Abt Associates Inc.

National Evaluation of Family Support Programs

Volume B: Research Studies

Final Report

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Introduction

This is the second of three volumes of the Final Report for the National Evaluation of Family Support Programs. The three volumes report on three distinctly different aspects of the study. Volume A reports on the results of a meta-analysis of existing research on programs that provide family support services. This volume reports on the findings from a small set of research studies of mature, well-implemented family support programs. The final volume is a set of case studies of the effect on the systems of family support services in three states of the added funds for family support provided under federal legislation.

The first chapter of this report describes the processes of identifying a candidate pool of well-implemented family support programs and selecting from that pool a small set of programs to be evaluated. The four chapters that follow report on each of the four programs for which we completed evaluations.

Chapter B1
Selecting Programs for the Study

A small set of new research studies on family support programs was conducted as part of the National Evaluation of Family Support. These new research studies focused on family support programs that were "mature" (i.e., had been operating for three or more years), well-implemented, based on a well-articulated theory, and served at-risk families. Originally six family support programs were selected for these research studies.[1]

The selection process began in the first year of the study with the identification of a pool of candidate programs. A combination of methods was used to identify a manageable set of programs from among the thousands of programs that exist nationally. A program review was the first step in the selection process. Through a comprehensive literature review, coupled with expert recommendations from many members of the family support community, we drew together information on more than 100 programs, and assigned them to categories based on program mission.[2] Our goal was not to produce a catalogue of the thousands of programs nationwide that operate under the rubric of family support. Nor were the programs drawn randomly from the universe of family support programs to produce a statistically-generalizable sample. Rather, they were selected in part because of their public visibility and in part because, together, they represented a variety of missions and approaches in family support. Appendix A contains a list of the programs reviewed with information about program mission and target population. The list was then reviewed by the Senior Investigator Team (SIT) for the study, a group of eight researchers and family support experts who offered vital support in the design phase of the study. They agreed that the group of 100+ programs was a fair representation of the world of family support.

The second step in the selection process was to provide the list to members of the SIT and other experts in the field and ask them to nominate programs that exemplified what the family support field would agree on as "best practices" and that were likely to meet ACYF's criteria, which were:

- the program should have a well-articulated theory underlying its service strategy;
- the program should focus primarily on a population of families in need of preventative resource and support services;

1 In addition, the National Evaluation added funding to an ongoing evaluation of the Home Visitation 2000 program, conducted by Dr. David Olds at the University of Colorado. Funds from the National Evaluation supported the collection of additional data and early analysis of program effects through the first twelve months of the child's life.

2 For a more complete description of this process and the creation of the typology, see Kagan, Sharon L. et al, ***Toward a New Understanding of Family Support Programs: A Review of Programs and a Suggested Typology***, Abt Associates Inc. Cambridge MA, January, 1996.

- the program should be mature and fully operational;
- the program should appear to be consistently implemented within a site;
- the program should serve a sufficiently large number of families to meet the sample sizes needed for the study; and
- the program staff should be willing to participate in an evaluation.

While we did not insist that nominees should be drawn only from the programs reviewed, this turned out to be almost universally the case. Thirty-six programs were nominated as possible candidates for study. Appendix B is a list of the 36 programs nominated.

Each of the nominated programs was contacted at least once for an in-depth discussion with the project director about the operation of the program, program philosophy, other evaluation efforts, interest in participating, and the feasibility of different design alternatives. On the basis of this information, we eliminated 20 programs from further consideration. Most often, the reason for elimination was that the program had already been evaluated or was in the process of being. Only a small number of program directors were unwilling to participate, but some of the programs had lost, or were about to lose their funding, and others were undergoing significant upheaval because of staff losses or the need to move to another location.

The remaining nominated programs are listed in Appendix C with information about program characteristics. Two-member teams from Abt Associates and the Bush Center traveled to each of the 16 programs and spent several days interviewing staff, observing program operations and working with program staff to build "theory of change" models of each program. This process served several purposes: first, it allowed us to determine that the programs were, in fact, stable and well-implemented. Second, the exercise of completing the theory of change models allowed us to estimate the extent to which programs could articulate the processes through which they intended to achieve changes in families and also provided a guide for selecting or developing instruments to measure those changes. Finally, we were able to explore possible evaluation designs in greater detail.

At the end of these visits, in several of which the ACYF project officer participated, we recommended to ACYF a group of seven programs. For six of these we proposed to design research studies; for a seventh program, David Old's Nurse Home Visiting Program, we proposed that some evaluation funds be added to the ongoing evaluation to provide additional and earlier information.

The programs proposed for research studies were:

Iowa Family Development and Self-Sufficiency Program (FaDSS)
The Iowa FaDSS program adds family support elements to programs that focus on moving families to economic self-sufficiency. FaDSS is a state initiative that has the research advantage of a large sample of approximately 2000 AFDC recipients who were randomly assigned to a program and a control group in the period 1989-1993. Implemented by 11 grantees in 39 primarily white, rural sites in Iowa, FaDSS provides home visits and family support as well as employment-related services to welfare recipients.

Families and Schools Together (FAST)
This program operates in 90 school districts in Wisconsin and has been replicated in school districts in other states including Texas, California, Louisiana and Georgia. Originally funded as a substance abuse prevention program, it is also funded as a child abuse prevention program (California), and a school failure prevention program. Based on the principles and practice of family therapy, combined with those of family support, and with strong theoretical underpinnings, the program operates in schools and focuses on the early school years. In the original model, the program is offered to families whose children are beginning to experience difficulties in school. In other school districts, in schools where all families are considered to be at environmental risk because of poverty, the program is offered to all families in the school.

Project Vision at the Holley-Navarre Intermediate School
Project Vision represents an advanced version of the Florida Full Service Schools model in Santa Rosa County, Florida, in which a variety of social services are co-located with schools to provide easier access and more integrated service provision. Project Vision provides services through the schools in the Holley-Navarre community: the Holley-Navarre Elementary Intermediate, and Middle Schools. Project Vision services have been most intensive for children in grades 3 - 5. For these grades, Project Vision offers, in addition to the 21 co-located services available to all families with children in the school, coordinated case management for referred children and their families and two special classrooms for at-risk fourth and fifth graders.

Cleveland Works
This program represents an increasingly important and policy-relevant category: employment and training programs for welfare recipients. Cleveland Works, primarily serving urban African-American mothers on AFDC, adds family support to a job-training program to increase the likelihood that clients will obtain and keep jobs that pay a living wage and provide benefits. The program has been replicated in several cities in Ohio, in Washington State, and in Orange County, California.

Family Development Program (FDP)
This program, in Albuquerque, New Mexico, provides services to low-income families with children from 0-12 years of age. The core component of the program serves families with

preschool children, combining a cooperative center-based preschool with parent-designed activities and case management and referral services for families that need them. Families with infants and toddlers receive home visits from volunteers. The program for school-age children combines center-based activities for children with home visits and teacher conferences.

Parent Services Project (PSP)
This program, which originated in California, adds a parent-directed parent involvement component to existing preschool or day care programs. Parents are allowed great flexibility in designing a parent program that meets their needs; they are also given funds to use for adult and family activities and for food and respite care. The program is being widely disseminated and is currently operating in over 80 early childhood settings in California and 200 sites in Florida, as well as in early childhood programs in Delaware, Georgia and Mississippi. Many Head start programs are interested in PSP and have purchased the training.

Home Visitation 2000
This program, which is funded by the Colorado Trust as part of its initiative to support at-risk families in Colorado, uses the nurse home visiting model that has been developed by Dr. Olds. In this program, low-income mothers receive weekly home visits for the three years after the birth of their child. The nurse home visitors provide information on child development, maternal and child health, and parenting, and provide counseling and referrals on a wide range of issues. The current program is using paraprofessional home visitors with a third of the families, to study the relative effectiveness of professionally-trained versus paraprofessional home visitors. A comprehensive evaluation of the program is underway.

Exhibit B1-1 displays the programs selected and their distribution on variables of interest.

Essential aspects of family support programs make it difficult to implement a rigorous evaluation for a reasonable cost. By design, many if not most family support programs offer a nonuniform treatment to participants. The "treatment" for any given family, tends to be multifocused, diffuse and may change over time as family needs change. Participation is often short-term and limited, so that the direct effects on any one family are probably small. For many family support programs, the best type of study would be conducted at the community level, either as a study of community penetration or one in which whole communities were part of randomized study. Both are very expensive and neither approach was feasible for programs in this evaluation.

For each of the six programs in which we proposed to conduct a study, we first explored the possibility of conducting an experimental study and then explored the strengths and weaknesses of alternative quasi-experimental designs. After lengthy discussions with the programs, and in consultation with a group of evaluation experts, we developed a site-specific design for each of the programs. These are described in detail in later chapters. In all of them, with the exception of Iowa FaDDs in which we planned to do a follow-up study of

participants in an earlier evaluation, we conducted detailed studies of the implementation of the program, in large part to help explain the presence or absence of program effects. This process led us to drop Parent Services Project from the evaluation after the initial data collection year. An intensive process study of this program was conducted in four Head Start centers in New York City during Year 3 of the study. The four programs had been randomly assigned, two to PSP and two as control sites. Since no differences were found in the types of activities organized for parents, or in the amount or level of their participation, we terminated the study at this point. A second program, the Family Development Program in Albuquerque ultimately had to be dropped from the study because we could not obtain school district data on program and comparison children that were critical to the design of the evaluation in that site.

The four chapters that follow describe the four evaluations that were implemented and the findings from those evaluations.

Exhibit B1-1
Distribution of Selected Family Support Programs in the Evaluation on Variables of Interest

Program	Typology	Service components	Location	Population served	Ages of children	Program specificity high/low
Family Development Program	Comprehensive	• early childhood education • counseling and referral • parent organization • parent involvement as teachers in preschool • home visits • family events	Albuquerque, NM	Urban Hispanic	Preschool	Low
Parent Services Project	School Readiness	• parent support groups • parent decision-making committee • parenting classes • family events	San Jose, CA New York City, NY	Urban Hispanic Urban African-American and Hispanic	Preschool	Low
Project Vision in the Holley-Navarre Intermediate School	Comprehensive	• Child study team (case management) • screening for academic behavioral and health problems • counseling and referrals for parents and children • parenting classes • colocation of social services • colocation at-risk classrooms	Pensacola, FL	Rural White	Grades 4 and 5	Medium
FAST (Families and Schools Together)	Substance Abuse/School Drop Out Prevention	• parent self-help group • alcohol/drug abuse education • special play for child with parent • family interaction time • family events • follow-up parent groups		Urban African-American	Grades 2, 3 and 4	High with low specificity follow-up component

Program	Typology	Service components	Location	Population served	Ages of children	Program specificity high/low
Home Visitation 2000: Nurse Home Visiting Program	Infant/Child Health	• Home visits	Denver, CO	Low-income, Hispanic, Black, White Families	Birth**S**2 years	High
Cleveland Works	Economic self-sufficiency	• Job training • Child care • Legal assistance • Counseling and referral	Cleveland, Ohio	Urban African	0-5	High
FaDDs	Economic self-sufficiency	• Employment services • Case management • Parenting education • Counseling referral • Child care	11 sites in Iowa	Rural White	0-5	Medium

Chapter B2
Evaluation of the Families and Schools Together (FAST) Program in New Orleans

Summary of Study and Findings

This study assessed the long-term impacts on children and their families of the *Families and Schools Together (FAST)* Program. *FAST* is an eight-week collaborative, community-based family support program designed to prevent school failure, delinquency and substance abuse. An experimental study of the program was conducted in nine schools in New Orleans, and included two cohorts with a total of approximately 400 children and their families. Parents were interviewed three times over the course of a year about themselves and their children. Teachers were asked to rate children's social and academic behavior at the same three time-points. Report cards were collected for all children over three school years. The program was successful in engaging a group of very poor families, a substantial proportion of whose children exhibited serious behavior problems. By itself, this represents an achievement, since these are the families that schools find most difficult to reach out to and help. One year after the *FAST* program ended, *FAST* parents reported fewer behavior problems in their children compared with parents of children in the comparison group. A larger proportion of these parents reported that they had engaged in volunteer work and had occupied a leadership position of some kind.

The *FAST* and *FASTWORKS* Program Theory and Model

The *Families and Schools Together (FAST)* program is a collaborative, community-based program aimed at preventing school failure, juvenile delinquency and future substance abuse of at-risk elementary school children. The collaboration involves the schools, nonprofit mental health services, education and assessment agencies for substance abuse, and the families of the children. *FAST* targets elementary school children who teachers have identified as at-risk for later problems and offers the families of these children a two-year family-strengthening program. An initial eight-week program of multiple family group meetings (*FAST)* is followed by two years of monthly parent meetings *(FASTWORKS)*. This evaluation focused on the effects of the 8-week *FAST* program, as the two-year *FASTWORKS* follow-up is not consistently implemented.

FAST

FAST was developed in 1988 at Family Service, Inc. in Madison, Wisconsin by Dr. Lynn McDonald, in collaboration with the Prevention and Intervention Center for Alcohol and other Drug Abuse and three Madison public elementary schools. Since 1993, Family Service

America (a not-for-profit umbrella organization for private sector family services agencies across the United States) has provided training and technical assistance for replication of the model. In 1996, *FAST* programs were operating in multiple schools and school districts in more than seven states and has continued to grow.

FAST is an 8-week program for families with at-risk children. This interactive program involves the entire family and aims to (1) strengthen the parent-child relationship, to empower parents to become primary prevention agents for their own children; (2) prevent youths from experiencing school failure by improving their behavior and performance while increasing the family's affiliation with schools; (3) reduce stress by developing parent support groups; and (4) prevent alcohol and other drug abuse by the child and family.

For eight consecutive weeks, families attend weekly multi-family group meetings at the school (or other community center). Each eight-week session serves eight to twelve families. Each meeting occurs in the evening from 5:30 to 8:30 p.m. All members of the family attend the weekly meetings. The meetings follow a simple routine that is the same each week. The routine is based on published research and theory from the fields of child psychiatry, family therapy, group work, community organization, substance abuse prevention, delinquency prevention, and abuse/neglect prevention. The core is the structuring of an uninterrupted fifteen minutes of parent-child quality time, in which the parent plays with the child. This "Special Play" is preceded by a shared meal in which each family has its own table, family sing-alongs, structured family communication activities at the table, separate child play and parent discussion. Each meeting closes with a lottery which every family wins once and is then asked to bring the main dish for the next week's meal.

Families are recruited into the program in a two-stage process. The first phase involves identification of children who are at-risk. The targeted child for *FAST* is a five- to nine-year-old in elementary school who is identified by the teacher as being at-risk for school failure. The child is screened by a team of public-service professionals in the school. The family is then alerted to the teacher's concerns about the child's at-risk behavior, and the teacher informs the parents of *FAST* and suggests a meeting in the parents' own home to explain *FAST* in more detail. If the parent agrees to be contacted, the second phase of recruitment begins, which is the responsibility of the *FAST* staff. A *FAST* staff member and a parent who has graduated from the project visit the family in their home to discuss the project.

FAST is administered collaboratively. Typically, the collaboration involves a school, a mental health agency, and an alcohol and substance abuse program. The staff of *FAST* includes administrative and direct service professionals from each of these service systems. Direct service delivery is conducted by school-site teams that are trained together and have a minimum of four professionals per team, including a mental health professional from *FAST* of Family Service, an AOD professional, a school professional from the host school, and a parent-liaison (a parent who has graduated from *FAST*).

FASTWORKS

After a family graduates from the initial eight-week program, family members are encouraged to continue to participate for an additional two years in monthly activities planned throughout the calendar year. This phase of the program is called *FASTWORKS*--Families and Schools Together, Working, Organizing, Relaxing, Knowing, Sharing. *FASTWORKS* is a series of parent-organized family support meetings that are intended to continue and extend the social network established during *FAST*. Families who have graduated from a school's *FAST* program become members of the same local *FASTWORKS* network. *FASTWORKS* relies on a Parent Advisory Council (PAC) to plan and organize monthly program meetings and activities. The PAC is made up of elected *FAST* graduates who are given a budget, develop policy and have responsibility for their school's *FASTWORKS*.

While extensive information was collected regarding the implementation of and outcomes related to the *FAST* program, very little information was collected consistently on *FASTWORKS*, the follow-up program. Typically, a small percentage of families attended *FASTWORKS* sessions and not necessarily on a regular basis. Information from a small study of attendance in *FASTWORKS* found that 36 families participated in a single session, but these families did not necessarily attend *FAST* at the time this evaluation was being conducted. In addition, the program itself is not well controlled or monitored, and therefore this evaluation does not focus on outcomes related to participation in *FASTWORKS*, only participation in *FAST*.

Brief Program History of *FAST* in New Orleans, LA

The *FAST* program in New Orleans began in Orleans Parish during the 1993-1994 school year with pilot programs at three elementary schools. Initially the programs were funded by local foundations. In the fall of 1994, The Institute of Mental Hygiene provided a seed grant for $164,000 on a three-year renewable basis to Family Service of Greater New Orleans to continue the *FAST* program at the pilot schools during the 1994-1995 school year. Family Service of Greater New Orleans was also selected as the local agency to coordinate and oversee program implementation and staff training. Family Service employs the *FAST* group facilitators who are responsible for supervising each school program.

During the 1994-1995 school year, *FAST* programs were offered at the three original schools and also expanded to include three new schools. For the next two school years, the *FAST* program continued uninterrupted at the six schools. In the fall of 1996, one school was replaced by another school in the same vicinity, and a new school was added. In the 1997-1998 school year, four new schools were added, two from St. Bernard Parish.

The *FAST* program as implemented in the Orleans and St. Bernard Parish schools was modeled on Dr. McDonald's design and called for the creation of a four-member team at each school. These teams are typically composed of the *FAST* group facilitator; a school

representative, usually a teacher or a mental health representative such as a school social worker; a parent-liaison, a former *FAST* participant; and an AOD counselor, all of whom are intended not only to help plan and manage the school's *FAST* program but also to attend a majority of the sessions. The *FAST* group facilitator is generally the team leader responsible for overall program supervision and oversight at an individual school.

Prior Evaluations

As a program, *FAST* has been evaluated almost continuously by the program developer herself, as part of the replication of the program. In addition, there have been a number of evaluations conducted by independent evaluators. Most of these completed before 1997 are summarized in a 1998 research review[1]. In addition to the study reported here, there are two on-going evaluations that use experimental designs to assess the impact of the program. Information about on-going evaluations is updated and available on the program website at www.ucer.wisc.edu/fast/.

Pilot Test

Before we selected a site in which to conduct a full evaluation of the FAST program, we decided to test the feasibility of implementing random assignment in a school-based program such as FAST. For this purpose, in school year 1996-97, we conducted a pilot test in one elementary school in Madison, Wisconsin. At that point, we were faced with a choice of models to test, since, in an increasing number of sites, FAST was being offered as a universal model, i.e. offered to all families of children in a specific grade or grades, rather than being offered only to families whose children had been identified as exhibiting problem behaviors in the classroom. In consultation with Dr. McDonald, we decided to use the universal model for the pilot test.

In the selected school, parents of second and third graders were recruited for the program and the study at a family meeting held at the school in early 1997, before the beginning of the second FAST cycle. Only families who had never participated in the FAST program were eligible for the study. It was explained to parents that, for this cycle of FAST, we were recruiting families who were willing to participate in the study with a 50 percent chance of receiving FAST. Both the program and the study were explained to parents. The 32 families that agreed were randomly assigned by Abt staff to FAST and to a control group and then notified of their assignment. There were no initial refusals of assignment, but the sample of families for whom data were collected consisted of 10 program and 10 control families at the end of the eight-week period and eroded further to eight program and eight control families after a year.

1 Pinsoneault, L. And Sass, James. Families and Schools together: Lessons from Five Years of Evaluation of a Program for At-Risk Children and their families. Paper presented at the annual meeting of the American Evaluation Association, Chicago, November 1998.

Because the pilot test was designed to test the acceptability and ease of a randomized experiment, and included a very small sample of families, we conducted only limited analyses of the data collected. ***However, the analyses that were conducted showed a significant positive effect of the program on parent ratings of children's externalizing behavior one year after the program ended.***

The experience demonstrated that it would be possible to implement random assignment. However, since we hoped for a better participation rate in both the program and the study, we reviewed the choices we had made prior to the pilot test and made two decisions about a future evaluation strategy. First, we decided that, in a full test of the program, we would return to the original model and include only children who were identified as in need of the program because of problems identified by teachers; and second, that we would adhere as closely as possible to the FAST recruitment strategy, incorporating into it recruitment into the study. With these decisions we hoped to reduce or eliminate attrition from the program or the study that could be attributed to procedures that were study-specific.

Design of the Evaluation

The impact evaluation of the FAST program was designed to measure the effects and outcomes of the program on the participating children and their families compared with children and families in a comparison group. In Orleans Parish, six elementary schools (a seventh was added for the second cohort) were recruited to participate and, in St. Bernard Parish, the district's two elementary schools were recruited. All schools serve low-income families, predominantly African-American. All students and families in the *FAST* program were compared with students and families from the same school who received an alternative treatment (a less intensive parent education program). The alternative treatment, a modified version of one developed for another evaluation of the *FAST* program, was an eight-week program that consisted of weekly receipt of a commercial pamphlet on parenting.

In each school, second, third and fourth grade teachers were asked to refer students with behavioral or academic problems that might be addressed by *FAST*. Those students referred were then randomly assigned to *FAST* or to the alternative treatment by Abt Associates staff, and recruited to the appropriate intervention and to the study simultaneously. This deviation from the standard random assignment procedure, in which families are recruited to the study without knowing their assignment, was chosen because the recruitment process for *FAST* is very carefully structured, and is itself seen as part of the intervention. The families assigned to *FAST* were visited by the *FAST* coordinator and a parent liaison and asked to join *FAST*; in addition, these families were asked if they would be part of our study. The families assigned to the alternative treatment were visited by an Abt Associates field staff member and asked to join the alternative treatment and to be in the study. This process was conducted for a first cohort of families in September, 1997 (eight of nine schools) and was repeated for a second cohort in February of 1998 (all nine schools). Across the two cohorts, 54% of families

approached to be in *FAST* were recruited into the program; 73% of comparison group families were successfully recruited. Of those who were not recruited, only 10% refused to be in the program or the study. The rest either had moved, could not be located, or were ineligible to participate.

Student and family outcomes were measured before and after the eight-week *FAST* program and again after one year (during which *FAST* families may have participated in *FASTWORKS* and the alternative treatment families had no special services or activities). Exhibit B2-1 displays the number of families recruited into the study, by cohort and treatment group.

Exhibit B2-1

Number of Families Participating in the New Orleans *FAST* evaluation.

Cohort	FAST Group	Comparison Group	**Total**
Fall 1997	99	95	**194**
Spring 1998	108	105	**213**
Total	**207**	**200**	**407**

In order to assess more comprehensively the *FAST* program in New Orleans and its effects on children and their families, the implementation of the program at each of the nine schools was also studied. An onsite researcher was hired to monitor the process at each school. She visited the various *FAST* programs throughout the school year during both cycles of *FAST,* making at least one and often several additional visits to observe the sessions in progress. The onsite researcher was also active at each of the schools, closely observing the *FAST* team and working with the *FAST* parent-liaisons at each site to help collect teacher ratings and student report cards.

Data Collection

Data were collected at three different time-points for each child and family. During the 1997-98 school year for each cohort, the initial data collection occurred just after families were recruited into the study and prior to the beginning of the *FAST* program. These data served two purposes: (1) to assess whether (as expected in random assignment) the program and comparison families were statistically equivalent on measurable characteristics as they entered the study; and (2) to provide a context for understanding any later changes in children and families by establishing where they started--the risks, problems, and strengths that they had when they began the study. A second round of data collection occurred immediately after the *FAST* program ended, approximately eight weeks after the first data collection. The final data collection took place one year later, during the 1998-99 school year.

For each child, a primary caregiver (usually the mother) was identified. At each time point, this person answered questions about her child, her family and herself, the community in which the family lived, and the family's participation in the community. Interviews with the primary caregiver were conducted by Abt Associates' field staff in each family's home, at a time convenient for the family. Also, for each child, a primary teacher was identified. This teacher provided information about the child, focusing on in-school behavior and academic performance. Questionnaires were distributed to and collected from teachers by field staff. In addition, report cards were collected for children for the 1996-97, 1997-98, and 1998-99 school years.

For both cohorts, the field work was highly successful and yielded very high response rates. For the first cohort, the response rates for parent interviews were 98% at the initial interview, 99% at the eight-week follow-up, and 93% at the annual follow-up. For the second cohort the response rates were 99% at the initial interview, 94% at the eight-week follow-up, and 96% at the annual follow-up.

For teacher questionnaires, response rates for the first cohort were 96% for the initial questionnaire, 97% for the eight-week follow-up, and 75% for the one year follow-up. For the second cohort, response rates were 91% for the initial questionnaire, 95% for the eight week follow-up, and 79% for the one year follow-up. Response rates for teachers were lower for the one year follow-up because it was not possible to track all of the children who had transferred to new schools and convince their new schools and teachers to participate.

Measurement

In the initial interview with parents, descriptive information was gathered about the child, the family, and the community. This information included the following:

- Child age, ethnicity, and sex;
- Child's physical health;
- Child's special needs;
- Household composition;
- Parent education and family resources; and
- Community resources.

At each data collection point, information was also gathered about aspects of child and family behavior that could reasonably be affected by participation in *FAST*. The domains for which data were collected include:

- Children's social activities and behavior;
- Children's school experience and academic progress;
- Family environment and parenting;
- Learning environment and literacy activities;

- Parent's social support and connectedness;
- Parent mental health;
- School-family connections; and
- Community participation.

Analyses

One type of analysis, a hierarchical linear modeling procedure, was used for outcome variables for which data were available at each of the three time points and which were continuous in nature. This approach estimates individual growth curves on each outcome for each person in the sample, and takes advantage of the three time points of data that were available. We can estimate both the mean level of performance at a given time point and change over time. The model is hierarchical in that multiple observations (in this case, three) on each student are nested within-students. This within-student level of the model addresses the question: "How do children/families change over time?". A second, between-person level of the model builds upon the first level and addresses the question of whether a pattern of change is related to other systematic differences between families in the study. In this study, the second level of modeling is the analysis of greatest interest, because it allows us to examine whether there are differences in the outcome between the *FAST* and comparison groups.

For each outcome variable, a number of covariates were included in the analysis. This was done primarily to control for any potential effects the covariates could have on the outcomes. Demographic variables included child age at the initial interview, child sex, whether the parent had a high school diploma, and whether the family was above the poverty level. We included variables indicating which school the child attended and into which cohort of the study they were recruited. A variable indicating change over time also was created. The final variable included was *FAST* membership; this variable indicated whether there were significant program impacts. We also included variables that represented the interaction of *FAST**school and *FAST**time. These interactions allowed us to assess whether the differences between the *FAST* and comparison groups differed across schools or over time.

A second type of analysis, linear regression, was used with continuous outcomes for which data were only collected at two points in time--at the initial interview and at the one year follow-up. For each of these outcome variables, a linear regression was conducted using the one year follow-up data point as the outcome. As in the hierarchical linear modeling analysis described above, a number of variables were included in the regression models as covariates, with two important differences. First, change over time was not created as a separate variable since there were only two time points to consider. Instead we included the pretest value of same variable from the initial interview. Second, we did not include the *FAST**time interaction since time was no longer in the model.

