



Parents and Children: Learning Together – PAC Intervention

Preschool Children and Families experiencing Homelessness

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1 Summary

Taking an asset-based approach, *Parents and Children: Learning Together (PAC)* supports preschool-age¹ children and caregivers experiencing homelessness in increasing knowledge of child development and parenting strategies, building positive family relationships, coping with stress, and supporting children’s social and emotional well-being. PAC is a ten session, two-generation parent-child education intervention with three main components: training for parents, a parallel play component for children , and a parent-child dyad coaching component. The parent training builds skills in responsive parenting and equips caregivers with behavioral strategies that encourage positive socio-emotional behaviors in preschoolers. The child play sessions engage children in age appropriate socio-emotional regulatory and emotion identification activities and games, and the parent-child dyad coaching allows caregivers to practice the skills learned with their preschoolers under the guidance of program facilitators. PAC also provides tangible resources to nudge parents to practice strategies outside of sessions. The intervention is delivered by paraprofessionals and takes place in sites that are co-located with other safety-net services commonly accessed by our target population, such as the Special supplemental nutrition program for women, infants, and children (WIC) and housing authority offices. The PAC intervention will be accompanied by an evaluation designed to inform program improvement and lay the groundwork for future, summative work. Primarily formative in nature, the evaluation will focus on monitoring and describing the intervention’s implementation, understanding stakeholders perceptions of the program and its effects, and beginning to explore the association between program participation and key targets outlined in our theory of change.

¹ Throughout this paper, preschool children refers to children in the 3-6 years old age bucket

2 Introduction

2.1 Homelessness and Early Childhood Development (ECD)

Despite provisions made in the McKinney-Vento Homeless Assistance Act in 1987, family homelessness continues to be a significant issue in the United States. In 2016-17, an estimated 1.3 million children under six years of age experienced homelessness in the United States (U.S. Department of Education, 2019). Young children are disproportionately represented in federally-funded shelters; in fact, half of all children sheltered in these settings are under the age of 6 (U.S. Department of Housing and Urban Development, 2018).

Given this known burden of homelessness on early childhood, further exploration of the role of homelessness in this age group is warranted. It is well documented that early childhood is an important period of growth characterized by crucial changes in physical, social, emotional, language, and cognitive development (Diamond et al., 2002). Children facing homelessness are more likely than stably housed children to experience adverse childhood events including child maltreatment, school absenteeism, exposure to substances, and food insecurity (Brumley et al., 2015; Cutuli et al., 2017; Fantuzzo et al., 2013; Grant et al., 2007; Haskett et al., 2015). Adverse childhood experiences have been repeatedly shown to have lasting impact on future developmental outcomes into adolescence and adulthood on factors such as learning, behavior, and physical and mental health (Shonkoff et al., 2010). In addition, housing insecurity has been shown to be a significant barrier to accessing healthcare and safety net services that are intended to help mitigate the risks of housing insecurity on a child's health and development (Cutuli et al., 2017).

Despite these known developmental risks associated with homelessness, fewer than one in ten young children experiencing homelessness are served by federal early education and care

programs. While a greater number are likely served in state and local programs, consistent and reliable data about access to care among children experiencing homelessness are scarce (U.S. Department of Education, 2019).

2.2 Motivations for PAC

Parents and Children: Learning Together (PAC) is an intervention targeting families experiencing homelessness in the Bay Area, California. This is a high need region: California has one of the highest rates of homelessness among young children, with an estimated nine percent of all young children experiencing homelessness in 2016-17 (U.S. Department of Education, 2019). PAC seeks to improve socio-emotional learning and strengthen caregiver-child interactions through a two-generation approach, among families experiencing homelessness. The intervention is guided by evidence suggesting that: 1) Early childhood socio-emotional learning interventions can improve socio-emotional competencies in children with possible spillover effects into other areas of development as well as academic achievement (Jones, Brush, et al., 2017), 2) Targeting both caregivers and children in a two-generational approach may have more sustained impacts given the extensive role caregivers play in early childhood (Bradley et al., 2010), and 3) Families and children facing higher levels of adversity often benefit more from targeted interventions.

