

Erikson Institute
Herr Research Center for Children and Social Policy

Reaching Our Goals: Findings from the North Lawndale Community Connections Program Evaluation

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Executive Summary

Acknowledgements

Thank you to all of the parents and caregivers in the NLCC program who allowed us to sit in on their group meetings and who shared their experiences and stories with us throughout the year. We also want to thank the staff at the three schools as well as Illinois Action for Children staff who took time to talk with us and share their insights about the program.

Thanks to Toni Porter for her careful and thoughtful review of this report.

“I liked talking about our future, our goals for our children because it gave me hope. It gave me some hope that things were going to get better. And it gave me something to look forward to, something to keep me encouraged.”

Program Overview

The North Lawndale Community Connections (NLCC) program aims to build social capital among neighborhood groups of parents and caregivers of young children through weekly school-based seminars supplemented with case management activities that focus on parents’ and caregivers’ goals for themselves, their children, and their community. The NLCC program was designed by Illinois Action for Children (IAC) and was piloted during the 2012-2013 academic year in two schools in the North Lawndale community of Chicago. The program returned to North Lawndale in 2014-2015 and was implemented in three public elementary schools in Chicago’s North Lawndale neighborhood. The seminars offer participants opportunities to meet other parents and caregivers, connect with resources in the community, build leadership and advocacy skills, brainstorm and collaborate together around solutions to barriers, gain new knowledge related to parenting and child development, and expand their networks of support. The program also aims to increase parental involvement and engagement in early childhood programming and young children’s learning experiences.

The rationale for the NLCC program is based on research underlining the importance of building social support and social capital in low-income neighborhoods, particularly among parents (Cunningham, Kreider, & Ocon, 2012; Fram, 2003; Sampson, Raudenbush, & Earls, 1997). Parent leadership programs are one approach to bringing parents and caregivers together to make new connections and networks. Such programs have been associated with increases in leadership and communication skills, and participation in advocacy, school-based, and wider community-based activities (Cunningham et al., 2012). Parental involvement in the school-community has also been found in numerous studies to have positive impacts on children’s cognitive and social-emotional development (Henderson & Mapp, 2002; Forry et al, 2012).

Recruitment for the program initially targeted isolated, vulnerable families that may not have access to resources. Parents and caregivers of young children were recruited from schools, community-based organizations, and homeless shelters. The groups met weekly during the school day from October, 2014 through May, 2015. Each session lasted between one to two hours. Two IAC staff members facilitated the sessions at the three schools. Sessions included presentations by personnel from outside agencies. Free lunch was provided each week and child care was provided by Jump Start, a national early childhood teaching service corps.

Evaluation Methods and Research Design

Erikson Institute collaborated with IAC to conduct a program evaluation of the NLCC program. The goal of this evaluation was to gather multiple perspectives on the NLCC program in order to inform future program replication and improvement. The evaluation included pre-program surveys and interviews with 20 participants, follow-up post-program interviews with 16 of those participants, and interviews with four additional participants at the end of the program year, with a total of 24 participants overall in the evaluation. In addition, interviews were conducted with school administrators; monthly observations of group sessions took place at each school; and two telephone interviews were conducted with the program facilitators. Approval for this research was provided by Erikson Institute’s Institutional Review Board (IRB) and all procedures and protocols regarding participant consent and confidentiality were followed.

In-depth interviews at the beginning and end of the program year asked participants to describe their involvement with their child's school, their own experiences with school, their perceptions of themselves as caregivers, their goals for their child and themselves, their community and involvement in their community, their social support networks, and their goals and experience with the NLCC program. Interview questions about caregiving focused on a target child who was closest in age to three years. The interview guide included a section on mapping respondents' social support networks with a particular focus on network relationships in the family and childrearing domain. Surveys gathered information on family involvement in education, parenting self-efficacy, and leadership.

Summaries of codes were developed and used for analysis of common themes. Vignettes and case study matrices were developed using a modified case study approach wherein clusters of characteristics were examined within and across individual participants.

