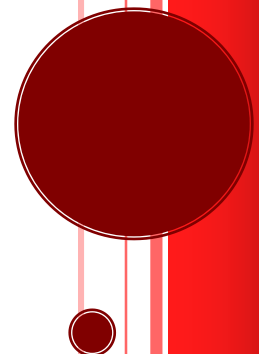


INTERNATIONAL CHILD/PARENT DEVELOPMENT PROGRAM- USA

July 2014-June 2015 Evaluation Report

This document presents the evaluation results for the International Child/Parent Development Program, USA for the Fall 2014 to Spring 2015 parent learning groups led by Changing Children's Worlds Foundation (CCWF). This report is presented by Become, Inc. and CCWF.

Dominica McBride, PhD, CEO, Become, Inc.; Kimberly Svevo-Cianci, PhD, Board Chairman, Changing Children's Worlds Foundation



EXECUTIVE SUMMARY

BACKGROUND

Changing Children's Worlds Foundation (CCWF) strives to improve children's worlds through awareness raising, education & training, and advocacy to advance more peaceful families and communities. The Pritzker Early Education Foundation has supported CCWF to replicate a well-established, international program with early childhood professionals and the parents/caregivers they work with in Chicago, (Nov. 2013-Oct. 2016).

PURPOSE/OBJECTIVE

CCWF implements the International Child/Parent Development Program-USA (ICDP-USA), an empathy-based parenting program, with the goal of supporting the social/emotional, cognitive and regulative development of both parents and children. Through this evaluation, CCWF sought to gain insight into the effectiveness of the ICDP program, as well as areas of improvement.

METHODOLOGY

CCWF partnered with local professionals and community leaders in the Chicago area to offer 12-16 sessions of ICDP to parents/caregivers of children 0-13 years old, with a complementary program for their children. Participating agencies included Children's Home & Aid Society, Chicago Public Schools, and mental health services such as SGA Youth & Family Services and Tri-City Families in communities ranging from Geneva, St. Charles and Aurora to Rogers Park, Englewood, Cicero and Humboldt Park. A total of 93 parents and caregivers participated in ICDP Fall 2014-Spring 2015, with 69 completing all post assessments. Approximately half of participants fell within the range of \$20,000 or below in annual individual earnings. Parents completed a battery of pre and post assessments, measuring various related factors including parent self-efficacy, mental stress, quality of life, health, perceptions and observations of the child of focus, and exposure to violence. Weekly surveys were completed at the end of each session. Parent perception of their application of the ICDP Guidelines was also measured by ICDP guidelines questions. They additionally participated in focus groups. Quantitative data were then analyzed using descriptive statistics, t-tests, and univariate analysis of variance. Qualitative data was analyzed using content analysis.

KEY FINDINGS AND CONCLUSIONS

Evidence suggests that ICDP is connected to positive outcomes for parents, including significant increases in confidence and efficacy, mental health, and health and wellbeing. Through social/emotional learning that is empathy-based, parents and caregivers grew in their ability to have improved emotional, comprehension (cognitive

functioning or meaning-making) and regulative (self-control/positive discipline) dialogues with their children: 1) Emotional dialogues include behaviors such as showing love and following a child's lead; 2) Comprehension dialogues involve things like helping a child to focus attention and broadening a child's understanding about thoughts and experiences shared; 3) Regulation dialogues include parents' implementation of boundaries and scaffolding or step-by-step support to encourage their children's initiative. Statistically significant increases were also found in parent perceptions of their application of the ICDP guidelines. Based on the findings, ICDP outcomes demonstrate positive effects on parents' sense of self, and their reported parenting skills and relationships.

INTERNATIONAL CHILD/PARENT DEVELOPMENT PROGRAM-USA 2014-15

July 2014-June 2015 Evaluation Report

INTRODUCTION

The Pritzker Early Education Foundation has supported the Changing Children's Worlds Foundation (CCWF) to replicate a well-established, international program with early childhood professionals and the parents/caregivers they work with in Chicago, (Nov. 2013-Oct. 2016). In less than two years, evaluations of the International Child/Parent Development Program-USA (ICDP-USA) program have provided evidence that parents and caregivers have positively changed in significant ways. These changes range from enhanced parent efficacy and skills to increased empathy and parent wellbeing.

Organization

Changing Children's Worlds Foundation (CCWF) strives to improve children's worlds through awareness raising, education & training, and advocacy to advance more peaceful families and communities. Through its programming, CCWF addresses a universal need for all families, with an especially high benefit for high-risk communities, to understand their child's needs and to give caregivers the confidence that they can support their child's successful, maximum development. Often, CCWF provides the foundation for participants in its program to give their children more positive life opportunities and experiences than they themselves had. CCWF strives to reduce the incidence of intra-familial violence, maltreatment and neglect through strengthening the capacity of parents, caregivers and communities to care for children's health and emotional wellbeing. While we have used the term "Parent" consistently throughout the report – it is meant to refer to the PARENTING that parents, caregivers, guardians and other 'anchors' in children's lives aspire to provide.

Purpose of Project

Increasingly, evidence reveals the tie between lack of nurturing parents and negative outcomes for children. We know that toxic environments, where family and social relationships are characterized by aggressive, violent, stressful, neglectful parenting or a parent(s) struggles with mental illness, have an increased risk of negatively impacting child mental health and positive development (Patterson & Vakili, 2014).

Recent research finds that adverse childhood experiences (ACEs) "can have negative, lasting effects on health and wellbeing" of children and youth. Examples of potentially traumatic experiences include but are not limited to: a) physical, emotional, or sexual abuse; b) witnessing violence of one parent, guardian or other adult in the household against another; c) being the victim or witnessing violence in their neighborhood; d)

living with someone who was mentally ill, suicidal or severely depressed for more than two weeks; e) incarceration of a parent or guardian (2011/12 National Survey of Children's Health (NSCH)).

Many of these issues can and should be addressed, beginning with support of parents' wellbeing and training on empathy-based parenting. We know that parents/caregivers who are encouraged and given the opportunity, with community support, for positive parenting and social/emotional development can change (ICDP 2013, 2014, 2015). Further, that change in the caregiver can make significant difference for their children's opportunities to thrive, regardless of their socioeconomic status, culture or community (CCWF, 2015).

We also know that educational, job and social success require more than good grades. In the *American Journal of Public Health*, Jones, Greenberg and Crowley (2015) recently studied kindergarten teachers' rankings of children's pro-social skills to learn if they could predict teenage and adult outcomes. The researchers sought to discover those associations that went beyond the characteristics of key child, family and the immediate environment of the child. Results indicated significant associations between quantifiable social-emotional skills in kindergarten and important young adult outcomes across many domains of education, employment, criminal activity, substance use and mental health. These results demonstrate the importance of non-cognitive or interpersonal social and emotional skills in developing personal and public health outcomes. (Jones, Greenberg and Crowley, 2015). Thus, pro-social skills, such as sharing, resolving peer problems, cooperating, and listening have a stronger impact than academic success in helping our children to become successful, thriving adults and citizens.

Social/emotional learning is a key that opens the door to their successes in the other areas of learning and 'being,' including being self-directed learners and leaders. Barrett, Cooper and Tech (2011) recommend providing empathy-based training to parents to help them practice and model social/emotional literacy with and for their children. The key is having parents/caregivers model "Empathy-based Caregiving & Family Relationship" from the time children are very young, or as soon as possible in the child's developmental cycle, as we know that while early experiences may not be the final determinant of a child's destiny, the course of the child's development may be simpler to influence at an early age rather than at a later age (Barrett, Cooper & Tech, 2011; Guralnick, 2011; Web, Jones, Kelly & Dawson, 2014; Skar & Tetzchner, 2015).

Program

ICDP is an empathy-based parenting skills program that supports the social/emotional development of both parents and children. Implemented in nearly 40 countries since 1985, ICDP was developed in Scandinavia and evaluated in many countries, including through a National Ministry Evaluation in Norway in 2011. It has been implemented and endorsed internationally by UNICEF, the World Health Organization, Save the

Children, and other agencies and governments on every continent since 1985. ICDP parent/caregiver programs are unique due to the fact that we offer an evidence-based, empathy-based curriculum for parents, caregivers and children. The program creates a supportive community. Parents/caregivers who have not experienced positive parenting respond favorably to this strengths-based, empowering program. With the support of peers, parents/caregivers try out and practice more positive interactions with their children, and over time, integrate these into their daily behaviors and relationships with their children. ICDP also complements many other programs, from Early Head Start/Head Start, to Parents as Teachers, Parents as Mentors, Strengthening Families, etc.

This program is adaptable to diverse cultures and communities, strengths-based, community-based, and peer-facilitated (Skar, von Tetzchner, Clucas, Sherr, 2014). ICDP engages parents through a community-based Learning Group approach (providing psycho-social support), where parents follow a facilitated, interactive curriculum, sharing their successes and supporting each other through discussions, practice and shared learning (Skar, von Tetzchner, Clucas, & Sherr, 2014).

CCWF partners with local professionals and community leaders to offer this ICDP to parents/caregivers of children 0-13 years old in parallel with a complementary programming for their children. CCWF's ICDP is being used in Kane, DuPage and Cook Counties with partners such as Chicago (and other) Public Schools, Children's Home & Aid Societies, Mental Health Agencies/Services, Community Organizations, Judson University, College of DuPage, and Faith Communities. Community professionals (e.g., teachers, assistants, Head Start personnel, childcare workers, social workers, psychologists and counselors) and community leaders are trained as facilitators within communities. They facilitate the weekly learning group sessions with parents and other caregivers for eight to 20 weeks.

