

Evaluation of “ACCESS” to School

Year 3 Progress Report

A program by ACCESS



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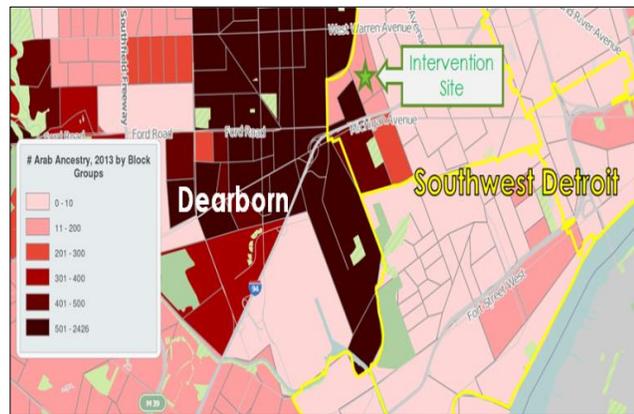
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Introduction

In 2012, the United Way for Southeastern Michigan (UWSEM) was awarded a grant from the Social Innovation Fund (SIF). UWSEM distributed these funds to 11 sub-grantee organizations, all of which aimed to improve school readiness among children, ages 0 to 5 within 10 regions in metropolitan Detroit. ACCESS is a sub-grantee, implementing "ACCESS" to School. In an effort to address the relationship between poverty, caregiving, and children's readiness for school, ACCESS is targeting low-income parents/caregivers who care for children ages 0 to 5 throughout metropolitan Detroit.

Through "ACCESS" to School, participants receive goal-oriented case management, parenting education, and interactive literacy activities and ESL.

At the inception of this project, "ACCESS" to School had not been evaluated for its implementation processes, whether its underlying theoretical assumptions are valid, or for its ability to impact participants. Therefore, ACCESS partnered with the Michigan Public Health Institute (MPHI) to prepare a sub-grantee evaluation plan (SEP). The study design outlined in the SEP includes implementation, formative, and impact evaluation.



The following report covers the period spanning August 31, 2014 to September 1, 2015 (year 3), and provides an overview of program progress, implementation evaluation and impact evaluation findings to date. Findings described provide insight into aspects of study context, implementation dimensions and impact evaluation results. Evaluation results are also key to describing specific phases of program implementation, impact of programming, detecting barriers and key success factors, and identifying lessons learned and recommendations for the future. Data sources for the implementation evaluation included attendance logs and adherence checklists and impact evaluation included Parent/Caregiver Surveys and Child Assessments. While the following narrative provides a comprehensive overview of these methods and findings to date, information gathered through the evaluation was provided to ACCESS on an ongoing basis to inform continuous process monitoring and rapid-cycle improvement.

Program Background

ACCESS's School Readiness Program, "ACCESS" to School, addresses gaps in services available to low-income families in Southwest Detroit. In recognition of these problems and community need, "ACCESS" to School provides goal-oriented case management, parenting education, and interactive literacy activities in combination with ESL instruction. The program establishes a coordinated network of family services that work to ensure that families make meaningful advancements in parenting and literacy and in preparing children for productive academic careers. The "ACCESS" to School Program integrates four primary activities:

1. Training for parents regarding how to be the primary teacher for their children and full partners in the education of their children (Parenting Education)
2. Interactive learning activities between parents and their children (PCIL)
3. Case-management
4. Parent literacy training that leads to self-sufficiency (Adult Education/ESL)

Evaluation Approach Summary

Because "ACCESS" to School had not previously been evaluated for its processes or ability to produce outcomes, the SEP details a multi-pronged approach. The evaluation has two distinct purposes:

- 1) to assess and refine the implementation of "ACCESS" to School; and
- 2) to evaluate its outcomes.

To achieve these goals, implementation and formative evaluation activities focused on exploring program fidelity, namely, adherence and program dosage as well as outputs and possible covariates.

Implementation Evaluation

During year 3 the evaluators collected process monitoring data through implementation checklists, attendance sheets, and through meeting notes with program stakeholders. The evaluation team adopted a troubleshooting strategy with the goal of providing timely feedback to program developers (Chen, 2005). Systematic data collection was followed by rapid analysis for key themes, particularly those around program successes and barriers. Results and recommendations were provided to program stakeholders on an ongoing basis in order to equip them to continuously remedy problems and refine programming.

Impact Evaluation

To build a moderate level of evidence supporting the “ACCESS” to School program by Year 5, this evaluation utilizes a between-group design formed by matching to evaluate anticipated program impacts as specified by the logic model. Impacts measured relate to the program’s ability to increase caregivers’ knowledge, self-efficacy, attitudes, stress, literacy, and positive interactions, which promote school readiness. In turn, the program aimed to positively impact school readiness among those children of caregivers.

Since it is not feasible to randomly assign sites to serve as control groups, a quasi-experimental design offers the strongest analyses for building a moderate level of evidence for ACCESS’s program effectiveness. ACCESS offered its ESL program in both its Dearborn and Southwest Detroit locations. For the evaluation, those that participated in ESL at the Southwest Detroit location served as the intervention group while those at the Dearborn location served as the comparison group. Both locations attracted a group of people with similar demographics with large numbers of newly immigrated parents from Yemen. The Southwest Detroit location was offered the “ACCESS” to School program to its ESL participants while the Dearborn location only received ESL.

During this first year of impact evaluation (Year 3) both the comparison and intervention groups included 2 cohorts that enrolled in the program on ACCESS’s 2 semester system. Based on ACCESS’ historical knowledge, individuals who start programming in the fall usually continue with the ESL program during the second (spring) semester. With the summer break, those new individuals starting in the spring may be less likely to return the following fall. With this pattern, the evaluation was set up with a longer follow-up period for the fall cohort and a shorter follow-up period for the spring cohort. Therefore, during year 3, the fall cohort was surveyed at 3 time-points (baseline, immediate post-test, & 3 month follow-up) and the spring cohort was surveyed at 2 time-points (baseline & immediate post-test).

Data Collection and Measurement

Based on implementation evaluation findings during year 2, Staff at ACCESS and the evaluators made minor modifications to the outcome data collection tools (both parent- and child-level) for year 3. Individual survey items were reviewed extensively for cultural appropriateness as well as to ensure they were at the right level of comprehension for participants. Surveys were also translated and back-translated into Spanish and Arabic. Other data collection tools used were attendance logs and adherence checklists.

Parent/Caregiver Survey

Fall Program participants were surveyed at 3 time-points (baseline, immediate post-test, & 3 month follow-up) and spring program participants were surveyed at 2 time-points (baseline & immediate post-test). Caregiver-level data was collected using the tools described below.

