

Chicago Young Parents Program Evaluation: Implementation Evaluation & Follow-up Study

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Abstract

The Chicago Young Parents Program (CYPP) is a two-generation pilot program, combining youth employment and mentoring with comprehensive Head Start programming for participants' children and their families. CYPP was designed to improve parenting, personal growth, and family self-sufficiency through education and employment. This study was designed to assess the three-year pilot and provide insights and recommendations for bringing the program to full implementation. Data sources included administrative program data, surveys, interviews, and focus groups.

The program changed over the three years, thus findings varied in the three cohorts. Overall, CYPP participants showed progress in the three primary outcomes: education/employment, parenting skills, and personal growth. Furthermore, each program component seemed to influence multiple outcomes, and each outcome was influenced by multiple program components. CYPP helped participants make progress towards or achieve their education and career goals. The program also strengthened participants' parenting skills, increasing parental responsiveness and the frequency of reading with their children. Parental distress decreased during participation in CYPP, and, for Cohort 2, parent-child interactions improved. Improvements in parenting were associated with generalized self-efficacy and social support. In addition, social support was associated with reduced stress, reduced parental distress, and increased self-efficacy. Participants who were progressing towards or met their educational goal showed greater improvement in generalized self-efficacy, emotional awareness, and parent-child interactions, than those who did not enroll or were in danger of dropping out.

The mentorship role—including leading Friday enrichment sessions, conducting home visits, and supporting participants—was key to the success of CYPP. Mentors helped participants identify their goals and assisted with strategies to make progress towards those goals, maintained participant engagement with the program, and connected participants with resources. Recommendations for future implementation of the program include informing participants about the value of each program component, consistently measuring outcomes, and adding process measures.

Executive Summary

The Chicago Young Parents Program (CYPP) is a two-generation pilot program, combining youth employment and mentoring with comprehensive Head Start programming for participants' children and their families. CYPP was designed to improve parenting, personal growth, and family self-sufficiency through education and employment, which are program outcomes that are aligned with the goals and principles of Head Start. The CYPP program is a combination of mentorship, peer support, home visiting, enrichment sessions, and subsidized employment placements in Head Start centers. The program intends to address the barriers that often prevent young families from attaining their education and career goals and fully engaging with Head Start.

This report documents findings from the final part of the three-year study, the Year 3 Follow-Up Study, which is related to but distinct from the two other studies of the program. This follow-up study was designed to assess the three-year pilot and provide insights and recommendations for bringing the program to full implementation. Data sources included surveys, interviews, and focus groups with program participants. These data indicated that CYPP participants across the spectrum showed progress in the three primary outcomes: education/employment, parenting skills, and personal growth. Each program component seemed to impact multiple outcomes, and each outcome was influenced by multiple program components.

Findings varied in the three cohorts, as the program changed over the three years and the sample was diverse. Some of this diversity was demographic, including age, race, and number of children. Participants ranged in age from 16 to 24, yet almost one-third of the sample was 24. Across a range of challenges and abilities, participants were balancing many roles and responsibilities to support their children while investing time and energy in their own personal growth and goals.

CYPP helped participants make progress towards or achieve their education and career goals via numerous pathways, including through interactions with mentors who encouraged participants to establish and pursue their education and career goals, their job placement at Head Start centers, and the Friday enrichment sessions that provided practical advice and information. CYPP helped some participants reengage with education, as program records showed that many educationally disengaged participants enrolled in school while in the program.

Participants experienced improvements in several areas of personal growth: self-efficacy, emotion regulation, lower stress levels, and greater social support. Participants reported that Friday enrichment sessions, home visits, and working in the Head Start centers helped them become more patient and boosted their sense of self-efficacy. They also reported that Friday enrichment sessions created a sense of social support, providing a space for vulnerability and trust resulting in peer connections. Participants saw social support as a facilitator of emotion regulation and stress reduction, reporting that talking to their peers helped to calm them down

when they felt stressed. Finally, participants discussed how the Head Start jobs, the Friday enrichment sessions, and home visits helped them practice patience, build confidence, and provided them with the space to open up in order to accept support.

CYPP strengthened participants' parenting skills. Qualitative data revealed that participants felt that the program taught them about child development, leading to more developmentally appropriate expectations for their children. Parent-child interactions improved during Cohort 2, and participants provided examples of responsiveness and more positive interactions with their children, including reading more often with their children. Parental distress levels also decreased while participating in the program, suggesting that participants felt more comfortable and confident in their role as parents.

The personal growth and parenting outcomes related to one another and some were tied to education. Improvements in parenting related to generalized self-efficacy and social support. In addition, social support was associated with reduced stress, reduced parental distress, and increased self-efficacy. A greater sense of social support may lead to higher self-efficacy, which could strengthen one's parenting skills. In addition, an increase in self-efficacy was associated with improvements in impulse control and emotional awareness, suggesting that greater self-efficacy may be linked to stronger emotion regulation skills. Furthermore, participants who were progressing towards or met their educational goal showed greater improvement in generalized self-efficacy, as well as emotional awareness and parent-child interactions, than those who did not enroll or were in danger of dropping out. Although the directionality of these relationships is unknown, supporting young parents' self-efficacy may benefit their parenting, emotion regulation, and educational attainment.

According to survey data, CYPP worked differently for different participants. Cohort 1 participants who exited the program after the first program year had improved their parent-child interactions, while those who continued in the program and rolled over into Cohort 2 still had room for growth in their interactions with their children. This suggests that participants who rolled over and continued in the program still needed the program. Similarly, at the start of the second program year, rollover participants from Cohort 1 had more adaptive and nurturing parent-child interactions than those who were new to the program in Cohort 2. Stress levels significantly decreased during the third program year, but only for rollover participants who enrolled in the program in Cohort 1 or 2. Interestingly, dosage of home visits and Friday enrichment sessions predicted a reduction in stress levels during the third program year, but only for new participants who enrolled in Cohort 3. The qualitative data suggest some rollover participants thought the Friday sessions were redundant and failed to see the value in them after their inaugural program year.

Regardless of the cohort or the duration in the program, mentors were the key to CYPP. Mentors helped participants to identify their goals and assist with strategies to make progress towards those goals. Mentors kept participants engaged with the program, providing flexibility to meet diverse participant needs. They also connected participants with resources. Not only did mentors lead the Friday enrichment sessions and conduct the home visits, they provided

support, encouragement, motivation, and feedback to the participants. They built strong rapport and the participants valued their consistent and positive relationship.

Knowing the complex interactions between individual program components and outcomes, recommendations for future implementation of the program include changes regarding dosage, sustainability, expectation setting, and component structure. These recommendations include:

- Introduce a structured transition for participants wishing to roll over after the program year ends.
- Incorporate a transition phase for participants ending the program, where job placement ends but participants continue to participate in the Friday enrichment sessions and home visiting components of the program.
- Use validated data collection instruments at defined regular intervals that can track growth over time in order to track participants' interim outcomes and progress toward long-term outcomes.
- Any changes to program components should be evaluated separately and together to think about impact on program implementation and outcomes. Because of the complex interactions, changes to any one program component have ripple effects on numerous outcomes and other components.
- Establish clearly defined and consistent job roles with each employer.
- Establish clearly defined goals and consistent structure for the home visits, so that mentors and participants understand expectations of each of them and know the intended outcomes of the visits.
- Standardize Friday enrichment sessions and mentorship to improve program quality and fidelity and enhance program sustainability.
- Provide training for mentors to enhance their understanding of the important features of home visits.

About the Study

Objective

The Chicago Young Parents Program (CYPP) is a 35-week parent engagement, youth development, education, and employment program designed by the Chicago Department of Family and Support Services (DFSS) and SGA Youth and Family Services. The program combines youth employment and mentoring with comprehensive Head Start programming for participants' children and their families to create a two-generation model. CYPP was first piloted in 2016 and continued to enroll participants in 2017 and 2018. Chapin Hall was charged with conducting several studies of the program.

This report documents findings from the third and final part of the 3-year study, the Year 3 Follow-Up Study, which is related to but distinct from the two other studies of the program. DFSS commissioned a CYPP Implementation Study, completed in October 2017, to better understand how the program was implemented relative to how it was planned, how program components function individually and together, to document the experiences of participants, and to understand the overall effectiveness of the program in improving outcomes. In addition, a 2018 quantitative study using administrative data from the first two cohorts of CYPP participants explored the effects of CYPP on an assortment of outcomes for both children and their parents. While the analysis of this administrative data did not find evidence of program effects on child development or parent engagement in employment and education, CYPP participation was positively associated with enrollment in public assistance programs, suggesting the program has been effective at connecting participants to supports.

This Year 3 Follow-Up Study was designed to assess the 3-year pilot and provide insights and recommendations for bringing the program to full implementation. Some of the findings from this follow-up study extend and further develop themes initially presented in the CYPP Implementation Study, while others look across all 3 years of data to refine the program model and theory of change. This study uses quantitative data to explore who the program served and how participants changed during their time in the program. It uses qualitative data to understand how and why these things happened. Multiple data sources were used to refine and validate each of the findings presented here.

While conducting the analyses reported here, we encountered numerous data limitations and implementation challenges that make it difficult to assert outcomes with a high degree of certainty. This is typical of pilot programs where program models are evolving, data collection

can be incomplete or inconsistent, and shifting program context can affect dosage and implementation. Some findings appeared significant for certain subgroups of the population or during certain time periods. Where that is the case, however, this should not be taken to mean that these findings were limited to these populations. Rather, it means these findings constitute potential theories to be considered by program designers and implementers and to be explored through further study.

Context

The largest and longest running two-generation program in the country is Head Start. The family support elements of Head Start, including parent empowerment, indirectly impact and reinforce child development (Allen, Sethi, Smith, & Astuto, 2007). Head Start has also demonstrated an effect on various parenting outcomes, including more positive discipline strategies, increased frequency of parents reading to children, increased parental sensitivity to children's needs, and a less authoritarian and more supportive parenting style (U.S. Department of Health and Human Services, 2010).

The most recent version of this type of program, referred to by Chase-Lansdale and Brooks-Gunn as a human capital two-generation program or "Two-Generation 2.0," is more comprehensive and intensive than the first iteration of this kind of program. Two Generation 2.0 programs aim to improve outcomes for children by fostering all domains of child development through early childhood education programming, and improving the home environment by promoting parents' education, employment, mental and physical health, stress management, peer interactions, and parent-child interactions (Chase-Lansdale & Brooks-Gunn, 2014). Head Start and other two-generation programs have traditionally required a high level of engagement to achieve positive outcomes for children and families. One possible motivation for developing more intensive supports for parents in a two-generation model is that particular subgroups of families may require additional resources and more structured programming to fully connect with programming and sustain the required level of engagement.

Given the intensive focus of the Two-Generation 2.0 programs on subgroups of families that may require additional resources and more structure, CYPP was designed to serve the youngest parents in Head Start centers. Specifically, CYPP defined its service population as 16- to 24-year-old parents of children ages 0–5 enrolled in Head Start or Early Head Start programs, predominantly from Chicago's South and West sides.

CYPP was specifically tailored to meet the career, education, *and* developmental needs of its young participants and their young children—and its components reflect this goal. CYPP components include:

- Job placement: Work experience as a literacy coach at a Head Start center (often where their own children were located).
- Mentoring: Mentors provide support to program participants, act as liaisons to work sites, and lead group sessions.

- Home Visiting: Mentors conducted home visits with participants using the Parents as Teachers evidence-based home visiting model.
- Enrichment sessions & Socializations: Mentors lead enrichment sessions, youth socializations, and parent-child socializations.

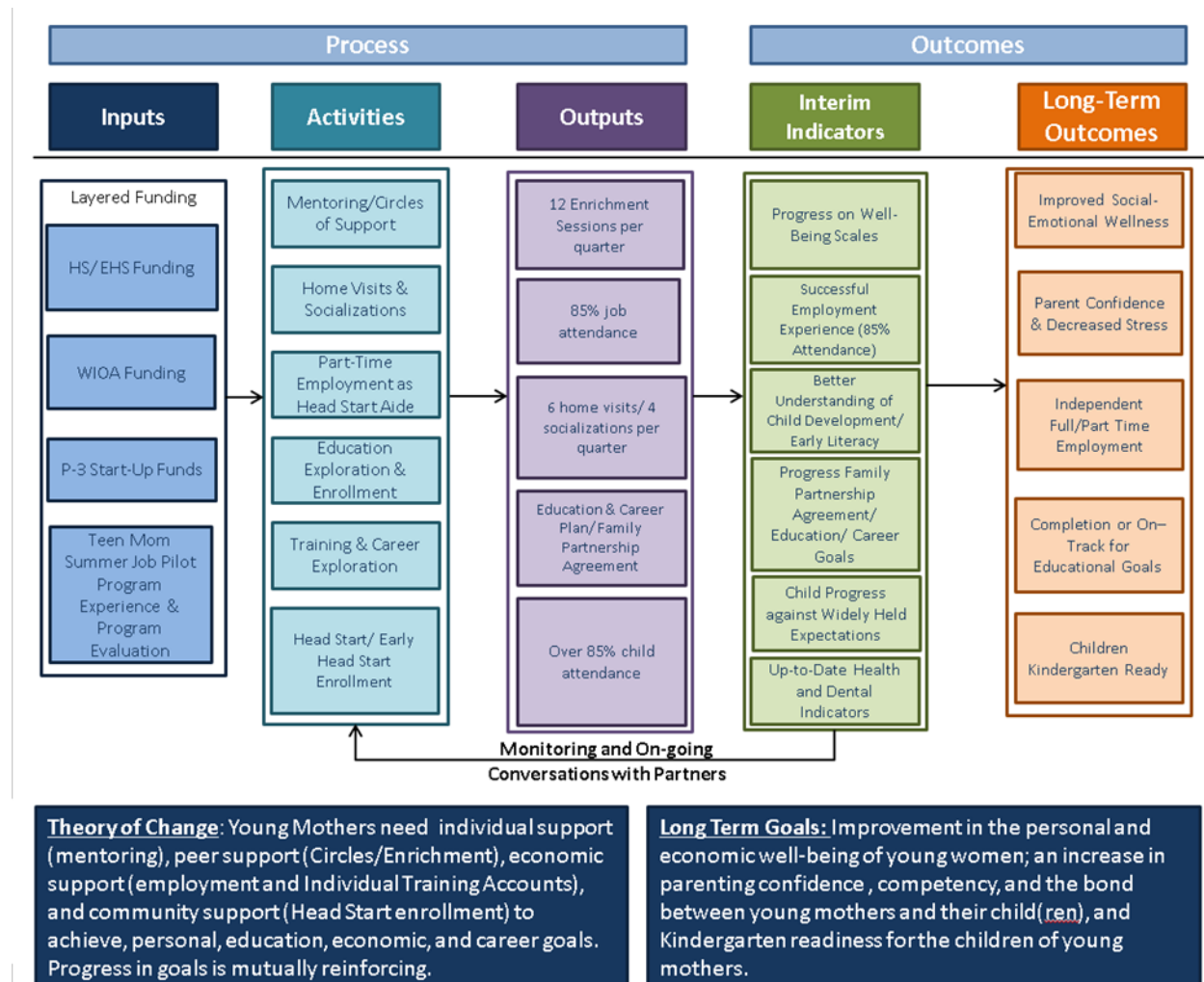
The pilot allowed DFSS to learn about implementation and programmatic challenges and successes on a small-scale before expanding to more Head Start sites and engaging more participants. Testing and evaluating a pilot program is important for four reasons:

- Pilot testing will help confirm if the program is ready for full-scale implementation.
- Pilot testing is an opportunity to gauge the participants' reaction to the program.
- Pilot testing can help administrators make better decisions about time and resource allocation.
- Pilot testing can help ensure that the evaluation plan is adequately constructed to measure the success of the program (National Campaign to Prevent Teen and Unplanned Pregnancy, 2018).

Logic Model and Research Questions

Among the important features of a pilot program that are critical to establish before it is evaluated are the program's logic model and theory of change. The CYPP logic model (see Figure 1) outlines the core program components and activities, the expected program outcomes, and the measures selected to track these outcomes. This model, in conjunction with evaluations of previous iterations of the program, was fully developed and helped inform the CYPP evaluation design.

Figure 1. CYPP Logic Model



One of the aims of this study is to reflect on program goals and measures and propose refinements to the program theory of change based on pilot outcomes and participant experiences. At inception, the program was designed to engage the youngest parents who have the fewest resources and provide them with wraparound peer and mentor supports. It also provides an introduction to the labor market (hopefully serving as a catalyst for future employment and education achievements) and home visits. The home visits offer the support and resources this vulnerable population needs to impact their parenting, education, and employment outcomes. CYPP and its components are mutually reinforcing and structured to target the specific needs of young adults while also providing additional education and engagement activities that target parent-child relationships and early learning. Program administrators expect the system of components to work in tandem to impact change in the CYPP participants.

Data collected during the pilot can begin to answer the following questions:

- What outcomes does CYPP achieve? How does it achieve them?
- Who should participate in CYPP?
- How do the participants from Years 1-3 feel about the program? What suggestions or insights can be drawn from their experiences?
- How should DFSS define CYPP program components and activities for full scale implementation?
- What measures will help DFSS and SGA identify whether the program is achieving its goals and outcomes?
- What measures will help DFSS and SGA identify whether the program is being implemented with fidelity and quality?

Measures

Pilot programs must develop an evaluation plan in order to capture the necessary information about changes in attitudes, knowledge, and behavior of the pilot group. To develop the plan, program developers and evaluators must identify measures of interest. To implement the follow-up study, we identified a set of metrics to monitor program outcomes, as well as those that allow us to monitor the quality and fidelity of the program to support future implementation of CYPP.¹

Outcome Measures

In the follow-up study, youth outcome measures were examined in three primary outcome domains: career and education development, parenting skills, and personal growth. Using administrative and program data from multiple sources and time points, the career and education outcome measures helped researchers better understand job and education attainment and changes in goals while in the program and beyond. Specific measures included education level at program start, education goals set while in the program, and progress on education goals. Outcome measures around parenting skills came from survey data and focused on parenting stress, parenting practices, parenting self-efficacy, and parent-child interactions. Personal growth outcomes also came from participant survey data and included emotion

PILOT INSIGHTS: MEASURES

The pilot phase is when programs decide what their goals are and how they will be measured. This is critical to full scale implementation and ongoing evaluation. Good outcome measures are those that are aligned with program goals and activities, are appropriate for program dosage and duration, and about which it is relatively easy to collect high-quality data. Program outcomes should connect with existing literature to highlight movement towards longer term and larger impacts.

¹ Data sources are described and listed in Appendix B

regulation, stress, self-perception and peer support. Qualitative data from interviews and focus groups were used to validate and contextualize the quantitative measures and provide insight into how observed changes might be connected to program components.

Table 1. Outcome Measures¹

Outcomes domain	Data source	Outcomes	Measures
Education and Employment	Program records DFSS administrative data	Education	Education level at program start
		Employment	Education goal
			Progress toward education goal
			Transition to education or employment after program
Parenting	Survey data	Parenting stress	Parenting Stress Index – Short Form (PSI-SF): Parental Distress subscale
		Parent-child interactions	PSI-SF: Parent-Child Dysfunctional Interaction
		Parent perception of child behavior	Protective Factors Survey: Nurturing/Attachment
		Parenting self-efficacy	PSI-SF: Difficult Child subscale
		Parenting satisfaction	Parenting Sense of Competence Scale
		Positive discipline	Positive Discipline Scale
Youth Development	Survey Data	Emotion regulation	Difficulties with Emotion Regulation Scale (DERS): Lack of Emotional Awareness
		Stress	DERS: Difficulties with Impulse Control
		Mental illness	Perceived Stress Scale
		Self-esteem	Kessler 6
		Self-efficacy	Rosenberg Self-Esteem Scale
		Social support	The General Self-Efficacy Scale
			New General Self-Efficacy Scale
			Protective Factors Survey: Social-emotional support
			California Healthy Kids Resilience and Youth Development Module: Peer support

¹ For more detailed information about the survey measures, see Table A-1 in Appendix A

Fidelity

No matter how thoughtfully a program is designed, challenges inevitably arise when it is first implemented. This is part of the motivation for conducting and studying pilot implementations. Studying the way that program components were delivered can help program designers refine standards for implementation to ensure that the program activities are being conducted in alignment with the program model. Fidelity monitoring during pilots can also measure how consistently program activities were being conducted across program sites. These dimensions of fidelity are concerned with program inputs and provide necessary context for program outcomes.

This study focused on several questions related to program fidelity:

- **Was program implementation fidelity achieved?** Did the way that program activities were conducted vary across and within the 3 years of implementation?
- **How did changes made to program implementation** during the 3-year pilot, including structure and curriculum, affect how the program functioned and what outcomes it achieved?
- **Did program engagement and dosage affect outcomes?** Specifically, did participants spend the anticipated amount of time in the program and, while in the program, did they participate in the expected amount of each of the components?

Observations about fidelity challenges are included with a review of each of the program components. These are primarily drawn from an analysis of the participant interviews and focus groups; however, some of these findings come from mentor interviews, conversations with program staff, and researcher observation.

Quality

The follow-up study includes both survey and qualitative data to better understand participants' perceptions of the quality of the programming and its various components. Observations of program quality are drawn from participant self-reports of their experience. Participants were asked for feedback on the quality

PILOT INSIGHTS: FIDELITY

In the pilot stages, fidelity monitoring consists of tracking changes to implementation, both intentional and unanticipated, and monitoring how program activities are conducted. These measures can be thought of as a way for program designers and implementers to answer the broad question, "Is this program functioning the way we planned?" As programs mature, fidelity monitoring focuses on whether program components are being consistently delivered according to program design and best practices. Part of the process of moving from pilot to full implementation is deciding, based on experiences from the pilot, how program activities should be conducted.

of the job placement and worksites; on speakers, peer support groups, and the enrichment sessions; and on the mentors and the home visits they conducted. Where possible, the responses have been connected with best practices from existing research and the field to provide recommendations for future implementation.