ICDP-USA recommends 12-16 weeks, and when possible, 20 sessions throughout a year, with follow-up sessions, which would help to sustain and boost initial gains made by parents in the programs. There have already been studies internationally supporting the positive effects of ICDP on parents and children (Skar, von Tetzchner, Clucas & Sherr, 2014). Further, it is a cost-effective program, which allows it to be sustainable in institutions, communities and countries long-term. Since 2012, most ICDP-USA programs have been offered free of charge to parents because funders/sponsors have supported the program's moderate costs.

Many families of Chicago, and other cities and communities, suffer from inter-generational cycles of violence. This phenomenon continues to increase as new generations of children are exposed to violence in their communities, schools, homes and families. Our children are at risk of health issues resulting from exposure to toxic home environments, child maltreatment, domestic violence and community violence, ranging from mental illness, child maltreatment injury and even death, as well as many related

adverse health risks (Felitti & Anda, 2010). A new working paper entitled “Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience” by The Center on the Developing Child – Harvard University and the National Scientific Council on the Developing Child, Working Paper 13 (2015) discusses the importance of supportive adult relationships in providing children with support to develop resilience. The report specifically mentions personalized responsiveness, scaffolding, protection, buffering children from disruption, and helping children to build key capacities, such as the ability to plan, monitor and regulate behavior, the ability to adapt to changing circumstances and positive experiences. These align with ICDP’s guidelines. Furthermore, the report’s outcomes advocating to help children overcome adversity include several factors (see reference section) that align with ICDP results. Finally, the report stresses the potential to support adults as well as children in this development and growth, through positive opportunities and practice. This is ICDP.

CCWF aims to implement its empathy-based parenting program with the goal of ensuring children have a better chance to have healthier, stable households. We strive to help them develop critical thinking skills and self-regulation, as well as empathy for others, at a young and crucial age. This, as recognized by UNICEF and the World Health Organization, will be one of the critical factors to eventually stem the violence and hardship which is sadly cultivated in so many cities/communities within the USA and internationally. The “Dialogue” approach of ICDP encourages parents/caregivers to talk with children on issues which span a spectrum from social/emotional, comprehension (cognitive development) and regulative (self-control/discipline) topics. This strategy assists children and parents to better understand each other, not only reducing the use of violence within the home but also narrowing the 30-million word gap which exists between homes where parents do and do not talk and read regularly with their children (Bhattacharjee, 2015).

THE EVALUATION

The Pritzker Early Education Foundation support allowed CCWF to partner with Become, Inc. to evaluate ICDP-USA. Become, Inc. is a nonprofit organization dedicated to nourishing communities affected by poverty and injustice to help their vision of a thriving community become a reality through training, education, coalition building, and Dynamic Evaluation.

The purpose of the evaluation was to measure the initial outcomes of ICDP-USA, immediately following the completion of the program. Outcomes of focus were parent efficacy, skills, and application of the ICDP guidelines, health and wellbeing, as well as changes in child behavior.

Methods

Participants completed a battery of pre and post assessments, measuring various related factors including parent self-efficacy, mental stress, quality of life, health,

intimate partner dynamics, perceptions and observations of the child of focus, and exposure to violence. They also participated in post-program focus groups.

Parent efficacy was measured using the Tool to measure Parent Self Efficacy (TOPSE). It was developed through focus groups, measures parents' perception of their own parenting skills efficacy, with a focus on their ability to manage their children under age six years. (Bloomfield, Kendall et al. 2005; TOPSE, 2015). According to TOPSE developers:

TOPSE consists of 48 self-efficacy statements that address six domains of parenting; emotion and affection, play and enjoyment, empathy and understanding, control, discipline and boundary setting, pressures of parenting, self-acceptance, and learning and knowledge. There are six self-efficacy statements for each domain and parents indicate how much they agree with each statement by responding to a Likert scale from 0-10 where 0 equates to completely disagree and 10 equates to completely agree (TOPSE.org.uk).

The extent to which parents perceived their application of the ICDP Guidelines was measured by the ICDP guideline questions. Parents were asked to rate the degree to which they implement the principles in their parenting on a scale of 0 to 10, with 0 equating to not at all or no implementation and 10 equating to absolute implementation.

Parents' perception of their health and quality of life were measured using the SF-36 VAS Scale (Ware, Snow, Kosinski, & Gandek, 1993). Two SF-36 VAS scales were used, scored 0 on the extreme left and 100 on the extreme right.

To measure change in *mental health*, 13 questions from the Shona Symptom Questionnaire (SSQ; Patel, Simunyu, Gwanzura, Lewis & Mann, 1997) were used. The SSQ is a culturally sensitive and reliable tool developed in sub-Saharan Africa focused on the emotional nature of a mental illness.

Child behavior was measured using the Strength and Difficulties Questionnaire (SDQ; Goodman, 1999). The SDQ measures children's emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial behavior.

Activities with the child were measured using the Parent–Child Activity Scale (Bigner, 1977). This includes 25 items scored on a Likert scale from 1 (never) to 5 (always), focusing on engagement with children, such as reading books, playing sports, and putting them to bed.

At the request of parents and caregivers in the pre-program focus groups, we developed a survey to assess resilience and hope, as well as parent modeling.

Participants completed weekly surveys. Facilitators also wrote their observations and recorded parent highlights. Finally, a sample of parents also participated in a post-program focus.

At parents' first and final sessions, they completed the measures. Quantitative data were analyzed using descriptive statistics, t-tests, and univariate analysis of variance. Qualitative data was analyzed using content analysis.

Results

Child development into a compassionate, responsible and contributing adult starts with quality parenting. Effective parenting is constituted by empathy, communication, quality time, compassionate discipline, and a balance between positive modeling and following the child's initiative. Ultimately, this type of parenting leads to nurturing homes and stronger communities with less violence and greater social cohesion.

ICDP has helped parents make significant changes in these areas. A total of 93 parents and caregivers participated in ICDP in Fall of 2014-Spring of 2015. A total of 69 completed post assessments, indicating that was the number at the final session, making a 74% completion rate. However, this rate would be slightly higher if counting those who completed all but the last session, or who attended but did not manage to complete the post-evaluation survey. Tables 1 and 2 present all participants' demographics.

Table 1

Breakdown of Number of Surveys Completed by Each Community

| Community | Frequency | Percent | Period |
|--------------------------------------|------------------|----------------|--------------------|
| Carpentersville (2nd program) | 6 | 6.5% | Fall 2014 |
| Hermosa (1st) | 9 | 9.7% | Fall 2014 |
| Cicero (2nd) | 8 | 8.6% | Fall 2014 |
| Geneva (2nd) | 7 | 6.5% | Fall 2014 |
| Rogers Park (3rd) | 9 | 9.7% | Fall 2014 |
| Melrose Park (1st) | 14 | 15.1% | Spring 2015 |
| Humboldt Park (1st) | 10 | 10.8% | Winter/Spring 2015 |
| CPS Langford-Englewood (1st) | 5 | 5.4% | Spring 2015 |

| | | | |
|--------------------------------------|----|-------|--------------------|
| CHAS Englewood (2nd) | 4 | 4.35% | Winter/Spring 2015 |
| Cicero (3rd) | 8 | 8.65% | Spring 2015 |
| Carpentersville (2nd program) | 14 | 5.1% | Spring 2015 |
| TOTAL | 93 | 100% | |

Table 2

Demographic Information for all Communities Combined

| Demographic | Frequency | Percent |
|--|------------------|----------------|
| Gender of Survey Taker | | |
| Male | 5 | 6% |
| Female | 78 | 94% |
| (People who did not answer: 9) | | |
| Age of Survey Taker | | |
| 18 and under | 1 | 1.3% |
| 19-29 | 18 | 24.1% |
| 30-39 | 46 | 61.4% |
| 40-49 | 9 | 11.9% |
| 50 and over | 1 | 1.3% |
| (People who did not answer: 17) | | |
| Ethnicity | | |
| White, non-Hispanic | 13 | 17.1% |
| Black, non-Hispanic | 6 | 7.9% |
| Hispanic/Latino | 56 | 73.7% |
| Asian | 1 | 1.3% |
| (People who did not answer: 16) | | |
| Civil Status | | |

| | | |
|---|-----------|--------------|
| Married or Living with partner | 70 | 85.4% |
| Separated or Divorced | 6 | 7.3% |
| Single | 6 | 7.3% |
| (People who did not answer: 10) | | |
| Education Level Completed | | |
| No formal education | 29 | 35.4% |
| High school diploma | 29 | 35.4% |
| Some college | 13 | 15.9% |
| Bachelors or other 4-year degree | 7 | 8.5% |
| Master's degree or higher | 4 | 4.9% |
| (People who did not answer: 10) | | |
| Work Status | | |
| Full time | 12 | 14.6% |
| Part time | 9 | 11% |
| At home | 49 | 59.8% |
| Student | 3 | 3.7% |
| Unemployed | 7 | 8.5% |
| Other | 2 | 2.4% |
| (People who did not answer: 10) | | |
| Individual Annual Earnings | | |
| \$0 – 5,000 | 12 | 23.5% |
| \$5,000 – 10,000 | 17 | 33.3% |
| \$10,001 – 20,000 | 10 | 19.6% |
| \$20,001 – 40,000 | 5 | 10.0% |
| \$41,000 – 80,000 | 4 | 7.8% |
| \$80,001 – 120,000 | 3 | 5.9% |
| (People who did not answer: 41) | | |

