

An aerial photograph of the Indianapolis skyline. In the foreground, the Indiana State Capitol building is prominent, featuring a large central dome and classical architectural details. Behind it, a dense cluster of modern skyscrapers rises, including the Hilton hotel and the Bankers Building. The city extends into the distance under a clear sky. A semi-transparent white box is overlaid on the center of the image, containing the report's title and date.

**INTERIM FEASIBILITY & IMPLEMENTATION REPORT ON GREAT FAMILIES 2020**  
A Service Delivery Model of United Way of Central Indiana  
**APRIL 2019**

Prepared by



INDIANA UNIVERSITY  
**PUBLIC POLICY INSTITUTE**



**The Polis Center**

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**GRANTEE**

United Way of Central Indiana

**SUBGRANTEES**

Community Alliance of the Far Eastside (CAFÉ)

E. 10th United Methodist Church Children and Youth Center

Englewood Christian Church

Edna Martin Christian Center (EMCC)

John Boner Neighborhood Centers (JBNC)

Hawthorne Community Center

Marion County Commission on Youth (MCCOY)

Martin Luther King Community Center



**United Way  
of Central Indiana**

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# EXECUTIVE SUMMARY

**GRANTEE:** United Way of Central Indiana

**SUBGRANTEES**

Community Alliance of the Far Eastside (CAFÉ), E. 10th United Methodist Church Children and Youth Center, Englewood Christian Church, Edna Martin Christian Center (EMCC), John Boner Neighborhood Centers (JBNC), Hawthorne Community Center, Marion County Commission on Youth (MCCOY), Martin Luther King Community Center

**SIF COHORT:** 2016

**EVALUATION CONTRACTOR:** IUPUI (IU Public Policy Institute & The Polis Center)

**PROJECT PERIOD:** December 2017 – December 2018

## PROGRAM SUMMARY

In 2016, the United Way of Central Indiana (UWCI) was awarded a grant from the Social Innovation Fund (SIF) to develop and implement the Great Families 2020 (GF2020) service delivery model. The goal of GF2020 is to improve financial stability among families in Indianapolis by using a two-generational approach to service delivery. Specifically, GF2020 is based on Ascend’s 2Gen model, using family case management to direct at-risk families to evidence-based interventions and wraparound services. Children enroll in early childhood education and their parents participate in activities related to economic assets, workforce development and education. Adults and children also attend social capital activities and are referred health services.

GF2020’s target population is at least one custodial parent or guardian and at least one child (ages 0-5), living together as part of a family, who are in need of economic support or stabilization services. The family unit (participating child and parent) participates in GF2020 by committing to receive family-focused case management provided by a family coach. The family coaching process involves developing a relationship with a family coach to a) set and maintain goals in the five areas of the 2Gen model using a Family Success Plan, and b) connect families to services in those five areas that are provided by participating subgrantee agencies. The model is implemented across eight subgrantee organizations and their partners located within five areas of Indianapolis. Ultimately, the aim is for the service delivery model to improve multiple outcomes for participating families: socioemotional and kindergarten readiness for children; financial and employment-related outcomes for parents, and social capital, community engagement, protective factors, and health-related outcomes for parents, but that also benefit the entire family unit.

## PRIOR RESEARCH

Broadly, two-generational approaches to service delivery use a whole-family perspective to mitigate the negative outcomes associated with persistent childhood poverty. These approaches address the needs of low-income

parents and children together. Specifically, two-generational models typically provide programs to reinforce economic stability for parents, including job training, connections to public benefits, and educational services. Many studies of two-generational models and related programs have identified mixed results for parents and children, including evaluations using moderate evidence-producing quasi-experimental designs. Ascend's 2Gen model differs in that it focuses on not just economic stability and early learning, but the interrelated factors (health and social capital) that can affect how well those outcomes can be achieved

One of the key components of GF2020 is the evidence-based Centers for Working Families (CWF) model, implemented nationally and in Indianapolis. It aims to address the economic assets and workforce/educational development aspects for the GF2020 model. A local evaluation identified that this model is not just effective, but that participants and staff desire additional support in areas related to early learning, mental health, and social capital.

Experts have suggested these mixed findings stem from a lack of a) coordinated linkages between parent and child programming and b) understanding causal linkages between the program delivery method and parent or child outcomes. As such, experts suggest that related research should utilize more in-depth implementation evaluations coupled with impact evaluations that identify causality to understand how and why these programs can be effective. Practically, GF2020 can fill a needed gap to provide additional, comprehensive support to local families. To reflect this previous work, this evaluation plan includes an implementation of the GF2020 two-generational model.

## **TARGETED LEVEL OF EVIDENCE**

The current research design aims to achieve a preliminary level of evidence. Preliminary evidence was targeted because GF2020 has not been fully implemented previously, and requires initial evidence to understand the extent to which a more robust research design can be achieved. This preliminary evidence aims to identify changes in short-term outcomes, the effectiveness with which the service delivery model is implemented, the associations of specific components of the service delivery model on parent and child outcomes, and the feasibility of achieving moderate evidence in future research.

## **EVALUATION DESIGN**

### **Implementation Study**

To understand how GF2020 was implemented and the extent to which it was completed with fidelity, the study employed a mixed-methods approach, including the use of site observations of GF2020 activities, pre/post interviews with GF2020 and UWCI staff, web-based pre/post surveys of staff at each subgrantee site, descriptive analysis of GF2020 programmatic and administrative data, participant interviews and document review of subgrantee documents.

### **Feasibility Study**

The evaluation team developed a feasibility study to be utilized for the first several months of GF2020. Because the concept of GF2020 had a strong evidence base, but had not been fully implemented, the team developed a study to assess the extent to which a more rigorous impact evaluation—planned as a matched comparison group design— would be possible within the span of the SIF grant period. Primarily, this study aimed to address any potential issues related to developing the comparison group, accessibility to comparison group data, GF2020 participant retention, and data quality. The proposed comparison group is parent participants of CWF financial and employment services (without the additional GF2020 components) that come from other community-serving sites in Indianapolis.



Like the implementation study, this mixed-methods approach utilized the same methods and samples, with the addition of interviews of staff at comparison sites and child care agencies to better understand the feasibility of the matched comparison group design. Additionally, this feasibility study included an initial outcomes study, which involved the analysis of baseline and follow-up outcomes for GF2020 participants after a six-month period.

For staff, the total number of respondents for both initial and follow-up surveys was 19, and the total number of participants in pre/post interviews was 28 and 20, respectively. The total number of families enrolled in GF2020 and utilized for analysis in this report is 193, inclusive of 241 eligible children. Parents were the main unit of analysis for outcomes-related data, resulting in a sample size of 208 adults. For pre/post analyses, only adults eligible for a six-month follow-up assessment were included in related analyses (n=63).

## MEASURES & INSTRUMENTS

For this report, implementation-related outcomes (participant attendance and levels of program delivery, such as coaching and goal setting) are collected and entered in the program's data system by GF2020 staff. Most demographic information and outcomes related to economic assets and education and workforce development are collected by GF2020 partner agencies using the GF2020 goal-setting tool (Family Success Plan). Additional outcomes include questions from validated instruments, including the CDC's Health Related Quality of Life (HRQOL), the Social Capital Community Benchmark Survey, and the Protective Factors Survey.

## RESEARCH QUESTIONS

### Implementation Questions

#### *To what extent is the GF2020 model implemented with fidelity?*

- How many eligible families are enrolled at each site?
- What proportion of eligible families recruited are regularly meeting with GF2020 family coaches?
- What proportion of GF2020 participants are bundling CWF services?
- What proportion of GF2020 participants are setting and working toward goals related to the core GF2020 services?
- What proportion of participants are attending social capital events and with what frequency?
- What proportion of participants are receiving "warm referrals" to service providers?
- According to subgrantee staff perceptions, has collaboration between subgrantees and partner/contracted service providers and agencies improved?
- What portion of Peer Learning sessions are attended by staff from GF2020 sites?
- Is a consistent process in place for collecting and entering participant data into the ETO system?

#### *How does implementation of the GF2020 model vary by site?*

- What are the site-specific differences of how subgrantees plan to implement GF2020?
- How do initial implementation plans change after program initiation?
- Do GF2020 participants perceive benefits of the new service delivery model?

#### *What barriers exist to implementation of the GF2020 model?*

- What factors affect GF2020 recruitment, enrollment, consent, and retention?
- What factors affect the management/coordination of GF2020 programming?
- What barriers exist for consistent data collection and entry?

## Feasibility Questions

### *Based on fidelity to the GF2020 model, what factors prevent effective measurement of a comparison group?*

- How does coaching, goals and referrals (in terms of quantity and type) differ between GF2020 sites?
- Is dosage consistent enough between subgrantees to the extent that GF2020 as a specific model is identifiable from one site to the next?
- Is there sufficient differentiation between CWF and GF2020 to discern differences in outcomes?

### *Can data for treatment and comparison groups be collected and captured effectively?*

- Are outcome measures interpreted and captured consistently and accurately across sites?
- Do short-term outcome measures track intended results?
- Is performance data routinely collected (at least every six months)?
- Is data sharing between subgrantees and the evaluation team smooth and frequent enough?
- Based on key demographics and other programmatic measures, are there enough similar non-GF2020 participants to draw a matched comparison group?
- Do we have enough information to appropriately match participants?
- Do we have buy-in from CWF sites to support additional data collection with CWF participants?
- Did any GF2020 spillover occur among those in the potential comparison group?
- Can we obtain ISTAR-KR and DOE data for the comparison and treatment group?

### *What barriers exist to developing a comparison group?*

- To what extent can we incentivize the comparison group to provide additional indicators? (indicators not already collected through CWF)
- How do GF2020 and CWF families vary in terms of demographics?
- How do participant families vary in terms of need and related service referrals?
- How do participant families vary between sites?
- What other impact designs are more feasible if the planned comparison group cannot be obtained?

### *What factors prevent development and retention of a treatment group for an impact study?*

- Are GF2020 participants representative of the target population?
- Were enough GF2020 participants recruited, consented and retained to draw conclusions?

### *What initial findings from participants may inform a future impact study?*

- According to a pre/post-test, are there significant differences in GF2020 participant outcomes?
- To what extent do outcomes vary due to baseline demographics versus programming?

## KEY FINDINGS

### Implementation Findings

The key findings from the implementation evaluation included that GF2020 is largely being implemented with fidelity across core components of early learning, economic assets, and workforce development, with subgrantees varying slightly in how they implement the model. Subgrantees have improved their ability to consistently enter information on attendance at activities, as many subgrantees initially waited until certain time points to enter a bulk of data. Subgrantees also are effective in meeting with participants and setting goals, but vary in the number of goals and meetings with participants, which UWCI staff attribute to the types of goals developed (short or long-term) and the ability they have to meet those goals. Key barriers to effective

implementation included initial slow start-up to recruitment, inconsistent marketing within and across sites, perceiving place-based approaches as a hindrance to recruitment, concerns about long-term engagement among participants, and ensuring consistent access to child care across sites.

At the same time, GF2020 has many facilitators that support effective implementation, including comprehension and support of the 2Gen model, effective organizational partnerships for GF2020 sites, positive relationships with staff at other GF2020 sites, participant interest and support, and familiarity with the coaching model and data entry system. UWCI has clarified some of these implementation challenges in order to ensure these issues are addressed consistently across sites. The team proposes an ongoing implementation evaluation, including the use of a feasibility checklist over the next several months to ensure subgrantees are still incorporating those modifications and are ready for an impact evaluation.

## **Feasibility Findings**

Overall, the feasibility study identified key opportunities for developing an impact design. An analysis of baseline data indicates a need for GF2020 among program enrollees, especially among areas of employment, social capital, and health. Even over a six-month time frame, GF2020 families experienced statistically significant ( $p < .05$ ) improvements in family functioning and resiliency, child development and parenting knowledge, feelings of anxiety, and civic engagement: factors that directly and indirectly are associated with longer-term child and parental outcomes.

One key finding is that some key expected outcomes of GF2020 are unlikely to occur within the timeframe of the SIF grant. This is in part due to the nature of these longer-term outcomes, and also due to programmatic delays, shortened timelines and evolving evaluation priorities. While an impact design in the near future can be used to determine differences in outcomes for some of the short-term indicators tracked, parent and child outcomes will need to be captured over several years to determine if the GF2020 model leads to significant, sustained improvements compared to CWF.

An additional important limitation of the proposed match-group design is the inability to compare GF2020 participants to families who receive neither parent nor child ECE services. While CWF participants are a feasible comparison group because of the similarities in data tracked for participants and researchers' access to this data, this study cannot inform practitioners of the extent to which GF2020 services are better than no services at all. For an ideal evaluation, GF2020 would have sufficient time to stabilize programming accompanied by ongoing implementation evaluation.

While it is possible to capture moderate evidence of GF2020 impact by utilizing a matched comparison group design in the long term, the remainder of the SIF grant period will employ an ongoing implementation evaluation consisting of exploratory analysis. The analysis will focus on a correlational, repeated measures study using follow-up data among participating individuals, which will allow an opportunity to analyze the effects of dosage related to program participation and time. The matched comparison group analysis is still feasible after the grant period, but careful determination of the time needed for the program to yield positive, sustained results should be considered. Comparison group data collection may still occur during this period given buy-in and support from staff at comparison group sites to prepare for an impact evaluation in the long term.

## **IMPLICATIONS & LESSONS LEARNED**

Overall, the study is still on track to implement an impact design reaching moderate evidence, yet it is not advisable to attempt to do so within the time frame of the SIF grant given that many of the expected outcomes take a substantial time to occur. Nonetheless, ongoing implementation and exploratory analysis will provide opportunities to contribute to studies of two-generational approaches and inform the 2Gen model within the grant period. The current implementation and feasibility studies indicate a need to continue studying program

implementation with the goal to stabilize programming, gather consistent participant data, and conduct outcomes analyses to understand what program components contribute to positive outcomes. Additionally, researchers can begin preparing the necessary data collection protocols for a comparison group study to take place in the future.

UWCI has identified several opportunities from this evaluation to improve the efficiency with which services are delivered, and ensure all subgrantees are implementing the model consistently and in a way that encourages participant engagement. The study also has implications for organizations implementing two-generational approaches and the 2Gen model in particular, namely related to recruitment and marketing, balancing participant need with participant interest, and effective data management practices.

## **NEXT STEPS**

A modified SEP will be submitted as a continued implementation study with analysis on associations between programmatic components and parent/child outcomes to better assess dosage. The team will modify research questions and continue the implementation evaluation to inform evolving practices and programmatic trends.



**PART I:  
OVERVIEW**

# INTRODUCTION

This interim report assesses the implementation of Great Families 2020 (GF2020), a two-generational approach to service provision for families in Indianapolis, Indiana. The purpose of the implementation study was to assess the extent to which this service delivery model provides services as designed and to delineate barriers to implementation. This study treated GF2020 as an evaluation of a systems change strategy. Additionally, this report addresses the feasibility of executing an impact evaluation for GF2020 by the end of the grant period, December 31, 2020. In the SIF Evaluation Plan (SEP) previously approved by the Corporation for National and Community Service (CNCS), a series of research questions was presented for each of the following categories: model fidelity, barriers and facilitators to implementation, and feasibility of determining model impact.

This report serves to document how GF2020 was implemented, and the extent to which that implementation was conducted with model fidelity and potential to improve participant outcomes. The primary intended audience of this document is CNCS reviewers and staff. This document may also serve to inform practitioners aiming to implement similar service delivery models. Finally, it can be used by SIF awardees, United Way of Central Indiana (UWCI), and subgrantees as a guide for moving forward toward an impact evaluation. This report includes recommendations for ongoing implementation and describes the components necessary for completing an impact evaluation.

## REPORT ROADMAP

This section includes a description of prior related research and the background of the GF2020 model. Part II provides an overview of the implementation study design, and Part III reports the findings of the implementation study, including barriers and facilitators encountered during implementation, and an assessment of fidelity to the proposed model. Part IV and V present the design of and findings for the feasibility component of this study, aimed at determining the capacity to reach moderate levels of evidence of program outcomes through conducting an impact study. Conclusions and considerations for ongoing programming and evaluation can be found in Part VI.

# BACKGROUND

The Social Innovation Fund (SIF) was a program that received funding from 2010 to 2016 from the Corporation for National and Community Service, a federal agency that engages millions of Americans in service through its AmeriCorps, Senior Corps, and Volunteer Generation Fund programs, and leads the nation's volunteer and service efforts. Using public and private resources to find and grow community-based nonprofits with evidence of results, SIF intermediaries received funding to award subgrants that focus on overcoming challenges in economic opportunity, healthy futures, and youth development. Although CNCS made its last SIF intermediary awards in fiscal year 2016, SIF intermediaries will continue to administer their subgrant programs until their federal funding is exhausted.

In 2016, CNCS awarded the United Way of Central Indiana (UWCI) a four-year SIF grant to implement and evaluate the Great Families 2020 initiative (GF2020) in Indianapolis, Indiana. This award placed UWCI within the last cohort to receive SIF funding, and UWCI was the only organization in that cohort that had not previously received SIF funds.

UWCI is using the funding to address multi-generational poverty by building capacity of community organizations that work with at-risk families in Indianapolis. GF2020 is a service delivery model that uses family coaching to direct at-risk families to evidence-based interventions using the Centers for Working Families (CWF) coaching model, supplemental wraparound services, and high-quality early childhood education. The model is based on a two-generational framework, which has been used in multiple settings to provide concurrent programming for parents and children in an effort to reduce poverty and increase social, educational, workforce, and economic pathways.

## PRIOR RESEARCH

Low parental educational attainment,<sup>1</sup> unemployment, poor parenting skills, and exposure to unhealthy behaviors and mental health issues<sup>2</sup> are some of the main home environmental issues that worsen the negative short- and long-term effects of family poverty among children.<sup>3</sup> These poverty-related factors collectively lead to toxic stress—the prolonged activation of traumatic experiences that adversely affect a child's chances at success over time.<sup>4</sup>

In 2016, 17 percent of families with children in the United States and 26 percent of families with children in Indianapolis lived in poverty.<sup>5</sup> As such, understanding the effectiveness of models that can mitigate the impacts of childhood poverty and resulting toxic stress are increasingly important.

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<sup>1</sup> Davis-Kean, P. E. (2005). *The influence of parent education and family income on child achievement: the indirect role of parental expectations and the home environment.* *Journal of family psychology, 19*(2), 294.

<sup>2</sup> Hair, E. C., McGroder, S. M., Zaslow, M. J., Ahluwalia, S. K., & Moore, K. A. (2002). *How do maternal risk factors affect children in low-income families? Further evidence of two-generational implications.* *Journal of Prevention & Intervention in the Community, 23*(1-2), 65-94.

<sup>3</sup> Brooks-Gunn, J., & Duncan, G. J. (1997). *The effects of poverty on children.* *The future of children, 55-71.*

<sup>4</sup> Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., ... & Committee on Early Childhood, Adoption, and Dependent Care. (2012). *The lifelong effects of early childhood adversity and toxic stress.* *Pediatrics, 129*(1), e232-e246.

<sup>5</sup> S1702: *Poverty status in the past 12 months of families.* 2012-2016 American Community Survey 5-Year Estimates

## Two Generational Approaches

The two generational approach<sup>6</sup> uses a whole-family perspective to reduce negative outcomes associated with persistent childhood poverty by addressing the needs of low-income parents and children simultaneously. The approach has been used for fifty years as a service-delivery model that targets low-income parents and their children, with the ultimate aim of improving social development for children.<sup>7</sup> Two generational models typically consist of programs that aim to reinforce economic stability for parents, including job training, connections to public benefits, management of personal finances, and educational services.

Beyond improving economic stability, additional programming involved in some two-generational models concurrently provides other beneficial assistance to parents and children. Such programming may include physical and mental health services, social capital building programs, and high-quality early childhood education.<sup>8</sup> As a result of these core services, children experience stable, positive academic and socioemotional development, while parents improve their economic stability and personal wellbeing.

Studies have found that many two generational approaches in the past did not have consistent, positive results, which is attributed to a lack of congruous, unifying activities to connect parent and child services. However, there are strong theoretical justifications from the field of developmental science for two-generational programming.<sup>9</sup> Utilizing lessons learned from past evaluations, two generational programming is worth pursuing with an emphasis on high-quality early childhood education, intensive efforts to improve parents' economic position, and additional services to promote whole family wellbeing. Scrupulous study of these models is crucial for understanding whether, how, and for whom the theoretical basis for two-generational approaches materializes in practice.

Great Families 2020 uses a specific two-generational approach developed by Ascend at the Aspen Institute. The Ascend 2Gen model directs children to services related to early childhood education and their parents to activities related to economic asset acquisition, workforce development, and postsecondary education. This model also includes programs for social capital and health and wellness aimed at serving the whole family.

## RELATED EVALUATIONS

Given the need for more rigorous evaluations of two generational approaches and a lack of evidence for the complete GF2020 model in this study, this section highlights evaluations relevant to the understanding and implementation of the GF2020 model. The descriptions also provide key findings that have informed the current implementation evaluation and the refinement of GF2020 programming.

### Local Implications: Evaluation of Centers for Working Families Network in Indianapolis

UWCI is the administrative home for Indianapolis' Centers for Working Families Network (CWF), which is an evidence-based model developed by the Annie E. Casey Foundation and the core model on which GF2020 is based. This model proposes that providing adults with income supports coaching, financial coaching, and employment coaching ultimately gives them tools to be financially stable. UWCI oversees the CWF network for

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<sup>6</sup> This document makes several references to different types of two-generational approaches to service delivery. "Two-generational approaches/models" refer to broad service delivery strategies with parent and child components. The "2Gen model" refers to a specific two-generational approach developed by the Aspen Institute.

<sup>7</sup> Chase-Lansdale, P. L., & Brooks-Gunn, J. (2014). Two-generation programs in the twenty-first century. *The Future of Children*, 24(1), 13-39.

<sup>8</sup> *Ibid*

<sup>9</sup> *Ibid*



Indianapolis, which consists of 12 different sites. A local evaluation of CWF took place in Spring 2018 (concurrent with the GF2020 implementation evaluation), and involved analysis of CWF participant data from 2012 to 2017 across 10 sites.

This mixed-methods evaluation reached preliminary evidence utilizing a single-group design with statistical controls for regression modeling. Specifically, the evaluation was able to assess the extent to which participants' (N=10,636; primary analyses conducted on n=3,645) most recent outcomes were associated with length of time in the program and the extent to which they received CWF coaching. The study found that CWF participants were more likely to have positive outcomes in monthly income, wages, and number of hours worked, particularly if they a) bundled services by participating in all three financial stability programs and b) remained in the program for at least a year. The work also identified many systemic and structural barriers to programmatic success, including participant struggles with access to child care, mental health issues, access to health services, lack of affordable housing and transportation options, and criminal histories.

### ***Key Lessons***

- *Bundling services matters for participant outcomes.* Since CWF is the crux of GF2020, utilizing all three services may be crucial to improving parent outcomes.
- *Length of time participating in model.* Because GF2020 only lasts for the duration of the grant, it may be important to note that full effects of the program may not be realized for all participants during this time.
- *Differences in implementation across sites.* Because subgrantees implement the CWF model in slightly different ways, those differences may carry over to GF2020.
- *External barriers to meeting programming success.* Like the CAP Tulsa program (see below), systemic barriers exist that may go beyond the scope of GF2020, reflecting the complex nature of poverty reduction.
- *Long-term participant engagement.* The CWF study found that many who enroll in CWF are engaged in services for less than half a year. Therefore, better strategies to engage participants or otherwise identify persons with a willingness to participate will be an important consideration for GF2020 participant recruitment and retention.

### **Enhanced Early Head Start**

The evaluation of the Enhanced Early Head Start program involved assessing the effects of a program that provide parental employment and educational services delivered within an Early Head Start program for their children.<sup>10</sup> The evaluation used random assignment to compare outcomes for families and children who were offered Enhanced Early Head Start to those who accessed alternative services. After 42 months, the evaluation assessed parental employment, economic outcomes, parenting practices, and child development and wellbeing among 610 program participants and members of the comparison groups. The researchers did not find significant results for any of those outcomes after 42 months. By looking at the implementation of the program, the study found that the program could not effectively integrate the enhancements to programmatic components related to parental employment, education, or self-sufficient enhancement at an intensive level. Though the study attained strong evidence, additional work was needed to identify why the program was not significantly different from another program.

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<sup>10</sup> Hsueh, J., and Farrell, M. (2012). *Enhanced Early Head Start with employment services: 42-month impacts from the Kansas and Missouri sites of the Enhanced Services for the Hard-to-Employ Demonstration and Research Project. OPRE Report 2012-05.* Washington DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from [https://www.acf.hhs.gov/sites/default/files/opre/kansas\\_missouri.pdf](https://www.acf.hhs.gov/sites/default/files/opre/kansas_missouri.pdf)

## CAP Tulsa

The most recent, comprehensive research related to 2Gen and GF2020 has been conducted by the CAP Tulsa interventions for parents and children.<sup>11</sup> CAP Tulsa is an agency that provides low-income families with components of the 2Gen model. Specifically, the program uses Head Start as a connection point for adding parent-centered services, like many two-generational programs. The parent services are provided through a career coaching model called CareerAdvance, and includes general coaching, employment supports, and job training programs, with an emphasis on careers in health services. The program is in the process of adding services related to health and social capital. Like GF2020, the program uses family case management to help parents set goals for their families and children across the areas of the 2Gen model. The program has maintained an affiliated research group, which developed the Family Achievement Study. Their research uses quasi-experimental and RCT designs using two-year waitlisted controls, along with an implementation study. The treatment group of parents receives access to career services (including education and employment), while the control group is waitlisted for two years before receiving services. Based on publicly available reports, the study currently has reached moderate evidence.

Over the past year, the research team analyzed the program's survey data and data from the state of Oklahoma, available from Fall 2011 through Fall 2014. The analysis included seven cohorts starting at staggered time points, with a sample size of 253 CAP Tulsa Head Start parents and their children, with half in the CareerAdvance program, and the other half in a matched comparison group. After one year of program participation, significant improvements were found mostly among children, who experienced improved Head Start attendance and reduced chronic absenteeism. Parents did not experience significant changes in material hardship or household income after one year. Additional implementation evaluation work indicated a few possibilities for improvement related to why employment and full-time school enrollment outcomes did not improve as expected.<sup>12</sup>

### **Key Lessons for GF2020**

- *Focus on outputs/outcomes instead of impact.* The initial work focused on assessing immediate outcomes to the work, with a recognition that impact takes time to develop and assess.
- *Primary recruiting with children instead of adults.* The most effective methods of finding participating families was through the Head Start program rather than the adult work program.
- *Barriers to family success.* The ongoing study recognizes that myriad external factors exist in preventing positive outcomes for families. These include difficulty finding affordable child care as well as confronting the "benefits cliff," which precludes parents who attain better salaries from receiving benefits for low-income families, ultimately reducing their monthly income despite having a better job (one with higher pay or with greater stability).

Overall, these studies have identified multiple considerations for GF2020 and the related study. Programmatically, GF2020 incorporates a 2Gen model into its programming, which is theoretical, but based in strong evidence. As an innovative 2Gen model, GF2020 incorporates programming related to social capital and health and wellness, in addition to workforce development, financial management and high-quality early childhood education. Through family coaching, goal setting, and joint parent-child services, the model also provides a unifying connection point for the family unit to receive support in addition to children and parents receiving concurrent services.

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<sup>11</sup> Chase-Lansdale, Lindsay et al. *What are the Effects of Pairing Head Start Services for Children with Career Pathway Training for Parents?* CapTulsa.org. March 2017

<sup>12</sup> Juniper, Cynthia; Christopher King and Amy Anderson. *CareerAdvance Implementation Study: Findings through FY 2017.* Prepared for the Health Profession Opportunity Grant Program Administration for Children and Families U.S. Department of Health and Human Services. Ray Marshal Center - University of Texas at Austin. January 2018.

The studies also suggest a need for clarifying the model through intensive implementation research to understand which program components have an impact on families. These studies also provide insight into what barriers may exist for GF2020 participants in achieving their goals. It will be important to understand the extent to which GF2020 families experience these issues and the impacts they have on successful program participation.

## GREAT FAMILIES 2020: CONTEXT & MODEL

Great Families 2020 (GF2020) is a service delivery model that uses family coaching to direct at-risk families to evidence-based interventions and wraparound services using the Aspen Institute's Ascend 2Gen model.<sup>13</sup> The Ascend 2Gen model focuses on providing two-generational services to parents and their children. This approach emphasizes high-quality early learning for children and employment pathways and economic asset building for the parents. Furthermore, this 2Gen approach stresses the need for social capital and health and well-being for the whole family to improve long-term outcomes for both parents and children, recognizing each of these components is key. In summary, the five key components to this model are 1) early childhood development, 2) postsecondary and employment pathways, 3) economic assets, 4) health and well-being, and 5) social capital.

Figure 1 shows a graphic version of the logic model for GF2020. GF2020 is based on the premise that family coaches will help participants enroll in activities that address multiple issues within families, with special emphasis on education and financial stability. Family coaches link parents to programs that improve children's early learning, increase parental income, improve parental employment, increase parents' civic engagement and the quality of their social networks, and improve mental health for both parents and children. As such, the program unit for this model is the coaching session.

In the short term, the model aims to address several outputs and outcomes across the five components of the model. For outputs, the model assesses school attendance and kindergarten readiness, family attendance at GF2020 events and referral providers, and participation in skill building activities across areas of economic asset building and workforce development. Participation in these activities as a result of coaching is theorized to lead to better outcomes.

Outcomes include improvements in socioemotional development and kindergarten readiness for children; improvements in social support, protective factors and self-reported health for families; and improved civic engagement, educational attainment, employment or job retention, and financial stability (e.g. debt reduction or monthly income improvements). Through the opportunities offered by these programs, parents and families will improve and maintain economic stability, and children will experience long-term academic success due to early education and parental stability.

Since 2012, Indianapolis organizations developed multiple place-based initiatives leading up to the development of GF2020. UWCI was one of several local organizations leading place-based efforts, as outlined in UWCI's SIF application. To align these place-based efforts and recent neighborhood-based community development plans, GF2020 was initially designed with a neighborhood focus. Subgrantees were ultimately chosen based on both neighborhood need and organizational capacity to implement the 2Gen model. Thus, GF2020 is implemented in five different neighborhoods (see Table 2.) with high rates of poverty. As an eligibility criterion, subgrantee subgrantees were provided with specific geographic boundaries in which potential GF2020 participants should reside to qualify for programming in attempt to ensure a place-based impact.

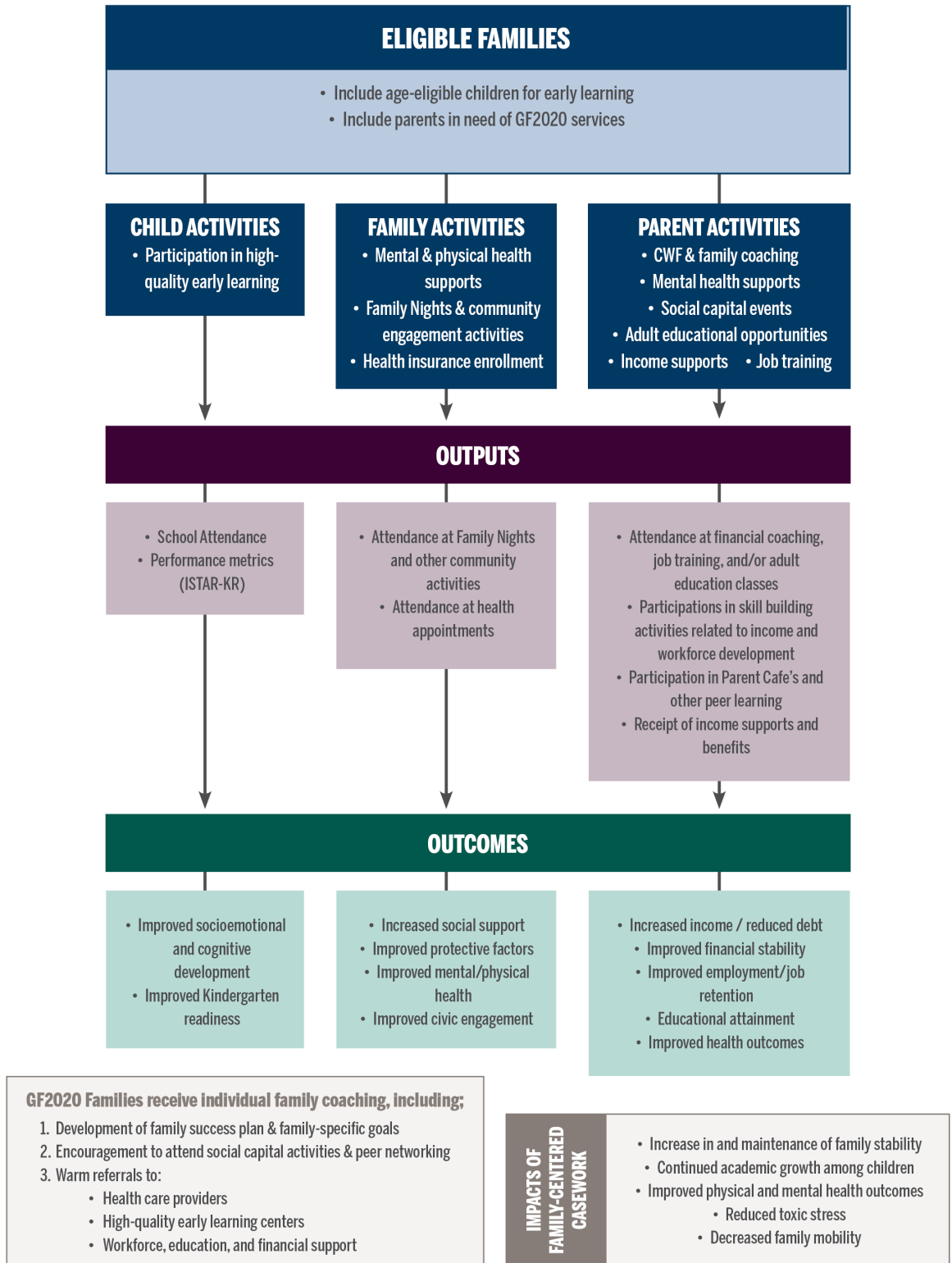
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<sup>13</sup> <http://ascend.aspeninstitute.org/two-generation/what-is-2Gen/12>

At the same time, many of these efforts overlapped with one another, with catchment areas changing with a new mayoral administration and other city-wide efforts from the Indianapolis Metropolitan Police Department (IMPD) and Plan 2020, a collective impact model. Relatedly, UWCI reduced their efforts and funding model to focus on family need rather than place. The reduction in emphasis place-based efforts also occurred among key philanthropic groups and other funding partners. The shifts aimed to account for the high mobility rates among families living near and around the central core of city. For example, 2017 data show that about 12 percent of households living in poverty in Marion County moved within the past year, compared to eight percent of individuals above poverty. Fourteen percent of households with children under five years old relocated during this same time frame.