The intervention brings together content from two types of interventions backed by evidence: interventions designed to promote responsive caregiving between parents and young children and those designed to promote self-regulation and socio-emotional development among young children. Responsive care interventions focused on strengthening caregiver-child interactions have been shown to positively influence parenting practices and child outcomes in a range of contexts, including the United States (Eshel, et al., 2006; Landry et al., 2012; World Health Organization, 2018; Buchanan-Pascall, et al., 2018; Kim et al., 2018; Sanders et al., 2014).

Importantly for our context, there is also some evidence that parenting interventions are an effective strategy for reducing incidence of child abuse and neglect (Chen & Chan, 2016). Further, a growing body of evidence indicates that socio-emotional learning interventions aimed at young children can promote enhanced self-regulation and socio-emotional competence (Jones et al., 2018). This is especially relevant given prior research establishing a high prevalence of socio-emotional difficulties among children experiencing homelessness (Haskett, Armstrong, & Tisdale, 2016). Of importance for our context, flexible, evidence-based strategies to enhance socio-emotional competence can be incorporated into programs even in the absence of a full socio-emotional learning curriculum (Bailey et al., 2019). Notably, no parenting intervention targeting socio-emotional learning in the family homelessness population has been found in the literature to date.

3 Aims and Objectives

3.1 PAC Intervention

PAC is designed to support the well-being of families with young children experiencing homeless or housing instability in the Bay Area, California. Acknowledging the extreme stress that often accompanies experiences of homelessness, PAC works with both preschool-age children and their primary caregivers to:

- equip caregivers with knowledge about child development and responsive parenting strategies,
- build responsive caregiver-child relationships,
- cope with stress, and

- support children’s socio-emotional development and self-regulation

PAC is guided by a strengths-based approach that focuses foremost on families’ assets. The program is designed to be inclusive of families reflecting the cultural and linguistic diversity of the Bay Area.

3.2 PAC Evaluation

PAC will incorporate a formative evaluation to inform program improvement by:

- assessing the extent to which the intervention is implemented consistent with the design and documenting modifications to the intervention,
- understanding the perspectives and experiences of key stakeholders involved in the intervention, including participating caregivers and program staff, and
- gathering initial evidence about PAC participation and the development of intended competencies and knowledge among young children and caregivers.

4 PAC Intervention

4.1 Theory Of Change

The PAC theory of change (Appendix A) is based on the fact that preschool-aged children and their caregivers experiencing homelessness are at an increased risk for poor socio-emotional wellbeing. A two-generational approach -- coordinated in conjunction with social assistance programs -- which provides structured opportunities for socio-emotional learning, practicing parental competence skills, and rich caregiver-child interactions can lead to conditions for improved positive parenting, increased self-regulation in the child, and stronger caregiver-child

relationships in this population. Some key assumptions in this theory of change are consistent attendance to the sessions, willingness of participants to practice skills outside of the sessions, and the ability for social assistance programs to implement the intervention with our support.

4.2 Description

PAC is a two-generation parent-child education intervention delivered through a through a series of ten workshops. The first half of each workshop consist of two components - a training for parents and parallel play component for children. The parent component will involve a series of training for parents/caregivers that are intended to build their skills in responsive parenting and equip them with behavioral strategies that encourage positive socio-emotional behaviors in preschoolers. During the parent training sessions, parallel child play sessions will engage children in age appropriate socio-emotional regulation activities such as practicing soothing songs, emotion identification activities or games. The remaining half of each workshop consists of parent-child play and learn coaching component. This dyad component will provide the opportunity for parents/caregivers to practice the skills learned with their preschoolers under the guidance of program facilitators. To complement training and play-and-learn sessions, PAC will provide tangible resources (e.g., activities or games used in sessions, reference materials) that families can take away from the sessions. These additional materials are intended to nudge parents to practice and habitualize strategies outside of the intervention.