Sample Description

The 24 study participants included 23 women including mothers, grandmothers, and non-relative caregivers, and one father. One third (33%) were grandmothers of a child under age eight and 17% reported having both a child and grandchild under age eight. All identified as Black/African-American and spoke English in the home. Most participants had a high school diploma or higher levels of education; nearly a quarter, however, reported having less than a high school diploma. Fewer than half (42%) of the study participants reported being employed at the time of their first interview. Caregivers ranged in age from 23 to 50. Two thirds of participants in our study reported experiencing significant trauma or multiple traumatic events in their personal lives. Types of trauma varied across individuals and included domestic violence, homelessness, death of a child due to gun violence, personal or family involvement in the criminal justice system, addiction, mental health or other health conditions. Three of the four participants who dropped out of the group and our study were the only study participants who reported a personal history of incarceration.

Most participants (74%) cared for a young child under age five who was enrolled in an early childhood program such as Head Start or public pre-K. Others cared for older school-age or secondary-age children. Almost half of the study participants (46%) had at least one child with a diagnosed special need including developmental delays, speech delays, and/or health conditions such as asthma and epilepsy.

A total of 59 parents or caregivers attended one or more group sessions across the three schools. Program participants attended between one and 20 sessions with an average of five sessions. Most participants attended fewer than 10 sessions. The 24 study participants attended three to 20 sessions with an average of 10 sessions.

Caregiver Experiences and the NLCC Program

Overall, study participants described significant progress toward setting academic goals for their children, improved parenting practices, and improved skills in engaging with other adults in a constructive manner. Those who reported achievements in employment, housing or health also reported experiencing social and emotional support and/or enhanced self-confidence from the group and increased perceptions of their own capacity to make changes – factors that may have supported tangible achievements. Study participants reported a new awareness of resources in the community, but community violence and poverty as well as a lack of fit between interests and available offerings prevented most participants from accessing and using them. While many participants were actively

involved in their children's schools, neighborhood conditions prevented them from taking leadership to change broader community problems.

Key Findings: Caregiver Experiences at the End of the NLCC Program Year

- ✓ **81% of participants reported new academic goals for their children, including six who did not report any academic goals at the start of the program year.**
- ✓ **70% of participants reported feeling more confident in their childrearing practices, including implementing new routines, positive discipline, and spending time with their children.**
- ✓ **75% of participants reported gaining self-esteem and confidence in their ability to participate in a group setting and engage with other adults in a constructive and positive manner.**
- ✓ **55% of participants reported receiving information about community resources for themselves although few were able to access or utilize new resources due to community and personal barriers. Participants reported a decrease in their own capacity to change their community in positive ways although 33% reported "passing along" information received from NLCC to others in the community.**

Child-related Goals and Achievements

Survey results indicate that participants felt confident in their parenting skills at the start of the program year and, overall, improved their perceptions of their parenting efficacy at the end of the year, with an increase in scores on both the Parenting Self-Agency Measure (Dumka, Stoerzinger, Jackson, & Roosa, 1996) and the Parental Leadership Questionnaire (Cunningham, Kreider, & Ocon, 2012). Survey results also indicate that participants were highly involved in their children's learning at home at both the start and end of the program year, with a slight increase in scores at the end of the year on the Home-based Family Involvement subscale of the Family Involvement Questionnaire (Fantuzzo, Tighe, & Childs, 2000). Home-based involvement in children's learning has been found in prior research to be associated with positive child outcomes (Fantuzzo, McWayne, & Perry, 2004).

Findings from the interviews show positive changes in participants' goals for their children as well as their childrearing strategies. At the beginning of the year, more than half of study participants reported having academically-focused goals for their children including improved speech, literacy, numeracy, and writing. At the end of the year, 81% of these participants reported having new academic goals for their children including six participants who did not describe academic goals at the beginning of the year. The increased emphasis on academics may be the result of the NLCC program emphasis on academic readiness as well as school enrollment and participation.

At the beginning of the program year, study participants reported a range of challenges they face around childrearing including typical developmental issues, atypical behavior and learning issues, health conditions, family circumstances and resources, and neighborhood violence. At the end of the program year, 70% reported that the NLCC program helped them improve and feel more confident in their childrearing practices. Parents and caregivers learned to set a consistent daily schedule, take a child's perspective, accept children's mistakes, and appreciate each child's individuality. Close to half of the participants reported learning to use positive discipline instead of physical punishment with their children.

