

GREAT FAMILIES 2020 FINAL REPORT

Implementation and Outcomes Evaluation for a Service Delivery Model of United Way of Central Indiana

OCTOBER 2020



United Way
of Central Indiana

Prepared by



INDIANA UNIVERSITY
PUBLIC POLICY INSTITUTE
Center for Research on Inclusion & Social Policy



The Polis Center

We bring things into perspective.™

CONTRIBUTING AUTHORS

Roxy Lawrence, Program Analyst, Center for Research on Inclusion and Social Policy, IU Public Policy Institute

Rebecca Nannery, Senior Research Analyst, The Polis Center at IUPUI

Elle Yang, Program Analyst, Center for Research on Inclusion and Social Policy, IU Public Policy Institute

RESEARCH SUPPORT

Deb Hollon, GIS Analyst, The Polis Center at IUPUI

Jeremy Townsley, Research Analyst, The Polis Center at IUPUI

Kourtney Byrd, Center for Research on Inclusion and Social Policy, IU Public Policy Institute

Jacob Purcell, Center for Research on Inclusion and Social Policy, IU Public Policy Institute

Destiney Faceson, Center for Research on Inclusion and Social Policy, IU Public Policy Institute

Aunya Sutton, Center for Research on Inclusion and Social Policy, IU Public Policy Institute

PROJECT LEADERSHIP

Breanca Merritt, PhD, Director, Center for Research on Inclusion and Social Policy, IU Public Policy Institute

Sharon Kandris, Associate Director, The Polis Center at IUPUI, and Director, Community Informatics

GRANTEE

United Way of Central Indiana

SUBGRANTEES

Community Alliance of the Far Eastside (CAFÉ)

East 10th United Methodist Church Children and Youth Center

Englewood Christian Church

Edna Martin Christian Center

John Boner Neighborhood Centers

Hawthorne Community Center

Marion County Commission on Youth (MCCOY)

Martin Luther King Community Center



**United Way
of Central Indiana**

An evaluation conducted by Indiana University-Purdue University Indianapolis (IU Public Policy Institute and The Polis Center) for United Way of Central Indiana's Great Families 2020 for federal award 16SIHIN001

TABLE OF CONTENTS

TABLE OF CONTENTS	3
FIGURES & TABLES	6
GLOSSARY OF KEY TERMS	9
EXECUTIVE SUMMARY	11
PART 1: INTRODUCTION.....	17
Program Background.....	18
Report roadmap.....	18
Problem statement.....	20
Related evaluations.....	21
Great Families 2020: context & model	22
GF2020 model description	25
Recruitment	25
Set and participate in meeting with family coach.....	25
Initial goal setting	27
Initial referrals.....	27
Ongoing & repeated goal setting & referrals.....	28
Administrative & organizational structure	29
Current study.....	31
Implementation study questions	31
Outcomes study questions.....	31
PART 2: STUDY DESIGN & METHODS	32
Implementation study	33
Research questions.....	33
Methodology.....	34
Data collection activities	34
Outcomes study design	38
Research questions.....	38
Sample recruitment.....	38
Measures and unit of analysis.....	39

Retention and treatment of missing data	41
Analytic approach	41
Barriers to impact study	44
PART 3: IMPLEMENTATION STUDY FINDINGS	46
Fidelity to GF2020 Model.....	47
To what extent is GF2020 operating with fidelity?	47
According to GF2020 staff perceptions, has collaboration between sites and partner/contracted service providers and agencies improved?.....	50
Programmatic dimensions	52
What is the level of parent/caregiver and child participation at each site?	52
What participant characteristics are associated with perceptions of GF2020 programming?	54
For programmatic components perceived to be most beneficial for participants, what is necessary for proper implementation?.....	54
Subgrantee and Participant Perceptions of Benefits of programmatic components	57
Opportunities for Implementation	64
How have initial implementation plans changed after program initiation?	64
What factors affect GF2020 recruitment, enrollment, and retention?	68
What barriers exist for consistent data collection and entry?	69
What lessons/takeaways have subgrantees and partners learned about 2Gen programming generally?	71
What perspectives can GF2020 provide for UWCI's ongoing local programming?	74
Summary of implementation findings	78
Fidelity to the GF2020 model	78
Programmatic dimensions	78
Opportunities for implementation.....	78
PART 4: OUTCOMES STUDY FINDINGS	79
What proportion of GF2020 children are performing at age-appropriate functioning, compared to aggregate scores of other children? Which GF2020 parent characteristics and/or program components are associated with child outcomes?	80
Data matching	80
State-level policy changes.....	81
Descriptive analysis.....	81
To what extent do GF2020 participant outcomes change from baseline to follow-up?	83
Intended outcome: monthly income.....	84
Intended outcomes: Family Success Plan indicators	85

Which GF2020 program components are associated with parent outcomes?	91
Financial indicators	92
Family Success Plan indicators	92
To what extent do participant outcomes vary by site?	94
To what extent do GF2020 participants differ from CWF participants on short-term GF2020 outcomes?.....	95
Summary of outcomes findings.....	99
PART 5: LESSONS & NEXT STEPS.....	100
Summary of key findings	101
Local adoption of a two-generational model.....	101
Recommendations for future programming.....	104
PART 6: APPENDICES	106
Appendix A. Descriptive statistics of program participants	107
Appendix B. Description of outcome variables.....	111
Validated outcome measures	111
Nonvalidated Outcome Measures	112
Appendix C: Descriptive statistics of subset of program participants included in outcome analysis	114
Appendix D. Fidelity checklist.....	117
Appendix E. Survey results for subgrantee and participant satisfaction surveys	118
Appendix F. Outcome analysis results.....	126

FIGURES & TABLES

Figure 1. GF2020 logic model 24

Figure 2. Flow chart of GF2020 service delivery 26

Table 1. GF2020 model: key activities & intended outcomes..... 28

Table 2. Participating subgrantee organizations 29

Table 3. Implementation study research questions 33

Table 4. Data collection methods..... 34

Table 5. Outcome study research questions 38

Table 6. Overview of GF2020 outcomes data 40

Table 7a. Fidelity to the GF2020 model, five domains 48

Table 7b. Fidelity to the GF2020 model, program compliance 49

Figure 3. Subgrantee perception of ratings of collaboration with partners (2018–2020)..... 50

Figure 4. Percentage of subgrantee staff who agree the partnerships developed as a result of GF2020 have improved their organization's ability to serve families (2018–2020)..... 51

Table 8. Rate of participation in key components of GF2020, by site 52

Table 9. Coaching interactions and goal setting per participant, by site 53

Table 10. Participation and bundling of CWF services..... 54

Figure 5. GF2020 participant satisfaction of GF2020 services 55

Figure 6. Program implementation framework..... 55

Table 11. Competency, leadership, and organization drivers..... 56

Table 12. Summary of programmatic perceptions..... 58

Figure 7. GF2020 implementation plan changes (2017-2020)..... 65

Table 13. Site-specific differences in response to COVID-19 67

Table 14. Barriers and facilitators to GF2020 recruitment, enrollment, and retention..... 68

Table 15. Data collection and entry barriers for GF2020 70

Figure 8. Percentage of subgrantee staff who agree they perceived effects of GF2020 on families and community (2018–2020) 71

Figure 9. Subgrantee perceived effectiveness of UWCI-subgrantee communication (2018–2020) 75

Figure 10. Percentage of subgrantee staff who agree with statements about subgrantee collaboration with UWCI (2018–2020)..... 76

Table 16. Summary of outcomes with significant changes, by effect sizes.....	83
Table 17. Number of complete financial assessments submitted by adult participants.....	84
Figure 11. Participant monthly income and change in monthly income	85
Table 18. Number of Family Success Plan surveys completed by adult participants.....	85
Figure 12. Social capital outcomes with significant changes, by follow-up	86
Figure 13. Health and well-being outcomes with significant changes, by follow-up	88
Figure 14. Protective factors outcomes with significant changes, by follow-up	90
Table 19. Relationships between program components and GF2020 program outcomes.....	91
Table 20. GF2020 summary statistics for continuous variables.....	95
Table 21. CWF-only summary statistics for continuous variables	95
Table 22. GF2020 & CWF-only adult participant frequencies of categorical variables	96
Table 23. Changes in monthly income by demographic characteristics.....	98
Figure A1. Family enrollment by GF2020 services.....	107
Table A1. GF2020 adult participation characteristic and summary statistics for continuous variables	107
Table A2. GF2020 adult participant characteristic and frequencies for categorical variables	108
Table A3. GF2020 child participation characteristic and summary statistics for continuous variables.....	109
Table A4. GF2020 child participant characteristic and frequencies for categorical variables.....	110
Table A5. GF2020 adult participant characteristic and summary statistics for continuous variables	114
Table A6. GF2020 adult participant characteristic and frequencies for categorical variables	115
Table A7. Description of GF2020 core components	117
Figure A2. Subgrantee perceptions of the effectiveness of CWF services (2020)	118
Figure A3. Subgrantee perceptions of the effectiveness of social capital programming (2018–2020)	119
Figure A4. Subgrantee perceptions of the effectiveness of ECE (2018–2020).....	119
Figure A5. Subgrantee opinions surrounding warm referrals (2018-2020).....	120
Table A8. Participants’ perception of the services and benefits of financial coaching.....	121
Table A9. Participant perception of the services and benefits of employment coaching	122
Table A10. Participant perception of the services and benefits of income support.....	123
Table A11. Participant perception of the services and benefits of social capital.....	123
Table A12. Participant perception of the services and benefits of ECE.....	124
Table A13. Participant perception of the services and benefits of health and well-being.....	124

Table A14. Participant characteristics associated with perception of the five domain services.....125

Table A15. Results of Wilcoxon signed ranks tests and descriptive statistics on monthly income.....126

Table A16. Results of Wilcoxon signed ranks tests and descriptive statistics on family success plan survey groupings.....126

GLOSSARY OF KEY TERMS

CENTERS FOR WORKING FAMILIES (CWF):

Indianapolis' local adaptation of an evidence-based model providing coaching financial, employment, and income supports

CHILD CARE AND DEVELOPMENT FUND (CCDF):

A federal program that provides low-income families with financial resources to afford high-quality child care

COMBINED FINANCIAL ASSESSMENT (CFA)

A form provided to adults receiving financial coaching which tracks their income, debts, and assets. This form is entered into the Efforts to Outcomes (ETO) system.

EARLY CHILDHOOD EDUCATION (ECE)

Child care and preschool programming for children ages 0–6

EFFORTS TO OUTCOMES (ETO)

A system maintained by United Way of Central Indiana (UWCI) and licensed by Social Solutions, Inc. and used for data collection and management by subgrantees

FAMILIES FIRST OF INDIANA (FAMILIES FIRST)

A mental health care provider formally contracted to provide mental health services for families

FAMILY SUCCESS PLAN (FSP)

The primary tool used by family coaches to help families set goals and track progress in the program

ISTAR-KR

A tool initially developed and discontinued by the State of Indiana to assess children's kindergarten readiness

ON MY WAY PRE-K

An Indiana program that provides grants allowing 4-year-olds in low-income families to attend high-quality pre-K programming

PARTNER

Organizations that have formal or informal relationships with subgrantees to provide additional support services or receive referrals

PEER LEARNING

Trainings hosted by UWCI to provide subgrantees and their partners with tools and information to improve the effectiveness of their programming

SITE

Groups of subgrantee organizations collaborating to implement GF2020. These groups have historically been based in specific Indianapolis neighborhoods.

SOCIAL CAPITAL EVENTS

Activities designed and promoted by sites to boost families' social connections and peer network.

PARENT CAFÉ

Physical and emotional safe spaces where parents and caregivers talk about the challenges and victories of raising a family

SUBGRANTEE

One of eight organizations awarded a grant by UWCI to implement GF2020

TWO-GENERATIONAL APPROACH (2GEN)

The general approach to providing services to entire families, including services for children, parents, and the family. The "2Gen" model is a specific two-generational approach developed by Ascend at the Aspen Institute that specifies financial supports, education for adults and children, employment coaching, social capital, and health and well-being as key prongs of two-generational service provision.

UWCI

United Way of Central Indiana

WARM REFERRALS

Also called "warm handoffs," this is the process of meaningfully guiding a family to a service provider or other agency after making a referral instead of having the adult handle all arrangements.

EXECUTIVE SUMMARY

PROGRAM SUMMARY

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

GF2020's target population is at least one custodial parent or caregiver and at least one child (age 0-6), living together as part of a family, who need economic support or stabilization services. The family unit (participating child and parent/caregiver) participates in GF2020 by committing to receive family-focused case management provided by a family coach. The family coaching process involves developing a relationship with a family coach to (1) set and maintain goals in the five areas of the 2Gen model—high-quality early childhood education, economic assets, postsecondary and employment pathways, social capital, and health and well-being—using a Family Success Plan (FSP), and (2) connect families to services in those five areas that are provided by participating subgrantee agencies. The model is implemented across eight subgrantee organizations and their partners located within five geographic areas of Indianapolis. Ultimately, the aim is for the service delivery model to improve multiple outcomes for participating families, including socioemotional development and kindergarten readiness for children; financial and employment-related outcomes for parents, and social capital, community engagement, protective factors, and health-related outcomes for parents that also benefit the entire family unit. By the end of the program, 734 families (with at least one parent/caregiver and at least one child) enrolled in GF2020. In all, 789 adults and 1,121 children enrolled in the program.

PROBLEM DEFINITION

Low parental educational attainment, unemployment, parenting challenges, and mental health issues are some of the main environmental factors that worsen the short- and long-term effects of family financial instability among children. These income-related factors collectively lead to toxic stress—the prolonged activation of traumatic experiences that adversely affect a child's chance at success over time. These structural factors also negatively impact opportunities for parents/caregivers to attain financial stability and self-sufficiency. As a result, understanding the effectiveness of models that mitigate the effects of poverty for both adults and the children in their lives are increasingly important. GF2020 is based on a two-generational framework that uses a whole-family approach to reduce negative outcomes associated with persistent childhood poverty by addressing the needs of low-income parents and children simultaneously.

This approach has been used for fifty years as a service-delivery model that targets low-income parents and their children, with the ultimate aim of improving social development for children. Two generational models typically consist of programs that aim to reinforce economic stability for parents, including job training, connections to public benefits, management of personal finances, and educational services for both adults and children.

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

PRIOR RESEARCH

GF2020 was evaluated in a feasibility and implementation study in late 2018 and in an additional implementation evaluation internal to UWCI in late 2019. These studies highlighted that the GF2020 service delivery model was operating with fidelity across three of the major programmatic components, including economic assets, postsecondary and employment pathways, and early childhood education. Full implementation of GF2020 was challenging, particularly for social capital and health and well-being aspects of programming. The studies identified low family attendance and participation in social capital events. The stigma associated with seeking and receiving mental health therapy discouraged family participation in mental health services. The studies also found improvement in key parent outcomes from baseline to initial follow-up periods. These findings would need to be built upon by understanding the extent to which fidelity was adhered to across sites and over time, assessing trends across sites and families, and understanding whether positive outcomes experienced by GF2020 parents were better than those for families outside of the program.

TARGETED LEVEL OF EVIDENCE

The current research design aims to achieve a preliminary level of evidence through an intensive implementation study including an evaluation of outcomes. Preliminary evidence was targeted because of the inability to secure a sufficient matched comparison group for the study for both children and adults enrolled in GF2020 and Centers for Working Families (CWF) models. This preliminary evidence aims to identify changes in short-term outcomes, the effectiveness with which the service delivery model is implemented and the associations of specific components of the service delivery model on parent outcomes.

EVALUATION DESIGN

Implementation study

To understand how GF2020 was implemented and the extent to which it was completed with fidelity, the study employed a mixed-methods approach, including interviews and focus groups with UWCI GF2020 staff and GF2020 subgrantees and web-based pre- and post-surveys of staff at each subgrantee site, descriptive analysis of GF2020 programmatic and administrative data, participant interviews and surveys, and a review of subgrantee documents. Descriptive statistics and thematic analyses were used to describe program implementation as well as staff and participants' perceptions of the GF2020 program. The implementation study addressed implementation fidelity, with an emphasis on program dosage, adherence, quality of delivery, collaboration, and program participants' satisfaction with GF2020 services.

Outcomes study

To assess the extent to which the GF2020 model is associated with improvements in defined participant outcomes, the outcomes study analyzed programmatic data collected from the Efforts to Outcomes (ETO) database. The study includes data on 675 out of 789 adult GF2020 participants.¹ The statistical analyses included t-tests, Wilcoxon signed rank tests, general linear models, and multilevel models to understand three key areas: statistical differences across groups, factors associated with individual outcomes across program components, and—when possible—outcomes to GF2020 participants compared to a group of similar program participants. Statistical findings were contextualized using qualitative data obtained through key informant interviews and focus groups with program participants, subgrantees, grantees, and UWCI.

MEASURES & INSTRUMENTS

For this report, implementation-related outcomes included participant attendance and levels of program delivery, such as coaching and goal setting. This information is collected and entered into the program's data system by GF2020 staff. Most demographic information and outcomes related to economic assets, education, and employment coaching are collected by GF2020 partner agencies using the GF2020 goal-setting tool (i.e., FSP). Additional outcomes include questions from validated instruments, including the Centers for Disease Control and Prevention's (CDC's) Health Related Quality of Life (HRQOL), the Social Capital Community Benchmark Survey, and the Protective Factors Survey.

RESEARCH QUESTIONS

Implementation questions

- To what extent is GF2020 being implemented with fidelity?
- According to GF2020 staff perceptions, has collaboration between sites and partner/contracted service providers and agencies improved?

¹ The number of adult participants in the statistical analysis (n=675) is fewer than the summary statistics throughout the report (N=789, all adult participants). Cases with outliers on key continuous variables were removed as a part of data preparation for the outlier analysis. The statistical analysis of ETO data is the only area in this report that uses the n=675 adult participants.

- What factors affect GF2020 participant recruitment, enrollment, and retention?
- In what ways has programming differed by site?
- How have initial implementation plans changed after program initiation?
- To what extent do participants perceive opportunities and short-term and long-term benefits of the following programmatic component
- What participant characteristics are associated with perceptions of GF2020 programming?
- To what extent do subgrantee staff perceive short-term and long-term benefits of the programmatic components?
- For programmatic components that are perceived to be most beneficial for participants, what is necessary for proper implementation?
- What is the level of parent/caregiver and child participation at each program site?
- What barriers exist for consistent data collection and entry?
- What lessons/takeaways have grantees and subgrantees learned about 2Gen programming generally?
- What perspectives can GF2020 provide for UWCI'S ongoing local programming?

Outcomes questions

- What proportion of GF2020 children are performing at age-appropriate functioning?
- To what extent do GF2020 participants differ from CWF participants on short-term outcomes?
- To what extent do GF2020 participant outcomes change from baseline to follow-up?
- Which GF2020 program components are associated with parent outcomes?
- To what extent do participant outcomes vary by site?
- Which GF2020 parent characteristics or program components are associated with child outcomes?

KEY FINDINGS

Implementation findings

The key findings from the implementation evaluation included that GF2020 is largely being implemented with fidelity across three core components of early childhood education, economic assets, and employment coaching, with subgrantees varying slightly in how they implement the model. More than half (60%) of the participating adults are bundling CWF services, and financial counseling continues to be the most popular CWF service. Subgrantees have improved data collection and entry, primarily due to continued technical support from UWCI, though capturing and documenting data for referrals and social capital events can be improved. Coaching is largely perceived as an integral component of GF2020. Frequent engagement with participants and flexibility of engagement approaches help to retain families and ensure services are appropriate. More families set and work toward their goals, though the type and number of goals differ by subgrantee. These variations can be attributed to differences in participants' abilities to reach goals and the nature of short-term versus long-term goals.

Collaboration between subgrantees and partners slightly improved. Participating organizations have benefitted extensively from GF2020 partnerships, including increased understanding of partner organization's services, enhanced sharing of resources and information, and increased capacity to serve families. Participants are satisfied with all services received through GF2020. CWF services and child care are particularly appreciated by parents/caregivers in the program, though transportation assistance and support with utilities persisted as unmet needs throughout the program.

Proper implementation of GF2020 involves hiring skilled staff, building staff capacity, allowing flexibility in program implementation, developing effective cross agency partnerships, and providing ongoing technical assistance to subgrantees.

Outcomes findings

- Programmatic components, including length of coaching interactions and referrals were associated with improvements in some parent outcomes. Adults with longer coaching interactions, referrals from a GF2020 coach, and who attended a referral appointment were linked to better parent outcomes.
- Despite slight variations in GF2020 implementation, site-level differences did not affect participant outcomes. However, key programmatic aspects—such as the proportion of referrals to health activities, length of coaching interactions, and perceived quality of collaboration—matter for participant outcomes. Participants at sites with higher levels of perceived collaboration experienced improvements in nurturing, attachment, and social support. When accounting for site-level differences, the average length of coaching was also positively and significantly associated with nurturing, attachment, and change in income
- Sociodemographic characteristics—like race, ethnicity, baseline income, and age—did not affect improvements in income. This indicates that GF2020 did not contribute to disparate outcomes related to income. At the same time, being Hispanic/Latinx was associated with greater concrete supports.

IMPLICATIONS & LESSONS LEARNED

2Gen programming enabled local subgrantees to serve more families. Not only has 2Gen programming expanded the scope of subgrantee services, it also enhanced collaboration between local agencies and social service providers. This suggests that local adaptation of the 2Gen model supported parents, children, and participating organizations.

Key takeaways and lessons learned from the GF2020 programming include:

- The 2Gen model is an innovative way for local community organizations to provide wraparound services to underserved families in the community. This service delivery approach is not just a program model. It provided a philosophical foundation and practical approach toward addressing complex socioeconomic issues.
- The local adaptation of this 2Gen model also has several challenges, including age eligibility restrictions and limitations in programmatic design for specific service provisions.

- GF2020 demonstrated key elements of success, including effective and intentional partnerships, expansion in organizational capacity and staffing needs, and greater knowledge and sharing of resources among grantees and subgrantees.

NEXT STEPS

As a result of GF2020, in 2019, UWCI launched a funding mechanism called the Family Opportunity Fund. This effort provides funding for local community-based organizations to build capacity for serving an entire family's needs in areas highlighted by the 2Gen model. The evaluation findings helped highlight gaps and key implementation opportunities in their development of that fund, including:

- Build successful partnerships with ongoing engagement efforts and leverage existing long-term relationships among collaborators.
- Provide clear and consistent communication between grantees and subgrantees through designated program officers.
- Integrate grantees, subgrantees and other partners in decision-making processes.
- Provide consistent and ongoing learning, networking and information sharing opportunities via various channels to strengthen knowledge and relationships among key program participants.
- Support data needs from subgrantees, including: database management; data collection and entry process training, and mentorship; troubleshooting with individual sites; and education on data quality improvement.
- Help families prepare for the transition when their children age out of the program to ensure continuous family-site engagement and support.
- Consider incorporating existing UWCI programming components into the 2Gen model, such as utility help and transportation assistance through local partners.

PART 1: INTRODUCTION

PROGRAM BACKGROUND

In 2016, UWCI was awarded a grant from the Social Innovation Fund (SIF) to develop and implement the GF2020 service delivery model. The goal of GF2020 is to improve financial stability among families and educational outcomes of children Indianapolis by using a two-generational approach to service delivery. The two-generational approach uses a whole-family perspective to reduce negative outcomes associated with persistent childhood poverty by addressing the needs of low-income parents/caregivers and children simultaneously. Two-generational models can consist of programs that aim to reinforce economic stability for parents, including job training, connections to public benefits, management of personal finances, and educational services both for adults and children. Specifically, GF2020 is based on Ascend's 2Gen model, using family case management to direct families in need of financial services to evidence-based interventions and wraparound services. Children enroll in high-quality early childhood education, and their parents participate in activities related to economic assets, employment coaching, and education. Adults and children also attend social capital activities and receive referrals for health services.

GF2020's target population is at least one custodial parent or caregiver and at least one child (ages 0–6) living together as part of a family, and who need economic support or stabilization services. The family unit (participating child and parent/caregiver) participates in GF2020 by committing to receive family-focused case management provided by a family coach. The family coaching process involves developing a relationship with a family coach to (1) set and maintain goals in the five areas of the 2Gen model (high-quality early childhood education, economic assets, postsecondary and employment pathways, social capital, and health and well-being) using a Family Success Plan, and (2) connect families to services in those five areas that are provided by participating subgrantee agencies. The model is implemented across eight subgrantee organizations and their partners located within five geographic areas of Indianapolis. Ultimately, the aim is for the service delivery model to improve multiple outcomes for participating families: socioemotional and kindergarten readiness for children; financial and employment-related outcomes for parents; social capital: community engagement; protective factors; and health-related outcomes for parents that also benefit the entire family unit.

REPORT ROADMAP

This final report assesses the implementation of Great Families 2020 (GF2020), a two-generational approach to service provision for families in Indianapolis, Indiana. The purpose of the implementation study was to assess how this service delivery model provides services as designed to delineate barriers to implementation and identify relationships between programmatic activities and key outcomes through June 30, 2020. This study treated GF2020 as an evaluation of a systems change strategy. The SIF Evaluation Plan (SEP) previously approved by the Corporation for National and Community Service (CNCS), included a series of research questions for each of the following categories: model fidelity, opportunities for implementation, and outcomes to the service delivery model.

This report serves to document how GF2020 was implemented, the extent to which that implementation was conducted with fidelity to the model, and improvement of participant outcomes. The primary intended audience of this document is CNCS reviewers and staff. This document may also serve to inform practitioners aiming to implement similar service delivery models. Finally, it can be used by SIF awardees, the United Way of Central Indiana (UWCI), and subgrantees as a guide for moving toward integrating 2Gen approaches throughout their work.

Part 1 of this report includes a description of prior related research and the background of the GF2020 model. Part 2 provides an overview of the study design, and Part 3 reports the findings of the implementation study, including barriers and facilitators encountered during implementation, and an assessment of fidelity to the proposed model and a summary of the outcome analysis. Part 4 includes recommendations for ongoing programming and evaluation.

PROBLEM STATEMENT

By addressing several factors that contribute to parental economic instability, families are better able to cope with social and economic change, thus ensuring that children are better positioned to experience reduced poverty early in their lives. GF2020 is intended to address parental economic instability and related contributing factors to reduce the long-term negative outcomes associated with persistent childhood poverty.

Youth who experience persistent poverty are more likely to experience cognitive deficits, low academic achievement, behavioral problems, and adverse health outcomes.^{2,3,4} Even with positive school environments, these developmental deficits have been repeatedly linked to a child's home environment.⁵ Specifically, low parental education⁶, unemployment, poor parenting skills, and exposure to unhealthy behaviors and mental health issues⁷ are some of the main home environmental issues that exacerbate the negative short- and long-term effects of family poverty among children.⁸

These poverty-related factors collectively lead to toxic stress—the prolonged activation of traumatic experiences that adversely affect a child's chances at success over time. Parents who consistently experience economic instability tend to put their children at greater risk for long-term social and pecuniary problems, including: teen pregnancy, juvenile delinquency, incarceration, and low educational attainment, among others.⁹ Understanding the effectiveness of models that can mitigate the effects of childhood poverty and resulting toxic stress are increasingly salient.

² Korenman, S., Miller, J. E., & Sjaastad, J. E. (1995). Long-term poverty and child development in the United States: Results from the NLSY. *Children and Youth Services Review*, 17(1-2), 127-155.

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

⁴ McLoyd, V. C. (1998). Socioeconomic disadvantage and child development. *American psychologist*, 53, 185.

⁵ Miller, J. E., & Davis, D. (1997). Poverty history, marital history, and quality of children's home environments. *Journal of Marriage and the Family*, 996-1007.

⁶ Davis-Kean, P. E. (2005). The influence of parent education and family income on child achievement: the indirect role of parental expectations and the home environment. *Journal of family psychology*, 19(2), 294.

⁷ Hair, E. C., McGroder, S. M., Zaslow, M. J., Ahluwalia, S. K., & Moore, K. A. (2002). How do maternal risk factors affect children in low-income families? Further evidence of two-generational implications. *Journal of Prevention & Intervention in the Community*, 23(1-2), 65-94.

