

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

Erikson Institute

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October 2015

Final Evaluation Report

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.

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“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”

Introduction

The North Lawndale Community Connections (NLCC) program aims to build social capital among neighborhood groups of low-income parents and caregivers of young children through weekly school-based seminars supplemented with case management activities that focus on 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 the North Lawndale neighborhood of Chicago. The seminars offer participants opportunities to meet other parents and caregivers, connect with community resources, build leadership and advocacy skills, brainstorm and collaborate around solutions to barriers, gain new knowledge related to parenting and child development, and expand their support networks. The program also aims to increase families’ enrollment in early childhood programs.

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).

Curriculum for the NLCC program was developed by IAC and was based on a variety of sources and trainings including the Community Organizing and Family Issues (COFI)’s *Family Focused Organizing Training*, the National Black Child Development Institute’s *Spirit of Excellence Parent Empowerment Project* as well as others (see Appendix A for more detail). The program consisted of three phases: Participants’ individual goals; Participant’s goals for their children; and Participants’ goals for their community.

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- and post-program in-person interviews and surveys with participants, in-person interviews with school administrators, monthly observations of group sessions at each school, and two telephone interviews 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.

Procedures

Interviews were conducted with a total of 24 program participants over the course of the year. Interviews were conducted with 20 participants at the beginning of the year (October through December) to gather information about their beliefs, goals, and social support before and/or at the start of the program. Of these 20 participants, 16 also participated in interviews at the end of the NLCC program year. The remaining four were unable to be reached for follow up. In order to maintain a sample size of twenty, four additional participants were recruited for an interview at the end of the year.

Recruitment for the evaluation took place during program sessions and targeted parents and caregivers of children ages three and older who had no prior experience with the NLCC program and planned to participate in the program for the full school year. Participants were recruited through mini presentations during group sessions, through emails and fliers distributed by the facilitators. The majority of interviews took place at the three schools either before or after the program session. At the end of the year, three interviews were conducted over the phone due to parents' work schedules. Interview times ranged from one to two hours.

Approximately two observations of the weekly seminar sessions were also conducted each month in order to document the approach, content, and experiences of participants in the program. Six observations were conducted at each school by researchers from Erikson Institute. Researchers took field notes during the observations regarding participant engagement, responsiveness of the facilitator toward participants, the structure and content of individual session, and group cohesion.

In-person interviews were conducted with administrators from each of the two schools involved in the program. Administrators were interviewed once toward the end of the school year (April, 2015) regarding their perspective on the NLCC program. Interviews lasted approximately 30 minutes to one hour.

Two telephone interviews were conducted with the two program facilitators at mid- and post-program. These interviews focused on their experiences conducting the program meetings, including rewards and challenges, as well as recommendations for future program replication.

Evaluation tools

Qualitative interviews

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 based on Antonucci's (1986) hierarchical mapping technique. We adapted this method to focus specifically on network relationships in the family and childrearing domain. Mothers were shown a diagram of concentric circles and were asked to name people in their lives in order of importance and then to describe the kinds of supports they received from those network members. This approach to understanding social support networks is based on Kahn and Antonucci's "convoy model of social support" (1981), a life course-based perspective which suggests that people rely on groups of family, friends, and other adults who offer support and resources over the life course. This convoy may change and adapt to developmental as well as situational changes over a person's lifetime.

Survey instruments

Surveys gathered information on family involvement in education, parenting self-efficacy, and leadership. Survey questions were administered at the beginning and end of the year. For participants

recruited at the end of the year, retrospective pre/post-program surveys were administered. Retrospective surveys ask participants to compare their attitude or opinion from before the program began to their attitude or opinion at the end of the program and have the potential to reduce response shift bias (i.e., the participants tendency to overestimate their initial responses due to limited knowledge about what they would learn through the program at baseline) (Engleman & Campbell, 2013; Numon, Zigarmi, & Allen, 2011).

Home-based family involvement. Participant involvement in their child's education at home was measured using the home-based involvement subscale of the family involvement questionnaire (FIQ; Fantuzzo, Tighe, & Childs, 2000). This subscale includes 13 items assessing the nature and extent of parents' involvement in the early educational experiences of their young children. Sample items include, "I spend time working with my child on number skills", "I see that my child has a place for books and school materials", and "I talk about my child's learning efforts in front of relatives." The home-based involvement subscale has demonstrated strong reliability (Cronbachs alpha=.85; Fantuzzo, McWayne, & Perry, 2004) and has been shown to predict child outcomes such as motivation, attention/persistence, and receptive vocabulary.

Parenting self-agency measure. Five items measured parents' confidence, knowledge, and willingness to expend effort in problem solving (Dumka, Stoerzinger, Jackson, & Roosa, 1996). Sample items include, "I feel sure of myself as a parent/caregiver", "I know I am doing a good job as a parent/caregiver", and "I know things about being a parent/caregiver that would be helpful to other parents." The parenting self-agency scale has demonstrated adequate reliability (Cronbachs alpha=.68-.70) among Latino and White populations of parents.

Parent leadership questionnaire. Fifteen items assessed participants' leadership capacity (Cunningham, Kreider, Ocon, 2012). Items asked about participants' perceptions of themselves as leaders; self-efficacy to set goals, develop and carry out action plans, communicate, and work with others; school based advocacy skills; and community change skills (Cunningham et al., 2012). Sample items include "I consider myself a leader in most areas of my life", "I am able to follow through on an action plan", "I feel comfortable with teamwork and cooperation", and "I feel comfortable talking with my child's teachers."

Data analysis

Interview transcripts and observation field notes were entered into NVIVO, a qualitative software analysis program. Section codes were developed based on interview questions and then additional themes that emerged from the interviews and observations were identified using a grounded theory approach to thematic analyses (Creswell, 2013). The principal investigator and a research associate independently coded transcripts and then reached consensus on areas of disagreement. There was strong agreement between coders as demonstrated by a Cohen's Kappa of .74, which reflects good or substantial agreement. 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 (Miles & Huberman, 1994; Sommer et al, 2012). Clusters of characteristics were examined within and across individual participants to create profiles of participants who may have experienced the most program impact.

Survey data were entered and analyzed using SPSS, a statistical software program. Pre- and post-program comparisons were made for participants that completed interviews at the beginning and end of the year (n=16) and participants who answered retrospective interviews about their program experiences at the end of the year (n=4). Throughout the report, findings are described for different groups of participants which are specified in each section. Analyses of "observed" changes in participant responses to the same questions on pre- and post-program interviews are based on the 16 study

participants who completed both interviews. Analyses of participant reports of how the program helped them are based on interviews with 20 participants at the end of the program (16 whom we interviewed at pre-program and four additional participants whom we added to our sample at the end of the year). Descriptions of common characteristics or experiences across participants are based on the full sample of 24 study participants.

Program description

The NLCC program was implemented in three public schools in the North Lawndale community on the west side of Chicago. All three schools enrolled students who were predominately low-income and Black/African-American. The three schools enrolled similar numbers of students, ranging from 300 to 400 students and were considered neighborhood schools, or schools that accept students who live within the attendance boundary. Two of the three schools housed early childhood classrooms.

School culture and climate around family involvement varied across the three schools, based on results of the 5Essentials Survey conducted by University of Chicago (<https://ccsr.uchicago.edu/surveys>). Two of the schools received low ratings around family involvement, one of the five indicators of successful schools and includes measures of family-school trust, outreach, and community collaboration. A low rating in this area indicates parents reporting they do not feel welcome or included in the school. One of the schools received higher ratings around family involvement.

Recruitment for the NLCC program initially targeted isolated, vulnerable families with young children. Caregivers were encouraged to bring other caregivers to the meetings and the program had an open door policy so that any parent or caregiver regardless of their child's age, school attendance, or place of residence could attend and participate in the sessions. As a result, many parents and caregivers with older school-age and secondary-age children attended the sessions.

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. Weekly sessions included a variety of activities including goal setting, action planning, and presentations by personnel from outside agencies. Within this structure, however, the program allowed participant feedback, interests, and needs to guide the session content. Free lunch was provided each week and child care was provided by Jump Start, a national early childhood teaching service corps. After the completion of each phase, a celebration was held. At one of the schools, the NLCC program was cancelled mid-year due to low participant attendance and engagement. Case management activities were continued with some of the participants from this school for the remainder of the school year.