PAC will be structured around a flexible, multi-week curriculum. The curriculum, which will be delivered in group settings by trained paraprofessionals, will emphasize positive and responsive parenting practices, strategies for stress management and regulation for both parents and children, and strategies to joyfully and playfully build a positive, warm parent-child relationship. The delivery strategy has been used in a number of effective early childhood

interventions (e.g., Sanders et al., 2014; Katz et al., 2011). During the sessions, parents, children, and facilitators will engage in a range of activity types from learning about appropriate child milestones and responsive caregiving to undertaking joint activities designed to strengthen parent-child bonds and practice strategies they can use outside of sessions.

4.3 Delivery

Because PAC's target population are families experiencing homelessness in the Bay Area of California, the intervention will take place in sites that are co-located with other safety net services commonly accessed by our target population, such as the Special supplemental nutrition program for women, infants, and children (WIC) and housing authority offices. The decision to locate the PAC outside of homeless shelters is due to the fact that the majority of families experiencing homelessness in the Bay Area live outside shelters in other housing-unstable situations that still meet the definition of homelessness outlined by the McKinney Vento Act (e.g. doubled up, living in temporary residences) (McKinney-Vento Definition – National Center for Homeless Education, n.d.). Because shelters are often restricted to residents, our location allows for better access to the intervention by most of our target population, and reduces the stigma that may arise if the intervention is offered at a shelter. Co-located spaces will be designated in partnership with the aforementioned safety net organizations, and designed for appropriate and safe use for families with young children.

4.4 Dosage

PAC will be offered twice during the week; during a weekday evening and a weekend morning to provide flexibility with timing. Both sessions will cover the same content and practices, and families will be able to attend both sessions if desired to reinforce concepts learned. While the

content in each weekly session will be related, the sessions will not be progressive but will be independent of each other so that participants who are unable to attend one week will still be able to participate in future sessions without missing key information. Printed materials from prior sessions will be made available if requested for those unable to attend. Attendance to ten complete sessions with distinct non-repetitive content will be considered a complete intervention cycle for each parent-child dyad participant.

To incentivize program completion, PAC will offer public transportation passes to qualified families in cooperation with social service centers (WIC, housing authorities, etc.) ahead of each session. Each session will also provide healthy snacks and beverages as an incentive and added social support to families experiencing food insecurity. Lastly, PAC will provide complimentary on-site childcare for children of participants that are not within the intervention age-range of 3-6 years old.

4.5 Delivery agents, training and supervision

All components of PAC will be delivered and sessions facilitated by trained paraprofessionals. Because parenting is a sensitive topic and trust between the program staff and parents is critical to the effectiveness of the intervention, PAC paraprofessionals will consist of individuals who have worked with participant families in any capacity or with families experiencing homelessness. PAC will employ staff from homeless shelters, social service centers, and in the long term, parents who have experienced homelessness in the past or parents who have completed the program with successful outcomes. Staff will work for the intervention on a part-time basis and have access to an extra employee in each program site so as not to add to their existing workload.

All PAC paraprofessionals will need to undergo rigorous training ahead of involvement in the program. They will be trained on curriculum content such as child development, responsive parenting techniques, stress regulation strategies, expected methods of instruction, and administration of both the Child Parent Relationship Scale (CPRS) and the preschool Child Behavior Checklist (CBCL) measurement tools. The paraprofessionals participating in the child play-sessions will also be trained on age-appropriate games and activities for children focused on socio-emotional regulation (emotion identification, breathing techniques, etc.). One program organizer (not paraprofessional) will be present during the first session in all the sites to ensure a successful launch and to provide support to the paraprofessional if needed. Random session check-ins will also be conducted during the length of the intervention at various sites, to ensure fidelity to delivery and issue support if necessary.

5 Methods

Because PAC is a nascent and voluntary intervention, we do not anticipate that a summative, randomized evaluation will be feasible or appropriate. Instead, we have instead chosen formative and descriptive methods to evaluate the program. The evaluation will address three sets of research questions:

1. *Implementation Fidelity*: To what extent is PAC implementation consistent with the intervention design? When modifications are made, what is changed and why?
2. *Stakeholder Perspectives and Experiences*: How do participants and staff regard the intervention? What do they find useful or unhelpful? What facilitates or obstructs families' participation? What, if any, changes do participants and staff attribute to the program?