⁸ Brooks-Gunn, J., & Duncan, G. J. (1997). The effects of poverty on children. *The future of children*, 55-71.

⁹ Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., ... & Committee on Early Childhood, Adoption, and Dependent Care. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-e246.

The two-generational approach uses a whole-family perspective to mitigate the negative outcomes associated with persistent childhood poverty by addressing the needs of low-income parents and children together. The approach has been used for fifty years as a service-delivery model that targets low-income parents and their children. The model aims to develop human capital within a family, leading to positive social development for children.¹⁰ Two-generational mode provide programs to reinforce economic stability to parents, including job training, connections to public benefits, educational services. Meanwhile, other programs can concurrently provide other services to parents and children, including physical and mental health services, social capital building programs, and quality early childhood education.¹¹ As a result of these core services, children experience positive academic and socioemotional development, while parents improve their economic stability.

GF2020 intends to operationalize the two-generational service delivery model to a) reduce the effects of factors associated with high poverty and negative family outcomes among families, and b) streamline existing service provision to more efficiently and effectively assist low-income families in need. Programmatic definitions of the service delivery model are provided in a later section.

Three critical components of the two-generation framework are at the core of the combination of services that constitute the GF2020 model: integrated goal setting and service delivery for families; high-quality early childhood education (ECE); and workforce pathways and financial coaching as administered through the evidence-based Centers for Working Families (CWF) framework.¹² While programs aimed at improving social capital and health supports also have a strong evidence base in the two-generational approach, all five components have not been incorporated into an evidence-based, existing service delivery framework. Focusing its primary efforts on these evidence-based programs allows UWCI to a) leverage and expand its existing relationships with the subgrantee agencies and their organizational partners to deliver services to families as efficiently as possible, and consistently between the five target neighborhoods; and b) allow an opportunity to identify whether including the two-generation approach in the CWF service delivery model improves family outcomes.

RELATED EVALUATIONS

This model is based on research assessing two-generational approaches,¹³ as well as best practices identified by Indianapolis' Centers for Working Families (CWF) model, which is administratively housed at UWCI. CWF provides the wraparound services related to employment, financial, and income supports coaching. Related studies for both two-generational approaches and the local CWF model have identified several key points for similar research. They include the importance of understanding and eliminating barriers for families external to the program, positive outcomes as a result of engaging families for longer periods of time, benefits from adults bundling CWF services, and the need to understand program impact beyond initial outcomes.

¹⁰ Chase-Lansdale, P. L., & Brooks-Gunn, J. (2014). Two-generation programs in the twenty-first century. *The Future of Children*, 24(1), 13-39.

¹¹ Ibid

¹² Roder, A., *First Steps on the Road to Financial Well-Being: Final Report from the Evaluation of LISC's Financial Opportunity Centers*. 2016, Economic Mobility Corporation: New York. p. 58.

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

The evaluators built on these findings by conducting feasibility and implementation evaluations in fall 2018 and fall 2019. These studies aimed to highlight and correct process-related challenges to improve programming and outcomes for GF2020 families. The studies found that the GF2020 model was being implemented with fidelity across core components of early learning, economic assets, and employment coaching, with subgrantees varying slightly in how they implement the model, mostly due to differences among their service populations and expected variation in goal setting and coaching. Key barriers to effective implementation included initial slow start-up to recruitment, inconsistent marketing within and across sites, perceiving place-based approaches as a hindrance to recruitment, concerns about long-term engagement among participants, and ensuring consistent access to child care across sites. As a result of these findings, UWCI clarified and refined some programmatic efforts to ensure consistency in implementation across sites.

The program previously reached preliminary evidence, with GF2020 families experiencing statistically significant ($p < .05$) improvements in family functioning and resiliency, child development and parenting knowledge, feelings of anxiety, and civic engagement: factors that directly and indirectly are associated with longer-term child and parental outcomes. During these studies, UWCI also incorporated a 2Gen approach for partner organizations through its Family Opportunity Fund, which builds on the GF2020 model by funding local programs that adhere to a 2Gen structure. Given progress in GF2020, it is important to understand how to maximize implementation for additional iterations of the model with other organizations and to assess how effectively GF2020 may have improved outcomes for participating families.

GREAT FAMILIES 2020: CONTEXT & MODEL

GF2020 is a service delivery model that uses family coaching to direct families in need of financial services to evidence-based interventions and wraparound services using the Aspen Institute's Ascend 2Gen model.¹⁴ The Ascend 2Gen model focuses on providing two-generational services to parents and their children. This approach emphasizes high-quality early learning for children and employment pathways and economic asset-building for the parents. Furthermore, the 2Gen approach stresses the need for social capital and health and wellbeing for the whole family to improve long-term outcomes for both parents and children, recognizing each of these components is critical. In summary, the five key components to this model are (1) early childhood development, (2) postsecondary and employment pathways, (3) economic assets, (4) health and wellbeing, and (5) social capital.

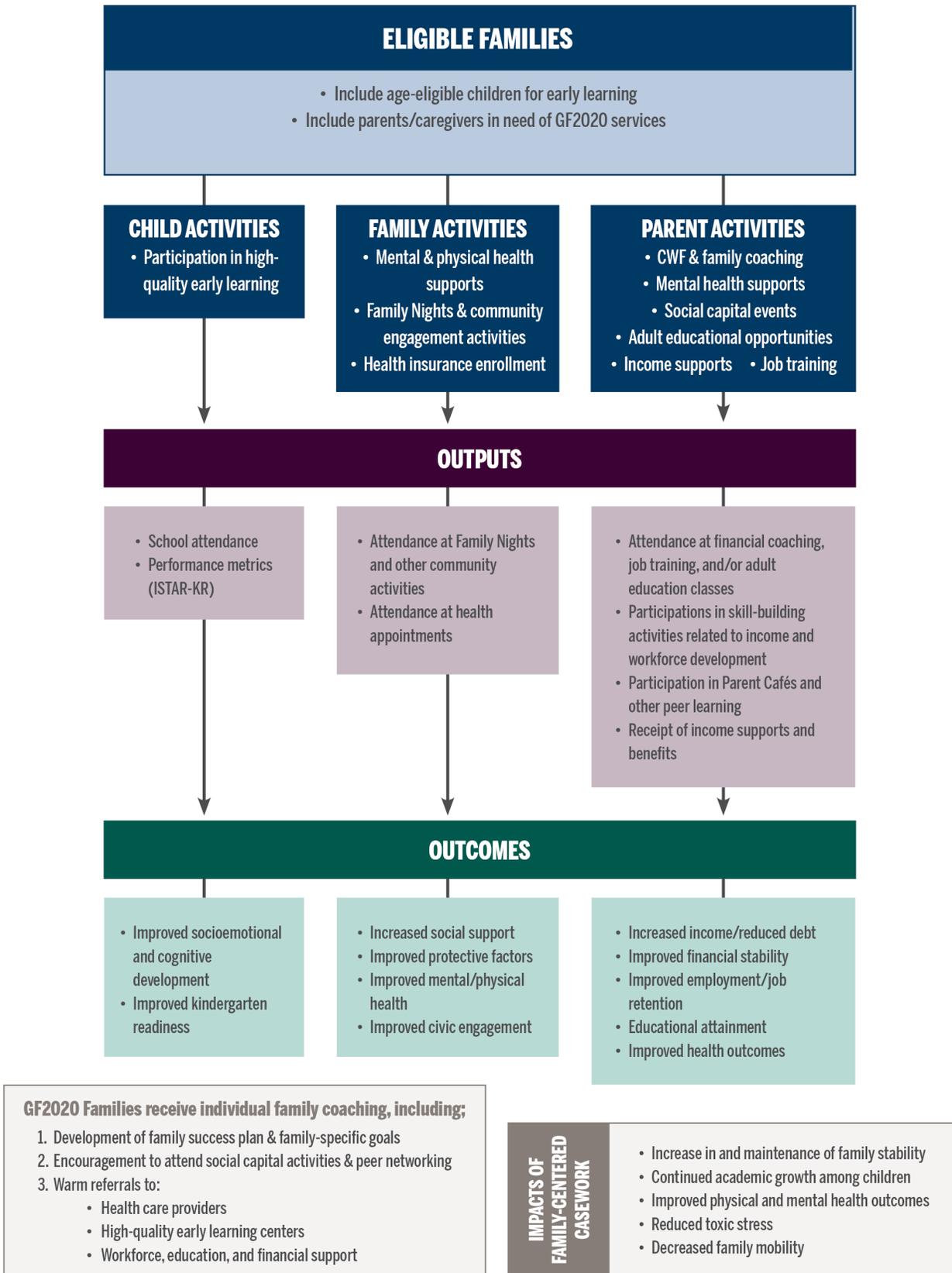
Figure 1 shows a graphic version of the logic model for GF2020. The program is based on the premise that family coaches will help participants enroll in activities that address multiple issues within families, with special emphasis on education and financial stability. Family coaches link parents to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

¹⁴ The Aspen Institute, T. (2015). *What is 2Gen?* Retrieved from <http://ascend.aspeninstitute.org/two-generation/what-is-2Gen/12>

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

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

FIGURE 1. GF2020 logic model



GF2020 MODEL DESCRIPTION

The GF2020 service delivery model was implemented by UWCI through eight subgrantee organizations. Though many social service providers exist in Indianapolis, UWCI noted a lack of comprehensive service provision for two-generational poverty reduction. While planning the structure of GF2020, program leaders at UWCI aimed to attract community organizations located in and directly serving families living in five neighborhoods that UWCI's internal research team identified as having high poverty, crime, and unemployment rates. Therefore, implementing GF2020 in those neighborhoods was an effort to provide services to individuals with the greatest need. The process for a family to enroll and participate in GF2020 occurs in multiple phases. Figure 2 provides an overview of how those in need are identified, enrolled, and engaged in programming.

RECRUITMENT

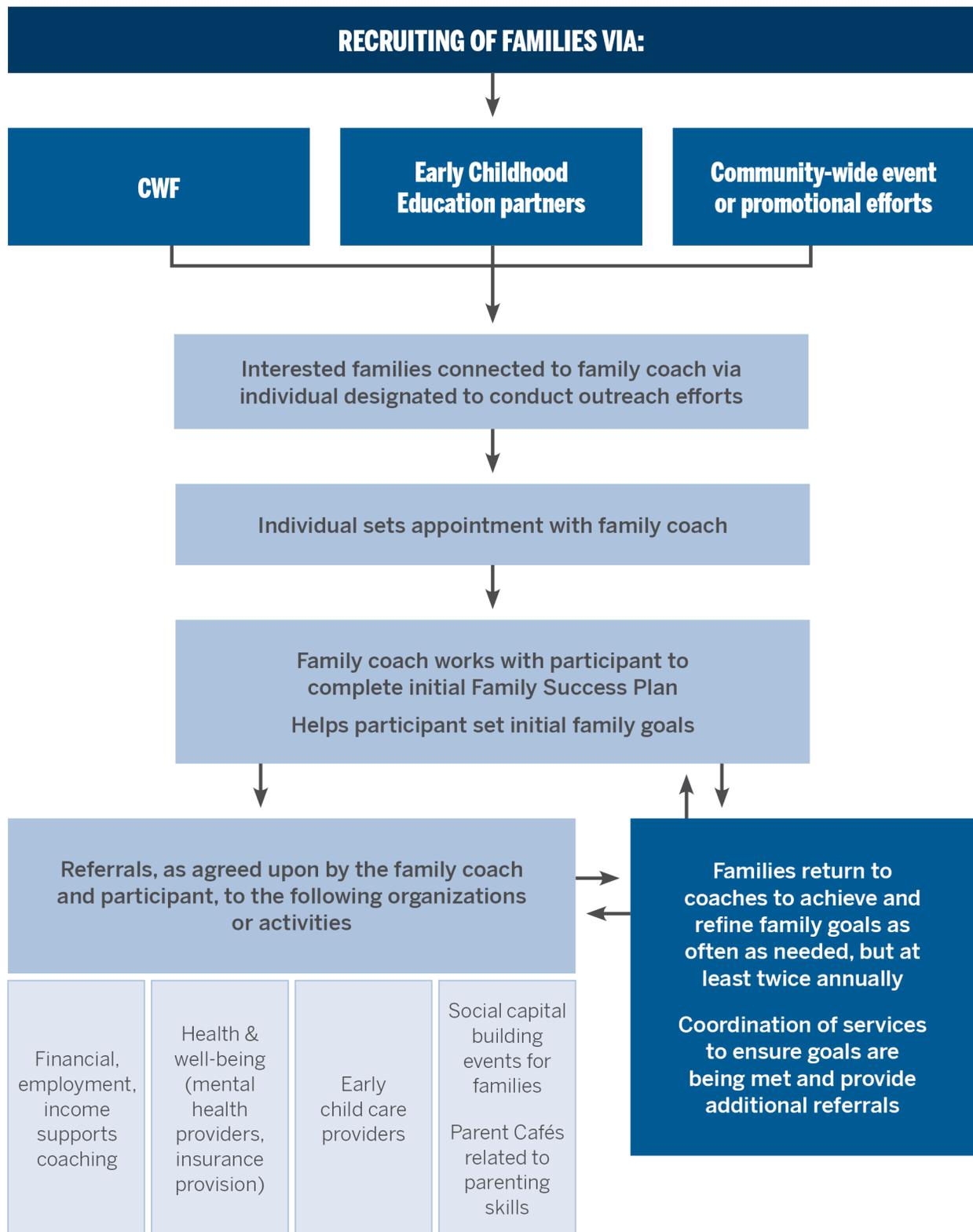
Eligible families are defined as at least one custodial parent or caregiver and at least one child (ages 0–6), living together as part of a family, who need economic support or stabilization services. Like the CWF model on which core components of the GF2020 model is based, there are no income requirements to participate because it assumes it will attract families in need of one of those services. The family participates in GF2020 by receiving family-focused coaching and any referral-related activities.

Families are recruited in three main ways: identifying eligible parents of children (ages 0–6) who are not yet in kindergarten but are already enrolled with a high-quality early learning provider; identifying parents who are active in the CWF model who have age-eligible children not enrolled in a high-quality provider; and through outreach activities, such as community events, flyers, neighborhood partners, and other means of canvassing. By the end of the program, 734 families (with at least one parent/caregiver and at least one child) were enrolled in GF2020. In all, 789 adults and 1,121 children enrolled in the program.

SET AND PARTICIPATE IN MEETING WITH FAMILY COACH

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

FIGURE 2. Flow chart of GF2020 service delivery



The family coaching process ensures that the participating parent(s)/caregiver(s) and their child(ren) receive needed and desired services. The process involves developing a relationship with a family coach to (1) set and maintain goals in each of the five areas of the 2Gen model using a tool called the Family Success Plan (FSP), and (2) connect families to services that are provided by participating subgrantee agencies and/or community partners. The FSP is structured to facilitate conversation between participants and family coaches by discussing participants' personal and family challenges and strengths while guiding them through a goal-setting process. In addition to facilitating family coaching, several questions on the FSP are intended to track measurable short-term participant outcomes.

INITIAL GOAL SETTING

Participants consider goals in areas that span the five core components of the 2Gen model, as discussed above. More specifically, goals may fall into the categories of employment and education; parenting skills, including engagement in child's learning; social capital (relationships with others and neighborhood perceptions); financial stability; and health (physical, emotional, and mental). The FSP is a tool to facilitate case management and goal setting for parent participants. Coaches use the goals section of the FSP to document action steps for both the coach and family, along with target dates by which to reach those goals. Both families and coaches maintain hard copies of the goals for future reference.

INITIAL REFERRALS

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

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

TABLE 1. GF2020 model: key activities & intended outcomes

KEY ACTIVITY	DESCRIPTION	OUTCOMES
Early childhood education (ECE)	Enrollment and participation in high-quality child care, defined as a provider at Level 3 or 4 on Indiana’s Paths to Quality Rating system	<ul style="list-style-type: none"> • ECE enrollment • School attendance • Kindergarten readiness
Economic assets	Financial coach connecting participants with public benefits; financial coaching and education, which emphasizes the importance of debt reduction, maintenance, and development of good credit, reducing expenses, and building assets	<ul style="list-style-type: none"> • Net income (adults) • Monthly income (adults)
Postsecondary pathways/ employment coaching	Employment coach helps with employment assistance, including basic job readiness training, job placement, and skill development	<ul style="list-style-type: none"> • Educational attainment (adults) • Employment (adults) • Job retention (adults)
Social capital	These events emphasize parenting skills and other protective factors, and family nights discuss neighborhood and community issues, in addition to family-oriented discussions and activities.	<ul style="list-style-type: none"> • Civic engagement (parents) • Social networks and support (families)
Health and well-being	Mental and/or physical health counseling and treatment; insurance enrollments for parent or child	<ul style="list-style-type: none"> • Mental and physical health (families) • Protective factors (families)

ONGOING & REPEATED GOAL SETTING & REFERRALS

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

ADMINISTRATIVE & ORGANIZATIONAL STRUCTURE

Through an application and review process, UWCI allocated SIF funds to eight subgrantees located across five Indianapolis neighborhoods. Because multiple subgrantees collaborate formally to implement GF2020, the subgrantees and their corresponding neighborhoods are commonly referred to by their neighborhood location (Table 2). This report refers to neighborhood clusters of subgrantees as subgrantees for ease of discussion.

TABLE 2. Participating subgrantee organizations

NEIGHBORHOOD/SITE	SUBGRANTEES
Far Eastside	Community Alliance of the Far Eastside (CAFÉ)
Near Eastside	John Boner Neighborhood Center East 10th United Methodist Church Children and Youth Center Englewood Christian Church
Near Westside	Hawthorne Community Center Marion County Commission on Youth (MCCOY)
Northeast	Edna Martin Christian Center
Northwest	Martin Luther King Community Center

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

In May 2019, UWCI contracted with Families First to provide mental health counseling, education, crisis intervention, and other support services for GF2020 families. Through this partnership, families received a plethora of services. Those included individual, couple, and child therapy; parenting education; family wellness; and additional support services to help them address family trauma and other toxic stress-related issues. UWCI also contractually partnered with Center of Wellness for Urban Women (CWUW) and Arts for Learning to create greater access to social capital-related activities for families.

Importantly, due to its existing management of the local CWF network, UWCI housed the Efforts to Outcomes (ETO) database used by subgrantee organizations. As such, the GF2020 team was rounded out by UWCI's internal research team, which created data collection forms, provided database oversight, management, technical support, troubleshooting, training for the ETO system, and data report development. Staff working with the ETO system followed up with subgrantees about issues in data entry and quality. The evaluation team provided ongoing descriptive data reports to UWCI and sites summarizing site-specific GF2020 participant enrollment, participation, and demographic trends as well as data quality issues. UWCI also delivered ongoing programmatic insights disseminated through email, newsletters, trainings, and webinars. A key component of this programmatic support was monthly Peer Learning sessions, where subgrantee staff regularly met with UWCI staff and evaluation team members to learn about and discuss common issues or helpful topics, such as recruitment, site capacity building, partnership development, data management, grant writing, and operations during COVID-19.

CURRENT STUDY

To develop moderate evidence for GF2020, the evaluation team initially proposed a quasi-experimental, matched-group design to assess family program impact by the year 2020. This proposed design was discussed in the original SEP, but findings suggested that this research design was not feasible for the program. As such, the primary change to the SEP included moving the current study to achieve preliminary evidence—yielding promising programmatic results—with a future plan to reach moderate evidence that yields causal conclusions. This evaluation is an ongoing implementation study that (1) examines the implementation of the GF2020 service delivery process and model, and (2) an outcomes study that assesses the extent to which the GF2020 model is associated with improvements in outcomes of the GF2020 model to achieve a moderate level of evidence. As such, the current research questions do not aim to identify the model’s impact. Instead, we focus on processes, immediate outputs and short-term outcomes during the first six months to two years of enrolling families. The following questions are those updated in the SEP to reflect the modified study:

IMPLEMENTATION STUDY QUESTIONS

- To what extent is GF2020 being implemented with fidelity?
- According to GF2020 staff perceptions, has collaboration between sites and partner/contracted service providers and agencies improved?
- In what ways has programming differed by site?
- How have initial implementation plans changed after program initiation?
- To what extent do participants perceive opportunities and short-term and long-term benefits of the following programmatic component
- What participant characteristics are associated with perceptions of GF2020 programming?
- To what extent do subgrantee staff perceive short-term and long-term benefits of the programmatic components?
- For programmatic components that are perceived to be most beneficial for participants, what is necessary for proper implementation?
- What is the level of parent/caregiver and child participation at each program site?
- What factors affect GF2020 recruitment, enrollment, and retention?
- What barriers exist for consistent data collection and entry?
- What lessons/takeaways have grantees and subgrantees learned about 2Gen programming generally?
- What perspectives can GF2020 provide for UWCI’S ongoing local programming?

OUTCOMES STUDY QUESTIONS

- What proportion of GF2020 children are performing at age-appropriate functioning?
- To what extent do GF2020 participants differ from CWF participants on short-term outcomes?
- To what extent do GF2020 participant outcomes change from baseline to follow-up?
- Which GF2020 program components are associated with parent outcomes?
- To what extent do participant outcomes vary by site?
- Which GF2020 parent characteristics or program components are associated with child outcomes?

PART 2: STUDY DESIGN & METHODS

IMPLEMENTATION STUDY

RESEARCH QUESTIONS

The implementation evaluation was guided by several research questions to identify barriers and facilitators to implementation. This process also entailed an assessment of fidelity to the proposed GF2020 service delivery model. These questions were categorized into three main areas: (1) fidelity to the GF2020 model, (2) programmatic dimensions, and (3) barriers to program implementation. Table 3 describes these research questions and the methodologies used to answer them.

TABLE 3. Implementation study research questions

RESEARCH QUESTIONS	SOURCE & METHOD
Fidelity to GF2020 model	
To what extent is GF2020 being implemented with fidelity?	Participant data analysis and interviews and focus groups
According to GF2020 staff perceptions, has collaboration between sites and partner/contracted service providers and agencies improved?	Subgrantee interviews and focus groups, subgrantee staff survey
Programmatic dimensions	
In what ways has programming differed by site?	Interviews and focus groups
To what extent do participants perceive opportunities and short-term and long-term benefits of the following programmatic component	Participant interviews, participant survey
What participant characteristics are associated with perceptions of GF2020 programming?	Participant interviews, participant survey
To what extent do subgrantee staff perceive short-term and long-term benefits of the programmatic components?	Interviews and focus groups, subgrantee survey
For programmatic components that are perceived to be most beneficial for participants, what is necessary for proper implementation?	Interviews and focus groups
What is the level of parent/caregiver and child participation at each program site?	Participant data analysis via ETO data
Opportunities for implementation	
What factors affect GF2020 recruitment, enrollment, and retention?	Interviews and focus groups
How have initial implementation plans changed after program initiation?	Interviews and focus groups
What barriers exist for consistent data collection and entry?	Interviews and focus groups
What lessons/takeaways have grantees and subgrantees learned about 2Gen programming generally?	Interviews and focus groups
What perspectives can GF2020 provide for UWCI'S ongoing local programming?	Interviews and focus groups, subgrantee survey

METHODOLOGY

The following section describes the methods employed to answer the above research questions. Table 4 provides an overview of the methodologies, participants involved, and the purpose of each method.

TABLE 4. Data collection methods

METHOD	PARTICIPANTS	PURPOSE
Document review	Subgrantee applications, work plans	To gather additional information regarding program sustainability and organizational response to COVID-19, etc.
Focus groups	GF2020 staff (combination of site directors, family coaches, and other staff unique to GF2020 subgrantees) (n=17)	To understand barriers and facilitators to program implementation, including recruitment, enrollment, retention, data entry, and partnerships
Focus group	ECE Providers affiliated with three subgrantee sites (n=9)	To assess barriers and facilitators associated with implementing ECE-related activities and understand benefits and challenges with partnerships
Focus group	Families First (n=5)	To gauge barriers and facilitators with coordinating mental health services
Key informant interviews	UWCI GF2020 program officers, UWCI ETO staff, UWCI GF2020 director (n = 5)	To understand barriers and facilitators to managing program implementation
Pre/post subgrantee surveys	GF2020 staff (site directors, family coaches, and other staff unique to GF2020 subgrantees)	To assess participant interaction, adherence to best practices, communication with grantee, preparedness for implementation, perceived impact on families, working relationships with program partners
Participant interviews	Interviews with GF2020 participants from each subgrantee site (n=34)	To gauge participant perspectives about GF2020, including barriers and facilitators to participation for themselves and similar families
Participant data analysis (collected through ETO)	All GF2020 enrollees (n=734 families, n=789 adults, n=1,121 children)	To discern overall participant recruitment numbers and demographics, frequency and type of coaching sessions (dosage), child ECE attendance, and social capital event attendance
Administrative data analysis	GF2020 staff	To assess peer learning attendance
Participant Satisfaction Survey	GF2020 adult participants from each GF2020 subgrantee site (n=44)	To gauge participants' level of satisfaction with, use of, and benefits of services at their respective GF2020 sites

DATA COLLECTION ACTIVITIES

Focus groups

Subgrantees

Focus groups with subgrantee staff members took place between February and June 2020 (n=17). Participants varied by site, but typically included a GF2020 director or key leader at each site and at least one family coach. Each focus group lasted approximately 75 minutes.

Using a semi-structured protocol, researchers asked staff to identify barriers and facilitators to program implementation associated with key components of the GF2020 service delivery model, including recruitment, enrollment, retention, partnerships, and data management. Some of the questions also gauged fidelity to the overall GF2020 model and aimed to understand how initial implementation of the model changed throughout the course of the GF2020 grant period. Additionally, the evaluation team assessed subgrantee perceptions of different programmatic components, including CWF and coaching, ECE, social capital, and referrals. Other pertinent topics included the impact of COVID-19 on GF2020 programming and plans for sustainability. The research team used thematic coding techniques to analyze the interview data with QSR International's NVivo 12 Software (NVivo). Interviews and focus group responses were transcribed, and key themes were identified after each set of inquiry was completed.

ECE Providers

Focus groups with nine ECE Providers took place between April 2020 and June 2020 via Zoom. ECE participation varied by subgrantee site. Specifically, ECE partners connected to three subgrantee organizations were involved in the study. Subgrantees were asked to recruit ECEs for participation in the evaluation. Each focus group lasted approximately one hour, and generally included the director and staff working primarily with the GF2020 program. Using a semi-structured protocol, the evaluation team asked questions pertaining to barriers and facilitators with implementing ECE services, perceptions of the benefits of ECE, the 2Gen model, and collaboration with subgrantees. Questions pertaining to the impact of COVID-19 on ECE services was also addressed.

Families First

An additional focus group was conducted with five key GF2020 staff members at Families First in April 2020 via Zoom. The focus group lasted about 90 minutes. The research team asked specific questions pertaining to the effective implementation of mental health services. Staff discussed the current and longer-term impact of access to mental health services for GF2020 participants as well as opportunities for increasing family usage of these services.

Both ECE and Families First focus groups were transcribed verbatim, coded, and thematically analyzed in NVivo 12. Themes were synthesized to gauge overall alignment with the main research questions.

Participant interviews

Participant interviews (n=34) took place between March and June 2020 using online conferencing platforms and phone calls. Each interview lasted approximately 30–40 minutes. GF2020 adults, both currently active and previously enrolled, participated. Due to COVID-19 limitations, participants were recruited through convenience sampling. Guided by specific instructions from the evaluation team, coaches were asked to contact participants, inform them of the interview, and gauge interest in participating. If a participant was interested, the coach shared his/her name, phone number, and email address with the evaluation team. Interested participants were contacted by a member of the evaluation team, who provided additional information about the study, confirmed their willingness to participate, and scheduled a time to conduct the interview. Participants who completed an interview were mailed a \$10 gift card.

Using a semi-structured questionnaire, the research team asked participants questions related to their overall experience in GF2020. Specifically, questions addressed the effectiveness of the family coaching model, perceptions of benefits of key programmatic components, including, CWF, ECE, social capital, and health and well-being services. Other topics included the impact of COVID-19 on their family situations. These interviews were also coded and thematically analyzed using NVivo 12.