GF2020 aims to serve 600 families in Central Indiana throughout the grant period, and has 347 family units enrolled in GF2020 (as of December 5, 2018). Of the 347 families, 193 have met minimum eligibility requirements and are therefore assessed as part of the current report. There is no counterfactual group included as part of the sample for purposes of this report. However, actions to develop one are discussed in more detail in Parts IV and V.

**FIGURE 1. GF2020 Logic Model**



## GF2020 MODEL DESCRIPTION

The GF2020 service delivery model is implemented by UWCI through eight subgrantee organizations. Though many social service providers exist in Indianapolis, UWCI noted a lack of comprehensive service provision for two-generational poverty reduction. While planning the structure of GF2020, program leaders at UWCI aimed to attract community organizations located in and directly serve families living in five neighborhoods that UWCI's internal research team as having high poverty, crime, and unemployment rates. Therefore, implementing GF2020 in those neighborhoods was an effort to provide services to individuals with the greatest need.

The process for a family to enroll and participate in GF2020 occurs in multiple phases. Figure 2 provides an overview of how those in need are identified, enrolled, and engaged in programming.

### **Recruitment**

Recruitment is crucial for this model, as existing, similar models (like CWF) rely primarily on word of mouth to obtain clients. Since GF2020 is a new effort, identifying families is crucial to ensuring enrollment and ongoing participation. For GF2020, eligible families are defined as at least one custodial parent or guardian and at least one child (ages 0-5), living together as part of a family, who are in need of economic support or stabilization services. Like the CWF model on which core components of the GF2020 model is based, there are no income requirements to participate because it assumes it will attract families in need of one of those services. The family participates in GF2020 by receiving family-focused coaching and receiving any referral-related activities.

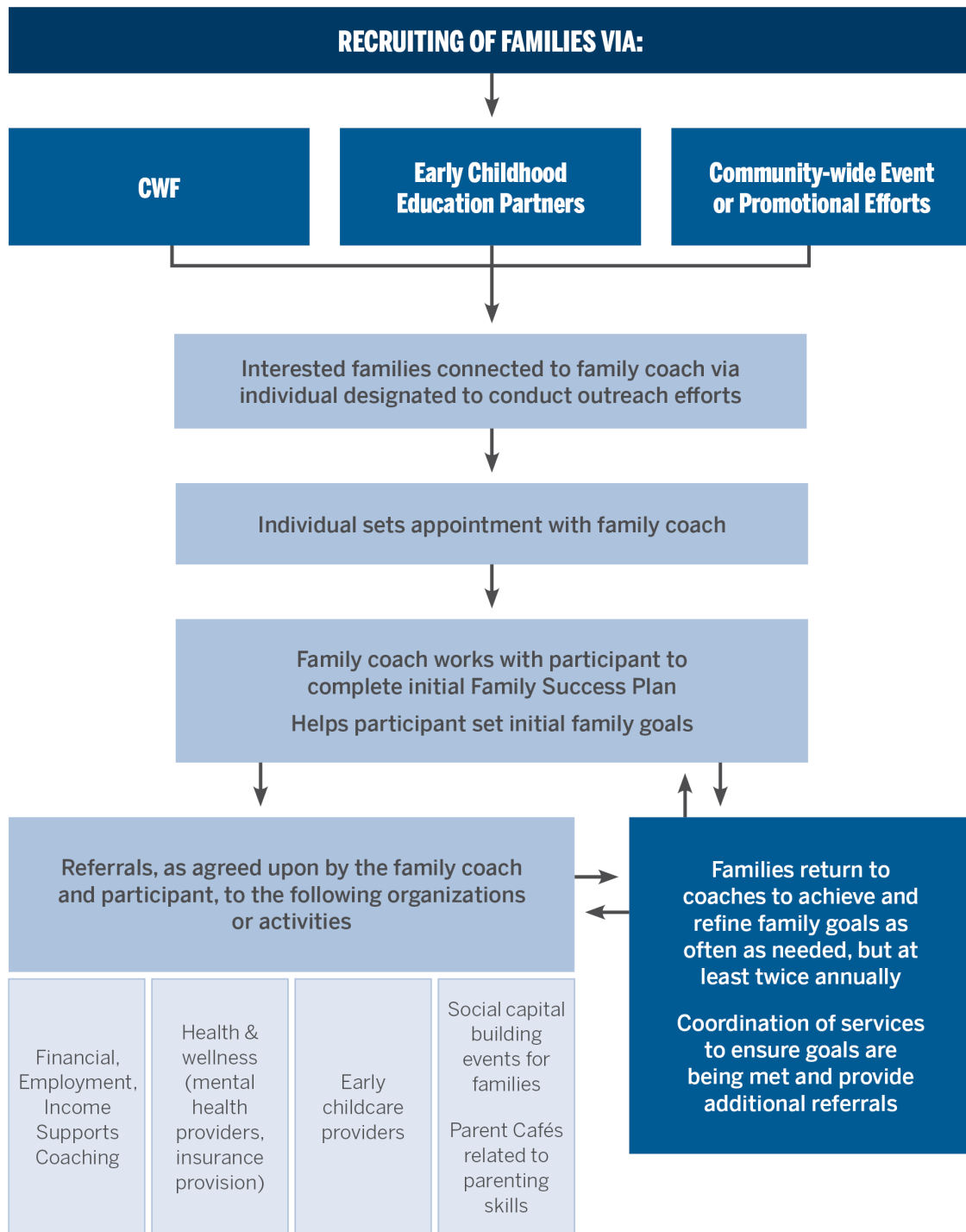
Families are recruited in three main ways: identifying eligible parents of children ages 0-5 already enrolled with a high-quality early learning provider; identifying parents who are active in the CWF model who have age-eligible children not enrolled in a high-quality provider; and through outreach activities, such as community events, flyers, neighborhood partners, and other means of canvassing.

### **Set & Participate in Meeting with Family Coach**

Once recruited, parents are connected to a family coach at their respective GF2020 site. Family coaches are staff members at subgrantee agencies who serve as a family's central point of contact for connecting GF2020 clients with services in each of the five areas of the two-generational model. These individuals typically have training or experience working directly with vulnerable populations and in a social services setting. They also receive training about the 2Gen model and related theory. The coaching model, as opposed to case management, promotes participants' personal responsibility for goal setting and emphasizes results through self-efficacy. The coach serves as a catalyst and resource for participants in reaching their personalized goals.

The family coaching process ensures that the participating parent(s) and their child(ren) receive needed and desired services. The process involves developing a relationship with a family coach to, a) set and

**FIGURE 2. Flow Chart of GF2020 Service Delivery**



maintain goals in each of the five areas of the 2Gen model using a tool called the Family Success Plan (FSP), and b) connect families to services that are provided by participating subgrantee agencies and/or community partners. The FSP (See Appendix A) is structured to facilitate conversation between participants and family coaches by discussing participants' personal and family challenges and strengths and guiding them through a goal-setting process. In addition to facilitating family coaching, several questions on the FSP are intended to track measurable short-term participant outcomes.

## Initial Goal Setting

Participants consider goals in areas that span the five core components of the 2Gen model, as discussed above. More specifically, goals may fall into the categories of employment and education; parenting skills, including engagement in child’s learning; social capital (relationships with others and neighborhood perceptions); financial stability; and health (physical, emotional, and mental). The FSP contains a section for coaches to guide families into steps for the coach to follow, steps for the family to follow, and dates to try to reach those goals. Both families and coaches maintain hard copies of the goals for future reference.

## Initial Referrals

After setting goals, coaches identify which referral partners may be best for participants to consider to help them achieve their goals in the five areas of GF2020. Some referrals may not be to formal partners, but to activities or events that address one of the goals. These referrals are intended to be warm, and prepare families for visits to new service providers. In other words, coaches aim to not simply give families an organization to contact, but ensure they feel comfortable doing so and follow up to confirm they followed through with the referral. Additionally, subgrantees are expected to collaborate with other partner organizations to provide streamlined services for referrals to participating families.

Referral partners include providers in health (mental, physical or coverage related); providers with community-based family services; and CWF staff for income support, financial and/or employment coaching. Families also are encouraged to attend events hosted by the organization and attended by community residents and/or other GF2020 participants. To ensure the family receives integrated services with reduced duplication of effort, the family coach will use the FSP and related goals to guide case conferences with providers who work with each participating family. Each of these activities is evidence-based. Table 1 shows the types of services and activities to which coaches refer participants, as well as the outcomes they aim to improve.

**TABLE 1. GF2020 Model: Key Activities & Intended Outcomes**

KEY ACTIVITY	DESCRIPTION	OUTCOMES
Early childhood education	Enrollment and participation in high-quality child care, defined as a provider at Level 3 or 4 on Indiana’s Paths to Quality Rating system	ECE enrollment School attendance Kindergarten readiness
Economic assets	Financial coach connecting participants with public benefits; financial coaching and education, which emphasizes the importance of debt reduction, maintenance and development of good credit, reducing expenses, and building assets	Net income (parents) Monthly income (parents)
Postsecondary pathways/workforce development	Employment coach helps with employment assistance, including basic job readiness training, job placement, and skill development	Educational attainment (parents) Employment (parents) Job retention (parents)



Social capital	Parent Cafés emphasize parenting skills and other protective factors, and family nights discuss neighborhood and community issues, in addition to family-oriented discussions and activities.	Civic engagement (parents) Protective factors (families)
Health and wellness	Mental and/or physical health counseling and treatment; insurance enrollments for parent or child	Mental and physical health (families) Social networks and support (families)

### Ongoing & Repeated Goal Setting & Referrals

Participating families build relationships with their family coach by following through with referral activities, attaining goals, and meeting with their coaches to refine existing or set new goals, as well as to identify new or modified referrals. In this way, the participation in the model does not have a set end goal, but allows participants to continue engaging with their coach for services that benefit their entire family. Ultimately, participating families should receive better access to desired services with fewer barriers to accessing supports than non-participants. Family needs can be better met by service providers due to families' personal relationships with and continued follow-up with coaches.

## ADMINISTRATIVE & ORGANIZATIONAL STRUCTURE

Through an application and review process, UWCI allocated SIF funds to eight subgrantees located across five Indianapolis neighborhoods. Four subgrantees were awarded funding in a Round 1 application process (announced in April 2017), while the remaining four were selected in Round 2 (announced in August 2017). Round 1 subgrantees were able to participate in piloting the work prior to official data collection and enrollment for all subgrantees starting in January 2018. Table 2 identifies the subgrantees and the rounds in which they were selected.

**TABLE 2. Participating Subgrantee Organizations**

NEIGHBORHOOD/SITE	SUBGRANTEES
Far Eastside (Round 2)	Community Alliance of the Far Eastside
Near East (Round 1)	John Boner Neighborhood Center, E. 10th United Methodist Church, Children and Youth Center Englewood Christian Church
Near West (Round 2)	Hawthorne Community Center, Marion County Commission on Youth (MCCOY)
Northeast (Round 1)	Edna Martin Christian Center

Because multiple subgrantees collaborate formally to implement GF2020, the subgrantees and their corresponding neighborhoods are commonly referred to by their neighborhood location. This report refers to neighborhood clusters of subgrantees as subgrantees for ease of discussion.

Subgrantee organizations had to house or partner with an existing CWF model or demonstrate the capacity to receive an assessment and training from UWCI to incorporate such a model into its service provision. As such, all but one of the neighborhood subgrantees have a formal CWF center serving the adult population involved in GF2020. All subgrantees provide core and supplemental services to participants through their own organizations and/or partner agencies. Five organizations primarily manage the CWF or workforce development/financial stability elements of the GF2020 model. Two primarily manage child care, and a third focuses on social capital and health and wellness activities.

GF2020 is led by a Program Director at UWCI, who works closely with two program officers. The program officers each work directly with a portfolio of four subgrantees. Program officer responsibilities include a mixture of programmatic capacity building, technical assistance, and support with grant compliance. Program officers meet at least monthly with subgrantee project directors; conduct varied degrees of monitoring based on the subgrantees' risk level; and provide support and oversight around contract development with partnering organizations, client recruitment, and organizational capacity.

Importantly, due to its existing management of the local CWF network, UWCI houses the Efforts to Outcomes (ETO) database used by subgrantee organizations. As such, the GF2020 team is rounded out by UWCI's internal research team, which creates data collection forms, provides database oversight, management, technical support, troubleshooting, training for the ETO system, and data report development. Staff working with the ETO system follow up with subgrantees about issues in data entry and quality. UWCI also delivers ongoing programmatic insights disseminated through email, newsletters, trainings, and webinars. A key component of this programmatic support is Peer Learning sessions, where subgrantee staff regularly gather alongside UWCI staff to learn about and discuss common issues or helpful topics. Peer Learning sessions take place once a month.

# RESEARCH APPROACH & QUESTIONS

CNCS requires that evaluations aim to achieve at least moderate evidence of program impact, utilizing one of a variety of rigorous research designs. To conduct an evaluative study, UWCI engaged a research team at Indiana University-Purdue University Indianapolis, consisting of two university-based research centers: The Indiana University Public Policy Institute and the Polis Center.

This report contains findings of two simultaneous GF2020 studies—an implementation evaluation and a feasibility study. CNCS directed the GF2020 evaluation team to commence with implementation and feasibility studies before an impact study due to the lack of previous proof of concept of the complete GF2020 model. Included in this report are results of a preliminary assessment that shows GF2020 may have an impact on short-term parent and family outcomes. There have been no changes to the SEP, as changes are pending approval of the current report and corresponding next steps.

The GF2020 model does not have existing evidence of its impact, given its recent development. As such, the implementation study outlined in the original SEP aimed to identify preliminary evidence, with an ultimate goal of achieving moderate evidence by the conclusion of the grant period. There are three components to the present evaluation of the GF2020 model. These evaluation components and high-level related research questions are provided below.

## IMPLEMENTATION EVALUATION

The evaluation team conducted a preliminary implementation evaluation to identify barriers and facilitators to implementation and propose potential modifications where necessary. Further, this process involved an assessment of fidelity to the proposed GF2020 model. The initial implementation evaluation began with participant enrollment in January 2018, and will continue concurrent to the impact evaluation throughout the remainder of the grant period. In this way, the evaluation team was able to provide UWCI and subgrantees with updates about key findings and trends related to the implementation process. Ultimately, the goal of this evaluation is to assess and inform any issues in implementing GF2020 to refine the model and related service delivery.

### Implementation Questions

- To what extent is the GF2020 model implemented with fidelity?
- How does implementation of the GF2020 model vary by site?
- What barriers exist to implementation of the GF2020 model?

## FEASIBILITY STUDY

The evaluation team developed a feasibility study to be utilized for the first several months of GF2020. Because the concept of GF2020 had a strong evidence base, but had not been fully implemented, the team developed a study to assess the extent to which a more rigorous impact evaluation—planned as a matched comparison group design— would be possible within the span of the SIF grant period. Primarily, this study aimed to address any potential issues related to developing the comparison group, accessibility to comparison group data, GF2020 participant retention, and data quality. Changes in outcomes were assessed at baseline (program enrollment) and six months after enrollment, with assessments occurring during a regular meeting with a family coach. This effort aimed to inform the extent to which a more rigorous study would be able to build upon any initially identified

changes in short-term outcomes, as well as what factors might inform a comparison group and propensity matching score.

## Feasibility Questions

- Based on fidelity to the GF2020 model, what factors prevent effective measurement of a comparison group?
- Can data for treatment and comparison groups be collected and captured effectively?
- What barriers exist to developing a comparison group?
- What factors prevent development and retention of a treatment group for an impact study?
- What initial findings from participants may inform a future impact study?

## IMPACT STUDY

To develop moderate evidence for GF2020, the evaluation team proposed a quasi-experimental design to assess family program impact by the year 2020. This proposed design was discussed in the original SEP, but feasibility findings suggest that it is possible to conduct such a quasi-experimental study, this research design is not ideal for the program before the end of the grant period.

The impact study as originally conceived would utilize a matched comparison group design to compare outcomes for participants in the GF2020 model to those participating solely in the more widely used CWF service delivery model. Comparison group participants would primarily come from other CWF sites in Indianapolis that do not offer GF2020 components because they were not eligible or did not apply to become a GF2020 subgrantee. The group could also include participants at subgrantee sites who were not in GF2020, but are participating in CWF financial stability and/or employment services.

This matched comparison group design would not only clarify program impact, but would also help inform UWCI discussions about the sustainability and replicability of the program relative to CWF. As mentioned earlier, CWF provides financial stability services to individuals across 12 subgrantees in Indianapolis. In other words, CWF adult participants receive two of the five components of the GF2020 model, while GF2020 participants can receive up to five. GF2020 participants would be compared to the matched group on long-term financial outcomes collected through their participation in CWF, as well as on a supplemental survey developed to measure program impact on mental and physical wellbeing, family cohesion, and social capital (see starred questions in the FSP, located in Appendix A).

The current studies aim to achieve preliminary evidence (yielding promising programmatic results), with a plan to reach moderate evidence (yielding causal conclusions) in the future. The initial plan to reach moderate evidence involved utilizing a quasi-experimental design through identifying a matched comparison group. The implementation and feasibility studies will collectively support preliminary evidence leading to moderate evidence in the following ways:

1. Refinement and documentation of how GF2020 works, including delivery, dosage and preliminary effectiveness of the core service elements to the model, delivered through interaction with family coaches and service providers. The study aims to inform a consistent measurement for intervention dosage in order to assess the effects of GF2020 on program participants.
2. The studies utilize qualitative techniques and statistical associations to identify key demographic and participatory characteristics of GF2020 participants that can be compared to a similar match group of CWF participants.

3. Since GF2020 is implemented across multiple sites, the evaluators will be able to identify why certain outcomes and processes were more effective at some subgrantee sites compared to others. Specific information includes data on program or coaching dosage, collaboration strategies, staff perceptions, and family engagement and retention strategies, among others.

The current study advances the evidence base for two-generational models. Two-generational service delivery models have limited consistent information about the circumstances in which models and related programs are effective for both parents and children, despite rigorous evaluations. Conducting initial and ongoing implementation evaluations will help identify which components of the 2Gen model are more difficult to implement and which components contribute to positive outcomes.



**PART II:  
IMPLEMENTATION  
EVALUATION  
DESIGN**

The focus of the preliminary implementation evaluation was to assess fidelity and identify barriers and facilitators to initial GF2020 implementation over an initially proposed six-month period. As barriers and facilitators to implementation were discovered during the study period, the evaluation team shared these findings with UWCI and subgrantees to inform programming and opportunities for improvement. Additionally, the implementation study provides context for interpreting long-term impact results among subgrantee sites. The implementation study involved several methods of data collection and research questions, summarized in the tables below and discussed in greater detail.

# IMPLEMENTATION RESEARCH QUESTIONS

There were several key research questions the team aimed to address during the initial implementation evaluation, organized below into three areas: fidelity to the GF2020 model, programming refinement, and barriers to implementation. Table 3 shows how each implementation question was answered:

**TABLE 3. Implementation Evaluation Research Questions**

Fidelity to GF2020 Model	
RESEARCH QUESTION	METHOD
How many eligible families are enrolled at each site?	Participant data analysis
What proportion of eligible families recruited are regularly meeting with GF2020 family coaches?	Participant data analysis
What proportion of GF2020 participants are bundling CWF services?	Participant data analysis
What proportion of GF2020 participants are setting and working toward goals related to the core GF2020 services?	Participant data analysis
What proportion of participants are attending social capital events and with what frequency?	Participant data analysis
What proportion of participants are receiving “warm referrals” to service providers?	Participant data analysis
According to GF2020 staff perceptions, has collaboration between sites and partner/contracted service providers and agencies improved?	Focus Groups, Staff surveys
What portion of Peer Learning sessions are attended by staff from GF2020 sites?	Administrative data analysis
Is a consistent process in place for collecting and entering participant data into the ETO system?	Interviews
Programming Refinements	
RESEARCH QUESTION	METHOD
What are the site-specific differences of how subgrantees plan to implement GF2020?	Focus groups, Document review
How do initial implementation plans change after program initiation?	Focus Groups, Staff surveys
Do GF2020 participants perceive benefits of the new service delivery model?	Site observations



What is the level of parent and child participation at each program site?	Site observations, Participant interviews, Participant data analysis
<b>Barriers to Implementation</b>	
<b>RESEARCH QUESTION</b>	<b>METHOD</b>
What factors affect GF2020 recruitment, enrollment, consent, and retention?	Focus groups, Staff surveys
What factors affect the management/coordination of GF2020 programming?	Focus groups, Staff surveys, Interviews
What barriers exist for consistent data collection and entry?	Focus groups, Staff surveys, Interviews

# METHODOLOGY

The following section describes the research methods employed to answer the above research questions. Table 4 (page 28) provides a quick overview of the methodologies, participants involved and the purpose of each method. An in-depth description of each method follows.

**TABLE 4. Data Collection for Implementation Evaluation**

METHOD	PARTICIPANTS	PURPOSE
Document review	Subgrantee applications, work plans	To understand the initial goals and structure of GF2020 at subgrantee sites
Pre/post subgrantee focus groups	GF2020 staff (combination of site directors, family coaches, and other staff unique to GF2020 subgrantees)	To understand barriers and facilitators to program implementation by phase: preparation, recruitment, enrollment and retention
Key informant interviews	UWCI GF2020 program officers (2), UWCI ETO staff, UWCI GF2020 director, Child care staff (2)	To understand barriers and facilitators to managing program implementation
Pre/post subgrantee surveys	GF2020 staff (site directors, family coaches, and other staff unique to GF2020 subgrantees)	To assess Client interaction, Adherence to best practices, Communication with grantee, Preparedness for implementation, Perceived impact on families, Working relationships with program partners
Site observations	Five observations of GF2020 family or parent engagement/social capital activities	Identify perceptions of participating parents, Observe subgrantee/client interaction, Assess fidelity to the social capital portion of the model
Participant interviews	16 interviews with GF2020 participants attending social capital and community recruitment events	To gauge participant perspectives about GF2020, including barriers and facilitators to participation for themselves and similar families.
Participant data analysis	All GF2020 enrollees	Discern overall participant recruitment numbers and demographics, frequency and type of coaching sessions (dosage), child ECE attendance and social capital event attendance
Administrative data analysis	GF2020 staff	To assess peer Learning attendance

## FOCUS GROUPS

Focus groups with subgrantee staff took place in January (n=27) and June (n=20) 2018. Participants varied by site, but typically included a GF2020 director or key leader at each site and at least one family coach. Initially, participants sometimes included executive directors of the subgrantee organization, but in the follow-up interviews, they were not typically present since additional program staff were hired who work more directly with GF2020 participants.

Using a semi-structured questionnaire, researchers asked staff to identify barriers and facilitators to program implementation in four programmatic phases: preparation, participant recruitment, enrollment and retention/sustainability. Some of the questions also gauge fidelity to the overall GF2020 model, and aim to understand how proposed implementation of the model deviated from practical implementation with regard to programming, staff roles, partnerships, and management. The second round of subgrantee focus groups further aimed to identify roadblocks to implementation and re-assess perspectives on the different programmatic phases.

The research team used thematic coding techniques to analyze the interview data with QSR International's NVivo 10 Software (NVivo). Interviews and focus groups were transcribed and key themes were identified after each set of inquiry was completed. Aggregate findings of key trends and opportunities for improvement were presented to UWCI staff after each round of focus groups. The findings were further used to inform the development of a survey disseminated to staff in subsequent months.

## INTERVIEWS

Interviews with four UWCI staff members addressed lessons learned during implementation and provided valuable insight about managing the SIF grant, data management, and GF2020 programming across multiple subgrantee sites. Using semi-structured questionnaires, the unique perspectives from members of the database management team, the program officers and the program director highlight high-level barriers and facilitators to program implementation. These interviews were also transcribed and coded thematically using NVivo software. Another interview was conducted with staff at child care agencies to understand differences in program implementation and data management compared to social service agencies.

## SURVEYS

Subgrantee surveys were disseminated to all listed GF2020 subgrantee staff in March 2018, after most key staff were hired, and recruitment and enrollment began at subgrantee sites. The surveys were administered again in September 2018 to assess any changes after additional implementation of the model occurred. Both times the surveys were administered online during two-week periods using the web-based survey tool, Qualtrics.

The surveys assessed the extent to which subgrantees adhere to the GF2020 model in terms of client interaction, subgrantee perceptions of collaboration and communication across community partners, subgrantees and UWCI; and assessed how subgrantee staff perceived GF2020 programming benefited and enhanced the service delivery provided to participants. Based on initial planning, the team also aimed to ensure these questions were framed as ways to assess organizational change and readiness for implementing the model at their respective sites.

Two existing instruments were modified for use as part of the survey. To capture organizational readiness for change, the team utilized questions from the Organizational Change Questionnaire (OCQ-C, P, R),<sup>14</sup> a validated tool modified to incorporate key GF2020 terms (e.g. UWCI). The Levels of Organizational Integration Rubric (LOIR) was used to assess perceptions of current and ideal collaboration between subgrantees and partner organizations. They were asked to rate each of their partners using this scale, which has degrees of collaboration from 0 (Independent/no integration) to 4 (unified), and was modified to be user-friendly in survey format. The components utilized for the survey are as shown in Table 5.

In addition to demographic characteristics and years of experience, additional questions were included that had not been used previously. These questions aimed to assess the warm referral process, staff coordination, and perceptions of program effectiveness. To test for reliability of measures (particularly the warm referral process), the team assessed Cronbach's alpha for each

**TABLE 5. Modified LOIR Survey Structure**

RATING	DESCRIPTIONS
0	<ul style="list-style-type: none"> <li>Have not established a relationship</li> <li>Loosely defined roles</li> <li>Little communication</li> <li>All decisions made independently</li> </ul>
1	<ul style="list-style-type: none"> <li>We provide information to each other</li> <li>We have somewhat defined roles</li> <li>We have a formal way to communicate</li> <li>All our decisions are made independently</li> </ul>
2	<ul style="list-style-type: none"> <li>We share information and resources with each other</li> <li>We have defined roles</li> <li>We communicate frequently</li> <li>We share some decision making</li> </ul>
3	<ul style="list-style-type: none"> <li>We share ideas</li> <li>We share resources</li> <li>We have frequent and prioritized communication</li> <li>Individuals in their organization make decisions with us</li> </ul>
4	<ul style="list-style-type: none"> <li>We feel like members of their organization are a part of GF2020</li> <li>We talk frequently and trust each other</li> <li>We reach consensus about our decisions</li> </ul>

<sup>14</sup> Bouckenooghe, D., Devos, G., & Van den Broeck, H. (2009). Organizational change questionnaire—climate of change, processes, and readiness: Development of a new instrument. *The Journal of psychology, 143*(6), 559-599.

section, listed in Table 6. The values suggest that these are statistically reliable measures of the constructs that were aimed to be assessed.

## SITE OBSERVATIONS

Site observations were conducted at five GF2020 events hosted by each site during July and August 2018. The site observations aimed to understand the structure and processes of GF2020 activities. Social capital/community engagement events were selected for a few reasons. Namely, most GF2020 activities occur with a family or CWF coach, and others require discussions of personal topics that may be inappropriate for outsiders to attend, especially during one-on-one or group sessions discussing trauma or personal growth. Additionally, some events were open to interested families not currently enrolled in GF2020, and it provided an opportunity to observe the effectiveness of recruitment activities as well.

Researchers utilized a common observation tool (Appendix B) to identify the type and structure of activity taking place, the behavior of the participants in attendance and their participation in the activity, and the interaction between subgrantee staff and participants.

## PARTICIPANT INTERVIEWS

Because many subgrantees lacked larger pools of enrollees to conduct focus groups at each site as initially planned, the team utilized the site observations to interview 16 participants attending those activities. Using a structured interview protocol, the questions focused on their perceptions of GF2020 and related activities, as well as barriers and facilitators to participation. Additionally, some of the events were also open to non-GF2020 participants, and served as opportunities to recruit potential families. Individuals who had not officially enrolled in GF2020 were also interviewed to assess potential issues with enrollment and recruitment.

## ADMINISTRATIVE DATA

Administrative records include staff attendance sheets from meetings— a key component to ongoing management as well as participant data. For the implementation study, these data points focus primarily on outputs rather than programmatic outcomes. Those data are discussed in more detail in Part IV.

## PARTICIPANT DATA

Participant records include participant-level information, including de-identified records on intake and outcomes for adults and children.

Participant-level data are collected in ETO and analyzed to understand overall participant recruitment numbers, participant characteristics, frequency and type of participant interactions with GF2020 coaches (dosage), referrals to additional resources, child ECE attendance, and participant attendance at social capital events. For the implementation evaluation, several key indicators from ETO were used to inform fidelity, namely service delivery referrals, successful client contact made by coaches, goal setting, and frequency of meeting with coaches.


## **Participant Attendance**

Attendance is measured through presence at program activities and coaching appointments. The family coach and other Subgrantee staff keep records of client participation via sign-in sheets, as well as whether incentives were provided or publicized at that event.

## **Service Delivery**

Family coaches keep track of the services provided and referrals they make for clients, as well as whether they successfully contacted a client. Referral tracking includes identifying in ETO whether a referral was made and to what type of organization. Successful client contact is defined as the family coach reaching a client through a call, e-mail, text message or other means. All CWF financial or employment services are logged in ETO as done historically.

De-identified participant data were received in December 2018 from UWCI, using the ETO-based summary reports that subgrantees run for data collection by the IUPUI evaluation team. For the implementation evaluation, key data points include overall enrollment in CWF services, referrals to additional services, goal setting and baseline demographic trends. This report reflects data from all enrolled families from October 9, 2017 through December 5, 2018. These data include records for 347 families. Of those, 193 have at least one adult and one child and have not officially withdrawn from GF2020. These 193 families are considered the eligible family population for this report. Descriptive analyses using these data for the implementation evaluation are included among the implementation findings.



**PART III:  
PRELIMINARY  
IMPLEMENTATION  
EVALUATION  
FINDINGS**

This section highlights key preliminary findings related to the implementation evaluation. Because GF2020 provides additions to an evidence-based program, it was necessary for the evaluation team to focus heavily on how the implementation of these new additions affected GF2020 subgrantees and any existing programming. This section will:

- Discuss the extent to which core components of GF2020 were implemented with fidelity
- Discuss site-specific differences in programming and implementation
- Identify barriers and facilitators to implementing GF2020

Proposed solutions to identified implementation issues are highlighted throughout this part of the report, and discussed in more detail in Part VI of this report. For site-specific discussions, this report anonymizes each site by referring to them with different numbers as opposed to their actual names (e.g. Site 1).



# FIDELITY

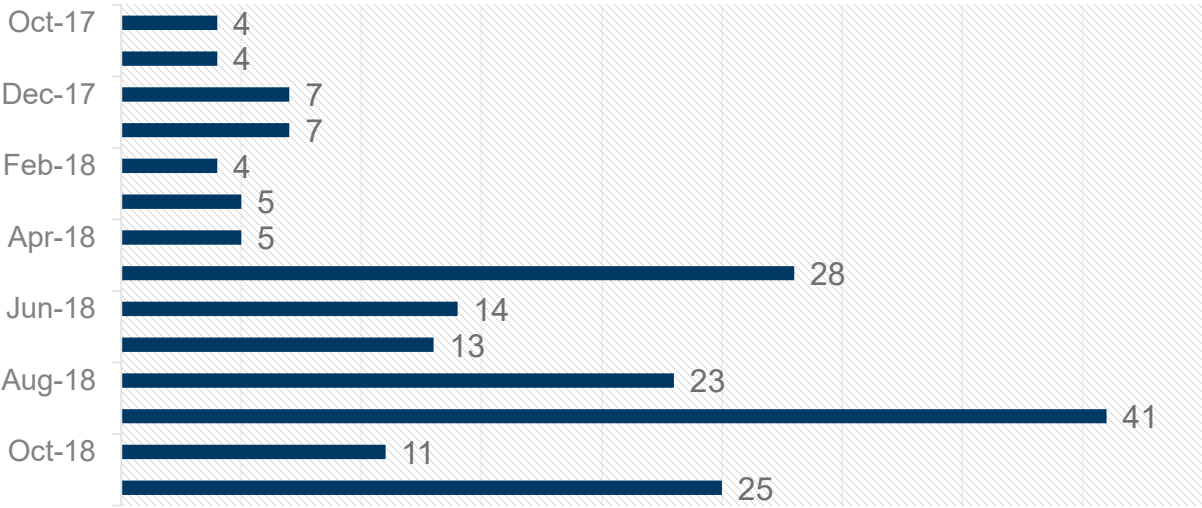
## GF2020 PARTICIPANTS & MODEL

### How many eligible families are enrolled at each site?

Participant data in this analysis included records for 347 families, of which 193 have at least one adult and one child, live in a designated neighborhood boundary area, expressed interest in participating in core GF2020 programming, and have not officially withdrawn from GF2020. The following participant-level analysis is based on those 193 families who meet basic eligibility requirements and have not withdrawn.