3. *Exploring Participant Learning:* Do participants demonstrate improvements over time in caregiver knowledge and competencies, the responsiveness of caregiver-child interactions, or children’s socio-emotional regulation?

These preliminary research questions are subject to change in consultation with program partners, who are a key audience for the evaluation findings. Table B1 (Appendix B) provides a logic model aligning our theory of change and evaluation approach.

5.1 Study Site and Sample

The evaluation sample includes PAC staff and participants. It will include all of the intervention staff at each of the 2-3 partner sites that host PAC and as many participating families as consent to participate in the evaluation. Because the composition of the sample will largely be determined by program recruitment, we will work with program staff to attract participants who are representative of the population of families experiencing homelessness in the area (e.g., representative of language, race/ethnicity, family structure). Additional information is available in Table B2 (Appendix B)

5.2 Measurement Tools and Analytic Approach

The evaluation has three primary components, mirroring our research interests. Tables B2 and B3 (Appendix B) provide an overview of evaluation activities, participants, and tools.

Component 1: Implementation Fidelity. To document implementation fidelity and modifications, we will embed data collection mechanisms into the intervention, including a participant intake form, attendance logs, and facilitator “fidelity” logs. The facilitator logs will record details about content and activities covered during the sessions, adaptations to curriculum, and informational handouts distributed to the participants (see Figure B1, Appendix B for an example). At the end

of each ten-week intervention round, we will analyze delivery fidelity and adaptations. For example, we will use facilitator log entries to track the alignment between content covered and the curriculum.

Component 2: Stakeholder Perspectives and Experiences. To explore the perspectives of participants and interventionists, we will incorporate qualitative methods into our evaluation design including interviews, focus groups, and feedback surveys. Using a qualitative approach will help provide rich narratives of our participants and interventionists and provide needed contextualization for our work with an especially vulnerable population.

Brief interviews or focus groups will be conducted before, at the midpoint, and at the end of the intervention. We will conduct short, semi-structured focus groups or interviews with 8-15 participants focused on topics such as: concerns, hopes, and expectations for the program; current understanding of early childhood development; and barriers and strategies for accessing services. We will also conduct longer, more in-depth interviews with program staff to understand challenges, areas of need, and strategies for successful implementation. At each time point, the research team will conduct a rapid thematic analysis and will discuss these findings with program staff to identify potential action steps.

At each session, participants will have the option to fill out a brief survey providing feedback on the session, such as key takeaways and offering for improvement. Facilitators will receive anonymized feedback each week to promote responsiveness to feedback. Aggregated feedback will be summarized at the conclusion of the intervention to generate lessons learned.

Component 3: Documenting Participant Growth. While the intervention is primarily formative, we will gather caregiver-reported measures of three targets outlined in our theory of change to

preliminarily explore PAC's outcomes. Data will be gathered at the baseline and endpoint of the intervention using the following tools:

- *Target 1: Increased caregiver knowledge about responsive caregiving practices and child development:* Brief, formative assessments aligned with the PACT curriculum
- *Target 2: Improved relationship between the caregiver and child:* The Child Parent Relationship Scale (CPRS), a self-report tool that assesses parents' perceptions of their relationship with their child across three domains: conflict, positive relationship, and dependence (Pianta, 1992). CPRS has been validated in non-resident, low-income families with children between ages 1-18 (Dyer et al., 2017).
- *Target 3: Improved socio-emotional regulation in children.* The preschool Child Behavior Checklist for ages 1.5-5 (CBCL), a caregiver-reported psychometric assessment that captures emotional, behavioral, and social problems in preschool children and has been validated in multicultural contexts (Achenbach & Rescorla, 2001; Achenbach et al., 2008).

