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# **Altgeld-Riverdale Early Learning Initiative Evaluation Final Report**

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# Executive Summary

To ensure that all children in the Altgeld-Riverdale community are succeeding by third grade, BPI (Business and Professional People for the Public Interest) launched the Altgeld-Riverdale Early Learning Initiative in 2012. The goal of the initiative is to establish a community-based system that can support the developmental needs of the community's youngest residents across a spectrum of capacities. Chapin Hall's evaluation of the Altgeld-Riverdale Early Learning Initiative consisted of two main components: the Altgeld-Riverdale Parenting Program Evaluation and the Altgeld-Riverdale Early Learning Coalition Evaluation.

## **Altgeld-Riverdale Parenting Program**

As part of the Altgeld Riverdale Early Learning Initiative, BPI and the Altgeld-Riverdale Early Learning Coalition introduced the Altgeld-Riverdale Parenting Program in 2014. Administered through the Catholic Charities of the Archdiocese of Chicago, this doula and home visiting program follows the Parents as Teachers model, an evidence-based national home visiting model. The program serves low income mothers under age 25 and their babies, with the primary goal to support the healthy development of the program's infants and toddlers.

## **Altgeld-Riverdale Early Learning Coalition**

As the Early Learning Initiative launched, BPI created and introduced the Altgeld-Riverdale Early Learning Coalition to serve as the Initiative's cornerstone. The Coalition — comprised of over two dozen community organizations — was launched with the overarching goal of building a comprehensive community infrastructure to support early learning in the community. The Coalition convenes monthly to discuss challenges around supporting the healthy development of children ages birth to eight in Altgeld-Riverdale. The Coalition is intended to serve as a demonstration project that will inform additional early learning collaborations in low-income, high-need Chicago communities.

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## **Evaluation Approach**

Chapin Hall researchers developed a multicomponent evaluation to assess both the Early Learning Coalition and the parenting program. Each component was designed to provide BPI with necessary information to gauge if the Initiative is being implemented as designed and if initial outcomes are sufficiently robust to support long-term, sustainable changes in the community. We worked closely with BPI and Catholic Charities staff members, along with members of the Early Learning Coalition, to

conduct the evaluation and ensure that it provided timely insight into the most pressing questions and actionable information for moving forward. All data collection activities were conducted between August 2014 and February 2018.

### **Altgeld-Riverdale Parenting Program Evaluation**

The Altgeld-Riverdale Parenting Program evaluation included two components: an implementation study and an outcomes study. The *outcomes study* measured the preliminary outcomes associated with participating in the Altgeld-Riverdale Parenting Program. It utilized four data sources to examine the preliminary and perceived outcomes of participation in the parenting program: (1) Fiscal Year 16 (FY16) comparison data from 22 comparable Ounce home visiting program sites, (2) a sample of program data for 35 consenting participants, (3) quarterly program reports with aggregated data on all participants, and (4) interviews with 11 participants. The Altgeld-Riverdale Parenting Program *implementation study* documented the extent to which the parenting program was implemented as designed and with high quality. It included three key tasks: program service data analyses, home visit and parenting group observations, and staff and stakeholder interviews.

### **Altgeld-Riverdale Early Learning Coalition Evaluation**

The Early Learning Coalition evaluation sought to better understand the perspectives of community residents about the programs in their community that support early childhood development, including any factors preventing them from enrolling their children or themselves in such programs. The evaluation utilized a community member survey, a Coalition member survey, and interviews with Early Learning Coalition members to measure the impact of the Coalition. Both surveys were administered at two time points. The community member survey gauged parents' and guardians' knowledge and use of community services for children ages 0–6 years old, as well as their beliefs about school readiness. It was designed to gauge change in Coalition members' perceptions of collaboration among members, the impact of the Coalition on their work, and specific Coalition activities. Researchers supplemented this survey with interviews of Coalition members to ask about their perceptions of the Coalition's function, goals, activities, and importance, along with recommendations for improvement.

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## Key Findings: Altgeld-Riverdale Parenting Program Evaluation

### Parenting Program Outcomes Evaluation

#### Parenting Program Comparison Data

The Ounce of Prevention’s comparison data provided a snapshot of how the Altgeld-Riverdale Parenting Program was functioning compared to Best Practice Standards<sup>1</sup> and 22 other home visiting programs in Illinois for FY16. On seven of nine domains, the program met or exceeded the benchmark and the 22-site average. These benchmarks included doula clients engaging in home visiting services, developmental screening completion, creation of birth plans, doulas attending births, delayed subsequent births, documented medical home, and initiation of breastfeeding. Table 1 details the Best Practice Standard Benchmark, the FY16 data for the Altgeld-Riverdale Parenting Program and the FY16 data averaging the 22 other parenting program sites for each measure, as well as how the parenting program compared to the benchmark and 22-site average.

**Table 1. Comparison of the Altgeld-Riverdale Parenting Program FY16 Data to the 22-Site Average FY16 Data and Best Practice Standards Benchmarks**

Best Practice Standard Benchmark	Altgeld-Riverdale Parenting Program	Ounce 22-Site Average	Altgeld-Riverdale Parenting Program Compared To:
Programs enroll 80% of Doula participants in Personal Visiting Services	94%	32%	Benchmark: <b>ABOVE</b> 22 Site Average: <b>ABOVE</b>
90% of Children are up-to-date with Developmental Screenings	95%	90%	Benchmark: <b>ABOVE</b> 22 Site Average: <b>ABOVE</b>
90% of Doula participants have an up-to-date birth plan	100%	85%	Benchmark: <b>ABOVE</b> 22 Site Average: <b>ABOVE</b>
75% of Doula participants have a Doula-attended birth	75%	73%	Benchmark: <b>MEETS</b> 22 Site Average: <b>ABOVE</b>
80% of participants delay subsequent birth during program involvement	100%	85%	Benchmark: <b>ABOVE</b> 22 Site Average: <b>ABOVE</b>
90% of children are up to date with immunizations	53%	79%	Benchmark: <b>BELOW</b> 22 Site Average: <b>BELOW</b>
90% of children are up to date with well-child visits	73%	80%	Benchmark: <b>BELOW</b> 22 Site Average: <b>BELOW</b>
92% of target children have a documented primary care provider	100%	94%	Benchmark: <b>ABOVE</b> 22 Site Average: <b>ABOVE</b>
75% of participants initiate breastfeeding	88%	85%	Benchmark: <b>ABOVE</b> 22 Site Average: <b>ABOVE</b>

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<sup>1</sup> The Ounce of Prevention developed Best Practice Standards as a tool to provide quality assurance to home visiting programs.

## **Parenting Program Participant Outcomes Data**

Chapin Hall used quarterly program reports with aggregated data on all participants and a sample of 35 parenting program participants who gave consent for their de-identified, individual-level program data to be utilized for this study. All 35 participants in our sample were African American females, had never been married, and were under the age of 25. Thirty-three had a target child born before the end of the evaluation period. Sample data were extracted from the Ounce's OunceNet data system for each individual from the date of their enrollment through June 30, 2017. We examined initial outcomes for program participants which, if realized, would be suggestive of meaningful long-term impacts.

### ***Infant Feeding Patterns***

Almost all mothers in our sample (94%) initiated breastfeeding at birth. When comparing Altgeld-Riverdale program participant rates to national CDC averages for non-Hispanic black mothers and mothers living in poverty, parenting program mothers exceeded national averages immediately after birth.<sup>2</sup> Unfortunately, there was a significant drop in breastfeeding rates, with only 41% of those mothers still breastfeeding at six weeks postpartum and only two mothers breastfeeding six months later.

### ***Health Outcomes***

According to program data, 50% or fewer of the program's target children were up-to-date with their immunizations for most of the evaluation period. These numbers closely matched with the Ounce's comparison data for FY16, which found that 53% of the Altgeld-Riverdale Parenting Program target children were up-to-date with immunizations. It is not clear if these children are truly behind on immunizations or if program staff are not entering this information consistently into OunceNet.

According to quarterly reports, the percentage of children up to date with well-child visits ranged from a high of 100% down to a low of 33% during the last quarter of 2014. On average, 79% of sample children were up to date with well-child checks during the project period.

### ***Screening Tools***

The program administers several screenings at regular intervals as part of the home visiting model, including screening for maternal depression, child development, and maternal efficacy. Program data show that over the 14 quarters from January 2014 through June 2017, staff were more consistent at administering the child development and maternal efficacy screens (85% and 87% of participants, respectively, were up to date with these screens), but less so in administering the maternal depression

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<sup>2</sup> Centers for Disease Control and Prevention, Department of Health and Human Services. (n.d.). *Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born in 2014 (Percentage +/- half 95% Confidence Interval)*. 2015 and 2016 National Immunization Surveys. Retrieved from [https://www.cdc.gov/breastfeeding/data/nis\\_data/rates-any-exclusive-bf-socio-dem-2014.htm](https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-socio-dem-2014.htm)

screen (between 43% and 78% of screenings that were due were completed). During the evaluation period, of the 58 reported maternal depression screenings completed, only one resulted in a positive screen, indicating that the client might be suffering from depression. Program data for the maternal efficacy screenings showed that at intake, the average composite score for program participants in our sample was 3.23 (out of 4), meaning that the parenting tasks were rated as “easy” overall. The composite scores generally increased over time, and by the fifth administration the mean composite score was 3.94 (meaning that tasks were rated as “very easy” overall).

During the maternal efficacy screening, a question is asked about how often parents read or told a story to their child during the past month. This question was only recorded in OunceNet for 19 participants (after their baby was born) during the evaluation period. The average response was 2.26, which indicates that those 19 mothers read or talked to their baby a “couple of times a month.” Of these participants, 11 had additional answers recorded in OunceNet for this question. For these 11 mothers, they were reading/talking to their babies an average of 2.91, which gets closer to reading a “few times a week.” It is not clear if the lack of answers recorded in OunceNet are because staff are not asking this question of participants or if they are simply not entering the data regularly.

### **Altgeld-Riverdale Parenting Program: Program Participant Interviews**

Semi-structured interviews with 11 program participants revealed that respondents were very enthusiastic about their participation in the Altgeld-Riverdale Parenting Program and the support they received from the program staff and their peers. They felt the program armed them with the information they needed to be good parents and support their children’s development, health, and safety. Interview respondents found the program beneficial in reducing anxiety, learning how to safely soothe and bond with their children, and reducing their sense of isolation. Parenting groups were a key recruitment and retention strategy for many interview respondents.

#### ***Commitment of Program Staff***

The commitment of program staff really made this program stand out to its participants. Respondents repetitively used the word “love” to talk about how they felt about the program and its staff. The mothers expressed feeling that the program staff genuinely cared about them, in a way they had not found in other programs. Mothers mentioned how they appreciated that they could reach out to their doula or FSW by phone or text whenever they had questions.

She was like, “You can even contact me at any hours with any questions,” and I thought that was helpful because a lot of times I would be like, “okay, is this labor?” I was in labor for three days, so I wasn’t sure, like “Okay, what do I do? What’s best? Is this normal, is this not normal, should I get this checked out?” I would text her and she would give me—she would respond real quickly back.

### ***Role of the Doula and Family Support Worker (FSW)***

Interviews revealed six themes pertaining to the positive role of the doula: (1) providing information about what to expect during labor and writing a birth plan, (2) supporting bonding with the baby during pregnancy, (3) assisting with communication with doctors and other hospital staff, (4) providing coaching and support during labor and delivery, (5) encouraging and supporting breastfeeding efforts, and (6) coaching on early parenting. Participants talked about learning about their bodies, how to identify the early signs of labor, exercises they could do once their contractions started, and receiving information about epidurals and other medical intervention.

Analysis of the interviews revealed five themes related to the importance of the FSW's role: (1) teaching about the different stages of early childhood development; (2) showing participants different exercises and activities to support healthy development; (3) life coaching, including planning around education, work, and housing; (4) parenting coaching; and (5) assessing child care options. Mothers talked about an assortment of developmentally appropriate activities they did with their FSW to support different stages of child development. They also talked about learning information about the different developmental stages and tips for supporting healthy development. Participants expressed appreciation for learning how to be more aware of their baby's behaviors and expressions, allowing them to witness and support their development.

### ***Parenting Group Sessions***

The mothers spoke very highly of the group sessions. They appreciated the opportunity to get together with peers, liked the topics they discussed, enjoyed learning in a fun environment, and appreciated the food that was provided. One respondent explained how attending parenting group sessions made a big difference in her day, "Seriously, sometimes. . . I come there irritated, I'll leave out happy. Like today I walked in with a bad attitude, I walked out just fine. It's great energy, positive energy. Helpful."

Transportation for group sessions was a challenge, and parents noted that having a van might be helpful.

### ***Breastfeeding***

Almost all interview respondents chose to initiate breastfeeding. The length of time that they breastfed varied from one week to four months. Respondents talked about how their doula informed them of the benefits of breastfeeding, helped ensure they got skin-to-skin time directly after childbirth when they could initiate breastfeeding, coached them on how to get their babies to latch on, showed them different breastfeeding positions, taught them how to use breast pumps, and gave them tips about how to continue breastfeeding. Learning about the benefits of breastfeeding led some mothers who were initially averse or ambivalent to give it a try. One mother shared, "Breastfeeding wasn't something I was really wanting to

do at first. I just wanted to go straight to bottle-feeding. But, it's more like they talking to me about it, I would say, 'I'll just try it out at the hospital.'”

### ***Child Care***

A few of the interviewed mothers had enrolled their children in formal child care, about half were planning to enroll their children in formal care in the future, and a couple were not interested in nonfamilial child care. Mothers who were not enrolled stated that they worried about the quality of the care available and whether their children were old enough. Respondents reported receiving help and advice from program staff on how to select an appropriate provider. In some cases, the FSW recommended specific child care providers to the mothers and addressed their concerns about leaving their children with strangers, explained the potential benefits of child care, and coached them on how to choose a good fit.

### ***Early Literacy***

Mothers reported that their doula and FSW encouraged them to read and talk to their children earlier, more frequently, and more consistently than they would have without their support. With the support of program staff, and books provided by them, mothers said that they started to read aloud (and talk and play music) while their babies were still in the womb and then continued the practice after they were born. One respondent shared, “It was weird, because I didn't really think he could hear me. She showed me the exercise to put my hands over my ears, and that's how it sound to him. He understood it. I'm like, 'He did hear me.'” They stated that they did this in order to help their babies learn to communicate, to support their brain development, and to bond with them as well. Many said they would not have thought about reading to their babies before they knew they could understand the content if it had not been for the encouragement of program staff.

### ***Reduced Anxiety***

Mothers talked about how knowing more about what to expect both during the birthing process and after childbirth helped them feel better prepared, allowed them to make informed decisions, and calmed their nerves. Respondents felt that the birth plan they created with the doula was especially helpful in reducing anxiety about the birth process. Writing this birth plan created an opportunity for them to discuss all the potential decision points that might arise during labor so that mothers could make informed decisions in advance. For example, one mother shared how she suffered from extreme anxiety before enrolling in the program, and what a difference the program made for her:

By me being a first time mother, it means a lot of stuff that I was unaware of and I didn't know. Most importantly, when I found out I was pregnant, I started stressing a lot. I lost like 20 pounds. It had been a long pregnancy. I was worried, because my family was very negative. Now I know I got

somebody to go to if I need anything or if I need to know something or what to do if this happens. I just feel like it changed me. I stopped stressing. I started feeling better. I started exercising, walking.

### ***Improved Ability to Safely Soothe Babies***

Mothers spoke about learning tips for identifying cries and soothing their babies from the FSW, doula, and from other mothers in their parenting group. For example, one mother noted how the FSW's guidance on learning how to distinguish different cries allowed her to better understand her baby's needs, "To learn her cries. . . 'Cause she told me to listen for different noises she make, or different movements she do if she hungry, or if she just wanna be cuddled up, or if she just want some attention." Some of the mothers talked about how these techniques represented a big change for them:

[I learned] don't upset her, rock her. Basically just put her to sleep, because she's fussy, so yelling at her won't get anything accomplished, it's just gonna make her nervous and everything else. So I said, "Okay." I used to have no patience, no patience. My mom was like, "You just gotta get some patience." And she's given me some patience. It helped me due to the fact that I ain't had to fuss at her. I immediately knew what to do. Like, I identified certain cries. Some would be like when her pampers is full or when she is hungry or when she's tired. I just knew all of the different ones.

### ***Reduced Sense of Isolation, Increased Connections and Encouragement***

The Altgeld-Riverdale community, on the southern edge of Chicago, is geographically isolated from the rest of the city, with little access to many businesses and services, including limited public transportation. Not only is the community geographically isolated, but many of the mothers who live there reported social isolation within the community as well. For example, one mother stated that although she had lived there for ten years, "we don't really know nobody out here. . . we just knew we had to, just to stick to yourself." In such an isolating community, bringing mothers together to meet and support each other can make a very powerful difference in participants' lives.

## **Parenting Program Implementation Evaluation**

The Altgeld-Riverdale Parenting Program implementation study documented the extent to which the parenting program was implemented as designed and with high quality. It included three key tasks: program service data analyses, home visit and parenting group observations, and staff and stakeholder interviews.

### **Parenting Program Service Data**

The number of active participants in the program increased over time with a maximum of 26 participants in the second quarter of 2016. The majority of program interactions between staff and participants (84%) occurred during home visits, with most of the remainder occurring during group sessions or doula visits to the hospital for childbirth support. The majority of participants were highly engaged in the program and followed their service plan, and those two domains were aligned.

## **Home Visit and Parenting Group Observations**

Staff members and program participants appeared to have strong and trusting relationships. Participants were engaged in the learning activities, asked questions freely, and appeared to listen carefully as information was presented during home visits and group sessions. Staff members followed through with their planned content during the home visits, deftly managing distractions and practical obstacles (e.g., sleeping baby, other people in the home). Additionally, for group sessions, staff created a plan that included a topic for discussion and information sharing. With the number of participants fluctuating from session to session, program staff needed to be responsive and flexible to the unique needs of each group and were forced to make quick adjustments to their plans based on the number of participants and children in attendance.

## **Parenting Program Staff and Stakeholder Interviews**

Staff reported that there were three primary pathways for young women to enroll in the program: door-to-door outreach by staff, word of mouth, or referral from the TCA Health clinic staff. Participant retention was strong due to the personal connection developed with their home visitor and doula; the nonjudgmental and supportive attitude of staff; and because the young women who participate in the program sincerely want to be good parents and understand that the education and support they receive from the program can help them reach that goal. Weekly parenting groups were a key engagement and support strategy for some participants, but transportation for the groups remained a challenge.

Supervision was a critically important component of the program throughout the evaluation period, with excellent supervision provided throughout most of the program's life. Potential staff burnout due to full caseloads, low salaries, high stress, and community violence remained a concern. Strong supervision was a protective factor, but preventing burnout remained an issue.

The most common unmet needs facing families were insufficient access to viable employment options, housing instability, concrete needs (e.g., diapers, formula, cash), and mental health support. Staff members attempted to help with employment issues by sharing job announcements they are aware of, but this strategy does not provide systemic support for participants. Mental health issues were frequently mentioned as an area of need for program participants. Staff and service providers agreed that most clients experience high levels of stress as well as exposure to traumatic events, such as community violence. They believe that the program provides critical emotional support to the young women as they navigate this challenging time in their lives, but also acknowledge that some young women might need additional intervention.

Staff members emphasized the importance of capitalizing on early learning opportunities with participants and their babies, and early literacy remained a strong focus of the program throughout the evaluation. Many parents were uncomfortable with trying to read to their babies, so staff members encouraged them to use a variety of strategies to help their babies learn (e.g., talking to the baby, making up a story based on pictures in a book).

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## **Key Findings: Early Learning Coalition Evaluation**

The Coalition is a partnership of over two dozen community organizations, all dedicated to identifying and addressing the needs of young children in their community. The intended outcomes of the Coalition include establishing an early learning network in the community, increasing enrollment and attendance in early childhood care and education programs, and improving the quality of programming and facilities for the local schools and the other organizations that support children and families. The Early Learning Coalition evaluation was designed to assess whether the coalition is reaching these goals. It includes three components: the community survey, an Early Learning Coalition member survey, and Early Learning Coalition member interviews.

### **Community Survey**

One of the Coalition's major aims has been increasing enrollment in the various programs and services for young children and families in the community. Therefore, the evaluation sought to better understand the perspectives of community residents about community programs that support early childhood development, including any factors preventing them from enrolling. The Time 1 Community Survey was administered between December 2014 and February of 2015, and the Time 2 survey was administered between April 2017 and May 2017 to a different sample of participants. The survey consisted of three sections: demographic information about the respondent, respondent familiarity and enrollment status with selected programs and services in the community, and respondent beliefs about what children need to know and do to be ready for kindergarten.

Respondents were asked about the following community services and programs:

- (1) Altgeld-Riverdale Parenting Program;
- (2) TCA Health Clinic and Mobile Van (medical, dental, and other clinical services);
- (3) Other TCA Health programs (non-medical programs such as gardening, fitness, and nutrition programs, etc.);
- (4) Head Start programs;
- (5) Pre-K programs;
- (6) Altgeld Library activities;

- (7) Aldridge Summer Camp (also known as “Camp Fit Kids”); and
- (8) Carver Park Kids Summer Camp.

### **Familiarity and Enrollment in Community Programs**

For each early childhood program or service in the community, the survey asked: (1) whether the participant was familiar with the service; (2) if yes, whether the participant had enrolled or planned to enroll their child in the service; and (3) if not, why the participant did not plan to utilize the service.

At both Time 1 and Time 2, over 75% of respondents reported familiarity with TCA Health’s clinical services, the Head Start programs, and the PreK programs. Additionally, about half of respondents were familiar with TCA Health’s non-medical programs, the library program, and the summer camp programs. Compared to the other programs, fewer respondents reported familiarity with the Altgeld-Riverdale Parenting Program at Time 1 (32%) and Time 2 (39%). The majority of respondents who were familiar with these programs had enrolled or planned to enroll, suggesting that increasing awareness of these programs would likely increase enrollment. Both familiarity and enrollment in Head Start significantly increased from Time 1 to Time 2. This may be the result of efforts by the Coalition to encourage enrollment in early childhood care and education programs (e.g., pre-K, Head Start) in the community through various activities.

In addition, there were marginal increases in enrollment for the Altgeld-Riverdale Parenting Program and both summer camp programs. Respondents who have lived in the community longer, who resided in Altgeld Gardens, and who were grandparents/guardians generally expressed greater familiarity with more programs. While at Time 1, respondents age 35 and older were more familiar with the Altgeld-Riverdale Parenting Program and more likely to be enrolled in Head Start, this was no longer the case in the Time 2 survey. At both Time 1 and Time 2, reasons for nonenrollment were mostly related to beliefs about eligibility criteria for specific programs or already being enrolled in other programs.

### **Kindergarten Readiness**

An additional bank of items was used to assess attitudes towards Kindergarten readiness. These were adapted from items in the Community Attitudes on Readiness for Entering School (CARES) measure which assesses parent attitudes about what skills and abilities children need in order to succeed in Kindergarten.<sup>3</sup> Respondents were asked to think about a child who will begin kindergarten in the fall, and for each item, rate how important or necessary it is for a child starting Kindergarten, using a 4-point

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<sup>3</sup> Piotrkowski, C. S., Botsko, M., & Matthews, E. (2000). Parents' and teachers' beliefs about children's school readiness in a high-need community. *Early Childhood Research Quarterly*, 15(4), 537-558.

Likert scale: (1) not too important, (2) somewhat important, (3) very important, but not essential, and (4) absolutely necessary.

The CARES measure includes two scales: Classroom Readiness and General Readiness. Items in the Classroom Readiness scale include academically oriented items such as counting, knowing basic shapes, the alphabet, and following teacher directions. The overall mean score for the Classroom Readiness scale was similar at Time 1 and Time 2, and mean scores for each item fell between 3 (“very important”) and 4 (“absolutely necessary”). Interestingly, the Classroom Readiness item ranked most important at both Time 1 and Time 2 was “Follows teacher’s directions,” indicating that child compliance is perceived as very important.

The General Readiness scale contains items related to other domains of child development, including social-emotional competence, health and physical development, executive functioning, curiosity, and other developmentally appropriate skills. Compared with the Classroom Readiness scale, there was a wider range in scores across all of the items in the General Readiness scale, yet the mean scores for each item also fell between 3 and 4 at Time 1 and Time 2. The item ranked most important at both time points was, “Is rested and well-nourished. Health care needs are met.” The item “Can express feelings/needs” trended towards an increase but was not significantly different. The mean for the General Readiness scale for the sample was not significantly different at Time 1 and Time 2.

Although parents tended to rank most things as “very important” or “absolutely necessary,” significant differences were found between the Classroom and General Readiness scales. At both Time 1 and Time 2, respondents rated academic skills (Classroom Readiness) as significantly more important for children to have to be ready for kindergarten, as compared to the importance of social-emotional/general skills ( $p < .0001$ ). Community respondents’ prioritizing academic/classroom skills over other skills for kindergarten readiness reflects trends found elsewhere in the literature. While teachers are more likely to endorse social skills and curiosity as essential, parents have been found to place greater emphasis on academic skills.<sup>4,5,6</sup>

### **Early Learning Coalition Member Survey and Interviews**

The Altgeld-Riverdale Early Learning Coalition aims to establish and sustain an early learning network in the community, improving the quality of programming for the local schools and early childhood care and

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<sup>4</sup> Abry, T., Latham, S., Bassok, D., & LoCasale-Crouch, J. (2015). Preschool and Kindergarten teachers’ beliefs about early school competencies: Misalignment matters for Kindergarten adjustment. *Early Childhood Research Quarterly, 31*, 78-88.

<sup>5</sup> Hatcher, B., Nuner, J., & Paulsel, J. (2012). Kindergarten Readiness and Preschools: Teachers’ and Parents’ Beliefs within and across Programs. *Early Childhood Research & Practice, 14*(2), n2.

<sup>6</sup> National Center for Education Statistics. (1993). *Public school Kindergarten teachers’ views on children’s readiness for school*. Washington, DC: US Department of Education.

education centers, and improving the facilities for these and other organizations that support children and families in the community. The evaluation was designed to examine whether the Coalition activities effected change in these and other outcomes. The Coalition is comprised of members representing the organizations in the community that provide programs and services to children and families, thus it was important to obtain the perspectives of the community residents as well as the Coalition members on the impact of the Coalition in the community.

### **Coalition Member Survey: Quantitative Findings**

The Coalition member survey assessed members' perception of three broad areas relating to the Coalition: (1) collaboration among Coalition members; (2) participation and members' own work; and (3) specific Coalition activities. The response options for the survey items were on a 4-point Likert scale from "strongly disagree" to "strongly agree," followed by a field for optional comments. The Coalition survey was administered twice—Time 1 was in June-August of 2015, and Time 2 was in July-September of 2017. Twenty-seven respondents (87%) completed the Time 1 survey, and 20 respondents (67%) completed the Time 2 survey.

Overall, respondents responded quite favorably about the Coalition at both time points. The first section of items inquired about the respondents' perception of collaboration among the Coalition members, and the mean response to each of the Collaboration items was between "agree" and "strongly agree" at Time 1 and Time 2. At both Time 1 and Time 2, respondents tended to "strongly agree" that the Coalition has taken the time to learn about the community and its needs and assets. Survey respondents at Time 2 ranked highest the sense of shared ownership and mutual respect among Coalition members. Some of the lower ranked items at both time points referenced whether the Coalition is providing leadership opportunities and building leadership capacity to sustain the Coalition. Means comparisons tests were conducted to examine the responses for changes over time, revealing one significant decline: respondents felt that the Coalition served an important, unduplicated purpose in the community more strongly at Time 1 than at Time 2.

The next section of the survey presented items about members' participation in the Coalition and its impact on their work. Again, survey participants generally "agreed" or "strongly agreed" with the statements about the positive effect of the Coalition on their work and their organizations. The statement with which participants tended to agree the strongest at both Time 1 and Time 2 was that participation in the Coalition helped members and their organizations build relationships within and outside the community. No significant differences between mean scores over time were found.

The third section of the survey assessed respondents' perceptions of the importance of various Coalition activities. Respondents rated each activity from 1 ("not at all important") to 4 ("extremely important").

There were no significant differences over time. The large majority of respondents rated both pre-K/Head Start enrollment and supporting schools in creating comprehensive student supports as “extremely important”—all respondents at Time 1 and all but one respondent at Time 2. The Pre-K to Kindergarten Transitions Project and out-of-school time/summer programs (e.g., Kids Science Lab, Camp Fit Kids) were also rated as quite important, as was the Altgeld-Riverdale Parenting Program. The Community Beat website was rated the lowest in importance, although respondents still considered it “somewhat important.” Overall, survey respondents tended to perceive all of the Coalition activities as important, yet the pre-K/Head Start enrollment and comprehensive student supports were perceived as the most critical activities.

### **Coalition Survey and Interview: Qualitative Findings**

The Coalition survey asked three open-ended questions and contained fields for optional comments following each item’s rating scale. The open-ended questions included: (1) what are the Coalition’s most significant accomplishments, (2) what could be done to improve Coalition work, and (3) what is missing from the Coalition. To better understand the survey data and to obtain richer, deeper data on the experiences of the Coalition members, we also conducted interviews with a sample of Coalition members at Time 2. We conducted interviews with 10 individuals representing nine different organizations.

Feedback about the Coalition was overwhelmingly positive. Several themes regarding Coalition accomplishments were apparent at both Time 1 and Time 2 (see Figure 1). The most common theme at both time points was that the Coalition brings together community stakeholders and facilitates new partnerships. Some examples provided were the Coalition helping a local school form a collaboration with the library, a partnership between TCA Health and Youth Guidance creating Camp Fit Kids, and a home visiting program learning how participant parents can access mental health services.

The second most common theme mentioned at both time points was that the Coalition brought new services to the community. Some of the new programs and services mentioned were the new doula program, an afterschool tutoring program, Kids Science Lab, and monthly professional development workshops about trauma-informed practice at a local elementary school. Respondents also reported observing increased parent engagement and strengthened parent-child relationships, which they attributed to the Coalition.

**Figure 1. Early Learning Coalition Outcomes Reported by Members at Time 1 and Time 2**

1. Brings together community stakeholders and facilitates new partnerships
2. Brought new services to the community
3. Increases enrollment in early childhood programs and schools
4. Facilitates member participation and engagement
5. Increases parent engagement
6. Supported the designation of Altgeld-Riverdale as an Innovation Zone

While many positive impacts of the Coalition were highlighted, challenges were also reported by respondents. Several respondents noted that limited resources among the local organizations presented an obstacle to regular participation in the Coalition, as some organizations are short-staffed and cannot send a staff member to the meetings. Respondents provided suggestions to address these challenges and improve the Coalition. The most common suggestion was to clarify the goals of the Coalition and track progress towards these goals. Additionally, many respondents at both times recommended increasing outreach to both community residents and organizations. To increase outreach in the community, respondents suggested marketing strategies using the Early Learning Coalition logo. Others recommended regularly reaching out to organizations in the community that serve children and families to be sure all organizations are represented in the Coalition. Another common suggestion at both times was to increase parent engagement in the Coalition and in programs and services in the community.

The interviewed Coalition members noted a few changes they had observed since they first started attending meetings. Multiple interview respondents mentioned changes in BPI facilitator, meeting time, and meeting format. Respondents also reported that the BPI staff have been consistent and shown their commitment to the community. The change in meeting time from late afternoon to lunchtime was preferred by some respondents, while others found the new time less convenient. Finally, respondents noted that previous Coalition meetings were more focused on networking and group discussions, while recent Coalition meetings also included presentations in relevant areas. The more blended format of recent meetings allows for a balance of discussions and presentations, facilitating relationships among Coalition members while also continuing to build knowledge about useful topics.

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## **Conclusions and Recommendations**

Chapin Hall's multicomponent evaluation was designed to provide BPI with necessary information to gauge if the Initiative is being implemented as designed and if initial outcomes are sufficiently robust to support long-term, sustainable changes in the community. We found that the parenting program is an essential support for families with young children in the community and should be maintained. We also

found that the Early Learning Coalition is a critical strategy to bring service providers together to focus on ways to positively impact the first eight years of children’s lives in the Altgeld-Riverdale community. Findings and recommendations in this report can help Coalition members and BPI prepare for the future of the Coalition’s innovative efforts in this community.

### **Staff Members are Foundation of Parenting Program**

The parenting program employs exemplary staff members who bring a strong commitment to excellence, a non-judgmental and supportive attitude, and the ability to build strong relationships with participants. Staff believe that the young women who participate in the program sincerely want to be good parents and as a result, provide them with the education and support they need to reach their potential and overcome barriers. Program participants trusted the staff members and were therefore willing to open up, ask questions, and engage with the material being presented during home visits and group sessions. One key to preventing burnout and ensuring staff members were able to implement the program with fidelity was regular, supportive, and accessible supervision.

#### **Recommendation**

Program staff are the lynchpin to program success, and staff members should be supported and acknowledged through a variety of mechanisms, including strong and accessible supervision, maintaining reasonable caseloads, and appropriate remuneration.

### **Parenting Program Meets or Exceeds Standards**

The Altgeld-Riverdale Parenting Program met or exceeded Illinois Home Visiting Best Standard Practices benchmarks on seven of nine measures in FY16. These domains included doula clients engaging in home visiting services, developmental screening completion, creation of birth plans, doulas attending births, delayed subsequent births, documented medical home, and initiation of breastfeeding. Additionally, the program exceeded the average of 22 other home visiting programs in Illinois on these same seven Best Practice benchmark measures. The program did not meet or exceed the standards or the other 22 sites in up-to-date well-child checks and immunization rates.

#### **Recommendation**

Program staff and stakeholders might consider accessing these types of comparison data annually to have an objective measure of program implementation and preliminary outcomes. When the program is performing below the Best Standard Practice benchmark, it can engage in corrective action to ensure it meets the standard moving forward.

### **Low Parenting Program Immunization Rates**

Program participant children were not up-to-date with immunizations. In FY16, only 53% of target children had received the recommended immunizations for their age. It is not clear if these children are

truly behind on immunizations or if program staff are not entering this information consistently into OunceNet.

### **Recommendation**

If children are receiving immunizations on schedule and the program staff are simply not keeping up with that information in OunceNet, staff can prioritize collecting these data more frequently. However, if program staff are not sure whether parents are immunizing their children, or parents are in fact not immunizing children on schedule, more focus should be put on changing this pattern to ensure child health outcomes are as positive as possible.

### **Parenting Program Parent Groups a Key Strategy**

The parenting groups were a key strategy for program retention; deepening relationships between staff and participants; building a support network for young mothers; and conveying important child development, health, and other information to parents. Groups are held weekly during the school year and participation levels vary. One barrier to participation was transportation—for many mothers, the group meeting place (an apartment inside Altgeld Gardens) is not safely accessible due to inadequate sidewalks, distance from participants' homes, and the inability to easily and safely transport babies or toddlers on foot. As a result the two primary program staff members transported most parenting group participants each week, which takes up a great deal of staff time.

### **Recommendation**

BPI and Catholic Charities should explore alternative transportation strategies, including a large van or bus to transport larger numbers of program participants and their children. Perhaps there is another local program or church or school that has a van that could be shared with the program.

### **Parenting Program Early Literacy Data Inconclusive**

Data were inconclusive about the early literacy emphasis of the home visiting program. Based on qualitative data it appeared that program staff were discussing the importance of reading or talking to babies during the first three years of life. Interview respondents reported that staff encouraged them to read and talk with their children earlier, more frequently, and more consistently than they would have without their support; as a result, they were reading and talking to their babies more. However, the quantitative program data were not clear on whether or not staff are discussing this concept with participants or having any measurable change in behavior. It could be that staff are in fact discussing early literacy issues with mothers but are simply not asking them the specific question that is captured and tracked in OunceNet.

### **Recommendation**

Program staff should track the early literacy question more consistently in OunceNet to ensure results can be used to modify program content. If mothers do not report increased reading with their child over time, staff should explore what barriers exist for increased early literacy efforts in the home.

### **Breastfeeding Initiation Rates High**

Program participants were initiating breastfeeding at a higher rate than national estimates for similar populations, and qualitative data indicate that was in large part due to the program's influence. Staff share information about the benefits of breastfeeding, mitigate young mothers' concerns about breastfeeding, and encourage them to try it at birth. Unfortunately, rates drop sharply within the first six months of birth. It is unclear what the structural barriers are to breastfeeding continuation, but individual reasons given by interview respondents were milk supply decline, medication issues, conflicting work or school schedules, and the lack of equipment.

### **Recommendation**

Program staff should continue their efforts to encourage mothers to initiate breastfeeding. The Early Learning Coalition, as well as Catholic Charities program and administrative staff, could explore the systemic barriers to continued breastfeeding for this population. Based on that information, strategies could be developed to address non-individual level factors contributing to breastfeeding cessation. For example, lactation consultants might come to parenting groups on a regular basis to assist with breastfeeding support.

### **Participants Have Unmet Needs**

The Altgeld-Riverdale Parenting Program serves low income mothers under age 25 and their babies who face challenges in employment and mental health support. According to qualitative data results, program participants were motivated to become the best mothers they can be and are willing learners. However, they face challenges, including employment (and the resulting lack of financial resources) and mental health. The majority of participants were not working, and according to qualitative results, there were few jobs available in this geographic area and the jobs that are available were not ones leading to self-sufficiency. Regarding mental health, quantitative data does not show any problematic patterns with maternal depression amongst program participants. However, qualitative data identified concerns about mothers' mental health and the services available to address issues. It is not clear whether or not program participants are actually suffering from clinical depression or other types of mental health difficulties, but there is a disconnect between results on the depression screener and the qualitative data.

## **Recommendation**

Program staff that work directly with participants might benefit from forming collaborative working relationships with employment program staff in the community. Parenting program staff currently try to help participants by telling them about job openings they personally know about, but it might be more effective to ensure the mothers have access to formal services in this arena. Regarding mental health, more information needs to be gathered to better understand the complexity of this issue. There are numerous areas that need to be explored—the impact of community-level violence, poverty, relationship difficulties, parenting stress, etc. Furthermore, the availability and accessibility of appropriate mental health support is an important consideration. BPI and Catholic Charities might consider ways to explore this issue directly with program participants and program staff to ascertain what the actual needs are, and how to meet those needs.