Surveys

Participant satisfaction survey

This survey was administered online via Qualtrics between May and June 2020 to understand participant perspectives on GF2020, particularly, the extent to which they benefitted from core GF2020 services and overall satisfaction. Once again, the coaches recruited participants and sent out emails with the link to the survey. Participants were mailed a \$10 gift card upon survey completion.

The survey consisted of 15 to 21 Likert scale questions to assess participant satisfaction with GF2020 services and agreement with specific statements pertaining to benefits of key programmatic components. Each survey took approximately 15–20 minutes. A total of 67 responses were recorded. Of these, only 44 were included in the analysis due to incompleteness and/or large amounts of missing data.

The participant survey was analyzed descriptively to understand trends among participants. It was further analyzed using statistical correlations to understand relationships between participant perceptions of GF2020 and key demographic characteristics.

Subgrantee staff survey

To capture the opinions, attitudes, and program practices of GF2020 subgrantee organizations, the evaluation team administered an online survey via Qualtrics. The subgrantee staff survey had several data collection periods. The first occurred in September of 2018 (n=15), followed by another in September of 2019 (n=12), followed by a final data collection period in May of 2020 (n=26). The survey used in September 2019 and May 2020 was a slightly modified version of the survey conducted in September 2018.

The survey asked about key aspects of the program implementation, including the effectiveness of services, the extent of partner collaboration, the subgrantee relationship with UWCI, and relationships with participants, particularly regarding warm referrals practices. The survey consisted of 22 to 23 questions. Nine incomplete surveys were excluded from analysis. The subgrantee survey was analyzed descriptively to note trends among GF2020 subgrantee staff.

The evaluation team modified two existing, validated instruments for the purposes of the subgrantee survey. The team utilized questions from the Organizational Change Questionnaire (OCQ–C, P, R),¹⁵ and modified them to integrate GF2020 terms. The team also utilized the Levels of Organizational Integration Rubric (LOIR) to measure the levels of collaboration between subgrantees and partner organizations, which utilizes a numerical scale from zero (no or unstructured collaboration) to four (extensive and integrated collaboration).

¹⁵ Bouckennooghe, D., Devos, G., & Van den Broeck, H. (2009). Organizational change questionnaire–climate of change, processes, and readiness: Development of a new instrument. *The Journal of psychology*, 143(6), 559-599.

Document reviews

Subgrantee response to COVID-19

The evaluation team reviewed documentation that described subgrantee efforts in response to the COVID-19 pandemic. Details included challenges and successes with adapting GF2020 programming during COVID-19, the types of programmatic and technical assistance provided by UWCI, and additional structures such as new partnerships and organizational policy changes in response to the pandemic.

Sustainability plans

The evaluation team reviewed subgrantee sustainability plans to better understand current and future efforts for sustaining 2Gen work, family and staff retention, and partnerships beyond GF2020.

Participant and administrative data

ETO participant records

Family and CWF coaches collected data from families through regular meetings with parents/caregivers at intake and at least every six months thereafter and entered the data into ETO. UWCI shared de-identified participant intake and outcome data with the evaluation team throughout the program using ETO-based summary reports. Key data points include overall enrollment in CWF services, referrals to additional services, goal-setting, and baseline demographic trends. The evaluation team conducted descriptive analyses to understand overall participant recruitment numbers, participant characteristics, frequency and type of participant interactions with GF2020 coaches (dosage), referrals to additional community resources, child care attendance, and participant attendance at social capital events. These are summarized in the implementation findings section of this report (Part 3).

This study reflects data from all enrolled families from October 9, 2017, through June 30, 2020, including records for 734 families with at least one adult and at least one child. These 734 families include 789 adults and 1,121 children and are considered the enrolled family population for this analysis (See Appendix A for a more detailed summary of GF2020 participants).

Participant attendance

Attendance was measured through presence at program activities and coaching appointments. Subgrantee staff kept records of participant participation via sign-in sheets, as well as whether incentives were provided or publicized at that event.

Service delivery

Family coaches recorded services provided and referrals given to participants as well successful participant contacts. Referral tracking included identifying in ETO whether a referral was made and to what type of organization. Successful participant contact, or interaction, is defined as the family coach reaching a participant through a call, e-mail, text message or other means. Additionally, CWF financial or employment services are logged in ETO.

OUTCOMES STUDY DESIGN

This section highlights the data and statistical analyses used to answer the research questions (Table 5) for the outcomes study of this evaluation.

RESEARCH QUESTIONS

TABLE 5. Outcome study research questions

RESEARCH QUESTIONS	METHOD
What proportion of GF2020 children are performing at age-appropriate functioning?	N/A
To what extent do GF2020 participants differ from CWF participants on short-term outcomes?	Wilcoxon rank sum tests
To what extent do GF2020 participant outcomes change from baseline to follow-up?	Wilcoxon signed rank tests
Which GF2020 program components are associated with parent outcomes?	General linear model
To what extent do participant outcomes vary by site?	Multi-level mixed effects model
Which GF2020 parent characteristics or program components are associated with child outcomes?	N/A

SAMPLE RECRUITMENT

The study comprises a convenience sample of families who met the GF2020 enrollment criteria. As discussed earlier, UWCI used three recruitment strategies for families: ECE centers, existing CWF program participants, and formal outreach through community events. Adults whose children were enrolled in a partner ECE facility were identified and asked whether they would also like to receive financial stability and other services offered by GF2020. Adults being recruited through CWF sites were already receiving core CWF services, but lacked participation opportunities for the other GF2020 components, namely high-quality childcare for their children, mental health supports, and social capital/community building activities. Participants were asked by CWF staff whether they would like to participate in GF2020 to receive additional supports. Participants were retained through ongoing coaching and contact through various engagement methods (e.g. phone calls, texting).

MEASURES AND UNIT OF ANALYSIS

The unit of analysis used to assess parent outcomes in this report is adult participants, of whom there were 789 from the 734 one-adult, one-child families enrolled in GF2020. Adult participants, rather than families, are the unit of analysis for the outcome analysis because key outcome variables, including monthly income and Family Success Plan¹⁶ survey responses, are measured on the adult participant level, not the family level. To prepare the ETO data for statistical analysis, key continuous variables with outliers greater than three standard deviations from the mean were excluded from the dataset, resulting in a remaining 675 adult participants, who were included in the statistical analyses described in this section of the report.¹⁷ However, the number of adult participants included in any given statistical comparison or model may be fewer than 675 based on the amount of missing data for the variables included therein. Table 6 highlights the measures and data sources for each variable in the outcome evaluation, with detailed evidence and descriptions of those measures located in Appendix B.

¹⁶ See Appendix A of Feasibility Report for full version of FSP:

https://nationalservice.gov/sites/default/files/evidenceexchange/UWCI_Feasibility_Report_GF2020_Apr.25.2019_FINAL%20508.pdf

¹⁷ The participants who remained in the dataset differed from those who were removed from the dataset for select independent variables utilized in the multivariate analysis portion of this report. They differed on the following variables or categories: Program site 2, program site 3, female, African-American/Black, White/Caucasian, monthly income at intake, employed full-time at program intake, employed part-time at program intake, completed some college, completed a college degree or greater, living in an owned home, living in an unsubsidized rental home, living in some other situation, and number of social capital events attended. The participants who remained and who were removed were compared using Wilcoxon sum rank tests.

TABLE 6. Overview of GF2020 outcomes data

OUTCOMES DATA	MEASURE	INSTRUMENT USED	SOURCE	ADMINISTERED BY	INTENDED RESPONDENTS	VALIDATED?	ASSESSED IN CURRENT STUDY
Early childhood education (ECE)	Kindergarten readiness	Indiana Standards Tool for Alternate Reporting – Kindergarten Readiness (ISTAR-KR)	Indiana Department of Education	ECE provider	Children	Yes	No
Postsecondary education/ employment coaching	Educational credential Employment Job retention	CWF client enrollment form	Centers for Working Families administrative data	GF2020 family coach	Adults	No (non-survey data)	Only descriptive trends
Economic assets	Monthly income	CWF Combined Financial Assessment (CFA)	Centers for Working Families administrative data	GF2020 family coach	Adults	No (non-survey data)	Yes, baseline and follow-up measures
Health and well-being	Perceived mental health Perceived physical health Protective factors (nurturing and attachment, child development, family functioning and resiliency, social supports, concrete supports)	Health Related Quality of Life (HRQOL); Protective Factors Survey	GF2020 Family Success Plan (FSP)	GF2020 family coach	Adults	Yes	Yes, baseline and follow-up measures
Social capital	Civic engagement Social networks	Social Capital Community Benchmark Survey	GF2020 Family Success Plan (FSP)	GF2020 family coach	Adults	No	Yes, baseline and follow-up measures

RETENTION AND TREATMENT OF MISSING DATA

The outcome analyses specifically examine the outcomes of those who completed two or more Center for Working Families (CWF) Complete Financial Assessments (CFAs) to measure income outcomes, and those who completed two-or-more Family Success Plan (FSP) surveys to measure outcomes related to Protective Factors, health and well-being, and social capital. For each indicator from each of these two data sources, a baseline measurement was compared to a follow-up measure(s) to assess change over time. When program data needed for the baseline and follow-up comparison were missing either measurement, those participants were not included in the analyses.

Like similar programs, retention rates decline throughout the life of the study, as participants drop out of the program or are unable to participate as intended. In this study, sites continued to enroll participants up to six months prior to the end of the study, which affected the potential for comparing multiple measurements over time for those participants. While GF2020 participants were to receive services from the CWF sites, submission of a CFA was required within six months of program enrollment, and every six months thereafter. However, this requirement was implemented midway through the program, in December 2018, which may partly explain low CFA completion rates. Likewise, there were fewer FSP measurements over time due to program attrition or greater than intended lengths of time between measurements.

Analyses comparing CFA data from baseline to follow-up excluded 478 adults (190 who did not complete a CFA and 288 who completed only one). Analyses comparing FSP data from baseline to follow-up excluded 299 individuals (75 who did not complete an FSP and 224 who completed only one). Despite the missing data resulting from a lack of paired baseline and follow-up measures, these variables were included in the analysis, but because the majority of outcome data are not normally distributed for the majority of outcome variables, we were unable to impute estimates for the missing data.¹⁸

Two variables were excluded from the outcome analysis due to missing data. There were only 42 observations, with education credentials, and none had follow-up measurements. There were only 87 cases with before and after measures related to job retention. However, because some of these outcomes (e.g., number of days at current job) change based on employment history, it is not possible to determine if a participant is at the same or a different job.

ANALYTIC APPROACH

We analyzed adult participant-level data collected at different points in the program to test for changes between baseline enrollment and a follow-up period after initial enrollment, and to understand programmatic elements that contribute to these changes. We accomplished this through application of difference-of-means tests, multivariate analyses, and descriptive analyses. The findings are described in Part 3 of this report.

¹⁸ Sterne, J., White, I., Carlin, J., Spratt, M., Royston, P., Kenward, M., Wood, A., and Carpenter, J. (2009). Multiple imputation for missing data in epidemiological and clinical research. *BMJ* 338: b2393.

To assess pre- and post-test differences between baseline and six-month follow-up assessments, Wilcoxon sign rank tests were computed in SPSS Statistical Software. Changes from these paired sample tests were identified as significant if $p < .05$. The effect sizes of the changes were calculated using Cohen's d statistic, where "no effect" = 0-0.2, "small" = 0.2-0.5, "medium" = 0.5-0.8, and "large" > 0.8.¹⁹ The larger the effect size, the stronger the relationship between the paired variables.

The evaluation team also conducted multivariate analyses to determine which program components influenced program outcomes. Because the outcome variables discussed in this report do not exhibit a linear relationship between the predictor and control variables, a general linear model (GLM) was used, which relaxes the ordinary least squares (OLS) regression model assumption of linearity.^{20,21} Effect sizes were computed as partial eta-square values. Additionally, modeling with mixed effects was conducted to account for site-level differences in implementation. These analyses were conducted using SPSS and Stata Statistical Software.

Because some participants completed more FSP surveys than others, the change in FSP indicators was calculated as the difference in score between the baseline survey and the last survey completed. This allowed the team to include outcome variable changes without losing data over time. To account for differing lengths of time between when the baseline and last surveys were completed, the team included the number of days between these two measurements in each multivariate analysis, although it was not statistically significant in any of these. Similarly, a change in the outcome variable for participant income was computed with data for more than one CFA monthly income measurement. The team subtracted the difference in income between the baseline and last CFA completed. The number of days between these two measurements was also included in the multivariate analysis with monthly income as the outcome variable—but this value also was not statistically significant.

The independent variables considered for inclusion in the multivariate models consisted of the following:

- Predictor variables related to GF2020 programming:
 - Average length of coaching sessions (continuous)
 - Presence of at least one goal, both set and completed (dichotomous)
 - Presence of at least one referral, both given and attended (dichotomous)
 - Number of CWF services accessed (continuous)
 - ECE attendance of at least one child in family (dichotomous)
 - Number of social capital events attended (continuous)
 - Nested models
 - Site-level averages of perceived quality of collaboration
 - Percentage of referrals related to housing, health, or community

¹⁹ LeCroy, C. W. and Krysiak, J. Understanding and Interpreting Effect Size Measures. *Social Work Research*, 31(4), 243-248.

²⁰ Field, A. 2018. *Discovering Statistics Using IBM SPSS Statistics*. Sage: Thousand Oaks, CA.

²¹ Variables that were not significant were removed from the model one by one, until only significant variables remained, as the goal of this analysis is to identify significance, not make predictions. Next, Cook's Distances were calculated for the remaining independent variables, and influential values were removed from the data in each model prior to reporting the results.

- Control variables
 - Personal characteristics, including employment status, educational attainment, and living arrangement
 - Number of days between baseline and last CFA or FSP submission
 - Site at which GF2020 was accessed

The adult participants included in the statistical analysis (n=675) had a median age of 29, and the majority (90%) were female. Nearly two-thirds (62%) were African American or Black, and 18% were white or Caucasian race. Twenty-two percent were of Hispanic/Latinx ethnicity. One-third (36%) were employed full time, 19% were employed part time, and 30% were unemployed and seeking employment. One-quarter of adults (23%) reported not having a high school diploma, while 29% reported their highest level of education as a high school diploma or equivalency. At program enrollment, nearly three-quarters of participants rented their homes. Of these, 30% had a rental subsidy. Adult participants reported a median annual household income of \$10,100 at program enrollment, although one-quarter of participants reported having no annual income.

Of the 675 adults included in the quantitative analysis, 87% had a child who attended at least one day of early childhood education (ECE). These participants had a median of five interactions with a GF2020 coach, each lasting a median length of 30 minutes. Two-thirds set at least one goal, and more than one-third of those also completed at least one of their goals. More than 40% of participants enrolled in the program received at least one referral. More than 40% of those who received a referral attended at least one referral. Half of adult participants attended a median of two social capital events. Finally, participants bundled a median of two CWF services. A summary of characteristics of adult participants included in the statistical analysis of this report is available in Appendix C.

Finally, to investigate the prospects for multivariate analysis to compare change in monthly income of GF2020 and CWF-only participants, a variable representing change in income between baseline and last CFA submission was constructed as the difference between these two measurements. Using R statistical programming, independent (non-paired) Wilcoxon rank sum tests were conducted to compare the GF2020 group to the CWF-only group. A categorical subset of each program group was tested to determine if there was a difference between the change in income experienced by GF2020 and CWF-only participants.

Comparison group analysis

As discussed earlier, the study was unable to incorporate a quasi-experimental design with a formal comparison group. Four GF2020 sites offered CWF services in addition to GF2020 services. Those sites provided a direct comparison between adults who were potentially eligible to participate in GF2020 but chose not to, and GF2020 participants who participated in CWF and receiving additional programmatic supports as part of GF2020. Because both sets of individuals have outcome data in the ETO system, we compared change in monthly income between GF2020 participants (who receive CWF services as part of the program, in addition to other supports), and a convenience sample of CWF participants who only participated in CWF (CWF-only). The analysis allowed us to highlight potential differences between these two groups. The CWF-only group consisted of adults from the CWF programs associated with the four GF2020 who participated in CWF programming between October 2017 and June 2020⁽⁶⁶⁾. These individuals had children who were age-eligible for GF2020 but did not enroll in GF2020. Because their outcomes and characteristics were accessible through the ETO system, the participants from this group were then were included in the analysis based on similar personal characteristics to GF2020 participants. These characteristics included race (reconstructed as Black/white/other), ethnicity (Hispanic/Latinx and non-Hispanic/Latinx), annual household income at program intake (\$0 to \$17,000 and \$17,000 to \$50,000), and age at time of family enrollment (younger than 35 and 35 and older). Because a large majority of GF2020 adults are female, gender was not used as a parameter when creating the two similar groups for comparison. In total, 148 GF2020 participants and 589 CWF-only participants were identified and included in the analysis. Due to higher rates of missing data for other CFA outcome variables, other planned analyses were not possible.

BARRIERS TO IMPACT STUDY

The evaluation team initially developed a quasi-experimental impact study to assess GF2020 programmatic outcomes. Specifically, the evaluation would have utilized a matched comparison group design to compare GF2020 programmatic outcomes—referred to as the treatment group—to those participating only in CWF (comparison group) across all 11 CWF sites in Indianapolis. It was clear during the feasibility study that obtaining long-term outcomes for adults and children would be difficult for a few reasons. First, the significant findings from the feasibility study among adults were for short-term outcomes within the FSP, such as protective factors. However, the FSP was only provided to those enrolled in GF2020, not CWF. Second, obtaining child outcomes would be dependent upon both the Indiana Department of Education (IDOE) and early learning partners to help obtain sufficient numbers of children to produce enough matches to inform kindergarten readiness. The matches would need to be sufficient not just for GF2020 enrollees, but for children either within partner ECE providers or through other children within the IDOE system who were not enrolled in GF2020.

For adults, the SEP was updated to assess short-term outcomes in the CWF comparison group by encouraging CWF participants to complete a survey containing key indicators from the FSP provided to GF2020 families. Despite buy-in from CWF sites along with encouragement and incentives for CWF sites and participants, very few CWF participants completed these surveys during the initial six-month period targeted to obtain sufficient numbers of participants for a comparison study (n=27). Using the same completion criteria from the client satisfaction survey, some of the responses were also not valid. The number of responses from the sites would not have resulted in sufficient participants for a comparison group study. Instead, the team compared changes in monthly income—an outcome available for CWF participants receiving financial coaching—for CWF participants and GF2020 participants. For child outcomes, the SEP was modified to compare aggregate kindergarten readiness scores from IDOE data of similar children to scores among children enrolled in GF2020. As discussed later in the report, those matches were also difficult to make through the IDOE system.

Threats to internal validity

For the current study, attrition is an issue for internal validity because not all participants completed follow-up CFAs as noted above. This resulted in fewer numbers of GF2020 participants with follow-up data on income. As such, those who participated in such coaching with resulting outcomes may not have been representative of all GF2020 participants. This issue is not unique to GF2020 participant data, however; CWF participant data also reflect attrition. Selection bias is also a potential validity threat. Based on findings from the feasibility study, the GF2020 program required that GF2020 participants receiving CWF services complete a CFA within a certain timeframe. Yet, all sites did not consistently meet the criteria for completion. As a result, there may be differences between early participants and later participants in motivation to progress or other characteristics, which may impact the outcome variables.

PART 3: IMPLEMENTATION

STUDY FINDINGS

This section highlights factors related to implementing the GF2020 model, focusing on fidelity to the GF2020 model, programmatic dimensions, and opportunities for implementation.

FIDELITY TO GF2020 MODEL

TO WHAT EXTENT IS GF2020 OPERATING WITH FIDELITY?

Fidelity describes the extent to which GF2020 service delivery adheres to the program model as originally intended. A fidelity checklist (see Appendix D) was developed by the evaluation team and UWCI in 2018 based on the findings of the Feasibility Report. The purpose of the fidelity checklist is to assess the extent to which subgrantees are implementing GF2020 with levels of identified fidelity. As such, fidelity of GF2020 service delivery was assessed through model alignment with core 2Gen services and program compliance. Fidelity to key 2Gen services includes adherence, exposure, quality of delivery, and participant responsiveness to early childhood education (ECE), social capital, health and well-being, postsecondary education, and employment services. Program compliance, alternatively, incorporates elements such as data collection, enrollment and retention, capacity building, and partnerships.

Tables 7a and 7b summarize the extent to which the GF2020 service delivery model operated with fidelity. Levels of fidelity included calculating the proportion of items on the checklist with which subgrantees complied. High fidelity indicates that programmatic features were implemented as planned. Moderate fidelity demonstrates that some aspects of programming elements were implemented successfully. Low fidelity suggests that the program elements were not implemented according to its original design.

TABLE 7a. Fidelity to the GF2020 model, five domains

DESCRIPTION	EFFECTIVENESS	EVIDENCE
Education (child)		
Child between the ages of 0–6 is enrolled in a high-quality early learning center	High	Among the 1,121 children age 0–6 enrolled in GF2020 from October 2017–June 2020, 781 or 70% attended at least one day of ECE. ECE enrollment varies by site, primarily due to partnerships.
Child care attendance is being tracked in ETO	Moderate	Children attending at least one day of ECE attended a median length of 87 days. Some subgrantees struggled with getting attendance data from ECEs, resulting in lack of ECE data or underreporting of attendance.
ISTAR-KR tracked in ETO	Low	Data was inconsistently accessible due to issues with matching identified students. Additionally, IDOE discontinued use of the exam on August 31, 2019, which prevented continued use of ISTAR-KR as an instrument to assess child outcomes.
Postsecondary education/pathways to employment (enrollment in Center for Working families)		
Combined Financial Assessment (CFA) is completed within 90 days of enrollment and updated every six months	Moderate	Of the 789 enrolled adults, 85% completed at least one CFA, with 83% of those completing the CFA within 90 days of enrollment. Only 38% completed at least two CFAs while enrolled.
Completion of Family Success Plan within 60 days of enrollment	High	89% of the total 789 adults enrolled in the program completed at least one FSP and 58% completed at least two. Of those completing at least one, 74% completed their first FSP within 60 days of enrollment.
Setting and achieving goals related to the five core areas	Moderate	3,323 goals were set overall, with an average of 6.1 goals set per person. 25% of goals set were related to education/work. 19% of goals set were achieved, primarily due to the long-term nature of several goals (e.g., increasing credit scores).
Additional indicators (survey portion of the FSP) are updated every six months	Moderate	75% of adults who completed at least two surveys completed the second survey within 210 days (the 180-day requirement plus an additional 30-day buffer).
Adults meet regularly with coach (financial, social capital, etc.) and natural caregiver/ community connector	High	92% of 789 enrolled adults met with a coach. These adults scheduled an average 8.1 meetings, at an average of 27 minutes per meeting. 50% of coaching interactions were in person, 27% by phone, 15% by text messages, and 9% by email or other means.
Social capital		
Site hosts social capital activities to strengthen the family and tracks attendees in ETO	High	Grantees hosted 166 social capital events. 47% of GF 2020 families attended social capital events. Of those attending, 36% participated in one event, 46% in two to five events, and 18% in five or more events.
Sites communicate events to UWCI and evaluation team for participation	High	Sites worked with UWCI and the evaluation team to notify and document social capital events.
Health and well-being		
Site is tracking warm referrals in ETO. A warm referral is the process of meaningfully guiding a family to a service provider after making a referral.	High	1,222 warm referrals were given during GF2020. 43% of warm referrals given were in the community and family services category; 19% in mental and behavior health services; 15% in housing; 13% in food and nutrition; 3% in medical health; 3% in physical activity; and 3% in health care coverage. Of warm referrals attended, food and nutrition referrals had the highest rate of attendance at 43%.
Site follows up with enrollees to ensure they are attending and documents referral appointments and tracking in ETO. Note that tracking referrals, specifically follow-ups, were intended to help with the evaluation design.	Moderate	27% of referrals given were scheduled, and 29% were attended by participants. Lower rates for scheduled referrals are likely due to data entry issues. A total of 57 records had data for attended referrals without an associated record for a scheduled referral.

TABLE 7b. Fidelity to the GF2020 model, program compliance

DESCRIPTION	EFFECTIVENESS	EVIDENCE
Enrollment and retention		
Continued enrollment and recruitment of eligible families (children and parents/caregivers) that meets the sites' goals	High	<p>734 families composed of at least one adult and at least one child was considered enrolled families. Of these families, 88% have enrolled children who attended at least one day of ECE, 95% have completed at least one FSP, and 44% have adults enrolled in CWF. These three program requirements are not met by all enrolled families, due either to data entry issues or noncompliance by participants: 94 families did not have a record of having a child attend at least one day of ECE; 38 families did not have a record of completing an FSP; and 408 families did not have an adult enrolled in CWF.</p> <p>A total of 321 families (44%) met all of these criteria (child attending ECE, completion of an FSP, and enrollment in CWF). Families were enrolled for an average of 10.1 months. UWCI's removal of neighborhood boundaries helped substantially increased enrollment after 2018.</p>
Capacity building		
Attendance and participation at monthly subgrantee leadership meetings	High	Subgrantees reported meeting regularly with program officers and other partners monthly.
Attendance at Peer Learning sessions. Peer Learning sessions started in 2018 and were developed to provide ongoing training on discussion about key topics related to implementing GF2020.	High	<p>UWCI hosted a total of 28 Peer Learning sessions. Meetings were almost always attended by at least one staff member from each of the five neighborhoods. On average, 15 subgrantees attended each of these meetings.</p> <p>The benefits of Peer Learning sessions, as noted by subgrantees are explained later in the report.</p>
Attendance at relevant trainings	High	UWCI provided substantial support related to data entry and management, training on specific 2Gen-related topics (e.g., social capital activities), as well as overall service provision (e.g., implicit bias training).
Organizational growth/expansion as a result of GF2020	High	Discussed in greater detail in the report, high proportions of staff reported greater knowledge about 2Gen and an expanded ability to serve families.
Partnerships		
Ongoing collaboration with contracted service providers and ECE such that all GF2020 components are available to participants	High	Subgrantees developed partnerships with multiple child care agencies instead of one. These partnerships bolstered recruitment. They also increased capacity for developing and implementing social capital events and providing high-quality child care. A contractual partnership with mental health services also increased access to those services for sites and families.
Building partnerships with supportive services	High	As demonstrated by survey findings discussed later in the report, 77% of surveyed staff reported they are likely to continue existing relationships with partner organizations, broadly defined.

ACCORDING TO GF2020 STAFF PERCEPTIONS, HAS COLLABORATION BETWEEN SITES AND PARTNER/CONTRACTED SERVICE PROVIDERS AND AGENCIES IMPROVED?

Collaboration between sites and partners improved throughout program implementation, increasing site capacity to serve families. Subgrantees identified 77 community partners via the subgrantee survey with which they worked to implement GF2020. The survey included a list of partner organizations that were submitted by subgrantees to UWCI for approval in 2017. Subgrantees also had the option to identify organizations with which they no longer worked and incorporate organizations that reflect new partnerships.

Community partners included organizations with which subgrantees have both formal and informal relationships, such as partnerships with ECE providers, mental health agencies, and other community-based organizations with programs that span the core 2Gen domains. Subgrantee staff rated their current levels of collaboration with partners compared to their perceived (ideal) levels of collaboration with partners on a scale of no collaboration (0) to highly integrated (4).

