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Supporting Parents: How Six Decades of Parenting Research Can Inform Policy and Best Practice

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Abstract

In this paper, we call attention to the need to expand existing efforts and to develop policies, programs, and best practices in the United States designed to support parents at risk and promote parenting competence. Despite the existence of some services offered to parents of children at risk due to developmental delay or at economic risk, the United States lags behind many other industrialized countries in the level and quality of support provided to families and parents. We outline in this paper what 60 years of research has informed us about the elements of competent parenting, distal and proximal factors that place competent parenting at risk, and recommended policies and practices that can either be expanded or developed to identify and support parents at risk and promote parenting competence.

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From the Editor

This Social Policy Report reviews more than 60 years of research on parenting practices in the U.S. and the impact of both competent parenting and parenting at risk on children's development. Importantly, it sheds light on the relative lack of public policy that could substantially improve the lives of at-risk parents and their children. The report is the outcome of a 2014 SRCD meeting on "New Conceptualizations in the Study of Parenting at Risk," which brought together leading parenting researchers to summarize, evaluate, and assess the state of our knowledge about parenting competence and the factors that support it. The report also examines public policies and practices that put such parenting competence at risk and gives concrete suggestions as to what must be done in order to provide better public policy support to American parents. Notably, this review includes research on fathers' roles in parenting as well as variations among different ethnic and cultural groups in our society, factors that were traditionally overlooked in parenting research. In this report, the authors note that despite greater variations in the nature of American families today (e.g., the percentage of two-parent families has declined while the percentage of single-parent families has increased compared to 50 years ago), these variations in family type are less important to healthy child development outcomes than previously thought. Competent parenting and adequate resources can mitigate the effects of family type. The economy, on the other hand, is found to be consistently related to children's developmental outcomes. The fact that nearly one quarter (23.8% as of 2014) of infants, toddlers, and preschoolers live in poverty is particularly concerning given that these early years are crucial for a healthy developmental trajectory. The authors go on to identify several key aspects of competent parenting - including protective behaviors, mindful behaviors, and a combination of nurturance and developmental control - that are important for positive child outcomes. And while there are some cultural variations in parenting practices, there is evidence of shared goals and similar competence across cultural groups.

Unfortunately, public policy in the U.S. has not been supportive of competent parenting practices. From lack of adequate childcare support and insufficient paid parental leave policies to inadequate support for disseminating parent-training programs, the authors point out that the United States falls far behind other industrialized nations in their support for competent parenting. Especially for depressed parents or those with couples'/relationship issues, this report notes a wide variety of public policies that are needed to support and encourage strong and competent parenting. The authors also note that research has provided strong support for the effectiveness of two-generational approaches that cover integrated services for both parents and their children. Throughout the report, the authors provide a wide range of policy recommendations that offer a roadmap for greater support for competent parenting beyond the necessity of greater economic opportunities for low-income parents.

Supporting Parents: How Six Decades of Parenting Research Can Inform Policy and Best Practice

Parenting is one of the most emotionally powerful, demanding, and consequential tasks of adult life. Long before modern societies emerged, extended family and community members shared the task of parenting. Today, without such a network of experience and support, it is a task for which we are often poorly prepared. Research has revealed the elements of competent parenting in modern society, the conditions that support and compromise competent parenting, and programs and policies that can support modern parents. Although parents in the United States could benefit from parental education and support, there is surprisingly little of either. Consider two examples: paid family leave and Head Start.

When a baby is born, paid family leave increases worker satisfaction, particularly among low-income workers, and business productivity (Appelbaum & Milkman, 2011). Yet, the United States remains the only high-income nation in the Western world without a government-mandated, paid parental leave policy for the birth of a child. With few exceptions, such as California, New York, New Jersey, Rhode Island, and Washington, DC, government-sponsored support for paid family leave is nonexistent for most parents, although it is under consideration (O'Connor, 2016).

Programs such as Head Start and Early Head Start require parental involvement, but are limited in the degree to which they support parents. Parental involvement helps children retain the educational benefits of these early childhood programs, but evidence indicates a need to improve parental supports through them (Gershoff & Grogan-Kaylor, 2016). Moreover, the benefits of these programs are only available to families whose incomes, or whose children's developmental risk, make them eligible. There is no parallel for families who are ineligible. Finally, these programs focus on children at the exclusion of addressing parenting at risk. Indeed, with the exception of programs that target particular at-risk groups such as teen or incarcerated parents, relatively few ongoing U.S. government-sponsored programs are designed to screen, identify, and intervene with other groups of parents at risk, despite evidence that parents and children benefit from such programs (Sanders, Allen-Jones, & Abel, 2002; Webster-Stratton & McCoy, 2015). Importantly, the risk for significant difficulties in parenting is not limited to socioeconomic disadvantage or to having a child with developmental delays. Risk to competent parenting is associated with a host of individual, ecological, and family conditions not covered by existing programs.

This report is an outcome of the 2014 Society for Research in Child Development meeting, "New Conceptualizations in the Study of Parenting-at-Risk" (San Diego, CA), at which parenting experts presented research and discussed the fact that, despite considerable scientific evidence about the factors associated with competent parenting and parenting risks, evidence is not adequately informing policies and programs. This report aims to: (1) summarize six decades of research on parenting competence and the factors that promote it; (2) discuss distal and proximal factors that place parenting at risk; and (3) propose policies and programs that support parents and promote parenting competence. We acknowledge that shared genetics between biological parents and children can sometimes make causal connections between parenting and child developmental outcomes difficult to determine (Yun & Lee, 2016). However, both correlational and experimental evidence support the point that improved parenting has salutary effects on children, whether they are biologically related to their parents or not (Sanders & Mazzucchelli, 2013; Stams, Juffer, & van IJzendoorn, 2002). We are thus secure in the knowledge that parenting matters, and that when competent parenting is at risk, children are at risk as well.

Research has revealed the elements of competent parenting in modern society, the conditions that support and compromise competent parenting, and programs and policies that can support modern parents. Although parents in the United States could benefit from parental education and support, there is surprisingly little of either.

Our approach is informed by two conceptual frameworks. First, we recognize that parenting is nested in a complex of systemic influences, both within and beyond the family (Bronfenbrenner & Morris, 2006). Incorporated in our review and its implications for policy and best practices is a focus on fathers as well as mothers, on different family structures, and on varied cultural heritages. Our view is that risks to competent parenting—for mothers and fathers—are not exclusively linked to specific family groups, but can occur in any family at any point in time.

Second, we recognize the importance of a two-generational approach (Shonkoff & Fisher, 2013), which asserts that we must address “strengthening the resources and capabilities” (p. 1635) of parents in order to foster children’s healthy, competent development. We extend this notion to emphasize that by parents, we mean both mothers and fathers. As noted in a recent review (Chase-Lansdale & Brooks-Gunn, 2014), a two-generational approach—or the notion that services can be provided to parents and children together in service of promoting child development—dates back to the 1960s and was formally instituted in a variety of programs in subsequent decades, with varying degrees of success. Comprehensive study of these programs’ strengths and shortcomings, along with philanthropic interest from the likes of the Bill and Melinda Gates Foundation, the Kaiser Foundation, and others, has led to renewed attention to and testing of two-generational approaches.

These more recent efforts, dubbed “Two-Generation 2.0” (Chase-Lansdale & Brooks-Gunn, 2014), provide needed attention to the benefits of integrating parent and child services. This integration is theoretically accomplished by (a) providing mothers and fathers with services that move beyond job placement and focus on training opportunities that promote long-term economic success (such as training certificates), addressing issues associated with parenting at risk, and (b) providing children with early childhood education in high-quality childcare centers that can double as job-training hubs for parents. Overall, the field needs further development and evaluation of Two-Generation 2.0 programs that include mothers and fathers, in terms of identifying predictors of parental attrition, parent-to-child and child-to-parent effects, and overall effectiveness (Harding, 2015; Sabol & Chase-Lansdale, 2015). Nevertheless, we embrace the premise that services designed to promote children’s development will be more effective when accompanied by parent-based services that promote sustained, positive effects on parenting.

Theoretical Framework

Bronfenbrenner and Morris (2006) provide an ecological model to portray the complex influences on parenting. For our purposes, we adapt this model by placing the parent (instead of the child) at the center and having the parent participating most immediately in the family microsystem. Bronfenbrenner and Morris depict the family as a microsystem and show how that microsystem is nested within a multitude of other systems that directly and indirectly bear on parenting. There are (a) within-family factors that are proximal influences on parenting, including parent mental health, the quality of partnerships between parents, and child behavior; (b) interactions between parents and other microsystems such as children’s school, parents’ workplaces, and health care systems (mesosystemic influences); (c) larger exosystems that have more distal influences on parenting, such as economic and political systems, government policies, and mass media, all of which are embedded in (d) the larger context of the majority cultural ideologies and values (the macrosystem).