## **Academic Skills Valued over Social-Emotional Skills**

Parents and guardians in the community rated academic skills as more important than social-emotional skills in preparing children for school. Research has found that while parents from low-resource communities tend to emphasize academic preparedness, this can come at the expense of social-emotional development, as information about the benefits of non-cognitive development has generally not been properly shared with parents.<sup>7</sup> However, the parents/guardians in Altgeld-Riverdale have been exposed to this message in recent years, largely through Coalition activities that have emphasized the importance of social-emotional competence in early childhood. For example, the Pre-K to Kindergarten Transitions Project implemented “Pre-K Kids and Parents Night” events, where parents and children participated in hands-on activities that encouraged social-emotional learning.

## **Recommendation**

Efforts to raise awareness about the importance of social-emotional learning in early childhood should continue in the Altgeld-Riverdale community. Coalition stakeholders might consider ways to highlight the importance of social-emotional readiness not only amongst parents but also amongst early childhood teachers in the community. Research shows that early childhood settings play an essential role in the development of the prosocial skills needed for success into adulthood.<sup>8</sup>

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<sup>7</sup> Klein, L. G. (2002). Introduction. Set for success: Building a strong foundation for school readiness based on the social-emotional development of young children. In *The Kauffman early education exchange* (Vol. 1, No. 2, 1–5, pp. 1–5).

<sup>8</sup> Heckman, J. J. (2012). The case for investing in young children. *Defending Childhood: Keeping the Promise of Early Education*. Teachers College Press, New York, 235-242.

The Pre-K to Kindergarten Transitions Project highlights the importance of social-emotional learning and provides practical strategies to teachers and parents. The Transitions Project increases knowledge and changes teachers' and administrators' practice to support children's social-emotional needs, teaches parents of pre-K students about the transition process and how to support their child's learning and social-emotional development, and increases awareness in the community of the importance of the transition from pre-K to kindergarten. More events like the "Pre-K Kids and Parents Night" with hands-on activities could be offered to parents with children ages 0-8 throughout the community to demonstrate concrete ways the early childhood classrooms can support social-emotional learning.

### **Increase Familiarity with and Enrollment in Early Childhood Programs**

Some residents with young children who are eligible for early learning programs in the community are not familiar with or enrolled in these programs. The Community Survey findings indicate that parents and guardians of young children in Altgeld-Riverdale are generally familiar with health services and early childhood education programs. However, 29% of respondents were unaware of Head Start at Time 1, which decreased to 23% at Time 2, and over 20% of respondents were unfamiliar with the pre-K programs at both times. At least half of respondents were unfamiliar with the Parenting Program, the library program, and the summer camp options. The majority of respondents who were familiar with these programs had enrolled or planned to enroll, suggesting that increasing awareness of these programs would likely increase enrollment. Reported enrollment has significantly increased in the Head Start programs, which may be the result of efforts by the Coalition to encourage enrollment in early childhood care and education programs in the community through various activities. Enrollment remained steady in the other early learning programs in the community. Respondents who reside in Altgeld Gardens, who have lived in the community longer, and who are grandparents/guardians generally expressed greater familiarity with more programs.

### **Recommendation**

To be motivated to enroll their children in these programs, families with young children must both value social-emotional learning and believe that the early childhood programs in the community provide this type of learning. Continuing to hold the early learning enrollment fairs in the community may encourage enrollment.

Additional outreach might improve familiarity with the library program, the summer camps, and the parenting program. Discussing the parenting program's outreach and recruitment strategies with the Coalition may generate ideas that could benefit other programs aiming to improve their outreach. The Coalition may, for example, be able to strategize how to best leverage the knowledge of the community members who are most familiar with programs and services. Research shows that most parents rely on

networks and family, neighbors, and others whom they trust to recommend services and programs.<sup>9</sup> Therefore, increasing word-of-mouth throughout the community about the early childhood services and programs may be the most effective method of increasing familiarity and enrollment.

### **Early Learning Coalition Opportunities**

Feedback about the Coalition was overwhelmingly positive. When Coalition members were asked about the most significant accomplishment of the Coalition, they reported that the Coalition brought together community stakeholders and facilitated new partnerships. These partnerships and the Coalition meetings raised community awareness of programs and services for children and families. Coalition members felt that the Coalition positively impacted the organizations and members of the community overall, yet goals of the Coalition and future plans are unclear. Recommendations provided by Coalition members included clarifying goals (which has occurred in recent Coalition meetings) and tracking progress, increasing outreach and parent engagement, encouraging member participation in the Coalition (e.g., assigning roles, forming new subcommittees), and expanding the mission beyond early childhood.

### **Recommendation**

Although the Coalition remains strong, there are specific strategies that might be explored to fortify it moving forward. For example, creating new subcommittees could be a productive way to create new leadership opportunities for Coalition members. We also recommend regularly reminding the Coalition of their newly established goals and to begin tracking progress towards these goals. As the Coalition considers specific strategies, clear action plans and timelines should be developed and tracked to ensure the Coalition continues the important work in which it has been engaged.

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<sup>9</sup> Iruka, I. U., & Carver, P. R. (2006). Initial Results from the 2005 NHES Early Childhood Program Participation Survey. (NCES 2006-075). U.S. Department of Education, Washington, DC: National Center for Education Statistics.

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# Chapter 1 | Introduction and Evaluation Approach

To ensure that all children in the Altgeld-Riverdale community are succeeding by third grade, BPI (Business and Professional People for the Public Interest) launched the Altgeld-Riverdale Early Learning Initiative in 2012. The goal of the initiative is to establish a community-based system that can support the developmental needs of the community's youngest residents across a spectrum of capacities. Chapin Hall's evaluation of the Altgeld-Riverdale Early Learning Initiative consisted of two main components: the Altgeld-Riverdale Early Learning Coalition Evaluation and the Altgeld-Riverdale Parenting Program Evaluation.

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## Altgeld-Riverdale Early Learning Coalition

As the Early Learning Initiative launched, BPI created and introduced the Altgeld-Riverdale Early Learning Coalition to serve as the Initiative's cornerstone. The Coalition is a partnership of over two dozen community organizations, all dedicated to identifying and addressing the needs of young children in their community. Members of the Coalition include the Chicago Housing Authority, the Chicago Park District, local elementary schools, the local library branch, childcare centers, health care and service providers, as well as residents and other community leaders. These members are committed to ensuring the cognitive, social, emotional, and physical needs of young children in the community are met. Major Coalition activities have included launching a doula and home visiting program (i.e., Altgeld-Riverdale Parenting Program), creating a Community Portal website to facilitate information-sharing, creating out-of-school time activities including a new summer day camp, and focusing on school transitions between pre-kindergarten and kindergarten.<sup>10</sup> The Coalition convenes monthly to discuss supporting the healthy development of children ages birth to 8 in Altgeld-Riverdale. Meetings also serve as a catalyst to ensure

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<sup>10</sup> The Pre-K to Kindergarten Transitions Committee within the Early Learning Coalition evolved into its own program: The Pre-Kindergarten to Kindergarten Transitions Project. The Transitions Project brings together teachers and families from across all school-based and community-based early childhood programs serving pre-k and kindergarten students in the Altgeld-Riverdale community. This project promotes an intentional approach to transitions through the implementation of classroom and community transition practices.

coordination of services for families in the community and ignite innovation around the delivery of these services and healthy child development overall.

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## **Altgeld-Riverdale Parenting Program**

As part of the Altgeld-Riverdale Early Learning Initiative, BPI and the Altgeld-Riverdale Early Learning Coalition introduced the Altgeld-Riverdale Parenting Program in 2014. Administered through the Catholic Charities of the Archdiocese of Chicago, this doula and home visiting program follows the Parents as Teachers model, an evidence-based national home visiting model. The program serves low-income mothers under age 25 and their babies, with the primary goal to support the healthy development of the program's infants and toddlers.

The program is designed with three main components: doula (birth coaching) services, home visiting services, and parent support groups. Doulas work with mothers in their final trimester of pregnancy through the infant's first three months and provide information about pregnancy, child birth, breastfeeding, and infant social and emotional development. Doulas also help mothers navigate medical support and care and access needed social services. A doula is typically present for the birth of the baby and visits the mother and baby while they are in the hospital following birth. After three months, a family support worker (FSW) provides home visiting services that help parents navigate different child development phases and parenting challenges. Additionally, the FSW administers developmental screenings for the child and maternal efficacy and depression screenings for the mother. The FSW is charged with helping parents develop educational and employment goals and supporting their efforts to achieve those goals. The final component, weekly support groups, are offered to all program participants to discuss the myriad issues new parents face. These groups are intended to foster solidarity among women in similar life circumstances and help prevent feelings of isolation for the new mothers.

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## **Evaluation Approach**

Chapin Hall researchers developed a multicomponent evaluation to assess both the Early Learning Coalition and the parenting program (see Table 1 below). Each component was designed to provide BPI with necessary information to gauge if the Initiative is being implemented as designed and if initial outcomes are sufficiently robust to support long-term, sustainable changes in the community. The results of the evaluation will also help inform future efforts in other low-income, high-needs communities around the city and state. We worked closely with BPI and Catholic Charities staff members, along with members of the Early Learning Coalition, to conduct the evaluation and ensure that it provided timely insight into the most pressing questions and actionable information for moving forward. Prior to all

evaluation activities, Chapin Hall obtained approval from the University of Chicago Institutional Review Board to ensure the protection of research subjects and the confidentiality of data.

The Altgeld-Riverdale Parenting Program evaluation included two components: an outcomes study component and an implementation study component, described below.

1. *Outcomes Study*. This component utilized four data sources to examine the preliminary outcomes of participation.
  - a. Parenting program comparison data: This component used data from 22 other Illinois home visiting programs provided by the Ounce of Prevention Fund<sup>11</sup> (the “Ounce”) and compared it with the Altgeld-Riverdale Parenting Program data for Fiscal Year 2016 (FY16).<sup>12</sup> Chapin Hall compared both of these to Best Practice Standards developed by the Ounce’s Illinois Birth to Three Institute.<sup>13</sup> These standards are a tool to help home visiting models measure program performance through the identification of best practice principles and the strategies needed to achieve intended outcomes.
  - b. Parenting program participant outcome data: Chapin Hall obtained program data for 35 consenting program participants to examine demographics, childcare usage, child and parent healthcare outcomes, family planning, parental efficacy, maternal depression, and early literacy data. Data were obtained for January 1, 2014 through June 30, 2017.
  - c. Quarterly reports: Chapin Hall obtained aggregated quarterly reports for the parenting program for all quarters from January 1, 2014 through June 30, 2017 (14 quarters in total). The reports provided aggregate data on a number of measures for all participants in the program for the quarter.
  - d. Parent interviews: Chapin Hall interviewed 11 participants between October and December 2017 to collect their perceptions of program implementation and impact.
2. *Implementation study*. This evaluation component documented the extent to which the parenting program was implemented as designed and with high quality. It included four key data sources:
  - a. Parenting program service data: Chapin Hall obtained program data for 35 consenting parenting program participants to examine services received between January 1, 2014 and June 30, 2017.

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<sup>11</sup> <https://www.theounce.org/>

<sup>12</sup> July 1, 2015 through June 30, 2016

<sup>13</sup> <http://www.opfibti.org/>

- b. Quarterly reports: Chapin Hall obtained aggregated quarterly reports for the parenting program for all quarters from January 1, 2014 through June 30, 2017 (14 quarters in total). The reports provided aggregate data on a number of measures for all participants in the program for the quarter.
- c. Observations of home visits and parenting groups: Chapin Hall researchers observed six home visits and two parenting groups. These observations allowed us to assess the quality of parent-provider relationships, determine the degree to which home visits and groups were being conducted as planned, and assess participant engagement.
- d. Staff and stakeholder interviews: Researchers interviewed parenting program staff each year during the evaluation. Interviews focused on staff perceptions of program implementation, quality, and impact. In January and July 2015, five staff were interviewed; in May 2016, four staff were interviewed; and in June 2017, five staff were interviewed. Additionally, Chapin Hall researchers spoke with seven community and program stakeholders in early 2018 who provided information about the community context, service availability, and program history.

The Early Learning Coalition Evaluation included three components, described below.

1. *Community survey: Exploring community member knowledge and attitudes.* This survey gauged the community parents' and guardians' knowledge of community services for children ages 0–6 years old, as well as their beliefs about school readiness. The Time 1 survey was administered between December 2014 and February 2015 in various locations in the Altgeld and Riverdale communities; 96 respondents participated. The second survey was administered between April 2017 and May 2017; 104 respondents participated. The instrument and methodology were collaboratively designed by the Chapin Hall evaluation team, BPI, and an evaluation advisory committee comprised of members of the Altgeld-Riverdale Early Learning Coalition. The survey was administered and analyzed by the Chapin Hall evaluation team.
2. *Early Learning Coalition member survey.* This online survey was administered in June through August 2015 and again in July through September 2017. It was designed to gauge change in Coalition members' perceptions of collaboration among members, the impact of the Coalition on their work, and specific Coalition activities. The instrument was developed collaboratively by Chapin Hall and BPI staff. During the Time 1 survey administration, 27 out of 31 eligible respondents participated, representing 17 organizations. When administered again in 2017, 20 out of 30 eligible respondents participated, representing 16 organizations.

3. *Early Learning Coalition member interview.* The Coalition member interview supplemented the data from the Coalition member survey and asked about a subsample of member perceptions of the Coalition’s function, goals, activities, and importance, along with recommendations for improvement. The interview protocol was developed so respondents could provide more detail to survey responses and express their unique thoughts about the work of the Coalition. In November and December 2017, 10 coalition members from nine different organizations participated in telephone or in-person interviews conducted by the research team.

**Table 1. Evaluation Components**

<b>Evaluation Component</b>	<b>Waves</b>	<b>Total Participants (<i>n</i> per wave)</b>	<b>Dates</b>
<b>Parenting Program Outcomes Study</b>			
Participant program data	1	35	Jan 2014-Jun 2017
Parent interviews	1	11	Oct-Dec 2017
<b>Parenting Program Comparison Data</b>			
Comparison data	1	NA	July 1, 2015-June 30, 2016
<b>Early Learning Coalition</b>			
Community caregiver survey	2	200 (96, 104)	1) Dec 2014-Feb 2015 2) Apr-May 2017
Coalition member survey	2	47 <sup>a</sup> (27, 20)	1) Jun-Aug 2015 2) Jul-Sep 2017
Coalition member interviews	1	10 <sup>b</sup>	Nov-Dec 2017
<b>Parenting Program Implementation Study</b>			
Staff/stakeholder interviews	5	4-7 (5, 5, 4, 5, 7)	1) Jan 2015 2) Jul 2015 3) May 2016 4) June 2017 5) Jan-Feb 2018
Observations	3	8 (3, 3, 2)	1) Oct-Nov 2015 2) Oct 2016 3) Oct-Nov 2017
Service provision data	1	35	Jan 2014-Jun 2017

<sup>a</sup> Not an unduplicated number; 5 were surveyed in both waves.

<sup>b</sup> Nine of the Coalition members who participated in interviews also completed surveys.

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# Chapter 2 | Altgeld-Riverdale Parenting Program Evaluation

In 2014, the Altgeld-Riverdale Early Learning Coalition launched a parenting program, the Altgeld-Riverdale Parenting Program, using the Parents as Teachers home visiting model to support the healthy development of infants and toddlers in the community. The Catholic Charities of the Archdiocese of Chicago implements the program. The evaluation was divided into two main components: an outcomes study and an implementation study.

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## Altgeld-Riverdale Parenting Program Outcome Study

This study component measured the outcomes associated with participating in the Altgeld-Riverdale Parenting Program. The study utilized four data sources to examine the preliminary and perceived outcomes of participation in the home visiting program: (1) Fiscal Year 16 (FY16) comparison data from 22 comparable Ounce home visiting program sites, (2) a sample of program data for 35 consenting participants, (3) quarterly program reports with aggregated data on all participants, and (4) interviews with 11 participants.

### Parenting Program Comparison Data

#### Key Findings

- The Altgeld-Riverdale Parenting Program met or exceeded Best Practice Standards benchmarks on seven of nine measures in FY16, including doula clients engaging in home visiting services, developmental screening completion, creation of birth plans, doulas attending births, delayed subsequent births, documented medical home, and initiation of breastfeeding.
- The program exceeded the average of 22 other parenting programs in IL on seven of the nine Best Practice Standards benchmark measures in FY16, including all those listed above.

In Illinois, the Ounce supports the delivery of three evidence-based national home visiting models under the Parents Too Soon (PTS) umbrella: Parents as Teachers (PAT), Healthy Families America (HFA), and Nurse-Family Partnerships (NFP). The Ounce developed Best Practice Standards as a tool to provide quality assurance to home visiting programs. The Best Practice Standards used here are included in Appendix A.

In this section, we compare how the Altgeld-Riverdale Parenting Program and 22 Ounce program sites performed in FY16 on nine different benchmarks<sup>14</sup> from the Best Practice Standards.<sup>15,16</sup> While these 22 sites include programs implementing PAT as well as the two other national models, due to the similarities in the purpose and goals of each model, this comparison provides a unique perspective on how the Altgeld-Riverdale program matches up against a large number of parenting programs across the state.

**Benchmark #1: Programs enroll 80% of doula participants in home visiting services**

In the Altgeld-Riverdale parenting program, 94% of doula participants were enrolled in home visiting and had a family support worker (FSW) assigned to them. For the 22 Ounce sites, 32% of the doula participants had a family social worker and were enrolled in home visiting services. Figure 1 shows that the Altgeld-Riverdale program exceeded both the benchmark and the 22-site average.

**Figure 1. Percentage of Doula Participants Enrolled in Home Visiting Services**

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**Benchmark #2: 90% of children are up to date with expected developmental screenings**

PAT home visiting programs administer developmental screenings of children within 90 days of birth<sup>17</sup> and then annually thereafter. These screenings cover the child’s language, cognitive, social-emotional, and motor development and alert home visitors to any delays a child may be experiencing. In the Altgeld-Riverdale Parenting Program in FY16, 95% of children were up to date with the developmental screenings they should receive for their age.<sup>18</sup> For the 22 Ounce sites, 90% of children were up to date with their developmental screenings.<sup>19</sup> On this measure, the Altgeld-Riverdale program performed above both the benchmark and the 22-site average (see Figure 2).

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<sup>14</sup> To be included as a benchmark in this report, three criteria had to be met: (1) we had the average FY16 annual or quarterly data from the Ounce’s 22 programs; (2) we had the same measure and FY16 data for the Altgeld-Riverdale program; and (3) there was an applicable benchmark in the Ounce’s PAT Best Practice Standards manual to make the comparison.

<sup>15</sup> The 22 sites and the averages numbers do not include the Altgeld-Riverdale program. For some measures, the 22-site average is an average of each site’s average for the measure. These are noted with a footnote in the analysis.

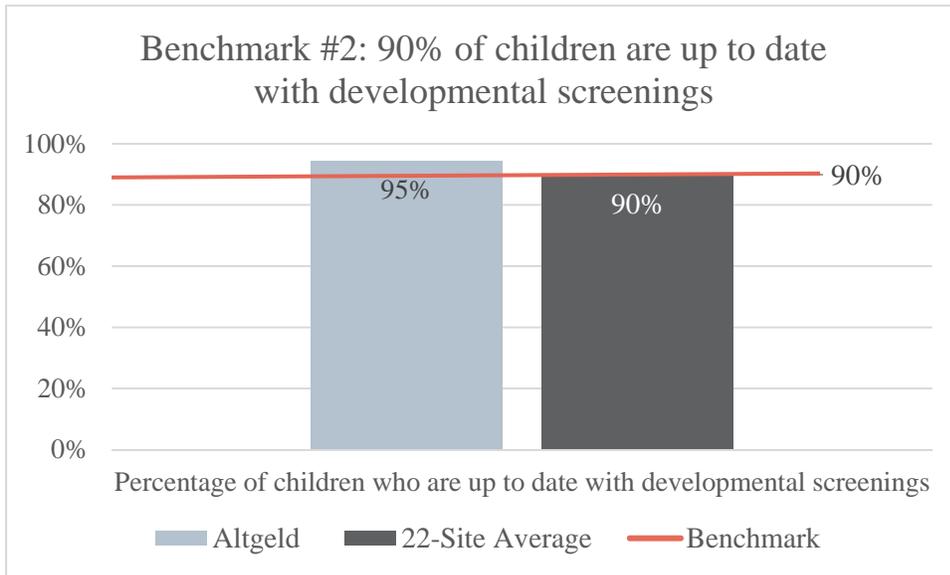
<sup>16</sup> Three additional benchmarks, based on quarterly data, are included in Appendix B. These include education status updates, employment status updates, and the status of the parental efficacy questionnaire in OunceNet.

<sup>17</sup> If a mother enrolls after 90 days of childbirth, the developmental screening is administered within 90 days of enrollment.

<sup>18</sup> Based on averages from the FY16 quarterly data.

<sup>19</sup> This percentage sums the average of each site’s average percentage and divides by 22, making it an average of the average.

**Figure 2. Percentage of Children Up to Date with Developmental Screenings**



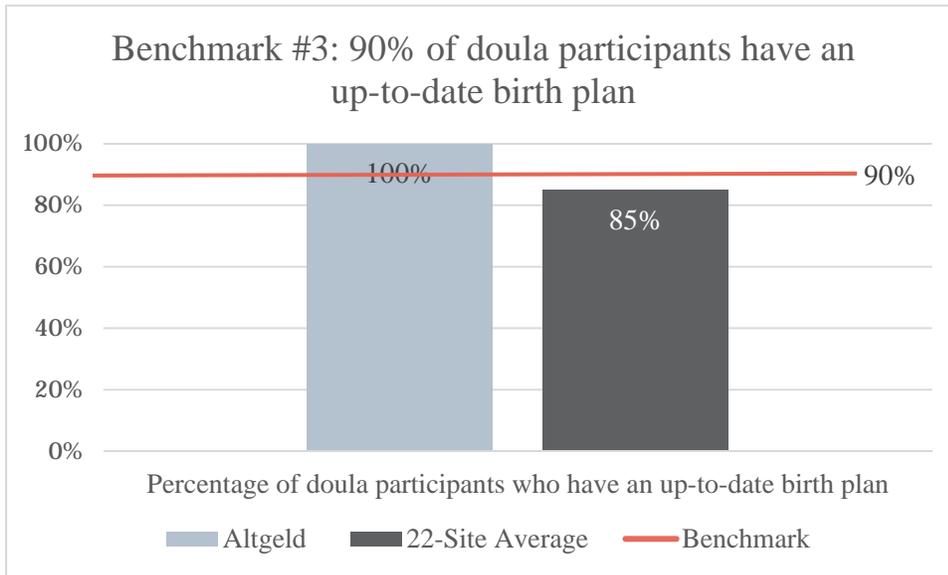
**Benchmark #3: 90% of doula participants have an up-to-date birth plan**

In the Altgeld-Riverdale parenting program in FY16, 100% of doula participants had an up-to-date birth plan. For the 22 Ounce sites, 85% of doula participants had an up-to-date birth plan.<sup>20</sup> In this domain, the Altgeld-Riverdale program exceeded both the benchmark and the 22-site average for this measure (see Figure 3).

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<sup>20</sup> This percentage is an average of each site's average.

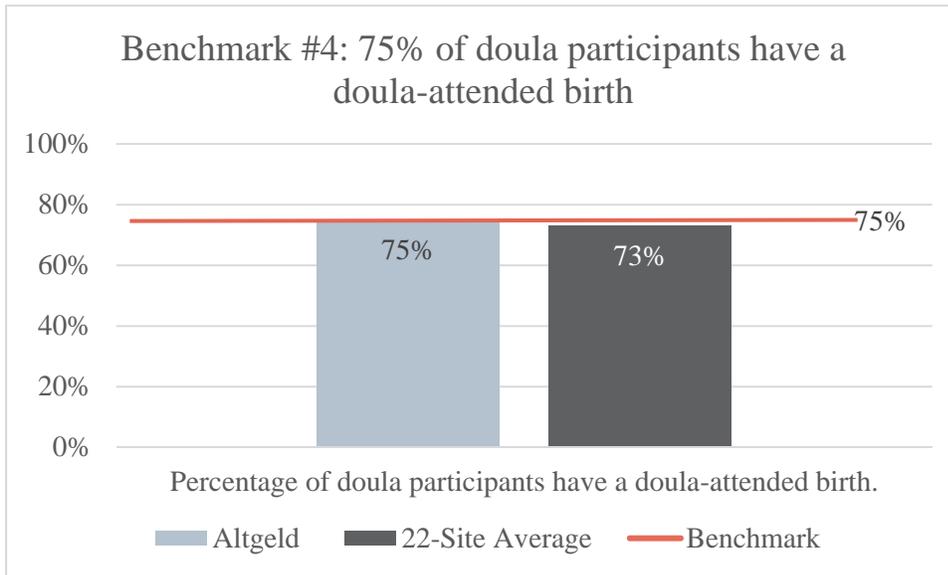
**Figure 3. Percentage of Doula Participants with an Up-to-date Birth Plan**



**Benchmark #4: 75% of doula participants have a doula-attended birth**

Doulas strive to support the perinatal health of the mother and baby, help guide parent-child attachment immediately after birth, and improve the family’s birthing experience. In the Altgeld-Riverdale parenting program in FY16, 75% of doula participants that gave birth had a doula present at the delivery, which meets the benchmark for this domain. For the 22 Ounce sites, 73% of doula participants that gave birth had a doula present for labor and delivery. Thus, the Altgeld-Riverdale program data met the benchmark and slightly exceeded the 22-site average on this measure (see Figure 4).

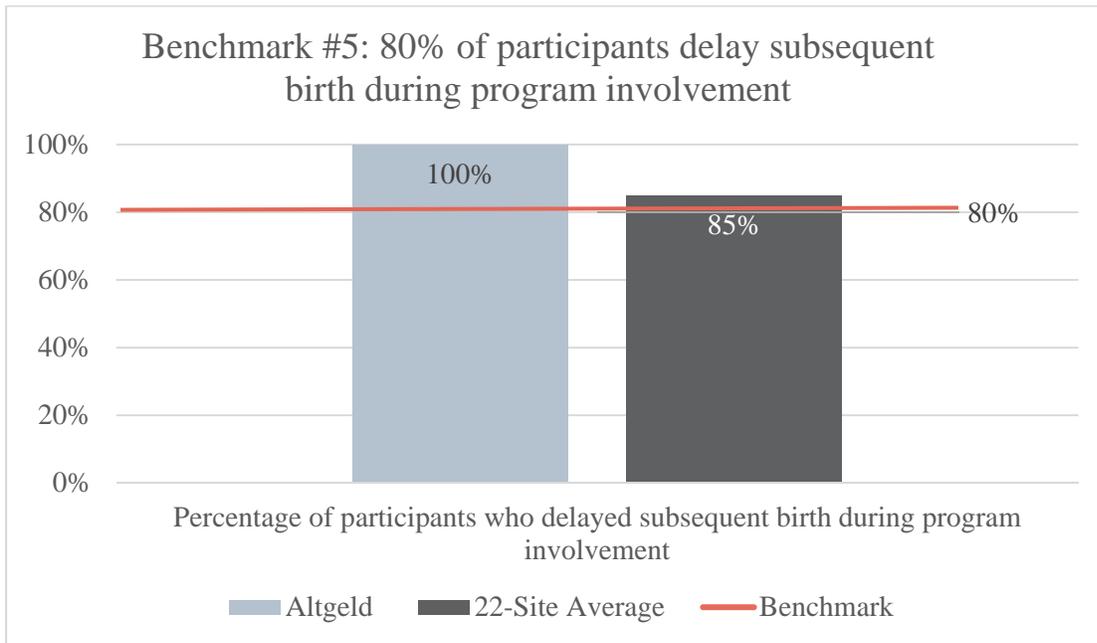
**Figure 4. Percentage of Doula Participants with a Doula-attended Birth**



**Benchmark #5: 80% of participants delay subsequent birth during program involvement**

Home visitors engage mothers in discussions about the potential impact of having another child in an effort to help mothers make informed and intentional family planning decisions. The benchmark for this domain states that 80% of participants delay subsequent births (i.e., minimum two-year interval between births) during program involvement. In the Altgeld-Riverdale program, there were 18 target children active at some point in FY16 (ranging from days old to 30 months old as of June 30, 2016), and while some of them had not yet reached the two-year threshold for a delayed birth, none of their mothers had experienced a subsequent birth. For the 22 Ounce sites, 15% of participants had a subsequent birth in FY16. As shown in Figure 5, the Altgeld-Riverdale program exceeded both the benchmark and the 22-site average on this measure.

**Figure 5. Percentage of Participants who Delayed Subsequent Pregnancy and Birth during Program Involvement**

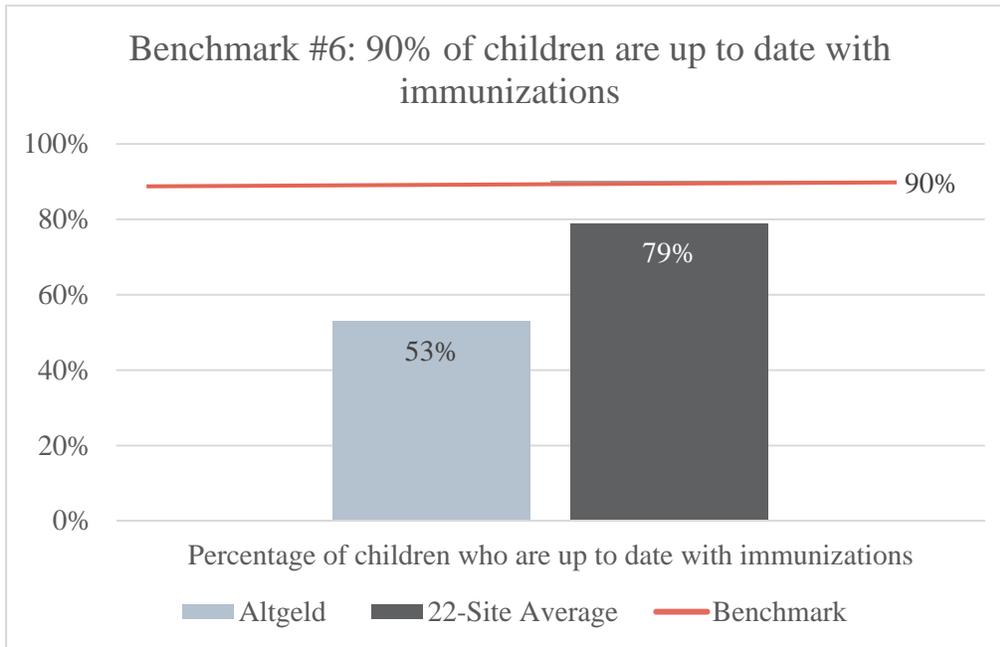


**Benchmark #6: 90% of children are up to date with immunizations**

Integral to keeping children healthy is ensuring they receive immunizations per the schedule and guidelines of the American Academy of Pediatrics (AAP). In the Altgeld-Riverdale Parenting Program in FY16, 53% of the active children were up to date with their immunizations.<sup>21</sup> On average, 79% of children were up to date with their immunizations in the 22 sites funded by the Ounce. Figure 6 illustrates that the Altgeld-Riverdale program fell below both the 22-site average and the Best Practice Standard on this measure.

<sup>21</sup> Using averages from the FY16 quarterly data.

**Figure 6. Percentage of Children who have Up-to-date Immunizations**



**Benchmark #7: 90% of children are up to date with well-child visits**

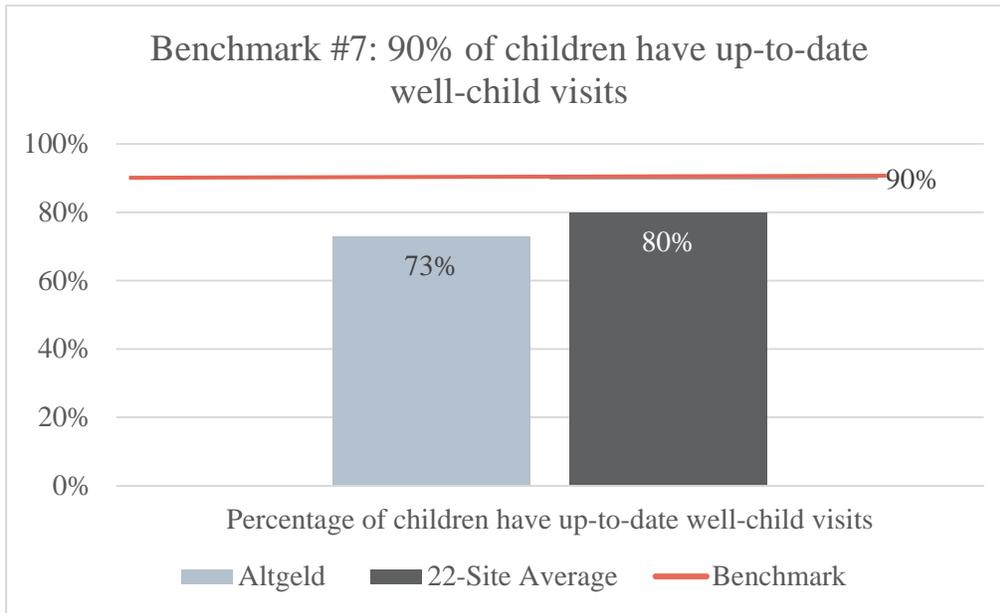
In addition to immunizations, the AAP also recommends a schedule for children to visit their pediatrician during the first three years of life.<sup>22</sup> In the Altgeld-Riverdale Parenting Program in FY16, 73% of children were up to date with well-child visits.<sup>23</sup> Comparatively, for the 22 Ounce sites, 80% were up to date with well-child visits.<sup>24</sup> Figure 7 shows the Altgeld Riverdale Parenting Program fell below both the 22-site average and the benchmark.

<sup>22</sup> For the complete schedule of AAP recommendations for preventive pediatric care, including timing of visits and services/actions to be completed, visit [https://www.aap.org/en-us/documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/documents/periodicity_schedule.pdf).

<sup>23</sup> Using averages from the FY16 quarterly data.

<sup>24</sup> These percentages are an average of each site's average.

**Figure 7. Percentage of Children who have Up-to-Date Well-child Visits**



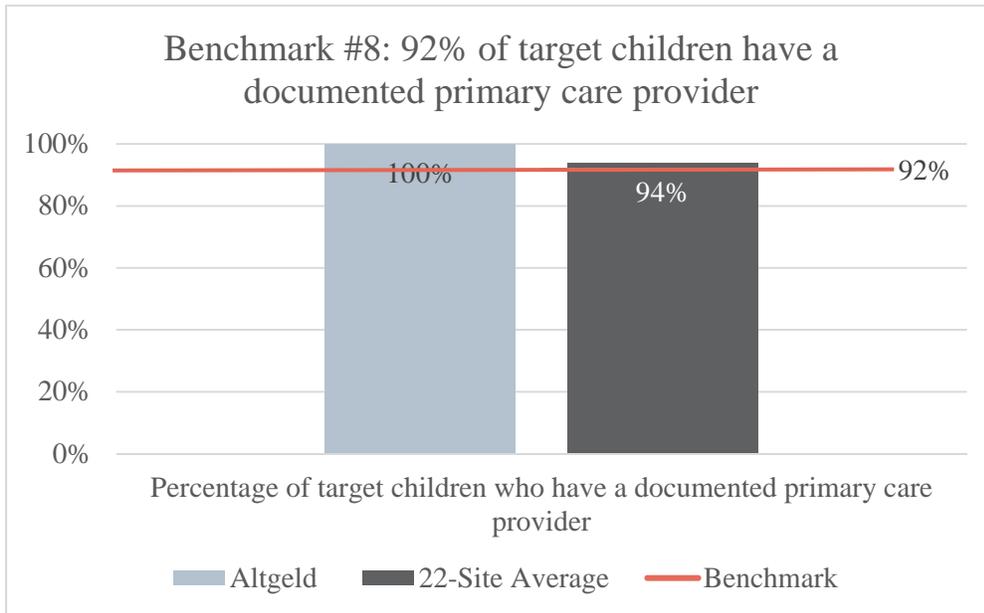
**Benchmark #8: 92% of children have a documented primary care provider**

To support participants’ efforts to obtain preventative medical care for their child, home visiting programs encourage staff to link participating children and parents to a medical provider. The presence of a pediatric medical home helps ensure continuous, comprehensive, and culturally sensitive delivery of medical care, and has been identified by the American Academy of Pediatrics (AAP) as critical for all children.<sup>25</sup> Benchmark #8 states that 92% of target children should have a documented primary care provider; in FY16 100% of the children in the Altgeld-Riverdale program had a primary care provider documented in their files. The Ounce 22-site average showed that 94% of children had a documented primary care provider.<sup>26</sup> Figure 8 illustrates that the Altgeld-Riverdale program exceeded both the benchmark and the 22-site average for this measure.

<sup>25</sup> See American Academy of Pediatrics (AAP), “AAP Agenda for Children: Medical Homes”. <https://www.aap.org/en-us/about-the-aap/aap-facts/AAP-Agenda-for-Children-Strategic-Plan/pages/aap-agenda-for-children-strategic-plan-medical-home.aspx>. Accessed February 9, 2018.

<sup>26</sup> This percentage is an average of each site’s average.