| | | |
|--|----|-------|
| Household Annual Earnings | | |
| \$5,000 – 10,000 | 15 | 21.4% |
| \$10,001 – 20,000 | 18 | 25.7% |
| \$20,001 – 40,000 | 23 | 32.9% |
| \$41,000 – 80,000 | 4 | 5.7% |
| \$80,001 – 120,000 | 10 | 14.3% |
| (People who did not answer: 22) | | |
| Number of People Living in Home | | |
| 1 person | 1 | 1.3% |
| 2 people | 2 | 2.5% |
| 3 people | 13 | 16.5% |
| 4 people | 33 | 41.8% |
| 5 people | 19 | 24.1% |
| 6 people | 7 | 8.9% |
| 7 people | 3 | 3.8% |
| 8 people | 1 | 1.3% |
| (People who did not answer: 13) | | |
| Number of Children Survey Taker Has | | |
| 1 Child | 17 | 21.3% |
| 2 Children | 30 | 37.5% |
| 3 Children | 22 | 27.5% |
| 4 Children | 7 | 8.8% |
| 5 Children | 4 | 5% |
| (People who did not answer: 12) | | |
| Age of Child Survey was Based On | | |
| 0 years | 2 | 3% |
| 1 year | 15 | 22.4% |

| | | |
|--|----|-------|
| 2 years | 12 | 17.9% |
| 3 years | 16 | 23.9% |
| 4 years | 11 | 16.4% |
| 5 years | 6 | 9% |
| 6 years | 1 | 1.5% |
| 7 years | 1 | 1.5% |
| 8 years | 2 | 3% |
| 9 years | 0 | 0% |
| 10 years | 1 | 1.5% |
| (People who did not answer: 26) | | |
| Gender of Child Survey was Based On | | |
| Male | 37 | 55.2% |
| Female | 30 | 44.8% |
| (People who did not answer: 26) | | |

Regardless of socioeconomic status, ethnicity, or community area, parents experienced positive effects from the program (see Appendix A for an overall community breakdown of results, and Appendix B for a community breakdown of TOPSE results). From the assessment, surveys, and focus group responses, it was shown that ICDP increased the parents' confidence and efficacy, their capacity to feel empathy, their actions with their children, and their overall sense of wellbeing. Only two projects included pre-school, kindergarten, 1st and 2nd grade teachers: Langford Academy- Englewood (100%) and the Children's Home & Aid Society-Englewood. Frequently professionals give themselves very high pre-evaluation ratings, either because the training is work related and they worry their management may see their results, but also because they believe that they are very good at what they do. Frequently, also, once these professionals learn about empathy-based 'parenting' and relationship from ICDP, their Post-Evaluation results are lower. Both international ICDP results as well as our own research statements from facilitator trainees reflect this. However, despite this, the overall program evaluation still yielded very positive results.

Parent Confidence and Efficacy

Efficacy is a sense of believing that one is capable and able to achieve something. Often, this frame of “Yes, I can” is the first step to being able to make a real change. The parent participants made a

statistically significant ($p=.00$) shift in their efficacy, starting with a rating of 8.15 out of 10 on the pre-test to 8.86 (see Figure 1).

“I learned how to talk to my children. Now, we spend more time together.”

- Parent from Melrose Park

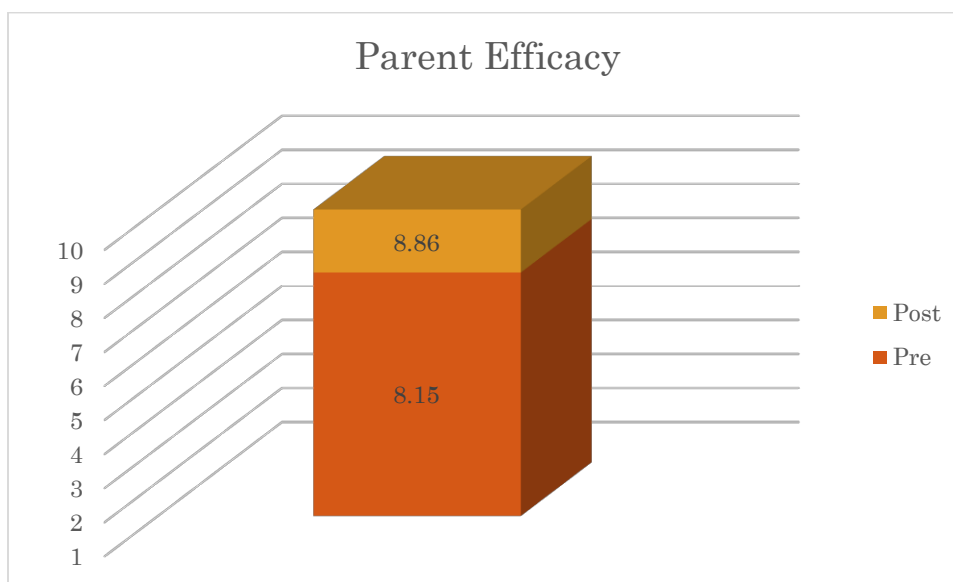


Figure 1: Parent Efficacy Scores

Their sense of their ability to parent well and create the family and family life they want increased. On two TOPSE items relating to planning and enjoying their children, their scores statistically significantly increased from pre to post ($p\leq.01$). When asked to rate their ability to “have nice days with their child” prior to the program, their average score was 9.4 and increased to 9.8 post program. For the item, “I can plan activities that my child will enjoy”, their score increased from 9 to 9.6. Through weekly surveys, they reported that they learned and feel more confident around how to better “love and educate” and talk to their children, as well as “improve our family environment.” They even reported greater ability to enjoy their children, as represented through their responses to the item “I’m able to enjoy each stage of my child’s development” significantly increasing from 9.1 to 9.6.

Parenting Skills Growth and Application

As parent confidence and efficacy grow, their application of new and stronger parenting skills should also increase. Through the evaluation, we saw that parents not only felt that they could parent better, but they also reported they began to do things differently. From empathy to discipline, parents grew in their ability to apply new techniques to strengthen their families.

Overall, they reported that the ICDP program enhanced their parenting, especially as it relates to implementing the ICDP guidelines (see Figure 2; Appendix C). From pre to post, their scores on the guidelines had a statistically significant increase ($p=.00$). Upon completion of the program, the parent reflective self-evaluation of parent proficiency, measured using a dual Likert scale, supported these pre/post evaluation results (see Appendix D).

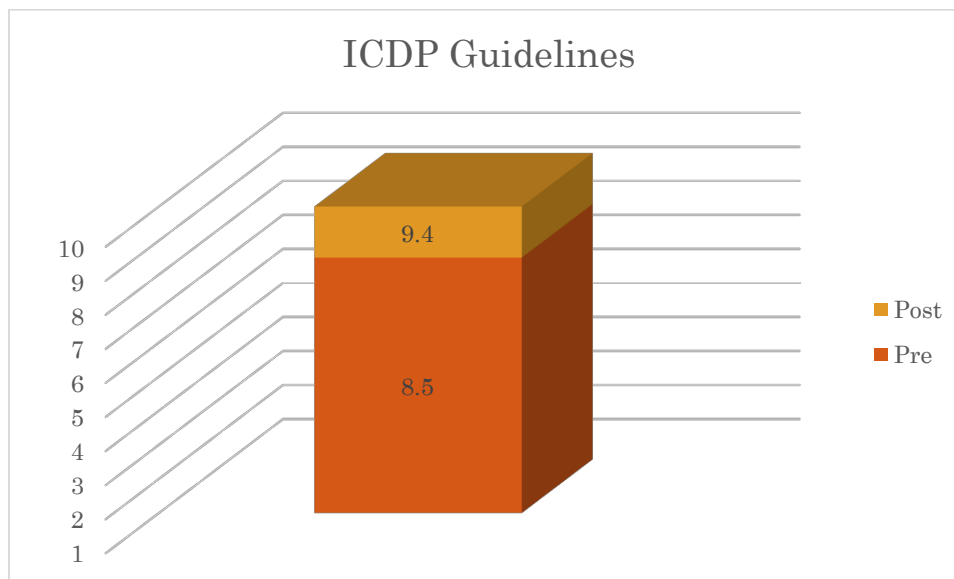


Figure 2: Parent responses to ICDP Guidelines Application

However, there were some mixed results around behavior change in other areas. For example, their reports of change regarding their activities with their children, such as playing sports, doing chores, going to the playground, and reading together, had a positive but not significant change from 1.9 to 2.2 on a five-point scale. One facilitator reported that “One parent shared that both she and her husband went to a park with their children and had fun, which they’ve never done in the past.” Projects were completed in December 2014 and May 2015, so the post measure reviewed change by the completion date only.

The guidelines cover a broad spectrum of skills. In the following sections, we break these skill sets down to components, including empathy, communication, comprehension, regulation and modeling.

Empathy

Empathy is at the core of ICDP, as they believe with increased empathy, many other positive parenting techniques emerge.

Empathy starts with emotional recognition, the ability to recognize and

identify others' emotions. Parents' responses to the item "I can recognize when my child is happy or sad" approached significance ($p=.07$) and increased from 9.4 to 9.7. It also includes being able to listen, comfort, and accurately assess others' needs. In these areas, parents' scores significantly increased ($p=.00$) from pre to post (see Figure 3).