This multi-level ecological model fully captures the ways in which parenting is supported or compromised, underscoring the need for multi-level policies and practices to support parents. Consider, for example, what happens if a parent is depressed. Depression has ubiquitous effects on a person’s overall functioning, including her or his capacity to be effective as a parent (Gelfand & Teti, 1990; Goodman et al., 2011). But who recognizes and addresses the parent’s depression, especially if the problem is not readily solved within the family system? The model suggests points of contact, as parents interact with other systems. Obstetric and pediatric services can be a frontline in identifying symptoms in parents. In those services, providers can conduct routine screening and facilitate referrals to services to help alleviate parental distress and reduce parenting risk.

Another example is families living under financial strain. Whereas depression in parents might best be addressed by changes in policies and routines within existing medical services, changes in workplace or government policies might best help to reduce economic strain on families, with likely salutary effects on parental stress and mental health and, in turn, parenting competence. For example, a national, paid parental leave policy—for both mothers and fathers and parents of all incomes—avoids the tension parents experience between income loss and adequate quantity and quality of attention

to a new baby. Indeed, federally mandated paid parental leave would represent a national interest in providing parents with time to get to know their new child and to build their relationships with the baby—activities that benefit all family members. Notably, evidence contradicts the fear that mandated parental leave is bad for business; parental leave has been shown to promote employee loyalty and reduce worker attrition (Appelbaum & Milkman, 2011).

The ecological model also refers to chronosystem influences. Simply put, this recognizes that different contextual and historical influences on parenting might occur at different periods of time, influences that (a) can impact parenting a given family over time, and (b) impact parenting across generations of families. Thus, the model recognizes the significant changes in family structures in the past 60 years. In 1960, 73% of children under 18 years of age were reared in first-marriage two-parent families, with 9% in single-parent families, 14% in re-married two-parent families, and 4% in families without a parent. By 2014, 46% of children under 18 years were being reared in first-marriage two-parent families, 26% in single-parent families, 15% in re-married, two-parent families, 5% in families without a parent, and 7% in cohabiting (unmarried) parent families. No statistics were available on cohabiting families in 1960, but that particular family form has increased significantly in the past 60 years, along with an increase in the number of single-parent families (Pew Research Center, 2015). Evidence suggests advantages to a two-parent family structure, including greater income, but it appears that income might not be the main process that explains why children have better outcomes in two-parent families relative to single-mother-headed households. Rather, stability, greater parental education, and more social supports and resources for parents are what benefit children in two-parent families. Indeed, in the presence of competent parenting and adequate resources, we see few differences between growing up with a biological mother and biological father in their first marriage and growing up in alternative family structures (Moore, Jekielek, & Emig, 2002; Patterson, 2017).

Finally, our ecological perspective places equal emphasis on the roles of fathers and mothers in children's lives, with both parents directly and indirectly influencing children, via each parent's relationship with the other parent. In recent years, research has included a focus on the ways in which fathers contribute to their children's development that are similar to and complementary with mothers' contributions (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000). The benefits, of course, depend on fathers being involved in a positive way in their children's lives (McLanahan, Tach, & Schneider, 2013). Controlling for a number of maternal influences, attentive, sensitive, responsive fathers make unique contributions to their children's language and social development (Black, Dubowitz & Starr, 1999; Cabrera, Shannon, & Tamis-LeMonda, 2007; Malin, Cabrera, & Rowe, 2014; Tamis-LeMonda, Shannon, Cabrera, Lamb, 2004).

Not all fathers reside with the mother and children (nonresident fathers). When they do, fathers have more opportunities for quality time, relationship development, and socializing their children (McLanahan et al., 2013; Sigle-Rush-ton & McLanahan, 2004), and these benefits appear across cultural groups, including White, Asian, Black, and Latino fathers (Calzada, Fernandez, & Cortes, 2010; Malin et al., 2014; Morcillo et al., 2011; Neblett, Rivas-Drake, & Umaña-Taylor, 2012; Pancsofar & Vernon-Feagans, 2010; Schneider & Lee, 1990; Sperry & Sperry, 1996). Yet, the effects of positive father involvement also extend to nonresident fathers. Nonresident fathers who offer informal, in-kind support are more likely to see and spend more time with their children than

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those who do not (Cabrera, Shannon, & LaTaillade, 2009; Kane, Nelson, & Edin, 2015), and even these informal arrangements are associated with children's higher cognitive skills, although the explanation for this is not clear (Nepomnyaschy, Miller, Garasky, & Nanda, 2014). Possibly, it reduces mothers' parenting stress (Choi, 2010). But, again, quality time together is as, or more, important than financial support of children. African-American mothers who reported high levels of positive nonresident father contact also described their children as having fewer behavioral problems than their counterparts who lacked such father contact. In sum, evidence indicates that father involvement is important for children's development (Adamson & Johnson, 2013; Cabrera, Fitzgerald, Bradley, & Roggman, 2014; Flanders et al., 2010), whether fathers live with the children or not, underscoring the need to include both mothers and fathers in parenting policies and programs designed to support parents and promote their parenting competence.

In sum, ample evidence indicates that parenting by both mothers and fathers matters for family functioning and children's development, and that in the presence of adequate supports, parents of all types can rise to the challenges of raising children in today's complicated world. Thus, it remains shocking how few U.S. policies are in place to support parents. In the following sections, we characterize competent parenting and then use the ecological, two-generational model to identify policies and programs needed to support parenting competence.

Fundamentals of Parenting Competence

Many different factors influence children's development, and children are influential actors in their own development. Nonetheless, parents unequivocally influence children's development before they are born, contributing to children's biobehavioral patterns that begin early in life—influences that have been found to persist into middle childhood and beyond (Klasen et al., 2015; Matte-Gagné, Harvey, Stack, & Serbin, 2015; Sroufe, 2005). Thus, the foundations of children's developmental trajectories are rooted in their early environments, which are defined by parents—for better or worse. Competent parenting is protective, mindful, and an integrated blend of warmth and developmentally-appropriate control. What we discuss below results from our review of six decades of parenting research. We are heartened by the fact that the fundamentals we identify are consistent with a recent report, "Parenting Matters: Supporting Parents of Children Ages 0-8" (National Academies of Sciences, Engineering, and Medicine, 2016).

Competent Parenting Is Protective

Across diverse cultures, parents share the goal of protecting their children (Whiting, 1963). They provide nutrition and shelter, and they care for them when they are ill, injured, or stressed. Although there are cultural variations in the degree to which parents act to anticipate and avoid children's stress or, instead, wait and help them if distressed (Ziehm, Trommsdorff, Heikamp, & Park, 2013), parents seek to protect their children from distress. Their protective behaviors contribute to their children's sense of security, i.e., their development of attachment (Bowlby, 1969; George & Solomon, 2008). Parental efforts, both by mothers and fathers, to attend sensitively to infants' basic needs contributes to infants' development of internal physiological homeostasis as well as to the psychological foundations for children's learning and self control (Calkins, Graziano, Berdan, Keane, & Degnan, 2008; Martinez-Torteya et al., 2014). For example, low-income fathers who acknowledge their young children's emotions and facilitate their play contribute to their children's language development across the early childhood years (Cabrera, Shannon, & Tamis-LeMonda, 2007). Mothers sensitive to their infants' cues at bedtime have infants who wake less at night relative to less sensitive mothers (Teti, Mayer, Kim, & Counterline, 2010). These examples are drawn from a large body of research documenting the positive and varied child outcomes associated with sensitive, protective parenting in the first years of children's lives.

Competent Parenting Integrates Nurturance and Developmentally Appropriate Control

Parenting research has focused both on what parents do—i.e., parenting practices—and how they do it—parenting quality (Darling & Steinberg, 1993). Parenting practices focus on the ways parents socialize and control their children's behavior, and parenting quality focuses on how nurturing or hostile, how attuned or not, parents are when they interact with their children (Teti & Candelaria, 2002). Competent parenting is a blend of parenting practices and quality. High levels of nurturance combined with moderate-to-high amounts of control appropriate to the child's age and abilities help children relate well to others and become effective as individuals (Baumrind, Larzelere, & Owens, 2010; Maccoby & Martin, 1983). Parents from various cultural heritages differ in how they achieve the balance of nurturance and control, dif-

ferences that reflect their group's traditions or the realities of their circumstances (for example, unsafe neighborhoods), but evidence indicates that regardless of ethnicity or context, integrating parental nurturance and control is essential for infants' and children's development (Berlin, Cassidy, & Appleyard, 2008; Kochanska & Murray, 2000; McLoyd & Smith, 2002; Teti & Huang, 2005; Towe-Goodman & Teti, 2008;).