**Figure 8. Percentage of Target Children who have a Documented Primary Care Provider**



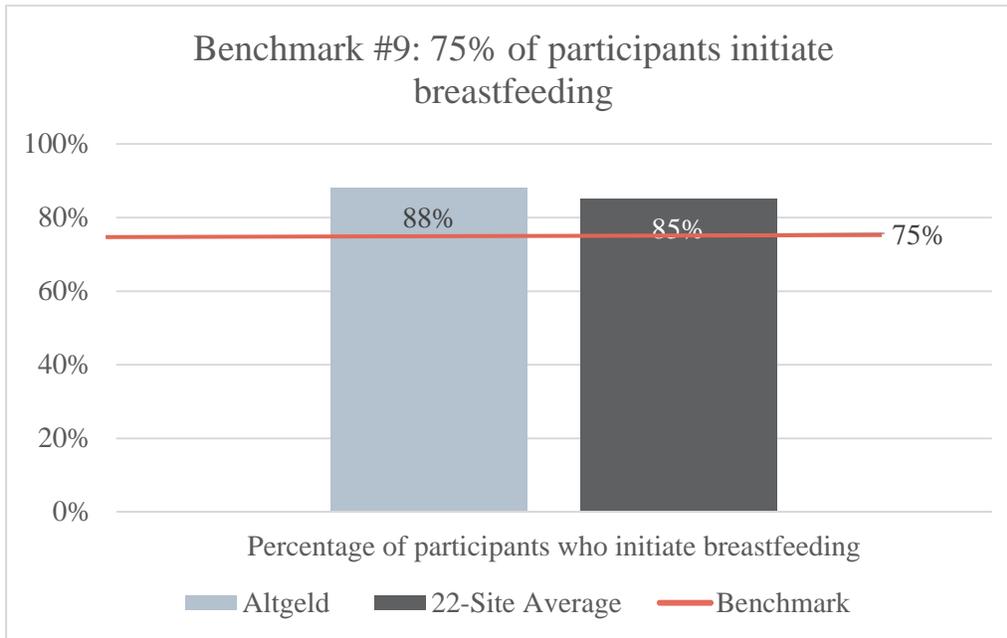
**Benchmark #9: 75% of participants initiate breastfeeding**

Home visiting staff share information about the benefits of breastfeeding, mitigate participants’ concerns about breastfeeding, and encourage initiation at birth. In the Altgeld-Riverdale parenting program in FY16, 88% of eligible participating mothers initiated breastfeeding. In the 22 Ounce sites, on average, 85% of eligible mothers initiated breastfeeding.<sup>27</sup> Figure 9 shows the Altgeld-Riverdale program exceeded both the benchmark and the 22-site average for this measure.

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<sup>27</sup> This percentage is an average of each site’s average.

**Figure 9. Percentage of Participants who Initiated Breastfeeding**



## Parenting Program Participant Outcomes Data

### Key Findings

- The parenting program participants initiated breastfeeding at high rates. However, the program saw a significant drop in breastfeeding by six months after birth.
- Although the majority of all Altgeld-Riverdale Parenting Program mothers and children have a medical home and keep their children up to date on their well visit check-ups, less than half of the participating mothers kept their children up to date with the recommended immunization schedule.

### Methods

Thirty-five parenting program participants gave consent for their de-identified, individual-level program data to be utilized for this study. These data were extracted from the Ounce's OunceNet data system for each individual from the date of their enrollment through June 30, 2017. These data do not represent the full caseload of the parenting program, but rather *only* the 35 individuals for whom we received consent during the project. All 35 participants were African American females, had never been married, and were under the age of 25. Thirty-three had a target child born before the end of the evaluation period.

## Infant Feeding Patterns

The American Academy of Pediatrics (AAP) recommends mothers exclusively breastfeed their babies for the first six months of life and continue breastfeeding until their baby is at least 12 months old.<sup>28</sup>

Breastfeeding information was entered into OunceNet for 31 of the 33 mothers of target children born during the evaluation period. Almost all ( $n = 29$ ; 94%) initiated breastfeeding after birth. At six weeks postpartum, 41% of those mothers were still breastfeeding. At six months, only two mothers (7%) reported they were still breastfeeding. No participant breastfed their child beyond one year. Seventy-seven percent of program participants were receiving WIC, which provides access to breastfeeding information and support.

When comparing Altgeld-Riverdale program participant rates to national CDC averages for non-Hispanic black mothers and mothers living in poverty,<sup>29</sup> parenting program mothers exceeded national averages only immediately after birth (see Figure 10).<sup>30</sup> At six months of age, only 7% of program mothers were breastfeeding compared to the CDC average of 42% for both low-income and non-Hispanic black mothers.

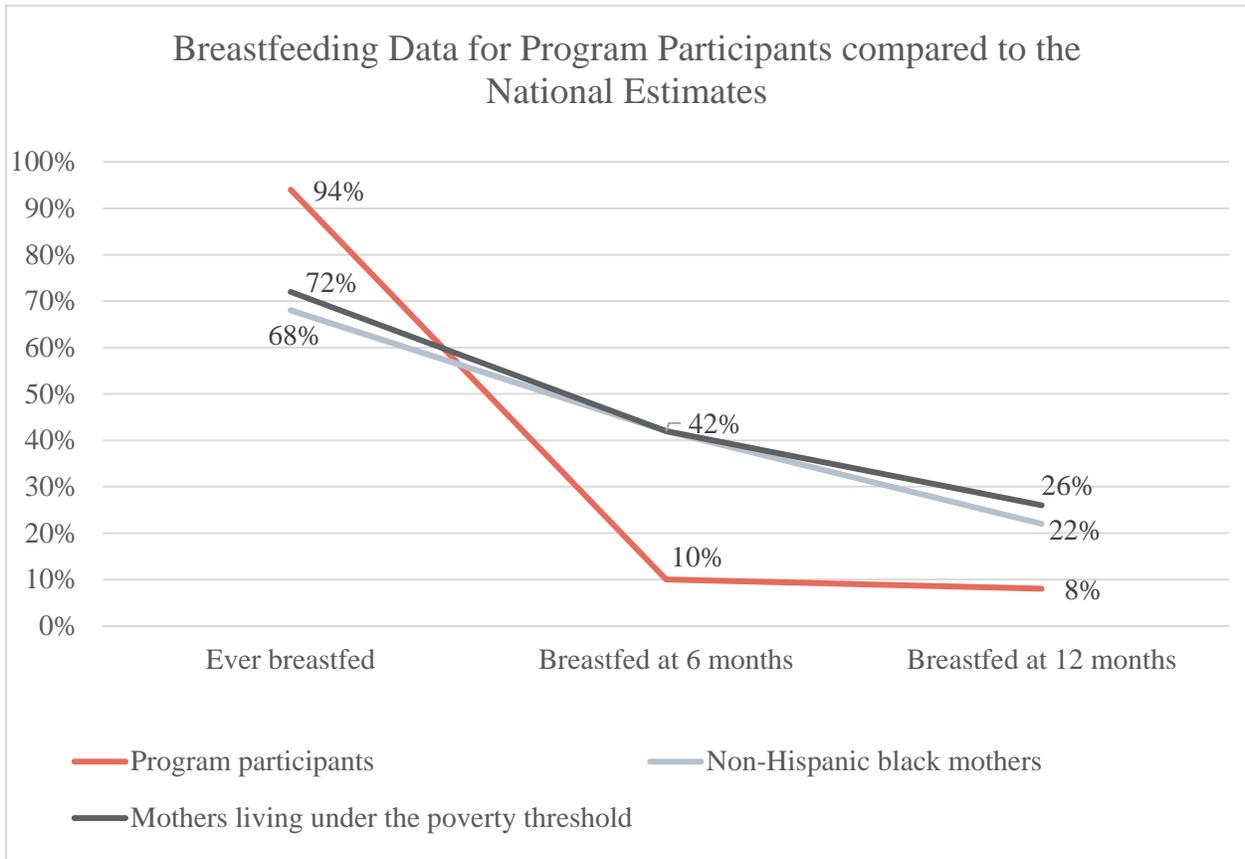
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<sup>28</sup> American Academy of Pediatrics, "AAP Reaffirms Breastfeeding Guidelines". February 27, 2012. <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/aap-reaffirms-breastfeeding-guidelines.aspx>. Accessed March 4, 2018.

<sup>29</sup> All Altgeld-Riverdale Parenting Program participants were non-Hispanic African American women whose incomes were below the poverty level, so this is an appropriate comparison.

<sup>30</sup> Centers for Disease Control and Prevention, Department of Health and Human Services. (n.d.). *Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born in 2014 (Percentage +/- half 95% Confidence Interval)*. 2015 and 2016 National Immunization Surveys. Retrieved from [https://www.cdc.gov/breastfeeding/data/nis\\_data/rates-any-exclusive-bf-socio-dem-2014.htm](https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-socio-dem-2014.htm)

**Figure 10. Breastfeeding Rates for Program Participants and 2014 National Estimates**



### Health Outcomes

As explained above, a medical home is a patient-centered, comprehensive, and coordinated approach to providing primary medical care to individuals. Of the 33 target program children, 29 children had a medical home listed, with 28 of those using a clinic as their medical home. All but one mother also used a clinic for their own medical home.

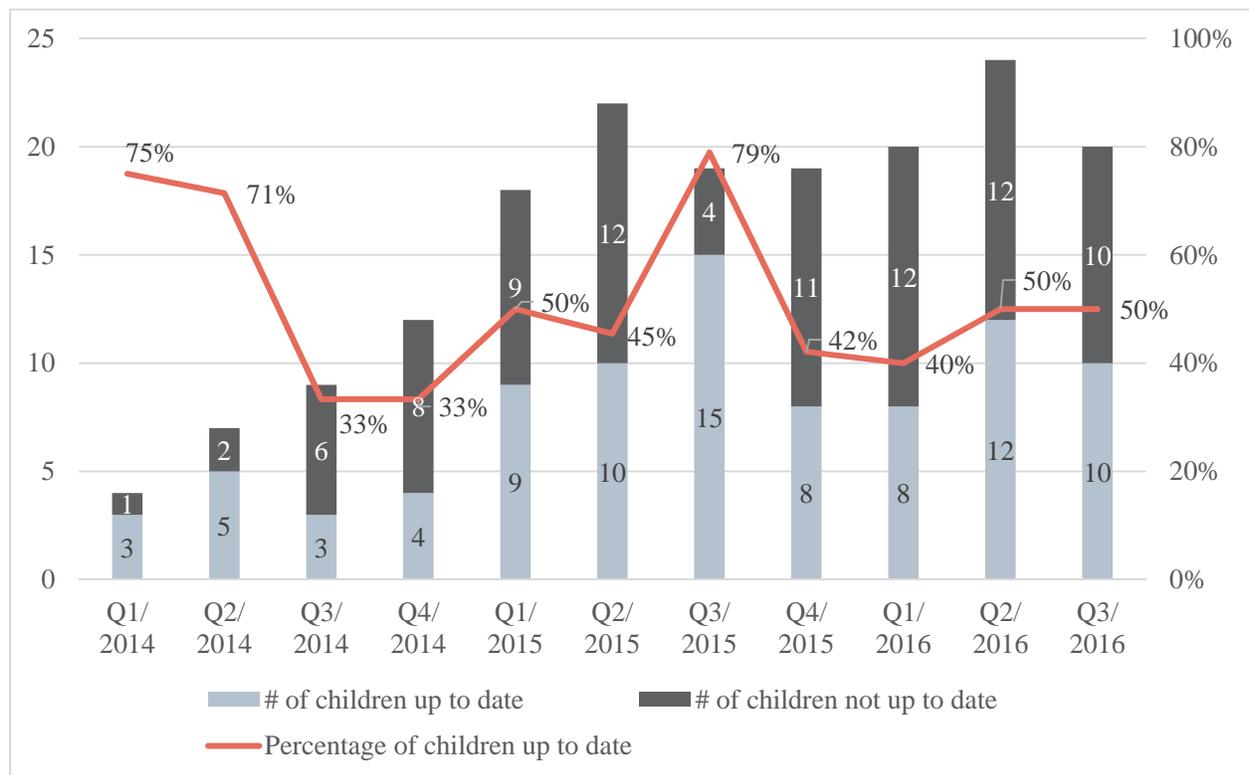
In addition to medical homes, the Altgeld-Riverdale Parenting Program tracks whether or not children are up-to-date with well-checks at their pediatrician.<sup>31</sup> According to quarterly reports, the percentage of children up to date with well-child visits ranged from a high of 100% down to a low of 33% during the last quarter of 2014. On average, 79% of sample children were up to date with well-child checks during the project period (see Appendix C for more detailed information on well-child checks).

<sup>31</sup> <https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>. Accessed February 12, 2018.

Children’s birth weights were recorded for the children born during the evaluation period. Of the 29 birth weights recorded,<sup>32</sup> the average birth weight was just under 6 pounds 6 ounces, with a range from 2 pounds 3 ounces to 7 pounds 13 ounces. Only three children (10%) were born at low birth weight (i.e., less than 5 pounds 8 ounces), compared to the national average of approximately 13% for non-Hispanic black mothers.<sup>33</sup>

Using the quarterly reports from the Altgeld-Riverdale Parenting Program through the third quarter of 2016,<sup>34</sup> Figure 11 depicts the percentage of children that were up to date with their immunizations each quarter (i.e., they had received all of the shots that they were supposed to have by their age at the end of that quarter). During eight out of 11 quarters for which we had data, 50% or fewer children were up to date with their immunizations.

**Figure 11. Child Immunization Status, by Quarter**



<sup>32</sup> Four children had blank/missing birth weights.

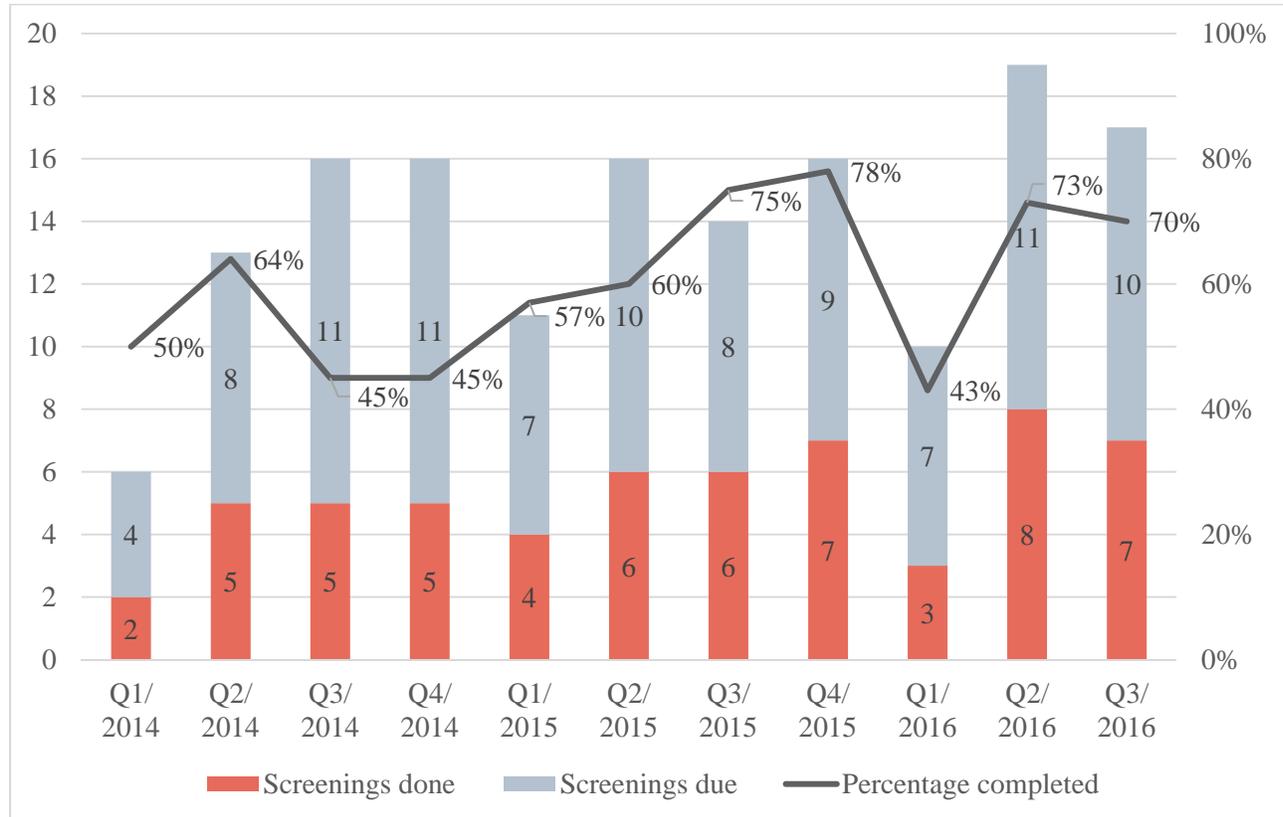
<sup>33</sup> Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Mathews, T. J.. (2017). Births: Final data for 2015. *National Vital Statistics Report, 66* (1). Hyattsville, MD: National Center for Health Statistics. Available at [https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66\\_01.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf). Accessed March 5, 2018.

<sup>34</sup> Quarterly reports from Quarter 4, 2016, and the first two quarters in 2017 did not report the number/percentage of children up to date with immunizations.

## Maternal Depression Screening

The Altgeld-Riverdale Parenting Program staff administers the Edinburgh Postnatal Depression Scale to participants at intake, four to six weeks postpartum, and every six months after that.<sup>35</sup> Quarterly reports through the third quarter of 2016<sup>36</sup> track how many maternal depression screenings were due and how many were completed (see Figure 12). The program completed between 43% and 78% of the screenings that were due during the period for which we have data.

**Figure 12. Percentage of Maternal Depression Screenings Completed, by Quarter**



Over the evaluation period, of the 58 reported maternal depression screenings completed, only one resulted in a positive screen, indicating that the client might be suffering from depression. The program noted that they referred the participant for services, although it is unclear where or for what type of service this participant was referred. Additionally, this participant declined the service(s). There were no screenings that resulted in flagging a participant at risk for harm during the evaluation.

<sup>35</sup> Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786

<sup>36</sup> Data for maternal depression screening were not included in quarterly reports after Q3 2016.

## Maternal Efficacy Screening

In addition to a maternal depression screening, the program administers the Ounce’s Parents Too Soon Postnatal Mother/Baby Questionnaire.<sup>37</sup> It is a modified version of the Maternal Efficacy Questionnaire, a 10-item scale that assesses how confident mothers with infants feel about their parents.<sup>38</sup> The Mother/Baby Questionnaire asks mothers about parenting tasks and their confidence in their ability to perform each task. The program tracks its success at administering the scale to mothers at intake and every six months after intake. According to OunceNet data, every participant in our sample was assessed at least once. According to the program’s quarterly reports, beginning in Q3 of 2015, the parenting program maintained an 83% or higher rate of administering the scale to those that are due (see Appendix D for more detail).

On the questionnaire, nine items relate to specific domains of infant care. For each item, mothers rate the difficulty of performing a specific task (e.g., keep the baby amused) using a 4-point Likert scale (1 = “not easy at all” to 4 = “very easy”).<sup>39</sup> The tenth item asks mothers to rate how good a parent they think they are. Results from this item are in Appendix D.

At intake, the average composite score for program participants in our sample was 3.23 (out of 4), meaning that the parenting tasks were rated as “easy” overall. The composite scores generally increased over time, as shown in Figure 13, and by the fifth administration the mean composite score was 3.94 (meaning that tasks were rated as “very easy” overall).

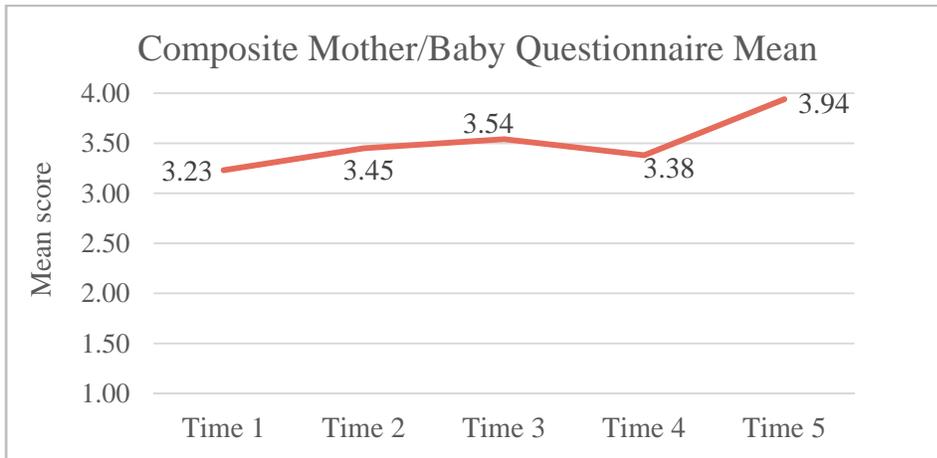
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<sup>37</sup> The scale can be found at [http://www.opfibti.org/docs/questionnaires/MB\\_Questionnaire\\_Postnatal\\_print\\_on\\_pink.pdf](http://www.opfibti.org/docs/questionnaires/MB_Questionnaire_Postnatal_print_on_pink.pdf).

<sup>38</sup> The Maternal Efficacy Questionnaire (MEQ) was developed by Douglas Teti and Donna Gefland in 1991. Teti, D. & Gelfand, D. (1991). Behavioral competence among mothers of infants in the first year: The mediational role of maternal self-efficacy. *Child Development*, 62(5), 918–929.

<sup>39</sup> For each time the scale was administered, we computed a composite maternal efficacy score for each respondent by summing responses to the first nine items and taking the mean. We reverse-coded the nine items so that higher scores reflected higher levels of maternal efficacy.

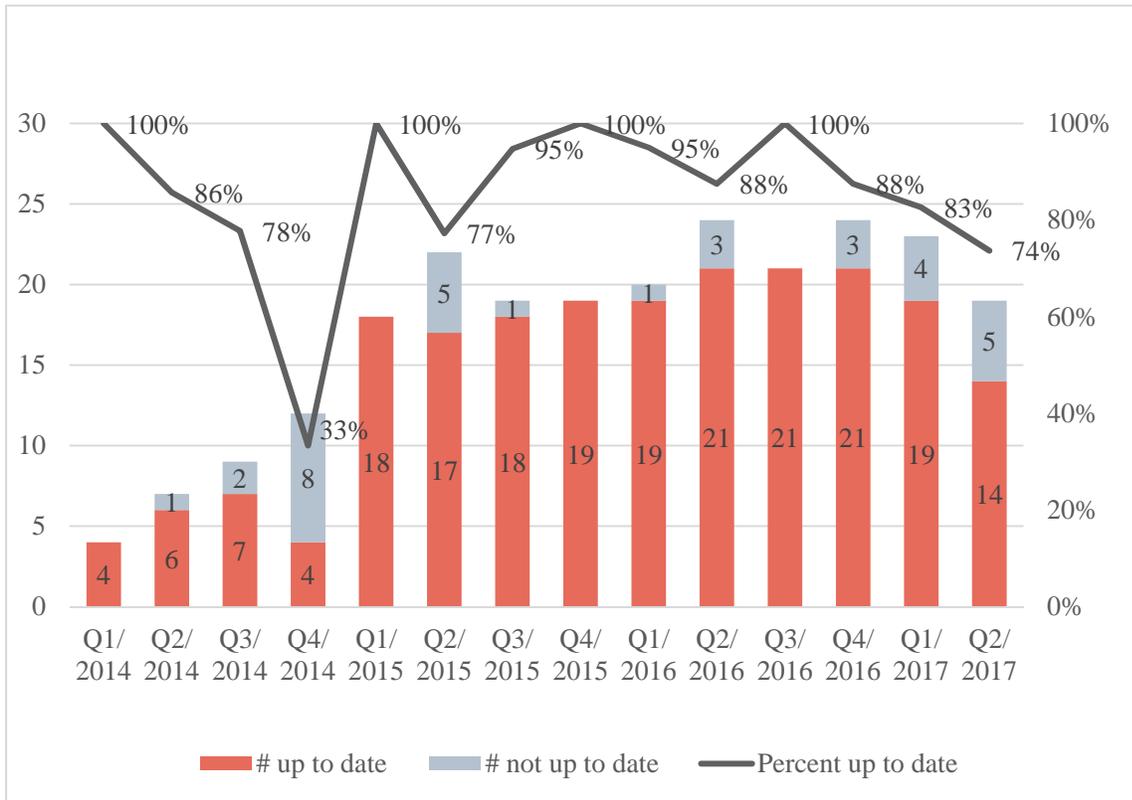
**Figure 13. Mean Mother/Baby Questionnaire Score at Each Wave**



### **Child Developmental Screenings**

The Altgeld-Riverdale Parenting Program conducts developmental screenings of children at numerous points in time from age three months through six years old. Figure 14 shows how well the program maintained the child developmental screening schedule with its participants. Screenings were conducted on time for the majority of our sample in the majority of quarters, with a dip in 2015 and again toward the end of 2017.

**Figure 14. Child Developmental Screenings Up to Date, by Quarter**



### Early Literacy

During the maternal efficacy screening (discussed above), a question is asked about how often parents read or told a story to their child during the past month. This question was only recorded in OunceNet for 19 participants (after their baby was born) during the evaluation period. The average response was 2.26, which indicates that those 19 mothers read or talked to their baby a “couple of times a month.” Of these participants, 11 had additional answers recorded in OunceNet for this question. For these 11 mothers, they were reading/talking to their babies an average of 2.91, which gets closer to reading a “few times a week.” It is not clear if the lack of answers recorded in OunceNet are because staff are not asking this question of participants or if they are simply not entering the data regularly. However, based on qualitative data sources, early literacy remained a strong focus of the parenting program and staff frequently emphasized reading and talking with babies.

## **Parenting Program Participant Interviews**

### **Key Findings**

- The timely and helpful information participants received from program staff allowed them to make more informed decisions for improving birthing experiences, breastfeeding initiation and duration, supporting child development, child care selection, and early literacy efforts.
- Program participants reported reduced anxiety, an improved ability to safely soothe babies, and a reduced sense of isolation through increased connections and encouragement as a result of participating in the parenting program.
- Interview respondents reported that positive program impacts resulted not only from the increased knowledge they gained from participation, but also through the care and support they received from program staff and their program peers.

### **Methods**

In order to gain in-depth insights into the parenting program and its impacts, as well as pregnancy and parenting experiences, we conducted semi-structured interviews with 11 program participants in the fall of 2017. Those who have directly participated in the program provide a valuable perspective, which, when combined with other data sources, helps paint a more complete picture of program implementation as well as perceived impact.

In order to recruit interview respondents, we provided program staff with a brochure about the study to share with program participants. If a participant was interested in participating, program staff shared their contact information via text with the specific researcher tasked with conducting interviews. The researcher then immediately contacted the client to schedule an appointment for the interview. Eleven participants were interviewed between October 4 and December 12, 2017.

Interviews occurred in a private room in the home of each respondent. A written consent process was completed prior to each interview. All participants consented to be audio recorded and the interviews were transcribed and scrubbed of identifiers. The interviewer reviewed transcripts for themes, developed a coding scheme, coded each interview, and discussed emerging themes from the interviews during weekly project meetings with other members of the research team.

## **Characteristics of Interview Respondents<sup>40</sup>**

The interview respondents ranged in age from 17 to 22 years old. The children ranged in age from newborn to almost 3 years old, and one interview respondent was pregnant. The respondents varied in the length of time they had been enrolled in the program, reporting participation from about two months to almost three years.

### ***Work and Education***

Six of the 11 respondents had jobs, including most of those with children over five months old. A few of the working mothers had more than one job or were working one job while also enrolled in community college classes. Of those that worked, most were employed in the retail sector. Six of the respondents were enrolled in some type of school—community college, high school, or a GED program.

### ***Housing***

Eight respondents lived with their mothers and a few had other relatives in the home as well (e.g., siblings). The few respondents who did not live with their mothers lived with the father of their baby. Transience and moving to new homes was an emergent theme from these interviews. Four of the respondents mentioned that they had recently moved, were in the middle of a move, or were planning on moving soon. For those respondents who had recently moved, their move did not impact their program participation, as they reported continued home visits and participation in group sessions. Housing transitions happen relatively often for some of the participants and program staff make every attempt to continue visits during those transitions.

## **Interview Themes**

### ***Recruitment***

Respondents reported learning about the parenting program in a variety of ways. Three learned about the program through WIC and three heard about it via word-of-mouth from relatives and friends. Other ways participants learned about the program included a hospital baby shower, a physician at a local clinic, an online search for day care providers and directly from program staff who walked around the neighborhood to recruit.

Nearly half of the interviewed mothers ( $n = 5$ ) started the parenting program when they were near the end of their pregnancy, and the other half ( $n = 6$ ) started when they were four to eight months pregnant. One of the respondents lamented that she did not hear about the program sooner:

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<sup>40</sup> In order to protect the confidentiality of respondents, we do not provide detailed information for all domains that might be of interest.

I feel like if I learned early on, it would be even more beneficial than it was. If I'd seen it in a magazine, or I'd seen it on Facebook, like, "Oh this is a great program!" And I went to the website, or I went—just the advertising of it would have been more helpful.

While respondents seemed to share the same motivations for participating—a need for more support with pregnancy, child birth, and parenting—some also discussed how the program had to break through their reluctance of trying something new with avid persistence. For example, one mother recalled her hesitation to get involved:

I remember that phone call, I was sitting outside, it was a warm day. I had just come from the doctor and...she was calling my phone. And I said, "Who is this?" I didn't answer the number. And she just kept calling me. And I said, "Hello?" And she said, "Hello, how you doing, this is [name redacted]." And I'm like, "Yes." She like, "I was wondering if you were interested in joining the parenting program?" In my head like, "Oh another group is calling, trying to get all up in your business." But they weren't like that, man, I love them.

Respondents also reported encountering similar reluctance from friends that they tried to refer to the program. Some of the respondents who talked about their own hesitation to join noted that experiencing a group session helped solidify their decision to participate. For example, one respondent who heard about the group from a friend said that she decided to come along to a group session to check it out before enrolling in the program, "I went with her to check it out, and I liked everything that they [were] doing."

### ***Role of the Doula***

Interviews revealed six themes pertaining to the role of the doula: (1) providing information about what to expect during labor and writing a birth plan, (2) supporting bonding with the baby during pregnancy, (3) assisting with communication with doctors and other hospital staff, (4) providing coaching and support during labor and delivery, (5) encouraging and supporting breastfeeding efforts, and (6) coaching on early parenting.

Respondents explained that the doula completes home visits both before and after childbirth, attends weekly group sessions, is present at the hospital during labor and delivery, and is always available by phone or text message. During pregnancy most respondents reported that the doula visited them once a week and these visits provided a convenient opportunity to talk about personal matters.

Participants talked about learning about their bodies (especially the cervix and ovaries), how to identify the early signs of labor, exercises they could do once their contractions started, and receiving information about epidurals and other medical intervention. Many participants said that they chose to resist having an epidural due to the information they received from the doula.

Respondents knew to call their doula when they went into labor. "She told me when I go into labor, no matter what time it is, to call her so she could come to the hospital and be there to help me through the labor and delivery," one said. While at the hospital, respondents reported that the doula helped them in

several ways, including rubbing their back, doing out-of-bed exercises, assisting in communication with hospital staff and doctors, and coaching around breathing and pushing. Respondents shared that the doula also encouraged them to breastfeed and coached them on how to make breastfeeding more comfortable, showing them different positions and advising them on how to prevent pain and continue producing milk. After childbirth, mothers stated that the doula visited about twice a month. Respondents generally reported that the doula continued to visit for the first two months of their baby's life.

### ***Role of the Family Support Worker (FSW)***

Many of the respondents had their first intake home visit with the FSW and continued to meet with her throughout their pregnancy and after childbirth. However, some were introduced to her in the group sessions and only started meeting with her after their child was born. Most stated they saw her twice a month for home visits as well as at group sessions on Thursdays. Respondents reported that they also communicated with her through text messages and phone calls.

Analysis of the interviews revealed five themes related to the FSW's role: (1) teaching about the different stages of early childhood development; (2) showing participants different exercises and activities to support healthy development; (3) life coaching, including planning around education, work, and housing; (4) parenting coaching; and (5) assessing child care options.

Mothers talked about an assortment of developmentally appropriate activities they did with their FSW to support different stages of child development. They also talked about learning information about the different developmental stages and tips for supporting healthy development. Participants expressed appreciation for learning how to be more aware of their baby's behaviors and expressions, allowing them to witness and support their development. Tummy time and exposing their children to new foods were identified as especially helpful activities.

Many mothers spoke about keeping a binder of information they received from both their doula and FSW. For example, one mother explained, "Every time she comes and does the home visit, she bring the papers and be like, 'This is what's special about this age to that age.' I read through the papers. I keep literally all of the papers and it teaches you a lot."

Respondents reported that the doula and FSW would check in on the baby to make sure they were doing well and ensure they were going to all of their doctor's appointments,

[The FSW] she makes sure you're on the right track. Makes sure you are doing everything you are supposed to be doing with the baby. Making sure that the baby is developing just fine. They do need physicals and shot records. Make sure you're keeping everything up to date.

Mothers also expressed appreciation for learning how to childproof their home and ensure other places they brought their babies were childproofed.

### ***Parenting Group Sessions***

The mothers spoke very highly of the group sessions. They appreciated the opportunity to get together with peers, liked the topics they discussed, enjoyed learning in a fun environment, and appreciated the food. Specific topics participants found helpful included conversations about domestic violence, drugs, sexually transmitted infections, warning signs of abuse, and childproofing your home. Participants who started attending group sessions during their pregnancy appreciated learning about others' experiences with labor and delivery while they were still pregnant.

Some mothers differentiated the group sessions from the home visits by saying that the home visits were for their babies while the group sessions were for themselves. One respondent explained how attending parenting group sessions made a big difference in her day, "Seriously, sometimes. . . I come there irritated, I'll leave out happy. Like today I walked in with a bad attitude, I walked out just fine. It's great energy, positive energy. Helpful." Mothers who had participated in Heart to Heart group sessions, a curriculum designed to teach teen mothers how they can protect their children from sexual abuse,<sup>41</sup> felt that this part of the program was especially meaningful to them. Most participants stated that the program staff provided transportation to the group sessions and that dinner was always provided to both them and their children.

While most did not have any recommendations for improving the group, a few noted that having a van or bus or providing gas money could be helpful, as sometimes program staff are not able to pick up all participants. The meeting place is near some of the participants' homes (it is within the Altgeld Gardens complex), but, for many, it is not in a location that is safely accessed. Reasons it has limited accessibility include inadequate usable sidewalks, particularly outside of Altgeld Gardens; distance from participants' homes; and the inability to easily transport babies or toddlers on foot. For example, one respondent described the limitations of getting picked up by program staff:

That's the sad part about it because we have to get in and then we have to put our car seats and our babies in there and so it's a little car and then it's very tight. We need more help with that I feel like we need more space or we need some type of like a bus or something because I mean I can help but at the same time, I don't really have the funds for gas to pick up other people. So sometimes I'm like, "I don't have no gas today, so can you please come pick me up?". . . She no problem picking us up, but I think it's just stuff like that you just need a actual transportation. I feel like some females done left the group because of that.

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<sup>41</sup> The Ounce of Prevention Fund. (1995). "Heart to heart: An innovative approach to preventing child sexual abuse." Retrieved from <https://www.theounce.org/wp-content/uploads/2017/03/HeartToHeart.pdf>

One respondent recommended finding a larger space for the group sessions that could more comfortably accommodate all the participants, “The groups, like how it’s not enough room for everybody, and sometimes people be wanting to interact, but they can’t, because there’s only enough space for a certain amount of people.”

### ***Commitment of Program Staff***

The commitment of program staff really made this program stand out to its participants. Respondents repetitively used the word “love” to talk about how they felt about the program and its staff. For example, one mother gushed:

I love our conversations. I love how we can get along so well. I love what we learn. We learn a lot of stuff. . . . I love how we get emotional together. We’re not judgmental. We just love each other. I call them my group sisters, so I love that.

The mothers expressed feeling that the program staff genuinely cared about them, in a way they had not found in other programs. Mothers mentioned how they appreciated that they could reach out to their doula or FSW by phone or text whenever they had questions.

She was like, “You can even contact me at any hours with any questions,” and I thought that was helpful because a lot of times I would be like, “okay, is this labor?” I was in labor for three days, so I wasn’t sure, like “Okay, what do I do? What’s best? Is this normal, is this not normal, should I get this checked out?” I would text her and she would give me—she would respond real quickly back.

They also reported that the doula stayed with them at the hospital for long periods of time during labor and delivery, if necessary. For example, one respondent shared, “I think she stayed with me for like 15 or 20 hours. Yeah, she stayed with me for most of the day.”

The interviewed mothers also appreciated how the parenting program assisted them with material needs on an emergency basis. The most commonly mentioned items were diapers and books. Respondents shared that receiving these items to help with their babies made a big difference to them, especially during financial crises. One respondent shared, “[Before I got a job] I was calling constantly, like, unstoppable, like, ‘Can I get Pampers,’ ‘cause I didn’t have a job and then I was on TANF and it didn’t kick in yet, so everything was just all over the place.”

### ***Breastfeeding***

The majority of the respondents chose to try breastfeeding ( $n = 9$ ). The length of time that they breastfed varied from one week to four months, with only one mother still actively breastfeeding her 3-month-old infant at the time of the interview. Reasons for stopping included their milk supply decreasing ( $n = 3$ ), being prescribed new medications ( $n = 2$ ), and conflicting school or work schedules ( $n = 2$ ). One mother stopped breastfeeding because she did not have a pump, despite having filled out paperwork twice with a hospital social worker. Other mothers had better luck with receiving breast pumps, either directly from

the hospital, with a prescription from the hospital, or with help from their doula. In most cases these were electric pumps, although one mother reported receiving a manual pump from the hospital where she delivered.

Respondents talked about how their doula informed them of the benefits of breastfeeding, helped ensure they got skin-to-skin time directly after childbirth when they could initiate breastfeeding, coached them on how to get their babies to latch on, showed them different breastfeeding positions, taught them how to use breast pumps, and gave them tips about how to continue breastfeeding.