"I have learned more empathy and give more hugs and know how to show how I feel." Parent from Melrose Park

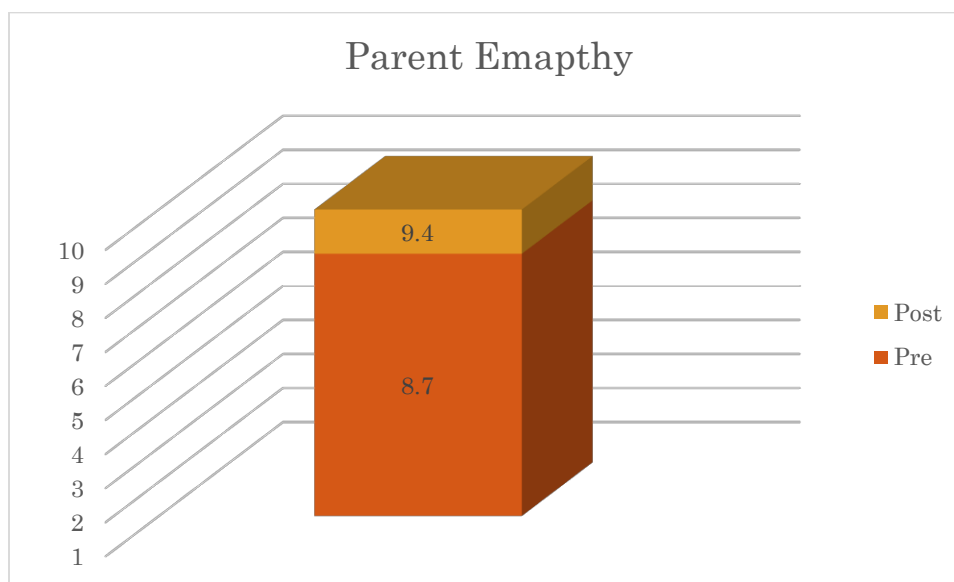


Figure 3: Parent Empathy Scores

Parents also commented on their increased empathy. One parent reported "I've been more loving/affectionate with my older son. I learned to be loving to him as I am to my younger daughter." Another parent represented this growth in her comment: "I am using [empathy] every day with my husband and children." This indicates that for some, the effects of ICDP do not end in their relationship with their children but influence other relationships in their lives. In past focus groups, caregivers shared how their interactions have become more helpful to spouses, neighbors, and other family members. One facilitator shared a story where there was fighting within a parent leadership group and she asked the parent complaining about another, "Don't you remember ICDP, can't you two communicate better?"

While there are quite positive changes, there were other scores left seemingly unchanged. Average response scores to “when my child is sad, I understand why” decreased by .1. This could be due to parents overestimating their ability to understand their child’s emotions at the beginning of the program and realizing now that what they assumed could have been wrong. Now however, they are able to understand and question more deeply and accurately. Either way, this area may need improvement or further assessment.

Emotional, Communication and Comprehension (Meaning-Making) Dialogues

Communication is another major building block of human development and effective parenting. This component is a foundational element for establishing strong relationships and

“I have learned how to better communicate with my son, to have visual contact, more patience, and to understand him.”

—Parent from Melrose Park

cognitive functioning. When comparing parents who have books in the home and who have regular and robust dialogue with their children to those who do not, there is a 30 million word gap by age 3 years, which affects the child’s eventual school performance and potential later in life (Bhattacharjee, 2015).

Parents who participate in ICDP report that they have more meaningful dialogue with their children (see Appendix E for ICDP Dialogues results by community and overall). One parent reported “Now, instead of yelling, we talk,” which was echoed by others.

Parents’ response scores to “How well do you hold meaningful dialogue with your child with and without words?” increased from 8.5 to 9.4. To the question, “How well do you help describe and give meaning to your child’s experiences and show enthusiasm for your child’s experiences?” their score rose from 8.7 to 9.6.

Regulation

Children have greater school success when they begin school with a head start from their experiences at home regarding how to follow rules, communicate with others, share, respect boundaries, and cooperate with routines and schedules. ICDP facilitators spend significant time helping parents understand how to implement these rules and skills. Parents’ response scores for “How well do you support your child with boundaries and plan step-by-step in order to develop self control” increased significantly from 7.98 to 9.23, and scores for “How well do you provide gradual support (scaffolding) to encourage your child’s initiative” increased from 8.21 to 9.27 (see Appendix C).

The regulative (disciplinary) techniques encouraged by ICDP include helping parents understand:

- Their child’s developmental capacity, and needs, and providing gradual (scaffolding) support to help them succeed without frustrating them with too little or too much assistance.
- How to guide their children to understand situations with others and to develop strategies to guide their behaviors in different situations.
- How to guide/coach their children to understand rules, and implications of not following rules, including reasonable, natural consequences to the child.

By applying respectful guidance and discipline, caregivers teach children to respect and cooperate with others in peaceful way.

Modeling

Another essential aspect of being a parent is modeling the type of behavior one wants their children to emulate. In the pre-program focus groups we conducted, parents expressed wanting to focus on resilience and hope. These two constructs also intersected with modeling. One parent reported “Attending this program has been helpful because I am learning to be a better mother and person.” Table 3 presents scores on items related to parent modeling, from belief in self to assisting with moral understanding, all of which were statistically significant increases.

Table 3

Modeling-related items

| Question | Pre | Post |
|---|-----|------|
| I am able to rely on myself more than anyone else. | 8.3 | 9.6 |
| I am proud of myself and my accomplishments. | 8.2 | 9.5 |
| I believe that I lead a meaningful life with a promising future. | 8.4 | 9.4 |
| I have energy and willpower to take care of my own responsibilities. | 8.6 | 9.6 |
| I believe that I can become the best possible person and parent I can be. | 9 | 9.7 |
| I believe that I will be able to ensure that my child will have a fulfilling life and future. | 8.9 | 9.7 |

Violence Prevention

There appeared to be no direct impact on violence, given there were no admissions to perpetrating violence. This could be because parents are not completely honest when

they respond to the pre-evaluation survey when they begin the group. However, there were indirect effects, including decreasing parent stress and creating a general nurturing environment needed for violence prevention.

Parents' mental health showed a statistically significant enhancement ($p=.05$) from pre to post (see Figure 4); however, there was a much lower number of respondents from pre to post (85 to 33). This was largely because a shorter version of the evaluation was used with several Spring 2015 groups.

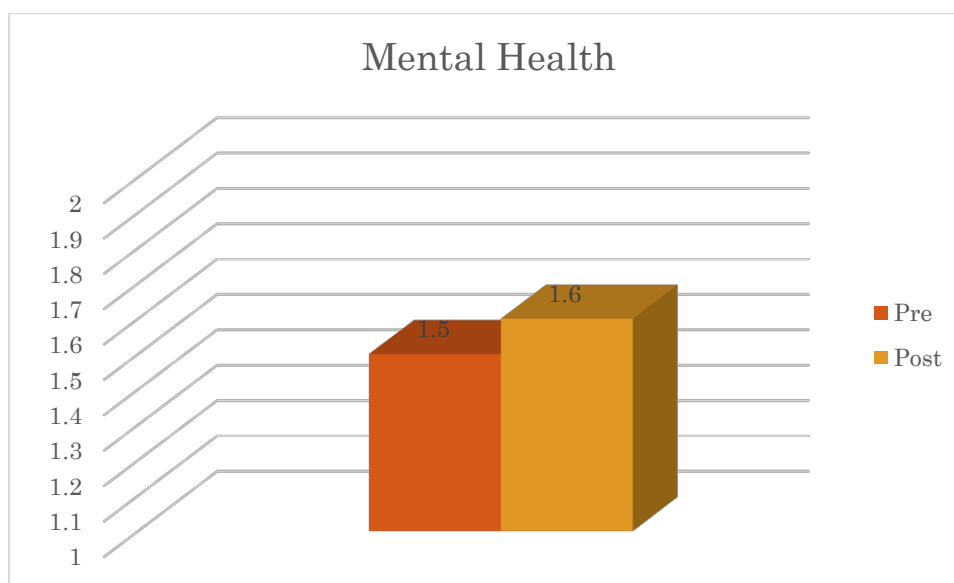


Figure 4: Parent Mental Health

In addition to reported enhanced mental health, parents reported a significant increase in their sense of health and wellbeing ($p\leq.05$; see Figure 5). This is crucial because research suggests that both stress and family/social relationships during sensitive periods in a child's early life can strongly impact physical and mental health and may also contribute to emerging mental illness (Patterson and Vakili, 2013). In addition, harsh parenting, such as the use of higher levels of aggressive verbal and physical discipline, is at risk when parents exhibit depressive symptoms. (Kelley, Lawrence, Milletich, Hollis and Henson, 2015). As discussed in the section on regulation, and supported by the World Health Organization (1997) and Hundeide (2010), when parents use empathy-based guidance and discipline, they provide healthy standards and consequences for the child, which can help protect against violence.