Study participants varied in their involvement in children's schools. For some, school involvement as well as participation in the school-based NLCC program may have been shaped by their

own negative experiences of school and their distrust in educational institutions as responsive and welcoming places for themselves and their children.

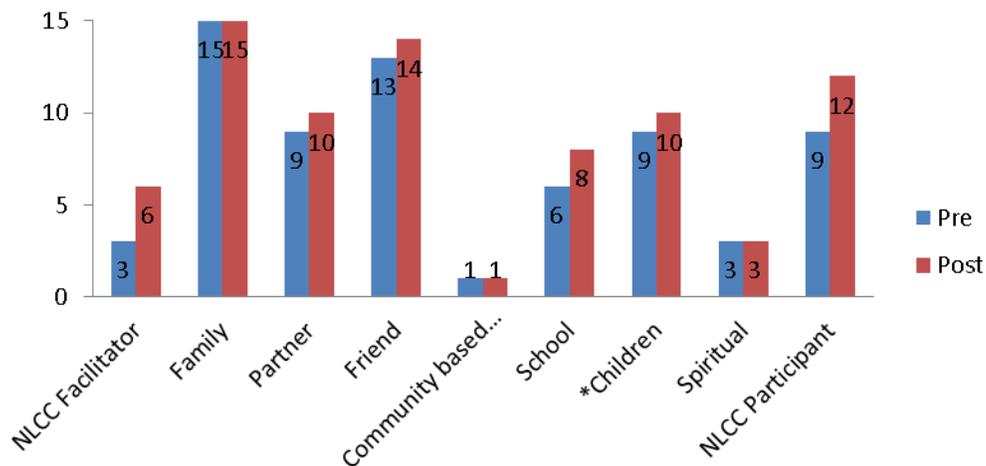
Personal Goals and Achievements

At the beginning of the NLCC program year, study participants expressed a hope that the program could motivate them to achieve personal goals. As one mother noted, “It will keep helping me and keep pushing me to do what I need to do for success.” In addition, they hoped to make new friends, expand their social support networks, and find a place where positive thinking and attitudes could be expressed. Others said they joined the groups to reduce their own isolation.

Social support. Two thirds of study participants reported having large social support networks that included family and friends who helped with childrearing, material and financial assistance, job leads, and emotional support. Grandmothers reported that their grown children are sources of support. However, three parents named their young children as sources of support although they described the support they received from their children as motivational rather than instrumental or emotional.

At the start of the program year, just over half of the 16 study participants who completed pre- and post-program social support diagrams (56%) reported that another NLCC participant was in their social support network (Figure 1). By the end of the program year, 75% of these participants named another NLCC participant as part of their social support network and 25% of participants mentioned the NLCC facilitators as part of their support network compared to 13% at the start of the program year.¹

Figure 1. Increased social supports came primarily from the NLCC facilitators and other group participants: Pre/post-program sources of social support (n=16)



*Children includes any mention of adult or young children as sources of support

At the end of the year, close to half of participants reported receiving emotional support and encouragement from the NLCC program from other participants or the facilitators. Several women

¹ Three participants reported NLCC facilitators in their social support circles. This is likely due to the fact that some of the interviews took place several weeks after the first group session.

reported that participation in the groups was a significant stress reliever. All but one of the nine participants who reported receiving emotional support from the group also reported strong sources of emotional support in their personal networks. These women may have been more open to or ready for receiving support and help than others who reported not needing emotional support.

Self-efficacy and confidence. Interview data from the end of the year suggest that participation in the weekly seminars helped parents and caregivers learn new leadership skills including listening, communication, and public speaking. At the end of the year, 75% of participants spoke about how the groups helped them gain self-esteem and confidence in how to engage with other adults in a respectful and constructive manner. In addition, participants emphasized the importance of positive thinking at the end of the year – something that had been expressed by many at the start of the program as a goal. These parents and caregivers reported that the groups helped them feel optimistic and positive about themselves and their children despite feeling surrounded by a negative and violent community.