Sample description

Participant characteristics

Table 1 shows the characteristics of participants for the total sample, as well as for those that participated in both pre- and post-program interviews, those that dropped out (pre-program only) and those that participated at the end of the year only (post-program only). All 24 participants identified as Black/African-American and spoke English in the home. Most participants had a high school diploma or greater, yet still nearly a quarter reported having less than a high school diploma. Less than half (42%) reported being employed at the time of their first interview. Study participants ranged in age from 23 to 50. Two thirds of participants were parents of children under age 18. All participants were women with the exception of one father. A third of participants were grandmothers. Four participants were both grandmother and mother to a child under age eight. Just over half reported having other caregiving responsibilities and 63% reported having others in their household who help care for children.

Two thirds of participants in our study mentioned significant trauma or multiple traumatic events in their personal lives. The interview protocol did not ask directly about trauma so it is possible that more participants experienced trauma but did not report their experiences. 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 participants who mentioned a personal history of incarceration.

Table 1. Participant characteristics	Pre/Post n=16	Post Only n=4	Pre Only n=4	All N=24
Race/Ethnicity				
Black/African American	100%	100%	100%	100%
Education				
Less than a HS diploma	20%	25%	50%	21%
HS diploma/GED	47%	25%	25%	42%
Some college or greater	34%	50%	25%	37%
Currently enrolled in an educational or job training program	19%	25%	0%	20%
Expect to pursue additional education or training in the future	93%	75%	75%	89%
Specialized training in child development or childcare	27%	100%	50%	42%
Married	6%	75%	0%	10%
Employed	53%	0%	25%	42%
Caregiver role				
Parent of child under 8yrs	19%	75%	50%	79%
Grandparent of child under 8yrs	31%	50%	0%	33%
Parent & grandparent of child under 8yrs	13%	50%	0%	17%
Licensed to provide childcare in home	0%	0%	25%	4%
Cares for children in other capacities	69%	33%	25%	57%
Others in household help take care of children	75%	25%	50%	63%
Experience with personal trauma	63%	50%	75%	63%

Caregiver role/number of children. The majority of participants reported caring for preschool to school-age children while less than half of participants reported caring for infants or toddlers (see Table 2). Three quarters of participants had a young child under age five enrolled in an early childhood program and most of these were enrolled in Head Start or public preschool. All of the target children discussed in the interviews were enrolled in an early childhood program or in elementary or secondary school. Almost half of participants (42%) had at least one child with a diagnosed special need. Most common special needs were developmental or behavioral issues and speech delays. Other diagnoses included health conditions such as asthma and epilepsy.

Table 2. Ages and needs of children cared for by participants	Pre/Post n=16	Post Only n=4	Pre Only n=4	All N=24
All children in care				
Toddler (Under 3 yrs)	31%	25%	25%	33%
Preschool (3-4 yrs)	81%	25%	50%	71%
School age (5+)	75%	100%	100%	79%
Children <5yrs enrolled in early childhood program	73%	100%	67%	74%
At least one child has a diagnosed special need	50%	25%	25%	42%
Target child program characteristics				
School-based Head Start/ Pre-K	81%	50%	50%	71%
K-3	19%	25%	50%	25%
>3 rd grade	0%	25%	0%	4%

Participant attendance. 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 approximately five sessions. Most participants attended fewer than 10 sessions. As Table 3 shows, participants in the study had higher attendance on average (average of 10 sessions across the three schools) than most of the participants in the NLCC program overall (average of five sessions across the three schools). Nonetheless, 58% of study participants attended 10 or fewer sessions and 42% attended more than 10 sessions.

Table 3. NLCC program attendance	School A	School B	School C	Total
Average number & range of sessions attended				
All participants	5.57 (1-20)	3.15 (1-8)	6.75 (1-18)	5.52 (1-20)
Study participants	12.71 (6-20)	5.50 (3-8)	10.82 (3-18)	10.04 (1-20)
Number of sessions				
0-5 sessions				
All participants	15	10	14	39
Study participants	0	2	4	6
6-10 sessions				
All participants	8	3	3	14
Study participants	3	4	1	8
11-15 sessions				
All participants	4	0	3	7
Study participants	2	0	2	4
16-22				
All participants	2	0	4	6
Study participants	2	0	4	6

Participant experiences and the NLCC program: Findings from thematic analyses

The following sections of the report detail findings from thematic analyses about how the NLCC program shaped participants experiences caring for children and reaching their own personal goals.

Child-related goals, challenges, and achievements

At the start of the NLCC program year, participants expressed an interest in improving their own caregiving and parenting skills as well as increased understanding and knowledge of how to help children. As one participant explained, “I hope I can get more understanding how to better raise my kids and what it means. What they need and how to react to what they are doing.”

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). However, at the end of the year, participants reported a decrease in feelings that they could change their community in positive ways. 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). (See Appendix B for more detail).

Goals for children’s development

At the beginning of the year, half of the study participants who completed pre- and post-program interviews (8/16) reported having academically-focused goals for their children including improved speech, literacy, numeracy, and writing (see Table 4). Some parents also hoped their child would “graduate” from preschool and make it to kindergarten. More than half (56%; 9/16) of participants at the start of the year also reported goals for children focused on social-emotional development such as improved behavior, peer relationships, anger management, and emotional regulation. Three participants also emphasized future-oriented goals for children - as one mother told us about her four- year-old son: “I want him to own the world, just graduate, go to high school, graduate, get that college degree, get him a wife, go to the service, somewhere...I just want him to be successful.”

Table 4: Academic and social-emotional goals for children	
Social-emotional goals	Academic goals
<ul style="list-style-type: none"> ▪ Less crying ▪ Better anger control ▪ Attitude improvement ▪ Calmer behavior ▪ More self-confidence ▪ Leadership development ▪ Improved focus ▪ Better and more peer relationships 	<ul style="list-style-type: none"> ▪ Increased vocabulary ▪ Learn ABCs ▪ Learn to count ▪ Improved speech ▪ Improved reading ▪ Improved penmanship ▪ Learn to tie shoes ▪ Good grades ▪ Perform above grade level ▪ Like/ want to go to school

At the end of the year,¹ 81% (13/16) of the participants reported having new academic goals for their children including five participants who did not describe academic goals at the beginning of the year. Close to half (44%; 7/16) also mentioned social-emotional goals at the end of the year including two participants who had not described social-emotional 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. One mother talked about her own increased involvement in her child's academic interests over the school year:

"I think she has just excelled in reading. Like I said, I got a library card from Harold Washington Library. So it's kind of our Saturday morning ritual, to go to the library and get a week's worth of new books. So she reads a book every day. And now she's slowly getting into the chapter books. So now reading has become something she wants to do versus me forcing."

Caregiving challenges

At the beginning of the program year, twenty participants reported a range of challenges they faced around childrearing including typical developmental issues, atypical behavior and learning issues, health conditions, family circumstances and resources, and neighborhood violence. Most participants (70%; 14/20) described typical developmental behaviors of their children as challenging such as toileting, bedtime routines, sibling conflict, and managing multiple children of different ages. However, a third of participants (30%; 6/20) described feeling challenged around children's academic achievements. One mother worried about keeping her daughter "on task" and motivated to excel academically. Some grandmothers expressed frustration with grandchildren who were intellectually provocative or advanced as is heard in the following:

"And I'll be like okay, what do you want to talk about? She just gets to talking. She just started talking. She talks about her mom. She talks about her granddad. She talks about school day. She talks about anything. If the wind blows she talks about it. If the rain hits the window she talks about it....she loves to talk.... Sometimes I just want to be with me and the TV ..."

"He'll ask you a question and you give him an answer and then he asks the question on the answer and then you got to give him another answer...I wouldn't even know how to answer a question that he asks."

A third of participants (30%; 6/20) described challenges of caring for children with atypical behavior issues or special health or learning needs. For example, two participants described aggressive behavior in their sons and grandsons they felt was not typical. As one mother put it, "I have to hold him down because he'll be going crazy for no reason at all." Another mother described her son's aggressive and extreme behavior: "[He] tried to set my baby daughter on fire ...sometimes he frustrates me because I'll be confused and I'll be asking God what I'm supposed to do...." Given that close to half of the participants reported caring for at least one child with a special need, it is not surprising that they expressed a strong interest in learning more about child development and how to identify developmental delays.

¹ Findings on post-program goals for children are reported for only 16 participants who completed pre- and post-program interviews because the four participants interviewed at end of year only were not asked about how their goals for children changed over the year.