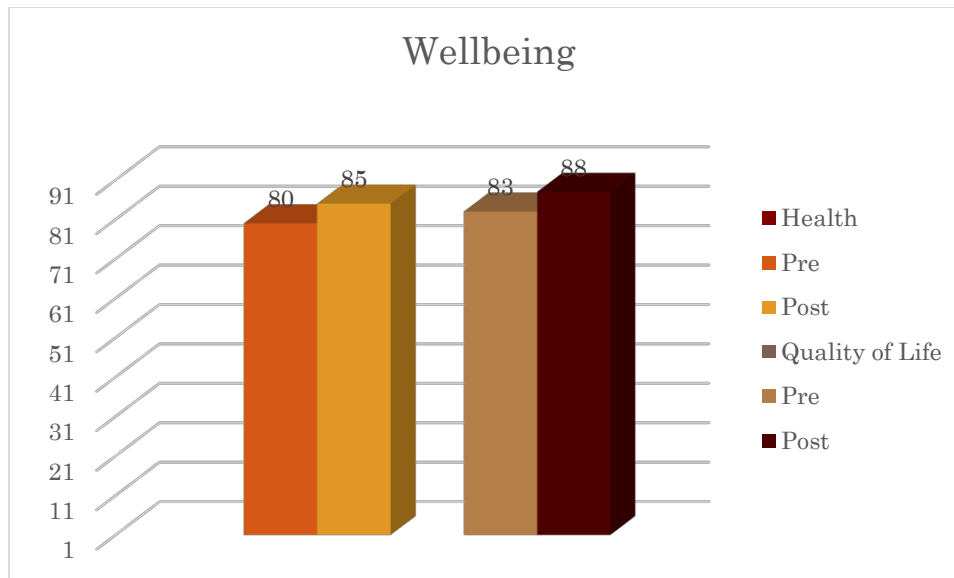


Figure 5: Parent Wellbeing

Child Behavior

Child behavior change is an area we look forward to seeing significant improvement. As shown through the assessment, there was no significant change from pre to post in parent reports of their child's behavior. This may be because child behavior change takes more time through parenting change. For example, as parents begin to change their behaviors during the program, children begin to observe and develop confidence in their parent's new interactions. As this trust develops, they begin to unlearn their own behaviors and adopt the new modeling. Therefore 9-14 weeks of parenting skills learning and some application is not enough time to see notable change in children.

However, in their final weekly surveys, some parents did report seeing change in their children. Some parents reported that their child is "more relaxing and loving." Another reported that her child's behavior "has improved and his co-existence/interactions with the other children has [also] improved." Another stated that her child "is more sociable and knows how to share" and another parent expressed that her child is more affectionate.

DISCUSSION

The evidence is clear, the ICDP program has helped parents from diverse communities throughout Chicago to gain confidence, a positive sense of self, as well as a more positive image of their children (See Appendices F and G). With new motivation, caregivers have worked to develop and apply stronger empathy-based parenting skills, improving their adult-child interactions and family relationships. The ICDP-International cycle observed that ICDP-USA is aligned with what is typically found in other international program results: (1) more effective/positive parenting practices, (2) reduced child conduct difficulties and (3) reduced parental depression (Skar, von Tetzchner, Clucas &

Sherr, 2014). Additional results that we have found include more joy in family relationships, leading to children having a greater chance to thrive and succeed academically and socially (See Appendix F).

The International Child/Parent Development Program has been successful for 30 years around the world because it provides a holistic empathy-based, positive relationship approach to the parent and supports children by bringing together the adults and children in their families. This program works to enhance programs being offered by other institutions in order to offer the fullest support to families (parents and children) by strengthening their communities around them. ICDP builds from a parent's understanding of empathy and their conception of their caregiving role and/or of their children to strengthening their emotional, comprehension and regulative skills. It also enhances their interactions with their children at every developmental stage. It is designed to bring families, schools, mental health professionals and communities together in a joint mission to support the positive development, wellbeing, academic and social success of their children.

Evidence of ICDP outcomes demonstrate that this program carries the unique and critical potential of enhancing and equalizing parenting skills for parents who need help and therefore, of changing children's worlds for the future (See Appendices H and I). Communities interested in community-wide programming should explore this program for their family programming toward positive development and wellbeing (Skar, von Tetzchner, Clucas & Sherr, 2014).

Lessons Learned

Throughout our process, we learned various lessons that we should apply to change our process or build on the strengths. The most important was to keep and build on the use of multiple learning strategies in the sessions. The sole use of lecture leads to 5% adult retention; reading 10%; audiovisual 20%; and demonstration 30%. ICDP begins with audiovisual and demonstration, but achieves the highest level of peer facilitated learning given the use of discussion, leadership, practice, and application. Discussion has a 50% retention rate; practice by doing 75%; and both having parents teach others/children and immediate application with self-reflection 90%. Parents consistently reported learning from one another in the ICDP community-based, peer-facilitated learning groups.

Further, optimizing learning and group cohesion requires strong, empathetic Facilitators or Co-Facilitators who can support the ICDP Facilitator "sensitization" techniques with their caregiver learning groups.

In the first program cycle, we conducted pre-program focus groups to ascertain parents' needs and their desired focus of the evaluation. It was also helpful to have focus groups before and after the sessions, to hear what parents/caregivers wanted from the program in order to ensure their issues were addressed, as well as afterward, as the group came

together to reflect on the impact of the program on themselves, their children and families. This was often inspiring to the group, and helped motivate them to plan on how they would continue to grow and implement the ICDP guidelines and practices they had learned.

It was challenging to collect the full data we need in order to measure so many pre/post changes with parents/caregivers as well as with children. We have worked to fine-tune our methodology of evaluation with the caregivers to ensure that they will participate fully, and learn from the evaluation results as well. The self-dual Likert Scale is one immediate benefit, where caregivers recognize their growth at the end of the program, gain further confidence, pride and motivation to carry forward. We will consider how this methodology might be used further with parents/caregivers and older children as well.

Next Steps

The next step in project refinement will be that CCWF staff will work with Host Partner institutions initiating programs later in 2015 and 2016 to set up longer evaluation periods, ideally of 9-18 months for the future.

The next step in evaluation will be to go beyond the parents' reports of changes in children's attitudes and behavior at the end of each program and seek to add an evaluation instrument designed to capture changes in children longitudinally. We will work on the Children's Program to integrate more specific behavior change recognition with the children directly, and also to better capture information from the children throughout and at the end of the program.

We will also further explore how well parents feel they can understand their children's feelings and intentions, a key area of importance in the program, which could potentially be strengthened further in the program. We would like to look more specifically at the impact of the program on corporal punishment and violence in the home as well.

CCWF will also explore new partners, including donors/funders, institutions, community agencies, and other professionals, to continue to expand and replicate ICDP-USA throughout the Chicago area and more broadly within the USA (See Appendix D).

APPENDIX A- OVERALL COMPARISON OF EVALUATION INSTRUMENTS – BY COMMUNITY

| Overall Community Comparison of Evaluation Instruments | | Carpentersville Fall 2014 | Cicero Fall 2014 | Cicero Spring 2015 | Englewood Langford Spring 2015 | Englewood CHAS Winter/Spr 2015 | Geneva Fall 2014 | Hermosa Fall 2014 | Hermosa 2015 | Humboldt Park Winter/Spr 2015 | Melrose Park Spring 2015 | Rogers Park Fall 2015 | Total |
|--|------|---------------------------|------------------|--------------------|--------------------------------|--------------------------------|------------------|-------------------|--------------|-------------------------------|--------------------------|-----------------------|-------|
| TOPSE Efficacy | Pre | 7.91 | 8.01 | 8.19 | 8.91 | 9.19 | 7.51 | 8.26 | 7.38 | 8.49 | 8.23 | 8.54 | 8.15 |
| | Post | 8.32 | 8.39 | 9.50 | 9.19 | 9.16 | 8.57 | 8.72 | 9.26 | 8.49 | 8.63 | 9.41 | 8.86 |
| ICDP Guidelines | Pre | 7.59 | 8.07 | 8.22 | 9.33 | 10.00 | 8.27 | 8.43 | 7.76 | 8.95 | 9.25 | 8.79 | 8.55 |
| | Post | 8.50 | 8.88 | 9.68 | 9.34 | 9.55 | 9 | 9.33 | 9.87 | 9.12 | 9.55 | 10 | 9.44 |
| TOPSE Empathy | Pre | 8.08 | 8.27 | 8.77 | 9.40 | 9.17 | 7.47 | 8.70 | 8.26 | 9.30 | 9.11 | 8.93 | 8.70 |
| | Post | 8.71 | 8.93 | 9.67 | 9.42 | 9.67 | 8.97 | 9.31 | 9.69 | 9.34 | 9.29 | 10.00 | 9.37 |
| Mental Health | Pre | 1.68 | 1.45 | 1.52 | 1.67 | 1.83 | 1.62 | 1.56 | 1.48 | 1.57 | 1.41 | 1.63 | 1.55 |
| | Post | 1.67 | 1.68 | n/a | n/a | 1.88 | 1.77 | 1.66 | n/a | n/a | 1.49 | 1.88 | 1.64 |
| Health & Wellbeing | Pre | 81.67 | 76.13 | 85.00 | 81.80 | 89.75 | 64.17 | 82.22 | 78.57 | 71.00 | 88.14 | 86.44 | 80.58 |
| | Post | 73.25 | 92.00 | 90.63 | 75.00 | 90.00 | 72.00 | 91.11 | 88.33 | 78.75 | 90.40 | 85.00 | 85.54 |
| Quality of Life | Pre | 82.50 | 87.38 | 82.50 | 83.80 | 92.25 | 75.00 | 80.00 | 80 | 78.00 | 87.43 | 90.89 | 83.66 |
| | Post | 82.00 | 90.00 | 87.50 | 80.00 | 87.50 | 89.80 | 92.22 | 93.33 | 83.75 | 87.40 | 100.00 | 88.64 |