Learning about the benefits of breastfeeding led some mothers who were initially averse or ambivalent to give it a try. One mother shared, “Breastfeeding wasn’t something I was really wanting to do at first. I just wanted to go straight to bottle-feeding. But, it’s more like they talking to me about it, I would say, ‘I’ll just try it out at the hospital.’” Here is what another mother said about breastfeeding:

Because you know what’s actually in inside your milk and you’re not guessing, like, oh this is powdered milk. When I switched her over to powdered milk, because my milk ran out quick, I breastfeed up to 3.5, 4 months. I breastfeed up to like four months tops. I wanted to do it longer, but some of my doctors were like, “Hey, you did it pretty longer. Some people only do for a month, two months. Four months is still short. It could have been at least seven or eight, but that’s fine.” Because they start growing teeth by then anyways. But you know that’s fine.

A few mothers talked about how they or their family members had a stigma against breastfeeding that they were able to challenge once they were armed with the information provided by their doula and FSW. For example, one mother said she initially felt like breastfeeding “shouldn’t be legal,” but once she learned about the nutrients and saw that her breast milk in a bottle calmed her baby down, she started breastfeeding and was ultimately able to say, “I love the fact of breastfeeding. I feel like that was the most beautiful thing you can do.” Mothers talked about sharing what they learned about the benefits of breastfeeding with their friends:

My friend, she is actually pregnant now. I was telling her and everything about the program too and I was actually thinking about giving her the papers on breastfeeding too because she’s like, “Hey, a lot of people tell me breastfeeding hurts,” everything like that. I’m like, “No, you have to know how to do it.” Then I’ll be like, “I’m just going to give you the papers because it explains to you how to do it step-by-step.”

Having the support of the doula and FSW also allowed mothers to challenge the stigma against breastfeeding held by others. One mother explained how she made the decision to breastfeed despite her mother’s stigma against it, and that her mother ultimately respected her decision:

My mom was the only family that I really have. She was like, “I didn’t breastfeed you. You better get her some milk out that can!” And so I’m like, “All right, I like doing it. I like doing this, okay.” She was like, “Well, it’s working for you, keep doing it, then. It’s good for you.” So, she was agreeing with it. . . . My friends they liked it, too.

Respondents reported that by being at the hospital during childbirth the doula was able to help them learn to latch on at the hospital. One respondent felt that she would not have been able to breastfeed at the hospital if their doula had not been there to advocate for her:

When she first came out and they wiped her off and everything, [my doula] had us do skin to skin and had me breastfeed her. I don't think, if [my doula wouldn't] have said anything that they would have just took her right out of the room. They wouldn't have let me see her. They would have took her right out the room. [My doula] was like, "No. They need to breastfeed and they need to do skin to skin." That's why we had the birth plan. She told me I was going to be not in my right state of mind. All that medicine. That's why we did it beforehand. She had everything wrote down, saying that it came from me, because it did.

Several respondents also mentioned that the doula visited a couple days after childbirth in their home as well, where she continued coaching on breastfeeding and pumping:

[My doula] taught me how to use the electric breast pump. She told me to pump it in there. She gave me storage bags for the breast milk to put it in the freezer for the baby. If I ever produce too much and she was just telling me that when it starts hurting that it's time for me to pump since she wouldn't latch on. She explained a lot to me about breastfeeding. I even have a pamphlet on breastfeeding and I still have it.

### ***Child Care***

A few of the interviewed mothers ( $n = 3$ ) had enrolled their children in formal child care, about half ( $n = 6$ ) were planning to enroll their children in formal care in the future, and a couple ( $n = 2$ ) were not interested in nonfamilial child care. Mothers who had enrolled their children reported doing so both as a support for when they were working or in school and also as a way to spur child development, as one mother articulated, "I work every day. . . so yes, she'll be there every day. I'm happy of that because it's like the way they teach the kids is awesome. I love it."

Mothers who were not enrolled stated that they worried about the quality of the care available and whether their children were old enough. The respondents varied a great deal in their thinking about what age was appropriate for starting child care. The two participants who had used or planned to use day care when their children were the youngest (six weeks) both gave birth while enrolled in high school and used or were planning on using a child care program for high school mothers that provided transportation and was designed around the school day. At the other extreme, one mother felt that she would enroll her child in child care at age 3-and-a-half, because she was having trouble finding a place that she trusted but wanted to enroll her child by that age in order to help with her speech development.

Respondents reported receiving help and advice from program staff on how to select an appropriate provider. In some cases, the FSW recommended specific child care providers to the mothers and addressed their concerns about leaving their children with strangers, explained the potential benefits of child care, and coached them on how to choose a good fit.

Some of the mothers and their families had concerns about enrolling their children in formal child care, but knew—and in some cases learned from their FSW—that a good day care center could help their children learn, meet other children, and improve their speech development. For these mothers, the FSW was able to take general fears and operationalize them into measurable benchmarks that the mothers could use to make decisions about where to leave their children. For example, one mother was able to use the support and guidance from her FSW to quell the concerns her own parents had about daycares, saying, “My mom and dad, they’re against daycares and then, you know, we was telling them about it and they’re like, ‘Oh no, daycares, you know what’s going on, woo-woo.’” The FSW was able to advise this mother about what specific concerns to look out for, so that she was ultimately able to make an informed and enthusiastic decision about where to enroll her daughter. The mother said:

[My FSW] mentioned to me, she’s like, “When you go check out daycare, check out in the morning, just do random pop-ups, check in the morning and see what they doing. That, and in the evening, see what they doing.” That’s what we literally did. When I took my daughter there, you could see. . . if your child have a good or bad vibe. She didn’t want to leave. . . I even started learning the kids’ names that’s how many times I went I’m like, “Oh my God.” It’s real cool. She was playing. She didn’t want to leave.

Similarly, another mother recalled the advice she followed from her FSW when she selected a day care.

She told me to make sure that DCF [sic] actually does come out. Make sure that they had the pest control. And the locks on the door. Make sure that the outlets have the safety things. The doorknobs. That they’re not able to switch the doorknobs. The daycare, has these white things on them. Make sure it’s childproof. Make sure it’s clean. Make sure that the teachers aren’t just talking to the kids in any kind of way.

### ***Early Literacy***

Mothers reported that their doula and FSW encouraged them to read and talk to their children earlier, more frequently, and more consistently than they would have without their support. With the support of program staff, and books provided by them, mothers said that they started to read aloud (and talk and play music) while their babies were still in the womb and then continued the practice after they were born. One respondent shared, “It was weird, because I didn’t really think he could hear me. She showed me the exercise to put my hands over my ears, and that’s how it sound to him. He understood it. I’m like, ‘He did hear me.’”

They stated that they did this in order to help their babies learn to communicate, to support their brain development, and to bond with them as well. Many said they would not have thought about reading to their babies before they knew they could understand the content if it had not been for the encouragement of program staff. For example, one mother said, “I think I probably would’ve waited until I thought he was able to understand the words. I would’ve thought it was just noise, me talking.”

The frequency with which mothers reported reading to their children varied widely, from three times a day to two times a month. The respondent who reported reading to her child the least noted that other family members also read to her child and that program staff were encouraging her to read more frequently, “[My FSW] said I need to read to her more often, but I read to her about twice out of the month. [My FSW] said I need to read to her at least twice out of the week.” Respondents also discussed receiving books from the program to help them read more frequently, “She has a whole bin of books in there. Most of the books I have in there, came from Catholic Charities. They do provide you with books when you don’t have books.”

All respondents said that they talked with their children all the time. One explained, “The more you talk, the more you learn. [My daughter’s] like, ‘What is she talking about? Imma pick that word up and use it and see if that’s the right word.’”

### **Other Perceived Impacts**

Our analysis of the interviews revealed three additional key areas of impact: (1) reduced anxiety, (2) improved ability to safely soothe babies, and (3) reduced sense of isolation through increased connections and encouragement.

#### ***Reduced Anxiety***

Mothers talked about how knowing more about what to expect both during the birthing process and after childbirth helped them feel better prepared, allowed them to make informed decisions, and calmed their nerves. For example, one mother shared how she suffered from extreme anxiety before enrolling in the program, and what a difference the program made for her:

By me being a first time mother, it means a lot of stuff that I was unaware of and I didn’t know. Most importantly, when I found out I was pregnant, I started stressing a lot. I lost like 20 pounds. It had been a long pregnancy. I was worried, because my family was very negative. Now I know I got somebody to go to if I need anything or if I need to know something or what to do if this happens. I just feel like it changed me. I stopped stressing. I started feeling better. I started exercising, walking.

Respondents appreciated the support they received from their doula and FSW, as well as hearing about their peers’ experiences. One mother reported that hearing others’ childbirth stories during the parenting group sessions “made birth less scarier.”

Respondents felt that the information they received from the doula about what to expect during labor and the birth plan they created with her were especially helpful in reducing anxiety about the birth process. Writing this birth plan created an opportunity for them to discuss all the potential decision points that might arise during labor so that mothers could make informed decisions in advance.

The main focus was a birth plan and being informed on what might happen in the child labor process. She told me—in case scenarios, in case you need a C-section, or if they ask you this, I’m going to

inform you. With her, I wasn't dilating, so I needed Pitocin, and I knew what it was because we talked about it earlier. It made me know what they're doing. I was well-informed on the process, so it wasn't like, "Okay, I don't know what that is. I don't want it. Or I do want it." It gave me the option of knowing if I wanted it or not.

In addition, respondents mentioned a few ways that the doula assisted in their communication with physicians. This included providing hospital staff with the written birth plan and teaching participants vocabulary that they might hear the doctors use.

She told me they would say a lot of big words around me in the labor and delivery. She taught me those big words. Then it was kind of easy when I learnt all of that stuff because what if I didn't learn that stuff, then I wouldn't have been knowing what's going on with my body or anything.

One respondent highlighted how the mere presence of the doula at the hospital altered the dynamic between herself and the hospital staff.

Because, before she got there. . . it was kinda frustrating, because the doctor wasn't really telling us much. And, she came and she kind of talked to them, and was trying to figure out what was going on, 'cause they didn't wanna tell me or my mom anything. And she helped soothe me when it was time to push the baby.

Another spoke about how smoothly her labor and delivery went with her doula there, "My labor. . . I don't think it was as difficult as others. She helped me get through it. The breathing exercises. She helped me break my water bag faster. She calmed my nerves."

In contrast, the one interview respondent who did not have a doula had a negative experience at the hospital. Although this experience is not representative of all births where a doula is not in attendance, it does illustrate how doulas are able to help create a more positive birthing experience for program participants.

They pushed [the newborn] out and wouldn't let me see her. And I'm like, "Can I hold her?" And they said, "No, she has to go get cleaned up." I'm like, "Okay." Then they stitched me up and I'm like, "How many stitches did I get?" And they said, "We don't tell, we just do." And I'm like, "What?" I said, "Okay, alright." . . . They didn't wanna feed me. . . . The pampers they gave me was nothing. They took everything back. They sent me home with 3 pampers. They took my baby's pacifier. They took her b-up, they took all her shirts. I'm like, "Y'all can have it." That hospital was terrible. They took all her hats back. They said, "We gonna use these on another baby." I was looking crazy like, "Okay, I thought this was to keep." And they said, "No, we supposed to take these back."

Respondents also discussed how the doula's support during labor and delivery reduced their anxiety and helped with the birth. For example, one client shared, "she rubbed my back. She really helped me to breathe. My water broke, she was telling me when, and how to push and hold my legs, and she helped me to the bathroom." Another shared:

I really liked that she gave me so much information. Knowing that she was there to help me. When I was in labor, I called her and she let me know. She stayed there until about two hours after I gave

birth just to make sure everything was good and how was I feeling. She was really my comfort system.

A few mothers also spoke about how they appreciated having the doula with them even though they had others with them as well, “because sometimes with family members they don’t know what to do, they don’t understand.” One respondent talked about how the doula modeled the kind of support she needed so that her child’s father could better understand what she needed:

When I was going into labor, he kind of, he really didn’t know what to do. It was his first child. He was kind of goofy, irritating me, and he was noticing that the doula, she was like, comforting me, rubbing my back, telling me to breathe, and I guess it kind of clicked in. He was like, okay, this is serious, let me try to help her out instead of being goofy. That kind of helped him out on that part.

### ***Improved Ability to Safely Soothe Babies***

Mothers spoke about learning tips for identifying cries and soothing their babies from the FSW, doula, and from other mothers in their parenting group. For example, one mother noted how the FSW’s guidance on learning how to distinguish different cries allowed her to better understand her baby’s needs, “To learn her cries. . . . ’Cause she told me to listen for different noises she make, or different movements she do if she hungry, or if she just wanna be cuddled up, or if she just want some attention.”

Some of the mothers talked about how these techniques represented a big change for them:

[I learned] don’t upset her, rock her. Basically just put her to sleep, because she’s fussy, so yelling at her won’t get anything accomplished, it’s just gonna make her nervous and everything else. So I said, “Okay.” I used to have no patience, no patience. My mom was like, “You just gotta get some patience.” And she’s given me some patience. It helped me due to the fact that I ain’t had to fuss at her. I immediately knew what to do. Like, I identified certain cries. Some would be like when her pampers is full or when she is hungry or when she’s tired. I just knew all of the different ones.

Learning to identify different cries allowed this mother to better understand what her child needed and prevented unnecessary frustration that could have been counterproductive. Another mother shared a similar sentiment about learning techniques to soothe her child:

If you don’t know some stuff they’ll bring it up to you. Like, “Yeah, when the baby cry, don’t yell at it, or whatever, just put it on your chest and calmly pat her, talk to her, dance with her, and make her sleepy.” And I followed all the instructions and it really worked.”

Another respondent reported that talking to other new mothers about their strategies during parenting group sessions was also helpful. She said that they will suggest things “like ‘I do this to make her calm down’ or ‘I do this for bedtime.’ It’s like, ‘Oh wow, cool.’ Then I let them know the things I do to make my child calm down for bedtime and we learn from each other. I like that.”

### ***Reduced Sense of Isolation, Increased Connections and Encouragement***

The Altgeld-Riverdale community, on the southern edge of Chicago, is geographically isolated from the rest of the city, with little access to many businesses and services, including limited public transportation.

Not only is the community geographically isolated, but many of the mothers who live there reported social isolation within the community as well. For example, one mother stated that although she had lived there for ten years, “we don’t really know nobody out here. . . we just knew we had to, just to stick to yourself.”

In such an isolating community, bringing mothers together to meet and support each other can make a very powerful difference in participants’ lives. Another respondent shared, “I liked the group, because I’m kind of an anti-social person. It kind of helped me open up a little more to people, try to get to know them. Open up.” Participants shared that the group not only helped them connect with other mothers, but also provided an opportunity for their children to interact with others. For example, a mother explained that during one group:

We took a trip to McDonald’s and that was nice. The kids was playing in the little thing and my daughter was learning how play with others. At first, she was rough with them, she would try to hug them. But she learned how to interact with other kids, through the program.

In addition, respondents talked about how the connections and supportive relationships with program staff helped encourage them to persevere through difficult situations, and felt that this encouragement prevented them from giving up on important achievements. For example, one mother spoke about how the FSW’s encouragement helped her ensure she received child support:

The most helpful was just telling me to stay focused on my child support. Because with stuff like that I was kind of slacking off, thinking, “Eh, I’m not gonna worry about it.” And she was like, “No, stay on top of that.” . . . And I’m like okay, I’m gonna stay on top of this. I’m doing it for a reason. So, I’ve just been listening to her and its been really helping me.

Another mother mentioned the encouragement she received from her FSW to pursue postsecondary education:

She’s been telling me to finish school but she said, “I really think you should go back and do it.” Because, you really can’t do that much with a high school diploma. And I’m like, “You’re right.” You can’t do much with an associate’s either, so you gotta keep pushing. When you get that masters you tell everybody to get out of the way because I’m coming through. So, that’s what I’m thinking about doing. Because, these jobs you can’t really depend on them these days.

In these ways, connecting and building relationships with program staff and other mothers provided a needed support network.

## **Conclusions**

Initial outcomes on several domains indicate that the program is reaching or exceeding many benchmarks that suggest the program is making a difference in the lives of program participants. The OunceNet comparison data provided a snapshot of how the Altgeld-Riverdale Parenting Program is functioning compared to IL Best Practice Standards and 22 other home visiting programs in the state. On seven of

nine domains, the program was performing better than the benchmark and the 22-site average. This indicates that the program is implementing the program with high quality, leading to an expectation that positive child and family outcomes are feasible.

Respondents were very enthusiastic about their participation in the Altgeld-Riverdale Parenting Program and the support they received from the program staff and their peers. They felt the program armed them with the information they needed to be good parents and support their children's development, health, and safety. Interview respondents found the program beneficial in reducing anxiety, learning how to safely soothe and bond with their children, and reducing their sense of isolation. Parenting groups were a key recruitment and retention strategy for many interview respondents.

One specific domain that the program tracks is immunization rates for children of program participants, which hovered around 50% during the evaluation period. It is not clear whether the low rates are due to parents not immunizing their children, parents not clarifying immunization updates to staff, program staff not recording the immunization information routinely, or some combination of all of those.

Breastfeeding initiation was high amongst program participants due in large part to the efforts of the doula. Unfortunately, there was a significant drop in breastfeeding rates after initiation. The reasons given for this were varied and included milk supply drying up, schedule conflicts, and medication issues.

The Altgeld-Riverdale Early Learning Initiative is clearly focused on supporting parental efforts to read and talk to their babies from birth, and qualitative findings suggest that program staff were very focused on that domain. However, it was not clear if the lack of answers recorded in OunceNet were because staff were not asking this question of participants or if they were simply not entering the data regularly.

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## **Altgeld-Riverdale Parenting Program Implementation Study**

The Altgeld-Riverdale Parenting Program implementation study documented the extent to which the parenting program was implemented as designed and with high quality. It included three key tasks: program service data analyses, home visit and parenting group observations, and staff and stakeholder interviews.

### **Parenting Program Participant Service Data**

#### **Key Findings**

- The number of active participants in the program increased over time with a maximum of 26 participants in the second quarter of 2016. The majority of program interactions between staff and participants (84%) occurred during home visits, with most of the remainder occurring during group sessions or doula visits to the hospital for childbirth support.

- The majority of participants were highly engaged in the program and followed their service plan, and those two domains are aligned.

### Methods

For the implementation evaluation, we used OunceNet data from the 35 consented individuals in our sample and 14 quarterly reports that the parenting program submitted to the Ounce at the end of each quarter. These reports provided aggregate data across several measures for all participants in the program (not just the 35 for whom we have consent) during the quarter.

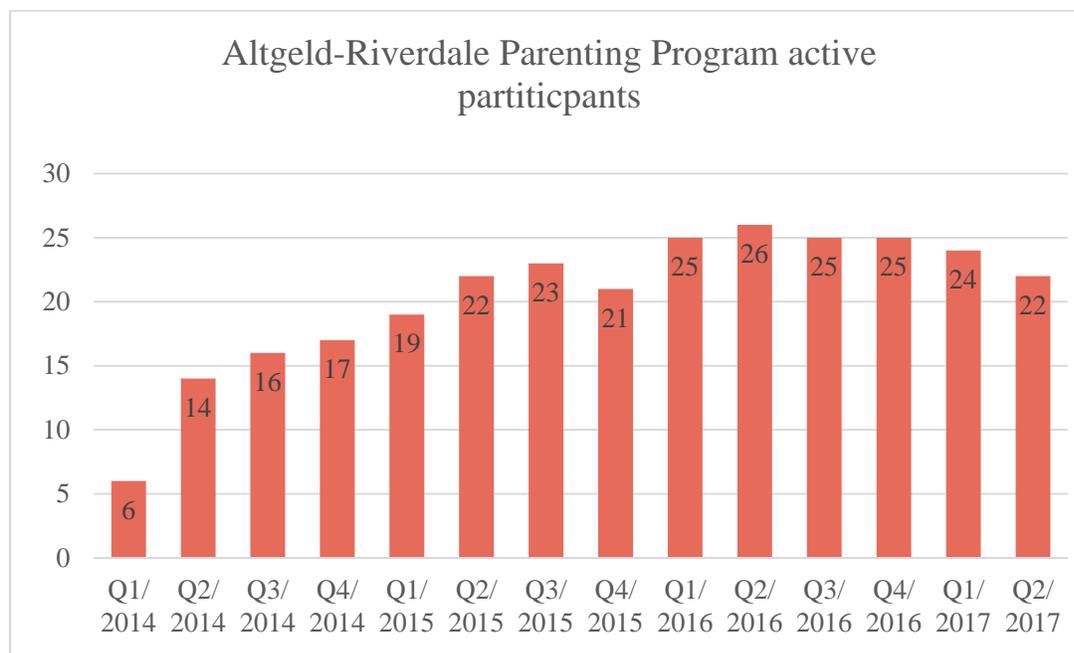
### Participant Demographics

All 35 participants in our sample were African American females who were either pregnant or parenting, had never been married, and were under the age of 25. Slightly over half (54%) of participants had graduated from high school, 29% were enrolled in school, and 17% had dropped out or were not enrolled. Of those who had graduated from high school, 47% were working either part or full time. Of the six who were not enrolled and had not graduated, two were employed. Most of the participants in our sample (85%) lived with one or both of their parents.

### Active Participants

Using data from the program quarterly reports, we tracked the number of active participants for each quarter of the project. As seen in Figure 15, the number of active participants gradually increased, until it dipped slightly in the first two quarters of 2017.

**Figure 15. Total Active Participants, Q1 2014 through Q2 2017**

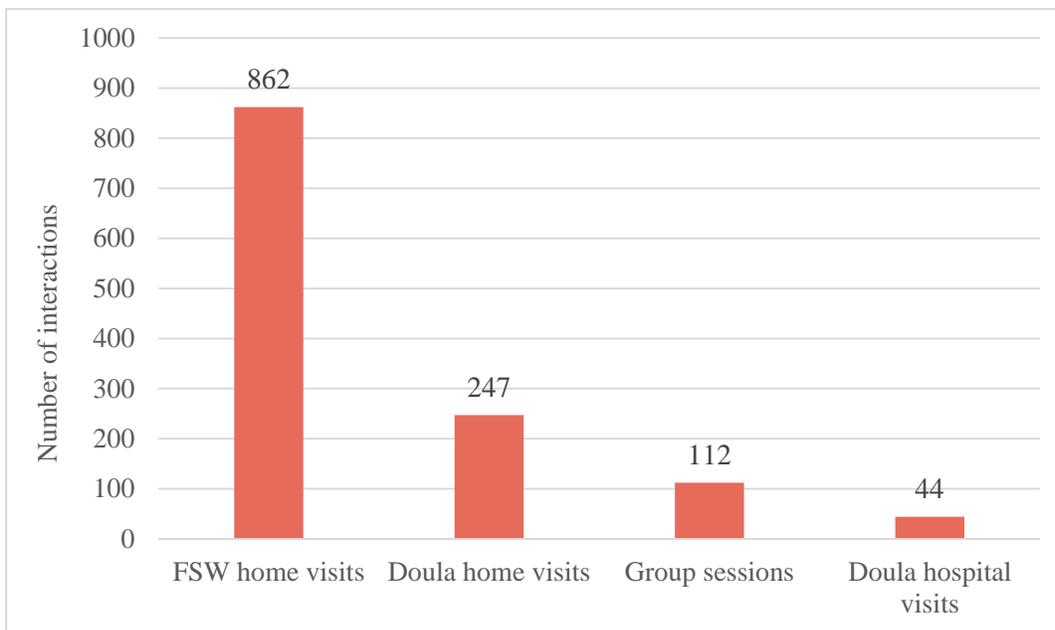


### Dosage and Duration of Participation for Consenting Participants

Of the 35 participants in our sample, 21 ended their participation by June 30, 2017. Of the 21 that exited the program, their average length of time in the program was 19.5 months, with a range of active participation time from 5.2 months to over 3 years (37.9 months). Of the 14 active participants as of June 30, 2017, the average length of participation was 14.5 months. Two had been active for just a few days (1 and 3 days) while two others had been active nearly two years (23.7 and 23.1 months).

The parenting program classifies the types of interactions that occur between staff and participants into nine categories in the data system (see Appendix F for detailed information on all program interactions). In total, there were 1,344 different interactions for the 35 individuals recorded by program staff between January 1, 2014 and June 30, 2017. The majority of these were home visits, including 862 completed home visits with the FSW. All but nine of the 862 visits lasted 60 minutes. The number and type of the most common interactions are in Figure 16 below.

**Figure 16. Parenting Program: Most Common Program Interactions**



### Doula Services

Between January 1, 2014 and June 30, 2017, doulas completed 247 home visits with 24 consenting participants, lasting an average of 63 minutes each.<sup>42</sup> Over the 3.5-year evaluation period, 20 consenting participants gave birth with a doula present at the birth.<sup>43</sup> Additionally, doulas made 44 separate doula

<sup>42</sup> Twelve doula home visit activities did not have a duration recorded; these 12 were omitted from calculating the average.

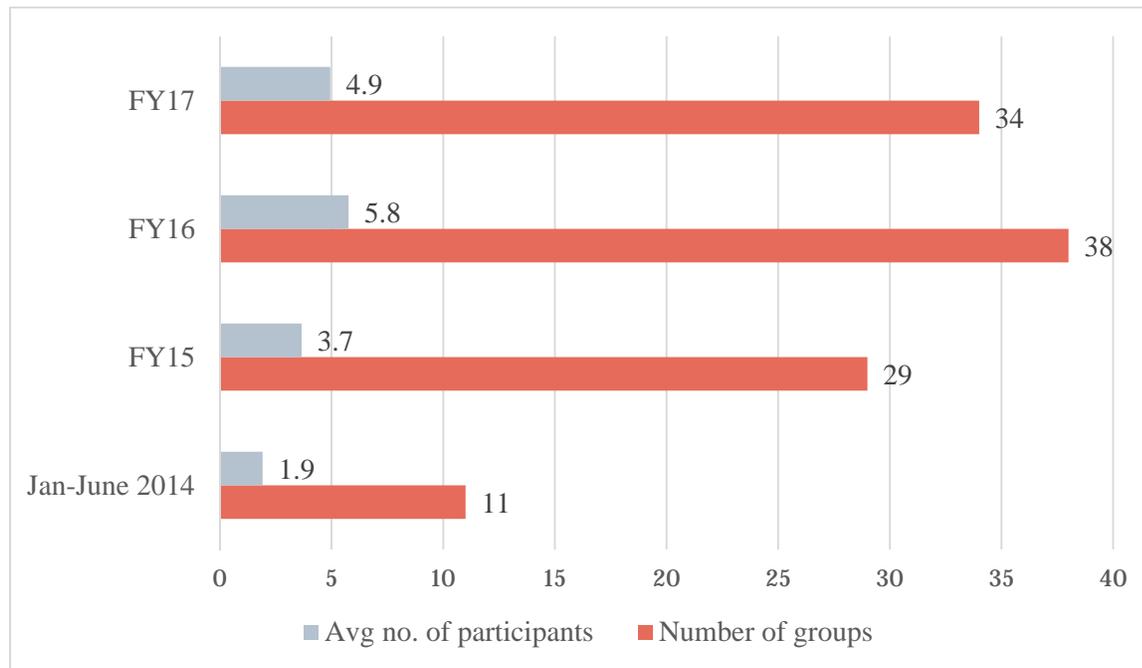
<sup>43</sup> We do not know if more than 20 participants gave birth with a doula present during the project—we are reporting only on those who consented for us to have access to their de-identified program data.

hospital visits to 22 consenting participants. The average length of time a doula spent at a hospital visit was over 5.5 hours ( $M = 339$  minutes), with a range from one hour to 18 hours. The median length of a doula hospital visit was 4.75 hours.

### Group Services

Among the 35 consenting participants, 27 participated in a total of 112 group sessions. The actual number of group sessions these 27 participants engaged in ranged from three to 55, with an average of 19 group sessions per participant. The number of groups held each year varied—the program held 38 groups in FY16 (July 2015 to June 2016), the largest over the time period (see Figure 17 below). Additionally, each group had an average of 4.6 consenting participants over the project period, but that average was also variable from year to year as shown below. Each group session lasted two hours.

**Figure 17. Parenting Program Group Sessions<sup>a</sup>**



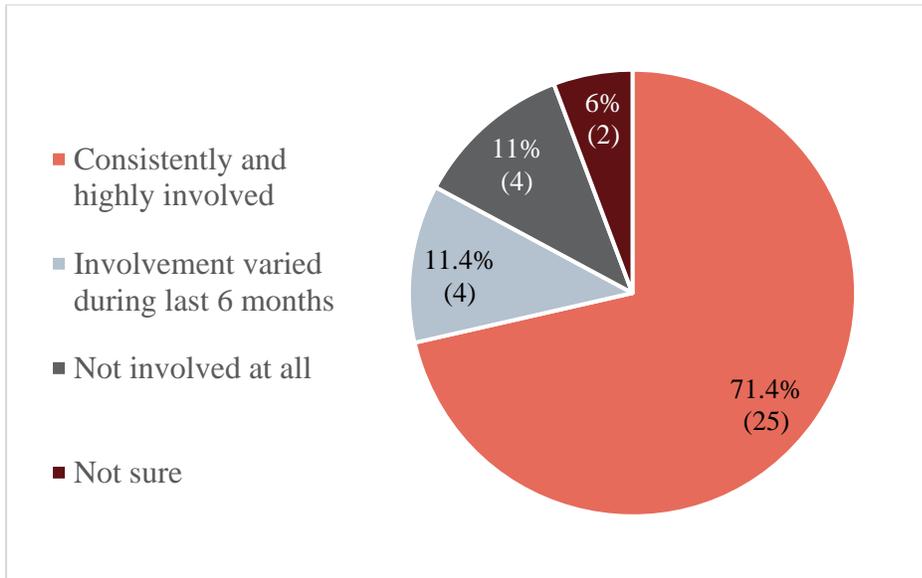
<sup>a</sup> FY15: July 1, 2014-June 30, 2015; FY16: July 1, 2015-June 30, 2016; FY17: July 1, 2016-June 30, 2017

### Participant Engagement and Participation

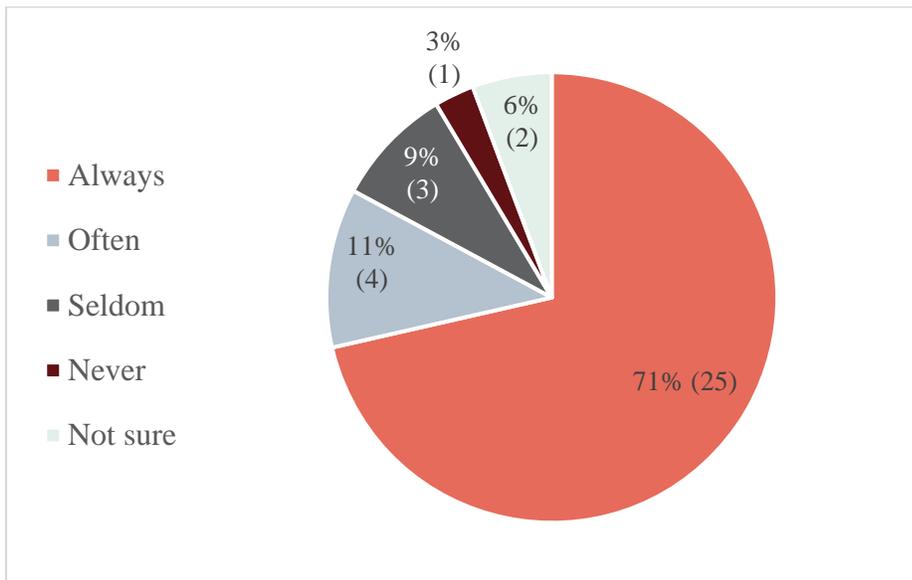
Staff tracked the level of engagement and participation throughout a mother’s involvement in the program. Engagement is a measure of how involved the participant has been during the past six months, and ideally is updated every six months in the OunceNet data system. Participation is tracked by the frequency with which participants follow through with suggestions and activities that are part of their service plan. Figure 18 below shows that 71% of the participants were consistently and highly involved. Figure 19 shows that the same proportion, 71%, “always” follow through on their service plan.

We explored whether these two domains were related, and the data revealed that they were exactly aligned. All 25 participants that were consistently and highly involved also always followed through with their service plan, which intuitively makes sense. If a client is engaged in the program and with the staff members, they were more likely to trust their recommendations and follow through on suggestions.

**Figure 18. Parenting Program Participant Engagement**



**Figure 19. Parenting Program Participant Follow Through**



## **Home Visit and Parenting Group Observations**

### **Key Findings**

- Staff members and program participants appeared to have strong and trusting relationships. Participants were engaged in the learning activities, asked questions freely, and appeared to listen carefully as information was presented during home visits and group sessions.
- Staff members followed through with planned content at home visits and group sessions.
- Transportation to and from group sessions was critical for ensuring participation.

### **Methods**

Chapin Hall observed six home visits over the course of the evaluation to assess the quality of the parent-provider relationship, determine the degree to which home visits are being conducted as planned, and assess participant engagement. We used a modified version of the Home Visit Characteristics and Content Form to guide our observations (Boller et al., 2009). The same Chapin Hall researcher observed all home visits for the evaluation and obtained written consent for participation. Additionally, two group sessions were observed in order to learn more about the content, format, and general implementation of that program component. A semi-structured observation protocol was developed by the Chapin Hall research team in order to observe the group sessions. The same researcher attended both 2-hour sessions, completed a verbal consent process with all participants and staff, and took detailed field notes. It is important to note that these observations represent a very small percentage of all home visits and group sessions conducted by program staff, so these results should not be viewed as representative of all services being provided by the program.

### **Home Visit Observation Results**

#### ***Parent-Provider Relationship Quality***

Based on our observations, provider-participant relationships were strong. All of the visits we observed were unique, but in each, the client was engaged in conversation and learning with the home visiting staff. The visits progressed from light conversation about recent activities (e.g., Halloween, weather, weekend events, etc.) to substantive discussions related to the curriculum. Participants were engaged in the learning activities, asked questions freely, and appeared to listen carefully as information was presented. Staff members modeled appropriate parenting behaviors during the visits (e.g., talking to the baby, holding baby, reading to the baby).

#### ***Visit Plans***

Staff members followed through with their planned content during the home visits, deftly managing distractions and practical obstacles (e.g., sleeping baby, other people in the home). There was a great deal

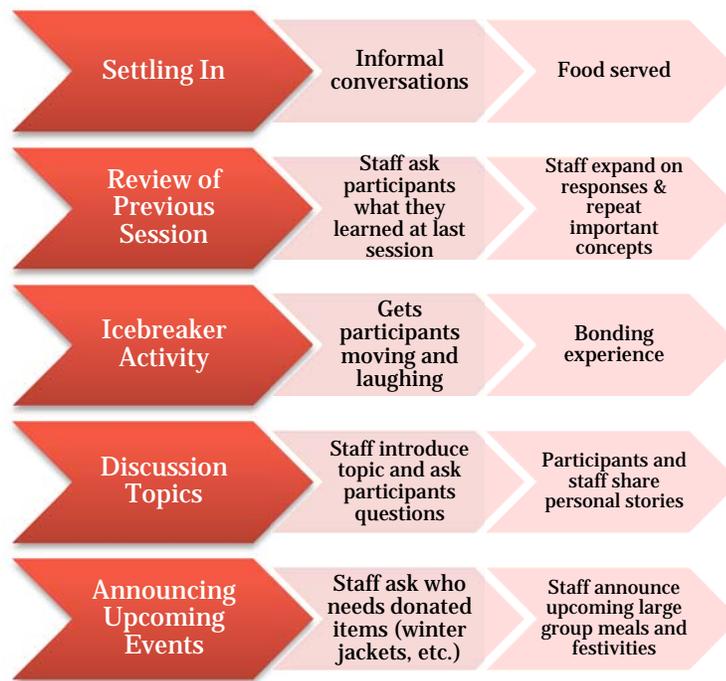
of information to be covered in each visit, requiring staff to move through the information relatively quickly. Participants seemed to appreciate receiving documents explaining what the focus of the visit was in order to refer back to at a later time.

### Group Session Observation Results

The first group session observed was on October 5, 2017. It was the ninth session in a ten-session program cycle. There were two parenting participants and one pregnant participant present (three total participants), as well as three staff members. The second group session observed was the third session of the following program cycle and took place on November 9, 2017. This session also had three staff present as well as five pregnant and five parenting participants (10 total participants).

Figure 20 outlines the general format of the group sessions observed, although it should be noted that the categories are flexible enough to adjust to the particular needs of the group on any given day.

**Figure 20. Sample Parenting Program Group Session Activities**



At both sessions the first half hour was used to get settled in and for social conversations between participants and staff. Staff also used this time to set up the food, entertain the children, and try to determine how many participants to expect.

After the social part of the group, staff facilitated an active icebreaker game. The icebreakers seemed to help the participants get more comfortable with one another and create a relaxed atmosphere for the

substantive part of the group meeting. At the larger session this included a game called “Zip, Zap, Zop.”<sup>44</sup> There was a lot of laughter during this game and a couple of the new participants who had been quiet during the beginning of the meeting began smiling and participating.

Staff created a plan for each group session that included a topic for discussion and information sharing. During the first session, the topics included sexually transmitted infections, child safety and childproofing your home, and family dynamics and stress. The FSW facilitated this discussion by asking participants questions and sharing some personal stories. The second session, with the larger group, was facilitated by both the FSW and doula, and the topics included gossip and rumors, values, and Thanksgiving. During the discussion, staff asked a question and went around the room asking each participant to provide a short response. The staff kept the mood light with lots of joy and laughing, boosting the energy in the room. A few participants, who were sitting on the couch together with their infants and toddlers, contributed more freely to the discussions than some of the newer participants.

The two sessions that were observed were very different from each other, likely due to the number of participants who were in attendance. With the number of participants fluctuating from session to session, program staff need to be responsive and flexible to the unique needs of each group and are forced to make quick adjustments to their plans based on the number of participants and children in attendance. This is complicated by the fact that the apartment where the group takes place has a smaller room with a table, which is best suited for less than five participants and one staff facilitator, as well as a larger room that is close to capacity with ten participants and three staff.