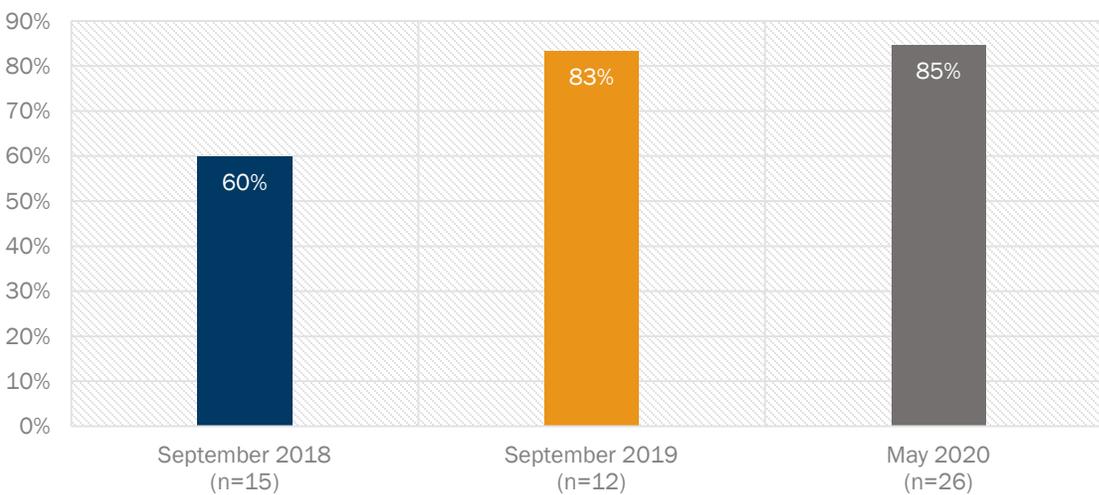
Figure 3 shows modest increases in current average collaboration from September 2019 to May 2020, from 1.90 in 2019 to 2.11 in May 2020, indicating shared and frequent communication, defined roles, and shared decision-making. Additionally, 77% of subgrantees agreed that the partnerships developed as a result of GF2020 will extend beyond the grant period, suggesting longer-term partnerships.

FIGURE 3. Subgrantee perception of ratings of collaboration with partners (2018–2020)



Subgrantees and their partners reported substantive benefits obtained through their GF2020 collaborations, including (1) increased understanding/knowledge of partner organization services and programs, (2) enhanced sharing of resources and information, (3) increased capacity to serve families, and (4) stronger partnerships. Subgrantees perceived that partnerships through GF2020 improved their agencies' capacity to support families. Eighty-five percent of subgrantee staff agreed that they are more equipped to support families now compared to during the implementation period of GF2020 in September 2018 (Figure 4). Subgrantees explained that GF2020 partnerships increased their organizations' financial, human, and knowledge resources to help meet families' needs.

FIGURE 4. Percentage of subgrantee staff who agree the partnerships developed as a result of GF2020 have improved their organization's ability to serve families (2018-2020)



PROGRAMMATIC DIMENSIONS

WHAT IS THE LEVEL OF PARENT/CAREGIVER AND CHILD PARTICIPATION AT EACH SITE?

Participation in programming that comprises the GF2020 model varied widely across the five sites, depending on the programmatic dimension and the site. As shown in Table 8, participation in social capital events varied the most, ranging from 15% at Site 1 to 85% at Site 2. Coaching had the highest participation rate for every site, ranging from 75% to 92%, with an overall participation rate of 86%,

TABLE 8. Rate of participation in key components of GF2020, by site

	SITE 1	SITE 2	SITE 3	SITE 4	SITE 5	ALL SITES
Coaching (n=789)	87%	75%	92%	83%	91%	86%
CWF services (n=789)	81%	42%	94%	83%	83%	77%
Social capital events (n=789)	15%	85%	67%	41%	49%	53%
ECE (n=1,121)	73%	62%	77%	68%	67%	70%
ECE Average days in attendance	90	152	100	91	162	116

GF2020 early childhood education

Across all sites, 70% of the 1,121 children enrolled in GF2020 attended at least one day of ECE, and of these, one out of five attended a total of twenty or fewer days. Among the five sites, Site 3 had the greatest percentage of enrolled children who attended ECE, at 77%, while Site 2 had the lowest, at 62% (Table 8). Additionally, children who attended ECE attended an average of 116 days, regardless of site. Children at Site 5 attended the most days of ECE on average (162). Children at Sites 1 and 4 attended the fewest number of days on average (90 and 91, respectively).

GF2020 coaching

Among the 789 adults enrolled in GF2020, a total of 679 (86.1%) engaged in coaching services across the five sites (Table 8). Among those adults who received coaching, the average number of interactions across all five sites was 8.6 interactions (Table 9). Sites 3 and 4 had the greatest average, at 12.4 and 11.6 interactions, respectively. Site 1 had the least, at an average of 5.4 interactions. Coaches reported that these differences are due to the needs of the family, where some may need or want to develop more goals, which range from short- to long-term in nature.

TABLE 9. Coaching interactions and goal setting per participant, by site

	SITE 1	SITE 2	SITE 3	SITE 4	SITE 5	ALL SITES
Mean number of coaching interactions	5.4	5.8	12.4	11.6	6.2	8.6
Mean length of coaching interactions	34	27	25	22	37	27
Mean number of goals set	6.1	5.7	6.7	3.9	7.4	6.1
Mean number of goals completed	1.7	1.0	0.8	0.2	1.6	1.1

In all, 540 participants set 3,323 goals with a coach’s support across all five sites. For those participants setting goals, the mean number of goals set across all sites was 6.1 per person. Site 5 had the highest mean number of goals set at 7.4. The mean number of goals completed per person was 1.1 across all sites with Site 1 having the highest mean at 1.7 goals completed per person. Goal completion rates should be interpreted with care, as it is not possible to differentiate between simple and complex nor short-term and long-term goals in these data. Coaches also give program participants warm referrals to a variety of services, based on the needs of their families. A total of 1,222 referrals were made across all five sites, with Site 1 having 32% of all referrals made. However, Site 5 had the highest attendance rate for those referrals.

CWF financial and employment services

A total of 608 GF2020 participants, representing 77% of all participants, received services from CWF. Of those receiving services, 96% participated in financial counseling, 71% participated in employment counseling, and 50% participated in income support services (Table 10). Across all sites, financial counseling was the most popular service accessed, with the exception of Site 5, where employment counseling was the most commonly used service. Bundling also varied. Four sites had most of their participants bundling services, while one had most participants not receiving CWF services. These differences in services may reflect the work of coaches ensuring that participants are ready and interested in receiving all three services as part of their goal-setting processes.

TABLE 10. Participation and bundling of CWF services

	SITE 1	SITE 2	SITE 3	SITE 4	SITE 5	TOTAL
Participation rate among those receiving CWF services						
Financial counseling	93%	97%	97%	98%	93%	96%
Employment counseling	69%	34%	69%	81%	100%	71%
Income supports	90%	47%	8%	48%	95%	50%
Bundling of services among all enrolled adults						
No services	19%	58%	6%	17%	17%	23%
One service	8%	19%	29%	17%	2%	17%
Two services	23%	10%	59%	30%	6%	30%
Three services	51%	13%	5%	37%	75%	30%

Note: percentages may not add to 100% due to rounding.

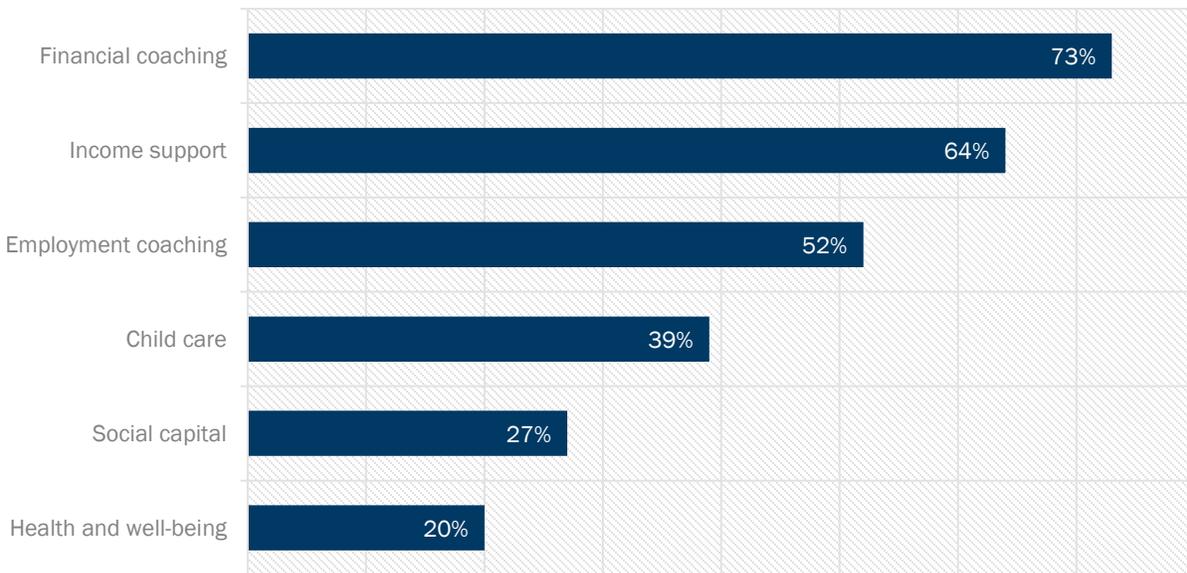
WHAT PARTICIPANT CHARACTERISTICS ARE ASSOCIATED WITH PERCEPTIONS OF GF2020 PROGRAMMING?

Statistical correlations of survey participants (n=44) showed that few adult characteristics were associated with the overall satisfaction with the five areas of GF2020 (see Appendix E). Except for the pair of length of enrollment ($p < .024$, $r=.301$) and financial coaching in the program. In other words, the adults who participated in GF2020 for longer periods of time tended to have positive perceptions of financial coaching. None of the other tested parameters were significantly correlated with satisfaction with employment coaching, income supports, social capital, child care or health and well-being. The strongest correlation was with the site and participant perceptions (i.e., where someone received services may influence perceptions of those services), but none of these factors were statistically significant. These findings suggest that per previous research on the local CWF model, the length of time in the CWF-related activities is associated with positive financial outcomes. In this case, those positive perceptions toward the coaching and associated financial programming may help explain those positive outcomes.

FOR PROGRAMMATIC COMPONENTS PERCEIVED TO BE MOST BENEFICIAL FOR PARTICIPANTS, WHAT IS NECESSARY FOR PROPER IMPLEMENTATION?

Findings from the Participant Satisfaction Survey revealed that income supports, financial coaching, and employment coaching were the top three services perceived by participants to be most beneficial (Figure 5).

FIGURE 5. GF2020 participant satisfaction of GF2020 services (n=44)



To understand how implementation should support those perceived benefits, the team used the Program Implementation Framework²² to assess drivers for successful implementation in alignment with GF2020 programming. Based on this model, an integrated service delivery model incorporates competency, organization, and leadership drivers.

FIGURE 6. Program implementation framework



²² Bertram, R. M., Blase, K. A., & Fixsen, D. L. (2015). Improving programs and outcomes: Implementation frameworks and organization change. *Research on Social Work Practice, 25*(4), 477-487.

As such, UWCI and subgrantee staff, and partners identified that successful implementation of GF2020 was driven by several factors, including (1) hiring skilled program staff, (2) building staff capacity through ongoing trainings and mentorship, (3) guaranteeing flexibility in program implementation, (4) developing effective cross-agency collaborations, (5) providing ongoing technical guidance and support, and (6) applying adaptability in periods of transition (Table 11).

TABLE 11. Competency, leadership, and organization drivers

ELEMENT	DESCRIPTION	GF2020 IMPLEMENTATION	DRIVER ANALYSIS
Competency drivers			
Staff selection	Organizations seek staff based on their experience, model-pertinent knowledge, or aptitude for engaging the target population.	Program manager, coaches, and other GF2020 staff background and experience	Proper implementation of GF2020 requires the sites to (1) identify staffing positions during the planning phase of the program, (2) hire skilled program staff who are knowledgeable about the participant population and who believes in the underlying tenets of the two-generational approach, and (3) build staff capacity to meet programmatic needs.
Training	Training should develop knowledge of population, context, and the rationale of service delivery model.	2Gen model training, ETO training, and an understanding of the service population	
Coaching	Best coaching practices include developing and adhering to the formats, frequency, and focus delineated in a coaching plan, as well as ensuring that supervisors and coaches are well-selected, trained, coached, and held accountable for enhancing staff development.	Continuous support from UWCI GF2020 leadership, GF2020 subgrantee/grantee leadership for staff	
Organization drivers			
Facilitative administration	Facilitative administration adjusts work conditions to accommodate and support new functions needed to implement the practice model effectively and with fidelity.	Staff availability and organizational adaptability in accommodating participant needs.	GF2020 implementation requires (1) flexibility and adjustability in programmatic design for site-specific features and community-specific needs, (2) cross-agency collaborations that encourage resource and information sharing, building GF2020 site capacity, and (3) integrated data management system with ongoing technical support and training.
System-level intervention	System-level intervention requires internal and external collaboration for optimal outcomes	GF2020 collaborations with CWF and other local community-based organizations	
Decision support data system	Decision support data systems should be established before or during the initial implementation. The organization can also adjust programmatic data as needed.	ETO support and guidance	
Leadership drivers			
Technical leadership	Technical leadership embraces greater certainty by program design.	UWCI, GF2020 site leadership	Proper GF2020 implementation requires (1) adjustments in program requirements to remove geographical boundaries as needed by site, and (2) adaptation of innovative strategies to continuously engage families and the serving community amid COVID-19.
Adaptive leadership	Adaptive leadership is necessary when there is less certainty and less agreement about problems and solutions.	Removal of neighborhood boundaries, COVID-19	

SUBGRANTEE AND PARTICIPANT PERCEPTIONS OF BENEFITS OF PROGRAMMATIC COMPONENTS

This section highlights subgrantee and participant perceptions of the benefits of GF2020 programmatic components. The programmatic components discussed are coaching (financial coaching, employment coaching, and income supports), social capital, ECE, and referrals.

The questions discussed in this section are:

- To what extent do subgrantees perceive opportunities and short-term and long-term benefits of programmatic components?
- To what extent do participants perceive short-term and long-term benefits of programmatic components?

The evaluation team assessed how subgrantee and participants perceived benefits associated with the GF2020 service delivery model, including opportunities for improvement. Subgrantees were asked to rate the effectiveness of specific GF2020 services, which has levels of effectiveness on a four-point Likert scale, ranging from “very effective” to “not currently being implemented.” During initial program implementation in 2017, the option of “not currently being implemented” was incorporated as a survey response to gauge service areas or activities that were not implemented across all GF2020 sites. Participants were asked to share their overall experiences with the different programmatic components, specifically selecting from pre-determined responses of ways in which they benefitted from core GF2020 services. Tables for key trends related to these perceptions can be found in Appendix E. **Table 12** summarizes subgrantee and participant perceptions of key GF2020 programmatic components.

TABLE 12. Summary of programmatic perceptions

GF2020 PROGRAMMATIC COMPONENT	BENEFITS OF PROGRAMMATIC COMPONENTS	
	Subgrantees	Participants
Coaching		
Financial	54% and 36% of subgrantees perceived financial coaching as very effective and effective, respectively.	Participants agreed that financial coaching helped them to follow a budget (91%), make payments on time (78%), save money each month (87%), increase their knowledge of financial management (84%), and manage debt (90%)
Employment	41% and 43% of subgrantees described employment coaching as very effective and effective, respectively.	60% of participants improved their interview skills, and over 70% increased their abilities to identify and communicate with prospective employers. 70% of participants also agreed that employment coaching increased their confidence in seeking and attaining job opportunities
Income supports	62% of subgrantees agreed that income support was very effective.	28 out of 44 survey respondents received income supports via subgrantee organizations. Of these, 78% of participants agreed that these services met their expectations. 82% of participants were satisfied with rent and utility assistance and less than 40% were satisfied with transportation assistance.
Social capital		
	<p>In 2020, 29% of subgrantees described social capital events as “effective” compared to 21% in September 2019 and 17% in September 2018.</p> <p>Subgrantees described qualitatively that participation in social capital activities are associated with increased participant knowledge of and access community resources and improved peer network.</p> <p>A quote representing these findings is specified below in the summary text</p>	57% of participants agreed that they connected with other families outside of the GF2020 program. As a result of participating in GF2020, 51% of participants agreed they could trust more people in their neighborhood. 75% of participants agreed that they learned more about organizations in the community.
Early Childhood Education (ECE)		
	<p>All subgrantees perceived child-care services as very effective (85%) or moderately effective (15%).</p> <p>The benefits of ECE included family access to high-quality child care and increased family engagement and support.</p>	51% of participants agreed that their coaches helped them apply for public assistance, such as CCDF. With the support of their coaches, 50% of participants highlighted that they successfully received child-care funding through the State of Indiana’s Family and Social Services Administration (FSSA) though the exact source was not specified.

Referrals		
	<p>88% of subgrantees believed that referrals are more successful when they can help describe their family's needs to service providers. 81% of subgrantees also introduced their families to other providers in person, compared to by phone or email (63%).</p> <p>Subgrantees conveyed that the referral system allows them to connect families to the services related to their goals.</p>	<p>50% of the participants agreed that they were able to better take care of their physical health since enrolled in the GF2020 program. More than 50% of surveyed participants said that they benefited from mental health counseling sessions</p>

Coaching

The GF2020 service delivery model uses family coaching to direct families to services. The coaching process entails developing a relationship with a family coach to set and maintain goals in the 2Gen domains and connecting families to services offered in these service areas.

Income supports, financial, and employment coaching

In May 2020, 54% of subgrantees perceived financial coaching as “very effective”, 62% agreed that income supports were “very effective”, and 41% described employment coaching as “very effective”. Irrespective of the type of coaching, subgrantees conveyed that the coaching model centers services on their family’s needs to help them become more stable and self-sufficient. Coaches also served as a support system for families: encouraging them to meet their goals and often assuming the role of “cheerleader” through demonstrating enthusiasm for participants’ accomplishments and provided ongoing support during successes and periods of difficulties.

“The coaching service has been really beneficial . . . because folks can really have another sounding board. Maybe they do not get that support for their family, friends, or people they know. Sometimes these things are not there, and this is where [coaching] comes in”.
–Subgrantee staff member

Subgrantee perceptions of the benefits of coaching were reinforced by GF2020 participants. Participants agreed that financial coaching helped them follow a budget (91%), make payments on time (78%), save money each month (87%), increase their knowledge of financial management (84%), and manage debt (90%). Additionally, 60% of participants believed employment coaching improved their interview skills, and more than 70% increased their abilities to identify and communicate with prospective employers. Seventy percent of participants also agreed that employment coaching increased their confidence in seeking and attaining job opportunities.

Twenty-eight out of 44 participant survey respondents received income supports via subgrantee organizations. Of these, 78% of participants agreed that these services met their expectations. Eighty-two percent of participants were satisfied with rent and utility assistance and less than 40% were satisfied with transportation assistance. Not all subgrantees provided income supports. In addition, income support-related services were not intended to be provided on an ongoing basis, which might explain the lack of participant satisfaction with these services.

Opportunities for improvement

One of the most common challenges faced by subgrantees is limited resources. Coaches often have multiple responsibilities, such as data collection, entry, and management of participant data, and participant outreach. The nature of these responsibilities often limits the amount of time dedicated towards coaching families. Subgrantees noted that data entry can take up to several days if they were not initially entered into ETO appropriately and/or on time. Subgrantees should consider reducing coaching responsibilities, such as allocating funds for a data steward to manage data. Although UWCI encouraged subgrantees to hire a designated data expert, only one subgrantee had a full-time data person throughout the grant period. UWCI ETO team also provided ongoing data support to help subgrantees mitigate data related challenges. Separate from data, each subgrantee had a designated UWCI program officer who helped them think through programmatic issues.

Social capital

In 2020, 29% of subgrantees described social capital events as effective compared to 21% in September 2019 and 17% in September 2018. Subgrantees highlighted that the benefits of social capital activities included increased participant knowledge of and access community resources and an improved peer network. Subgrantees noted that that a barrier for GF2020 adults is developing and maintaining meaningful relationships in their communities. As a result, subgrantees hosted a variety of community wide events to increase family support and engagement, such as Parenting Cafes and Family Nights. Parent Cafes emphasized parenting skills and other protective factors, and family nights discussed neighborhood and community issues. One described working with ECEs to organize events around specific child age groups to increase interactions between parents/caregivers and children of similar age. To encourage participation in these events, subgrantees also planned for and provided child care. These efforts helped to facilitate discussions, build camaraderie, and peer support among participants.

“Social capital events] help people feel comfortable with learning and sharing with each other. When families feel comfortable with what they know and with what’s given to them, they feel more comfortable advocating for themselves and other people. That kind of trickles down to the person across from them. Our families have learned to trust to one another, and they have developed relations overtime. They have learned to build an alliance with other families they met in the program”. –Subgrantee staff member

Subgrantee perceptions of the benefits of social capital programming were corroborated by GF2020 participants. Fifty-seven percent of participants agreed that they connected with other families outside of the GF2020 program. As a result of participating in the program, 51% of participants stated they could trust more people in their neighborhood. Likewise, 75% of participants agreed that they learned more about organizations in the community, and as a result, they could identify local resources to help their families, if/when needed. Some families also volunteered to help with planning events, which increased their interactions with community partners who are organizers of some of these events.

Opportunities for improvement

Subgrantees established a clear definition of social capital, including types of activities, which helped facilitate better implementation. In addition, increased coordination between subgrantee and ECEs can improve family engagement through reducing the number of scheduled activities. Families interact extensively with ECEs and as a result, ECEs may have more opportunities to bolster participation in social capital events. In 2019 and 2020, UWCI directed substantial efforts at addressing gaps with social capital programming, such as establishing formal partnerships with community-based organizations to plan, implement, and offer these services. Notable partnerships included the Center for Wellness for Urban Women (CWUW), Kheprw Institute, and Arts for Learning. Additionally, a Peer Learning session exclusively devoted to increasing knowledge and practices around social capital programming was held. It is possible that these efforts positively influenced subgrantee perception of social capital programming from 2018 – 2020.

Early Childhood Education

Early Childhood Education provides high-quality child care that also includes family engagement activities. Some subgrantees have on-site locations while others partner with child-care partners to provide these services to families. All subgrantees perceived child-care services as very effective (85%) or moderately effective (15%). Subgrantees conveyed that ECE services provided access to high-quality child care and enhanced family engagement and support. Primarily, ECE programming incorporated activities for all family members and brought them together with educators, social service providers, and other community stakeholders. Subgrantees noted that parents/caregivers gained knowledge and skills to support their child/children's learning, which increased confidence in their parenting skills.

“Because mom had resources from Great Families, it helped her champion herself, be more confident in herself, and pursue goals. She really focused on how important it was for her to get her daughter to do different activities, to take simple tasks and turn them into a learning experience. I think a lot of parent engagement activities with child care partners helped. Across the board . . . I see parents becoming more confident in themselves.” –Subgrantee staff member

Similarly, 51% of participants agreed that their coaches helped them apply for public assistance, such as CCDF. With the support of their coaches, 50% of participants highlighted said they successfully received child-care funding through the State of Indiana's Family and Social Services Administration (FSSA), though the exact source was not specified. Participants also revealed they felt a sense of relief knowing their children were receiving services through a trusted child-care partner.

“For one, I could take my child to [child-care agency], I don't have to feel bad, like something is happening to them or nothing, and I really trust the place. So that's a big thing for me. And I can go to work through the day because I hate working nights, but I was finding myself having to work more nights when I didn't have child care so my kids could keep getting sleep”. –GF2020 participant

Opportunities for improvement

Implementing a variety of ECE activities throughout different times of the day can help to better accommodate parents/caregivers' working schedules and family participation. Subgrantees and ECEs balanced identifying the most favorable times of the day to organize family engagement activities. They explained that parents/caregivers juggled multiple activities, which limited their participation in activities. Starting in 2019, ECEs coordinated more activities during pick-up and drop-off to encourage parent engagement in classroom and out-of-class activities.

Referrals

Families set goals within the five domains of GF2020, after which their coaches connect them to services in the community that aligned with their goals. Based on participants' needs, subgrantees may not have adequate resources available on-site. Therefore, external referrals were an integral feature to the GF2020 service delivery model. Not all referrals include formal meetings with community partners. Some consist of activities or events in the participant's neighborhood. Based on their individual and family goals, participants are connected to health services (physical, mental and behavioral health), community and family, CWF services, and others.

Eighty-eight percent of subgrantees believed that referrals are more successful when they can help describe their family's needs to service providers. Eighty-one percent of subgrantees also introduced their families to other providers in person, compared to by phone or email (63%), indicating subgrantee adherence to the practice of warm referrals. Warm referrals entail the process of meaningfully guiding a family to a service provider after making a referral.

Subgrantees conveyed that the referral system allows them to connect families to services that fit their goals. For the most part, subgrantees explained that families are not always aware of the resources in their community and how to access them. Furthermore, the search for these services can be daunting. As a result, connecting families with different services in their communities also increase their awareness of that are available to them.

“By even being able to have that conversation with the families letting them know that resources and services are there and doing that through a referral was significant. By having some partners, like Families First, we have seen an uptake in mental health. And I think by us understanding what these services are, those referrals helped families get mental health services” –Subgrantee staff member

Participants highlighted that they received referrals through both subgrantee and child care agencies. Specifically, some parents/caregivers were connected to postsecondary education and employment opportunities. However, there are insufficient data to discuss the associated benefits of referrals from a participant perspective. Nine survey participants perceived overall improvements in psychological and physical health conditions through GF2020. Most of the participants (more than 50%) addressed that they felt less stressed, depressed or hopeless, and more interested and energetic

“[In the group therapy] Hearing other people’s experiences and tell them about mine. From there I take the best [approaches] and apply them to my life.” –GF2020 participant

Opportunities for improvements

ETO data does not always capture whether participants follow through on most external referrals given. Subgrantees highlighted that some types of referrals, such as health-related ones were difficult to provide follow-ups. Subgrantees were concerned about probing too deeply into medical records, which is a violation of HIPAA policies. Nor could they contact social service providers to determine whether participants had scheduled or attended referral appointments. For these reasons, tracking and documenting referrals were intended for evaluation purposes to gauge the effect of referral practices on participant outcomes. Limited referral data, specifically related to the proportion of referrals scheduled or attended, affected the types of conclusions that can be made about the impact of referrals on adult and child outcomes.

OPPORTUNITIES FOR IMPLEMENTATION

HOW HAVE INITIAL IMPLEMENTATION PLANS CHANGED AFTER PROGRAM INITIATION?

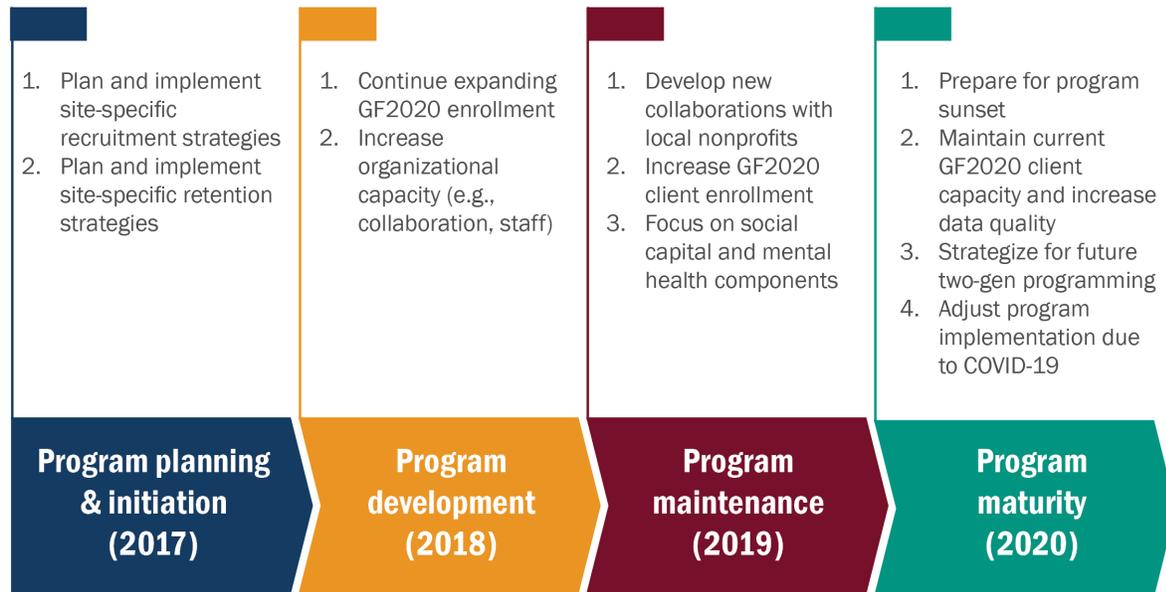
Implementation of GF2020 changed, which is discussed here as four stages: program planning and initiation (2017), program development (2018), program maintenance (2019), and program maturity (2020). Figure 7 displays a timeline of major implementation changes related to several GF2020 programmatic components. The overall GF2020 programmatic structure and service delivery model remained the same from 2017 to 2020. In the first two years, GF2020 sites devoted extensive time towards strengthening participant recruitment, enrollment, and retention. During this period, the sites attempted to increase family enrollment based on site-specific situations, objectives, and goals, particularly around CWF services.