APPENDIX B- TOPSE SURVEY QUESTIONS – BY COMMUNITY

| Questions extracted from TOPSE survey | | Carpentersville Fall 2014 | Cicero Fall 2014 | Cicero Spring 2015 | Englewood Langford Spring 2015 | Englewood CHAS Winter/Spr 2015 | Geneva Fall 2014 | Hermosa Fall 2014 | Hermosa 2015 | Humboldt Park Winter/Spr 2015 | Melrose Park Spring 2015 | Rogers Park Fall 2015 | Total |
|---|------|---------------------------|------------------|--------------------|--------------------------------|--------------------------------|------------------|-------------------|--------------|-------------------------------|--------------------------|-----------------------|-------|
| Recognize Developmental changes in child | Pre | 8.33 | 9.25 | 9.00 | 9.40 | 9.50 | 8.17 | 8.78 | 8.57 | 9.33 | 9.43 | 9.13 | 8.99 |
| | Post | 8.75 | 8.60 | 10.00 | 9.50 | 9.50 | 8.60 | 9.56 | 9.92 | 9.23 | 9.30 | 10.00 | 9.43 |
| Share ideas with other caregivers | Pre | 7.67 | 9.50 | 9.38 | 9.20 | 10.00 | 8.0 | 9.11 | 8.00 | 8.70 | 8.93 | 9.25 | 8.82 |
| | Post | 9.00 | 9.20 | 9.63 | 9.75 | 9.50 | 9.67 | 9.56 | 9.92 | 9.50 | 9.60 | 10.00 | 9.60 |
| Learn and Use new ways of dealing with my child | Pre | 7.83 | 9.63 | 9.50 | 9.40 | 10.00 | 8.17 | 9.44 | 8.71 | 9.50 | 9.86 | 9.38 | 9.25 |
| | Post | 9.25 | 9.60 | 10.00 | 9.75 | 10.00 | 9.20 | 9.56 | 9.92 | 9.25 | 9.60 | 10.00 | 9.64 |
| Able make changes to improve child's behavior | Pre | 7.67 | 9.00 | 9.38 | 9.60 | 10.00 | 8.33 | 8.67 | 8.64 | 9.20 | 9.50 | 9.75 | 9.05 |
| | Post | 9.25 | 9.40 | 10.00 | 9.75 | 9.50 | 9.00 | 9.78 | 9.92 | 9.00 | 9.80 | 10.00 | 9.64 |
| Overcome most problems with advise | Pre | 7.83 | 9.13 | 9.13 | 9.20 | 10.00 | 7.50 | 9.11 | 7.86 | 9.30 | 9.54 | 9.13 | 8.86 |
| | Post | 9.25 | 9.60 | 9.75 | 9.50 | 9.50 | 8.60 | 9.67 | 9.83 | 9.13 | 9.80 | 10.00 | 9.55 |
| Knowing other people have similar difficulties with their children makes it easier for me | Pre | 8.83 | 7.63 | 7.75 | 7.80 | 9.25 | 7.67 | 8.67 | 7.14 | 9.20 | 8.57 | 8.63 | 8.23 |
| | Post | 9.75 | 9.00 | 8.29 | 9.75 | 9.00 | 8.00 | 8.00 | 9.92 | 8.33 | 8.60 | 10.00 | 8.91 |

APPENDIX C- ICDP GUIDELINE QUESTIONS – OVERALL RESULTS

| ICDP Guideline Questions | | Mean Results of All Communities |
|---|------|---------------------------------|
| How well do you show positive feelings and love toward your child? | Pre | 9.31 |
| | Post | 9.76** |
| How well do you follow and respond to the initiatives of your child? | Pre | 8.51 |
| | Post | 9.38** |
| How well do you hold meaningful dialogue with your child, with you without words? | Pre | 8.64 |
| | Post | 9.53** |
| How well do you give praise and approval for what your child does? | Pre | 9.01 |
| | Post | 9.63** |
| How well do you help share experiences and focus your child's attention with yours? | Pre | 8.54 |
| | Post | 9.56** |
| How well do you help describe and give meaning to your child's experiences and show enthusiasm for your child's experiences? | Pre | 8.68 |
| | Post | 9.60** |
| How well do you help to expand/enrich your child's experiences by connecting topics and by making connections through imagination/creativity? | Pre | 8.39 |
| | Post | 9.44** |
| How well do you help set boundaries and support your child to plan step-by-step to develop self-control? | Pre | 7.98 |
| | Post | 9.23** |
| How well do you support your child with scaffolding (gradual support) to encourage their initiatives and competence? | Pre | 8.21 |
| | Post | 9.27** |
| How well do you use situations and set routines to guide your child's behavior? | Pre | 8.22 |
| | Post | 9.14** |
| How well do you help caregivers positively set consequences to develop responsibility and moral understanding? | Pre | 8.25 |
| | Post | 9.05** |

Note: ** = statistically significant difference ($p \leq .01$)

APPENDIX D- DUAL LIKERT SCALE – OVERALL RESULTS

| ICDP 8 Guidelines (1-8d) on Adult-Child Interaction | | Mean Results of All Communities |
|--|-----------------|---------------------------------|
| 1) How do you show positive feelings, that you love your child? | Post Reflective | 3.37 |
| | Post Current | 4.78** |
| 2) How do you follow and respond to the initiatives of your child? | Post Reflective | 2.68 |
| | Post Current | 4.32** |
| 3) How do you hold an intimate dialogue with your child with and without words? | Post Reflective | 2.82 |
| | Post Current | 4.36** |
| 4) How do you give praise and approval for what your child does? | Post Reflective | 3.08 |
| | Post Current | 4.59** |
| 5) How do you share experiences and focus your child's attention with yours? | Post Reflective | 3.02 |
| | Post Current | 4.42** |
| 6) How do you describe and give meaning to your child's experiences and show enthusiasm for them? | Post Reflective | 2.99 |
| | Post Current | 4.45** |
| 7) How do you expand and enrich your child's experiences by connecting through imagination and creativity? | Post Reflective | 2.81 |
| | Post Current | 4.37** |
| 8a) How do you regulate your child's behavior in a positive way? | Post Reflective | 2.69 |
| | Post Current | 4.15** |
| 8b) How do you support your child with step-by-step guidance? | Post Reflective | 2.68 |
| | Post Current | 4.26** |
| 8c) How do you use situations and set routines to guide behavior? | Post Reflective | 2.71 |
| | Post Current | 4.25** |
| 8d) How do you positively set consequences to develop responsibility and moral understanding? | Post Reflective | 2.67 |
| | Post Current | 4.30** |

Note: ** = statistically significant difference ($p \leq .01$)

APPENDIX E- THREE ICDP DIALOGUES RESULTS - BY COMMUNITY

| ICDP Dialogues | | Carpentersville Fall 2014 | Cicero Fall 2014 | Cicero Spring 2015 | Englewood Langford Spring 2015 | Englewood CHAS Winter/Spr 2015 | Geneva Fall 2014 | Hermosa Fall 2014 | Hermosa 2015 | Humboldt Park Winter/ Spring 2015 | Melrose Park Spring 2015 | Rogers Park Fall 2015 | Total |
|------------------------|------|---------------------------|------------------|--------------------|--------------------------------|--------------------------------|------------------|-------------------|--------------|-----------------------------------|--------------------------|-----------------------|-------|
| Emotional Dialogue | Pre | 7.96 | 8.50 | 9.01 | 9.40 | 9.58 | 9.25 | 8.64 | 8.46 | 9.40 | 9.13 | 8.93 | 8.89 |
| | Post | 9.06 | 8.90 | 9.75 | 9.75 | 9.63 | 9.00 | 9.56 | 9.92 | 9.44 | 9.63 | 10.00 | 9.58 |
| Comprehension Dialogue | Pre | 7.61 | 7.62 | 8.25 | 9.60 | 9.67 | 7.33 | 8.54 | 7.67 | 8.87 | 9.19 | 9.21 | 8.52 |
| | Post | 9.17 | 8.77 | 9.83 | 9.67 | 9.50 | 9.00 | 9.44 | 9.92 | 9.14 | 9.60 | 10.00 | 9.53 |
| Regulation Dialogue | Pre | 7.21 | 7.75 | 7.94 | 9.05 | 9.60 | 8.00 | 7.75 | 7.39 | 8.55 | 8.68 | 8.53 | 8.15 |
| | Post | 7.44 | 8.30 | 9.59 | 8.69 | 9.50 | 9.00 | 9.02 | 9.79 | 9.00 | 9.45 | 10.00 | 9.17 |

THREE ICDP DIALOGUES RESULTS – OVERALL RESULTS

| ICDP Dialogues | | Mean Results of All Communities |
|---|------|---------------------------------|
| Key: ** notes statistic difference of the two conditions' Means | | |
| Emotional Dialogue | Pre | 8.88 |
| | Post | 9.58** |
| Comprehension Dialogue | Pre | 8.52 |
| | Post | 9.53** |
| Regulation Dialogue | Pre | 8.15 |
| | Post | 9.17** |