Program Evolution

CYPP Origins

The roots of CYPP trace back to the Teen Moms Summer Jobs (TMSJ) program, a six-week pilot that was part of DFSS' One Summer Chicago program in 2014. The birth of TMSJ was motivated by the lack of summer employment opportunities for young mothers in Chicago, and was created through a partnership with DFSS Children's Services Division, the UIC Center for Literacy, and SGA Youth & Family Services. It targeted pregnant or parenting young women between the ages of 16 and 20 and their children through age five. The program provided participants with (1) Head Start work opportunity, through which they gained early childhood experience and exposure to quality early childhood programs; (2) socialization/enrichment sessions, in which participants discussed life skills; and (3) mentorship, which included a home visiting component. As with CYPP, TMSJ's underlying premise was that this exposure and experience would increase participants' knowledge of potential career pathways and of the benefit of quality early childhood programs for their child, as well as introduce or enhance parenting strategies and techniques.

An evaluation of TMSJ, which included pre- and post-program surveys and interviews with participants, found positive outcomes. The survey data analysis demonstrated a significant improvement in participants' emotional awareness, indicating an increase in their ability to acknowledge and attend to their emotions. Parenting confidence also improved, as participants' parenting self-efficacy scores significantly increased from pre-program to post-program. Furthermore, parental distress—the level of stress one experiences about the parenting role—decreased from pre- to post-program. Greater parenting self-efficacy and reduced parental distress, in addition to increased emotional awareness, can lead to strong parent-child relationships and adaptive child development (Abidin, 2012; Duncan, Coatsworth, & Greenberg, 2009; Teti & Gelfand, 1991). The interviews found that the program participants generally enjoyed the program and reported positive experiences. Participants emphasized the benefits of being in a group of young parenting peers, the opportunity for career planning and job readiness skill development, and the enrichment sessions about parenting and personal growth.

Initial Design & Program Changes

Initial Design

The CYPP design expanded the six-week TMSJ program to 35 weeks. Participants would receive subsidized part-time employment as Literacy Coaches in Head Start classrooms, working 3.5-hour days, Mondays-Thursdays. SGA mentors would serve as work site liaisons and lead six-hour weekly enrichment sessions every Friday, including monthly parent-child socializations. In addition, mentors would complete two 90-minute home visits each month using the Parents as Teachers curriculum and serve as worksite liaisons.

Program Changes

Over the duration of the pilot, the program experienced both expected and unanticipated implementation challenges, some of which led to adjustments in the program. This is typical of the pilot phase of a program. Some of these changes were structural or administrative. For example, the initial payroll structure was spread across the various delegate agencies running Head Start programs, leading to difficulties with issuing participants consistent and timely paychecks in the first year of the program. Payroll processes were simplified during the second year by classifying program participants as SGA interns, so that SGA could issue all paychecks directly.

Other changes had more direct connections to program activities and outcomes, such as the content delivered in the Friday enrichment sessions or mentor turnover. Noting these changes contributes to an understanding of how the current state of the program came to be. It also provides context for outcomes that were observed and variation in outcomes among participants. Appendix C lists program changes, both deliberate and unintended, that we think are significant in the evolution of the program.

Some of these findings are addressed in greater detail in discussion of the quality and fidelity with which different program components were delivered. In cases where we think programmatic changes may have affected particular outcomes observed during the pilot, these changes are addressed in greater detail in the context of those particular findings.

CYPP Participants

Participant Population

CYPP was designed to address a specific subset of challenges and barriers facing young parents of young children. At program entry, participating parents demonstrated a wide range of strengths, needs, and challenges. Capturing this diversity is critical to assessing and improving the quality of the program in meeting the needs of young parents of young children and providing context to the pilot program outcome and implementation measures.

To track how the program population changed over time and account for variable duration of engagement with the program, this report looks at all participants in the program. It also studies them by enrollment cohort (the year they started the program), duration of engagement (whether they participated in the program for 1, 2, or all 3 program years), and subcohort (the year they started plus their duration).

Recruitment

Parents were recruited through DFSS's network of Head Start sites, as well as by word-of-mouth. At the time the program launched, primary caregivers between the ages of 16 and 24 were only 12% of the total pool of Chicago Early Head Start and Head Start primary caregivers. While not a substantial proportion of the population, young parents can be difficult to fully engage in a family-centered model of care and have lower rates of positive outcomes for Head Start participation (U.S. Department of Health and Human Services, 2002). Approximately 340 eligible participants enrolled in CYPP, with 257 receiving services at some point over the program's initial 3 years.

Program Structure and Duration of Engagement

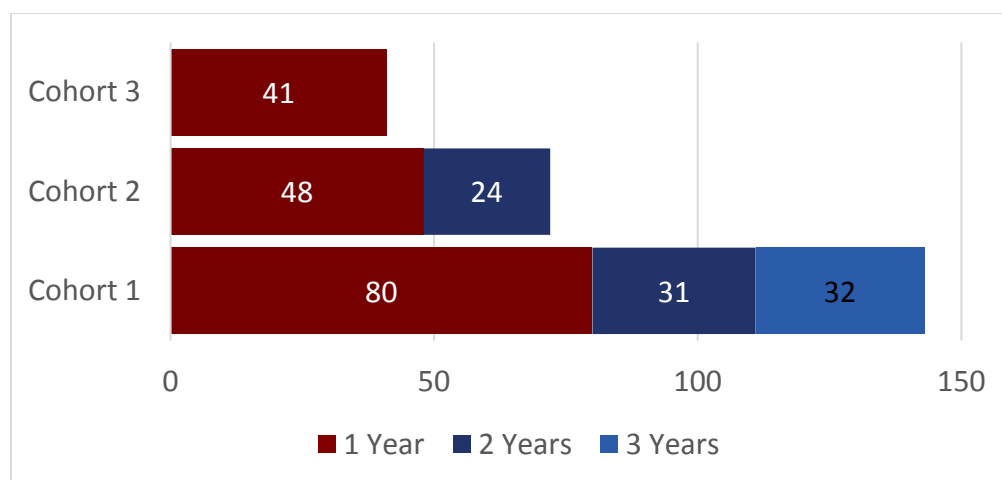
The first pilot cohort was the largest, consisting of 144 participants. The second cohort was 111 participants. The third cohort was the smallest, with 97 participants. In addition to each successive cohort being smaller, each cohort also contained a smaller proportion of new participants. Seventy-six percent of participants in Cohort 2 were new to the program, while only 42% were new in Cohort 3. It is notable that so many participants reapplied or "rolled over" for additional services given that the program was originally conceived of as a 9-month program.

PILOT INSIGHTS: **PROGRAM LENGTH**

The popularity of the rollover option raises questions about how the program should be structured going forward. How long should participants stay in the program? What factors should affect a participant's duration in the program?

Of the 257 participants who engaged with CYPP over its first three years, 65.6% attended for a single program year, with 22% participating for 2 program years, and 12.4% for all 3. Figure 2 shows the relative size of the different enrollment cohorts and the “sub-cohorts” created by program rollover. It also illustrates the varying duration of engagement represented in the sample.

Figure 2. Enrollment Cohort and Program Duration (N = 256)



Source: Program records

The average program duration was 350 days, or roughly the equivalent of a year. However, a quarter of participants were in the program for 15 months or longer. The option to reapply and roll over is the most significant change to implementation made during the pilot. It shifted the structure of the program in numerous ways, including introducing variation into the dosage of program activities received by participants, changing participant perception of program goals, and changing the potential program trajectory for participants of different ages. The high rate of participant rollovers, especially among a hard-to-engage and retain demographic, suggests that participants found the program desirable.

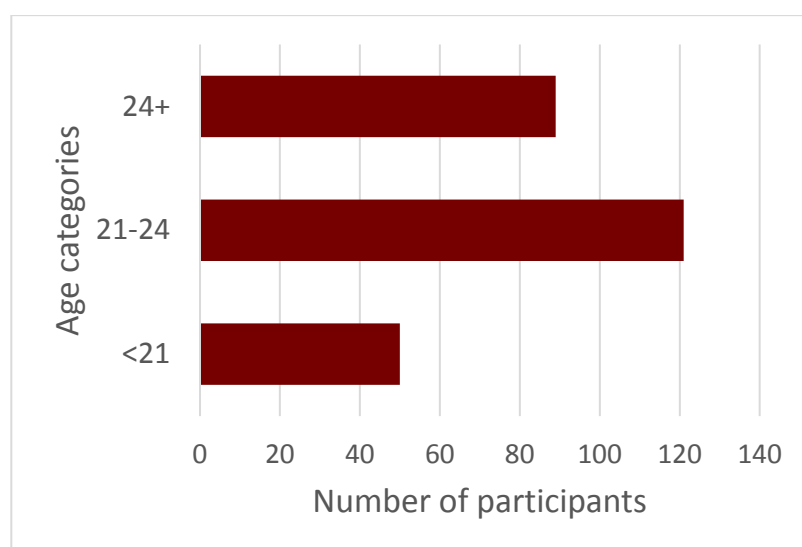
Demographics

The years between ages 16 and 24 are a period of rapid growth and development for young people. By serving participants across this age continuum, the program accommodated a wide range of stages of growth and development. During this time, youth are developing the skills and tools for adulthood and exerting a greater degree of independence within their own lives. Among the key developmental tasks are developing executive function, planning, and emotion regulation skills, developing a sense of one’s identity as an adult, codifying an internal set of values and norms, and creating a network of support—“developmental relationships”—independent of one’s family (Search Institute, 2017). Participants were at different stages in these processes across the sample. Notably, at baseline none of the measures of personal growth were statistically significantly correlated with age. Nor was age statistically significantly correlated with change in personal growth measures during program engagement. This

suggests that young parents, even more so than their similarly aged peers, have a wide variety of trajectories through the key developmental milestones of emerging adulthood.

The average age of program participants was 22 years old, with subcohort averages ranging from 20 (for participants who completed 3 years of the program) to 22.9 for participants who started in the first year and exited after that year. Thirty-one percent of participants started the program at age 23.5 or older. By comparison, only 11.6% of participants were younger than 20. Figure 3 shows participant ages at program enrollment. Since participants had to exit the program by age 25, the multiyear subcohorts are more heavily weighted towards younger participants.

Figure 3. Participant Age at Program Start (N = 257)



Source: Program records

Analysis of participant outcomes and experiences suggests that age at program entry was not a significant factor in a participant's starting point with respect to parenting and personal growth or in how these outcomes changed over time. However, age is still a factor when understanding the context of participant experience, including past experiences, comparative trajectories of similar age peers, and alternatives to the program. For analytical purposes, three participant age groupings were created: under 21, 21–24, and 24 and over.

The largest group was the participants between the ages of 21 and 24. This group was the most diverse in terms of their observable characteristics at baseline, including educational attainment, number of children, and duration of program engagement. Participants under the age of 21 were more likely to have fewer and younger children, which is to be expected. Less than a third of participants were under the age of 19. A small group of these younger participants were attending high school concurrently with participating in CYPP. This group was primarily concentrated in a single peer support group with a single mentor. These participants were the smallest proportion of program participants and as the program progressed, the number of participants in this age category declined. There are several potential explanations for this. One

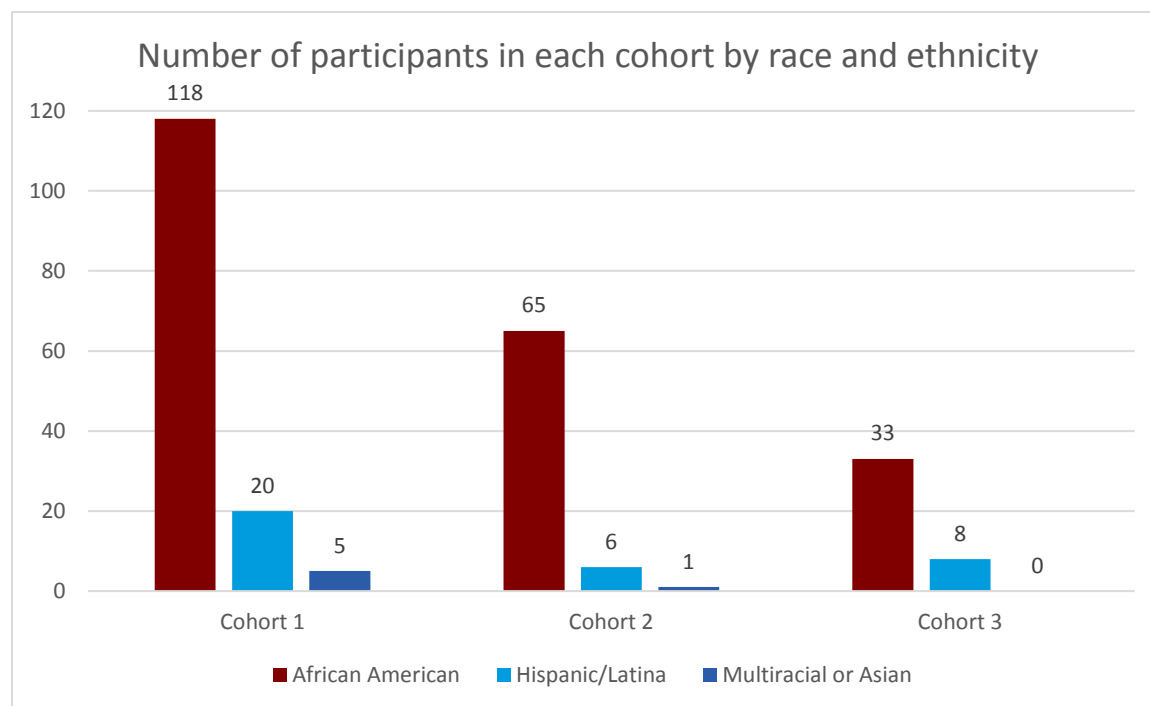
is that younger participants may be able to access dedicated programming for teen mothers. A notable example is an alternative school program for pregnant and parenting teens that several of the participants attended.

The “24 and over” age category was surprisingly large, since participants had to be 24 or younger to be eligible for CYPP. In addition, the program had its roots in a program for teen parents. Some of these participants did become parents as teens and had multiple young children. The potential interest among this group potentially speaks to the lack of programming, particularly youth development programming, targeting older youth. Among these older participants, a small number of women had not completed high school and needed extra support in the education and employment space.

Participant Race/Ethnicity

All program participants identified as a racial or ethnic minority. The total participant pool was 84.4% African American ($n = 216$) and 13.1% Hispanic ($n = 34$). The remaining participants identified as multiracial or Asian. The first cohort was 82.5% African American. In the second cohort, 91.8% of newly enrolling participants were African American. In the third cohort year, 19.5% of newly enrolling participants identified as Hispanic. On average, Hispanic participants were younger than African American participants. Even accounting for age, they were more likely to roll over in the program. Twenty-eight percent of the participants in CYPP identifying as Hispanic “rolled over” and participated in the program for three years, compared to 11% of African American participants. Figure 4 displays participants’ race and ethnicity by cohort.

Figure 4. Participants' Race and Ethnicity by Enrollment Cohort (N = 256)



For future implementation, several other considerations around the distribution and change of the program's racial and ethnic make-up are worth considering. For geographic and linguistics reasons, most of the Hispanic participants were clustered in a small number of mentor groups.² It is unclear whether this grouping had anything to do with participants' choice to roll over. In the second and third year, the rate of Hispanic participant recruitment slowed. The relationship between participant rollover and the slowdown in recruitment in Hispanic participants is unclear. It might be the case that sites in predominantly Hispanic neighborhoods already had literacy coaches (LCs) from the program in their classrooms. It could also be the case that there were fewer eligible and interested participants with children in these sites. However, analysis of the qualitative data did not suggest that the needs or challenges of participants varied by race/ethnicity.

² This also includes a small group of Hispanic participants who were in high school at the start of the program and were in a mentor group with the other younger participants.

Program Components

This section of the report reviews each program component, integrating program data with findings from the surveys, interviews, and focus groups. Since the previous CYPP Implementation Report (Burkhardt, Dasgupta, & Lockaby, 2017) also details participant experiences with these components, this report focuses primarily on areas for improvement, informed by survey data and by participants' recommendations for improvement. The program components reviewed include subsidized employment, home visiting, mentorship, and Friday enrichment sessions.

Job Placement

Component Description

Participants worked in subsidized job placements as literacy coaches (LCs) in Head Start classrooms. In the first year of the program, they worked 3.5 hours a day, Monday through Thursday. Including the Friday enrichment sessions, this added up to 20 hours of work each week. In the following years, the number of weekly hours increased to 25.³

Fidelity and Quality

Participants were expected to spend most of their program time working as an LC in the Head Start classrooms. The first year of program implementation, there were delays in LC start dates across the participant pool. Additionally, as mentioned before, there were challenges with program payroll. Across cohorts, participants who were in school or working often worked different schedules or reduced hours, shifting their expected dosage. One notable group of participants on a different schedule were CYPP participants who were attending high school while participating in the program. These participants concentrated their work hours during the summer and after school. A few participants reported being allowed to complete their work hours during school time (this seems to have been localized to participants attending an alternative high school for pregnant and parenting students).

A subgroup of participants were also parent volunteers at their Head Start sites prior to joining CYPP. It is unclear from the existing data how this may have affected their experience of working as an LC or whether some or any of them continued to volunteer while in the program.

Participants reported varied experiences with CYPP's employment component. Some of the areas they highlighted in interviews and focus groups included the classroom responsibilities they had, their relationships with center staff, and the support and training they received on the job. Experiences varied across centers and delegates but also within sites. Participants reported

³ LCs were paid minimum wage: \$10.50/hour in 2016, \$11.00/hour starting July 1, 2017.

classroom teachers had inconsistent understandings of the LC role. The differences in the extent and nature of classroom duties varied significantly, with large implications for program fidelity.

In terms of measuring participant engagement with LC employment, data were severely limited. Work site attendance in the first year was not captured in any centralized program data. However, mentors anecdotally reported that some LCs were not working the expected amount of hours. In the second and third cohorts, participants were SGA employees and SGA tracked their work hours. However, these hours were tracked in human resources records rather than program records and were not analyzed. As a result, it is difficult to make any program-wide assessments of program dosage for LC employment.

Weekly site visits by mentors were designed as an opportunity for them to observe participants in the workplace and provide support and feedback. Mentors also reported participant work experiences back to program administration as a way to continue to improve the implementation of the employment placement component of CYPP.

Participant Experience

Participants generally reported being satisfied with their experiences working as LCs. Many participants had a good experience with the staff at the Head Start center. One participant said:

I actually was shocked that the teachers, everyone is talking so good about me I just feel proud. I didn't know that I can get so many people to like me. I remember the director offering me a lot of opportunities. Teachers even talk to the director, "She's a leader. She know how to do this. I don't even have to tell her what to do."

However, during the focus groups conducted in 2017 and 2018 (Cohorts 2 and 3), participants' descriptions of their roles at the centers revealed significant variation across Head Start sites. For example, some participants mentioned they were asked to do tasks in the Head Start center that were outside of their job description. Conflicting expectations generated discomfort and participants had difficulty communicating this to the Head Start center staff, although some noted that their mentors helped with these conversations. One participant reported that she was often asked to clean:

That don't take long [being a literacy coach], so I mean, we available [for] all the other stuff. It's just the part where they think you a janitor. I have this at my old daycare. I'm not a janitor. I'm not fittin' to clean your bathroom. No, I'm not gonna wash no dishes. Anything else, I be fine with. Wiping tables down, sweeping the classroom, but I'm not fittin' to clean no bathrooms. I'm just not going to do that and they want you to do that or go to the laundromat and wash the sheets. No. I'm not fittin' to do that. That's not what I'm here for.

Another participant felt that she was given too much responsibility at the center:

Now, see, in my daycare, I feel like they give me too much power. They give me a lot of power, as far as letting me do certain things and stuff, but I have other CYPP parents at my daycare and I do see the way they interact with them that are different. . . . So it's all different—we are not supposed to be left with kids; I get left with kids all the time. “Oh, it's okay. She is in there. I know she got this.” And if my mentor comes in, they will get in trouble. That they will get wrote up for that, but they have so much confidence and I do appreciate they have so much confidence, but they do give me a little bit too much power.

In addition, qualitative data from the focus groups shows that the relationship between the participants and the Head Start center staff was not consistently positive for all participants. Some participants said they did not feel supported by the staff; others said the staff made them feel left out.

I don't feel supported at all in my job because they be talking about you and... the staff members... be talking about you and you can hear it. You definitely can hear it. Be like, “Wow, this is how y'all really feel about me? Wow.” I mean, I know I'm not the best, but I'm trying, though. I'm trying... I'm bettering myself.

My example was, when—my daycare's actually short-staffed and, when they do the count, they'll be like, “Oh, well, you got—it's 10-to-1, so you have 15 kids, so you have to take 5 away.” They're like, “Why? Well, you know, [name] well, myself, is there.” And they were like, “Well, she doesn't count.” Yeah, and it hurts because, no offense, but with these teachers having these credentials, they don't know that.

Finally, a few participants gave examples of interactions that they had with parents. They mentioned that these interactions were not always good and that they did not necessarily communicate this to the CYPP program. One participant described a situation where a parent asked her to not touch her child.

A parent came in and I was redirecting her child back to the table to clean up her snack and literally my hand's on her shoulder back to her table. It was a problem. “You are not my child's teacher, you can't touch her. I'll have your job. I'll call the director.”

