0.222
Library Index	.4789*	0.487	1.967	0.025
		0.433	1.787	0.037
Healthy Habits Index	0	0.056	0.41	0.341
		0.056	0.41	0.341

Role Modeling Index		0.05	0.361	0.359
	0	0.283	2.275	0.0115
		0.335	2.461	0.007

iii. Impact of Abriendo Puertas Overall Index for 15 Questions at Baseline and at Follow-up, and Pattern of Findings at the Second Follow-Up Interview Among Parents in the Treatment Group

Fifteen questions were included in the baseline interview and repeated in the first follow-up interview. In addition, data for the treatment group were obtained in a second follow-up interview. These questions are:

- In the past week, how many days: Did you read to your child?
- In the past week, how many days: Did you tell your child a story that was not from a book?
- In the past week, how many days: Did you take your child out to the playground or park?
- In the past week, how many days: Did you go over letters in the alphabet with your child?
- In the past two months, how many times have you: Taken your child to the library?
- How often do you: Read the nutritional label on packaged foods before you buy them?
- How often do you: Talk with your child about your family plans and activities?
- How often do you: Use trips to the supermarket as an opportunity to teach things to your child?
- How often do you: Reward your child with candy when he/she behaves well?
- How often do you: Let your child choose what he or she wants to read?
- How often do you: Encourage your child to tell you if he/she feels sad or frustrated?
- How confident would you feel: Discussing a problem or concern with your child’s doctor or healthcare provider?
- How confident would you feel: Discussing a problem or concern with your child’s teacher or childcare provider?
- How confident would you feel: Discussing a problem or concern with your child's school principal?
- How confident would you feel: Advocating for your child’s rights in school?

Data on these fifteen questions for the treatment group from the second follow-up interview allowed us to assess whether early impacts fade or are sustained over the following months. We also examine the possibility that positive trends occur, such that change occurs or increases over time. (The second follow-up interview was not conducted with parents in the control

group because this was a waitlist control group design, and they were by that time eligible to take the Abriendo Puertas class).

In the following section, we depict results for each of the fifteen items in a particular format. For each item, we first repeat the item and the response categories, followed by two small tables that report the mean scores for that item at baseline, at the first follow-up and at the second follow-up for the treatment group. Differences between the treatment and control groups at the first follow-up are identified by stars if they are statistically significant. Further information on the statistical significance of the impact at the first follow-up is provided in the second box.

In the middle of the page is a figure that depicts the mean scores at baseline, at follow-up one, and (for the treatment group) at follow-up two. These patterns generally show no difference at baseline, a small and sometimes statistically significant difference at time two, and, in most cases, an increase in the mean at the second follow-up. These patterns provide little evidence of fadeout. Rather, they suggest the possibility that program effects may take time to manifest themselves and may even increase over time.

At the same time, it is important to note that increases from baseline to the first follow-up are seen for parents in the control group as well as for parents in the treatment group. These parents all have children who are entering school; and control group parents may also be exposed to messages about parenting and helping children succeed in school. Some control group parents may even have enrolled in another parenting program or class. The difference between the treatment and control groups at the first follow-up thus reflects the difference in scores between parents randomly assigned to the Abriendo Puertas group and parents who may or may not have had other types of parenting education.

Finally, at the bottom of each page is a box that provides information for the treatment group parents on whether the mean for that question at the first follow-up is significantly different than the mean at baseline, whether mean scores at follow-up one and two are significantly different, and also whether the mean for that item at the second follow-up is significantly different than the mean for that item at baseline. In every instance, the pattern indicates a statistically significant increase in the mean from baseline to the second follow-up for members of the treatment group.

Item 1. In the past week, how many days: Did you read to your child? (B1) (Responses: 0 days, 1 day, 2 days, 3 days, 4 days, 5days, 6 days, 7 days)

a. Baseline, Follow-up 1 and Follow-up 2 means, by group.

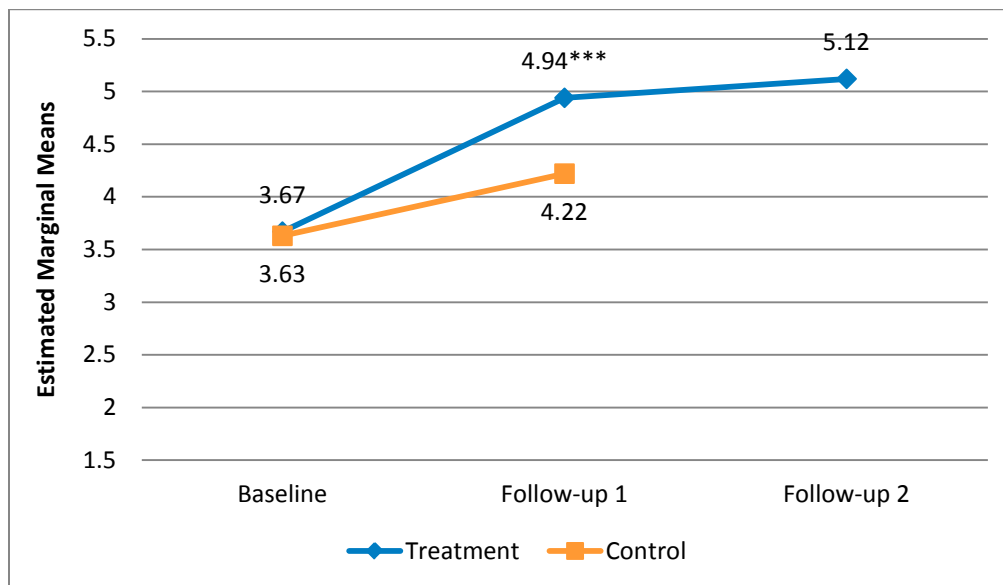
Baseline	Follow-up 1	Follow-up 2
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Treatment	3.67	4.94***	5.12
Control	3.63	4.22	n/a

b. The treatment/control difference at Follow-up 1 is very statistically significant.

	B	t	p ⁸	Cohen's d
Group	0.585	0.36	<0.001	0.31

c. Means at Baseline and Follow-up 1 for Treatment and Control, and Follow-up 2 for TREATMENT only: Mean scores for the treatment group increase slightly from follow-up one to follow-up two.



d. Trends in the Treatment group

Time point	p	CI(95%) of difference
Baseline → F/u 1	<0.0001	1.002 to 1.538
F/u 1 → F/u 2	0.155	-0.42 to 0.42
Baseline → F/u 2	<0.0001	1.160 1.741

Item 2. In the past week, how many days: Did you tell your child a story that was not from a book? (B2) (Responses: 0days, 1day, 2 days, 3days, 4days, 5days, 6days, 7days)

a. Baseline, Follow-up 1 and Follow-up 2 means, by group.

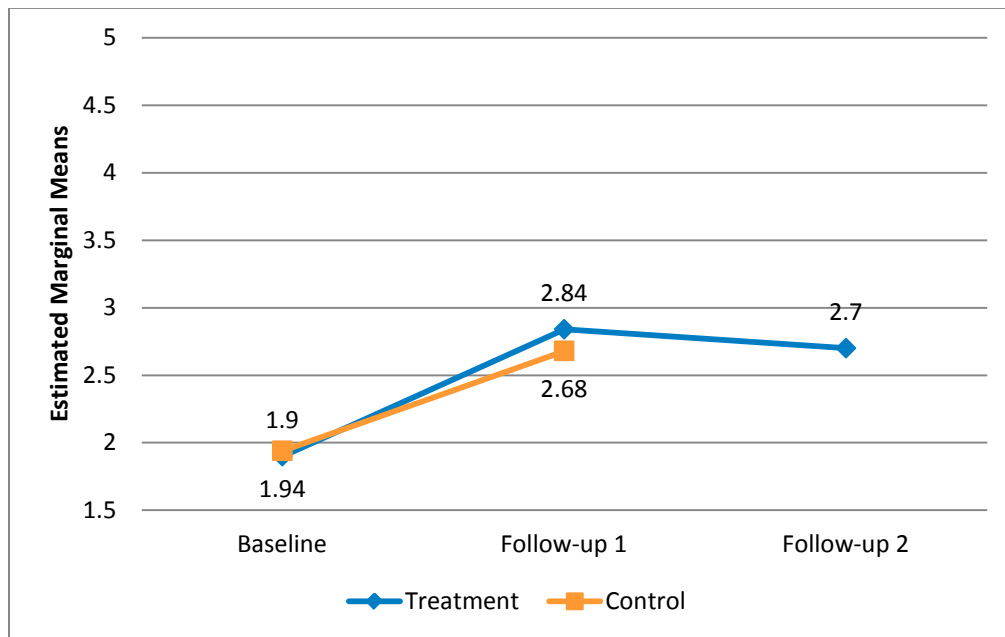
⁸ ***=p<0.001; **=p<0.01; *=p<0.05

	Baseline	Follow-up 1	Follow-up 2
Treatment	1.90	2.84	2.7
Control	1.94	2.68	n/a

b. The treatment versus control group difference at Follow-up 1 is not statistically significant