Sensitive, nurturant parenting over time orients the young child toward the caregiver as a reliable resource, thereby enhancing that caregiver's capacity for socializing the child (Kochanska & Murray, 2000), and this explains how parenting sensitivity promotes effective, socially competent children. That is, a mutually positive emotional climate in parent-child relationships augments parents' efforts to teach their children how to behave. This holds true even when those socialization efforts involve power-assertive behaviors such as spanking and time-out (McLoyd & Smith, 2002; Towe-Goodman & Teti, 2008).

Competent Parenting Is Developmentally Informed

Parents in different cultural contexts also differ in their expectations about when children should achieve certain skills and milestones (Joshi & Maclean, 1997). Nonetheless, parents who are better informed about those developmental timelines are more competent parents than those who are not. A good working knowledge of what children can and cannot do at a particular age helps parents create experiences that are attuned to children's capabilities and foster their further growth (MacPhee, 1981). Moreover, a good working knowledge of child development contributes to a better organized household (Huang, Caughy, Genevroc, & Miller, 2005); more effective interactions with children's health professionals (Bornstein & Cote, 2007); warmer, more developmentally appropriate parenting (Bond & Burns, 2006); and more socially competent children (Teti & Candelaria, 2002). To contrast this with but one example, parents lacking such developmental knowledge could misinterpret their children's behavior, ascribing motivations to their children that are unreasonable and unwarranted; in turn, this can lead to harsh and ineffective parenting and even abuse (Dukewich, Borkowski, & Whitman, 1996).

Competent Parenting Is Mindful

Parenting is emotional; joy, fear, anger, and sadness are common experiences of parents. Such parental emotions influence "in the moment" parenting (Dix, 1991; Teti & Cole, 2012). In a single situation, a parent might react emotionally to a child behaving in a certain way (and their attributions for that behavior), to her/his other adult needs (such as getting to work on time), and to implications for their short- and longer-term parenting goals. Furthermore, many factors influence these emotions, including the parents' working knowledge of developmental milestones, past experience in their family of origin, past experience with each child, their children's age and gender, and the parent's and child's mental health (Bugental, Johnston, New, & Silvester, 1998; Cote & Azar, 1997; Dix, 1991; Pidgeon & Sanders, 2009). "Mindful" parents are aware of their own emotions as well as their children's; they pause, reflect, and respond, promptly and appropriately addressing problems while fostering the parent-child relationship at the same time. Duncan, Coatsworth, and Greenberg (2009) identified five key elements to mindful parenting: (1) attentive listening during parent-child exchanges; (2) being aware of, and regulating, one's own reactions; (3) attending to one's own and the child's emotions as they evolve during an exchange; (4) nonjudgmental acceptance of one's own and the child's reactions during an exchange; and (5) an overall sense of compassion and concern for oneself and the child. Such mindfulness is associated with better parent-child communication (Lippold, Duncan, Coatsworth, Nix, & Greenberg, 2015), better anger management and more positive emotion during interactions (Coatsworth, Duncan, Greenberg, & Nix, 2010), and less child noncompliance and aggression (Singh et al., 2006).

Competent Parenting Benefits from Competent Coparenting

Parenting is often shared. Coparenting, defined as the ability of two caregivers to work together in raising children (Feinberg, 2002; McHale, Lauretti, Talbot, & Pouquette, 2002), influences parenting quality (Fagan & Cabrera, 2012; Kim & Teti, 2014; Pedro, Ribeiro, & Shelton, 2012) and children's development over and above the effects of each individual parent (Brown, Schoppe-Sullivan, Mangelsdorf, & Neff, 2010; Cabrera, Scott, Fagan, Steward-Streng, & Chien, 2012; Gable, Crnic, & Belsky, 1994). Brown, Feinberg, and Kan (2012) conceptualized coparenting in terms of interparental

support, agreement in child-rearing decisions, endorsement of one's partner as a parent, feelings of closeness from parenting together, satisfaction with the division of labor around child-rearing, and low levels of attempts to compete and undermine one's partner, and low levels of overt conflict.

Although coparenting quality has a strong foundation in marital quality (Brown et al., 2012; Schoppe-Sullivan, Mangelsdorf, Frosch, & McHale, 2004; van Egeren, 2004), coparenting might be more important to child development than marital adjustment (Feinberg, 2002). This appears to be true across different ethnic backgrounds and the father's residence status (Cabrera, et al., 2009; Carlson, 2006). This important role of strong coparenting might explain why so few differences are seen in either the parenting qualities or child outcomes when comparing same-sex parents with mother-father partners (Patterson, 2017). Same-sex parents tend to have a more equal division of labor (Farr & Patterson, 2013). They are, unfortunately, also more likely to face discrimination and continued legal obstacles, types of stress that minority parents also experience (Lavner, Waterman, & Peplau, 2014). However, even when families grapple with racism and discrimination in addition to parenting challenges, parenting support contributes to their resilience (Perrin & Siegel, 2013; Trub, Quinlan, Starks, & Rosenthal, 2017).

Competent Parenting Is Culturally Informed

In recent years, parenting research has delved into cultural variations. Initially, studies of parenting in the United States compared middle-class parents of European heritage with another group, thereby using European-American, middle-class parents as a benchmark. Researchers came to regard this as a faulty-deficit model of cultural variations in parenting, replacing it with ecological parenting models (e.g., McAdoo, 1993) that appreciate the varied and complex contexts in which parenting takes place, as well as variations in beliefs and practices that are transmitted across generations. Newer research has helped identify cultural similarities and differences in competent parenting and parenting at risk, for example, how parents interact with, express affection, and discipline their children, and how parents structure their children's daily activities (Gaskins et al., in press). Specific blends and styles of expressing the two key parenting constructs—warmth and control—vary across cultures (Lansford et al., 2014). Nonetheless, some aspects of key parenting constructs have not been found to differ by culture. One strong example is with respect to control (discipline), in which a key issue is the distinction between (1) firm and direct-control behavior and (2) coercive, psychologically controlling behavior (Baumrind, Larzelere, & Owens, 2010). The latter consistently predicts poorer child outcomes regardless of culture (Baumrind, 2012; Burnette, Oshri, Lax, Richards, & Ragbeer, 2012; Sitnick et al., 2015). Moreover, abusive parenting is deleterious in any cultural context (Deater-Deckard & Dodge, 1997).

As made clear by our model, the larger ecology of family life influences parenting practices and qualities (Bronfenbrenner & Morris, 2006). We next discuss some distal and proximal determinants that place parenting at risk, determinants that we believe are particularly amenable to change in response to shifts in policy and best practices. We begin with a discussion of the economic conditions of family life. Lower-income parents face many challenges, resulting not only from chronically inadequate funds to provide for children's basic needs and limited or inadequate neighborhood resources—libraries, grocery stores, parks, and community centers, to name a few—but also from unstable, unpredictable work schedules, inadequate wages that predispose parents to work more than one full-time job, and inadequate or wholly absent worker benefits such as health care and parental leave. All of these operate to erode parents' mental health, their relationships with one another, and the quantity and quality of their parenting.

Distal Determinants of Parenting-at-Risk

Family Economic Resources and Poverty

One of the distal influences on the family microsystem is the economy (Bronfenbrenner & Morris, 2006). In the United States, parents bear the substantial brunt of the costs of raising children. According to the U.S. Department of Agriculture (Lino, 2014), the average estimated cost of raising a child born in 2013 was slightly under \$250,000, excluding higher education costs. A healthy economy, with plentiful jobs that pay livable wages, therefore, benefits parents. Greater family economic resources—permanent household income consisting of earnings, asset income, and transfer income—have small but significant effects on a range of better developmental outcomes for children (Berger, Paxson, & Waldfogel, 2009; Duncan, Morris, & Rodrigues, 2011; Taylor, Dearing, & McCartney, 2004) and might matter most during

the early foundational years of childhood that set the stage for children's future academic achievement (Duncan, Ziol-Guest, & Kalil, 2010; Votruba-Drzal, 2006).