Greater emphasis on expanding recruitment and enrollment efforts created opportunities for new partnerships. In 2019, most of the sites had new partners that increased their organizational capacity for serving families. Additionally, sites focused more on refining social capital and mental health programming; two domains that were outside of core CWF service areas. During GF2020, the most significant implementation changes included the removal of neighborhood boundaries, an official contractual relationship with Families First, and formal and informal support for social capital programming.

While GF2020 funding ended, UWCI continuously offered support, such as the Family Opportunity Fund, for local organizations implementing a 2Gen approach, including subgrantees with relevant program models, to sustain 2Gen service delivery in their service delivery frameworks. All sites leveraged additional funding opportunities to continue serving families who were enrolled in GF2020.

FIGURE 7. GF2020 implementation plan changes (2017-2020)

Features of the stage:



Noted changes:

<ul style="list-style-type: none"> • Modified communication strategies with partnered organizations • Needed to develop partnerships • Needed to increase family enrollment 	<ul style="list-style-type: none"> • Geographical boundaries lifted • Developed staff retain strategies (some sites) 	<ul style="list-style-type: none"> • Social capital event menu • Collaboration with Families First • Maintain program momentum 	<ul style="list-style-type: none"> • Removal of ISTAR-KR as tracking metric for Early Childhood Education (2019/2020) • Engagement strategy changes during COVID-19 • Continuous support for two-gen work (e.g., Family Opportunity Fund)
--	--	---	--

In early 2020, subgrantees and partners encountered unexpected challenges due to the novel coronavirus (COVID-19). Table 13 demonstrates how subgrantees adapted their GF2020 programming in response to COVID-19. Social distancing mandates affected the implementation of core components of GF2020, including coaching engagements, social capital events, mental health services, and child care. GF2020 staff interactions with participants were no longer offered in person, instead shifting to remote interactions via phone, emails, and/or online platforms. As a result, some programs, such as social capital activities, required the physical presence of participants and staff were either suspended, cancelled, or changed to virtual options in later months.

Child-care services were provided with limited capacity due to safety concerns. However, many child-care partners pivoted to virtual programming with both children and parents/caregivers. The need for mental health services became more urgent as the pandemic created increasing financial instability and mental stress for GF2020 families. Families requested more meetings with mental health providers to individually and collectively process the stressors of COVID-19. GF2020 sites also shifted their focus to providing emergency relief to ensure that families have the necessary resources to navigate the pandemic.

TABLE 13. Site-specific differences in response to COVID-19

SITE	CHALLENGES	SUCCESSFUL CHANGES	SUPPORTS RECEIVED	PARTNERSHIP AND COLLABORATION
Site 1	Realignment of agency priorities on emergency relief; remote engagement; ECE partners suspended services—no child care attendance data	Continued efforts in engaging families in need	Training supports from UWCI for (1) proposal writing and (2) nonprofit leadership	Continuous engagement with partners for future 2Gen programming
Site 2	Staff turnover; low family attendance at virtual social capital events	Deepened relationships with Family Navigators; CWF offered prerecorded workshops for program participants; online child-care services and self-care kits	N/A	N/A
Site 3	Remote sessions with families; Suspension of Family Nights; Changes in the Child Care Development Fund (CCDF) process change, loss of family information	Provided additional income support for families in need; Increased mental health assistance; Increased staff capacity to engage Latinx families	Extra funding from On My Way Pre-K and Child Care and CCDF	Continued partnership with Holy Family Shelter to provide stable housing; MOU with Charity Child Care, Head Start Southwest, and New Beginnings
Site 4	Increasing demand for basic needs assistance; suspension of ECE services	Continuous engagement with families for coaching and child care	Motivational interview training for Family Success Coaches from the University of Indianapolis	New partnership with University of Indianapolis
Site 5	Emerging needs from families; lack of child care/daycare	Continuous online support for the families	N/A	N/A

WHAT FACTORS AFFECT GF2020 RECRUITMENT, ENROLLMENT, AND RETENTION?

Table 14 summarizes key barriers and facilitators related to GF2020 recruitment, enrollment, and retention. Overall, quality relationships among coaches, organizations, families, and partners were primary facilitators, while balancing family needs with organizational supports and coordination served as barriers.

TABLE 14. Barriers and facilitators to GF2020 recruitment, enrollment, and retention

DESCRIPTION	BARRIERS	FACILITATORS
Recruitment		
Any activities and strategies related to the ongoing recruitment of GF2020 participants	<ul style="list-style-type: none"> • Lack of integration between interagency programming (collaboration between CWF and GF2020 staff) • Lack of formalized partnerships with ECE service providers • Staff turnover 	<ul style="list-style-type: none"> • Relationships with families and partner organizations • Familiarity with coaching model • Coordinated marketing strategies • Hiring of bilingual staff
Enrollment		
The act of making a participant's engagement with GF2020 official, including completing any process or assessment that substantiates participation (such as the Family Success Plan)	<ul style="list-style-type: none"> • Inconsistent access to child care • Clarity of CWF model (timeframe for enrolling GF2020 participants and quantity of CWF services) • Balancing enrollment of participants in crisis mode versus those that may benefit from the all the services 	<ul style="list-style-type: none"> • Developing coaching/participant relationships through administering the FSP • Alignment of GF2020 services with family's needs • Knowledge of and familiarity with ETO • ETO support from UWCI
Retention		
Any activities post-enrollment related to ongoing participant engagement and retention	<ul style="list-style-type: none"> • Complicated schedules due to competing responsibilities • Effect of children aging out of the program 	<ul style="list-style-type: none"> • Incentivizing participation in GF2020 activities • Cross-agency collaborations • Internal cultural changes and adaptability

WHAT BARRIERS EXIST FOR CONSISTENT DATA COLLECTION AND ENTRY?

Overall, data collection and entry presented limited challenges for GF2020 programming, with a few exceptions related to missing data and data undercounts. These issues occurred for a variety of reasons, including prioritizing participant needs over data collection, lack of staff capacity, and the impact of COVID-19 (Table 15).

Missing data

Missing ETO data was common for all programmatic components, including core GF2020 services. Referrals tend to have missing data due to (1) compliance with HIPAA policies, which prevents providers from verifying participants' appointments and (2) lack of organizational capacity in data entry for referral and follow-ups. The outcome measures were divided into (1) CWF-related indicators already captured in the ETO system and (2) supplemental indicators that capture social capital, health and well-being, and family dynamics. The lack of CWF service data was largely due to insufficient communication between CWF and GF2020 teams within each site. The supplemental indicators—such as referrals, referral follow-ups and social capital event attendance—were not fully captured at the beginning of program. This was due to three primary reasons: (1) many of the staff were still in the training phases of ETO, (2) the priority of data collection lay on the FSP indicators, or (3) activities were being developed.

Possible data undercount for social capital, child care, and health and well-being

Three domains—social capital, child care, and health and well-being—were less likely to be captured in the system. Data collection for these data points might occur in settings where it could be difficult to obtain complete and accurate information, and the amount of information gathered might vary depending on the context of the situation.

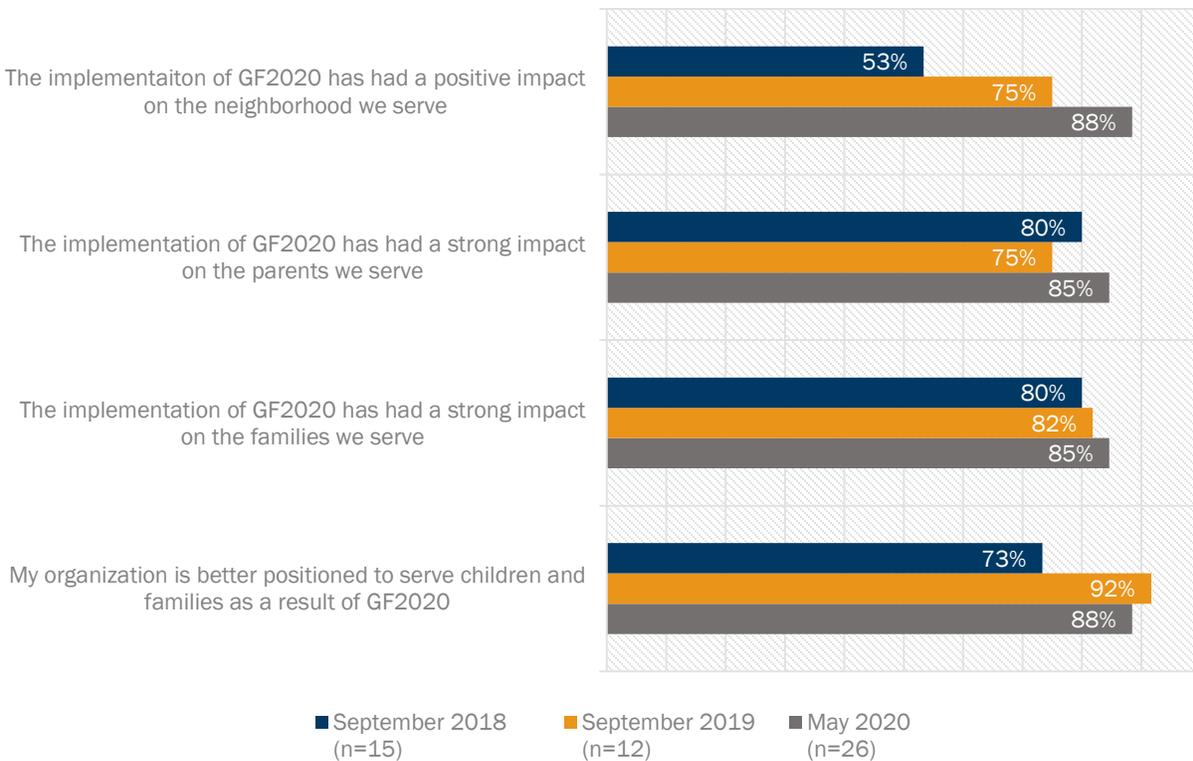
TABLE 15. Data collection and entry barriers for GF2020

BARRIER	SUMMARY	RELEVANT QUOTE
<p>Staff turnover and hiring delays negatively affected data collection</p>	<p>At some point during GF2020, all subgrantee sites experienced staff turnover. Hiring, replacing, and training new staff on best practices for data collection can take an extended period of time. Furthermore, most GF2020 staff are not only responsible for data entry. Thus, newly hired staff also have to learn about overall programming requirements, compliance, and implementation. Recurrent incidents of staff turnover impeded timely data collection and reporting.</p>	<p><i>“I think turnover was a key barrier to momentum. [Another UWCI staff] kind of mentioned that, and I think we’ve all kind of mentioned that at some point. From the data side, it was so hard to get them to the point where we could dive into the data when we spent so long just getting to the point where they’re entering it right. And then once we get a staff trained, it seems like they would leave the organization.” –UWCI staff member</i></p>
<p>The lack of designated data specialists created barriers for data entry and reporting</p>	<p>Many GF2020 coaches shouldered the responsibilities of coaching and data entry at the same time. Agreeing with UWCI and leadership on stressing high-quality data, the coaches found they sometimes struggled to make data collection a priority.</p>	<p><i>“We actually follow up with our families all the time and we make sure that they are attending their appointments. You know, the thing is, we don’t always put the data in ETO. When these conversations happen in passing, the first thing on our mind is not to make sure that we reflect this in ETO but to make sure the family gets the service they need, you know what I mean.” – Subgrantee staff member</i></p>
<p>COVID-19 influenced the types of programming offered, and data collected and entered into ETO</p>	<p>Social capital and ECE programming were less likely to be offered during COVID-19. Although subgrantees and some grantees maintained some level of engagement with families, data related to child care and social capital attendance were either nonexistent or difficult to report due to limitations with virtual programming. Also, both GF2020 staff and participants reported difficulties with accessing the internet. For staff particularly, the lack of stable internet hindered consistent data collection and entry into ETO.</p>	<p><i>“So, I think it [virtual child care activities] would be a little bit more challenging but not impossible, just a little bit more challenging. And to be honest, I mean, we have been a little bit more busy than normal. So, even for us, I would only say it for myself as an employee, [I feel more stressed out] because a lot’s going on personally and with our family... I mean it’s a good idea, but I do feel it would be a little bit challenging, especially if a lot of people are not very technology-savvy. Like now, just even getting for them to send me an email or, you know, it is a little bit challenging.” –Subgrantee staff member</i></p>

WHAT LESSONS/TAKEAWAYS HAVE SUBGRANTEES AND PARTNERS LEARNED ABOUT 2GEN PROGRAMMING GENERALLY?

This section discusses key takeaways about 2Gen programming from a subgrantee perspective. The findings highlighted are from uniform themes obtained across interviews and focus groups with subgrantees and partners and survey data. Subgrantees and partners explained that the incorporation of 2Gen programming in their organizations enabled them to serve more families. Specifically, the opportunity to collaborate with mission-minded organizations expanded their reach in the community. They were able to provide a diverse set of services and connect families to opportunities that help them navigate common challenges. Subgrantees also noted that two-gen had a positive impact on parents/caregivers, families, and neighborhoods (see Figure 8).

FIGURE 8. Percentage of subgrantee staff who agree they perceived effects of GF2020 on families and community (2018–2020)



“I liked the concept. I liked the two-generation approach where you can work with the entire family and identify goals that is relative for the whole entire family. I enjoyed engaging with the families with different backgrounds in different ways of thinking and outlooks. Every day I wake up wanting to come to work just so I can engage with the families and assist them in any way possible to meet their goals in life. Just kind of helping in that process of creating the life that they want to live.” – A subgrantee staff member

Limitations of the local adaptation of the 2GEN model

Age eligibility restrictions

The age eligibility requirements of the GF2020 program targeted specific demographics, namely children 0-6 years old and their parents or guardians. Subgrantees explained that children older than 6 and older adults (such as grandparents) in the same household also could have benefitted from these services offered through GF2020. If sites do not offer other child care options for children older than six, this presented challenges for families who depended on the program for before- or after- school child care services and were unable to acquire child care opportunities elsewhere once their children age out of the GF2020 program. This experience complicated a family's situation, especially if they were not prepared to transition out of GF2020.

“When we go out and visit families, we ask about the entire family. Though we are supposed to categorize it as parent slash caregiver and child under age 5, we do not. No, we are not supposed to, but we do it anyway because that is what the program requires of us. I wish there were just more time to really understand the framework to its fullest. ... More of the philosophical understanding of what the program or what two-generation is or what like, multi-generation is. I mean in all truth, 2Gen does not fit our families because our families are living with grandparents, our families are living with aunts, our families, you know, they are living with mom and aunt. It is almost like 2Gen is like too limiting. Like it is more about like three-gen, four-gen, like full-family perspective.” –Subgrantee staff member

Gaps in services

Access to reliable transportation

Assistance with transportation is a service area in the Ascend/Aspen Institute 2Gen model but this was not a targeted service area in GF2020. Both subgrantees and participants highlighted that lack of access to transportation was a significant barrier for families hoping to participate in GF2020 programming, particularly social capital events. Families encountered transportation challenges in two main ways: (1) inaccessibility to private transportation and (2) lack of funds to access public transportation. Combined, these barriers affected family's levels of engagement in specific types of programming. Subgrantees implemented innovative strategies, such as virtual coaching to reach families who experienced transportation issues. Relatedly, they provided bus passes and gas cards to help families attend GF2020 events and get to work.

“Transportation. We can use program dollars for that, but when we get into programming that is conceptual and not, does not have necessarily dedicated dollars. I think transportation can be an issue. I mean, one of the issues I think that came up inherently in Great Families.” –Subgrantee staff member

Assistance with rent and utilities

Rent and utility assistance are not core services provided through GF2020. Subgrantees did not always have the resources to help families with these needs. As a result, they often provided a one-time stipend to offset these expenses. Both subgrantees and participants pointed out that more families would have benefitted from these services on an ongoing basis.

“That would have been really great if they were able to help with the utilities, light bill, and, rent. Those would really be the basic needs. Just keeping a roof over my head for me and my kids”. –GF2020 participant

Low-cost, high-quality child care services

Subgrantees explained that the cost of ECE services is a barrier to accessing child care and maintaining employment. Often, when a parent does not work, staff noted that this can be due to lack of access to affordable and sufficient child care. An unintended consequence of better-quality ECE is the increase in child care costs for families. GF2020 does not typically offset the costs of child care. One subgrantee allocated ECE payments in their budget for GF2020 families. Others sought additional funding to help support child care expenses. When ECEs transition to higher levels in the state’s Path to Quality program, the cost of their child care services also increases, resulting in additional challenges for families.

“There's got to be a reconciliation on promoting quality child care but doing it in a way that reconciles that by the better-quality centers secure for themselves, the more they can charge. And so, once again, if you're providing better quality, under normal circumstances, you should be able to charge more, but you're charging more for a service that people can't afford in the first place and so are you unintentionally, by striving for quality, creating barriers for people to access it in the first place.” –Subgrantee staff member

2GEN lessons and takeaways

2Gen is an organizational approach

Subgrantee staff reported that 2Gen helped them facilitate a more coordinated and integrated service delivery approach through building capacity and forging partnerships. Some subgrantees noted that the concept of implementing 2Gen was fairly-new, from a program and/or organizational perspective. In retrospect, one subgrantee noted that taking an organizational 2Gen perspective can bolster service delivery as well as reach more families. Subgrantees plan to continue 2Gen work in their organizations through UWCI’s Family Opportunity Fund.

“I’ve often gone back and forth of the concept that—I don’t think 2Gen works well as just a program. I feel like it needs to be an entire model of doing business embedded in an organization to have large impact. All the programs of the organization should be 2Gen and connect with each other. It is a restructuring. It needs to be a restructuring of an organization rather than just a program that is funded. I think there is a philosophical breakdown. I think folks want to put pen to paper and connect A to B and we are 2Gen, which, yeah, you might be offering multigenerational services, but philosophically you are not 2Gen. I think there has been a breakdown of fully grasping it as an integral part of service delivery and systems shift and how folks do things that I don’t think we’ve seen yet.” –Subgrantee staff member

Effective 2Gen work involves developing intentional partnerships

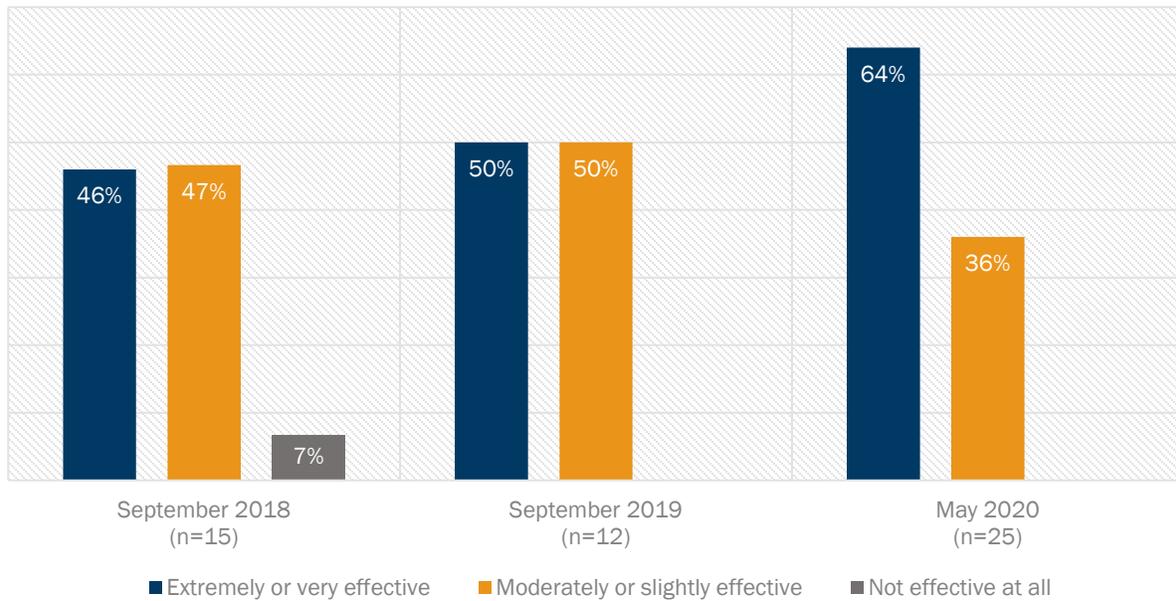
Inter-agency and cross-agency collaboration are key components of facilitating effective two-generational work. Subgrantees explained that it is important for staff within subgrantee and partner organizations to understand and commit to 2Gen practices. For example, one subgrantee replaced their program staff when the program director realized that the staff were not fully dedicated to core values of the 2Gen approach. Positively, subgrantees also noted that they have learned how to collaborate more effectively with staff and community-based organizations. Relatedly, developing open and trusting relationships with families helped increase engagement with the program. Subgrantees noted that families are more engaged when their concerns are validated, successes are celebrated, and perspectives are valued. Cultivating meaningful relationships help them to feel more comfortable asking questions and seeking help from organizations. Most importantly, families would feel more supported in their goals, which helps parents/caregivers working to achieve those goals.

“Buy-in from staff and room for collaboration is rooted in trust and communication. And I often think that sometimes program staff are not given that luxury. It is like, we are doing this new strategy, we are pivoting to 2Gen. So, I would say being really intentional, I think Great Families is very much relationship based. I think allowing room for that in the beginning, particularly when you’re dealing with new concepts, making sure everyone is on the same page and there’s that level of trust and communication because effectively that partnership is not going to work if that is not the baseline. Having trust and open communication with all of your partners.” –Subgrantee staff member

WHAT PERSPECTIVES CAN GF2020 PROVIDE FOR UWCI’S ONGOING LOCAL PROGRAMMING?

GF2020 provided valuable insights that UWCI can leverage for future local programming, such as strategies to facilitate effective collaboration, communication, and coordination across community-based organizations through building staff and organizational capacity. One area that UWCI can utilize for ongoing local programming is their success with coordinating and maintaining effective partnerships with community-based organizations. Subgrantee perceptions of collaboration with UWCI was overwhelmingly positive. In September of 2018, 47% of all subgrantee staff described communication with UWCI as very effective. By May of 2020, it had increased to 64%.

FIGURE 9. Subgrantee perceived effectiveness of UWCI-subgrantee communication (2018–2020)

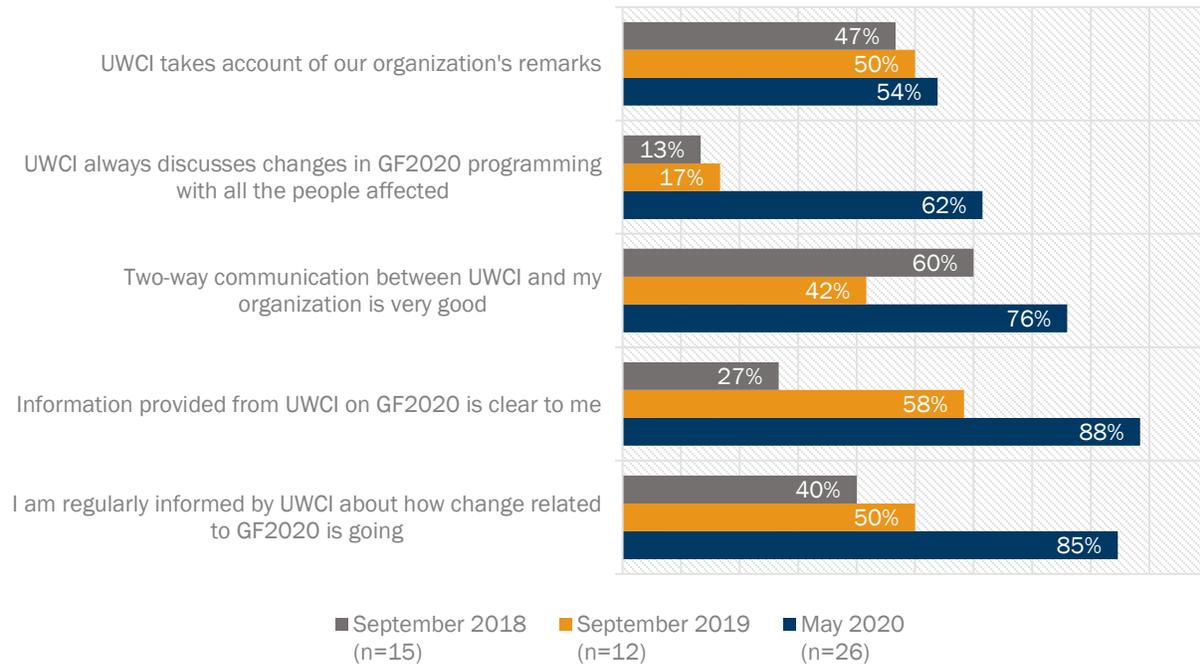


Subgrantees were involved in program decision-making

Sixty-two percent of subgrantees agree that UWCI discussed changes in programming with them (see Figure 10). UWCI provided many opportunities for subgrantees/grantees to become more involved in planning and decision-making related to GF2020. For instance, each subgrantee has a designated program officer who checks in regularly with program leadership and staff. Generally, in these meetings, the program officer fields suggestions and ideas from staff on various programmatic components of GF2020. The emphasis on subgrantee/grantee involvement in program decisions aligns with UWCI’s goal of giving subgrantees full autonomy in how they manage their program while providing guidance and structure as needed.

“Our communication and collaboration with UWCI have changed since the program started. At first, I feel like we were not very involved with the types of decisions that are made about the program but that really got better as the program gained momentum. More and more, I think our team felt like we were really a part of GF2020 because we were more integrated into whatever decisions were made.” –Subgrantee staff member

FIGURE 10. Percentage of subgrantee staff who agree with statements about subgrantee collaboration with UWCI (2018–2020)



UWCI took subgrantee feedback into consideration

In May 2020, 54% of subgrantees agreed that UWCI considered their remarks and feedback (Figure 10). UWCI's willingness to take subgrantees' insights into consideration fostered a more collaborative relationship. Efforts to actively engage subgrantees, including welcoming their feedback and remarks, led to a better working relationship.

"I think it was a learning experience for everybody. I mean, I do not think anyone was ever a pro at this program. So, we were all kind of learning together and I think [UWCI] were welcoming any type of outlooks and suggestions which helped to build relationship with them overtime." –Subgrantee staff member

More consistent communication

In May 2020, 88% of subgrantees reported receiving clear information from UWCI about GF2020, compared to only 27% in September 2018. (Figure 10). During the grant period, UWCI addressed inconsistencies in communication with sites and developed more robust strategies to engage partner organizations. The subgrantee-designated program officers played a key role in keeping GF2020 sites current on new information and relaying staff feedback to UWCI's GF2020 leadership team.

“I feel like we have a good relationship with United Way... [program officer] reaches out to me on average about once a month just to see how things are going and see if there's ways that they can help. And us providing our services. I do know like when we first got started, there were some communication challenges but that got better as time went on.”

–Subgrantee staff member

Learning opportunities

UWCI provided a host of opportunities for subgrantees and partner organizations to enhance knowledge in key GF2020 programmatic areas as well as site and staff capacity building. Subgrantees most frequently mentioned peer learning sessions, ETO data support and additional trainings, such as implicit bias training.