Because linear regression is inappropriate for data that are not continuous, a third type of analysis, logistic regression analysis, was used for outcomes that were categorical in nature.

These data were only collected at the initial interview and at the one year follow-up. The covariates added to these models were the same as in the linear regression analyses.

Initial Characteristics of Families

For the purposes of this evaluation, the term "focus child" is used to refer to the child whose referral to the school counselor was the basis for the family's invitation to join the study. In practice, the *FAST* program involves the entire family, including all children regardless of age. The discussion below describes the initial characteristics of the *FAST* and comparison families in both cohorts. Data from both cohorts are presented together, but statistically significant cohort differences are noted. Child characteristics are described first, followed by parent and family characteristics.

Child Characteristics

Exhibits B2-2 to B2-7 summarize the initial information on the focus children, presenting separate means for the *FAST* and the comparison group families and indicating whether or not the two groups were statistically equivalent at the beginning of the study. In general, the following conclusions can be drawn from the data:

- *FAST* children and comparison group children are ***very*** similar in terms of their baseline physical health status, health habits, and socio-emotional development as rated by both their parents and their teachers. Across multiple measures, taken at baseline, the groups differ at a statistically significant level on only a few characteristics, a difference that may be attributable to chance.

- Both the baseline teacher and parent questionnaires indicate that a substantial number of *FAST* and comparison group children had special needs or socio-emotional difficulties. For example, on standardized measures of behaviors, nearly half of the parents rated their children as having a clinical level of "externalizing" behavior (e.g., "acting-out"), and more than a third of the parents rated their children as having a clinical level of "internalizing" behavior (e.g., depression).

- At baseline, parents rated children's social-emotional behavior more negatively than did teachers.

Below we briefly discuss each of the child characteristics measured at the start of the study.

Child Gender, Ethnicity, & Age

The study sample is almost two-thirds male, with similar percentages of males in the *FAST* and the comparison group (Exhibit B2-2). The preponderance of males is typical of other samples of elementary-age children referred for academic or social problems in school.

Children's ethnicity is also similar across the two groups; about 90% of each group is African-American.

The average age of the focus children in the study was seven and a half years, with children in the comparison group being slightly older than children in the *FAST* group (Exhibit B2-2). *FAST* programs typically focus on children up to fourth grade. In this evaluation, in school year 1997-98 the schools in New Orleans focused their *FAST* programs on children in second through fourth grades.

Physical Health

Parents rated their children's overall health as good, although a third of parents in both the *FAST* and comparison groups reported their child had recurring or long-lasting health problems such as asthma, severe allergies, or repeated ear infections (Exhibit B2-2). Twenty-six percent of the children were reported to have missed more than two days of school because of illness during the current year. More children in the second cohort compared with children in the first cohort were reported to have missed more than two days of school because of illness. This is not surprising considering that the information was collected several months into the school year for the second cohort and only a few weeks into the school year for the first cohort. There were no other differences in reports of physical health across the two cohorts.

Children in both groups had similar health habits. The majority of parents reported that their child visited a dentist regularly and had received hearing and vision testing.

Special Needs

Thirty-two percent of parents reported that their child had a special need or learning disability, including behavioral disorders, with a similar percentage in each group (Exhibit B2-2).

Exhibit B2-2

Child Gender, Initial Age, and Health Status

Child Characteristics	Total Sample (n=403)	*FAST* Group (n=206)	Comparison Group (n=197)	Difference between *FAST* & Comparison Groups[a]
Mean age in years at start of study (s.d.)	7.52 (1.43)	7.37 (1.42)	7.67 (1.45)	t=2.07, p=.04
Proportion males	.62	.62	.61	$\times^2$=.03, p=.87
Focus child ethnicity	90% black	92% black	88% black	$\times^2$=3.99, p=.41
Mean overall health status[b] (s.d.)	3.11 (.63)	3.10 (.65)	3.12 (.62)	t=.25, p=.80
Health status				
Proportion of children who...				
Have recurring health problem(s)	.33	.32	.35	$\times^2$=.28, p=.60
Missed more than 2 days of school due to illness in current year	.26*	.23	.29	$\times^2$=4.92, p=.30
Visit dentist at least once a year	.84	.86	.83	$\times^2$=.38, p=.95
Have had vision tested	.85	.85	.84	$\times^2$=.13, p=.72
Have had hearing tested	.80	.81	.79	$\times^2$=.21, p=.65
Have special needs	.32	.31	.32	$\times^2$=.04, p=.84

a For continuous variables, difference between groups is indicated by a t-test value and an associated probability level; for categorical variables, difference between groups is shown with the chi-square and an associated probability.

b A composite of four variables (overall health, resistance to illness, etc); 1=poor health and 4=excellent health.

* Significant cohort difference.

Source: Child Well-Being Interview and *Initial Family Well-Being Interview* completed by child's primary caregiver and *Teacher Questionnaire* completed by child's classroom teacher.

Social Activities and Behavior

Children in both groups were similar in their level of involvement in social activities outside of the classroom (Exhibit B2-3). Close to 40% of the children took part in organized activities on average over two days a week. The children also took part in informal social activities over four days per week, on average. A greater percentage of children in the first cohort, compared with children in the second cohort (47% vs 32%), were involved in organized activities at the time of the initial interview.

Exhibit B2-3

Initial Level of Children's Involvement in Social Activities

Amount of Involvement by Type of Social Activity	Total Sample (n=398)	*FAST* Group (n=190)	Comparison Group (n=208)	Difference between *FAST* & Comparison Groups[a]
Regular social activities (e.g., team, church group, club)				
Proportion involved in activities	.39*	.38	.39	$\times^2$=.05, p=.83
Average # days/week involved in activities	2.28 (1.47)	2.49 (1.64)	2.06 (1.25)	t=1.80, p=.07
Informal social activities (play outside of school, talking on phone)				
Proportion involved in activities at least **5** days/week	.51	.56	.45	$\times^2$=13.65, p=.06
Average # days/week in informal activities	4.41 (2.45)	4.54 (2.51)	4.27 (2.39)	t=1.11, p=.27

a For continuous variables, difference between groups is indicated by a t-test value and an associated probability level; for categorical variables, difference between groups is shown with the chi-square and an associated probability.

* Significant cohort difference.

Source: Family Well-Being Interview completed by child's primary caregiver.

Children's social competence was rated by both teachers and parents, using two primary measures. The *Social Skills Rating System (SSRS)* rates how often a child displays behaviors that demonstrate assertion, cooperation, responsibility, and self-control. The ratings are then combined for a total score. The *Child Behavior Checklist (CBCL)* rates a child's problem behaviors; the *CBCL* produces a subscore for internalizing behaviors (e.g., depression, withdrawal, isolation) and a subscore for externalizing behavior (e.g., aggression, social problems, delinquency). A third measure, the *Student Evaluation Form*, rates children's status and behavior in areas relevant to the classroom, such as ability to concentrate, alertness, interest in age-appropriate activities, and showing initiative; this rating was completed only by teachers.

Parent Ratings

On the *SSRS*, parents in the *FAST* group rated their children significantly more positively than did parents in the comparison group (Exhibit B2-4). At the same time, both *FAST* and comparison parents gave their children lower scores than the children in the norming sample for the measure. Whereas the average score in the norming sample was 100, children in the *FAST* evaluation had an average score of 87, almost a full standard deviation below the national mean.

The average parent ratings for externalizing and internalizing behavior problems on the CBCL (Exhibit B2-4) are not statistically different for *FAST* and comparison children. The two

groups of children also are similar in the distribution of scores across the categories of normal level of behavior problems, a clinical level of behavior problems, and a borderline level (Exhibit B2-5). At the same time, the data indicate that the study children had a substantial number of behavior problems. Nearly half of the parents in both groups rated their children as having a clinical level of externalizing problems, and nearly a third of the parents rated their children as having a clinical level of internalizing problems. Study children were rated as displaying more behavioral problems than children from the standardization sample for this measure (Exhibit B2-4). The *FAST* children had average scores of 61 on externalizing behavior and 57 on internalizing behavior, compared with a score of 50 for both subscales in the norm sample. There was a significant cohort difference for parent ratings of children's internalizing behaviors; parents in the second cohort rated their children more positively than did parents in the first cohort (55.96 vs 58.96).

Exhibit B2-4

Initial Parent and Teacher Ratings[a] of Children's Socio-Emotional Behavior

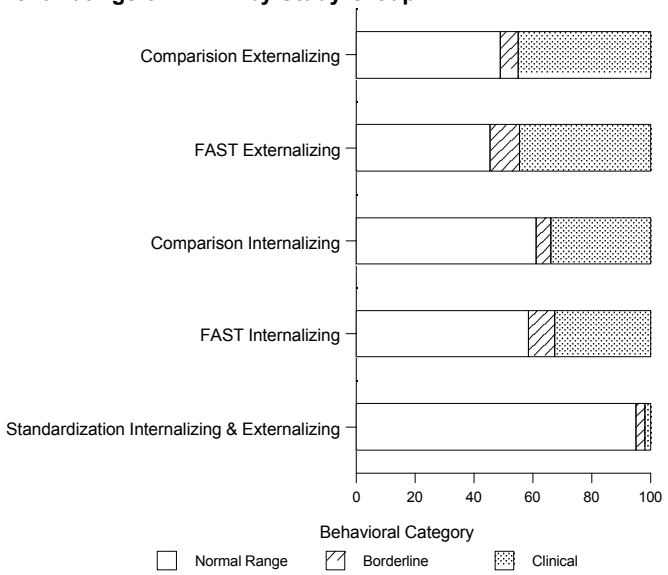
Child's Social-Emotional Behavior	Total Sample	*FAST* Group	Comparison Group	Difference between *FAST* & Comparison Groups[b]
Parent ratings	n=400	n=206	n=194	
SSRS[c]: Total				
Mean score (s.d.)	86.92 (17.38)	89.28 (18.04)	84.43 (16.35)	t=2.77, p=.01
CBCL[d]: Internalizing Behavior				
Mean score (s.d.)	57.16 (12.60)*	56.93 (12.56)	57.40 (12.67)	t=.37, p=.71
Proportion in clinical range	.33	.33	.34	$\times^2$=2.09, p=.35
CBCL[d]: Externalizing Behavior				
Mean score (s.d.)	61.31 (12.35)	61.10 (12.46)	61.53 (12.26)	t=.35, p=.73
Proportion in clinical range	.45	.45	.44	$\times^2$=1.92, p=.38
Teacher ratings	n=352	n=184	n=168	
SSRS[c]: Total				
Mean score (s.d.)	84.38 (15.74)	84.57 (15.62)	84.17 (15.90)	t=.23, p=.81
SSRS[c]: Academic Competence				
Mean score (s.d.)	84.65 (13.32)	85.23 (13.71)	84.02 (12.89)	t=.86, p=.39
CBCL[d]: Internalizing Behavior				
Mean score (s.d.)	54.61 (12.18)	53.98 (12.35)	55.29 (11.98)	t=1.01, p=.31
Proportion in clinical range	.24	.22	.26	$\times^2$=1.96, p=.38
CBCL[d]: Externalizing Behavior				
Mean score (s.d.)	55.79 (16.30)	54.73 (16.67)	56.91 (15.87)	t=1.21, p=.23
Proportion in clinical range	.33	.31	.34	$\times^2$=.41, p=.82
Student Evaluation Total[e]	53.14 (17.98)*	51.88 (18.13)	54.48 (17.77)	t=1.28, p= .20

a Ratings are reported as standard scores.
b For continuous variables, difference between groups is indicated by a t-test value and an associated probability level; for categorical variables, difference between groups is shown with the chi-square and an associated probability.
c Social Skills Rating System (Gresham & Stephen, 1990)
d Child Behavior Checklist (Achenbach & Edelbrock, 1986)
e Adapted from "Student Evaluation Form--Grades Prekindergarten through Six." Polk County, Florida, Family Service Schools Program.
* Significant cohort difference.

Source: *Child Well-Being Interview* completed by child's primary caregiver and *Teacher Questionnaire* completed by child's classroom teacher.

Exhibit B2-5

Parent Ratings on CBCL by Study Group



Teacher Ratings

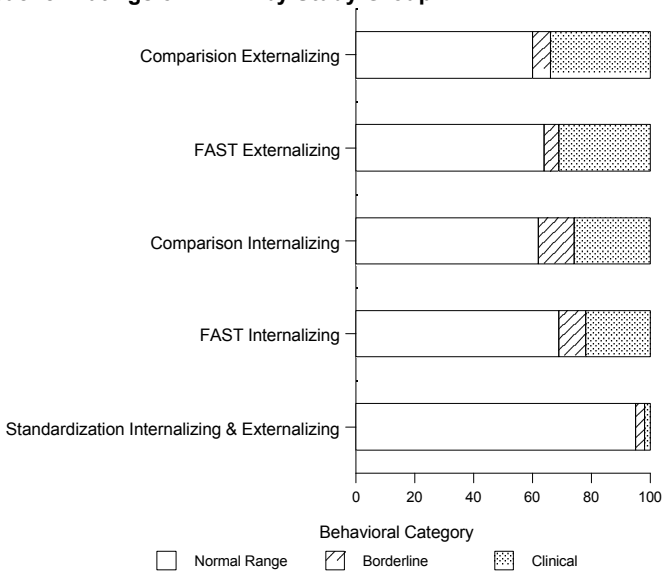
On the *SSRS*, teacher ratings were not significantly different for the *FAST* and the comparison children, and teachers rated the study children below the national norms (Exhibit B2- 4). Teachers also rated children on an additional scale of academic competence. As with the total *SSRS* scale, children scored a full standard deviation below the national mean of 100 on academic competence.

On the *CBCL*, teachers rated *FAST* and comparison children similarly (Exhibit B2-4). Although the teacher ratings were somewhat more positive than the parent ratings, teachers did rate the children as having more behavior problems than the children in the standardization sample. The teacher ratings placed about a third of the children in the clinical range for externalizing problems and about a quarter of the children in the clinical range for internalizing problems (Exhibit B2-6).

For the Student Evaluation, each of 25 characteristics is presented as a set of polar opposites (e.g., "Is *able/unable* to concentrate on tasks"); the teacher rates the child on a scale of 1 to 5, where 1 indicates that the positive pole is very like the student and 5 indicates that the negative pole is very like the student. Overall, teachers rated *FAST* and comparison students similarly (Exhibit B2-4). This differed by cohort: teachers rated children in the first cohort more positively than they did children in the second cohort (49.97 vs 55.90). In general, though, for the fifteen items dealing with social and behavioral areas such as ability to concentrate, interest in age-appropriate activities, and showing initiative, teacher ratings indicated a low level of concern: the average rating was 2.21. For the ten items on physical

Exhibit B2-6

Teacher Ratings on CBCL by Study Group



well-being (appears clean and neat, shows no signs of being abused, receives needed health services, etc), teacher ratings were generally positive (mean=2.00).

Children's School Experience

All children in both groups were attending school at the time of the interview and almost all had been doing so continuously since about five years of age. While relatively few children were absent from school for reasons other than illness, at least 20% were late more than once a month.

Parents reported that about one-third of the children in both groups were enrolled in special programs at school (Exhibit B2-2). Ten percent were enrolled in special needs programs, and 21% were enrolled in supplemental or remedial programs. Only 4% were enrolled in gifted and talented programs. Across both *FAST* and comparison groups, 21% of the children had repeated a grade in school and 17% had been suspended or expelled.

Both parents and teachers rated children's school ability as well as their school performance. Parents of *FAST* and comparison children rated their children's ability as average, but rated their school performance as *slightly* below average. Teachers rated children's grades as somewhat below average and below the student's potential (Exhibit B2-7). This was consistent across *FAST* and comparison children.

Exhibit B2-7

Initial Level of Children's Academic Progress

	Total Sample (n=196)	*FAST* Group (n=108)	Comparison Group (n=88)	Difference between *FAST* & Comparison Groups[a]
Final quarter grades for 1996-1997 school year 5 point scale: 0=unsatisfactory, 'F'; 2=average, 'C'; 4=satisfactory, 'A'				
Language	2.22 (1.36)	2.27 (1.39)	2.15 (1.33)	t=.58, p=.56
Reading	2.17 (1.45)	2.29 (1.50)	2.02 (1.39)	t=1.28, p=.20
Math	2.53 (1.30)	2.63 (1.34)	2.40 (1.24)	t=1.31, p=.19
Science	2.53 (1.21)	2.62 (1.18)	2.44 (1.24)	t=.74, p=.46
Average of all academic subjects	1.93 (1.20)	2.04 (1.23)	1.81 (1.16)	t=.94, p=.35
Behavior	2.16 (1.23)	2.26 (1.2.1)	2.02 (1.25)	t=1.32, p=.19
Promotion/retention				
Proportion of students retained in current grade	.11	.11	.12	$\times^2$=.04, p=.84
Attendance				
Percent of days absent for final quarter	.06 (.06)	.05 (.06)	.06 (.07)	t=1.08, p=.28
Percent of days absent for school year	.06 (.05)	.06 (.05)	.06 (.05)	t=.91, p=.36
Teacher Ratings[b] (Items rated on 5 point scales, 1=positive, 5=negative)				
Has excellent grades	3.62 (1.36)	3.56 (1.37)	3.68 (1.37)	t=.01, p=.99
Has grades consistent with potential	3.36 (1.36)	3.24 (1.39)	3.48 (1.32)	t=.24, p=.81

a For continuous variables, difference between groups is indicated by a t-test value and an associated probability level; for categorical variables, difference between groups is shown with the chi-square and an associated probability.

b From "Student Evaluation Form--Grades Prekindergarten through Six." Polk County, Florida, Family Service Schools Program

Source: School report cards and Teacher Questionnaire.

Information about children's school progress was obtained from their school report cards for the 1996-1997 school year, the year prior to the initiation of the *FAST* program. Children in both groups had grades in language, reading, math, and science that were average to slightly above average (Exhibit B2-7). The average of all their academic subjects grades (four subjects above plus others), however, was slightly lower than average. At the end of this school year, 11% of the children in both groups were retained in their present grade rather than being promoted to the next. Children's behavior grades were also average,

corresponding to a letter grade of 'C'. Finally, according to school records, children were absent from school an average of 6% of the time, approximately 11 days during the school year.

Family Characteristics

An adult family member was interviewed about topics including household composition, family resources, parents' education, home environment, social support, children's social contacts, the school-family relationship, and community resources. For 84% of the children, their mother was interviewed, for 4% the respondent was the child's father, and for 7% the respondent was a grandmother. Respondents were similar for both the *FAST* and comparison groups and across cohorts. As with many of the measures of child characteristics and children's school experience outlined above, the *FAST* and comparison groups were similar across many of the measures of family well-being.

Exhibit B2-8 presents the findings on family characteristics at the beginning of the study. As with child characteristics, means and proportions are shown separately for the *FAST* and comparison groups, along with statistical evidence as to whether the two groups were equivalent at the beginning of the study. The *FAST* and comparison families did not differ statistically on family characteristics. In general, the following conclusions about family characteristics can be drawn from the data:

- *FAST* and comparison group families were similar on household composition, parent education and family resources. There were three significant cohort differences. First, more children in the first cohort lived in single parent homes compared to children in the second cohort (69% vs 60%). Second, a slightly greater proportion of family members in the second cohort had lived in the household six or more months compared to family members in the first cohort (99% vs 97%). Third, there was a cohort difference in household employment status; this difference, though, was explained by the difference in single parent households rather than by a difference in employment per se.

- Both *FAST* and comparison group families had low incomes and were lacking in many resources for their families. Community resources were not in abundance; families reported fewer than four different organizations available in their community out of a possible twelve. Similarly, parents in both groups listed a number of problem issues in their community such as unemployment, delinquency, and drug dealing.

- Parents in both groups reported relatively high levels of involvement with their children, indicated by the *Personal Network Matrix*, questions about parenting, and literacy activities.

Exhibit B2-8

Initial Family Demographic Characteristics

Family Characteristics	Total Sample (n=402)	*FAST* Group (n=206)	Comparison Group (n=196)	Difference between *FAST* & Comparison Groups[a]
Household composition & stability				
Number of people	4.98 (1.79)	5.04 (1.94)	4.90 (1.61)	t=.82, p=.41
Number of adults (18+ yrs)	1.79 (0.92)	1.87 (0.97)	1.70 (0.86)	t=1.87, p=.06
Number of children (<18 yrs)	3.18 (1.56)	3.17 (1.66)	3.19 (1.46)	t=.12, p=.90
Proportion of single parent families	.64*	.61	.68	$\times^2$=2.01, p=.37
Proportion of family members in household 6+ mos	.98 (0.10)*	.98 (0.11)	.99 (0.08)	t=.69, p=.49
Proportion of families with any moves in previous 6 mos	.16	.14	.18	$\times^2$=1.17, p=.28
Proportion of families with more than 1 move in previous 6 mos	.03	.03	.02	$\times^2$=.25, p=.62
Parent education & employment				
Proportion high school/GED	.49	.52	.46	$\times^2$=1.56, p=.21
Proportion currently taking classes	.09	.09	.08	$\times^2$=.04, p=.85
Household employment status:* proportion of households with...				$\times^2$=7.50, p=.19[b]
Single parent w/o employment	.35	.33	.37	
Single parent with employment	.32	.28	.35	
Two parents w/ 1 adult employed	.15	.19	.11	
Two parents w/ 2 adults employed	.14	.15	.14	
Two parents w/o employment	.05	.05	.04	
Among mothers who are employed:	n=199	n=100	n=99	
Total hours work/week	37.66 (14.17)	37.38 (14.22)	37.95 (14.19)	t=.28, p=.78
Hourly wage	$6.74 (3.97)	$6.67 (3.39)	$6.82 (4.48)	t=.27, p=.78
Proportion with no benefits	.30	.33	.27	$\times^2$=7.39, p=.39
Average number of benefits	2.90 (2.73)	2.72 (2.72)	3.08 (2.74)	t=.92, p=.36
Proportion with:				
Medical insurance for self	.46	.43	.49	$\times^2$=.77, p=.38
Medical insurance for children	.33	.33	.34	$\times^2$=.02, p=.88
Proportion with benefits (cont'd):				

Exhibit B2-8

Initial Family Demographic Characteristics

Family Characteristics	Total Sample (n=402)	*FAST* Group (n=206)	Comparison Group (n=196)	Difference between *FAST* & Comparison Groups[a]
Dental insurance for self	.34	.30	.37	$\times^2$=1.03, p=.32
Dental insurance for children	.28	.27	.28	$\times^2$=.01, p=.94
Sick time	.52	.47	.57	$\times^2$=2.04, p=.15
Vacation/holidays	.65	.64	.66	$\times^2$=.13, p=.72
Life insurance	.37	.32	.42	$\times^2$=2.26, p=.13
Household income				$\times^2$=10.30, p=.33[b]
Proportion of families with:				
$3,000 or less	.27	.28	.25	
$3,001--$6,000	.14	.12	.16	
$6,001--$9,000	.11	.13	.08	
$9,001--$12,000	.11	.09	.13	
$12,001--$15,000	.10	.08	.13	
$15,001--$20,000	.10	.12	.08	
$20,001--$30,000	.09	.10	.09	
$30,001--$40,000	.04	.05	.04	
$40,001--$50,000	.02	.01	.02	
$50,001 +	.01	.01	.01	

a For continuous variables, difference between groups is indicated by a t-test value and an associated probability level; for categorical variables, difference between groups is shown with the chi-square and an associated probability.
b Overall chi-square analysis done on household employment status not on individual categories.
* Significant cohort difference.

Source: *Family Well-Being Interview* completed by child's primary caregiver.

Initial Cohort Differences

Out of a total of 57 analyses, seven significant cohort differences were found. This is a greater number than is expected by chance. There is no consistent pattern to the differences, though, and it does not appear that one cohort was consistently better off at the time of the initial interviews and questionnaires. In our analytic approach, however, we include cohort as a covariate and thus examine whether cohort (1) has a significant impact on child and family outcomes and (2) whether the impacts of *FAST* differ across cohort.

Impact Findings

Information on the impact of *FAST* on children and families was gathered one year after the eight-week *FAST* program. Earlier studies of FAST focused on the short term impacts of the program, immediately after the eight-week program ended. For this study, the outcomes of greatest interest were those measured after one year. By concentrating on these data, we were able to examine the long-term impacts of FAST participation. That is, we were able to explore whether there were any impacts of the program that were sustained beyond the end of the program. Analyses focused on comparisons between the *FAST* and comparison groups in the areas of child and family outcomes, testing whether participation in *FAST* had any significant impacts. Although a wide range of variables were measured for children and families, the areas in which the program expected to find impacts are (1) children's adaptive behavior, and (2) family functioning.

Outcome analyses for children focused on social activities and social behavior, school attendance, and academic progress. Data come from parent and teacher ratings and from report cards.

Social Activities and Behavior

Children in both groups were similar in their level of involvement in social activities outside the classroom (Exhibit B2-9). Close to 50% of children in both the *FAST* and the comparison groups were reported to participate in social activities at the one year follow-up, and these occurred a little over one day per week. Both groups of children also took part in informal activities an average of just over four days per week. At the one-year follow-up, a greater proportion of children in both groups were reported to engage in regular activities outside of the classroom but on a less frequent basis compared with the reports of activities gathered at the initial interviews.

Children's social behavior was again rated by both parents and teachers using the *Social Skills Rating System* (*SSRS*) and the *Child Behavior Checklist* (*CBCL*). Teachers also completed the *Student Evaluation Form*.

Parent Ratings

Parents of children in the *FAST* group rated their children's behavior on both the *SSRS* and *CBCL* more positively compared with parents of children in the comparison group (Exhibit B2-10). As they did in the initial interview, parents of children in the *FAST* group rated their children more positively on the *SSRS* compared with the comparison group. Ratings were still somewhat below the national mean of 100.

Exhibit B2-9

One-Year Outcomes for Children's Involvement in Social Activities

Amount of Involvement by Type of Social Activity	Total Sample (n=380)	*FAST* Group (n=193)	Comparison Group (n=187)	Difference between *FAST* & Comparison Groups[a]
Regular social activities (e.g., team, church group, club)				
Number of respondents	380	194	186	
Proportion involved in activities	.48	.49	.47	$\times^2$=.05, p=.82
Average # days/week involved in activities	1.07 (1.45)	1.08 (1.44)	1.06 (1.46)	F=.22, p=.64
Informal social activities (play outside of school, talking on phone)				
Average # days/week in informal activities	4.31 (2.41)	4.43 (2.31)	4.18 (2.50)	F=1.20, p=.27

a For continuous variables, difference between groups is indicated by an F-test value from either a hierarchical linear model or a linear regression and an associated probability level; for categorical variables, difference between groups is shown with Wall chi-square from the logistic regression and an associated probability.

Source: Family Well-Being Interview completed by child's primary caregiver.

There were also significant group differences in parent ratings on the *CBCL*, differences that were not seen in the initial interview (Exhibit B2-10). *FAST* parents described their children as displaying fewer externalizing behaviors compared with comparison group parents. However, a large percentage of children in both groups were still reported to have a clinical level of internalizing or externalizing behavior problems (Exhibit B2-11).