In the United States, unfortunately, many parents face the formidable challenges and stress of raising their children in poverty. In 2015, 14.5 million U.S. children, or 19.7%, were raised in families living below the federal poverty threshold—9% of whom lived in extreme poverty. One in 10 U.S. children lives at least half of her or his childhood in poverty (Fass, Dinan, & Aratani, 2009). This count is likely underestimated, in that federal statistics no longer include many economically stressed families who would have qualified for federal benefits under earlier definitions (Huston & Bentley, 2010; Lichter & Jensen, 2000).

For children who live in poverty during their first five years of life, the consequences are extremely serious: They are less likely to complete formal education and will have less earning power even relative to children who experience poverty later in childhood (Duncan, Brooks-Gunn, Yeung, & Smith, 1998; Duncan et al., 2010). These statistics are particularly concerning because poverty rates tend to be highest in young families, during these earliest and most formative years of children's lives. Parents of very young children tend to be younger, have less education and work experience, and command lower wages than parents of older children (Cauthen & Fass, 2008; CLASP, 2013).

Poverty and its correlates—such as unsafe neighborhoods; single parenthood; unemployment or low wages; no employee benefits such as paid parental or sick leave, or health insurance; no accessible and affordable quality childcare; and barriers to education (including job skills training)—pose challenges to competent parenting. Ample evidence links unmet material needs, financial cutbacks (such as postponing purchases or changing a residence), and the daily hassles of making ends meet to an increased risk to parents' mental health. These difficulties, in turn, compromise parents' ability to interact with children in the nurturant, developmentally appropriate, mindful ways that are best for children. Economic concerns reduce parental time, attentiveness, and involvement with children—and increase reliance on more coercive, inconsistent, and harsher parenting practices (for reviews, see Conger, Conger, & Martin, 2010; McLoyd, Mistry, & Hardaway, 2014). In addition, parents living in poverty, compared with those not in poverty, provide less stimulation for their children's thinking, learning, and language, which might explain the link between poverty and children's cognitive functioning (Duncan & Brooks-Gunn, 1997; for a review, see McLoyd, 1998). Especially compelling support comes from longitudinal studies, which show that as the family's income declines relative to their needs and poverty persists, the quality of their home environment deteriorates, and children's IQ scores decline (Dubow & Ippolito, 1994; Garrett, Ng'andu, & Ferron, 1994). By comparison, improvements in household income over time are associated with strong effects on the quality of the home environments of children who have been poor, even when the effects of other factors like maternal education and child characteristics are controlled (Garrett et al., 1994).

Another significant determinant of childhood poverty—one that is highly amenable to policy intervention—is the high prevalence of jobs with wages that are insufficient to support a family. Many near-poor and poor children have par-

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ents who work full-time, or work two or more part-time jobs, but their jobs—as health aides, cashiers, servers, cleaners, and the like—are concentrated in low-wage service and retail sectors (Jiang, Ekono, & Skinner, 2016; Povich, Roberts, & Mather, 2014). The evidence indicates that a minimum wage of \$7.25 is not a living wage. For jobs at the bottom of the labor market, about two-thirds of workers earning the lowest wages are women (National Women’s Law Center, 2013), an issue of particular relevance to children, given that women are often the primary or sole caregivers of their children. In terms of sole caregivers, we refer to the large proportion of working-poor families nationwide who are female-headed households (39% in 2012), with the proportion being highest among African Americans (65%), followed by Whites (36%), Latinos (31%), and Asians (20%) (Povich et al., 2014). When placing this concern for U.S. parents in a global context, the evidence indicates that the U.S. poverty rate for children under age 18 was more than 4 percentage points higher than the rate in any other wealthy nation (Smeeding, 2009), partly because the United States had the highest proportion of workers in poorly paid jobs. Moreover, U.S. individuals in low-income households, especially single mothers, worked more hours than individuals in other Western industrialized countries, but for lower wages, on average. Antipoverty measures such as the Earned Income Tax Credit (EITC) have helped the working poor over the past 15 years, but the United States simply does not spend enough on benefits that help nonelderly, working-poor families to make up for low wages (Smeeding, 2009).

Workplace Practices

Low-income working parents often contend with erratic work schedules, nonstandard work hours (work schedules other than a fixed Monday-through-Friday daytime schedule), limited job flexibility, and the absence of employee benefits such as affordable health care, paid sick leave, and paid maternity leave (Dunifon, Kalil, & Bajracharya, 2005; Povich et al., 2014).

Erratic work schedules. “Just-in-time” scheduling practices track a business’ labor costs closely to demand, measured by, for example, the previous week’s sales, such that workers might receive only a few days’ advance notice of their schedules or be asked to accommodate last minute changes (more or fewer work hours). Availability and flexibility across a wide number of days and shifts is a key qualification for getting and keeping a low-wage service-sector job. These work schedules, however, interfere with establishing family routines, arranging regular and high-quality childcare, taking a second job, or pursuing further education or job training (Dunifon et al., 2005; Edin & Shaefer, 2015; Henly & Lambert, 2005).

Nonstandard hours. As revealed in a 2004 national survey, although about a third of workers with nonstandard hours prefer them (perhaps because the schedule accommodates childcare, family responsibilities, or school), the majority of workers with nonstandard schedules (55%) report taking them on only involuntarily, likely because they are unable to find another job (McMenamin, 2007). In addition to known links between nonstandard work schedules and several physical health problems (Barak et al., 1995; Boggild & Knutsson, 1999; Simon, 1990), these schedules are also linked to problems with mental health and adult relationships (Presser, 2000). Workers with nonstandard hours feel more socially isolated, are less able to sustain family routines that engender a sense of cohesion and stability, and have more difficulty accessing community services and participating regularly in recreational, cultural, and social groups, compared with those who work standard hours (Simon, 1990).

The conditions known to be linked to nonstandard work hours have clear implications for, as well as direct links with, parenting at risk. In terms of implications, a nonstandard work schedule might reduce parent-child contact, making it difficult for parents to interact with school staff, monitor children’s after-school, nighttime, or weekend behavior, share positive activities with their children, and set and enforce rules (Heymann & Earle, 2001). Evidence for direct links between nonstandard work hours and parenting is limited, although there is evidence that nonstandard work hours have some deleterious effects on child outcomes (Heymann & Earle, 2001; Strazdins, Korda, Lim, Broom, & D’Souza, 2004). Securing evening, night, or weekend quality childcare is a major challenge that confronts parents with nonstandard work schedules. Childcare centers rarely accommodate nonstandard work schedules; most do not open until 6:00 a.m., close by 6:00 p.m. or charge extra fees for after-hours care, and are closed on weekends. Low-income single mothers working nonstandard hours tend to rely on informal care by relatives and other providers, but these arrangements can be unreliable because of competing demands on the caregivers’ time. In addition, these caregivers are unlikely to be trained childcare providers (Enchautegui, 2013).

Lack of flexibility. As important as a liveable wage and standard hours are, so is work-schedule flexibility, whether to be able to leave work to take children to health appointments, both for acute and chronic health concerns, to attend parent-teacher conferences or school functions, or to deal with school vacations. Benefits such as flexible hours or paid vacation leave are rarely afforded parents in low-wage jobs (Povich et al., 2014). A flexible work schedule enhances parents' ability to meet these parenting needs while maintaining employment (Heymann & Earle, 1999).

Absence of paid sick and family leave time. The United States is the only one of 22 high-income countries that does not guarantee paid sick leave for workers (Heymann, Rho, Schmitt, & Earle, 2009). The U.S. Family and Medical Leave Act (FMLA), passed in 1993 and revised in 2009, guarantees unpaid sick leave for eligible employees of covered employers (public agencies, as well as private sector employers that employ 50 or more employees for at least 20 workweeks in the current or preceding calendar year). Eligible employees can get up to 12 workweeks of unpaid leave in a 12-month period during pregnancy, for the birth and care of a newborn, and care of a newly adopted child, newly placed foster child, or a family member who has a serious health condition (and when the employee is unable to work because of serious health condition). To be eligible for FMLA leave, an employee must have worked for a covered employer for at least 12 months and have worked at least 1,250 hours during the 12 months prior to the start of the FMLA leave (U.S. Department of Labor, 2014, June). Just over one-half of U.S. workers are covered for FMLA leave (Povich et al., 2014). Unlike the United States, high-income peer nations in the Organization for Economic Cooperation and Development (OECD) provide an average of 18 months of job-protected parental leave and at least some portion of that leave is paid.