	B	T	P	Cohen's d
Group	0.16	0.84	0.2	0.07

c. Means at Baseline and Follow-up 1 for Treatment and Control, and Follow-up 2 for TREATMENT only: the mean declined slightly from follow-up one to follow-up two but remained significantly higher than at baseline.



d. Trends in the Treatment group

Time point	p	CI(95%) of difference
Baseline → F/u 1	<0.0001	0.605 to 1.277
F/u 1 → F/u 2	0.855	-0.47 to 0.18
Baseline → F/u 2	<0.0001	0.491 1.102

Item 3. In the past week, how many days: Did you take your child out to the playground or park? (B3) (Responses: 0 days, 1 day, 2 days, 3 days, 4days, 5 days, 6 days, 7days)

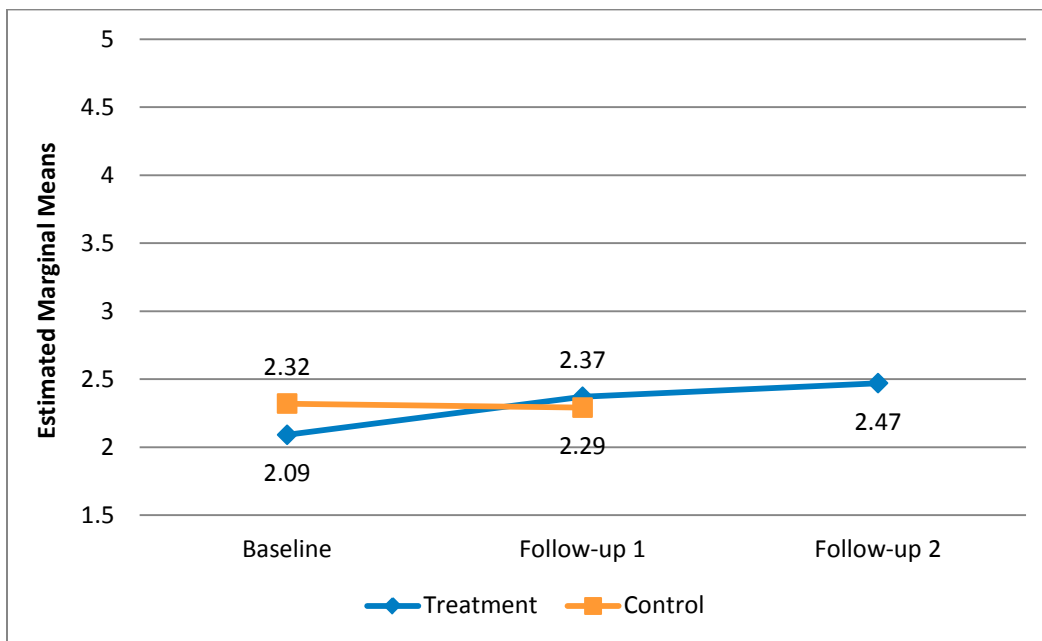
a. Baseline, Follow-up 1 and Follow-up 2 means, by group.

	Baseline	Follow-up 1	Follow-up 2
Treatment	2.09	2.37	2.47
Control	2.32	2.29	n/a

b. The treatment versus control group difference at Follow-up 1 was not statistically significant.

	B	t	p	Cohen's d
Group	0.176	1.04	0.145	0.09

c. Means at Baseline and Follow-up 1 for Treatment and Control, and Follow-up 2 for TREATMENT only: means for the treatment group were very slightly higher at follow-up two than at follow-up one, and higher than at baseline.



d. Trends in the Treatment group

Time point	p	CI(95%) of difference
Baseline → F/u 1	0.67	-0.013 to .569
F/u 1 → F/u 2	1.0	-0.190 to 0.388
Baseline → F/u 2	0.03	0.108 .646

Item 4. In the past week, how many days: Did you go over letters in the alphabet with your child? (B5) (Responses: 0 days, 1 day, 2 days, 3 days, 4 days, 5 days, 6 days, 7 days)

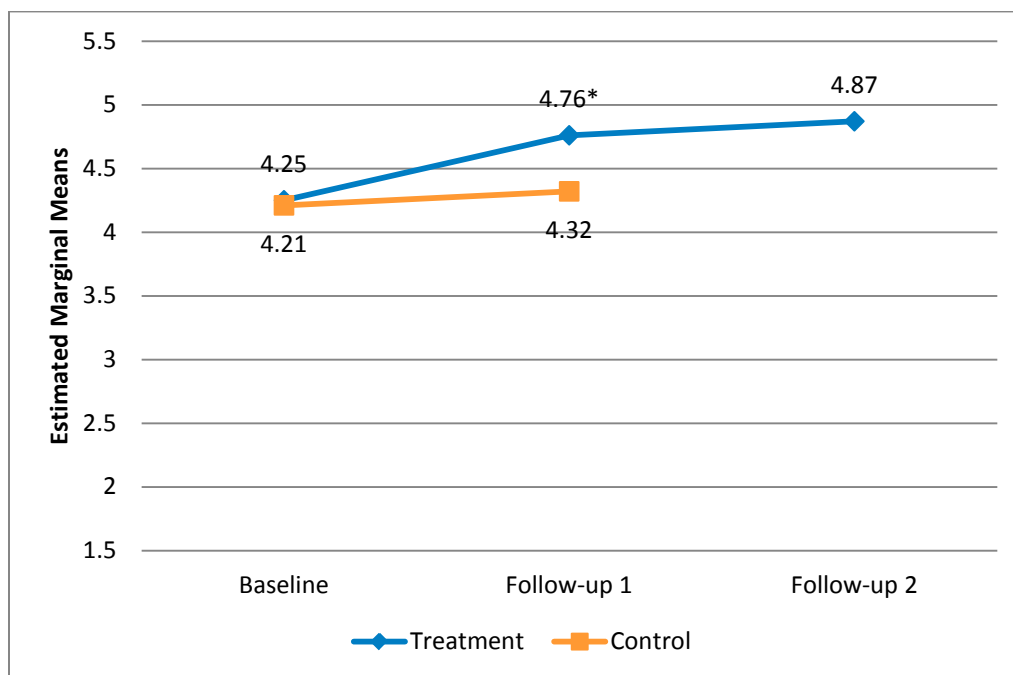
a. Baseline, Follow-up 1 and Follow-up 2 means, by group.

	Baseline	Follow-up 1	Follow-up 2
Treatment	4.25	4.76*	4.87
Control	4.21	4.32	n/a

b. The treatment versus control group difference at follow-up 1 was statistically significant.

	B	t	p	Cohen's d
Group	.459	2.204	.014	0.19

c. Means at Baseline and Follow-up 1 for Treatment and Control, and Follow-up 2 for TREATMENT only: mean scores for the treatment increased slightly between follow-up one and follow-up two.



d. Trends in the Treatment group

Time point	p	CI(95%) of difference
Baseline → F/u 1	0.001	0.169 to 0.841
F/u 1 → F/u 2	1.0	-0.19 to 0.430

Baseline → F/u 2	<0.001	0.26 to 0.99
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Item 5. In the past two months, how many times have you: Taken your child to the library? (C2) (Responses: Never, Once, Twice, 3 times, 4 or more times)