Participants have been enrolled for an average of 177 days (min 28, max 450). Approximately 14 new families are added each month (excluding December 2018, for which only five days of data are available). Note that family members may enroll at different times. Figure 3 reflects the family’s first enrollment date during this time frame.

**FIGURE 3. GF2020 Family Enrollment, by Month**



One finding among subgrantee staff was that enrollment of children in participating families was affected by school start dates for the academic year and slots available for enrollment. In other words, if a family enrolled in June, a child care slot might not be available until August. As such, there tended to be mismatches in timing between parental/family enrollments in GF2020 (meeting with family coach) and child enrollment into a child care provider. Similar findings have occurred with two-generational models using Head Start as a source of family enrollments. To alleviate pressure on subgrantees to ensure children were enrolled in ECE at the same time as their parents, UWCI developed enrollment requirements so that families could still meet eligibility requirements by giving the child a 60-day window to be enrolled in ECE programming.

### What proportion of eligible families recruited are regularly meeting with GF2020 family coaches?

Meeting with family coaches is a crucial part of the service delivery process and important for identifying the extent to which a dosage of this service can be provided. Of 193 eligible families, 170 (93 percent) have met with GF2020 family coaches, with a 17-day average period between meetings and interactions with coaches. Coaches report that among individuals who do not have goals, the goal-setting process can be time consuming, and allowing families to think through some goals over a period of meetings helps them think through the importance and feasibility of those goals for their families.

GF2020 adults have scheduled an average of 3.5 meetings (max 16, min 0), at an average of 46 minutes per meeting. The majority (75 percent) of coaching interactions are in person, 11 percent by phone, 2 percent are by text message, and 11 percent are by email or other means. Ninety-five percent of scheduled meetings are also attended by participants without needing to be rescheduled or cancelled. Three percent of these adults have missed meetings without canceling or rescheduling (“no-shows”), and one percent were rescheduled. Fifty-seven families (30 percent) have met with a coach only one time. Twenty-three families (12 percent) have not met with a coach at all. However, these families may be currently in the process of scheduling to meet with their coaches.

### **What proportion of GF2020 participants are setting and working toward goals related to the core GF2020 services?**

Of the 193 family units, 170 (88 percent) have set goals and report working toward those goals with family coaches. The data indicate an average of 6.3 goals set per person (min 1, max 23). Only 47 individuals in the analysis have completed any goal they set. Individuals who completed any had approximately 7.7 goals per person, whereas those who completed no goals had an average of 5.7 goals set. About one-in-four goals set are related to finances (229 of 939), but goals in the “Parenting/Child’s Education” category are the ones most often completed (10 of 51 goals were completed).

Note that the data do not indicate the specific goals people are setting, and it is likely some goals may be more attainable than others. According to subgrantee staff, goals range from short-term, potentially more attainable goals, such as applying for a job. Other long-term goals include topics like debt reduction. Between setting long-term goals and the relatively short amount of time individuals have participated in GF2020, few individuals have completed their goals. One consideration is that the process for goal setting in GF2020 is similar to that of the CWF model on which GF2020 is based. Both models recognize the time needed for participants to become ready for change and implement those changes to achieve their goals.

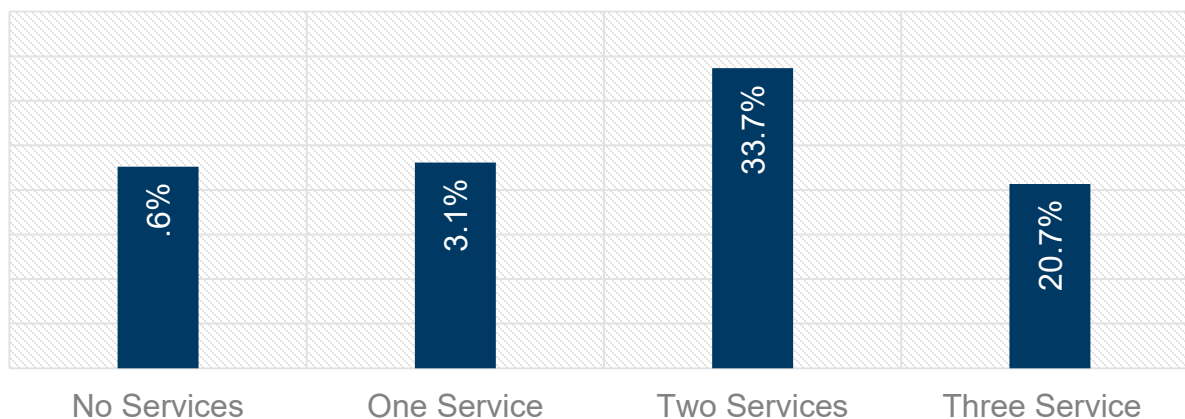
### **Is a consistent process in place for collecting and entering participant data into the ETO system?**

Data collection is primarily conducted through coaching sessions with GF2020 participants. Upon approval of the SEP, the evaluator worked with subgrantee staff to walk through the purpose of the key indicators and explain how to make the short-term indicators—embedded within the Family Success Plan (FSP)—conversational points with their participants. The ETO team at UWCI developed the interface for the data entry, then hosted a series of group trainings and webinars explaining data entry and remained available for additional coaching support through individualized training sessions and onsite office hours. The ETO team members also work directly with subgrantees monthly to clarify any data discrepancies. This process remains ongoing.

The FSP is the primary method of collecting data from participants. Most coaches prefer to help participants complete the document in hard-copy format before entering related indicators into ETO. The short-term indicators used for analysis are also available to be administered in a separate document in a survey format, which staff may also allow participants to self-administer.

Staff initially were concerned about the length of the FSP, noting that the number of questions could be a barrier to attracting participants. By the follow up interview conducted with subgrantee staff, once subgrantees had begun enrolling more participants, they identified fewer issues with administering the tool than they initially perceived. One issue that persisted for some subgrantees was using the tool to facilitate initial conversation with participants, since participants also have to answer questions that need to be entered in ETO, which may not be ideal for developing conversations.

**FIGURE 4. Proportion of Adults Receiving CWF Services (N=208)**



All subgrantees have developed similar methods to administer the FSP, including:

- If time is an issue for completing the FSP in one sitting, dividing the administration of the tool into more than one session, while prioritizing completion of the short-term baseline indicators.
- Emphasizing choice for participants: Provide participants options about whether they feel comfortable responding to any of the questions.
- While going through the FSP, have an in-depth discussion about setting goals, which can continue into the next session.

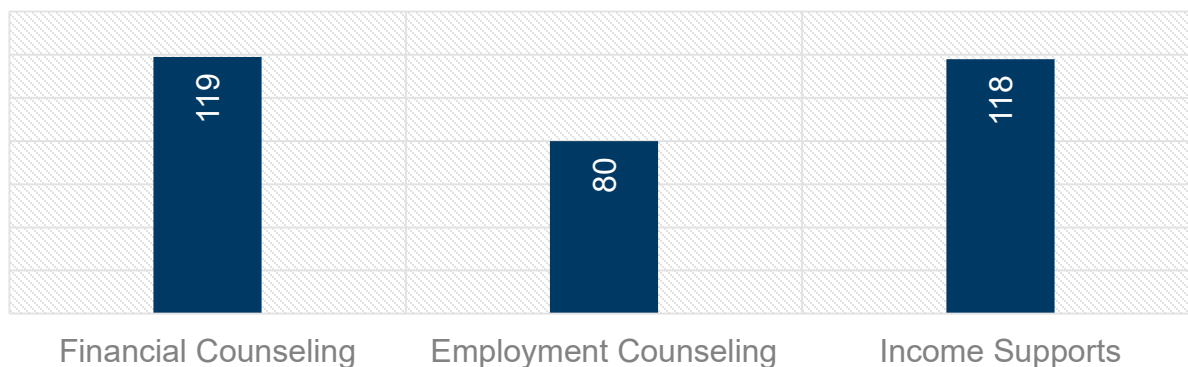
Staff thought components of this method would lead to better long-term engagement, as it creates a need for the participant to set another appointment and take time to think through their goals in greater detail. However, perhaps due to the length of time required to enter data and prioritize outcome-related information, subgrantees appear to have fewer referrals, referral follow-up data and social capital activities reported in ETO, despite qualitative discussions about larger numbers of participants. Relatedly, after recommendations by UWCI to subgrantees, some subgrantees have hired or contracted positions for data entry to allow family coaches more time to engage with participants.

An additional data entry issue has been collecting attendance for participating children. Subgrantee staff must work with ECE providers to accurately collect and enter this data into ETO. Because children vary in the number of days they should or are expected to attend ECE, it is insufficient to report attendance as the number of days attended; it is necessary to know the number of days attended relative to days a child is expected to attend. IUWCI is working with both the evaluation team and the subgrantees to ensure new child care partners are correctly providing information to subgrantees for entry into ETO.

### **What proportion of GF2020 participants are bundling CWF services?**

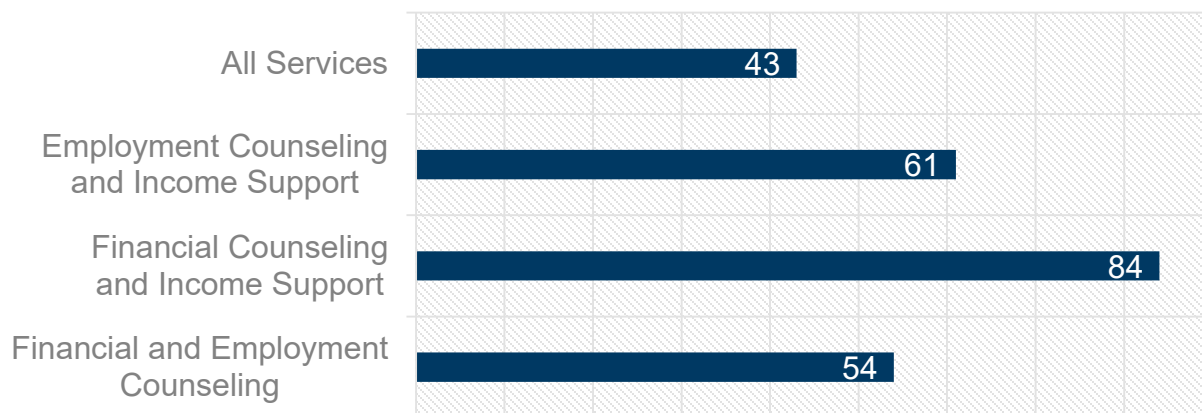
The Centers for Working Families (CWF) model is utilized in GF2020 to provide services related to economic assets (financial and income supports coaching) and employment/workforce development. Though GF2020 did not initially specify a number of services required across the five areas of the 2Gen model for families to participate, CWF's effectiveness nationally and locally suggest that it works best for individuals when two or more services are bundled. Bundling services means that participants enroll in two or three of the core CWF coaching components. Prior studies show bundling services has been significantly associated with improvements in income and employment-related outcomes.

**FIGURE 5. Types of CWF Service Enrollments among GF2020 Families**



Among the 193 families, there are 208 adults. Forty-seven of those adults (23 percent) are not enrolled in any CWF service, but 113 adults (54 percent) are bundling two or more services. Though bundling has been shown to be most effective at improving income, only 21 percent of participants have bundled all three services (see Figure 4). This is likely because the services in other areas were not part of participants’ initial goals, though families can return to set goals in related CWF areas as needed. The relatively high proportion of adults not enrolled in any CWF service may also be associated with the length of time they have been involved in CWF, with those involved for shorter periods at the time of the analysis not yet involved with CWF. Of those enrollments, most individuals have enrolled in Financial Counseling, followed by Income Supports (see Figure 5). More than half of all adults are enrolled in at least one of these services. Note that in Figure 6, adults may enroll in more than one service, so the total number is greater than 208 (the total number of adults).

**FIGURE 6. Types of CWF Service Bundles among GF2020 Families**



Of the 113 adults bundling two or more services, 75 percent bundle Financial Counseling and Income Supports. Forty-three adults bundle all CWF services, or 38 percent of all adults who bundle two or more services.

**What proportion of participants are receiving “warm referrals” to outside service providers?**

Another component of the GF2020 model includes referrals to health and other family-related supports. 80 of the 193 eligible families (47 percent) received referrals. As shown in Table 7, among those 80 families, 184 referrals were given, with an average of 2.3 referrals per family. In other words, 138 of 649 coaching interactions (21 percent) resulted in referrals. Fifty-three families (27 percent) received multiple referrals. Note that in the table below, percentages of scheduled and attended referrals are calculated as a percent of given referrals in that category.

As only one in five coaching interactions results in a referral, the above data suggest that referrals are not the primary task associated with coaching. Furthermore, it appears that few referrals reach completion, where the clients attends a referral-based appointment. At the same time, health-related referrals are the second-highest, and can be difficult to provide follow-ups. Staff reported being concerned about HIPAA violations by probing too deeply into topics that may be related to medical records, as well as contacting providers directly about whether a participant did contact the provider.

At this point, the ETO data do not show whether most external referrals given are followed through by participants, although in subsequent follow-up coaching sessions, subgrantee staff will indicate whether participants have done so. The staff survey contained theoretical questions about the premise of warm referrals, to assess whether subgrantee staff who work directly with participants (n=9) understood the concept as shared by UWCI to subgrantees. Program staff are working with subgrantees to ensure they are accurately reporting referral follow-ups into the ETO system.

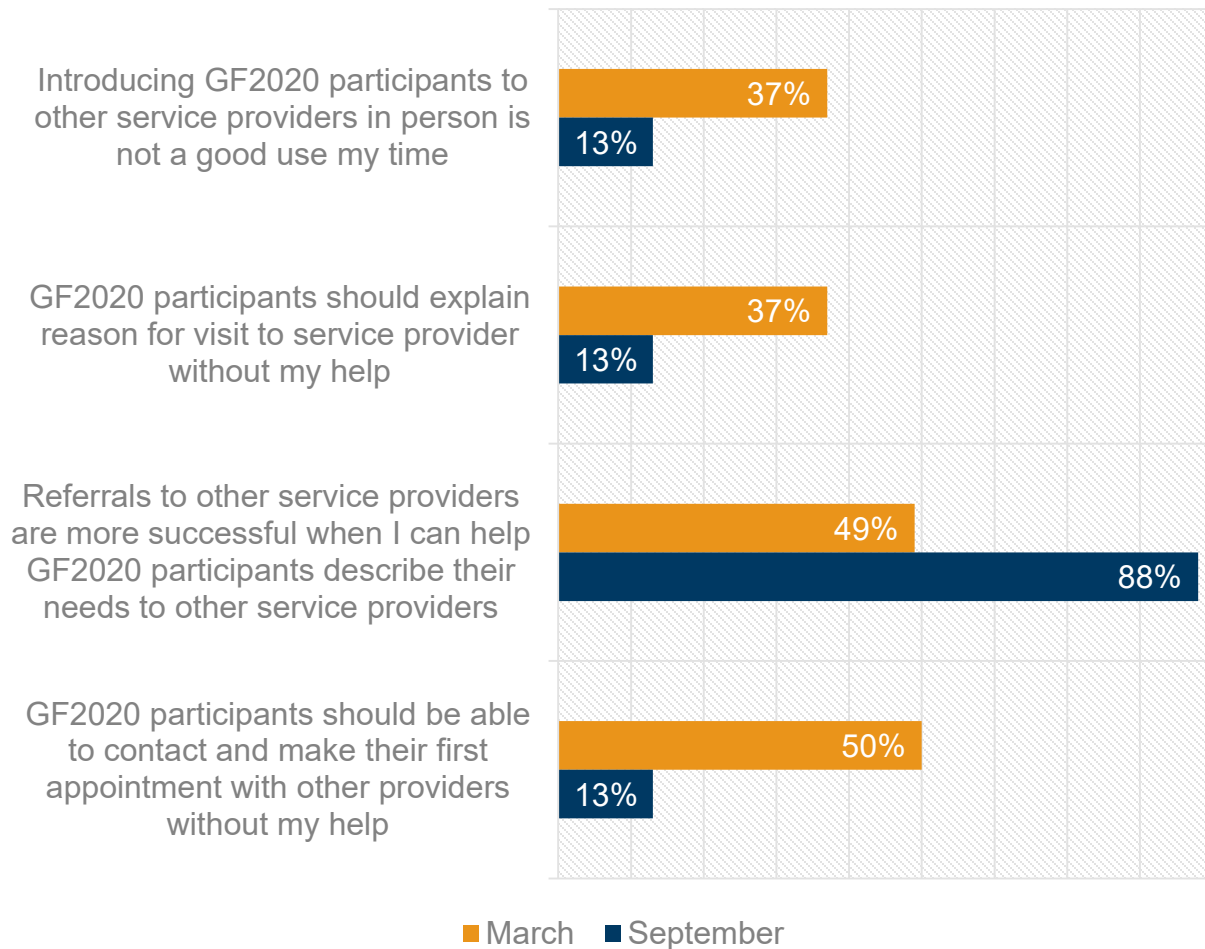
**TABLE 7. Referrals Given, Scheduled, and Attended by GF2020 Participants**

CATEGORY	REFERRALS GIVEN		REFERRALS SCHEDULED		REFERRALS ATTENDED	
	Count	Percent	Count	percent	Count	Percent
Community & Family	76	41%	3	4%	1	1%
Food & Nutrition	22	12%	0	--	0	--
Health Care Coverage	6	3%	0	--	0	--
Housing	25	14%	1	4%	1	4%
Medical Health	7	4%	0	--	0	--
Mental & Behavioral Health	43	23%	3	7%	2	5%
Physical Activity	5	3%	0	--	2	40%

A logical concern is that subgrantee staff may not fully understand warm referrals. To assess this, another set of questions aimed to gauge the extent to which staff actually conducted warm referrals when coaching participants. Warm referrals—for those given above, to CWF coaches, and to ECE providers—are intended to both create self-sufficiency for participants (i.e. encouraging them to meet with the agency to make their own decisions) and provide support for their efforts to work with other agencies or CWF staff. Specifically, if participants feel supported in their efforts to obtain additional assistance, they may be more likely to continue engaging with needed services and providers.

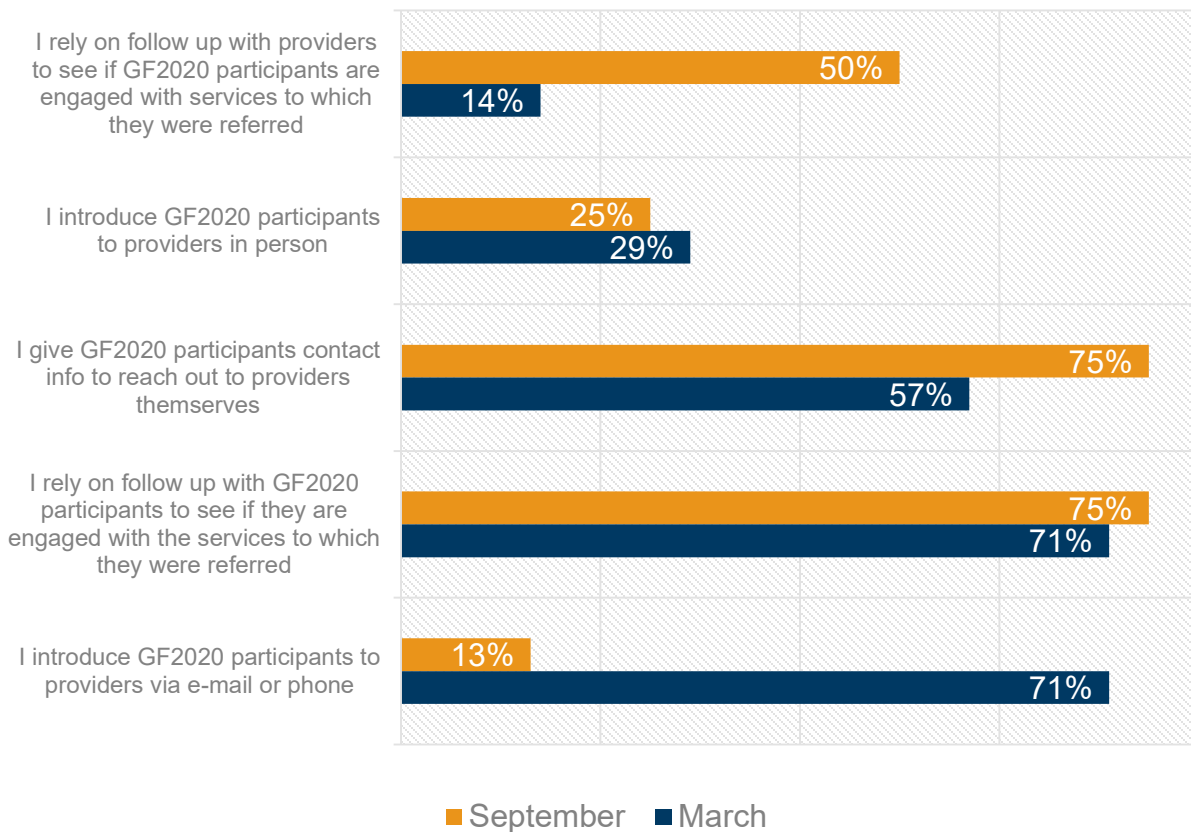
Figure 7 shows that from March 2018 to September 2018, a higher percentage of subgrantee staff indicated that referrals are more successful when coaches support participants in contacting and describing their needs to external providers. According to survey results, subgrantee staff believe it is a worthwhile effort for staff to introduce participants to external service providers. This improvement in understanding of theoretical warm hand-offs can likely be attributed to the promotion of these methods by UWCI during sessions and other educational resources provided for subgrantee staff.

**FIGURE 7. Theoretical Understanding of Warm Referrals GF2020 Staff (N=19)**  
 March and September 2018



As shown in Figure 8, GF2020 coaches largely indicate they follow up with participants and providers to ensure participants have received needed services. Fewer staff report introducing participants to providers in person or via email or phone, and instead provide contact information for participants to reach out to providers themselves. This trend may support the finding from the referral data showing fewer participants are attending or following through with referrals. In contrast with the improved understanding of the theoretical concept of warm hand-offs, these responses indicate GF2020 participants are increasingly expected to reach out to external providers on their own in practicality. Further qualitative inquiry will seek to determine whether this is a participant preference or if subgrantee staff are otherwise opposed to more direct introductions.

**FIGURE 8. Practical Use of Warm Referrals among GF2020 Staff (N=19), March and September 2018**



**What proportion of participants are attending social capital events and with what frequency?**

Each group of subgrantees hosted social capital events to which participants were referred. Some community-wide events aimed at increasing connection to neighborhood residents were advertised outside of GF2020 participants. For activities that were open to community members, coaches were available to recruit and engage with them to GF2020. Each event provided food for parent and children, and had a staff member engaging the children if a parent activity took place. Generally, the events were organized with a general agenda for families to follow. All interviewed families fully participated in the scheduled events, and reported satisfaction with the events.

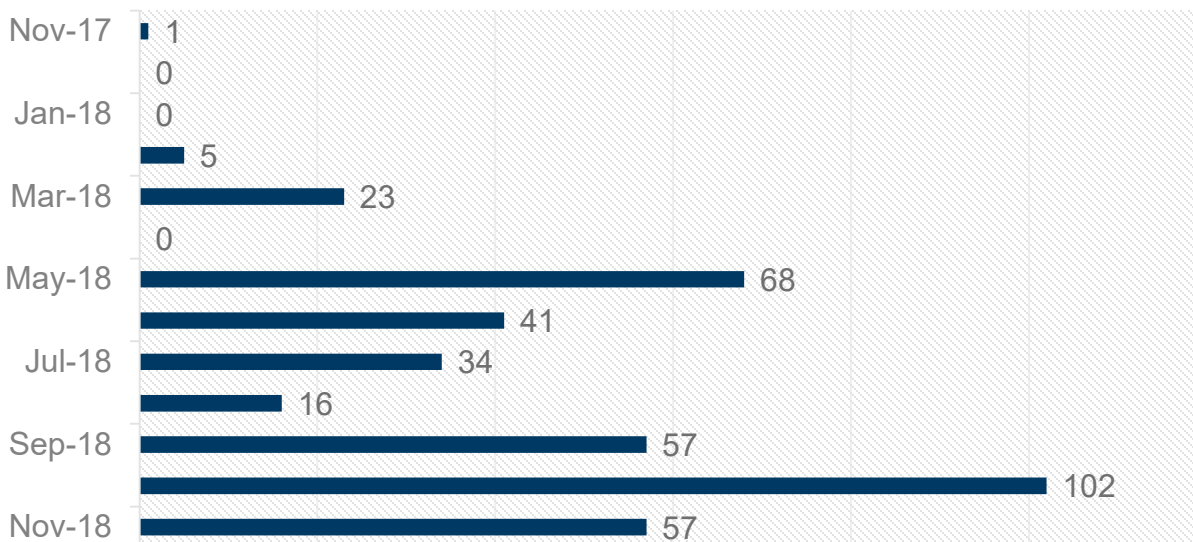
Approximately 40 percent of families (77 of 193) have attended a social capital event since October 1, 2017. Sixty-eight social capital events have been offered since that time. Of the 77 families who have ever attended an event, 82 percent have attended more than one event. Each family averages approximately 5.2 events attended (min 1, max 26). Since May 2018, subgrantees average nearly two such events a month. Even though participating families enjoyed the activities,

**TABLE 8. Trends among Peer Learning Attendees**

DESCRIPTION	VALUE
Number of distinct attendees	86
Mean Sessions/Attendee	2.83
Minimum sessions attended by participants	1
Maximum sessions attended by participants	11
Mean Attendees/Session	20.25
Number of organizations represented	19

not all GF2020 families attended the events. When asked, parents noted conflicting schedules as a major barrier to participation in these activities, but noted the provision of food and child care as a major facilitator for participating and attending these events. Staff also noted the need to incentivize participation through food and gift cards, but that tracking those funds from federal sources was complicated. Several subgrantees identified additional, typically local funding sources to fund participant incentives.

**FIGURE 9. Total Social Capital Event Attendance, by Month**



**What portion of peer learning sessions are attended by staff from GF2020 sites?**

Peer Learning sessions were developed to provide ongoing training and discussion about key topics related to implementing GF2020. Most GF2020 subgrantee staff regularly participate. Many subgrantees reported bringing their entire staff to Peer Learning meetings, but began being more selective about their attendance as specific topics became more relevant to individuals’ roles in GF2020. Table 8 shows trends in Peer Learning attendees, including the number of distinct attendees. The average attendee has participated in at least two to three sessions.

Depending on the topics, both subgrantee staff and partners attended these sessions. For example, during the trauma-informed care session, UWCI opened up the session to child care partners and other providers who may not normally attend Peer Learning sessions. A table of Peer Learning attendance and topics are shown in Table 9. As shown, attendance varied by month and topic.

**TABLE 9. Peer Learning Attendance & Topics, by Month**

MONTH	DATE	ATTENDEES	TOPIC
Dec 2017	12/20/2017	27	Data collection and entry
Jan 2018	1/12/2018	19	Federal compliance
Feb 2018	2/21/2018	36	Trauma-informed care



Mar 2018	3/21/2018	11	Childcare
Apr 2018	4/18/2018	27	Recruitment
May 2018	5/16/2018	16	529 Plans
June 2018	6/20/2018	15	Retention & Working with Contracted Partners
July 2018	7/12/2018	20	Financial Training
Aug 2018	8/21/2018	12	Co-Active Coaching Refresher

Staff provided mixed feedback about their perceptions of meetings. Only a third (33 percent) of survey respondents thought that peer learning meetings facilitated collaboration across agencies. At the same time, two-thirds of respondents said that they regularly communicate with subgrantee staff at different sites. Staff perceived that the topics focused more on issues of program management and grant compliance than skill building needed to develop and implement quality programming. Staff were also concerned that the sessions were not being used to facilitate as much open discussion about implementation problems among sites.

*“I just feel like at our meetings people ask questions, and there’s no real concrete answer. The greatest medium would be to have an open discussion [among subgrantees] about these questions. I might very well have the same question for my organization...When you’re running a pilot, the idea is that you will bump your head and people will share best practices, and I just feel like that doesn’t happen.”*

One reason for participation but lack of engagement is that staff reported that the topics vary in how relevant they are to their current needs. UWCI staff reported asking for subgrantee suggestions on relevant topics, especially since each subgrantee rotates in hosting events. Yet, subgrantees still reported struggling to develop topics and planned ideas for each meeting. UWCI plans to further engage subgrantees about relevant topics, while ensuring sufficient time to discuss issues and opportunities in program implementation.

**According to GF2020 staff perceptions, has collaboration between sites and partner/contracted service provides and agencies improved?**

Subgrantees identified an average of 18 partners with which they work to implement GF2020. The definition of GF2020 partners includes both organizations with which they have formal contracts (e.g. ECE providers) and informal relationships (e.g. identified mental health providers). The evaluator sought to gauge the extent to which subgrantees perceived organizations to be partners, and provided the general definition of organizations with which they work to implement GF2020.

The initial list of subgrantee partners was developed from the organizations’ workplans that were submitted to UWCI for approval prior to program implementation. Subgrantees also had the option of identifying partners with which they no longer worked and adding partners with which they developed new relationships. Staff were asked about how they rated their current level of collaboration with partners and their perceived level of collaboration with partners.

Figure 10 shows the average score for all partners from all survey respondents at each site. The figure also shows that almost all sites had perceived improvements in collaboration from March to September 2018. Two sites exceeded their ideal levels of participation. These trends suggest a potential for continued growth in

partnerships, especially as they stabilize their implementation of the model and understand which partners should be involved.

**FIGURE 10. Perceived Quality of Collaboration with Program Partners (N=19)**

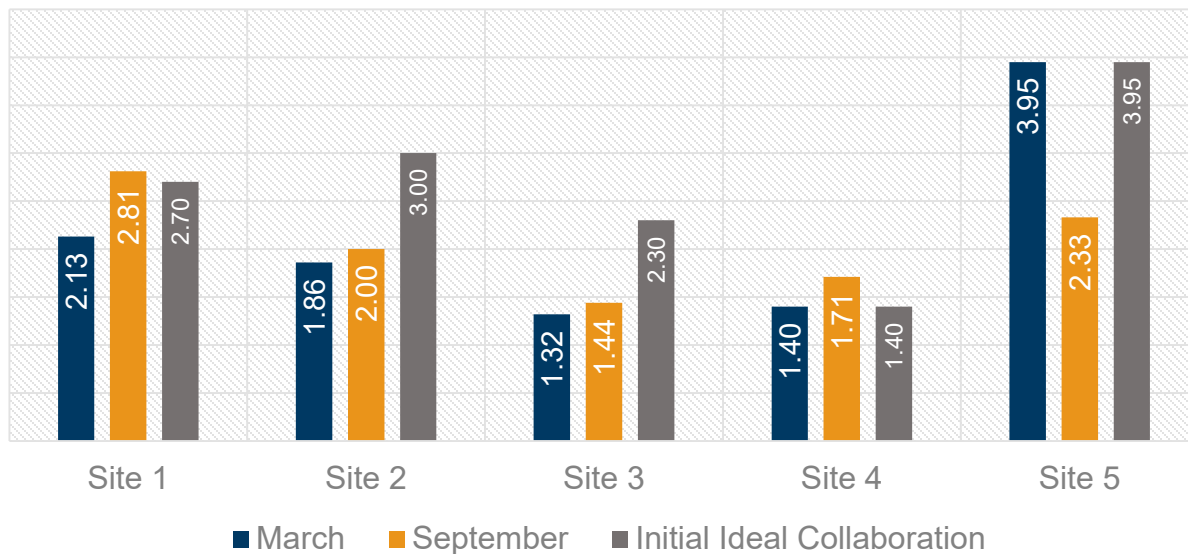
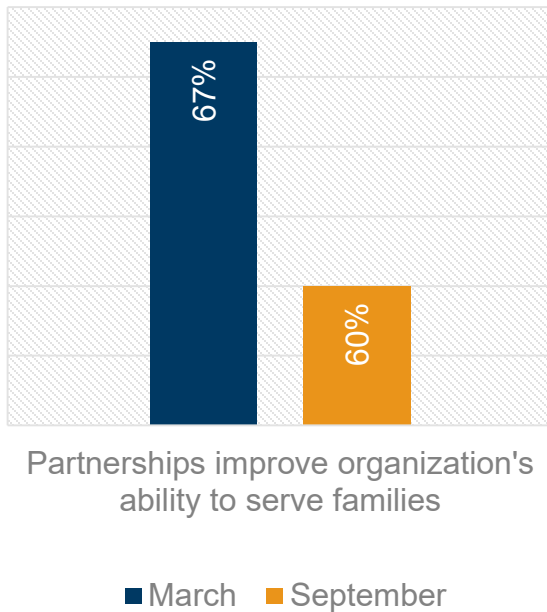


Figure 11 shows the proportion of staff who think that partnerships between GF2020 partners improved their ability to serve families. This proportion of staff agreeing with this statement declined from March to September. Staff indicated these perceptions are for a few reasons. First, some GF2020 subgrantees work with partners for referrals to the GF2020 site. Some subgrantees reported that over time, they recognized that the missions between their organization and the partner organization did not mesh well. They also thought those subgrantees did not always have the best ability to communicate GF2020 to potential participants.

**FIGURE 11. Percent of GF2020 Staff Agreeing that Partnerships Improve Ability to Serve Families (N=19), March and September 2018**



Partnerships improve organization's ability to serve families

■ March ■ September

core components of the model - recruiting eligible families, conducting and participating in family coaching, making warm referrals, and enrolling families in CWF and ECE—were generally conducted with fidelity, though with some nuances.