Evidence of the psychological toll parents pay for working in jobs that are not family-friendly in these ways comes from a study of crossnational variation in the parenthood gap in happiness—a global measure of emotional well-being—as a function of social policies—paid childbearing leave, paid vacation and sick days, flexibility in hours and work schedule, and childcare assistance—across 22 OECD countries. Using data from the 2006 and 2008 European Social Survey and the 2007 International Social Survey Program, Glass and colleagues found that the parenthood-happiness gap is significantly greater in the United States than in 21 other OECD countries (Glass, Simon, & Andersson, in press). This does not mean that U.S. parents are unhappier than parents in the other countries, but rather that the disparity between U.S. parents' and nonparents' happiness is larger than in the other countries, which might be due to the less generous work-family policies in the United States. Indeed, in countries with the strongest work-family policy packages, which include paid parental leave, paid sick and vacation leave, and work flexibility, the gap was completely eliminated.

The challenges of balancing work, family responsibilities, and personal needs are especially acute for mothers with low education and unstable low-wage employment. A vicious cycle of problems can develop, such that these mothers neglect their

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own physical and mental health needs to meet their children's needs, increasing their risk of being fired or forced to leave their jobs (Burton & Bromell, 2010). Chronic, unfavorable distal factors would be expected to have a direct effect on family stress, which might manifest itself in psychological distress in parents and in couples' distress. The next section focuses on these proximal determinants of parenting.

Proximal Determinants of Parenting at Risk: Psychological and Couples' Distress

Parents need a considerable amount of patience, energy, confidence, and creativity to consistently provide the culturally relevant, developmentally sensitive balance of nurturance and control and mindful parenting that decades of research have shown to benefit children's development, as we reviewed earlier. For example, when a baby cries, a parent must be sensitive to the cue, recognize the need to respond (minimizing attention to competing demands), regulate any negative emotions (for instance, anxiety that something is wrong or irritation at the interruption), consider the alternatives for why baby might be crying, plan and choose a course of action and carry it out, monitor the baby's reaction and flexibly alter the course of action if needed. Whether the child is an infant, a toddler, or a teen, similar examples can easily be generated.

Evidence reveals a number of conditions that compromise parents' patience, energy, confidence, and creativity, interfering with their ability to provide the qualities of parenting that children need. Two of the conditions with the strongest links to risks for parenting are parents' psychological distress and parents' relationship problems with their spouse or partner. Not surprisingly, those two conditions are associated with each other. In the next sections, we highlight findings on each of these conditions associated with parenting at risk.

Parental Distress and Parenting Quality

One well-studied set of proximal challenges to parenting involves psychological conditions such as poor mental health and substance abuse. Already discussed are many sources of psychological distress among parents, not the least of which is chronic economic strain and unstable work hours and employment, which not only have been found to erode parents' mental health and well-being over time but also account for a substantial portion of children's risk for the development of behavioral, emotional, and learning problems in those circumstances.

Family-stress models help to explain the role of parents' emotional distress in the associations between poverty and adverse child outcomes (Conger & Donnellan, 2007; Gershoff, Aber, Raver, & Lennon, 2007). As proposed by Conger and Donnellan (2007), it is poverty's negative impact on parents' emotional well-being, which might manifest as depression or anxiety or problems with drugs or alcohol that subsequently interferes with the parenting skills that adversely affects children's development. In one study, lower family income was directly associated with higher levels of maternal depressive symptoms which, in turn, were associated with punitive parenting; punitive parenting, in turn, was related to children's behavioral problems (Yeung, Linver, & Brooks-Gunn, 2002).

Psychological distress, however, is not limited to links with stressors associated with economic deprivation, workplace policies, etc.; psychological distress might have many other determinants and sometimes the causes are not known. Regardless of etiology, parents' personal distress compromises their ability to engage effectively with their children.

When we refer to psychological distress, we often mean the psychological disorder called "depression," which in some cases might be sufficiently severe, enduring, and impairing to meet criteria for formal psychiatric diagnosis and in many more cases might fall short of those criteria while still associated with substantial distress and impaired parenting. Most of the research on psychological distress and parenting has focused on depression. This is at least partly driven by the disturbing extent to which children are exposed to depression in their parents. That is, depression is common among parents, with even higher rates among mothers relative to fathers: 21.7% of women and 12.6% of men with children under the age of 18 have experienced Major Depressive Disorder according to National Comorbidity Survey data (National Research Council and Institute of Medicine, 2009, p. 23). Similarly, rates of anxiety and stress among parents are also high. For example, in a large study of mothers of 14- to 17-year olds, 27.4 % were found to have an anxiety disorder, as defined by standard diagnostic criteria used by mental health professionals (Schreier, Wittchen, Höfler, & Lieb, 2008).

Moreover, anxiety disorders (such as Generalized Anxiety Disorder or Social Anxiety Disorder) and stress very commonly co-occur with depression. Stress is highly correlated with depression, likely contributes to it, and depression in

turn might further exacerbate stress. For example, depression, which might be caused by economic strain, might further exacerbate economic hardship by debilitating one's ability to function and engage with the outside world—perhaps being unable or unwilling to go to work, resulting in getting fired (Hammen, 2002). Given their common co-occurrence, mental health experts frequently use the term “psychological distress” to describe the triad of depression, anxiety, and stress. And it is that psychological distress that imposes challenges on parents' patience, energy, confidence, and creativity—all the components of good-quality parenting. When a parent's psychological distress occurs in the context of other adversities, such as those distal factors mentioned earlier, parents are likely to find it even more challenging to engage in good-quality parenting.

When considering depression in parents and child functioning, postnatal depression receives a great amount of public attention, yet depression during pregnancy is also a concern. For example, it is one of the strongest predictors of postpartum depression; thus, depression that occurs in pregnancy signals that the children might be repeatedly exposed (Fisher et al., 2016). Prenatal depression is also concerning because it is associated with mothers' negative perceptions of her child, which persist into the postpartum period (Lee & Hans, 2015), and with less sensitive parenting of the infant (Goodman, Bakeman, McCallum, Rouse, & Thompson, 2017). Prenatal depression appears to be predictive of later child outcomes even after accounting for the effects of postpartum depression (Pearson et al., 2013).

Depression's association with parenting is also well-understood and has received more attention than other disorders in relation to parenting. Depression involves changes in emotional, cognitive, and/or motor functioning that affect interpersonal functioning and might well explain how depression can compromise the nature of parent-child interactions. The emotional changes involved in depression, which include loss of pleasure in activities once enjoyed, and persistent sadness and irritability, to name a few, contrast pointedly with the emotional lives of nondepressed parents (Crandall, Deater-Deckard, & Riley, 2015; Sanders & Mazzucchelli, 2013; Young, Parsons, Stein, & Kringelbach, 2015). Nondepressed parents, in comparison, experience:

- fewer negative emotions
- better monitoring and regulating of their own emotions and behavior
- more adaptive beliefs, including their beliefs about being able to parent well
- better marital adjustment and coparenting
- more empathy and affection with their children.

When parents are distressed, children suffer. Ample evidence has shown associations between the triad of psychological distress—depression, stress, and anxiety—and problems in children's development and psychological functioning. When mothers or fathers have symptoms of depression, even those that are high but fall short of diagnostic criteria, or are highly anxious, children often evidence behavior problems, both in terms of noncompliance and anxiety (Goodman, et al. 2011; Kane & Garber, 2004), an association that might be better explained by the qualities of the family environment rather than by heritability (Eley et al., 2015). Greater trauma or stress exposure in parents is also associated with children's higher stress levels, including higher stress hormones (Bowers & Yehuda, 2016).

...there is abundant evidence to regard psychological distress as a parenting risk factor that needs to be addressed. Psychological distress is common, especially in mothers, and reliably associated with challenges to quality parenting and to increased risks for children's development of emotional and behavioral problems. The evidence further shows that mothers' depression, anxiety, and stress during pregnancy has implications for fetal development (see, for example, Bowers & Yehuda, 2016; Field, 2011; Pearson et al., 2013).

In sum, there is abundant evidence to regard psychological distress as a parenting risk factor that needs to be addressed. Psychological distress is common, especially in mothers, and reliably associated with challenges to quality parenting and to increased risks for children's development of emotional and behavioral problems. The evidence further shows that mothers' depression, anxiety, and stress during pregnancy has implications for fetal development (see, for example, Bowers & Yehuda, 2016; Field, 2011; Pearson et al., 2013). Further, psychological distress typically occurs in the context of other adversities, each of which alone, and certainly when combined with psychological distress, further challenges parents' ability to engage in good quality parenting.