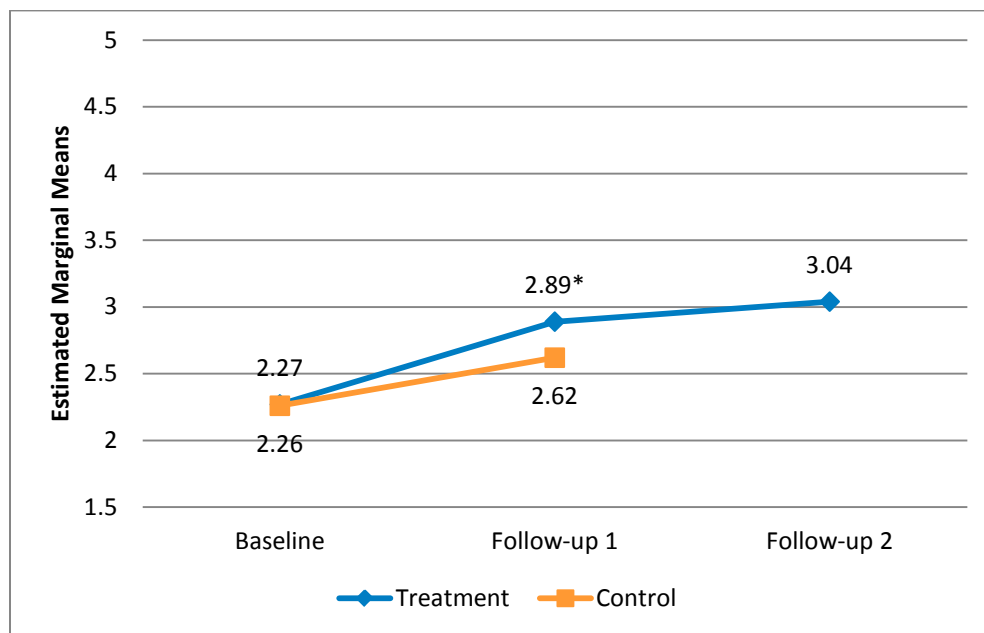
a. Baseline, Follow-up 1 and Follow-up 2 means, by group.

	Baseline	Follow-up 1	Follow-up 2
Treatment	2.27	2.89*	3.04
Control	2.26	2.62	n/a

b. The treatment/control difference at Follow-up 1 is statistically significant.

	B	t	p	Cohen's d
Group	.231	1.875	.031	0.14

c. Means at Baseline and Follow-up 1 for Treatment and Control, and Follow-up 2 for TREATMENT only: the mean at the second follow-up is slightly higher than the mean at the first follow-up.



d. Trends in the Treatment group

Time point	p	CI(95%) of difference
Baseline → F/u 1	<0.001	0.39 to 0.85
F/u 1 → F/u 2	0.172	-0.39 to 0.34

Baseline → F/u 2	<0.001	0.55	o 0.99
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Item 6. How often do you: Read the nutritional label on packaged foods before you buy them? (E1) (Responses: None of the time, Some of the time, Most of the time, All of the time)

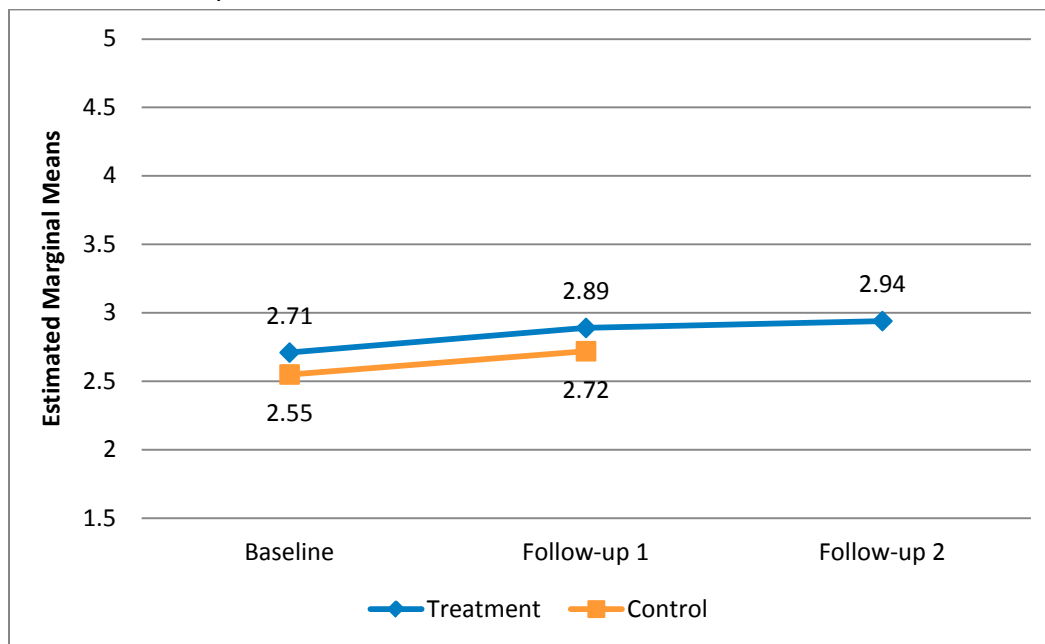
a. Baseline, Follow-up 1 and Follow-up 2 means, by group.

	Baseline	Follow-up 1	Follow-up 2
Treatment	2.71	2.89	2.94
Control	2.55	2.72	n/a

b. The treatment/control difference at Follow-up 1 is not statistically significant.

	B	t	p	Cohen's d
Group	-.003	-.041	.484	0.0

c. Means at Baseline and Follow-up 1 for Treatment and Control, and Follow-up 2 for TREATMENT only: the mean at the second follow-up is very slightly higher than the mean at the second follow-up.



d. Trends in the Treatment group

Time point	p	CI(95%) of difference
Baseline → F/u 1	0.16	0.26 to 0.328

F/u 1 → F/u 2	1.0	-0.19 to 0.93
Baseline → F/u 2	<0.001	0.88 o 0.371

Item 7. How often do you: Talk with your child about your family plans and activities? (E2)

(Responses: None of the time, Some of the time, Most of the time, All of the time)

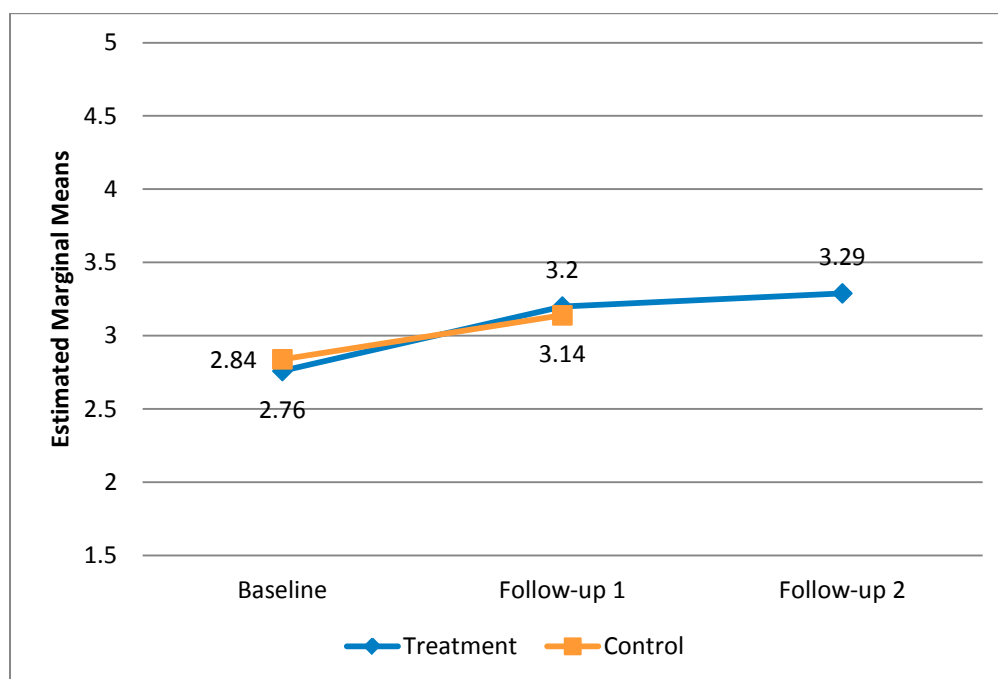
a. Baseline, Follow-up 1 and Follow-up 2 means, by group.

	Baseline	Follow-up 1	Follow-up 2
Treatment	2.76	3.2	3.29
Control	2.84	3.14	n/a

b. The treatment/control group difference at Follow-up 1 falls short of being statistically significant.