At both sessions, two-thirds of the participants came with program staff and the remaining third walked or drove themselves. Food and child care were provided at both sessions, although most often the mothers had their infants and toddlers next to them or on their laps while they participated. There were a few times during each session that one of the staff members would hold a child or take them into the play room to give the mother a break and allow her to focus on the session.

## **Parenting Program Staff and Stakeholder Interviews**

### **Key Findings**

- Staff reported that there were three primary pathways for young women to enroll in the program: door-to-door outreach by staff, word of mouth, or referral from the TCA Health clinic staff.

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<sup>44</sup> During the game, one participant says “Zip” while holding her hands against each other and pointing with the leading hand to another player, who then says, “Zap” while she does the same, carrying on and picking up speed as participants get eliminated one by one for messing up or hesitating too long.

- Participant retention was strong due to the personal connection they developed with their home visitor and doula; the nonjudgmental and supportive attitude of staff; and because the young women who participate in the program sincerely want to be good parents and understand that the education and support they receive from the program can help them reach that goal.
- Supervision was a critically important component of the program throughout the evaluation period, with excellent supervision provided throughout most of the program’s life.
- The most common issues facing families were insufficient access to viable employment options, housing instability, concrete needs (e.g., diapers, formula, cash), and mental health support.
- Many parents are uncomfortable with trying to read to their babies, so staff members encouraged them to use a variety of strategies to help their babies learn (e.g., talking to the baby, making up a story based on pictures in a book).

## **Methods**

Chapin Hall researchers interviewed the Catholic Charities staff members who are implementing the program at four points in time: January 2015, July 2015, May 2016, and June 2017. Additionally, we interviewed four representatives from service agencies and three BPI staff members to gain insight into the community and provider context. This section summarizes the key feedback gleaned from these interviews across several critical implementation domains.

## **Interview Results**

### ***Program Recruitment and Retention***

Staff reported that there were three primary pathways for young women to enroll in the program: door-to-door outreach by staff, word of mouth, or referral from the TCA Health clinic staff. The program had little difficulty encouraging participation once a connection was made—the young women were interested in the services provided by the program, especially the doula services. Staff sometimes encountered resistance from the participants’ mothers who discouraged participation, saying, “We don’t need a doula—I’m here to support her.” However, program staff worked to overcome those barriers by reassuring grandmothers of their continued importance in the family and educating clients about program benefits.

Client retention was strong and staff members reported several reasons for participants wanting to remain in the program. The primary reason was the personal connection they developed with their home visitor and doula. Staff members brought a nonjudgmental and supportive attitude to their work, and as a result were able to build strong relationships with participants. Additionally, respondents reported that having staff who mirror some of the demographic characteristics of participants (e.g., race, gender, parenting

status) helped build rapport and trust between the participants and staff. Staff cited another reason that retention was high—the young women who participate in the program sincerely want to be good parents and understand that the education and support they receive from the program can help them reach that goal. Staff also reported that the social connections created in the parenting groups encouraged clients to continue engagement with the program.

### ***Parenting Groups***

The program’s group sessions were held weekly during the school year on Thursday afternoons (details regarding group observations are included in the section above). The most recent location for group meetings, an apartment within the Altgeld community, was reportedly a much better fit than previous locations.<sup>45</sup>

The groups followed the same curriculum used in the other Catholic Charities Adolescent Parenting Programs in Roseland, West Pullman, Pullman, and at Maywood and Proviso high schools. According to staff, groups were a very positive experience for the participants, especially the Heart to Heart program. Impacts included deeper relationships between staff and participants, social support from peers, healthy food, and information sharing about important parenting topics. Staff explained that there were two main reasons that young women attend the groups: (1) they received valuable and helpful information about pregnancy, birth, and parenting; and (2) they forged meaningful connections with other young mothers.

One consistent and unique feature of the groups was the hot food provided each week. Ms. Sims, a long-time Catholic Charities employee and certified nutritionist, cooked food each week to serve during group and transported it to the parenting group. Staff members reported that this is a key component of the group meetings because it allows the young mothers and their children to have a balanced meal and it models a “family dinner.” The meal also served as an incentive to participate.

According to staff reports, one critical strategy for ensuring robust participation was providing transportation for participants. For some young women, their only realistic way of attending was by asking staff members to pick them up for the group and take them home after it was over. Without this support, many clients would not attend the group sessions.

### ***Staffing, Training, and Supervision***

The program had three primary staff members: one program supervisor, one family support worker, and one doula. A part-time doula was added in 2017, and the entire program was led by one program director.

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<sup>45</sup> Previously, groups were held in a room at the Chicago Youth Center (CYC) in Altgeld but that space was not ideal due to scheduling conflicts and the lack of privacy (i.e., people not affiliated with the program could walk through the room during group sessions).

According to staff, supervision was a critically important component of the program throughout the evaluation period, with excellent supervision provided throughout most of the program's life. The initial supervisor and the current supervisor reportedly provided exceptional support to home visiting staff. Strategies included an open-door policy, frequently scheduled individual supervisory check-ins, regular staff meetings, and flexibility in the frequency and structure of support provided.

Since the program's inception, staff members have reported that initial and ongoing training through the Ounce and Catholic Charities prepared for them for their positions. Time for training was critical for educational purposes but also to allow time for staff to come together, learn from each other, and support one other as they do this challenging work.

Potential staff burnout due to full caseloads, low salaries, high stress, and community violence remained an issue throughout the evaluation period. Strong supervision was a protective factor, but preventing burnout remained an issue.

### ***Client Needs***

According to staff, the most common issues facing families were insufficient access to viable employment options, housing instability, concrete needs (e.g., diapers, formula, cash), and mental health support. Employment remained the most consistent challenge mentioned regarding client needs. Staff members attempted to help by sharing job announcements they are aware of, but this strategy does not provide systemic support for participants. A few participants engaged in community-based employment programs, but feedback on those programs was limited and mostly negative. Home visiting programs are not tasked with helping clients secure employment, but this issue continues to deeply affect program participants.

Staff reported that many clients experience frequent housing transitions. They move between households (e.g., their own family of origin and the baby's father's home), they are too young to rent their own apartments, and there is limited subsidized housing available even if the clients are old enough. Material needs were also a barrier to positive functioning, with the most frequently mentioned items being diapers, formula, and simply cash to purchase needed items. The majority of clients have access to health insurance and health care.

Throughout our interviews with staff, mental health issues were mentioned as an area of need for most clients. Staff agreed that most clients experience high levels of stress as well as exposure to traumatic events, such as community violence. They believe that the program provides critical emotional support to the young women as they navigate this challenging time in their lives, but also acknowledge that some young women might need additional intervention. Staff members encourage the young women to access

mental health care, primarily at TCA Health, but some young women are not willing to pursue counseling because they feel uncomfortable with accessing help from providers they do not know. However, according to program staff follow-up, some young women seek mental health services from the female therapist at TCA Health.

Chapin Hall spoke with mental health service providers in the community, and both reported that major depression is probably the most prevalent mental health issue in the community. They explained that community residents are exposed to so much stimuli every day and remain at peak levels of awareness and vigilance all the time, which can often lead to depression. However, they both pointed out the difficulty of using standardized assessment tools with this population, explaining that clients are very fearful of negative repercussions for answering truthfully—they are afraid of child protective services investigations if they admit to having mental health difficulties. This may partially explain why parenting program participants rarely score high on the depression screener used—they are not willing to be forthcoming on a standardized assessment. Providers reported that they are trying to use a more conversational style of assessing clients to overcome this challenge.

Another area often mentioned as an unmet client need is more breastfeeding support. Staff reported that the program provides information to participants during home visits and group sessions regarding breastfeeding. Chapin Hall researchers also spoke with community health and social service providers about breastfeeding—specifically about why program participants chose to initiate breastfeeding (or not), what kind of lactation support is available and from whom, and what factors contribute to the continuation of breastfeeding after the first few weeks. Respondents explained that the doula and WIC staff are typically the primary sources of information about breastfeeding benefits and strategies. WIC staff and peer counselors are often available by appointment within a day or two of someone requesting assistance and can provide electronic breast pumps to Medicaid recipients. Most respondents agreed that the key to improving breastfeeding initiation, or continuation beyond a few days, is for the doctors and hospitals to be more proactive. In the hospitals, there is variation amongst nurses' expertise and training on lactation support, with some not having any specific training and others having certification in lactation support. Additionally, some respondents reported that supporting participants as they learn how to adequately breastfeed may take more time than feeding a baby formula from a bottle and that when maternity nurses are busy, breastfeeding support may not remain high priority. Lastly, staff and stakeholders all suggested that participant family members were often not supportive of the participant's plan to exclusively breastfeed due to fears of how time consuming it might be, how it might exclude other family members from helping out, and because it might affect the mother physically over time.

### ***Fidelity to Plan and Model***

According to respondents, the program was implemented as planned and according to the Parents as Teachers (PAT) model framework. Staff members were well aware of the primary goals of the program: support healthy pregnancies and births with minimal medical intervention; help participants become better parents so their babies are safe, healthy, and ready to learn; encourage strong parent-child attachments; prevent second births; and provide support and resources so the parent can make positive decisions for their family.

Barriers to completing visits were those typical of home visiting programs, including clients canceling visits at the last minute (or not being home at the scheduled time). One key obstacle to completing visits as planned was when other individuals were in the home during the visit. These obstacles had two components: the individuals were unable or unwilling to give the home visiting staff and client privacy to complete the visit or noise levels in the home were prohibitively high.

### ***Engagement with the Community and the Early Learning Coalition***

Staff members emphasized the importance of capitalizing on early learning opportunities with participants and their babies, and early literacy remained a strong focus of the program throughout the evaluation. Many parents were uncomfortable with trying to read to their babies, so staff members encouraged them to use a variety of strategies to help their babies learn (e.g., talking to the baby, making up a story based on pictures in a book).

Most clients do not utilize formal childcare services but instead rely on family or friends to provide childcare. Many young women do not qualify for childcare assistance because they are not working or in school, and those that do often express a lack of trust in childcare centers.

The parenting program was active in the Early Learning Coalition (described in more detail in Chapter 3) during the evaluation period. Staff members reported that the primary benefit from participation was increased awareness of community services and activities. It also helped deepen relationships amongst service providers.

### ***Perceived Program Impact***

Although this evaluation is not measuring program impact directly, interview respondents listed several potential benefits of participation. Staff expressed that the parenting program supports improved relationships between mothers and babies. These improvements were seen in several domains, including increased bonding and attachment, parental understanding of child development, and understanding of the critical role parents play in brain development and early learning. Additionally, staff believed that health outcomes were being affected by the program, primarily due to more timely and consistent prenatal care,

safer and more supportive childbirth experiences, increased breastfeeding initiation rates, and improved compliance with child well-checks and immunizations.

Another area of impact consistently mentioned was improved social connections amongst the clients who participate in the group sessions. These connections are forging a positive, supportive network for young mothers who are often isolated, encouraging them to engage in constructive parenting strategies as they see other mothers implementing the same strategies.

## **Conclusions**

We used data from multiple sources to better understand if the parenting program was being implemented with fidelity. Data revealed that the program largely engages with the participants through home visits (with a FSW, a Doula, or both) and group sessions. The program was at capacity for much of the evaluation period, and participants were highly engaged and following through on service plans. Participant retention was strong due to the personal connection they developed with their home visitor and doula; the nonjudgmental and supportive attitude of staff; and because the young women who participate in the program sincerely want to be good parents and understand that the education and support they receive from the program can help them reach that goal. Weekly parenting groups were a key engagement and support strategy for some participants, but transportation for the groups remained a challenge throughout the evaluation.

Supervision was a critically important component of the program throughout the evaluation period, with excellent supervision provided throughout most of the program's life. Potential staff burnout due to full caseloads, low salaries, high stress, and community violence remained a concern. Strong supervision was a protective factor, but preventing burnout remained an issue.

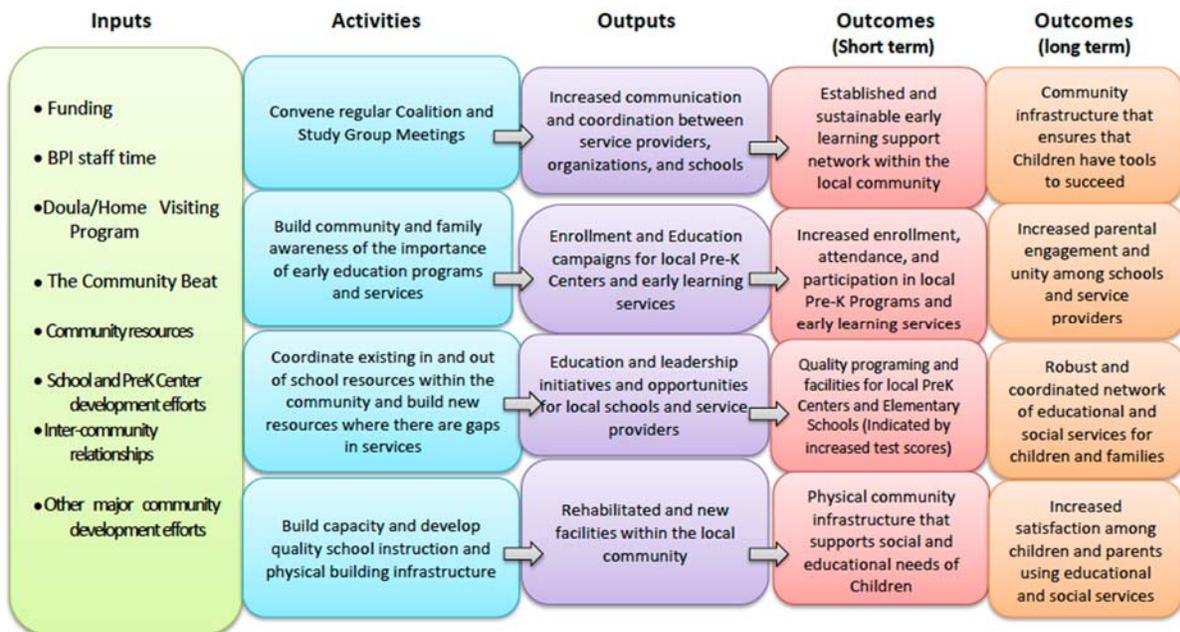
The most common unmet needs facing families were insufficient access to viable employment options, housing instability, concrete needs (e.g., diapers, formula, cash), and mental health support. Program staff helped participants in these areas when possible, but these are all daunting challenges that are beyond the program's capacity to resolve.

Staff members emphasized the importance of capitalizing on early learning opportunities with participants and their babies, and early literacy remained a strong focus of the program throughout the evaluation. Many parents were uncomfortable with trying to read to their babies, so staff members encouraged them to use a variety of strategies to help their babies learn (e.g., talking to the baby, making up a story based on pictures in a book).

# Chapter 3 | Altgeld-Riverdale Early Learning Coalition Evaluation

The Altgeld-Riverdale Early Learning Coalition was launched in the spring of 2012 with the overarching goal of building a comprehensive community infrastructure to support early learning in the community. The intended outcomes of the Coalition include establishing an early learning network in the community, increasing enrollment and attendance in early childhood care and education programs, and improving the quality of programming and facilities for the local schools and the other organizations that support children and families. **Error! Reference source not found.**<sup>21</sup> presents the logic model for the Coalition.

**Figure 21. Altgeld-Riverdale Early Learning Coalition Logic Model**



## Community Survey and Early Learning Programs

One of the Coalition’s major aims has been increasing enrollment in the various programs and services for young children and families in the community. Therefore, the evaluation sought to better understand

the perspectives of community residents about community programs that support early childhood development, including any factors preventing them from enrolling.

## **Methods**

The Time 1 survey was administered between December 2014 and February 2015, and the Time 2 survey, with the same questions, was administered between April and May 2017. The same survey was administered to two independent samples of participants, one sample at Time 1 and another sample at Time 2. Three Chapin Hall researchers recruited eligible participants in community venues where parents and guardians of children ages six and younger were likely to be found. Table F-1 in Appendix F lists the sites where administration took place and the number of days and times of day that administration took place at each of the sites. Before administering the survey, researchers screened respondents for eligibility, reviewed IRB-approved consent forms, answered respondents' questions, and collected a signed consent form from each respondent. Researchers read the survey aloud to participants; each survey took approximately 10 minutes to complete.

## **Measures**

The survey consisted of three sections: demographic information about the respondent,<sup>46</sup> respondent familiarity and enrollment status with selected programs and services in the community, and respondent beliefs about what children need to know and do to be ready for kindergarten.

Respondents were asked about the following eight community services and programs in the surveys:

1. Altgeld-Riverdale Parenting Program;
2. TCA Health Clinic and Mobile Van (medical, dental, and other clinical services);
3. other TCA Health programs (nonmedical programs such as gardening, fitness, and nutrition programs);
4. Head Start programs;
5. pre-K programs;
6. Altgeld Library activities;
7. Aldridge Summer Camp (also known as "Camp Fit Kids"); and
8. Carver Park Kids Summer Camp.

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<sup>46</sup> Demographic information consisted of respondent's age, race, employment, and education status, residence location within the community, number of years residing in the community, number of children in the respondent's care, ages of the children, and respondent's relationship to the children.

Items were developed to assess the following: (1) whether the participant was familiar with the service; (2) if yes, whether the participant had enrolled or planned to enroll their child in the service; and (3) if not, why the participant did not plan to utilize the service.

An additional bank of items was used to assess attitudes toward kindergarten readiness. These were adapted from items in the Community Attitudes on Readiness for Entering School (CARES) measure, which assesses parent attitudes about what skills and abilities children need in order to succeed in Kindergarten (Piotrkowski, Botsko, & Matthews, 2000). Based on the dimensions of school readiness identified by the National Educational Goals Technical Planning Group, the developers of the CARES scale conceptualized the kindergarten readiness resources as (1) health and self-care; (2) ability to regulate behavior and emotion, interact appropriately with adults and children, and communicate needs and feelings effectively; (3) an interest and engagement in one's surroundings to motivate learning; (4) motor skills; (5) cognitive knowledge; and (6) the ability to adjust to the demands of the kindergarten classroom. Each statement describing dimensions of school readiness was read aloud to respondents. Respondents were asked: "Think about a child who will begin kindergarten in the fall. For each item below, enter one number to indicate how important or necessary it is for a child starting kindergarten." Respondents were then asked to rate each item on a 4-point Likert scale as: (1) not too important; (2) somewhat important; (3) very important, but not essential; and (4) absolutely necessary.

### **Analytic Approach**

Descriptive statistics were calculated for all survey items. To test for any change over time in familiarity and enrollment, Time 1 survey responses were compared to Time 2 survey responses. Categorical variables were analyzed using chi-square tests.<sup>47</sup> Continuous variables were analyzed with independent samples *t*-tests. Significance was determined based on *p*-values.

### **Sample**

Eligibility criteria required survey respondents to be parents or primary caregivers of at least one child age 6 or under and reside in Altgeld Gardens, Concordia, Golden Gate, Riverside Village, or Pangea. The Time 1 and Time 2 surveys each had their own set of respondents, for a total of 200 respondents in all (96 at Time 1 and 104 at Time 2). Appendix G presents the sample characteristics of the Time 1 sample and the Time 2 sample. The samples' demographics reflect the demographic profile of the community<sup>48</sup> and were similar at Time 1 and Time 2 in all but one area. The only variable with significant differences

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<sup>47</sup> Due to small cell sizes for some analyses, Fisher's Exact Test was used when cells had fewer than 5 cases.

<sup>48</sup> For example, the Altgeld-Riverdale Consortium reported the community is almost exclusively African American and roughly four out of 10 individuals have attained at most a high school education or GED (Clary & Soto, 2013). As of the 2010 census, approximately 96% of the community is African American (Paral, 2012).

across the two surveys was the number of years of residence in the community—residents tended to live in the community longer at Time 2—and we do not know of any systemic reason for this change.

Across both surveys, most respondents were mothers; grandparents made up 17% of the sample and men made up about 12%. Most respondents reported that they were between the ages of 25 and 44 and only two teen parents participated in each survey. About half of all respondents reported that they work outside the home, and one-third reported being neither employed nor enrolled in classes. About three-quarters of respondents reported currently having between one and three children in their care.

## **Early Learning Programs: Familiarity and Enrollment**

### **Key Findings**

- The program with which respondents were most familiar was the TCA Health Clinic and Mobile Van. At both Time 1 and Time 2, over 80% of respondents were familiar with this program and among those, over 70% stated that they had already enrolled for services.
- At both Time 1 and 2, over 75% of respondents reported familiarity with the Head Start and pre-K programs. Enrollment in Head Start significantly increased from Time 1 to Time 2.
- Respondents who reside in Altgeld Gardens, who have lived in the community longer, and who are grandparents/guardians generally expressed greater familiarity with more programs.
- There were marginal increases in enrollment for the Altgeld-Riverdale Parenting Program and both summer camp programs.
- Survey results suggest that targeting of younger parents may have become more successful during the evaluation period. At Time 1, respondents age 35 and older were more familiar with the Altgeld-Riverdale Parenting Program and more likely to be enrolled in Head Start than younger respondents. This was no longer the case at Time 2.

### **Group Differences in Familiarity and Enrollment**

We examined the items assessing familiarity and enrollment for each community program to learn whether there were group differences in responses based on community residence, years living in the community, educational and employment status, and age, and a few potential patterns emerged. First, those residing in CHA housing (Altgeld Gardens) and those having lived in the Altgeld-Riverdale community for more than 6 years were more likely to be familiar with these programs/services. In some cases, respondents age 35 and older were also more likely to be familiar with programs in the community. Additionally, grandparents and guardians were more likely to be familiar with some programs/services. Perhaps it is these individuals who are most likely to be plugged into communication networks, community groups, and other services where they hear about these services. Research shows that most

parents and guardians learn about their child care provider through friends, family members, and neighbors (Iruka & Carver, 2006). Figuring out how to best leverage the knowledge of the older community members, those who have lived in the community more years, and those residing in Altgeld may prove beneficial in increasing the awareness and enrollment in community services. Tables H-1 and H-2 in Appendix H display the group differences across programs.

### **Altgeld-Riverdale Parenting Program**

The Altgeld-Riverdale Parenting Program began in 2014 and consists of doula services, a home visiting program for young parents of infants and toddlers, and a parenting support group. In both surveys, about one-third of respondents reported familiarity with this program. Of those who reported familiarity, half (50%) of the parents in the Time 2 survey reported having already enrolled or planning to enroll in the program, compared to only 29% at Time 1. However, this increase in enrollment was only marginally significant ( $p = 0.076$ ). Results for familiarity and enrollment plans for this program are shown in Table H-3 in Appendix H for both time periods.

Among Time 2 survey respondents, there were significant differences in familiarity based on the respondent's relationship to the child and community residence. Guardians who were not parents (primarily grandparents) were more likely than parents to be familiar with the parenting program (see Appendix H for chi-square values and level of significance). In addition, respondents who had lived in the community for 6 years or more were more likely to be familiar with the Parenting Program than residents who had lived in the community for fewer than six years. Altgeld Gardens residents were more likely to report familiarity with the parenting program than non-CHA residents. Although in the Time 1 survey a much larger proportion of respondents ages 35 and older reported familiarity with the program than those ages 34 and younger, in the Time 2 survey this difference was smaller and no longer significant. This suggests that younger parents became more aware of this program over time.

Most respondents who were not enrolled in the Altgeld-Riverdale Parenting Program stated this was due to their ineligibility on account of their own age (exceeding the program's parent age maximum of 25), their child's age, previous parenting experience, or their gender. The reasons stated for nonenrollment in the program as reported in both surveys are displayed in Table H-1 in Appendix H.

### **TCA Health Clinic and Mobile Van**

The program with which respondents were most familiar was the TCA Health Clinic and Mobile Van. At both Time 1 and Time 2, over 80% of respondents were familiar with this program and among those, over 70% stated that they had already enrolled for services. Results are shown in Table H-4 in Appendix H.

There were no statistically significant differences between Time 1 and Time 2 for familiarity or enrollment in the TCA Health Clinic/Mobile Van. However, there were significant differences in both familiarity and enrollment based on years lived in the community. Respondents who have lived in the community for six years or more were more likely to be familiar with and enrolled in TCA Health Clinic/Mobile Van. Grandparents were also more likely to be familiar with TCA Health Clinic/Mobile Van. Most respondents who were familiar but not enrolled stated they are enrolled at clinics or providers elsewhere. See Figure H-2 in Appendix H for nonenrollment reasons in TCA Health clinical services.

### **TCA Health's Other Programs**

TCA Health provides an array of wellness programs, including gardening, fitness, and nutrition programs. While there was widespread knowledge of TCA Health's clinical services, far fewer respondents were aware of the other wellness programs and services provided by TCA Health. Across both waves, 53% of survey respondents reported familiarity with these programs, and, of those, 64% reported enrollment or plans to enroll in the programs. These results are shown in Table H-5 in Appendix H. There are no statistically significant differences between the Time 1 and Time 2 surveys in the proportion of respondents who were familiar with or enrolled in the other TCA programs.

In the Time 2 survey, respondents 35 years of age or older were more likely to be familiar with the TCA's other programs. In addition, respondents living in the community for six or more years and residents living in Altgeld Gardens were more likely to be familiar with TCA's other programs in both the Time 1 and Time 2 survey. The reasons for nonenrollment are displayed in Figure H-3 of Appendix H. The most common reason for nonenrollment provided at both times involved scheduling conflicts.

### **Head Start Collaboration Programs**

Two Head Start programs are located in the Altgeld-Riverdale community. Over 70% of parents and guardians participating in the survey were familiar with these Head Start programs at both Time 1 and Time 2, and familiarity and enrollment significantly increased between surveys. Familiarity and enrollment are shown in Table H-6 in Appendix H. Among Time 2 survey respondents reporting familiarity with Head Start programs, just under 90% reported having already enrolled their children.

At Time 1, the respondents aged 35 and older were more likely to have enrolled their children, while at Time 2, survey respondents ages 34 and younger were more likely to have enrolled their children. These findings suggest that Head Start is reaching younger parents and guardians more now than it was at the time of the Time 1 survey. In both the Time 1 and Time 2 surveys, residents of Altgeld Gardens were more likely to be familiar with the Head Start programs, although this difference was much higher in the Time 1 survey, suggesting there has been increasing awareness about Head Start programming outside of

Altgeld Gardens. Reasons for nonenrollment in Head Start are shown in Figure in the Appendix for both the Time 1 and Time 2 surveys.

### **Pre-Kindergarten Programs**

Altgeld-Riverdale has three school-based pre-Kindergarten (pre-K) programs embedded within the local elementary schools. In both surveys, about 75% of respondents were familiar with the pre-K programs in the community. There were no significant differences in familiarity or enrollment between the Time 1 and Time 2 surveys. Familiarity and enrollment plans for Pre-Kindergarten are shown in Table H-7 in Appendix H.

Residents in Altgeld Gardens were significantly more likely than non-CHA residents in the community to report familiarity with Pre-K programs at Time 1 and Time 2. In the Time 2 survey, significantly more of those living in Altgeld Gardens had enrolled in pre-K, with 75% of Altgeld residents enrolled or planning to enroll, compared to 45% of non-CHA residents. Respondents who had lived in the community six years or more were also more likely to be familiar with and enrolled in the pre-K programs compared to those who lived in the community for five years or fewer. Reasons for not enrolling in pre-K programs are displayed in Figure H-5 in Appendix H. Enrollment elsewhere was one of the more common reasons for nonenrollment among both Time 1 and Time 2 survey respondents.

### **Library Activities**

In both surveys, about half of respondents stated they were familiar with the activities offered by the Altgeld Library, including Family Night, and there were no significant differences in familiarity or enrollment between Time 1 and Time 2. Among those reporting familiarity with library activities, most respondents currently utilized the library or planned to. Familiarity and enrollment plans for library activities are shown in Table H-8 in Appendix H. At Time 2, residents ages 35 or older were more likely to express familiarity with the library programs than those under 35. The Time 2 survey also revealed that residents in Altgeld Gardens were more likely to be familiar with the library programs than those who lived in other areas of the community. The reasons respondents do not use the library are shown in Figure H-6 in Appendix H. In both surveys, the most common reasons cited for non-enrollment in library programs were schedule conflicts.

### **Aldridge Summer Camp**

Aldridge Summer Camp, or “Camp Fit Kids,” is a free, 6-week summer program for children from Kindergarten through 6th grade in the Altgeld-Riverdale community. Camp activities include nutrition, fitness, gardening, swimming, art, field trips, academics, and mentorship. Half of respondents from both surveys stated they were familiar with the Aldridge Summer Camp. There were no significant differences in familiarity across the two surveys. Among those reporting familiarity with Aldridge Summer Camp,

65% reported having already enrolled or planning to enroll their children at Time 1, and at Time 2 this rose to 78% of the sample ( $p = 0.099$ ). Familiarity and enrollment plans for Aldridge Summer Camp are shown in Table H-9 in Appendix H.

Familiarity with Aldridge Summer Camp varied significantly based on employment status at Time 1 and community residence at Time 2. Respondents who had lived in the community for over 6 years and those who lived in Altgeld Gardens were more likely to be familiar with the camp at Time 2. While differences in enrollment status varied by education level at Time 1, there were no statistically significant differences in enrollment at Time 2. Reasons for nonenrollment in Aldridge Summer Camp are displayed in Figure H-7 in the Appendix.

### **Carver Park Kids Summer Camp**

The Chicago Park District provides a variety of activities and programs throughout the year, including the Carver Park Kids Summer Camp in Altgeld-Riverdale. Over half of respondents stated they were familiar with the Carver Park Kids Summer Camp. There were no significant differences in familiarity with the camp between the Time 1 and Time 2 surveys, although there was a marginally significant increase in enrollment ( $p = .065$ ). However, respondents who lived in the community for 6 or more years were more likely to report familiarity with the Carver Park Kids Summer Camp in both surveys. Again, in both surveys, Altgeld Gardens residents were more likely to report familiarity than residents from other areas of the community. Respondents who were employed, students, or had some higher education were more likely to report familiarity with Carver Park Kids. Familiarity and enrollment plans for this summer camp are shown in the Appendix (Table H-10). The most common reason at Time 1 was that children were enrolled elsewhere. Among Time 2 respondents, the most common reason mentioned was that their children were not ready for camp.

### **Kindergarten Readiness Beliefs**

To measure parent/guardian attitudes about the skills and abilities children need in order to succeed in Kindergarten, items adapted from the Community Attitudes on Readiness for Entering School (CARES) measure (Piotrkowski et al., 2000) were included in the survey. Respondents were asked to think about a child who will begin kindergarten in the fall, and for each item, rate how important or necessary it is for a child starting kindergarten, using a 4-point Likert scale: (1) not too important, (2) somewhat important, (3) very important, but not essential, and (4) absolutely necessary.

Results from the CARES readiness scales are shown Tables I-1 and I-2 in Appendix I. The CARES measure includes two scales: Classroom Readiness and General Readiness. Items in the Classroom Readiness scale include academically oriented items such as counting, knowing basic shapes, the alphabet, and following teacher directions. The General Readiness scale contains items related to other

domains of child development, including social-emotional competence, health and physical development, executive functioning, curiosity, and other developmentally appropriate skills. Although parents tended to rank most things as “very important” or “absolutely necessary,” significant differences were found between the Classroom and General Readiness scales. At both Time 1 and Time 2, respondents rated academic skills (Classroom Readiness) as significantly more important for Kindergarten readiness, as compared to the importance of general skills.

**Table 2. Kindergarten Readiness Beliefs**

	<b>Time 1 (N = 96), M(SD)</b>	<b>Time 2 (N = 104), M(SD)</b>
Classroom Readiness Scale Score	3.75 <sup>a</sup> (0.34)	3.79 <sup>b</sup> (0.34)
General Readiness Scale Score	3.65 <sup>a</sup> (0.38)	3.68 <sup>b</sup> (0.33)

<sup>a</sup>  $t(94) = 4.03, p < .0001.$

<sup>b</sup>  $t(97) = 5.91, p < .0001$

For all CARES items included in the survey, mean scores fell between 3 and 4, indicating that respondents felt that all of these skills were important. Table I-2 in Appendix I presents the descriptive statistics for the items administered in the survey. In comparing the means of each item in the Classroom Readiness scale across the two surveys, only one item significantly changed over time: “Understands big/small, sorts by color/size,” is higher in the Time 2 survey, meaning that a greater proportion of Time 2 respondents found this to be “absolutely necessary.” Interestingly, the Classroom Readiness item ranked most important at both Time 1 and Time 2 was “Follows teacher’s directions,” indicating that child compliance is perceived as very important. The overall mean score for the Classroom Readiness scale was not different between Time 1 and Time 2.

In the General Readiness scale, the item ranked most important at both time points was, “Is rested and well-nourished. Health care needs are met.” The item “Can express feelings/needs” trends towards an increase but was not significantly different. The mean for the General Readiness scale was not significantly different at Time 1 and Time 2. Compared with the Classroom Readiness scale, there was a wider range in scores across all of the items in the General Readiness scale.

Respondent scores on both the Classroom Readiness Scale and the General Readiness Scale are skewed towards the high end of scale. Scale scores were compared across subgroups for both surveys. No statistically significant differences were found by respondent’s relationship to child, age, employment status, education level, community residence, or years lived in the community.

## Conclusions

The Community Survey findings indicate that parents and guardians of young children in Altgeld-Riverdale are generally familiar with many of the programs and services in the community, especially with health services and early childhood education programs, yet they are less familiar with other programs (e.g., Altgeld-Riverdale Parenting Program, the library program, and the summer camp options). According to survey respondents, enrollment has significantly increased in the Head Start programs and remained steady in the other early learning programs in the community. Respondents who reside in Altgeld Gardens, who have lived in the community longer, and who are grandparents/guardians generally expressed greater familiarity with more programs. While these findings provide only a snapshot of the knowledge and behaviors of community residents at two points in time, they suggest that residents' awareness and utilization of the early childhood programs and services in the community was maintained or grew.

The Coalition has encouraged enrollment in early childhood care and education programs (e.g., pre-K, Head Start) through various activities since its inception. In 2015, the Altgeld-Riverdale Early Learning Coalition was selected by the Governor's Office of Early Childhood Development as one of Illinois's Innovation Zones, which added support to the Coalition's existing efforts. The Coalition facilitated partnerships between community service providers to collaborate on recruiting families to the local early childhood centers. In addition, a community resident was funded by the Innovation Zone project as a parent engagement coordinator to encourage parents in the community to enroll their children in early childhood care and education programs. Multiple enrollment fairs were held in the community where parents could enroll their children on site in the local early childhood centers. The Community Survey indicates that these efforts may have raised awareness and increased enrollment in the early learning programs in the community.

Regarding kindergarten readiness, survey respondents tended to rate both academic skills and general readiness (e.g., social-emotional competence, physical health, and well-being) as very important or essential. The items ranked as most important at both Time 1 and Time 2 related to physical health and child compliance with teacher instruction. Although the survey respondents rated academic skills as more important than social-emotional skills for kindergarten readiness at both Time 1 and Time 2, respondents rated "Can express feelings/needs" slightly higher at Time 2 compared to Time 1 (not a statistically significant difference), which suggests a trend towards placing greater value on social-emotional communication.

Community respondents' ranking of academic/classroom skills as more important than general skills for Kindergarten readiness reflects trends found elsewhere in the literature. While teachers are more likely to

endorse social skills and curiosity as essential, parents have been found to place greater emphasis on academic skills (Abry, Latham, Bassok, and LoCasale-Crouch, 2015; Hatcher, Nuner, and Paulsel, 2012; National Center for Education Statistics, 1993; Piotrkowski, Botsko, & Matthews, 2000). As compared to parents of higher socioeconomic status, parents with lower socioeconomic status have been found to hold higher expectations regarding academically oriented skills (West, Hauske, & Collins, 1993). African American parents have also been found to hold higher expectations than European American parents after controlling for socioeconomic status (Glick & White, 2004; Hao & Bonstead-Burns, 1998).

Parents from more economically disadvantaged communities may tend to place a greater emphasis on academic skills to compensate for under-resourced schools, developing a compensatory strategy that prioritizes practical skills that parents consider more important for their child to achieve academically over engagement and social skills (Piotrkowski, Botsko, & Matthews, 2000). As Piotrkowski and colleagues (2000) point out, parents' emphasis on academic skills should not be dismissed as developmentally inappropriate but may best be understood as an indicator of their legitimate concerns about under-resourced schools in their communities. Hence, rather than simply focusing on what students need to be ready for kindergarten, communities should focus also on creating school environments that are ready for children. The literature reveals that teachers and parents from economically disadvantaged communities have both expressed concerns about the readiness of schools and that schools have a long way to go to be ready for children (Wesley & Buysse, 2003). The physical environment, instructional strategies, staff knowledge of early childhood development, and awareness of the social and cultural contexts of individual children and families all must be addressed when creating schools that are ready for Kindergarten children (Wesley & Buysse, 2003).

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## **Coalition Member Survey and Interviews**

The Altgeld-Riverdale Early Learning Coalition aims to establish and sustain an early learning network in the community, improving the quality of programming for the local schools and early childhood care and education centers, and improving the facilities for these and other organizations that support children and families in the community. The Coalition initiated several activities intended to impact these outcomes, including regular Coalition meetings, early learning campaigns, coordinating existing resources, and developing new resources to fill the gaps in services. The evaluation was designed to examine whether the Coalition activities effected change in these and other outcomes. The Coalition is comprised of members representing the organizations in the community that provide programs and services to children and families, thus it was important to obtain the perspectives of the community residents as well as the Coalition members on the impact of the Coalition in the community.

The evaluation included a survey to be completed by members of the Coalition to assess members' perception of three broad areas relating to the Coalition: (1) collaboration among Coalition members; (2) participation and members' own work; and (3) specific Coalition activities. To better understand the survey data and to obtain richer, deeper data on the experiences of the Coalition members, we also conducted interviews with a sample of Coalition members at Time 2. These interviews included questions about the following: (1) perceptions of the Coalition's functioning, processes, and how members work with one another; (2) perceptions of Coalition goals and activities and their importance in meeting the needs of families and children ages 0-8 in the community; (3) how involvement in the Coalition has impacted members' own work or their organization's work; and (4) recommendations for improving the Coalition.