A third of participants (30%; 6/20) also described challenges to caregiving that included family circumstances such as homelessness, custody arrangements, family conflicts, and single motherhood as the following example illustrates:

“Being a single parent, it’s always making sure that I give her the balance because you have to be the disciplinarian. Then you have to be the lovey side. So just making sure I give her that right amount to balance her out at all times.”

Impact of NLCC program on childrearing challenges. The NLCC program helped participants in several areas of childrearing (see Table 5). At the end of the program year, 35% of participants reported that the NLCC program helped them with childrearing challenges. More broadly, 70% of participants at the end of the program year reported that the groups helped them improve and feel more confident in their childrearing practices including establishing daily routines, developing patience, and using positive discipline. The importance of daily routines was noted by participants who emphasized that setting a consistent daily schedule was something they had learned to implement over the year. Participants learned to take a child’s perspective, accept children’s mistakes, and appreciate each child’s individuality. Close to half of participants reported learning new positive discipline strategies for dealing with challenging behaviors and alternatives to physical punishment.

Area of change	Participants (n=20)	Examples
Help with childrearing challenges	35% (7/20)	<ul style="list-style-type: none"> • “They helped me a lot with the different attitudes of my children, like identify each one differently or address each one's behavior differently. I just had more patience with that.” • Mother challenged by child’s special needs found out about a class for parents of autistic children that she had just started to attend at the end of the school year.
Increased confidence and capacity around childrearing	70% (14/20)	<ul style="list-style-type: none"> • “They helped me open up to my kids more and talk to them more and play with them more.” • “And I take feedback from them and then learning how to do constructive things with your children-- how to redirect a conversation with my child.” • “So my grandson, when I’m with him as his grandmother, I try to use my time with him to make it count.”
Use of positive discipline	40% (8/20)	<ul style="list-style-type: none"> • “Yeah, they was giving us ideas how like when they get in trouble, you don’t always have to whup them... So, now I do that, it seem like it's working better. If [my son] gets in trouble today, he know he can't play with his tablet.” • “They helped a lot. I talk to him instead of yelling.” • “They’re teaching me how to handle situations or approach them, you know, like one of our sessions, they gave us handouts about dealing with difficult situations with a child.”

Community context and childrearing challenges. All of the participants emphasized the negative aspects of their community and emphasized the struggle they have raising children in a community with gun and gang violence, drugs, theft, racist and unresponsive policing, lack of transportation, lack of grocery stores and an abundance of liquor stores. As one mother put it, “there is nothing good” in this community, only “chaos and anarchy.” Several participants had lost older sons, grandsons, or other male relatives to gun violence and emphasized the specific challenge of raising boys in what they experienced as a violent neighborhood. They talked about the daily stress and worry about their boys’ safety.

Voices of Caregivers: Raising boys in N. Lawndale

“I’m hoping that when he becomes a teenager he is going to try to get out of here, try to get off these streets. So I’m just trying for when he gets older, trying to get him in all types of sports, after-school activities, and keep him busy. So he won’t be looking towards any corners and stuff.”

“We have the slide windows, so you know, one of the big patio windows, so when they hear somebody out there, it’s like arousing them, someone’s out there fighting. Then one day, it was like I was asleep and I heard a shooting and my baby was like, ‘Why do they have to fight?’ You know, it was like he was excited about it. And I had to grab him to let him know that when you hear that sound, that sound means you get down. You don’t run to that sound, you run away from that sound. And it’s like it arouses them. So I think if I still stay over there and they get old enough to go outside by themselves, that’ll be something that they will probably grow up doing, because it’s like it makes them hyper. ‘Oh, he hit him, mom. He hit him and he fell down.’ ”

“I try without being harsh or too strict on him, I want to do the right thing, you know, because as we’re seeing right now, it’s so many -- our race, Blacks, our males -- it’s not a good time right now for them. And I just try to think ahead when he’s 16, 17, you know, what would it be like, you know? And I try to let him know the right thing to do, the right way to behave. I don’t know what’s going to happen, but I try to tell him as a five-year old.....You know, when we’re watching the Baltimore situation,* I just want him to know -- and I try to surround him around good things. And our neighborhoods are not the greatest, because where I live at now, they like shoot every day, and you really can’t just pick it up and move.”

*Interviews took place during the summer when protests in Baltimore occurred in response to the police shooting of Freddie Gray.

Most of the participants at the beginning of the year and at the end of the year expressed frustration with the community’s lack of after-school and extra-curricular activities available for children of all ages. Participants 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. Yet only seven out of 20 (35%) participants reported their children taking part in such activities at the beginning of the year and only four (20%) reported their children’s participation at the end of the year. Few to no activities were reported as being available for young children under age eight and participants also mentioned what they perceived as the low quality of extra-curricular offerings in the community. Participants cited barriers including fees, transportation, having to travel to what were perceived as violent areas of the neighborhood, and a lack of fit between their children’s interests and available offerings. As a result, several parents said they took children out

of the community whenever possible either to a relative’s home or downtown Chicago in lieu of finding regular activities in the neighborhood.

School involvement

Study participants varied in their involvement in children’s schools. Overall, the NLCC program did not significantly change involvement in children’s school for most participants. At the beginning of the school year 70% (14/20) of participants were not involved in their children’s schools and cited barriers such as lack of information or awareness of volunteer opportunities, health issues, and school policies (see Table 6). Three out of the four participants who dropped out of the study reported very low to no involvement in their children’s school.

By the end of the year, six of the 14 participants who were not involved at the beginning of the year in their children’s schools, reported becoming involved over the year in their child’s school yet their involvement was due to increased familiarity with the school setting. It’s possible that participation in the NLCC weekly groups could have shaped increased school involvement, although only three of the six women who increased involvement also participated throughout the entire year in the NLCC program. One grandmother who participated in 17 weekly sessions over the course of the school year and was one of the most consistent participants, offers an example of how NLCC participation positively impacted school involvement and leadership. Her presence at the school eventually led to her being asked to serve on the local school committee as she describes:

“The chairperson of Local School Committee, she said, ‘you’ve been coming to every meeting and you got grandkids, but you haven’t missed a meeting since we’ve started this.’ So they voted me in last month. So I said, okay, all right.”

On the other hand, lack of school involvement may have been shaped by other developments in participants’ lives. Two of the most involved participants at the beginning of the year, were no longer involved in their children’s schools at the end of the year– one had a full time job and couldn’t volunteer during the school day and another parent’s child was transferred to a new school mid-year. She did not have the same relationships and had not found a way to get involved in her son’s new school.

Activities	Barriers
<ul style="list-style-type: none"> ▪ Go on field trips ▪ Social events/ classroom parties ▪ Volunteer in classroom and help teachers ▪ Serve on parent committee - Head Start, Local School Council (LSC) or Parent Advisory Committee (PAC) ▪ Classroom parent/ leader ▪ Preschool delegate – liaison between school and parents 	<ul style="list-style-type: none"> ▪ Lack of information or awareness of volunteer opportunities ▪ Health issues/ pregnancy ▪ School climate/ policies ▪ Criminal background ▪ Relationship conflicts with other parent volunteers ▪ Other young children not in school ▪ Employment/ scheduling conflicts

Participants’ own school experiences. Participants’ own experiences with educational institutions may have shaped the ways they participated in their children’s schooling as well as how they

experienced the NLCC program which took place in local public elementary schools, many where participants had attended as young children themselves. Just over half of the participants (54%; 13/24) described positive memories of elementary school that they hoped to pass on to their children and grandchildren. They recalled wanting to go to school, great teachers, learning new things, making friends, going on field trips, and being recognized for their accomplishments. As one grandmother recalled, “School was a good place for me. It was safe, happy. I got along with the teachers and the children. So school was always like a break because I enjoyed going to school.” However, the other 46% (11/24) of participants described negative experiences with school and several recalled traumatic childhood memories focused on schools that did not help or recognize their need for support. Four participants recalled their experiences of being bullied throughout their elementary school years and cited this as a cause of their eventual dropping out of school. Others described medical conditions or learning disabilities that made school participation challenging. Two participants attributed abuse and neglect in their home life as a barrier to success in school. Overall, these participants recalled school environments that did not support their growth and development and did not reach out to them or their families in times of need and crisis. These participants expressed anxiety about their own children and grandchildren repeating these experiences, especially given how many were caring for children with special needs. Participants who attended the same schools as their children noted that many things had not changed. They worried about bullying, lack of support, and their own inability to create systematic change. Over half (54%; 7 /13) of participants who reported low to no involvement in their children’s school, also reported negative experiences and memories of school themselves.