	B	t	p	Cohen's d
Group	.074	0.94	.181	0.08

c. Means at Baseline and Follow-up 1 for Treatment and Control, and Follow-up 2 for TREATMENT only: the mean at the second follow-up is slightly higher than the mean at the first follow-up.



d. Trends in the Treatment group

Time point	p	CI(95%) of difference
Baseline → F/u 1	<0.001	0.29 to 0.58
F/u 1 → F/u 2	0.243	-0.37 to 0.24
Baseline → F/u 2	<0.001	0.387 0.678

Item 8. How often do you: Use trips to the supermarket as an opportunity to teach things to your child? (E3) (Responses: None of the time, Some of the time, Most of the time, All of the time)

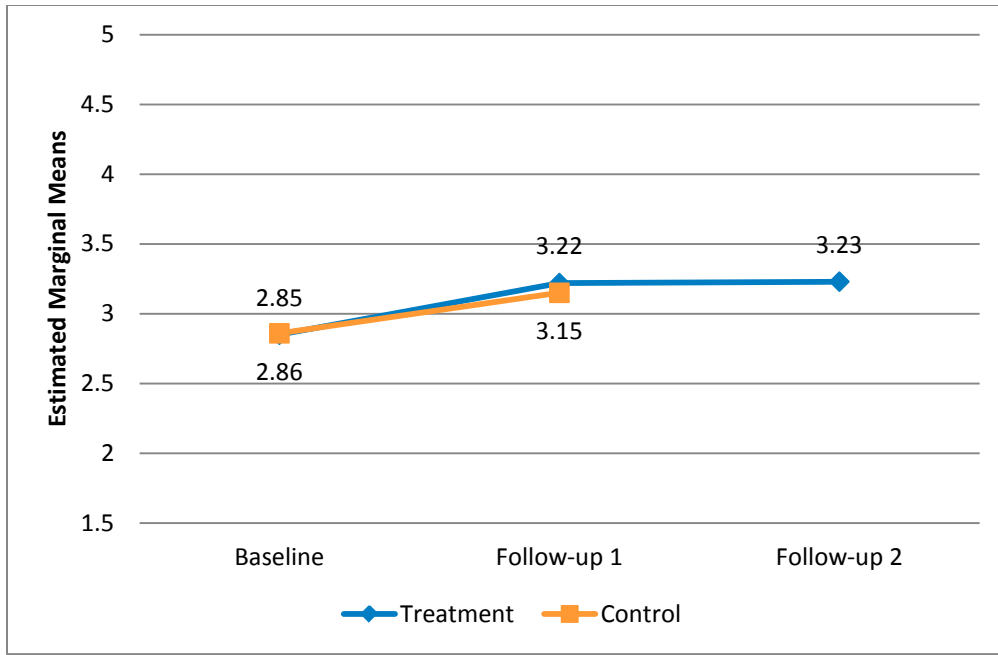
a. Baseline, Follow-up 1 and Follow-up 2 means, by group.

	Baseline	Follow-up 1	Follow-up 2
Treatment	2.85	3.22	3.23
Control	2.86	3.15	n/a

b. The treatment/control group difference at Follow-up 1 is not statistically significant

	B	t	p	Cohen's d
Group	.059	.705	.240	0.07

c. Means at Baseline and Follow-up 1 for Treatment and Control, and Follow-up 2 for TREATMENT only: the mean at the second follow-up is essentially the same as at the first follow-up.



d. Trends in the Treatment group

Time point	<i>p</i>	CI(95%) of difference
Baseline → F/u 1	<0.001	0.23 to 0.52
F/u 1 → F/u 2	1.0	-0.14 to 0.15
Baseline → F/u 2	<0.001	0.239 0.518

Item 9. How often do you: Reward your child with candy when he/she behaves well? (E4)

(Responses: None of the time, Some of the time, Most of the time, All of the time)

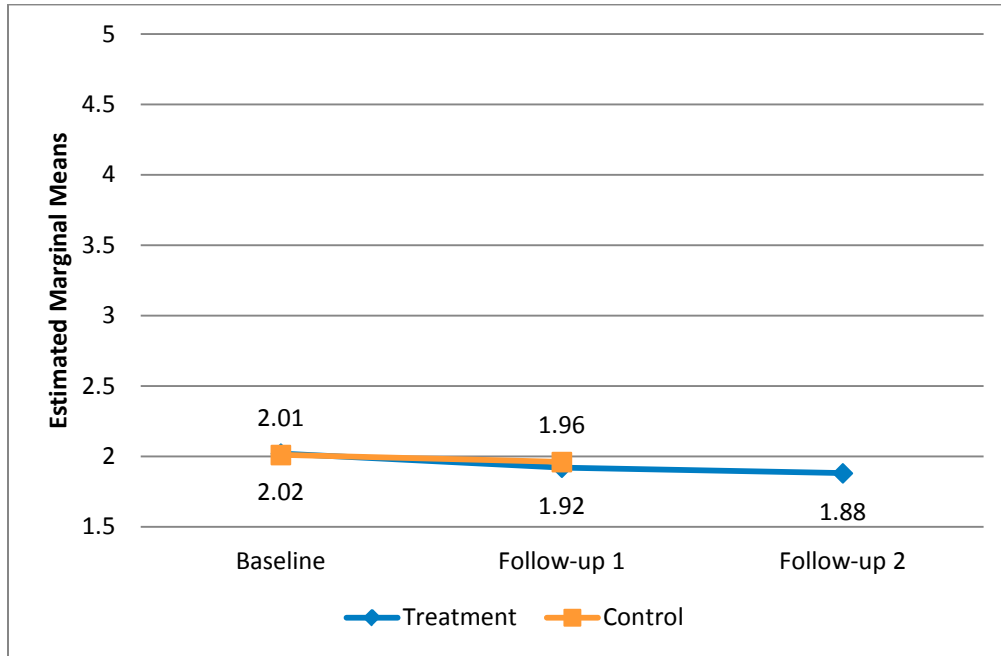
a. Baseline, Follow-up 1 and Follow-up 2 means, by group.

	Baseline	Follow-up 1	Follow-up 2
Treatment	2.02	1.92	1.88
Control	2.01	1.96	n/a

b. There is no statistically significant difference at Follow-up 1 between treatment group and control group parents.

	B	t	p	Cohen's d
Group	-.031	-.380	.350	-0.03

- c. Means at Baseline and Follow-up 1 for Treatment and Control, and Follow-up 2 for TREATMENT only: the difference in the mean at follow-up two compared with follow-up one is very small and non-significant.



- d. Trends in the Treatment group

Time point	p	CI(95%) of difference
Baseline → F/u 1	0.260	-0.25 to 0.41
F/u 1 → F/u 2	1.0	-0.16 to 0.09
Baseline → F/u 2	0.04	-0.27 to -0.004

Item 10. How often do you: Let your child choose what he or she wants to read? (E5)

(Responses: None of the time, Some of the time, Most of the time, All of the time)

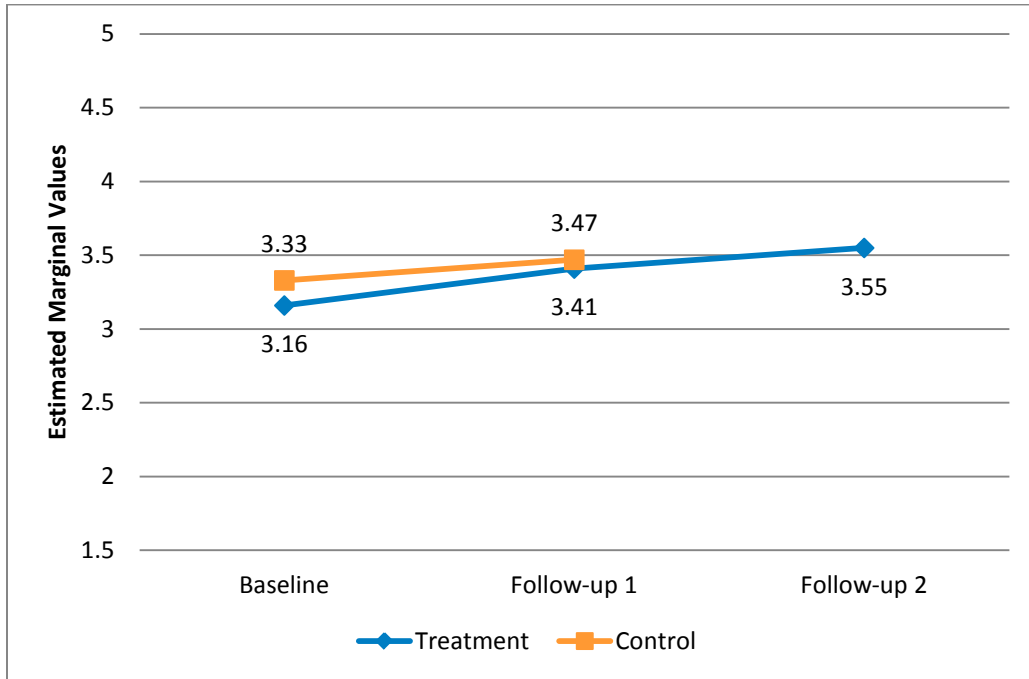
- a. Baseline, Follow-up 1 and Follow-up 2 means, by group.