Home Visits

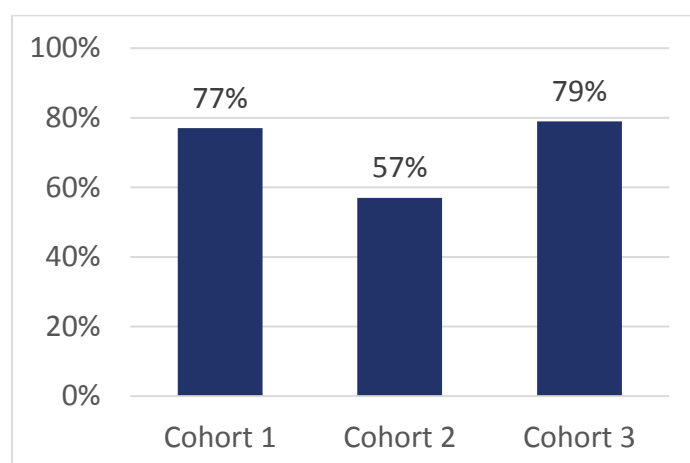
Component Description

Mentors are expected to complete two monthly 90-minute home visits with each of their assigned participants. During home visits, mentors use the Parents as Teachers (PAT) curriculum to cover topics related to self-advocacy, early child development, and parenting. Mentors work with participants to set education goals and to help them access education opportunities. Mentors also support participants in developing job skills and finding unsubsidized part- or full-time employment at the end of the program.

Fidelity and Quality

The program set a target of 80% completion for home visits. Program records measured completion percentage as the completed number of visits divided by the expected number of visits. Participants had different individual denominators for expected visits based on their length of engagement in the program. Program records also monitored excused and unexcused absences. Since the program was designed with a consistent length of engagement in mind, there was an expected consistent amount of home visit dosage participants were supposed to receive. For implementation fidelity monitoring, this study assigned all participants an expected dosage of 18 visits (two per month for nine months) with a target of completing 14 visits during the program (approximately 80% of the planned 18). Figure 5 displays the proportion of participants in each cohort who completed at least 80% of their expected home visits. For future implementations, it is worth considering different metrics of dosage for compliance (e.g., were participants receiving services) and evaluation (e.g., how much of a component did participants receive and is it aligned with the program theory of change).

Figure 5. Percentage of Participants Completing at least 80% of Expected Home Visits



Source: Program records

Across the 3 years of programming, the content and structure of home visits changed. During the first year, mentors received training in the PAT curriculum and were asked to implement it at

home visits. They were also asked to record when they did PAT curriculum at home visits and what content they used. In subsequent years, PAT remained part of the curriculum but was not as heavily emphasized or consistently tracked.

Additionally, in the second and third years of the program, mentors increasingly did home visits outside of participant homes. The program measured the percentage of home visits in the home, but only for 1 year. Thus, other than from participant experiences and mentor reports, it is difficult to understand at a program-wide level how implementation differed. For a small group of participants who resisted home visits, had high levels of distrust, or had challenges with interpersonal conflict, home visits outside the home were a compromise option and an effort to build sufficient trust between participant and mentor. One mentor reported that she slowly gained a participant's trust by accompanying her on errands and using that time to talk about her challenges and concerns. This is an adaptive strategy that meets participants where they are in terms of their ability to engage with program components.

Other examples participants and mentors shared about home visits outside the home seemed less driven by barriers to engagement. Some participants reported that their mentors would combine site visits and home visits, by completing home visit activities during site visits. Others said that home visits were completed as check-ins after Friday enrichment sessions. In both of these cases, at least one participant reported that the home visit was done without the child present. While any touchpoint between mentor and participant to discuss important issues is beneficial, home visits as designed served a specific function—an opportunity for mentors to interact with parents and their children in the home. Strategies for improving the consistency and quality of this component are included in the Recommendations section of this report.

Participant Experience

While some participants did indicate that the home visits helped them improve their interactions with their children—especially those interviewed at the end of the first cohort and the middle of the second cohort—others did not understand their purpose. Those who liked the home visits noted that they appreciated the mentor taking the time to visit with them, acknowledge their growth, and give their child individual attention. For example, Cohort 2 participants interviewed mid-program shared:

I feel like it's good that they actually come out and do those activities with your child, let us know that our kids are cared for. It's not just a program where they just not doing nothing or we just sitting in a group. They're actually coming out and sitting with our kids and seeing what our kids need help in, so when they come visit, they'll bring more activities. "I saw that she was struggling in this, so I'm going to bring this next time."

We do activities with my daughter and I feel like I get to learn and connect more with her. And I like it.

Interviewees and focus group participants shared what they did during home visits. In general, the participants talked about doing activities with their children and establishing goals for themselves and for their children.

That's what we do, too. He gives us activities and stuff. Last home visit, I say, "Well, it's my goal that (my child) know half the alphabet by this period of time," then he brings alphabet stuff. We work on it for 15 minutes, 30 minutes and then that'd be it. We work on that and he just observe me and my child and we just write down how it felt and what we expect for the next home visit and just goals and stuff like she said.

However, this was not necessarily true for all the participants. Some of them stated that they didn't accomplish what they wanted and overall they didn't have a good experience during the home visits. Some discussed being resistant to home visits at first, but then warming up to them after some time. A Cohort 1 participant interviewed at the end of the program explained, "At first I wasn't feeling it, but yes. I eventually learned that it's a good thing. It helped us." The reasons some interview and focus groups participants did not want to do the visits in their home included that they were not the head of the household and they had concerns about what would be documented and how that information would be used. For example, the following focus group participant explained that she resisted doing home visits in her mother's home until she felt she had no other choice:

In the beginning, I didn't like it. With my very first, first mentor, I was fittin' to get kicked out because I didn't want them to come to my home because I was scared because I thought that they was like DCFS want to come to your home and stuff and want to write stuff down and stuff like that. That's what I thought. That's what my whole family thought actually. I was living with my mom at the time and so I never invited her to my house. I never even did a home visit at all and then they was fittin' to kick me out, so I was like, "Oh I got to do it. I got to do the home visit or whatever," but she came and my mom and them and my two sisters, they lived with me, they did not leave the front room. They was drilling [the mentor], like, "What you writing that down for? What you doing that for? What's that for?" Because we had got took from my mom so they were just very scared. I was scared, too, myself. I was like, "No. I don't know what you want to come to my house and do. What you want," but when she came there, she was real cool. She was like, "I don't want to look around. I don't want to do none of that. This home visit's specifically for you and [your child]." And it was cool. Then after that, I was just cool with it.

Participants from the focus groups conducted in 2017 and 2018 (at the end of the second and third cohorts) said that they came to have more choice about where to do the home visits. As a result, many participants chose not to do the home visits in their homes. Focus group

participants explained they felt it was more convenient to do the home visits at the same location as they met with mentors for the Friday enrichment sessions:

I usually do a home visit here on Fridays. I utilize this time. We ain't doing nothing else. . . . When I come to work, you got to tell me, we got a home visit. Bring my son with me. You can get that done while I'm here. I ain't never did a home visit at my house, well not with this mentor. This is my third mentor, but not with [previous mentor], I haven't did the home visit at my house because I find it more convenient if we do it here.

A smaller number of participants also mentioned that their children were not present during the home visits. One said:

Well I don't know. I feel like sometimes, yeah, they're understanding at some point but then. . . like home visits, my mentor doesn't even do home visits in the office. She always goes to the site and my kid isn't in the site. He's in a school so my son isn't in the daycare.

Other participants didn't understand the purpose of the home visits while others were concerned about the content of the home visits. This led to participants having mixed feelings about the home visits.

I personally think the home visits are extra, unnecessary. They never explained my home visits to me. . . . I didn't know what it was, what the purpose of it was. The child is required to be there. My son is not there in my home visits. He's only in one. . . . I just don't understand why they feel the need to do it because I don't feel like it's necessary.

Participants also expressed being too tired to do home visits or having problems scheduling the visits:

And, sometimes, I don't be feeling like it 'cause I be so tired. I don't be feeling like people coming over to my house.

I would say my only issue, mainly, was the home visit part. When you work Tuesday, Thursday, 8:00 to 6:00, and go to school Monday, Wednesday from 9:00 to 4:00, it's hard to get a home visit in.

Our survey findings suggest that home visits completed in participants' homes during the first year of the program helped participants improve nurturing parenting behavior and strengthened parent-child interactions.⁴ However, this outcome did not persist into the second

⁴ $r = .34$, $p = .068$, $n = 30$. Although the p-value did not reach the significance level of .05, the effect size of .34 is considered to be a medium effect.

and third years of the program, when participants revealed that home visits often did not occur in their homes. (Additional details about this finding are described below in the Parenting Growth section of the Outcomes chapter.)

Mentorship

The mentor component of the program is integrated with the others, as mentors serve as worksite liaisons, conduct the home visits, and lead the Friday enrichment sessions. The mentors supported participants' personal growth and parenting, which were both measured by surveys, and are discussed in further detail in the outcomes chapter. In interviews and focus groups we were also able to ask more specific questions about relationships with mentors and the value participants perceived from their interactions with mentors. According to the first CYPP Implementation Report, at the end of Cohort 1, 93% of participants reported that they were satisfied or very satisfied with the mentorship component of the program (Burkhardt et al., 2017).

Participants highlighted the important role that mentors had in helping participants set career and education goals and the different strategies that mentors used to help participants achieve growth. Mentors pushed participants to pursue jobs and careers, sending them information on job fairs and providing the resources that they need. One participant said, "So she direct me to try something else, but I still got into school, thanks to my mentor staying on top of it. They give me recommendations on what school, applying, helping me with my financial aid and everything." Another participant described her mentor's approach as follows: "Yeah, the mentors will be like, 'What is your goal? What do you want to achieve by the time you age out of here?' and stuff like that and they push us to be where we really want to go." Another participant described the steps her mentor took to help her get back to school. Not only did her mentor help her find a program, she helped her apply for it, and even took her to the site. The participant noted, "This was on her days not even being at work, she always just there to help me."

In interviews and focus groups, participants described the role of their mentors as providing a support system for them. Participants appreciated the flexibility that the mentors had to adapt the program components to meet their needs. They also talked about texting and calling mentors when they needed extra support. In addition, participants highlighted how their mentors motivated them to achieve their goals. For example, a focus group participant explained, "The mentors will be like, 'What is your goal? What do you want to achieve by the time you age out of here?' and stuff like that and they push us to be where we really want to go."

Mentors served as a source of motivation and positive encouragement for participants that they may lack internally and don't receive elsewhere. They serve as a consistent and positive reminder of what they want to do and how to get there, which for some participants is a unique person to have in their lives. The following excerpts illustrate how mentors can be helpful:

Yeah and all my mentors have been helpful. They really have. At first, I was lazy and stuff. Now I have got hired beyond other job opportunities. I feel like it's because of my mentor. [My mentor] pushes me like, "You know you can do this. You know you can do that. Just go do it." [My mentor] texts me and just help me, just help out a lot. I love my mentor.

Well, it helped me a lot. Helped me achieve goals that I've been setting for myself, but I didn't have the push or the urge. The mentors help us a lot to reach goals and make goals that we set for ourselves.

It was more of my mentor. She pushed me to think about what I needed to do and everything that I had to do to accomplish my goals. Honestly at first, and still even now sometimes, I get sidetracked and I wouldn't really think about what I wanted to do or where I wanted to be, but my mentor wouldn't let me. She would not ease up off of me. That's why I'm in the position that I'm in now.

These examples illustrate how the mentors engaged participants support participants in establishing goals and then working towards their goals one step at a time. For one participant, the mentor was so influential that the participant realized she wanted to be a mentor to somebody, to help guide them and be their role model, a position of which she was unaware prior to the program. The participant said:

That's what I want to be, a role model, and I just thought about the mentor thing. . . because I never knew about no mentor thing. That's similar to what I would love to be, a mentor. I would like to [help] somebody to the right direction instead of the wrong direction.

While most participants spoke positively about their experiences with mentors, some noted that turnover among mentors led to challenges. A 2017 focus group participant stated, "My past mentors, they had got better jobs, so that's why. We been in the same group since we started. We had two mentors already." Building a mentor relationship takes time, and the process has to start all over whenever a mentor leaves.

Friday Enrichment Sessions

Component Description

Mentors led weekly 6-hour enrichment sessions on Fridays with groups of approximately 16 to 28 participants. The goal of the Friday enrichment sessions was to provide education and career information, promote personal growth, promote parenting skills, and encourage peer support between program participants. These sessions included peer-to-peer learning and discussion about a variety of topics, and mentors also brought in speakers to present to the group. The sessions covered topics such as healthy relationships, financial literacy, self-esteem, child

development, and soft skills training. During the first year of the program, these sessions also included training from University of Illinois-Chicago (UIC) related to their work as literacy coaches. Beginning in the second program year, mentors used the Civic Leadership Foundation curriculum, which strives to encourage problem solving, conflict resolution, civic engagement, self-management, and working with others.

Fidelity and Quality

During the first year, the way mentors led their enrichment sessions varied greatly. Topics related to parenting/child development, for example, were discussed in approximately 35% of the sessions in the first year, (with a range of 22% to 49%, depending on the mentor). In Cohort 1, the number of Friday enrichment sessions attended was associated with an increase in social support.⁵ In other words, the more Friday sessions a participant attended, the more they felt supported by their peers. According to the survey data, the program met its goal of facilitating peer support among the participants during the Friday enrichment sessions during the first program year.

In the second program year, CYPP worked to standardize offerings by partnering with the Civic Leadership Foundation. However, topics covered in enrichment sessions still varied greatly by group. Parenting was discussed in an average of 25% of the sessions (with a range of 14% to 35%). In addition, the second year included a formal structure through which participants and a cohort of CYPP peers could obtain their Child Development Associate (CDA) credential while enrolled in the program. In Cohort 2, the number of Friday enrichment sessions attended predicted lower parenting stress,⁶ more adaptive parent-child interactions,⁷ and a more positive perception of their child's behavior.⁸ Friday sessions in Cohort 2 appear to have helped reduced parental distress and improve participant parenting behavior and perceptions of their children.

In the third year, parenting/child health and development were not the focus of most of the Friday sessions, as the groups discussed parenting-related topics in only about 20% of the sessions (the actual amount varied, between 14 and 24% of the sessions, depending on the mentor). In Cohort 3, increased attendance at Friday sessions predicted a decrease in perceived stress.⁹ This reduction in stress predicted improvements in impulse control¹⁰ and emotional awareness,¹¹ demonstrating stronger emotion regulation skills. The infrequent sessions related to parenting may explain the lack of association between Friday session attendance and any parenting outcomes in Cohort 3. Yet Friday sessions did cover many personal growth topics, including goal setting, mindfulness, financial education/budgeting, conflict management, and

⁵ $r = .30, p = .084, n = 34$. Although this correlation was marginally significant, the correlation coefficient is considered to be a medium effect size (Cohen, 1988).

⁶ $F(1, 43) = 6.92, p = .012$

⁷ $F(1, 43) = 10.85, p = .002$

⁸ $F(1, 43) = 12.23, p = .001$

⁹ $F(1, 29) = 16.03, p < .001$

¹⁰ $F(1, 14) = 6.11, p = .03$

¹¹ $F(1, 14) = 5.83, p = .03$

sexual assault. Discussing topics that affect participants' lives while providing support and practical guidance may have reduced their overall stress levels and helped them to build their emotion regulation skills. However, the Friday sessions only predicted a reduction in stress for new participants who enrolled in Cohort 3. Although the Cohort 3 rollover participants experienced a significant reduction in their stress levels during Cohort 3, it was not attributable to the Friday sessions or home visits. The qualitative data suggest some rollover participants thought the Friday sessions were redundant and failed to see the value in them after their first year in the program, which may have reduced the effectiveness of the sessions for these participants.

Participant Experience

Participants described the Friday enrichment sessions, including the content covered and overall experience. Interview and focus group data show that Friday enrichment sessions contributed to stronger, more positive parent-child interactions for some participants, who reported that these sessions helped them build on their parenting skills, become more open and patient, and increased their self-esteem and motivation. One participant said,

Whatever we need help on or we curious about, they find somebody to talk to us about it and enlighten us about it. We talked about relationships. We have counselors, relationship specialists. Domestic violence. They came in and did the HIV test. We had yoga.

Nonetheless, rollover participants from the focus group conducted in 2017 (Cohort 2) said that these sessions were becoming repetitive. Some of the participants were having difficulties understanding the goal of these sessions and suggested changes to the content and length of the Friday sessions.

Some Fridays. Some more than others. Every so often we have speakers, but other than that then we are sitting and doing projects and. . . basically, like you said it is getting annoying because we been in here, most of us have been in here for the 2 years and it's like we're repeating stuff. It's like, "You know. We don't want to do this no more. We don't want to do the same thing over again." Really, but that's what we really do, doing the same stuff over again.

Changing the Friday groups. . . . I just ask them, 'Can I work on Fridays?' at my site. That's it, instead of doing Friday groups. Once a month. I can do that.

It is important to note that although the number of Friday enrichment sessions attended predicted a decrease in perceived stress for participants who were new to the program in Cohort 3, rollover participants did not experience a reduction in stress levels related to their attendance at Friday sessions. The qualitative data suggest some rollover participants thought the sessions were redundant and failed to see the value in them anymore. The survey data revealed, however, that the rollover participants who had enrolled in Cohort 1 or 2 experienced a significant

reduction in their stress levels during Cohort 3,¹² but it was not attributable to the Friday sessions.

Some participants from the focus group conducted near the end of the third program year mentioned that they had to miss some of the sessions because they did not have child care for their other children during the enrichment sessions. They were no longer able to bring their children to the Friday sessions. This impacted the number of sessions that they attended and the benefits that they could have from attending these sessions. One participant said:

There's some days, like our kids go to different schools and we have other children that's not in the age appropriate for the program so when they don't have school and we have to bring them here because we don't want to miss work and stuff like that. It's like they have an issue with the child being here and then it got to the point where we were told that we couldn't bring our kids to Friday group unless they asked us to. So if he don't have school and y'all on me about missing a Friday group then what am I supposed to do?

On the other hand, some participants reported that allowing children at the Friday sessions was distracting and thought they should not be allowed at Friday sessions unless it was a specified parent-child activity or child socialization. Some participants would have had higher attendance rates at the Friday sessions if they were allowed to bring their children, yet the impact of the children's presence at these sessions on the group dynamics and content is unknown. Furthermore, some of the topics discussed at the sessions are inappropriate for children (e.g., sexual abuse, domestic violence).

¹² $t(14) = 2.26, p = .04$

Outcomes

The primary outcomes that CYPP was designed to impact are participant education, employment, parenting, and personal growth. This study evaluated the effect of the program on the intended outcomes. Data sources include both quantitative and qualitative data: surveys administered before and after each program year, individual interviews with participants and mentors, participant focus groups, and program data. See Appendix B for data sources.

Education and Employment

Youths' Goals and Outcomes

After completing CYPP, almost half of the participants were employed, 16% of whom were hired by the Head Start center where they had been placed.¹³ There were several ways CYPP participation may have prepared participants for work in an early childhood setting and positioned them for employment. The primary pathway was job placement. CYPP job placements offered experience and on-the-job learning that directly applied to future work at child care centers. Placements also offered connections to a workplace network and potential hiring opportunities, both of which are especially scarce in the communities where participants lived. Home visits and enrichment sessions provided additional opportunities for participants to learn about child development and early learning. In the context of seeking a career in a child care or early learning setting, these additional supports functioned as field-specific professional development opportunities. Finally, CYPP connected some participants with educational opportunities in early childhood, specifically the opportunity to earn a Child Development Associate credential (CDA).

CYPP also prepared participants for employment in general. Qualitative data suggested that work placements provided participants with a better understanding of workplace expectations and a work ethic. Working in the classroom helped participants develop a sense of potential and task mastery. Participants reported developing a greater sense of confidence and self-efficacy from the program. They also learned interpersonal relationship skills dealing with colleagues and site families. The participants will bring the skills learned from participating in the program with them to future employment opportunities as well as their educational experiences and their relationships.

Data from interviews conducted in 2016 and 2017 shed some light as to where participants end up or plan to end up after they complete the CYPP program. In 2017, we interviewed seven women who left the program in 2016 after finishing the first cohort of the program. Among these seven, four held unsubsidized jobs. Two of these four are in positions they feel to be temporary and not tied to their eventual career, while the other half enjoy their positions and

¹³ Data source: DFSS program data

wish to remain. In addition, we conducted interviews with participants from Cohorts 1 and 2 at separate times as they neared the completion of their first series of the program. From 12 Cohort 1 interviewees in the fall of 2016 and eight Cohort 2 interviewees in August 2017, we were able to discern some of their plans for education and employment as the end of program neared. One credited the program for getting a job, while a few others expressed interest in transitioning to unsubsidized positions at the Head Start centers where they had been placed. One interviewee said:

They said if I was interested in it, they could help me research things to actually become a permanent daycare teacher here.

A few participants were in college at the time of the interview and planned to continue to pursue their degree, while a few others began working towards their GED while in the program and planned to continue their education after the program ended. One credited the CYPP program with the motivation to obtain a good job in order to provide for her children:

I'm waiting for my background [check] to come back and then I'll be working, going to orientation, start working. I'm a mother, I love my kids having things. I learned certain things from CYPP program so it's just that they encouraged me more to do what I have to do as a mother and as a woman.

Focus group participants shared similar experiences. Although some participants from the focus group conducted in 2017 said that they already had a job, most of the participants said that they had employment plans for when they exit the program. One participant said:

I actually start when I come back from my vacation. . . I got hired at my daycare beyond the program. I got hired too at my other daycare, but I left that one. Yeah. I got hired there, but I have other job opportunities, too. Just put my resume out there and my mentor helping me and stuff, really good jobs, too. Really good jobs.