## **Methods**

### **Coalition Member Survey**

The coalition member survey was developed collaboratively by the Chapin Hall evaluation team and BPI. The response options for the survey items were on a 4-point Likert scale from "strongly disagree" to "strongly agree."<sup>49</sup> Following each item's rating scale was a field for optional comments. Respondents were also asked for their feedback about the committees with which they were involved. In addition, three open-ended questions asked about the Coalition's accomplishments and ways to improve the Coalition.

Any Altgeld-Riverdale Early Learning Coalition member who attended at least four Coalition and/or Committee meetings during the previous 15 months at each time point was eligible for the survey. Thus, 31 individuals were eligible to participate in the Time 1 survey, which was administered in June-August of 2015, and 30 individuals were eligible for the Time 2 survey, which was administered in July-September of 2017.<sup>50</sup> Eligible Coalition members were emailed a link to the online survey and provided a paper copy of the survey with instructions to complete whichever method they preferred. The research team distributed paper copies of the survey at the Coalition meetings and mailed copies to those who were eligible but did not attend any Coalition meetings during the data collection period. Twenty-seven respondents (87%) completed the Time 1 survey, and 20 respondents (67%) completed the Time 2 survey. Table 3 displays the organizations that were represented in the Coalition Evaluation activities at each time point.

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<sup>49</sup> Respondents could also select "Don't know," which was excluded from the descriptive statistics displayed in the tables, as this option was distinct from the Likert scale and few participants selected this response.

<sup>50</sup> Nine Coalition members who were eligible at Time 1 were also eligible at Time 2.

**Table 3. Organizations Represented by Coalition Member Respondents**

	<b>Time 1 Survey</b>	<b>Time 2 Survey/ Interview</b>
<b>Serves children ages 0 to 8 only</b>		
Centers for New Horizons	X	
Chicago Public Schools - Office of Early Childhood Education	X	X
Gautreaux Child Care Center - Chicago Youth Centers	X	X
Illinois Action for Children		X
<b>Serves all ages</b>		
Aldridge Elementary School	X	
By the Hand		X
Carver Park Advisory Council		X
Carver Wheatley	X	X
Catholic Charities	X	X
Chicago Housing Authority	X	X
Chicago Police Department - Fifth District	X	X
Chicago Public Library - Altgeld	X	X
DuBois Elementary School	X	
Golden Gate Homeowners Association	X	X
Lloyd Bond Charter School	X	X
Metropolitan Family Services	X	X
Progressive Baptist Church	X	
Riverside Village	X	
SGA Youth Services		X
TCA Health, Inc.	X	X
Youth Guidance	X	X

**Coalition Member Interviews**

To obtain more comprehensive qualitative data, we interviewed 10 Coalition members who demonstrated high involvement and participation in the Coalition. The 10 interviewees represented nine different organizations.<sup>51</sup>

The interview protocol was developed by the Chapin Hall research team. Some questions were adapted from the quantitative survey items, and other interview questions were developed to provide an opportunity for respondents to express their thoughts and experiences regarding the Coalition, including its functioning, goals, activities, and impacts. Interviews were conducted by the research team in person or by telephone and lasted approximately one hour. The interviewer took detailed notes and audio recorded the interviews to verify quotes.

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<sup>51</sup> Nine of the 10 interviewees also completed surveys at T2.

## Coalition Member Survey: Quantitative Findings

Overall, respondents responded quite favorably about the Coalition at both time points. The first section of items inquired about the respondents' perception of collaboration among the Coalition members, and the mean response to each of the Collaboration items was between "agree" and "strongly agree" at Time 1 and Time 2. At both Time 1 and Time 2, respondents tended to "strongly agree" that the Coalition has taken the time to learn about the community and its needs and assets. Survey respondents at Time 2 ranked highest the sense of shared ownership and mutual respect among Coalition members. Some of the lower ranked items at both time points referenced whether the Coalition is providing leadership opportunities and building leadership capacity to sustain the Coalition. Means comparisons tests were conducted to examine the responses for changes over time.<sup>52</sup> (See Table J-1 in Appendix J for means and standard deviations for these items as well as the *t*-values for the independent samples *t*-tests, with significant differences indicated.) One item in this section significantly changed from Time 1 to the Time 2 survey. It asked whether the Coalition served an important, unduplicated purpose in the community. The mean response score decreased over time, indicating that respondents tended to agree with this statement more strongly at Time 1 than at Time 2.

The next section of the survey presented items about members' participation in the Coalition and its impact on their work. Again, survey participants generally "agreed" or "strongly agreed" with the statements about the positive effect of the Coalition on their work and their organizations. The statement with which participants tended to agree the strongest at both Time 1 and Time 2 was that participation in the Coalition helped members and their organizations build relationships within and outside the community. Table J-2 in Appendix J displays survey respondents' mean scores regarding participation in the Coalition and respondents' own work at Time 1 and Time 2. No significant differences between mean scores over time were found.

The third section of the survey assessed respondents' perceptions of the importance of various Coalition activities. Respondents rated each activity from 1 ("not at all important") to 4 ("extremely important"). There were no significant differences over time (see Table J-3 in Appendix J for the mean ratings at Time 1 and Time 2). The large majority of respondents rated both pre-K/Head Start enrollment and supporting schools in creating comprehensive student supports as "extremely important"—all respondents at Time 1 and all but one respondent at Time 2. Most respondents rated the other Coalition activities as "extremely important" as well, while some rated the other activities as "somewhat important." The Coalition activity

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<sup>52</sup> Due to small number of individuals who participated in both T1 and T2 surveys ( $n = 6$ ), we conducted independent-samples *t*-tests to compare the means for the responses between the two time points

perceived to be least important by survey respondents was the Community Beat website, which respondents tended to think was still at least “somewhat important.”

The survey asked respondents to indicate with which committees they were involved (see Figure J-1 in Appendix J for the proportion of survey respondents on each committee). At Time 1, the greatest proportion of survey respondents (78%) were involved in the Pre-K/Head Start Enrollment Committee. By the Time 2 survey, the committee with the most survey respondents was the Pre-K to Kindergarten Transitions Committee, although all committees appeared to decrease in size between the two surveys.

### **Coalition Member Survey and Interview: Qualitative Findings**

The Coalition survey asked three open-ended questions and contained fields for optional comments following each item’s rating scale. The open-ended questions included: (1) what are the Coalition’s most significant accomplishments, (2) what could be done to improve Coalition work, and (3) what is missing from the Coalition.

Representation of the different themes is at the participant level.<sup>53</sup> If the same participant mentioned a theme more than once in the survey and/or in the interview, that theme was only counted once. The qualitative sample at Time 1 included 27 individuals (survey only), and the total sample for qualitative data at Time 2 included 21 individuals (survey and interview).<sup>54</sup>

### **The Coalition’s Influence and Significant Accomplishments**

#### **Consistent Themes over Time**

Several themes regarding Coalition accomplishments were apparent at both Time 1 and Time 2. These are presented in Table 4 in order of prevalence. The most common theme at both time points was that the Coalition brings together community stakeholders and facilitates new partnerships. Some examples provided were the Coalition helping a local school form a collaboration with the library, a partnership between TCA Health and Youth Guidance creating Camp Fit Kids, and a home visiting program learning how participant parents can access mental health services.

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<sup>53</sup> We used thematic content analysis (Burnard, 1991) to analyze the qualitative data by coding all themes in the data, then identifying the most prominent themes and organizing the themes by prevalence.

<sup>54</sup> At Time 2, 20 respondents completed a survey, and nine of the survey respondents also completed an interview. One respondent completed only an interview, resulting in a qualitative sample of 21 respondents at Time 2.

**Table 4. Early Learning Coalition Outcomes Perceived by Members at Time 1 and Time 2**

Bringing together community stakeholders and facilitating new partnerships
Bringing new services to the community
Increasing enrollment in early childhood programs and school
Coalition participation and engagement
Increasing parent engagement
Innovation Zone

Note: Themes are color-coded to match the components of the logic model. See **Error! Reference source not found.**

The second most common theme mentioned at both time points was that the Coalition brought new services to the community. Some of the new programs and services mentioned were the new doula program, an afterschool tutoring program, Kids Science Lab, and monthly professional development workshops about trauma-informed practice at a local elementary school.

A number of respondents mentioned that the Coalition contributed to an increase in enrollment and attendance in early childhood programs and schools. One respondent stated, “The Coalition helped families enroll online by setting up tables at events like the Back to School parade. There is also an end of year celebration where the Early Learning Coalition has a table to help parents enroll.”

Other themes in Coalition accomplishments were less prominent yet were mentioned by multiple respondents at both time points. Some respondents noted the consistent participation and engagement of Coalition members, as participation and interest in a coalition can wane over time. Although many members of the Coalition have turned over since its inception, the Altgeld-Riverdale Early Learning Coalition has managed to sustain the interest of the local organizations and community members around its mission.

Respondents reported observing increased parent engagement, which they attributed to the Coalition. One respondent said, “I think the activities of the Coalition overall have improved relationships between parents and their children.” Finally, some respondents mentioned the Innovation Zone as a significant accomplishment of the Coalition, noting that “incorporating funding from Innovation Zone helped to galvanize the work being done by the Coalition.”

#### **Additional Themes at Time 2**

Some themes were only found in the Time 2 data, displayed in order of prevalence in Table 5. It is important to note that more qualitative data were collected at Time 2 than at Time 1 because interviews were conducted only at Time 2. The interviews provided an opportunity for respondents to elaborate on their thoughts. Hence, the themes that were present in the Time 2 data but not in the Time 1 data do not necessarily indicate that these factors changed over time or were absent at Time 1.

**Table 5. Early Learning Coalition Outcomes Perceived by Members at Time 2**

Trainings and topics discussed are relevant to community concerns and needs
Increasing community awareness of programs and services
Bringing attention to a neglected community
Increasing awareness of community programs and services to Coalition members
Pre-K to Kindergarten Transitions program
Community events
Improving quality of schools

Note: Themes are color-coded to match the components of the logic model. See Figure 21.

Several respondents mentioned that the topics discussed at Coalition meetings are relevant to the concerns and needs of the community. The presentations and discussions on trauma-informed practice were mentioned most frequently as containing useful information. Another example provided was the meeting about domestic violence and its effect on children. A number of Coalition members reported finding these discussions informative and relevant to the families with whom they work.

Many respondents perceived the increased awareness of programs and services to be a major success of the Coalition. Several respondents stated that the community was more aware of local programs and services. “We have a variety of programs that impact that 0-8 range. I think [the Coalition] has helped connect families on the fringe, disconnected families. If they get involved in one program they can then learn about other opportunities, helps connect them to a variety of services.” Others commented that the Coalition members were more aware of programs and services due to the Coalition meetings, and they could pass along that information to their client/participant families.

Several respondents thought that the Coalition brought attention to a neglected community. A few respondents reported that the Pre-K to Kindergarten Transitions Project was a significant accomplishment of the Coalition, as the Transitions program began as a subcommittee of the Coalition and developed into its own program. Community events were mentioned as an accomplishment, such as after school events, ice cream parties, and Family Night where all the local elementary schools participate. Improvements in the local schools were also perceived as a positive impact of the Coalition. “[Our community has] less than 2000 people in one area isolated from the city but we have three Level 1 schools. A year ago a couple of the schools were going to being closed, but BPI and the Coalition helped to bring our schools up to and above what was expected of us.”

### **Challenges and Recommendations for Improvement**

While many positive impacts of the Coalition were highlighted, challenges were also reported by respondents. Several respondents noted that limited resources among the local organizations presented an obstacle to regular participation in the Coalition, as some organizations are short-staffed and cannot send a staff member to the meetings. As one respondent stated at Time 2, “We have limited resources of

money and staff time to allocate for this effort. Recognizing these limitations is part of being strategic.” A related challenge mentioned was the difficulty of scheduling the meeting to accommodate everyone’s schedules is a challenge. The initial late afternoon meetings were difficult for some to attend, and the current noon time for meetings is challenging for others, especially teachers and child care providers. Community residents who are working during the day also cannot attend the mid-day meeting. However, the lunchtime meetings proved better for some staff from under-resourced organizations, since they can use their lunch hour to attend the meeting.

In both the survey and the interview, we asked the respondents for their recommendations to improve the Coalition. The themes identified in these recommendations are presented in order of prevalence in Figure 22 and are described in more detail below.

**Figure 22. Recommendations for the Coalition**



***Clarify Goals and Track Progress***

Respondents at both Time 1 and Time 2 suggested clarifying the goals of the Coalition. One respondent stated at Time 2, “We’re there for the betterment of families, but that is pretty general. I don’t know what the more specific goals are. We do workshops and presentations, but how are they meeting the goals?” At Time 2, several respondents reported that specifying the goals of the Coalition was important. One respondent had the following ideas about goals:

Let’s develop some goals. As a Coalition we should consider collaborating between agencies, partner on an event next year. Another goal could be partner with the school to make sure all the kids have their physicals. Maybe we could have a goal to volunteer at each other’s events.

In addition to defining the Coalition goals, respondents recommended regularly tracking progress towards goals. At Time 1, one respondent shared, “I think by being extremely clear about identifying and tracking

even small benchmarks we can begin to transfer ownership and leadership to the larger group.” The impacts of the Coalition might be more tangible with regular goal reporting.

### ***Increase Outreach***

At both Time 1 and Time 2, many respondents recommended increasing outreach to both community residents and organizations to expand the Coalition. At Time 2, a few respondents recommended reaching out to the alderman, and many recommended reaching out to community residents. One Coalition member suggested, “Now it’s more a group of the partners or ‘work doers’ and we might need only partners during the first half and then the residents come in the second half to explore ideas and get feedback.” To increase outreach in the community, respondents suggested marketing strategies using the Early Learning Coalition logo. Others recommended regularly reaching out to organizations in the community that serve children and families to be sure all organizations are represented in the Coalition. As one respondent stated, “New organizations may be in the community, and some organizations may no longer have staff attending meetings due to turnover. Reach out to the directors of the organizations occasionally to make sure they are represented.”

### ***Parent Engagement***

Another common suggestion at both Time 1 and Time 2 was to increase parent engagement in the Coalition and in programs and services in the community. One respondent suggested that BPI should “come out and meet the families in the community, show your faces to our clients to ask what they think they need. Invite the clients to the meeting.” Another respondent suggested the following strategy to recruit more parents to the Coalition:

Families participating in the committees could help BPI get the word out too. Head Start has a Parent Policy Committee with a parent representative from each program. The elementary schools have parent councils too, LSCs. Sites could ask their parent committee chairperson to participate or another parent who is available during the meeting. That would help get more parent participants. The Coalition members don’t live in the community. If parents attended, they could bring information back to their parent committees.

Although increasing parent engagement is related to outreach, some respondents specifically wanted to address the lack of parent engagement they were observing in the community. At Time 2, a few respondents expressed disappointment in the low level of parent engagement at the events (e.g., Family Nights) and in the programs and services offered to families.

### ***Increase Member Participation***

A few respondents recommended encouraging more participation and commitment from Coalition members. While one respondent reported that the members at the meetings do not seem committed to the

mission and are only involved because it is mandatory, the others who mentioned this theme did not share this perspective; they thought that the Coalition members should take more initiative and “need to do a little more.” Although this recommendation seems to conflict with the challenge expressed of limited resources of staff time to allocate for this effort, these two themes may represent the tension of wanting to do more but struggling to find the time to dedicate to the Coalition.

### ***Subcommittees***

Initially, the Coalition included six committees: Doula and Home Visiting Program, Pre-K/Head Start Enrollment (“All Hands on Deck”), Pre-K to Kindergarten Transitions, Out-of-school Time, Camp Fit Kids, and Communications.<sup>55</sup> As one respondent observed in the Time 2 interview, “Subcommittees kind of dissolved.” Three of the committees evolved into programs: Doula/Home Visiting, Pre-K-Kindergarten Transitions, and Camp Fit Kids. These committees may no longer be necessary, as the individuals involved in planning and managing these programs meet outside of the Coalition. However, some respondents at Time 2 expressed the drive to re-establish subcommittees as a means to increase Coalition members’ participation. The Coalition could brainstorm ideas for new subcommittees based on its goals.

### ***Establish Clear Roles***

At Time 2, a few respondents suggested clarifying the roles of the Coalition members. As one respondent stated at Time 2, “It would be good to have a facilitator and give everybody a clear role or a job at the end of each meeting, for example, ‘Can you research this?’” Assigning members specific tasks may also increase their level of participation and commitment to the Coalition.

### ***Expand the Mission beyond Early Childhood***

A recommendation that was only made at Time 2 was to expand the mission of the Coalition beyond early childhood. A few respondents suggested revising the mission to communicate that a focus on early childhood includes children’s caregivers and siblings, as illustrated in the following quote:

This is a unique area with a lot of issues. You can’t just focus on one issue, because they all overlap. For example, education: even though you’re dealing with younger children, older children may be taking care of them and they may need support, too. A lot of parents in the community are working and we have children raising children. Or grandparents raising children. So you really need to focus on the whole spectrum of human development. There needs to be a continuation of the program, to pick up where the Early Learning Coalition started.

Expanding the age range beyond early childhood was raised at a Coalition meeting in the fall of 2017, just prior to the interviews, thus this topic may have been on their minds at the time of the interview.

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<sup>55</sup> See Figure J-1 in Appendix J to see the proportion of participants who participated in each committee at Time 1 and Time 2.

Two recommendations were only suggested at Time 1. A few respondents asked for more discussion of early childhood education curriculum. One idea suggested was to have Kindergarten teachers visit Pre-K classrooms in the community to discuss curriculum and involve families through activities: “I think it would benefit the parents to participate in hands-on experiences of what their children are expected to know. This will help to build a home/school relationship and hopefully remove intimidation of entering the school for parents.” Since the Time 1 data collection period, the Pre-K to Kindergarten Transitions Program has implemented activities and practices like the one suggested, which may be the reason no respondents made this suggestion at Time 2. Teachers at the local schools and centers have implemented common classroom practices across grades and schools, the Transitions team has supported Family Learning Activities (four community events hosted at elementary school sites and family field trips), and Professional Learning Community meetings have brought Pre-K and Kindergarten teachers together from all schools and centers in Altgeld-Riverdale.

Another suggestion unique to the Time 1 survey included the challenges faced by families in the community, such as mental illness, violence, and abuse. Recent Coalition meetings have been presenting information related to these topics, including discussions on domestic violence and the services in the community for victims, nutrition and access to fresh food, safety in the community, and trauma-informed practice (i.e., how to respond to children who have experienced trauma).

### **Changes Observed in the Coalition**

The interviewed Coalition members noted a few changes they had observed since they first started attending meetings. Multiple interview respondents mentioned changes in BPI facilitator, meeting time, and meeting format. Although the BPI facilitator turnover was reported by several respondents, they also reported that the BPI staff have been consistent and shown their commitment to the community. The change in meeting time from late afternoon to lunchtime was preferred by some respondents, while others found the new time less convenient. A few noted that moving the meeting to lunchtime made it impossible for many community residents as well as staff from schools and churches to attend the meetings. However, one respondent felt that having meetings over lunch was better for staff from the participating organizations, as “regular meetings over lunch helps to take care of your people who are working hard with very few resources.” Interview respondents observed a change in meeting format, stating that earlier Coalition meetings were more focused on networking and group discussions, while recent Coalition meetings also included presentations in relevant areas. As one respondent noted, “Coalition meetings used to be more sharing and networking. Now we’re learning too.” A couple respondents felt this was a positive change, while another expressed that there was not enough discussion before and after the presentations. The research team observed a resurgence of discussions during the

meetings that took place between the time the data was collected and the writing of this report. The more blended format of recent meetings allows a balance of discussions and presentations, facilitating relationships among Coalition members while also continuing to build knowledge about relevant topics.

## **Conclusions**

Feedback about the Coalition was overwhelmingly positive. When Coalition members were asked about the most significant accomplishment of the Coalition, at both Time 1 and Time 2 they observed that the Coalition has brought together community stakeholders and facilitated new partnerships. These partnerships and the Coalition meetings have raised community awareness of programs and services for children and families.

*The Coalition has strengthened our organization and broadened the horizons of who it can reach and what we're trying to do. It has been a big help in reaching more people in the community.*

Respondents also highlighted the consistent participation of Coalition members and BPI over time, even with challenges such as turnover in Coalition leadership, staffing shortages at participating organizations, and difficulty accommodating everyone's schedules.

Coalition members felt that the Coalition positively impacted the organizations and members of the community overall, yet goals of the Coalition and future plans are somewhat unclear. Recommendations provided by Coalition members included clarifying goals and tracking progress, increasing outreach and parent engagement, encouraging member participation in the Coalition (e.g., assigning roles, forming new subcommittees), and expanding the mission beyond early childhood. Creating new subcommittees could be a productive way to create new leadership opportunities for Coalition members while also helping to track progress towards clear goals. Interestingly, the Coalition members did not offer the recommendations of clarifying goals and assigning roles at Time 1, yet the research team did suggest these changes (see Time 1 Coalition Survey Report, December 2015). Then at Time 2, the Coalition members did recommend clarifying Coalition goals and assigning roles to members.

Some of the recommendations have already been implemented into the Coalition meetings. In recent meetings, the evaluation team observed a greater focus on prioritizing goals. As a group, Coalition members were asked to develop goals, group norms, and future meeting topics. Meetings have shifted towards a more collaborative approach. Because this shift occurred after the Time 2 data were collected, the themes in the data do not reflect these recent changes.

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# Chapter 4 | Conclusions and Recommendations

Chapin Hall’s evaluation of the Altgeld-Riverdale Early Learning Initiative consisted of two main components: the Altgeld-Riverdale Parenting Program Evaluation and the Altgeld-Riverdale Early Learning Coalition Evaluation. Our multicomponent evaluation was designed to provide BPI with necessary information to gauge if the Initiative is being implemented as designed and if initial outcomes are sufficiently robust to support long-term, sustainable changes in the community. We found that the parenting program is an essential support for families with young children in the community and should be maintained. We also found that the Early Learning Coalition is a critical strategy to bring service providers together to focus on ways to positively impact the first eight years of children’s lives in the Altgeld-Riverdale community. Findings and recommendations in this report can help Coalition members and BPI prepare for the future of the Coalition’s innovative efforts in this community.

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## **Staff Members are Foundation of Parenting Program**

The parenting program employs exemplary staff members who bring a strong commitment to excellence, a non-judgmental and supportive attitude, and the ability to build strong relationships with participants. Staff believe that the young women who participate in the program sincerely want to be good parents and as a result, provide them with the education and support they need to reach their potential and overcome barriers. Program participants trusted the staff members and were therefore willing to open up, ask questions, and engage with the material being presented during home visits and group sessions. One key to preventing burnout and ensuring staff members were able to implement the program with fidelity was regular, supportive, and accessible supervision.

### **Recommendation**

Program staff are the lynchpin to program success, and staff members should be supported and acknowledged through a variety of mechanisms, including strong and accessible supervision, maintaining reasonable caseloads, and appropriate remuneration.

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## **Parenting Program Meets or Exceeds Standards**

The Altgeld-Riverdale Parenting Program met or exceeded Illinois Home Visiting Best Standard Practices benchmarks on seven of nine measures in FY16. These domains included doula clients engaging in home visiting services, developmental screening completion, creation of birth plans, doulas attending births, delayed subsequent births, documented medical home, and initiation of breastfeeding. Additionally, the program exceeded the average of 22 other home visiting programs in Illinois on these same seven Best Practice benchmark measures. The program did not meet or exceed the standards or the other 22 sites in up-to-date well-child checks and immunization rates.

### **Recommendation**

Program staff and stakeholders might consider accessing these types of comparison data annually to have an objective measure of program implementation and preliminary outcomes. When the program is performing below the Best Standard Practice benchmark, it can engage in corrective action to ensure it meets the standard moving forward.

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## **Low Parenting Program Immunization Rates**

Program participant children were not up-to-date with immunizations. In FY16, only 53% of target children had received the recommended immunizations for their age. It is not clear if these children are truly behind on immunizations or if program staff are not entering this information consistently into OunceNet.

### **Recommendation**

If children are receiving immunizations on schedule and the program staff are simply not keeping up with that information in OunceNet, staff can prioritize collecting these data more frequently. However, if program staff are not sure whether parents are immunizing their children, or parents are in fact not immunizing children on schedule, more focus should be put on changing this pattern to ensure child health outcomes are as positive as possible.

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## **Parenting Program Parent Groups a Key Strategy**

The parenting groups were a key strategy for program retention; deepening relationships between staff and participants; building a support network for young mothers; and conveying important child development, health, and other information to parents. Groups are held weekly during the school year and participation levels vary. One barrier to participation was transportation—for many mothers, the group meeting place (an apartment inside Altgeld Gardens) is not safely accessible due to inadequate sidewalks, distance from participants' homes, and the inability to easily and safely transport babies or toddlers on

foot. As a result the two primary program staff members transported most parenting group participants each week, which takes up a great deal of staff time.

### **Recommendation**

BPI and Catholic Charities should explore alternative transportation strategies, including a large van or bus to transport larger numbers of program participants and their children. Perhaps there is another local program or church or school that has a van that could be shared with the program.

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## **Parenting Program Early Literacy Data Inconclusive**

Data were inconclusive about the early literacy emphasis of the home visiting program. Based on qualitative data it appeared that program staff were discussing the importance of reading or talking to babies during the first three years of life. Interview respondents reported that staff encouraged them to read and talk with their children earlier, more frequently, and more consistently than they would have without their support; as a result, they were reading and talking to their babies more. However, the quantitative program data were not clear on whether or not staff are discussing this concept with participants or having any measurable change in behavior. It could be that staff are in fact discussing early literacy issues with mothers but are simply not asking them the specific question that is captured and tracked in OunceNet.

### **Recommendation**

Program staff should track the early literacy question more consistently in OunceNet to ensure results can be used to modify program content. If mothers do not report increased reading with their child over time, staff should explore what barriers exist for increased early literacy efforts in the home.

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## **Breastfeeding Initiation Rates High**

Program participants were initiating breastfeeding at a higher rate than national estimates for similar populations, and qualitative data indicate that was in large part due to the program's influence. Staff share information about the benefits of breastfeeding, mitigate young mothers' concerns about breastfeeding, and encourage them to try it at birth. Unfortunately, rates drop sharply within the first six months of birth. It is unclear what the structural barriers are to breastfeeding continuation, but individual reasons given by interview respondents were milk supply decline, medication issues, conflicting work or school schedules, and the lack of equipment.

### **Recommendation**

Program staff should continue their efforts to encourage mothers to initiate breastfeeding. The Early Learning Coalition, as well as Catholic Charities program and administrative staff, could explore the

systemic barriers to continued breastfeeding for this population. Based on that information, strategies could be developed to address non-individual level factors contributing to breastfeeding cessation. For example, lactation consultants might come to parenting groups on a regular basis to assist with breastfeeding support.

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## **Participants Have Unmet Needs**

The Altgeld-Riverdale Parenting Program serves low income mothers under age 25 and their babies who face challenges in employment and mental health support. According to qualitative data results, program participants were motivated to become the best mothers they can be and are willing learners. However, they face challenges, including employment (and the resulting lack of financial resources) and mental health. The majority of participants were not working, and according to qualitative results, there were few jobs available in this geographic area and the jobs that are available were not ones leading to self-sufficiency. Regarding mental health, quantitative data does not show any problematic patterns with maternal depression amongst program participants. However, qualitative data identified concerns about mothers' mental health and the services available to address issues. It is not clear whether or not program participants are actually suffering from clinical depression or other types of mental health difficulties, but there is a disconnect between results on the depression screener and the qualitative data.

### **Recommendation**

Program staff that work directly with participants might benefit from forming collaborative working relationships with employment program staff in the community. Parenting program staff currently try to help participants by telling them about job openings they personally know about, but it might be more effective to ensure the mothers have access to formal services in this arena. Regarding mental health, more information needs to be gathered to better understand the complexity of this issue. There are numerous areas that need to be explored—the impact of community-level violence, poverty, relationship difficulties, parenting stress, etc. Furthermore, the availability and accessibility of appropriate mental health support is an important consideration. BPI and Catholic Charities might consider ways to explore this issue directly with program participants and program staff to ascertain what the actual needs are, and how to meet those needs.

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## **Academic Skills Valued over Social-Emotional Skills**

Parents and guardians in the community rated academic skills as more important than social-emotional skills in preparing children for school. Research has found that while parents from low-resource communities tend to emphasize academic preparedness, this can come at the expense of social-emotional development, as information about the benefits of non-cognitive development has generally not been

properly shared with parents (Klein, 2002). However, the parents/guardians in Altgeld-Riverdale have been exposed to this message in recent years, largely through Coalition activities that have emphasized the importance of social-emotional competence in early childhood, which may be why the expression of feelings and needs was ranked higher in the Time 2 survey. For example, the Pre-K to Kindergarten Transitions Project implemented “Pre-K Kids and Parents Night” events, where parents and children participated in hands-on activities that encouraged social-emotional learning.

### **Recommendation**

Efforts to raise awareness about the importance of social-emotional learning in early childhood should continue in the Altgeld-Riverdale community. Coalition stakeholders might consider ways to highlight the importance of social-emotional readiness not only amongst parents but also amongst early childhood teachers in the community. Research shows that early childhood settings play an essential role in the development of the prosocial skills needed for success into adulthood (Heckman, 2012).

The Pre-K to Kindergarten Transitions Project highlights the importance of social-emotional learning and provides practical strategies to teachers and parents. The Transitions Project increases knowledge and changes teachers’ and administrators’ practice to support children’s social-emotional needs, teaches parents of Pre-K students about the transition process and how to support their child’s learning and social-emotional development, and increases awareness in the community of the importance of the transition from Pre-K to Kindergarten. More events like the “Pre-K Kids and Parents Night” with hands-on activities could be offered to parents with children ages 0-8 throughout the community to demonstrate concrete ways the early childhood classrooms can support social-emotional learning.

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### **Increase Familiarity with and Enrollment in Early Childhood Programs**

Some residents with young children who are eligible for early learning programs in the community are not familiar with or enrolled in them. The Community Survey findings indicate that parents and guardians of young children in Altgeld-Riverdale are generally familiar with health services and early childhood education programs. However, 29% of respondents were unaware of Head Start at Time 1, which decreased to 23% at Time 2, and over 20% of respondents were unfamiliar with the pre-K programs at both times. At least half of respondents were unfamiliar with the Parenting Program, the library program, and the summer camp options. Reported enrollment has significantly increased in the Head Start programs and remained steady in the other early learning programs in the community. Respondents who reside in Altgeld Gardens, who have lived in the community longer, and who are grandparents/guardians generally expressed greater familiarity with more programs.

## **Recommendation**

To be motivated to enroll their children in these programs, families with young children must both value social-emotional learning and believe that the early childhood programs in the community provide this type of learning. Continuing to hold the early learning enrollment fairs in the community may encourage enrollment.

Additional outreach might improve familiarity with the library program, the summer camps, and the parenting program. Discussing the parenting program's outreach and recruitment strategies with the Coalition may generate ideas that could benefit other programs aiming to improve their outreach. The Coalition may, for example, be able to strategize how to best leverage the knowledge of the community members who are most familiar with programs and services. Research shows that most parents rely on networks and family, neighbors, and others whom they trust to recommend services and programs (Iruka & Carver, 2006). Therefore, increasing word-of-mouth throughout the community about the early childhood services and programs may be the most effective method of increasing familiarity and enrollment.

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## **Early Learning Coalition Opportunities**

Feedback about the Coalition was overwhelmingly positive. When Coalition members were asked about the most significant accomplishment of the Coalition, they reported that the Coalition brought together community stakeholders and facilitated new partnerships. These partnerships and the Coalition meetings raised community awareness of programs and services for children and families. Coalition members felt that the Coalition positively impacted the organizations and members of the community overall, yet goals of the Coalition and future plans are unclear. Recommendations provided by Coalition members included clarifying goals and tracking progress, increasing outreach and parent engagement, encouraging member participation in the Coalition (e.g., assigning roles, forming new subcommittees), and expanding the mission beyond early childhood.

## **Recommendation**

Although the Coalition remains strong, there are specific strategies that might be explored to fortify it moving forward. For example, creating new subcommittees could be a productive way to create new leadership opportunities for Coalition members. We also recommend regularly reminding the Coalition of their newly established goals and tracking progress towards goals. As the Coalition considers specific strategies, clear action plans and timelines should be developed and tracked to ensure the Coalition continues the important work in which it has been engaged.

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# Appendix A: Best Practice Standards

We used the Ounce of Prevention’s 2016 Best Practice Standards for its Parents Too Soon-Parents as Teachers model, and data from 22 Ounce home visiting sites, to assess how well the Altgeld-Riverdale Parenting Program fared in comparison. The Best Practice Standards used in our analysis are listed below. To obtain a full copy of the Best Practice Standards document, contact the report authors or the Ounce.

**Table A-1. The Ounce of Prevention's Best Practice Standards**

<b>Principle</b>	<b>Practice</b>	<b>Benchmark</b>
Personal Visits are parent-child focused and responsive to the health and developmental needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	Parent Educators share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding.	75% of participants initiate breastfeeding.
In a manner respectful of each participant’s cultural and religious beliefs, Home Visitors engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.	Parent Educators provide all participants with information and support regarding the delay of subsequent births, effective family planning, including birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.	80% of participants delay subsequent birth during program involvement (delay = 2 year interval between births)
Programs conduct Doula Personal Visits in a manner that supports the successful completion of personal and program goals as described in the birth plan.	Doulas develop a birth plan with each participant. This plan can serve as the participant’s first Family Goal Plan.	90% of Doula participants have an up-to-date birth plan.
Doulas provide intensive, specialized services in order to improve the perinatal health of mother and baby, support parent-child attachment, and improve the family’s social- emotional experience of labor and delivery.	Doula support and advocacy includes 24-hour availability for attendance during labor and delivery. Doulas provide continuous support from the point of active labor through recovery, with respect to agency policy, backup procedures, and the overall well-being of both the mother and the Doula.	75% of Doula participants have a Doula attended birth.
Programs provide developmental screening and referral services to all enrolled families to identify developmental delays and refer	All participating children, up to age six, receive developmental screening at the following ages: three, six, nine, and 12 months, and	90% of children are up-to- date with expected developmental screenings.

<b>Principle</b>	<b>Practice</b>	<b>Benchmark</b>
families to appropriate early intervention services.	every six months from age one through six. Programs emphasize parental involvement in the screening process.	
Programs work with participants to help them establish medical and dental homes for their children and help them obtain routine preventive care.	Parent Educators ensure that parents and children link to a medical provider for routine health care, well- child care, and timely immunizations.	90% of target children are up-to-date with immunizations and well-child visits. 92% of target children have a documented primary care provider.
IBTI programs have the greatest chance of outcome achievement when services are of sufficient intensity and linked to specific strengths, needs, and risk factors of the target group.	Short-term services such as community education, Prenatal Group, and Doula are offered to participants under the following conditions: No more than 20% of Doula participants receive short-term Doula services.	Programs enroll 80% of Doula participants in Personal Visiting services.

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# Appendix B: Quarterly Best Practice Standards Benchmarks

We used quarterly data from the Altgeld-Riverdale Parenting Program along with quarterly data for the Ounce's 22 sites around Illinois for three benchmarks related to information updates in OunceNet.<sup>56</sup>

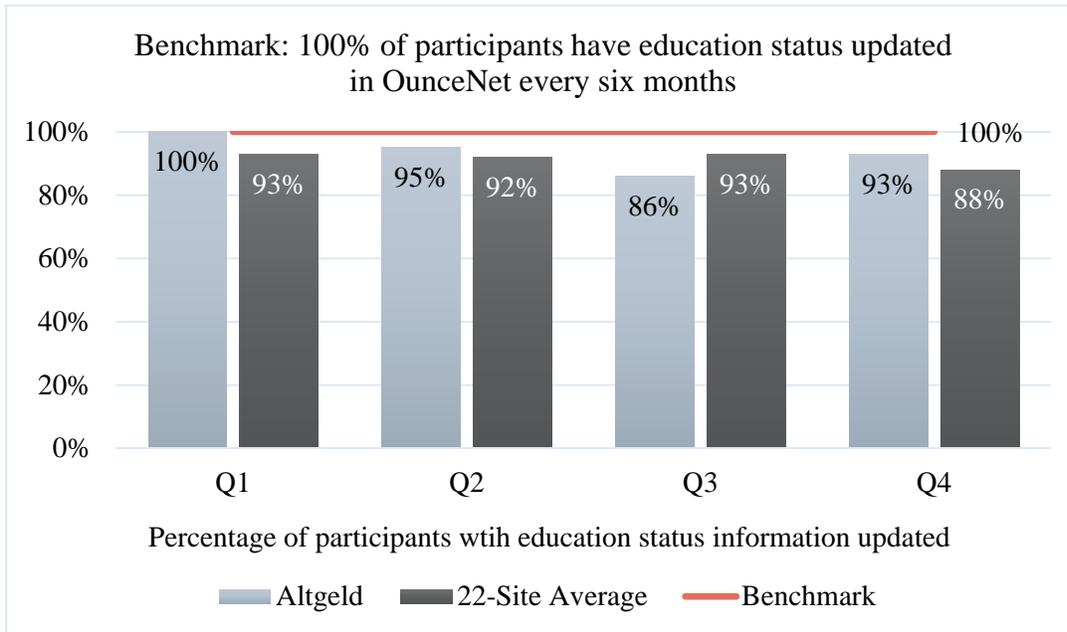
## **Quarterly Benchmark #1: 100% of participants have education status information updated in OunceNet a minimum of every six months**

Home visiting programs want to help adolescent mothers remain engaged in their education and make progress toward their educational goals. For parent educators to be most effective in monitoring participant's progress toward their goals, it is essential for staff to track and document each participant's education status on a regular basis. In the Altgeld program, 100% of participants had up-to-date education status information in Quarter 1 (meaning education status was updated every six months), but then dropped to 95%, 86%, and 93%, respectively, for the next three quarters of FY16. Relative to the 22 site average data, the Altgeld program was above those levels in all but one quarter. Figure B-1 details the four quarters of data and how the Altgeld-Riverdale Parenting Program fared against the benchmark as well as the 22 site average.