	Baseline	Follow-up 1	Follow-up 2
Treatment	3.16	3.41	3.55
Control	3.33	3.47	n/a

- b. The treatment/control group difference at Follow-up 1 is very small and non-significant.

	B	t	p	Cohen's d
Group	.087	1.081	.140	0.12

- c. Means at Baseline and Follow-up 1 for Treatment and Control, and Follow-up 2 for TREATMENT only: means scores increase slightly between follow-up one and follow-up two.



- d. Trends in the Treatment group

Time point	<i>p</i>	CI(95%) of difference
Baseline → F/u 1	<0.001	0.10 to 0.389
F/u 1 → F/u 2	0.01	-0.26 to -0.03
Baseline → F/u 2	<0.001	0.25 to 0.26

Item 11. How often do you: Encourage your child to tell you if he/she feels sad or frustrated?
(H4) (Responses: None of the time, Some of the time, Most of the time, All of the time)

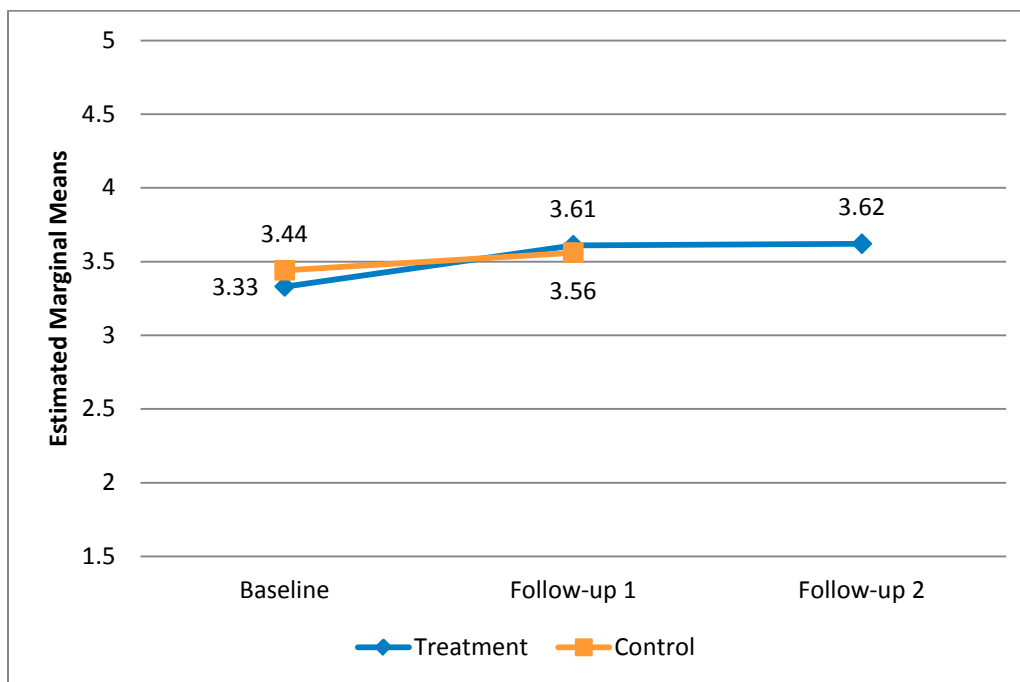
- a. Baseline, Follow-up 1 and Follow-up 2 means, by group.

	Baseline	Follow-up 1	Follow-up 2
Treatment	3.33	3.61	3.62
Control	3.44	3.56	n/a

- b. The treatment/control group difference at Follow-up 1 is very small and not statistically significant.

	B	t	p	Cohen's d
Group	.114	1.418	.08	0.16

- c. Means at Baseline and Follow-up 1 for Treatment and Control, and Follow-up 2 for TREATMENT only: between follow-up one and two, means scores remain essentially the same.



- d. Trends in the Treatment group

Time point	p	CI(95%) of difference
Baseline → F/u 1	<0.001	0.147 to 0.429
F/u 1 → F/u 2	1.0	-0.109 to -1.22
Baseline → F/u 2	<0.001	0.158 0.430

Item 12. How confident would you feel: Discussing a problem or concern with your child's doctor or healthcare provider? (F1) (Responses: Not at all confident, A little confident, Confident, Very confident)

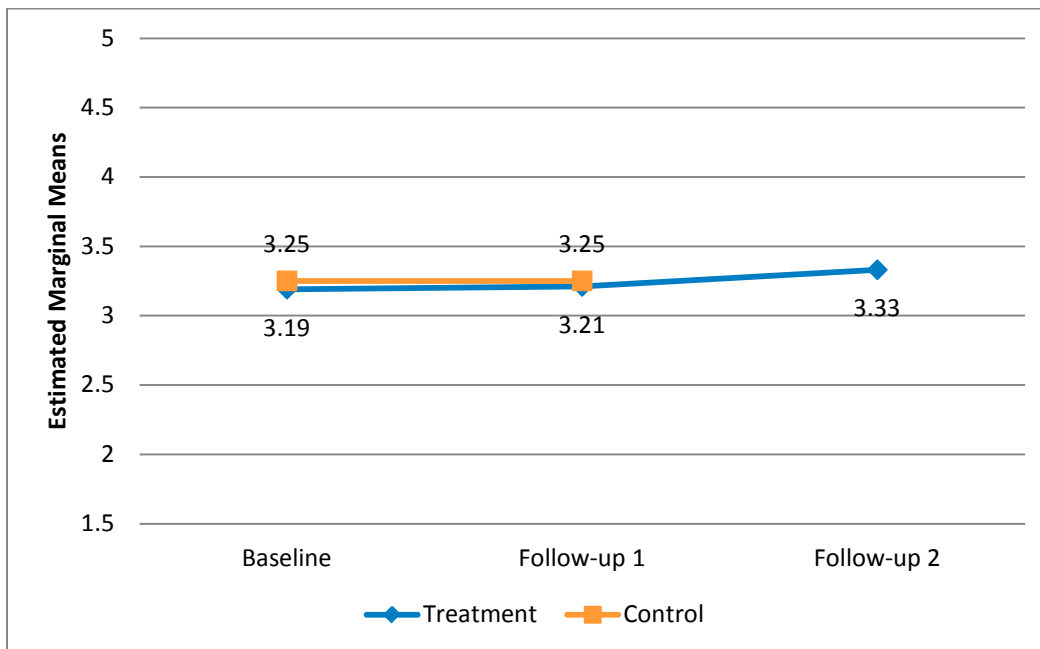
- a. Baseline, Follow-up 1 and Follow-up 2 means, by group.

	Baseline	Follow-up 1	Follow-up 2
Treatment	3.19	3.21	3.33
Control	3.25	3.25	n/a

- b. The treatment/control group difference at Follow-up 1 is small and not statistically significant.

	B	t	p	Cohen's d
Group	.060	.822	.205	0.08

- c. Means at Baseline and Follow-up 1 for Treatment and Control, and Follow-up 2 for TREATMENT only: the mean increased very slightly between follow-up one and follow-up two.



- d. Trends in the Treatment group

Time point	p	CI(95%) of difference
Baseline → F/u 1	1.0	-0.104 to 0.141
F/u 1 → F/u 2	0.009	0.024 to 0.223
Baseline → F/u 2	0.021	0.16 0.268

Item 13. How confident would you feel: Discussing a problem or concern with your child's teacher or childcare provider? (F2) (Responses: Not at all confident, A little confident, Confident, Very confident)

- a. Baseline, Follow-up 1 and Follow-up 2 means, by group.