Changes in Career Goals

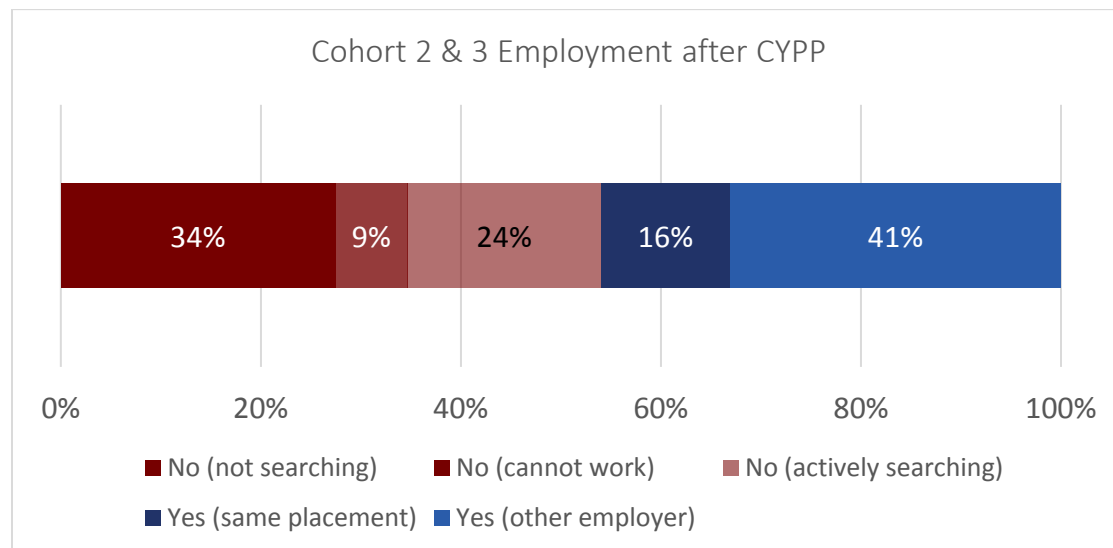
Survey and Program Data

In the Cohort 1 post-program survey, participants were asked whether being in CYPP helped them better understand their education and career options. Most participants felt that the program did help them better understand their options: 72% said that CYPP “definitely” or “very much” helped them better understand their education/career options.¹⁴

¹⁴ Data about participants’ perceptions of program impacts and changes in their education and career goals were only collected after the first program year.

In the second and third year, mentors entered data about participants' employment progress. However, these data were inconsistently recorded over time. Using the most recent records from participants, some of which were logged at the time participants left the program and others after they left, Figure 6 shows participant progress on employment. Of the 124 participants for whom there were recorded data, 45.7% had found employment, with the majority of these working with other employers. Notably, 16.9% of participants were working at the same Head Start centers as their job placements. Although these numbers were not cross-referenced with the CDA cohort data, participants reported that completing their CDA was the primary pathway to full-time employment at their sites.

Figure 6. Participant Employment Progress, 2017 and 2018



Source: Program data

There were a variety of reasons participants were listed as being unable to work. Some had health challenges. Some were pregnant during the program and either were about to give birth or had recently given birth. Others were in school full- or part-time and another group was managing family or caregiving responsibilities, such as a child's health or disability challenge, that was temporarily preventing them from seeking full-time employment.

In the initial design of the program, employment was set as an outcome. Over the course of the pilot implementation, it became clear that finding employment was a complex process. Participants lived in neighborhoods with high rates of youth unemployment. They also faced challenges reconciling work schedules and child care schedules when seeking jobs. Twenty-seven percent of the participants with follow-up records were neither working nor looking for work. It is unclear why they were not seeking employment and what their experiences of the program were.

Qualitative findings

Many participants interviewed in Cohorts 1 and 2 credited the information and guidance they received from CYPP with helping them to better understand their career and education options and goals. Participants noted increased awareness of different certificates and other education paths they could pursue through field trips, working with their mentors, hearing from speakers, and from other staff at the Head Start center.

We had a speaker come to us and talk to us about the colleges and he was basically like just telling us like what type of colleges we could go to. . . .All the different things that the different colleges offer us.

And the trip to Malcolm X. Like, we can do a 6-month certificate classes in different majors that they have there... that I didn't know Malcolm X had. Something like that was very helpful for me

Some participants entered the program unaware of what field they wanted to focus on in school or work. While progressing through the program, engaging in multiple components of CYPP, they established career goals and ideas of what they wanted to do with their lives. One participant said:

Actually, this program made me think that I probably want to keep going to like day care... work with kids... I really didn't know what career I wanted to study. And I think the CYPP helped me a lot with knowing what I really want to do.

During the first two cohorts, the program offered a Child Development Associate (CDA) credential. For some, this credential and field of work was something they had not considered prior to entering the program, and ultimately changed their trajectory. One participant reported that she was unaware of the CDA credential before enrolling in CYPP and was currently taking the CDA credential training at the time of the interview. When the interviewer asked if she had a plan or goals for her education or career, this participant responded, "Yes, I'm actually in school now to become a Teacher's Assistant, so that's my goal out this program, which I'm going to accomplish because I'm almost done with my hours." Participating in CYPP informed this participant—and many others—about the CDA credential.

Several of the participants in the Cohort 1 interview sample from Fall 2016 described coming into the program with one career interest, but at the time of the interview felt stuck between following their original career interests and pursuing a career in early education. One participant explained:

Like I said, I just don't know if I want to stick with this or go back to school for office administration. So, it's just like, I don't know which direction I want to

go. But I know that if I just stick with the school and everything, I would have a guaranteed job here.

When analyzing the responses from the focus groups conducted in 2017, we noticed that some participants changed their attitude around their career. For example, one of the participants said:

I remember when I started with not doing nothing just sitting at home. To now I finished my CDA, I'm going back to school, I'm doing something. So you're changing someone's life.

Participants from the 2017 and 2018 focus group (Cohorts 2 and 3) shared their thoughts about their future goals. In particular, the vast majority of them said that they wanted to advance in their careers and/or change careers. Two examples illustrate this desire:

Then next week will be my last week, so I'm getting ready to age out. But, before I age out, I did have another plan. I do have another job in motion, but I'm gonna try to get this high-school diploma or GED before I leave.

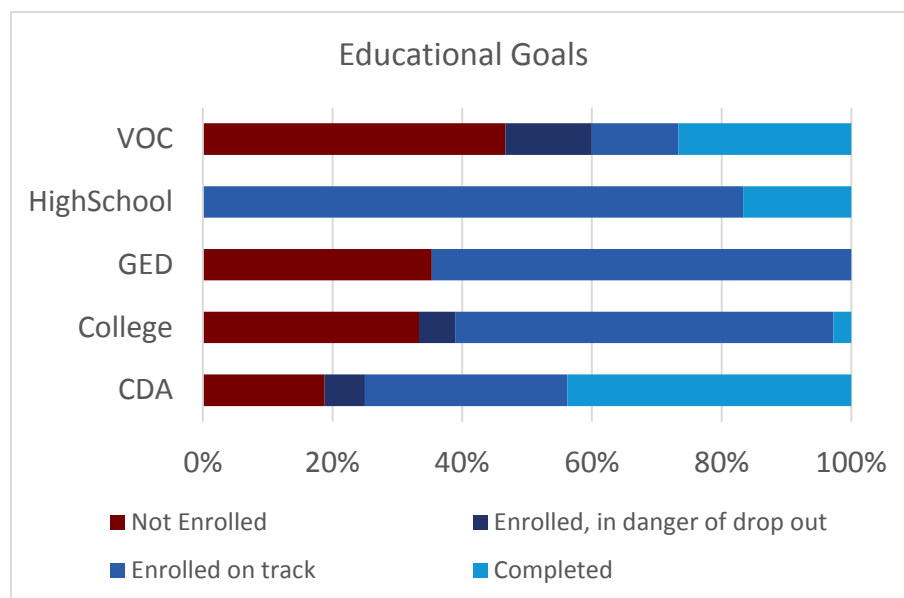
I'm saving up money so I can go to school so I can get my CDL because I want to do truck driving.

Re-engagement with School

Survey and Program data

Along with recording employment progress, mentors periodically entered data about participant education goals and progress towards those goals. Figure 7 shows the educational progress of 96 participants by their education goals. Progress is broken down by goal since different goals require different lengths of time to complete (e.g., a 16-week certificate program vs. a 4-year degree).

Figure 7. Participant Educational Goals (n = 96)



Participants were asked to identify an educational goal, either GED, high school diploma, vocational school, college, or CDA. Participants who were progressing towards or met their educational goal (“Enrolled on track” and “Completed” in Figure 7) showed better outcomes by the end of the program year on emotional awareness (Cohort 2), generalized self-efficacy (Cohort 3), and parent-child interactions (Cohort 3). Specifically, participants who were either not enrolled, or enrolled but in danger of dropping out of their educational program, reported a greater lack of emotional awareness,¹⁵ lower generalized self-efficacy,¹⁶ and more dysfunctional parent-child interactions¹⁷ than participants who were enrolled and on track or completed their educational degree/program. While these data do not allow for causal inferences, the association between educational progress and improvements in parenting and personal growth support the theory that, for some participants, the program components work together to effect change in multiple outcomes.

Qualitative findings

Participating youth in both cohorts discussed being enrolled in GED programs, returning to high school, and enrolling (or already being enrolled) in college. One year after the program, several Cohort 1 youth reflected on how their mentors helped them pursue and achieve their goals by helping them reengage with school:

Well actually I did want to go back to high school and she tried to give me a couple of resources and stuff like that. So, I wanted to get my GED too. She

¹⁵ $t(29) = 2.07, p = .047$

¹⁶ $t(25) = 2.32, p = .029$

¹⁷ $t(5) = 3.42, p = .019$

also talked to me about that and tried to make a schedule for us to work on that.

I'm going back to school to get my diploma of course, and my mentor talked me into going to college because I didn't want to go to college either.

By engaging with the program, many participants became aware of their educational options and became motivated to reengage with school in ways they had not thought about previously.

I'm going to go back to school and graduate and get my high school diploma. And I'm going to college. They told me that I should go back to school instead of getting a GED because a GED is much harder than high school, so I just decided I want to go back to school instead. And then go to college. I didn't want to go to college either [before entering the CYPP program].

I learned I can help myself a lot. Like I can do better in life. I was not planning on going back to school. I never thought about that. I never thought of doing stuff I do now like going to college and studying for working with kids. Now that's in my mind.

Similarly, participants from the focus groups conducted in 2017 and 2018 mentioned that the CYPP program helped them finish school or go back to school:

I didn't think I was going to get a lot of stuff that I got done, but once I got in the program, I got a lot of stuff did like my mentor helped me get back in school, something that I thought I wasn't gonna do, go back to school. I'm almost done with school. They help with a lot of stuff though.

So I'll still be working and going to school. And that's something I didn't say in the beginning, that, when I got in the program, they helped me get back in school because I had to choose between school and work. I had a son. I couldn't go to school and work 'cause I had no one to take care of my son, for me to do both. So getting in a program, it helped me work and go to school, so I was able to get back in school and be able to still provide for me and my son 'cause of the program.

Work Experience

Qualitative findings

The program's mandated work experience at Head Start centers influenced many participants' career goals. For several, their employment sparked an interest in pursuing education, child development, or child care careers. One noted that prior to coming to the program, she wanted to be a nurse, but at the end of the first cohort she changed her employment goal to work in early childhood development. Additionally, a few participants had doubted their ability to work

with young children but their employment gave them the confidence they needed to pursue a career in the field. One participant said:

Because when I first came in I was thinking like I don't know what to do with these kids. You know? But now I feel like I could work at a day care. I would be able to handle it better from being in this program.

However, the work experience also helped some participants understand working in a child care setting was likely not the best path for them. Several changed their career goals once they spent time working in the day care.

Yeah, it did. It helped me know that I didn't want to work at a daycare.

I wanted to do early childhood, but when I got in there for maybe a couple of months, I changed my mind.

This is an important development for these young women; having the self-awareness to recognize strengths and weaknesses will help them succeed in their work. Understanding this before obtaining a permanent job in the field is a critical step on the path to successful work for these women. The opportunity to explore a field, in an internship-like setting, and understand what it's like to work in the field before committing to it is vital. Doing this reduces the chances of failure at work.

Improved Confidence in Work Skills

Qualitative findings

Working with young children is a challenging job, and some participants doubted their ability to succeed at the day care center when they first entered CYPP. However, for those that enjoyed the work and did well, their confidence in their ability to succeed at work and in themselves grew. They then could build off their success, which may in turn influence their career path or goals. Two excerpts illustrate this:

Yeah, I am [more confident]. I feel like I could do things. I never thought I'd go work at a day care. So yeah, I feel like I could do things a lot better.

Yeah, I feel confident in myself, because at first I didn't know if I could do child care, even though that was the second career I have planned in my life, because I never actually been in a room full of so many babies and one and two and three year olds. But I told myself, you will never know until you try and I see it's perfect.

Participants from the focus groups conducted in 2017 and 2018 talked about the characteristics, attitudes and behaviors that they needed to be successful in the workplace. Most of the participants said that they needed to be patience, trustworthy, and respectful. They also

mentioned that they needed to know how to build relationships with parents, kids, mentors, and supervisors. One said, “You got to be social. Learn how to build relationships not with the kids but your coworkers and the parents.” Another participant added, “What worked for me is having patience. Patience with . . . workers, parents, everybody.”

One participant also noted that she learned how to adapt in working with young children with different abilities:

With dealing with kids with different, I'd say, disabilities and delays, you have to learn how to adapt 'cause every child doesn't learn the same, so you gotta be able to—if one way doesn't work, you have to adapt and learn a new way for it to work and things like that. So you just gotta be able to adapt to the environment. “Okay, this child had a speech delay. Now this child has a gross motor delay or a fine motor delay,” so you gotta learn how to adapt to each situation to help each child.

Parenting Growth

In the surveys, interviews, and focus groups, CYPP participants reported improvements in their parenting. In the interviews and focus groups, they spoke about gaining knowledge about ways to support and facilitate children’s growth and development. Participants credited CYPP with helping them strengthen their parenting skills and improving parent-child interactions, which was demonstrated in both the survey data and the qualitative data. According to the survey data and qualitative data, parental distress levels decreased while participating in the program, suggesting that participants felt more comfortable and confident in their role as parents. Detailed findings for each area are presented in this section.

Improved Knowledge of Child Development

Qualitative findings

Participants reported increased knowledge of child development throughout the program and described gains in their own child’s development because of this increased awareness. Some participants from the focus groups said they were more aware of their child’s development and have learned some techniques to work with their child. One participant said:

And it showed—you know, certain things, I didn't know how to work around his development, but now I feel comfortable 'cause I know there's other people going through it and I'm just trying to learn techniques with him.

Several participants witnessed marked speech improvement with their children, with one stating:

Like I sing ABCs like any day. I make a song out of anything, like the colors, the ABCs, the numbers. My child, my son, his speech, like at first he wasn't talking.

He was just pointing to things. And now he's just telling me, he just talk too much.

This participant also noted her mentor's help and assistance to get her son intervention services. Others became more aware of appropriate expectations for their children. One participant said:

It helped me understand that I don't have to do everything for her. For example, before I would do like everything for her. Put her shoes on, clothes. And now I understand that she needs to learn to do it herself.

Mentors also provided information on milestones children should hit at certain ages, to aid in participants' understanding of appropriate actions and behaviors at various ages (from birth to 5 years old) and help participants identify if their child was lagging developmentally in any area.

One participant noted her child started approaching her (instead of dad) when she wanted to do an activity, which helped this participant feel more validated in her role as a mother. The child also began to describe her drawings to her mother, which the participant saw as the child trying to communicate with her through pictures. Experiences as literacy coaches at their worksite also taught participants new activities and lessons to bring home to their children to engage them in developmentally appropriate activities. One participant explained:

I enjoy the things, the activities we learned we have to do with the kids and the things we had to learn and take home to our kids and use them with our kids, so it was a good experience.

Program Data

In addition to the qualitative evidence of increases in child development knowledge, 35 participants enrolled in the Child Development Associate (CDA) credential training while in the program and 12 received the certificate at the completion of the training. A "CDA Cohort" was established for participants in the second year of CYPP; however, this did not continue to the third year of CYPP. In the first and third years of the program, enrolling in the CDA courses was encouraged by mentors on an individual basis.

Improvements in Parent-Child Interaction

Both quantitative and qualitative data suggest that participating in CYPP led to improvements in parenting behaviors and parent-child interactions. Multiple program components were identified as contributing to stronger, more adaptive parent-child interactions, including home visits, Friday enrichment sessions, job placement as a literacy coach in the Head Start centers, and conversations with mentors. In addition, at the start of Cohort 2, rollover participants who had already experienced the program for a year had more adaptive parent-child interactions than new participants enrolling in Cohort 2. Finally, participants who exited the program after completing the first year had more adaptive parent-child interactions than those who rolled over into the second program year, suggesting that participants who continue in the program

beyond one program year may need more time and dosage to improve their interactions with their children.

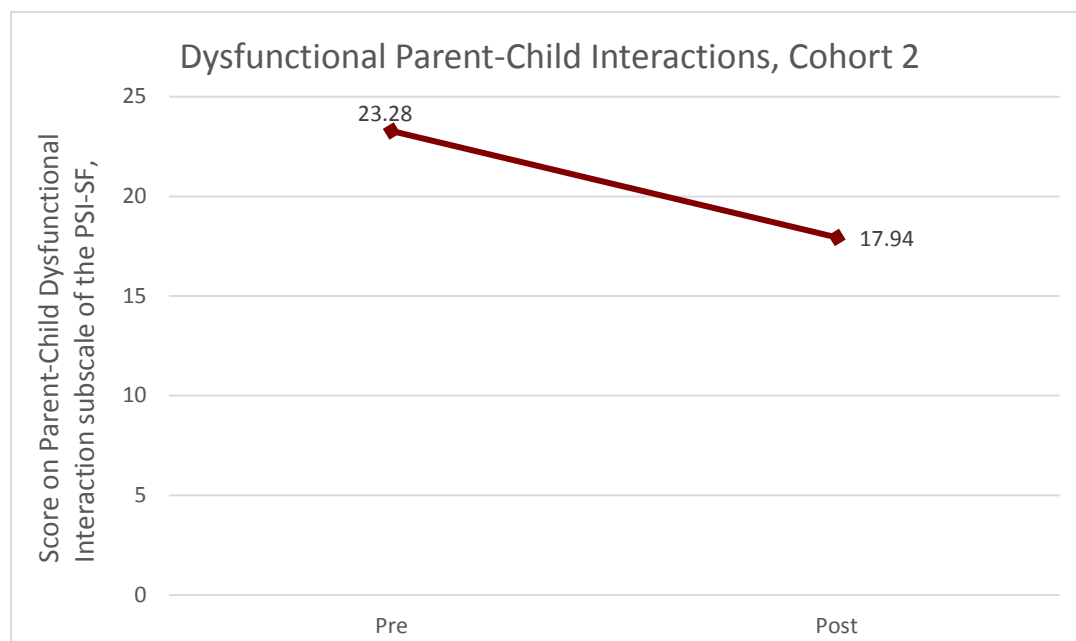
Survey findings

The Parenting Stress Index Short Form (PSI-SF) includes a subscale that measures dysfunctionality in parent-child interactions, assessing the parent's perception that the child does not meet her expectations and that the parent-child interactions are not reinforcing to her as a parent. High scores on this subscale indicate that the parent feels that the child is a negative element in her life, often feeling rejected or alienated by the child. Parent-child interactions improved over the course of the second cohort of CYPP. When the "defensive responders"¹⁸ ($n = 10$) were excluded from the sample (i.e., those who responded that they experienced no stress related to parenting or their interactions with their child), parent-child interactions significantly improved during Cohort 2. As presented in Figure 8, mean scores on the Parent-Child Dysfunctional Interaction subscales decreased from 23.28 ($SD = 9.30$) preprogram to 17.94 ($SD = 6.54$) postprogram.¹⁹ Hence, Cohort 2 program participants with room for growth in their interactions with their children at baseline reported improvements at the end of the program year. Seventy-five percent of Cohort 2 survey participants showed an improvement in their parent-child interactions. (See Tables D-1 through D-4 in Appendix D for descriptive statistics for the survey measures.)

¹⁸ The PSI-SF includes a Defensive Responding score, and a significant score suggests that the parent may be trying to portray herself as a very competent person who does not experience the usual stresses associated with parenting, or the parent may not be invested in the role of parent and is genuinely not experiencing the usual stresses associated with parenting, or the parent is very competent who handles the responsibilities of parenting well and has excellent relationships with others (Abidin, 2012). Of the 29 Cohort 2 survey respondents, 10 had a significant score on the Defensive Responding scale.

¹⁹ $t(18) = 2.10$, $p = .05$, $d = .66$. Cohen's d effect sizes: 0.25 is small, 0.5 is medium, and 0.8 is large (Cohen, 1988)

Figure 8. Change in Parent-Child Interactions in Cohort 2 ($n = 19$)



Source: Survey data, Parenting Stress Index Short Form (Abidin, 2012)

Improvements in parent-child interactions related to certain personal growth variables. In Cohort 2, positive changes in parent-child interactions were significantly correlated with both subscales pertaining to emotion regulation: impulse control²⁰ and emotional awareness.²¹ Greater generalized self-efficacy was also associated with improvements in parent-child interactions.²² We cannot determine from these findings whether participating in the program improved both emotion regulation skills and parent-child interactions, or if participants gained emotion regulation skills that led to more adaptive parental responses in their interactions with their children. Self-efficacy and the quality of parent-child interactions may be bidirectional, as improvements in one would likely promote improvements in the other. It is also possible that improvements in self-efficacy led to improvements in parent-child interactions and emotion regulation. (See the Personal Growth section for a description of changes in self-efficacy.) Differences in parent-child interactions were found between the rollover participants and the single-year participants in CYPP. After completing the first year of the program, participants who exited the program had more adaptive parent-child interactions (lower scores on the Parent-Child Dysfunctional Interaction subscale of the PSI-SF) than those who rolled over into the second program year. Repeated measures ANOVA with Cohort 1 pre-post data revealed significant time by group interactions for parent-child interactions.²³ Thus, Cohort 1 participants who exited the program after the first program year had improved their parent-child interactions, while those who continued in the program and rolled over from Cohort 1 to Cohort

²⁰ $r = .47, p = .011, n = 28$

²¹ $r = .44, p = .020, n = 28$

²² $r = .72, p < .001, n = 27$

²³ $F(1, 34) = 4.62, p = .04$

2 still had room for growth in their interactions with their children. This suggests that participants who roll over and continue in the program still need the program. Furthermore, participants have different growth trajectories and require different dosages.