Appendix F- Time Schedule

| Date | YEAR ONE : Activities | Completed |
|------------------------|---|-----------|
| November 2013 | Project Planning Communications and Organization: CCWF communicated with each partner: Children's Home & Aid Societies (Carpentersville & Englewood); Family Focus (Cicero) and Howard Area Community Center to confirm project engagement and December leadership and training meetings. CCWF produced the ICDP materials: Facilitator Manuals; Caregiver Handbooks; Children's Booklets; Educational Resources; Evaluation Materials, to be used in the December training and Jan-April Pilots. | X |
| December 4 | ICDP Pritzker Project Institutional Leader Meeting - reviewing the Program | X |
| December 4, 11, and 18 | ICDP Facilitator Training Workshop | X |
| January 8 | Leadership Teleconference | X |
| January 9 | Evaluation Team meeting with Loyola University and Become, Inc. | X |
| January 13-20 | Focus groups: Englewood-Jan 13; Cicero-Jan 14; Carpentersville Jan 16; Rogers Park Jan 20. | X |
| January 28-February 28 | Pilot starts: Carpentersville (1 group over 8 weeks); Schaumburg (1 group over 8 weeks; Englewood (2 groups over 8 weeks); Rogers Park (1 group over 8 weeks); Cicero (2 groups over 8 weeks). | X |
| February 19, 24 | Meetings with SGA Roseland/ Brighton Park Youth Services | X |
| March 6 | Evaluation Team meeting with Loyola University and Become, Inc. | X |
| March 13-April 10 | Last pilot session: Carpentersville-March 13; Schaumburg-March 31; Englewood (2) -April 1; Rogers Park-April 3; Cicero-April 10 | X |
| March 27 and April 4 | ICDP Pritzker Workshop 2-Day 1 and Day 2 | X |
| April 24 | ICDP Workshop - Lurie Children's Hospital | X |
| April 28-30 | SGA Brighton Park Facilitator Training Workshop 1 | X |
| May 1 | ICDP Teleconference: BECOME Evaluator Report to Project Reps on Focus Group Results & Integrating Priorities into Projects | X |
| May 8-July 1 | ICDP Full Group Initiations Carpentersville-May 8; Rogers Park-June 5; Cicero & Hermosa (new) Projects-July 1 | X |
| May 24, May 31, June 1 | CCWF Planning Meetings with BECOME Evaluator | X |
| June 13 | APSAC Workshop - New Orleans | X |
| July 28 | Call with Lauren/Pritzker Foundation | X |
| Aug 28-Sept 23 | Full Group Completion: Roger's Park-Aug 28; Carpentersville-Sept 11; Cicero & Hermosa-Sept 23 | X |
| Aug 28 | Call with Lauren/Pritzker Foundation | X |
| Sept 4, 5, 8 | SGA Roseland & Brighton Park ICDP Facilitator Workshop 1 | X |
| Sept 12-15 | ICDP-USA attends International Trainers Workshop – UK | X |
| Sept 17 | CCWF Meeting with BECOME Evaluator | X |
| Sept 22 | BECOME Evaluator Skype Training of CCWF Staff on Focus Group Facilitation | X |

| | | |
|------------------------|---|------------------|
| Sept 25-Dec | Closing Focus Groups: Carpentersville-Sept 25; Hermosa-Nov 5; Cicero-Nov 6 | X |
| Oct 8 | SGA Roseland/Woodlawn & Brighton Park ICDP Planning Meeting & Workshop Supplement | X |
| Oct 1-Dec 1 | Collection of completed Summer Project Post Evaluations & all completed Surveys | X |
| October-November | KS conversations with each Project Director & Lead Facilitator Liaison-checking in on Year 1 & planning Project Year 2. | X |
| Oct 15 | CCWF submits Year 1 Preliminary Report to the Pritzker Foundation | X |
| | | |
| Date | YEAR TWO : Activities | Completed |
| November 5 | Post Focus Group, Family Focus Hermosa | X |
| November 14 | Presentation on ICDP in Lincoln, Nebraska at Prevention Summit | X |
| November 21-23 | ICDP Facilitator Training Workshop 1 in Geneva, IL | X |
| Nov 2014-Jan 2015 | CCWF, BECOME and Loyola University work on Year 1 Evaluation | X |
| December 5 | Final 1-Day Briefing for Facilitator Trainees to become CERTIFIED Facilitators for their Institutions! | X |
| December 28 | Final briefing for Facilitator Trainer Trainees to become certified trainers | X |
| Dec 2014-Jan 2015 | ICDP RESOURCE MATERIALS - Review, Revisions & PRODUCTION: Facilitator Manual, Caregiver Handbook (Spanish & English), Children's Booklet (Spanish & English) | X |
| January 8, 12, 13 | ICDP Facilitator Workshop 1 at Children's Home & Aid VIVA for new Trainees from Pritzker Project organizations or partners. | X |
| January - June | New Parent Learning Groups start with CERTIFIED Facilitators +/-or New Facilitator Trainees: Englewood Jan 29, Humboldt Park-Jan 2, Rogers Park-Feb 12, Melrose Park-Feb 4,Cicero-Feb 16, Hermosa-Feb 19. | X |
| January 21 | ICDP Presentation for Parents of Pre-Teens, Pingree School District | X |
| January 22, 26, 27, 28 | ICDP Facilitator Workshop 1 for Chicago Public Schools: Bass Elementary and Langford Academy-Elementary Schools. | |
| January 28 | ICDP Initiation of first Caregiver Learning Group at Family Focus Melrose Park | X |
| February | ICDP Initiation of Groups at Family Focus Cicero, and Family Focus Hermosa | X |
| March 1 | 2014 ICDP Evaluation REPORT (CCWF, BECOME, LOYOLA) | |
| March/April | SGA Roseland Facilitator - Planning Discussions for 3-4 South Chicago, Calumet & West Pullman Schools Pilot Project Launch in August/September 2015 | X |
| April | Chicago Public Schools: Langford Academy Elementary School Pilot Projects Launch (7-8 weeks each) in preparation of Faculty in order to launch with Parents Fall 2015. | X |
| April 12 | ICDP Public Awareness event: "Empathy in Art" at Kaneland High School | X |
| May | ICDP International recognizes work from ICDP-USA in 2014 Annual Report | X |

| | | |
|-------------------------------------|--|---|
| May | Pilot Group Completion: Chicago Public School Langford Academy. Meeting with Principal and Facilitator to prepare for Full Group in Fall | X |
| May 20 | ICDP Post Focus Group with Family Focus Melrose Park | X |
| May 27 | ICDP Pilot Group Initiation: Family Focus Aurora | X |
| June 13-15 | ICDP Facilitator Training Workshop 1, in Geneva, IL | X |
| June | ICDP Family Focus Full Group 2015 Graduation (Cicero, Hermosa, Melrose Park) | X |
| | Upcoming Events | |
| June-Sept | ICDP Pilot Group Initiation: Elgin Mesias | |
| August 12, September 14-December 14 | ICDP Initiation of Caregiver Learning Group for Parents of Children with Special Needs, St. Charles, IL | |
| September | ICDP Full Group Initiation: U46 Heritage Elementary School | |
| September | ICDP Chicago Public School Langford Academy and Bass Elementary Full Group Initiation (Englewood) (Network 11) | |
| September | 3 NEW Chicago Public Schools Initiate Full Groups through SGA Partnership (Calumet City, South Chicago, Jane Adams?) (Network 12) | |
| September | ICDP Second Group Initiation at Children's Home & Aid VIVA | |
| Fall 2015 | New Partnership ICDP Training ICOY in Chicago and Springfield | |
| Fall 2015 | ICDP Initiation of Caregiver Learning Group at College of DuPage, for all Families with Special Invitation to Veteran Families | |
| Fall 2015 | ICDP Full Group Initiation: Aurora Family Focus | |
| Fall 2015 | ICDP Third or Fourth Group Initiation through Family Focus Nuestra Familia | |
| | | |
| | | |

APPENDIX G-PHOTO GALLERY



A group of beautiful mothers from Family Focus in Cicero.



We are excited about the progression of the ICDP program at Family Focus Hermosa.



Congratulations on the completion of a workshop in Woodlawn with SGA!



A mother shows love to her child at our ICDP VIVA group in Humboldt Park



Definitely the top puppet makers of the entire evening at Special Family Night in St. Charles



The training at Langford Academy, a Chicago Public School, in Englewood was successful!



We completed our first ICDP group for military veterans in 2014! This group took place at the Fox Valley Presbyterian Church in Geneva, IL.