In other cases, some partnerships had not yet been formalized with contracts or memoranda of understanding (namely with child care providers), which slowed down some recruitment processes for sites. In other words, these trends were not applicable to all partnerships, just ones subgrantee staff deemed problematic, and especially if formalizing that partnership delayed implementation of GF2020. Subgrantees also thought that the implementation process for GF2020 was not completely clear going into planning and recruitment of participants, which may have confused some of their partners. As one staff member noted,

*“You have to communicate with your partners and go back and say, ‘Not so fast.’ You’re trying to build trust while back tracking.”*

Table 10 summarizes the findings related to implementing GF2020 with fidelity. Overall, most issues with fidelity were start-up setbacks related to implementing a new service delivery model. The

**TABLE 10. Summary of Fidelity to Components of GF2020 Model**

DESCRIPTION	EXTENT OF FIDELITY
<b>Recruitment of Families with the Following Characteristics:</b>	
Children eligible for quality early childhood learning (ages 0 to 5)	193 families in the dataset included an adult and an eligible child.
Parents who are willing to participate in coaching and in need of core GF2020 services (economic assets, education/employment, social capital, health and wellness)	While the client data do not indicate whether the adults were “in need” of the CWF service, 161 adults from the 193 families were enrolled in any CWF service. 47 adults (23 percent of adults) were not.
Live within one of five neighborhood boundaries	The subgrantees determine whether the families live in the prescribed area before enrolling them, so the data do not indicate whether the family lives within the target area. We assume all current, eligible participants live within the determined boundaries. However, as mentioned earlier, the boundaries were identified as a major barrier for recruiting sufficient numbers of families.
<b>Enrollment in Centers for Working Families (CWF) Programming</b>	
Participation in financial, employment, and income support coaching	77 percent of adults are enrolled in at least one CWF service.
<b>Family Case Coaching</b>	
Regular meetings with family coach to establish and follow up on GF2020 goals	Families meet on average with coaches every 17 days.
Development of family success plan and regularly updated goals related to the five core GF2020 services (Early childhood education, economic assets, adult education/employment, social capital, health and wellness) by a family coach	98 percent of families completed an initial Family Success Plan, and 88 percent were setting concrete goals. 63 families obtained a follow up assessment after their baseline enrollment.
<b>Development of and Direct Invitation to Social Capital Activities</b>	
Program sites develop and offer their own social capital events and invite families	Sites noted referring participants to social capital events as well as publicizing those events across the community, when appropriate. These events also involved Parent Cafés for the developing of parenting skills in addition to community-engaged activities aimed to increase families’ social networks.

## Warm Referrals

(help with contacting/introducing participants to service providers and/or bringing services onsite)

High-quality health providers	Survey and interview data indicate GF2020 staff understand process and execute warm referrals, but it is unclear whether sites are consistently entering those data points or clients are not consistently needing referrals
Early learning centers	Subgrantees vary in their ability to conduct early learning referrals due to availability of child care slots and timing with the academic year.
Workforce/ education, income supports, and financial coaching	Participants are typically directed to CWF coaches or those utilizing the CWF coaching model, who provide supplemental work and income-related coaching.

### Collaboration among Subgrantees & Program Providers in Following Ways:

Increased collaboration between subgrantee sites and contracted service providers, including regular contact between ECE and CWF service providers and family coaches (with permission of parent participants)	Subgrantees reported an average increase in the quality of their relationships with program partners. The number of partners declined over time due to program refinement and better understanding of how subgrantees preferred their programs to operate.
Regular “Peer Learning” sessions between all five subgrantee sites to share best practices and lessons learned with the intention of program improvement	Peer Learning sessions meet monthly, but engagement and utilization of knowledge varied. Topics did not always match the needs of staff given their point in the program implementation process.

## Quality Early Childhood Education (ECE)

Children must be enrolled in quality ECE programs as defined by a level 3 or 4 on the Paths to Quality scale, or with some exception, a Level 2 ECE with a specific plan working toward Level 3 with the support of UWCI	All 193 eligible families had children age-appropriate for ECE. All but one family had children enrolled in ECE programming. Sites’ ECE partners meet Paths to Quality criteria.
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# PROGRAMMING & STRUCTURE

## What are the site-specific differences of how subgrantees plan to implement GF2020?

This section highlights the key differences in implementation across GF2020 sites. First, Table 11 shows that GF2020 subgrantees vary in how they are structured. Recall that GF2020 provides flexibility for subgrantees to implement the GF2020 model in ways that fit their respective agencies. This flexibility is evident by the manner in which the GF2020 subgrantees were organized from the start of the grant process. All but one site has a CWF located at one of the subgrantee organizations. As such, most financial and employment-specific coaching and programming is provided by on site CWF staff, while Site 5 works with another CWF site to provide CWF coaching.

**TABLE 11. Site Differences in GF2020 Structure**

SITE/ NEIGHBORHOOD	KEY STAFF POSITIONS	CWF ON SITE?	CHILDCARE ON SITE?	GF2020 STAFF TURNOVER?
Site 1	<ul style="list-style-type: none"> <li>• Financial Coach</li> <li>• Family Support Coach</li> <li>• Community Engagement Specialist</li> <li>• Behavioral Health Specialist</li> </ul>	Yes	No	No
Site 2	<ul style="list-style-type: none"> <li>• Community Connector</li> <li>• GF2020 Coordinators (3)</li> <li>• Family Services Manager (JBNC)</li> </ul>	Yes	Yes	No
Site 3	<ul style="list-style-type: none"> <li>• Natural Caregivers (3)</li> <li>• Family Coach</li> </ul>	Yes	Yes	Yes
Site 4	<ul style="list-style-type: none"> <li>• Project Director</li> <li>• Plans to add Community Connector</li> </ul>	Yes	Yes	Yes
Site 5	<ul style="list-style-type: none"> <li>• Wellness advocates (3):               <ul style="list-style-type: none"> <li>○ Employment</li> <li>○ Childcare</li> <li>○ Mental health</li> </ul> </li> <li>• Coordinator</li> </ul>	No	No	Yes

Though each site executes the core processes of the model in the same way (families are recruited, enrolled, coached, and referred), each position has a different title. For example, family coach is the role identified by UWCI as working directly with families, while others call them family support coaches or community connectors. Some sites, in addition to or separate from having one core coach or person of contact, also have specific GF2020 topical areas. One site focuses heavily on wellness and emphasizes addressing trauma and mental health-related issues among its participants. Another site invested in staff who can work across childcare providers to manage and develop relationships with families, as well as recruit heavily from the neighborhood.

Similarly, subgrantees vary in whether they have a childcare provider on site. One site has two early childhood education partners as subgrantees, which helped them navigate the family enrollment process early, and identify families to recruit. They were able to keep slots open for participating children, while other subgrantees had to develop partnerships with other early childhood education providers. At the same time, subgrantees that had

on-site early childhood education providers noted that because their subgrantees were all high-quality, that the wait lists are usually long from families across the city, and that it can be difficult to reserve slots for GF2020 children since their enrollment fluctuated early in the recruitment process.

Lastly, some subgrantees have experienced some staff turnover in Year 1 of enrollment and data collection. As those positions have been or are being filled, these factors will be important to monitor to indicate stability of program implementation.

### How do initial implementation plans change after program initiation?

Table 12 highlights cross-site differences in how each program is implemented related to recruitment and changes to their implementation over time. Each site had unique recruitment and retention strategies, barriers, and unanticipated changes from the beginning of 2018. A Round 2 site made strategic decisions to hold off on formal recruitment until April, due to continued changes to their implementation process. Though this means they may have reduced the potential number of families, they think this has allowed them to confidently implement their GF2020 model. Having two subgrantees as childcare providers means that one site is deeply aware of issues in the classroom. They also began developing their plans for GF2020 in earnest around June 2017, so changes occurring after other subgrantees were incorporated and once the SEP was approved made them feel a setback.

Site 3 struggled to recruit and eventually hire natural caregivers (now fully staffed). Natural caregivers are trained community health workers who help connect to community resources from the unique perspective of not being a formal case manager, which they think will improve their ability to make sincere connections with community residents. Site 4 has been understaffed, but has increased key partners and strategies for recruitment and enrollment. Site 5 does not have consistent financial coaching as initially intended, but has increased efforts to recruit families through incentives and publicly accessible calendars, and partnered with a formal CWF coach at another site to provide formal coaching to participants.

### What is the level of parent and child participation at each program site?

As Table 13 shows, the number of enrolled participants varies by site, but generally, many parents had more than one age-eligible child. Subgrantees had unique challenges and opportunities in recruiting that may explain differences in enrollment, discussed above. Assessing levels of participation (e.g. attendance) was somewhat complex for children. The evaluation team aimed to assess child attendance by calculating the number of days a child attends ECE relative to the number of days that child is supposed to attend ECE. This calculation allows a better assessment of whether children attend as intended by the provider. Of children enrolled in ECE, most attend their provider at least three days per week. UWCI has worked with subgrantees to ensure subgrantees continue to communicate these data entry needs to their partner providers.

**TABLE 12. Differences in Program Implementation Changes & Strategies**

SITE	UNIQUE RECRUITMENT STRATEGIES	UNIQUE RETENTION STRATEGIES	IDENTIFIED BARRIERS	IDENTIFIED FACILITATORS	NOTED CHANGES
Site 1	CWF in first year; neighborhood outreach in subsequent years	Not rushing the relationship development process	Not being able to align program enrollment with child care/school year for students;	Supportive funders; waited until all staff were hired before	Modifying communication with partners as changes occur

			redirected funding	recruitment, enrollment	
Site 2	Family engagement activities with existing child care recipients	Finding children in the desired age group; Retaining qualified teachers	GF2020 boundary does not match CWF boundary, and also abuts with other providers' service areas	Two subgrantees are child care providers; deep knowledge of neighborhood	Planned substantial parts of GF2020 before having to modify family assessment tool to match all sites; direct effects from On My Way Pre-K
Site 3	Existing one-on-one relationships with children in childcare	Working more closely with Great Places 2020 efforts (a collective impact initiative)	Limited staff; too much paperwork deters participants	Confidence in implementing program with full staff	In-house child care provider was not sufficient, but pending contracts have prevented a major child care partner from joining
Site 4	Marketing through child care centers and neighborhood organizations	None identified	Insufficient staff to focus solely on recruitment	Onsite childcare center; motivational exercises for participants through CWF	Working with additional CWF agency to identify additional families
Site 5	Neighborhood canvassing; families at neighborhood school	Incentive books and a community calendar	Insufficient staff to focus solely on recruitment	Flexibility in structuring participant relationships due to no CWF; emphasis on trauma-informed care	Less financial coaching, more financial empowerment; have partnered with another CWF for financial coaching

**TABLE 13. Number of Enrolled Participants, by Site**

SITE	NUMBER OF ELIGIBLE FAMILIES ENROLLED	NUMBER OF ELIGIBLE CHILDREN
Site 1	71	82
Site 2	51	68
Site 3	28	31



Site 4	20	27
Site 5	23	33

# BARRIERS & FACILITATORS TO IMPLEMENTATION

This section walks through the four stages of developing and implementing GF2020, identifying key themes related to barriers and facilitators to each stage. Unlike the previous section, this one identifies unifying themes across sites, participants, and UWCI. The core questions this section aims to address include:

- What factors affect GF2020 recruitment, enrollment, consent, and retention?
- What barriers exist for consistent data collection and entry?

Quotes that exemplify the themes identified are obtained from interviews and focus groups with UWCI staff, subgrantee staff and GF2020 participants.

## PREPARATION

Any efforts leading to GF2020, activities occurring prior to participant enrollments, and work related to developing the new initiative.

### Facilitators

#### *Dividing onboarding efforts/ramp-up time into separate rounds*

GF2020 subgrantees were onboarded in two rounds, with the first group selected in April 2017 and the second in August 2017. The first group of subgrantees had more time to think through their programming, anticipated partnerships, and other strategies in detail. The second group needed but did not have as much time to onboard and hire staff. They were able to learn from the first round of organizations to mixed effect. Specifically, while the Round 1 subgrantees did have lessons learned, they were unable to fully implement their programs during that time. Round 2 subgrantees originally anticipated having examples of implementation to follow, and reported being frustrated when there were not as many lessons available. Though staff did not like the delays in time to start their respective enrollments, several discussed the time needed to prepare to orient themselves to the work and develop better relationships with participants.

*“The timing of everything is not going as fast as I had liked to see it go, but then it’s more about obtaining trust from the families. That has been the reason for it taking as long as it has to get them to sign up. We’re becoming better at speaking with the families, the scripting, helping them understand the why and the question of what is this really?”*

#### *Staff were intrigued and motivated by the GF2020 model*

Many subgrantee staff have significant experience in social service provision (an average of 12 years among survey respondents) or with vulnerable populations in Indianapolis, and fully recognize the need for having coordinated services and linking children and parents in programming. UWCI provided training and support for the 2Gen model, and staff reported applying for the grant because of its importance. They all fully recognized the five core components of the model, with little dispute about what those areas were. One staff member

referenced its structure as one of the only consistent things about implementing the model during the start-up phase:

*“I feel like 2Gen and the components are set. I don't feel like there's a lot of latitude in that regard.”*

*“I feel like we can all say Great Families does these things, and with how we do it there is flexibility. Yes, the proposal said you have Paths to Quality [Levels] 3 and 4 and you have CWF. How we implement that has been very flexible.”*

## **Barriers**

### ***Understanding & Managing Program Complexity***

Though flexibility in implementation was generally viewed as a positive thing among subgrantees, they also wanted more direction and feedback on how their work should be conducted. Subgrantees all perceived that they would be able to implement the model in ways that were flexible to each site. Yet, concrete changes were made to some of their work during the implementation phase. These changes were informed by increased understanding of 2Gen approaches, CWF, and issues in data collection, among other emerging findings. Multiple subgrantees used the phrase “building the plane while flying” to describe the ways in which the model came together for their respective subgrantees and was ultimately implemented. Additionally, subgrantees maintained several questions related to GF2020 throughout the implementation evaluation phase including, “What happens when a child ages out of the program? Can families still receive services even if their child isn't receiving early learning services?” These questions are not necessarily reflective of GF2020 implementation issues, but inform key subgrantee decisions related to funding, informing and maintaining trust with participants, and long-term programming decisions. GF2020 program staff helped clarify these issues throughout the start-up phase of GF2020.

### ***Discontinued Programming & Evaluation Support***

By 2017, SIF began reducing and eventually eliminating substantial technical support for grantee organizations. For UWCI and the evaluation team, these cuts affected the ability to make decisions, which ultimately impacted subgrantees' preparation time, and led to issues with recruitment. Specifically, having never previously administered this grant mechanism, UWCI worked with multiple federal program officers due to internal CNCS turnover and faced receiving direction and administering compliance-related efforts. Recruitment was postponed due to the delayed approval of the SEP, as the evaluation team lacked CNCS evaluation technical assistance comparable to previous cohorts in developing that document as well. This delay hindered the ability of subgrantees to onboard and begin recruiting participants. Additionally, both grantees and the evaluation team anticipated more guidance and technical assistance during and after program implementation; both organizations have made connections with outside support to make up for this lack of assistance.

## **RECRUITMENT**

Any activities related to the initial and ongoing recruitment of GF2020 participants.

## **Facilitators**

### ***Relationships with Families & Organizations***

Subgrantees rely on a few main methods of recruitment: through childcare providers (children with eligible parents) and their internal CWF subgrantees (parents with eligible children). Subgrantees also identified multiple

partners with whom they currently work or planned to work in order to best recruit and serve potential participants. Though there were issues with reaching planned recruitment numbers overall, subgrantees were able to capitalize on linking potential families through their existing connections with providers and coaches.

### ***Familiarity with Coaching Model***

Staff at most subgrantees were experienced with the CWF model, or at least entered GF2020 with a basic understanding of how it operated. Subgrantee staff include primarily family coaches, with separate coaches for CWF-specific activities (financial, income supports, and employment coaching). Some subgrantees were large enough that they refer participants to CWF staff within their own site, and those individuals were considered separate to the subgrantee staff. Others more directly incorporated their CWF staff members into GF2020, ensuring that they also were aware of coaching techniques and additional GF2020 efforts.

## **Barriers**

### ***Lack of clarity on marketing approaches for eligible participants***

Marketing was identified as a barrier, but the reasons varied among participants and subgrantee staff. Participants did not perceive that the outreach was as comprehensive as it could be, citing a need for increased promotion of the effort and related activities on social media outlets. They thought doing so would increase the number of participants in the program. One participant said:

*“Definitely expand the outreach. I feel like there are a lot of people who need the program but don’t hear about it. It seems like the organizations in Indy don’t talk. One group works hard over here, another works hard over here, but they don’t connect to make their lives easier. When I was at the [local organization], I met a lot of people who could use GF2020. But I don’t think the [local organization] knew to tell them, and no one was there recruiting for it.”*

Among staff, marketing was an issue because they were not completely sure how to encourage participation in GF2020. The CWF model upon which GF2020 is based also lacks consistent marketing or branding techniques, rather, relying on word of mouth. At first, staff were unclear whether to market it as a program or how to effectively communicate the benefits of the model. Staff report that their ability to do so has improved over time. The sharing of participant success stories among subgrantee organizations gave staff more concrete examples to share with potential participants. Subgrantees have since boosted their recruitment efforts due to clarity about marketing, as indicated by the increase in enrollment numbers since last fall.

### ***Skepticism of place-based strategy rather than serving any family in need***

For several sites, a major barrier to recruitment was utilizing a neighborhood-based strategy to identify eligible families. The neighborhood strategy and specified recruitment boundaries were intended to more effectively target families, not prevent those in need from participating. With child care slots already at a premium, identifying families in need within a boundary was difficult to maintain. Most frustratingly, subgrantees would often discuss finding eligible families and then realizing they did not meet geographic criteria.

*“We did these events at [subgrantee organization] to draw interest and we had the coaches there, we had so many people stop by our table. We had like, 30 families and none of them qualified for GF2020. They either didn’t live in the boundaries or their kids weren’t young enough. It was awesome that the coaches felt like they were making a difference and making connections, so we didn’t feel like we wasted their afternoon. When we looked at the sign-up forms [staff member] said, ‘Yeah, none of these people qualify for GF 2020.’”*

Over time, staff did not perceive that the specified geographic boundaries resulted in benefits to their entire neighborhood. At the same time, subgrantees genuinely care about the impact they make on their neighborhoods, and still appreciate the challenge of improving their neighborhoods through individual participants. Ultimately, the boundaries hindered recruitment and subgrantees had to turn away families that otherwise would have been eligible. Figure 12 indicates subgrantee staff became less optimistic about the ability of GF2020 to improve their target neighborhood. Qualitative inquiry found this may be because staff felt that families living within their neighborhood boundaries opted out or did not qualify for GF2020, whereas early on staff was not aware of the limitations of these boundaries.

## ENROLLMENT

The act of making a participant’s engagement with GF2020 official, including completing any process or assessment that substantiates participation (such as the Family Success Plan).

### Facilitators

#### *Developing relationships with clients by administering the Family Success Plan*

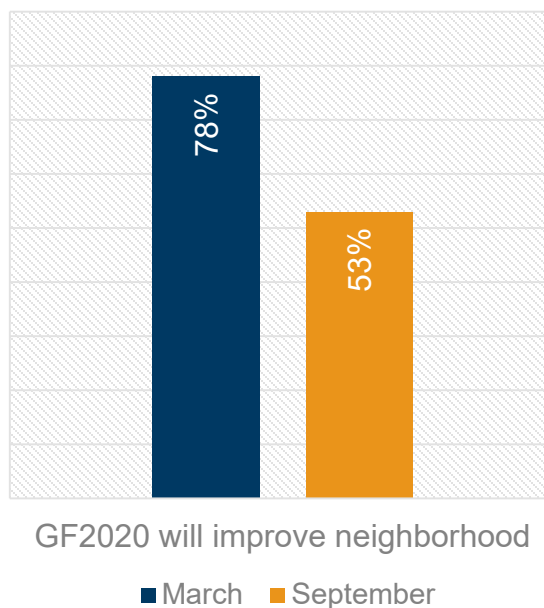
One hundred eighty-nine out of 193 families have completed an FSP as of December 5, 2018. The FSP is designed to help coaches guide families through the goal setting process and to establish baseline information on the individual’s perceptions of their economic, familial, health-related, and personal wellbeing. While additional analysis on these results will be illuminating for programmatic and evaluation activities, only cursory references to those results will be utilized in the discussion of the implementation findings. The subgrantee subgrantees appear to be administering FSPs consistently. In order to be fully enrolled in GF2020, each family needs to have completed at least one FSP within 30 days of signing up for GF2020.

*“You just ask them about hopes, dreams, goals and then show them how those can be aligned with our resources [at subgrantee] CWF. It’s typically one-on-one meetings with parents... I feel like a lot of the families like the idea of us telling them we want to support them and the community, being a support system to them. I think that’s why they listen to us, and the goal part is secondary.”*

#### **Familiarity with ETO and ETO support**

Although some aspects of data entry were new or confusing, particularly for newly hired staff, all subgrantees had used ETO before in some capacity and did not have to learn a whole new data system. Subgrantees appreciated having ongoing, on-site help with ETO. This notion supports the evaluation, as it creates data that

**FIGURE 12. Percent of GF2020 Staff Agreeing that GF2020 Will Improve Target Neighborhood (N=19)**  
March and September 2018



are efficient, streamlined, and consistent across all sites. Additionally, if changes are needed for data collection, those changes can be implemented simultaneously and consistently across all sites. As new staff was hired, the UWCI ETO team provided extra in-person training and online webinars to familiarize subgrantee staff with the data collection system.

### ***Developing positive participant/coaching relationships***

Participants were all generally positive about the relationships with their coaches, with the exception of individuals who had not yet been assigned to a coach. Participants were asked to rate the relationship with their coaches on a scale of 1 to 10. One participant said:

*“Eleven. The coaches here can connect with diverse populations. I think GF2020 helps organizations serve at a deeper level than they normally could. It is that deeper connection that helps make change. Without it, it would be easier to fall back into old habits and not really improve my situation.”*

## **Barriers**

### ***Consistent access to child care***

Child care, one of the five core components to GF2020, was a major barrier for subgrantees and in multiple ways. Some factors were beyond the control of the agencies. For example, the cost of high-quality child care is an issue, and GF2020 does not typically offset the cost of child care. Subgrantees all discussed issues with connecting families to preschool vouchers and scholarships offered by the state of Indiana: Child Care and Development Fund (CCDF) and On My Way Pre-K (OMW). Some interested GF2020 participants are on a long waitlist for CCDF funding, which may or may not become available in time for them to participate in GF2020 and have their children attend high-quality ECE. OMW has some requirements that make accessing this subsidy difficult for many families, including that parents must attend school, work, or participate in job training.

The waitlist for CCDF is extremely long, with anecdotes of children aging out of childcare programs before the funds are available to them. Additionally, the family work requirements have been implemented only since GF2020 began enrolling families, needed in order to obtain funding for Pre-K. Often, when a parent doesn't work in GF2020, staff report that it can be due to not having affordable or sufficient childcare. Additionally, as one site noted, parents can easily select a daycare close to their jobs as they do to their homes. One participant shared this opportunity as a reason for enrolling:

*“I needed the resources that this program helps with (housing and childcare). They told me about employee readiness programs at [organization] which was great. GF2020 “gets it.” [Subgrantee] has child care right across the road which is huge. It is not only easier, but it is so relieving to have your kid right by in a place that is of quality.”*

In addition to cost, staff also noted that due to one working parent or childcare preferences, some parents do not want their children in childcare, making them ineligible to participate in GF2020.

*“One woman works during the day and one works at night, so [each take turns] watching their kids. They believe that home is where they want to put them and we don't disagree because that's your choice, but that makes you ineligible for GF2020. Another one doesn't want to work, so she gets social security for her son in elementary school and she uses that because she doesn't want to work so she can then take care of her kid. She wants to be a stay-at-home mom”.*

Positively, many subgrantees have identified some solutions to child care, including obtaining additional grant dollars to offset the costs for families, and identifying Head Start partners, which offer free early learning services.

### ***Clarity of CWF Model***

Subgrantees were not always clear about the extent to which implementation flexibility applied to CWF and how that affected client enrollment in GF2020. While CWF consists of three types of coaching, and the best participant outcomes occur when all three are utilized, GF2020 did not initially stipulate when to enroll in each service or how many CWF services GF2020 participants should receive. When it became clear that initial bundling rates were low, UWCI strongly encouraged subgrantees to bundle services for GF2020 participants, notably Financial Counseling. Relatedly, an important outcome of GF2020 is improved financial stability. If participants are not enrolled in financial coaching initially, baseline financial indicators are not captured. It became apparent during implementation that collecting baseline measures of these outcomes would be important for determining GF2020 impact. In response to this challenge, UWCI developed a shortened version of the CFA tool that would capture the most critical financial data for participants who are not involved in CWF services that require a CFA. UWCI also worked with subgrantees to reiterate the importance of ensuring their sites' CWF staff members were fully on board and integrated into GF2020.

### ***Crisis management***

Related to clarity of the CWF model, staff were unclear about the extent to which families should be engaged in GF2020 if they were experiencing personal or financial crises. For example, if someone urgently needs a light bill paid, and they are identified as eligible for GF2020, subgrantees were unclear whether they should enroll that individual (especially in facing low recruitment numbers) or try to engage them at a later date. Staff aimed to balance their desire to help others with identifying families who met eligibility criteria, including an interest in more comprehensive services. One staff member said,

*“The people we need to be there for counseling or empowerment are not there. In general, a lot of our families are still in crisis mode in terms of a job. They can get a job, but they can’t keep it or it’s too far and they can’t get transportation. It’s about their needs and wants. They all don’t go to financial coaching, but they need to go.”*

The issue of juggling crisis management with coaching services was a major finding in the evaluation of CWF programs across Indianapolis that occurred earlier in 2018. Low rates of CWF engagement can likely be attributed to the enrollment of persons in crisis who do not intend to follow-through with long-term financial stabilization. These individuals also tend to enroll in income supports services, which are relatively short term compared to receiving financial or employment coaching. UWCI staff are developing a guide to clarify procedures for working with individuals who may be in “crisis” mode, and may not be ideal candidates for staying in CWF or GF2020 long term.

## **RETENTION & SUSTAINABILITY**

Any activities post-enrollment, related to ongoing participant engagement and retention, and model sustainability.

### **Facilitators**

#### ***Incentivizing participation***

Participants and staff reported incentives as a major facilitator to retaining families in the program over time. Specifically, gift cards, food, and child care for evening activities was reported as ways to keep families involved beyond the coaching relationship. More than one site was considering incentive booklets that could be redeemed for items of their choice. Again, subgrantees mentioned obtaining other sources of funding to provide these incentives to families. UWCI helped direct subgrantee staff to relevant funding sources when needed.

### ***Cross-site relationships***

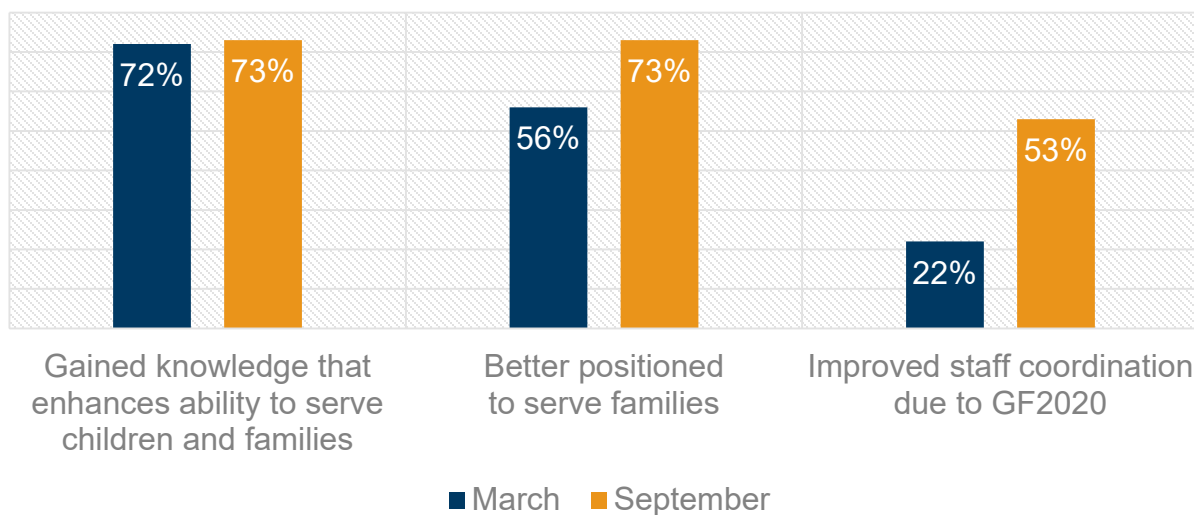
All subgrantees reported developing and maintaining relationships with staff from other GF2020 sites, and being able to work with one another for advice and best practices from their experiences. Many of these discussions occurred outside of meetings, and included impromptu phone calls to ask clarifying questions about how their programs were working or what they could do to improve. Most frequently, family coaches reported talking to one another to discuss ideas for marketing the program to participants, especially at the beginning of the implementation period. Several staff reported other subgrantees to be their primary contacts for programmatic questions. By developing and maintaining those relationships, subgrantees may increase their ability to troubleshoot implementation issues, in addition to support provided by UWCI.

### ***Internal cultural changes and adaptability***

Subgrantee staff reported improving their ability to serve families and improve staff coordination as a result of GF2020. Figure 13 shows how these self-reported improvements occurred from March to September. These survey trends reflect qualitative discussions about how staff became more comfortable implementing their versions of GF2020, and were able to adapt their work to best serve families who meet the core criteria. For example, one site discussed how they perceived their improvements in implementing GF2020 at their site over time:

*“It’s grown really slowly, but looking back it’s grown tremendously since we’ve started. It seems like once we got some important, basic stuff out of the way, it’s been growing dependably now. The progress is a lot more dependable, it’s more incremental now. I think that’s been nice. We’ve learned a lot about what works and what doesn’t work. We’ve had some really good success in the last month or so, and we’ve finally figured out this is what we ask people, how we ask people, and what we can expect.”*

**FIGURE 13. GF2020 Staff Perception of Adaptability and Improvement on Client Services, March and September 2018 (N=19)**



### **Barriers**

#### ***Competing interests among participants preventing long-term engagement***

Families and staff reported participation in social capital activities and coaching efforts might suffer from competing interests from participating families. Specifically, coaches were concerned that the relatively intensive, time-consuming nature of meeting with coaches and attending financial, employment, and other sessions might deter families from both enrolling and remaining in GF2020. One parent discussed the difficulty in flexibility for participation in group activities.



*“Working families have long days. There’ve been events here where I had to sneak and take a 15-minute nap to be able to make it through. You need to make it easier and more flexible for families and their schedules.”*

As mentioned earlier, staff reported aiming to schedule activities on Fridays or dates and times that generally do not conflict with work or school schedules.

***The effect of children aging out of programming on long-term retention***

A topic of concern for subgrantees is the child age requirement for family participation in GF2020. Initial criteria indicated that when a child turns 6, a GF2020 family is no longer eligible for GF2020 programming - and, relatedly, subgrantee cannot use SIF funding to pay for these families’ activities if they want to stay engaged in CWF. Subgrantees are grappling with how to enroll families with qualifying children who will not soon age out of the program. Subgrantees are also concerned with whether to disengage with these families when their children age out, or offer the opportunity to continue programming that is funded through other sources. Indiana recently passed legislation that prevents children who turn five after the beginning of the school year from enrolling in kindergarten. As such, UWCI is considering changing its criteria to account for that change, which may also increase the number of participating families in GF2020, as well as reduce the number of children who age out.

# REVIEW OF KEY FINDINGS

The following summarizes the key findings from this section:

## **To what extent is the GF2020 model implemented with fidelity?**

GF2020 is implemented with fidelity in areas of CWF and ECE enrollment, goal setting, and coaching sessions, but varied family needs may affect the extent to which each participant participates entirely in the model. The client-driven process means individual participants make decisions about what paths to follow, and therefore may not be interested in all components of the model. Similarly, allowing subgrantees to implement GF2020 differently according to their own programs and service offerings has resulted in differences with regard to implementation among sites.

## **How does implementation of the GF2020 model vary by site?**

Subgrantees were allowed to implement the GF2020 model with different titles for different roles, and had the ability to focus on key issues arising from their participants. As such, in addition to the core model, some subgrantees focused on trauma, others more heavily on social capital building and yet others on parenting capabilities. Implementing in different rounds resulted in different levels of enrollment, which were affected across all subgrantees by the ability to enroll children in ECE.

## **What barriers exist to implementation of the GF2020 model?**

By utilizing the facilitators noted in the report, subgrantees can overcome many of their initial barriers, including utilizing continuous improvement through Peer Learning sessions, coaches maximizing their relationships with participants, and continuing to provide effective data collection. Sites' relationships with each other and key partners is also a key factor in improving program delivery.

There were a few steps the evaluation team had to modify in this study, including not being able to conduct participant focus groups or satisfaction surveys. Future iterations of the implementation evaluation will seek to further engage participants, since sufficient numbers of individuals are enrolled to more fully assess differences in perceptions across sites. The proposed satisfaction survey in the SEP was only to be implemented once participants had been enrolled for at least four months, to ensure that they had developed a relationship with their coach and understood the premise of GF2020. As such, this instrument could not be disseminated at the time of the initially planned assessment. The team hopes to further use findings from the ongoing evaluation to inform subgrantees and UWCI staff about program perceptions, and to ensure quality service to families.

Overall, these findings identify multiple opportunities for GF2020. First, GF2020 experienced implementation issues frequently associated with newly implemented initiatives.<sup>15,16</sup> These issues include factors such as staff turnover, hiring delays, marketing strategies, and communication to improve team dynamics. Importantly, UWCI aimed to address any issues associated with implementation. The UWCI team used initial and ongoing findings from the implementation evaluation to inform a feedback session for subgrantees to weigh in on initial findings, as well as to make programmatic changes to reduce any issues or slight inconsistencies in program implementation. The range of these lessons learned and steps UWCI has taken to address inconsistencies are detailed in Part VI.