Socio-demographic Data Form. This form collects basic demographic information such as age, race/ethnicity, years of formal education, years in the U.S., number of individuals living within the household.

Parental Stress Scale (PSS) (Berry & Jones, 1995). Stress related to caregiving was captured using the parental stress scale. The PSS has a total of 18 items yielding a total score for parenting stress. On each question, participants are asked to rate how much they agree or disagree with a statement using the following choices: 1 strongly disagree, 2 disagree, 3 undecided, 4 agree, or 5 strongly agree.

About Being a Parent Scale (ABPS). Parent attitudes of role in early childhood learning will be assessed using the About Being a Parent Scale (Wentzel, 1993), which is a five-item measure of parents' efficacy beliefs about their children's education. The scale taps parents' beliefs about their ability to influence their children's learning relative to other factors. Sample items are "Parents do not have a powerful influence over their children's achievement when all things are considered" and "Even parents with good teaching abilities cannot teach their children as well as a classroom teacher." Responses are made on a six-point scale with 0 indicating "strongly agree" and 5, "strongly disagree." The scale's internal consistency (Cronbach's alpha) is .86 (Wentzel, 1993).

Reading recall diary. Evaluators created an instrument to assess caregiver frequency of reading to their child using a 24-hour reading recall diary, with validity supported in other studies (Mendelsohn, 2011). Caregivers report on any reading or storytelling involving the child(ren) for whom they care for during the last typical day and in what language(s) these activities occurred. Caregivers will also describe

the material used and the duration of each reading activity that had taken place. The total reading time will be summed for the 24-hour period.

Family Activities Scale. To capture the degree to which families engaged their children in cognitive development activities in the home, we will use the Family Activities Scale. This scale consists of 6 items and assesses the frequency of family practice of activities known to be linked to better school readiness. Such activities include reading, engaging in counting activities, singing songs, etc. Response options range from not at all to daily. This scale was created and used for an evaluation of a similar program (Gilstrap, 2007) who reported adequate internal consistency ($\alpha = .83$).

Social Competence and Behavior Evaluation (SCBE-30). This tool is used to assess social competence, anger-aggression, and anxiety-withdrawal. Administered to parents who report on their child's behaviors, each 10-item subscale has been shown to demonstrate high rater reliability (.91, .83, .78), internal consistency (.92, .86, .77), and temporal stability of a 6 month period (.79, .78, .75). The measure also showed moderate associations with teacher ratings thereby demonstrating this to be a valid instrument. (LaFrenier & Dumas, 1996).

Child Assessment

Similar to the Parent/Caregiver survey, the Child Assessment was administered at 3 time-points (baseline, immediate post-test, & 3 month follow-up) for fall program participants and administered at 2 time-points (baseline & immediate post-test) for spring program participants. For the Child Assessment, ACCESS and the evaluators chose to use the Bracken School Readiness Assessment 3rd Edition to assess concept acquisition and literacy skills. The 5 subsets assess basic concepts such as colors, letters, numbers/counting, size/comparison, and shapes. The test may be administered with minimal training and there are no credential requirements for the interviewer. In a large psychometric study, the assessment specificity value was .96 indicating that 96% of those classified as not-at-risk had positive school outcomes. The positive predictive value was .73 indicating that 73% of student identified as at-risk had negative outcomes (Panter & Bracken, 2009).

Attendance Logs

Attendance logs were maintained by program instructors for each session of "ACCESS" to School to assess participant program retention, dosage, and the general composition of program participants. Results are discussed in the implementation evaluation findings section.

Adherence Checklists

As part of the implementation evaluation, program instructors completed content adherence checklists for each session and/or topic of Parenting Education as well as

PCIL. Because evaluators were not able to observe program implementation directly, these checklists were important for gauging program fidelity as well as dosage. Curricula, lesson plans, and/or other materials for each program component were used to identify core program components for incorporation in the checklists. Questions regarding barriers, successes, key strategies employed, and lessons learned were also included. Collectively, 166 indicators were identified for inclusion in the Parenting Education checklists and 89 indicators were identified for the PCIL checklists. Findings from the adherence checklists are discussed in the implementation evaluation findings section.

Implementation Evaluation Findings

Program Components and Format

Parenting Education

The fall Parenting Education program occurred once every other week on Friday mornings, over the course of 7 sessions. Based on feedback from participants, ACCESS Staff changed the spring Parenting Education program to twice a week, on Tuesday and Thursday mid-mornings, over the course of 21 sessions. Both fall and spring covered 7 topics, which included:

1. Understanding Young Children
2. Understanding Children's Behavior
3. Building Self-Esteem in the Early Years
4. Listening and Talking to Young Children
5. Helping Young Children to Cooperate
6. Discipline for Young Children
7. Young Children's Social and Emotional Development

During the fall programming, sessions tended to last 2 ½ hours (9:00am-11:30am) and spring programming sessions were held for 1 hour (11:00-12:00pm). The program instructor displayed the chapter(s)' key points covered during the session in English, Arabic, and Spanish to help guide the discussion. The session itself commenced with the instructor doing a "warm-up," during which participants reflected on their past week's homework assignments and their interactions with their child as it related to what they discussed in Parenting Education the week before. Participants had the opportunity to share successes and challenges as well as participate in group problem-solving.

Following this initial activity, the instructor typically delivered 10 minutes of content, presented video(s) or delivered additional content, and then facilitated an activity where participants worked in small groups or pairs. The facilitator alternated each of these components with an opportunity for group discussion, which was reported as key to maintaining participant engagement. The Parenting Education curriculum was presented in English and then translated into Arabic and Spanish.

Some modifications to the Parenting Education curriculum occurred after the pilot year as during year 1 of impact evaluation. After the pilot year, some paper materials were translated into Arabic and Spanish so program participants could complete the homework assignments independently. As indicated above, sessions were also implemented differently between the fall and spring semester of

programming in response to participant feedback. Initially, instructors allotted 2 ½ hours per session to cover program content as well as allow time for translation, but participants felt this was too long. Instead of one longer session per week, participants opted for two one-hour sessions during the spring semester.

PCIL

Fall and spring PCIL program occurred once every other week, on Friday mornings, over the course of 6 sessions each semester. Both fall and spring cohorts covered 5 topics, which included:

1. ABC's and Learning¹
2. Numbers 1-12
3. Riddles, Rhymes, and Songs!
4. Colors and Shapes
5. Size and Comparison

The sessions were held on Fridays and tended to last nearly 2 hours (9:00-11:00am). The program was designed to work with parents and children, both, separately and together. Therefore, the sessions were broken down into three sections: parents and children separate for the first 30 minutes, parents and children together doing an activity for 45 minutes, and parents and children separate at the end for another 30 minutes. Participants were all women who brought one child to participate in the program.