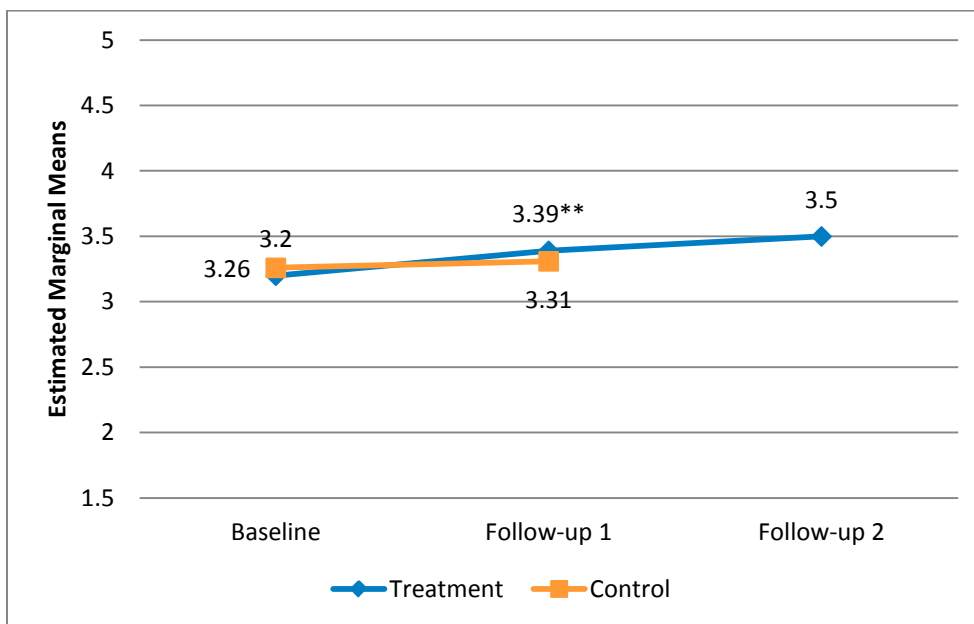
	Baseline	Follow-up 1	Follow-up 2
Treatment	3.20	3.39**	3.50

Control	3.26	3.31	n/a
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b. The treatment/control group difference at Follow-up 1 is statistically significantly different.

	B	t	p	Cohen's d
Group	.171	2.417	.008	0.26

c. Means at Baseline and Follow-up 1 for Treatment and Control, and Follow-up 2 for TREATMENT only: the mean continues to increase between follow-up one and follow-up two.



d. Trends in the Treatment group

Time point	p	CI(95%) of difference
Baseline → F/u 1	0.001	0.065 to 0.303
F/u 1 → F/u 2	0.022	0.12 to 0.221
Baseline → F/u 2	<0.001	0.169 to 0.433

Item 14. How confident would you feel: Discussing a problem or concern with your child's school principal? (F3) (Responses: Not at all confident, A little confident, Confident, Very confident)

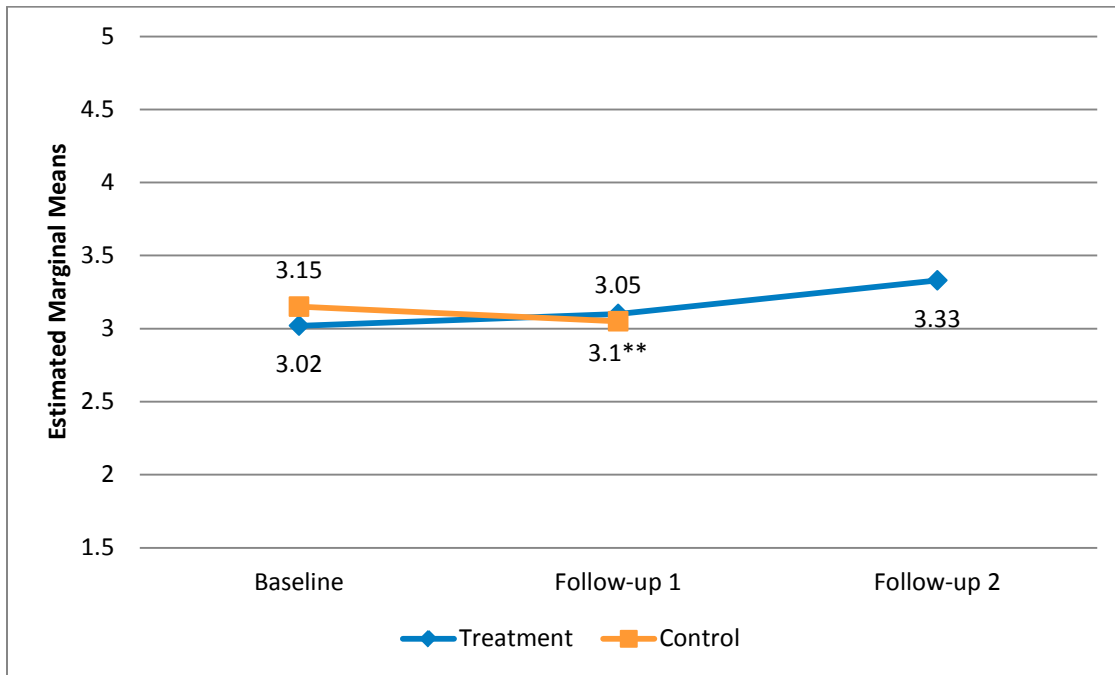
a. Baseline, Follow-up 1 and Follow-up 2 means, by group.

	Baseline	Follow-up 1	Follow-up 2
Treatment	3.02	3.10**	3.33
Control	3.15	3.05	n/a

b. The treatment/control group difference at Follow-up 1 is statistically significant.

	B	t	p	Cohen's d
Group	.225	2.773	.003	0.27

c. Means at Baseline and Follow-up 1 for Treatment and Control, and Follow-up 2 for TREATMENT only: between the first and second follow-ups, the mean continues to increase.



d. Trends in the Treatment group

Time point	p	CI(95%) of difference
Baseline → F/u 1	0.481	-0.057 to 0.218
F/u 1 → F/u 2	<0.001	0.112 to 0.358
Baseline → F/u 2	<0.001	0.164 0.467

Item 15. How confident would you feel: Advocating for your child’s rights in school? (F5)

(Responses: Not at all confident, A little confident, Confident, Very confident)

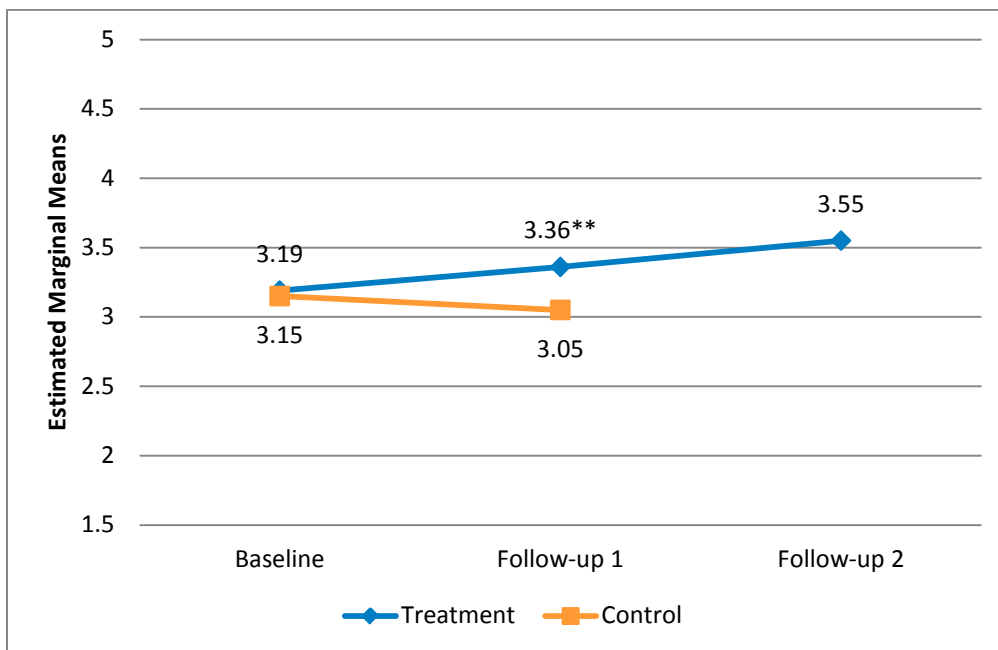
a. Baseline, Follow-up 1 and Follow-up 2 means, by group.

	Baseline	Follow-up 1	Follow-up 2
Treatment	3.19	3.36**	3.55
Control	3.15	3.05	n/a

b. The treatment/control group difference at Follow-up 1 is statistically significant.