At the start of Cohort 2, rollover participants from Cohort 1 had more adaptive parent-child interactions (lower scores on the Parent-Child Dysfunctional Interaction subscale of the PSI-SF) and were more nurturing (higher scores on the Nurturing/Attachment subscale on the Protective Factors Survey; FRIENDS National Resource Center for Community Based Child Abuse Prevention, 2012) than new participants who had just enrolled in the program in Cohort 2. Participating in CYPP appears to be associated with improvements in parent-child interactions, and some participants require a longer duration in the program to achieve these outcomes.

Participants identified an educational goal around the time they enrolled in the program. In Cohort 3, those who were progressing towards, or met, their educational goal showed more adaptive parent-child interactions by the end of the program year. Specifically, participants who were either not enrolled in school or enrolled but in danger of dropping out of their educational program reported more dysfunctional parent-child interactions than participants who were enrolled and on-track or who had completed their educational degree/program.²⁴ This finding supports the theory that while multiple program components help participants achieve certain outcomes, like educational attainment, those outcomes can also influence other outcomes of interest, such as improved parent-child interactions.

Dosage was also associated with improvement in parenting behavior and parent-child interactions. In Cohort 1, the number of home visits completed predicted an increase in nurturing parenting behavior (PFS Nurturing/Attachment subscale), although the significance was marginal.²⁵ The mentors provided home visiting services using the Parents as Teachers (PAT) curriculum, providing individualized support and guidance on parenting. The more home visits a participant completed during the first cohort, the greater improvement they tended to show in their nurturing parenting behavior, suggesting that home visits may support parents in strengthening parent-child interactions. In Cohort 2, the number of Friday enrichment sessions attended was associated with postprogram parent-child interactions. We found that the number of Cohort 2 Friday enrichment sessions attended predicted lower Cohort 2 post-program scores on PSI-SF parent-child dysfunctional interactions.²⁶ Both Friday enrichment sessions and home visits seemed to contribute to positive parenting behavior and adaptive parent-child interactions.

²⁴ $t(5) = 3.42, p = .019$

²⁵ $F(1, 28) = 3.61, p = .068$

²⁶ $F(1, 43) = 10.85, p = .002$

Qualitative findings

As young children often have not yet developed the emotion regulation skills to calmly handle disappointing situations, changes in routine, frustration, or sadness, children's tantrums and fits are their way of expressing these feelings in the only way they know how. Parents must shoulder these emotional outbursts while still accomplishing all of the other duties required of parents, which can be especially challenging without knowledge of developmentally appropriate expectations for child behavior and without guidance on how to respond to children in ways that promote child development and strengthen their relationship. Parent-child interactions that promote child development consist of affection, encouragement, conversations (including reading to children), and responsiveness based on the child's needs and cues (Roggman, Boyce, & Innocenti, 2008). CYPP participants reported learning skills and strategies that improved their interactions with their children in these areas.

Most interview and focus group participants explained how CYPP helped them build on their parenting skills, leading to improved interactions with their children. The types of improvements in parent-child interactions that parents discussed included improved bonding, improved redirecting and disciplining, increased patience with their children, improved communication and listening skills, increased repertoire of age-appropriate activities, as well as changing their understanding of what it meant to be a good parent. Participants attributed these improvements to all program components, although certain components were more frequently linked to specific outcomes. Participants highlighted how mentors helped them apply what they learned on the job and at Friday sessions and provided necessary encouragement and motivation:

I don't yell as much. It gave me patience, and instead of yelling all time, try to talk to them, try to see what the problem is. And try to solve the problem without yelling all the time.

But it helped me more with my daughter and she is—oh, my gosh, she's my world. She's goofy, like me, and she's more of a people person than I am. But she helps me with that. And I still do discipline with her, but it's like, "Okay, now I'm getting tired of it. Let me try a different approach." And it helps me like, "Okay, let me talk to you to tell you this way. Okay, I talked to you three times. You're not listening. Now it goes to the discipline."

Through their work experience as literacy coaches, participants indicated they learned the importance of patience, age-appropriate activities to engage their children, the value of reading to their children, and the importance of giving positive attention to their children. One participant explained:

I got better on one though. I was just saying, "You know, you really have to pay attention to your kids." Not pay attention to them, but as in work with them. Show them attention. Show them that you care and stuff and the littlest things you do with them makes them very happy. It's true. I always did stuff with my kids, but probably not as much as I should until I got into this program. I do a lot now. Just us, we do a lot.

Another parent explained how her experience working as a literacy coach ultimately led her to read to her own child more:

Well, since I was working with other kids and stuff like that, I used to not like to read books to my child. . . . So then after that, I found some books that were really interesting. I started buying books for her. . . yeah reading books for her and buying them.

Focus group participants also indicated that they are more aware of the types of activities they do, language they use, and even the type of music that they play when they are interacting with their kids. They noted that all of these influence their kids' behavior. One said:

You got to be careful what music you play around them, what you say because if they don't repeat it five minutes after you say it a week [later] they gonna repeat it. You gonna be like, "Oh she got that from me." So, I learned that.

Parents credited the mentor-led Friday enrichment sessions with showing them new activities to do with their children. One parent explained:

Sometimes when we used to come here, I don't know what it's called, there's a program here that's for special needs but sometimes we can make stuff or they give you stuff and we could take it home and play with the kids right there. It's like a different way of learning while they play.

Participants also noted that during the Friday enrichment sessions they learned how to cope and manage anger in order to be calm when communicating with their children. One participant offered:

I think it was the one with where they came to talk about how the kids sometimes react and cry about everything, we shouldn't be screaming at them because usually I get mad easily. It used to happen to me a lot before, not anymore.

Some parents discussed how their experiences with CYPP helped change their expectations and understanding of what it meant to be a good parent, so they now held themselves to a higher standard of parenting. One mother discussed how learning new activities to do with her children

during home visits led her to be more reflective about her own parenting and motivated her to try harder:

I liked that it was like interesting. Some activities I never saw before or it made me realize that I probably was falling off as a parent. Like I wasn't reading to him more or I wasn't engaging with him in activities more. So it had me like trying to be better at that.

While parents discussed learning about the need for patience with their children through their experiences as literacy coaches and in the Friday enrichment sessions, some also credit their mentors with motivating them to actually apply this knowledge. For example, this parent explained that her mentor helped her improve her patience and consistency with her child:

I used to give up because it was hard, but now I just learn[ed] that if I stay consistent, she'll get it. It might take a little while, but she'll get it. That's one thing that my mentor taught me, too: just practice patience. I've been doing it and it's been a good outcome, for real. I'm so happy.

One participant discussed how working with an experienced teacher demonstrated the importance of exploring the meaning behind children's behavior, providing some insight into early childhood mental health. One parent, interviewed a year after she participated in the first CYPP cohort, recalled how she learned how to better understand her own child's behavior from her experience working in a Head Start classroom:

One teacher was showing me, she had a lot of kids that was misbehaving and my son he also misbehaves, but she showed me how to just sit down with him and just figure out what's going on with him, why he's misbehaving. Or take the one-on-one time out with him to figure out why it is, why he misbehaves the way he does.

Decrease in Parental Stress

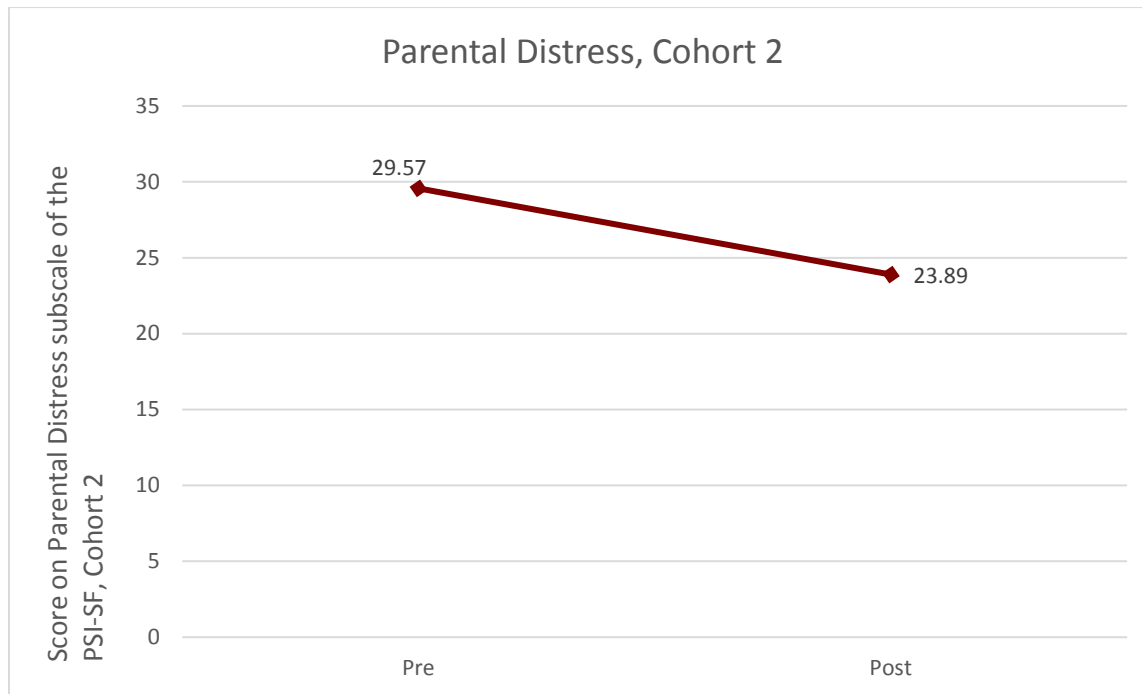
Survey findings

Parental distress, a subscale on the PSI-SF, measures the extent to which parents feel incompetent, restricted, conflicted, isolated, or depressed in their role as a parent. Many parents experience parental distress at least occasionally, feeling overwhelmed by parenting responsibilities and feeling as if they have lost their social lives. Some participants responded that they experienced no stress related to parenting; they are categorized as "defensive responders." When this group ($n = 10$) was excluded from the sample, parental distress significantly decreased during Cohort 2²⁷ (see Figure 9). Participants were also less likely to have high or clinical levels of parental distress (at or above the 85th percentile) at the end of Cohort 2

²⁷ $t(18) = 2.15, p = .046$

as compared to baseline, decreasing from 10% of the sample preprogram to 3% postprogram.²⁸ High or clinical levels of parental distress indicate an impaired sense of parenting competence and personal adjustment problems (Abidin, 2012).

Figure 9. Parental Distress in Cohort 2 (n = 19)



Source: Survey data, Parenting Stress Index Short Form (Abidin, 2012)

Dosage was also associated with lower levels of parental distress. The number of Friday enrichment sessions attended in Cohort 2 was negatively correlated with postprogram parental distress.²⁹ Thus, the more Friday enrichment sessions a participant attended, the more comfortable and confident they felt in their role as parents and the more they felt more connected to a social network at the end of the program year. (Findings specifically related to social support are present below in the Peer Relationships/Social Support subsection under "Personal Growth.")

Qualitative findings

The transition to parenthood leads to major changes in roles, responsibilities, and identities, and even those considered to be "low risk" experience this transition as a stressful time (Cowan & Cowan, 2000). Being a young, single parent in a resource-poor community—like the majority of mothers in this sample—exacerbates stress due to the responsibilities and expectations of parenthood. CYPP participants tended to experience a reduction in their levels of parenting

²⁸ $\chi^2 = 8.98, p = .003$

²⁹ $r = -.37, p = .012$

stress after participating in the program, seen in the qualitative data: participants reported feeling more comfortable in their role as parents and more confident in their parenting capacity. The following examples illustrate this comfort:

Being confident as a parent is definitely one of the number one things, because I wasn't really thinking that I was a good one to have as a parent. So, them helping me with my self-confidence helped me [be] better as a parent.

I feel like I have really matured as a parent and that I could sit down with my kids and we could do this, work at it.

Parents learned skills throughout the program that helped them gain confidence. They reported feeling like they are better able to parent and engage with their children.

My kids get happy, they're smiling, they say thank you to everything now. Thank you, mommy. They praise me, if I cook something they say, "Mommy, you a good cook! You know how to cook!"

I learned that, actually, I can really do better. I've been doing better, but I feel like the steps that I've been. . .with the program, I can really attend to my children

. . . And, with my children, it helped me because—it changed me 'cause I now have a developmentally challenged child. It's not that bad, but working in the program with other children with developmental delays and things like that, it showed me what to do with mine.

Mentors proved to be a huge source of support in multiple ways, including decreasing parental distress by providing emotional support and helping participants increase their confidence in their role as parents. Feeling more confident as a parent allows parents to try new ways to interact with their children, reinforcing their role and helping parents feel more competent. Furthermore, maintaining patience with their children may ultimately lower their stress around their children. One parent said:

I used to give up because it was hard, but now I just learn that if I stay consistent, she'll [my daughter] get it. It might take a little while, but she'll get it. That's one thing that my mentor taught me, too. Just practice patience. I've been doing it and it's been a good outcome.

HOW DID WORKING WITH CHILDREN AT THE HEAD START SITES IMPROVE PARENTING OUTCOMES?

One way that CYPP led to changes in participant outcomes was the way that employment in Head Start centers helped support parenting growth. Participants talked about various pathways where experiences in the classroom improved their knowledge of child development and early learning, their beliefs and attitudes about young children and their behaviors, and their interactions with children (both the children in the centers and their own). Together these changes were reflected in how they understood and responded to their own children (quality of parent-child interaction) and how they felt about their own abilities as parents (parental distress, parenting self-efficacy).

Changes in knowledge. Participants reported an improved knowledge of early childhood development and early education practices through their time in the classroom. Participants learned more about child development milestones and developmentally appropriate behavior through observation of other children and in the course of their work as literacy coaches. In several cases, this knowledge motivated participants to seek out additional knowledge about concerns with their own children. In interviews, participants reported placing a greater value on early childhood education after their time in the classroom. For example, a participant in the first program cohort noted that, after working at the Head Start center, she had a stronger understanding of how play informs and improves learning.

Changes in beliefs and attitudes. Participants talked about how the biggest thing they learned from their job placements was how to be patient with children. By learning about typical child behavior through their experiences in the classroom, participants were more likely to see challenging behaviors as related to children's development or emotions, rather than to characterize these behaviors as acting out or "bad." At least two participants highlighted particular one-on-one relationships they had formed with children in their classroom who had behavioral challenges and how those relationships changed their thoughts about what children need when they are upset or struggling. Participants also changed their beliefs about themselves. Several spoke about how they feel like they are good with kids, including a participant who said that she was told by her mother from a young age that she would not like children or be good with them. Participants perceived themselves as capable of understanding what children needed and how to meet their needs in their classroom.

Changes in behaviors, routines, and habits. Several participants talked about how they applied practices from the classroom at home, including changes to the way that they talked to and listened to their children to be more responsive to what they knew about how children learn and express themselves. Participants specifically mentioned talking and singing to their children, asking more questions, and doing more creative activities, some of which they learned in the classroom and some of which they learned from home visits. Not only did parents incorporate new habits, they also changed their attitudes to be more willing to learn about and try new practices. Mentor interviews revealed that a subset of home visits was used to develop new routines at home that parents embraced as a way to create stability and consistent expectations in the home. One of the most significant changes in behaviors and routines centered on how to discipline children. Parents became aware of and practiced positive discipline techniques in the classroom that they then applied at home.

Personal Growth

The surveys revealed that program participants experienced personal growth while participating in CYPP. Specifically, participants improved in the areas of self-efficacy, emotion regulation skills, stress levels, and social support. More than half of the interviewed CYPP participants highlighted how they believed they grew personally during the program. They spoke about how the Friday enrichment sessions, home visits, and their experiences working as Literacy Coaches helped them become more open and patient, while increasing self-esteem and motivation. Detailed findings for each personal growth area are presented below.

Increased Self-efficacy and Confidence

Survey findings

Generalized self-efficacy is the broad belief in one's ability to respond to and control environmental demands and challenges. Self-efficacy is associated with social mobility. For example, residents in low-income communities tend to have lower self-efficacy (Boardman & Robert, 2000) and high self-efficacy predicts academic success (Bandura et al., 1996). For African Americans living in low-income communities, self-efficacy predicts physical activity and better health (Roman et al., 2009). Additionally, a meta-analysis found that self-efficacy predicts both job performance and job satisfaction (Judge & Bono, 2001). Not only does elevated self-efficacy provide a sense of self-worth, but it may also contribute to academic achievement, improvements in the workplace, and better health.

In this study, generalized self-efficacy significantly improved during Cohort 2 (see Figure 10).³⁰ Participants experienced increased confidence in their ability to handle situations and solve problems after participating in the second program year. Self-efficacy was associated with improvements in other personal growth outcomes and parenting outcomes. An increase in self-efficacy was significantly correlated with improvements in impulse control,³¹ emotional awareness,³² social support,³³ parental distress,³⁴ parent-child interactions,³⁵ and lower perception of child behavior as being "difficult."³⁶ Although the directionality of these relationships is unknown, bolstering young parents' self-efficacy may benefit them personally and in their parenting, as well as academically and in the workplace. (See Figures D-1 and D-2 in Appendix D.)

³⁰ $t(28) = 2.58, p = .016$

³¹ Cohort 2: $r = .74, p < .001, n = 28$

³² Cohort 2: $r = .52, p = .004, n = 28$

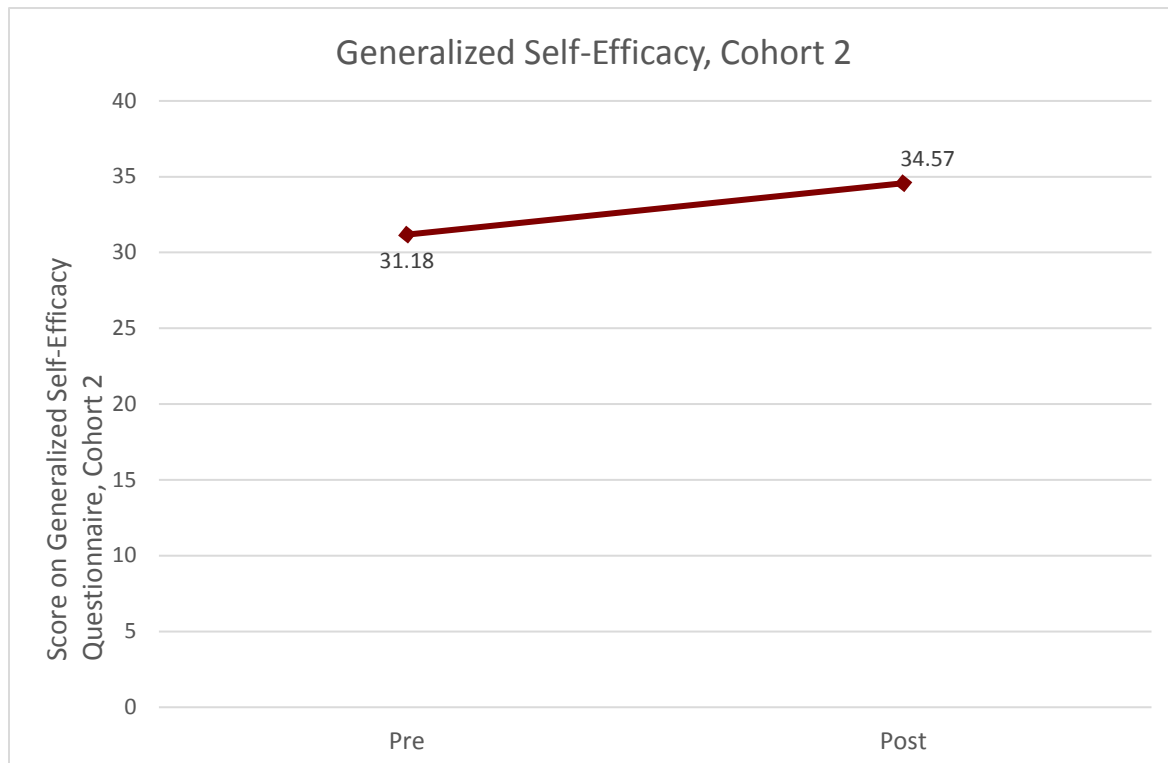
³³ Cohort 1: $r = .51, p = .003, n = 32$

³⁴ Cohort 1: $r = .44, p = .012, n = 32$; Cohort 2: $r = .52, p = .005, n = 28$

³⁵ Cohort 2: $r = .72, p < .001, n = 27$

³⁶ Cohort 2: $r = .73, p < .001, n = 27$

Figure 10. Change in Generalized Self-efficacy during Cohort 2 (n = 29)



Source: Survey data, Generalized Self-Efficacy Scale (Schwarzer & Jerusalem, 1995)

Additionally, participants who were progressing towards or met their educational goal increased their generalized self-efficacy during the third program year. Specifically, participants who were either not enrolled, or enrolled but in danger of dropping out of their educational program, reported lower generalized self-efficacy than participants who were enrolled and on track or completed their educational degree/program.³⁷ These data cannot attribute causation, but it is likely that these outcomes affect one another. Progressing towards or achieving one's educational goal may increase one's sense of self-efficacy. Likewise, boosting one's self-efficacy could allow participants to feel confident in their ability to achieve their goals, motivating them to pursue their educational goals.