The sessions commenced with parents and children beginning their lessons separately. The parent instructor typically began by describing the activities parents would be participating in and reviewing some basic words in English (e.g. match, trace, write, and identify) that would be key for parents to implement interactive activities with their children. The instructor also reviewed strategies for parents to engage with their children during these activities.

The instructor in charge of the children allowed them time to warm-up to her and the other children before moving into the lesson plan. Some children had a difficult time separating from parents and were shy with each other. Following the first 30 minutes, the instructors brought the children and parents together for a 45 minute lesson. Parents and children worked together on different activities, such as coloring, counting, singing, etc., that they learned during the first 30 minutes of the program. After the interactive lesson, children proceeded to the gym to play and the parents remained in the room to reflect on the activities. During this discussion, parents identified what went well, what didn't go well, what they could have done

¹ ABC's and Learning was split into two sessions: Identifying the English Alphabet and Writing the English alphabet.

differently, and shared advice with one another. Unlike Parenting Education, the PCIL curriculum was presented exclusively in English.

Based on instructors' descriptions of PCIL format and implementation, adaptations to the original program curriculum were made. Changes were due, in large part, to the complexity of activities outlined in the curriculum in conjunction with the wide range of English proficiency among program participants. For this reason, activities needed to be simple enough that participants with limited English skills could understand them.

Other important features of ACCESS' implementation of PCIL include the incorporation of time for group discussion and feedback among parents/caregivers at the end of the session as well as separating parents and children during the first part of the session. While the program appeared to maintain its core components as proposed, such as shared book time, reading, and engaging in conversation around literacy-related activities, additional effort to understand program fidelity and/or define key program components is needed.

Case Management

As one of the four primary activities of "ACCESS" to School programming, case management services were provided to all individuals who participated in programming. The purpose of case management is to assist families who are experiencing obstacles or barriers that prevent them from succeeding, particularly in areas related to their children. ACCESS Staff assessed each family's needs and made referrals to interagency departments and external agencies when more specific services were needed. During the assessments, ACCESS staff encouraged participants to set personal and family goals to help them succeed. Most commonly, participants' goals had to do with the enhancing their English language skills through practice and attending class.

Adult Education/ESL

Adult Education/English as a Second Language (ESL) was offered to both intervention and comparison groups during impact evaluation. In the final year of evaluation when the sampling size goals are achieved, the evaluators will examine more closely the role of ESL on parent/caregiver outcomes.

Recruitment, Retention, and Dosage

In collaboration with ACCESS staff, the evaluators monitored recruitment and retention to determine the extent that the program would be able to recruit and retain the number of participants required for impact evaluation. In order for the planned impact evaluation to achieve its analytic goals, each iteration of "ACCESS" to School implementation needed to recruit 27 parents/caregivers and retain no fewer than 23 of these participants.

Program staff at ACCESS was charged with recruiting parents and caregivers for participation in the program and evaluation. As reported by program instructors, participants were primarily recruited through announcements made during other programs at ACCESS, specifically ESL programs. Instructors also created flyers and contacted all ACCESS clients with children between the ages of 0 and 5 years to encourage participation. Additionally, participants were recruited through word of mouth and participants bringing their friends. Many parents knew each other prior to participation in "ACCESS" to School programming as their children attended the same school.

Fall Cohort

The fall cohort of parents included a total of 31 parents and caregivers. Programming started on September 12, 2014 with the Parenting Education component, which continued through December, 19, 2014. All of the 31 enrollees participated in this component of program. On September 19, 2014, PCIL commenced and the final PCIL session occurred on December 12, 2014. A total of 19 of the 31 program enrollees participated in PCIL. Case management activities, which took place on an ongoing basis over the semester, were documented with 31 individuals.

Tables 1 and 2 include the number and percent of participants who received various levels of program dosage. Among the 31 parenting Education participants, the greatest number (29%, n=9) attended only 1 session. Two participants (6%) attended all 7 sessions. The average participant, however, attended 4.3 of the 7 total Parenting Education sessions- just over half of the program (62%).

Table 1. Fall Recruitment & Retention by Program Component

Program Component (Fall 2014)	Participants per Program Component N=31	% or mean of Sessions Attended	% Attending All Sessions
Parenting Education	31	62%	3.5% (2)
PCIL	19	50%	11% (2)
Case Management	31	4.4 contacts	n/a

Table 2. Fall Dosage - Parenting Education

Parenting Education Participants (N=31)		
Variable	n	%
Number of Sessions Attended	(Mean=4.3 sessions)	
1	9	29%
2	6	19%
3	5	16%
4	3	10%
5	5	16%
6	1	3%
7	2	6%

Within the fall cohort, the greatest number of PICL participants, 26% (n=5), attended 5 sessions. Two participants (11%) received all 6 sessions. Of the 19 recruited, the average PCIL participant attended 3 of the 6 total sessions (50% of programming).

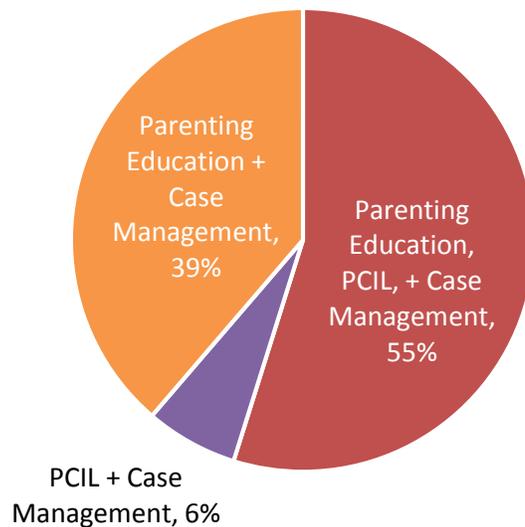
Table 3. Fall Dosage - PCIL

PCIL Participants (N=19)		
Variable	n	%
Number of Sessions Attended	(Mean=3 sessions)	
1	2	11%
2	2	11%
3	4	21%
4	4	21%
5	5	26%
6	2	11%

In total, 31 individuals participated in case management during the fall. Case management included both phone and in person contacts, with participants receiving an average of 4.4 contacts overall.