	B	t	p	Cohen’s d
Group	0.194	2.675	0.004	0.28

c. Means at Baseline and Follow-up 1 for Treatment and Control, and Follow-up 2 for TREATMENT: the mean continues to increase between follow-up one and follow-up two.



d. Trends in the Treatment group

Time point	p	CI(95%) of difference
Baseline → F/u 1	0.005	0.041 to 0.291
F/u 1 → F/u 2	<0.001	0.12 to 0.221
Baseline → F/u 2	<0.001	0.225 to 0.494

In sum, as was found for the scales, results are mixed. Of the fifteen questions, six manifest statistically significant differences between parents randomly assigned to the treatment group compared with parents assigned to the control group. Nine questions are not statistically different. Interestingly, though, comparing means for the treatment group at the second follow-up compared with mean scores at the first follow-up, we find that eleven of the fifteen questions manifest increased means over time. The increases are small and few are statistically significant; but they suggest that the effects of Abriendo Puertas may be sustained, and may even increase, over time.

iv. Summary Indices

So far, we have assessed the impact of Abriendo Puertas within specific domains and question by question. In the following analyses, we assess whether there is an overall impact of the program. In these analyses we use the fifteen items measured at baseline and follow-up, as these were items identified by senior staff at Abriendo Puertas and Family in Schools as strong indicators of the goals and purpose of the parenting program. Using the a priori cut points established by senior researchers at Child Trends (identified in Appendix K), each of the fifteen items was scored, and the scores were summed into an index. For the positive index, each question was scored one if responses met the positive cut off and zero otherwise. For the negative index, each question was scored one if responses fell at or beyond the negative cutoff and zero otherwise. Thus, the negative index assesses whether the treatment group was less likely than the control group to provide incorrect responses to these fifteen items. Similarly, the positive index assesses whether the treatment group was more likely to provide correct responses to these fifteen items.

The items and their cutoffs are shown here:

Item	Positive Cut-off	Negative Cut-off
In the past week, how many days: Did you read to your child? (Responses: 0 days, 1 day, 2 days, 3 days, 4 days, 5 days, 6 days, 7 days)	1= 2 or more days	1= 0, 1 days
In the past week, how many days: Did you tell your child a story that was not from a book? (Responses: 0 days, 1 day, 2 days, 3 days, 4 days, 5 days, 6 days, 7 days)	1= 1 or more days	1= 0 days
In the past week, how many days: Did you take your child out to the playground or park? (Responses: 0 days, 1 day, 2 days, 3 days, 4 days, 5 days, 6 days, 7 days)	1= 1 or more days	1= 0 days

In the past week, how many days: Did you go over letters in the alphabet with your child? <i>(Responses: 0 days, 1 day, 2 days, 3 days, 4 days, 5 days, 6 days, 7 days)</i>	1= 2 or more days	1= 0 days
In the past two months, how many times have you: Taken your child to the library? <i>(Responses: Never, Once, Twice, 3 times, 4 or more times)</i>	1= Twice, 3 times, 4 times	1= Never
How often do you: Read the nutritional label on packaged foods before you buy them? <i>(Responses: None of the time, Some of the time, Most of the time, All of the time)</i>	1= Most of the time, All of the time	1= None of the Time
How often do you: Talk with your child about your family plans and activities? <i>(Responses: None of the time, Some of the time, Most of the time, All of the time)</i>	1= Most of the time, All of the time	1= Some of the time, None of the time
How often do you: Use trips to the supermarket as an opportunity to teach things to your child? <i>(Responses: None of the time, Some of the time, Most of the time, All of the time)</i>	1= Most of the time, All of the time	1= None of the time
How often do you: Reward your child with candy when he/she behaves well? <i>(Responses: None of the time, Some of the time, Most of the time, All of the time)</i>	1 = None of the time	1= All of the time, most of the time
How often do you: Let your child choose what he or she wants to read? <i>(Responses: None of the time, Some of the time, Most of the time, All of the time)</i>	1= Most of the time, All of the time	1= None of the time, Some of the time
How often do you: Encourage your child to tell you if he/she feels sad or frustrated? <i>(Responses: None of the time, Some of the time, Most of the time, All of the time)</i>	1= All of the time	1= None of the time, Some of the time
How confident would you feel: Discussing a problem or concern with your child's doctor or healthcare provider? <i>(Responses: Not at all confident, A little confident, Confident, Very confident)</i>	1= Very confident	1= Not at all confident, A little confident
How confident would you feel: Discussing a problem or concern with your child's teacher or childcare provider? <i>(Responses: Not at all confident, A little confident, Confident, Very confident)</i>	1= Very confident	1= Not at all confident, A little confident
How confident would you feel: Discussing a problem or concern with your child's school principal? <i>(Responses: Not at all confident, A little confident, Confident, Very confident)</i>	1= Confident, Very confident	1= Not at all confident, A little confident
How confident would you feel: Advocating for your child's rights in school? <i>(Responses: Not at all confident, A little confident, Confident, Very confident)</i>	1= Very confident	1= Not at all confident, A little confident

The results for these analyses are both very statistically significant, as shown below. Parents in the treatment group were significantly less likely to provide negative/incorrect responses than parents in the waitlist control group. The effect size is .21, which is generally considered small; but since this is an overall score that combines impacts across all domains, it can be viewed as an overall indication that the program reduces negative parenting.

Similarly, parents in the treatment group were significantly more likely to provide positive/correct responses than parents in the waitlist control group. The effect size is .14, which is rather small. Again, though, since this score combines impacts across all domains, it can be viewed as an overall indication that the program increases positive parenting.

Table 5. Positive and Negative Summary Indices

BINARY ITEMS NEGATIVE INDEX

	B	t	<i>p</i> (one tailed)	<i>Cohen's d</i>
Treatment vs Control	-0.365	-2.682	0.0035**	-0.21

BINARY ITEMS POSITIVE INDEX

	B	t	<i>p</i> (one tailed)	<i>Cohen's d</i>
Treatment vs Control	0.334	1.764	0.039*	0.14

CHAPTER IV. Discussion and Conclusions

Converging evidence indicates that Hispanic children are more likely to drop out of high school than other racial/ethnic groups and that parenting practices are a critical determinant of success in school. Related data indicate that an increasing proportion of young children in the U.S. are Hispanic. These related strands of research and data have led to efforts to enhance school readiness among Latino children, including development of the Abriendo Puertas (Opening Doors) parenting program.

A search for comparable evaluations was conducted to provide context for this evaluation. Specifically, we sought random assignment evaluations of parenting programs among low-income parents with children aged 0-12 that focused on the same outcomes that Abriendo Puertas addressed and employed an intent-to-treat analysis. Only six evaluations were found, and none of these examined Latinos, though one was based on a sample that was 30 percent Latino. Among these six evaluations, the impacts on parenting were mixed. These findings highlight the uniqueness and importance of the Abriendo Puertas program and this rigorous evaluation.

Abriendo Puertas is an educational program for Latino parents with children ages 0-5. Abriendo Puertas is based on the premise that enhancing the skills of parents early in a child's life improves school readiness and educational success and thus leads to economic and societal benefits. This interactive ten-session program provides parents with tools and techniques to participate with the schools in ways that improve student education while also enhancing their parenting skills in the home.

A random assignment experimental evaluation of Abriendo Puertas was conducted during the 2012-2013 school year in the Los Angeles United School District. Over 900 parents were randomly assigned to be offered Abriendo Puertas in the fall or to be waitlisted to receive the program in the spring. Data were collected in person at baseline and by telephone approximately 5-6 weeks after the end of program sessions from 922 parents. A second follow-up telephone interview was conducted among parents in the treatment group (those offered Abriendo Puertas in the fall of 2012), to assess whether program impacts were sustained, diminished, or increased over ensuing months.

Results from the follow-up interview found statistically significant positive impacts for half of the outcome scales:

- Approaches to reading with the child
- Parent educational activities
- Library use
- Knowledge about aspects of child care quality

- Family organization and planfulness
- Parent role modeling

Statistically significant impacts were not identified for other scales, including:

- Parent confidence as an advocate for the child in health care and school settings
- Parent encouragement and appreciation for the child
- Knowledge about early child development
- Healthy habits regarding exercise and diet
- Parent knowledge about early language and learning
- Control of emotional expression

Indeed, the impact for the last construct, control of emotional expression, was slightly negative and was borderline statistically significant.

An implementation evaluation was also conducted to understand how the program was implemented, to obtain information about how parents and facilitators experienced the program, and to identify areas where programmatic improvements may be needed. In general, parents, facilitators and school staff had favorable experiences in the program and spoke highly of it. They thought the activities were engaging and provided parents with concrete information in an approachable manner. They also thought Abriendo Puertas was unique in that it is culturally sensitive, and relevant as its instruction is written and delivered in Spanish, and it incorporates culturally relevant elements.