Exhibit B2-10

One-Year Outcomes for Parent and Teacher Ratings[a] of Children's Socio-Emotional Behavior

Child's Social-Emotional Behavior	Total Sample	*FAST* Group	Comparison Group	Difference between *FAST* & Comparison Groups[b]
Parent Ratings	n=382	n=194	n=188	
SSRS[c]: Total				
Mean score (s.d.)	88.55 (16.61)	90.22 (16.61)	86.80 (16.49)	F=3.78, p=.05
CBCL[d]: Internalizing Behavior				
Mean score (s.d.)	56.88 (12.01)	55.94 (12.06)	57.84 (11.92)	F=3.02, p=.08
CBCL[d]: Externalizing Behavior				
Mean score (s.d.)	59.05 (12.77)	57.19 (12.40)	60.99 (12.89)	F=10.71, p=.001
Teacher Ratings	n=309	n=161	n=148	
SSRS[c]: Total				
Mean score (s.d.)	86.00 (15.72)	87.39 (16.62)	84.53 (14.61)	F=2.36, p=.13
CBCL[d]: Internalizing Behavior				
Mean score (s.d.)	54.52 (15.26)	54.22 (14.81)	54.63 (15.79)	F=.01, p=.94
CBCL[d]: Externalizing Behavior				
Mean score (s.d.)	54.55 (14.68)	52.83 (14.31)	56.49 (14.89)	F=2.29, p=.13
Student Evaluation Total[e]	44.47 (16.15)	42.18 (14.93)	46.37 (17.22)	F=.20, p=.66

a Ratings are reported as standard scores.

b For continuous variables, difference between groups is indicated by an F-test value from either a hierarchical linear model or a linear regression and an associated probability level; for categorical variables, difference between groups is shown with Wall chi-square from the logistic regression and an associated probability.

c Social Skills Rating System (Gresham & Stephen, 1990)

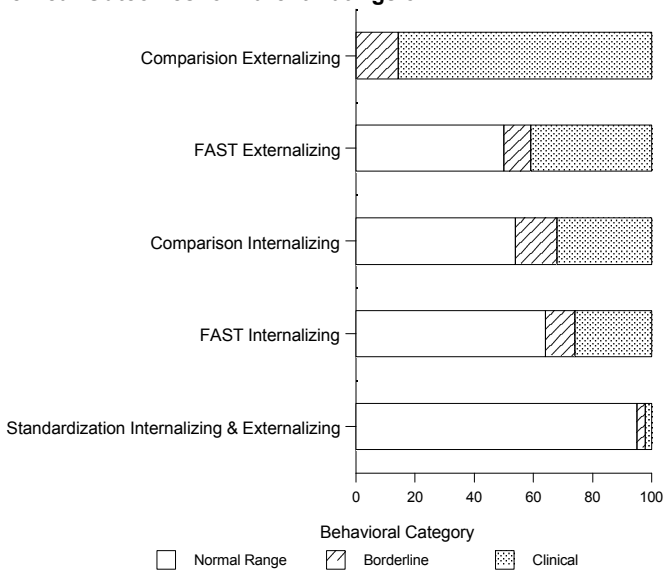
d Child Behavior Checklist (Achenbach & Edelbrock, 1986); lower scores indicate more positive ratings

e Student Evaluation Form, Polk County, Florida, Family Service Schools Program

Sources: Child Well-Being Interview completed by child's primary caregiver and *Teacher Questionnaire* completed by child's classroom teacher.

Exhibit B2-11

One-Year Outcomes for Parent Ratings on CBCL



Teacher Ratings

There were no differences in teacher ratings of children's behavior (Exhibit B2-10). On the *SSRS*, teachers rated children almost a full standard deviation below the national mean of 100; this is similar to ratings from the initial data collection. On the *CBCL*, there were also no group differences in teacher ratings. In both groups, a large percentage of children were described as having a clinical level of behavior problems (Exhibit B2-12).

Exhibit B2-12

One-Year Outcomes forTeacher Ratings on CBCL

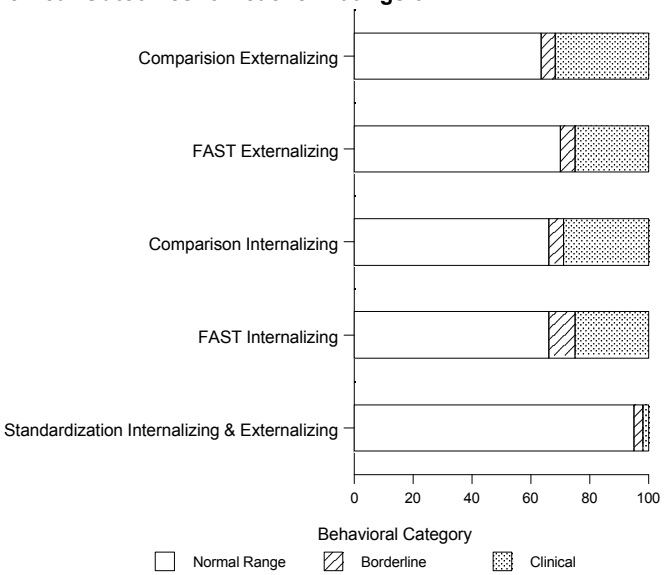


Exhibit B2-13

One-Year Outcomes for Children's Academic Progress

	Total Sample (n=267)	*FAST* Program Group (n=140)	Comparison Group (n=127)	Difference between *FAST* & Comparison Groups[a]
Final quarter grades for 1998-1999 school year 5 point scale: 0=unsatisfactory, 'F'; 2=average, 'C'; 4=satisfactory, 'A'				
Language	1.81 (1.24)	1.82 (1.31)	1.80 (1.17)	F=2.59, p=.11
Reading	1.78 (1.30)	1.78 (1.33)	1.78 (1.26)	F=1.69, p=.20
Math	1.94 (1.25)	1.86 (1.23)	2.04 (1.27)	F=.00, p=.95
Science	2.19 (1.19)	2.20 (1.23)	2.18 (1.15)	F=.26, p=.62
Average of all academic subjects	1.66 (1.23)	1.65 (1.29)	1.66 (1.20)	F=.49, p=.49
Behavior	2.04 (1.26)	2.12 (1.32)	1.96 (1.20)	F=.13, p=.72
Promotion/retention				
Proportion of students retained in current grade	.15	.18	.12	X^2=.29, p=.59
Attendance				
Percent of days absent for final quarter	.07 (.09)	.07 (.10)	.06 (.08)	F=.90, p=.34
Percent of days absent for school year	.06 (.05)	.06 (.05)	.06 (.06)	F=2.25, p=.14
Teacher Ratings[b] (Items rated on 5 point scales, 1=positive, 5=negative)				
Has excellent grades	2.62 (1.42)	2.56 (1.44)	2.70 (1.39)	F=.33, p=.56
Has grades consistent with potential	2.57 (1.32)	2.50 (1.33)	2.64 (1.32)	F=.51, p=.48

a For continuous variables, difference between groups is indicated by a t-test value and an associated probability level; for categorical variables, difference between groups is shown with the chi-square and an associated probability.

b From "Student Evaluation Form--Grades Prekindergarten through Six." Polk County, Florida, Family Service Schools Program

Source: School report cards and Teacher Questionnaire.

Academic Progress

Report card grades were collected for the 1998-199 school year, the school year after the *FAST* programs were implemented. There were no group differences in grades for any of the academic subjects or for school behavior (Exhibit B2-13). In both groups, students' grades were somewhat less than average, except for behavior, which was average. In addition, the proportion of students retained in their current grade and student attendance were not different between the FAST and the comparison groups. Teacher ratings of student grades and student potential were similar across groups. Students were rated as performing somewhat above their potential and their grades were rated slightly better than average.

Impacts on Families

Parents were interviewed about the family environment, parenting, social support, the school-family relationship, and participation in their community. Analyses focused on these areas because these are aspects of families' lives that could be impacted by *FAST*. Household composition, family resources, and parents' education are not a focus of *FAST* and are thus not included in these analyses.

Family Environment and Parenting

The family environment was assessed in multiple ways. Three scales--the *Family Environment Scale*, The *Family Routines Questionnaire*, and The *Parent As A Teacher Inventory*--were administered to parents and are described below. In addition, the interview contained a series of questions designed to understand parents' discipline practices.

The *Family Environment Scale* asks respondents to describe their family and interactions in terms of six constructs: cohesiveness ("family members really help and support each other"), expressiveness ("family members tell each other about our personal problems"), conflict ("family members lose their tempers a lot"), independence ("we think things out for ourselves in our family"), organization ("each person's duties are clearly defined in our family"), and control ("rules are pretty inflexible in our household"). *FAST* and comparison group parents did not differ in how they rated themselves (Exhibit B2-14). A large percentage of parents in both groups rated their families high (the items on the construct "describe our family well" or "describe our family very well") on cohesiveness, expressiveness, independence, organization, and control. Less than half of the parents rated their families high on conflict.

The *Family Routines Questionnaire* assesses the stability or consistency of shared family activities; on the scale, parents rate the frequency with which 11 family routines (such as eating a meal together, playing together, etc) occur, ranging from "almost never" to "every day". The items were summed for a single rating of family routine. There was no difference between groups in the level of routine in families (Exhibit B2-14). Parents in both groups reported that family routines occurred an average of three to five times per week.

The *Parent As A Teacher Inventory (PAAT)* measures a parent's feelings about their child's need for creativity and play, about their own role as teacher of their child, and about their level of patience with their child. The *PAAT* was administered only to parents who had a preschool child in the household, and a total score was created to summarize parents' beliefs about learning in children and their role as a teacher. There were no differences between *FAST* and comparison group parents on the *PAAT*; on average, parents in both groups "agreed somewhat" that parents should act as a teacher to their children and that creativity and play are important for children's learning (Exhibit B2-14).

Exhibit B2-14

One-Year Outcomes for Family Environment and Parenting

Family Characteristics	Total Sample	*FAST* Group	Comparison Group	Difference between *FAST* & Comparison Groups[a]
Family environment	n=385	n=196	n=189	
Family Environment Scale[b] (proportion who are high on each construct)				
Cohesiveness	.97	.98	.95	$\times^2$=.001, p =.99
Expressiveness	.90	.89	.92	$\times^2$=.005, p =.95
Conflict	.46	.45	.46	$\times^2$=.007, p =.93
Independence	.98	.99	.97	$\times^2$=.000, p =.99
Organization	.95	.96	.94	$\times^2$=.000, p =.99
Control	.96	.97	.95	$\times^2$=.000, p =.99
Family Routines Questionnaire[c] ***(1=low level of family routines, 4=high level of routines)***				
Total score	3.04 (0.55)	3.02 (0.57)	3.08 (0.52)	F=.73, p=.39
Parent/child relationship				
Parent As A Teacher[d] ***(1=strong disagreement, 4=strong agreement)***	n=159[e]	n=80	n=79	
Total	2.96 (0.31)	2.97 (0.31)	2.93 (0.31)	F =.01, p =.94
Parent strategies for resolving parent/child conflict (1=never used, 4=often used)				
Let situation go	1.20 (0.32)	1.18 (0.30)	1.24 (0.34)	F=1.79, p=.18
Remove privilege	3.01(0.65)	3.06 (0.62)	2.96 (0.66)	F=1.73, p =.19
Time out	3.02 (0.69)	3.07 (0.69)	2.96 (0.69)	F =.85, p =.36
Spank	2.34 (0.76)	2.37 (0.74)	2.33 (0.79)	F =.15, p =.70
Talk to child	3.52 (0.55)	3.56 (0.52)	3.49 (0.57)	F =.17, p=.68
Scold	2.63 (0.90)	2.68 (0.92)	2.58 (0.86)	F =.37, p =.54

a For continuous variables, difference between groups is indicated by an F-test value from either a hierarchical linear model or a linear regression and an associated probability level; for categorical variables, difference between groups is shown with Wall chi-square from the logistic regression and an associated probability.

b Adapted from Moos & Moos (1974).

c Adapted from Boyce, Jensen, James & Peacock.

d Strom (1984); *PAAT* administered only to families with preschool-age child.

Sources: *Family Well-Being Interview* completed by child's primary caregiver.

To assess how parents resolve conflicts and use discipline with their child, three situations were described: the child talking back to the parent, hitting a playmate, and going near a busy street. Parents indicated the frequency with which they used six responses, including physical punishment, verbal scolding, talking things out, isolating the child, taking away a privilege, and doing nothing. Parents in the *FAST* and comparison groups were similar in how they reported resolving conflicting situations with their child. Parents in both groups reported that their most common response was talking to their child. Giving the child a time out and taking away a privilege were also used often by parents. Physical punishment and scolding were less often used, and parents reported that they virtually never just let the situation go.

Parents' Social Support

The *Parent Interview Schedule* asked parents to report the frequency with which they engaged in different social activities over the course of a month. Activities included visiting with another person over a cup of coffee or a meal, going with someone to a movie or other event, or chatting with an acquaintance in the grocery store. These items were summed for a total number of social activities in the past month. In addition, parents were asked about the frequency of their feelings of loneliness. FAST and comparison group parents did not differ in the number of social activities in which they engaged or in how often they experienced feelings of loneliness (Exhibit B2-15). Parents in both groups engaged in some kind of social activities about 20 times per month, and less than half the parents reported feeling lonely at least once in the previous month.

Parents' Community Participation

Parents were interviewed about different aspects of participating in their community:

- Use of neighborhood resources such as community health service, supermarket, library, after-school programs, scouting and youth groups;
- Time spent in meetings or activities in different community organizations including religious organizations, neighborhood councils, school groups, community classes, and community athletic teams;
- Extent of volunteer work--whether they volunteered and amount of time spent volunteering; and
- Leadership positions in the community--lower level (called others for a meeting, brought snacks or helped fix or serve food) and higher level (been a committee member, chairperson, or officer, been in charge of a particular task or run an activity)

FAST and comparison group parents reported similar levels of involvement in their communities, with two exceptions: a greater proportion of parents in the *FAST* group (1) reported doing volunteer work and (2) reported holding lower level leadership positions (Exhibit B2-15). Across both groups, about 60% of neighborhood resources were used by families, and over 10 hours per week were spent in community activities. About one-fifth of parents reported doing some volunteer work, and somewhat more parents in the *FAST* group did so. There were no differences, though, in the number of hours per week spent

Exhibit B2-15

One-Year Outcomes for Parent Social Support and Community Participation

	Total Sample (n=386)	*FAST* Group (n=197)	Comparison Group (n=189)	Difference between *FAST* and Comparison Groups[a]
Social support				
Number of social activities in past month	21.45 (22.86)	21.76 (23.72)	21.14 (21.99)	F=.16, p=.69
Proportion of parents who felt lonely in past month	.43	.45	.41	$\times^2$=.005, p=.95
Community Participation				
Proportion of neighborhood resources used by family	.59 (0.25)	.58 (0.24)	.60 (0.26)	F=.04, p=.84
Hours/month of community participation	11.33 (17.66)	11.78 (19.80)	10.86 (15.19)	F=.18, p=.67
Proportion of families who do volunteer work[b]	.21	.22	.19	$\times^2$=4.02, p=.05
Average hours/week of volunteering	1.96 (5.96)	2.26 (6.43)	1.66 (5.41)	F=2.71, p=.10
Proportion who have held any higher level leadership positions[c]	.13	.15	.12	$\times^2$=2.39, p=.12
Proportion who held any lower level leadership positions[c]	.18	.19	.16	$\times^2$=3.91, p=.05

a For continuous variables, difference between groups is indicated by an F-test value from either a hierarchical linear model or a linear regression and an associated probability level; for categorical variables, difference between groups is shown with Wall chi-square from the logistic regression and an associated probability.

b Adapted from "Prospects: The Congressionally Mandated Study of Educational Growth and Opportunity", Parent Interview (1990).

c Adapted from "National Evaluation of EvenStart: In-Depth Study", Parent Interview (1990).

Sources: Family Well-Being Interview completed by child's primary caregiver.

volunteering. Nineteen percent of parents in the FAST group had held a lower level leadership compared with 16% of comparison group parents.

School-Family Connections

Parents were interviewed about their connection to their child's school in the previous six months. They were asked whether they had (1) been contacted by the school for positive or neutral reasons (good academic performance, positive school behavior, school program or services); (2) been contacted by the school for negative reasons (poor academic performance, behavior problems, attendance problems, skipping classes, discipline problems, health problems); (3) visited the school for a parent/teacher conference, to observe, to attend an

event their child was participating in, or to attend a social event; and (4) participated in school activities such as parent-teacher organizations, parent advisory committees, helping in the classroom, serving on a school board, or going on a school trip. Parents in the *FAST* and comparison groups were similar in their report of school-family connections (Exhibit B2-16). Almost two-thirds had been contacted by the school for positive or neutral reasons, and less than one-third reported contact by the school for negative reasons. Just over half of the parents had visited their child's school in the previous six months, and only one-third reported participating in school activities.

Exhibit B2-16

One-Year Outcomes for School-Family Connections

	Total Sample (n=383)	*FAST* Group (n=196)	Comparison Group (n=187)	Difference between *FAST* & Comparison Groups[a]
Parent/school contacts in last 6 months[b]				
Proportion parents contacted by school for positive reasons	.63	.67	.59	$\times^2$=1.32, p=.25
Proportion parents contacted by school for negative reasons	.31	.23	.38	$\times^2$=.88, p=.35
Proportion parents who visited school	.54	.56	.53	$\times^2$=.004, p=.94
Proportion parents who participated in school activities	.33	.37	.29	$\times^2$=.08, p=.77

a For categorical variables, difference between groups is shown with Wall chi-square from the logistic regression and an associated probability.

b Adapted from "Prospects: The Congressionally Mandated Study of Educational Growth and Opportunity", Parent Interview (1990)

Sources: *Family Well-Being Interview* completed by child's primary caregiver.

School and Cohort Effects

Two covariates included in the analyses were (1) the interaction between treatment group and school and (2) the interaction between treatment group and cohort. If either of these were significant, it would mean that the impact related to FAST participation differed across schools or across cohorts, indicating that the intervention was potentially implemented differently at different times or in different schools. Of the 51 total analyses, there were six in which the treatment group by school interaction was significant. However, when these were examined more closely, there were no consistent patterns for individual schools or groups of schools. Only two of the analyses showed a significant treatment group by cohort interaction, fewer than would be expected by chance and therefore not a concern.

Discussion

The FAST program, as we studied it in New Orleans faced a significant challenge. Substantial proportions of the children identified by teachers as in need of the program had serious behavioral problems that reached clinical levels. They lived in families that were larger than average (average family size was five persons), 60 percent of which were headed by a single female parent, and 75 percent of which had incomes under $15,000 a year. While FAST was originally designed to promote resiliency in at-risk families, it is not able to provide the clinical intervention that some of these families needed. These are also not the kinds of families that are easy to involve in school-based activities.

In these circumstances, it should be considered an achievement that more than half of the families assigned to the program graduated. Increasingly, programs that intervene with high risk families assume that the program must be brought to the family's home, and even then, attrition from most of such programs is quite high.

Our study of the FAST program in New Orleans found a small number of significant positive effects, after one year. Parents in the FAST group rated their children's behavior significantly more positively than did parents in the control group. There were also a small number of impacts of *FAST* on families. A greater proportion of parents in the *FAST* group reported doing some kind of volunteer work, and a greater proportion of *FAST* parents reporting having been in a leadership position. There were no differences, however, in family environment and parenting outcomes or school-family connections.

There were no impacts of *FAST* on teacher ratings of children's behavior or on children's school grades. It appears that the longer-term impact of *FAST* occurred in children's behaviors at home. This may have occurred as a result of full-family participation in *FAST*. One goal of the program was to improve family functioning and communication. It is possible that the program changed (1) children's behaviors, (2) parents' perceptions of their children's behaviors, or (3) both.

What might account for the small numbers of positive outcomes? A closer look at the information gathered about the implementation of *FAST* in New Orleans offers some insight. Four potential issues emerged when implementation was examined: scheduling; facilities and equipment; staffing; and attendance and graduation.

Scheduling

In a significant departure from the program's conceptual design, the New Orleans *FAST* programs were typically offered in the afternoon, rather than in the evening. This had consequences for attendance and program scheduling. In the original model, the program began with an evening meal, and family members had the opportunity to drift in and join in the

meal. In New Orleans, the program began promptly at 3:30 p.m. with organized activities and ended with the evening meal. Late arrivals at *FAST* meetings were a recurring problem, and those families often missed some of the key program exercises.

In addition to a different order of program activities, key program components were often skipped or the time allotted for them was seriously reduced in order to compress the program into the allotted time frame. *FAST* programs in New Orleans were often as much as an hour shorter than the ideal length of three hours suggested in the *FAST* manual.

Another consequence of the redesigned schedule was the type of family who actually participated in the program. Families with working parents were rarely able to participate unless their work hours fell before or after mid-afternoon. Approximately one-third of parents approached about participating in *FAST* were unable to attend because of a conflict with the hours for their job.

Facilities and Equipment

In the *FAST* model, the ideal program environment is an adaptable setting where chairs and tables can be moved about to facilitate intimacy for family interaction activities and to encourage communication and interaction among the parent group members. Often too, the program requires separate areas for children and adults so that the children can play beyond earshot of the parent group and so that parents can talk and not be overheard or interrupted.

Most of the *FAST* programs in New Orleans were held in the school cafeteria, where parents and children sat at long tables with attached stools--not a flexible, mobile environment. The *FAST* staff and teams also had to overcome obstacles presented by uncooperative school kitchen staff who refused to make the kitchen facilities available after school hours when staff were planning a schedule for serving the *FAST* meal at each session. In addition, scheduling *FAST* in the afternoon meant that the program competed for space with a myriad of other after-school offerings, and it was often difficult to find adequate play space and equipment for the children.

Staffing Issues

As implemented in New Orleans, the *FAST* program is very much a product of the personality of the group facilitator. While all the group facilitators were professional in their approach to the program and conduct of the sessions, they clearly influenced the overall tone and feeling of the meetings. Some sessions were relaxed and pleasant, some were more efficient and on task, and others were busy and a little disorganized. Some facilitators dominated the parent group sessions while others allowed parents to share the session, as the model prescribes.

The facilitator also must be able to rely heavily on the other *FAST* team members to participate at all sessions and to shoulder a significant portion of the responsibility for each

session's activities. Because of budget constraints in the New Orleans programs, a drug counselor was not part of the team at most of the schools. Having only three professionals on the team instead of four makes it more difficult to implement the program. The programs were frequently understaffed during the sessions. Only when there were sufficient volunteers to assist the *FAST* teams did there seem to be staff enough to ensure that all program components were properly implemented.

Attendance and Graduation

In order to graduate from *FAST*, families were required to attend at least six of the eight weekly meetings--this signified successful completion of the program. In New Orleans, the number of families who completed enough sessions to "graduate" was not particularly high. Only 53% families graduated from the program. This evaluation, however, includes all families who participated in the program, regardless of whether or not they graduated. Almost half of the families did not actually receive the full experience of the *FAST* protocol. In such a structured program, each session is considered essential in order for families to gain the full benefit of the program. The program's impact may have been diluted or lost because of poor attendance or failure to complete the program. Exhibit B2-17 shows the participation rates of families assigned to the program.

FAST graduation rates have typically been reported to be as high as 80%, much higher than the 53% found in this study. Those previous reports, however, included only families who had attended at least one session, under the assumption that once families attended a single session, they would be "hooked" into the program. The 53% of families in our study who graduated is based on the total number of families who were recruited into *FAST*, regardless of whether they ever attended a single session. In fact, 25% of those recruited never attended a single session. The analyses for one-year impacts were redone eliminating people in the FAST group who had never attended a session. There were no differences in the impacts. Because *FAST* is a voluntary intervention (like most interventions), families cannot be forced to participate, even if they are successfully recruited. The challenge for programs may be getting families to attend that first session.

Exhibit B2-17

Program Participation by *FAST* Families

Number of Sessions	Number of Families
0	50
1 - 2	19
3 - 5	22
6 - 8	103
Total	194

Chapter B3
The Impact Evaluation of the Iowa Family Development and Self-Sufficiency (FaDSS) Program

Summary of Study and Findings

This study measured the impacts of the Iowa Family Development and Self-Sufficiency (FaDSS) program, a state initiative that adds family support services to the welfare-to-work services traditionally provided by the AFDC program. The evaluation is based on an experimental design in which approximately 1700 AFDC families at risk of long-term welfare use were randomly assigned to FaDSS (family support plus traditional AFDC services) or to a control group (traditional AFDC services only). Study families were followed for eight years after random assignment; outcomes, all of which are based on state records, include welfare participation and payments, employment and earnings, and child abuse and neglect. The study found **that FaDSS increased slightly AFDC participation and payments in some years but had no impact on employment and earnings or on the incidence of child abuse and neglect.**

The FaDSS Program Theory and Model[1]

At least since the 1960s, U.S. welfare policy has been increasingly linked with programs and services designed to move welfare clients toward economic self-sufficiency. Although research and practice have established the effectiveness of a variety of approaches for moving some families from welfare to work, an important portion of welfare families still experience long spells on public assistance. The FaDSS program is an attempt to improve self-sufficiency outcomes for families at risk of long-term economic dependence.

The core concept motivating the design of the FaDSS Program is that the most at-risk welfare families may require remediation in daily functioning skills and improvements in psychological well-being and confidence before benefitting from more traditional employment and training services. Its central innovation is the "Family Development Specialist" assigned to each FaDSS family. The Family Development Specialist is responsible for traditional case management activities -- information, assessment, service referral, and monitoring progress -- and tries to establish a more informal and personal relationship with the family as it moves toward self-sufficiency.

1 The following section depends heavily on a previous evaluation of FaDSS (Catherine Alter and Jan L. Losby, ***Evaluation of Iowa's FaDSS Program: A Family Support Program for Long-Term Welfare Recipients***. Iowa City: Institute for Social and Economic Development, December, 1995) and on a series of interviews with state-level FaDSS program planners and managers conducted by Abt Associates staff during a site visit in May 1995.

An earlier evaluation of FaDSS developed a theoretical model of the paths by which program effects are hypothesized to appear,[2] which is shown as Exhibit B3-1. The model characterizes the direct effect of FaDSS program services as "intermediate program impacts," including improvements in parental psychological well-being and daily living skills, as well as gains in education and employment experience. Program outcomes are defined as "long-term self-sufficiency outcomes," specifically, becoming independent of welfare.

The legislation establishing FaDSS specified that the program be funded through the Iowa Department of Human Services (IDHS -- the "welfare" agency) but managed by a separate state agency in order to maintain administrative and institutional independence from welfare. The administering agency (the Iowa Department of Human Rights) awarded competitive grants to local non-profit service providers to operate the Program. The initial demonstration phase of the FaDSS program began in 1989 with 7 grantees, with 3 agencies added in 1991 and another in 1993. The 11 grantees were operating in 31 counties by 1993. Current plans are to expand the program to all counties in the state with a capacity to serve a caseload of about 5,000 families, or 7% to 8% of the welfare (TAN) caseload.