Voices of Caregivers

“I learned patience as far as like the other women. Because before I started the group, you know, if I saw someone speaking, talking about something that was negative I used to lash out at them. But now I sit back, quiet, observe, listen to what they have to say and, when they’re done talking, then I learned that I can have my turn instead of trying to over talk them, overpower them.”

“I’m not mean as I used to be. I don’t have that cold shoulder on my back and I don’t stay away, I come. So, it’s like I’m better than I was last year to be honest, yeah.”

“If I start off with a bad day and I come to the groups, it keeps me focusing, you know, kind of up instead of down. You know, makes me smile at least, makes me kind of happy.”

Despite participants’ reports of growth in personal efficacy and capacity to advocate for themselves and their children, participants did not find new ways of engaging with their community at large. All of the participants emphasized the struggle they have raising children in a community with gun and gang violence, drugs, theft, unresponsive policing, lack of transportation, and lack of community resources. Parents and caregivers reported they would like to have access to activities such as dance, art, sports teams for young children, cooking classes, classes for parents and children to participate in together, and reading or book clubs. While 55% of participants reported new awareness of resources in their community for themselves such as job and health services, few reported being able to access or use new services or resources due to eligibility, cost, transportation, and discomfort or lack of fit between resources and their own goals and interests. Participants reported a decrease in feelings that they could take actions to change their community in positive ways. At one school, the end-of-the-year community clean-up activity had to be cancelled due to neighborhood violence, pointing to the challenges of community engagement in the face of community violence that participants faced. Nevertheless, a third of participants reported passing along information they received in the groups to others in the community as a way of “spreading the information” and “helping the community.”

Tangible achievements. Table 1 shows that at the start of the program year, most study participants hoped to obtain employment and education, and fewer reported hoping to secure housing or improve their personal health. At the end of the year, these same participants and the additional four participants we interviewed at post-program only, reported the most success in achieving employment and health-related goals. Despite many caregivers having educational goals for themselves, only two participants reported making gains in educational enrollment or degree completion. While half of those interviewed at both pre- and post-program reported obtaining

employment by the end of the year, only two of these reported that the NLCC program directly helped them get a job although six caregivers reported receiving help with resumes and job search strategies. Two women who were homeless at the start of the program year found housing by the end of the year but others did not achieve their housing goals.

The most participants reported health-related achievements even if health was not articulated as a pre-program goal. Health achievements included exercising more regularly, eating more healthy foods, and losing weight as well as obtaining regular mental health services. Six of these participants attributed health changes to the NLCC program. It is possible that educational attainment and housing goals were not reached by as many participants because of the systems-level barriers and challenges participants faced around eligibility or other administrative requirements, cost/affordability, and logistics. Individual change around health and job search may have been more manageable for caregivers who were faced with multiple stressors, traumas, and responsibilities in their lives.

The development of new social networks, sources of emotional support and encouragement, and newfound confidence may have also shaped participants' progress toward more tangible achievements around employment, education, housing, and health. Most study participants who reported achievements at the end of the year in employment, housing, or health did not directly attribute such achievements to the NLCC program. However, all but two participants who reported tangible achievements also reported experiencing social and emotional support, and/or encouragement and empowerment around their own capacity to make change from their participation in the NLCC program.

Table 1: Pre- and post-program personal goal achievements and the NLCC program

	Pre-program goals (N=16)	Post-program achievement* (N=20)	NLCC program <i>directly</i> helped goal achievement** (N=20)	NLCC program may have <i>indirectly</i> helped goal achievement*** (N=20)
Employment	69% (11)	40% (8)	10% (2)	35% (7)
Education	69% (11)	10% (2)	0	10% (2)
Housing	25% (4)	10% (2)	5% (1)	10% (2)
Health	31% (5)	45% (9)	30% (6)	40% (8)

*All employment, education, and housing achievements were reported by the 16 participants who completed pre- and post-program interviews. Two of the nine participants who reported health achievements were interviewed at post-program only.

** Participants reported that the NLCC program directly helped them achieve goal

*** Participants reported social networking, emotional support and/or improved self-confidence from the NLCC program

Who Benefits the Most from NLCC?