Looking at participation across program components, a total of 31 individuals took part in some combination of "ACCESS" to School program components. The greatest number (55%, n=17) took part in all three program components. Just over a third of participants participated in both Parenting Education and case management (39%, n=12). Two individuals (6%) participated in PCIL and case management. (See Figure 1)

Figure 1. Fall Dosage



Spring Cohort

The spring fall cohort of parents included a total of 7 parents and caregivers. Spring programming for Parenting Education started on February 10, 2015 and ended May 5, 2015. All 7 parents/caregivers participated in this program component. PCIL programming began February 13, 2015 and the final PCIL session ended May 1, 2015; 3 parent/caregivers and their children participated in the spring session. In total, all 7 individuals enrolled in the spring cohort received case management.

Tables 4 and 5 include the number and percent of participants who received various levels of program dosage related to Parenting Education. The average Parenting Education participant attended 9.9 of the 21 total Parenting Education sessions- just under half of the total sessions while no participants attended all of the sessions- and there was a large variation with respect to program dosage received among this small sample of clients.

Table 4. Spring Recruitment & Retention by Program Component

Program Component (Spring 2015)	Participants per Program Component N=7	% or mean of Sessions Attended	% Attending All Sessions
Parenting Education	7	47%	0%
PCIL	3	60%	33.3% (1)
Case Management	7	8.1 contacts	n/a

Table 5. Spring Dosage - Parenting Education

Parenting Education Participants (N=7)		
Variable	n	%
Number of Sessions Attended	(Mean=9.9 sessions)	
1-3	2	29%
4-6	0	0%
7-9	1	14%
10-12	1	14%
13-15	2	29%
16-18	1	14%
19-21	0	0%

As seen in Table 6, only one participant attended all 6 PCIL sessions. Of the three recruited, the average PCIL participant attended 3.6 of the 6 total sessions (60% of programming).

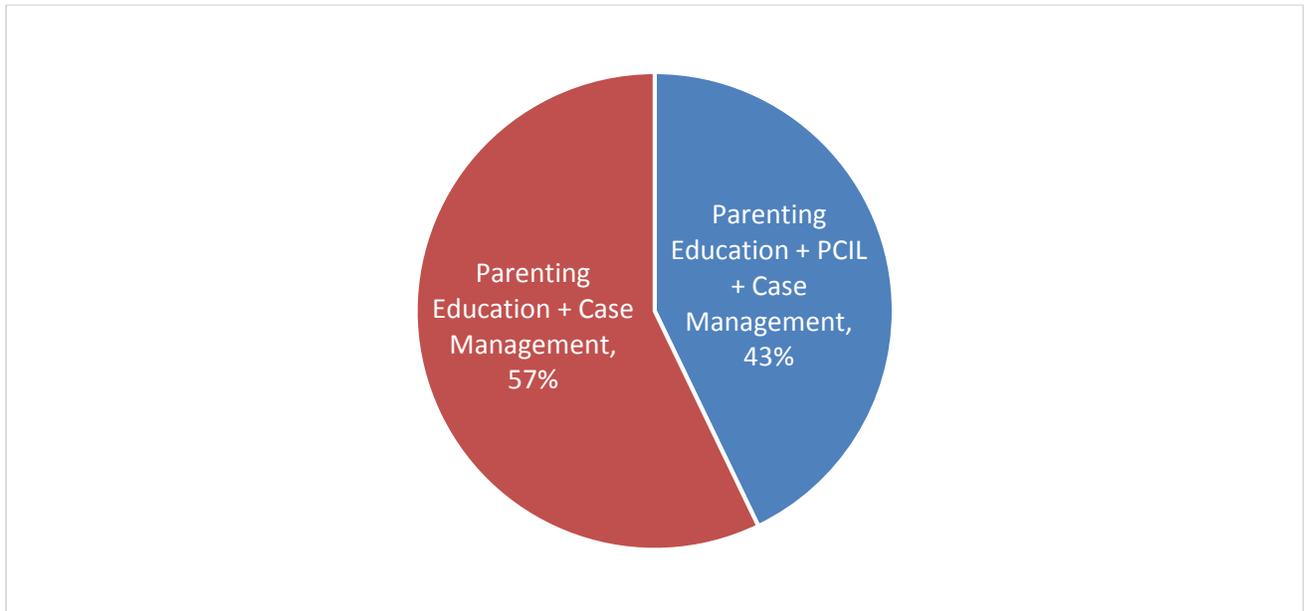
Table 6. Spring Dosage - PCIL

PCIL Participants (N=3)		
Variable	n	%
Number of Sessions Attended	(Mean=3.6 sessions)	
1	0	0%
2	1	33%
3	1	33%
4	0	0%
5	0	0%
6	1	33%

The 7 spring case management participants received between 6 and 12 contacts, with an average number of 8.1 contacts.

Looking across program components, 7 individuals took part in some combination of "ACCESS" to School program components during the spring semester. Three participants took part in all three program components and the remaining 4 attended Parenting Education and Case Management. (See Figure 2)

Figure 2. Spring Dosage



Across both semesters, the average “ACCESS” to School participant received 2/3 or less of the core program components (Parenting Education and PCIL). Issues related to attendance were explored with program instructors via informal interviews, although no consistent themes emerged with respect to attrition. Reported reasons for leaving included participants only having older children, discomfort with a male participant in the group, a family emergency, and having to go overseas. Inconsistent attendance may also indicate that PCIL content is either too easy or difficult for participants. Strategies for bolstering participant should be explored in future years of programming.

Program Fidelity

To eliminate the possibility of influencing program implementation and/or disrupting instructor rapport with program participants, evaluators did not conduct any direct observation of Parenting Education or PCIL delivery. Alternatively, evaluators developed adherence checklists that captured core program components as well as barriers, successes, key strategies employed, and lessons learned. For each session (or topic) delivered, program instructors completed an adherence checklist. In total, there were 166 indicators of program adherence for Parenting Education and 89 indicators for PCIL. Program fidelity was not measured for case management given the degree to which it was tailored to the needs of individual participants.

Fall Cohort

Tables 7 and 8 display the level of adherence for each session or topic encompassed in the two program components during the fall semester of impact

evaluation. “% Adherence” refers to the extent to which instructors indicated that, “yes,” they had conducted a particular activity on the adherence checklist; “% Non-adherence” refers to the extent to which instructors indicated, “no,” they had not done a particular activity; and “% Missing” represents those activities where neither yes or no was selected for a particular activity. Instructors reported administering PCIL with a high level of adherence (97%). However, they appeared to have adhered less when conducting Parenting Education (64%). Low adherence to the parenting education curriculum was due to not having sufficient time to cover all of the program material.