Grantees typically provide, or arrange access to, five broad types of services: parenting, family functioning, community support, education, and employment. Although the grantees can design their own distinct approaches, each offers eight core activities focused on the five types of services: home visits, assessment, goal-setting, support services, service referral, advocacy, funds for special needs, and group activities. The FaDSS Program targets families considered most at risk of becoming "long-term" welfare recipients. This general category was more closely defined according to the following general risk factors:

- families whose head-of-household has failed to achieve a given educational standard (for example, a high school degree or equivalent);
- families whose head-of-household was, or is, a teenage mother;
- families with children of certain ages (such as a child under the age of one, or multiple pre-school children, for example);
- families who have been on welfare continuously for a specific amount of time;[3]
- families living within a specific high-poverty area.

2 Ibid., p. 6.

3 The research sample for the previous FaDSS evaluation (Alter et al, op. Cit.), which included 4 FaDSS sites, had an average of 7 years of experience on AFDC prior to entering the research sample.

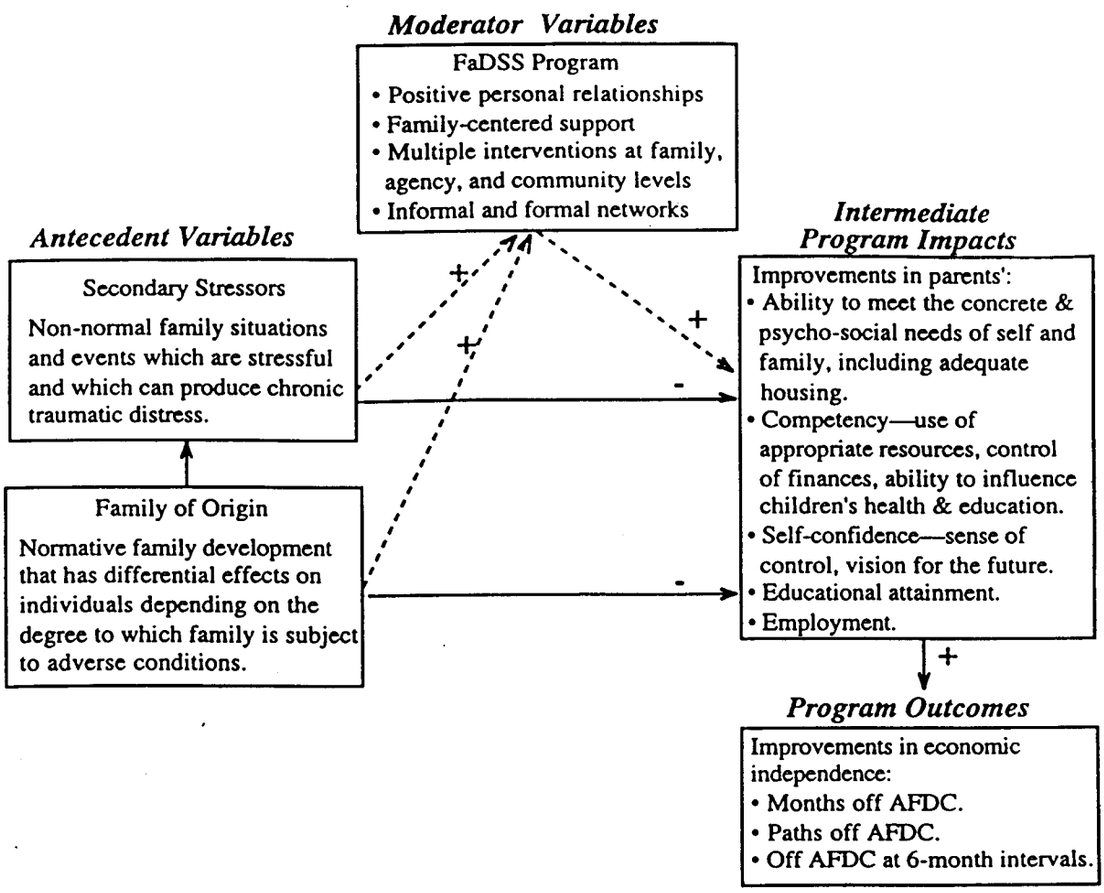
Exhibit B3-1

Theoretical Model for FaDSS Program Impacts[4]

4 Ibid., p.6.

Exhibit B3-1

Theoretical Model for FaDSS Program Impacts[4]



Note: The (+) and (-) signs indicate the direction of the relationship between two variables. A (+) sign hypothesizes a positive relationship—if measurement of the antecedent variable produces a high score then we expect that measurement of the variable which follows it will also be high. Conversely, a (-) sign indicates a negative relationship—if measurement of the antecedent variable produces a high score then we expect that measurement of the variable which follows it will produce a low score. For example, the FaDSS model hypothesizes that parents who experienced high levels of non-typical stress (such as physical abuse) when they were children will have less capacity to meet their family's concrete and psycho-social needs (a negative relationship). If, however, they experienced high levels of family support via the FaDSS Program, then their care-taking capacity will also be high (or higher than those who did not participate in FaDSS). In other words, the FaDSS intervention is expected to moderate the effects of a difficult childhood.

4 Ibid., p.6.

Design of the Evaluation

The FaDSS program was implemented as a demonstration project with an experimental design. Because FaDSS is voluntary and is targeted at long-term recipients, would-be participants had to be identified and recruited. IDHS generated lists of eligible recipients from which the FaDSS grantees could recruit participants. As eligible welfare recipients agreed to participate in FaDSS, they were randomly assigned by IDHS into treatment and control groups. From the time the program began in 1989 through 1991, the seven initial grantees randomly assigned eligible families to a treatment group receiving FaDSS services and other employment services available to Iowa welfare recipients or to a control group receiving only the normally available employment services. The three new grantees added in 1991 implemented random assignment through 1993. Over the period from 1989 through 1993, approximately 2,500 - 3,000 welfare families were randomly assigned.

Research Sample

The evaluation research sample includes 899 treatment group families and 799 control group families that were randomly assigned from February 1989 through February 1992[5] from the first ten FaDSS project sites. Baseline data for the sample are limited, including information about the evaluation study group (treatment or control), date of random assignment, FaDSS project site, and birth date of the family (welfare case) head. Note that the research sample includes all families randomly assigned, regardless of their actual program participation or use of FaDSS services.[6]

Each of the initial ten FaDSS sites in the research sample targeted families that were identified as being at-risk of long-term welfare participation. Each FaDSS project was allowed to apply its own definition of risk, within the general at-risk factors listed above. Sites used somewhat different combinations of specific participant risk factors; the display below indicates which risk factors were applied in each site.

5 While random assignment continued for some time after this period, the research sample with data available for this study includes only those assigned through February 1992.

6 The previous evaluation includes some information about program participation based on a smaller sample of 199 treatment group families. Specifically, it found that families spent an average of 29 months in the program, with about 42% participating for 23 months or less, 37% participating for 24 - 48 months, and 22% participating for more than 49 months. The study contains no systematic data defining "participation." *Ibid*., pp. 33-34.

Site	Risk Factors Designated by FaDSS Sites (Stars--★ -- eligibility in this site was based on having any one of the relevant risk conditions)								
	Single Head of household	Female	Unemployed	Teenage Mother	Mother < 25 Years	High School Dropout	Multiple AFDC Spells	Preschool Children	3 or More Children
1									
2									
3 ★									
4									
5 ★									
6									
7 ★									
8									
9									
10									

Outcome Measures

Study outcome measures are based on data from three administrative systems and include:[7]

- welfare participation -- receiving an AFDC or Food Stamp Program (FSP) payment or maintaining eligibility for Medicaid;
- welfare payments -- AFDC and FSP benefits;
- employment -- more than $50 earned in a calendar quarter;
- earnings -- quarterly earned income; and,
- child abuse or neglect -- substantiated instances of child abuse or neglect.

7 Note that our evaluation is limited to the domain of program outcomes identified in the program model and does not include any data to estimate intermediate impacts. On the other hand, although the model does not include measures of child well-being, we include these outcomes as intended effects of FaDSS, based on interviews with IDHS staff.

Two factors determine the length of the follow-up period for measuring outcomes. First, because families were randomly assigned over a period of about three years, some have been exposed to FaDSS for a longer period of time; all families were observed for at least 5 years after random assignment for each outcome. Second, although AFDC and child welfare administrative data are available for the entire post-random assignment period for each sample family, data for the Food Stamp and Medicaid Programs, as well as for employment and earnings are confined to shorter periods. Exhibit B3-2 summarizes the data sources and the follow-up periods covered for each of the outcomes in the study.

Exhibit B3-2

Outcomes and Sources of Data for the FaDSS Evaluation

Outcome	Definition	Period Covered	Data Source
Welfare participation	Received monthly AFDC benefit	1/87 - 9/96	Iowa Automated Benefit Calculation (IABC) System
	Received monthly FSP benefit	11/91 - 9/96	
	Was eligible for Medicaid in month	8/89 - 9/96	
Welfare payments	Monthly AFDC benefit	1/87 - 9/96	IABC
	Monthly FSP benefit	11/91 - 9/96	
Employment	Earned $50 or more in a calendar quarter	1/93 - 12/96	Iowa Work Force Development Quarterly Wage System
Earnings	Quarterly earnings	1/93 - 12/96	Iowa Work Force Development Quarterly Wage System
Child abuse or neglect	Substantiated incident of abuse or neglect	1/88 - 6/97	Iowa Automated Child Abuse and Neglect Systems (ACANS)

Impact Findings

Cross-sectional analyses were conducted to estimate the impact of FaDSS on the study outcome measures at yearly intervals following random assignment. Details of the statistical model used to estimate program impacts can be found in an attachment at the end of this chapter.

Welfare Participation

Exhibits B3-3 through B3-5 summarize estimated impacts on annual average participation rates for the AFDC, Food Stamp, and Medicaid Programs through the seventh year following

Exhibit B3-3

FaDSS Impacts on Average Monthly AFDC Participation for Years 1 - 7 After Random Assignment

Year After Random Assignment	Sample Size	Control Group (Not FaDSS)	Treatment Group (FaDSS)	Impact: Percentage Points Added by FaDSS	Impact as a Percentage of Control Group Rate
Year 1	1698	88.2%	88.3%	0.1%	0.1%
Year 2	1698	70.8	70.7	-0.1	-0.1
Year 3	1698	58.7	61.1	2.4	4.1
Year 4	1698	49.1	53.4	4.3**	8.8**
Year 5	1601	42.7	44.2	1.5	3.5
Year 6	1240	39.5	39.0	-0.5	-1.3
Year 7	900	29.7	31.2	1.5	5.1

* Statistically significant at the 10 percent level.
** Statistically significant at the 5 percent level.
*** Statistically significant at the 1 percent level.

Exhibit B3-4

FaDSS Impacts on Average Monthly Food Stamp Program Participation for Years 4 - 7 After Random Assignment

Year After Random Assignment	Sample Size	Control Group (Not FaDSS)	Treatment Group (FaDSS)	Impact: Percentage Points Added by FaDSS	Impact as a Percentage of Control Group Rate
Year 4	1698	57.8%	59.6%	1.8%	3.1%
Year 5	1601	50.7	50.2	-0.5	-1.0
Year 6	1240	47.3	45.4	-1.9	-4.0
Year 7	900	38.7	39.8	1.1	2.8

* Statistically significant at the 10 percent level.
** Statistically significant at the 5 percent level.
*** Statistically significant at the 1 percent level.

Exhibit B3-5

FaDSS Impacts on Average Monthly Rate of Medicaid Program Eligibility for Years 2 - 7 After Random Assignment

Year After Random Assignment	Sample Size	Control Group (Not FaDSS)	Treatment Group (FaDSS)	Impact: Percentage Points Added by FaDSS	Impact as a Percentage of Control Group Rate
Year 2	1698	61.7%	63.6%	1.9%	3.1%
Year 3	1698	56.3	58.6	2.3	4.1
Year 4	1698	54.8	57.7	2.9	5.3
Year 5	1601	50.0	50.6	0.6	1.2
Year 6	1240	47.6	46.5	-1.1	-2.3
Year 7	900	41.2	39.7	-1.5	-3.6

* Statistically significant at the 10 percent level.
** Statistically significant at the 5 percent level.
*** Statistically significant at the 1 percent level.

random assignment. Participation in all three programs decreased over time, with less than a third of study sample families remaining on AFDC for more than six years. However, the study generally found no significant differences in participation between treatment and control group families. One exception is a statistically significant increase in AFDC participation for FaDSS families in the fourth year following random assignment.

Exhibit B3-6 presents time trends in AFDC participation separately for treatment and control group families. The graph illustrates well the general decrease in welfare use over time and the similar paths for both research sample groups.

Welfare Payments

Impacts on welfare payments generally parallel impacts on participation. Exhibits B3-7 and B3-8 show that annual welfare payments decreased over time at roughly the same rate for both treatment and control group families, with no significant differences between the two groups.

Employment and Earning

Trends in employment and earnings are usually complementary to trends in welfare participation and payments. Just as welfare participation decreased over time for both treatment and control group families, so do employment rates and earnings increase. Exhibits B3-9 and B3-10 show that employment and earnings increased at roughly the same rate for both FaDSS and control group families through the 7th year after random assignment.

Exhibit B3-6: Trends in FaDSS Impacts on Welfare Participation

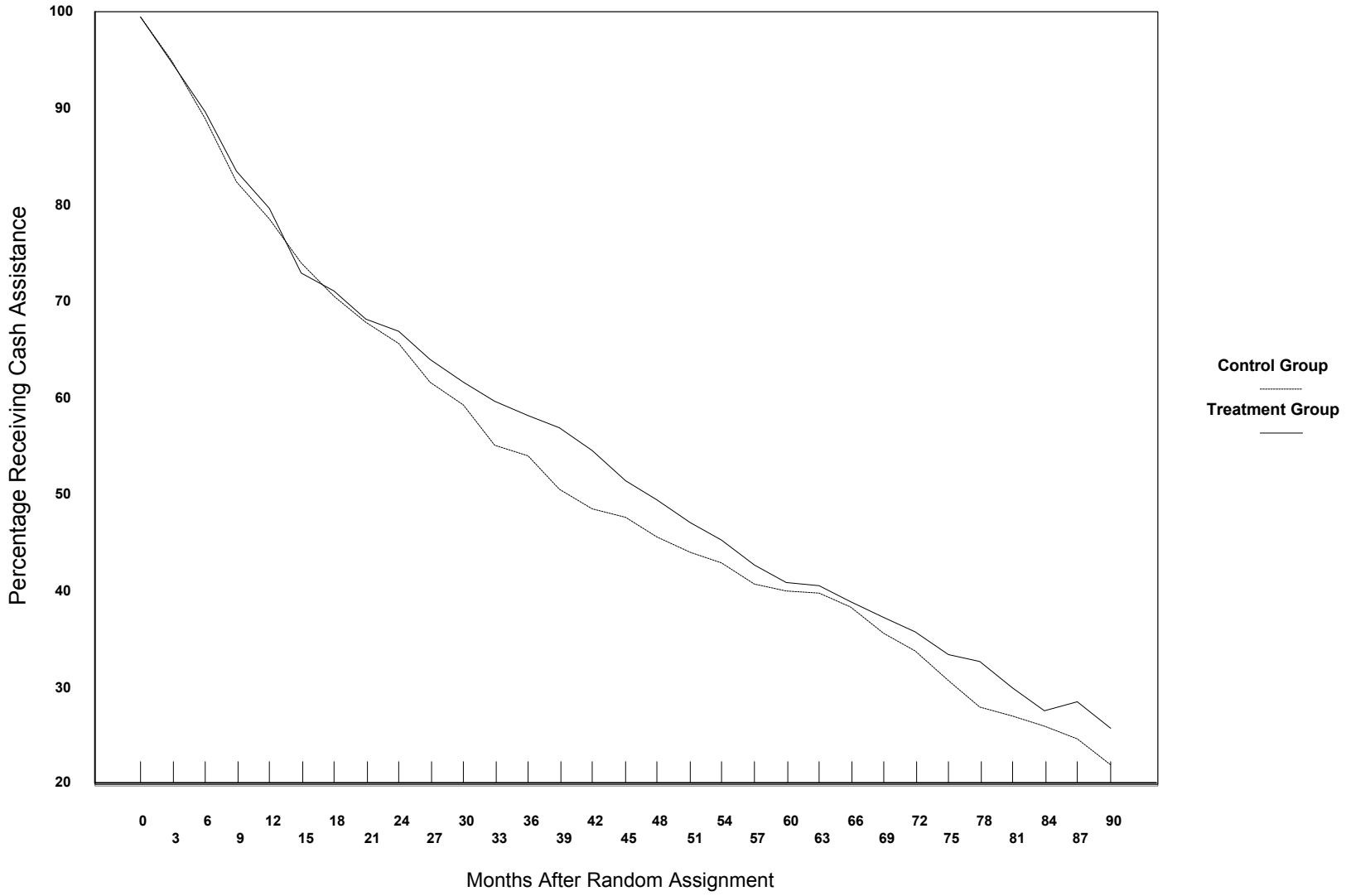


Exhibit B3-7

FaDSS Impacts on Average Annual AFDC Benefit Amount for Years 1 - 7 After Random Assignment

Year After Random Assignment	Sample Size	Control Group (Not FaDSS)	Treatment Group (FaDSS)	Impact: Benefit Dollars Added by FaDSS	Impact as a Percentage of Control Group Rate
Year 1	1698	$4,179	$4,158	-$21	-0.5%
Year 2	1698	3,405	3,341	-64	-1.9
Year 3	1698	2,825	2,917	93	3.3
Year 4	1698	2,325	2,503	178	7.7
Year 5	1601	2,004	2,008	4	0.2
Year 6	1240	1,753	1,706	-47	-2.7
Year 7	900	1,262	1,288	26	2.1

* Statistically significant at the 10 percent level.
** Statistically significant at the 5 percent level.
*** Statistically significant at the 1 percent level.

Exhibit B3-8

FaDSS Impacts on Average Annual Food Stamp Program Benefits for Years 4 - 7 After Random Assignment

Year After Random Assignment	Sample Size	Control Group (Not FaDSS)	Treatment Group (FaDSS)	Impact: Benefit Dollars Added by FaDSS	Impact as a Percentage of Control Group Rate
Year 4	1698	$1,542	$1,607	$65	4.2%
Year 5	1601	1,346	1,344	-2	-0.1
Year 6	1240	1,251	1,192	-59	-4.7
Year 7	900	993	1,033	40	4.0

* Statistically significant at the 10 percent level.
** Statistically significant at the 5 percent level.
*** Statistically significant at the 1 percent level.

Exhibit B3-9

FaDSS Impacts on Annual Quarterly Employment Rate for Years 3 - 7 After Random Assignment

Year After Random Assignment	Sample Size	Control Group (Not FaDSS)	Treatment Group (FaDSS)	Impact: Percentage Points Added by FaDSS	Impact as a Percentage of Control Group Rate
Year 3	458	40.1%	35.4%	-4.7%	-11.7%
Year 4	798	46.6	47.6	1.0	2.1
Year 5	1653	46.0	47.3	1.3	2.8
Year 6	1359	48.7	49.1	0.4	0.8
Year 7	900	49.4	53.1	3.7	7.5

* Statistically significant at the 10 percent level.
** Statistically significant at the 5 percent level.
*** Statistically significant at the 1 percent level.

Exhibit B3-10

FaDSS Impacts on Average Annual Earnings for Years 3 - 7 After Random Assignment

Year After Random Assignment	Sample Size	Control Group (Not FaDSS)	Treatment Group (FaDSS)	Impact: Dollars Added by FaDSS	Impact as a Percentage of Control Group Rate
Year 3	458	$3,303	$2,801	-$502	-15.2%
Year 4	798	4,360	4,247	-113	-2.6
Year 5	1653	4,447	4,660	213	4.8
Year 6	1359	5,105	4,940	-165	-3.2
Year 7	900	5,300	5,709	410	7.7

* Statistically significant at the 10 percent level.
** Statistically significant at the 5 percent level.
*** Statistically significant at the 1 percent level.

Exhibit B3-11 illustrates trends in employment rates over time through the 31st quarter following random assignment.

Child Abuse and Neglect

Substantiated instances of child abuse or neglect were relatively rare for either research group with little difference between the two groups. A small reduction was found due to FaDSS in the proportion of children victimized in the seventh year following random assignment. Exhibit B3-12 compares proportions of FaDSS and control group families with a child found to be abused or neglected on an annual basis through the 8th year following random assignment.

Other Analyses

In addition to estimating the overall impact of FaDSS, we also determined whether there were any significant findings for any of the 10 FaDSS sites. Our analyses showed only a scattering of effects by site with no consistent patterns in any one site.

Although the cross-sectional impact analyses were conducted on a yearly basis to look at comparisons of treatment/control group differences over time, the FaDSS program may also have affected the rate of change on various client outcomes or the propensity to possess a certain behavior, e.g., receipt of AFDC. To investigate these questions, we conducted two forms of longitudinal analyses: growth curve modeling and survival analysis. Both forms of analyses, confirmed results from the cross-sectional models. The FaDSS group did not differ in its change over time on amount of AFDC, food stamps, and Medicaid received, or in earnings compared to the control group. Similarly, treatment group families had the same probability of receiving AFDC, being employed, or committing child abuse over time as those families in the control group.

Discussion

This study found that the FaDSS program achieved none of its intended long-term improvements in families' economic self-sufficiency up to seven years after random assignment.[8] On average, all of the families in the study (both in FaDDS and in the control group) were moving off of AFDC. We do not know whether this trend was attributable to the traditional AFDC services, to overall changes in the Iowa economy, and/or to systematic changes in families' circumstances as the (mostly) young mothers grew up. We do know that adding family support services to the traditional welfare-to-work activities did **not** result in greater gains for FaDSS families.

8 The earlier evaluation by ISED also found no statistically significant differences between treatment and control group families' use of AFDC or employment. Alter and Losby, *loc. cit.*

Exhibit B3-11: Trends in FaDSS Impacts on Employment

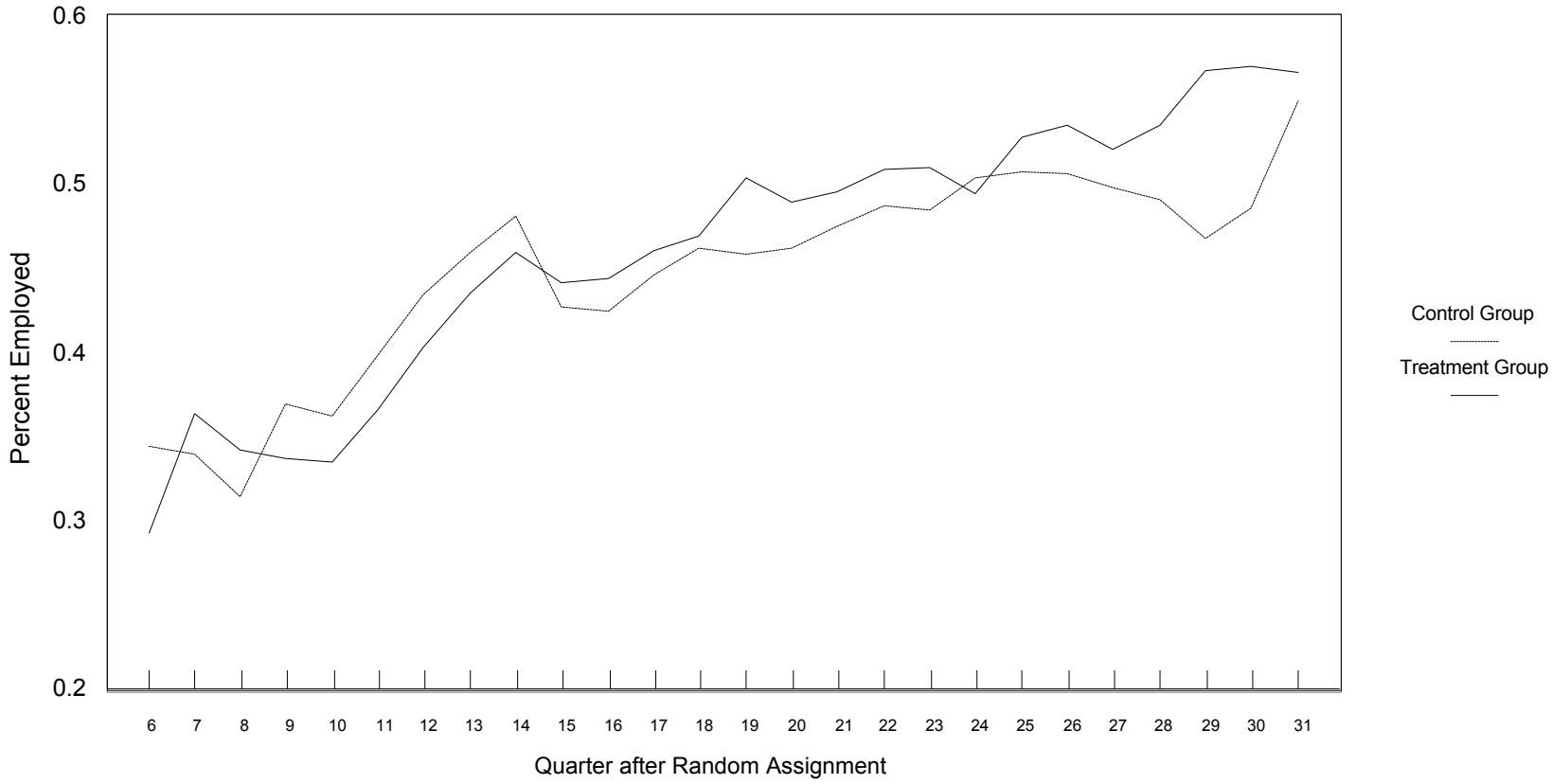


Exhibit B3-12

FaDSS Impacts on Average Annual Percentage of Families with Substantiated Instances of Child Abuse or Neglect in Years 1 - 7 After Random Assignment

Year After Random Assignment	Sample Size	Control Group (Not FaDSS)	Treatment Group (FaDSS)	Impact: Percentage Points Added by FaDSS	Impact as a Percentage of Control Group Rate
Year 1	1698	4.0%	3.6%	-0.4%	-10.0%
Year 2	1698	3.7	4.0	0.3	8.1
Year 3	1698	2.7	2.9	0.2	7.4
Year 4	1698	2.9	2.8	-0.1	-3.4
Year 5	1698	2.9	2.8	-0.1	-3.4
Year 6	1468	1.9	2.2	0.3	15.8
Year 7	1219	3.1	2.1	-1.0*	-32.3*
Year 8	810	1.7	0.9	-0.8	-47.1

* Statistically significant at the 10 percent level.
** Statistically significant at the 5 percent level.
*** Statistically significant at the 1 percent level.

What does the lack of long-term impacts tell us? The FaDSS model shown in Exhibit B1-1 assumes that the family support services offered by the program, if well-implemented, will lead to short-term improvements in parents, which, in turn, will lead to long-term improvements in economic self-sufficiency. One or more of these assumptions may not have been met. For instance, the causal links posited in the model may not be correct. It may not be true that the types of family support services provided by FaDSS lead to changes in parents' functioning, competence, and economic status. Even if this assumption were true, it may not be correct to assume that these changes in parents will lead to improved long-term economic self-sufficiency. Or, it may be that FaDSS selected the wrong services for families, and if other services had been offered, the intermediate and long-term outcomes would have occurred. Finally, it is possible that the model is correct but FaDSS was not well-implemented--the appropriate services were not delivered, or they were not delivered intensively enough, and so on.