In summary, participants cited a variety of challenges they faced around caregiving, most of which focused on typical developmental issues, children’s behavioral and special needs, and family circumstances. Participants also talked about the particular challenges of raising African-American boys in a violent neighborhood. They feared for their children’s safety and also worried about their ability to protect their sons and grandsons from the lure of gangs and the street. While the NLCC program may not have helped them with these larger societal challenges of raising children, participants reported new academic goals for their children and learning new strategies for communicating with and understanding their young children with a particular focus on positive discipline and behavior management. 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 start of the NLCC program year, participants emphasized the personal goals they had for themselves. They expressed a hope that the program would motivate them. As one mother noted – “It will keep helping me and keep pushing me to do what I need to do for success.” Participants hoped to make new friends, expand their social support networks (“meet different people”), and find a place where “a better way of thinking” could be expressed. Participants joined the groups to reduce their own isolation – “something to do with my time... and get [me] out of the house.” They also described their personal networks and how these networks helped them with their goals for themselves and their children. At the end of the year, participants were asked to report on their goal achievements and reflect on changes in their personal networks as a result of participating in the NLCC program.

Participants' personal support networks

All participants in the study (n=24) were asked to complete a social support diagram that detailed the sources and types of support in their lives, particularly around childrearing and other family responsibilities. Participants described varying levels of support with 67% (16/24) articulating extensive support circles, 21% (5/24) reporting only two or three people they turn to for help, and 13% (3/24) reporting no support. Most participants relied on family and friends for social support including parents, grandparents, aunts and uncles, and cousins. A few respondents also mentioned spiritual sources of support such as God and religious clergy. 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.

Voices of caregivers: Children as support

"My children... because they're my strength. They're the reason why I get up. They're the reason. They're my strength so I think if I didn't have kids I would be such a slacker but they're my strength so they help me the most."

"My kids are my motivation. They keep me going."

"Because without them I wouldn't be here today. I wouldn't know what I would do because they push me to do more. And just make me happy, that's all."

Participants discussed receiving three types of support from their personal support circles: instrumental, informational, and emotional support (see Table 7). Instrumental included financial, logistical, and material help and came up most frequently in participant discussions about their personal support networks. Almost all participants mentioned receiving some type of financial assistance, mostly from family members (e.g., parents, grandparents, siblings) or from a partner or child's father. Half of the participants mentioned receiving logistical support such as help getting children to school on time or transportation for errands and appointments. Fewer participants reported receiving material supports such as clothing or food. Information regarding employment and parenting were the most frequently cited types of informational supports received. In contrast, participants were least likely to report receiving information on housing or education from their personal networks.

Two thirds of participants reported receiving ample emotional support from their personal networks around health, childrearing, and relationships. Those who did not report emotional support described themselves as loners and not in need of support while others said they did not have people in their networks they could trust with personal issues. One mother explained that she only has "God and prayer" to turn to for support. A grandmother could only name her deceased relatives as sources of emotional support. Two of the participants who dropped out of the study and the groups reported receiving no emotional or personal supports despite experiencing many hardships including incarceration and addiction.

Table 7: Types of supports received from personal networks

Type of support	Participants (n=24)
Instrumental	
Financial	92%
Logistical	50%
Material	33%
Informational	
Employment	42%
Parenting	33%
Housing	21%
Education	17%
Emotional	67%

NLCC program participation and personal goal achievements

Table 8 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. Findings also suggest that the NLCC program may have indirectly helped participants reach their personal goals through offering social networking, emotional support, and confidence-building.

Table 8: 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

Information received from NLCC about community resources. Half of participants (55%; 11/20) reported receiving information from the NLCC program about resources and services in the community related to employment, education, housing, and health. Participants who benefited from new information and connections to resources for themselves, described how the NLCC facilitators tailored information specifically to their needs. One mother described a weekly group session led by a local employment network. Although she had been familiar with the network, she had not felt comfortable contacting them – “I was scared to call them on the phone.” Observational data confirmed that resource-sharing occurred through several avenues including the facilitators, invited presenters, and participants themselves. Yet, despite the focus on information sharing in the groups, participants reported needing additional help accessing new resources or services and reported barriers such as program eligibility, payment requirements, or transportation.

A third of all participants (33%; 8/24) also reported either their intention to pass on information to others in the community even if they could not personally access or use the resources themselves. They expressed that sharing information with other community members was a way of helping their community and creating positive change. One grandmother described passing out job fair fliers she had received from the NLCC program to people at her bus stop.

Voices of caregivers: Passing along information to help the community

“If I can learn something that can help the community I can go tell somebody else. They can tell somebody else and maybe people will listen and pass it on.”

“I can spread the information that I get from this program to other people...That's what we need to do to keep the community information going.”

“That’s why I come to these meetings, so all the information I get, I pass it on to the people in the community. Pass it along, yeah.”

Employment achievement. As Table 9 shows, half of the participants who completed pre- and post-program interviews (8/16) reported making a change in employment. Four participants reported obtaining better and more stable jobs at the end of the year and four who were unemployed at the start of the year reported getting a job by the end of the year. Two participants who started off the program with a job did not have a job at year’s end due to a high-risk pregnancy and an injury. Those who remained unemployed at the end of the program year reported they were planning on looking for employment in the coming months.

Although the NLCC program only directly helped two participants obtain employment, six participants (30%) reported receiving help from the NLCC facilitators with the development of resumes, job searches, job leads, and job fairs. Other program participants also provided encouragement and “hearing other people’s stories” was a motivation for some to pursue their goals. One mother described how the other participants had observed her skills with behaviorally-challenged children and helped her develop new career goals around becoming a special education teacher.

Employment status	Participants (n=16)	Examples
Employed pre- and post-program	5 (4 obtained better/stable jobs)	
Employed pre-program and unemployed post-program	2 (pregnancy, injury)	
Unemployed pre-program and employed post-program	4 (2 attribute job attainment to NLCC program)	“I got to one point that I kind of gave up on hope, like nobody wants to hire you because you haven’t worked in days and years. When I brought the information in the parenting group, it kind of reminded me and gave me that push. I just started calling people about jobs ... I came to this group and it kind of woke me up a little bit...The motivating and letting me know that I can do it.”
Unemployed pre- and post-program	5 (all planning to look for employment)	“It motivated me to start looking even more and not to give up...You know, hear other people's stories and not getting stressed out about it.”

Educational achievement. Fewer participants reported achieving their educational goals by the end of the program. At the end of the year, two participants that were not enrolled in an

educational or training program at the beginning of the year reported being enrolled in a program at the end of the year yet they did not attribute this to the NLCC program. One participant reported being enrolled in an educational or training program at both time points. Other participants reported making progress towards their long-term educational goals including plans to complete degrees. Some participants received encouragement from the NLCC program around their educational goals and as one mother put it, “getting back in focus.”

Voices of caregivers: Reaching educational goals

“My goals are to complete school with a Masters... Right now, I only need one more semester and I'll have my associate.”

“I plan on going back to school. It may not be this year but I do plan on going within the near future.”

“I need to go to school. I want to get a degree in business administration, [but] my first goal is I have to move out of the apartment. Once I get situated, then I'm going to work on my son, making sure he's okay in kindergarten. And after I do that, I want to go and get myself in a secondary schooling so that I can get a better job.”

Barriers faced by participants around educational achievements were difficult to overcome despite encouragement from the NLCC program. For example, two participants reported schools going out of business: “The school that I was going to, they're not existing.” Another participant reported plans to move and postpone going back to school. Two participants reported financial or material barriers to achieving their education goals. One mother explained that she could not continue her schooling because she owed back payments to the school. Other participants reported health or family barriers to education. For example, one participant found out that she was diabetic and was focusing on her health. Another participant was in school, but took a break due to her pregnancy, “as soon as I have my baby I'm going back in July to finish my CNA license. Because I was almost done....”

Housing achievement. Two participants were homeless and living at a local shelter with their children at the start of the NLCC program year. Both moved into housing over the course of the year. One mother reported that she found housing through someone she met at the NLCC program:

“Had I not been coming to these parent groups I wouldn't have met the individual that had a connection to [housing program] which was huge. Very impacting. I will forever be grateful to that individual.”

Other participants were in the process of finding a new home or desired to find a new home in the future.