Monthly Peer Learning sessions

Regular Peer Learning sessions were implemented to share best practices and lessons learned, with the goal of improving program implementation. Subgrantees explained that Peer Learning sessions were useful in helping them better understand aspects of GF2020 programming. Specifically, the Peer Learning session on social capital allowed staff to expand their knowledge of the activities/events that constituted social capital programming and how they would be beneficial to the participants. Relatedly, subgrantee staff gained the opportunity to fellowship with others, troubleshoot together, and learn from each other.

“The Peer Learnings that we attend monthly has given us the opportunity to meet other organizations and the employees of those organizations and build our own personal relationships with them so that we could provide families with services. These Peer Learnings gave us the opportunity to build some ongoing last lasting relationships as well.” –Subgrantee staff member

ETO support and guidance

Data entry and management were consistent challenges encountered by subgrantees and grantees. Therefore, UWCI offered more consistent data support. For instance, the UWCI ETO team held regular trainings and meetings with sites to review data entry in ETO and troubleshoot any challenges they faced. These one-on-one sessions helped build data capacity at the sites. Additional data training and ongoing support were also provided to new GF2020 staff or any staff who requested extra help, including trainings in Excel and pivot tables. Subgrantees explained that they felt more confident navigating the ETO data management system which will not only prove beneficial for GF2020 but also for other programs they have at their sites. Additionally, subgrantees appreciated the data reports that highlighted key trends at their sites. These reports helped them better contextualize and understand their program's reach and impact.

“One of the things I do want to give them credit for is looking at the data. It is really interesting and neat to be able to see those numbers. Without the ETO help and those reports, it is hard to kind of internalize those lessons and identify where your areas of growth still are or what your priorities could be or what you need to still be working on.”

–Subgrantee staff member

SUMMARY OF IMPLEMENTATION FINDINGS

The implementation study identified multiple positive areas of the GF2020 service delivery model, along with opportunities for improvement and expansion of the existing work.

FIDELITY TO THE GF2020 MODEL

- Subgrantees largely adhered to fidelity while implementing the model, especially related to areas of capacity building. Health and well-being and social capital activities were difficult to implement, with adjustments made to better support subgrantees in those efforts. Collecting ECE data also presented issues for subgrantees, primarily given state-level changes to child outcome data.
- Collaboration, a crucial component of the GF2020 model, was widely perceived as beneficial by subgrantee staff and partners, with many planning to continue those relationships.

PROGRAMMATIC DIMENSIONS

- Sites varied widely in participation among adults and children, with differences primarily related to attempting to meet participants where they were for goal setting and activity participation.
- Participants generally enjoyed and perceived benefits from participating in various aspects of GF2020, especially for financial-related services. Subgrantees identified areas for improvement in the model, and primarily rated their site's coaching abilities and CWF-related programming higher than other areas.

OPPORTUNITIES FOR IMPLEMENTATION

- Implementation shifted from focusing on recruitment and compliance before moving to ingrained structures and sustainability. Implementation was affected by COVID-19, with subgrantees adapting to provide services indefinitely in different formats for families.
- Barriers to recruitment, enrollment, retention, and data collection were typical for programs relying on obtaining and maintaining participant-level data reporting and entry into systems, such as staff turnover.
- Recruitment, enrollment, and retention processes benefitted greatly from external partnerships, developing meaningful relationships with families, and incentivizing participation.
- GF2020 was not designed to address other factors affecting families' experiences which are mostly due to local policy barriers, such as transportation and other extraneous costs.
- Several factors supported site and model growth, including learning opportunities for subgrantees and their partners involved in implementing GF2020 and ongoing communication with UWCI and the sites.
- Working toward an organizational approach and systems change to GF2020 with intentional partnerships served as cornerstones for implementing the model well.

PART 4: OUTCOMES

STUDY FINDINGS

This section highlights the key statistical findings of GF2020. Specifically, the findings include a descriptive analysis of the child-level outcomes, a summary of the relationship between programming activities and participant outcomes, a description of adult participants' changes from baseline to follow-up periods (n=675), an assessment of the role of site-level characteristics on participant outcomes, and an assessment of differences among CWF participants (n=589) and adult GF2020 participants (n=184).

WHAT PROPORTION OF GF2020 CHILDREN ARE PERFORMING AT AGE-APPROPRIATE FUNCTIONING, COMPARED TO AGGREGATE SCORES OF OTHER CHILDREN? WHICH GF2020 PARENT CHARACTERISTICS AND/OR PROGRAM COMPONENTS ARE ASSOCIATED WITH CHILD OUTCOMES?

The analysis of child outcomes depended on the collection of data assessing each child's readiness for kindergarten. To this end, UWCI, IUPUI, and Indiana Department of Education (IDOE) overcame a major obstacle and successfully reached a data-sharing agreement to allow the evaluation team to collect personally identifiable student data from IDOE. Specifically, the agreement was to connect student outcome data—their ISTAR-KR readiness assessment results from IDOE—to data from GF2020 participant records. However, challenges such as a low match rate between IDOE and GF2020 records, a state policy change that shifted to new assessment tools, and lack of reporting requirements for child care centers that are not affiliated with a school affected the collection of outcome data for children and ultimately prevented the in-depth analysis related to child outcomes. Findings from descriptive analysis suggest that using education-based measures is a promising approach for evaluating program outcomes in future 2Gen efforts.

DATA MATCHING

According to the data-sharing agreement, IDOE carried out matching processes, matching a roster of GF2020 children provided by the evaluation team to IDOE's student records and then shared the linked data with the evaluation team. In the first matching attempt in the summer of 2019, a roster of 335 students was provided to IDOE, and only 22 were matched with ISTAR-KR scores, a match rate of 6.6%. The low match rate is most likely due to misspellings or incorrect names (e.g., nicknames) and limited matching capabilities within IDOE. IDOE suggested student identification numbers (STNs) would be useful in increasing match rates, allowing them to match children's names with their ISTAR-KR scores. However, this method would require On My Way Pre-K teachers to collect and input these STNs into the Efforts to Outcomes software, which may have been challenging for the teachers because of limited access to technology in the classroom. Additionally, a previous attempt to gain STNs failed after talks with IDOE, so the teachers may not be permitted to share these with UWCI and IUPUI. Additionally, any attempts by subgrantee staff to collect these STNs would be a violation of the Family Educational Rights and Privacy Act (FERPA).

STATE-LEVEL POLICY CHANGES

Regardless of match quality, state-level policy changes affected the type of assessment data collected. In 2019, IDOE changed the standardized tests used to assess student achievement, resulting in the replacement of the ISTAR-KR with the Indiana Student Performance Readiness and Observation of Understanding Tool (ISPROUT). The ISPROUT is only required for Indiana children as a part of an Individualized Education Program (IEP), but can be used to assess the skills and knowledge of other students in language and literacy, math, motor development, and other areas. At the time of policy implementation, it was not clear whether ISTAR-KR questions were analogous with those of the ISPROUT, as a cross-walk comparison between the two was not scheduled to begin until Summer 2020. Additionally, ISPROUT continued to be available to early childhood providers during Spring 2020, although IDOE did not mandate its administration by providers, in response to challenges related to COVID-19.

In September 2019, the Indiana State Board of Education adopted a requirement that On My Way Pre-K programs administer the Kindergarten Readiness Indicators (KRI) to children annually. The KRI assesses students based on literacy, oral language, and math skills. While the ISTAR-KR (now the ISPROUT) was only required of children with an IEP, the new KRI now requires all On My Way Pre-K children to be tested annually.

Even though it might have represented an opportunity to obtain at least some early childhood education assessment data, a challenge of the implementation of KRI is that it is completely online-based, rather than either online- or paper-based like the ISTAR-KR. Because not all On My Way Pre-K providers/teachers have ready computer access to complete the test online, programs were allowed to apply for a one-year waiver exempting them from this assessment. This resulted in the loss of a year's worth of early childhood education assessment data that might have been used to understand the skills and knowledge of GF2020 children. Even if the data were available, KRI data are not reported at the individual-level of analysis, preventing matching of KRI scores to children enrolled in GF2020. Finally, On My Way Pre-K providers who had the capacity to assess GF2020 child participants with KRI, may have struggled to do so, as a result of COVID-19-related childcare interruptions and restrictions.

DESCRIPTIVE ANALYSIS

Descriptive statistics of ISTAR-KR assessment scores of GF2020 children (n=22) for whom data were available at two points in time demonstrated preliminary improvements in 2Gen-related outcomes, as of September 2019. Using the ISTAR-KR instrument, students were assessed on 30 performance threads—a specific learned skill—which fall into one of two categories: Mathematics/English Language Arts (Math/ELA) and Functional Indicators (which include hygienic and socioemotional skills). At the time they exited the program, 32% of children had mastered all functional performance threads and 95% had mastered at least half. Eighteen percent had mastered all Math/ELA threads at exit; 55% had mastered at least half. Comparing the number of children mastering 50% or more of performance threads from time they entered the program until the time they left, the largest gains based on age at entrance were:

- A 25-point increase in Functional threads for 3-year-olds
- A 25-point increase in Math/ELA threads for 4-year-olds
- A 50-point increase in Math/ELA threads for 5-year-olds

Higher percentage gains were seen when a child had been in the program for less than one year than when the child had been in the program for one to two years. This may be due to the fact that most of the children who were in the program for less than one year and had two assessments were older children (ages 4 and 5).

- Participation for less than one year (12 children)
 - 25% more children performed at or above age level on 50% of Functional threads
 - 25% more children performed at or above age level on 50% of Math/ELA threads
- Participation for one to two years (10 children)
 - 10% more children performed at or above age level on 50% of Functional threads
 - 20% more children performed at or above age level on 50% of Math/ELA threads

While conclusions related to significant gains in child outcomes cannot be drawn because the number of children with two measurements in this dataset (n=22) do not meet the 30-pair threshold necessary to conduct statistical paired difference-in-means testing, the preliminary descriptive statistics do demonstrate that using education-based measures to assess program outcomes is a promising and potentially meaningful approach for future 2Gen program evaluations.

TO WHAT EXTENT DO GF2020 PARTICIPANT OUTCOMES CHANGE FROM BASELINE TO FOLLOW-UP?

Seven outcome variables representing participant progress in areas addressed by the GF2020 program exhibited significant changes over time (Table 16). Notably, adult participants ([n=675](#)) experienced an increase in monthly income during their participation in program. Gains were made in social capital related to participant social networks. Participants who remained in the program over longer periods of time also reported gains in their physical and mental health. Finally, participants reported improvements in areas related to their knowledge of parenting, how well their families work together to resolve challenges, and knowledge about how to obtain necessary resources during times of need. While the effect sizes of these changes are small, families experienced change in multiple areas of their lives while participating in GF2020. Table 16 summarizes the findings; detailed results are located in Appendix F.

TABLE 16. Summary of outcomes with significant changes, by effect sizes

OUTCOME VARIABLES	BASELINE TO FIRST FOLLOW-UP	BASELINE TO SECOND FOLLOW-UP	BASELINE TO THIRD FOLLOW-UP	BASELINE TO LAST FOLLOW-UP
Economic assets				
Change in monthly income				small ** d=0.29 n=137
Social capital				
Civic engagement	no effect * d=0.12 n=350	no effect † d=0.15 n=127	no effect d=-0.09 n=49	
Social networks	small *** d=0.27 n=352	small * d=0.20 n=128	no effect d=0.08 n=49	
Health and well-being				
Physical and mental health	no effect * d=0.14 n=351	small ** d=0.35 n=127	small ** d=0.46 n=50	
Child development & knowledge of parenting	no effect *** d=0.19 n=356	small *** d=0.35 n=132	small * d=0.34 n=50	
Family functioning and resiliency	no effect d=0.08 n=356	small * d=0.23 n=132	no effect d=0.18 n=50	
Concrete supports	small *** d=0.29 n=347	small *** d=0.36 n=127	small † d=0.28 n=48	

† p<.10 *p<.05 **p<.01 ***p<.001

Interpretation of Cohen's d: "no effect"=0-0.2, "small"=0.2-0.5, "medium"=0.5-0.8, and "large" > 0.8

INTENDED OUTCOME: MONTHLY INCOME

Change in monthly income was collected as a part of adult participant CFA submissions. Not all participants (n=675) completed both baseline and a follow-up CFA. In fact, only 197 GF2020 participants completed more than one and are included in the analysis (29% of participants; Table 17). Depending on the timing of the CFA, missing data for the monthly income variable itself further diminished the number of participants included in the analysis.

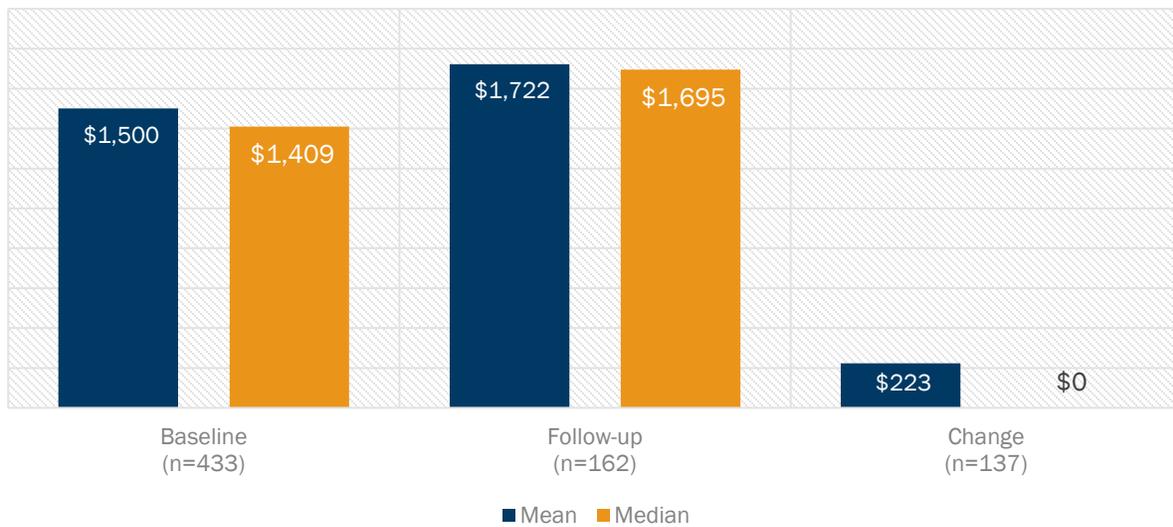
TABLE 17. Number of complete financial assessments submitted by adult participants

No CFAs	190
One CFA (baseline)	288
Two CFAs (First follow-up)	99
Three CFAs (Second follow-up)	55
Four or More CFAs	43

Because time-limit criteria for CFA submission was implemented in December 2018, after the program had already begun, the change in monthly income between baseline and follow-up is defined as the difference between the first CFA submitted by a participant and the last CFA submitted by a participant (Figure 11).²³ While the mean change in monthly income is significant ($p < .001$) with an increase of \$223, its effect size is small (Cohen's $d = 0.29$), suggesting that the relationship between monthly income at baseline and follow-up is weak (Table 16). This may be explained in part by a median income change of \$0, representing 37% of participants with an income change of \$0. There were also a few participants with greater changes in income large enough to create a small, but measurable change in the group mean.

²³ The *ns* in Table 17 and Figure 11 may differ because of missing data for the monthly income variable, which is one field of the CFA.

FIGURE 11. Participant monthly income and change in monthly income (n=137)



INTENDED OUTCOMES: FAMILY SUCCESS PLAN INDICATORS

The FSP survey administered to adult program participants (n=675) contains the components of indicator groupings used to describe a family’s protective factors, social capital, and health and well-being. Because not all participants completed at least two (baseline and one follow-up) FSP surveys, the results of 376 surveys are included in this analysis (56% of participants; Table 18). The actual number of responses for each FSP grouping may be slightly lower, depending on the number of missing responses for individual questions.

TABLE 18. Number of Family Success Plan surveys completed by adult participants

No FSPs	75
One FSP (baseline)	224
Two FSPs (First follow-up)	236
Three FSPs (Second follow-up)	86
Four FSPs (Third follow-up)	50
Five or More FSPs	4

Social capital

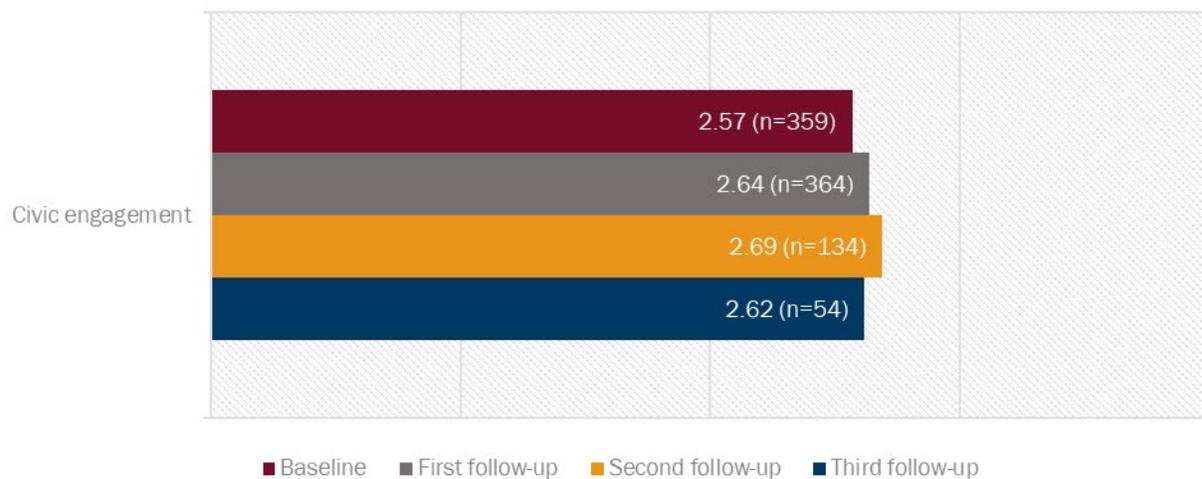
Civic engagement

Significant change

- Baseline to second follow-up

The civic engagement grouping of indicators is the mean value of a series of questions that ask about participant attendance at a variety of events and social interactions with friends and family. Figure 12 illustrates the changes over time experienced by GF2020 participants, who exhibited a significant change ($p < .05$) between baseline and the first follow-up survey, although there was no effect ($d = 0.12$) due to a weak relationship between the measurements. Neither change from baseline to second or third follow-up was statistically significant. Efforts to connect program participants to communities and individuals may make a small difference in the short term. However, for this change to be substantive, increased or new opportunities to encourage or engage participants in activities that lead to increased engagement with others may lead to an increase in social engagement and overall social capital.

FIGURE 12. Social capital outcomes with significant changes, by follow-up



Social networks

Significant changes

- Baseline to first follow-up
- Baseline to second follow-up

The social networks grouping also exhibited significant change among participants, from both baseline to first follow-up ($p < .001$) and baseline to second follow-up ($p < .05$). The effect size, or strength of association between each of these pairings is small ($d = 0.27$ and 0.20 , respectively). Thus, while participating in the program, GF2020 participants experienced a small, measurable change in how they perceive the community where they live and interact with others. This change may be related to efforts of GF2020 staff to encourage families to participate with each other in group settings, such as social capital events. In interviews, participants expressed the positive impact of connecting with others who experienced the same challenges.

Health and well-being

FSP indicators related to participant physical and mental health, as well as perception of and engagement with the community around them, demonstrate gains in participant health and well-being during the course of participation in GF2020.

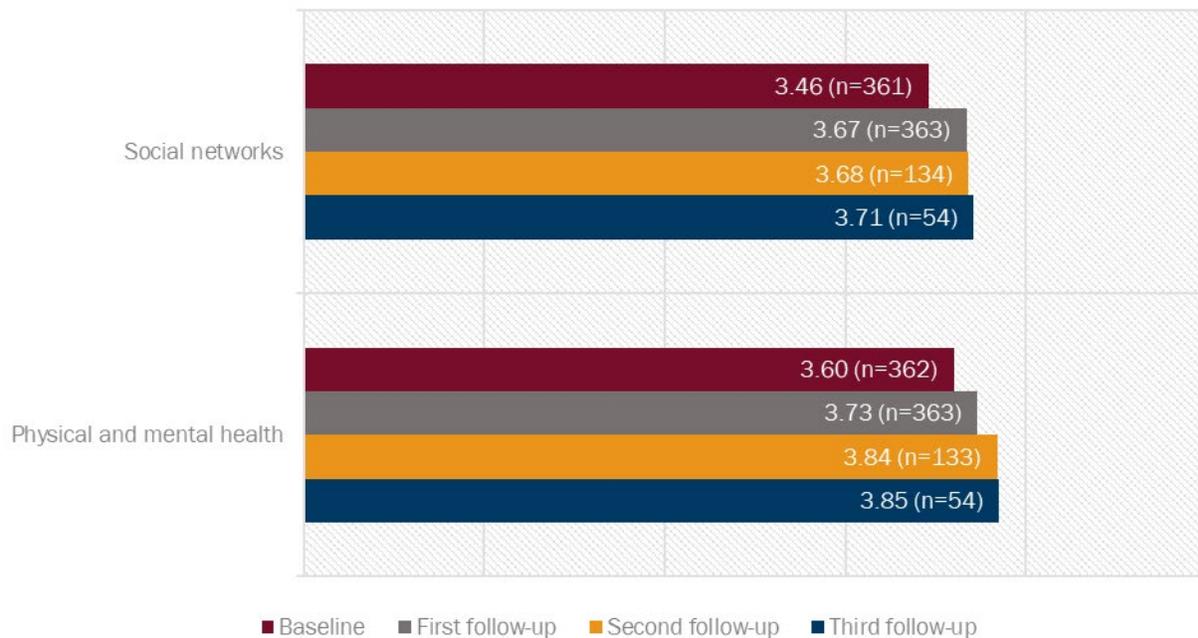
Physical and mental health

Significant changes

- Baseline to first follow-up
- Baseline to second follow-up
- Baseline to third follow-up

Participants who engaged in the program for longer lengths of time reported small gains in their physical and mental health (Figure 13). While the change between the baseline and first follow-up measurements did not have an effect, there was a significant change between baseline and second follow-up ($p < .001$) as well as baseline and third follow-up ($p < .05$), with small effect sizes ($d = 0.35$ and 0.46 , respectively). While the multivariate analysis does not indicate that particular program elements in interviews—such as number of referrals or attending referrals had an impact on participant physical and mental health— participants reported that the meaningful, trust-based relationships they developed with their coaches enabled them to be more open with their coaches and learn to see challenges from a different perspective, and effectively respond to these issues.

FIGURE 13. Health and well-being outcomes with significant changes, by follow-up



Protective factor: child development and knowledge of parenting

Significant changes

- Baseline to first follow-up
- Baseline to second follow-up
- Baseline to third follow-up

GF2020 participants exhibited measurable change among three of the five protective factor survey groupings, including child development and knowledge of parenting, a series of questions assessing their knowledge of how to effectively interact with their child (Figure 14). Participants reported that their perception of their own understanding of child development and parenting improved significantly over the course of GF2020 enrollment. This change was significant over all three time periods: from baseline to first follow-up ($p < .001$), baseline to second follow-up ($p < .001$), and baseline to third follow-up ($p < .05$). While the time period to first follow-up does not have a meaningful effect size ($d = 0.19$), by the second and third follow-up measurements, this effect size was small, yet meaningful ($d = 0.35$ and 0.34 , respectively). This improvement among those who engaged in GF2020 for a longer period of time is related to the coaching efforts of GF2020 staff and attendance of warm referrals made by the staff. The support provided through the coach-participant relationship and other supports that a family might need resulted in greater knowledge of how to effectively parent children.

Protective factor: family functioning and resiliency

Significant change

- Baseline to second follow-up

Participants also experienced a measurable change in the ability of their family to work through problems together. The change between the baseline and second follow-up measurements was significant ($p < .05$), with a small effect size ($d = 0.23$). Changes over shorter and longer periods were not significant. While family functioning and resiliency is not significantly related to any program characteristics tested in multivariate modeling, participants reported in interviews that participating in social capital events and developing relationship with other families added to their knowledge about navigating family dynamics.

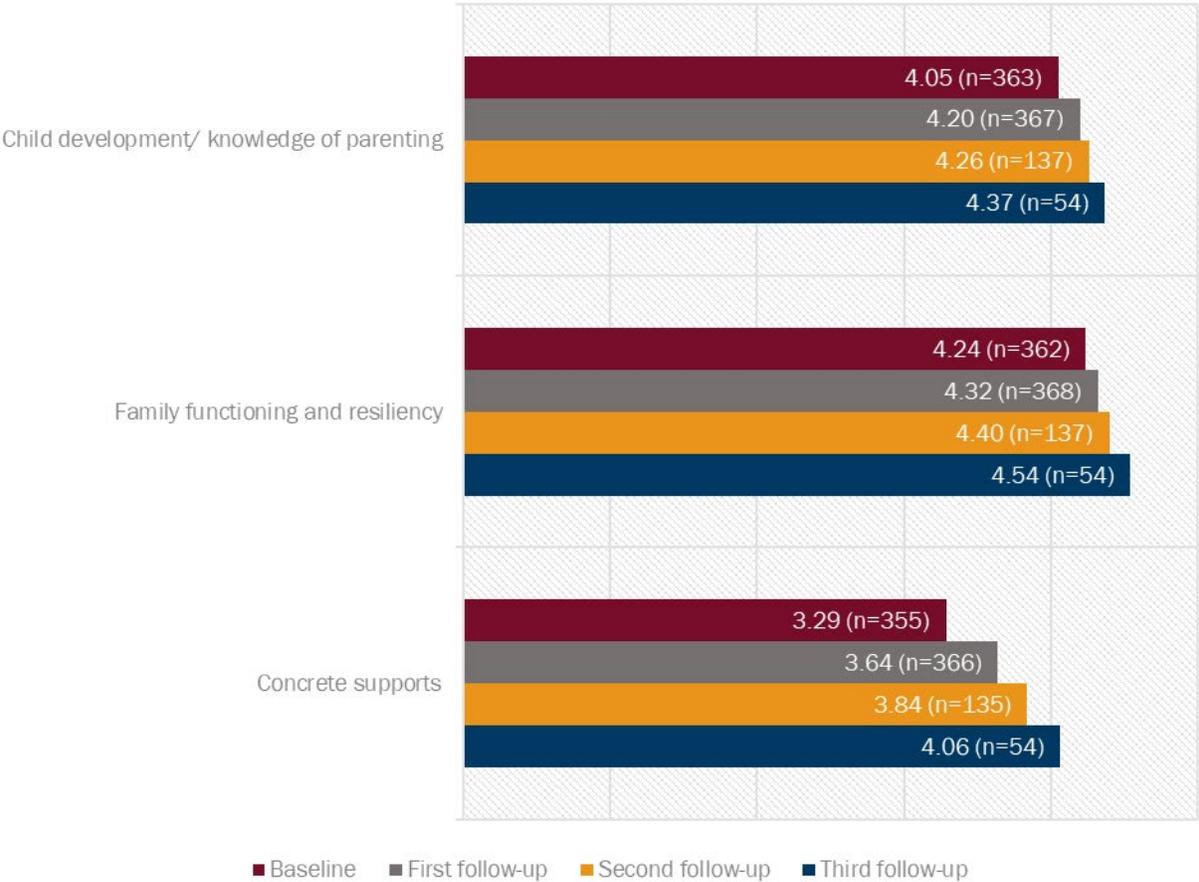
Protective factor: concrete support

Significant changes

- Baseline to first follow-up
- Baseline to second follow-up

The concrete support protective factor grouping relates to participant confidence in their knowledge about what steps to take and who to ask for help when their families face challenges. GF2020 participants exhibited significant gains in concrete support between baseline and first follow-up ($p < .001$) and baseline and second follow-up measurements ($p < .001$), with small effect sizes for each of these ($d = 0.29$ and 0.36 , respectively). The change between baseline and the third follow-up measurement neared significance ($p < .1$). These changes are related to receiving a referral from a GF2020 coach. While there is not a relationship between increased concrete support and attending a referral, the receipt of a referral may be enough to give a participant the knowledge about where to seek help when the need arises.