FaDSS' failure to achieve the desired impacts may have been caused by any combination of the above factors, and we cannot distinguish among them based on the limited data available for our study. For example, no data were available on the extent to which FaDSS achieved the intermediate programs impacts predicted by the program model, so we cannot determine if the failure to have long-term effects is because the intermediate impacts did not occur or because the hypothesized link between intermediate and long-term impacts was wrong.

Moreover, we conducted no independent study of program operations and organization during the period following random assignment, so we cannot judge the quality of services or of the overall program implementation.

Attachment
Statistical Model for Estimating Impacts of FaDSS

The overall impact of FaDSS was estimated using an ordinary least squares (OLS) multivariate regression model with the following form:

$$Y_i = \beta_0 + \sum \beta_{1,J} P_{J,i} + \sum \beta_{2,J-1} S_{J-1,i} + \sum \beta_{3,K} X_{K,i} + \epsilon_i \qquad \textbf{(1)}$$

where,

Y_i is an outcome Y for family i,
P_{ji} represents the program indicator for family i in site j (1=Program participant in site J, 0=all others),
S_{ji} is the indicator for family i in site j (j = 1...J-1),
X_{ki} are characteristics of family i (i.e., those measured prior to participation in FaDSS such as age) for k = 1...K covariates,
β's are parameters to be estimated, and
ϵ_i represents a random error term for family i.

The statistical model employed here is based on a two-stage estimation strategy. In the first stage, each outcome variable is modeled using OLS regression based on all cases in the evaluation across all sites with the following parameters: an intercept, K baseline covariates[9], J-1 site-level variables and J site-by-treatment interaction variables[10]. The stored residuals from this analysis are then squared and averaged by site to produce a mean squared error for each of the J sites. These mean squared residual terms form the basis of weights used in the second stage of the analysis. In the second stage, a correction is made for heteroscedasticity of variance among sites by weighting each observation by an inverse of the adjusted mean square error. The adjustment consists of multiplying the mean square error for a site by a factor of n/(n-1), where n is the sample size for that site. This procedure produces more accurate estimates of the standard errors than simple OLS regression.

In order to provide an overall estimate of impact on a given outcome variable, the J site-level effect estimates are averaged, weighted inversely proportional to the variance of these estimates. The estimated average effect is then divided by the square root of the pooled variance across the J sites, to produce a t-statistic which is then used in a two-tailed statistical test with N-P degrees of freedom, where N = total sample size and P = the number of parameters to be estimated in the model.

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9 The baseline covariates include age of mother at random assignment, age-squared, and where appropriate the baseline status of the outcome variable, e.g., receipt of AFDC prior to random assignment.

10 The intercept represents the control group mean in the excluded site. The site-level dummy coefficients represent the differences between the control group means for each site and the intercept.

Chapter B4
An Evaluation of the Impact of Holley-Navarre's *Project Vision* on Student Achievement

Summary of the Study and Findings

Project Vision in Florida's Santa Rosa School District is a strong and advanced exemplar of the Florida Full Service School (FFSS) initiative. The evaluation of Project Vision focused on its implementation in the Holley Navarre community within the Santa Rosa School District. Project Vision in Holley Navarre offered a wide variety of services to students and their families. Many of the programs and services were offered school-wide; others were focused on at-risk students. Programs such as Project Vision have a variety of goals that are reflected in the variety of services provided. A comprehensive evaluation of the program would be more ambitious in scope, than the study reported here, and would attempt to identify outcomes for each of the many program strands. This evaluation focused squarely on academic outcomes, an important goal for any school improvement program.

A longitudinal non-equivalent control group design was used to measure the impacts of the program on the academic achievement of students in the middle and intermediate schools where most program activities took place. The study found consistent and significant short-term program impacts on academic achievement at 5th grade. For a subsample of students identified as academically at risk, results were inconsistent, with evidence of short-term program impact on only two of seven subtests.

The *Project Vision* Program Model

Project Vision is the Florida Full Service School (FFSS) initiative in the Santa Rosa School District of Florida. The FFSS state program, begun in 1990, is designed to support the efforts of school districts to "integrate education, medical and/or social and human services that are beneficial to meeting the needs of children and youth and their families on school grounds or in locations that are easily accessible." Project Vision, in particular as it operates in the Holley-Navarre community schools located within the Santa Rosa School District, is considered to represent a well-implemented and advanced FFSS program.

Planning for *Project Vision* was initiated in 1989 by the Santa Rosa County School Board in an "Interagency Student Services" effort with the Florida Department of Education. Since 1991, *Project Vision* has received Full Service Schools funding from the Department of Health and Rehabilitation Services (HRS) to support school clinics, from the Department of Education (DOE) to support education programs, and from DOE-PECO funds to support capital improvements including the construction of on-site office facilities for the staff of

participating agencies at the Holley-Navarre Middle School. The FFSS funding also has provided a salary for a program coordinator.

Project Vision is jointly administered by the Superintendent of the Santa Rosa School District, the HRS Program Administrator, and the President of the University of West Florida, satisfying the FFSS funding requirement of a multi-agency oversight committee. There are several additional cooperating agencies including the Santa Rosa County Sheriff's Department, IBM, the Avalon Mental Health Center, the Private Industry Council, the Santa Rosa Retired Senior Volunteer Program, Santa Rosa County Community Schools, and West Florida Child Care.

Full Service grants have been used by *Project Vision* as matching funds to obtain federal or private sector funding, to cost-share positions, and to provide on-site offices in schools for HRS, Sheriff's Department, and clinic personnel. Therefore, in addition to state grant programs (Full Service Schools Grant, Comprehensive School Health Services Program), program funding comes from national grant programs (Drug Free Schools Grant, Juvenile Justice Grant), federal reimbursements (child care, Medicaid) and local sources such as the Private Industry Council. In addition, individuals in the community receive funding for education and job training from a variety of sources such as Pell Grants, and services are provided in the schools by agency staff holding cost-share positions and using on-site office facilities. Several of the cost-share positions have gradually been assumed in full by the participating agencies.

Project Vision currently has designated 15 of the 28 school sites in the Santa Rosa School District as Full-Service Schools. The 15 schools were selected because they are serving the most at-risk population in the county. The Holley-Navarre community has three schools and is considered to be the primary *Project Vision* site in Santa Rosa County--the site in which the full service school concept has been most fully implemented.

The *Project Vision* Theory and Model

This evaluation of *Project Vision* focuses on the Holley-Navarre schools, since this site represents the fullest implementation of the intervention. Three schools, located fairly close together, currently serve the community: the Holley-Navarre Primary School (grades K- 2), the Holley-Navarre Intermediate School (grades 3-5), and the Holley-Navarre Middle School (grades 6-8). In the 1995-96 school year, these schools served approximately 2600.

Project Vision at Holley-Navarre conceives of the schools as a community hub for delivering the educational, health and human services needed to support a student's success in school and the community. The project encompasses the restructuring/integration of local services and the service system to become more accessible, efficient and effective. As a consequence

of these changes in services and systems, the service system is expected to better reach children and families and engage their participation.

Project Vision works at multiple levels in the Holley-Navarre schools and community. The two Holley-Navarre Full Service Schools, the intermediate (HNIS) and the middle (HNMS) schools have multi-disciplinary teams that discuss, serve, and refer students and their families who are identified as needing active intervention and intensive services. The same range of services are available on a schoolwide basis to students of the two schools and their families. Some services are available to all members of the community. Exhibit B4-1 lists services/system changes currently being implemented in Holley-Navarre as part of *Project Vision,* and the target of these services. It should be noted that this list represents only one point in time (1995-96); as funding and agency needs change, services continue to be added or, in some cases, to be relocated away from the school sites.

Exhibit B4-1

Components of *PROJECT VISION* in Holley-Navarre and Target Population for Each

TARGETED AT-RISK STUDENTS & FAMILIES IN HOLLEY-NAVARRE SCHOOLS [a]	ALL STUDENTS (AND FAMILIES) AT SCHOOLS IN THE HOLLEY-NAVARRE COMPLEX [b]	ALL FAMILIES IN THE HOLLEY-NAVARRE COMMUNITY
NEW SERVICES		
Pre-Kindergarten (at HNIS)	Community Outreach Officer (deputy located at HNMS) enforces discipline, teaches preventive & safety classes	Community schools adult education programs offered on-site: basic education (GED), jr college, university courses
Early intervention (2 classrooms) Head Start (2 classrooms)	Dropout prevention programs, including Project PICK (parent-run center at H-N Middle School)	economic services (AFDC, Medicaid, Food Stamps)--HRS representative on-site
Primary School	Comprehensive violence prevention program	JOBS program
Counselors School social worker (part-time) Health Nurse (part-time) Parent Involvement Center Volunteer Program	Drug abuse prevention programs: DARE program in 4th & 5th grades/GREAT program in 7th grade	PIC program
Intermediate School	Parent Involvement Center	child care placement & referrals
Child Study Team (multi-disciplinary case management team): includes counselors, social worker, mental health representative, community psychologists, community outreach officer, HRS Protective Services caseworker, health nurse	Community health services: team including health aide, RN, psychologist, support aides, mobile health unit--health appraisals, referrals, classroom presentations, home visits	
2 dropout prevention classrooms	School social worker	WIC program
SEDEH classroom (severely emotionally disturbed)	Juvenile Alternative Services Program (JASP)--community service as alternative to standard court proceedings for first-time juvenile offenders	low-cost health insurance through Health Kids
Parent Involvement Center	After school & summer child care programs	access to county-wide interagency referral call system: First Call for Help
volunteer program	Parent workshops/parenting classes run by health staff	

Exhibit B4-1 (continued)

Components of *PROJECT VISION* in Holley-Navarre and Target Population for Each

Middle School	HRS Protective Services case manager (located at HNMS)	
Child Study Team	HRS Protective Services Investigator (located at HNMS)	
Violence Prevention Program	Community psychologist	
Volunteer Program Parent Involvement Center	Mental health center contract services (individual and group therapy, children & adults)	
Integration of New & Existing Services		
		locating state & county services in the Holley-Navarre Schools complex & nearby area
		interagency collaboration (Interagency Council)
		dual use of school sites/increased building hours of operation during the school year and summer
Integrated Technology		
	educational technology in the classroom	development of a computer-automated service delivery system

a Services listed are provided to target population identified at top of column **and** to target populations in all columns shown to left.

b Schools include Holley-Navarre Primary School (HNPS)--K- gr 2; Holley-Navarre Intermediate School (gr 3-5); Holley Navarre Intermediate School (NHIS)--pre-K, gr 6-8.

Design of the Evaluation

The major focus of the evaluation was an analysis of outcomes for students. However, as the earlier discussion shows, for a small subset of students services were focused on the family as the agent of change for the student. Therefore we added a small family study, which is summarized below, to supplement the Impact Study.

Family Study

To supplement the main study of student level outcomes, we undertook a modest examination of family outcomes. The family study was based on interviews conducted between fall 1996 and fall 1997 with a small sample of families in the Holley-Navarre Middle School who were participating at the most intensive level in the FFSS services. The sample consisted of all the families who were referred to the Child Study Team during the 1995-1996 school.

The team consisted of a multi-disciplinary group of professionals including a school counselor, a school psychologist, a community psychiatrist and other mental health professionals needed.

The fifteen families in the sample were interviewed three times over eighteen months about family dynamics and children's behavior. The families' responses suggest that some positive changes occurred over time in areas such as family interactions, family routines and home support for education. Without a comparison group, we cannot attribute these changes to *Project Vision*, but it is clear that these families, who were referred because their child was not functioning effectively in school, were changing their home environment to increase the likelihood that their children would succeed in school.

Impact Study

This evaluation assessed the impact of *Project Vision* in Holley-Navarre at the ***student level***, specifically, on students in grades 3, 4 and 5, where *Project Vision* activities have been most intensive. The primary research question for the impact evaluation is:

- What are the impacts of *Project Vision* on the development and performance of students in grades 3, 4 and 5 in the Holley-Navarre schools?

In addition, the evaluation looked separately at impacts for a subset of these students--those students who were identified through the at-risk classrooms or the child study team as needing intensive services. Thus, a second research question about impact is:

- What are the impacts of *Project Vision* on the development and performance of ***at-risk*** students in grades 3, 4 and 5 in the Holley-Navarre schools?

Attributing Outcomes to *Project Vision*

A longitudinal nonequivalent control group design was developed in order to measure the impacts of *Project Vision*. The study design takes advantage of the availability in the Santa Rosa school district of longitudinal data on individual students' school performance (grades, promotion), standardized test scores, and behavior (disciplinary actions, suspensions). The impact of *Project Vision* was estimated by comparing the growth trajectories--the pattern and rate of growth--of *Project Vision* students with the growth of students who had not been part of *Project Vision* at any time during their school careers.

One of the major advantages of this design over a simple pre-post design is that it allows us to assess whether there are maturational trends prior to the intervention that would lead us to predict increases or decreases in outcomes independent of the treatment. Was student performance in Holley-Navarre moving in a particular direction (improving or deteriorating) prior to the implementation of *Project Vision?* Of course, longitudinal designs based on nonequivalent groups are vulnerable to alternative interpretations of changes in outcomes (e.g., historical changes in the community and schools that co-occur with the intervention (or occur soon after) and that could also be partially or wholly responsible for changes in the outcomes of interest. Our design attempted to account for some of these alternative explanations.

Experimental Groups

The design called for comparison of the growth trajectories of *Project Vision* students with different comparison samples of students. Below we describe how we have constructed the *Project Vision* sample and the comparison samples.

The Project Vision Sample in Holley-Navarre

The sample of Holley-Navarre students who represent the "treatment" group was defined as follows:

- After discussions with *Project Vision* staff, we established that *Project Vision* was fully implemented starting in the 1991-92 school year; therefore, the treatment students were defined as those who were enrolled in the Holley-Navarre schools at any time from fall 1991 to the present.
- Based on discussions with *Project Vision* staff, we established that *Project Vision* operated most intensively in grades 3 through 5, through the Child Study Team and dropout prevention classrooms; therefore, the treatment group was further defined as students who were enrolled in grades 3, 4 and 5 in Holley-Navarre in fall 1991, plus any newly-enrolled 3rd, 4th, and 5th graders in fall 1992, 1993, 1994, 1995 and 1996.
- For each student in the "treatment" sample, we extracted school district record data for each year that the student was enrolled in the district. There are gaps in the data for students who left the district for one or more years, and for students new to the

district at some point in the data sequence. For most students, we had data both pre-1991 (before the implementation of *Project Vision*) and post-1991.

- We constructed for each student an ***individual growth trajectory*** representing his/her performance over time on each outcome.
- We also constructed a parallel longitudinal data set for the subset of the sample designated as "at-risk" students. Although many of Project Vision's services are available to all members of the community or to all students in a school, the most intensive services are provided to at-risk students and their families. Though these students constitute a small proportion of the total student body, the impacts of the program might be different for this group.
- We defined this at-risk" sample as students scoring less than 35th percentile in CTBS Reading Total score or Math Total Score in 2nd or 3rd grade.

Nonequivalent Comparison Groups

The impact of *Project Vision* was defined by comparing outcomes for students in *Project Vision* with outcomes for students who were not exposed to the intervention. A major challenge for the evaluation was identify a comparison group of students who were as similar as possible to the 3rd, 4th and 5th graders in Holley-Navarre, but who did not receive *Project Vision* services.

We defined three nonequivalent (i.e., nonrandomized) comparison groups to test the impact of *Project Vision:*

- ***An earlier cohort of students from the Holley-Navarre schools who were in 3rd, 4th and 5th grades prior to 1991-92.*** This comparison group included students who had no exposure to *Project Vision*, since the intervention had not yet been implemented when these students were in 3rd, 4th, or 5th grade. In addition to having had no treatment, the strength of this comparison group is that the students came from the same community as the treatment students and therefore shared a number of demographic characteristics.

  Using district data, we estimated children's normal developmental trajectories in the absence of the intervention. Growth curves for comparison students established the developmental baseline against which we compared the growth of students in the *Project Vision* sample.

  The main disadvantage of this comparison is that the Project Vision sample and the sample of earlier Holley-Navarre students are historically different--their data come from two time periods that could be associated with differences in the schools, in the local economies, etc. It is possible that any differences in outcomes between the *Project Vision* students and the comparison students might be caused by these historical differences rather than by the treatment. This led us to look for another comparison group contemporaneous with the Holley-Navarre sample.

- ***A <u>contemporaneous</u> sample of students from other schools in the Santa Rosa school district, who were in 3rd, 4th or 5th grade during the 1991-92 school year.*** This comparison sample includes students who were in 3rd through 5th grade in the same time period as the Holley-Navarre students but who were not exposed to *Project Vision* because they were not in the Holley-Navarre schools. The advantage of this comparison group is that it allowed us to control for the effects of historical events or changes that might have influenced the students' performance.

  There are, however, disadvantages to this comparison group. First, *Project Vision* is part of a set of <u>district</u>-wide activities undertaken under the Florida Full-Service Schools program. This means that students in this comparison sample probably received some of the same kinds of community-level services that were provided in Holley-Navarre, such as drug abuse prevention education. This "contamination" of the comparison group may have reduced the chances of finding differences in outcomes between the two groups. Another challenge to this design was identifying a comparison sample of students who were similar to the Holley-Navarre sample in their demographic characteristics. To the extent that Holley-Navarre serves a unique set of families, differences in student outcomes may result from differences in family characteristics.

- **An *<u>earlier</u> comparison group of students from other schools in the Santa Rosa school district who were in 3rd, 4th, or 5th grade prior to 1991-92.*** This group included students in district schools other than Holley-Navarre who were in grades 3 through 5 in the period before the implementation of *Project Vision* (pre-1991). Comparing outcomes for the pre-1991 Santa Rosa comparison group in the post-1991 Santa Rosa comparison group allowed us to see whether study outcomes changed over time at the district level.

- This four-group design is summarized in Exhibit B4-2. Each group is defined by letter A - D; the number of students is referred to as "n" and the number of observations over students is "obs".[1] Each student could have as few as one data point (if the student were enrolled for only one year from fall 1991 on) or as many as ten data points (if the student was enrolled as a fifth-grader in fall 1991 and was in school from grade 1 (1987) through grade 11 (1997).

The creation of these four groups allowed us to pursue an analysis analogous to a two-way analysis of variance model with the following effects:

1 Because of the large number of students in groups B and D, a 25% random sample of the Santa Rosa students was used for the final analysis. Students who overlapped pre- and post-groups within a school were deleted from the analysis. This could occur if a child was retained in grade. In addition, students who overlapped between Holley Navarre and Santa Rosa were deleted from the analysis. This could occur if the child moved from one school district to the other.

- Main effect of School = (A + C vs. B + D) - Holley-Navarre vs. Santa Rosa students

- Main effect of Time = (A + B vs. C + D) - pre-91-92 vs. 91-92 students

- Treatment Effect = Interaction of School * Time (A vs. B + C + D) - Holley-Navarre 91-92 students (treatment cohort) vs. other three comparison groups.

Outcome Measures

The impact analyses focused on student performance on the California Test of Basic Skills (CTBS) battery in the following domains:

- Reading Comprehension
- Vocabulary
- Math Computation
- Math Concepts and Applications
- Spelling
- Language Mechanics
- Language Expression

We wanted to analyze disciplinary data (total number of disciplinary incidents) and attendance (total number of days present), however, the extent of missing data on both these indicators did not allow for a valid impact analysis.

Exhibit B4-2

Characteristics of Four Groups of Students in the Evaluation of *Project Vision*

Time Period When Students Were Enrolled in Grades 3, 4,5	Schools Included	
	Holley-Navarre	**Other Schools in Santa Rosa School District**
Fall 1991-92 through fall 1996	**A** **Treatment Group of *Project Vision* Students** n=1,738 students obs=7,804	**B** **Contemporaneous Cohort of Students in Other Schools in District** n=3,495 obs= 23,083
Fall 1987 through fall 1990	**C** **Earlier Cohort of Pre-*Project Vision* Students from Holley-Navarre** n=515 obs=2,748	**D** **Earlier Cohort of Students in Other Schools in District Prior to *Project Vision*** n=3,898 obs=24,872

For each test score outcome, we have multiple years of data on the majority of students. Exhibit B4-3 shows the distribution of data for one outcome, the Reading Total Score from the CTBS. For this outcome variable, 82 percent of the students had at least three data points.

Analytic Strategy

Our analytic approach focused on estimating individual growth curves on each outcome for each student in the sample. These trajectories allowed us to estimate both the mean level of performance at a given time point and change over time. Our model is hierarchical in the sense that multiple observations on each student are nested within students. The first level of the hierarchical model of change (within student) addresses the question: "How do students change over time?" (i.e., what is their rate of growth?). The second level (between student) builds upon the first level by dealing with the question of whether students' pattern of change over time is related to other systematic differences between students, such as gender or group.

Exhibit B4- 3

Number of Observations (Years of Data) for Students in the *Project Vision* Sample for Total Reading Score on the California Test of Basic Skills (CTBS)[a]

Number of Observations (Years of Data)	Percent of Sample
1	9%
2	9%
3	12%
4	12%
5	13%
6	17%
7	15%
8	13%
9	1%
10	<1%

a Other outcome measures will have similar distributions of observations

Impact Findings

The impact analyses focused on student achievement on the CTBS in 5th grade, when students would have been fully exposed to the program. We compared mean scores and growth rates for *Project Vision* students and the Holley-Navarre comparison group sample, as well as examining whether there were differences between the two groups at second grade before students were exposed to *Project Vision*. (If there were differences in favor of the *Project Vision* group, we would need to be careful about attributing subsequent differences to the intervention). Findings from these analyses are summarized below, separately for all students and for the at-risk sample. The findings for the entire sample are displayed in Exhibit B4-4. Exhibit B4-5 - B4-11 display the same information graphically. Exhibit B4-12 presents the findings fro the sample of at-risk students. Exhibits B4-13 - B4-19 display the same information graphically.

Results for all Students

Reading

On the two reading subtests of the CTBS that were included in the analyses, Reading Comprehension and Vocabulary, *Project Vision* students and comparison group students had comparable scores at second grade. By fifth grade, mean scores on both subtests were

significantly higher for *Project Vision* students. However, the growth curve analyses show no effect on students' growth rate at 5th grade, suggesting that the differences will not persist into the later grades.

Math

On the two math subtests of the CTBS that were analyzed, Math Computation and Math Concepts and Application, findings were similar. Although Project Vision students' scores on Math Computation were lower than comparison group scores at second grade, by 5th grade their mean scores were significantly higher. On Math Concepts and Application there was no difference in the mean scores at second grade and, by 5th grade, Project Vision students' mean scores were significantly higher than those of students in the comparison group. Again there were no effects on growth rates at 5th grade.

Language

Results for the three language subtests of the CTBS, Spelling, Language Mechanics and Language Expression were also positive. On the first two subtests *Project Vision* students scored lower than comparison students at second grade; by fifth grade there was no difference in the mean scores but there was a significant difference in favor of *Project Vision* students in the growth rate at 5th grade, suggesting that, in later grades, *Project Vision* students will perform better than the comparison group students on these measures. On the third subtest, Language Expression, there were no initial differences and mean scores for *Project Vision* students were significantly higher at 5th grade. There was no difference in the growth rate at 5th grade.

Results for At-Risk Students

Reading

On the two reading subtests, Reading Comprehension and Vocabulary, *Project Vision* students scored higher than their at-risk counterparts in the comparison group at both time-points, (grades 2 and 5) suggesting that there were pre-existing differences and that the difference at grade 5 may not be attributable to *Project Vision*. There was no difference in growth rates at grade 5 on Vocabulary and the growth rate of Project Vision at-risk students on Reading Comprehension at grade 5 was lower than that of their at-risk counterparts in the comparison group.

Math

At-risk students in the Project Vision group scored lower than at-risk students in the comparison group on Math Computation in second grade: by fifth grade their mean scores and growth rate were significantly higher than those of their counterparts in the comparison group. There were no differences in the mean scores of the two groups on Math Concepts and Applications at either time-point and no differences in growth rates at 5th grade.

Language

On Spelling and Language Expression, there were no initial differences in mean scores and no differences at grade 5 in either mean scores or growth rate. On Language Mechanics, *Project Vision* at-risk students scored lower than the comparison group at grade 2, but had similar mean scores at grade 5. In addition, the growth rate for *Project Vision* students was significantly higher at grade 5 than the growth rate for their counterparts in the comparison group.

Discussion

It is easier to interpret the findings for the *Project Vision* students as a group than for the small pool of at-risk students who were the focus of more intensive services.

The data suggest that *Project Vision* had a consistent short-term positive effect on student achievement. However, with a few exceptions, these gains are unlikely to be sustained in later grades, in the absence of any continued intervention.

The findings for the at-risk group are inconsistent and more difficult to interpret. We found positive effects of *Project Vision* on only two of the seven subtests. There are several possible explanations for the findings. A more appropriate set of outcomes to assess for the at-risk group may have been behavioral outcomes such as attendance and disciplinary actions which were reported incompletely and inconsistently. It is not clear whether the initial effects of the dropout prevention program for at-risk students in grade 4 would be expected to yield behavioral change in the short-term and academic change as a longer-term outcome, or the reverse. If the hoped-for short-term changes are behavioral, the school district needs to track and document those behaviors as well as they document academic achievement.

Another explanation for the findings is the possibility that the at-risk groups we constructed differed from the actual *Project Vision* at-risk group in important and unmeasured ways. Since only the data in the school records were available to us, and students were selected for the at-risk groups solely on the basis of low test scores, this seems a plausible explanation.

Finally, it is important to stress that the Santa Rosa school district and the Holley Navarre schools believed in *Project Vision* as a community intervention that would improve academic outcomes for all the children in the two schools, not just for those who required intensive intervention. The findings suggest that they were at least partially successful.