Health achievement. Close to half of participants (45%; 9/20) reported health-related achievements by the end of the program year regardless of whether they had articulated health goals for themselves at the beginning of the year. Participants reported healthier eating habits, getting needed dental work, and weight loss. Six participants reported that the NLCC program directly helped them reach these health-related achievements. The NLCC program's weekly goal setting activity helped some participants achieve goals in this area: “Weekly goals help me accomplish a lot. Because in January, I needed to go to the doctor, get glasses, set a lot of things up, and with the weekly goals, I

accomplished all of that.” Another parent shared that the facilitators helped connect her to a mental health service where she was receiving regular counseling for herself.

Voices of caregivers: Reaching health goals

“I had a stress test that I dodged, dodged, dodged. But the support for the members in the group and the members from Illinois Children for Action, with their support and their motivation, I did get it done and it wasn’t so bad.”

“So I started drinking the lemon water and my stomach is going down. It’s like different things that we’re sharing with each other, that a lot of them was helping me in this group.”

“I learned about eating a little better. I eat a lot more fruits and vegetables now. I gained a little weight.”

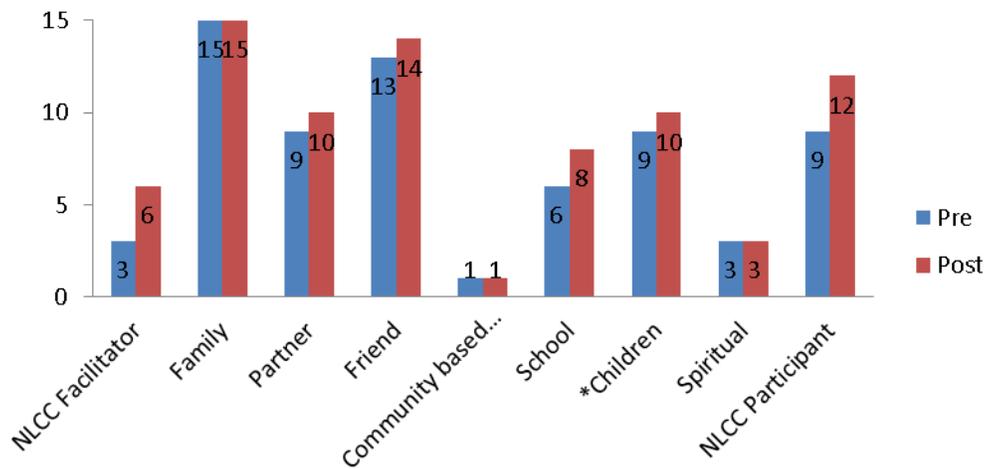
NLCC program and personal development: Social networks, emotional support, self-efficacy and confidence

The development of new social networks, sources of emotional support and encouragement, and newfound confidence may have shaped participants’ progress toward reaching 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.

Social networks. At the start of the program year, just over half of the 16 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. Indeed several participants spoke about the new friends they made in the group and the importance of having shared experiences with other caregivers. For one mother, the group initially was an excuse to get out of the house and have a place to go, but over the year, it became a source of comfort and support – as she put it, “knowing that I wasn’t by myself.” By the end of the year 25% of participants mentioned the NLCC facilitators as part of their support network compared to 13% at the start of the program year.²

² 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.

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

Whether or not they added NLCC facilitators or other participants to their social support networks, participants reported the program helped to reduce isolation and served as a source of social networking and connecting with other women similar to themselves as is heard in the following comment: “It was nice to be around other women that could relate to some of the things I’ve been through in my life especially as a Black woman.”

Emotional support. Close to half of participants (40%; 8/20) reported receiving emotional support and encouragement from the NLCC program (either from other participants or the facilitators) at the end of the year. Observations of the groups also confirm the networking and personal encouragement that participants offered to each other especially around family hardships such as difficult custody cases or domestic and community violence. Several women reported that participation in the groups was a significant stress reliever. A mother who was experiencing multiple traumas in her life including having young and grown children with mental illness, a son in jail, two close relatives killed in gun violence, and her own serious health issues, noted: “When I’m here, it takes a lot of stress off me.” Another mother described her experience of emotional support: “Coming here on Thursday is taking a lot off me, it really is...when I come here and talk... that’s a lot of stress relief... it’s an emotional support system for me.” Even a participant who dropped out of the program early because she obtained a job, described the group as a family and the facilitator as a big sister, motivating and encouraging her to keep a positive outlook:

“I cried a couple times. And no matter what, she always did something uplifting...and I looked up to her like a big sister. I really do because right now today we still talk, even though I’m not in the program. We still communicate together and everything. And she keeps it real. She tell you, ‘Look, I’m not trying hear none of that. You’re gonna do this, you’re gonna do that.’ And it’s like she gave you that extra push.”

The facilitators' description of their approach with participants supports this theme: "We provide emotional support because a lot of problems don't have easy answers ... they just want [someone] to accept what they're going through."

All but one of the eight participants who reported receiving emotional support from the group also reported strong sources of emotional support in their personal networks. These participants may have been more open to or ready for receiving support and help than others who reported not needing emotional support. One mother said she had emotional support from everyone in her large support network and that she also felt comfortable reaching out to the facilitators about anything, noting – "they're really easy to talk to. I felt like whenever I had a problem or anything that I could come to them and they'll be open to discussing and helping me." A grandmother who had her family's support around her ongoing health issues, felt that she could not always talk to her family openly about her sickness:

"Peace of mind too because you know what I'm saying, I never used to talk about it. I really don't have nobody to talk about me being sick and stuff. I talk to my family, but it's just like, you know, like somebody else to talk to. As far as then, yeah, they helped me out a lot emotionally."

One young mother who said she had limited to no emotional support from her personal network, described the group facilitators as her "guardian angels that I just look to because they do so much."

Self-efficacy and confidence. Interview data from the end of the year suggest the NLCC program helped participants learn new leadership skills including listening, communication, and public speaking. At the end of the year, 75% of participants (15/20) 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. One participant reported that the groups "changed" her. Other participants reported gaining confidence and skills in how to engage in group discussions. 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. They reported that the groups helped them feel optimistic and positive about themselves and their children despite feeling surrounded by a negative and violent community. As one mother stated, "it helps you have a more positive mind frame." ‘

Voices of caregivers: Self-efficacy, confidence, and positive thinking

"I'm not as 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."

"My experience with the group has been awesome. It has changed me. I have grown since I've been here. I used to be quiet. I did not trust people, but now my trust is getting a lot better."

"I learned patience ... before I started the group, if I saw someone talking about something crazy or negative, I used to lash out at them. But now I sit back, observe, listen to what they have to say and then when they're done talking, I learned that I can have my turn instead of trying to over talk them, overpower them."

"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, makes me kind of happy."

In summary, the NLCC program helped participants take steps toward tangible achievements such as employment, housing, and health. Several participants obtained employment or found a better job by the end of the year and others received help developing resumes or attending job fairs. Participants emphasized making small but significant changes in their own personal health and nutrition habits such as exercising more regularly, eating more healthy foods, and losing weight. Goals related to educational attainment and housing were not reached by as many participants perhaps due to some 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 participants who were faced with multiple stressors, traumas, and responsibilities in their lives. A majority of participants in the program also reported increasing their social networks, emotional support and/or gaining a newfound capacity to participate in constructive conversation with others and to make positive changes in their lives. Those who reported tangible achievements in employment, housing or health also reported personal development in these areas.

Who benefits the most from NLCC? Findings from profile analyses

In order to understand who the NLCC program may have helped the most, we use a case study approach to examine individual participant profiles across several key variables related to program impact and participant characteristics. Our analyses resulted in three levels of impact across the 24 participants in our study: high, low, and unknown impact (see Appendix C). High impact was defined by participants who reported experiencing change or goal achievements across three or more areas including: employment, housing, health, self-confidence and efficacy, childrearing, social support, and emotional support. Low impact was defined by 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 10 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 the program. Attendance in the NLCC program did not always align with program impact although none of the high impact participants attended fewer than nine sessions. All high-impact participants attended sessions at the two schools where the NLCC program ran for the entire school year.

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.

Participants who experienced program impact may have been more accustomed to relying on others for support and therefore more open to receiving emotional support and encouragement the NLCC program offered. 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.