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<sup>15</sup> Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), 4-23.

<sup>16</sup> Sullivan, J. L., Adjognon, O. L., Engle, R. L., Shin, M. H., Afable, M. K., Rudin, W., ... & Lukas, C. V. (2018). Identifying and overcoming implementation challenges: Experience of 59 noninstitutional long-term services and support pilot programs in the Veterans Health Administration. *Health care management review*, 43(3), 193

Second, differences in implementation occurred across sites, though overall, subgrantees improved their ability to implement GF2020 and became more consistent over time. Similar to issues associated with any new initiatives, multi-site efforts tend to face implementation complexities and cross-site inconsistencies.

Third, the implementation study identified opportunities and considerations for conducting the impact evaluation. In terms of capturing program delivery, the subgrantees are recording the frequency with which subgrantee staff are helping participants set goals, conducting CWF coaching sessions, referring participants to additional services, and providing social capital events.

As a result of the initial implementation study, the evaluation team will continue to assess each site for how well they are implementing GF2020 with fidelity. This process will include continued site observations, focus groups, and staff surveys. With increased enrollments into GF2020, the team will also aim to develop and maintain participant focus groups, as well as implement the client satisfaction survey developed for this round of the evaluation.



**PART IV:  
FEASIBILITY  
STUDY DESIGN**

# FEASIBILITY STUDY DESIGN

The purpose of feasibility studies is to assess the type of evaluation strategies that might work best for programs, including assessing barriers to developing a rigorous impact evaluation. The evaluation team developed a feasibility study design that aimed to assess the readiness of GF2020 for a quasi-experimental, matched comparison group study, including both the extent to which implementation processes and participant outcomes supported a rigorous impact design.

A series of feasibility questions were outlined in the SEP and are addressed in this report. The feasibility questions were grounded in SIF's Evaluability Assessment,<sup>17</sup> used to determine whether grantees are ready to conduct a rigorous evaluation. Questions assess organizational readiness and capacity for change, program readiness (largely related to fidelity to the model), and evaluation readiness (assessing the potential for a comparison group or other impact design options).

## PROPOSED OUTCOMES & IMPACT EVALUATION DESIGN

To develop moderate evidence for GF2020, the evaluation team aimed to use a quasi-experimental design to assess family program impact during the third and fourth years of GF2020. Specifically, the design and analyses would utilize a matched comparison group to compare outcomes for participants in the GF2020 model (treatment group) to those participating only in the CWF service delivery model (comparison group). Both groups of participants are obtained through pulling data from the ETO system on individuals enrolled in each program.

To clarify the program context for the comparison group, CWF is an evidence-based model that aims to provide financial stability to adults through a combination of financial, employment, and income supports coaching. As mentioned earlier, there are 12 CWF sites across Indianapolis, mostly housed in social service agencies, and tend to be concentrated in high-poverty areas. Even so, these CWF sites are not developed on a place-based model; participants may obtain services from any CWF site, not just those located nearby. This notion is particularly important as the population served tends to be highly mobile, and may develop rapport with a particular coach or site. CWF participants are not actively recruited; rather, most participants learn about CWF through word of mouth or through recommendations from calling Connect 2 Help (211) during times of financial crisis (e.g. inability to pay water bill).

CWF sites follow an implementation guide to provide services, but they vary in how those services are provided to clients. For example, some coaches are experts in one area (e.g. employment), while others provide support for all three services. Some have formal group orientation sessions, while others simply direct individuals to needed services or classes related to a particular topical area. Clients can meet as frequently with CWF coaches as needed to set goals and maintain rapport. Coaches reach out to clients to maintain those relationships and provide encouragement. All coaches meet monthly to learn best practices and hear from key stakeholders about opportunities for their respective sites.

Prior to discussing the feasibility study at hand, it is important to understand the initially proposed impact study. This section describes key outcomes of the proposed impact study for GF2020 as required by CNCS. The key components of the proposed impact design are described below.

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<sup>17</sup>[www.nationalservice.gov/sites/default/files/resource/SIF\\_Impact\\_Evaluability\\_Assessment\\_Tool\\_Final\\_Draft\\_for\\_Distribution.pdf](http://www.nationalservice.gov/sites/default/files/resource/SIF_Impact_Evaluability_Assessment_Tool_Final_Draft_for_Distribution.pdf)

## Define Match Criteria

The comparison group would be identified from CWF program participants whose data is maintained in UWCI's ETO system. CWF participants are considered a match if they fall within the range of pre-defined criteria to fit within a propensity score and have a GF2020 age-eligible child. The proposed propensity score includes the following demographic indicators: race, gender, language, education, criminal history and marital status. The goal is to identify at least two matches for each GF2020 participant (2:1). Participants will primarily come from CWF sites not affiliated with GF2020. Table 14 shows the remaining eight CWF sites that will be utilized as primary sources of CWF participants for the comparison group. As mentioned earlier, some sites are part of social service agencies, while others are not. One site has data that are not in the ETO system, but is willing to share baseline demographics and help identify individuals who may be eligible to participate in the comparison group.

## Identify & Connect with CWF Participants

The evaluation team will coordinate with CWF coaches to reach out to CWF participants with children ages 0-5 to complete the Additional Indicators survey of the FSP to compare with GF2020 outcomes. The additional indicators are a set of questions that measure mental and physical wellbeing, family cohesion and social capital. It is important to invite the CWF match group to complete this survey to understand whether the additional components of GF2020 programming have a measurable impact on these variables. Coaches will reach out to the potential comparison group members in one of three ways (in order of preference): 1) by email with a link to the online survey and phone number if they prefer to complete the survey telephonically; 2) by phone with information on how to access the survey link (or phone number); or by mail, in which case the evaluation team would provide a stamped envelope with the appropriate information enclosed.

If CWF participants choose to complete the survey over the phone, they would call the direct number of a researcher who will guide them through the survey in English or Spanish. CWF participants who complete the survey will receive will be invited to re-take the survey three times during the length of the study: at baseline, one year, and at the conclusion of the grant period. For each iteration of the survey completed, participants would receive incentives in the form of gift cards.

## Analysis

First, the evaluation team would test for significant differences in program engagement and duration of participation. Second, the evaluation team would test for significant differences in financial and employment outcomes between the two groups recorded as part of participation in CWF. Third, participant responses to the Additional Indicators Survey, which measures social capital, family wellbeing, and mental and physical health will be compared and tested for differences. Finally, the evaluation team planned to obtain ISTAR-KR assessment information on the children of GF2020 and CWF participants from the Indiana Department of Education (IDOE) with the consent of participating parents and assess whether there are significant differences in child outcomes.

As such, this feasibility study aimed to identify potential match criteria to be able to compare GF2020 and CWF participants; understand the best ways to identify and connect with CWF participant; and assess whether an analysis of identified outcome variables for determining group differences is possible.

The initial outcomes questions would aim to address initial issues related to whether the program shows initial signs of effectiveness, in addition to impact questions based on the comparison group design. They are as follows:

1. Among participating families, to what extent is the GF2020 model associated with changes in:
  - Child socioeconomic development
  - Kindergarten readiness
  - Parental net income

- Educational attainment
  - Employment
  - Job retention
  - Protective factors
  - Civic engagement
  - Social networks and support
  - Family cohesion
2. What characteristics are associated with improvements in participant outcomes?
  3. Do participant outcomes vary by site?

Table 15 demonstrates the feasibility questions the evaluation team sought to answer in order to ultimately be able to determine long-term impact questions. Each long-term outcome question is associated with several feasibility questions that the evaluation team aimed to answer during the feasibility portion of this study.

**TABLE 15. Feasibility Study Research Questions**

OUTCOME QUESTIONS	RELATED FEASIBILITY QUESTIONS
<p><b>Among participating families, to what extent is the GF2020 model associated with changes in:</b></p> <ul style="list-style-type: none"> <li>• Child socioeconomic development</li> <li>• Academic outcomes</li> <li>• Parental net income</li> <li>• Educational attainment</li> <li>• Employment</li> <li>• Job retention</li> <li>• Protective factors</li> <li>• Civic engagement</li> <li>• Social networks and support</li> <li>• Family cohesion</li> </ul>	<p><b>Sample</b></p> <ul style="list-style-type: none"> <li>• Are GF2020 participants representative of the target population?</li> <li>• Were enough GF2020 participants recruited, consented and retained to draw conclusions?</li> </ul> <p><b>Model implementation</b></p> <ul style="list-style-type: none"> <li>• Are outcome measures interpreted and captured consistently and accurately across sites?</li> <li>• Do short-term outcome measures track intended results?</li> <li>• Is performance data routinely collected (at least every six months)?</li> <li>• Is data sharing between subgrantees and the evaluation team smooth and frequent enough?</li> <li>• Based on key demographics and other programmatic measures, are there enough similar non-GF2020 participants to draw a matched comparison group?</li> <li>• Do we have enough information to appropriately match participants?</li> <li>• Do we have buy-in from CWF sites to support additional data collection with CWF participants?</li> <li>• Did any GF2020 spillover occur among those in the comparison group?</li> <li>• Can we obtain ISTAR-KR and DOE data for the comparison and treatment group?</li> </ul>
<p><b>What characteristics are associated with improvements in participant outcomes?</b></p>	<p><b>Developing comparison group</b></p> <ul style="list-style-type: none"> <li>• To what extent can we incentivize the comparison group to provide additional indicators? (indicators not already collected through CWF)</li> <li>• How do GF2020 and CWF families vary in terms of demographics?</li> <li>• How do participant families vary in terms of need and related service referrals?</li> <li>• How do participant families vary between sites?</li> </ul>

	<ul style="list-style-type: none"> <li>• What other impact designs are more feasible if the planned comparison group cannot be obtained?</li> </ul>
<p><b>Do participant outcomes vary by site?</b></p>	<p><b>Model implementation</b></p> <ul style="list-style-type: none"> <li>• How does coaching, goals and referrals (in terms of quantity and type) differ between GF2020 sites? (To be considered as dosage for the model).</li> <li>• Is dosage consistent enough between sites to the extent that GF2020 as a specific model is an identifiable from one site to the next?</li> <li>• Is there sufficient differentiation between CWF and GF2020 to discern differences in outcomes?</li> </ul> <p><b>Preliminary evidence</b></p> <ul style="list-style-type: none"> <li>• According to a pre/post-test, are there significant differences in GF2020 participant outcomes?</li> <li>• To what extent do outcomes vary due to baseline demographics versus programming?</li> </ul>

The feasibility and outcomes-related research questions (Table 15) aimed to assess to appropriateness of the GF2020 and CWF samples for a matched comparison group design; the appropriateness of GF2020, UWCI, CWF sites, and evaluation team to manage components of such a design; and to clarify potential barriers to implementation associated with program dosage. These questions are organized into four sections: Sample, model implementation, developing comparison group, and preliminary evidence. They are also condensed into the five research questions discussed in previous sections.

- Can data for treatment and comparison groups be collected and captured effectively?
- What barriers exist to developing a comparison group?
- Based on implementation of the GF2020 model, what factors prevent effective measurement of a comparison group?
- What factors prevent retention of a treatment group for an impact study?
- What initial findings from participants may inform a future impact study?



# DATA COLLECTION & METHODS

**TABLE 16. Data Collection for Feasibility Study**

METHOD	PARTICIPANTS	PURPOSE
Document review	Subgrantee applications, Indianapolis CWF evaluation report	To understand the initial goals and structure of GF2020 at subgrantee sites; to assess the feasibility of obtaining a comparison group using CWF data and participants
Pre/post subgrantee focus groups	GF2020 staff (combination of site directors, family coaches, and other staff unique to GF2020 subgrantees),	Understand how factors related to implementation may affect distinctions between the comparison group
Key informant interviews	Child care staff (2), CWF Staff (4), UWCI ETO staff	Understand barriers and facilitators to working with CWF as a comparison group and managing related data
Site observations	Five observations of GF2020 family or parent engagement/social capital activities	Perceptions of participating parents, observe subgrantee/client interaction, assess fidelity to the social capital portion of the model
Participant interviews	16 interviews with GF2020 participants attending social capital and community recruitment events	To understand barriers to participation and attrition that would affect a sufficient treatment group
Administrative data analysis	ETO data from all GF2020 enrollees; sample of CWF participants	Discern overall participant recruitment numbers and demographics, staff entry of client data, trends in baseline outcomes

The feasibility study employed similar methods to the implementation study, with efforts often informing both studies. As such, the following section aims to describe how feasibility data collection differs from the implementation design. Table 16 shows the data collection techniques used in this study, and how the same methods were used for different purposes. These efforts are described in detail below.

## FOCUS GROUPS

Focus groups with subgrantee staff took place in January (n=28) and June (n=20) 2018. Participants varied by site, but typically included a GF2020 director or key leader at each site and at least one family coach. Initially,

participants sometimes included executive directors of the subgrantee organization, but in the follow-up interviews, were not typically present due to hiring staff who work more directly with GF2020 participants.

For the feasibility study, staff were asked to identify barriers and facilitators to program implementation to assess issues in developing a treatment group. They were also asked perceptions of program effectiveness, issues with consistent and accurate data entry, and how their implementation of the program may have implications for developing a strong, differentiated treatment group.

The research team used thematic coding techniques to analyze the interview data with NVivo software. Key themes were identified after each set of interviews was completed. Aggregate findings were presented to UWCI staff after each round of focus groups, and identified key trends and opportunities for improvement.

## INTERVIEWS

Researchers interviewed CWF staff (n=4) to assess feasibility for a comparison group utilizing participants from other CWF sites, including incentivizing methods for comparison group participants, staff engagements, and the best methods to collect supplemental data. Interviews were also conducted with child care staff to assess feasibility of assessing child-related outcomes. The team also interviewed CWF staff to assess whether their staff would be available to support contacting subjects in the comparison group. Interviews with ETO staff at UWCI informed the extent to which outcomes data could be made available for CWF participants that consent to be involved in the research. These interviews were also transcribed and coded thematically using NVivo software.

## SITE OBSERVATIONS

To gauge quality of effectiveness of programming, site observations were conducted at GF2020 social capital events during July and August 2018 with each participating group of subgrantees to understand the structure and processes of GF2020 activities. Social capital/community engagement events were selected for a few reasons. Namely, most GF2020 activities occur with a family or CWF coach, and others require discussions of personal topics that may be inappropriate for outsiders to attend, especially during one-on-one or group sessions discussing trauma or personal growth. Additionally, some events were open to interested families not currently enrolled in GF2020, and it provided an opportunity to observe the effectiveness of recruitment activities as well.

Researchers utilized a common observation tool (see Appendix C) to identify the type and structure of activity taking place, the behavior of the participants in attendance and their participation in the activity, and the interaction between subgrantee staff and participants.

## PARTICIPANT INTERVIEWS

Because many subgrantees lacked larger pools of enrollees to conduct focus groups at each site as initially planned, the team utilized the site observations to interview GF2020 participants attending those activities. Using a structured interview protocol, the questions focused on their perceptions of GF2020 and related activities, as well as barriers and facilitators to participation. Additionally, some of the events were also open to non-GF2020 participants, and served as opportunities to recruit potential families. Individuals who had not officially enrolled in GF2020 were also interviewed to assess potential issues with enrollment and recruitment.

## ADMINISTRATIVE DATA

Administrative records for the feasibility include participant-level data related to baseline trends and participation in GF2020. Both types of data are assessed in this report to understand subgrantee trends in participation in group learning and trends among participants.

Participant-level data are collected in ETO and analyzed to understand overall participant recruitment numbers, participant characteristics, frequency and type of participant interactions with GF2020 coaches (dosage), referrals to additional resources, child ECE attendance, and participant attendance at social capital events. For the implementation evaluation, several key indicators from ETO were used to inform fidelity, namely service delivery referrals, successful client contact made by coaches, goal setting, and frequency of meeting with coaches.

### **Participant Attendance**

Attendance is measured through presence at program activities and case management appointments. The family coach and other subgrantee staff keeps records of client participation via sign-in sheets, as well as whether incentives were provided or publicized at that event.

### **Service Delivery**

Family coaches keep track of the services provided and referrals they make for clients, as well as whether they successfully contacted a client. Referral tracking includes identifying in ETO whether a referral was made and to what type of organization. Successful client contact is defined as whether the family coach reached a client through a call, e-mail, text message or other means.

De-identified participant data were received in December 2018 from UWCI, using the ETO-based summary reports that subgrantees run for data collection by IUPUI. For the implementation evaluation, key data points include understanding overall enrollment and those in key services, and baseline demographic trends. The reports include information on participants in GF2020 from October 9, 2017 through December 5, 2018. These data included records for 347 families. Of those, 193 families have at least one adult and one child and have not withdrawn from GF2020 for any reason. These 193 families will be considered the eligible family population for this report, with parents as the main unit of analysis. Descriptive analyses using these data for the implementation evaluation are included among the implementation findings.

Table 17 highlights the data sources for each variable in the outcomes evaluation, with detailed evidence and descriptions of those measures below.

**TABLE 17. Overview of GF2020 Outcomes Data**

OUTCOMES DATA	MEASURE	INSTRUMENT USED	SOURCE	ADMINISTERED BY	INTENDED RESPONDENTS	VALIDATED?	ASSESSED IN CURRENT STUDY
Early childhood education	Meeting age-appropriate benchmarks in math, English/language arts, self-care, socio-emotional skills, physical skills	ISTAR-KR	Indiana Department of Education	Teachers at early learning providers	Children/teacher assessment of children	Yes	No
Postsecondary education/workforce development	Employment Job retention Educational credential	CWF Client Enrollment Form	Centers for Working Families administrative data	GF2020 family coach	Parents	No (non-survey data)	Yes, baseline measures
Economic assets	Net income Debt reduction Financial stability/Affordable housing	CWF Combined Financial Assessment	Centers for Working Families administrative data	GF2020 family coach	Parents	No (non-survey data)	Yes (Income, housing, perceptions of stability) baseline measures
Health and wellness	Perceived mental health Perceived physical health Protective factors	Protective Factors Survey; Health Related Quality of Life (HRQOL)	Centers for Working Families administrative data	GF2020 family coach	Parents	Yes	Yes, baseline measures
Social capital	Civic engagement Social support	Social Capital Community Benchmark Survey		GF2020 family coach	Parents	No	Yes, baseline measures

# OUTCOMES

## Validated Outcomes

### *Health & Wellness*

The Protective Factors Survey aims to capture the extent to which parenting skills have improved throughout the program, and whether parents have developed protective assets, like social support, that safeguard children and their social development in the long term. This information is included under health and wellness because the existence of protective factors should help moderate toxic stress in the long term, per the logic model. These indicators were also selected for their ability to help identify short-term changes in child development and parenting outcomes that are associated with longer-term outcomes in child development and academic attendance.

Based on factor analyses, the survey subscales include family functioning, emotional support, concrete support, and nurturing and attachment. These subscales, aimed to measure positive parenting, have been negatively correlated with depression, child abuse, and stress, as well as trauma reduction within families.<sup>18,19</sup> This survey has been repeatedly tested for different types of validity and reliability, with positive results for both. The current study used factor analyses to identify the reliability of the measures in the current sample population, with similar findings of reliability. The five scales ranged from  $\alpha=.70$  to  $.88$ , indicating sufficient to high levels of reliability in the current sample.

Additional health-related questions were obtained from the Behavioral Risk Factor Surveillance System (BRFSS). This survey is administered by the Centers for Disease Control to identify national trends in health. The instrument uses self-reported health information using random-digit dialing. Validity tests indicate that the self-reported health indicators, namely lack of health insurance, and self-rated health, are valid measures of actual health and health care access. For health access, participants are asked, Is there a place that you usually go to when you are sick or need advice about your health? What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

The Healthy Days Symptoms Module from the Health-Related Quality of Life Survey from the CDC is used to gauge overall health. These questions have been validated across multiple indicators and tested for various types of reliability.<sup>20,21</sup>

The questions are:

- During the past 30 days, for about how many days:
  - did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?
  - have you felt sad, blue, or depressed?
  - have you felt worried, tense, or anxious?
  - have you felt you did not get enough rest or sleep?
  - have you felt very healthy and full of energy?

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<sup>18</sup> Sprague, C.M., et al. Youth psychosocial adjustment following wildfire: the role of family resilience, emotional support, and concrete support. *Child & Youth Care Forum*. 2015. Springer.

<sup>19</sup> Counts, J.M., et al., *The development and validation of the protective factors survey: A self-report measure of protective factors against child maltreatment*. *Child abuse & neglect*, 2010. 34(10): p. 762-772.

<sup>20</sup> Centers for Disease Control. *Measuring healthy days: Population assessment of health-related quality of life*. Atlanta, GA: Centers for Disease Control and Prevention, 2000.

<sup>21</sup> Moriarty, D.G., M.M. Zack, and R. Kobau, *The Centers for Disease Control and Prevention's Healthy Days Measures--Population tracking of perceived physical and mental health over time*. *Health and quality of life outcomes*, 2003. 1(1): p. 37.

Before administering these questions and discussing the FSP with staff at GF2020 sites, staff were concerned about how effectively participants would be able to accurately recall the number of days they experienced any of those symptoms. The indicators were modified to range from never, rarely, about half the time, frequently, and always. The grouped indicators suggest this developed scale has some reliability (Cronbach's  $\alpha=.80$ ). For the purpose of this analysis, these values were reversed coded so that findings could be interpreted as higher values suggesting better health outcomes.

### ***Early Childhood Education***

For the feasibility study, early learning outcomes were not able to be assessed, which is discussed in greater detail in Part V. However, understanding the context and assessment of these outcomes is important in understanding why those data were not analyzed for this report. Level 3 and 4 childcare providers in Indiana use the Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness (ISTAR-KR) tool to assess kindergarten readiness and overall child development. This instrument is used statewide and is aligned with Indiana Academic Standards for kindergarten readiness.

The tool is available for free for any public school or private provider, and can be used from infancy to first grade to assess a child's developmental skills in five domains: physical, personal care, socio-emotional skills, English-language arts, and math. ISTAR-KR is web-based, and trained teachers administer the tool through an online system based on ongoing observations of a student's behavior. A child's development on a total of 30 different indicators is listed by observed age in months, and compared to that child's age in months. For example, if a child is 47 months old, and has a personal care score of 52 months, the findings suggest that the child is above his age range, and likely kindergarten ready.

The assessment was developed by state researchers who conducted multiple tests to gauge the instrument's validity and reliability. For reliability, the researchers used Cronbach's  $\alpha$  on the ISTAR-KR subscale scores, each of which obtained a score higher than .90, indicating high reliability. The researchers also analyzed concurrent validity for ISTAR-KR by correlating the components with an existing measure of early childhood skills, the AEPS (Assessment, Evaluation, and Programming System). Children who did well on AEPS generally did well on ISTAR. The subscales of each tool were correlated at over .40, a moderate indication of validity.

## **Non-Validated Outcomes**

### ***Economic Assets & Educational/Workforce Development***

The Combined Financial Assessment (CFA) used in CWF financial coaching asks standard questions about homeownership, finances, and net worth. Specifically:

- Current monthly net income
- Amount of debt
- Financial stability (calculated as less than 30 percent of monthly expenses toward housing)

The FSP also asks questions about job placement goals and training:

- Current educational attainment
- Employment status
- Employment retention (employment status, measured at different time points)

These measures have been used in other studies of the CWF model, but lack reliability and validity testing due to not being part of survey instruments.

### ***Social Capital***

Social capital measures are taken from the Social Capital Community Benchmark Survey, developed for use in applied research. The survey has been tested across multiple communities (indicating reliability, though information on formal testing does not appear to be readily available through the project's website or other sources), and used to validate other social capital surveys.<sup>22</sup>

The evaluation team, in conjunction with subgrantees, identified key topics that would be relevant for their clients and programming, with an emphasis on indicators related to civic engagement and increasing formal and informal networks. Subgrantees suggested one of the biggest hurdles with clients was for clients to establish and maintain quality relationships with peers and in their community.

The measures used to gauge building and strengthening networks broadly include participants' perceptions of close friends, socialization activities, and neighborhood trust. For civic engagement, the team will use questions related to participation in neighborhood activities, civic affairs, and self-efficacy. Some of the questions were modified to capture relevant social capital events for the racial/ethnic groups and low-income populations who will participate in this research. The team conducted exploratory factor analyses to identify the extent to which these measures cluster around social networks and community engagement, respectively. The social networks measures had a Cronbach's alpha of .78, and the community engagement measures were .50, suggesting high and low reliability, respectively. As such, the community engagement indicators will be reported individually.

*Social networks:* The following outcomes are measured in a Likert scale (Strongly agree to strongly disagree)

- I believe that I can make my community a better place to live.
- I enjoy interacting with people in my community.
- People in my part of town are willing to help their neighbors.
- I can trust people in my neighborhood.

*Community engagement:* The following outcomes are measured in a Likert scale (At least once a week to Never)

- How many times in the past six months have you:
  - Attended religious services (not including weddings and funerals) or event?
  - Attended a celebration or event in your community?
  - Attended any public meeting, like for your neighborhood association or school board?
  - Visited relatives in person or had them visit you?
  - Visited a friend's place or had friends over to your place?

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<sup>22</sup> Seminar, S., *Social capital community benchmark survey. 2000: TNS Intersearch.*

# ANALYSIS

We conducted a power analysis to identify potential sample and effect sizes of analyses for the feasibility study. The study used to guide the estimation of effect sizes is Roder's 2016 report on the effect of Financial Opportunity Centers on financial and employment outcomes. This design used a variety of descriptive analyses, as well as a QED to estimate program impact. A power analysis was performed using the software PASS 13.

Due to lack of historical data, results were identified for multiple samples of sizes in terms of minimum detectable effect size (MDES) for two-sided tests with 80 percent power and at the 5 percent significance level. For continuous variables (e.g., net worth and credit score), power calculations were performed assuming analyses will be performed using a paired t test. For binary variables (e.g., obtaining employment and retaining employment), power calculations were performed for a one proportion z test comparing post-intervention proportions to the baseline proportions. Due to lack of historical evidence, a range of baseline proportions were used to investigate the possible detectable changes from baseline. In particular, the null proportion ( $p_0$ ), was allowed to vary from 0.1 to 0.9 by 0.1 for all three proposed sample sizes. Ultimately, 50 was identified as a sample size that would be sufficient for related analyses.

For programmatic data provided by participants to family coaches, the proposed analytic plan included conducting pre/post-test analyses on participant data from baseline enrollment and at a six-month follow up period after initial enrollment. The findings from client-level data consist of descriptive analyses as well as the pre/post results. Of adults who met GF2020 eligibility criteria, 63 completed valid six-month follow-up assessments. Paired t-tests were used to assess pre and post-test differences between baseline and six-month follow-up assessments. Changes were identified as significant if  $p < .05$ , with effect size changes calculated using Cohen's d statistic.

The sample size was sufficient to conduct difference in means tests, but not to conduct regression analysis identifying site-specific or demographic group differences, which would result in single-digit analyses for some sites. In order to gauge potential relationships between program components and key outcomes, the analysis consisted of pairwise correlations between programmatic variables (minutes of coaching) and demographic characteristics that may inform a comparison group (race, household income, adult educational attainment, number of children in the household, age, gender, and the outcome variable at baseline. All statistical analyses were conducted using Stata/SE 15.1



A glowing lightbulb hanging from a cord against a dark background with bokeh lights. The lightbulb is the central focus, emitting a warm, golden glow. The background is dark with several out-of-focus circular light spots in shades of yellow, orange, and green. A solid orange vertical bar is on the right side of the image.

**PART V:  
FEASIBILITY  
STUDY FINDINGS**

This section addresses whether conducting an impact evaluation using a matched comparison group design is feasible.<sup>23</sup> This section includes the following objectives:

- GF2020 Model: Discussions of how implementation of and fidelity to the GF2020 model affect the feasibility of implementing a matched comparison group design
- Study Sample: Identify trends and factors preventing development and retention of a treatment group for an impact study
- Data Collection: Discuss the extent to which data for treatment and comparison groups can be collected and captured effectively
- Assessing Comparison Group: Identify barriers to developing a matched comparison group
- Participant Outcomes: Identify trends and factors associated with changes in participant outcomes.

Each section answers the specific feasibility questions presented in the SEP using findings from the methodologies discussed previously. This section of the report concludes with a discussion of promising opportunities for an impact study, barriers to achieving validity and evaluating GF2020, and initial conclusions about potential design modifications for an impact study.

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<sup>23</sup> For the impact evaluation, the treatment group would consist of families participating in GF2020, while the comparison group would consist of CWF-only families.

# GF2020 MODEL

## FIDELITY & IMPLICATIONS FOR FEASIBILITY

### **Are the core components of GF2020 implemented with fidelity?**

The last column in Table 18 shows how fidelity in implementing GF2020 affects the feasibility of the impact design for GF2020. Overall, it will be crucial to continue enrolling families, and to complete modifications related to implementing the model in order to ensure continued fidelity and findings that are associated with a solidified program. UWCI staff have helped subgrantees address implementation issues in an effort to improve the feasibility of having an impact design through a clearly implemented model.

Because the GF2020 service delivery model is newly designed, the concept of what constitutes dosage was not established. Additionally, the CWF model on which GF2020 is based allows for differing levels of program dosage depending on participant needs. Importantly, families are meeting regularly with their coaches and setting goals, suggesting that the core, family case coaching component of the model is being delivered consistently across the majority of participants to assess its impact on outcomes.

Subgrantees appear to effectively enroll participants in CWF and ECE, but are not consistently entering information related to attendance at social capital events or ECE. All participants are not required to receive health-related services if they are not identified as a goal, and not all health-related goals require referrals (e.g. healthy eating). As such, it will be important to improve certain aspects of data collection and understand the impact of differing levels of dosage on participant long-term and short-term outcomes.

### **Are participants and staff satisfied with the GF2020 service delivery model?**

As discussed in Part III, participants and staff seem satisfied with the GF2020 service delivery model as theorized, and believe that GF2020 can be effective. For staff, concerns largely include implementing the grant expectations related to their programming and service delivery, as common in participating in a new service delivery model. Staff reported enjoying working directly with clients, while participants enjoyed their coaches, group activities, and the opportunities available to their entire family in addition to their individual goals. Clients noted the time commitment required to fully benefit from the program and time conflicts as barriers to satisfaction with the program.

Another component of this question involved calculating attrition for GF2020, where attrition from the program may suggest dissatisfaction. In addition to formally withdrawing from participation, like CWF, participants may stop attending coaching sessions or related activities. Based on this construct, and because adults are responsible for enrolling their families into GF2020, about 23 fully enrolled families (12 percent) have not been meeting regularly with coaches.

**TABLE 18. Fidelity Assessment & Implications for Impact Design**

DESCRIPTION	EXTENT OF FIDELITY	IMPLICATIONS FOR IMPACT DESIGN
<b>Recruitment of Families with the Following Characteristics:</b>		
Children eligible for quality early childhood learning (ages 0 to 5)	193 families in the dataset included an adult and an eligible child.	Additional enrollments are needed for a robust analysis
<p>Parents who are willing to participate in coaching and are in need of core GF2020 services (economic assets, education/employment, social capital, health and wellness)</p> <p>Live within one of five neighborhood boundaries</p>	<p>While the client data do not indicate whether the adults were in need of the CWF service, we assume that their enrollment in a service indicates need. 161 adults from the 173 families were enrolled in any CWF service. 47 adults (23 percent of adults) were not.</p> <p>The subgrantees determine whether the families live in the prescribed area before enrolling them, so the data do not indicate whether the family lives within the target area. We assume all current, eligible participants live within the determined boundaries. However, as mentioned earlier, the boundaries were identified as a major barrier for recruiting sufficient numbers of families.</p>	<p>Because most families do not receive all five services, it will be important to assess the variation in outcomes from those who do</p> <p>Site-specific effects can still be captured in future analyses by developing a measure for the site from which they receive coaching, and another for whether or not they live in the neighborhood</p>
<b>Enrollment in Centers for Working Families (CWF) Programming</b>		
Participation in financial, employment, and income support coaching	77 percent of adults are enrolled in at least one CWF service, of whom 21 percent are bundling all three services.	Not having individuals enrolled in CWF means that some key indicators to financial stability may not be captured (although this issue was identified and addressed early on through a requirement to complete a CFA regardless of whether participants are receiving financial coaching).
<b>Family Case Coaching</b>		
<p>Regular meetings with family coach to establish and follow up on GF2020 goals</p> <p>Development of Family Success Plan (FSP) and regularly updated goals related to the five core GF2020 services (Early childhood education, economic assets, adult</p>	<p>Families meet on average with coaches every 17 days.</p> <p>98 percent of families completed an initial Family Success Plan, and 88 percent were setting concrete goals. 63 obtained a follow up assessment after their baseline enrollment.</p>	<p>Understanding how frequently families meet with coaches is key to understanding the impact of different levels of dosage</p> <p>High response rates and goal development help with assessments related to outcome measurement.</p>

<p>education/employment, social capital, health and wellness) by a family coach</p>		
<p><b>Development of and direct invitation to social capital activities</b></p>		
<p>Program subgrantees develop and offer their own social capital events and invite families</p>	<p>Subgrantees noted referring participants to social capital events as well as publicizing those events across the community, when appropriate. These events also involved Parent Cafes and developing of parenting skills in addition to community-engaged activities aimed to increase families' social networks.</p> <p>For some families, it is difficult to attend these additional activities.</p>	<p>Subgrantees need to better enter participant attendance at social capital events to have a full assessment of the impact of those activities on participant outcomes</p>
<p><b>Warm Referrals</b> (help with contacting/introducing participants to service providers and/or bringing services onsite)</p>		
<p>High-quality health providers</p>	<p>Survey and interview data indicate subgrantee staff understand process and execute warm referrals, but it is unclear whether subgrantees are consistently entering those data points or clients are not consistently needing referrals</p>	<p>Subgrantee staff will be directed to update referral follow-up records in ETO</p>
<p>Early learning centers</p> <p>Workforce/ education, income supports, and financial coaching</p>	<p>Subgrantees vary in their ability to conduct early learning referrals due to availability of child care slots and timing with the academic year.</p> <p>Participants are typically directed to CWF coaches or those utilizing the CWF coaching model, who provide supplemental work and income-related coaching.</p>	<p>Not having sufficient numbers of child care subgrantees may affect the number of children enrolled in GF2020 and receiving ISTAR-KR assessments</p> <p>Some subgrantees receive CWF coaching from coaches primarily based at other CWF sites. The evaluation team will continue to assess the extent to which those site-specific differences may play a role in implementation.</p>
<p><b>Collaboration among Subgrantees &amp; Program Providers in Following Ways:</b></p>		
<p>Increased collaboration between subgrantees and contracted service providers, including regular contact between ECE and CWF service providers and family coaches (with permission of parent participants)</p>	<p>Subgrantees reported an average increase in the quality of their relationships with program partners. The number of partners declined over time due to program refinement and better understanding of how subgrantees preferred their programs to operate.</p>	<p>Subgrantees will need to continue keeping track of partnerships and the extent to which they may affect participant enrollment or attrition from GF2020</p>

Regular Peer Learning sessions between all five subgrantee subgrantees to share best practices and lessons learned with the intention of program improvement	Peer Learning sessions meet monthly, but engagement and utilization of knowledge varied. Topics did not always match the needs of staff given their point in the program implementation process.	It will be important for Peer Learning meetings to address cross-site program development and improvement to ensure program stability
<b>Quality Early Childhood Education (ECE)</b>		
Children must be enrolled in quality ECE programs as defined by a level 3 or 4 on the Paths to Quality scale, or with some exception, a level 2 ECE with a specific plan working toward Level 3 with the support of UWCI	All 193 eligible families had children age-appropriate for ECE. All but one family had children enrolled in ECE programming. Sites' ECE partners meet Paths to Quality these criteria.	Subgrantees thus far have had difficulty collecting ECE attendance, which is an important output

### How do case management, goals and referrals (in terms of quantity and type) differ between GF2020 sites?

As discussed in Part IV, subgrantees vary in how they implement GF2020 in terms of staffing and supplemental programming. Subgrantees implement case coaching (regular meetings with clients) consistently, but their approaches to goal setting and referral processes vary slightly, and are driven by client need. For example, clients at one site average around three goals per person, and seven goals per person at another site (Table 19).