FIGURE 14. Protective factors outcomes with significant changes, by follow-up



WHICH GF2020 PROGRAM COMPONENTS ARE ASSOCIATED WITH PARENT OUTCOMES?

Multivariate analysis of adult participant (n=675) program outcomes revealed that three main program components had measurable effects on program outcomes: longer coaching interactions, receiving referrals from a GF2020 coach, and attending referrals from a GF2020 coach.²⁴ These findings are summarized in Table 19. While other control variables were not significant, in most cases, being of Hispanic/Latinx origin was associated with increased concrete supports, while housing instability was associated with diminished concrete supports. Outcomes in nurturing and attachment, family functioning and resiliency, health and well-being, social networks, and job satisfaction were not associated with any programmatic components.

TABLE 19. Relationships between program components and GF2020 program outcomes

OUTCOME VARIABLE	p	EFFECT SIZE	N
Participants with longer coaching sessions experienced an <u>increase</u> in:			
Monthly income	**	8.8%	116
Civic engagement	***	4.4%	328
Child development & knowledge of parenting	**	1.4%	325
Social support	†	1.0%	325
Participants who received a warm referral experienced an <u>increase</u> in:			
Concrete support	***	5.5%	330
Participants who attended a warm referral experienced an <u>increase</u> in:			
Child development & knowledge of parenting	**	3.0%	325
Participants who attended a warm referral experienced a <u>decrease</u> in:			
Civic engagement	*	2.4%	328
Social support	†	0.9%	325

† p<.10 *p<.05 **p<.01 ***p<.001

²⁴ All models discussed are significant at p<.05.

FINANCIAL INDICATORS

Periodic updates of monthly income as a part of a participant's CFA submission show that longer coaching interactions are associated with increases in a participant's monthly income, explaining 8.8% of how much the change in income varies from participant to participant. However, [CWF services](#), which typically include employment and/or financial counseling services—are expected to lead to an increase in participant income, but do not. During coaching interactions, coaches help participants customize goals related to family needs, including those related to educational attainment and obtaining employment. The coaching interactions during which participants work toward these goals may set the stage to allow participants to increase their earnings.

FAMILY SUCCESS PLAN INDICATORS

The FSP survey completed by participants yielded significant relationships between GF2020 components and improvements in several social capital and protective factors indicators. Changes in health and well-being indicators were not associated with program components.

Social capital

Increases in participant civic engagement—including attending religious and public events or visiting with family and friends—is related to longer coaching interactions among GF2020 participants. While the effect sizes of meetings are small, both the average length of a participant's coaching interactions and attending a warm referral have measurable impacts on participant civic engagement, which is an indicator of social capital. As part of the coaching interaction, a GF2020 coach may inform participants of and encourage them to attend community events or engage in meaningful ways with others. Unexpectedly, attending a referral is negatively associated with civic engagement, although at 2.4%, it explains little of how much change in civic engagement varies among participants. However, because it is unlikely that attending a referral would discourage or displace a participant's involvement in various events or socializing with family and friends, it is possible that the negative association between attending a referral and civic engagement is due to chance.

Health and well-being: protective factors

The results indicate that longer coaching interactions are related to greater knowledge of child development and parenting skills among program participants. When parents work with their coaches to learn more about how they can better understand and interact with their children, it better equips them to succeed at putting this into practice. Attending referrals is also related to greater knowledge of child development and parenting skills. This result is also consistent with the intention of GF2020 coaching, which is to connect families to customized services, including those related to family life and physical and mental health, such as Families First programming. Additionally, while attending a referral does not necessarily mean that participants received services that directly helped them to improve their knowledge of child development and parenting, receiving the support they need to succeed in other areas of life will impact their ability to effectively parent their children.

The social support category seeks to understand the emotional support systems of program participants. While not significant at $p=0.07$, longer coaching interactions approaches significance, exhibiting a positive relationship with increases in participant social supports. The primary intention of the participant-coach relationship may not be to provide emotional support to GF2020 participants, but the more time participants spend with a coach, the more likely they are to report an increase in emotional support. Approaching significance at $p=0.09$, attending a warm referral is associated with a reported decline in social supports.²⁵ This result is unexpected, as referrals include connecting participants to a mental health provider. However, attending a warm referral simply may not have a positive impact on a participant's emotional support system, as not all referrals lead to the interactions or relationships that facilitate a strong emotional support system.

The final protective factor associated with a GF2020 program component is the concrete support category, which assesses participant perception of ability to access needed resources, should this become necessary. Simply receiving a warm referral from a coach explains 5.5% of how much a change in concrete support varies among GF2020 participants, although attending a warm referral is not significantly related to this outcome. Receiving a referral that results in an increase in the understanding of how a family can pursue addressing its needs, should the occasion arise. This result is critical to building family resiliency and being able to meet the basic needs of a family, both of which are goals of the GF2020 model and its approach to warm referrals.

²⁵ Because the p-values for this value approached $p<0.10$, influential values were identified using Cook's Distance and removed to determine whether or not they influenced significance. The result was $0.05>p>0.1$.

TO WHAT EXTENT DO PARTICIPANT OUTCOMES VARY BY SITE?

Due to small sample sizes (e.g., 40 adults with follow-up outcomes at one site), we were unable to conduct statistical models for each site individually, but were able to identify key characteristics from each site to account for specific activities, including proportions of site referrals to health, housing, and community and family activities; perceived quality of collaboration based on average subgrantee survey responses, perceptions of ECE providers; and sites with an ECE provider as a subgrantee. In models that simply controlled for site, site location was not significantly associated with participant outcomes. This is an important finding, as it suggests that despite slight variances in implementation, site-level differences did not substantially affect differences in participant outcomes.

However, some site-level qualitative factors were associated with outcomes in nested models ($n=374$) that accounted for factors at the site and participant levels. Participants at sites with higher levels of perceived collaboration experienced improvements in nurturing and attachment ($b=.85$, $p=.00$, $d=.02$), and social support ($b=.92$, $p=.014$, $d=.03$), but fewer gains in child development skills ($b=-1.47$, $p=.00$, $d=.01$). This finding raises a question about not just perceived quality of collaboration, but additional clarity about the meaningfulness of some partnerships. For example, higher-quality collaborations (i.e. deeper collaboration) are not the same as having the best partners to address certain family issues. Even though sites rated their collaborations positively and plan to work with them long term, it may be equally important to continually assess how they meet participant needs. Sites with higher proportions of health referrals were associated with greater improvements in child development skills ($b=5.9$, $p=.001$, $d=.01$), but lower levels of social support, family functioning, and resiliency ($b=2.7$, $p=.00$, $d=.07$). This corroborates participants' perspectives that they may have sought mental health supports due to self-perceptions of loneliness and coping with parenting, among other factors. Overall, while these findings were statistically significant, they were not of practical significance given small effect sizes.

When accounting for site-level differences, individual-level characteristics were also important. The average length of coaching interactions was positively and significantly associated with nurturing and attachment ($b=.14$, $p=.01$, $d=.04$) and change in income ($b=12.6$, $p=.00$, $d=.03$). Participants with higher numbers of completed goals were associated with improved child development skills ($b=.08$, $p=.01$, $d=.02$). Again, these findings suggest that while outcomes don't vary significantly by site, site-level activities and decisions like cross-agency collaboration may condition participant outcomes and experiences.

TO WHAT EXTENT DO GF2020 PARTICIPANTS DIFFER FROM CWF PARTICIPANTS ON SHORT-TERM GF2020 OUTCOMES?

A [comparison](#) of GF2020 participant CWF financial outcomes to those of CWF participants who were not enrolled in GF2020—referred to as CWF-only—found that there was not a significant difference in the change in monthly income between groupings of participants with the same characteristics. This comparison was constrained by a lack of outcome follow-up data.

A subset of program participants—including 148 GF2020 participants and 589 CWF-only participants was created. Key characteristics submitted at enrollment were recoded for ease of comparison. Participants in these groups did differ on select personal characteristics (Tables 20–22). The median age of GF2020 participants was 10 years younger than that of CWF-only participants. Additionally, GF2020 participants were more likely to be female, Hispanic/Latinx, or live in subsidized housing than CWF-only participants included in the analysis.

At \$1,409, GF2020 participants had a higher baseline [median](#) monthly income than CWF-only participants, who had a baseline median income of \$909. While both groups experienced mean increases in income over time, the median change for both groups was \$0, because a large number of participants had an annual household income of \$0.

TABLE 20. GF2020 summary statistics for continuous variables (n=148)

VARIABLE NAME	MEAN	MEDIAN	STANDARD DEVIATION	VALID OBSERVATIONS
Age at enrollment	29.8	28.5	7.5	148
Annual household income at intake	\$13,165	\$12,575	\$11,079	146
CFA initial monthly income	\$1,448	\$1,409	\$863	148
CFA last monthly income	\$1,393	\$1,657	\$891	148
Change in CFA monthly income (first to last)	\$224	\$0	\$811	148

TABLE 21. CWF-only summary statistics for continuous variables (n=589)

VARIABLE NAME	MEAN	MEDIAN	STANDARD DEVIATION	VALID OBSERVATIONS
Age at enrollment	39.9	38.0	12.9	589
Annual household income at intake	\$13,307	\$11,400	\$12,570	527
CFA initial monthly income	\$1,039	\$909	\$925	589
CFA last monthly income	\$1,672	\$1,360	\$940	589
Change in CFA monthly income (first to last)	\$354	\$0	\$720	589

TABLE 22. GF2020 & CWF-only adult participant frequencies of categorical variables

Category	GF2020 (n=148)		CWF-ONLY (n=589)	
	Frequency	%	Frequency	%
Program site				
Site 1	51	34.5	238	40.4
Site 2	22	14.9	219	37.2
Site 3	38	25.7	27	4.6
Site 4	34	23.0	105	17.8
Site 5	3	2.0	0	0.0
Gender				
Female	140	94.6	395	67.1
Male	8	5.4	190	32.3
Other	0	0.0	1	0.2
Missing	0	0.0	3	0.5
Race				
African American/Black	107	72.3	473	80.3
American Indian/Alaskan Native	2	1.4	6	1.0
Asian	0	0.0	0	0.0
Biracial	1	0.7	8	1.4
Caucasian/White	20	13.5	72	12.2
Hawaiian/Pacific Islander	0	0.0	1	0.2
Multiracial	2	1.4	14	2.4
Other	16	10.8	10	1.7
Missing	0	0.0	5	0.8
Ethnicity				
Hispanic/Latinx	25	16.9	28	4.8
Non-Hispanic/Latinx	123	83.1	553	93.9
Missing	0	0.0	8	1.4
Employment status at enrollment				
Employed full time (35 hrs or more per week)	48	32.4	186	31.6
Employed part time (less than 35 hrs per week)	33	22.3	72	12.2
Not in the workforce (homemaker, disabled, retired)	8	5.4	54	9.2
Unemployed (seeking employment)	49	33.1	205	34.8
Other	2	1.4	13	2.2
Missing	8	5.4	59	10.0

Educational attainment at enrollment				
No high school diploma	23	15.5	134	22.8
High school/GED	36	24.3	231	39.2
Some college	29	19.6	122	20.7
Two-year degree	7	4.7	52	8.8
Four-year degree	9	6.1	0	0.0
Graduate-level degree	1	0.7	9	1.5
Missing	43	29.1	41	7.0
Living arrangement at enrollment				
House/apt. is owned by household member	9	6.1	79	13.4
House/apt. is rented by household member—subsidized	51	34.5	90	15.3
House/apt. is rented by household member—unsubsidized	62	41.9	259	44.0
Household is homeless (without a roof) or in a shelter	9	6.1	40	6.8
Household stays in the house/apt. for free	14	9.5	77	13.1
Missing	3	2.0	44	7.5

Participants with the same characteristics were chosen from each group. The change in income between the groups was tested to determine if there was a statistically significant difference between change in income for GF2020 participants and change in income for CWF-only participants. Table 23 illustrates the results from these comparisons. For instance, the change in income of African American/Black GF2020 participants was not statistically different than the change in income of African American/Black CWF-only participants. While the change in income of white GF2020 participants was not statistically different from the change in income of White CWF-only participants, it does near significance at a 95% confidence level ($p < .1$). None of the other comparisons of participants from different demographic groups revealed a statistically significant difference in the change in monthly income of GF2020 participants versus CWF-only participants.

These results suggest that there is not a measurable difference between the monthly income of GF2020 participants when compared to CWF-only participants. An increase in participants who complete a follow-up CFA would increase the sample size, which might reveal differences between these groups. However, based on the number of participants in this subset of data as well as the results exhibited in Table 23, further exploration through multivariate analysis will not yield statistically significant differences between the two groups. As the primary difference for adults from GF2020 and CWF were social capital and health and well-being activities, additional time in those activities may be critical for seeing strong effects and differences between these two groups' outcomes. The findings also highlight the importance of the shorter-term metrics initially pursued by the evaluation team, where differences between program participation may have been more apparent. Research on the CWF model suggests individuals who spent two years in CWF saw the most meaningful changes in income, whereas most GF2020 participants did not stay in the program for that amount of time.

TABLE 23. Changes in monthly income by demographic characteristics

DEMOGRAPHIC GROUP	WAS THE CHANGE IN INCOME FROM BASELINE TO LAST CFA STATISTICALLY SIGNIFICANT?	P-VALUE
Race		
African American/Black	No	0.62
White/Caucasian	No	0.06
All Other Races	No	0.749
Ethnicity		
Hispanic/Latinx	No	0.99
Non-Hispanic/Latinx	No	0.39
Income at enrollment		
\$0-\$16,999	No	0.65
\$17,000-\$50,000	No	0.99
Age		
18-34	No	0.13
35 and older	No	0.23

SUMMARY OF OUTCOMES FINDINGS

The outcomes findings identified several opportunities and implications for future research and programming priorities. Overall, while numerous statistical findings were significant and promising for relationships with participant outcomes, the associated changes in program outcomes were small. Ensuring more adult participation in key outcome measures and being able to retain families in GF2020 for longer periods of time may ensure a higher sample size and greater program exposure that might support more practically significant outcomes. Despite numerous attempts to obtain a sufficient sample of longitudinal, child-level kindergarten readiness assessment data to understand programmatic effects on their well-being, the evaluation team was unable a large enough sample of child-level outcomes to complete statistical analysis. However, parent outcomes related to child development and parenting skills may serve as a proxy for better understanding qualitative perceptions of how GF2020 encouraged outcomes for children whose parents received services.

- Participants experienced significant improvements from baseline to their last follow-up period in monthly income, social networks, physical and mental health, child development and knowledge of parenting, family functioning and resiliency, and concrete supports.
- Several programmatic factors were associated with parent outcomes, such as length of coaching sessions and warm referrals.
- Site-level differences in collaboration and health referrals were significantly associated with improvements in protective factors like nurturing and attachment, social support, and child development.
- Differences in net monthly income between CWF-only and GF2020 participants were not significant, suggesting that the programs may not have created substantive differences. However, the focus on a longer-term outcome like income may simply take longer to see more meaningful effects.

PART 5: LESSONS & NEXT STEPS

SUMMARY OF KEY FINDINGS

LOCAL ADOPTION OF A TWO-GENERATIONAL MODEL

Great Families 2020 is based on the two-generational approach; adults receive several services, including job training, referrals to public benefits, financial coaching, and education services while their children are enrolled in high-quality early childhood education programs. GF2020 had overall positive impacts on families, communities, and participating organizations, including:

- Subgrantees being able to serve families in a more holistic way.
- The opportunity to collaborate with mission-minded organizations has expanded organizations' reach in the community.
- Organizations can provide a diverse set of services and connect families to opportunities that help them more effectively navigate common challenges.
- Organizations have increased capacity to collect, manage, and use data to inform their operational and strategic decision-making and learn from the GF2020 work.
- Improved relationships, communication, and collaboration between organizations working to address a common agenda.

The local adaptation for the 2Gen model was met with several challenges and limitations, including:

- Age eligibility restrictions limit the opportunity to serve youth and seniors in the families enrolled in the program, despite the fact that they too face challenges that could be addressed with adequate programming opportunities. This impacts upward mobility of families. Many families were not adequately prepared for their child(ren) to transition out of the GF2020 program when they exceeded the age limit.
- Geographic restrictions early in the program presented barriers for program enrollment, leading UWCI to eliminate this practice.
- The need to comply with federal guidelines presented challenges for programmatic development. Staff at both UWCI and subgrantee organizations reported feeling constrained by balancing federal requirements for SIF funding (e.g., strong evaluation and ongoing reporting requirements) with the ability to be adaptive and creative with programming. Similar efforts may face fewer external hurdles, especially if more local or internal funding sources can be leveraged for programming.

- Gaps in services were a challenge for participants, and GF2020 funding was not necessarily designated to address these gaps. A lack of transportation limited participation in some programming, such as social capital events. Utility assistance was a common need among subgrantees, but because utility support was not a major component of the GF2020 program, subgrantees did not have the financial resources to fully support families with this need. Participants often needed child care in evenings during nonstandard service hours, limiting their ability to take on new employment opportunities. An unintentional consequence of better-quality child care is increase in costs for families. When ECEs move to a higher status of child care quality, it is inevitable that their prices also increase. This introduces new challenges for economically deprived families already struggling to secure affordable child care.
- Data collection and data entry challenges were common among grantees and subgrantees. Data collection was an integral part of the implementation to inform both for evaluation and improved service delivery. In some cases, organizations were learning new case management software, staff turnover required training of new staff. Another challenge came from inadequate data entry workflows resulted in many data gaps. Additional training and support helped to mitigate these challenges to some extent.
- A project like this—dependent upon other data providers, measurement instruments, and policies—leaves many opportunities for barriers and challenges. Developing an advisory committee with key data, policy, and program stakeholders can help build buy-in, assure that the appropriate measurements and methods are carried out, and help identify alternatives should barriers arise.

Three key elements of a successful implementation:

- 2Gen is an organizational approach, not just a program model. This was a recurring theme among subgrantees, who noted that implementing the model as a stand-alone program introduces restrictions and inefficiencies in implementation that limit their ability to serve some families and populations who could otherwise benefit from the services. Adopting this approach across all programs offered by an organization would allow them to benefit from the integrative and coordinated structure that the 2Gen model provides, connecting more families with more services.
- Organizational collaboration is a key component of facilitating effective two-generational work. Subgrantees explained that it is important for all organizational partners to understand and believe in the purpose of 2Gen work. Ensuring that there is role clarity and dedication to the core values of two-generational approach can help encourage more meaningful and sustainable partnerships. Developing open and trusting relationships with families help to increase engagement with the program. Subgrantees and grantees noted that families are more engaged when their struggles are validated, successes are celebrated, and perspectives are valued. Cultivating meaningful relationships help them to feel more comfortable asking questions and seeking help from organizations. Most importantly, they feel more supported in their goals which facilitates greater movement towards achieving them.

- Building staff capacity—especially around coaching—strengthens program implementation and outcomes. Early lack of knowledge about the two-generational model and a shared mission and vision for the approach by subgrantees often presented challenges with interagency and cross-agency collaborations and program implementation. Training—such as the opportunities provided by UWCI—and level setting can help those who are invested and committed to the whole family model enhance their work and mitigate staff turnover, which was an ongoing challenge. While staff turnover cannot be completely prevented, subgrantees highlighted the importance of hiring staff that are fully on board with the 2Gen framework.

RECOMMENDATIONS FOR FUTURE PROGRAMMING

Findings from the evaluation suggest there are several opportunities for UWCI to capitalize on the successes and lessons of the program as it embraces the two-generational model going forward, most of which are applicable to other organizations or communities considering implementing this model.

Leverage success with GF2020 organizational partnerships and relationships for ongoing programming

Building relationships and partnerships is challenging, long-term work. The investment in these relationships has resulted in more trust between organizations as well as an increased understanding of what it takes to implement and embrace the two-generational model. The organizations in GF2020 are best positioned to implement this model going forward and serve as a peer network to others primed to implement this model.

Provide clear and consistent communication with grantees/subgrantees

Data showed considerable improvement over time in communication between UWCI and subgrantees throughout the course of GF2020. Program officers played a critical role with communication and relationships between UWCI and grantee/subgrantees.

Integrate grantees/subgrantees in decision-making processes

UWCI efforts to actively engage subgrantees—including welcoming their feedback and remarks—led to a better working relationship and ultimately stronger programs. Improvements in communication ratings correspond with reported increases in collaboration factors, such as taking into account subgrantees remarks and discussing changes with subgrantees.

Provide ongoing learning and networking opportunities to increase capacity and relationships among subgrantees

The educational opportunities in GF2020 were helpful for improving understanding of two-generational programming and a variety of related topics. Additionally, the events provided opportunities for networking and idea exchange.

Provide ongoing data support for subgrantees

Data entry and management were consistent challenges encountered by subgrantees and grantees navigating ETO and complying with data entry. The trainings, one-on-one sessions, and ongoing support that the UWCI ETO team provided staff helped build capacity and confidence at the sites to enter and manage data. Building data workflows early in the process will set the stage for quality data collection. Engaging staff at all levels in the organization in understanding the value-add for the organization beyond compliance requirements (e.g., demonstrating ways peers are using the data for organizational benefit) also may increase the quality of the data collection at sites.

Consider including transition planning into the program to help families with children prepare for changes as the children age out of the GF2020 program

This is particularly important for families who are depending on that programming. Ensuring sufficient time for integrating the model, especially when relying on external funding and timelines, helps reduce the pressure from organizations to achieve high levels of outcomes early in the effort. Doing so also allows for fluidity and innovation from the project staff.

Consider the role of policy-related barriers

Parents/caregivers and staff repeatedly discussed issues related to transportation and available bus lines, housing issues, and child care costs, many of which are regulated by local or state government. Though the sites offered barrier-busting funds—such as funding for emergency needs like transportation and utility assistance—working with local government officials may further inform support for families.

Develop an advisory board or other partnership with local agencies and stakeholders

These partnerships, especially with state education leaders, may inform the work of the model in an ongoing way, and alert staff and leadership to opportunities and changes in the broader community to better adapt to ongoing needs. This should include GF2020 participants who receive services as stakeholders in the decision-making process to better understand and incorporate their lived experiences.

Invest in data-specific positions

Complaints about data entry were common among staff, even though UWCI had allocated funding to support a staff position for each site for data-related needs. Such a role would ensure necessary data points are captured for ongoing review, without disrupting the work of coaches.

PART 6: APPENDICES

APPENDIX A. DESCRIPTIVE STATISTICS OF PROGRAM PARTICIPANTS

The following statistics describe the members of the 734 families (with at least one adult and one child) who participated in the program at some point during the period October 2017-June 2020.

FIGURE A1. Family enrollment by GF2020 services

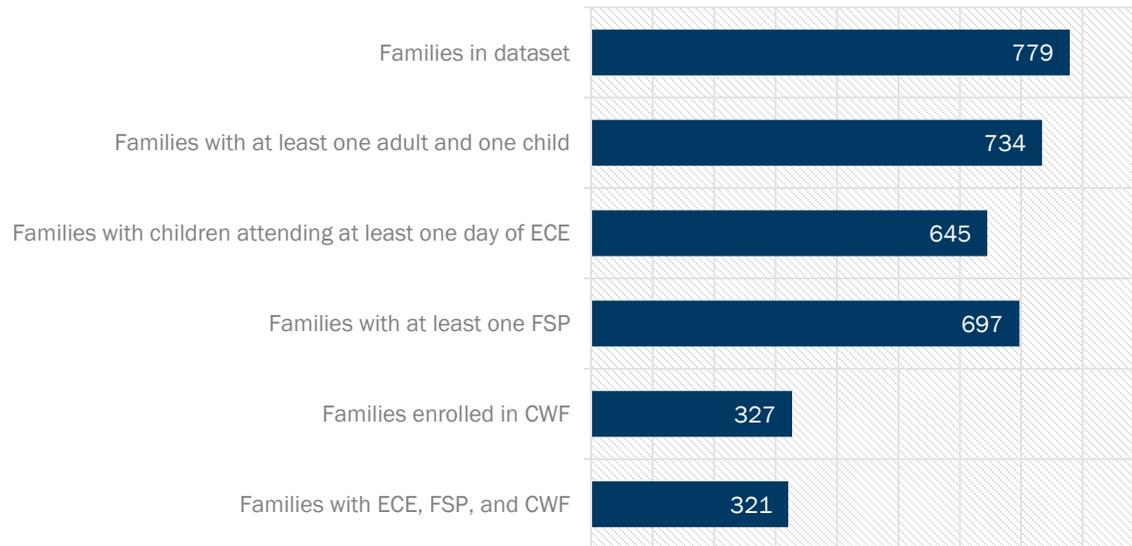


Table A1. GF2020 adult participation characteristic and summary statistics for continuous variables (n=789)

VARIABLE NAME	MEAN	MEDIAN	STANDARD DEVIATION	VALID OBSERVATIONS
Age at enrollment	30.4	29.0	7.4	789
Annual household income at intake	16,494	12,000	21,862	761
Number of coaching interactions	8.6	6.0	8.4	679
Average length of coaching interactions (minutes)	32.6	30.0	17.6	679
Number of CWF services received (1-3 services)	2.2	2.0	0.8	608
Number of social capital events attended	4.6	3.0	5.5	415

Table A2. GF2020 adult participant characteristic and frequencies for categorical variables (n=789)

CATEGORY	FREQUENCY	%
Program site		
Site 1	182	23.1
Site 2	165	20.9
Site 3	224	28.4
Site 4	115	14.6
Site 5	103	13.1
Gender		
Female	708	89.7
Male	79	10
Transgender	2	0.3
Race		
African American/Black	473	59.9
American Indian/Alaskan Native	4	0.5
Asian	3	0.4
Biracial	6	0.8
Caucasian/White	164	20.8
Multiracial	17	2.2
Other	120	15.2
Missing	2	0.3
Ethnicity		
Hispanic/Latinx	173	21.9
Non-Hispanic/Latinx	613	77.7
Missing	3	0.4
Employment status at enrollment		
Employed full time (35 hrs or more per week)	293	37.1
Employed part time (less than 35 hrs per week)	139	17.6
Not in the workforce (homemaker, disabled, retired)	37	4.7
Unemployed (seeking employment)	227	28.8
Other	15	1.9
Missing	78	9.9
Educational attainment at enrollment		
No high school diploma	174	22.1
High school diploma or equivalency	222	28.1
Some college	142	18
Two-year degree	28	3.5
Four-year degree	49	6.2
Graduate-level degree	22	2.8
Missing	152	19.3
Living arrangement at enrollment		
House/apt. is owned by household member	110	13.9
House/apt. is rented by household member—subsidized	167	21.2
House/apt. is rented by household member—unsubsidized	364	46.1

Household is homeless (without a roof) or in a shelter	46	5.8
Household stays in the house/apt. for free	68	8.6
Missing	34	4.3
Child attended at least one day ECE		
Yes	691	87.6
No	98	12.4
Goals		
One or more set	540	68.4
One or more completed	230	29.2
Referrals		
One or more made	387	49
One or more attended	176	22.3

Note: Percentages may not add to 100% due to rounding.

Table A3. GF2020 child participation characteristic and summary statistics for continuous variables (n=1,121)

VARIABLE NAME	MEAN	MEDIAN	STANDARD DEVIATION	VALID OBSERVATIONS
Age at enrollment (ages 0-6)	2.8	3.0	1.6	983
Number of days of ECE attendance	115.9	87.0	106.7	781

Table A4. GF2020 child participant characteristic and frequencies for categorical variables (n=1,121)

CATEGORY	FREQUENCY	%
Program site		
Site 1	237	21.1
Site 2	252	22.5
Site 3	278	24.8
Site 4	177	15.8
Site 5	177	15.8
Gender		
Female	531	47.4
Male	517	46.1
Transgender	1	0
Other	1	0
Missing	71	6.3
Race		
African American/Black	655	58.4
American Indian/Alaskan native	2	0.2
Asian	1	0.1
Biracial	48	4.3
Caucasian/White	186	16.6
Multiracial	36	3.2
Other	117	10.4
Missing	76	6.8
Ethnicity		
Hispanic/Latinx	223	19.9
Non-Hispanic/Latinx	823	73.4
Missing	75	6.7
Child attended at least one day ECE		
Yes	781	69.7
No	340	30.3

Note: Percentages may not add to 100% due to rounding.