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<sup>56</sup> All 22 site average percentages in this section are the average of the 22 sites' averages.

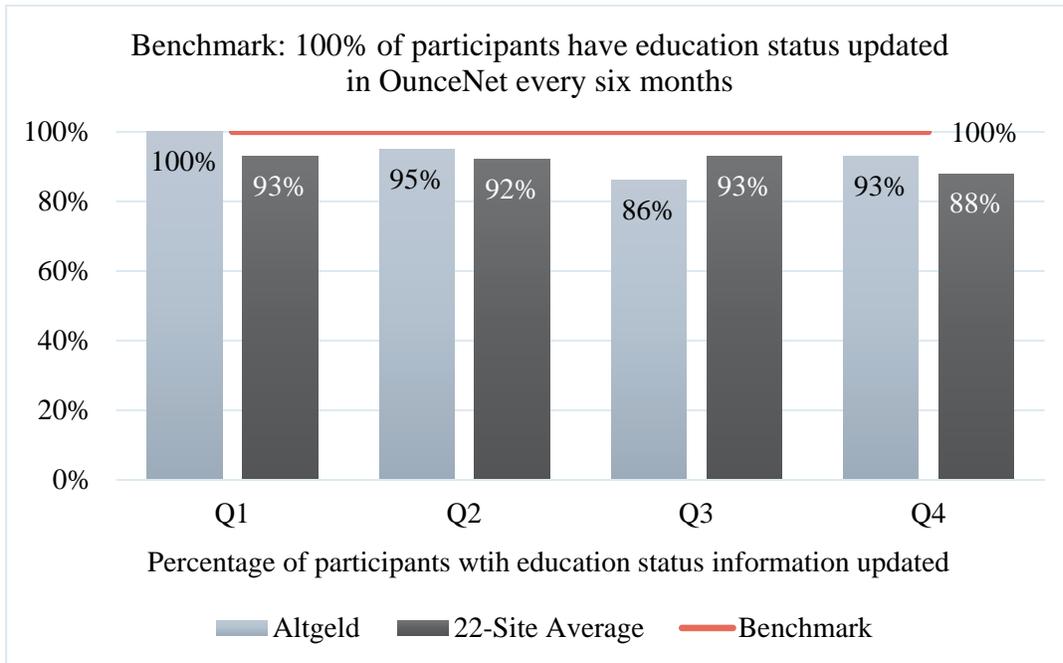
**Figure B-1. Percent of Participants with Updated Education Status**



**Quarterly Benchmark #2: 100% of participants have employment status information updated in OunceNet a minimum of every six months**

Parent educators are also tasked with updating employment information at least every six months in order to help support participants’ workforce goals. In the Altgeld-Riverdale Parenting Program, all participants had up-to-date employment information in Quarter 1, dropping to 95%, 86%, and 93%, respectively, for the next three quarters in FY16. Figure B-2 shows that this meets the benchmark in the first quarter and exceeds the 22 site percentage in each quarter except for Quarter 3.

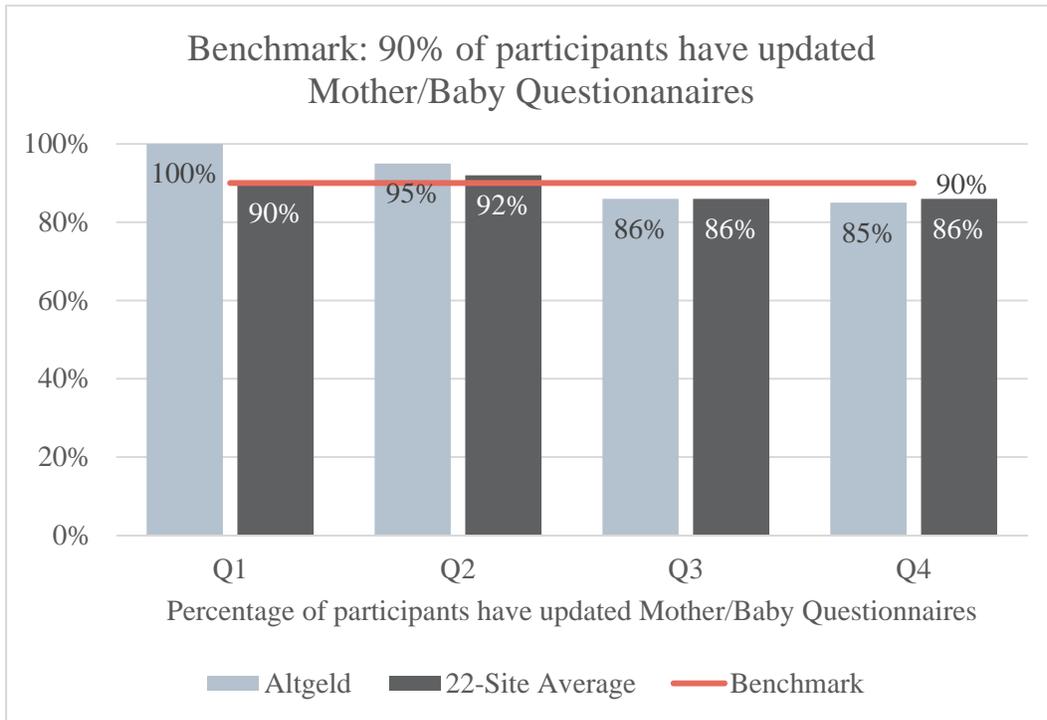
**Figure B-2. Percentage of Parents with Updated Employment Information**



**Quarterly Benchmark #3: 90% of participants complete a maternal efficacy questionnaire within 30 days of the first home visit and every six months thereafter during program enrollment**

Home visitors aim to help families recognize and build on their parental strengths and protective factors in order to help their children grow and develop. To assess these strengths and factors, a maternal efficacy questionnaire is administered to parents at various points in time (within one month of their first home visit and every six months after). In the first two quarters of 2016, the Altgeld-Riverdale Parenting Program achieved 100% and 95%, respectively, of their participants with up to date maternal efficacy questionnaires. In the final two quarters, however, the Altgeld data fell to 86% and 85%, respectively, which placed the program at or below both the benchmark and average data from the Ounce’s 22 sites. Figure B-3 details this measure over FY16’s four quarters.

**Figure B-3. Participants with Up-to-date Mother/Baby Questionnaires**



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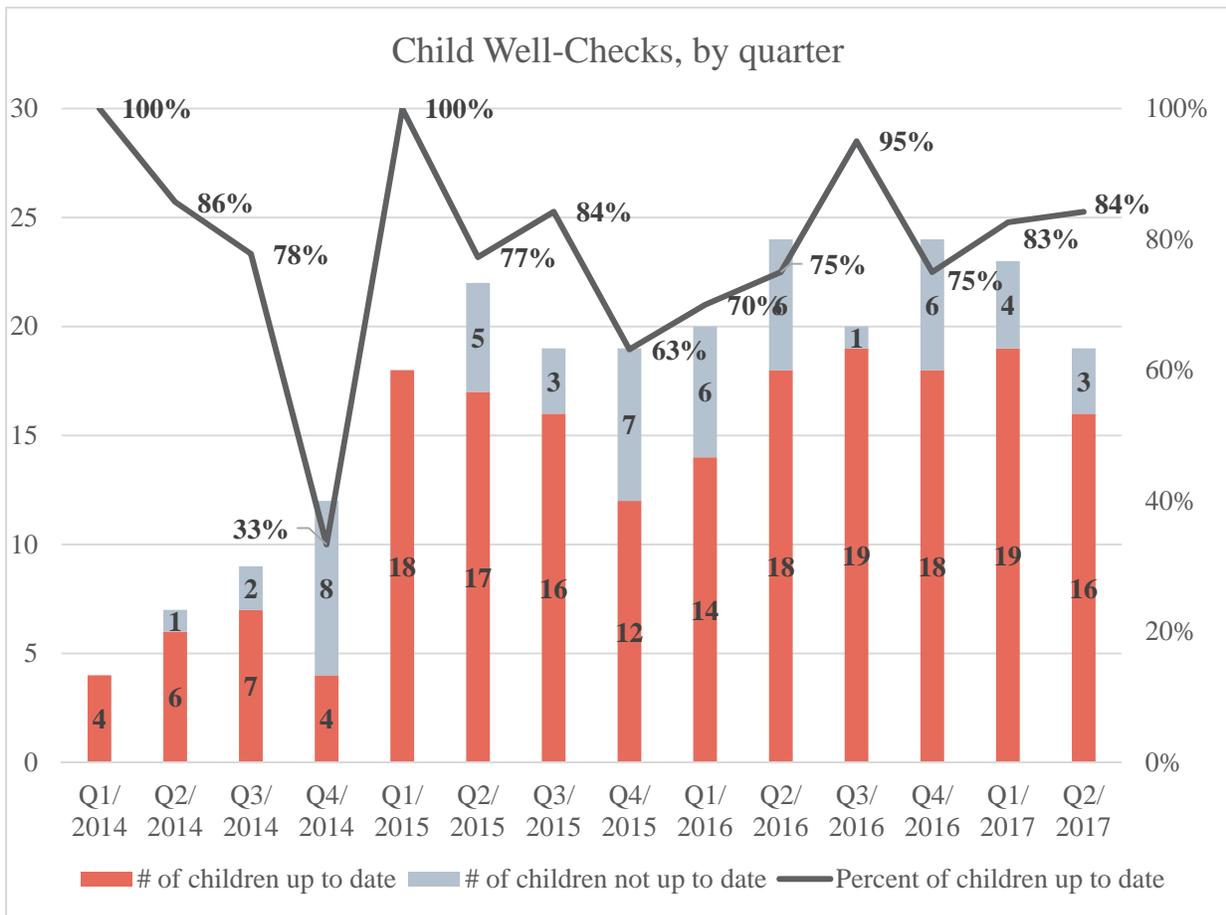
# Appendix C: Parenting Program Well-Child Check Tracking

The American Academy of Pediatrics developed a comprehensive set of guidelines for healthy medical care for children. This sets the age of when a child should receive a well-check from their pediatrician and the age appropriate checks that should be done at each visit.<sup>57</sup> The Altgeld-Riverdale Parenting Program tracks how up to date children are with these well visits. Using the quarterly reports from the program, Figure C-1 depicts the percentage of children that were up to date with their well-visits each quarter (i.e., they had completed all of the well visits that they should have by whatever age they were at the end of that quarter). As shown, with one exception, the majority of children were up to date in each quarter.

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<sup>57</sup> <https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>. Accessed February 12, 2018.

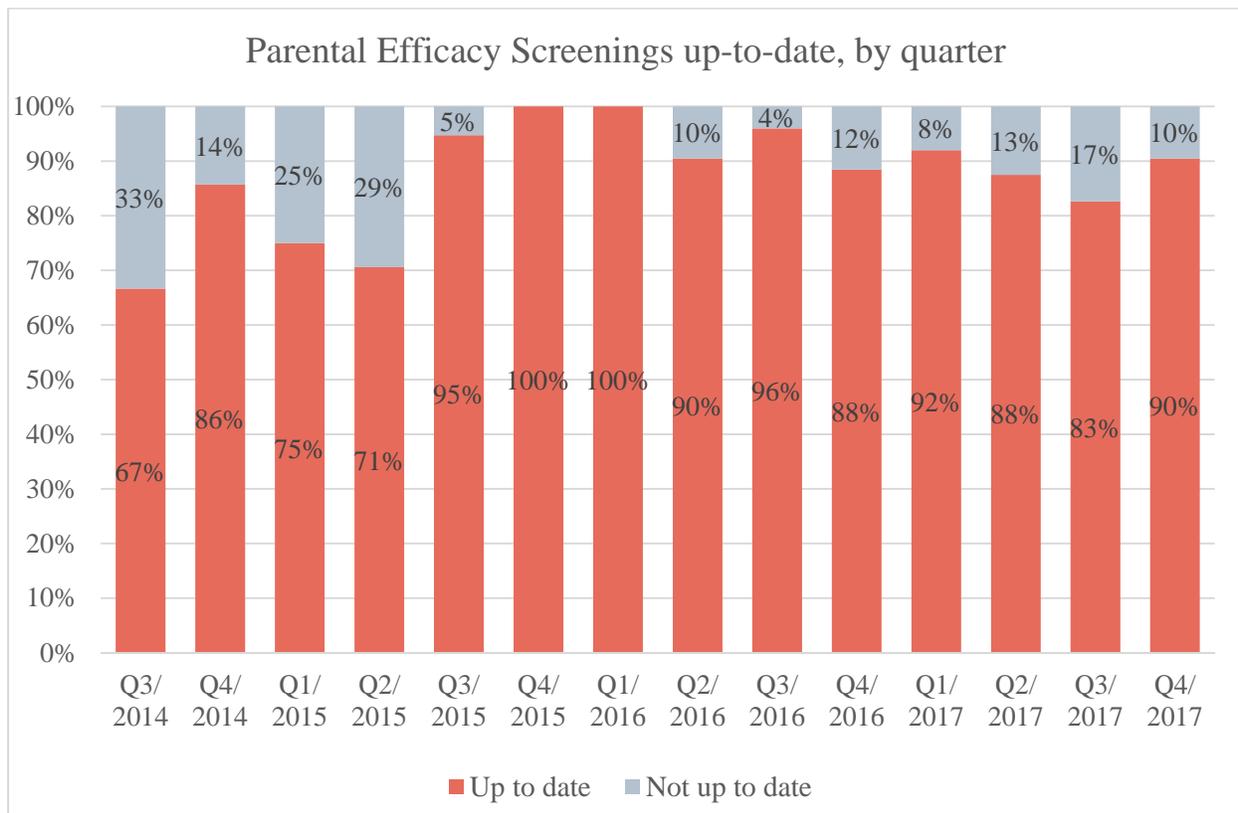
**Figure C-1. Percentage of Children Up to Date with Well-Visits Each Quarter**



# Appendix D: Parenting Program Maternal Efficacy Questionnaire Administration Tracking and Outcomes

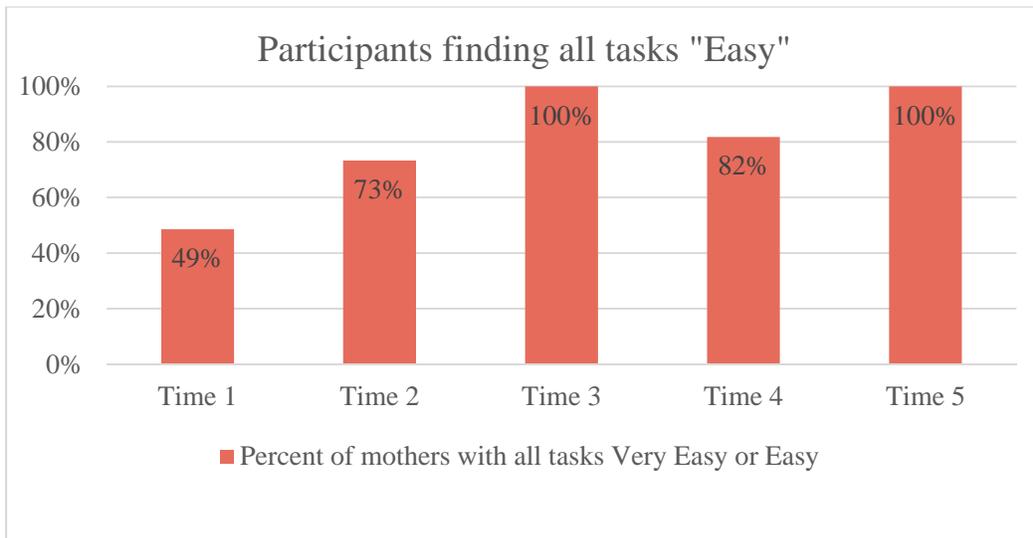
The Mother/Baby Questionnaire is administered to participants within 30 days of intake and at six month intervals after that. Figure D-1 details the percentage of participants up to date with the screenings they were due to complete for each quarter of the project period.

**Figure D-1. Parental Efficacy Screenings Up-to-date by Quarter**



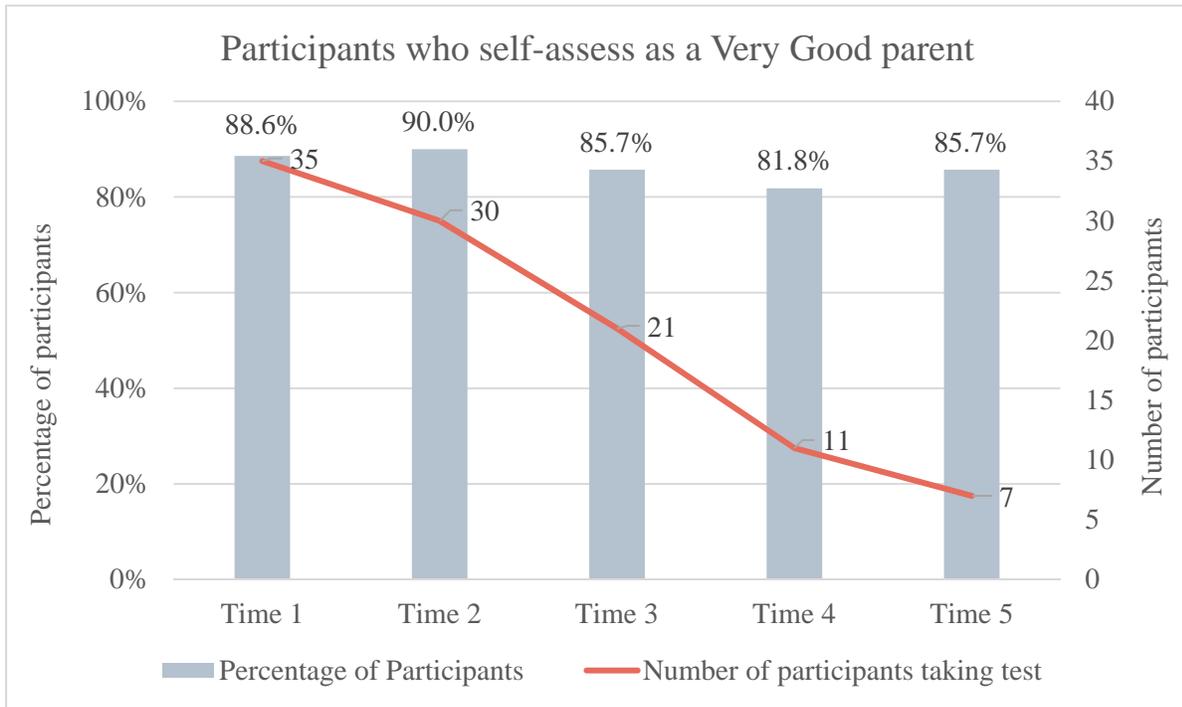
When interpreting these data it is important to keep in mind that the number of mothers for whom we have data declined with each successive wave of data collection (from 35 at the beginning of the evaluation period to seven at the end). This has less to do with sample attrition and more to do with the fact that mothers enrolled in the program at different points in time. To account for this factor, the nine items were collapsed into two categories: Easy (combining Very easy and Easy) and Not easy (combining Not easy and Not easy at all) and counted the number of tasks mothers had rated as Easy and the number of tasks mothers had rated as Not easy at each time. These data are shown in Figure D-2.

**Figure D-2. Consolidated Rating of Easy and Not Easy Tasks at Each Administration**



The resources the FSW provides to mothers during their program involvement may help them feel more confident in their parenting abilities. Consistent with their feelings of maternal efficacy, the majority of mothers also assessed themselves as Very Good parents at each wave of the assessment. Overall, the percent of participants assessing themselves as a Very Good parent declined in later screenings as babies aged into toddlerhood, as shown in Figure D-3.

**Figure D-3. Participants Self-Assessing as a Very Good Parent**

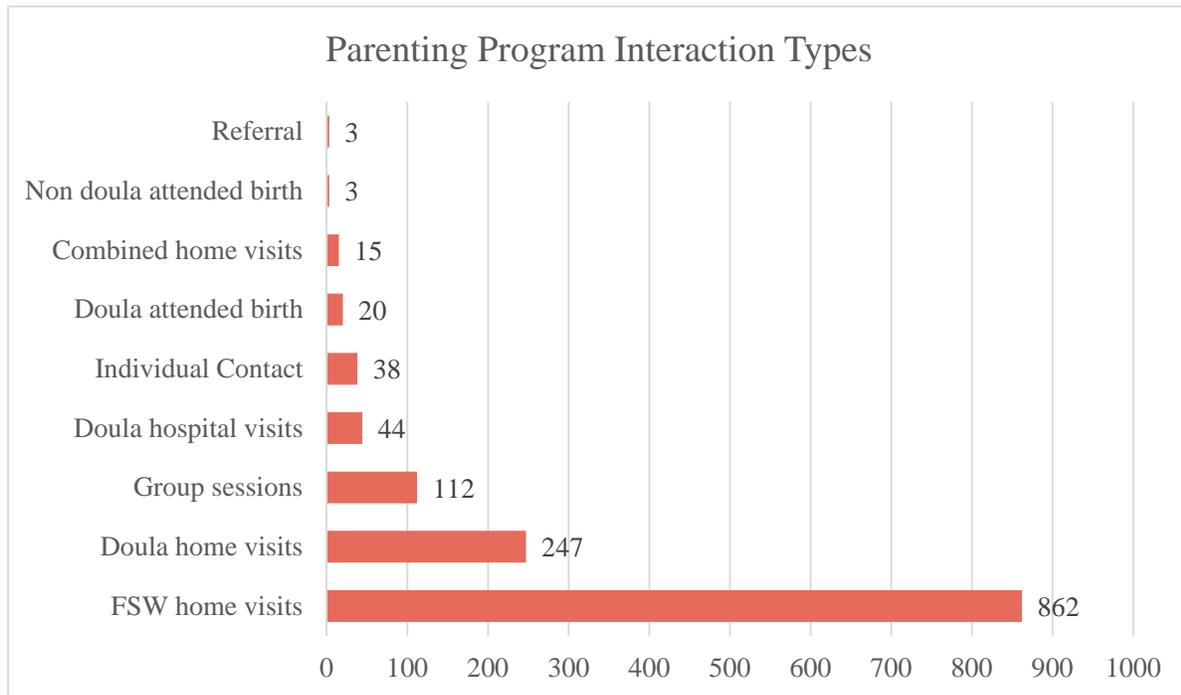


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# Appendix E: Parenting Program Interaction Types

The Altgeld-Riverdale Parenting Program had nine different types of interactions recorded during the project period: FSW home visits, doula home visits, combined FSW-doula home visits, group sessions, doula hospital visits, doula attended birth, non-doula attended birth, individual contact, and referrals. In total, there were 1,344 different interactions recorded with program participants over the 3.5-year evaluation period. The number of each type of interaction ranged from three (referral, non-doula attended birth) to 862 (FSW home visit). The complete list and number of each program interaction is in Figure E-1 below.

**Figure E-1. Altgeld-Riverdale Parenting Program Interaction Types and Frequency**



# Appendix F: Community Survey Administration Sites

The Community Survey was administered to parents/guardians who resided in the Altgeld-Riverdale community who had at least one child age 6 or younger. The locations where the survey was administered at Time 1 and Time 2 are displayed in Table F-1. The survey was administered at the same sites at both times, with the exception of the office at East Lake Management.

**Table F-1. Community Survey Administration Sites**

<b>Survey administration Sites</b>	<b>Time 1</b>	<b>Time 2</b>
East Lake Management Company	2 full days during the first week of December	N/A <sup>a</sup>
Riverside Village Management Company	2 full days during the first week of December 2014 1 full day during first week of February 2015	2 full days during the first week of April 2017 2 full days during the first week of May 2017
Center for New Horizons Head Start	Morning drop-off/afternoon pick-up 2 days in December 2014	Morning drop-off/afternoon pick-up 3 days in April 2017 Morning drop-off/afternoon pick-up 1 day in May 2017
Gautreaux Head Start	Afternoon parent meeting in December 2014 & holiday event	Morning drop-off 3 days in April 2017
Altgeld Library	2 full days in December 2014	2 afternoons in April 2017
TCA Health	Holiday event in December 2014 & morning and afternoon blocks in Jan 2015 when WIC clients were scheduled	2 afternoons in April 2017

<sup>a</sup> BPI advised Chapin Hall that East Lake Management was not a feasible site to administer the Time 2 survey.

# Appendix G: Community Survey Sample Characteristics

Two different samples of community residents were surveyed at Time 1 and Time 2, presented in Table G-1. The demographic characteristics of the two samples were quite similar. The only variable with significant differences across the two surveys was the number of years of residence in the community. At Time 1, 41% of respondents reported having lived in the community for two to five years, compared to only 24% of Time 2 respondents. The Time 2 survey also had a higher proportion of respondents who had lived in the community from six to 10 years than the Time 1 survey. Therefore, respondents tended to live in the community longer at Time 2.

**Table G-1. Sample Characteristics of Community Survey Respondents at Time 1 and Time 2**

Time	Time 1 (N = 96)		Time 2 (N = 104)	
	Frequency	Percent	Frequency	Percent
<b>Gender</b>				
Female	84	87.5	93	89.4
Male	12	12.5	11	10.6
<b>Relationship to children in care</b>				
Parent	77	80.2	85	81.7
Grandparent	17	17.7	17	16.3
Foster Parent	1	1.0	1	1.0
Other	1	1.0	1	1.0
<b>Age</b>				
Under 20	2	2.1	2	1.9
20-24	14	14.6	8	7.7
25-34	39	40.6	51	49.0
35-44	23	24.0	26	25.0
45 and older	18	18.8	17	16.3
<b>Race</b>				
Black or African-American	94	97.9	100 <sup>a</sup>	96.2
Latino/a or Hispanic	2	2.1	2	1.9
White or European-American	0	0	0	0
Native American	0	0	2	1.9
Unknown/Missing	0	0	3	2.9
<b>Highest level of education</b>				
Some high school or less	5	5.2	9	8.7
HS diploma or GED	40	41.7	42	40.4
Some college or special training	43	44.8	46	44.2
4-year degree or more	8	8.3	7	6.7
<b>Current employment/education status</b>				

<b>Time</b>	<b>Time 1 (N = 96)</b>		<b>Time 2 (N = 104)</b>	
Employed outside home	46	47.9	58	55.8
Currently enrolled in school	7	7.3	4	3.8
Both	7	7.3	10	9.6
Neither	36	37.5	32	30.8
Number of children	(N = 95)		(N = 104)	
1	30	31.3	33	31.7
2 – 3	41	42.7	49	47.1
4 or more	24	25.0	22	21.2
Ages of children, 0-8 only	(Total children=172)		(Total children=171)	
<1	20	11.6	6	3.5
1 – 3	53	30.8	65	38.0
4 – 5	54	31.4	59	34.5
6 – 8	45	26.1	41	24.0
Community residence				
Altgeld Gardens	76	79.2	86	82.7
Concordia	4	4.2	3	2.9
Golden Gate	5	5.2	3	2.9
Riverside Village	11	11.5	11	10.6
Pangea	0	0.0	1	1.0
Years of residence in the community*				
Less than 2 years	15	15.6	18	17.3
2-5 years	39	40.6	25	24.0
6-10 years	8	8.3	22	21.2
10 or more years	34	35.4	39	37.5

\*  $p < 0.05$ ; Chi square test revealed a significant difference between Time 1 and Time 2 for the proportion of respondents who lived in the community for 2-5 years. Chi square test also revealed a significant difference between Time 1 and Time 2 for the proportion of respondents who lived in the community for 6-10 years.

<sup>a</sup> Some respondents reported multiple races and/or ethnicities, so the values for each race sum to more than the total *N*.

# Appendix H: Early Learning Programs: Familiarity and Enrollment

## Group Differences in Familiarity and Enrollment

Responses to the items assessing familiarity and enrollment were examined to learn whether there were meaningful differences in responses based on community residence, years living in the community, educational and employment status, and age. Subgroups were recategorized in order to detect meaningful differences within specific demographic categories. For example, rather than attempting to examine differences among the small numbers of respondents residing in Concordia, Golden Gate, and Riverside Village residences, categories were merged into just two groups: CHA residence (Altgeld Gardens) and non-CHA residences. Chi-square tests were conducted to measure differences among subgroups.

The tables below present the differences found in familiarity and enrollment by respondent demographic characteristics. Significant group differences ( $p < .05$ ) for each program/service are specified by “X” and marginally significant differences ( $p < .10$ ) are marked with “M.” Table H-1 displays the patterns revealed in the familiarity analyses: CHA residents living in Altgeld Gardens and those who lived in the community longer tended to be more familiar with these programs at both Time 1 and Time 2. Table H-2 shows the enrollment status by demographic characteristics, and no patterns were detected.

**Table H-1. Familiarity with Programs by Demographic Characteristics**

Respondent characteristics	Parenting Program		TCA Health		TCA Other		Head Start		Pre-K		Library		Aldridge Camp		Carver Camp	
	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
Change over time <sup>1</sup>	ns		ns		ns		X		ns		ns		ns		ns	
Relationship to child <sup>2</sup>	ns	X	ns	X	ns	X	ns	ns	ns	ns	ns	X	ns	ns	ns	ns
Age <sup>3</sup>	X	ns	ns	ns	ns	X	ns	ns	ns	ns	ns	X	ns	ns	ns	ns
Employment status	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	X	ns	ns	X
Education status	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	X
Community residence <sup>4</sup>	X	X	ns	ns	ns	X	X	X	X	X	X	X	X	ns	X	X

Respondent characteristics	Parenting Program		TCA Health		TCA Other		Head Start		Pre-K		Library		Aldridge Camp		Carver Camp	
Years lived in community	ns	X	ns	X	X	X	ns	ns	X	X	ns	ns	ns	X	X	X

See Table notes below Table H-2.

**Table H-2. Enrollment in Programs by Demographic Characteristics**

Respondent characteristics	Parenting Program		TCA Health		TCA Other		Head Start		Pre-K		Library		Aldridge Camp		Carver Camp	
	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
Change over time <sup>1</sup>	M		ns		ns		X		ns		ns		M		M	
Relationship to child <sup>2</sup>	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
Age <sup>3</sup>	ns	ns	ns	ns	ns	ns	X	M	ns	ns	ns	ns	ns	ns	ns	ns
Employment status	ns	ns	ns	ns	ns	ns	ns	ns	X	ns	ns	ns	ns	ns	ns	ns
Education status	ns	M	ns	ns	ns	ns	ns	ns	X	ns	ns	ns	X	ns	ns	ns
Community residence <sup>4</sup>	ns	ns	ns	ns	X	ns	ns	ns	ns	X	ns	ns	ns	ns	ns	ns
Years lived in community	ns	ns	ns	X	ns	ns	ns	ns	ns	M	ns	ns	ns	ns	ns	ns

X:  $p < .05$ , M:  $.05 < p < .10$ , ns =  $p \geq .10$

<sup>1</sup> “Change over time” indicates whether there was a significant difference between Time 1 (T1) and Time 2 (T2) for familiarity or enrollment for each program/service.

<sup>2</sup> Parents were compared to grandparents/other guardians.

<sup>3</sup> Respondent age was categorized as 35 years and over compared to under 35 years.

<sup>4</sup> Residents of Altgeld Gardens (CHA) were compared to residents of other areas in the Altgeld-Riverdale community.

### Familiarity and Enrollment over Time by Program

For each program or service, we first calculated the chi-square test for familiarity at Time 1 and Time 2 to examine whether the proportion of community residents who were aware of the program/service had changed over time. Then, for the respondents who reported familiarity with each program/service, we calculated the chi-square test for enrollment to test for any change from Time 1 to Time 2 in the proportion of community residents enrolled in each program. The tables below display the chi-square tests for familiarity and enrollment for each program. The numbers for enrollment include all respondents who stated that they had enrolled or that they planned to enroll, limited to those who first reported familiarity with that program/service.

Familiarity is displayed in the first two rows, then limiting the sample to only those who were familiar, enrollment is displayed in the bottom of the table, with Time 1 data displayed on the left and Time 2 data displayed on the right.

#### Altgeld-Riverdale Parenting Program

For the Parenting Program, of those who reported familiarity, half (50%) of the parents in the Time 2 survey reported having already enrolled or plan to enroll in the program, compared to only 29% in the

Time 1 survey; however, this increase in enrollment was only marginally significant ( $p = 0.076$ ). Familiarity and enrollment for the Parenting Program are displayed in Table H-3.

**Table H-3. Altgeld-Riverdale Parenting Program: Familiarity and Enrollment**

<b>Familiarity</b>	<b>Time 1 (N = 96)</b>		<b>Time 2 (N = 104)</b>	
	Frequency	Percent	Frequency	Percent
No or not sure	65	67.7	64	61.5
Yes	31	32.3	40	38.5

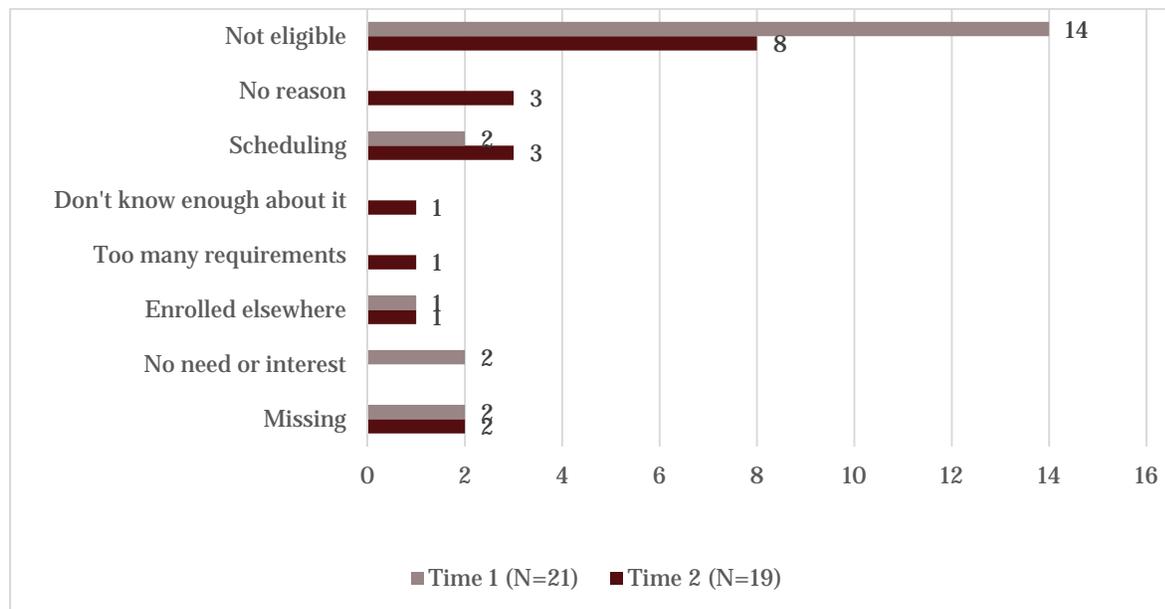
<b>Time 1: Enrollment plans (N = 31)<sup>a</sup></b>			<b>Time 2: Enrollment plans (N = 40)<sup>b</sup></b>		
	Frequency	Percent		Frequency	Percent
Yes, already have	9	29.0	Yes, already have	15	37.5
Yes, plan to	0	0.0	Yes, plan to	5	12.5
No or Maybe	21	67.7	No or Maybe	19	47.5

<sup>a</sup> 3.0% (N = 1) of enrollment data for the parenting program were missing in the Time 1 survey

<sup>b</sup> 2.5% (N = 1) of enrollment data for the parenting program were missing in the Time 2 survey

Respondents were also asked about their reasons for not having enrolled or planning to enroll their child in specific programs. Interviewers coded responses into pre-existing response options. In cases in which pre-existing responses did not align with respondents' reasons, these were recorded verbatim and coded as "other." These responses were examined and categorized. The reasons survey respondents did not enroll in the Parenting Program are displayed in Figure H-1.

**Figure H-1. Altgeld-Riverdale Parenting Program: Reasons for Nonenrollment**



### TCA Health's Clinical Programs

Respondents were most familiar with the TCA Health Clinic and Mobile Van. At both Time 1 and Time 2, over 80% of respondents were familiar with this program. Among those who were familiar, over 70% stated that they had already enrolled for services. There were no significant differences in familiarity or enrollment between Time 1 and Time 2. Familiarity and enrollment are shown in Table H-4.

**Table H-4. TCA Health Clinic and Mobile Van: Familiarity and Enrollment**

Familiarity	Time 1 (N = 96)		Time 2 (N = 104)	
	Frequency	Percent	Frequency	Percent
No or not sure	17	17.7	17	16.4
Yes	79	82.3	87	83.7

Time 1: Enrollment plans (N = 79) <sup>a</sup>		Time 2: Enrollment plans (N = 87) <sup>b</sup>	
Frequency	Percent	Frequency	Percent

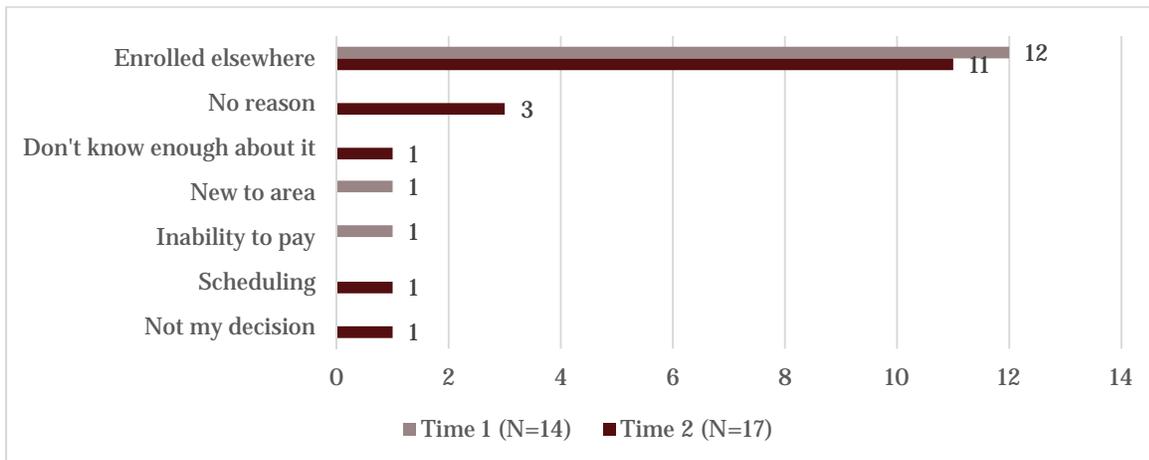
Yes, already have	60	76.9	Yes, already have	62	71.3
Yes, plan to	3	3.9	Yes, plan to	6	6.9
No or Maybe	14	17.6	No or Maybe	17	19.5

<sup>a</sup> 2.5% (N = 2) of enrollment data for the TCA Health Clinic and Mobile Van were missing in the Time 1 survey

<sup>b</sup> 2.3% (N = 2) of enrollment data for the TCA Health Clinic and Mobile Van were missing in the Time 2 survey

The reasons respondents did not enroll in TCA Health’s clinical services are shown in Figure H-2, primarily because they were enrolled elsewhere.