Qualitative findings

Self-efficacy refers to the strength of your belief in your ability to achieve goals. A lack of self-efficacy can lead to the abandonment of the pursuit of desired goals. High self-efficacy, on the other hand, means that one can take control and achieve goals. Participants from the focus groups explained how the program helped them gain confidence in themselves and achieve their goals. For example, one participant shared that even when nobody else around her believed she could achieve her goals, she proved them wrong:

³⁷ $t(25) = 2.32, p = .029$

With the IEP I got the same thing because of my behavioral issues what I was going through, and people always told me every day, "Oh, you not gonna make it and you ain't gonna do this. You ain't gonna do that. Oh now that you got a baby you most definitely ain't gonna finish." But yet I finished on time and everything.

Other participants said that working at the Head Start center increased their self-esteem. The interactions that they had with the teachers and directors made them aware of certain skills that they had. The feedback that they got from Head Start center staff increased their confidence in their own abilities. Another noted the enrichment sessions, employment, and the program as a whole improved her confidence and skills, and her perception of her abilities, both at home with her kids and overall.

Participants in both cohorts also discussed how meeting other young mothers facing similar situations and having a mentor helped them feel more confident, leading to increased self-efficacy and motivation. One parent explained that CYPP "got me confident and made me do stuff, speak my mind, be initiative, teamwork, just that." Another parent shared, "I learned that I have a lot more potential, that I wasn't seeing in myself that somebody else saw it, and I just need to push myself to become the person that I was to be."

Increased Patience and Emotion Regulation

Survey findings

To measure emotion regulation, we included in the survey two subscales of the Difficulties with Emotion Regulation Scale (Gratz & Roemer, 2004). These subscales measure impulse control difficulties and lack of emotional awareness. Impulse control is the ability to engage in goal-directed behavior and refrain from impulsive behavior when experiencing negative emotions. Emotional awareness includes both recognizing and understanding emotions (Gratz & Roemer, 2004).

Cohort 1 participants who rolled over to Cohort 2 showed an improvement in certain aspects of emotional awareness: acknowledging emotions when upset³⁸ and attentiveness to their own feelings,³⁹ between enrollment (Cohort 1 preprogram) and 1 year later (Cohort 2 preprogram). The effect sizes of these differences were between medium and large.

Cohort 2 participants who rolled over to Cohort 3 significantly improved in their impulse control over the course of the two program years, from Cohort 2 preprogram to Cohort 3 postprogram⁴⁰ (see Figure 11), and the effect size was relatively large. Age was not associated with changes in impulse control, so it was not just a developmental progression. Participants who were engaged in the program during Cohorts 2 and 3 also improved their ability to

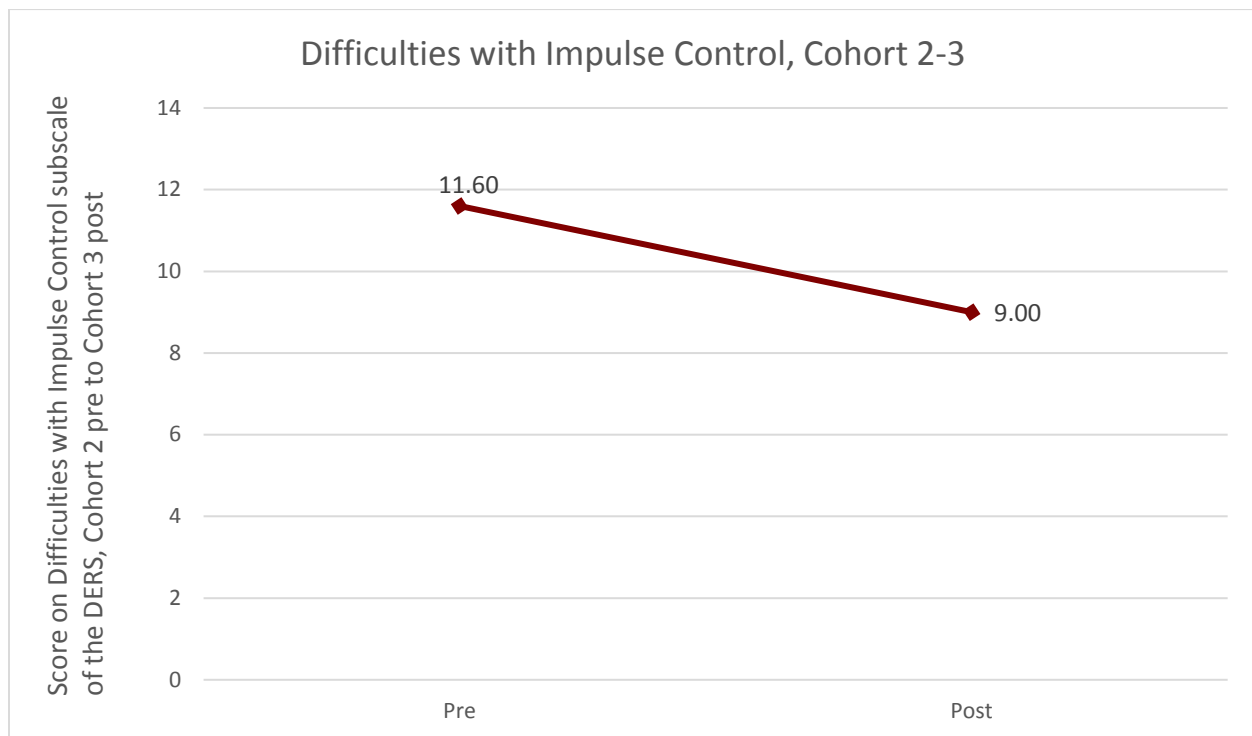
³⁸ $t(17) = 2.12, p = .049, d = 0.68$

³⁹ $t(17) = 2.50, p = .023, d = 0.70$

⁴⁰ $t(9) = 3.41, p = .008, d = 0.73$

acknowledge their emotions from Cohort 2 preprogram to Cohort 3 postprogram.⁴¹ Although this change in acknowledging emotions was not quite statistically significant, the medium effect size indicates that the small sample size prevented the difference from reaching statistical significance.

Figure 11. Change in Impulse Control Difficulties from Preprogram Cohort 2 to Postprogram Cohort 3 ($n = 10$)



Source: Survey data, Difficulties with Emotion Regulation Scale (Gratz & Roemer, 2004)

In Cohort 3, participants reported an increase from preprogram to postprogram on one item in the emotional awareness subscale: "When I'm upset, I believe that my feelings are valid and important."⁴² Over the course of the third program year, participants also reported an improvement on one item in the impulse control subscale: "When I'm upset, I feel out of control."⁴³ These survey findings suggest that participants in Cohort 3 gained an understanding of the importance of their feelings and learned to calm themselves and feel more in control when they become upset.

Pursuing education goals was also correlated with improved emotional awareness. Participants who were progressing towards or met their educational goals increased their emotional awareness during Cohort 2. Specifically, participants who were either not enrolled or enrolled

⁴¹ $t(9) = 2.09, p = .066, d = 0.59$

⁴² $t(35) = 2.23, p = .032, d = 0.36$

⁴³ $t(35) = 2.38, p = .023, d = 0.51$

but in danger of dropping out of their educational program reported a greater lack of emotional awareness than participants who were enrolled and on track or had completed their educational degree/program.⁴⁴ Although the association between these outcome variables is not immediately apparent, the program appears to affect multiple outcomes concurrently, facilitating progress towards educational goals while also helping participants to improve awareness of their emotions.

Qualitative findings

Emotion regulation involves dampening the experience of intense emotions and engaging in behavior that aligns with desired goals. Interviewed parents spoke about becoming more patient and less reactionary, not just as a parent but as a person in general. While some attributed these changes to specific program components, others saw the components as inseparable. For example, one participant shared, “This program definitely helped me a lot, slowing down, thinking about it, and then responding about it” (Cohort 1 post). Another participant reported that her mentor helped her increase her patience:

Just to sit, count, 'cause my patience is really low and they helped me with the patience and all of that. Just count to ten, just sit and just focus on what you need to do.

Participants from the focus groups conducted in 2017 and 2018 (Cohort 2 and 3) also mentioned that they have learned how to be less reactionary. The following examples show how the participants control their emotions in different situations and calm themselves.

I feel like that factor that I've learned here [is] being calm with parents and even your superiors. Your supervisors, your mentors, your bosses you just got to know that, be professional. Even now with the other job that I have. I work at a restaurant and there's a problem every five minutes with a customer.

Sometimes, you do have to walk away 'cause they can get you to a point where, “Oh, my God,” in my mind, I'm thinking, “I just wanna—you know what? Let me take a break. Come back. Recalculate everything.”

I'd have to be on the phone with somebody who's not gonna stress me out. If I can't be on the phone with somebody, then I listen to music, get in my head and just start thinking of things that make me happy, places where I wanna travel, things that I wanna do with my life. My career.

Participants reported that the Friday enrichment sessions taught them how to manage anger and calm themselves. One participant explained:

⁴⁴ $t(29) = 2.07, p = .047$

The Friday sessions, they help us with anger management and how to calm down and stuff like that. So that's really helped me a lot. It's made me even better with my son, because I'm not really angry around him. So I'm more of a calm parent than anything.

Mentors helped participants understand the importance of patience and helped provide them with skills and support to better regulate their emotions. They served as a role model for the women in how to handle difficult situations and manage conflict. One participant said:

My attitude was nasty. Now, I'm so humble and then I learned from my mentor that everything don't deserve a reaction. I got too much to lose. . . . If I do anything I have consequences to face and you not worth it. You not. My mentor, that's what she taught me. To walk away. Everything don't deserve a reaction, and I'm learning. It's helping me become a better person.

Reduced Perceived Stress

Survey findings

Perceived stress was measured by respondents' sense of their own level of stress over the past month. Stress levels significantly decreased for some participants during the third program year, but only for rollover participants who enrolled in the program in Cohort 1 or 2.⁴⁵ Participants felt less overwhelmed and better able to cope with their daily lives and handle personal problems by the end of the third program year. For Cohort 3 participants in particular,⁴⁶ the number of home visits coupled with the number of Friday enrichment sessions attended predicted a reduction in stress levels.⁴⁷ The fact that the number of home visits and Friday sessions together significantly predicted a decrease in stress for this cohort was likely a result of the strong correlation between the number of home visits and Friday sessions in Cohort 3.⁴⁸ This may be due to the trend of home visits occurring directly after the Friday sessions at the same location (not at home).

Interestingly, a reduction in stress predicted improvements in both impulse control⁴⁹ and emotional awareness⁵⁰ in Cohort 3 (see Figure 12). It follows that feeling less overwhelmed would allow for greater awareness of one's emotions and use of emotion regulation strategies.

⁴⁵ $t(14) = 2.26, p = .04$

⁴⁶ Although the Cohort 3 rollover participants experienced a significant reduction in their stress levels during Cohort 3 as noted, it was not attributable to the Friday sessions or home visits.

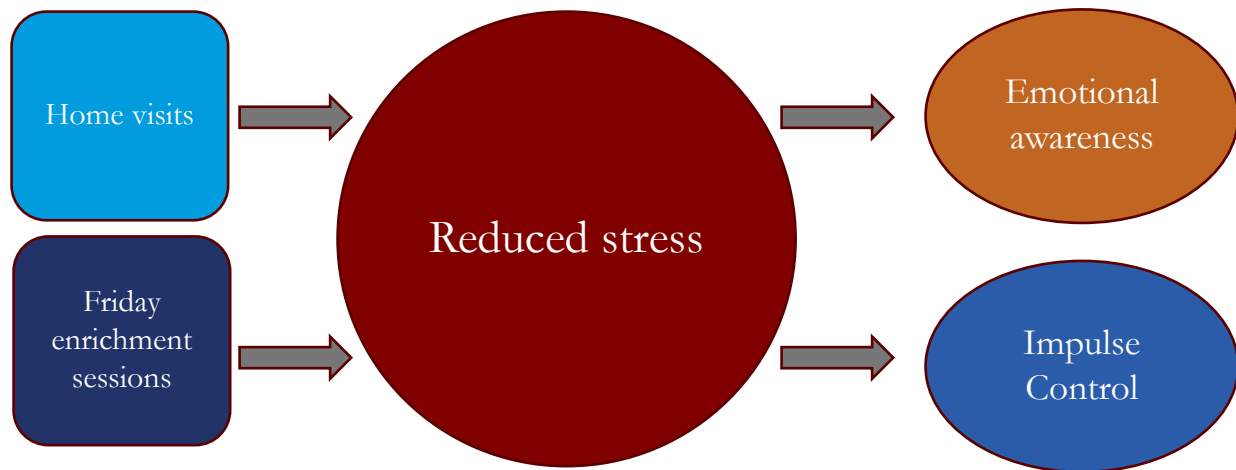
⁴⁷ $F(2, 14) = 4.34, p = .034$

⁴⁸ $r = .91, p < .001, n = 41$

⁴⁹ $F(1, 14) = 6.11, p = .03$

⁵⁰ $F(1, 14) = 5.83, p = .03$

Figure 12. Pathway of Program Components Affecting Emotion Regulation



Qualitative findings

Program participants in Cohort 3 discussed how they reduced or prevented stress. Two focus group participants said that after participating in the program, they did not let stress get to them:

I just don't let it get to me. I just do a breathing sensation, just count to ten.

For some odd reason, I don't really let my stress get to me when I'm at work. I just don't. I just look at it like, "Okay. My future." That's what keeps me not stressed—looking at my future, looking at what I wanna do in life and think about that. Think I wanna better myself as a parent and what all I wanna do as a parent, so I don't let stress get to me.

Lower levels of perceived stress seem to be related to emotion regulation, as participants mentioned using self-soothing strategies to reduce stress. Both the focus group data and the survey data provided evidence to support this finding.

Social Support

Survey findings

The Social Support scale from the Protective Factors Survey measures perceived informal support from family, friends, and neighbors that helps provide for emotional needs. At the start of Cohort 2, rollover participants from Cohort 1 felt they had more social support than new participants who had just enrolled in the program in Cohort 2.⁵¹ Thus, those who had

⁵¹ $t(60) = 2.14, p = .036$

participated in the program for a year had a greater sense of social support than those who were just starting the program.

In Cohort 1, increases in social support were associated with reduced stress levels,⁵² reduced parental distress,⁵³ and increased self-efficacy.⁵⁴ Because these relationships are correlational, causation cannot be attributed from the survey data. However, the qualitative data provide insight into the role of social support.

Dosage was related to changes in social support in Cohort 1. The number of Friday enrichment sessions attended was correlated with an increase in social support during the first program year.⁵⁵

Interestingly, when change in social support was analyzed by race and ethnicity, the participants with Hispanic/Latina ethnicity showed a greater improvement in social support during the first program year.⁵⁶ A relatively small proportion of participants in Cohort 1 were Hispanic/Latina (21%) and most were in the same Friday enrichment session group, potentially facilitating a close peer group.

Qualitative findings

Parenting can be an isolating experience, with busy schedules that leave little time for social engagement. If a young mother's peers are not yet parents, the women in this program are likely to feel a sense of isolation in their life at this stage. The cohort of women in the program often became close to others in the program. Participants in both cohorts discussed how meeting other young mothers facing similar situations and having a mentor helped them feel less isolated and less guarded. One participant said:

It was very supportive. We gave each other trust, we helped each other out a lot...We gave each other trust and loyalty so from the last year, just us knowing each other, it was a great experience with the group.

The groups were a mechanism for additional social support for several women as well. Some found one or two confidants while other women became close with their whole group. One woman explained why she identified another participant as a confidant:

Because she understands what I've been through. We've almost been through the same thing, so she understands exactly what's been going on.

⁵² $r = .52, p = .007, n = 25$

⁵³ $r = .44, p = .01, n = 34$

⁵⁴ $r = .51, p = .003, n = 32$

⁵⁵ $r = .30, p = .084, n = 34$. Although this association was marginally significant, the correlation coefficient is considered to be a medium effect size (Cohen, 1988).

⁵⁶ $t(31) = 2.41, p = .022$

The interviews with the women who had been out of the program for a year demonstrate some women did sustain this bond over time. This is particularly important since the support and resources these women need do not dissipate when they leave the program. Although armed with new knowledge and strategies from the program, the participants will continue to face new challenges with their children and in their lives that would benefit from a supportive peer group of young moms. One woman said:

It seemed like over time everybody who I was in the room with, we all became like a family. Everybody. I still keep in contact with most of them on Facebook. I don't know. They all, in some type of way, even strange ways, became like my sisters. All of them. I love all of them.

Participants from the focus groups conducted in 2017 and 2018 also shared how the relationship they built with the other participants became stronger over time. One participant said that at the beginning of the program the participants seemed distant and didn't talk a lot. However, this changed over time. In her words:

Yes because when we first started this group it was like, there was some Mexicans over there and black people over there. I was just coming in the room like I'm going in and sit in the middle. They were talking to each other and everything but now you see we all sitting around each other like we love each other, we comfort each other and stuff like that.

As stated before, the bond created with the rest of the group helped participants to overcome difficult situations. Participants from the two focus groups said that they supported each other, understood each other and that this experience helped them to open up with people. The following examples illustrate this bond:

Basically, making friends. Being more open to interact with young moms and knowing the fact [that] you're not the only one going through this situation.

As a person, I don't let people in at all, so it let me get out of my comfort zone and be able to talk to people that are my age and stuff.

When I get home and I deal with [stress], it's kind of hard. I'd probably just cry it out, think on it for a minute, and then talk to a friend. 'Cause in this group, I have made friends. I can trust them, so, you know, that's how I get over it at home.

However, not everyone felt this sense of support from their group. Some exited the program still feeling like they did not have a support system or someone to talk to about challenging situations, and also did not report learning about ways to manage their stress.

Participant Stories

The following stories illustrate how two different participants experienced the program: what they identified as their greatest needs and challenges, their hopes for the program, and how they believe the program supported their growth and development. Participant names have been changed and some aspects of their stories have been omitted to prevent identification.

Jessica's Story

Jessica heard about CYPP from someone she worked with. She hoped it would help her with “being a better parent, a mother, a friend.”

When asked about the benefits of an early childhood education at baseline she said, “I don’t know.” She said she was looking at different options for work and school but when asked if she knew the options to get to her goals she said, “No, not totally.” She admitted, “I don’t like to ask people for help. I try to make a way for me.”

After participating in CYPP, Jessica spoke enthusiastically about her time in the program. She enjoyed the activities she learned at her job placement at the center. She said, “I feel like I have really matured as a parent and that I could sit down with my kids and we could do this, work at it.”

Jessica developed a strong relationship with her mentor and with two women in her group. She said they were “a call away” when she needed to talk. She said that she enjoyed the enrichment sessions and learned “that I have more potential in myself. That I just need to push out to be the person that everybody saw within me that I never saw within myself.” She gained confidence in her parenting and in herself in general.

The job placement led her to want to pursue a career in early childhood care and education. Since leaving the program, she was looking into an early childhood training program.

Jada's Story

Jada faced employment, education, personal, and parenting challenges before starting the program. “I was struggling, struggling, struggling.” She had attended three high schools before dropping out. Her partner was in and out of jail.

Jada said she did not know what to expect from the program, especially the home visits, which she said she thought would be “probably like how DCFS do home visits.” She said she wasn’t expecting the relationship she developed with her mentor. She said the relationships she formed in the program have helped her open up to more people, including her child’s teacher.

Jada’s mentor helped her get her transcripts so she could enroll in a GED program. At the time of the interview, she was 2 credits from graduation. Jada got her child screened and was taking her child to regularly access EI services.

Jada still experiences stress in her life. She asked her mentor about access to counseling. She looks forward to Fridays and says of her peers, “I tell them I really enjoy them because I didn’t really have friends.”

Jada said she loved working at the center and feels like she bonds with her kids more now after CYPP. “I make a song out of anything, like the colors, the ABCs.” She says she “never knew it was so fun to be around kids. For real, because it’s like you a kid, like you a kid all over again.”

Summary of Outcomes

CYPP helped participants make progress towards or achieve their education and career goals, facilitated by interactions with mentors and early childhood care and education work experience. For some participants, working in a Head Start center confirmed their desire to work in the field of early childhood and provided the skills and work experience to support that goal. For others, working in the center led to the realization that they wanted to pursue a career in a different field. CYPP helped some participants reengage with education, as many educationally disengaged participants enrolled in school while in the program.

Participating in CYPP strengthened parenting skills. Participants revealed in interviews and focus groups that the program taught them about child development, leading to more developmentally appropriate expectations for their children. Similar to our findings for Cohort 1 (see Burkhardt et al., 2017), parent-child interactions improved during Cohort 2, as evidenced by both the survey data and the qualitative data. Participants provided examples of acquiring strategies that led to more positive interactions with their children, including reading more often with their children and avoiding yelling. Parental distress levels also decreased while participating in the program, and participants felt more comfortable and confident in their role as parents. Improvements in parenting were related to generalized self-efficacy and social support, suggesting that personal growth and parenting go hand-in-hand.

Participants improved in several areas of personal growth: self-efficacy, emotion regulation, stress levels, and social support. Both pre-post survey data and qualitative data demonstrated personal growth in these areas. Participants reported that Friday enrichment sessions, home visits, and working as literacy coaches at their job placements boosted their sense of self-efficacy and self-esteem and helped them become more open and patient. Their stress levels decreased while participating in the program, suggesting that they shifted their perspective about their lives. Friday enrichment sessions created a sense of social support, providing a space for vulnerability and trust and fostering peer connections. These areas of personal growth are related to one another. Emotion regulation, for example, is related to lower stress levels, illustrated by the survey data and by participant quotes about feeling less stressed because they calm themselves. Furthermore, social support was mentioned as a source of emotion regulation and stress reduction, with participants discussing that talking to their peers helps calm them down when they feel stressed. Working as literacy coaches helped participants practice patience and build confidence, while Friday enrichment sessions and home visits provided mothers with the space to open up and accept support and build self-esteem.