Couples' Relationship Distress and Parenting

A second set of proximal conditions that contribute to parenting at risk involve relationship problems with one's partner/co-parent, which has been found to have consequences for parenting. Interparental conflict is well-established as a risk for children's problems in development (Cummings & Davies, 2002). Further, interparental conflict, especially destructive conflict, predicts a range of problems with parenting (McCoy, George, Cummings, & Davies, 2013). In one study that followed children from kindergarten age (mean age = 6 years) through adolescence (mean age = 13 years), Cummings, George, McCoy, & Davies, (2012) found that young children's exposure to higher levels of interparental conflict strongly predicted higher levels of internalizing and externalizing problems when the children were adolescents, and that this relationship was explained by the children's feeling insecure about their parents' relationship. Indeed, parenting practices mediate the association between marital conflict and children's problems (Coln, Jordan, & Mercer, 2013). Thus, parents' relationship issues with their partners place their parenting at risk.

Individual Distress and Couples' Relationship Distress: Co-occurring Challenges to Parenting

Depression is high among individuals in couples whose relationship satisfaction is low or marital conflict is high. Indeed, the association between marital discord and depression is well-replicated. Although, like the chicken-and-egg problem, one can make a case for marital discord causing depression as well as for depression causing marital discord, studies with longitudinal designs find that marital discord predicts depression longitudinally when there had been no previous depression (Christian-Herman, O'Leary, & Avery-Leaf, 2001). That is, between the two alternative directions of association, the best supported model is that marital functioning contributes to the development of depression (Christian-Herman et al., 2001; Whisman & Kaiser, 2008; Whitton & Whisman, 2010). Specifically, as shown by large epidemiology studies, both husbands and wives in discordant marriages are 10 to 25 times more likely to develop depression relative to those not in discordant marriages (O'Leary, Christian, & Mendell, 1994; Weissman, 1987). Moreover, this association is specific to mood disorders and does not apply to any other psychiatric disorders for men or women (Whisman, 1999). Yet, in a longitudinal study of pregnant or cohabiting women with a history of depression, relationship adjustment was concurrently associated with both depressive symptoms and anxiety symptoms. Relationship adjustment predicted subsequent anxiety symptoms but not subsequent depressive symptoms in lagged analyses, and depressive symptoms predicted subsequent relationship adjustment in lagged analyses with symptoms of depression and anxiety examined simultaneously (Whisman, Davila, & Goodman, 2011).

Based on this accumulating knowledge, researchers have proposed and found empirical support for a model whereby the association between parents' depression and adolescents' emotional and behavioral problems is explained by parents' marital conflict, parents' negative emotional expressivity, and children's emotional insecurity regarding their parents' relationship (Cummings, Cheung, Koss, & Davies, 2014). Overall, we have clear and strong evidence that parents' emotional distress (depression, stress, and anxiety, in particular) and couples' relationship issues pose risks to their parenting. Other literatures not reviewed here expand this knowledge to other forms of personal distress, including drug and alcohol abuse.

Recommendations for Policy and Best Practice

The life of a parent, like all aspects of human development, evolves in a complex ecology (Bronfenbrenner, 1977). Consistent with the bioecological framework (Bronfenbrenner & Morris, 2006), how one feels, thinks, and acts as a parent is nested within many circumstances. Some are proximal circumstances, directly bearing on parenting beliefs, practices,

and qualities. Others are more distal, supporting or interfering with those beliefs, practices, and qualities. How one functions as a parent is nested in (a) the immediate relationships within the household, (b) other adult roles and settings, such as worker or group member, (c) extended relationship networks of family, neighbors, and community members, (d) religious and/or sociocultural institutions and practices that guide decision-making and how one fosters children's competencies, and (e) economic and social opportunities and constraints of the community and the nation that can support or limit parenting.

Notably, any one circumstance in the ecology of parenting interacts with other circumstances. This is an essential point when considering how to support effective parenting. Given the systemic nature of parenting's ecology, a single program or policy has the potential to benefit parents, even if it is a distal factor. For example, on the one hand, if an unemployed parent gets a job, economic stress might be reduced, the parent might feel better able to provide for her or his children, and this might lead to more patient and resourceful parenting and higher quality time spent with the children.

On the other hand, other factors can easily overwhelm the benefits of a single positive change. For example, if the newly working parent has a job with irregular work hours, or wages that make childcare unaffordable, or has a young infant, circumstances such as these are likely to add to parents' stress levels, rendering them less capable of effectively tending to their children. Another example involves evidence-based parent management training programs that are known to improve how parents handle children's disobedience or other misbehavior. Economic stress, marital conflict, lack of adult social support, or parental psychopathology, to name a few key circumstances, are known to interfere with these otherwise effective programs, and additional steps are required to enable parents at risk to fully benefit (Goodman & Garber, 2017). These and other "theories of change" draw directly from the bioecological model.

Thus, when we consider the ways that parenting science informs what we can do to address the problem of parenting at risk, our approach to addressing this problem includes the need to take a broad, systemic view. In using the scientific literature to guide our recommendations for how we can support parents and mitigate parenting at risk, we highlight programs and policies that focus on either distal or proximal circumstances, and emphasize the importance of investing in a range of programs and policies. Combined, there is a greater probability of helping parents be patient, sensitive, resourceful, and effective. The award-winning New York Times journalist Nicholas Kristoff (2016) stated this well: "There are no silver bullets to eradicate these challenges, but there is 'silver buckshot'—an array of policies that make a difference." Investment in a range of programs and policies is not just an investment in parents. It is an investment in children, in communities, and in society.

First, we address policies and programs that have improved distal circumstances, focusing on parents' economic and work-related well-being. Second, we address policies and programs that support parents as caregivers, notably, affordable and convenient quality childcare alternatives. Third, we address policies, programs, and best practices that

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improve proximal factors, emphasizing parent psychological well-being and couples' relationship issues. Overall, we recognize the emerging understanding of advantages of approaches that integrate care for adults' emotional distress and relationship issues with enhancement of their parenting knowledge and skills.

How We Can Improve Distal Circumstances: Parent Economic and Work-Related Well-Being

As this review has shown, of the distal circumstances that influence adult well-being, earning a livable wage, having feasible access to affordable, quality childcare, workplace provided parental leave, and affordable, comprehensive health care are unequivocally important to mitigate parenting at risk. In the United States, among families with children, 89.3% had at least one employed parent in 2015, and both parents worked in more than 60% of two-parent, married couple households (U.S. Bureau of Labor Statistics, 2016). As noted, on the one hand, employment brings income that can be used to enrich children's care although it also requires time spent away from children, and work-related stress can have a negative effect on parenting quality. On the other hand, 2014 data indicates that 21.1% of children live in poverty with parents who are unemployed, underemployed, or employed without adequate wages; for infants, toddlers, and preschoolers, an age range during which the foundations of healthy, competent functioning are established, 23.8% of children live in poverty (Children's Defense Fund, 2015). Therefore, addressing parental economic and work-related well-being and promoting greater income stability (Wolf, Gennetian, Morris, & Hill, 2014) are a critical focus of policy planning. We should:

- Increase the chances of adequate employment through programs that heighten the likelihood of graduating high school, and of enrolling in and completing college or high-quality job-training programs, especially for those who have been at a disadvantage due to educational and social disparities and in light of the fact that higher education is associated with greater time that parents spend with children (Guryan, Hearst, & Kearney, 2008; Kalil, Ryan, & Corey, 2012). Such programs begin with quality childcare and early childhood education to help children get off to a good start (see next section for further detail), progress to sex education and access to birth control to prevent teen pregnancy, and culminate in affordable (nonprofit) college or job training programs
- Raise the minimum wage to keep working families out of poverty and provide greater income stability
- Expand tax credits for low-income families
- Provide paid family and sick leave, allowing parents to attend to their children without sacrificing pay; this should include expanding paid parental leave for the birth of a child, allowing parents to spend time with their children during the critical first year of life
- Guarantee equal pay for equal work, with programs that monitor the pay status of individuals who have historically been underpaid for equal work
- Provide statewide support for workforce retraining of unemployed workers, as well as access to convenient, affordable, and nonprofit job training that would improve employment opportunities, in order to enhance their ability to parent and support their families. Such training programs should provide childcare and support to cover transportation costs. Lack of a childcare provision in particular appears to be a major obstacle in completing these programs (Nelson, Froehner, & Gault, 2013).
- Require employers to provide regular work schedules and standardize work hours as well as flexibility to accommodate family and medical needs
- Provide affordable health care so that parents and children will be able to obtain preventive medical care as well as timely care of acute illnesses