Critical for our context, the tools described above are available in multiple languages. For each outcome of interest, we will compare mean performance at baseline and endpoint. Contingent on sufficient sample sizes, we will examine differences across relevant demographic and programmatic variables (e.g., gender of participating caregiver, interval between sessions). We will also assess the degree of correlation between the changes in caregiver knowledge, CPRS and preschool CBCL scores at the initiation and completion of each intervention round. Findings from these measures will be triangulated with focus group and interview data to develop a fuller picture of participant learning. Our evaluation of parent or child skill development will be observational and limited by the lack of a comparison or control group. If growth is observed, we will be unable

to credibly attribute it to the intervention. Future, summative evaluations of the program will incorporate direct observations of child skill development and identification strategies conducive to causal inference about program impacts.

6 Ethical Considerations

The consideration of ethics in research is a significant matter and will be given utmost attention. Our research will follow clear IRB guidelines and ethical considerations (Appendix C). First and foremost, the study participation will be voluntary and participants will have the rights to withdraw at any stage if they wish to do so. The privacy of research participants and data confidentiality will be equally crucial. The study will not lead to any psychological, financial, or social harm, whatsoever, to the study participants.

While we are avoiding coercion, we do acknowledge that compensation and incentivization for participation might raise some concerns. However, compensation such as costs of transportation to and from a research site, renders an equivalent for losses sustained by participants for their time and efforts, and is not considered unethical as long as it is fair (Grant, 2010). Incentives, on the other hand, while do fall under a gray area, are fair as long as the research is non-risky, non-degrading, and does not pose a threat to participants. They are also fair as long as participants' aversion to the study is not reversed by incentives (Grant, 2010). The PAC intervention does not pose any such risk and concerns, and we would develop protocols to ensure no harm is done to participants.

7 Dissemination and Impact

Our efforts in this direction will be three-fold. First, we will share the results and insights of the PAC evaluation with the study participants and safety net partners. For study participants, this will act as a tangible and valuable resource, which builds on their own and their community's experiences and reinforces the lessons from the intervention. For partners, these findings will provide insights into their beneficiaries and should help plan for future interventions and welfare programs for families experiencing homelessness. Second, for larger reach and impact, we will disseminate these findings to the broader Bay area community experiencing homelessness by sharing these with the respective county housing authorities. Lastly, research publications and our website channel will serve as another platform to broadcast our research findings to a wider audience of academicians, researchers, practitioners, and families. Given, there is limited existing research on building socio-emotional learning and parent-child interactions in regards to families experiencing homelessness, we believe our findings will enrich the existing research literature, provide a basis for future interventions, and draw attention to an underfunded social area in terms of both practice and policy.