APPENDIX B. DESCRIPTION OF OUTCOME VARIABLES

VALIDATED OUTCOME MEASURES

Health & well-being

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

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

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

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

The questions are:

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

The indicators were modified to range from never, rarely, about half the time, frequently, and always to reflect staff input on administering the questions. The grouped indicators suggest this developed scale has some reliability (Cronbach's $\alpha=.80$). For the purpose of this analysis, these values were reverse coded so that findings could be interpreted as higher values suggesting better health outcomes.

NONVALIDATED OUTCOME MEASURES

Economic assets & educational/employment coaching

The Combined Financial Assessment (CFA) used in CWF financial coaching asks standard questions about homeownership, finances, and net worth. Our analysis focuses on questions about monthly income.

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

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

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

Social capital

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

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

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

Social networks

The following outcomes are measured in a Likert scale (strongly agree to strongly disagree)

- I believe that I can make my community a better place to live.
- I enjoy interacting with people in my community.

- People in my part of town are willing to help their neighbors.
- I can trust people in my neighborhood.

Community engagement

The following outcomes are measured in a Likert scale (at least once a week to never)

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

APPENDIX C: DESCRIPTIVE STATISTICS OF SUBSET OF PROGRAM PARTICIPANTS INCLUDED IN OUTCOME ANALYSIS

The following summary statistics describe the 675 adults included in the outcomes analyses. The number of adult participants in the statistical analysis (n=675) is fewer than the number of GF2020 adult participants (N=789). This is because, in preparation for analysis, cases with outliers on key continuous variables were removed as a part of data preparation to improve the accuracy of multivariate modeling estimates. The outcomes methods and findings sections of this report are the only area in this report that uses the n=675 adult participants.

TABLE A5. GF2020 adult participant characteristic and summary statistics for continuous variables (n=675)

VARIABLE NAME	MEAN	MEDIAN	STANDARD DEVIATION	VALID OBSERVATIONS
Age at enrollment	30.2	29	7.3	675
Annual household income at intake	\$13,216	\$10,100	\$13,629	650
Number of coaching interactions	7.4	5	6.6	576
Average length of coaching interactions (minutes)	31.8	30	16.0	576
Number of CWF services received (1 to 3 services)	2.2	2	0.7	516
Number social capital events attended	3.5	2	3.3	333

TABLE A6. GF2020 adult participant characteristic and frequencies for categorical variables (n=675)

CATEGORY	FREQUENCY	%
Program site		
Site 1	158	23.4
Site 2	123	18.2
Site 3	207	30.7
Site 4	104	15.4
Site 5	83	12.3
Gender		
Female	612	90.7
Male	62	9.2
Transgender	1	0.1
Race		
African American/Black	416	61.6
American Indian/Alaskan Native	4	0.6
Asian	3	0.4
Biracial	6	0.9
Caucasian/White	123	18.2
Multiracial	16	2.4
Other	105	15.6
Missing	2	0.3
Ethnicity		
Hispanic/Latinx	148	21.9
Non-Hispanic/Latinx	525	77.8
Missing	2	0.3
Employment status at enrollment		
Employed full time (35 hrs or more per week)	240	35.6
Employed part time (less than 35 hrs per week)	128	19.0
Not in the workforce (homemaker, disabled, retired)	31	4.6
Unemployed (seeking employment)	201	29.8
Other	13	1.9
Missing	62	9.2
Educational attainment at enrollment		
No high school diploma	153	22.7
High school diploma or equivalency	193	28.6
Some college	129	19.1
Two-year degree	24	3.6
Four-year degree	33	4.9
Graduate-level degree	9	1.3
Missing	134	19.9
Living arrangement at enrollment		
House/apt. is owned by household member	65	9.6
House/apt. is rented by household member—subsidized	145	21.5
House/apt. is rented by household member—unsubsidized	330	48.9

Household is homeless (without a roof) or in a shelter	45	6.7
Household stays in the house/apt. for free	61	9.0
Missing	29	4.3
Child attended at least one day ECE		
Yes	587	87.0
No	88	13.0
Goals		
One or more set	446	66.1
One or more completed	169	25.0
Referrals		
One or more made	290	43.0
One or more attended	122	18.1

APPENDIX D. FIDELITY CHECKLIST

TABLE A7. Description of GF2020 core components

GF2020 CORE COMPONENT	DESCRIPTION
Education (child)	<ul style="list-style-type: none"> • Child is enrolled in a high-quality ECE center • Child care attendance is being tracked in ETO • ISTAR-KR tracked in ETO
Postsecondary education/ pathways to employment (enrollment in Center for Working Families)	<p>Includes follow-up data collection and entry:</p> <ul style="list-style-type: none"> • Combined Financial Assessment is completed within 90 days of enrollment and updated every 6 months • Completion of Family Success Plan within 60 days of enrollment** • Additional indicators (survey portion of the FSP) are updated every 6 months • Parents meet regularly with coach (financial, social capital, etc.) and natural care giver/community connector <p>**Includes setting/achieving/making goals related to the five core areas</p>
Social capital	<ul style="list-style-type: none"> • Site hosts events and tracks attendees in ETO • Sites communicate events to UWCI and evaluation team for participation • Site plans and hosts social capital activities to strengthen the family and track attendance in ETO
Health & well-being	<ul style="list-style-type: none"> • Site is tracking that warm referrals are happening in ETO • Site following up with enrollees to insure they are attending referral appointments and tracking in ETO.
Enrollment & retention	Continued enrollment and recruitment of eligible families (children and parents) that is meeting the sites goals.
Data collection	<p>Effectively collect:</p> <ul style="list-style-type: none"> • All baseline information and demographics within 60 days of enrollment • Completed full Family Success Plan Additional Indicators w/in 60 days of enrollment (updated every six months) • Goals Completion Status updated regularly (at least every six months) • Completed full or modified CFA within 90 days (updated every six months) • All CWF coaching and natural care giver/community connector meetings. • Input child care attendance data and indicator that ISTAR-KR assessment has been conducted in ETO • Input information about service referrals • Social capital event attendance is recorded <p>**Site meets timelines to collect data per the grant agreement and PO direction.</p>
Capacity building	<ul style="list-style-type: none"> • Attendance and participation at monthly subgrantee leadership meetings • Attendance at Peer Learning sessions • Attendance at relevant training • Organizational growth/expansion as a result of GF2020
Partnerships	<ul style="list-style-type: none"> • Ongoing collaboration with contracted service providers and ECE such that all GF2020 components are available to participants • Match partners (funders) • Building partnership with supportive services

APPENDIX E. SURVEY RESULTS FOR SUBGRANTEE AND PARTICIPANT SATISFACTION SURVEYS

FIGURE A2. Subgrantee perceptions of the effectiveness of CWF services (2020) (n=26)

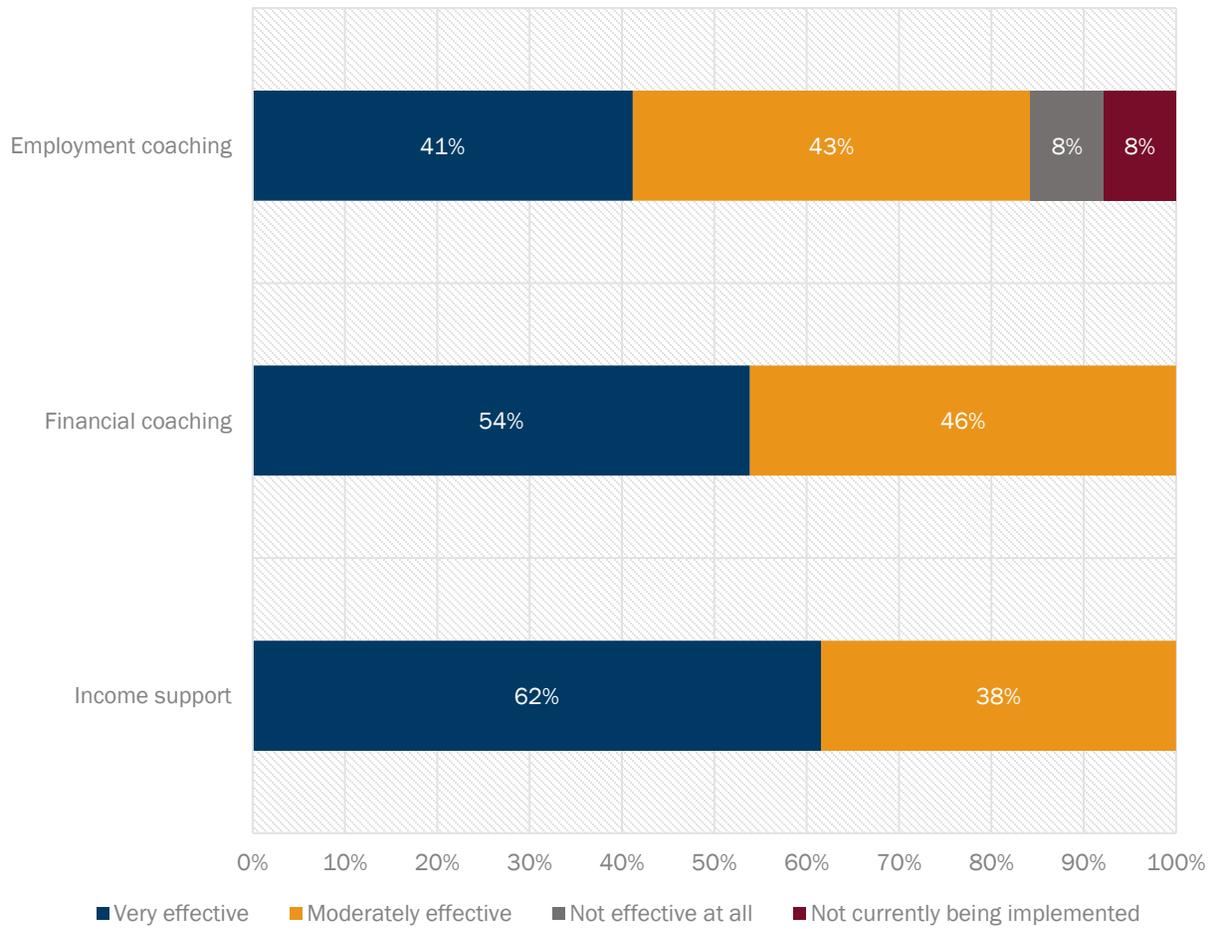


FIGURE A3. Subgrantee perceptions of the effectiveness of social capital programming (2018–2020)

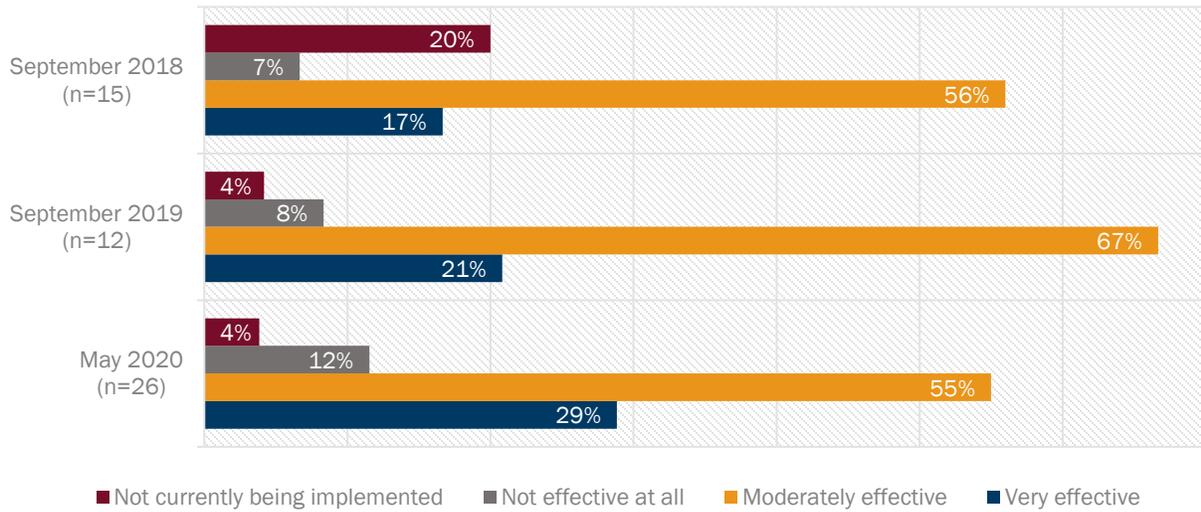


FIGURE A4. Subgrantee perceptions of the effectiveness of ECE (2018–2020)

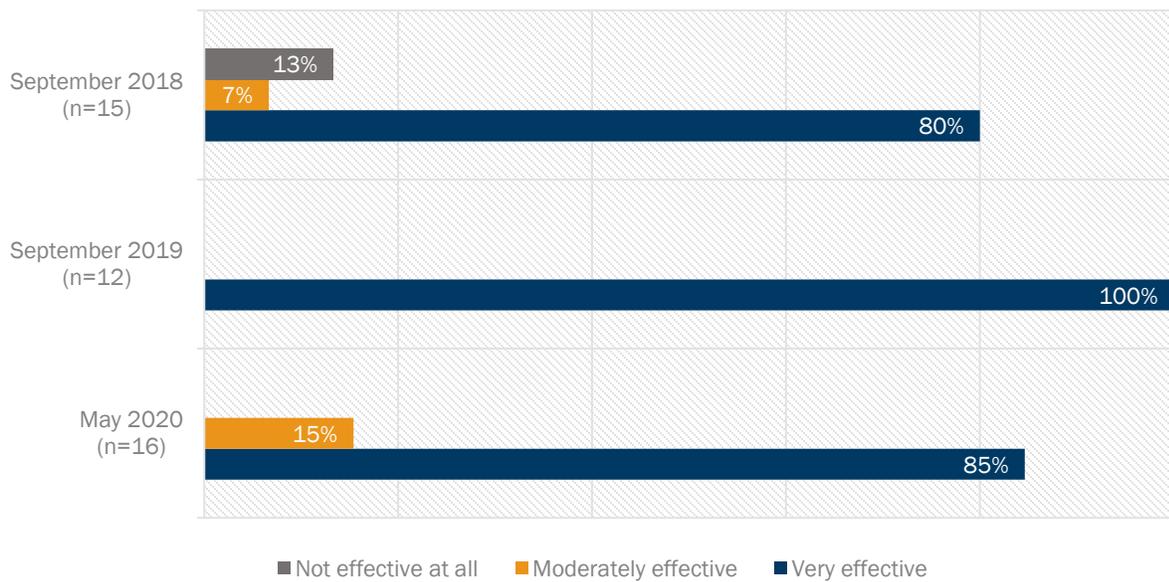


FIGURE A5. Subgrantee opinions surrounding warm referrals (2018-2020)

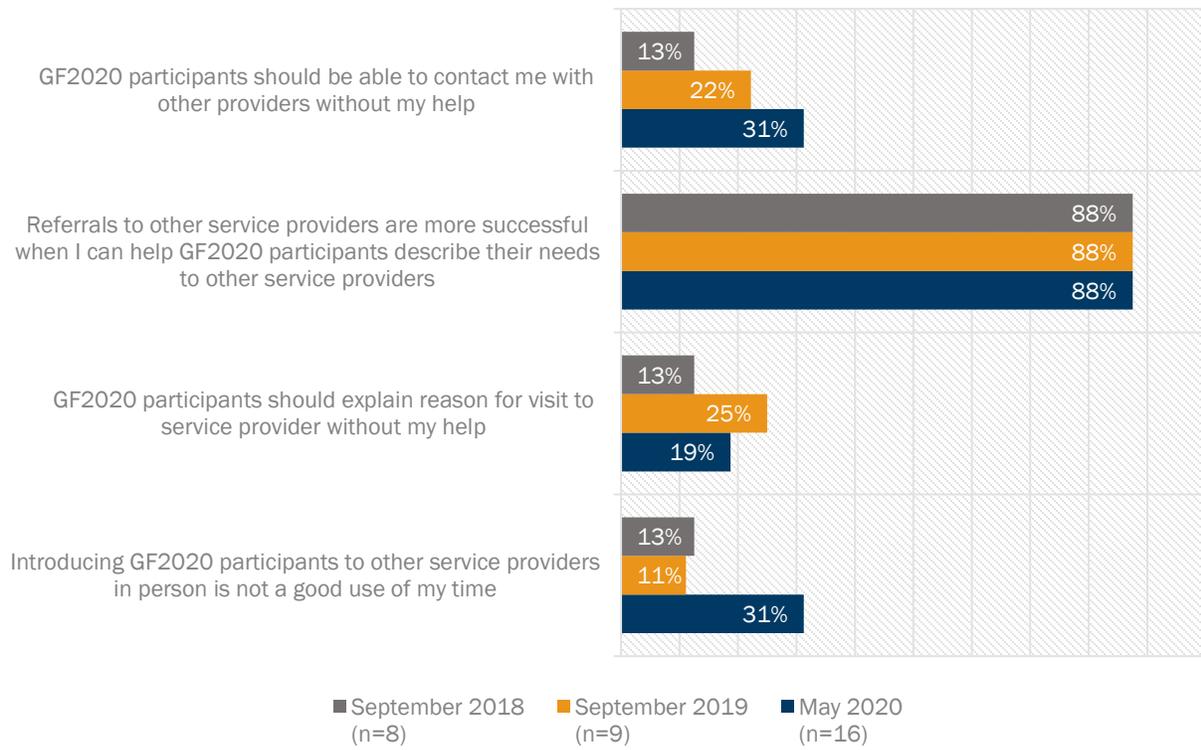


TABLE A8. Participants' perception of the services and benefits of financial coaching

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
With the advice from my coach, I am able to stick to my monthly budget (n=32)	3%	3%	3%	22%	69%
With the advice from my coach, I am able to make payments (e.g., mortgage, student loans) on time (n=29)	3%	3%	14%	14%	66%
With the help from my coach, I am able to save some money each month (n=30)	7%	-	6%	17%	70%
The advice from my coach has increased my knowledge on building assets (n=31)	6%	3%	6%	13%	72%
With the advice from my coach, I have learned how to manage my credit (n=31)	6%	-	4%	29%	61%
My coach and I made a good plan that has helped me with my financial situation. (n=32)	3%	3%	-	6%	88%
My coach provided good instructions on how to make or improve my budget (n=29)	-	3%	3%	-	94%
My coach has taught me how to more effectively manage my debt(s) (n=31)	3%	3%	3%	26%	65%

TABLE A9. Participant perception of the services and benefits of employment coaching

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
With the help of my coach, I increased my skills on how to prepare for an interview (e.g., writing resumes and appropriate dressing) (n=17)	-	6%	12%	6%	76%
The advice from my coach increased my ability to network with employers (n=17)	-	-	6%	29%	65%
With the help of my coach, I now know where to look for jobs (n=17)	-	-	-	6%	94%
The advice from my coach has increased my confidence in getting a job (n=18)	-	6%	6%	6%	82%
I obtained a license/certificate/credential with the advice and/or help from my coach (e.g., GED) (n=10)	-	-	10%	20%	70%
I was able to get a (better) job with the help from my coach (n=12)	-	8%	8%	25%	59%
My coach and I made a good plan that has helped me with my career development (n=20)	-	-	5%	15%	80%
My coach connected me with multiple job opportunities (n=18)	-	-	6%	33%	61%

TABLE A10. Participant perception of the services and benefits of income support

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
When I needed transportation, I received enough support from my coach (e.g., bus passes, rides) (n=12)	8%	-	-	17%	75%
My coach helped with my rent and/or utilities as I needed (n=24)	-	4%	-	13%	83%
My coach helped me apply for public benefits (e.g., food stamps, unemployment insurance, CCDF, Disabilities, Section 8) (n=17)	-	-	6%	18%	76%
My coach helped connect me with resources for other basic needs (e.g., food pantry, clothes donations) (n=24)	-	-	4%	8%	88%
The advice from my coach has helped me increase my monthly income (n=23)	4%	-	9%	35%	52%

TABLE A11. Participant perception of the services and benefits of social capital

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
Since enrolled in the GF2020 program, I have developed new relationships with other families (n=13)	8%	8%	15%	15%	54%
Since enrolled in the GF2020 program, I feel I can trust more people in my neighborhood (n=14)	7%	-	36%	14%	43%
Since enrolled in the GF2020 program, I know of more local resources in the community to help my family (n=16)	6%	-	19%	25%	50%
Since enrolled in the GF2020 program, I attend more community events (n=14)	-	-	14%	50%	36%
I would have liked for organization to host more family events (n=8)	-	-	12%	25%	63%
To encourage families to hang out together, I hope the organization can host family events more regularly (n=13)	-	-	15%	8%	77%

TABLE A12. Participant perception of the services and benefits of ECE

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
The discount offered through GF2020 is helpful for me to pay for child care (n=13)	-	-	8%	-	92%
I trust the child care center to keep my child(ren) healthy and safe (n=16)	-	-	-	-	100%
The child care center provides a good learning environment for my child(ren) (n=5)	-	-	7%	-	93%
My child(ren) learned based on a planned curriculum (n=15)	-	-	7%	-	93%
My coach helped me apply for CCDF (n=10)	-	10%	10%	20%	60%
With the help from my coach, I was able to enroll in CCDF (n=9)	11%	-	-	11%	78%

TABLE A13. Participant perception of the services and benefits of health and well-being

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
I feel I am better able to cope with stress and anxiety (n=7)	-	-	14%	29%	57%
I no longer feel down, depressed, or hopeless (n=6)	-	-	17%	17%	66%
I feel good about myself and my ability to provide for my family (n=6)	-	17%	-	33%	50%
I have more interest or find more pleasure in doing things (n=6)	-	-	17%	17%	66%
I feel more emotionally connected to my family and close friends (n=6)	-	-	17%	17%	66%
I am more knowledgeable about health insurance and how to enroll in it (n=6)	-	-	17%	17%	66%
I am able to better take care of my physical health (n=6)	-	-	33%	-	67%
I exercise more frequently (n=6)	-	17%	50%	-	33%
I enjoyed my mental health counseling sessions (n=6)	-	-	33%	33%	34%

TABLE A14. Participant characteristics associated with perception of the five domain services (n=30)

		SITE	RACE	AGE	ED	HH-SIZE	INCOME	LENGTH	FINANCIAL COACHING	EMPLOYMENT COACHING	INCOME SUPPORT	SOCIAL CAPITAL	CHILD CARE	HEALTH & WELL-BEING
Correlation	Site	1.000	-0.042	.000	-.148	-.090	.143	.217	-.138	0.049	-.245	-.154	-.070	-.175
	Race	-.042	1.000	.217	.053	.225	.141	-.161	.195	.135	.048	.114	.102	-.110
	Age	.000	.217	1.000	.213	.113	.268	-.120	.037	.076	.090	.034	-.053	-.154
	Ed	-.148	.053	.213	1.000	-.019	.378	-.280	-.145	-.047	.002	-.139	-.022	-.138
	HH-size	-.090	.225	.113	-.019	1.000	.067	-.219	-.022	.060	.091	-.071	-.187	-.089
	Income	.143	.141	.268	.378	.067	1.000	-.092	.149	.120	.115	-.021	.135	-.041
	Length	.217	-.161	-.120	-.280	-.219	-.092	1.000	.301	.250	.012	.088	.159	.214
	Financial coaching	-.138	.195	.037	-.145	-.022	.149	.031	1.000	.591	.650	.614	.595	.488
	Employment coaching	-.049	.135	.076	-.047	.060	.120	.250	.591	1.000	.509	.688	.589	.604
	Income support	-.245	.048	.090	.002	.091	.115	.012	.650	.509	1.000	.701	.589	.604
	Social capital	-.154	.114	.034	-.139	-.071	-.021	.088	.614	.689	.701	1.000	.657	.606
	Childcare	-.070	.102	-.053	-.022	-.187	.135	.159	.595	.812	.589	.657	1.000	.588
	Health & well-being	-.175	-.110	-.154	-.138	-.089	-.041	.214	.488	.526	.604	.606	.588	1.000
Sig (1-tailed)	Site		.392	.499	.169	.281	.177	.079	.186	.376	.054	.159	.326	.129
	Race	.392		.087	.371	.079	.190	.157	.111	.199	.382	.239	.264	.246
	Age	.499	.087		.082	.232	.039	.219	.406	.312	.282	.414	.366	.159
	Ed	.169	.371	.082		.451	.006	.033	.174	.381	.495	.184	.444	.186
	HH-size	.281	.079	.232	.451		.336	.082	.445	.353	.283	.328	.118	.288
	Income	.177	.190	.039	.006	.336		.309	.207	.257	.266	.454	.230	.411
	Length	.079	.157	.219	.033	.082	.309		.024	.051	.459	.285	.152	.081
	Financial coaching	.186	.111	.406	.174	.445	.207	.024		.000	.000	.000	.000	.001
	Employment coaching	.376	.199	.312	.381	.353	.257	.051	.000		.001	.000	.000	.001
	Income support	.054	.382	.282	.495	.283	.266	.469	.000	.001		.000	.000	.001
	Social capital	.159	.239	.414	.184	.328	.454	.285	.000	.000	.000		.000	.000
	Childcare	.326	.264	.366	.444	.118	.230	.152	.000	.000	.000	.000		.001
	Health & well-being	.129	.246	.159	.186	.288	.411	.081	.001	.001	.000	.000	.001	

APPENDIX F. OUTCOME ANALYSIS RESULTS

TABLE A15. Results of Wilcoxon Signed Ranks Tests and Descriptive Statistics on Monthly Income (n=675)

	BASELINE			FOLLOW-UP						
	Mean	SD	n	Mean	SD	n	z	d	n	
Monthly Income	1,499.6	940.1	433	1,722.3	882.6	162	-3.44	***	0.29	137

† p<.10 *p<.05 **p<.01 ***p<.001

TABLE A16. Results of Wilcoxon Signed Ranks Tests and Descriptive Statistics on Family Success Plan Survey Groupings (n=675)

	BASELINE			FIRST FOLLOW-UP						SECOND FOLLOW-UP						THIRD FOLLOW-UP								
	Mean	SD	n	Mean	SD	n	z	d	n	Mean	SD	n	z	d	n	Mean	SD	n	z	d	n			
Physical and mental health	3.6	0.8	362	3.7	0.7	363	-2.49	*	0.14	351	3.8	0.63	133	-3.48	**	0.35	127	3.9	0.6	54	-2.96	**	0.46	50
Child development and knowledge of parenting	4.1	0.6	363	4.2	0.6	367	-3.52	***	0.19	356	4.3	0.5	137	-3.69	***	0.35	132	4.4	0.6	54	-2.25	*	0.34	50
Concrete supports	3.3	1.1	355	3.6	1.0	366	-5.15	***	0.29	347	3.8	0.9	135	-3.71	***	0.36	127	4.1	1.0	54	-1.77	†	0.28	48
Family functioning and resiliency	4.2	0.8	362	4.3	0.7	368	-1.26		0.08	356	4.4	0.6	137	-2.35	*	0.23	132	4.5	0.5	54	-1.30		0.18	50
Nurturing and attachment	4.8	0.4	362	4.8	0.4	368	-0.11		0.01	356	4.8	0.4	137	-1.19		-0.11	132	4.9	0.2	54	-0.71		0.10	50
Social supports	3.9	0.9	357	3.9	0.8	367	-0.62		-0.04	350	3.9	0.7	136	-0.66		-0.05	129	3.8	0.8	54	-1.20		-0.18	48
Civic engagement	2.6	0.6	359	2.6	0.5	364	-2.41	*	0.12	350	2.7	0.5	134	-1.83	†	0.15	127	2.6	0.6	54	-0.42		-0.09	49
Social networks	3.5	0.7	361	3.7	0.7	363	-4.81	***	0.27	352	3.7	0.5	134	-2.25	*	0.20	128	3.7	0.6	54	-0.72		0.08	49

† p<.10 *p<.05 **p<.01 ***p<.001



United Way
of Central Indiana