Table 10: NLCC program impact, attendance, and participant characteristics						
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

Profiles of Change

Jasmine: Finding home and a sense of family

Jasmine is a single mother with a four-year-old daughter who was homeless and living in a women's shelter when she first came to the NLCC program. She had recently relocated back to Chicago after living out of state yet had few social or personal connections in the city. Jasmine was referred to the group by the group facilitator and was motivated to join the group because, in her words, she believed in the mission of Illinois Action for Children and wanted to support their activities. She also hoped to make some friends and build "a sense of family." Jasmine was very committed to the group and attended a total of 19 out of 22 sessions. If she couldn't make the session at one school, Jasmine would attend group at one of the other schools.

At the beginning of the year, Jasmine discussed her history of difficult relationships. She reported having a very small social support network, a personal history of abuse, a difficult relationship with her own mother, and no close relationships that she could turn to for support. Further, she was engaged in an ongoing legal battle over custody of her daughter.

Jasmine expressed some hesitancy at the beginning of the year about the group, stating that she was "not too crazy about [being] around too many women." But the group offered her something new and said she was open to the challenge, stating, "It was difficult in the beginning, I don't want to get too close to people so I had to allow myself to kind of let my guard down and share some things that were uncomfortable and they were there with me through it." Although Jasmine reported not knowing anyone in the group or being particularly close to anyone in particular, from the beginning she reported that the group was an important source of support, "I feel like, I guess like a little, like maybe like a sisterhood or something."

Her main goals for herself were to get a better job, complete her GED, get an apartment, and buy a car. Jasmine presented herself as goal-oriented and driven, stating - "our situation is going to get better because I'm working my butt off." When talking about her goals for her own education, her confidence in attaining this goal was clear: "For the next coming year, GED completed by January or March of this upcoming year and I believe that it's going to happen." By the end of the year, Jasmine reported a stronger and more extensive support network that included relationships with individuals in the parent group. She also reported meeting or making progress towards her goals – she was employed and living in a one-bedroom apartment and indicated that the group helped her with these goals indirectly through the connections she made and through job referrals from the group facilitators. While she had not yet achieved her education goal of obtaining a GED, she had plans to take the additional test that would qualify her for the certificate.

Profiles of change

Ashley: Learning how to handle stress

Ashley is the mother of several children that range in age from toddler to high-school. She lives with the father of her youngest child yet receives support from the other fathers of her children which causes stress because of relationship tensions and expectations. When she started the groups, she was unemployed and facing many challenges around caring for her children and maintaining custody. As she put it, “I have a lot of obstacles in my way right now, I don’t really know how to juggle.”

Ashley also emphasized her difficulty managing the logistics of caring for children of different ages and abilities. Her youngest son had recently aged out of early intervention services and was enrolled in half-day Head Start which required Ashley to transport him to wrap around child care for the remainder of the day. Ashley reported that this change created logistical issues:

“I have to hurry up and try to make it through traffic to get to the school on time, because those teachers are very prompt about leaving on time. And like 3:02 you’re like really, really late, so I try to get through the traffic where you have to wait, because everybody’s getting out at the same time. And then I didn’t know when I did his IEP that his school and my daughter’s school get out at the same time, and they’re miles and miles apart from each other.”

She indicated that these stressors took a toll on her feelings about herself as a parent, stating she felt she could do, “a world of a lot better.”

Although Ashley reported having a large social support network, which included family, friends, and community-based organizations, she expressed that she relied mostly on herself. She indicated that the stressors took a toll on her mental health and that she had been trying to access counseling services, but that most organizations were filled or had waitlists. Further, despite all her connections, she had difficulty accessing a lawyer to help her with her custody issues.

Ashley attended 20 out of 22 of the group sessions and referred several other parents to the group. She talked about the group as an important source of emotional and personal support, especially as she was going through her custody battle:

“They’re the reason I’m still being patient...They helped me pick up the pieces and stuff like that and helped me to get some counseling and I’m doing that now, and we’re trying to work on as far as me like going back to where I want to be as far as me and how I want to navigate myself...They teach you how to still give even though maybe you don’t even want to give. They teach you a whole lot and I appreciate them for it. They do so much with so little ...So they helped me a whole lot.”

At the end of the year Ashley stated that despite her facing the same set of obstacles at the beginning of the year (child care challenges, custody battles), she felt she was in a better place, emotionally. She had been referred to counseling with the help of the NLCC facilitators and was seeing a therapist regularly to help her cope with stress.

Program implementation findings

The following section documents effective program strategies that may have contributed to positive participant outcome. Findings reported here are based on data collected on program approach and implementation strategies from participants, facilitators, and principals from the three schools that hosted the NLCC program.

Promising implementation strategies

Promising implementation strategies included high program dosage, strong facilitator-participant relationships, peer-to-peer sharing, and confidentiality and safety (see Table 11). These themes are elaborated in the following sections.

Table 11: Promising implementation strategies	
Strategies	Examples
Program dosage and weekly goal setting	<p>“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.”</p> <p>“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.”</p>
Strong facilitator-participant relationships	<p>“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.”</p> <p>“She doesn’t let you give up... she made you want to do what you came to do.”</p>
Peer-to-peer sharing	<p>“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.”</p>
Confidentiality and safety	<p>“It was ok to have a disagreement and share your opinion comfortably.”</p>

Program dosage and weekly goal setting

The weekly structure of the groups offered participants a routine and a schedule that may have been lacking in their lives. It gave them “something to commit to” and something to “be on time for.” For some participants, 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. In fact, at the end of the year several participants wondered how they would feel once the groups ended. As one mother put it, “the days we didn’t have it... we felt lost.”

Participants were asked to articulate goals for themselves, their children, and their community and to discuss progress towards these goals on a weekly basis. The act of writing down goals and

focusing on them each week was particularly effective in helping participants who may have felt discouraged and overwhelmed. As one parent explained, “putting down my goals and make it an action plan, because if you have them in front of you, then you don't forget it and it doesn't go unattended.” For some participants, the consistent focus on a set of goals helped them achieve these goals over the course of the year. As one of the facilitators noted, weekly goal setting over many months may have been more manageable for some participants than setting long-term goals:

“A lot of them do better with weekly goals opposed to long-term goals. I see that that overwhelms them, and they're not able to process it. So just doing weekly goals to add up to, you know, long-term goals, helps them.”

Observations of weekly sessions confirmed this approach to helping participants break down long-term goals into manageable action steps. During one session, the facilitator helped a participant articulate the specific steps she needed to take in order to reach her goal of eventually starting and completing a college class. For a parent whose goal was to find a job, the facilitator asked her to describe what she had done so far and then helped her identify specific steps such as developing a resume and attending a job fair.

Strong facilitator-participant relationships

Strong relationships between facilitators and participants, built on trust and caring, emerged as a central theme about how the NLCC program led to positive participant outcomes. The NLCC facilitators' understanding of the caregiver population and how to connect with families who might be initially resistant or reluctant to participate was emphasized by one of the host principals as a key to the program's success and participant engagement in the groups:

“The parents walk away with knowledge, they walk away with understanding, they walk away with goals that they might not have set for themselves had not someone been able to really first get past their defense mechanism and then be able to really minister to what they need....One of the things I love is the parents are always engaged, which tells me that you're talking their language. They understand it's something that's valuable to them. It's something they feel they can use, and they show up.”

Participants also emphasized the importance of follow-through and commitment to the group and in particular the weekly texts, emails, and phone calls from the facilitators. This type of relationship consistency and reliability may have been particularly important for caregivers and parents who did not experience this type of relationship support and reliability in their own personal networks.

The power of caring: Perspectives from a principal and a parent

Principal:

The parents over there, know they care. They know that it's not just about a paycheck. It's not just about what we have to do. It's about what we want to do and what we enjoy, and I think that's the difference in this one parent....So I know what type of person she is based off of that and I know she recognizes people who really are genuine....So I know that she's committed because of the genuineness and the caring that comes from the staff as well as the workshops they provide. So I would say I've seen change in their perspectives on life that have caused them to be much brighter, lighter people. "

"This neighborhood really moves when they recognize you're committed, and that means even with rough starts. That means even with situations that occurred that might be a deterrent. When they recognize the level of commitment that you have, especially if you're not from here, they cling to you."

Mother in NLCC:

"And it's like every time I feel down, [the facilitator] says, 'I know something going on. Let's talk'....So that helps me a lot to know that she loves her job and she loves the people she deals with....It's like she knows us. She know if I'm having a good day, a bad day or a somewhat day....they're there for you. And if you don't come, they're going to text or call to see what's going on. Like if I don't come to a group they'll text or call and be like, 'Oh, hey now, I missed you. I didn't see you at group. Is everything okay? How you feeling? You know, what's going on?'... I can go to them with something personal or non-personal and it's like they care."