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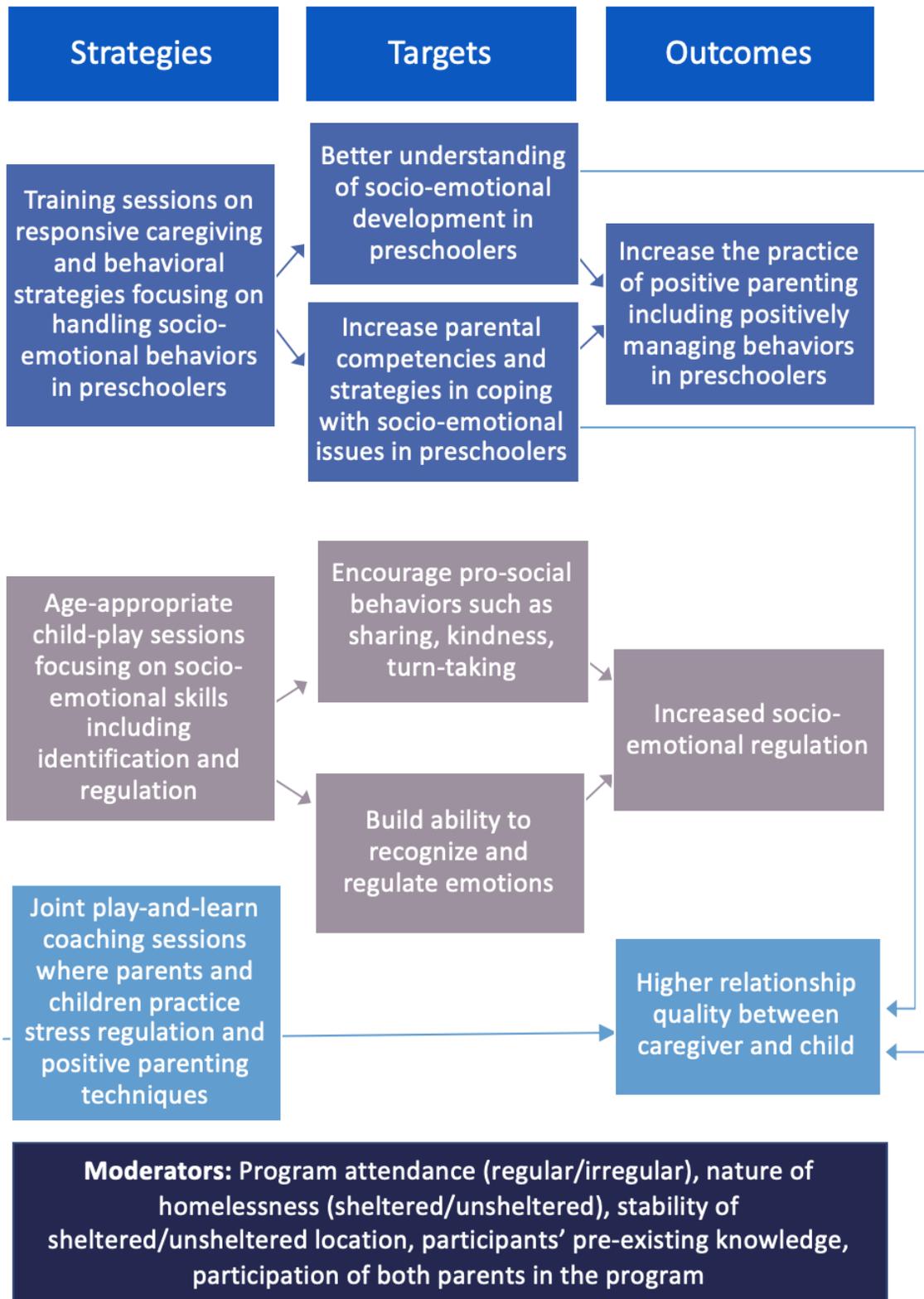
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9 Appendix A: Theory of Change



10 Appendix B: Methodology

10.1 Table B1: Logic Model

Situation	Homelessness is a significant, growing problem facing families and children in the United States. Experiencing of homelessness in early childhood has been shown to increase risk for a host of physical health, socio-emotional wellbeing, and developmental outcomes.					
Inputs	Outputs		Implementation Monitoring Indicators	Outcomes-to-Impact		Goals
	Actions	Participants		Short-Term	Long-Term	
Curriculum Play materials Informational handouts	Paraprofessional facilitator training Parent training (separate from child) Child play-sessions (separate from parent) Parent Coaching during joint “Play and Learn” sessions with the child	Trainers for paraprofessionals Paraprofessionals Parents Children Site staff to work with children	Training and Supervision participation and fidelity Fidelity to delivery Attendance Participant satisfaction with program	Increased parental knowledge and competencies Improved relationship quality between parents and children	Improved socio-emotional regulation among children	Build skills in positive parenting and socio-emotional competency practices through better access to a two-generation program catered to families experiencing homelessness
Assumptions: Regular attendance; motivated paraprofessionals and parents; parents are able to connect/relate with paraprofessionals; context relevance of the program materials; parents have support for their well-being				External Factors: Instability of sheltered/unsheltered location of participants; socio-cultural dynamics; contextual stressors		

10.2 Table B2: Data Collection Activities by Participants

Participant Role	Number of participants (approximate, pending consent)	Data Collection Activities
PAC facilitators	4-8	<ul style="list-style-type: none"> ▪ Attendance and facilitator logs ▪ In-depth interviews
Partner agency leadership (e.g., program managers, executive director)	3-5	<ul style="list-style-type: none"> ▪ In-depth interviews
Participating caregivers	Up to 60	<ul style="list-style-type: none"> ▪ Intake form (e.g., participant ages, race/ethnicity, and primary language) ▪ Focus groups or interviews (purposive sample of 8-15 participants) ▪ Feedback surveys ▪ Caregiver-report of PAC content knowledge, caregiver-child relationship (CPSR), and child socio-emotional regulation (CBCL)