Analyses of caregiver profiles identified three levels of impact across the 24 participants in our study: high, low, and unknown impact. High impact was defined as participants who reported experiencing change or goal achievements across three or more areas. Low impact was defined as participants who reported experiencing change and achievement in one or two areas, and unknown impact was defined as participants who dropped out of our study and the NLCC program prior to the end of the school year.

Table 2 shows that 33% of the study participants experienced high impact, 50% experienced low impact, and 17% were not able to be reached at the end of the program year and had dropped out of Herr Research Center for Children and Social Policy at Erikson Institute

the program. Although the small sample size does not allow for any conclusions about the types of caregivers who are most likely to benefit from the NLCC program, the data offer some possible explanations for how the NLCC program might help some participants more than others. Compared to the three women and one father who did not complete the program, both high and low impact participants had higher education levels, described larger personal networks with ample emotional support, and clearer goals for themselves at the start of the year. Those participants who dropped out of the program and our study appear to be more isolated in that they had lower education levels, were less likely to describe a large support network and ample emotional support, and were less likely to have clear goals at the beginning of the year.

Our analyses indicated that caregivers who participated in the NLCC program came into the program with varied sizes and types of networks but strong sources of emotional support and large networks of family and friends. Participants who experienced program impact may have been more accustomed to relying on others for support and therefore more open to receiving the emotional support and encouragement the NLCC program offered. It's also possible that kith and kin networks were not as reliable or helpful to participants despite their reports of support and that temporary ties that developed over the program year with facilitators and other participants could have offered more immediate, consistent, and dependable support during the program timeframe. Recent research on social support and urban poverty suggests that African-American families living in poverty may not benefit as much from kith and kin networks as they do from other "weaker" or "disposable" ties that meet specific temporal and material needs (Desmond, 2012). Programs like the NLCC program that offer opportunities for caregivers to come together on a regular basis over an extended time period may facilitate the development of new, temporal ties that allow participants to share resources, offer emotional support to each other, and help each other reach their specific goals.

Moreover, the NLCC program may have been most effective in helping participants who already had personal goals and were looking for help meeting those goals. For participants who did not know where or what direction they wanted to go, the weekly seminars may not have been as helpful.

Despite half of the participants in our study attending 10 or more sessions out of 22 over the year, many caregivers did not attend consistently, dropped out after several sessions, or attended only a handful of sessions. A range of reasons were presented by those who did not participate regularly including lack of transportation, health problems, pregnancy, and employment. Although employment and full-day child care are positive developments for families, other reasons for lack of participation were less tangible. According to the facilitators, many parents' and caregivers' faced personal challenges that isolated them and created barriers to consistent participation. Facilitators also reported that they maintained contact with several of those participants who dropped out of the weekly group sessions through case management consisting of regular phone calls and support.

Level of NLCC impact (n=24)	Group attendance	Goals clarity at start of program year	Reports significant personal trauma	Size of personal support network	Emotional support from personal network	Education level
High impact n=8						
Program resulted in at least 3 areas of change <i>"Had I not been coming to these parent groups I wouldn't have met the individual that had a connection to housing which was huge. Very impacting."</i>	88% (7/8) attended 10 or more sessions; range 9-20	Most have clear goals	75% (6/8)	63% (5/8) have large support network	63% (5/8) have emotional support from personal network	75% (6/8) have a high school degree or higher
Low impact n=12						
Program resulted in 1 or 2 areas of change <i>"It's informative. They'd help me out a little bit. I wish they would have continued. Overall they helped me out somewhat before it stopped."</i>	33% (4/12) attended 10 or more sessions; range 3-17	Most have clear goals	50% (6/12)	75% (9/12) have large support network	83% (10/12) have emotional support from personal network	67% (8/12) have a high school degree or higher
Unknown impact n=4						
Dropped out of program and study before end of year <i>"I ain't got no goals for myself this upcoming year."</i>	25% (1/4) attended more than 10 sessions Range 3-13	Only 1 has clear goals	75% (3/4)	50% (2/4) have large support network	25% (1/4) have emotional support from personal network	50% (2/4) have a high school degree and 50% (2/4) have less than high school

Findings about Program Implementation: Promising Strategies

Interviews with participants, facilitators, and administrators as well as observations of group sessions suggest the following promising strategies regarding program implementation (see Table 3).