All subgrantees reported initiating and maintaining in-depth discussions with GF2020 participants in order to set goals and refer them to needed services, and wanted to make sure the goals were as client-driven as possible. At the same time, some coaches reported trying to make goals attainable as possible in the short term, while others incorporated both short and long-term goals, potentially leading to variation in goal setting.

**TABLE 19. Coaching Sessions & Goals, by GF2020 Site**

SITE/NEIGHBORHOOD	PERCENTAGE OF PARTICIPANTS WHO SET GOALS	AVERAGE NUMBER OF GF2020 COACHING SESSIONS	AVERAGE NUMBER OF GOALS SET PER PERSON
Site 1	86%	2.4	6.3
Site 2	86%	5.1	5.6
Site 3	89%	6.7	7.7
Site 4	11%	3.5	2.7
Site 5	70%	3.0	6.9

One major difference across subgrantees was the extent to which CWF coaches were fully engaged in the GF2020 work, and the extent to which it substantially increased their workloads (particularly for those whose salaries are not funded by GF2020). The analysis of Peer Learning attendance also suggests that while CWF staff attended Peer Learning meetings, they did not do so once substantial GF2020 recruitment and enrollment began and the number of participants increased. To help remedy coordination issues between both types of staff, UWCI met with CWF site managers to further explain GF2020, and subgrantees increased their engagement with CWF staff about the purpose of GF2020 and how to more actively support participant enrollment.

### **How do participant families vary in terms of need and related service referrals?**

This section discusses participant outcomes for which families demonstrate particular needs that can be addressed by GF2020. As discussed in Part IV, the existing CWF programmatic data typically show longer-term growth on metrics such as net worth, for which improvement is more difficult to assess in a six-month period. The measures highlighted below are designed to capture short-term differences in participant outcomes.

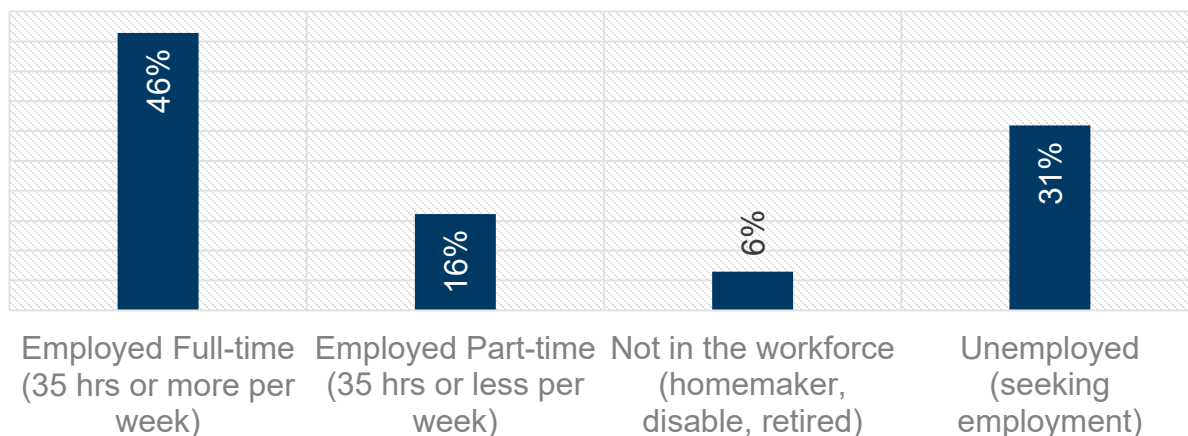
## **FINANCIAL STABILITY**

Families indicated clear need for financial supports. Only about a third of participating parents thought they could manage their family's existing debt, suggesting that financial coaching was a needed component for many participants. Only a quarter of participants think they will always be able to afford housing at their current income. Relatedly, 28 percent of participants have relocated at least once during the six months preceding their intake. Staff report that participants' housing instability is typically associated with not just fluctuating incomes, but housing that is both unsafe and unaffordable. Having a support system or knowledge of networks can be crucial for managing these issues; however, one in four participants reported that they would have no one to turn to if they needed food or housing for their families. Nearly half (48 percent) indicated that they don't have someone to turn to if they needed help making ends meet. These baseline findings suggest that a need exists for GF2020 to provide not just direct financial support and knowledge, but the relationship of the family coach to better understand options available to them.

## **EMPLOYMENT**

Employment-related FSP indicators not only aim to show trends in employment status, but to better gauge the extent to which participants are moving from any job to a better or more fulfilling job. More than a third of adults (45 percent) were employed full time at baseline; and 30 percent were unemployed, looking for work (Figure 14). Additionally, employment trends only vary slightly by site, ranging from Site 2 having the highest employment rate (76 percent of its participants employed at baseline), compared to Site 1 (56 percent of participants employed). This trend clarifies why many participants have not enrolled in employment counseling, as they may be both gainfully employed and satisfied with their jobs. These findings suggest an opportunity for coaches to further encourage participants to find fulfilling work with better pay, and better quality employment, and perhaps to develop employment-related coaching goals over time.

**FIGURE 14. GF2020 Adults, by Employment Status (N=155)**



## SOCIAL CAPITAL

Generally, prior to participating in GF2020, most participants reporting having social networks. Most reported visiting with family at least once per month (75 percent) and with friends at least once per month (70 percent) within the previous six months; however, fewer participants reported participating in events associated with greater opportunities for expanding their social networks, such as attending religious services (47 percent), community events (40 percent), or a public meeting (22 percent) during the same time period. At the same time, participants report low trust in their neighbors and neighborhoods (23 percent), and less than a third rate their neighborhood as being perceived as good or better. These responses suggest that GF2020's social capital activities may be able to support individuals in their need to increase and improve their community-based social networks.

## HEALTH PERCEPTIONS

Finally, GF2020 families indicate a need for health-related referrals. Most respondents reported having a usual place to receive medical care for themselves (95 percent) and their children (98 percent), but those locations for access to care varied, especially for their children. Ideally, few families would utilize an emergency room for routine care; however, only 47 percent of parents reported that their children typically go to a doctor's office if he or she is sick, while the remaining 45 percent take their child to the emergency room or clinic.

Of parents who had health insurance (92 percent of families at intake), 46 percent reported having coverage for mental health services, while the rest either did not have mental health coverage or were unaware of whether their coverage included mental health services. Despite having access to those services, a number of participants reported symptoms of mental health issues. Specifically, 63 percent of participants reported feeling sad or depressed for at least half the time over a 30-day period, and 50 percent reported feeling worried, anxious, or tense during the same time frame.

Parents may also be affected by mental and physical health issues in their families. Twenty-six percent of adults reported growing up with someone in their house who was a problem drinker or used drugs, and 25 percent reported having someone in their household who has experienced physical or emotional trauma. Health referrals are currently the least utilized component of the model. Given ER utilization and a proportion of individuals who report mental health-related issues, subgrantee staff may be able to make a stronger case for their referrals and to encourage follow up among participating parents. Collectively, these baseline indicators suggest that GF2020 participants would benefit from the services to which they were referred as part of GF2020.

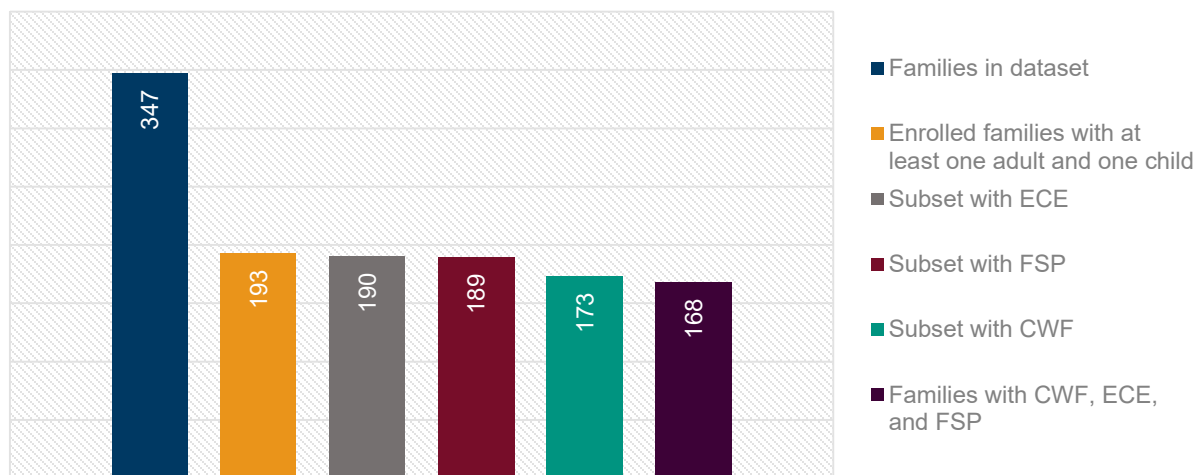


# IDENTIFYING A GF2020 SAMPLE

## How do participant families vary in terms of demographics?

Figure 15 shows the families who have been recruited and fully enrolled in GF2020. Of the 193 families analyzed for this report, 190 have children enrolled in ECE, 189 have completed a family success plan, and 173 have adults enrolled in at least one CWF service. One hundred sixty-eight families (87 percent) meet all of those criteria.

**FIGURE 15. Enrollment Trends among GF2020 Families**

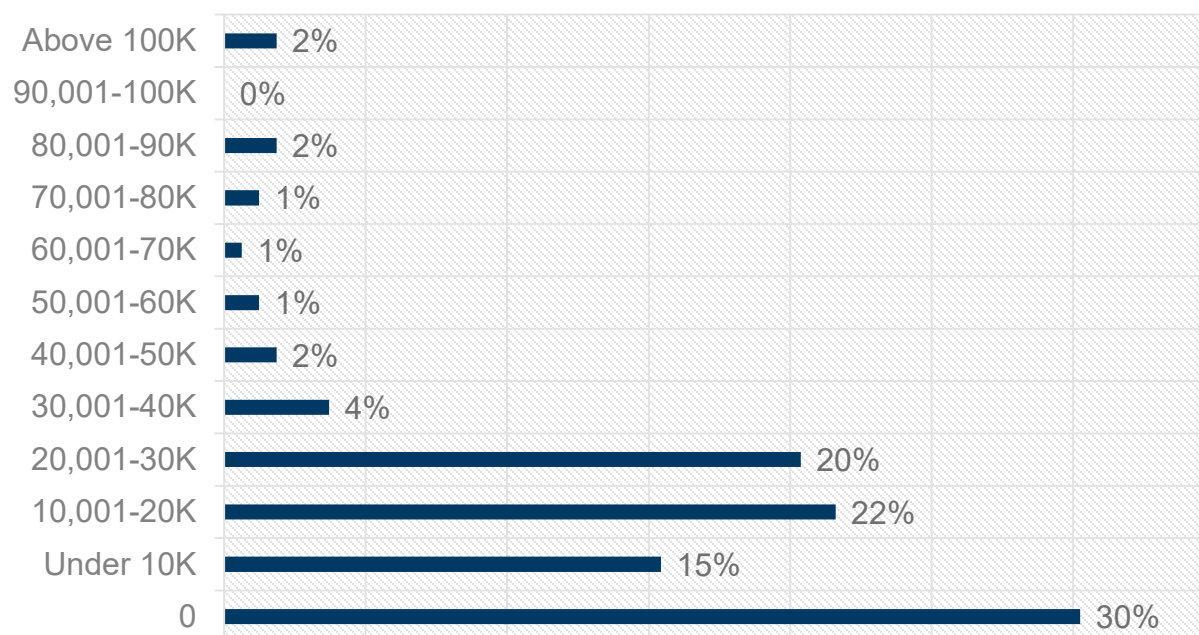


Participants have been enrolled for an average of 177 days (min 28, max 450). Approximately 14 new families are added each month, (excluding December 2018, for which only 5 days of data are available). Data represent 208 adults and 294 children from 193 eligible families. One hundred seventy-eight families have one adult, and 15 have two, indicating a large number of single-parent homes. There is an average of 1.3 enrolled children per family (min 1, max 5). Most families have more than one child in their household, but many are not age-eligible for GF2020. For example, 15 children in the participant data are six years old or older – in other words, are not GF2020 eligible – but are a part of families with children who are age-eligible for GF2020. From the 193 eligible families, 231 children receive early childhood education (ECE) and 42 have been ISTAR-KR assessed. All of the ISTAR-KR assessed children were age five or under at the time of this report.

Eighty-nine percent of adults report their gender as female, 10 percent as male, and the remaining either transgender or no response. For children, 38 percent are reported as female, 31 percent as male, and 25 percent provided no response. More than half of all adults (55 percent) are between 25 and 34 years old. About half (52 percent) of adults report their race as African-American or black, and 21 percent reported being Hispanic or Latinx. Adults often do not report their children’s race/ethnicity, which may have implications for outcomes. The GF2020 team is working with subgrantees to ensure those data are entered to be available for future analyses.

Enrolling families with varying needs across the GF2020 service model resulted in some diverse household incomes among GF2020 participants. As shown in Figure 16, among the 193 enrolled families, household income ranges from \$0 to \$139,000, with an average household income of \$25,177 (median \$18,720, excluding “0” values). Forty-nine families have “0” listed under income, and it is not clear whether this is a legitimate value or a non-answer. Since more than half of these values come from a single subgrantee site, we believe these values may be erroneous. Eleven families have incomes above the area median (\$56,750) and three earn more than \$100,000.

**FIGURE 16. Household Income among GF2020 Families (N=174)**



**Were enough GF2020 participants recruited, consented and retained to draw conclusions?**

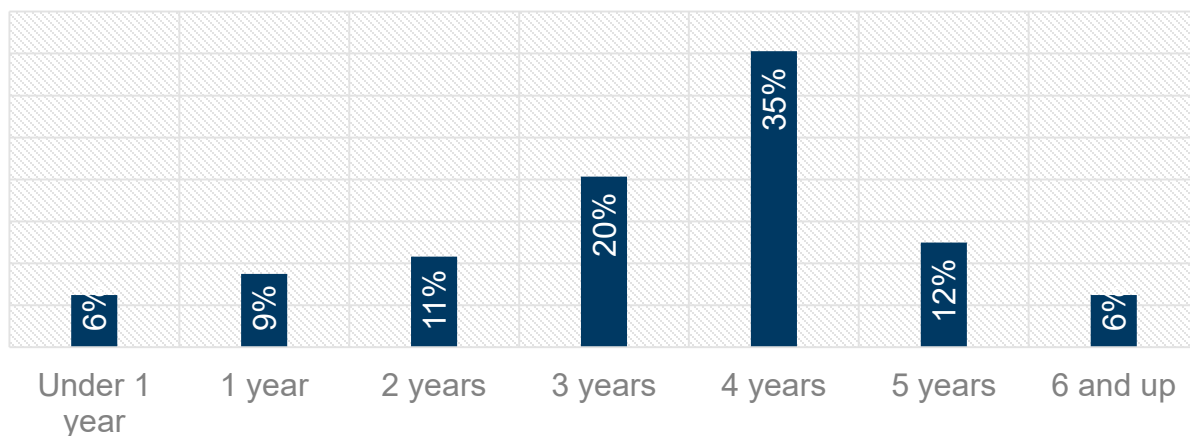
Overall, sufficient numbers of participants have been recruited to draw initial conclusions, though additional work will need to be conducted to understand the extent to which the number recruited, enrolled, and retained are sufficient for a comparison group study. Initially, subgrantee staff stated that they underestimated the complexity of the recruitment process. Since then, substantial progress has been made in recruiting and enrolling families. To date, 193 of 600 expected families are enrolled into the program (32 percent to overall goal). It is important to note that goal of 600 families includes a rolling enrollment deadline, meaning families may enroll throughout the grant period. Sixty-eight of the 193 families (35 percent) have provided consent to use their personal information for linking to child educational records. Only nine families have ceased participating in GF2020 to date, suggesting high retention.

UWCI has delineated the enrollment criteria and process in writing for subgrantees, adding it to a shared web portal and including it in an electronic newsletter. Specifically, from the date of enrollment, family coaches have 30 days to complete the FSP, 60 days to finalize ECE enrollment, and 90 days to complete any CFAs or related CWF documents.

**What are potential sources of attrition and can they be recorded?**

Only nine families have withdrawn from GF2020 since October 2017, so attrition from the program does not appear to be a barrier to retention (Note: these nine families are not counted among the 193). However, 53 percent of GF2020 children are age 4 or older (Figure 17), meaning some children may age out of the program before December 2020 unless they have an age-eligible sibling. Rolling enrollments of families will be important to monitor, as families who interact with the program longer-term may have better outcomes than those who remain for shorter amounts of time.

**FIGURE 17. Enrolled GF2020 Children, by Age (n=241)**



**Are GF2020 participants representative of the target population?**

The population to which GF2020 participants will be compared includes individuals receiving social services across Indianapolis. Specifically, the impact evaluation aims to compare differences in outcomes between persons receiving CWF services as usual to similar GF2020 participants, who receive CWF services plus the additional 2Gen services. As such, representativeness refers to the comparability of GF2020 participants to CWF participants. Overall, non-statistical comparisons suggest similarity on many key indicators, and differences on others.

Table 20 compares baseline trends in GF2020 participants to baseline trends among those enrolled in CWF (but not GF2020) between January 1 and October 28, 2018. These are not statistical comparisons, which will be explored and discussed in greater detail in the Impact SEP and subsequent reports. The amount of time required to clean and manage the ETO dataset also meant that this analysis could not include data from the entire 2018 calendar year, as those data were not available until the conclusion of this report.

**TABLE 20. GF2020 Sample Comparisons to CWF Participants with Initial Enrollment in 2018**

INDICATOR	GF2020 PARTICIPANTS	2018 CWF PARTICIPANTS (enrolled between 1/1/18-10/28/18)
Age in years (average)	32	47
Income (average   median)	\$18,102   \$12,840	\$15,337   \$8,300
Race/Ethnicity	Black: 51%	Black: 64%
	White, non-Hispanic: 29%	White, non-Hispanic: 22%
	Latinx (of any race): 23%	Latinx (of any race): 6%

Gender	Female: 87%	Female: 63%
Educational attainment	No HSD or equivalent:21%	No HSD or equivalent:21%
	HSD or equivalent: 28%	HSD or equivalent:22%
	Some college: 18%	Some college:17%
	Associate's degree or higher: 22%	Associate's degree or higher: 9%
Employment status	Unemployed: 24%	Unemployed: 30%
Housing	Non-rent subsidized: 33%	Non-rent subsidized: 30%
	Rent subsidized: 25%	Rent subsidized: 11%
	No rent (not including homeless): 29%	No rent (not including homeless): 12%
N	191 (adults)	4,013

The comparisons suggest similarity across groups in some key areas, but slight differences in others, namely income, race, education, and housing status. CWF is typically utilized by low-income families, but there are some outliers in GF2020 in terms of income. Outliers (n=11) were classified as individuals earning above the median household income. When outliers are removed from the sample, several of these indicators change. For example, average income declines to \$13,363, which is closer to the CWF sample's average of \$15,337. Differences in income are partially due to subgrantees reporting their restricted ability to recruit eligible GF2020 participants, and higher-income families who are interested in receiving some components of the model. It is unlikely that similar high-income families can be recruited into the comparison group from CWF sites.

There is also a higher proportion of Latinx participants in GF2020 relative to the CWF population. UWCI and subgrantee staff attributed this to targeted efforts to recruit Spanish-speaking families. Unlike CWF, which does not widely market its services, GF2020 aimed to enroll as many participants as possible, including using Spanish-language advertising and hiring Spanish-speaking staff, particularly in locations with higher proportions of Latinx residents.

It is important to note that GF2020 participants have higher response rates to baseline questions, likely due to consistent ETO training on data entry for those key indicators and staff-reported utilization of the Family Success Plan to discuss these indicators. Missing CWF data will make it difficult to accurately match participants to GF2020 participants.

In short, it appears that GF2020 families tend to have similar levels of economic vulnerability as CWF families on average, especially once outliers are excluded from the data. Understanding the differences among GF2020 and CWF participants is crucial for developing a propensity score on which to match similar cases. The apparent differences between samples indicate it may be unlikely that a match can be found for some GF2020 participants. As GF2020 enrollment has increased, the characteristics of the GF2020 sample more closely align with those of the CWF participant sample. Optimistically, 4,013 people have enrolled in CWF (728 of whom meet GF2020 criteria) through October 2018, indicating that a substantial number of potential matches exist.

# DATA COLLECTION

## **Are outcome measures interpreted and captured consistently and accurately across sites?**

Generally, outcome measures have been interpreted and captured consistently across sites, with the ETO clarifying any issues with data capture as they occur. The supplemental indicators are captured as part of administering the FSP, and are minimally entered at baseline. Nearly all (98 %) of participating adults completed the FSP at baseline, and the majority of indicators were answered. Understandably, the questions with the lowest response rates were related to substance use and trauma in the home, yet still resulted in an average response rate of 78 percent for those questions. Staff reported attempts to make participants feel comfortable responding to those questions, but did not force them to respond if they felt uncomfortable doing so.

Aside from indicators captured in the FSP, outcome measures captured from participation in CWF were consistently captured within or across GF2020 sites. Specifically, 79 percent of participants completed the required baseline CFA at the time the data were obtained for analysis. The CFA is a lengthy tool used by CWF financial coaches, and captures information about credit history, debt, assets, and other financial indicators.

As mentioned previously, collection of this data was not initially required, but subgrantees were later asked to complete a CFA as part of enrollment. UWCI developed a refined version of the CFA (containing fewer questions) to collect only baseline data related to net worth, which include assets and sources of debt. Doing so aims to reduce the time involved in collecting financial information from participants, particularly those who may not have identified financial coaching as a family need in conjunction with their coaches.

## **Do short-term outcome measures track intended results?**

Trends in baseline short-term outcome measures are described above. Generally, they show potential for improvement across several key indicators, particularly those that GF2020 was designed to address beyond the core CWF model. Specifically, the low baseline trends for social capital, health, and some key parenting indicators suggest not only opportunities to measure short-term results, but opportunities to refer families to needed GF2020 services and activities. Until statistical outcomes analyses can be conducted, it is unclear whether they will effectively show short-term change.

# COMPARISON GROUP ASSESSMENT

## **Are there enough similar non-GF2020 CWF participants to develop a matched comparison group?**

Data from the CWF evaluation indicate some similarities in the GF2020 population, but at this time it is not known if there are enough comparable matches in the CWF population to generate multiple adequate matches for the comparison group. Ideally, a matched comparison group study should aim to obtain at least a 2:1 match, such that multiple individuals may be matched to an individual in the treatment group. Though the two samples differ overall in some ways, there should be sufficient numbers of participants in CWF to match individuals.

Several factors point to the potential to have a large enough sample to conduct an analysis. First, the number of CWF participants across the entire network of subgrantees have remained stable over the past several years, with around 1,100 participants enrolled each year since 2014. The number of participants with children who were engaged in at least one coaching session increased during the same time frame, to around 500 unique participants per year. CWF staff note these changes in enrollment are likely due to CWF previously focusing on workforce development and employment after the recession, which resulted in a decline and plateau in new enrollments overall. Additionally, since 2017, two additional CWF subgrantees have been added in Indianapolis, resulting in additional enrollments, and a potentially wider sample from which to recruit a comparison group.

For 2018 and excluding two CWF sites, there are 727 adults enrolled for the first time in CWF with children who would be age-eligible in to participate in GF2020. This compares to more than three times the number of enrolled GF2020 adults, some of whom may not be matched due to demographic differences discussed earlier in Part V.

## **Is performance data routinely collected?**

Performance data are routinely collected by subgrantee staff, and additional efforts suggest this pattern will continue. Specifically, 48 percent of GF2020 families have been enrolled for six or more months. Though most current participants have not participated in their first follow-up assessment, those who were eligible have been assessed. On the other hand, CWF participants often disengage with their coaches within a year, which may make obtaining consistent CWF data difficult. In addition to waiting for CWF data, which is only updated when CWF clients meet with coaches, the team assessed the feasibility of disseminating the additional indicators in the FSP to CWF participants in the proposed comparison group.

CWF staff supported the idea of conducting the survey (particularly if administered by the evaluation team). The CWF subgrantees were further interested in helping to collect CWF participant data if they could obtain reports of aggregate-level information about their clients' social capital, health, child care needs, and other perceptions identified in the survey. The evaluation team intends to provide this report to each participating site. CWF staff also recommended offering increased incentives for each completed survey, and researchers would inform potential participants of the opportunity to receive increased pay for each round of survey completion during the initial contact. Additionally, identifying multiple matches for each GF2020 participant would be important in case individuals become unreachable.

## **Is data sharing between subgrantees and the evaluation team consistent?**

Data sharing between subgrantees (via the ETO team) to the evaluation team is consistent. We expect consistency to increase once the impact phase of evaluation begins, and data sharing becomes associated with increasingly regular analyses. For the purposes of this report, the evaluation team received de-identified data from UWCI, who manages the ETO system. In the future, reports will be provided directly by the subgrantees to the evaluation team, with technical support from UWCI. Subgrantees will run pre-defined reports created by UWCI, which will capture all the necessary data for evaluation purposes. We do not foresee technical issues with data sharing in the future.

For the implementation report, Indiana University’s Institutional Review Board (IRB) did not require client use of a consent form to assess the programmatic data. However, since the subgrantees will be utilizing a consent form for data sharing, the quantity and representativeness of the records in each subgrantee’s report may vary from site to site, and differ from the findings in this report.

**Do we have enough information and cooperation to appropriately match participants?**

Table 21 shows response rates for some potential match criteria to inform the propensity score for the study. Generally, there is sufficient information to match participants to inform a propensity score design, though additional analysis will occur with the year-end data received by the evaluation team. The match criteria discussed earlier are repeated below, with response rates for each of the indicators. The table also includes CWF response rates for those indicators. Specifically, financial coaching is crucial to the match process because it ensures that the comparable CWF participant has the necessary data entered for comparison. If variables on which the matched comparison group are drawn have not been entered into ETO, this could cause the research team to miss potentially valid matches to GF2020 participants. Should the response rates for a specific match variable be particularly low, the research team may request additional case notes, search for proxy measures in the available data, impute responses, or reconsider the match criteria. Although there is a substantial number of 2018 CWF enrollees from which to pull matches, data entry issues may complicate the matching process.

Cooperation with CWF sites also seems likely. While CWF staff have initially confirmed their capacity to support the GF2020 study, they typically have a heavy workload. Like GF2020 family coaches, CWF coaches are responsible for coaching clients in at least one of the three areas of GF2020, with some coaches responsible for providing support for all three areas. Their caseloads tend to be heavier than GF2020 coaches, as they have more participants who have been enrolled on and off for longer periods of time. They also tend to be responsible for data entry and management for their clients, as well as conducting outreach to check on those clients.

**TABLE 21. Response Rate for Baseline Potential Match Variables**  
GF2020 Compared to 2018 CWF Participants

VARIABLES	GF2020 SAMPLE	CWF SAMPLE
<b>Demographics</b>		
Age	100%	100%
Race	97%	100%
Gender	99%	100%
Household composition	84%	96%
<b>Socioeconomic Indicators</b>		
Income	61%	61%
Educational attainment	87%	73%
<b>Program Enrollment</b>		

Start date	100%	97%
Financial Assessment completed	60%	69% (Requires financial coaching participation)

CWF staff are a necessary component for comparison group data to be collected confidentially by the evaluation team, in that they must reach out to the identified participants and direct them to contact the research team to complete the FSP survey. It is foreseeable that staff workloads may conflict with our request to reach out to their clients for our study. The evaluation team plans to structure the outreach so that it occurs as a normal part of their workload, with the evaluation team conducting the actual survey and providing assistance wherever needed.

**Did any GF2020 spillover occur among those in the comparison group?**

At this point, the extent to which any spillover occurred among potential comparison group members is unclear; however, since most GF2020 families have been recruited through child care providers, it seems likely that spillover with CWF families may be relatively low. CWF agencies do not all have formal linkages between child care, social capital, and health and wellness providers and do not actively integrate a two-generational model in their programming. Interviews with CWF staff suggest that aforementioned services are highly needed areas of support for their clients, but many of their subgrantees currently lack the capacity to house such programs or formalize such linkages. At the same time, there are two different groups of CWF participants who may be utilized as part of the comparison group: those obtaining services from non-GF2020 subgrantees (the majority), and those obtaining services from GF2020 sites, most of whom are likely to be or have already been recruited for GF2020.

For the first group, though CWF participants may not have the same programmatic structure as GF2020, in some cases they may access health or child care services through other means. The evaluation team will confirm whether matched CWF subjects access such additional supports on the survey provided to them. Collecting information on these factors will help explain whether GF2020 has a different impact compared to participants in CWF who also separately participate in additional services. For the second group, the survey will contain information that identifies whether the individual has heard about and been recruited to participate in GF2020.

**To what extent can we incentivize the comparison group to provide additional indicators other than CWF indicators?**

This question largely concerns individuals who would need to have a survey administered to them in order to develop the comparison group. As mentioned earlier, CWF staff mentioned the importance of incentives in any case to encourage client participation. Pending approval of the Impact SEP and IRB, the team intends to provide increasing amounts of incentives in the form of Visa gift cards to help ensure individuals participate in the survey initially and over time.

**Can we obtain additional Department of Education data for GF2020 participating children?**

We have developed a system to obtain general outcomes, but have not yet received our first set of data. To capture child outcomes, the study relies on obtaining data from the Indiana Department of Education. ISTAR-KR assessments are conducted by child care providers at least twice a year: at the child’s enrollment into the program/the beginning of each school year and at the end of each school year. The longer a child is enrolled in a program, the greater the number of assessments that child will have. Obtaining outcomes data related to participating children depends on the responsiveness and accessibility of the Indiana Department of Education



(IDOE). At the time of the Implementation/ Feasibility SEP, the project was waiting to finalize a data sharing agreement with the agency.

Since then, the evaluation team (represented by IUPUI), UWCI, and IDOE entered officially into a data sharing agreement in Spring 2018. As a result of that agreement, the evaluation team is permitted to request personally identifiable child outcomes data for GF2020 families. The agreement also provides for both parties to access relevant data for a comparison group of children who have completed kindergarten readiness assessments, which minimally occur at the beginning and end of the school year. Forty-six children have an indication in GF2020 participant records that an assessment was completed (subgrantees report whether or not a child has been assessed, but not the score itself).

At the same time, IDOE can take substantial time to reply to data requests and ensure their data are updated to match that of GF2020 records. In short, we are able to connect with IDOE to obtain child outcomes data via requests, but are in the process of refining the frequency with which those data are received, based on the timing of assessments and to ensure a maximum number of assessed children are included in those data samples.

### **Can we obtain ISTAR-KR data for child outcomes for both the comparison and treatment group?**

We can obtain ISTAR-KR data for the treatment group, but doing so for the comparison group will be more complicated. This section discusses the implications for both groups. To obtain educational data for the comparison group, the evaluation team would also rely upon consents from comparison group participants. That is, when those parents are surveyed, a question would need to be added about whether they would be willing to let the evaluation team access their child's ISTAR-KR records. At the same time, the comparison group is expected to differ from GF2020 families, namely in that their children may not be enrolled in a child care provider that conducts ISTAR-KR assessments. This may result in a highly unbalanced comparison group. Though the evaluation team would be able to obtain a match score for other children in the IDOE system to compare outcomes, doing so would not provide a true test of whether parental activities are associated with those of their children.