Table 7. Fall Program Adherence- Parenting Education (7 topics total)

Variable	% Adherence	% Non-Adherence	% Missing
Topic 1	75.0%	25.0%	0.0%
Topic 2	73.9%	0.0%	26.1%
Topic 3	60.9%	13.0%	26.1%
Topic 4	73.9%	0.0%	26.1%
Topic 5	73.9%	0.0%	26.1%
Topic 6	34.8%	39.1%	26.1%
Topic 7	55.6%	22.2%	22.2%
Overall*	64.0%	14.2%	21.8%

*based on 166 indicators of program adherence based on core program components

Table 8. Fall Program Adherence – PCIL (6 sessions total²)

Variable	% Adherence	% Non-Adherence	% Missing
Topic 1	100.0%	0.0%	0.0%
Topic 2	100.0%	0.0%	0.0%
Topic 3	90.5%	9.5%	0.0%
Topic 4	94.7%	0.0%	5.3%
Topic 5	100.0%	0.0%	0.0%
Overall*	97.0%	1.9%	1.1%

*based on 89 indicators of program adherence based on core program components

Adherence checklists also afforded program instructors the opportunity to report strategies they felt supported program success as well as barriers to implementation. Barriers and success factors reported from during the fall cohort included:

	PCIL	Parenting Education
Barriers	<ul style="list-style-type: none"> ✓ Separation anxiety among children ✓ Limited space for a large group 	<ul style="list-style-type: none"> ✓ Conducting session in 3 languages ✓ 3 hours was too long ✓ Friday was not a good day for programming

² 5 topics were covered over the course of six sessions; fidelity was assessed by topic.

	PCIL	Parenting Education
	<ul style="list-style-type: none"> ✓ More instructors needed for a large group ✓ Rhyming concepts difficult for Arabic children 	<ul style="list-style-type: none"> ✓ More materials in need of translation to Spanish ✓ Content was difficult to cover- i.e. too dense ✓ Too much content to cover in time allotted
Success Factors	<ul style="list-style-type: none"> ✓ Tactile, hands-on activities engaged children ✓ Visual aids ✓ Fun materials to send home ✓ Keep lessons short and focused (for parents and children) ✓ Repetition of concepts 	<ul style="list-style-type: none"> ✓ Display most important points covered to date on flip chart in all 3 languages ✓ Have a clear agenda for current session visible to participants ✓ Use "real life" scenarios for explaining concepts
Modifications	<ul style="list-style-type: none"> ✓ Extra materials developed (for in-class activities and to take home) 	<ul style="list-style-type: none"> ✓ Summarized key points for participants ✓ Provided translation resources for participants ✓ Increased number of sessions to allow more time for material to be covered

Spring Cohort

Tables 9 and 10 display the level of adherence for each session or topic encompassed in the two program components during the spring semester of impact evaluation. A high level of adherence was reported (94.5% adherence for Parenting Education and 92.3% adherence for PCIL). Of particular note is the increase in reported fidelity for the implementation of Parenting Education, with much less missing information with respect to adherence.

Table 9. Spring Program Adherence- Parenting Education (7 topics total)³

Variable	% Adherence	% Non-Adherence	% Missing
Topic 1	96.4%	0.0%	3.6%
Topic 2	100.0%	0.0%	0.0%
Topic 3	95.7%	4.3%	0.0%
Topic 4	95.7%	4.3%	0.0%
Topic 5	100.0%	0.0%	0.0%
Topic 6	87.0%	13.0%	0.0%
Topic 7	87.0%	13.0%	0.0%
Overall*	94.5%	5.0%	0.5%

*based on 166 indicators of program adherence based on core program components

³ 7 topics were covered over 21 total sessions; fidelity was assessed by topic.

Table 10. Spring Program Adherence – PCIL (5 topics⁴)

Variable	% Adherence	% Non-Adherence	% Missing
Topic 1	100.0%	0.0%	0.0%
Topic 2	100.0%	0.0%	0.0%
Topic 3	94.7%	5.3%	0.0%
Topic 4	66.7%	14.3%	19.0%
Topic 5	100.0%	0.0%	0.0%
Overall*	92.3%	3.9%	3.8%

*based on 89 indicators of program adherence based on core program components

As in the fall, spring semester program instructors reported on barriers and success factors and are as follows:

	PCIL	Parenting Education
Barriers	<ul style="list-style-type: none"> ✓ Children have short attention spans (~20 min) ✓ It's more difficult to say numbers than to count them ✓ Need more visual aids for some sessions ✓ Low recruitment 	<ul style="list-style-type: none"> ✓ Materials in need of Spanish translation ✓ Some participants struggled with understanding English ✓ Low recruitment
Success Factors	<ul style="list-style-type: none"> ✓ Small class size allows children to stay with their parents- i.e. no separation anxiety among children ✓ Tactile, hands-on activities engage children ✓ Visual aids ✓ Fun materials to send home ✓ Keep lessons short and focused (for parents and children) ✓ Repetition of concepts 	<ul style="list-style-type: none"> ✓ Display most important points covered to date on flip chart in all 3 languages ✓ Have a clear agenda for current session visible to participants ✓ Use "real life" scenarios for explaining concepts ✓ Devise questions to activate past learnings ✓ Have greater time for each topic area
Modifications	<ul style="list-style-type: none"> ✓ Extra materials developed (for in-class activities and to take home) ✓ Parents and children were not separated 	<ul style="list-style-type: none"> ✓ Divided topics into 3 parts and shortened session time (but increased overall number of sessions) ✓ Changed from Friday to Tuesday and Thursday

Indicators of program fidelity should continue to be monitored and explored in future iterations of programming as program components remained in flux over the course of the past year. In particular, missing data during the fall semester could

⁴ 5 topics were covered over the course of six sessions; fidelity was assessed by topic.

be an indication of non-adherence, program modification, or simple error, although it is unclear which of these or other scenarios is true. Other mechanisms for assessing program fidelity might also be considered as adherence checklists rely on self-report and, therefore, may not offer an objective perspective of program implementation.

Impact Evaluation Findings

Sample

Cohort 1 was recruited and surveyed during the month of September before programming began. The parent sample included 39 individuals within the intervention group and 33 within the comparison group. Follow-up rates for the intervention and comparison groups at the immediate post-test was 64% vs. 85% respectively. Follow-up rates improved at 3 month follow-up as 77% of intervention participants and 88% of those in the comparison group were surveyed. Caregivers were asked to allow their pre-school aged child to participate in the evaluation. Both the intervention and comparison group each included 22 children. Follow-up at Immediate post-test among the child intervention group was 77% and was 88% among the comparison group. At the 3-month follow-up, follow-up rates were 91% among intervention children vs. 86% among controls.