The implementation evaluation also identified some areas for improvement. Facilitators reported that they were not always able to cover topics as extensively as they would have liked because it was challenging to deliver each session in two hours. Parents' reports corroborated the facilitators' remarks in that some parents thought they needed more time to cover the information to be able to fully internalize and then implement it with their children. Time management challenges may have shaped whether facilitators implemented the program as intended. However, the focus groups with parents indicated that some parents gained knowledge on how to support their children's development.

Although we do not find significant positive impacts on several scales, including healthy behaviors, parent knowledge about early learning, and parental confidence in being an advocate for their child, we do find positive impacts from a number of other scales, including approaches to reading, educational activities, library use, family planfulness and parental understanding that they are role models as evidence that the glass is half full. Moreover, evidence from the survey and the qualitative findings from the implementation evaluation both indicate strong acceptance of the Abriendo Puertas approach on the part of parents and of

school and program staff. In addition, intriguing findings from the second follow-up interview with parents in the treatment group (those offered Abriendo Puertas in the fall of 2012) suggest that effects are not diminishing and may be increasing over time, particularly parents' confidence in discussing their child's education with school personnel.

When popular programs are subjected to a rigorous random assignment experimental evaluation, many are found to be ineffective. This is not the case with Abriendo Puertas. This parenting program is successfully achieving many of its goals. Importantly, impacts were found on behaviors, not just knowledge. There is room for improvement, of course, and this is true for all programs. And fostering such improvement is, or should be, the goal of an evaluation: to identify both the program successes and the areas where more or new thinking is warranted.

The curriculum and training materials are available through www.ap-od.org.

- ⁱ U.S. Census Bureau (2011). *School enrollment. Table 1: Enrollment Status of the Population 3 Years Old and Over, by Sex, Age, Race, Hispanic Origin, Foreign Born, and Foreign-Born Parentage: October 2011 – White alone non-Hispanic*. Retrieved March 26, 2013, from <http://www.census.gov/hhes/school/data/cps/2011/tables.html>
- ⁱⁱ U.S. Census Bureau (2011). *School enrollment. Table 1: Enrollment Status of the Population 3 Years Old and Over, by Sex, Age, Race, Hispanic Origin, Foreign Born, and Foreign-Born Parentage: October 2011 – Hispanic*. Retrieved March 26, 2013, from <http://www.census.gov/hhes/school/data/cps/2011/tables.html>
- ⁱⁱⁱ Child Trends (2012). Early School Readiness. Available at: <http://www.childtrends.org/?indicators=early-school-readiness>
- ^{iv} Rumberger, R. W. (2001). Why students drop out of school and what can be done. Paper presented at the "Dropouts in America: How Severe Is the Problem? What Do We Know About Intervention and Prevention?" conference, Cambridge, MA.
- ^v California Department of Education, E. D. U. (2010). *DataQuest*. Retrieved September 12, 2011, from: <http://www.cde.ca.gov/index.asp>
- ^{vi} Rumberger, R. & Lim S. A. (2008). *Why Students Drop Out of School: A Review of 25 Years of Research*. Retrieved from: <http://www.spokanecounty.org/data/juvenile/modelsforchange/School%20dropouts%20-%20Why%20students%20dropout%20of%20school.pdf>
- ^{vii} Hill, N. E., & Torres, K. (2010). Negotiating the American dream: The paradox of aspirations and achievement among Latino students and engagement between their families and schools. *Journal of Social Issues*, 66(1), 95-112.
- ^{viii} Ramirez, A. F. (2003). Dismay and disappointment: Parental involvement of Latino immigrant

parents. *The Urban Review*, 35(2), 93-110.

- ^{ix} Child Trends (2010). *Immigrant children in the U.S.* Washington, DC: Child Trends.
- ^x U.S. Census Bureau (2010). *Current Population Survey, Annual Social and Economic Supplement, 2010: Table 3.1*. Retrieved December 19, 2011, from <http://www.census.gov/population/foreign/data/cps2010.html>
- ^{xi} Pew Hispanic Center (2009). Demographic profile of Hispanics in California, 2009. Retrieved September 9, 2011, from <http://pewhispanic.org/states/?stateid=CA>
- ^{xii} Child Trends' calculations of U.S. Census Bureau, *School Enrollment - Social and Economic Characteristics of Students: Detailed Tables*.
<http://www.census.gov/hhes/school/data/cps/index.html>
- ^{xiii} Fry, R. (2009). *The changing pathways of Hispanic youth into adulthood*. Washington, DC: Pew Hispanic Center.
- ^{xiv} California Department of Education, E. D. U. (2010). DataQuest. Retrieved September 12, 2011, from <http://www.cde.ca.gov/index.asp>
- ^{xv} Rumberger, R. & Lim S. A. (2008). *Why Students Drop Out of School: A Review of 25 Years of Research*. Retrieved from:
<http://www.spokanecounty.org/data/juvenile/modelsforchange/School%20dropouts%20-%20Why%20students%20dropout%20of%20school.pdf>
- ^{xvi} U.S. Census Bureau (2011). *School enrollment. Table 1: Table 1. Enrollment Status of the Population 3 Years Old and Over, by Sex, Age, Race, Hispanic Origin, Foreign Born, and Foreign-Born Parentage: October 2011 – All races*. Retrieved March 26, 2013, from <http://www.census.gov/hhes/school/data/cps/2011/tables.html>
- ^{xvii} Child Trends (2012). Early School Readiness. Available at:
<http://www.childtrends.org/?indicators=early-school-readiness>
- ^{xviii} Driscoll, A. K. (1999). Risk of high school dropout among immigrant and native Hispanic youth. *The International Migration Review*, 33, 857-875.
- ^{xix} Kaushal, N. (2014) *Intergenerational Payoffs of Education*.4(1), 61-78.
- ^{xx} Kaushal, N., Magnuson, K., & Waldfogel, J. (2011). *How is family income related to investments in children's learning?* (pp. 187-206). Russell Sage Foundation.
- ^{xxi} Rumberger, R. W. (2001). Why students drop out of school and what can be done. Paper presented at the "Dropouts in America: How Severe Is the Problem? What Do We Know About Intervention and Prevention?" conference, Cambridge, MA.

-
- ^{xxii} Alexander, K. L., Entwisle, D. R., & Horsey, C. S. (1997). From first grade forward: Early foundations of high school dropout. *Sociology of education*, 87-107.
- ^{xxiii} Sylva, K., Scott, S., Totsika, V., Ereky-Stevens, K., & Crook, C. (2008). *Training parents to help their children read: A randomized control trial. British Journal of Educational Psychology*, 78(3), 435-455.
- ^{xxiv} Lunkenheimer, E. S., Dishion, T. J., Shaw, D. S., Connell, A. M., Gardner, F., Wilson, M. N., & Skuban, E. M. (2008). Collateral benefits of the family check-up on early childhood school readiness: Indirect effects of parents' positive behavior support. *Developmental Psychology*, 44(6), 1737.
- ^{xxv} Duggan, A. K., McFarlane, E. C., Windham, A. M., Rohde, C. A., Salkever, D. S., Fuddy, L., Rosenberg, L. A., Buchbinder, S. B., & Sia, C. C. (1999). Evaluation of Hawaii's Healthy Start program. *The Future of Children*, 66-90.
- ^{xxvi} Turner, K. M., & Sanders, M. R. (2006). Help when it's needed first: a controlled evaluation of brief, preventive behavioral family intervention in a primary care setting. *Behavior Therapy*, 37(2), 131-142.
- ^{xxvii} Gross, D., Garvey, C., Julion, W., Fogg, L., Tucker, S., & Mokros, H. (2009). Efficacy of the Chicago Parent Program with low-income African American and Latino parents of young children. *Prevention Science*, 10(1), 54-65.
- ^{xxviii} Brotman, L. M., Calzada, E., Huang, K. Y., Kingston, S., Dawson-McClure, S., Kamboukos, D., Rosenfelt, A., Schwab, A., & Petkova, E. (2011). Promoting effective parenting practices and preventing child behavior problems in school among ethnically diverse families from underserved, urban communities. *Child Development*, 82(1), 258-276.
- ^{xxix} Bridges, M., Cohen S., Fuller, B., & Velez V. (No Date). *Evaluation of the Abriendo Puertas parent program*. Berkeley, CA: University of California Berkeley.
- ^{xxx} Bandy T. & Moore K. A. (2011). *What works for Latino/Hispanic children and adolescents: Lessons from experimental evaluations of programs and interventions*. Washington, DC: Child Trends.
- ^{xxxi} Valladares S. & Ramos M. (In Press). *Children of Latino immigrants and out-of-school-time programs*. Washington, DC: Child Trends.