Exhibit B4-4 Growth Curve Analyses on Impact of *PROJECT VISION*

All Students

CTBS EXAMINATION	Number of students (control/HN)	Mean Score in grade 5 in HN prior to 1991	Average Adjustment to mean score in grade 5 due to Project Vision	Difference at grade 2 between Holley-Navarre samples	Mean growth at grade 5 in HN prior to 1991	Average adjustment to mean growth at grade 5 due to Project Vision
READING COMPREHENSION	278/1074	724	7.2*	NS	17.3	1.9
VOCABULARY	157/1066	712	8.3*	NS	24.5	-1.1
MATH COMPUTATION	278/1074	713	17.8*	Control > HN*	26.7	3.7
MATH CONCEPTS & APPLICATIONS	189/1052	718	16.2*	NS	16.3	4.4
SPELLING	189/1058	719	-2.1	Control > HN*	12.6	15.1*
LANGUAGE MECHANICS	188/1058	728	0.1	Control > HN*	7.9	11.3*
LANGUAGE EXPRESSION	190/1057	726	10.6*	NS	9.5	6.0

* Statistically significant at alpha=.05

EXHIBIT B4-5
IMPACT OF PROJECT VISION
READING COMPREHENSION
ALL STUDENTS

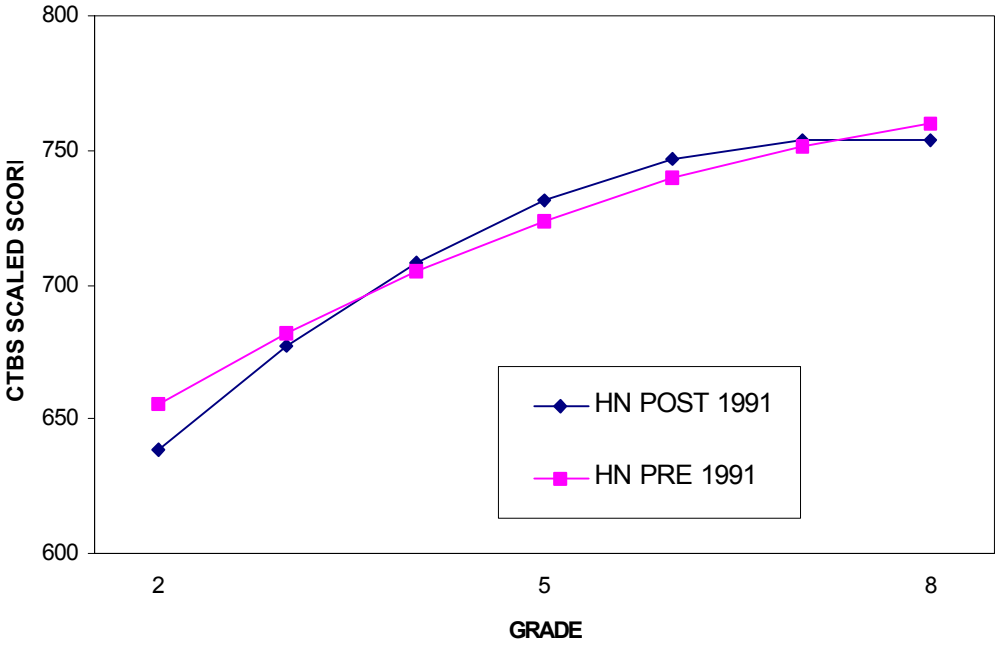


EXHIBIT B4-6
IMPACT OF PROJECT VISION
VOCABULARY
ALL STUDENTS

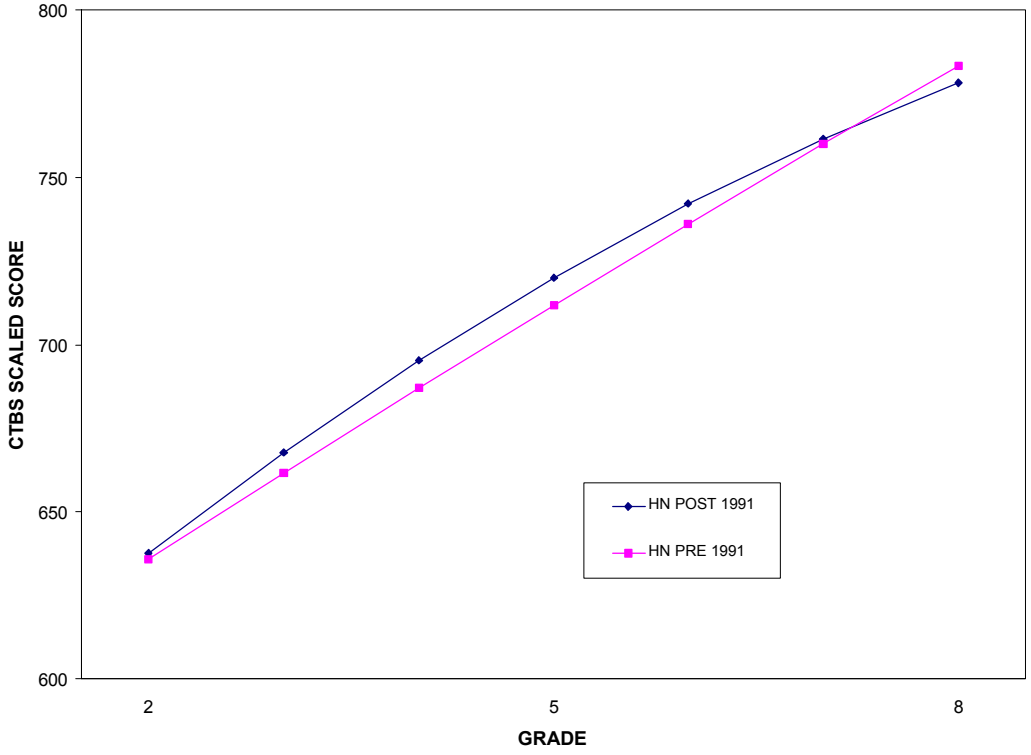


EXHIBIT B4-7
IMPACT OF PROJECT VISION
MATH COMPUTATION
ALL STUDENTS

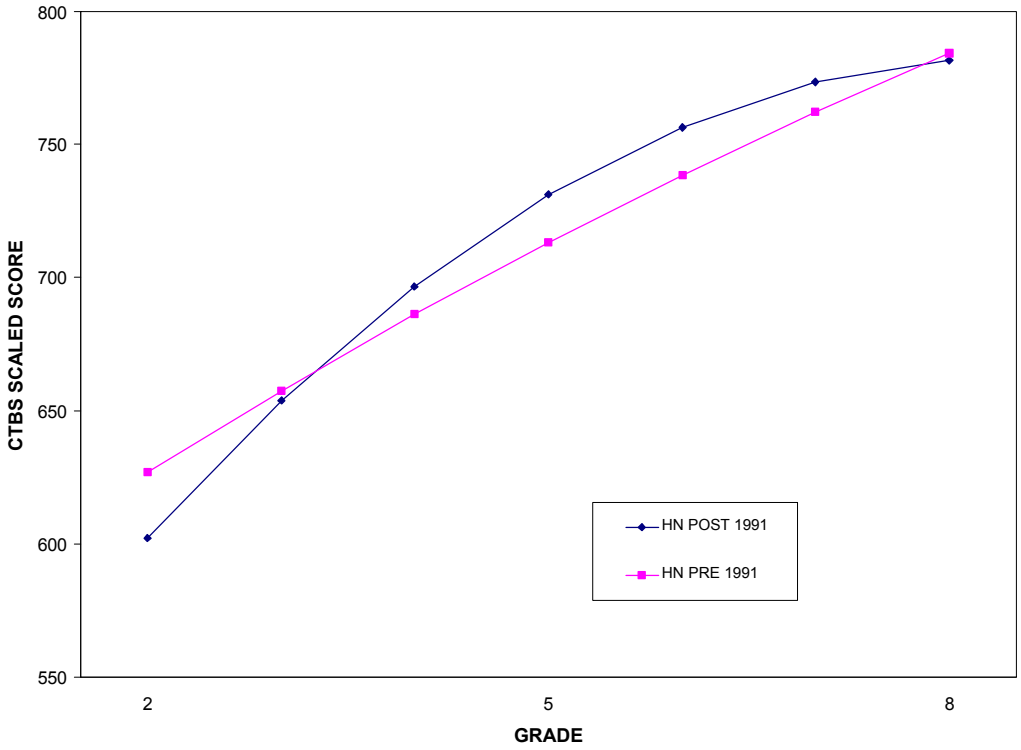


EXHIBIT B4-8
IMPACT OF PROJECT VISION
MATH CONCEPTS AND APPLICATIONS
ALL STUDENTS

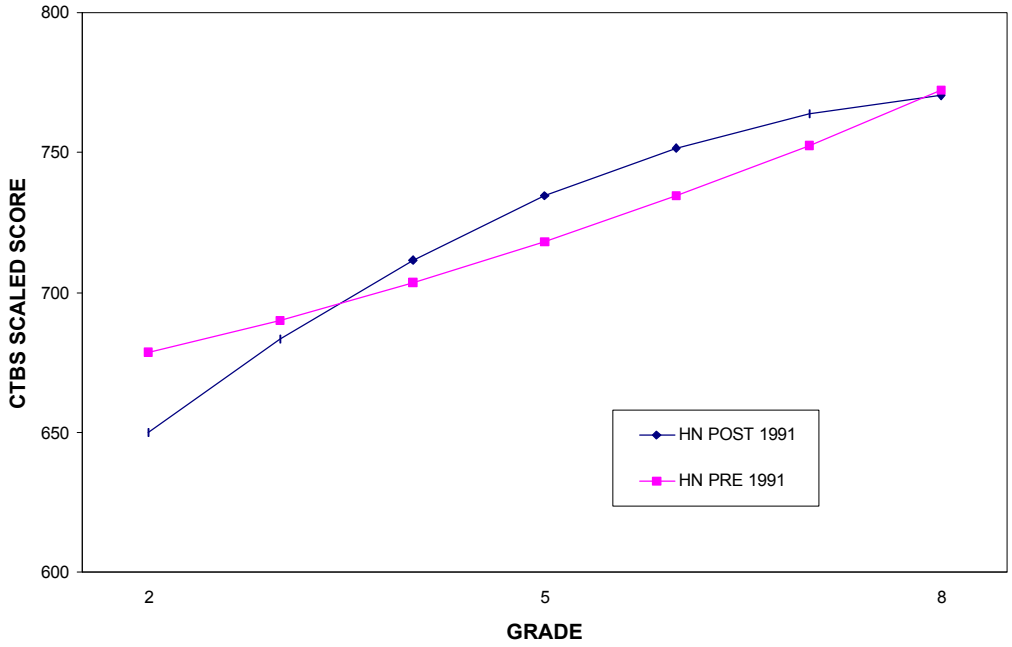


EXHIBIT B4-9
IMPACT OF PROJECT VISION
SPELLING
ALL STUDENTS

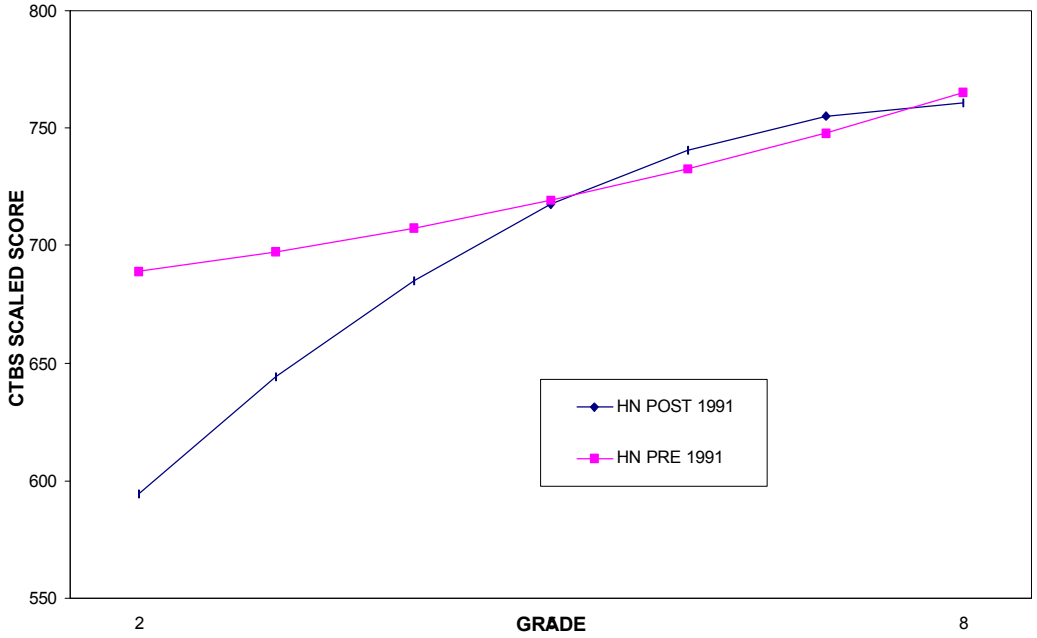


EXHIBIT B4-10
IMPACT OF PROJECT VISION
LANGUAGE MECHANICS
ALL STUDENTS

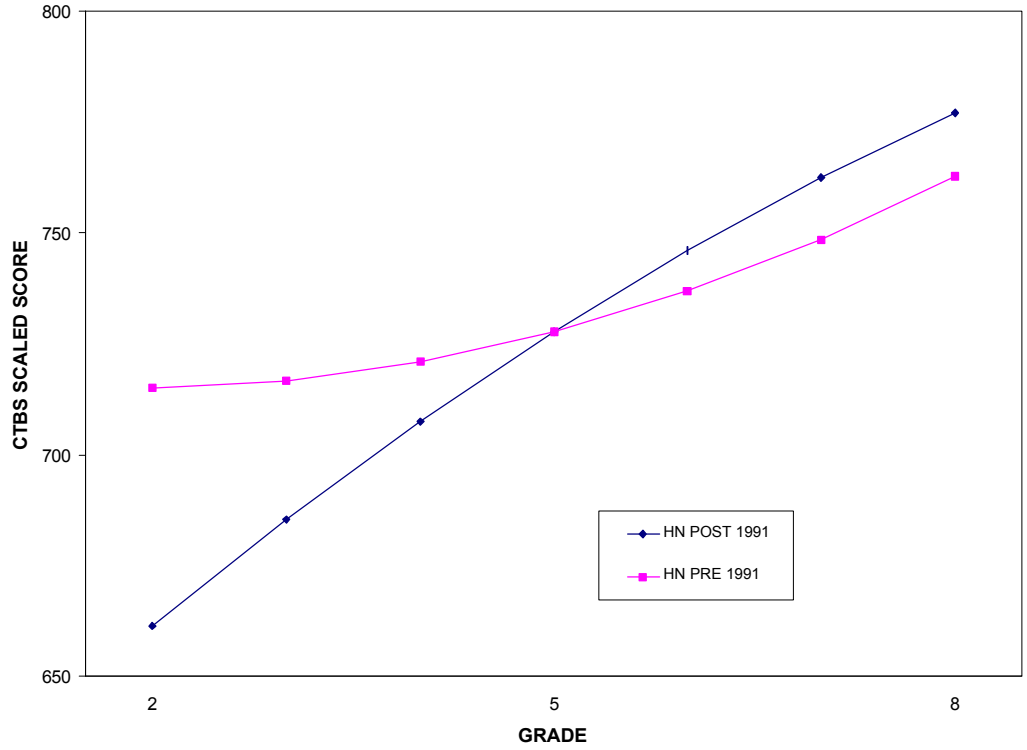


EXHIBIT B4-11
IMPACT OF PROJECT VISION
LANGUAGE EXPRESSION
ALL STUDENTS

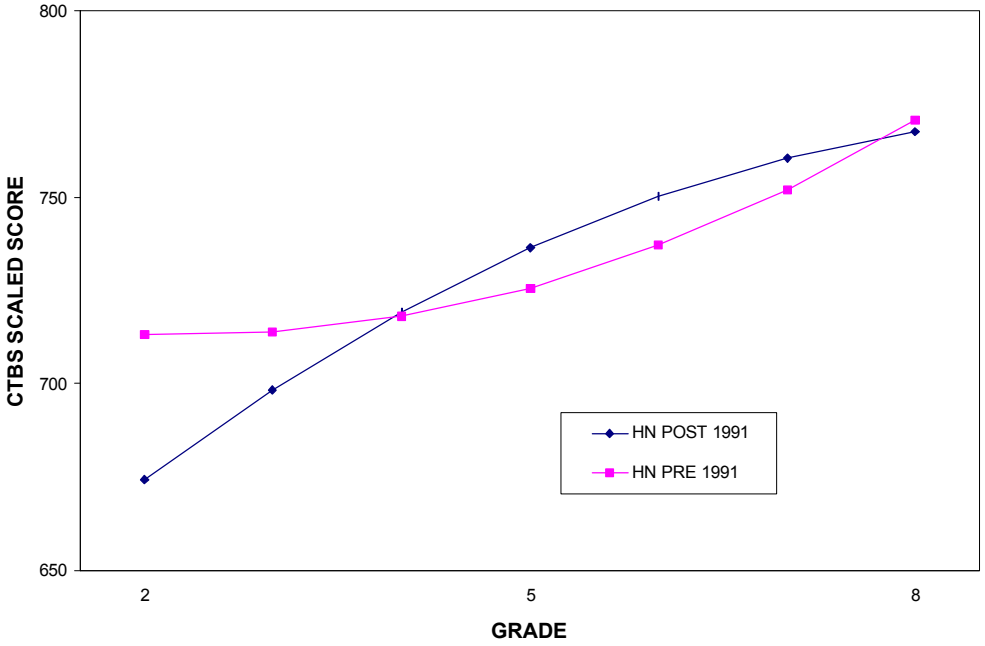


Exhibit B4-4 Growth Curve Analyses on impact of *PROJECT VISION*
At-Risk Students

CTBS EXAMINATION	Number of students (control/ HN)	Mean Score in grade 5 in HN prior to 1991	Average Adjustment to mean score in grade 5 due to Project Vision	Difference at grade 2 between Holley-Navarre samples	Mean growth at grade 5 in HN prior to 1991	Average adjustment to mean growth at grade 5 due to Project Vision
READING COMPREHENSION	54/463	699	20.2*	HN > control*	31.9	-8.9*
VOCABULARY	38/456	695	15.3*	NS	33.9	-8.5
MATH COMPUTATION	54/462	701	15.2*	Control > HN*	21.9	9.1*
MATH CONCEPTS & APPLICATIONS	38/447	702	9.5	NS	8.6	13.9
SPELLING	39/450	699	-2.7	NS	16.0	14.0
LANGUAGE MECHANICS	39/451	720	-13.4	Control > HN*	0	19.7*
LANGUAGE EXPRESSION	39/452	703	13.1	NS	8.6	8.7