Short-term metrics can be added to the survey instrument to gauge child outcomes and attendance among both treatment and comparison group parents, and may be more informative for the impact study. As mentioned in previous studies discussed earlier, attendance and absenteeism are effective ways to assess student outcomes as a result of parental participation, in addition to serving as a programmatic output. All GF2020 child care subgrantees collect and share data on attendance, and we plan to add questions to the survey asking CWF parents how frequently they attend school. We will validate that measure by correlating actual attendance of current GF2020 children with GF2020 parents' perceptions of their child's attendance. Additionally, the ISTAR-KR data can be used to primarily identify changes in outcomes among GF2020 participating families rather than the comparison group. In this way, we can identify the extent to which developmental changes in parental and ECE outputs occur within the targeted population, which will inform future iterations of GF2020.

### **What other impact designs are more feasible if the planned comparison group cannot be obtained?**

The evaluation team is confident that a matched comparison group is a feasible design pending a few key steps. First, as mentioned earlier, the natural progression of individuals into CWF is that participants do not have to enroll in their CWF closest to their neighborhood. Additionally, the mobility rates of CWF participants means that they are likely to move, and many neighborhoods do not have a CWF site in walking distance. Despite a quarter of GF2020 participants responding that they moved at least once in the past year, GF2020 began with boundary requirements for participants that do not follow the typical CWF enrollment process. As a result, it will be necessary to conduct intra class correlations among GF2020 subgrantees and CWF subgrantees to identify any statistical differences among outcomes at the site level as part of additional analysis for the Impact SEP.

# PARTICIPANT OUTCOMES

## **According to a pre/post test, are there significant differences in GF2020 participant outcomes?**

This question aims to assess differences in participant outcomes from baseline to follow-up among GF2020 participants. As mentioned earlier, the sample size was sufficient to conduct pre/post analyses, but not statistical associations between GF2020 program components. We report the pre/post-test analyses between key GF2020 program indicators and related outcomes. Again, given the six-month time frame between baseline and follow-up assessments, as well as similar considerations in related two-generational research, we focused primarily on short-term indicators rather than longer-term ones (e.g. educational attainment). All content areas experienced some improvement between baseline and follow up, but not all changes were statistically significant.

## **To what extent do outcomes vary due to baseline demographics versus programming?**

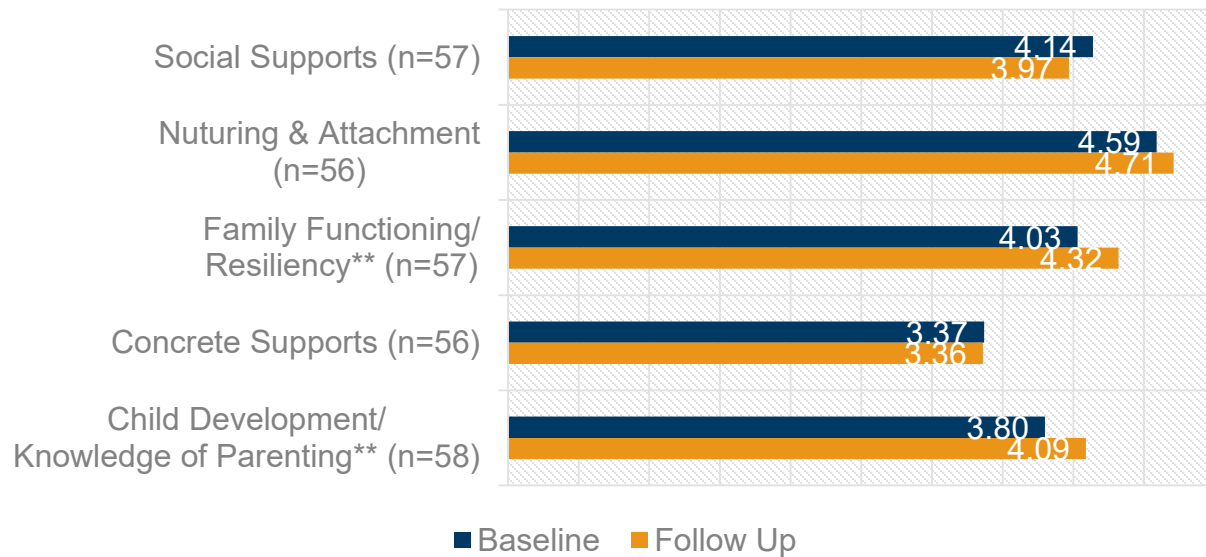
Finally, to provide initial ideas about what factors may be associated with six-month outcomes, we conducted pairwise correlations across programmatic (minutes of coaching and subgrantee site), and demographic (household income, number of children, African-American, Latinx, gender, and age) indicators relative to the significant outcomes identified in the previous section.

Overall, many demographic factors were not significantly associated with program outcomes, though some were. Specifically, Latinx participants were negatively and significantly associated with outcomes related to child development ( $r=-.36$ ,  $p=.00$ ), where black participants were and positively and significantly associated with child development ( $r=.33$ ,  $p=.01$ ). This finding suggests potential differences in improvements by demographic groups. Additionally, households with higher numbers of children were significantly and negatively associated with family functioning and resiliency ( $r=-.32$ ,  $p=.03$ ). Importantly and related to fidelity, subgrantee site was not associated with any outcomes reporting significant improvements, suggesting that despite slight differences in implementation, those differences may not directly affect participant outcomes in meaningful ways. Clearly, additional statistical analyses can be conducted as additional follow-ups are completed and the sample size increases to the point where additional inferences can be made about the potential programmatic associations of GF2020.

## PROTECTIVE FACTORS

Participants experienced significant improvements in protective factors, namely family functioning and resiliency ( $p=.004$ ,  $d=.41$ ) and child development and knowledge of parenting ( $p=.006$ ,  $d=.51$ ). Because families interact very heavily with child care providers and related parenting activities provided through social capital activities, parents may receive additional growth in these skills, which directly benefit their child. Over a third of parents (35 percent) saw improvements in each of the question related to family functioning and resiliency. Over 40 percent reported improvements in being able to remain calm during their child's misbehavior, with a third reporting increasing praise toward their child, and helping their child learn.

**FIGURE 18. Pre-Post Differences in Protective Factors among GF2020 Adults**

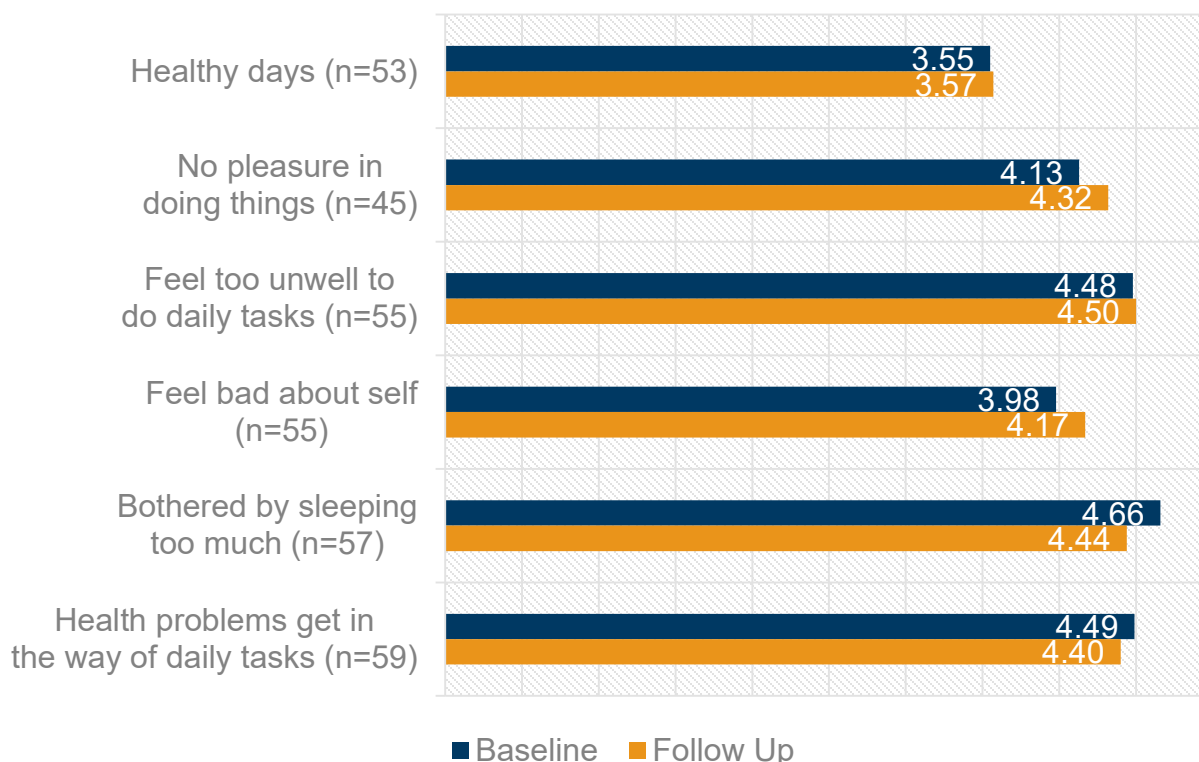


## HEALTH & MEDICAL CARE

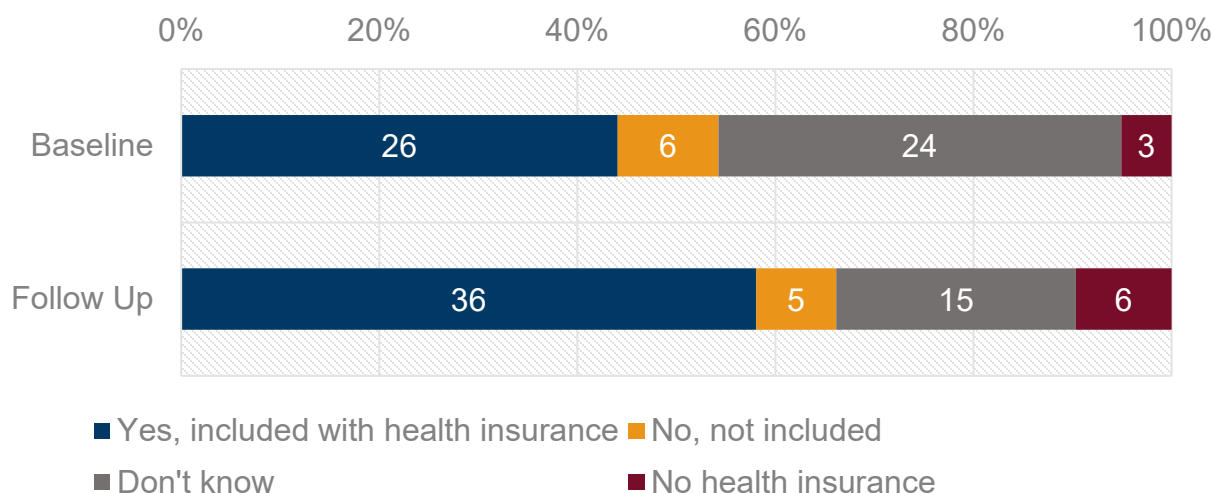
As a component of healthy days, adults reported significant improvements in anxiety-related emotions ( $p=.049$ ,  $d=.29$ ), but did not experience significant improvements in other perceptions of health. Yet, the proportion of individuals reporting improvements in these outcomes ranged from 15 percent (physical health problems and sleeping too much) to 44 percent (parents feeling that they did not get enough rest). Recall that health-related referrals were among the highest of all referral options, and these improvements, though not significant, may reflect those efforts. Additionally, health-related outcomes are difficult to change in the short-term, and health may serve as an example of another goal for long-term outcomes change for GF2020.

Nearly all adults (98 percent) have a place to go for medical advice when they or their child is sick. Adults take children to the hospital more often than they would go themselves. More adults and children are going to a doctor’s office and fewer are going to clinics, indicating that medical health referrals may be helping to establish medical care for families. Though not statistically significant, the number of adults who reported not having health insurance doubled, but the number of those who reported having mental health coverage as part of their health insurance also increased. Nearly a quarter of adults (24 percent) do not know whether they have mental health coverage, though that number has declined. Participant discussions about health insurance issues may lead to additional examination or understanding about their own insurance coverage.

**FIGURE 19. Pre-Post Differences in Perceptions of Health among GF2020 Adults**



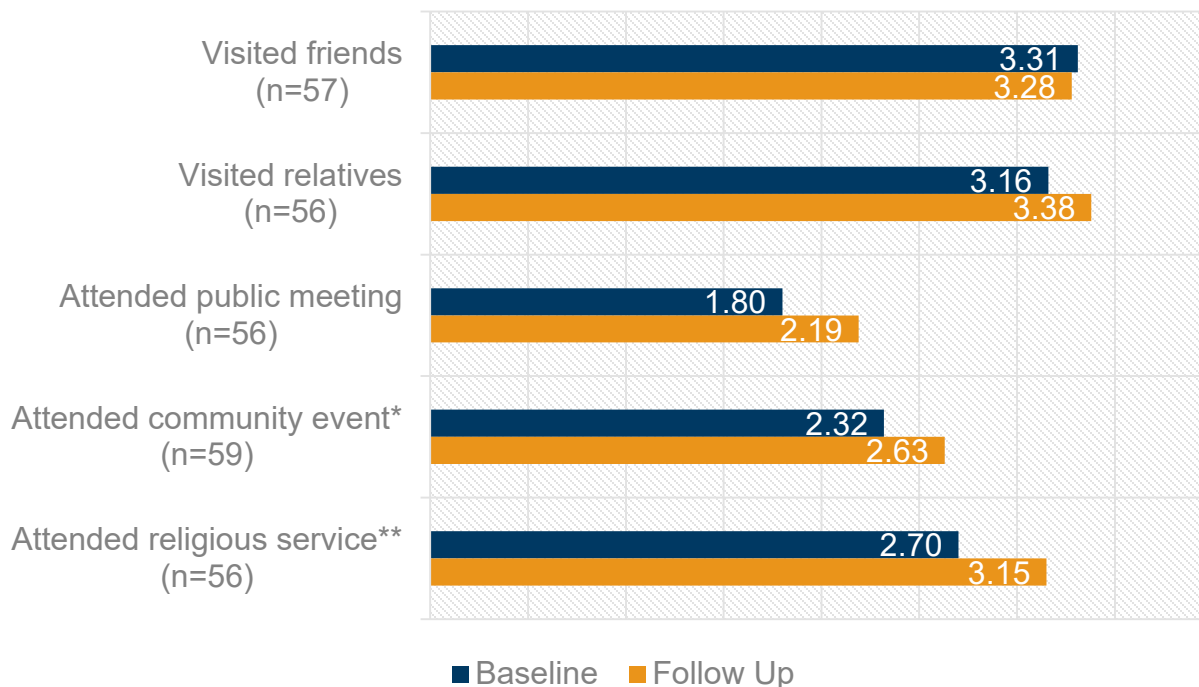
**FIGURE 20. Pre-Post Differences in Mental Health Coverage**



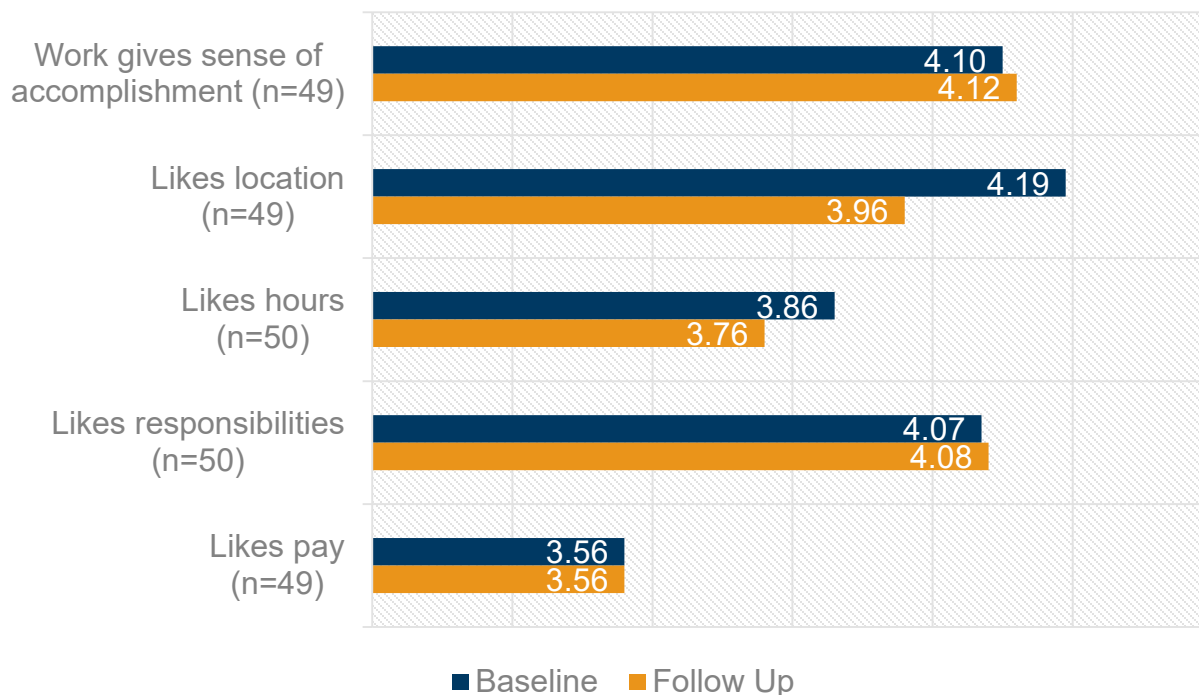
## CIVIC ENGAGEMENT

Participants experienced statistically significant changes in outcomes related to civic engagement, specifically for attending community ( $p=.020$ ,  $d=.41$ ) and spiritual events ( $p=.010$ ,  $d=-.28$ ). At least a third of participants reported increased engagement in civic events over the six-month time period. Subgrantees all discussed the importance of ensuring participants felt engaged in their communities. Additionally, social capital activities frequently engaged community residents, including more public events that were not specific to GF2020 families. As such, GF2020 participants may be increasing their civic engagement by meeting and interacting with new families.

**FIGURE 21. Pre-Post Differences in Civic Engagement among GF2020 Adults**



**FIGURE 22. Pre-Post Differences in Job Satisfaction among GF2020 Adults at Follow-up**



## JOB SATISFACTION

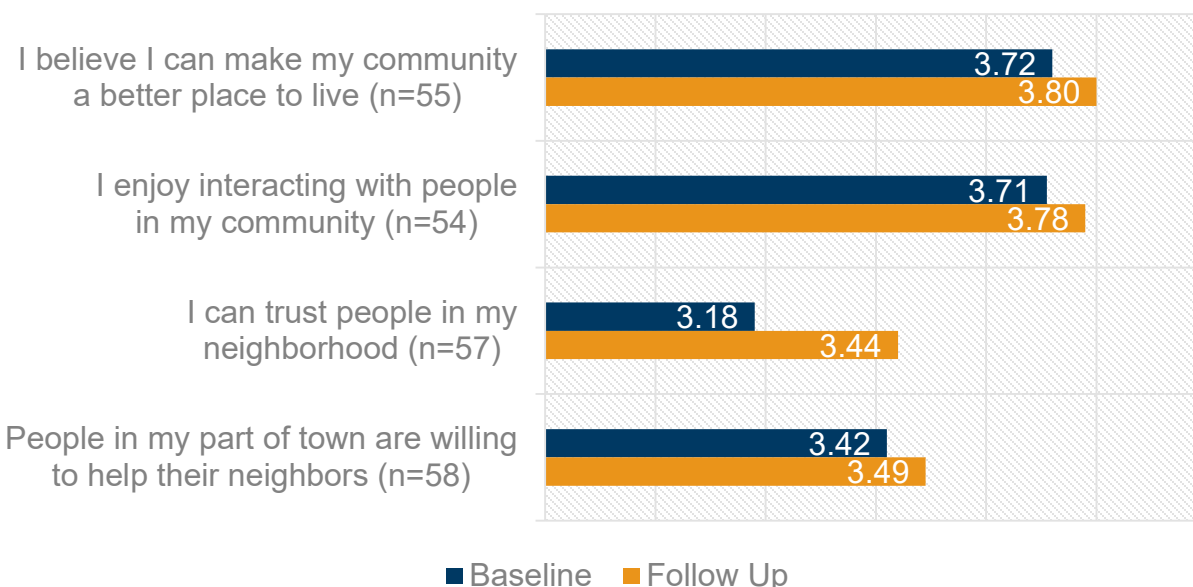
Job satisfaction numbers were calculated only for adults who reported they had a job (Intake: n= 44, Follow Up: n=50). No factors related to job satisfaction were statistically significant, as the sample size did not meet our threshold for pre-to-post test improvements. We report the mean improvements to help inform the potential

effects on employment-related outcomes in the long-term. Figure 22 indicates that respondents remained consistent in their satisfaction with their pay, and improved slightly in terms of job responsibility and work providing them with a sense of accomplishment. Follow-up responses indicated diminished satisfaction with job hours and location, which was discussed by program staff as potentially due to changes in hours, particularly for seasonal employees. Overall, these findings suggest the difficulty and long-term nature of addressing employment-related changes among participants. , especially if they are satisfied with their current employment. As the GF2020 participants grow, and sites have become better at identifying participants who would benefit most from the program, future participants may have higher employment need that the current sample suggests.

## SOCIAL NETWORKS

Participants did not experience statistically significant outcomes in social capital measures. Many of these outcomes are based on individuals' perceptions of their community. Though about a third reported feeling more positively about their community and neighborhood, again, these changes were not significant.

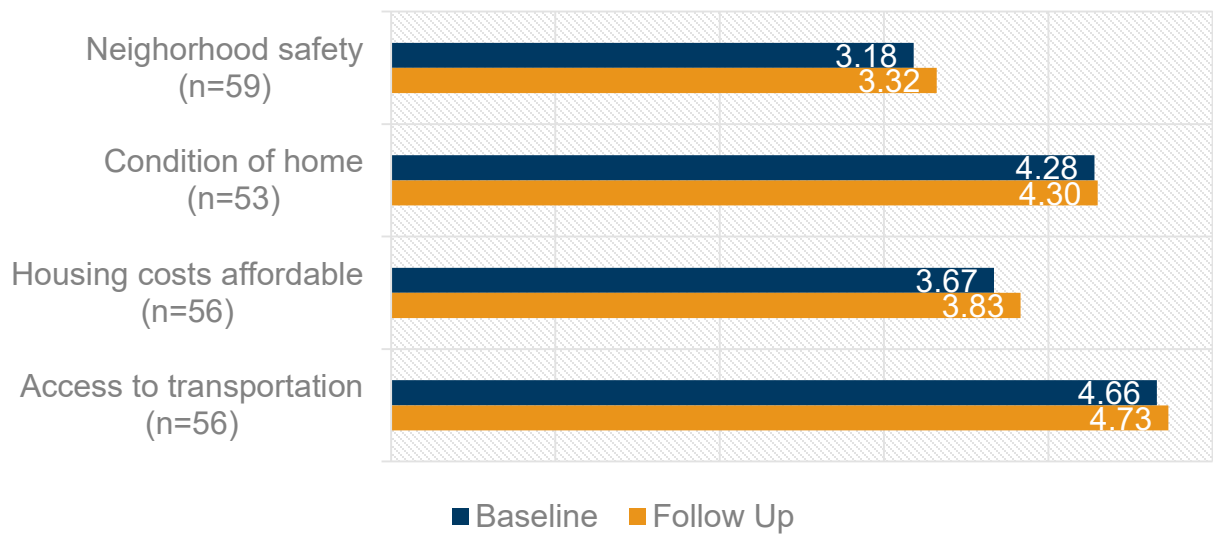
**FIGURE 23. Pre-Post Differences in Social Networks among GF2020 Adults**



## BASIC NEEDS

Lastly, participants did not experience significant changes in basic needs. This finding may be due to 1) high proportions of positive responses at baseline and b) the difficulty in changing those outcomes in such a short time frame. For example, most families (86 percent) reported having access to reliable transportation as baseline, so meaningful change on such outcomes may be difficult to achieve. Additionally, factors like neighborhood safety are meant to have a better understanding of GF2020's potential influences or perceptions at the neighborhood level, which may also be difficult to change over six months.

**FIGURE 24. Pre-Post Differences in Basic Needs among GF2020 Adults**



*Changes are not significant unless noted.*

# PROMISING FINDINGS

Several factors should be considered in informing an impact design and the likelihood that it will produce valid results, including similar characteristics at baseline, similar methods of data collection for both groups, and similar motivation in participation for sites.

## **Improvements in participant outcomes**

Initial trends using data from only a third of current participants (who were eligible for follow-up) indicates early improvements in key short-term indicators. Even among outcomes that did not have statistically significant improvements, participants saw outcomes improvements generally, and minimally did not experience declines in outcomes. Coupled with coaching and goal setting, these outcomes suggest that GF2020 supports improvements in participant outcomes in the short-term, which we may expect to improve with larger sample sizes and with additional time.

## **Growing & ongoing numbers of program enrollees**

Family enrollment in GF2020 has substantially increased, with subgrantees reporting more confidence in their capacity to recruit. Additional opportunities to increase enrollment, such as expanding recruitment boundaries or identifying additional child care slots, may increase the number of participants in GF2020. As mentioned earlier, several subgrantees identified multiple opportunities to utilize child care subsidies, which increased the number of families connected to ECE providers. As a result, those locations have become a more natural place to recruit families, a common finding reported in other two-generational programs discussed earlier. Staff expertise and referrals have also improved, which has increased their ability to more effectively recruit eligible families.

## **Ability to assess & identify program dosage**

Staff have provided sufficient information about how frequently participants meet with them, allowing an assessment of meeting frequency (dosage) on outcomes. The varying levels at which participants engage with coaches, reflecting a coach-participant relationship, should provide an opportunity to assess the extent to which the core activity of GF2020 is associated with participant outcomes.

## **Consistency in data collection process across sites**

Subgrantees are using the same survey tool and are collecting participant data in relatively consistent ways across sites. Though data tends to be entered in large, monthly batches by staff, it is ultimately available for feedback on management and analysis as needed. Where there have been issues in entering data into ETO or misunderstanding by subgrantee staff, UWCI has provided firm deadlines, provided ongoing technical support, and encouraged subgrantees to enter their data in a timely fashion. As such, the necessary data is likely to be available for evaluation purposes at key intervals and near the conclusion of the study.

## **Emphasis on short-term change**

As mentioned throughout this report, focusing on short-term change throughout the evaluation, with an assessment of longer-term outcomes at the conclusion of the grant period should provide a few options. Doing so allows more time for the programmatic components to help facilitate improvements in long-term outcomes like income, employment, educational attainment, and child development, and increases the likelihood of identifying substantial shorter-term changes for which subgrantee staff may have more direct influence. For individuals participating in GF2020 for longer periods of time, the team will be able to further assess the relationship between the short-term changes and long-term impacts.



## **Data sharing between evaluation team, subgrantees, & UWCI**

The ultimate goal for subgrantees is to provide quality data for the ETO team to share with the evaluation team for analysis to inform ongoing decision making about GF2020. The presence of ETO support and subgrantee buy-in to data sharing is crucial for timely data sharing to produce updates for the UWCI team to use for decision making, and for the evaluation team to use for analysis.

## **Follow-up data for GF2020 sites**

Subgrantees will continue to collect participant data at least every six months for the FSP data. Participants are meeting on average about twice a month with coaches, allowing them to update other key programmatic data points. As such, the evaluation team will have options for analyzing data at multiple time points within the GF2020 treatment group.

## **Potential for follow-up data for comparison group**

Similarly, having UWCI manage data and program structure for both CWF and GF2020 has clarified the data sharing and collaboration processes for the comparison group. Additionally, incentives will be provided for comparison group subjects who take the FSP survey to promote their participation. CWF staff agreed this was a motivating incentive.

## **Buy-In from CWF staff**

CWF staff have indicated their cooperation in contacting CWF participants for the comparison group. Because CWF coaches already have a relationship with CWF participants, coaches' contact may increase the likelihood of successful initial outreach to eligible participants. Furthermore, CWF staff indicated incentives were likely to encourage participation according to their experiences serving this population.

# BARRIERS TO ACHIEVING LONG-TERM VALIDITY

## **Inconsistent higher attrition in the comparison group**

GF2020 is structured such that participants are intentionally recruited to subgrantees and have frequent check-ins with coaches. While CWF is similarly structured, it lacks the intensity of intentional outreach that may otherwise retain participants. As such, CWF participants may have higher attrition rates, making follow up with comparison group members more difficult than with GF2020 participants. To account for this, the team is planning to provide increasingly higher incentives for comparison group members to participate in the study and will encourage CWF staff to reach out to participants with differing methods (email, phone call, text) to ensure long-term participation.

## **Selection bias among GF2020 participants**

Data from GF2020 participants shows that even without outliers, they vary slightly in some demographic characteristics compared to CWF participants, namely related to income and education. This difference may be due to the fact that GF2020 participants comprise a convenience sample that recruits families from ECE sites, and participation in GF2020 does not fully cover child care costs. As such, individuals who may be able to enroll and pay for their child to attend ECE (through scholarships or their own income) may select into the program in ways that CWF participants would not. To mitigate potential selection bias related to ECE enrollment, we will also ask CWF participants about their child's enrollment in ECE and assess the extent to which the populations differ in that characteristic.

## **Potential lack of differentiation between CWF subgrantees and GF2020, in terms of similar program offerings**

CWF participants receive services that are similar to GF2020 participants, except that they do not receive formal connections to child care, social capital activities, or health-related opportunities. At the same time, simply because CWF does not formally offer those activities does not mean that an individual may not have a child enrolled in an ECE provider or seek out their own services. To account for those differences, the evaluation team will collect information on CWF comparison group participants regarding whether they access additional services similar to those offered by GF2020 to determine if this explains differences (or similarities) in outcomes.

## **Slight differences in implementing GF2020 across sites**

To ensure consistency in implementation, UWCI has used a performance improvement plan for any subgrantee who failed to recruit or otherwise serve families for GF2020 according to the model. To further account for these differences in the study, final analyses will account for the location where participants received services to determine whether specific site differences contribute to participant outcomes. Initial statistical correlations suggest minimal relationships with post-test outcomes, implying those differences may not fully affect participants. Continuing to monitor implementation across subgrantees will be crucial to ensuring fidelity to the model, and the readiness of subgrantees to have participants in the impact study.

## **Revisiting outcome measures for adults and children**

Because GF2020 is the first attempt to fully implement the 2Gen model locally, there are several indicators in which UWCI and local partners may be interested, such as income and employment. At the same time, for the purposes of an impact study, it may be important to reduce the number of core outcomes/outputs to those that may achieve changes in a shorter timeframe. Like GF2020, the CAP Tulsa evaluation saw changes on outputs, such as child attendance, psychological wellbeing, and employment. The proposed impact evaluation should

similarly consider focusing on key outputs or short-term outcomes for the five goal areas, while still collecting information on net worth and other longer-term outcomes.

# CONCLUSIONS FOR IMPACT DESIGN

Based on the initial feasibility findings and analysis of six-month follow-up data, the following is an initial proposed set of steps and modifications to the original plan for achieving moderate evidence within the remaining time for the grant period. Overall, we propose a continued repeated measures outcomes study, with substantial exploratory analysis on key relationships between program components and outcomes. The outcomes evaluation is both needed and opportune for a few reasons. First, because subgrantees were provided with some flexibility in how they implemented the model (namely in terms of the types of social capital activities they offer), UWCI will provide additional structured guidance about their expectations for consistency across sites. Based on the previous plan discussed for the implementation evaluation, an ongoing implementation evaluation to assess fidelity and program stability will help identify the extent to which individual subgrantees are implementing the effort and learning opportunities to inform future local two-generational models.

For the outcomes study, GF2020 coaches will continue to administer the FSP to GF2020 participants every six months. Doing so will result in repeated measures at least every six months. Depending on how long families remain in GF2020, we will minimally be able to identify changes from baseline to six months, but should also be able to obtain repeated measures for the duration an individual is in GF2020. Using strong statistical controls, this design should minimally be able to identify the extent to which varied levels of dosage, both in terms of program participation and length of time in the program, are associated with GF2020 outcomes.

During this time, the implementation evaluation will provide information about fidelity for subgrantees to ensure they are complying with any additional, clarifying guidance provided by UWCI. CWF participants will be asked to also complete baseline and follow-up surveys with the indicators from the FSP's additional indicator survey. Comparison group members will receive the surveys soon after they are enrolled in CWF, and at subsequent follow-up periods. This information would allow additional analysis to understand barriers and opportunities across both service delivery groups.

Analysis of child development-related data will begin toward the end of the grant period in 2020. Doing so will allow time to obtain a sufficient number of GF2020 children for more consistently timed data requests and fulfillment to IDOE for ISTAR-KR scores. This analysis would assess the extent to which GF2020 participation, particularly among parents, was associated with improvements in child outcomes related to kindergarten readiness.



**PART VI:  
LESSONS LEARNED  
& NEXT STEPS**

This section summarizes the key findings discussed throughout this report and outlines key lessons learned from the study to date. Overall, GF2020 is a promising effort that shows initial signs of implementation fidelity, as well as preliminary evidence on short-term outcomes. This combination suggests an ability to develop a study leading to moderate evidence by the end of the grant period.

# SUMMARY OF KEY FINDINGS

The implementation study found that overall:

- The GF2020 model is promising to both staff and participants and managed issues associated with the implementation of a new model.
- Staff were able to recruit families meeting core criteria, and enroll them in services and set goals based on their needs.
- At the same time, referrals are not consistently provided to participants, likely due to differences in needs across participants.
- Subgrantees were delayed in official recruitment, enrollment, and programmatic activities, initially resulting in unequal enrollment numbers across sites, which have become more consistent.

Subgrantees and UWCI addressed issues of implementation throughout this period, and will continue to do so throughout the grant period. As a result of implementation findings, the program and evaluation teams jointly are developing a fidelity checklist to ensure consistent implementation across subgrantees throughout the grant period, and to assess initial readiness for impact evaluation. As directed by CNCS, GF2020 should continue with the implementation evaluation throughout the course of the study to further ensure fidelity to the model, find associations between participant and programmatic characteristics and GF2020 family outcomes, and understand barriers and opportunities for program improvement from a participant perspective.