Peer-to-peer sharing

In addition to the strong relationships that developed between participants and facilitators, the facilitation of peer relationships in the NLCC program was a successful strategy. Participants described the importance of hearing other people's stories and experiences in helping them 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. In contrast, two participants mentioned that hearing others' bad experiences or examples of poor decision-making, was helpful in their own efforts to achieve and succeed in their goals.

Confidentiality and safety

Confidentiality and having a safe space to talk about personal issues also emerged as key elements of a successful program approach. One of the principals and some parents compared the NLCC program to other parent groups in the schools and noted that unlike other groups where they felt a lack of trust, the NLCC program was different in that the groups were confidential – "what happens in the group stays in the group" – and a place where families could safely share information about personal matters.

Weekly "ice breaker" activities that the facilitators planned for participants may have helped build trust and comfort among participants. Such activities incorporate principles of adult learning that may have facilitated participant engagement and comfort in the group sessions. For example, one

activity asked participants to find things in common as well as common goals with other caregivers that they did not know prior to the groups. Participants were also asked to work in pairs for some activities to help participants get to know one another. This type of activities not only helped participants get to know one another, but led to networking and sharing of information. For example, two participants realized that they were both interested in documentary film making and discussed sharing resources outside the group.

Ice breaker activity

In an activity called, “Past, present, & future,” participants were asked to write about or draw pictures of highlights from their lives and then get into groups of two to three to share with one another.

NLCC program implementation and school culture

The culture around family involvement at each host school played a role in participation and engagement in the NLCC program. Family involvement was articulated as a core value and goal by principals at two of the schools. These principals understood the needs of families in the community as well as the challenges families face getting involved and engaged. One principal in particular expressed a commitment to and understanding of families that led her to invite and encourage families to attend the sessions and to welcome the NLCC program into the school:

“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.”

In contrast, the principal at a school where the NLCC program was not as successfully implemented expressed frustration around the lack of family engagement and the ineffectiveness of school efforts to work with families around their children’s education. This principal explained that the school had done everything possible to involve families without success and she expressed doubt that the groups would be able to engage families.

IAC’s continued involvement and presence in the community and the relationships, collaborations, and knowledge of community resources that were developed by IAC staff, contributed to the implementation of programming that was responsive to the needs of participants. Staff from the NLCC program had implemented similar programs at these schools in the past and had built relationships with school staff and families in the schools. For example, at one of the schools, a participant who had attended the groups two years ago, was also a regular volunteer in the preschool classroom and acted as a liaison between the NLCC program and school teaching staff.

Barriers to implementation and group participation

Despite half of the participants in our study attending 10 or more sessions out of 22 over the year, many 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. Participation at one school dropped when the Head Start program at the school offered full-day programming mid-year. 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. This may account for why some participants who only attended a few group sessions also reported program impact.

Community involvement was a goal for the NLCC program but was difficult to implement. In fact, study participants at the end of the program year reported they felt less able to tackle community problems and enact community change than they did at the beginning of the year. At one school, participants planned a food drive which was a successful and collaborative effort, facilitated by the group leaders and the school. In the other school, however, the community activity that participants planned – a neighborhood clean-up day – was not implemented due to neighborhood violence. As reported earlier, participants across schools were unanimous in their negative view of the N. Lawndale community as a place to raise children and as a place to get involved in community efforts. Many participants expressed interest in school involvement but few viewed themselves as having any capacity to impact community development or change. The problems they articulated and perceived in their community – gun violence, drugs, theft – were too great to tackle.

Barriers to participation: A facilitators’ perspective

“Well, right now I’m thinking of two families, one had just come out of jail and she was interested but then her phone stopped working, and we stopped seeing her. Well, there was little that we could do to intervene.

And then I’m thinking of another who was dealing with depression and she knows her kids should go to preschool, and she knows she should get a job, or go back to school, or whatever, and she knows she could do better, but she just is stuck.

And then some are dealing with health issues, so we have a couple that were bedridden and actually just well they were in for a couple weeks, for a few weeks...but others who have health issues, they still kind of fade away a little bit.

Even with parents who have some children who have developmental delays. And even when we’re trying to give them the right resources, they don’t always want to take them, because sometimes they’re in their own denial state, and there isn’t much that you can do. And they’ll fade away as well. “

Discussion

The NLCC program was successful in facilitating participants' progress toward goal achievements for their children and themselves. Participants reported learning new parenting strategies such as positive discipline, taking a child's perspective, and the importance of engagement around learning and development. The focus in the NLCC groups on preschool enrollment and attendance may have resulted in an increased focus on children's academic and school readiness among participants.

The NLCC program positively shaped participants' social networks, emotional support, self-efficacy and confidence. Such personal developments may have indirectly led to other more tangible outcomes such as employment, housing, or improved personal health practices. 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. 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.

Participants also came into the program with clearly articulated goals for themselves and their children and in fact many reported that they hoped the program would encourage and motivate them to achieve goals they already had for themselves. It's possible that a program like NLCC is most effective at helping participants who already have thought about personal goals and are perhaps looking for help meeting those goals, and are open to receiving help and support.

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. In fact at the end of the year, participants reported a decrease in feelings that they could 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. Related to this were participants' reports of low involvement in new community resources for themselves or their children. Interestingly a third of participants reported passing along information to others in the community while not actually accessing resources themselves due to eligibility, cost, transportation, and discomfort or lack of fit between resources and their own goals and interests.

Limitations

The small sample size and wide variability across participants in ages of children, caregiving role, and program involvement, make it challenging to draw conclusions about program effectiveness and participant engagement. Moreover, our study sampled participants who had higher attendance rates than participants in the program overall suggesting that we were not able to examine the experiences of participants who only attended a few sessions and for whom the program may not have had much impact. Indeed, the four participants who dropped out of the study appear to be qualitatively different from the participants who remained in the study.

Implications and recommendations

Given the research evidence linking parental education and child outcomes (Magnuson, Sexton, Davis-Kean, & Huston, 2009) and the fact that nearly two thirds of parents in our study reported

education as a personal goal, the program should consider a focus on educational enrollment for participants in future replication efforts. Although many participants came into the program with educational goals including GED completion and college enrollment, none of the participants reported achievements in this area despite receiving encouragement from the NLCC facilitators around continuing their education efforts. Many barriers including cost of education enrollment, stability of educational institutions, and logistical challenges were reported by participants. Recent research on two-generation programs suggests that early childhood programs that also offer parents educational opportunities may be most likely to improve child and family outcomes (Mendoza, 2003). Building on caregivers' strong relationships with their young children may be a key to motivating and engaging families in their own educational achievements. In a qualitative study of a parent education program (Sommer et al, 2012), researchers found that parents who see their young children participate in early education activities also describe their children's achievements as inspirations and motivations for their own educational progress and enrollment. The finding in the current study about participants' reports of their children as central supports and role models for themselves as parents, echoes this finding and points to the possibility of building on participants' commitment and investment in their children's education as a stepping stone to their own educational achievements.

Participants' discussion within the groups and study interviews about their children's development and concerns about atypical development and special needs points to another area for future program development. Close to 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, suggesting 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. Similarly, two thirds of participants in the study reported experiencing personal trauma in their lives and in their children's lives. Well-documented findings on the negative effects of toxic stress on young children's development (Thompson, 2014) suggests that future programming might focus more intentionally on trauma-informed support and education for caregivers of young children.

Findings from this report suggest that future replication of the NLCC program should include many of the successful elements and components of programming described in this report as promising implementation strategies. Such components include regular weekly sessions that continue throughout the school year and provide child care and food for participants, session content focused on childrearing and personal goal achievements, action step and goal planning, program responsiveness to participant interests, and strong community organization-school partnerships.

Findings that those 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, suggests that continuity of the program over time may be an important component to maintain in future replication efforts. Case management in addition to group sessions was also a promising practice. Participants reported that the individualized help they received from the NLCC facilitators helped them make progress on their goals. Several participants talked about the importance of advocacy and facilitation in addition to delivery of information. Many participants reported receiving information but needing and wanting assistance accessing services whether helping with online applications, telephone calls, or navigating bureaucratic systems. It's also possible that the group session format is most useful for participants who already have goals for themselves and are ready to take action towards these goals. For those who may need more time, help, and support around developing goals, individualized case management may be offered as a supplemental resource.