- **High program dosage** allowed for weekly goal setting and also offered participants a routine and schedule that may have been lacking in their lives. As one mother explained, “I’m learning how to be on time.” For some caregivers, the program may have helped them develop new routines and habits that facilitated looking for employment or education, or getting involved in the community or their child’s school.
- **Strong facilitator-participant relationships** helped build trust with participants. Case management that included individualized help to some participants around goal setting and achievements was an integral part of the NLCC program. Participants and school principals reported that facilitator-participant relationships and the facilitators’ caring and commitment contributed to the program’s success.
- **Opportunities for peer-to-peer sharing** helped participants make changes in their own lives. The group cohesion and sense of family that developed over the year among participants clearly contributed to the feelings of support as well as the development and achievement of goals during the program year.
- **Confidentiality** and having a safe space to talk about personal issues also emerged as a key element of a successful program approach. Activities that encouraged participants to work together on common goals and build trust with each other were particularly helpful.
- **Positive school culture** around family involvement at each host school played a role in participation and engagement in the NLCC program. When school administrators valued families and understood their needs, parents and caregivers felt more welcome in the school setting.

Strategies	Examples
Program dosage and weekly goal setting	“I’m learning how to be on time and that’s a good thing. I’m breaking the characteristic of my being late all the time.” “Writing those goals out and seeing them and the more I did it I believed that it was going to happen, I believed that those things were going to come true.”
Strong facilitator-participant relationships	“If they said they were going to do something, they’d do it. They’d stick by you. They made you feel good about yourself. They did. They made you feel positive.” “She doesn’t let you give up... she made you want to do what you came to do.”
Peer-to-peer sharing	“Because I know that I’m not the only person that’s out here ... they help me chime in on other people and get them information about my life experience and what happened with them... And it was cool being around a bunch of other women and telling people about your goals and dreams for your children and you hearing about theirs.”
Confidentiality and safety	“It was ok to have a disagreement and share your opinion comfortably.”
Positive school culture	“You have to know your school community. You have to know your parents, you have to know their needs. You have to know what will get them out.... this school building is their school building and it is their home away from home. I want to help them work out whatever issues that they have so that they can be a part of our school community.”

Implications and Recommendations

- **Implement group sessions on a regular basis throughout the school year.** Findings that parents and caregivers who participated in the program at the school that ended mid-year did not report as many positive changes as those who attended throughout the full program year suggest that continuity of the program over time is an important component to maintain in future replication efforts. Instrumental supports such as food and child care during the sessions are also a key to engaging participants. Program implementation should be responsive to the work and school schedules of families including the possibility of weekend or evening group sessions.
- **Case management and individualized support should be offered as a supplemental component** for those who need additional support reaching goals or for those who may not feel comfortable participating regularly in a group setting. Many participants in the study reported receiving individualized help around goals from the facilitators in addition to support from the weekly groups.
- **Content of the NLCC program should focus on child development, identification of special needs, and navigating resources for children with developmental delays.** Participants' discussion about their children's development and their concerns about atypical development and special needs within the groups as well as in study interviews point to another area for future program development. The finding that nearly half of the participants in the study reported having a child with a diagnosed special need and many others expressed concern about their children's atypical behavior suggests that a focus on typical child development and identification of special needs and advocacy around services for children may be an important area of focus.
- **The NLCC program focus should include areas where concrete changes are most likely including personal health and nutrition as well as job search skills and activities** (e.g. resume development, interview skills, and job-search strategies). Most participants reported making small gains rather than long-term achievements over the course of the NLCC program. While a few participants reported obtaining employment, housing, or enrolling in an educational program, most participants reported smaller achievements including making changes to their personal health habits, learning new job search skills, and learning how to advocate for themselves and their children.
- **The NLCC program focus should also include helping participants identify avenues towards increasing educational achievement as a long-term goal.** Research evidence clearly links parental education with positive child outcomes (Sommer et al, 2012). Nearly two thirds of parents and caregivers in our study reported education as a personal goal, yet few were successful in enrolling or completing their GED or college over the course of the year. Building on participants' strong relationships with their young children may be a key to motivating and engaging families in their own educational achievements.
- **The NLCC program should be housed at schools with a strong family engagement climate and leadership that values the role of families in children's educational experiences.** Future replication efforts should consider the host school's culture and practices around family engagement. School climate and policies regarding family involvement may shape the comfort level that parents and caregivers experience participating in a program in the school building,

even if their child does not attend that particular school.