How We Can Improve Availability and Access to Quality Childcare Alternatives

Having convenient and affordable childcare eliminates one of the major barriers to parents obtaining the education and training they need to improve their family's financial status. Most societies have formal and/or informal ways to share parents' roles as 24/7 caregivers of children. In the developing world, parents often receive childcare support from extended family and neighbors. In industrialized nations, access to large relationship networks is less common. Families might still rely on family, friends, and neighbor caregivers (FFN), but many (26% in 2011) rely on childcare programs (Child

Trends, May, 2016) or formal preschool programs. Childcare and preschool programs vary widely in quality and their ability to prepare young children for entry into formal schooling. High-quality programs, however, demonstrate success in children's social, language, and cognitive development and in reducing family strain (Shonkoff & Phillips, 2000). During the first five years of life, children are developing rapidly, and the foundations of all forms of later competence are being built. Unfortunately, all parents do not have access to affordable, quality childcare options, which is why the Childcare Access to Resources for Early Learning (C.A.R.E.) Act was introduced in Congress in February 2016. It has not moved forward but is intended to provide federal funding to states to provide resources so that all infants and toddlers, regardless of their circumstances, have access to high-quality childcare and that childcare providers are paid wages that support the provision of high-quality childcare. These options focus on care of young children, but many older children also require informal or community-based, after-school care because parents' work schedules do not often conform to public or private school hours. Last, in more problematic situations in which parenting has suffered, children require temporary or longer-term out-of-home placement, such as respite, foster, adoptive, group home, or residential care.

To improve the availability and access to quality childcare options that partner with parents to raise healthy, competent children, we should:

- Ensure that all families have access to affordable high-quality childcare for infants and young children and after-school and summer programs for school-aged children through high school; expand services to include non traditional hour care and care for special-needs children
- Expand the childcare tax credit to mitigate the cost of high quality childcare; simplify the application process to ensure that families obtain and maintain assistance for which they qualify
- Recognize high-quality childcare serves an essential societal goal and therefore:
 - Provide incentives to be able to hire and retain an educated workforce of childcare providers that will provide the quality, continuity, and stability of care that children need:
 - Train and certify day-care providers and FFN caregivers
 - Insure that those responsible for childcare receive wages commensurate with their critically important service
- Provide education to parents to help them make informed choices about childcare options
- Provide specialized training and credentialing for other providers, including those who provide respite, foster, adoptive, group home, or residential care for children with significant needs

How We Can Improve Proximal Factors: Enhance Parent Psychological Well-being and Couples' Relationships Issues, with a Focus on Parenting

Efforts to increase the general public's parenting knowledge and ability to apply parenting principles were formalized by Dr. Benjamin Spock in 1946. Today, we appreciate the need for evidence-based programs that have documented their effectiveness in improving parenting (Youssef, Garr, & Gewirtz, 2016).

Not all families require the same level of education or guidance. Most programs are aimed at the general population of parents and have the aim of preventing the development of emotional and behavioral problems in children by providing parents with core knowledge and skills. These might be in the form of public service announcements, one-time community workshops, and written or online materials such as newsletters and parenting articles that provide basic knowledge about child development and parenting practices. However, a review of 77 published studies evaluating parent-training programs revealed that effective ones are associated with these specific components: (1) teaching parents skills, both communication skills (for instance, helping children to recognize and talk about their feelings and helping parents to express even their negative feelings without criticism) and positive parent-child interaction skills (for example, encouraging development-enhancing activities and providing positive attention for appropriate behavior), and (2) requiring parents to practice their new skills with their child during parent-training sessions (Kaminski, Valle, Filene, & Boyle, 2008). Parent-training programs with these components were more effective in improving parenting behaviors and decreasing children's externalizing behavior problems relative to programs that did not have these components.

It is also important to place strong emphasis on parent-training programs that target the coparenting relationship, which might be as important to children's developmental outcomes as individual parent-child relationships and might be more effective in promoting fathers' involvement than working with fathers alone (Cabrera et al., 2009; Feinberg, 2002).

In a recent study describing the Supporting Father Involvement (SFI) intervention, Pruett, Pruett, Cowan, and Cowan (2017) suggested that couple-based interventions focusing on enhancing coparenting might be particularly effective in increasing father involvement because fathers tend to be more involved when they are satisfied with their relationships with their partners. The SFI, which was aimed at low-income families, minimized written materials to accommodate families with limited literacy, offered materials in both Spanish and English, referred families to external services as needed, such as mental health and housing, and focused intervention material on health, mental health, and employment concerns, in addition to specific challenges faced by individual families. Couples in the SFI reported reductions in parenting stress, increased father involvement, and no decreases in couple satisfaction, compared with controls. Pruett et al. (2017) recommended that efforts to involve fathers should begin early, occur through direct invitation (not through mothers), and focus on the coparenting and couple relationship, not just on the fathers alone. They also recommended that coparenting intervention extend to same-sex parents and other coparenting dyads, such as parent-grandparent pairs, extended family members, and even close friends, because of the strong potential impact that good coparenting can have on children.

There is strong support for the value of parent training programs with the designated components and their aim of prevention. However, the programs are less effective for parents with the proximal factors that impose risks to their parenting reviewed here—those with emotional distress such as depression and those with couples or relationship issues (e.g., Ammerman, Putnam, Bosse, Teeters, & van Ginkel, 2010). For parents who have these circumstances challenging their parenting, developers of parent-training programs have modified their programs to meet these needs and enhance feasibility of families being able to engage in these programs (see Goodman & Garber, 2017 for a review, focused on parents with depression).

Two such programs have strong emerging evidence for support of this work. One is an adaptation of in-home services often referred to as Home Visiting Programs (HVP). The In-Home Cognitive Behavior Therapy (IH-CBT) (Ammerman et al., 2015) has been found to decrease parents' emotional distress by supplementing the HVP with a mental-health professional who addresses the barriers to the parent's engagement with the HVP, such as depression, social isolation, or couples' conflict. Although efforts are being made to disseminate this successful program, more needs to be done. A second program with strong evidence for effectiveness is Enhanced Triple P, which was developed to address the challenges of parenting associated with parents' depression and/or marital conflict (Sanders, Markie-Dadds, Tully, & Bor, 2000). Both of these programs have been implemented in families with diverse cultures. Still, major barriers remain to ensuring access to these needed, effective programs to families with those proximal risks to parenting.

First, parenting education and training programs are most often provided through community agencies that have unreliable financial support for these services, and many insurance companies do not include coverage to parents for these types of services. Community agencies apply for public (state, community) and private (individual donors, foundations) funds, often on an annual basis, to fund parenting programs. In addition, not all such services are free of charge, and parents might not feel they can afford them; moreover, the family's health insurance might not provide coverage for a service the adult family member receives, even if it is on behalf of the child.

Second, even if financing parenting programs is not a central barrier, accessibility to these programs can be. Here are some examples: Rural parents, especially those who might lack adequate transportation, might be unable to get to programs. Working parents might find it a burden rather than an aid to reach and attend community programs. Some parents fear exposure to parenting experts, worrying about being reported to authorities; this is one reason that the Nurse Family Partnership chose nurses as the providers of in-home parenting support to at-risk mothers (Olds, 2010). Expanded training of the workforce is required to be able to implement the evidence-based programs that address parents' mental-health needs and couples' relationship issues.

To support parenting and provide learning opportunities, we should:

1. Widely implement programs that increase the likelihood of graduating high school, and enrolling in and completing college or an alternative workforce training program, especially for those who have educational disadvantage due to social disparities. This recommendation aligns with the fact that significant educational and achievement disparities exist in the United States (Waldfogel, 2016), and that education is a major factor in the quality of parent-child interaction.