The feasibility study aimed to gauge the ability to conduct a matched comparison group impact study throughout the grant period. The study found that:

- GF2020 shows preliminary evidence: Initial findings suggest statistically and practically significant outcomes among program participants, particularly in short-term outcomes related to parenting, child development, civic engagement, and mental health. Per the program theory, these outcomes should lead to longer-term improvements in income, employment, and child development.
- Continue the implementation study with an exploratory analysis that continues assessing programmatic fidelity and the relationship between key components of the program and child and parent outcomes, including dosage/program participation, site-level trends.
- A comparison group study is feasible, but would take place following the continued implementation and exploratory study to account for sufficient time for analysis.
- The comparison group, though not analyzed statistically, does share key baseline demographic trends, with variations in income and ethnicity.
- The research would increase initial analytical focus on short-term outcomes given the remaining length of the grant, but continue to track relationships between the influence of programming on both short and longer-term outcomes.

Additionally, sample size comparisons suggest potential matches for many individuals in the GF2020 sample due to developing a process with CWF subgrantees and growing numbers of participants at those sites. Based on these findings, the evaluation lends itself to potential for both an ongoing repeated measures study and a matched comparison group design. Both would analyze potential outcomes from adults and children toward the end of the data collection phase, with a final CNCS report focusing on the exploratory analyses.

# SUMMARY OF LESSONS LEARNED

Key findings from the evaluations were discussed with UWCI program staff as they were identified, and the UWCI team has worked to identify potential solutions to issues related to implementation factors affecting barriers and fidelity to the model and feasibility, when applicable. The following table summarizes some of the programmatic changes informed by the implementation evaluation, several of which were implemented during the course of the evaluation. Additionally, the table highlights changes identified by the evaluation team in order to ensure steps are taken to track fidelity to the GF2020 model and to support a matched comparison group design after the grant period.

Overall, the process of the initial evaluation GF2020 identified challenges in implementing a new service delivery model in the context of changing federal and local expectations. Locally, the model upon which GF2020 was based (CWF), had inconsistencies that carried over to the initial implementation of GF2020. Fortunately, the parallel evaluations of both efforts helped inform the UWCI team to make needed modifications so that existing issues of fidelity would not carry into the new model. Additionally, allowing subgrantees flexibility to reflect their participant needs was an incentive for many subgrantees to participate in GF2020, and subgrantees are implementing the program to the capacity of their staff, neighborhood, and have plans to analyze the sustainability of the work by the end of the initial programming.

Additionally, for key outcomes, it is clear that GF2020 should focus on short-term outcome improvements until the conclusion of the grant, when more long-term outcomes may realistically change. Focusing on short-term changes for the evaluation also speaks to the ongoing opportunities for improvement and focus among subgrantee staff that are more directly under their control.



**TABLE 10. Summary of Fidelity to Components of GF2020 Model**

CATEGORY	IDENTIFIED CHALLENGE	PROGRAMMATIC OR IMPLEMENTATION MODIFICATION	EVALUATION CHANGE
<b>Strategies Informed by Implementation Study:</b>			
Preparation	Needed consistency of implementing GF2020 model with fidelity across sites	<p>Develop implementation guide to ensure compatibility with the GF2020 model is consistent across sites</p> <p>Subgrantee staff use FAQ list to ask questions, which the UWCI program team updates regularly</p> <p>Utilized the GF2020 eNewsletter to communicate successes and critical information with a consistent message and archive past issues for ease of access</p>	Conduct ongoing implementation evaluation and fidelity assessments
Recruitment	Place-based strategy was too limiting; Identified recruitment numbers were not reached	<p>To support more of a family-based approach, boundaries were expanded to account for more families in need of services. The team may consider the role of boundary requirements to better facilitate recruitment</p> <p>Revisited marketing and recruitment in peer learning sessions – consider what subgrantees have learned and new strategies</p>	Account for site of GF2020 services and other location characteristics in future analyses to assess any geographic trends
Enrollment	Local CWF model not implemented consistently	<p>Created CWF best practices and GF2020 best practices documents</p> <p>Subgrantees are engaging CWF staff more regularly in GF2020 discussions</p> <p>Coaches attend citywide trainings together</p>	Development and utilization of fidelity checklist for subgrantees to ensure compliance with modifications to implementing the model
	Individuals in crisis may not be best candidates for work required to participate in GF2020	<p>Re-visited eligibility guidelines to better define persons “in need of services”</p> <p>Consider how to gradually engage persons in crisis in long-term programming as opposed to enrolling right away (broader CWF issue)</p> <p>Continued strategy about additional supports for persons in crisis in comparison to those who are not in crisis, but need services</p>	Identify ways to assess the extent to which subgrantees are serving individuals in crisis to incorporate into fidelity assessment

	Data entry related to program participation (frequency of entry)	Continued ETO data review  Set deadlines with subgrantees for data entry to ensure complete data is available for ongoing analysis  Develop ETO report to inform GF2020 coaches of participant interaction with CWF coaches.	Work with ETO team to verify consistent data entry
	Financial information not consistently entered	ETO team employed a modified combined financial assessment with fewer questions to be less time consuming, but to ensure collection of baseline financial information for clients not receiving financial coaching  Establish requirement for subgrantees to collect data on key financial information (this began in June 2018)	Only those measures in the modified combined financial assessment will be used for determining outcomes
Retention/ Sustainability	Policy barriers for sustained participation (e.g. child care scholarships)	Continue to advocate for public policies that support the pillars of the 2Gen Approach	Account for changes in any issues for implementation study
<b>Strategies Informed by Feasibility Study</b>			
Model Fidelity	Dosage unclear	Work with evaluation team to identify dosage that equates to GF2020 participation	Verify extent to which dosage is associated with improvements in follow-up data
Sample	Child outcome data requests have not yet been fulfilled	UWCI leadership team has contacted state department of education, as appropriate  Clarify consistent entry and assessment of ISTAR-KR among children in GF2020	Analyze child outcomes using comparison group data near conclusion of study
Comparison Group	Differences in comparison and treatment groups, namely race, ethnicity, baseline income levels	Continue outreach efforts as is; consider boundary requirement to expand outreach capacity	Some individuals may not be able to be matched in study, depending on propensity score results  Determine what proportion of matched participants will

			<p>produce moderate evidence</p> <p>If higher-income individuals are still enrolled, will treat individuals with higher incomes as outliers in analyses, likely excluding them from comparison group analyses</p>
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# RECOMMENDED NEXT STEPS & ACTIONS

Both studies indicated two key findings: That a matched comparison group should be preceded by an in-depth analysis of programmatic components and related short-term outcomes throughout the SIF grant period, and that initial significant improvements suggest a program with preliminary evidence. A general time frame for next steps is provided below.

## FEBRUARY 2019-SEPTEMBER 2020

### **Continuation of implementation evaluation**

The goal of the Implementation and Feasibility SEP was to assess the GF2020 model for any issues related to barriers to effective implementation, assess the extent to which the implementation operates with fidelity to the model's proposed structure, and determine feasibility of an impact study. The evaluation identified some efforts needed to ensure continued fidelity, and the GF2020 program team identified solutions to those challenges. Given the identification for needed modifications to the implementation of the GF2020 model, it will be necessary for the evaluation team to continue assessing related fidelity, barriers, and facilitators throughout the program period. The evaluation team will do so through the same methods used for initial evaluation: ongoing staff surveys, focus groups and interviews with staff and participants, and site observations. As with the existing implementation evaluation, any urgent findings will be presented to the GF2020 program team for decision making and will be incorporated into the final report.

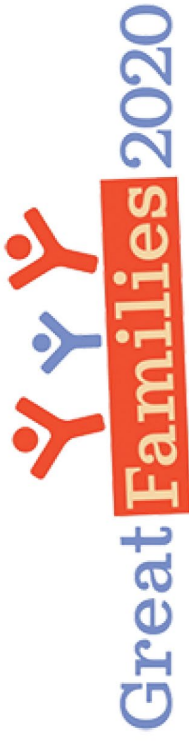
## APRIL 2019-DECEMBER 2020

### **Exploratory analyses and comparison group assessment**

The team will use this time to incorporate any recommended changes to the study design and begin continuous assessment of programmatic components and their relationship with parental and child outcomes. These analyses will utilize statistical models, adjusting for relevant factors, to better assess how well the association of levels of participation and specific program components with parent and child outcomes. The report suggests that the development of a comparison group using participants from other CWF subgrantees is feasible, but that the model warrants additional in-depth analysis in addition to collecting comparison group data. Additional analysis of this 2Gen-related outcomes from this group will help identify similarities and differences between GF2020 and CWF participants.



**PART VII:  
APPENDICES**



## FAMILY SUCCESS PLAN

Participant's Name: \_\_\_\_\_

Date of Plan Creation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Plan Update (6 months later): \_\_\_\_/\_\_\_\_/\_\_\_\_



United Way  
of Central Indiana

## BACKGROUND

The purpose of this instrument is twofold:

- 1) To facilitate case management and goal setting for parent participants in the five outcome areas of GF2020
  - a. Financial Stability
  - b. Education/Work
  - c. Health and Wellness
  - d. Social Capital
  - e. Early Childhood Education (for their children)
- 2) To collect additional information about participants of the Great Families 2020 service delivery model for research purposes

\*\*\* You may add questions to the GF2020 Family Success Plan as you see fit, however the questions with **stars** next to them **MUST** be asked **as written** and **MUST** be asked in the initial case plan meeting and again every six months that a participant is in GF2020.

\*\*\* Starred questions will be entered into Efforts to Outcomes (ETO) data system

## IMPORTANT PROTOCOL

- Family case managers at subgrantee sites will ask the starred questions as written during the initial case plan meeting with new GF2020 enrollees (parents)
- Family case managers at subgrantee sites **MUST** ask the starred questions **within two weeks** of participant enrollment in GF2020
- Family case managers may read the questions and answer options to GF2020 participants, or may allow them to complete the survey on their own and turn it back in to the case manager
- The family case manager is responsible for having GF2020 participants complete this survey **every six months**
  - This means as close as possible to the six-month mark
  - You will be given a report reminding you of which participants are nearing the six-month mark
- The family case manager is responsible for ensuring the completed questions are entered into the Efforts to Outcomes data system (ETO) for the correct GF2020 participant
  - The case manager can personally enter the data, or can share completed questions with someone designated to enter data for the subgrantee organization as pre-determined by the organization
  - It is imperative that a system is in place for starred questions to be fully completed and accurately entered into the ETO system for the correct GF2020 participant
  - It is imperative that these instruments are handled with care if they hold any personally identifiable information for GF2020 clients (i.e. their name). These instruments should be kept in a place accessible only by GF2020 staff after entry of the data into the ETO system.
- If two parents or guardians of the same child are participating in GF2020 at the same time, each must complete these questions individually

# FAMILY SUCCESS PLAN

Parent's Name: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

## Other family members who reside in the home

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**NOTES:**



## FAMILY STRENGTHH

We'd like to know a bit about your family before we dive in. What are the things you enjoy most about your family?

- Family Strengths: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

## FAMILY GOALS

What are some of the family goals you would like to accomplish?

- Family Goals: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**NOTES:**

## EDUCATION AND WORKFORCE DEVELOPMENT

Now we're going to ask you some more specific questions, starting with education.

Which best describes where you are currently in your educational path? \_\_\_\_\_

5	4	3	2	1
Has a professional certification or post-secondary degree.	Is enrolled in post-secondary education or training, or some college credits.	Has high school diploma or GED, and/or has basic English language skills.	No GED or high school diploma and is enrolled in GED program, and/or does not have basic English language skills.	No GED or high school diploma and is not enrolled in GED program, and/or does not have basic English language skills.

If English is not your first language, how well would you say you speak English?

- Not at all
- Not very well
- Pretty well
- Very well
- English is my first language

What level of education would you like to pursue?

- HS Diploma/GED
- Certification/License
- Bachelor's Degree
- Master's Degree
- Literacy Skills

I would like information on ways that I can enhance my education:

<b>1- No, not now</b>	<b>2- Not sure, Maybe</b>	<b>3- Yes, now</b>	<b>4- Yes and I'd like to set goals around this.</b>
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**NOTES:**

★ Please place an "X" in the box that describes how satisfied you are with the aspects of your job listed below:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	I don't currently have a job	Decline to answer
Job responsibilities							
Pay							
Location							
Hours							

★ Please place an "X" in the box that describes how much you agree or disagree with the statement below:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Decline to answer
My work gives me a feeling of personal accomplishment.						

What are some of the family goals you would like to accomplish?  YES  NO

What education or work goals would you like to accomplish?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**NOTES:**

# PARENTING

## Warm and Nurturing Relationship.

Being a parent can be fulfilling but also challenging. Let's take a look at a few short statements. Please tell me about how often that each statement is true for you. Please be sure to answer each question.

★ Please place an "X" in the box that describes how much you agree or disagree with the statement below:	Always	Frequently	About Half the Time	Rarely	Never	Decline to Answer
In my family, we talk about problems.						
I feel connected with my child/children.						
When we argue, my family listens to "both sides of the story."						
In my family, we take time to listen to each other.						
My family shows affection for each other.						
My family pulls together when things are stressful.						
My family is able to solve our problems.						
I praise my child(ren) when he/she behaves well.						
I am able to stay calm when my child(ren) misbehaves.						
I am happy being with my child(ren).						
My child(ren) and I are very close to each other.						
I am able to soothe my child(ren) when he/she is upset.						
I spend time with my child(ren) doing what he/she likes to do.						
★ Please place an "X" in the box that describes how much you agree or disagree with the statement below:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Decline to Answer
I have others who will listen when I need to talk about my problems						
When I am lonely, there are several people I can talk to.						
I would have no idea where to turn if my family needed food or housing.						
I wouldn't know where to go for help if I had trouble making ends meet.						
If there is a crisis, I have others I can talk to.						
If I needed help finding a job, I wouldn't know where to go for help.						
There are many times when I don't know what to do as a parent.						
I know how to help my child(ren) learn.						
My child(ren) misbehaves just to upset me.						
My family has daily routines and consistent family rules.						
I actively participate with my child's education and know my child's teacher/caretaker well.						

## Knowledge and Confidence

Let's talk about helping your child/children to learn. Which is the best description:

5	4	3	2	1
I feel <b>confident</b> I know what to do and how to help my child to learn.	I <b>generally</b> know what to and how to help my child to learn.	<b>Half the time</b> I feel I know what to do and how to help my child to learn.	I <b>struggle</b> with knowing what to do to help my child to learn.	I mostly feel like I am <b>not sure</b> how to help my child to learn.

Let's talk for a moment about your confidence in discipline and what is appropriate for the age or your child/children. Which is the best description:

5	4	3	2	1
I feel <b>confident</b> in how I discipline my child and that it is appropriate for their age.	I feel <b>mostly confident</b> in how I discipline my child and what is appropriate for their age.	I am <b>somewhat confident</b> of how to discipline my child and what is appropriate for their age.	I am <b>inconsistent</b> with my discipline with my child and am not sure what is appropriate for their age.	I <b>do not feel confident</b> or sure of my discipline with my child and whether it is appropriate for their age.

I would like information on ways that I can improve my parenting skills:

1- No, not now	2- Not sure, Maybe	3- Yes, now
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**NOTES:**

**Engagement in Child's/Children Learning (for school age child/children in the household)**

Think about how much you engage in school activities for your child/children and how well you know your child's/children's teacher or Parent Educator. Which of the following best describes your family:

5	4	3	2	1
We <b>actively</b> participate and we know the teacher <b>well</b> .	We <b>have tried</b> to participate and we know the teacher <b>fairly well</b> .	We are not yet involved but we intend to be.	We are <b>not very</b> involved but we know the teacher <b>well</b> .	We are <b>not involved</b> and we <b>do not know</b> the teacher.

I would like information on ways that I can improve my parenting skills:

<b>1 - No, not now</b>	<b>2- Not sure, Maybe</b>	<b>3- Yes, now</b>	<b>N/A</b>
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What parent or child educational involvement goals would you like to accomplish?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**NOTES:**

## HEALTHY RELATIONSHIPS

Are you currently in a relationship?  YES  NO

Are you interested in receiving information on how to improve your marriage or relationship?  YES  NO

Do you have a good relationship with the non-custodial parent?  YES  NO

**NOTES:**

## HOUSING

Next we'd like to understand your housing situation.

Please place an "X" in the box that describes your housing situation:

Own our home	Rent our home without rental assistance	Rent our home with rental assistance	Permanently settled with a family member	In transitional housing OR temporary doubled up with family or friends	In an emergency shelter	Have notice of eviction or foreclosure	Currently experiencing homelessness	Decline to answer

<p>★ Please place an "X" in the box that describes how often the statements below are true.</p> <p>I have access to safe and reliable transportation that allows me to get to and from my home to my family's daily responsibilities (work, childcare, school, etc.)</p> <p>With my current income, my monthly housing costs are affordable.</p>	Always	Frequently	About Half the Time	Rarely	Never	Decline to answer

<p>★ Please place an "X" in the box that best answers the questions below.</p> <p>How would you rate the condition of your house? (Condition of house means the health or safety hazards inside your home)</p>	Very Good	Good	Neutral	Bad	Very Bad	Decline to answer

★ In the past six months, how many times have you moved? \_\_\_\_\_

<p>Please place an "X" in the box that best answers the questions below.</p> <p>I would like information on how I can improve my transportation.</p> <p>I would like information on ways that I can improve my housing situation.</p>	1- No, not now	2- Not sure, Maybe	3- Yes, now

Do you have any concerns about the following?  
Please place an "X" in all boxes that apply.

Safety	Affordability	Childcare	Other

If you marked Other, please explain. \_\_\_\_\_

**NOTES:**



# NEIGHBORHOOD

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Decline to Answer
★ Please place an "X" in the box that describes how much you agree or disagree with the statement below.						
People in my part of town are willing to help their neighbors. I can trust people in my neighborhood.						
★ Please place an "X" in the box that best answers the question below.	Very Good	Good	Neutral	Bad	Very Bad	Decline to Answer
How would you rate the neighborhood surrounding your house on how safe you and your family are from crime?						

What housing/neighborhood/transportation goals would you like to accomplish?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_


**NOTES:**

## FINANCIAL SECURITY

Now let's talk a bit about the stability of your family's financial situation.

\*\*Income includes any regular money or public benefit you receive that you can use to pay for your needs.

Able to pay all monthly bills and save a little each month.	Able to pay all monthly bills but not save and we have old bills, or debts we're paying off.	Able to pay some monthly bills on time and some late, or make partial payments.	We do not have enough income to meet our needs, such as: food, clothing, utilities, or medicine.
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 Please place an "X" in the box that describes how much you agree or disagree with the statement below. I feel I can manage the amount of debt my family has.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Decline to Answer

Are you currently receiving child support?     YES     NO

If no, do you need information on child support?     YES     NO

I would like information on ways I can improve my financial security and/or meet my family's needs:

<b>1- No, not now</b>	<b>2- Not sure, Maybe</b>
	<b>3- Yes, now</b>

What financial goals would you like to accomplish?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**NOTES:**

## FAMILIES CONNECTED TO OTHERS

Our next question asks about your connections to people outside your immediate household. Think about your friends, family, or community and how much you can count on them for support.

5	4	3	2	1
I can <b>always</b> count on a friend of family member to give me support, and I can give them support back.	I have friends and family I can count on <b>most of the time</b> .	I have friends and family I can count on but <b>only when I'm in a real crisis</b> .	My friends and family are <b>not reliable sources</b> of support.	<b>I do not have</b> any friends or family I can rely on, OR my friends and family are a <b>negative influence</b> .

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Decline to Answer
★ Please place an "X" in the box that describes how much you agree or disagree with the statement below.						
I enjoy interacting with people in my community.						
I believe that I can make my community a better place to live.						

Think about the last 6 months. How frequently did you usually do the following:

	At least once a week.	1-3 times per month.	Less than once a month.	Never	Very Bad	Decline to Answer
★ Please place an "X" in the box that describes how often the statements below were true in the past 6 months.						
Attend a religious service (not including weddings or funerals) or event?						
Attended a celebration, parade, or a local sports or art event in your community?						
Attended any public meeting in which there was a discussion of town or school affairs?						
Visited relatives in person or had them come to you?						
Visited a friend's house or had friends over to your house?						

I would like information on ways that I can increase my connectedness to friends, family, and community:

	1- No, not now	2- Not sure, Maybe	3- Yes, now
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What community connectedness goals would you like to accomplish?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**NOTES:**

## PHYSICAL HEALTH

Let's talk about your health and the general health of those living in your home.

	Always	Frequently	About Half the Time	Rarely	Never	Decline to Answer
★ Please place an "X" in the box that describes how often the statements below are true.						
Physical health problems get in the way of my ability to work, attend school, or bring my child to school.						
During the past 30 days, physical pain make it hard for me to do usual activities such as self-care, take care of my child, work, or recreation.						

	Yes	No	If yes, please write the name of this location:	Decline to Answer
★ Please place an "X" in the box that answers the questions below.				
Is there a place that you usually go to when you are sick or need medical advice?				
Is there a place that you usually go to when your child is sick or in need of medical advice?				

Does your child(ren) currently have health insurance?  YES  NO

Do you currently have health insurance?  YES  NO

Are there any other health concerns you have, either for yourself or another adult in your home?  YES  NO

What about your child/children – do you need any information on your child's/children's health?  YES  NO

I would like information on ways to be physically healthy:

<b>1- No, not now</b>	<b>2- Not sure, Maybe</b>	<b>3- Yes, now</b>
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What physical health goals would you like to accomplish?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**NOTES:**

## EMOTIONAL/MENTAL HEALTH

What about the emotional well-being of you and/or other adults in your home?

	Yes	No	Don't Know	I don't have health insurance
★ Please place an "X" in the box that answers the question below.				
If you currently have health insurance, are you covered for mental health services?				

Think about the last 30 days. How frequently have you:

	Always	Frequently	About half the time	Rarely	Never	Decline to Answer
★ Please place an "X" in the box that describes how often the statements below were true <i>in the past 30 days</i> .						
Felt sad, blue, hopeless, or depressed?						
Felt worried, tense, or anxious?						
Have felt you did not get enough rest or sleep?						
Been bothered by sleeping too much?						
Have felt very healthy and full of energy?						
Felt bad about yourself, feeling that you are a failure or feeling that you have let yourself or your family down.						
Felt so emotionally unwell that it made it hard to do usual activities such as self-care, take care of your child, work, or recreation.						
Been bothered by having little interest or pleasure in doing things?						

	Yes	No	Don't Know or Decline to Answer
Please place an "X" in the box that answers the question below.			
Growing up, someone in my house was a problem drinker or used drugs.			
Someone in my house hold has been dealing with substance abuse or has been treated for substance abuse.			
Someone in my house has experienced physical or emotional trauma.			
Someone in my household is or has been incarcerated.			

For family case manager to complete if applicable:

<b>ACES Score</b>
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I would like more information on ways that I can improve my emotional health and wellness:

<b>1- No, not now</b>	<b>2- Not sure, Maybe</b>	<b>3- Yes, now</b>
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What emotional or mental health goals would you like to accomplish?

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**NOTES:**

## FAMILY SUCCESS PLAN GOAL

We do like to make sure every family is working on **at a least one goal**. Thinking back on all we talked about, is there a particular topic you'd like to explore some more with regard to setting a goal? If not, is there anything else you would like your family to work on in the coming months?

Goal: \_\_\_\_\_

Goal Category: \_\_\_\_\_ Approximate Goal Date: \_\_\_\_\_

Measurable Indicator: \_\_\_\_\_

Family Action Steps and Due Dates	Case Manager Steps and Due Dates
1.	1.
2.	2.
3.	3.
4.	4.
<b>Resources Available to achieve Goal</b>	<b>Referrals Provided to Family</b>
Next Meeting with Case Manager:	

Education	Parenting	Healthy Relationships	Engagement in School
Stable and Affordable Home	Financially Secure	Physically Healthy	Mentally Healthy
Families Connected to Each Other			



## FAMILY SUCCESS PLAN GOAL – Family Copy

We do like to make sure every family is working on **at a least one goal**. Thinking back on all we talked about, is there a particular topic you'd like to explore some more with regard to setting a goal? If not, is there anything else you would like your family to work on in the coming months?

Goal: \_\_\_\_\_

Goal Category: \_\_\_\_\_ Approximate Goal Date: \_\_\_\_\_

Measurable Indicator: \_\_\_\_\_

Family Action Steps and Due Dates	Case Manager Steps and Due Dates
1.	1.
2.	2.
3.	3.
4.	4.
<b>Resources Available to achieve Goal</b>	<b>Referrals Provided to Family</b>
Next Meeting with Case Manager:	

Education	Parenting	Healthy Relationships	Engagement in School
Stable and Affordable Home	Financially Secure	Physically Healthy	Mentally Healthy
Families Connected to Each Other			

## FAMILY SUCCESS PLAN SIGNATURE PAGE

Client Participation and Signature

Does the client agree with the plan, action steps, and target date for completion?    YES    NO

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# APPENDIX B

## Semi-Structured Site Observations Form

Site Location		Date		Start Time		Stop Time	
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Name of Activity	
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Time Frame	Before Activity	During Activity	After Activity	Misc.
Behavior of participants				
Participant interactions with instructor/coach				
Extent of participation				
Surrounding Context				
General Mood				
Other notes				

Total Attendees*	
Interactions with Staff*	
Interactions with Attendees*	

\*Tally of attendees, interactions between attendees and staff, and interactions among other attendees

# APPENDIX C

## Percent of Positive Participant Responses at Baseline

QUESTION	% OF POSITIVE RESPONSES AT BASELINE	COUNT	N
I have access to safe and reliable transportation that allows me to get to and from my home to my family's daily responsibilities (work, childcare, school, etc.)	86.8%	164	189
With my current income, my monthly housing costs are affordable.	48.1%	90	187
How would you rate the condition of your house? (Condition of house means the health or safety hazards inside your home)	81.8%	153	187
In the past six months, how many times have you moved?			176
How would you rate the neighborhood surrounding your house on how safe you and your family are from crime?	28.6%	54	189
I praise my child when he/she behaves well.	91.0%	172	189
I am able to stay calm when my child misbehaves.	75.7%	143	189
There are many times when I don't know what to do as a parent.	44.7%	85	190
I know how to help my child learn.	86.6%	161	186
My child misbehaves just to upset me.	64.4%	121	188
In the past 6 months, how often have you attended a church or spiritual service (not including weddings or funerals) or event?	47.3%	89	188
In the past 6 months, how often have you attended an event in the community, such as a celebration, parade, local sports, art or other event.	40.4%	76	188
In the past 6 months, how often have you attended any public meeting, including with a neighborhood association, apartment complex, town hall, or meetings where school affairs were discussed.	22.3%	42	188
In the past 6 months, how often have you visited relatives in person or had them come to you?	75.4%	141	187
In the past 6 months, how often have you visited a friend's house or had friends over to your house?	70.7%	133	188
I would have no idea where to turn if my family needed food or housing.	56.8%	108	190
I wouldn't know where to go for help if I had trouble making ends meet.	48.4%	92	190
If I needed help finding a job, I wouldn't know where to go for help.	51.1%	96	188
I feel connected with my child/children.	96.1%	173	180
My family shows affection for each other.	87.6%	155	177

QUESTION	% OF POSITIVE RESPONSES AT BASELINE	COUNT	N
My family has daily routines and consistent family rules.	73.0%	138	189
I actively participate with my child's education and know my child's teacher/caretaker well.	85.8%	163	190
I feel I can manage the amount of debt my family has.	32.5%	62	191
In my family, we talk about problems.	80.9%	152	188
When we argue, my family listens to both sides of the story.	66.7%	126	189
In my family, we take time to listen to each other.	77.3%	146	189
My family pulls together when things are stressful.	80.0%	152	190
My family is able to solve our problems.	73.2%	139	190
During the past 30 days, physical pain made it hard for me to do usual activities such as self-care, take care of my child, work, or recreation.	92.6%	175	189
During the past 30 days, have you felt sad, blue, or depressed?	62.8%	118	188
During the past 30 days, have you felt worried, tense, or anxious?	50.0%	94	188
During the past 30 days, have you felt you did not get enough rest or sleep?	33.9%	63	186
During the past 30 days, have you felt very healthy and full of energy?	40.1%	75	187
Physical health problems get in the way of my ability to work, attend school, or bring my child to school or child care.	88.9%	168	189
During the past 30 days, have you been bothered by sleeping too much?	82.5%	155	188
During the past 30 days, have you felt bad about yourself, feeling that you are a failure or feeling that you have let yourself or your family down.	74.2%	138	186
During the past 30 days, have you felt so emotionally unwell that it made it hard to do usual activities such as self-care, take care of your child, work, or recreation.	81.4%	153	188
During the past 30 days, have you been bothered by having little interest or pleasure in doing things?	77.4%	137	177
Are you currently employed?	30.6%	59	193
Satisfied with job responsibilities:	71.8%	94	131
Satisfied with pay:	50.0%	66	132
Satisfied with job location:	67.4%	89	132
Satisfied with work hours:	61.4%	81	132
My work gives me a feeling of personal accomplishment.	72.7%	96	132
I am happy being with my child.	98.4%	185	188
My child and I are very close to each other.	96.3%	181	188

<b>QUESTION</b>	<b>% OF POSITIVE RESPONSES AT BASELINE</b>	<b>COUNT</b>	<b>N</b>
I am able to soothe my child when he/she is upset.	92.6%	175	189
I spend time with my child doing what he/she likes to do.	92.1%	175	190
People in my part of town are willing to help their neighbors.	34.9%	66	189
I can trust people in my neighborhood.	22.8%	43	189
I enjoy interacting with people in my community.	49.7%	92	185
I believe I can make my community a better place to live.	55.4%	102	184
I have others who will listen when I need to talk about my problems.	72.6%	138	190
When I am lonely, there are several people I can talk to.	68.4%	130	190
If there is a crisis, I have others I can talk to.	70.4%	133	189

# APPENDIX D. Percent of Respondents Reporting Improved Outcomes After 6 Months

QUESTION	% REPORTING IMPROVEMENT
Are you currently employed?	12.0%
Satisfied with job responsibilities:	23.1%
Satisfied with pay:	30.0%
Satisfied with job location:	15.0%
Satisfied with work hours:	27.5%
My work gives me a feeling of personal accomplishment.	25.6%
In my family, we talk about problems.	30.0%
I feel connected with my child/children.	22.0%
When we argue, my family listens to both sides of the story.	33.9%
In my family, we take time to listen to each other.	32.2%
My family shows affection for each other.	24.0%
My family pulls together when things are stressful.	32.2%
My family is able to solve our problems.	35.0%
I praise my child when he/she behaves well.	26.7%
I am able to stay calm when my child misbehaves.	43.3%
I am happy being with my child.	3.4%
My child and I are very close to each other.	15.5%
I am able to soothe my child when he/she is upset.	23.7%
I spend time with my child doing what he/she likes to do.	21.7%
I have others who will listen when I need to talk about my problems.	16.7%
When I am lonely, there are several people I can talk to.	18.3%
I would have no idea where to turn if my family needed food or housing.	23.7%
I wouldn't know where to go for help if I had trouble making ends meet.	30.0%
If there is a crisis, I have others I can talk to.	25.0%
If I needed help finding a job, I wouldn't know where to go for help.	22.4%
There are many times when I don't know what to do as a parent.	36.7%
I know how to help my child learn.	29.3%
My child misbehaves just to upset me.	36.7%
My family has daily routines and consistent family rules.	21.7%
I actively participate with my child's education and know my child's teacher/ caretaker well.	20.0%

QUESTION	% REPORTING IMPROVEMENT
I have access to safe and reliable transportation that allows me to get to and from my home to my family's daily responsibilities (work, childcare, school, etc.)	15.0%
With my current income, my monthly housing costs are affordable.	26.3%
How would you rate the condition of your house? (Condition of house means the health or safety hazards inside your home)	24.1%
In the past six months, how many times have you moved?	NO MEASURABLE CHANGE
People in my part of town are willing to help their neighbors.	26.2%
I can trust people in my neighborhood.	37.7%
How would you rate the neighborhood surrounding your house on how safe you and your family are from crime?	31.1%
I feel I can manage the amount of debt my family has.	31.1%
In the past 6 months, how often have you attended a church or spiritual service (not including weddings or funerals) or event?	35.0%
In the past 6 months, how often have you attended an event in the community, such as a celebration, parade, local sports, art or other event.	30.0%
In the past 6 months, how often have you attended any public meeting, including with a neighborhood association, apartment complex, town hall, or meetings where school affairs were discussed.	38.3%
In the past 6 months, how often have you visited relatives in person or had them come to you?	30.0%
In the past 6 months, how often have you visited a friend's house or had friends over to your house?	28.3%
I enjoy interacting with people in my community.	24.1%
I believe I can make my community a better place to live.	20.7%
Physical health problems get in the way of my ability to work, attend school, or bring my child to school or child care.	15.0%
During the past 30 days, physical pain made it hard for me to do usual activities such as self-care, take care of my child, work, or recreation.	15.0%
During the past 30 days, have you felt sad, blue, or depressed?	32.2%
During the past 30 days, have you felt worried, tense, or anxious?	35.6%
During the past 30 days, have you felt you did not get enough rest or sleep?	44.1%
During the past 30 days, have you been bothered by sleeping too much?	15.3%
During the past 30 days, have you felt very healthy and full of energy?	22.8%
During the past 30 days, have you felt bad about yourself, feeling that you are a failure or feeling that you have let yourself or your family down.	25.4%
During the past 30 days, have you felt so emotionally unwell that it made it hard to do usual activities such as self-care, take care of your child, work, or recreation.	15.5%
During the past 30 days, have you been bothered by having little interest or pleasure in doing things?	33.3%