- **An intentional focus on trauma that includes staff training around relationship-building with families and trauma-informed practice should be integrated into the NLCC program.** Two thirds of the participants in the study reported experiencing personal trauma in their lives. The negative effects of toxic stress on young children’s development are well-documented and future programming may focus more intentionally on trauma-informed support and education for parents and caregivers of young children. Moreover, the strong facilitator-participant and peer-to-peer relationships that developed throughout the group sessions point to the importance of relationship-building as a core component of the NLCC program. Future staff training might focus on communication and relationship-building strategies, family engagement practices, as well as how to work with caregivers who have experienced trauma both at a personal and community level.
- **Offer opportunities for parents and caregivers who have completed the NLCC program to serve as mentors or ambassadors for other families in the community.** Parents and caregivers reported learning from other participants’ stories and experiences as much as they learned from the facilitators and guest speakers. Building on peer-to-peer relationships could be a future strategy for recruitment as well as program implementation.

Summary of recommendations for future program implementation

- **Implement group sessions on a regular basis throughout the school year.**
- **Offer case management and individualized support as a supplemental component offered within the facilitator-participant relationship.**
- **Focus child-related content on typical child development, identification of special needs, and navigating resources for children with developmental delays.**
- **Focus personal goal-setting activities on areas where tangible, short-term achievements are most likely, including personal health and nutrition as well as job search skills and activities.**
- **The NLCC program should consider a focus on helping participants identify avenues towards increasing educational achievement as a long-term goal.**
- **Implement the NLCC program at schools with a strong family engagement climate and leadership that values the role of families in children’s educational experiences.**
- **Integrate staff training around relationship-building with families and trauma-informed practice into the NLCC program.**
- **Offer opportunities for parents and caregivers who have completed the NLCC program to serve as mentors or ambassadors for other families in the community.**

References

- Cunningham, S.D., Kreider, H., & Ocon, J. (2012). Influence of a parent leadership program on participants' leadership capacity and actions. *School Community Journal*, 22 (1), 111-124.
- Desmond, M. (2012). Disposable ties and the urban poor. *American Journal of Sociology*, 117 (5), 1295-1335.
- Dumka, L.E., Stoerzinger, H., Jackson, K., & Roosa, M. (1996). Examination of the cross cultural and cross language equivalence of the parenting self-agency measure. *Family Relations*, 45, 216-222.
- Fantuzzo, J., McWayne, C., Perry, M. A., & Childs, S. (2004). Multiple dimensions of family involvement and their relations to behavioral and learning competencies for urban, low-income children. *School Psychology Review*, 33(4), 467-480.
- Fantuzzo, J., Tighe, E., & Childs, S. (2000). Family involvement questionnaire: A multivariate assessment of family participation in early childhood education. *Journal of Educational Psychology*, 92, 367-376.
- Forry, N., Bromer, J., et al., (2012). *Family-provider relationship quality: Review of conceptual and empirical literature of family-provider relationships*, OPRE Report #2012-46, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Fram, M.S. (2003). *Managing to parent: Social support, social capital and parenting practices among welfare-practicing mothers with young children*. Madison, WI: Institute for Research on Poverty.
- Henderson, A. T., & Mapp, K. L. (2002). *A new wave of evidence: The impact of school, family, and community connections on students' achievement*. Austin, TX: Southwest Educational Development Laboratory. <https://www.sedl.org/connections/resources/evidence.pdf>
- Sampson, R.J., Raudenbush, S.W., & Earls, F. (1997), Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, 277 (5328), 918-924.
- Sommer, T.E., Chase-Lansdale, P.L., Brooks-Gunn, J., Gardner, M., Rauner, D.M., & Freel, K. (2012). Early childhood education centers and mothers' postsecondary attainment: A new conceptual framework for a dual-generation education intervention. *Teachers College Record*, 114, 1-39.