Cohort 2 was recruited and surveyed during the month of January. The parent sample included 9 individuals each group. Follow-up rates for the intervention group was 64% and was 85% for the comparison group at immediate post-test. Caregivers were asked to allow their pre-school aged child to participate in the evaluation. At baseline, the intervention group also included 2 children while 6 children made up the comparison group. Follow-up rates at both time points were 100% for both groups (See Table 11).

Table 11. Recruitment & Retention by Cohort

	Time 1	Time 2	Time 3
Cohort 1			
Priest Adults	39	25	30
Priest Children	22	17	20
ACCESS Adults	33	28	29
ACCESS Children	22	15	19
Cohort 2			
Priest Adults	9	7	n/a
Priest Children	2	2	n/a
ACCESS Adults	9	9	n/a
ACCESS Children	6	6	n/a

For the purposes of analysis, data from cohort 1 and cohort 2 were combined. After removal of those who did not receive at least 25% of available programming, the analytic sample included 32 parents in the intervention group and 42 parents in comparison group. The analytic sample of children included 19 intervention and 28 comparison participants.

Analysis

Data analysis consisted of descriptive and bivariate statistical analyses. Multivariate analysis as described in the SEP will be reported in the final report as more data collection is needed in order to achieve sample size requirements. To prepare data for analyses, the frequency distributions for all study variables were examined to identify potential problems. Following examination of the data for missing data, descriptive statistics were run, including means, medians, and standard deviations for continuous variables. Visual inspection of histograms, normal probability plots, and box plots were examined in order to examine the distributional properties of continuous variables. In addition, Fisher's skewness and kurtosis coefficients were calculated to confirm whether distributional problems existed.

For determining baseline equivalence on socio-demographic variables between the intervention and comparison groups, we conducted Chi-square tests for categorical variables. The Mann-Whitney U test was used to compare sum score medians of the dependent variables based on dichotomous variables. The Mann-Whitney U test was used in this study because it is effective with small sample sizes and does not assume normality of distributions.

To test within group differences overtime, the Wilcoxon Signed Ranks Test was employed. The Wilcoxon Signed Ranks Test is appropriate for continuous variables and paired observations. As reported below, baseline equivalence was not achieved and so between-group analysis was conducted only for exploratory purposes. In order to examine time by group interactions, change scores were computed (post score – pre score) and subjected to the Mann Whitney U test. The results presented should be interpreted with caution in light of the limitations of the available statistical methods.

Results

Comparisons were made on socio-demographic variables between the intervention and comparison group. The table below shows characteristics for all those who completed a baseline survey and at least one post-test as seen in the table, both intervention (78.6%) and comparison group (61.3%) were largely Arab/Chaldean. However, the proportion of Hispanic participants within the intervention group was higher than the comparison group (38.7% vs. 21.4%) but the differences were not statistically different.

With respect to country of origin, the comparison group largely immigrated from Yemen (73.8%) or Mexico (21.4%). Those coming from Yemen (58.1%) and Mexico (22%) were also the largest groups within the intervention sample though a large minority from Central America were also represented (13%). Due to small cell sizes, the Chi-square test could not be used to examine whether country of origin differences were statistically different. Members of both groups were about 33

years old. Though not statistically significant, the intervention group appeared to be less educated with only 6 years of school compared to 8 years among those in the comparison group. Household size emerged as a statistically significant difference ($p < .01$) as the intervention group participants reported to have fewer people living within their households ($mdn = 3$) when compared to their peers who did not receive the intervention ($mdn = 5$). A median of 6 years residing in the United States was reported among participants in both groups.

Table 12. Parent Socio-Demographic Characteristics (N=74)

	Intervention (n=32)		Comparison (n=42)		χ^2
	%	n	%	n	
Race/Ethnicity					2.582
Arab/Chaldean	61.3%	19	78.6%	33	
Hispanic/Latino	38.7%	12	21.4%	9	
Country of Origin					-
Yemen	58.1%	18	73.8%	31	
Mexico	22.6%	7	21.4%	9	
Honduras	3.2%	1	-	0	
Guatemala	12.9%	4	-	0	
Saudi Arabia	3.2%	1	-	0	
United States	-	0	2.4%	1	
United Emirates	-	0	-	0	
	Median	n	Median	n	Mann-Whitney U
Parent Age	33.2	32	32.9	42	621.5
Years of School	6.0	32	8.0	42	584.5
Household Size	3.0	32	5.0	42	206.5**
Years in US	6.0	32	6.0	41	534.5

* $p < .05$ ** $p < .01$ † $p < .10$

Parent-Level Outcomes

Table 13 displays median changes between baseline and immediate post-test on parent/caregiver outcomes. The results of the Wilcoxon signed ranks test indicated that those children with parents participating in the intervention significantly reduced their anxiety from baseline ($mdn = 2.0$) to post-test ($mdn = 1.88$) ($p = .03$). Although only marginally significant among intervention participants, children from both groups were reported by their parents to have reduced their anger/aggression between baseline and immediate post-test. Intervention respondents uniquely reported decreased anger/aggression among their children from baseline ($mdn = 2.0$) to immediate post-test ($mdn = 1.63$) ($p = .06$). Although there were no other statistically significant changes, the direction of effects were positive among parents receiving the intervention as they improved in the frequency in which they

read to their child, reported decreased parenting stress, improved parenting efficacy, increased family activities, and improved the attitudes related to parenting. Those in the comparison group also reported to read to their children more, to have improved efficacy, to have decreased family activities, and remained stable over time with respect to stress and attitudes.

Table 14 displays median change from baseline to 3-month follow-up. Among those in the intervention group, improvements in child anxiety and anger/aggression reported at the immediate post-test were not sustained at the 3-month follow-up. Moreover, there were no statistically significant changes on any outcomes over the longer 3 month follow-up period among program recipients. Unexpectedly, comparison group participants improved on several outcomes including reading to child (mdn=15 vs. mdn=30) ($p=.03$) and parenting attitudes (mdn=3.8 vs. mdn=3.0) ($p=.03$).