**Figure H-2. TCA Health Clinic or Mobile Van: Reasons for Nonenrollment**



### TCA Health’s Non-Clinical Programs

TCA Health provides an array of wellness programs, including gardening, fitness, and nutrition programs. Far fewer respondents were aware of the other wellness programs and services provided by TCA Health, compared with TCA Health’s clinical services. Across both times, about half of survey respondents reported familiarity with these programs, and, of those, 59% reported enrollment or plans to enroll in the programs at Time 1 and 69% had enrollment plans at Time 2. However, this increase was not statistically significant. Table H-5 presents the familiarity and enrollment for TCA Health’s non-clinical programs.

**Table H-5. TCA Health’s Other Programs: Familiarity and Enrollment**

Familiarity	Time 1 (N = 96)		Time 2 (N = 104) <sup>a</sup>	
	Frequency	Percent	Frequency	Percent
No or not sure	42	43.8	52	50.0
Yes	54	56.3	51	49.0

Time 1: Enrollment plans (N = 54) <sup>b</sup>			Time 2: Enrollment plans (N = 51) <sup>c</sup>		
	Frequency	Percent		Frequency	Percent
Yes, already have	21	38.9	Yes, already have	16	31.4
Yes, plan to	11	20.4	Yes, plan to	19	37.4
No or Maybe	21	38.9	No or Maybe	11	21.6

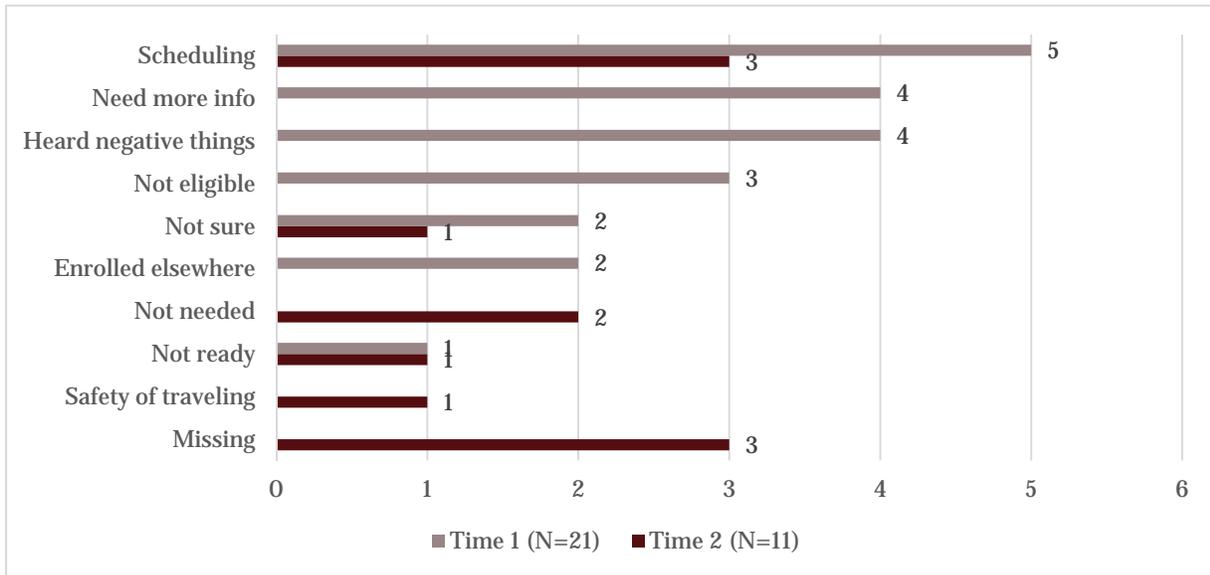
<sup>a</sup> 1.0% (N = 1) of familiarity data for TCA Health’s other programs were missing in the Time 2 survey

<sup>b</sup> 1.9% (N = 1) of enrollment data for the TCA Health’s other programs were missing in the Time 1 survey

<sup>c</sup> 9.8% (N = 5) of enrollment data for the TCA Health’s other programs were missing in the Time 2 survey

The reasons for nonenrollment in TCA Health’s non-medical programs are displayed in Figure H-3. The most common reason for nonenrollment involved scheduling conflicts.

**Figure H-3. TCA Health Other Programs: Reasons for Nonenrollment**



**Head Start Programs**

Two Head Start programs are located in the. At Time 1, 71% of parents and guardians participating in the survey were familiar with the Head Start programs in the community, which increased to 83% at Time 2 (Fisher’s exact test:  $p = .03$ ). Among survey respondents reporting familiarity with Head Start programs, 79% reported having enrolled (or planned to enroll) their children at Time 1 and 97% enrolled at Time 2 (Fisher’s exact test:  $p = .003$ ). For Head Start programs in the community, both familiarity and enrollment significantly increased from Time 1 to Time 2, shown in Table H-6.

**Table H-6. Head Start Collaboration Programs: Familiarity and Enrollment**

	Time 1 (N = 96)		Time 2 (N = 104)	
<b>Familiarity</b>	Frequency	Percent	Frequency	Percent
No or not sure	28	29.2	18	23.0
Yes	68	70.8	86	82.7

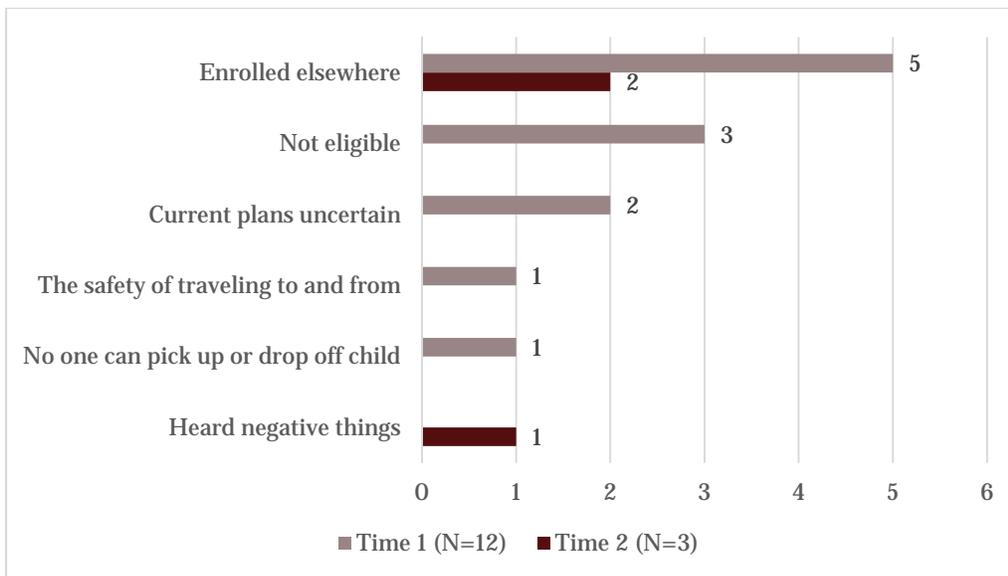
  

Time 1: Enrollment plans (N = 68) <sup>a</sup>			Time 2: Enrollment plans (N = 86)		
	Frequency	Percent		Frequency	Percent
Yes, already have	42	61.8	Yes, already have	76	88.4
Yes, plan to	12	17.6	Yes, plan to	7	8.1
No or Maybe	12	17.6	No or Maybe	3	3.5

<sup>a</sup>2.9% ( $N = 2$ ) of enrollment data for Head Start Collaboration Programs were missing in the Time 1 survey

Reasons for non-enrollment in Head Start are displayed in Figure H-4. There is a greater number of respondents from the Time 1 survey included in the figure, as all but three Time 2 survey respondents who were familiar with Head Start reported enrolling or planning to enroll their children in the program. At both times, being enrolled elsewhere was the most commonly stated reason for non-enrollment in Head Start.

**Figure H-4. Head Start Programs: Reasons for Nonenrollment**



### Pre-Kindergarten Programs

Altgeld-Riverdale has three school-based pre-kindergarten (pre-K) programs embedded within the local elementary schools. In both surveys, about three quarters of respondents were familiar with the pre-K programs in the community. Of those who were familiar, about 70% were enrolled or planned to enroll in a pre-K program at both times. There were no significant differences in familiarity or enrollment between Time 1 and Time 2. Pre-K familiarity and enrollment plans are shown in Table H-7.

**Table H-7. Pre-Kindergarten Programs: Familiarity and Enrollment**

Familiarity	Time 1 ( $N = 96$ )		Time 2 ( $N = 104$ )	
	Frequency	Percent	Frequency	Percent
No or not sure	24	25.0	23	22.1
Yes	72	75.0	81	77.9

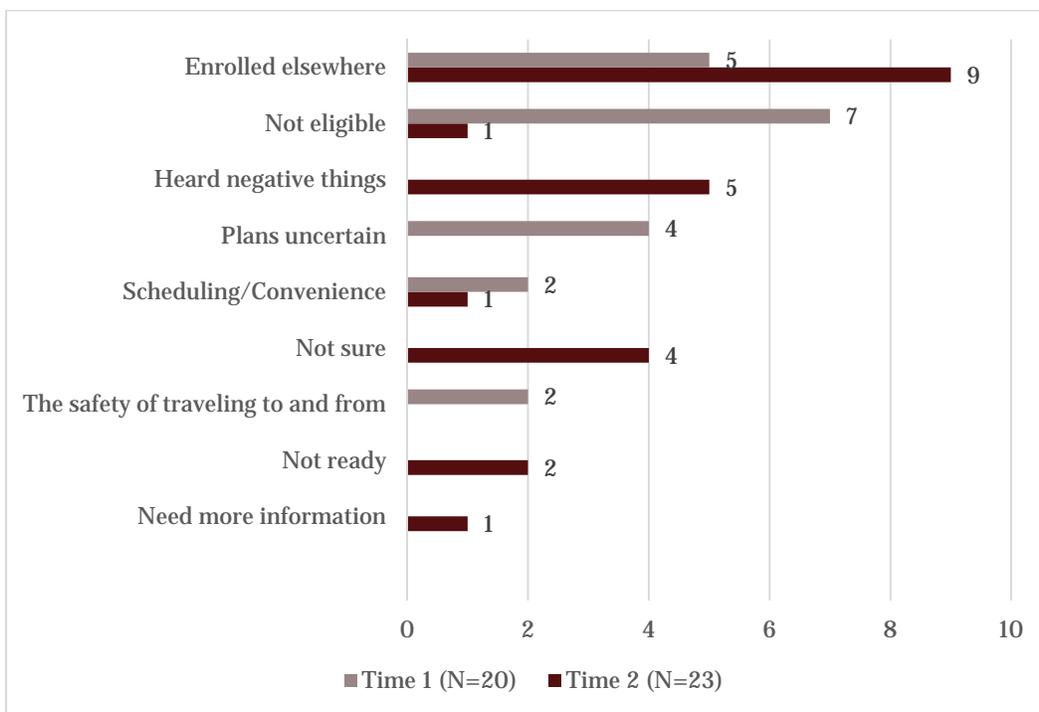
Red brackets are drawn under the 'Yes' row, grouping the 'Frequency' and 'Percent' columns for both Time 1 and Time 2.

Time 1: Enrollment plans (N = 72)			Time 2: Enrollment plans (N = 81) <sup>a</sup>		
	Frequency	Percent		Frequency	Percent
Yes, already have	26	36.1	Yes, already have	27	33.3
Yes, plan to	26	36.1	Yes, plan to	30	37.0
No or Maybe	20	27.8	No or Maybe	23	28.4

<sup>a</sup> 1.2% (N = 1) of enrollment data for Pre-K programs were missing in the Time 2 survey

Reasons for not enrolling in the pre-K programs are displayed in Figure H-5. Enrollment elsewhere was one of the more common reasons for non-enrollment among both Time 1 and Time 2 survey respondents.

**Figure H-5. Pre-Kindergarten Programs: Reasons for Nonenrollment**



### Library Activities

In both surveys, about half of respondents stated they were familiar with the activities offered by the Altgeld Library, including Family Night. Among those reporting familiarity with library activities, only a small proportion (17% at Time 1 and 7% at Time 2) reported no prior or future plans to utilize the library. There were no significant differences in familiarity or enrollment between Time 1 and Time 2. Familiarity and enrollment plans for library activities are shown in Table H-8.

**Table H-8. Library Activities: Familiarity and Enrollment**

Familiarity	Time 1 (N = 96)		Time 2 (N = 104) <sup>a</sup>	
	Frequency	Percent	Frequency	Percent
No or not sure	48	50.0	46	44.2
Yes	48	50.0	57	54.8

Time 1: Enrollment plans (N = 48) <sup>b</sup>			Time 2: Enrollment plans (N = 57) <sup>c</sup>		
	Frequency	Percent		Frequency	Percent
Yes, already have	26	54.2	Yes, already have	31	54.4
Yes, plan to	8	16.7	Yes, plan to	11	19.3
No or Maybe	8	16.7	No or Maybe	4	7.0
<b>Other library activities (not Family Night)</b>	4	8.3	<b>Other library activities (Not Family Night)</b>	9	15.8

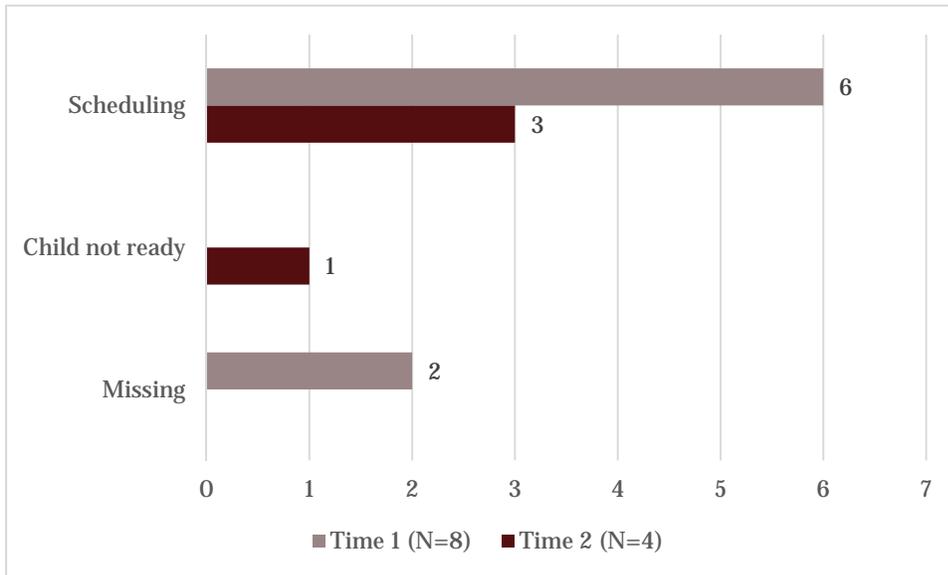
<sup>a</sup> 1.0% (N = 1) of familiarity data for library activities were missing in the Time 2 survey

<sup>b</sup> 4.2% (N = 2) of enrollment data for library activities were missing in the Time 1 survey

<sup>c</sup> 3.5% (N = 2) of enrollment data for library activities were missing in the Time 2 survey

The reasons shared when asked why parents/guardians do not use the library are shown in Figure H-6. In both surveys, the most common reasons cited for non-enrollment in library programs were schedule conflicts. In addition, a few respondents who reported participating in some library activities but not Family Night reported poor communication of the dates and times for Family Night (which is not included in Figure H-6).

**Figure H-6. Library Activities: Reasons for Nonenrollment**



**Aldridge Summer Camp**

About half of respondents from both surveys stated they were familiar with the Aldridge Summer Camp. Among those reporting familiarity with Aldridge Summer Camp, close to two-thirds (65%) reported having already enrolled or planning to enroll their children at Time 1, and at follow-up this rose to over three-quarters (78%) of the sample, which was a marginally significant difference (Fisher’s exact:  $p = 0.099$ ). Familiarity and enrollment plans for Aldridge Summer Camp are shown in Table H-9.

**Table H-9. Aldridge Summer Camp: Familiarity and Enrollment**

Familiarity	Time 1 (N = 96)		Time 2 (N = 104) <sup>a</sup>	
	Frequency	Percent	Frequency	Percent
No or not sure	48	50.0	53	51.0
Yes	48	50.0	50	48.1

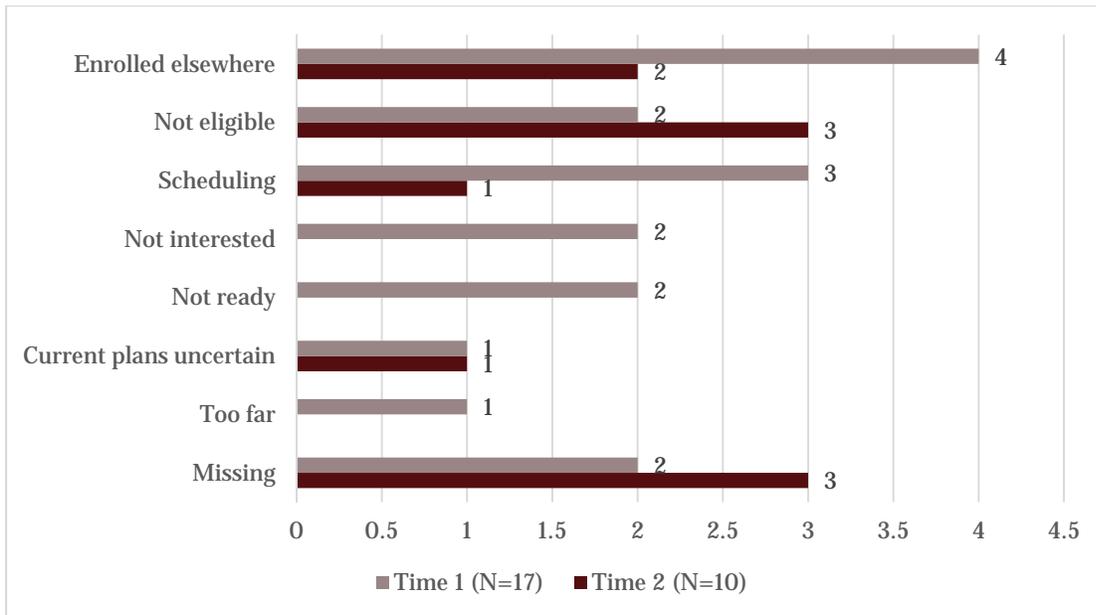
Time 1: Enrollment plans (N = 48)			Time 2: Enrollment plans (N = 50) <sup>b</sup>		
	Frequency	Percent		Frequency	Percent
Yes, already have	13	27.1	Yes, already have	11	22.0
Yes, plan to	18	37.5	Yes, plan to	28	56.0
No or Maybe	17	35.4	No or Maybe	10	20.0

<sup>a</sup> 1.0% (N = 1) of familiarity data for Aldridge Summer Camp were missing in the Time 2 survey

<sup>b</sup> 2.0% ( $N = 1$ ) of enrollment data for Aldridge Summer Camp were missing in the Time 2 survey

A variety of reasons were provided for non-enrollment in Aldridge Summer Camp. The most frequently reported reasons were that children were enrolled elsewhere, that they were ineligible due to age, and scheduling conflicts. Non-enrollment reasons for Aldridge Summer Camp are shown in Figure H-7.

**Figure H-7. Aldridge Summer Camp: Reasons for Nonenrollment**



### Carver Park Kids Summer Camp

Over half of respondents stated they were familiar with the Carver Park Kids Summer Camp. Enrollment increased from 71% at Time 1 to 85% at Time 2, which was a marginally significant difference (Fisher's exact:  $p = .065$ ). Familiarity and enrollment plans for this summer camp are shown in Table H-10.

**Table H-10. Carver Park Kids Summer Camp: Familiarity and Enrollment**

Familiarity	Time 1 ( $N = 96$ )		Time 2 ( $N = 104$ ) <sup>a</sup>	
	Frequency	Percent	Frequency	Percent
No or not sure	41	42.8	38	36.5
Yes	55	57.3	65	62.5

Time 1: Enrollment plans ( $N = 55$ ) <sup>b</sup>			Time 2: Enrollment plans ( $N = 65$ ) <sup>c</sup>		
	Frequency	Percent		Frequency	Percent
Yes, already have	19	34.6	Yes, already have	12	18.5

Yes, plan to	20	36.4		Yes, plan to	43	66.2
No or Maybe	15	27.3		No or Maybe	9	13.9

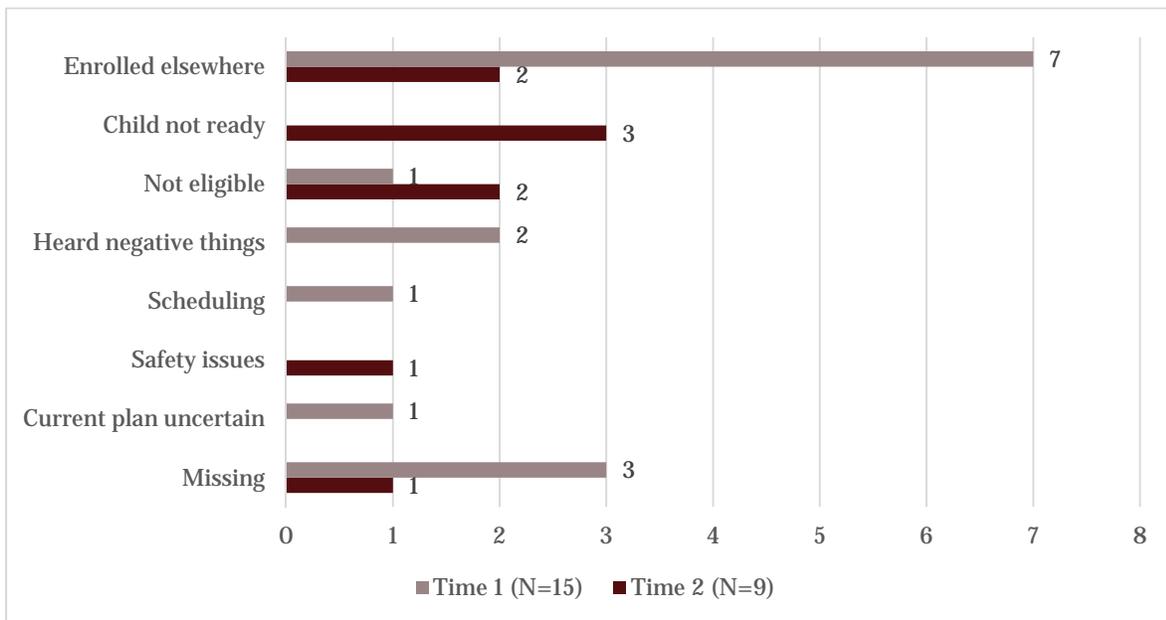
<sup>a</sup> 1.0% (*N* = 1) of familiarity data for Carver Park Summer Camp were missing in the Time 2 survey

<sup>b</sup> 1.8% (*N* = 1) of enrollment data for Carver Park Summer Camp were missing in the Time 1 survey

<sup>c</sup> 1.5% (*N* = 1) of enrollment data for Carver Park Summer Camp were missing in the Time 2 survey

Non-enrollment reasons for Carver Park Kids are shown in Figure H-8. The most common reason at Time 1 was that children were enrolled elsewhere. Among Time 2 respondents, the most common reason mentioned was that their children were not ready.

**Figure H-8. Carver Park Kids: Reasons for Nonenrollment**



# Appendix I: Kindergarten Readiness

Kindergarten readiness items consisted of two scales from the CARES (Piotrkowski et al., 2000): General Readiness and Classroom Readiness. When administering the surveys, we alternated between two different versions, one with the General Readiness scale first and the other with the Classroom Readiness scale first, to reduce bias in responses (i.e., AB/BA counterbalancing). Means were calculated for each individual item and scale scores were calculated for each respondent. Mean scale scores for the sample are reported and paired *t*-tests were used to compare respondents' Classroom Readiness and General Readiness scale scores. We conducted unpaired *t*-tests to test for changes from Time 1 and Time 2. To compare subgroup readiness scale scores, ANOVA tests were used.

The kindergarten readiness survey items were adapted from items in the Community Attitudes on Readiness for Entering School (CARES; Piotrkowski, Botsko, & Matthews, 2000) to measure which assesses parent attitudes about what skills and abilities children need in order to succeed in kindergarten. This kindergarten readiness measure was developed for and validated on families of color, primarily Black and Hispanic families, in high-need communities. Subsets of the items from the original scales—8 items from the Classroom Readiness scale and 17 items from the General Readiness scale—were selected for inclusion in this survey. The mean score significantly changed from Time 1 to Time 2 for one item: “Understands big/small; sorts by color/size.” Table I-1 displays the descriptive statistics for the Classroom Readiness items, and Table I-2 displays the descriptive statistics for the General Readiness items.

**Table I-1. Community Scores on the Classroom Readiness Scale at Time 1 and Time 2**

Classroom Readiness Items	Mean		Standard Deviation		Minimum		Maximum	
	T1	T2	T1	T2	T1	T2	T1	T2
Understands big/small. Sorts by color/size.	3.64*	3.79*	0.60	0.44	2.0	2.0	4.0	4.0
Follows the teacher's directions.	3.83	3.85	0.37	0.36	3.0	3.0	4.0	4.0
Can count to 10 or 15.	3.69	3.79	0.55	0.48	2.0	2.0	4.0	4.0
Knows basic colors like 'red, blue, yellow.'	3.74	3.76	0.55	0.55	2.0	1.0	4.0	4.0
Knows names of body parts (eyes/nose/legs).	3.83	3.84	0.42	0.42	2.0	2.0	4.0	4.0

Classroom Readiness Items	Mean		Standard Deviation		Minimum		Maximum	
Pays attention to teacher.	3.78	3.81	0.51	0.44	2.0	2.0	4.0	4.0
Listens during group discussions/stories.	3.73	3.72	0.51	0.55	2.0	2.0	4.0	4.0
Knows ABCs.	3.78	3.83	0.49	0.49	2.0	1.0	4.0	4.0
<b>Classroom Readiness Scale Score</b>	<b>3.75</b>	<b>3.79</b>	<b>0.34</b>	<b>0.34</b>	<b>2.5</b>	<b>2.25</b>	<b>4.0</b>	<b>4.0</b>

\* $t(198) = 2.03, p < 0.05$

**Table I-2. Community Parent/Guardian Scores on the General Readiness Scale at Time 1 and Time 2**

General Readiness Items	Mean		Standard Deviation		Minimum		Maximum	
	T1	T2	T1	T2	T1	T2	T1	T2
Is rested and well-nourished. Health care needs are met.	3.76	3.85	0.54	0.41	1.0	2.0	4.0	4.0
Plays well with other children. Shares.	3.70	3.77	0.60	0.49	2.0	2.0	4.0	4.0
Can express feelings/needs.	3.59	3.71	0.61	0.48	2.0	2.0	4.0	4.0
Does not hit/bite. Has self-control.	3.74	3.82	0.62	0.46	1.0	1.0	4.0	4.0
Is curious.	3.50	3.54	0.71	0.67	1.0	2.0	4.0	4.0
Takes turns.	3.63	3.69	0.64	0.54	1.0	2.0	4.0	4.0
Can hold a pencil. Can use scissors.	3.61	3.56	0.59	0.72	2.0	1.0	4.0	4.0
Asks lots of questions about how and why.	3.71	3.66	0.52	0.57	2.0	1.0	4.0	4.0
Is self-confident. Proud of his/her work.	3.73	3.73	0.55	0.47	2.0	2.0	4.0	4.0
Stacks 5-6 blocks by him/herself.	3.64	3.70	0.63	0.56	2.0	1.0	4.0	4.0
Shows independence.	3.66	3.63	0.58	0.56	2.0	2.0	4.0	4.0
Is interested in world around him/her.	3.57	3.61	0.64	0.56	1.0	2.0	4.0	4.0
Has sense of right and wrong.	3.76	3.79	0.52	0.46	2.0	2.0	4.0	4.0
Is eager to learn.	3.76	3.78	0.52	0.46	2.0	2.0	4.0	4.0
Throws ball, skips, runs, hops, walks up/down stairs.	3.68	3.72	0.57	0.49	1.0	2.0	4.0	4.0
Likes to solve puzzles.	3.40	3.27	0.69	0.77	2.0	1.0	4.0	4.0
Starts things on his/her own.	3.67	3.56	0.59	0.67	1.0	2.0	4.0	4.0
<b>General Readiness Scale Score</b>	<b>3.65</b>	<b>3.68</b>	<b>0.38</b>	<b>0.33</b>	<b>2.29</b>	<b>2.4</b>	<b>4.0</b>	<b>4.0</b>

# Appendix J: Coalition Member Survey

The Coalition members were administered a survey at two time points. The first section of items inquired about the respondents' perception of collaboration among the Coalition members, and the mean response to each of the Collaboration items was between "agree" and "strongly agree" at Time 1 and Time 2. Means comparisons tests were conducted to examine the responses for changes over time. Table J-1 displays the means and standard deviations for these items as well as the *t*-values for the independent samples *t*-tests. The mean response score for whether the Coalition served an important, unduplicated purpose in the community decreased over time, indicating that respondents tended to agree with this statement more strongly at Time 1 than at Time 2. Nevertheless, respondents generally agreed with this item at Time 2.

**Table J-1. Coalition Collaboration: Means Comparison over Time**

	<b>Time 1</b> <i>N</i> = 27, <i>M</i> ( <i>SD</i> )	<b>Time 2</b> <i>N</i> = 20 <i>M</i> ( <i>SD</i> )	<b><i>t</i></b>
The Coalition has taken the time to learn about the community and its needs and assets by talking with residents, parents, leaders, and organizations.	3.88 (0.33)	3.65 (0.61)	1.67
The Coalition serves an important purpose that is not duplicated elsewhere in the community.	3.84 (0.37)	3.44 (0.62)	2.42*
The Coalition has taken steps to keep participant organizations and other community stakeholders informed of its plans, actions, progress, and in outcomes.	3.81 (0.40)	3.50 (0.63)	1.93
The Coalition considers service gaps and areas in need of strengthening when determining priorities and initiatives.	3.74 (0.45)	3.59 (0.51)	1.05
Participants and organizations from diverse sectors that are critical to the success of the Coalition are actively engaged.	3.67 (0.48)	3.61 (0.50)	0.37
People in the Coalition communicate clearly and openly with one another in both formal and informal ways.	3.63 (0.49)	3.50 (0.52)	0.82
There is a sense of shared ownership and mutual respect among participating organizations and individuals in the Coalition.	3.63 (0.49)	3.71 (0.47)	0.51
As the organization that initiated the Coalition, BPI has taken steps to ensure leadership and decision-making	3.62 (0.50)	3.53 (0.62)	0.50

	<b>Time 1</b> <i>N</i> = 27, <b>M (SD)</b>	<b>Time 2</b> <i>N</i> = 20 <b>M (SD)</b>	<b>t</b>
responsibilities are shared among all Coalition participants.			
The Coalition provides a forum for community residents, organizations, and parents to bring up and discuss issues affecting children and families.	3.59 (0.50)	3.47 (0.62)	0.72
Participating individuals and organizations contribute resources to the Coalition and its initiatives such as time, expertise, leadership, contacts, funds, and in-kind supports.	3.59 (0.50)	3.47 (0.62)	0.72
The Coalition has selected strategies that are consistent with the capacities and resources of Coalition participant organizations.	3.59 (0.57)	3.50 (0.52)	0.53
The Coalition finds ways to engage parents and residents in its activities.	3.59 (0.57)	3.47 (0.87)	0.56
Participants on each committee (e.g. doula/home visiting, Camp Fit, etc.) have the appropriate level of expertise, knowledge of the community, skills, and decision-making authority (i.e. the “right” people are at each table).	3.58 (0.58)	3.41 (0.62)	0.89
Participants are actively involved in helping to find and develop innovative solutions to problems.	3.54 (0.51)	3.50 (0.62)	0.23
Coalition participants are willing to discuss their own program outcomes in an effort to share information, learn from one another, and make improvements as needed.	3.52 (0.51)	3.47 (0.51)	0.30
Participants understand and agree with Coalition goals, and have a clear understanding of what the Coalition is trying to accomplish.	3.52 (0.64)	3.43 (0.63)	0.40
The Coalition is building individual and organizational leadership capacity to sustain future Coalition work.	3.46 (0.51)	3.27 (0.81)	1.03
Participants demonstrate commitment and follow-through; responsibilities are shared and tasks are completed.	3.46 (0.65)	3.24 (0.56)	1.18
By setting and meeting short-term objectives, Coalition participants remain engaged and enthusiastic.	3.46 (0.58)	3.44 (0.62)	0.09
The Coalition tracks its progress towards meeting stated goals. <sup>58</sup>	3.44 (0.51)	3.50 (0.67)	0.30
There are opportunities for participants to take on leadership roles and develop their leadership skills.	3.42 (0.58)	3.50 (0.63)	0.40

\*  $p < .05$

Note: 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree

<sup>58</sup> Although “Don’t know” was rarely selected as a response by the participants at either time, when asked whether the Coalition tracks its progress towards meeting stated goals, some participants responded, “Don’t know” ( $n = 2$  at T1,  $n = 6$  at T2).

The second section of the survey presented items about members’ participation in the Coalition and its impact on their work, and survey participants generally agreed or strongly agreed with the statements about the positive effect of the Coalition on their work and their organizations. The statement with which participants tended to agree the strongest at both Time 1 and Time 2 was that participation in the Coalition helped members and their organizations build relationships within and outside the community. Table J-2 displays survey respondents’ mean scores regarding participation in the Coalition and respondents’ own work at Time 1 and Time 2. No significant differences between mean scores over time were found.

**Table J-2. Coalition Participation and Impact: Means Comparison over Time**

	<b>Time 1</b> <i>N</i> = 27, <b>M (SD)</b>	<b>Time 2</b> <i>N</i> = 20 <b>M (SD)</b>	<b>t</b>
Participation in the Coalition has helped me and my organization to build new relationships with individuals and organizations within and outside Altgeld-Riverdale.	3.56 (0.51)	3.67 (0.49)	0.73
Participation in the Coalition has helped to increase my knowledge related to early childhood development and early learning.	3.48 (0.70)	3.50 (0.62)	0.09
Participation in the Coalition has helped to increase or improve my organization’s efforts to engage parents and families.	3.44 (0.64)	3.50 (0.52)	0.29
Since becoming involved with the Coalition, my organization has added programming, increased funding, or allocated additional staffing to programs for children ages 0-8.	3.32 (0.80)	3.08 (0.76)	0.90
Participation in the Coalition has influenced my organization’s work in ways other than those listed above.	3.14 (0.79)	3.00 (0.71)	0.58

Note: 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree

The third section of the survey assessed respondents’ perceptions of the importance of various Coalition activities. Respondents rated each activity from 1 (Not at all important) to 4 (Extremely important). There were no significant differences over time. The large majority of respondents rated both pre-K/Head Start enrollment and supporting schools in creating comprehensive student supports as “extremely important”—all respondents at Time 1 and all but one respondent at Time 2. Most respondents rated the other Coalition activities as “extremely important” as well, while some rated the other activities as “somewhat important.” Table J-3 shows the mean ratings at Time 1 and Time 2.

**Table J-3. Coalition Activities: Means Comparison over Time**

	<b>Time 1</b> <i>N</i> = 27, <b>M (SD)</b>	<b>Time 2</b> <i>N</i> = 20 <b>M (SD)</b>	<b>t</b>
Pre-K/Head Start Enrollment (All Hands On Deck)	4.00 (0.00)	3.83 (0.71)	1.00

Support schools in creating comprehensive student supports (e.g. Behavioral Health and school climate teams & school-community linkages)	4.00 (0.00)	3.83 (0.71)	1.00
Pre-K – Kindergarten Transitions	3.96 (0.20)	3.72 (0.75)	1.32
Out-of-School Time/Summer Programs (e.g. Kids Science Lab, Camp Fit Kids)	3.96 (0.20)	3.83 (0.71)	0.88
Doula & Home Visiting Services (Altgeld-Riverdale Parenting Program)	3.88 (0.33)	3.67 (0.82)	0.99
The Community Beat Website	3.73 (0.46)	3.39 (0.85)	1.52

Note: 1 = Not at all Important, 2 = Not Important, 3 = Somewhat Important, 4 = Extremely Important

The survey asked Coalition members to indicate with which committees they were involved. At Time 1, the greatest proportion of survey respondents were involved in the Pre-K/Head Start Enrollment Committee with 78% of survey respondents. By the time of the Time 2 survey, the committee with the most survey respondents was the Pre-K to Kindergarten Transitions Committee with 41% of respondents. Figure J-1 displays the proportion of survey respondents on each committee at Time 1 and Time 2.

**Figure J-1. Percent of Survey Respondents Participating in Committees**