* Statistically significant at alpha=.05

EXHIBIT B4-13
IMPACT OF PROJECT VISION
READING COMPREHENSION
AT-RISK STUDENTS

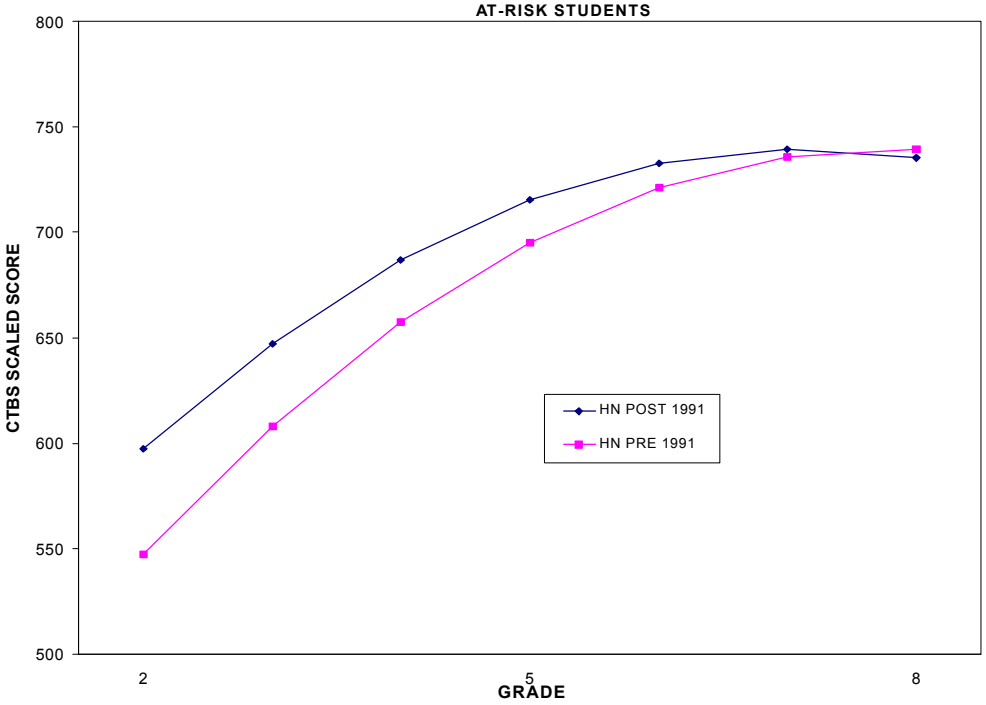


EXHIBIT B4-14
IMPACT OF PROJECT VISION
VOCABULARY
AT-RISK STUDENTS

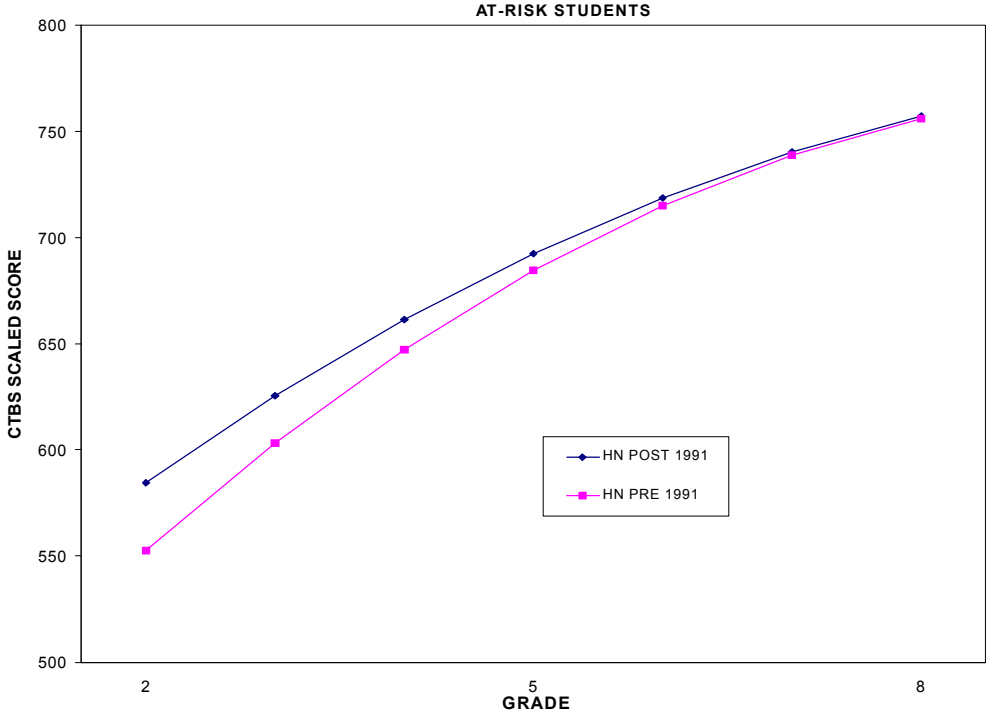


EXHIBIT B4-15
IMPACT OF PROJECT VISION
MATH COMPUTATION
AT-RISK STUDENTS

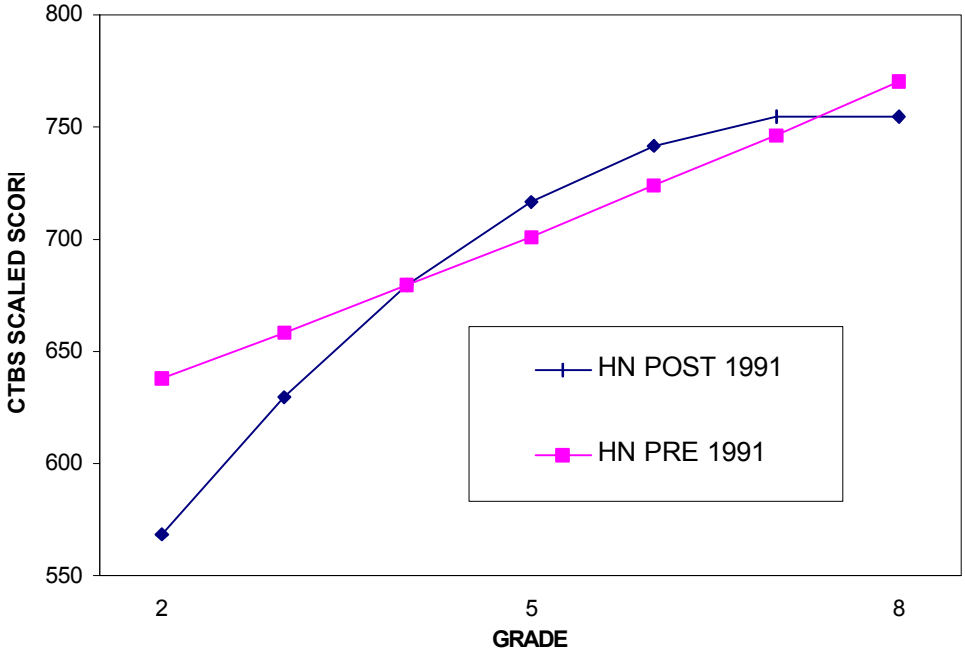


EXHIBIT B4-16
IMPACT OF PROJECT VISION
MATH CONCEPTS AND APPLICATIONS
AT-RISK STUDENTS

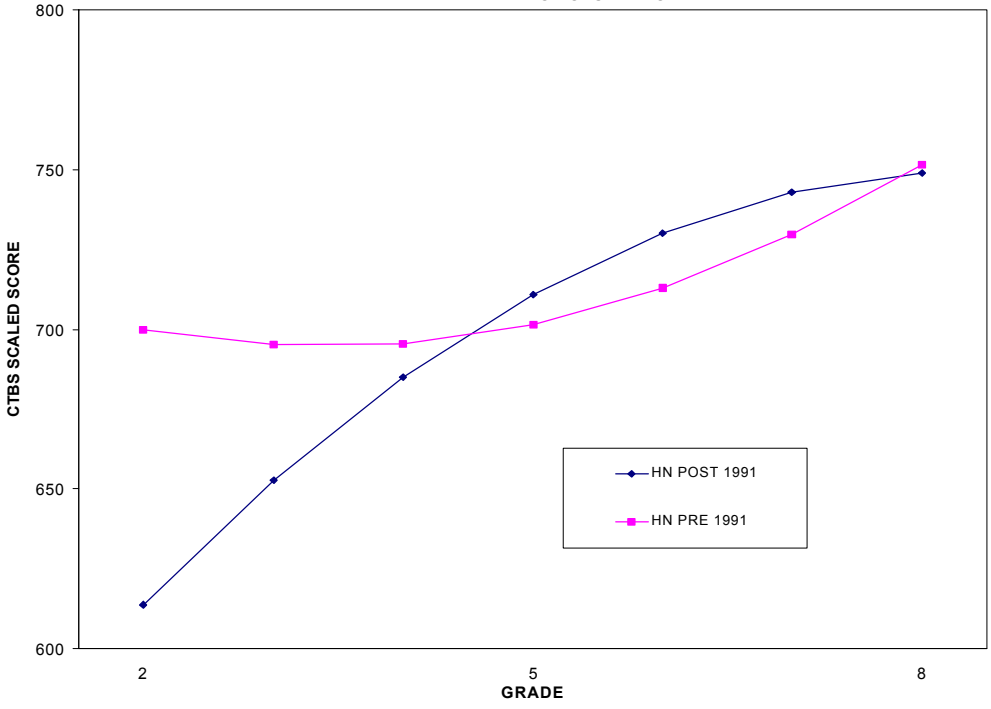


EXHIBIT B4-17
IMPACT OF PROJECT VISION
SPELLING
AT-RISK STUDENTS

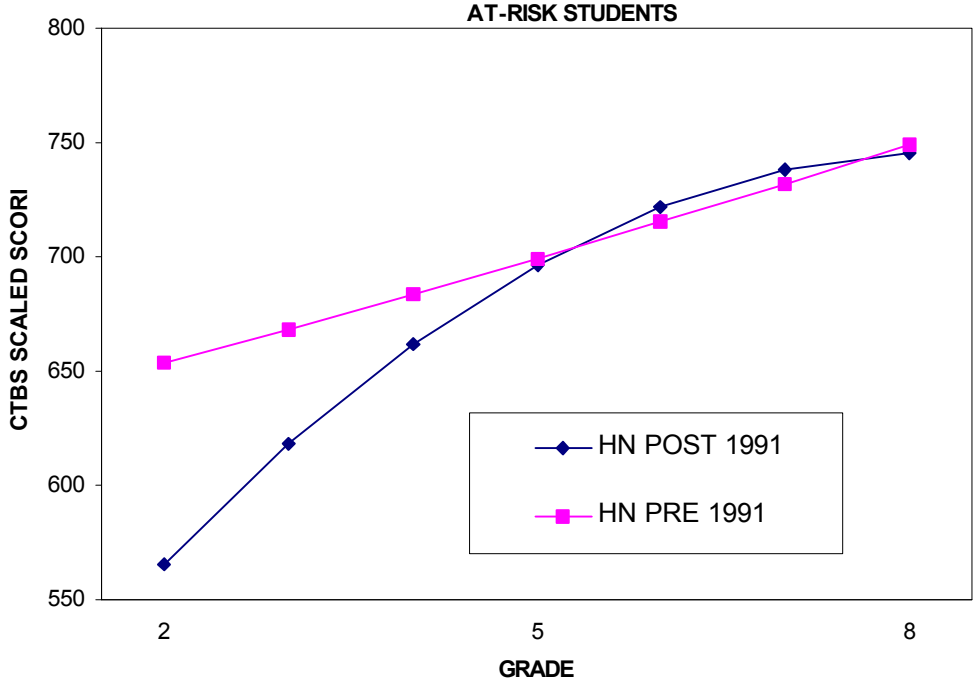


EXHIBIT B4-18
IMPACT OF PROJECT VISION
LANGUAGE MECHANICS
AT-RISK STUDENTS

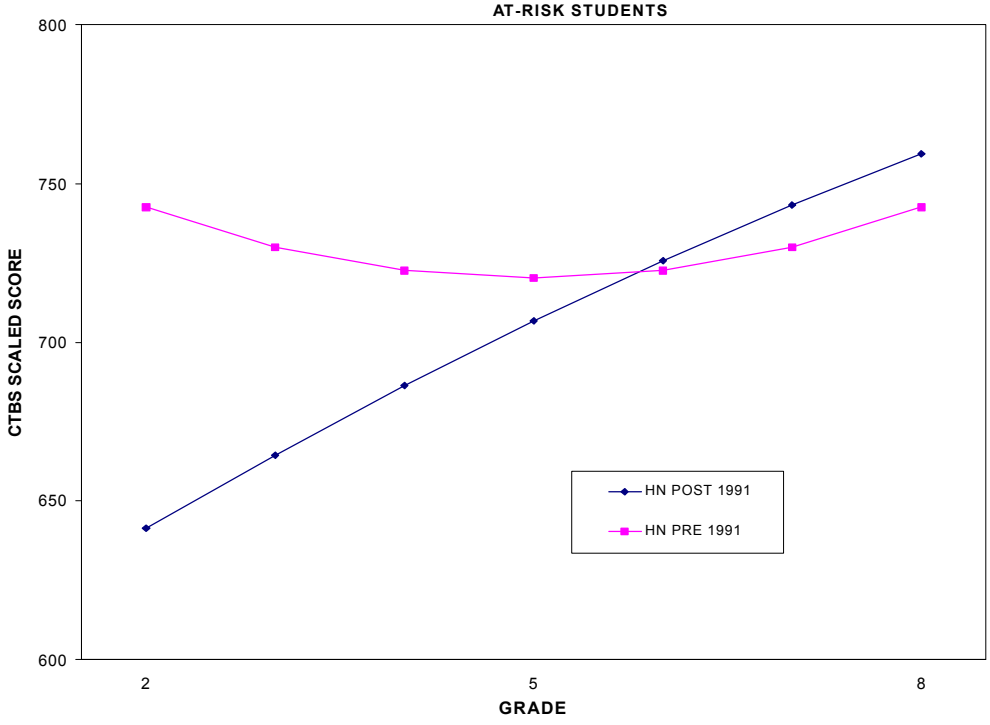
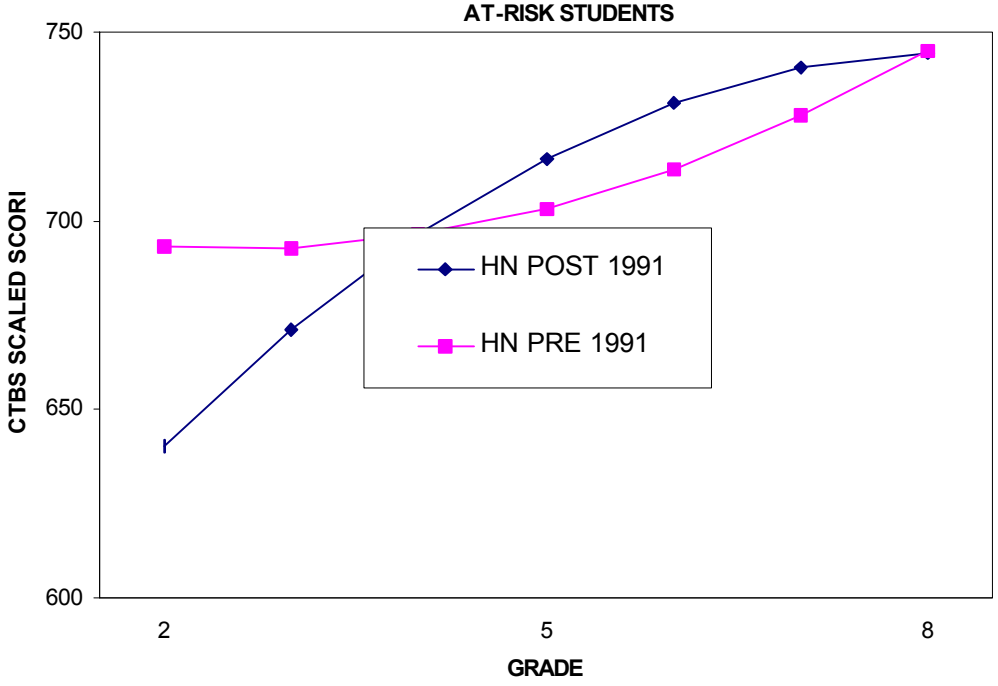


EXHIBIT B4-19
IMPACT OF PROJECT VISION
LANGUAGE EXPRESSION
AT-RISK STUDENTS



Chapter B5
The Impact Evaluation of Cleveland Works

Summary of Study and Findings

Cleveland Works is a private, not-for-profit program designed to move welfare families to economic independence through work. In addition to traditional education, pre-employment, and vocational training, Cleveland Works includes a variety of family support services in its design and implementation. In this study, employment and earnings outcomes for AFDC recipients who participated in Cleveland Works are compared with outcomes of AFDC recipients who participated in Cleveland's JTPA (Job Training Partnership Act) Program.[1] JTPA offers similar education, pre-employment and vocational skills training, without Cleveland Works' family support services. The study thus tests the impacts of an employment and training program that provides some key family support services relative to a similar program without family support services. **The study found that participation in Cleveland Works increased employment and earnings through 12 quarters after program entry.**

The Cleveland Works Program Theory and Model

Cleveland Works was established in 1986. It evolved out of an earlier welfare-to-work program model known as "Supported Work" which was designed to assist the most hard-to-employ individuals to find and retain employment by placing program participants immediately at a work site, usually in a small, closely supervised group, and then gradually increasing their tasks and performance expectations over time, as they became accustomed to a job and to the world of work in general.[2] Although it has evolved considerably since the original Supported Work concept and includes a period of pre-employment training before job placement, the Cleveland Works program model shares the same basic philosophy -- that there is no better job training than a job. What also distinguishes Cleveland Works from most other job training programs are: its broad focus on removing the many barriers to employment, including legal, health and child care barriers; its insistence on the fundamental importance of decent full-time employment with health and other important employee benefits and on the belief that such jobs are available; and, its continuing monitoring and support of program graduates after they are placed in jobs. In the current policy context of time-limited welfare, Cleveland Works'

1 AFDC (Aid to Families With Dependent Children) was the major cash assistance program for poor families with children during the time individuals included in this study participated in Cleveland Works (1993-1995). It has since been replaced by the time-limited Transitional Assistance for Needy Programs (TAN) Program.

2 The original supported work model was implemented in the 1970's and targeted substance abusers (the "Wildcat Program"). In a subsequent national demonstration and evaluation, the participant groups were expanded to include AFDC mothers, ex-offenders, and young school dropouts, as well as ex-addicts. See: The Board of Directors, Manpower Demonstration Research Corporation, *Summary and Findings of the National Supported Work Demonstration*. New York: MDRC, 1980.)

emphasis on relatively rapid movement into employment is particularly attractive to welfare families and welfare program managers alike.

Exhibit B5-1 depicts Cleveland Works' activities and services, in-program goals, and short- and long-term outcomes. The centerpiece of the program is Job Preparation and Training, a full-time intensive program to produce "committed, dependable, qualified, job-ready candidates." Each program participant spends four weeks, Monday through Friday, in the Job Readiness Workshop, which focuses on general work-related habits and behavior and specific job-finding skills. After graduating from the workshop, students continue training in a variety of courses that may be occupation-specific or focus on personal development or business skills. Job preparation and training are provided full-time for a minimum of two 4-week cycles. During this time, participants may spend half of each day in structured basic education. Participants typically receive up to 400 hours of job preparation and training over about twelve weeks.

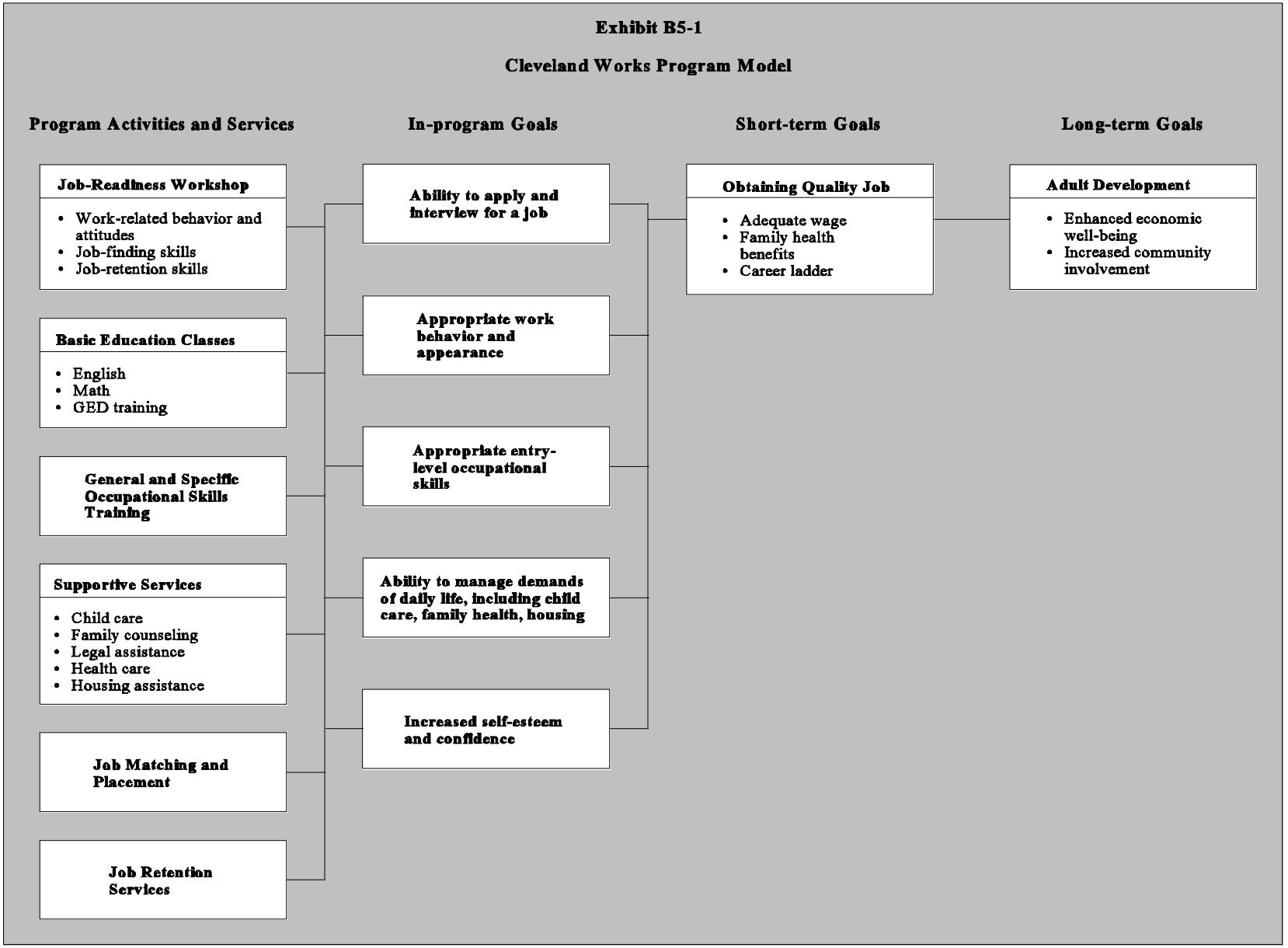
In addition to providing traditional education and job training services, Cleveland Works also offers a range of family-supportive services, including legal, child care, and health services. For example, the program provides free legal services to resolve existing legal problems which interfere with employment. The Family Development Project is a program for parents and children that provides quality, on-site child care (in an on-site Head Start Child Care Center offering full-day, year-round care) and parenting classes on child development and family management issues for Cleveland Works participants. In conjunction with a downtown medical center, Cleveland Works has established an on-site health clinic to provide services to its families for nutrition, family medicine, AIDS counseling, obstetrics, gynecology, internal medicine, and a laboratory for medical tests.

The program places graduates into full-time jobs with health benefits and provides ongoing support and counseling. Each employee is assigned a Corporate Representative/Counselor who helps solve personal, life management and job-related problems which threaten job retention or quality of life.

The program has been replicated in several other cities, including, for example: Columbus, Ohio; Seattle, Washington; Orange County, California; Louisville, Kentucky; Cincinnati, Ohio; Ft Wayne, Indiana; Norfolk, Virginia; Roanoke, Virginia; and Jacksonville, Florida.

Exhibit B5-1

Cleveland Works Program Model



Design of the Evaluation

A quasi-experimental evaluation of Cleveland Works was implemented.[3] In insuring that the comparison group chosen for the study allowed for the strongest approach to answering the research question ("what are the impacts of an employment and training program that includes family support services relative to an employment and training program that does not?"), the design faced three major challenges:

1. Finding a comparison program similar to Cleveland Works in all respects except the use of family support services;

2. Finding a comparison group similar in motivation and skills to participants in Cleveland Works, so that differences in outcomes can be attributed to differences in the programs and not to differences between the individuals in the two programs;

3. Finding a comparison program operating in a similar welfare policy and labor market environment so that differences in outcomes can be attributed to differences in the programs and not to differences in the choices and opportunities facing individuals in the two programs.

Cleveland Works participants were compared with results for AFDC recipients concurrently enrolled in the Cleveland Job Training Partnership Act (JTPA) Program. This choice meets the three challenges listed above as follows:

1. The Cleveland JTPA Program offers education and training services of similar intensity and duration as those offered by Cleveland Works, but without the family support enhancements.

2. The two groups are both composed of AFDC recipients who have volunteered to participate and who have comparable levels of education and employment experience and skills; known differences in key characteristics can be controlled for statistically.

3. Cleveland JTPA participants face the same external environment (in both the labor market and welfare program policies) as Cleveland Works participants.

Despite the close match between the two programs and their participants, some reservations should be noted. First, the two programs differ in respects other than the provision of family support services. For example, Cleveland Works provides more elaborate job matching and

3 A random assignment design for the evaluation of Cleveland Works was impractical for a number of reasons. For example, because random assignment involves denying access to the program to some portion of individuals who want to participate and who may benefit from participation, random assignment conflicts directly with family support principles of responsiveness to family needs. Moreover, randomized designs are particularly difficult to implement in a mature, ongoing programs like Cleveland Works that has traditionally accepted all eligible applicants.

post-employment services than does JTPA. Moreover, the two programs offer an overlapping but slightly different range of vocational training. Due to these program variations and others, differences in outcomes between the two groups may not be due solely to the inclusion of family support services in Cleveland Works.

A second set of reservations follow from potential differences in the characteristics of the two groups. For example, although both programs are voluntary and require some level of motivation from their participants, one program may require more commitment than the other. Moreover, individuals in the two groups may differ on other unmeasured characteristics that cannot be controlled for statistically. Although we have no direct evidence that this is true, it cannot be ruled out.

Notwithstanding the important analytic risks implied by known programmatic differences and unknown individual characteristics between the two groups, Cleveland JTPA participants represent the strongest available comparison group for the impact analysis.

Research Sample and Follow-Up Period

The research sample for the evaluation of Cleveland Works includes Cleveland Works participants (n = 580) and JTPA participants receiving AFDC (n = 407) who entered their respective programs from October 1, 1993 through September 30, 1995 and for whom baseline data are available. A participant is an individual who was accepted into either respective program and appeared for service for at least one day beyond an initial application and orientation session.[4]

The follow-up period available for the study extended through June 30, 1998, including up to 18 quarters of outcome data for the first research sample entrants. Although data are available through follow-up quarter 11 for the full research sample, the available number of participants with more than 12 quarters of follow-up data is increasingly small, the follow-up period was limited to 12 quarters after the quarter of program entry.

Baseline and Outcome Measures and Data Sources

The validity of a comparison group design may be strengthened by statistically controlling for differences in key characteristics between the two groups. For this evaluation, important control variables are those related to individuals' likely success in the labor market. Using extant data from Cleveland Works and Cleveland JTPA program records, as well as administrative data on employment experience from the Ohio Bureau of Employment Security

4 This relatively minimal requirement for participation is chosen for both theoretical and practical reasons. In theory, as time goes by and different types of individuals drop out of their respective programs at different rates, initial unmeasured intergroup differences in motivation and persistence may widen, making the groups even less comparable. A practical reason to accept a relatively low participation threshold to be in the research sample is the unreliability of long-term attendance and program completion records for both programs.

(OBES), the study obtained comparable data for each research group on the following measures: gender, age, number of children, ethnicity, high school graduation status, welfare status (long-term recipient), employment and earnings in the year prior to program entry. Exhibit B5-2 presents these baseline characteristics for Cleveland Works and JTPA participants in the study.

As Exhibit B5-2 shows, the two research groups are nearly identical for all characteristics except the percentage that are high school graduates. Because the two groups are so similar in other respects and are relatively close on educational attainment, the latter difference may be controlled for statistically (see the attachment to the chapter for a discussion of the regression model used for the impact analysis).

The outcome measures used for the impact analysis of Cleveland Works include quarterly employment status and earnings data from the Ohio Bureau of Employment Security quarterly wage file.

Exhibit B5-2

Baseline Characteristics of the Research Sample

Baseline Characteristic	Cleveland Works (n = 580)	JTPA (n = 407)
Female	95%	96%
Mean age***	30	27
Ethnicity: African-American White Other	 90% 7 3	 88% 10 2
Mean number of children	1.9	1.9
High school graduate***	74%	57%
Long-term AFDC recipient[1]	50%	54%
Employed in past year	58%	57%
Employed at time of program entry	29%	29%
Mean quarterly wages in past year	$459	$411

[1] For Cleveland Works, a "long-term AFDC recipient" is an individual who reported on the application form spending at least 36 months on welfare; for JTPA, it is an individual who reported receiving AFDC for at least 36 out of the last 60 months.

*** Differences significant at 99% confidence level.

Impact Findings

Participation in Cleveland Works was found to increase employment and earnings relative to outcomes for JTPA participants for up to three years following program entry (Exhibit B5-3)[5]. Over the three years of the study, participants in Cleveland Works earned an average of $6,400 more than participants in JTPA.

As Exhibit B5-3 shows, the Cleveland Works impacts on employment and earnings decreased over time over the three years of follow-up. This pattern is graphically displayed in Exhibit B5-4 (Cleveland Works Impacts on Employment) and Exhibit B5-5 (Cleveland Works Impacts on Earnings), which plot employment and earnings outcomes over time for each research group.

Exhibit B5-3

Impacts of Cleveland Works on Employment and Earnings

Outcome Measure	JTPA (A)	Cleveland Works (B)	Impact of Cleveland Works (B-A)	Relative Impact (B-A)/A
Percentage employed in average quarter in:				
Year 1	51%	65%	14%	27.5%
Year 2	57	68	11	19.3
Year 3	62	67	5	8.1
Mean Annual Wages:				
Year 1	$3145	$5776	$2631***	83.7%
Year 2	5315	7556	2241***	42.2
Year 3	6736	8264	1528**	22.7
Years 1-3, total	$15196	$21596	$6400***	42.1%

*** Statistically significant at 99% confidence level.

** Statistically significant at 95% confidence level.

5 Note that measures of mean annual wages include sample members with no annual earnings. (All impact estimates are regression adjusted; see Appendix A).

EXHIBIT B5-4
TRENDS IN CLEVELAND WORKS IMPACTS ON EMPLOYMENT

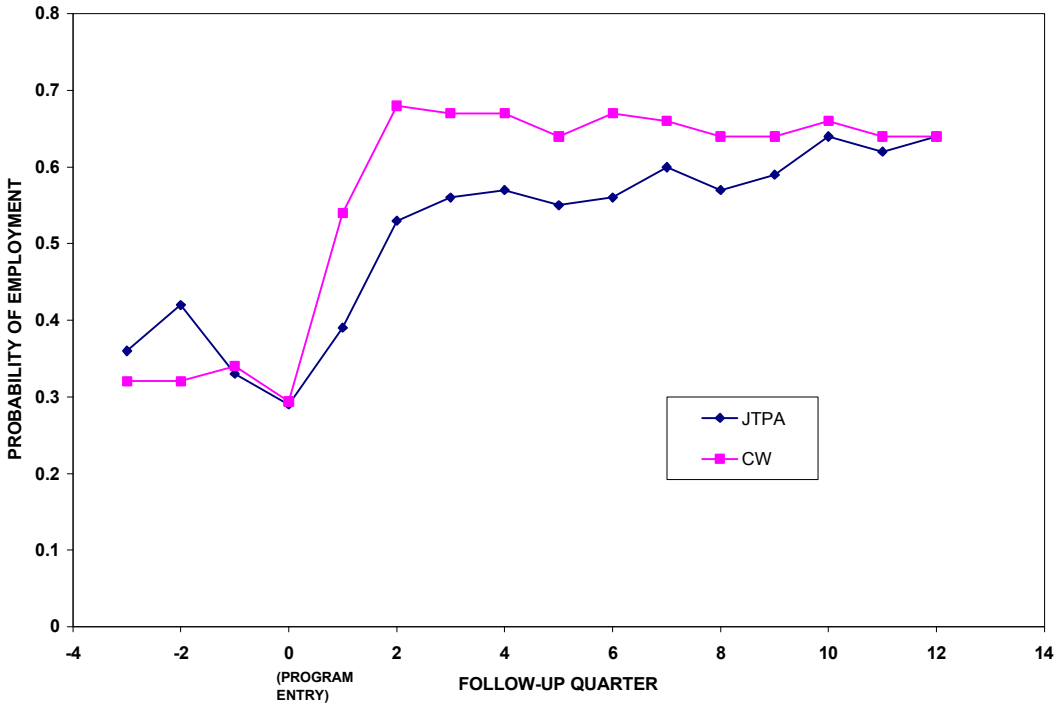
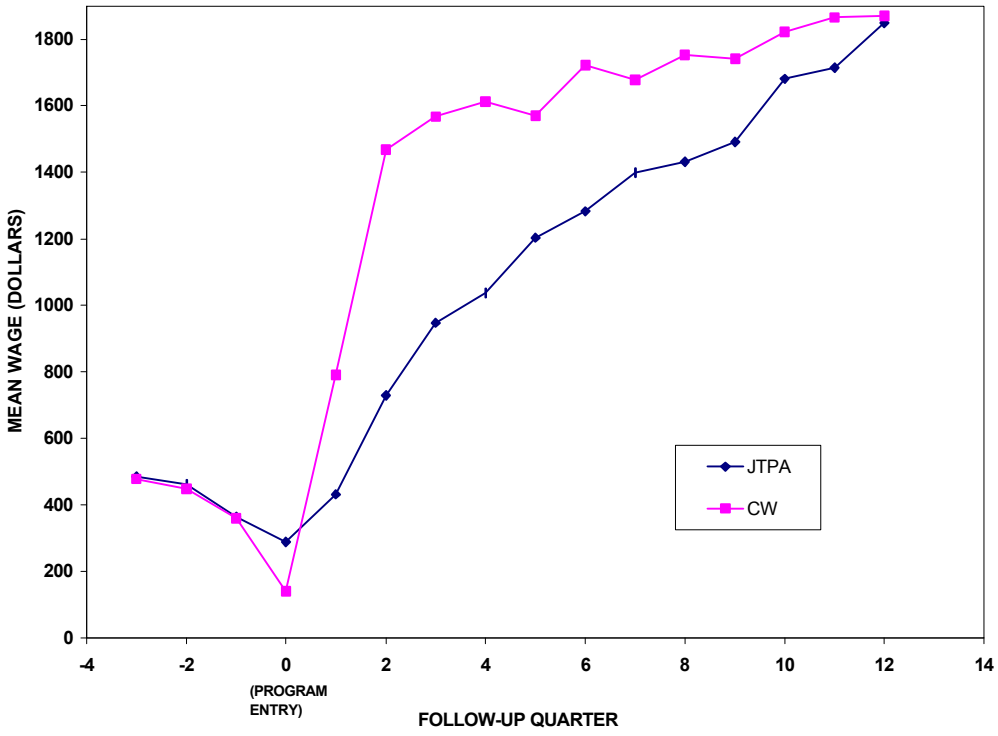


EXHIBIT B5-5

TRENDS IN CLEVELAND WORKS IMPACTS ON EARNINGS



Discussion

The impacts of Cleveland Works on employment and earnings over three years after entering the program are impressive, both in absolute and relative terms. A review of 14 voluntary employment and training programs for disadvantaged individuals documents impacts on women's annual earnings in the first or second year after program entry in the range of $414 to $1,962.[6] In the three years of this study, Cleveland Works had annual impacts of about $2,600, $2,400, and $1,500. This impressive performance is all the more noteworthy, considering that Cleveland Works' impacts are relative to outcomes for JTPA participants. JTPA has been shown in its own right to be particularly effective for disadvantaged adult women, with an estimated impact of 7.2% on earnings over 18 months.[7]

To what degree may Cleveland Works' impacts be attributed to its use of family support services? As mentioned earlier, because Cleveland Works and JTPA differ on a number of factors in addition to family support services, the evaluation design does not allow for unambiguous judgments about the particular contributions of family support principles and services. However, the pattern of impacts over time gives some clues. Exhibits B5-4 and B5-5 show that Cleveland Works participants were far more likely to be employed (and have more wages) in the early follow-up quarters. While the Cleveland Works quarterly employment rate leveled off to between 65% and 70% by the 2nd quarter after program entry, the JTPA rate increased steadily to the same rate by the 12th quarter. The quarterly employment rates for a diminishing sample after quarter 12 (not reported here) remain roughly equivalent at 65% - 68% for JTPA participants, and 67% - 72% for Cleveland Works participants.