The theme of strong facilitator-participant relationships voiced by participants and principals suggests that staff training may be an important program implementation component to consider in

future replication efforts. The facilitators in this study were found to be a key to the program’s success. The power of “being held in another’s mind” (Pawl, 1995) that participants reported – knowing someone was thinking about them and following up on their situation – appears to be a key way that the program was successful in building trust among participants, many of whom came into the program skeptical of receiving outside help and program participation. Moreover, many of the elements of strong program staff-family relationships reported by participants including care and commitment, goal setting, and advocating and connecting families to resources have been identified in research as practices that may lead to positive family outcomes (Forry et al, 2012). Future replication efforts should consider the importance of having staff perform dual roles as group facilitators and case managers. Continuity of relationships across settings (group vs. individual case management) is an important feature to consider. Given the intensive work with individual families, future staff training might focus specifically 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.

Finally, 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 participants experience in a school-based program, even if their child does not attend that particular school.

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.

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Appendices

Appendix A. Program description

North Lawndale Community Connections Learning Framework Illinois Action for Children

Theory of Change

This work is based on an ecological systems view of children's development which views the child as the center of nested social and cultural systems starting with the family and moving outward through small personal settings like family settings and home-based child care, to larger institutions like schools and health centers, and finally to social policies and cultural forces. I AFC recognizes that no single intervention or program is likely to change a child's future, and that those people closest to the child will need to be the most active in co-constructing that future. The focus of the N Lawndale Community Connections groups is on the primary caregivers, including parents, other family, and friend or neighbor caregivers.

The Community Connections groups work together to build social capital which the caregivers can call on to overcome obstacles and become more active in helping to ensure the kind of future they desire for their children. The social capital model views a family's connections as key to its strength. Supportive peer relationships are important for meeting day to day demands of child rearing (bonding social capital). Relationships across the nested systems provide families with resources and opportunities to meet needs and achieve goals (linking social capital).

Constructivist Learning Approach

It is in keeping with the ecological systems view of child development to use a constructivist approach to learning within the Community Connections groups. Constructivism is a learning strategy that builds on participants' existing knowledge, beliefs and skills. This is especially important for adult learning since adults bring years of experience, beliefs, knowledge and perceptions to any new learning environment. The constructivist approach recognizes and respects one's current knowledge and experience base and facilitates the integration of new understandings and information. The group facilitator structures and supports group dialogue and learning opportunities based on participants' personal goals, hopes for their children, and vision for their community.

In the constructivist approach,

- Multiple perspectives are encouraged
- Learning is shaped based on participant-directed goals
- The group leader serves as a facilitator and guide rather than an expert
- Activities take place in the participants' community and surrounding metro area, thus they face real world complexities
- Participants start by sharing their current knowledge, attitudes and beliefs on the subject, followed by exploration with others to construct new insight and connections.
- Problem-solving is emphasized and failure is considered as a learning opportunity.
- Participants have opportunities to reflect on their experience as they go through this learning journey.

Appendix B. Pre and post scores on the Caregiver Home-Based Involvement in Children’s Learning scale

	Pre (Post)		
	Pre/Post n=16	Post Only* n=3	All n=20
I spend time working with TARGET CHILD on number skills	94% (81%)	100% (67%)	95% (78%)
I spend time working with TARGET CHILD on reading/writing skills	100% (81%)	100% (67%)	100% (78%)
I talk to TARGET CHILD about how much I love learning new things	100% (100%)	100% (100%)	100% (100%)
I bring home learning materials for TARGET CHILD (videos, etc.)	75% (94%)	67% (67%)	74% (89%)
I spend time with TARGET CHILD working on creative activities	93.8% (88%)	67% (100%)	90% (95%)
I share stories with TARGET CHILD about when I was in school	50% (75%)	67% (67%)	53% (72%)
I see that TARGET CHILD has a place for books and school materials	100% (100%)	100% (100%)	100% (100%)
I take TARGET CHILD places in the community to learn special things (i.e. zoo, museum)	62.5% (56%)	100% (100%)	68% (67%)
I maintain clear rules at my home that TARGET CHILD should obey	100% (100%)	100% (100%)	100% (100%)
I talk about TARGET CHILD’s learning efforts in front of relatives	62.5% (88%)	67% (67%)	63% (83%)
I review TARGET CHILD’s school work	100% (93%)	100% (100%)	100% (94%)
I keep a regular morning and bedtime schedule for TARGET CHILD	93.8% (88%)	67% (33%)	89% (78%)
I praise TARGET CHILD for school work in front of the teacher	75% (81%)	100% (100%)	79% (83)
Scale Average	3.47 (3.69)	3.54 (3.51)	3.48 (3.66)

Home-based Involvement (FIQ): Fantuzzo, Tighe, and Child’s (2000)

*Retrospective pre/post surveys were administered to end of the year only participants. Three of the four end of year participants responded to the home-based involvement in children’s learning scale.

Appendix C. Pre and post scores on Caregiver Self-Agency

	Pre (Post)		
	Pre/Post n=16	Post Only n=4	All n=20
I feel sure of myself as a mother/caregiver	94% (94%)	100% (100%)	95% (95%)
I know I am doing a good job as a mother/caregiver	93.8% (94%)	100% (100%)	95% (95%)
I know things about being a mother/caregiver that would be helpful to other parents	87.5% (100%)	100% (100%)	90% (100%)
I can solve most problems between my child/child I care for and me	100% (100%)	100% (100%)	100% (100%)
When things are going badly between my child/child I care for and me, I keep trying until things begin to change	100% (94%)	100% (100%)	100% (95%)
Scale Average	6.36 (6.65)	6.80 (6.80)	6.34 (6.68)

Parenting self-agency measure: Dumka, Stoerzinger, Jackson, and Roosa (1996)

Appendix D. Pre and post scores on the Caregiver Leadership questionnaire

	Pre (Post)		
	Pre/post n=16	Post Only n=4	All n=20
I consider myself a leader in most areas of my life.	88% (93%)	100% (100%)	90% (95%)
I know how to set realistic goals for myself.	93% (93%)	100% (100%)	95% (95%)
I know how to set realistic goals for my children OR children I care for.	93% (93%)	100% (100%)	95% (95%)
I am able to follow through on an action plan.	88% (93%)	75% (75%)	85% (89%)
I know how to get support from family and friends	75% (79%)	100% (100%)	80% (82%)
I am able to communicate effectively with others.	87% (87%)	75% (75%)	84% (84%)
I feel comfortable with teamwork and cooperation	93% (93%)	100% (100%)	95% (95%)
I feel confident interacting with people from different backgrounds	88% (93%)	100% (100%)	90% (95%)
I am comfortable speaking up at a meeting about the things that are important to me.	87% (87%)	67% (75%)	83% (84%)
I am aware of resources to help advocate for my child OR children I care for.	80% (93%)	100% (100%)	84% (94%)
I know a lot of other families with young children	73% (87%)	100% (100%)	79% (90%)
I feel comfortable talking with my child's/child I care for teachers	94% (93%)	100% (100%)	95% (95%)
I feel comfortable talking with administrators or other staff at my child's/child I care for school/program	94% (87%)	100% (100%)	95% (90%)
I understand the school system and role parents/caregivers play in the system	81% (100%)	100% (100%)	85% (100)
I can make positive changes in my community.	100% (87%)	100% (100%)	100% (90%)
Scale Average	3.28 (3.38)	3.59 (3.70)	3.34 (3.45)

Parent Leadership questionnaire: Cunningham, Kreider, and Ocon (2012)

Appendix E. NLCC program impact matrix

Areas of impact reported by participants								
RID	Employment	Housing	Health	Emotional support	Social support	Self efficacy/confidence	Parenting/childrearing	Impact of program*
203								1
207								1
301								1
309								1
206							x	2
307						x		2
311							x	2
105							x	2
204			x	x				2
202					x	x		2
305				x			x	2
312					x		x	2
303						x	x	2
201						x	x	2
313			x			x		2
106			x			x		2
302						x	x	2
304			x	x	x		x	3
101			x	x		x		3
102	x				x	x	x	3
103	x			x		x	x	3
104		x		x	x	x	x	3
310				x	x	x	x	3
108				x		x	x	3

* Impact scores are as follows: 3=high impact; 2=low impact; 1=unknown impact. Impact scores are determined by number of areas of change reported by participants.