2. Include evidence-based programs that teach skills in parenting to both men and women in high school and college curricula.
3. Institute procedures in OB/GYN and pediatricians' offices for disseminating information on child development and parenting and on evidence-based parent training programs in their community.
4. Encourage father participation in visits to obstetric and pediatric offices through direct invitation. Intervene as early as possible with fathers. Father involvement during the prenatal period increases the odds that fathers will stay involved with their children, in multiple ways and for longer periods than fathers who are not involved prenatally (Bronte-Tinkew, Ryan, Carrano, & Moore, 2007; Cabrera, Fitzgerald, Bradley, & Roggman, 2014; Zvara, Schoppe-Sullivan, & Dush, 2013).
5. Make parents' participation in evidence-based parent training programs accessible and feasible, including to those interventions that directly address the coparenting relationship (Pruett et al., 2017).
6. Provide screening for parenting knowledge, parenting risk, and parental psychopathology in OB/GYN and pediatric offices, and train pediatric staff to interpret and triage screening results to make appropriate referrals to community services when needed; provide follow-up to referrals to address barriers to parents' obtaining the recommended services.
7. Provide a continuum of parenting services in all communities, beginning with prevention approaches and also including the approaches that have been adapted for parents at risk, whether due to distal or proximal influences. Dodge, Goodman, Murphy, O'Donnell, Sato, and Guptill (2014) found that connecting families with infants to community resources predicted fewer trips to emergency rooms, better parenting, and lower maternal anxiety.
8. Support ongoing efforts to disseminate evidence-based programs that have been found to be effective in enhancing parent-training programs for parents with depression or couples/relationship issues, such as:
 - a. Moving Beyond Depression (MBD), which facilitates dissemination of IH-CBT (see <http://www.movingbeyonddepression.org>). IH-CBT is currently in nine states in the United States; MBD staff are available to train others.
 - b. Triple P, which has a training program currently offered in several cities in the United States (see <http://www.triplep.net/glo-en/getting-started-with-triple-p/>).
9. Ensure that services use two-generation approaches (Fisher & Shonkoff, 2013) including:
 - a. Training practitioners working with adults in how to recognize parenting risk and intervening appropriately, including referrals and follow-up.
 - b. Training practitioners providing parent-management training to recognize and address parental stress, psychopathology, and couples' relationship issues that interfere with parents' ability to implement these parent-management training skills, providing such parents with the needed additional skills, such as coping skills, anger management training, coparenting skills.
10. Ensure that all of the above services are accessible, offered in settings that parents regularly frequent, for instance, medical offices, schools, churches, and community centers.
11. Ensure through legislation that insurance policies cover two-generation integrated services and allow inclusion of other caregivers, like grandparents, in the support network.
12. Conduct campaigns that educate the public about the importance of parenting and parent training for every one to reduce stigma and enhance the likelihood that all parents will participate in evidence-based parent-training programs.

Cultural Variations in Parenting: How Should Culture Inform Parenting Policy and Practice?

Although popular and persistent stereotypes exist about stark differences among parents of different nations (e.g., Chua, 2011), research has revealed several common goals amongst parents. Caregivers around the world want their children to survive, to respect adults and get along with others, and to become successful adults (LeVine, 1988; Whiting & Edwards, 1988). In addition, apart from a few traditional agrarian societies, most parents in most settings want their children to be educated, although there are gender differences in some cultural groups who believe their daughters re-

quire training in household and farm labor (e.g., Froerer, 2012). Cultures vary in how nurturance is expressed, and in levels of tolerance for corporal punishment, but commonality across cultures regarding beliefs about the negative consequences of very harsh parenting also exists (Gaskins et al., in press).

Despite these commonalities, cultural variations exist in how parenting goals are achieved. In this regard, cultural variations in parenting are best conceptualized as practices and associated beliefs and values shared by a community and transmitted across generations (Cole & Tan, 2015; Rogoff, 2003). The context in which a community survives contributes to its parenting practices and values. So, for example, parents in rural agrarian communities often emphasize children's duties, keen respect for authority, and sensitivity to others' needs, behavioral ingredients that contribute to community survival and success, whereas parents in urban industrialized communities often emphasize children's ability to function independently and value their unique individuality (Greenfield, 2013). Within the United States, "no-nonsense parenting" (Brody & Flor, 1998) was a term used to describe higher levels of control behavior accompanied by warmth that many single, poor African-American mothers in the South used. This type of parenting was regarded as indicating parental caring for and monitoring of children, protecting from the dangers of their community, for example, community-level violence or racism by adults, and fostering children's ability to engage in self-control despite the challenges they faced in the community.

Programs and policies targeting parenting must appreciate the commonalities and cultural variations within the communities of a nation. There is neither a one-size-fits-all solution for addressing parenting challenges, nor a reason to treat all parents of a shared culture as identical. Rather, parenting programs should be mindful of the contexts in which they are to be implemented and be tailored to be maximally effective in the contexts in which they are administered. Cultural adaptations of programs require sensitivity to the context in which children are being raised and the values, practices, and language that are used by parents (Bernal, Jiménez-Chafey, & Domenech Rodriguez, 2009). To accomplish successful cultural adaptations, program developers must grapple with identifying the key ingredients that make an evidence-based parenting program successful and making modifications that do not erode the efficacy of the key ingredients (Chaffin et al., 2004). They must also recognize the barriers to successful implementation of parenting programs for the communities they seek to serve. Many parents who would benefit from services lack adequate transportation to reach services, lack time to attend services, or fear being judged (Moodie & Ramos, 2014). Examples of successful cultural adaptations have been reported for Latino immigrant parents (Cardona et al., 2012) and African-American parents (Brody, 2016). Culturally relevant programs that engage parents, enhance their practices, and reduce their stress benefit from active partnerships between program developers and community members, parents, elders, and youth. Community boards, focus groups, and program evaluation are three methods necessary for effective cultural adaptations.

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Policies involving parents must also be culturally relevant and sensitive. Take, for example, transracial adoption. There are no established national statistics that identify the number of children who might differ from one or both of their adoptive parents, whether these are children of different racial/ethnic backgrounds in the United States or from other countries (Child Welfare Information Gateway, 2015), and there is limited research to guide adoption policies (Lee, 2003). U.S. legislation prohibits denial or delays of placement of a child based on the child's racial or original citizenship, but does not require or provide funding for training adoptive parents with children from different cultural heritages. More generally, public policies that focus on a single goal might lack cultural or contextual sensitivity. For example, the 1996 Personal Responsibility and Work Opportunity Reconciliation Act was passed to reform welfare. With the aim of reducing families' long term dependency on public welfare, it instituted the Temporary Assistance for Needy Families (TANF) program and ended the Aid to Families with Dependent Children and the Job Opportunities and Basic Skills Training programs. However, the TANF program's lack of sensitivity to the conditions of families needing public assistance led to lower wages for working parents, reduced the number of poor parents seeking higher education, and increased the number of children living in poverty (Ehrenreich, 2003). Low-income mothers often ended up with low-wage shift work that contributed to increased negative mood in the mothers when they interacted with their young children and less positive child behavior (Gassman-Pines, 2011). Finally,

parenting policy should always take into account the unique demands that minority group parents face—racism, discrimination, segregation, microaggression, and challenges to overcoming economic stress (García-Coll & Pachter, 2008). Policymakers should consider supporting programs that help parents deal with the contexts that interfere with parenting and not just parent management training; for example, preliminary evidence indicates that interventions aimed at helping parents cope with economic stress can improve parenting behavior and youth outcomes (Wadsworth, 2012).

Summary and Conclusions

Much empirical evidence has accrued about the fundamentals of competent parenting and myriad distal and proximal influences that place parenting at risk. Although much has been written about the changing family structures in the United States (Golombok & Tasker, 2015), we argue that these parenting fundamentals apply irrespective of family structure: Parenting that protects, that is developmentally informed and mindful, and that integrates nurturance with developmentally appropriate control, will benefit children regardless of the specific family structure in which it takes place.

In this report, we have argued that parents at risk in the United States are among the most poorly supported in the industrialized world. We provided evidence for poor parenting having significant, debilitating effects on children's development from infancy through adulthood. We are particularly concerned with the challenges to parenting by low-wage workers in the United States, whose parenting might be particularly at risk because of economic distress (distal) and emotional distress and relationship issues (proximal) and who require tailored programs to support their parenting.

We recommended a set of policies and practices that promise to minimize at-risk parenting by: (1) improving distal circumstances, focusing on parents' economic and work-related well-being (2) providing affordable and accessible qual-

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ity childcare, and (3) improving proximal factors by making accessible evidence-based programs to enhance preventive approaches to parent training, emphasizing parents' psychological well-being and couples' relationship issues. Broadly speaking, we noted advantages of approaches that integrate care for adults' emotional distress and relationship issues with enhancement of their parenting knowledge and skills.

We view this paper as a call-to-arms to policymakers and professionals to provide for the needs of parents at risk. We are heartened by what appear to be increasing efforts to develop paid family-leave programs at the state level (Gault, Hartmann, Hegewisch, Milli, & Reichlin, 2014), by increased attention to scaling up well-established, evidence-based parenting programs to make them more accessible to a wider array of parents (Guastafarro & Lutzker, in press; Sanders, Kirby, Tellegen, & Day, 2014; Webster-Stratton & McCoy, 2015), and by recent calls to incorporate screening of mothers for postpartum depressive symptoms as part of routine pediatric practice (Yogman, 2016). Much more needs to be done, but all of these are steps in the right direction. We hope to see further implementation of these and our other recommended policies and practices to support parents at risk and promote parenting competence.

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