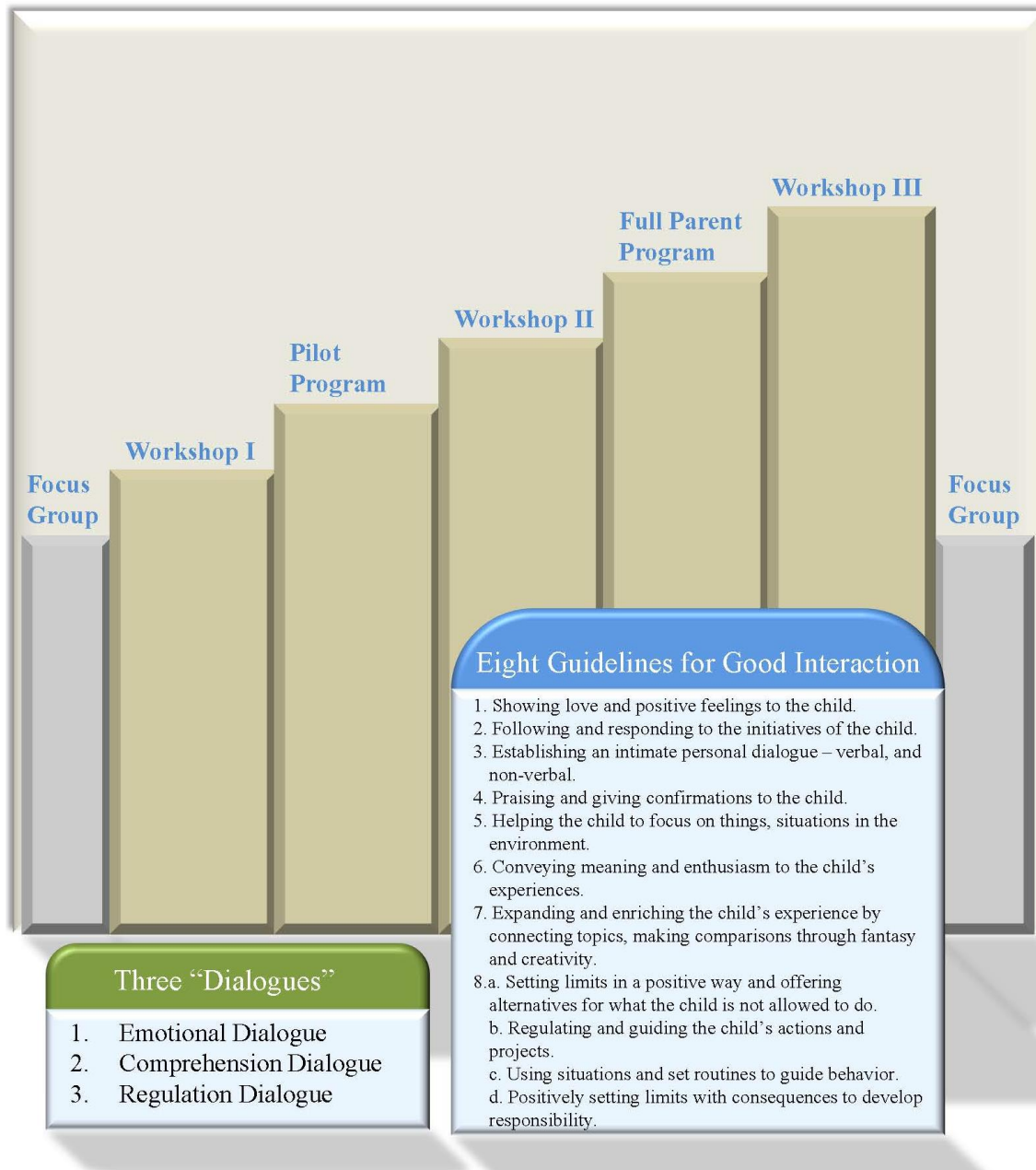


Parents interact with children before the Family Focus ICDP group at Melrose Park.

Appendix H – Facilitator Training Program Series



Facilitator Training Program Series



Appendix I – Facilitator Timeframe

January

Workshop One: 8 Facilitator Trainees

February- April

Pilot Practicum of 8 (x4) parents/caregivers per group

May

Workshop Two: Facilitator Trainees

May- August

Groups of 10-16 (x4) parents/caregivers per group

September

Workshop Three: Facilitator Trainees are certified

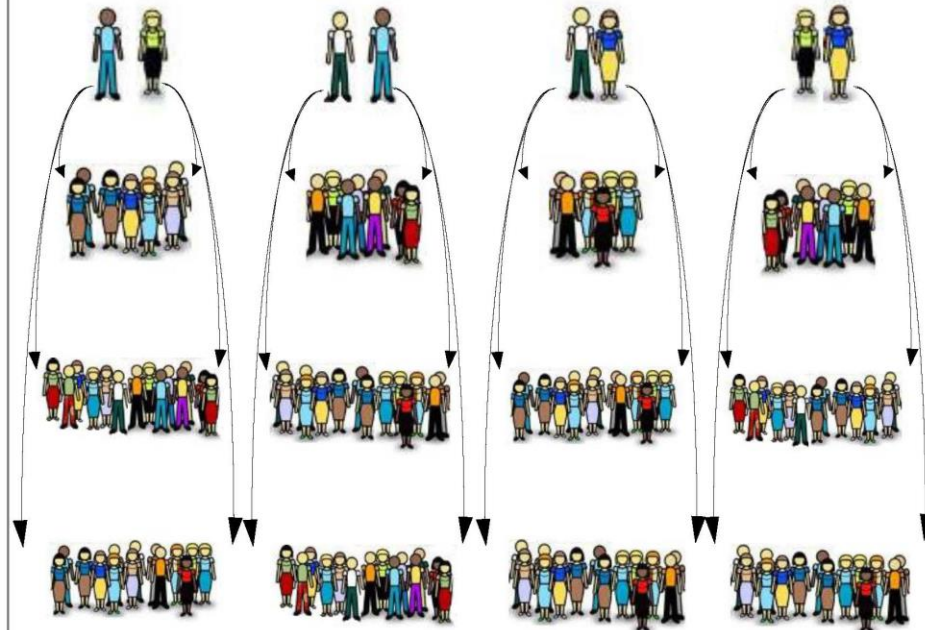
September- December

Groups of 10-16 (x4) parents/caregivers per group

Totals

| | |
|--------------------|-----|
| Facilitators | 8 |
| Parents/Caregivers | 160 |
| Approx. Children | 240 |

Community Of Institution Wide ICDP Training and Parent/Caregiver Learning Groups



Note: If facilitators conduct more than one project per time period, additional families may be served.

APPENDIX J – REFERENCES

Barrett, Cooper & Tech, 2011

Bhattacharjee, Y. (2015) The first year – A baby’s brain needs love to develop. What happens in the first year is profound. In *National Geographic*, January 2015.

Bigner J. J. Attitudes toward fathering and father–child activity. *Home Economics Research Journal*. 1977; 6:98–106.

Bloomfield, Kendall et al. (2005) A tool to measure parenting self-efficacy (TOPSE)

Cornish, Audie (Host); “Nice kids finish first: Study finds social skills can predict future success. Children’s Health segment on *NPR Newscast*, July 16, 2015. :npr.org/templates/transcript/transcript.php?storyId=423605191

Felitti V.J., Anda R.F. (2010) the relationship of adverse childhood experiences to adult health, wellbeing, social function, and healthcare: Lanius/Vermetten/Pain Cambridge University Press, 2010.

Goodman, R. (1999). The extended version of the Strength and Difficulties Questionnaire (SDQ) as a guide to child psychiatric caseness and consequent burden. In *Journal of Child Psychology and Psychiatry*, 40, 791-801.

Gulralnick, M. J. (2011). Why early intervention works. A systems perspective. In *Infants & Young Children*, 24,(1), 6-28.

Harvard University – The Center on the Developing Child, and the National Scientific Council on the Developing Child. *Working Paper 13* (2015) (Outcomes aligning with ICDP results: 1) facilitate supportive adult-child interactions; 2) build a sense of self-efficacy and perceived control; 3) provide opportunities to strengthen adaptive skills and self-regulating capacities; and 4) mobilize sources of faith, hope and cultural traditions.)

Hundeide, K. (2010) Manuel for facilitators of the ICDP programme.

Jones, D.E., Greenberg, M. & Crowley, M. (2015). Early social-emotional functioning and public health: The relationship between kindergarten social competence and future wellness. In *American Journal of Public Health*, e-View Ahead of Print. doi: 10.2105/AJPH.2015.302630.

Kelley, M. L., Lawrence, H. R., Milletich, R. J., Hollis, B. F., and Hensen, J. M. (2015). Modeling risk for child abuse and harsh parenting in families with depressed and substance-abusing parents. In *Child Abuse & Neglect*, Vol. 43, May 2015, 42-52.

National Survey of Children’s Health (NSCH) (2011/12).

Patel,V., Simunyu E., Gwanzura, F., Lewis, G. & Mann, A. (1997). The Shona Symptom Questionnaire (SSQ): The development of an indigenous measure of common mental disorders in Harare. In *Acta Psychiatr. Scand.* June; 95(6), 469-75.

Patterson, J. & Vakili, S. (2014) Relationships, environment and the brain: How emerging research is changing what we know about the impact of families on human development. In *Family Process*, Vol. 53, No.1, 22-32.

Skar, A-M. S. & von Tetzchner, S. (2015). Parenting support as community-oriented early intervention. In *Early Intervention: Theory and Practice*, Vol. 2, 1-17.

Skar, A-M. S., von Tetzchner, S, Clucas, C & Sherr, L. (2014) The long-term effectiveness of the International Child Development Program (ICDP) implemented as a community-wide parenting program. In *European Journal of Development Psychology*, 1-15. <http://www.tandfonline.com/loi/pedp20>

Tool to Measure Parent Self-Efficacy (TOPSE) 2015.

Ware, J.E. Snow, K. K., Kosinski, M. & Gandek, B. (1993) Scoring the SF-36 VAS Scale, At *The Health Institute*, New England Medical Center.

Webb, S.J., Jones, E.J.H., Kelly, J. & Dawson, G. (2013). The motivation for very early intervention in infants at high risk for Autism Spectrum Disorders. In *International Journal of Speech-Language Pathology*, 16, 36-42.

World Health Organization Geneva (1997) Program on Mental Health. Improving mother/child interaction to promote better psychosocial development in children. (ICDP Oslo).