The quick "head start" afforded Cleveland Works participants is likely due to a combination of factors. As discussed above, relatively rapid placement on the job is one of the distinguishing characteristics of the Cleveland Works (and earlier Supported Work) model. But rapid placement will not work if other aspects of an individual's life have not been sufficiently stabilized. The family support services provided to Cleveland Works participants are intended to help settle any legal, housing, child care, transportation, and other issues that may be important barriers to employment. The positive results for Cleveland Works participants are consistent with the notion that its impacts arise from a combination of the program's focus on rapid movement into employment and the use of family support services to help support a stable work life.

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6 Daniel Friedlander, David H. Greenberg, and Philip K. Robins, "Evaluating Government Training Programs for the Economically Disadvantaged," in ***Journal of Economic Literature***, Volume XXXV (December 1997), pp. 1809-1855.

7 Howard S. Bloom *et al*, ***The National JTPA Study: Title II-A Impacts on Earnings and Employment at 18 Months***. Washington: U.S. Department of Labor. P. *xxxvi.*

Attachment: Analysis Approach

The impact analysis modelled participant outcomes as functions of participant baseline characteristics (those listed above in Exhibit B5-2), the time of program entry (to control for varying economic conditions) and the program type (Cleveland Works or JTPA). The general form of the regression model may be specified as follows:

$$Y_i = b_0 + b_1 CHARACT_i + b_2 QUARTER_i + b_3 PROGRAM_i + e_i$$

Where:

Y_i = Outcome of interest for individual I
$CHARACT_i$ = individual baseline characteristics of I
$QUARTER_i$ = calendar quarter of program entry for I
$PROGRAM_i$ = program (CW or JTPA)
e_i = residual (error term)
b_0 - b_3 = parameters, or vectors of parameters, to be estimated

Note that for the analysis of impacts on wages, linear regression analysis was used, while for the analysis of impacts on the probability of employment, logistic regression analysis was used.

APPENDIX A

FAMILY SUPPORT PROGRAMS REVIEWED: PROGRAM MISSION AND TARGET POPULATION

Appendix A

FAMILY SUPPORT PROGRAMS REVIEWED: PROGRAM MISSION AND TARGET POPULATION

Program Mission	Program Name	Target Population
Comprehensive--15+ strands	* *Family Focus (Chicago)*[a]	community:2 sites =teen parents
	* *Touchstones (Seattle)*	underserved populations
	* *FL Full Service Schools*	schl commnty
	* *Caring Communities (St Louis)*	Afr-Amer/school community
	* *Black Family Devlopmnt Prog (Detroit)* * *Denver Family Resource Schools*	Afr-Amer/community school community
	* *MD Family Support Centers*	community: B-3
	* *Kids Place (Scott Cnty, IN)*	community
	* *Center for Family Life (NYC)*	community
	* *Family Development Center (Albuquerque)*	community
	* *Detroit-Skillman Parenting Education and Advocacy Program*	citywide
	* *Parent Services Project (5 states): add-on to child care centers*	child care center community
	• Beacon School-Based Commnity Ctrs(NYC)	community
	• Child Development Inc (Arkansas)	community
	• CO Family Centers	community
	• PA Family Centers	community
	• KY Family Resource Centers	school community
	• NC Family Resource Centers	community
	• CA Healthy Start	low-inc, LEP school community
	• VT Parent/Child Centers	community
	• SUCCESS Program (Des Moines)	students citywide
Comprehensive--< 15 strands	* *Family Enhancement Ctrs (Dane Cnty,WI)*	community
	* *Family Resource Center on Webster Ave (Rochester,NY)*	community
	* *WI Family Resource Centers*	community:B-3
	* *CT Family Resource Centers*	community
	• New Beginnings (San Diego)	schl community

Program Mission	Program Name	Target Population
Situation-specific	* *Armed Services YMCA (Honolulu)*	military
	* *Nat'l Institute for Responsible Fatherhood (Cleveland)*	fathers w/ kids on AFDC
	* *Hawkeye Area Community Action Project (6 IA counties)--add-on to Head Start)*	homeless families w/ prek kids
	* *Rural America Initiatives (Rapid City, SD)*	Nat Amer
	* *Partners for Success (NYC)*	formerly homeless
	• Effective Schools Initiative for Homeless Children (Seattle)	homeless
	• Family Connection Proj (St. Clair Cnty, MI)	at-risk fam in rural community
	• Family Center (Rush City, MN)	rural school community:preK
	• Family Services (Minneapolis)	inmate families
	• Single Parent Resource Center (NYC)	single parents
	• Women's Activities Center (Topeka)	female offenders
	• Family and Child Education--FACE (various)	??
School readiness/ achievement for child	* *AVANCE (San Antonio, Houston)*	Hispanic community
	• MD Activity Book and Toy Lending Library	school community
	• MN ECFE Program	school cmnty:B-5
	• FOSPA (St. Cloud, MN)	school cmnty:4-5
	• HIPPY (24 states)	varies
	• Kuban Parent Involvmnt Prog (Phoenix)	school community
	• MELD (across US)	??
	• Nat'l Asian Family/School Partnership Proj (6 cities)	school community: Asians
	• Parents as Teachers--PAT (43 states)	community:B-5
	• Parent Involvemnt Prog (Guntersville, AL)	school community
	• Project AHEAD (Los Angeles)	school community
	• Dade PARTNERS (Dade Cty, FL)	inner city school community
	• Parent Community Networking Centers (HI)	school community
	• Parents in Touch (Indianapolis)	school district
	• Project Fiesta (Elgin, IL)	Hisp:3-5
	• Providing a Sure Start (East St. Louis)	community:B-3
	• TIPS (across US): add-on to schl homework	school community
	• Family Math (across US): supplement to schl math work	school community

Program Mission	Program Name	Target Population
Family literacy/ educational achievement	• Even Start (various) • MOTHEREAD (Raleigh) • KY PACE • Nat'l Ctr for Fam Literacy (across US) • Project WILL (Pine Bluff, AR) • SER Family Learning Center (various) • Academia del Pueblo (Kansas City, MO)	low-literate mothers:B-7 low-literate mothers preK parents w/o GED preK parents w/o GED low-literate women low-literate Hispanic kids & adlts Hispanic, LEP community
Family economic self-sufficiency	* *Cleveland Works* * *Vaughn Fam Ctr (San Fernando,CA)* * *CCDP (various sites nationwide)* * *IA FaDSS program (add-on to jobs prog* • LEAP (school districts throughout Ohio) • New Futures School (Albuquerque)	AFDC families school community high-risk community AFDC mothers at risk of long-term welfare teen AFDC parents ??
Infant and child health and development	* *VA CHIP* * *The Family Place (Wash, DC)* * *MIHOW (rural areas in MS, Appalachia)* * *Center for Successful Child Dev (Chicago)* * *Nurse Home Visiting Program (Olds--Memphis, Denver)* • Birth to Three (Eugene, OR) • Dept of Family & Parenting Services (Phil) • Family Resource Ctr--CEDEN(Austin, TX) • Silver Spring Neighborhood Ctr • Family Resource Center (Milwaukee)	low-income:B-6 community:B-3 rural community: B-3 low-income community:B-5 at-risk lst-time mothers community:B-3 community:B-5 low-income low-income community:B-3
Special needs child health and development	* *FIPP (Morgantown, NC)* • Families Together (across KS) • Ohio Coalition for the Education of Children with Disabilities • Variety Preschoolers Workshop Family Ctr (Syosset, NY) • Parent Support Program (across IN) • Family-Child Resources (York, PA)	special needs & at-risk:B-6 special needs:community special needs:state special needs:B-14 special needs & at-risk:B-3 special needs & at-risk:B-12

Program Mission	Program Name	Target Population
Child abuse and neglect prevention	* *Dorchester Cares (Boston)*	community
	* *Hawaii Healthy Start (across HI)*	at-risk: prenatal-5
	* *Healthy Families Santa Fe (NM)*	community:B-3
	* *Parent Support Network for Native American Families (Phoenix)*	at-risk Native Amer
	• Friends of the Family (Los Angeles)	community
	• Bellflower Center (Cleveland)	at-risk & teen parents
	• Family Support Services (Phil)	at-risk:B-5
	• Nurturing Programs (across US & world)	at-risk families
	• Good Samaritan	??
Substance abuse prevention	* *WI Families and Schools Together*	at risk:4-9
	• Families Matter (across DE)	community:8-15
	• Informed Families of Dade County (Miami, FL)	community
	• The Drug Education Ctr (Charlotte, NC)	community:target Afr-Amer
	• Alcohol and Drug Abuse Council (Elmira, NY)	community
	• Alternatives/SPINS (Brooklyn)	school community
	• Free to Grow (various): add-on to Head Start	HS-eligible children
Family wellness	* *Nat'l Assoc of Mothers Centers (Hempsted, NY--various sites)*	community
	* *OK Child Dev and Parent Educ Program*	community:B-3
	• Childrearing Education and Counseling Program (Palo Alto,CA)	community
	• The Family Center (Clayton, MO)	school community:B-5
	• Family Network (Highland Park, IL)	community:B-3
	• Family Tree Parent Info, Educ, and Counseling Ctr (Lafayette, LA)	community
	• 92nd St Y Parenting Center (NYC)	community
	• Parents Place (San Francisco)	community:B-6
	• The Parents' Place (Roanoke, VA)	community
	• Working Parent Resource Ctr (St.Paul,MN)	community
	• Effective Parenting Information for Children (11 states)	community

a. Nominated programs indicated by asterisks

APPENDIX B

PROGRAMS NOMINATED AS OF MARCH 1995

Appendix B

PROGRAMS NOMINATED AS OF MARCH 1995

1. Armed Services YMCA Oahu, Hawaii
2. Avance, San Antonio, Houston and border communities, Texas
3. Black Family Development Inc., Detroit area, Michigan
4. Caring Communities Program, East St. Louis, Missouri
5. Center for Family Life in Sunset Park, New York City, NY
6. Center for Successful Child Development (Beethoven Project), Chicago, IL.
7. Cleveland Works, Cleveland area, Ohio
8. Comprehensive Child Development Program (CCDP), multiple sites
9. Denver Family Resource Schools, Denver, CO
10. Detroit-Skillman Parenting Education, Detroit, MI
11. Dorchester Cares, Boston, MA
12. Family Development Program, Albuquerque, NM
13. Family Enhancement Centers, Dane Cty, WI
14. Family Focus, Chicago, IL
15. Family, Infant and Preschool Program, Northwest NC
16. The Family Place, Washington, DC
17. Family Resource Center on Webster Avenue, Rochester, NY
18. Florida Full Service Schools
19. Hawaii Healthy Start, Oahu and other islands
20. Hawkeye Area Community Action Program, Cedar Rapids, Iowa

21. Healthy Families Santa Fe, Santa Fe, New Mexico

22. Iowa Family Development and Self-Sufficiency (FaDSS) Program

23. Kids Place, Scott County, Indiana

24. Maternal Infant Health Outreach Workers Project (MIHOW)

25. National Association of Mothers' Centers

26. National Institute for Responsible Fatherhood, OH

27. Nurse Home-Visit Program

28. Oklahoma Child Development and Parent Education Program

29. Parent Services Project

30. Parent Support Network for Native American Families, Phoenix area

31. Partners for Success, New York City, NY

32. Rural America Initiatives, Rapid City, SD

33. Touchstones, Seattle, WA

34. Vaughn Family Center, San Fernando, CA

35. Wisconsin Families and Schools Together (FAST)

36. Wisconsin Family Resource Centers

APPENDIX C

PROGRAM LIST FOR PRELIMINARY SITE VISITS

Appendix C

PROGRAM LIST FOR PRELIMINARY SITE VISITS

Program	Service "Strands"	Core Component	Length of Participation	Target Population	Possible Comparison Group	Other Considerations
Armed Services YMCA, Oahu, Hawaii	(Differ at 5 outreach sites) • parenting ed • preschool playschool/ Playmorning (mobile preschool) • mediation service • drop-in ctr for single parents • spouse abuse shelter • educ for international wives • Welcome Baby Home Visitor Program	no; individualized/parent chooses activities core services at each site: • Welcome Baby, new parent support service (h-v) • Play-morning program for mother and 6 mo to 2 or 3 yr-olds • Three plus four. 10 week learning program for kids. • GED,ESL,parentg. wkshps.	a few weeks--2 years	all junior enlisted military families stationed in Hawaii, in service for first time and lowest income (average age 18-24). target first-time mothers (ages 16-21) ethnic mix: 25% black, 10% Hispanic, 10% Asian	no comparable "untreated" group on Hawaii--would have to find military families elsewhere; problem of comparability with other military populations--Hawaii families have special stresses--feel like outsiders	
Caring Communities Program, E.St. Louis, MO	• Afrocentric classroom presentations on self-identity • youth leadership programs • after-school care • substance abuse prevention • Families First 90-day intensive crisis management program	no	6 wks--1 year	all children and families in community (2 schools in St. Louis and 1 rural site in northern MO)	Philiber study: used nearby school not part of program	Philiber study had problems because St.Louis had no central system of tracking students through schools and Walbridge did not have centralized student records.

Appendix C
(continued)

Program	Service "Strands"	Core Component	Length of Participation	Target Population	Possible Comparison Group	Other Considerations
Cleveland Works, Cleveland, OH	• employment training • special training courses (paralegal, E.M.tech, asbestos removal) • family education program (parenting, legal rights, life management, literacy) • Beat the Streets youth program (ages 16-26) • Corporate Rep. counseling services during employment • on-site Legal Services Clinic • on-site Head Start program • day care on site or refer • summer camp for school-age children of clients • on-site health clinic	yes: all (Adults and Youth) participate 8am-4pm daily for average of 12 weeks receiving employment training and family education program. all receive services of Corporate Rep. counselors who serve as liaisons with employers (caseloads of 300)	average of 12 weeks of daily courses, then counseling during employment	families on welfare who apply to the program (and are then screened for entry) Population served: • 80-85% black, 20 -15% white; • on average, 48 straight months on welfare, 10 years on-and-off welfare. • now 90% female (used to be 70%) • average age 28-30 • about 50% dropouts	similar welfare families in areas that don't offer this program	Welfare-to-work program for at-risk urban, black population 7 other cities have adopted the model including Seattle; Louisville; Columbus; L.A.; and Wheeling, W.VA.
Denver Family Resource Schools, Denver, CO.	(Different mix of services at each site) • study halls with tutors • after school care • parent ed for young moms using MELD curriculum • adult education • family events • parent resource room • case management	no		all families in school district 7 sites: 4 low-income Latino; 2 low-to-middle income Afr-American; 1 white suburb	would have to identify (1) comparable sites in Denver school district that are not part of program, (2) comparable school district in state	

Appendix C
(continued)

Program	Service "Strands"	Core Component	Length of Participation	Target Population	Possible Comparison Group	Other Considerations
Detroit-Skillman Parenting Education Detroit, MI	• Detroit Family Project, parenting educ in health clinic waiting rooms • workshops • individual conferences • referrals to other parent training and resources • Paraprofessional Outreach Program, home-visits for pregnant women and women with young children	no, limited menu Focus on parenting education, family stability, and problem of substance abuse.	not known; head of program couldn't be reached. Information from researcher & head of Detroit Family Project component.	families waiting for services at the Detroit Health Dept facilities & any parent in Detroit Poor parents and children, pregnancy thru age 10. Most families with children under age 5. 95% are black.	If project ends in 6/96, comparison group from clinics that no longer provide the services.	Already being evaluated by Stoffelmeyr, MI State (650 + 250 more out of the 2000-3000 families per year in Detroit Family Project & 250 out of 800-1000 families in Paraprofessional outreach). He would like to extend the study or follow-up the 85% of the families they've been tracking since 1990.
Dorchester Cares Boston, MA	• Substance abuse programs (TIES) • Coops at Settlement Houses • Health Centers (also do prenatal home-visits) • Nurturing Programs vs child abuse and teaches parenting • Drop in childcare	Main goal to prevent child abuse. Agency does not provide services, merely promotes collaboration among existing services in community.	Home-health visiting is a 2-year program; Nurturing Program is 15 weeks, 3 hours per week.	Low-income, at-risk area of Boston. 40-50% black; 15-20% Latino or Hispanic; 15-20% Cape Verdian; 15-20% Vietnamese.		Evaluation by Earles and Barnes at Harvard (1995) and Mulroy at BU (1994). Can work with Barnes to extend study of community effects.

Appendix C
(continued)

Program	Service "Strands"	Core Component	Length of Participation	Target Population	Possible Comparison Group	Other Considerations
Family Development Program, Albuquerque, NM	• half-day preschool program • Baby Amigo parent-infant home-visits • after-school program • developmental screening for preschoolers • peer support groups • parents as authors book-writing project • counseling and family therapy • crisis intervention • referrals	no, menu from pregnancy until last child is school-age.	Vary.	95% are low-income. 80% are Hispanic and 15% are black. 150 families at any one time/ 540 persons per year	Maybe look at random assignment to different types of programs.	Evaluation by Minnick & Associates covered 1985-90; looked at impact of the pre-school program on children, parents and policies.
Family Enhancement Centers, Dane Cty, WI	• parenting groups • teen parent program • parenting classes • support groups for parents of pre-teen and teens • Neighbor-to-Neighbor outreach program • Neighborhood Parent Aides family preservation services	no. Lots of drop-in activity. Parents Places (serve 1500 parents) run weekly meetings. Family Enhancement Centers (serve 300) and offer support groups, workshops, etc. for low-income families.	Varies by family and program. Families remain active for years (have 7000 on active list).	All families eligible; Mix of ethnic, racial, structural, economic. 70% are low-income and at-risk.	One area of the community is presently unserved, with population similar to the low-income population being served by the Family Enhancement Centers. Also, several small towns nearby with similar populations with no family enhancement programs.	Data collection and tracking sounds as though it only consists of sign-in sheets. Would need to depend on school, city and state data.

Appendix C
(continued)

Program	Service "Strands"	Core Component	Length of Participation	Target Population	Possible Comparison Group	Other Considerations
Family Focus, Chicago, Ill.	• parent programs (support groups, parenting classes, computer play, home visits, ESL) • teen pregnancy prevention • teen parent programs (home visits, workshops, support groups) • on-site child care • family literacy • parent/child interaction • pre-employment training • emergency material aid • service coordination • recreational programs • advocacy • referrals	Several	Depends on program. Sites average 27 contacts per family annually. Daily contacts in teen and other intensive programs.	All eligible. Mostly low-income, mostly Latino and black. (One site includes middle class families). 3000 families in 1993. Two centers do social and education support for at-risk teens; one focuses on families with children 0-8; two on families with children 3-5.		5 sites. Began in 1976. Focus on teen programs? Evanston (Our Place for teens & other site does families & teen parents) & Aurora (teens & teen parents, Hispanic). Lawndale does families & teen parents). Ounce of Prevention collects data on teens and has done an evaluation. Evaluations by University of Chicago, Erikson Institute, and Ounce of Prevention.
Family Resource Ctr on Webster Avenue, Rochester, NY	• parent education • infant and child care and education during parent sessions and activities • life skills training • Hello Baby home-visit program • YAMS, home-visits for mothers ages 18-25 • family social activities • parents as primary sexual educators program	No, wide menu of services	50% attend more than a year. 60% of those served come more than twice a week; 27% come once a week.	Targeted to families with children 0-5. 80% on public assistance; 2/3 single-parent; 45% black, 37% white.	Possible comparison group in community around Webster Ave. who are served by centers with different services.	In third year of Kellogg evaluation of family and neighborhood outcomes.

Appendix C
(continued)

Program	Service "Strands"	Core Component	Length of Participation	Target Population	Possible Comparison Group	Other Considerations
Florida Full Service Schools	Varies enormously by site, including: • health services • support groups • academic counseling • AFDC services • WIC services • early childhood development • pregnancy prevention • birth control information • child care • community control officer • GED and adult education • employment training	no; wide menu of services	Depends on the district. Mostly in schools with high-risk, low-income, minority populations.	Children in the Full Service Schools and their families.	Maybe find comparable school without the program	Each district is very different. Four districts that have been recommended have different models and populations. They include: Alachua, 60% white and serving at risk children and their families ages 0 to 5th grade in a Family Center and with school laiasons; Dade, services in schools, minority; Pinellas, urban and minority, services in 4 schools; Santa Rosa, rural and 97% white, 22 agencies in 8 schools. Might become block grant.
Iowa Family Development and Self-Sufficiency (FaDSS) Program	• home-visits • parenting • family function • community support • advocacy and referrals • goal-setting • job-shadowing • center-based education and support groups (provide childcare)	no; wide menu of services, but main focus is welfare-to-work	6 mos. to 1 yr, weekly contact. Average participation is 2 years.	AFDC families at-risk of long-term dependance. 91% is white	Random assignment of populations at 4 sites from 1989-1991.	Good opportunity to extend study by the Institute for Social and Economic Development either by providing a long-term follow-up, child follow-up, and/or follow-up of entire original sample.

Appendix C
(continued)

Program	Service "Strands"	Core Component	Length of Participation	Target Population	Possible Comparison Group	Other Considerations
Kids Place, Scott Cty, Indiana	• County health department • Well Child Clinic • WIC • Head Start • First Steps Early Intervention • day care services • preschool special education • developmental screening & therapy • occupational, physical, & speech therapy • teen parenting classes • Welcome Baby Basket • supervised visitation for foster children • transportation • drop-in program	no; wide menu of services	Child ages 0-5; many WIC families stay involved, using program at least once a week in the clinic or home-visits; 60% turnover per year.	Universal access. 80% qualify for WIC	no comparable group in Scott County but maybe Jackson Cty. that has WIC but nothing like a Kids Place.	Informal evaluations by New Hope Services. Case study by Zero to Three; mostly process oriented and focused on changes in service delivery and systems change. No follow-up has been done (program in place since 1988)
Maternal Infant Health Outreach Worker Project (MIHOW)	• prenatal and postnatal home -visits by paraprofessionals • some meetings in community facilities • parenting skills • maternal and child health • referrals	Set curriculum of home-visits	usually monthly visits, and half drop out in a year	90% pregnant women who are poor, socially isolated and single. 550 families in 21 rural communities in Mississippi Delta and Appalachia.	this could be difficult since families are in rural, sparsely populated areas.	Possibility of extending earlier studies by Ford Foundation, Child Survival/Fair Start (1988) and Bernard Van Leer Foundation (1990)

Appendix C
(continued)

Program	Service "Strands"	Core Component	Length of Participation	Target Population	Possible Comparison Group	Other Considerations
Nat'l Institute for Responsible Fatherhood, Cleveland, OH	• for fathers-- individual and group support, family outreach (home-visits), fathering skills training, health and career information, housing referrals, free recreation tickets, services to those incarcerated, program for self-reliance (Amendela) • for school-age-- leadership and educational outreach • men and women-- parenting support groups	Core is individual case management and annual plan for fathers with 20-28 hours of contact per month.	Annual plan. 200 new families per year.	Acutely high-risk families where fathers not actively involved 200-250 new families per year with 10-15 new per month		Former Client Outcome Survey (1982-92)-- Nixon & King, 1993. (78 fathers aged 15-25 when in the program)
Nurse Home-Visit Program (David Olds)	• prenatal and postnatal home visits • free health-care transportation • child developmental screening • parenting education • child development element • advocacy and referral	Core of program of prenatal and postnatal home-visits.	Average of 9 biweekly prenatal and regular postnatal home-visits until child age 2.	Elmira, primarily white low-income; Denver, Hispanic; Memphis, black.	Possible addition to present intensive studies that include random assignment.	In Elmira, doing a 15 year follow-up; the Denver and Memphis studies are in process.
Parent Services Project	• parent involvement in preschool and daycare sites • respite care • advocacy and referral • home-visits as needed • parenting education • leadership training • parent support groups • family fun events • adult only activities	no, menu of activities	About 60% of parents participate in any given month. Varies a lot. In California, some parents involved for 10 years.	Over 300 sites in California, Delaware, Florida, Georgia and Mississippi. Mostly low to moderate income families. In Delaware, at-risk population. Several Head Start programs are buying into the program.	Similar day care situations without the program.	Existing evaluation of 20 sites in California only looked at parent stress. Might look at child outcomes or look at at-risk settings such as program in Delaware or Head Start.

Appendix C
(continued)

Program	Service "Strands"	Core Component	Length of Participation	Target Population	Possible Comparison Group	Other Considerations
Touchstones, Seattle, WA	• Family Enabling Program with home-visits and consultations • advocacy program for DD children and families • early identification, health, and nutrition promotion services • Community-Schools Partnership program • Youth Service to Community Program • After-School Enrichment • Parent/Training Information Center • consultations and technical assistance across the state	no; menu that varies by population	varies	Most families have children between the ages of birth to 12. Underserved populations: Immigrant, refugee, migrant, and minority families as well as families of children with special needs. Serving 3,000 individuals.		Annual evaluations of all of programs by the University of Washington. For instance, the Community-Schools Partnership Program showed an impressive improvement in participant CAT scores.

Appendix C
(continued)

Program	Service "Strands"	Core Component	Length of Participation	Target Population	Possible Comparison Group	Other Considerations
WI Families and Schools Together (FAST)	• play therapy (parent and child) • couple time (husband and wife) • self-help support group • family activities • home-visits (up to 2 years) • monthly parent meetings (2 years)	yes; 8-week session meeting once a week for 2 1/2 hours. Home-visits as needed and monthly parent meetings for 2 years.	85% complete the 8 week session and 60% complete the two-year monthly program.	At-risk elementary school-age children, ages 5-10, as identified by school or Head Start, and their families 95% low income, single mothers on AFDC. In Madison, 70% black, 80% single-parent, 80% history of substance abuse (230 families, across 9 schools & one Head Start site).1	Will do random assignment of interested schools if pay money for involvement. Randomized exp. (Sayger, T.) Statewide evaluation report.	90 schools in WI, another 150 in 20 states (12 just starting in California). Madison has 10. Evaluation used QP coping rating scale for kids and Parental stress Inventory, Social Isolation subscale, for parents. Madison collected parent data after 2 years, could look at child data. Funding ($1.3 mil.)from Office of Substance Abuse Prevention to evaluate FAST longitudinally & adapt for preschool, Head Start, & Middle School. Also $625,000 from De Witt for evaluation and replication.