Table 13. Within-Group Change on Parent-Level Outcomes over Baseline and immediate post-test

Variable	Intervention Group (n=27)			Comparison Group (n=37)		
	Time 1	Time 2	z	Time 1	Time 2	z
	Median	Median		Median	Median	
Frequency of Reading SCBE	17.5	20.0	-1.423	22.5	30.0	-.814
Anger/Aggression	2.0	1.88	-1.829*	1.78	1.45	-1.967*
Anxiety	2.0	1.63	-2.234*	1.60	1.50	-1.506
Social Competence	3.1	2.4	-.857	2.9	2.4	1.401
Parenting Stress (PSS)	2.11	2.05	-.254	2.06	2.06	-1.351
Efficacy	3.80	4.00	-.262	4.00	4.40	-1.897 [†]
Family Activities	2.72	2.82	-.306	3.23	3.00	-.205
Negative Attitudes	3.20	3.60	-.213	3.40	3.40	-.986

* $p<.05$ ** $p<.01$ [†] $p<.10$

Table 14. Within-Group Change on Parent-Level Outcomes over Baseline and 3 Month Follow-up

Variable	Intervention Group (n=23)			Comparison Group (n=29)		
	Time 1	Time 3	z	Time 1	Time 3	z
	Median	Median		Median	Median	
Reading to Child SCBE	20.0	30.0	-.415	15.0	30.0	-2.127*
Anger/Aggression	2.06	2.20	-1.382	1.87	1.50	-2.331*
Anxiety	2.33	1.80	-1.650 [†]	1.63	1.50	-2.826**
Social Competence	2.90	2.37	-.926	3.00	2.80	-2.086*
Parenting Stress (PSS)	2.13	2.0	-1.218	1.94	1.97	-1.233
Efficacy	3.80	3.60	-1.334	4.20	4.40	-1.693 [†]
Family Activities	2.72	3.00	-.475	3.17	2.83	-2.579*
Negative Attitudes	3.20	3.00	-.400	3.80	3.00	-3.193**

*p<.05 **p<.01 [†]p<.10

Table 15 shows the results of the Mann Whitney U test for between-group differences in change scores from baseline to the immediate post-test. Between these time points, there were no group by time effects on any of the parent outcomes.

Table 15. Between-Group Differences in Parent-Level Change Scores: Baseline to Immediate Post-Test

Variable	Intervention (n=32)			Comparison (n=42)			Test
	Median Change	Mean Change	SD	Median Change	Mean Change	SD	U
Frequency of Reading	0	4.41	34.9	1.95	0	30.16	604.5
Negative Attitudes SCBE	0	.13	1.03	0	-.12	.92	459.0
Anger/Aggression	-.30	-.28	.69	-.22	-.30	.77	416.5
Anxiety	-.38	-.32	.66	-.26	-.20	.75	363.0
Social Competence	-.07	-.15	1.03	-.30	-.38	1.4	387.5
Parenting Stress	.08	-.07	.54	-.06	-.13	.49	427.5
Efficacy	0	.07	.59	.20	.26	.75	366.0
Family Activities	.07	.04	.46	.07	.05	.59	324.0

*p<.05 **p<.01 [†]p<.10

Group differences in change scores between baseline and 3-month follow-up are displayed in table 16. Negative attitudes about parenting decreased at a higher rate (mdn=-.80) among comparison group participants than for intervention recipients (mdn=-.20) though this difference was only marginally significant (p=.08). Improvements in parenting efficacy also improved among comparison group participants (mdn=.20) and decreased among those in the intervention group

($mdn = -.20$) and the difference in these change scores were statistically significant ($p = .04$). Change in family activities also differed between the two groups with a decrease among the comparison participants and no change among the intervention group parents/caregivers.

Table 16. Between-Group Differences in Parent-Level Change Scores: Baseline to 3 Month Follow-up

Variable	Intervention (n=23)			Comparison (n=29)			Test
	Median Change	Mean Change	SD	Median Change	Mean Change	SD	U
Frequency of Reading	0	1.3	24.11	15.0	14.11	27.44	181.5
Negative Attitudes SCBE	-.20	-.12	1.19	-.80	-.67	1.17	239.5 [†]
Anger/Aggression	-.20	-.20	.932	-.35	-.37	.782	249.5
Anxiety	-.35	-.38	.978	-.30	-.418	.688	259.0
Social Competence	-.10	-.18	.673	-.38	-.49	1.12	216.5
Parenting Stress Efficacy	-.12	-.09	.502	-.14	-.14	.515	307.0
Family Activities	-.20	-.23	.699	.20	.31	.819	191.5*
	0	.08	.825	-.33	-.40	.674	151.0*

* $p < .05$ ** $p < .01$ [†] $p < .10$

Child-Level Outcomes

Table 17 displays median changes between baseline and immediate post-test on child outcomes. The results of the Wilcoxon signed ranks test indicated that those children with parents participating in the intervention significantly improved on Bracken subscales for letters and shapes ($p < .05$). Improvements on colors, numbers, and sizes subscales were also demonstrated though these changes were only marginally significant ($p < .10$). Conversely, there were no statistically significant changes in any of the bracken subscales among those children in the comparison group between baseline and 3-month follow-up.

Table 17. Within-Group Change in School Readiness Outcomes over Baseline and Immediate Post-Test

Variable	Intervention Group (n=17)			Comparison Group (n=20)		
	Baseline Median	Post-Test Median	z	Baseline Median	Post-Test Median	z
Colors	7.0	10.0	-1.75 [†]	7.5	10.0	-1.45
Letters	2.0	4.0	-3.31**	5.0	5.5	-.806
Numbers	1.0	2.0	-1.85 [†]	8.0	13.0	-.995
Sizes	4.0	6.0	-1.79 [†]	4.0	4.5	-1.59
Shapes	4.0	9.0	-2.46*	4.5	4.0	-1.16

* $p < .05$ ** $p < .01$ [†] $p < .10$

Table 18 displays median change from baseline to 3 month follow-up. Children in the intervention group demonstrated statistically significant gains on all Bracken subscales including colors, letters, numbers, sizes, and shapes ($p < .05$). Similar improvements on letters, sizes, and shapes were observed among those in the comparison group ($p < .05$) though changes in color and number recognition were only marginally significant ($p < .10$).