Both Friday enrichment sessions and home visits seemed to contribute to positive parenting behavior and adaptive parent-child interactions, as well as reduced levels of stress. In Cohort 1, a higher number of home visits completed predicted an increase in nurturing parenting behaviors in parent-child interactions, which demonstrates the importance of home visits for supporting and strengthening parenting skills. The number of Friday sessions attended was associated with increased social support during the first program year, indicating that the Friday enrichment sessions promoted peer support. In Cohort 2, the number of Friday enrichment sessions

attended predicted the quality of postprogram parent-child interactions. Topics discussed in the Friday sessions in the second program year seemed to have helped participants respond more positively to their children. In Cohort 3, both the number of home visits completed and the number of Friday sessions attended predicted a reduction in perceived stress. Lower stress levels predicted improvements in impulse control and emotional awareness. Thus, program dosage was associated with lower stress levels, which provided the opportunity for participants to strengthen their emotion regulation skills. Each program component seemed to impact multiple outcomes, and each outcome was influenced by multiple program components.

Conclusions

Key Takeaways

Program Components Support Multiple Outcomes

The original logic model for CYPP mapped each program component onto a related outcomes domain. For example, home visiting was modelled on activities from home-based Head Start services and was intended to support parenting growth. Program designers intentionally aligned components to re-enforce outcomes across the program, but participant reflections revealed the extent to which the program components contributed to multiple outcomes.

Not only did an analysis of the pilot reveal the complex interconnections between individual program components and outcomes, it also revealed the ways that program components worked in tandem to improve participant outcomes. Participants provided examples of how multiple components worked together to shape their understanding and practice of a new concept. For example, participants in the program reported that they learned new ways of interacting with their children and provided specific activities they could practice at home to support positive relationships and bolster early learning. Participants identified multiple sources for learning about these practices. Some described doing activities at home that they had implemented in the classroom. Others talked about how specific enrichment sessions taught them new ideas, games, and activities, or pointed to a speaker or a trip that influenced what they did in their homes. Mentors discussed how many of the Friday enrichment sessions with a child socialization component involved an activity or a craft that young parents and their children did as a group. Finally, mentors and participants talked about home visits as a pathway to learning new practices. Several participants and one mentor discussed how children would get visibly excited when the mentor arrived with a bag of activities and games for home visits.

Survey data also revealed pathways to change that leveraged multiple program components. In Cohort 1, the number of home visits completed predicted an increase in nurturing parenting behaviors in parent-child interactions, and the number of Friday sessions attended was associated with increased social support. In Cohort 2, the number of Friday enrichment sessions attended predicted the quality of post-program parent-child interactions. In Cohort 3, both the number of home visits completed and the number of Friday sessions attended predicted a reduction in perceived stress, but only for new participants, and lower stress levels predicted improvements in impulse control and emotional awareness (see Figure 12).

Table 2 provides specific examples of the pathways for connecting program components to different areas of growth that participants identified in interviews and focus groups. While some connections between activities and outcomes arose more consistently, such as the connection between LC employment and changes to parenting practice, each of these connections served as a potential opportunity for positive change and improved outcomes.

Table 2. Program Components and Outcomes

Processes/ Outcomes	Participant Gains in Education	Participant Gains in Employment	Participant Gains in Parenting Growth	Participant Gains in Personal Growth
Employment as an LC	<ul style="list-style-type: none"> • 35 participants pursued a CDA credential • Learned about the progression of steps to get to a career 	<ul style="list-style-type: none"> • Work experience and references • Learned about careers in Early Childhood • Learned about expectations and routines of a workplace • Learned about managing frustration and conflict and develop problem-solving strategies 	<ul style="list-style-type: none"> • Learned about child development and early childhood education • Greater confidence in their skills with young children • Shifted beliefs and attitudes about child behaviors 	<ul style="list-style-type: none"> • Greater sense of confidence and self-efficacy • A sense of potential and task mastery in the classroom • Interpersonal and relationship skills through dealing with colleagues and site families
Mentoring	<ul style="list-style-type: none"> • Established education goals • Enrolled in school • Stayed on track to complete a credential 	<ul style="list-style-type: none"> • Learned about the expectations and routines of a workplace • Learned how to manage frustration and conflict and develop problem-solving strategies 	<ul style="list-style-type: none"> • Mentors helped participants apply what they learned on the job and at Friday sessions and provided the necessary support and motivation 	<ul style="list-style-type: none"> • Mentors provided personal support and encouragement to participants, leading to greater confidence and self-efficacy
Home visiting	<ul style="list-style-type: none"> • Established educational goals and discuss progress towards goals during visits 	<ul style="list-style-type: none"> • Established career goals and discussed their progress towards said goals during visits 	<ul style="list-style-type: none"> • Improved their interactions with their children 	<ul style="list-style-type: none"> • Reduced stress • Learned about how to regulate emotions
Friday sessions (peer support/ child socialization)	<ul style="list-style-type: none"> • Knowledge about certificates and other education paths they could pursue 	<ul style="list-style-type: none"> • Learned how to manage frustration and conflict and develop problem-solving strategies • Learned to trust peers, which allowed them to work together 	<ul style="list-style-type: none"> • Improved parent-child interactions • Positively shifted perception of child's behavior • Reduced parental distress • Learned parent-child activities 	<ul style="list-style-type: none"> • Peer support • Learned how to communicate • Reduced stress • Learned how to regulate their emotions

Pathways to Change Vary

The variation in how participants reported learning from CYPP was striking. Examples provided throughout this report reveal different pathways and approaches that worked for different individuals. Although all the participants were young parents of young children, the survey, interview, and focus group data revealed much diversity in their backgrounds, experiences, needs, and challenges. Participants' reflections on their experiences in the program and the associations among outcomes indicates that there were multiple trajectories through the program. Although there are significant limitations in the data, the pilot implementation suggests that the program's flexibility and wraparound, interconnected components support three different theories of change within a single program. As the program develops, it may be useful to set different targets for different subpopulations to better capture growth and progress.

Figure 13 shows three categories of needs and challenges that baseline survey data revealed and/or participants identified at program enrollment. These barriers were associated with degrees of need and different ways of engaging with the program. The "Stabilization" category reflects participants with the highest need and greatest challenges, while the "Support/Prevention" category reflects the lowest level of need and lowest severity of challenges within this high-needs population.

Figure 13. Participant Needs and Challenges at Enrollment

Stabilization	Intervention	Support/Prevention
<ul style="list-style-type: none"> • Disconnected youth • Defensive response • Social isolation • High or clinical levels of parental stress • Reliance on physical discipline • Emotional regulation challenges • Challenges with basic workplace and program expectations • No/limited workplace experience • Literacy challenges • Homelessness, DV, physical/mental health challenges, trauma & adverse experiences 	<ul style="list-style-type: none"> • Challenges setting goals and understanding the steps to achieve them • Need for support and encouragement • Challenges with interpersonal conflict • Stress and lack of coping mechanisms • Barriers to engaging with existing support structures and resources • Challenges with single parenting • Impulse control challenges • At risk of disengaging with school 	<ul style="list-style-type: none"> • Unsure about career or career planning • Managing time, scheduling, and planning • Connecting with resources • Managing relationships and responsibilities • Concerns about child development and parenting • Understanding and processing own feelings • Need for peer support • Low income • Structural challenges (e.g., high rates of youth unemployment)

Participants who came into the program needing stabilization dealt with impending personal and family crises, trauma histories, or attitudes, beliefs, and mindsets that created challenges across all outcome domains. These participants often had high levels of defensiveness and distrust with peers and mentors. The immediate program goals for these participants were to create a sense of stability and improve their sense of trust and engagement with the program. Mentors reported investing extensive amounts of time in these participants and witnessing frequent progress and regression as they moved through the program. Measurable goals for these participants might include a reduction in defensive response, reduction in stress, resolution or improvement with respect to a major external barrier, progress toward an education or employment goal, and increased dosage of program components as well as improvement on parenting and personal growth measures. For those participants who score in the “high” or “clinical” levels of parental stress, an immediate goal might be moving them out of this category. These participants might also require connection to mental health services and other resources for support and self-sufficiency.

Participants in the “Intervention” category exhibited concerns typical of young people transitioning to adulthood, low-income families, and young parents. These participants often faced multiple, complex challenges that were interrelated. For these participants, mentors played a key role in helping them reflect on their needs and goals, start making plans, and take the steps needed to enact those plans. They reported needing assistance connecting with resources and receiving support on how to fit additional responsibilities such as school and work into their already demanding schedules. These participants also displayed some challenges in their confidence and self-efficacy as well as wariness and defensiveness when it came to seeking and accepting help. Measurable goals for these participants might include improvements in personal and parenting self-efficacy, being on track for education and employment goals, and improvement across parenting and personal growth measures.

Participants in the “Support/Prevention” category also faced multiple, complex challenges. However, in some cases they had more protective factors and assets to help them navigate these challenges or, in other cases, were younger and had not yet disconnected from a trajectory typical of their non-parenting peers. For these participants, the program provided an organized support network to help them navigate a short, challenging period in their lives and connected them to resources, knowledge, social supports, and work experience that built on their existing strengths. Measurable goals for these participants might include completion or achievement of education and employment goals, reduction in stress, and improvement across parenting and personal growth measures.

Mentors Play a Critical Role

Mentors served as the central point of coordination across all the program components. They conducted home visits, site visits, and Friday enrichment sessions. Mentors pushed participants to think about their education and career goals, and the steps needed to achieve them. They connected participants with resources for themselves and their children. Analysis of the pilot data suggests that participant characteristics and trajectories varied greatly within the programs. Mentors helped participants navigate and remain engaged with program components by adapting the program to participant needs and challenges.

Mentors were often credited for encouraging participants to go back to school or complete their schooling. Mentors helped the participants set goals and helped them realize that the process of going back to school is not as daunting as it might appear, even if participants have few external resources and support for returning to school. Mentors pushed participants to pursue jobs and careers, sending them information on job fairs and providing the resources that they need. Mentors worked with participants step-by-step in a way that acknowledged some of the knowledge, organizational, and confidence challenges participants faced.

Mentors served as a source of motivation and positive encouragement for participants, serving as a consistent and positive reminder of their goals and what they need to do next. The mentors adapted the program components so that participants could work towards their goals one step at a time. Mentors were essential to CYPP.

Recommendations

Implementation Recommendations

The end of the pilot provides an opportunity to examine the program activities and reflect on the ways that the program could continue to improve. Below we provide specific guidance for future implementation of the program based on analysis of participant experience and assessment of program fidelity and quality.

Job Placement: Align expectations

The evidence presented in this report shows that participants had a variety of experiences with the job placement component of this program. While there were participants who reported having very positive experiences at their Head Start sites, there were others who had difficulties. Thus, it is important to set clear expectations with the Head Start center staff about the participants' roles as literacy coaches in the classroom. We also recommend establishing a communication path for when the participants face problems at the sites. Any issues or problems should be communicated to the CYPP program. Table 3 outlines some of the challenges and possible improvements for the job placement component of the program.

Table 3. Job Placement: Program Challenges and Suggestions for Improvement

Area of improvement	Challenges	Suggestions
Measurement	<ul style="list-style-type: none">• Data on employment were very limited	<ul style="list-style-type: none">• Collect information on hours worked.• Create measures that mentors can report on when they do their site visits
Fidelity	<ul style="list-style-type: none">• Inconsistent expectations and roles for LCs across delegates, sites, and classrooms	<ul style="list-style-type: none">• Set consistent expectations and define the LC role.• Use mentor site visits to provide support to sites for the LC role.• Provide guidance to site staff on the role of LCs
Quality	<ul style="list-style-type: none">• Inconsistent expectations and roles for LCs across delegates, sites, and classrooms	<ul style="list-style-type: none">• Define the LC role and identify components of quality (e.g., time spent in direct contact with children, involvement in literacy activities etc.)

Home Visits: Clear Expectations and Mentor Training

Participants who are new to the program may not be familiar with home visiting and may be confused as to the purpose of the visits. We recommend CYPP define a clear aim for the home visits overall, while still allowing mentors the flexibility to adapt the visits to participants' needs. Better articulating the purpose of these visits to participants and to mentors is essential for achieving their buy-in. It is also critical to explain the importance of having the home visits take place at home and clarify how these visits are different from the ones that they have with a teacher or a visit from DCFS. Table 4 outlines some of the challenges and possible improvements for the home visiting component of the program.

We also suggest implementing a flexible, yet semi-structured home visiting approach that supports parents in their own personal growth and facilitates parent-child interactions. The Parents as Teachers curriculum can continue to be used in home visits, although we recommend additional training for the mentors to increase the quality and effectiveness of home visits. The two approaches we recommend adding to the current mentor training and curriculum have been used in home visits with evidence to support their effectiveness. The first approach is Developmental Parenting (Roggman et al., 2008). This approach emphasizes: (1) building positive relationships with families; (2) responding to families' strengths, including individualizing each visit for the family and integrating learning into everyday family activities; (3) facilitating parent-child interactions by encouraging parents to talk and interact responsively and warmly; and (4) collaborating with parents to plan, implement, and review activities.

The second approach is Facilitating Attuned Interactions, known as The FAN approach (Gilkerson et al., 2012). The FAN approach encourages home visitors to focus the visit around parents' concerns, reading the parents' cues for engagement, and building parenting confidence and competence by supporting parents to make decisions and act, rather than solving problems for parents. Using the FAN approach has resulted in increased parenting self-efficacy (Gilkerson, Burkhardt, Katch, & Hans, 2019) and home visitors feeling a sense of relief because they no longer felt like they had to fix things for the family (Spielberger, Winje, Gitlow, Gouvea, & Burkhardt, 2017). The FAN approach has been used successfully in conjunction with the PAT curriculum in home visiting (Spielberger et al., 2017).

Table 4. Home Visits: Program Challenges and Suggestions for Improvement

Area of Improvement	Challenges	Suggestions
Measurement	<ul style="list-style-type: none">• Data on the quality of home visits were limited	<ul style="list-style-type: none">• Collect information about where home visits occurred and whether children were present• Improve data on what was done at home visits
Fidelity	<ul style="list-style-type: none">• Dosage targets vary by participant• Mentors using a variety of approaches and standards for home visiting	<ul style="list-style-type: none">• Set consistent dosage targets and standards for what home visits are and how they should be implemented
Quality	<ul style="list-style-type: none">• Inconsistent implementation of home visiting; some home visits done without children present	<ul style="list-style-type: none">• Define the role of home visiting in the program and identify components of quality (e.g. use of different curricula); Provide additional training to mentors

Mentorship

We recommend investigating ways to reduce mentor turnover. One suggestion, as mentioned above, is mentor training in the FAN approach. This could not only boost participants' parenting self-efficacy but it could also prevent mentor burnout, as mentors would not feel pressured to solve all of the participants' problems. Participants face myriad challenges in their lives and relationships, with some experiencing crises on a regular basis. If mentors felt less responsible for fixing participants' problems and felt they were more supportive, they may experience less burnout. In addition, mindfulness workshops could be offered to the mentors, as mindfulness has been shown to reduce burnout and improve well-being (Goodman & Schorling, 2012).

Friday Enrichment Sessions: Consistency and Structure

Friday enrichment sessions have led to positive outcomes for participants in the CYPP program. However, some of the qualitative data shows inconsistencies in the Friday sessions' content and goals. It is important to clearly define the goals and provide a more structured curriculum for these sessions to motivate assistance and engagement. It would also be appropriate to define a

different curriculum for the rollover participants that builds on previous sessions. Further suggestions for improvement are outlined in Table 5.

Table 5. Friday Enrichment Sessions: Program Challenges and Suggestions for Improvement

Area of Improvement	Challenges	Suggestions
Measurement	<ul style="list-style-type: none"> Data on Friday content were limited 	<ul style="list-style-type: none"> Collect high-quality data about child socialization Ask mentors to connect Friday content with different goals and components of the program
Fidelity	<ul style="list-style-type: none"> Different curriculum across mentors and years; inconsistent dosage across participants 	<ul style="list-style-type: none"> Allow mentors some flexibility and freedom to find content responsive to their participants but set guidelines that help create a consistent experience
Quality	<ul style="list-style-type: none"> Different curriculum across mentors and years; inconsistent dosage across participants 	<ul style="list-style-type: none"> Identify best practices for the different aspects of Friday enrichment sessions, including connections with resources, child socializations, peer support, and content/knowledge delivery around specific topics (e.g., parenting, personal finance)

Measuring Success

Consistently Measuring Outcomes

Measurement is critical in evaluating the implementation of a pilot program as well as for program quality improvement. Outcomes were measured in all three program years, yet outcome measures changed and were not administered consistently. To understand program impact on outcomes and participant trajectories, the same measures should be used in each program year. Data should be collected consistently in each cohort at regular intervals to measure growth over time. Administering surveys at the orientation and the end of each program year would track personal growth (e.g., self-efficacy, emotion regulation) and parenting

attitudes and behaviors. Then participant progress could be better understood. In the third program year, parenting measures were no longer included in the survey administered by SGA. As improving parenting practices is a primary outcome of CYPP, measuring parenting behavior and parent-child interactions is essential. Improving participant survey data collection would support a more thorough analysis of program outcomes and change in these outcomes across different groups of participants.

In addition, consistently measuring program outcomes would allow for more advanced statistical analysis of survey data. A latent class analysis, for example, could help provide insight as to who most benefitted from the program, and therefore, which populations should be targeted for recruitment for future cohorts.

Change in Process Measures

Development and collection of process measures will support ongoing monitoring and improvement of future implementation of the program. Process measures are metrics for capturing the progress of program activities. Based on the pilot implementation, there are a few measures that would be high priority for future implementations of the program to collect and target for improvement. Data on participant education goals, employment goals, and progress towards those goals was limited to some participants and inconsistently collected over time. One proposed process measure is percentage of participants with a timely education and employment goal. Participant goals should be collected for all participants at regular intervals, even if just at the beginning and end of the program year. Program dosage should also be measured. In addition to collecting attendance data, mentor contact is another important component of program dosage. Mentors should document all contact with the participants in program records. Continuing to measure the percentage of home visits conducted in the home helps track program fidelity. Consistently documenting the content of the home visits would measure fidelity to CYPP and the PAT home visiting curriculum.

Data should be used to support implementation. The key stakeholders in the program, including the mentors, program designers, and program implementers, should be aware of trends in program fidelity as well as specific implementation and fidelity challenges. Explaining the purpose of data collection to mentors and participants would likely increase timely and consistent data collection and response rates. Sharing the data with mentors could help them improve their work, as they could implement changes to home visits and Friday sessions. In addition, if mentors were aware of the outcomes impacted by program components, such as home visits predicting improvements in parent-child interactions, they may be motivated to encourage participants to complete the program components.

Limitations in Our Ability to Measure

The data suggest that the mentor-participant relationship is central to the success of the program. However, relationships are difficult to measure. Validated, standardized measures exist, but they often result in a ceiling effect. People generally rate their relationships with

mentors/home visitors very highly at baseline, providing no room for improvement (Spielberger et al., 2017). Qualitative data provided a window into the mentor-participant relationship and the importance of the role of the mentor.

Parent-child interactions are also difficult to measure through surveys. The instrument used in this study (PSI-SF) is a psychometrically strong measure that captured improvements in parenting practices and parent-child interactions. However, observations of parent-child interactions would provide more comprehensive data on changes in interactions. As conducting and analyzing observations are costly and time-consuming, and program participants are often wary of being observed, surveys were the best method of collecting parent-child interaction data for this study.

Not all potential factors that influence the effectiveness of the program were measured; many cannot be accurately measured through surveys and interviews/focus groups. Other variables related to participant development, life experiences, personality, and culture that were not measured likely impact participants' experiences of the program and the potential effect of the program. Childhood trauma could be an important factor in understanding how the program works for different participants. Trauma could be measured by an assessment of Adverse Childhood Experiences (ACEs), as ACEs score has been found to predict a number of health and well-being outcomes (Felitti et al., 1998). However, mentors would need to build rapport and trust before asking such personal and sensitive questions. They would also need training on how to respond to participants who report a history of child abuse and neglect.

Although we were able to identify some pathways of program components predicting improvement in outcomes, the pathways to the various outcomes are likely more complicated and involve additional variables not measured. We know that the program works differently for different participants, yet the individual participant pathways are unknown. Nevertheless, this evaluation demonstrates that CYPP participants showed improvements on personal growth and parenting outcome measures and showed progress towards education and career goals. Applying the recommendations provided for future implementation of the program could strengthen program quality and effectiveness in impacting outcomes.