10.3 Table B3: Data Collection Activities and Tools by Evaluation Components

Evaluation Component	Baseline (prior to first session)	Ongoing (PAC sessions 1-10)	Endpoint (after tenth session)
Component 1: Implementation fidelity	<ul style="list-style-type: none"> ▪ Participant intake forms 	<ul style="list-style-type: none"> ▪ Attendance logs ▪ Facilitator logs 	
Component 2: Stakeholder perspectives and experiences	<ul style="list-style-type: none"> ▪ In-depth interviews with program staff ▪ Brief focus groups with prospective participants 	<ul style="list-style-type: none"> ▪ Weekly feedback forms ▪ Week 5 only: Brief focus groups or interviews with participants and program staff (flexible format to accommodate availability) 	<ul style="list-style-type: none"> ▪ In-depth interviews with program staff ▪ Brief focus groups with participants
Component 3: Preliminary program outcomes	<ul style="list-style-type: none"> ▪ Caregiver-reported measures <ul style="list-style-type: none"> ○ PAC curricular knowledge assessment ○ CPSR: caregiver-child relationship ○ CBCL: child socio-emotional regulation ▪ Brief focus groups with participants 	<ul style="list-style-type: none"> ▪ Weekly feedback forms 	<ul style="list-style-type: none"> ▪ Caregiver-reported measures (PAC formative assessment, CPSR, CBCL) ▪ Brief focus groups with participants

10.4 Figure B1: Model Facilitator Log

Parents and Children Learning Together Facilitator Log Session #1

Curriculum Log

For each activity, indicate whether the activity was fully completed, partially completed, or not done at all.

Activity	Fully Completed	Partially Completed	Not Done
Welcome and snack			
Caregivers: Hopes, goals, and concerns			
Caregivers: Observation to get to know your child			
Learn and play together: Observation in action			

Did you add anything to the session that was not outlined in the manual? Yes No

If yes, please describe what you added:

Please briefly elaborate on why activities were added, truncated or skipped below (e.g., time, caregivers interest or engagement). The information you share will be used to improve the curriculum for future.

Handouts Provided

Please check any handouts that you provided to caregivers during the session.

Check if distributed	Handout
	Observation: Getting to know your child
	Building social and emotional skills every day
	Help your preschooler gain self-control

Modified from: ETR. (n.d.) *Making a difference! School edition. Curriculum log sheets. (5th ed.)*. Retrieved from <https://www.etr.org/ebi/assets/File/Adaptations/MAD-SchoolEd-Facilitator-Log.pdf>.

11 Appendix C: Ethical Considerations

Ethical Considerations can be specified as one of the most important parts of the research.

Dissertations may even be doomed to failure if this part is missing.

According to Bryman and Bell (2007)^[1] the following ten points represent the most important principles related to ethical considerations in dissertations:

1. Research participants should not be subjected to harm in any ways whatsoever.
2. Respect for the dignity of research participants should be prioritised.
3. Full consent should be obtained from the participants prior to the study.
4. The protection of the privacy of research participants has to be ensured.
5. Adequate level of confidentiality of the research data should be ensured.
6. Anonymity of individuals and organisations participating in the research has to be ensured.
7. Any deception or exaggeration about the aims and objectives of the research must be avoided.
8. Affiliations in any forms, sources of funding, as well as any possible conflicts of interests have to be declared.
9. Any type of communication in relation to the research should be done with honesty and transparency.
10. Any type of misleading information, as well as representation of primary data findings in a biased way must be avoided.

^[1] Bryman, A. & Bell, E. (2007) “Business Research Methods”, 2nd edition. Oxford University Press.

Retrieved from: <https://research-methodology.net/research-methodology/ethical-considerations/>