Table 18. Within-Group Change in School Readiness Outcomes over Baseline and 3 Month Follow-up

Variable	Intervention Group (n=15)			Comparison Group (n=19)		
	Baseline	3-Month	z	Baseline	3-Month	z
	Median	Median		Median	Median	
Colors	6.0	10.0	-3.06**	7.0	10.0	-1.79 [†]
Letters	1.0	5.0	-3.05**	5.0	10.0	-2.02*
Numbers	1.0	8.0	-3.11**	4.0	8.0	-1.75 [†]
Sizes	4.0	10.0	-3.15**	4.0	10.0	-2.92**
Shapes	5.0	11.0	-3.10**	4.0	10.0	-2.35*

* $p < .05$ ** $p < .01$ [†] $p < .10$

Table 19 shows the results of the Mann Whitney U test for between-group differences in change scores from baseline to immediate post-test and table 20 displays these data from baseline to 3 month follow-up. Differences in change scores did not reach statistical significance. However, two marginally significant differences did emerge. Letter comprehension improved at a greater rate (mdn=2.0) among the intervention group children when compared to the control (mdn=0) ($p < .10$) between baseline and 3 month follow-up. In addition, number comprehension among program participants also improved at a higher rate (mdn=7) than those in the comparison group (mdn=4) ($p < .10$).

Table 19. Between-Group Differences in School Readiness Change Scores over Baseline and Immediate Follow-Up

Variable	Intervention (n=17)			Comparison (n=20)			Test
	Median Change	Mean Change	SD	Median Change	Mean Change	SD	U
Colors	0	1.71	3.61	.50	1.35	4.83	163.0
Letters	2.0	3.82	4.16	0	1.0	5.52	112.0 [†]
Numbers	0.0	2.0	3.91	.50	1.85	6.78	162.5
Sizes	2.0	1.76	3.70	1.5	2.0	5.93	163.0
Shapes	4.0	2.88	4.32	.50	1.35	4.32	132.0

* $p < .05$ ** $p < .01$ [†] $p < .10$

Table 20. Between-Group Differences in School Readiness Change Scores over Baseline and 3 Month Follow-up

Variable	Intervention (n=15)			Comparison (n=19)			Test
	Median Change	Mean Change	SD	Median Change	Mean Change	SD	U
Colors	3.0	3.67	3.20	2.0	2.26	5.39	119.0
Letters	4.0	5.73	5.65	1.0	3.53	6.74	108.0
Numbers	7.0	6.4	5.2	4.0	2.89	6.20	94.5 [†]
Sizes	4.0	4.8	4.38	4.0	4.26	5.16	141.5
Shapes	4.0	4.2	3.38	3.0	3.21	5.38	114.0

*p<.05 **p<.01 †p<.10

Evaluation Limitations

As with most program evaluations, the current study is not without some limitations which should be considered in light of these findings.

First, the lack of an appropriate comparison group reduces confidence that the between group comparisons presented in this report are meaningful. Baseline equivalence between the comparison group and intervention group was not achieved. In addition, comparison group participants fared better over time than those in the intervention group on several outcomes. We hypothesize that the unexpected increases among comparison group members is attributed to several different factors. For instance, both groups participated in ESL and this instruction alone may be impacting outcomes as parents/caregivers who are engaged in their own education may also be motivated to engage their children in learning. In addition, attending ESL class allows for the opportunity to expand one's social support network and increased support could lead to decreased parenting stress and other positive outcomes. Another explanation might have to do with contextual factors. Although comparison group members reside in an isolated and poor part of Dearborn, Dearborn as community is known for having more plentiful resources when compared to the satellite location in southwest Detroit. Thus, these individuals may be benefiting from resources that are available to the community as a whole, despite living on the economically challenged side of town. In addition, we found that the average household size among our intervention group participants was 2.8 when compared to 5.9 in the control group. We learned that this difference is very important because those who immigrate to Dearborn often go to large well-established families. Therefore, these parents and children may have important supports and resources that those in our intervention group may not.

Second, the timeline for baseline, immediate post-test, and 3 month follow-up survey administration for both the intervention and comparison groups was not always followed. For instance, some individuals were surveyed well after programming had already begun. Therefore, inconsistent timing of surveys may have affected the results presented in this report.

Third, all of the participants in this study were immigrants from Arab and Latin countries. Though validation studies were conducted on all of the instruments used, none were validated with Arab-Americans and only the Bracken was validated with Hispanic populations. Though these instruments were reviewed with representatives from the target populations, revised, translated, and back translated to increase comprehension and cultural appropriateness, resource constrictions prohibited the research team from conducting a formal validation study.

Finally, the small sample sizes prevented the use of more sophisticated statistical methods.

Conclusion

Parent recruitment in the fall semester was very successful with 33 respondents but ACCESS staff struggled to recruit parents during the winter months as most of their clients tend to start in the fall. The number of children recruited was disappointing and this was largely attributed to the fact that many of the parents enrolled in the program had children who were too young to take the Bracken assessment. Moving forward, it will be important to target recruitment efforts to parents with children who are at least three years old.

Low program dosage further reduced the sample size as only 21 (44%) of the participants received at least 50% of program and 32 (67%) received at least 25% of programming. Though only participants who participated in at least 25% of session were included in the outcome analyses, this is a low threshold and may not be enough to produce the intended outcomes. During the next year of the evaluation, retention in programming will become an important focus to ensure that parents and caregivers are getting a sufficient level of dosage.

In this first year of impact evaluation, the extent that the "ACCESS" to School program is effective cannot yet be determined. As the evaluation plan calls for 3 years of impact evaluation in order to meet the sample size needed for the analytic goals, the results presented here are based on a very small sample size. Nonetheless, this initial analysis yielded important learnings. First, the site chosen to recruit comparison subjects is not appropriate and this resulted in a new sampling plan next year. Second, there are some early indication that the program is making a difference in the lives of parents/caregivers and their children. Though it's not appropriate to use the current comparison group as a basis for comparison, parents/caregivers are reporting better socio-emotional health among their kids after the program with less anger, aggression, and anxiety immediately after program completion. Though not statistically significant, the direction of short-term effects is mostly positive immediately after the program with respect to frequency of reading, parenting stress, and efficacy. Finally, it's plausible that the children of parents in the "ACCESS" to School program are becoming better ready for school. Children demonstrated important improvements in all domains in the Bracken domains of school readiness (i.e. colors, letters, numbers, sizes, and shapes) at both time points. However, without an equivalent comparison group, we cannot rule out the possibility that these improvements may have occurred as part of normal developmental processes which would have occurred without the program.

In interpreting these results, it is critically important that the reader consider the program's developmental stage as programs mature and change over time. Programs go through three stages of development: planning, implementation, and effects⁵. In this second year of evaluation, it is clear that the "ACCESS" to School Program is in the implementation stage as program content, delivery, and format continue to be in flux. Increased program effects are expected as the program stabilizes and matures over the next two years of the planned evaluation.

⁵ Koplan, J. P., Milstein, R., & Wetterhall, S. (1999). Framework for program evaluation in public health. *MMWR: Recommendations and Reports*, 48, 1-40.