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Appendix A. Survey Measures

Table A-1. Survey Measures

Cohort	Construct	Instrument	Sample item	# Items	Response scale
Parenting measures					
1, 2, 3 ^a	Parental distress	Parenting Stress Index - Short Form (Abidin, 2012)	"I feel trapped by my responsibilities as a parent."	12	1-5 (Strongly disagree to Strongly agree)
1, 2, 3	Parent-child dysfunctional interaction		"When I do things for my child, I get the feeling that my efforts are not appreciated very much."	12	1-5 (Strongly disagree to Strongly agree)
1, 2, 3	Perception of child behavior		"I feel that my child is very moody and easily upset."	12	1-5 (Strongly disagree to Strongly agree)
1 ^b	Parenting satisfaction	Parenting Sense of Competence Scale (Gilmore & Cuskelly, 2008)	"Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age." (Reverse scored)	6	1-6 (Strongly agree to Strongly disagree)
1	Parenting self-efficacy		"If anyone can find the answer to what is troubling my child, I am the one."	5	1-6 (Strongly agree to Strongly disagree)
1	Parenting interest		"Being a good parent is a reward in itself."	3	1-6 (Strongly agree to Strongly disagree)
1	Child development /parenting knowledge	Protective Factors Survey (FRIENDS National Resource Center for	"I know how to help my child learn."	5	1-7 (Strongly disagree to Strongly agree)
1	Nurturing/ attachment	Community Based Child Abuse Prevention, 2012)	"I spend time with my child doing what he/she likes to do."	4	1-7 (Never to Always)
1	Positive discipline	Positive Discipline Scale (Carroll & Hamilton, 2016)	"I respond to my child with kindness and firmness at the same time."	7	1-5 (Never to Very often)

Personal growth measures					
1, 2, 3	Emotional awareness	Difficulties with Emotion Regulation Scale (Gratz & Roemer, 2004)	"I pay attention to how I feel." (Reverse scored)	6	1-5 (Almost never to Almost always)
1, 2, 3	Impulse control difficulties		"When I'm upset, I feel out of control."	6	1-5 (Almost never to Almost always)
1, 2	Self-efficacy	The General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995)	"I can usually handle whatever comes my way."	10	1-4 (Not at all true to Exactly true)
1, 3	Perceived stress	Cohen's Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983)	"In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?"	10	1-5 (Never to Very often)
1	Self-esteem	Rosenberg Self-Esteem Scale (Rosenberg, 1965)	"I feel that I have a number of good qualities."	10	0-3 (Strongly disagree to Strongly agree)
1	Peer support	California Healthy Kids Resilience and Youth Development Module	"I have a friend about my own age who really cares about me."	3	1-4 (Not at all true to Very much true)
1	Social-emotional support	Protective Factors Survey (FRIENDS National Resource Center for Community Based Child Abuse Prevention, 2012)	"I have others who will listen when I need to talk about my problems"	3	1-7 (Strongly disagree to Strongly agree)
3	Mental illness	Kessler 6 (Kessler et al., 2003)	"During the past 30 days, about how often did you feel nervous?"	6	1-5 (All of the time to None of the time)
3	General self-efficacy	New General Self-efficacy Scale (Chen et al., 2001)	"I will be able to achieve most of the goals that I have set for myself."	8	1-5 (Strongly disagree to Strongly agree)

^a The Parenting Stress Index – Short Form was administered at pre- and post-program in Cohorts 1 and 2, and then at post-program for a subgroup of rollover participants in Cohort 3.

^b Several measures were administered pre-program in Cohort 2 but not at post-program, which prevented pre-post paired t-tests for these measures for Cohort 2: Parenting Sense of Competence Scale, Protective Factors Survey, the Positive Discipline Scale, Cohen's Perceived Stress Scale, Rosenberg Self-Esteem Scale, and California Healthy Kids Resilience and Youth Development Module.

Appendix B. Data Sources

Data Sources

Program Data

The follow-up study includes program data from SGA in its Efforts to Outcomes (ETO) database. SGA provided client files and included characteristics of participants at program start (e.g. education level), dosage and engagement with the program (including rollover participants), and outcomes. SGA records were used to link participants to mentors and the program data they collected. During the first cohort, mentors recorded the dates of home visits, participation in enrichment sessions, dates of case closure, and information about the reasons participants left the program. SGA program data included demographic information, program dosage, mentor name, and sessions attended. DFSS administrative data included education/employment goal, progress toward education/employment goal, and transition to education or employment goal after program.

Survey Data

Researchers administered surveys to CYPP participants at several different points in time. In the fall of 2015, 62 CYPP applicants for Cohort 1 were sent surveys prior to their orientation in January 2016. In January, an additional 35 baseline surveys were completed, for a total of 97 completed preprogram surveys for Cohort 1. After completing the 35-week program, 79 Cohort 1 participants completed a postprogram survey in the fall of 2016; 39 of those participants had completed a preprogram survey as well. Participants from Cohort 2 were given a baseline survey in January 2017; 75 participants completed this, but 17 were rollovers from Cohort One. This yields 58 true Cohort 2 baseline surveys. In Fall 2017, 47 participants completed the postprogram survey; 32 of these had completed the preprogram survey. Finally, in January 2018, 52 Cohort 3 participants completed a baseline survey; however, 20 had completed Cohort 2 surveys, so only 32 are true preprogram surveys. In the fall, 42 completed their postprogram survey, 29 of whom had also completed the pre-program survey.

The surveys contained standardize scales to measure parenting and personal growth including many aspects of parenting sense of competence, parenting stress, parenting practices, and parent-child interactions. The measures from the survey are detailed in Appendix A. The results from the surveys were analyzed for inclusion in the follow-up study.

Qualitative data

Interview and focus group data were collected from Cohorts 1 and 2 at six different collection points. Interviews were conducted with Cohort 1 participants before their program started in the spring of 2016 and again at the completion of the first cohort program in the fall of 2016.

Additionally, 7 Cohort 1 participants who did not roll over into Cohort 2 (they exited the program in the fall of 2016) were interviewed in the spring of 2017 in a follow-up interview. Cohort 2 participants were also interviewed in July 2017, about 6 months into their program but a few months before program completion.

Additionally, focus groups were held at two time points to gather feedback from participants. In the fall 2017, two focus groups were held, with participants from Cohorts 1 and 2. In October 2018, two focus groups were held, with participants from Cohorts 1, 2, and 3.

The qualitative data collected provides deeper insight into how participants engage with the program and how the different program components may affect participants' knowledge, beliefs, attitudes, and choices. Table B-1 outlines the collection type, when it was administered, and the sample size for each.

Table B-1. Data Sources

Data source	Date completed	<i>n</i>
Survey		
Cohort 1 preprogram survey	Fall 2015 and Jan. 2016	97
Cohort 1 postprogram survey	Fall 2016	75
Cohort 2 preprogram survey	Jan 2017	58
Cohort 2 postprogram survey	Fall 2017	47
Cohort 3 preprogram survey	Jan 2018	52
Cohort 3 postprogram survey	Fall 2018	42
Cohort 3 follow-up postprogram survey		9
Interviews		
Cohort 1 preprogram	March 2016	11
Cohort 1 postprogram	Fall 2016	12
Cohort 1 follow-up	Spring 2017	7
Cohort 2 midprogram	July 2017	8
Focus Groups		
Cohorts 1 and 2	Fall 2017	14
Cohorts 1, 2 and 3	Fall 2018	10

Appendix C. Program Changes

Table C-1. Program Changes between Cohorts

Change	Type of Change	Potential Implications
LCs became SGA employees	Administrative	As an employer SGA could impose conditions of employment and dismiss participants for noncompliance with program or job placement rules.
Mentor turnover	Administrative	A significant number of mentors left between Cohort 2 and Cohort 3. Some participants changed mentors. New mentors also had less experience implementing the program.
Rollover option introduced	Administrative	At the end of Year 1, participants were given the option of reapplying and continuing with the program for another year. This changed the dosage and duration of engagement and has major implications for observed outcomes.
Number of hours working changed	Program component: Employment	In Year 1, participants worked 20 hours a week at their job placements. In Year 2, this was increased to 25.
Home visiting curriculum changed	Program component: Home visiting	Home visitors were initially trained on and instructed to use the Parents as Teachers (PAT) curriculum for home visits. This stopped during and after year two, shifting the content and structure of home visits.
Home visiting standards changed	Program component: Home visiting	In year 2, mentors were given more flexibility and freedom to conduct home visits outside the home. This increased the average dosage of home visiting but changed the consistency, quality, and structure of the visits.
Friday curriculum changed	Program component: Enrichment sessions	Over the 3 years the content of the Friday enrichment sessions changed. In Year 1, mentors generated their own content. Partners from UIC provided training to mentors in delivering sessions on literacy and early childhood education. In Years Two and Three, content from Civic Leadership Foundation and Between Friends was incorporated and literacy content was dropped
Child socializations formalized	Program component: Enrichment sessions	Child socializations were an intended part of the enrichment curriculum. At the beginning of the program, these were inconsistently delivered and structured. Socializations became more intentional in Years 2 and 3. Some participants brought children to nonsocialization Fridays throughout the program.

Appendix D. Parenting & Personal Growth Outcomes

Table D-1. Changes in Parenting and Personal Growth in Cohort 2 (N = 29)

	Pre, M(SD)	Post, M(SD)	<i>t</i>	<i>p</i>	<i>d</i> ^a
Personal Growth					
DERS: Difficulties with Impulse Control	12.10 (4.97)	10.48 (3.50)	1.63	.11	0.38
DERS: Lack of Emotional Awareness	11.17 (4.13)	10.48 (3.50)	1.63	.11	0.18
GSEQ: Generalized Self-Efficacy	31.18 (6.78)	34.57 (4.64)	2.58	.016*	0.58
Parenting					
PSI: Total Stress Score	65.35 (27.16)	57.34 (17.69)	1.51	.14	0.35
PSI: Parental Distress	24.65 (9.56)	24.41 (9.19)	1.66	.10	0.03
PSI: Parent-Child Dysfunctional Interaction	19.94 (9.09)	16.57 (5.90)	1.84	.076^	0.44
PSI: Difficult Child	22.22 (9.81)	19.64 (6.38)	1.14	.26	0.31
<i>PSI sample excluding defensive responders, N = 19</i>					
PSI: Parental Distress	29.57 (7.98)	23.89 (9.30)	2.15	.046*	0.66
PSI: Parent-Child Dysfunctional Interaction	23.28 (9.30)	17.94 (6.54)	2.10	.05^	0.66
PSI: Difficult Child	25.95 (9.67)	21.42 (5.96)	1.44	.167	0.56

^ $p < .10$, * $p < .05$

^a Cohen's *d* effect sizes: 0.25 is small, 0.50 is medium, and 0.80 is large (Cohen, 1988)

Table D-2. Changes in Personal Growth in Cohort 3 (N = 36)

	Pre, M(SD)	Post, M(SD)	<i>t</i>	<i>p</i>	<i>d</i>
DERS: Difficulties with Impulse Control	11.18 (5.47)	10.15 (4.23)	1.11	.28	0.21
Item 8: When I'm upset I feel out of control.	1.90 (1.27)	1.39 (0.60)	2.38	.023*	0.51
DERS: Lack of Emotional Awareness	13.15 (5.73)	12.31 (5.80)	0.86	.40	0.15
Item 7: When I'm upset, I believe that my feelings are valid and important.	2.56 (1.27)	2.11 (1.23)	2.23	.032*	0.36
Kessler 6: Mental Distress	24.74 (5.29)	25.16 (4.89)	0.5	.59	0.08
Perceived Stress Scale	28.36 (6.18)	27.21 (6.40)	0.92	.37	0.18
New General Self-Efficacy Scale	34.89 (6.51)	33.39 (8.11)	0.87	.39	0.20

* $p < .05$

Cohen's *d* effect sizes: 0.25 is small, 0.50 is medium, and 0.80 is large (Cohen, 1988)

Note: No parenting measures were administered in the Cohort 3 pre-post survey. The PSI-SF was administered near the end of the third program year to rollover participants from Cohort 2 whom Chapin Hall was able to contact.

Table D-3. Changes in Parenting and Personal Growth in Rollover Participants from Cohort 1 Preprogram to Cohort 2 Preprogram (N = 18)

	C1 Pre, M(SD)	C2 Pre, M(SD)	<i>t</i>	<i>p</i>	<i>d</i>
Personal growth					
Difficulties with Impulse Control	11.11 (3.58)	9.83 (3.54)	1.47	.16	0.36
Lack of Emotional Awareness	10.28 (2.89)	10.27 (3.90)	0.009	.99	0.003
DERS Item 3: I am attentive to my feelings. (Reverse)	2.44 (1.29)	1.72 (0.67)	2.50	.023*	0.70
DERS Item 5: When I'm upset, I acknowledge my emotions. (Reverse)	2.61 (1.20)	1.83 (1.10)	2.12	.049*	0.68
Perceived stress	24.18 (7.74)	23.02 (6.03)	0.73	.48	0.17
Self-esteem	15.24 (4.58)	17.20 (5.20)	1.29	.21	0.40
Generalized self-efficacy	34.76 (3.91)	34.46 (4.37)	0.21	.84	0.07
Social support	6.06 (1.21)	5.81 (1.34)	0.61	.55	0.20
Parenting					
PSI: Total Stress Score	59.72 (18.85)	59.52 (22.66)	0.04	.97	0.01
PSI: Parental Distress	22.22 (8.44)	23.23 (10.67)	0.39	.70	0.10
PSI: Parent-Child Dysfunctional Interaction	15.11 (4.01)	16.14 (6.53)	0.64	.53	0.19
PSI: Difficult Child	22.39 (9.23)	20.16 (8.87)	1.14	.27	0.25
Nurturing/attachment	6.93 (0.14)	6.86 (0.47)	0.58	.57	0.20
Parenting knowledge	6.34 (0.80)	5.89 (1.00)	1.77	.095	0.50

* $p < .05$

Cohen's *d* effect sizes: 0.25 is small, 0.50 is medium, and 0.80 is large (Cohen, 1988)

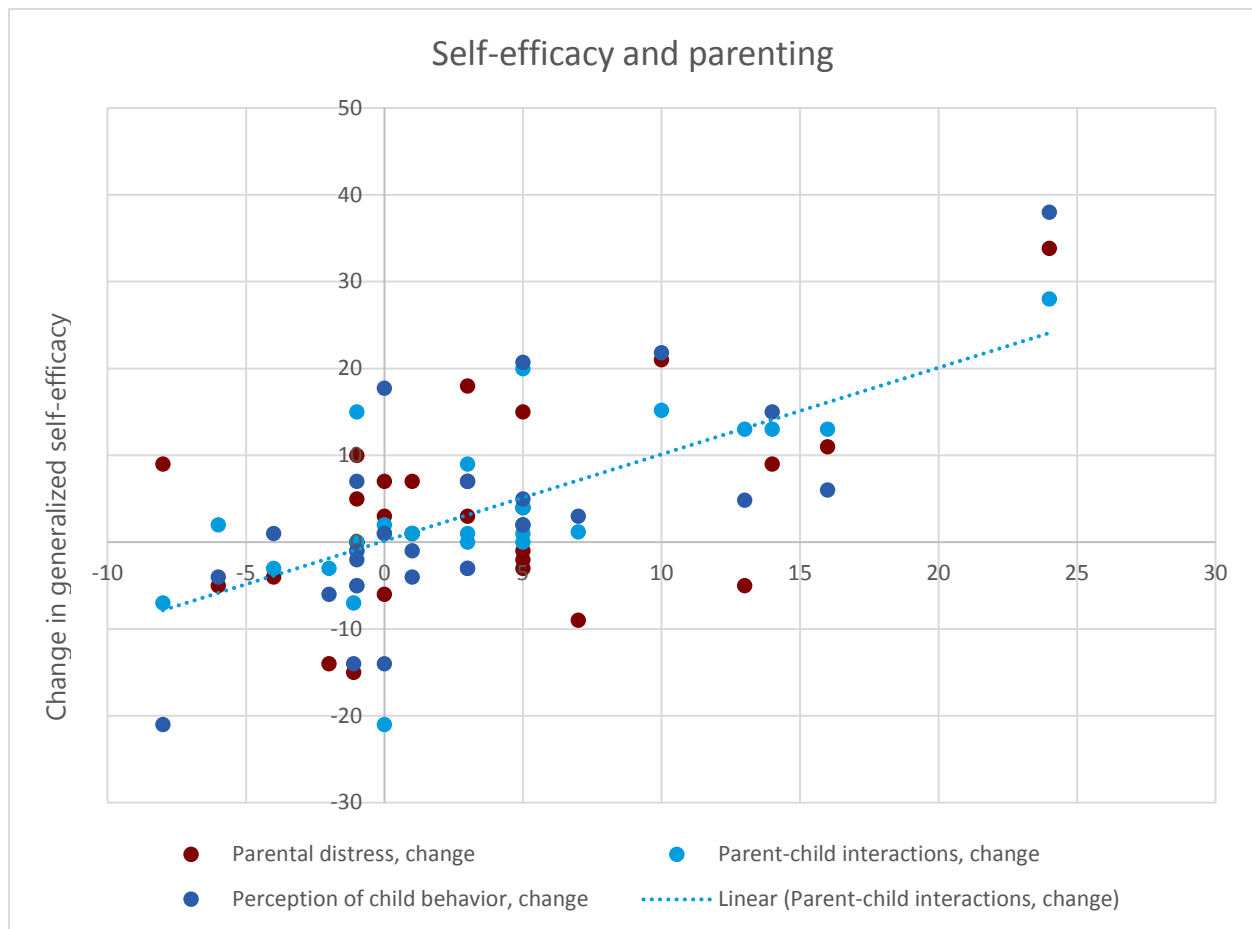
Table D-4. Changes in Parenting and Personal Growth in Rollover Participants from Cohort 2 Ppreprogram to Cohort 3 Postprogram (N = 10)

	C2 Pre, M(SD)	C3 Post, M(SD)	<i>t</i>	<i>p</i>	<i>d</i>
Personal growth					
DERS: Difficulties with Impulse Control	11.60 (3.41)	9.00 (3.68)	3.41	.008**	0.73
DERS: Lack of Emotional Awareness	10.90 (4.46)	12.10 (5.43)	0.87	.41	0.24
DERS Item 5: When I'm upset, I acknowledge my emotions. (Reverse)	2.60 (1.35)	1.90 (0.99)	2.09	.066^	0.59
Perceived Stress	23.33 (2.60)	24.22 (7.28)	0.43	.68	0.16
Parenting					
PSI: Total Stress Score	69.92 (20.17)	59.13 (15.95)	1.64	.15	0.59
PSI: Parental Distress	26.32 (8.93)	22.38 (10.64)	1.24	.26	0.40
PSI: Parent-Child Dysfunctional Interaction	22.02 (8.14)	17.50 (5.35)	1.84	.11	0.66
PSI: Difficult Child	21.58 (7.61)	19.25 (6.50)	0.61	.56	0.33

^*p* < .10, **p* < .05

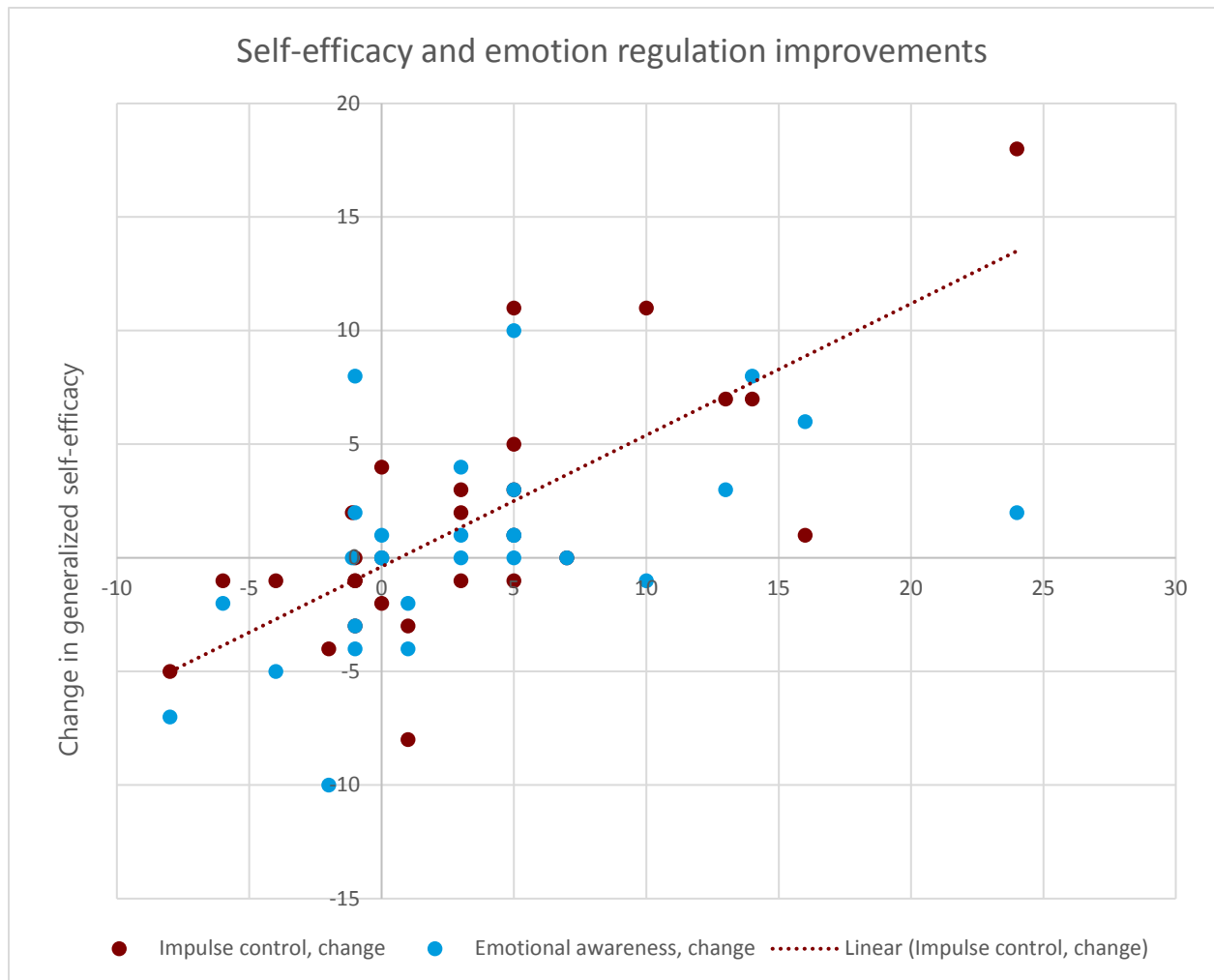
Cohen's *d* effect sizes: 0.25 is small, 0.50 is medium, and 0.80 is large (Cohen, 1988)

Figure D-1. Change in Generalized Self-efficacy and Change in Parenting, Cohort 2 (N = 28).



Correlation between change in generalized self-efficacy and change in parenting variables: parental distress, $r = .52$, $p = .005$; parent-child interactions, $r = .72$, $p < .001$; and perception of child behavior as difficult, $r = .73$, $p < .001$.

Figure D-2. Change in generalized self-efficacy and emotion regulation, Cohort 2 (N = 28).



Correlation between change in generalized self-efficacy and change in emotion regulation skills: impulse control, $r = .74$, $p < .001$ and emotional awareness, $r = .52$, $p = .004$.