



Positive

FAMILY FUTURES & REUNIFICATION PROGRAM



Final Evaluation Report 2022
Blue Shield of California Foundation
Breaking the Cycle Funded Program

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ACRONYM LIST

AOD - Alcohol and Other Drug
 CM - Case Management
 DV - Domestic Violence
 PFFR - Positive Family Futures Reunification
 SSM - Self-Sufficiency Matrix
 TFCF - Time for Change Foundation
 Y3 - Year 3 (2022)

EXECUTIVE SUMMARY

The Time for Change Foundation (TFCF) was awarded a 3-year grant from Blue Shield of California Foundation, for Disrupting Multigenerational Violence for Homeless and Formerly Incarcerated Women and Their Children Through the Positive Family Futures and Reunification Program in San Bernardino County.

Since 2002, Time for Change Foundation (TFCF) has been assisting homeless women and children achieve self-sufficiency by providing housing and necessary supportive services. In response to the housing crisis and effects of mass incarceration and family separation, TFCF implemented an array of evidenced-based programs, housing, and trauma-informed approaches to address their needs. Equally important, is our leadership development and advocacy projects necessary to bring the voices of those most impacted by punitive policies into policy advocacy and civic engagement. Time for Change Foundation is the model of excellence in the State of California for empowering disenfranchised families transitioning from homelessness and recidivism.

Today, we offer three types of housing: emergency shelter, permanent-supportive housing, and affordable housing. We currently operate 3 emergency shelters, 10 units of permanent-supportive housing, and the Phoenix Square, our first affordable housing development. To date, we have reunified over 318 children from foster care back with their moms, and have helped over 2,300 homeless women and children become self-sufficient.

TFCF has embarked upon exciting innovative programs that lift families out of poverty and reunite children with their mothers. The housing crisis has reached epidemic levels and TFCF is on the front lines, creating housing options for the women and children we serve. Customized, culturally responsive, and community-rooted practices, along with our evidence-based supportive services, TFCF meets the unique needs of each family and is geared towards disrupting the cycle of multi-generational violence and poverty.

Family reunification, managed in a safe and supportive environment, gives our families a foundation to recreate their lives and allows children to reach their highest potential. Using a multi-generational approach, children receive therapeutic services, along with educational support to assist with rebuilding the bond between them and their moms, while overcoming trauma caused by separation.

As a full-service human services organization, TFCF responds to the family as a whole. We ensure that all needs are met so the family unit will be healthy and prepared for life-long success.

ORIGINAL PROJECT SUMMARY

TFCF is committed to providing specific, culturally responsive and community-rooted practices as evidenced by our practice-based service approach that is geared towards disrupting the cycle of multi-generational violence and poverty. Building on our Positive Family Futures & Reunification (PFFR) program, this funding will be used to contract evaluation services to develop an evaluation plan (data collection & performance measurements) that will analyze the effectiveness of our current family reunification/family modeled services with a specific emphasis on two-generational outcomes. Including: Family violence prevention, Social economic mobility, Early childhood education and child trauma, Therapeutic parenting education focused on violence prevention and modeled so that parents can educate their children about the effects of domestic violence as a lived experience adviser, Quarterly focus groups, and developing resiliency of DV survivors to Break the Cycle of Inter-generational Poverty & Violence.

Culturally responsive evaluation will include outcome measures, using both qualitative and quantitative data for each performance goal. Activities include baseline assessments, key informant interviews, child dependency court records for children with a history of maltreatment, reunifying children with their mothers, children's ASQ3 scores at intake, Individual Educational Plans (IEP's) from the school district, Continuous sobriety, and Observation reports. Additionally, Social Economic Mobility indicators (employment, savings, budgeting, higher education) will be assessed. Evaluation will assist and inform TFCF's current PFFR program for quality, effectiveness, and scalability. Starting in January 2020, PFFR will proceed with evaluation implementation, quarterly focus groups, Healing Circles, training, and building leadership from those most impacted. Quarterly and final evaluation debriefs will be conducted at the end of years 1 & 2.



A. Program Implementation

1) Describe your program implementation & lessons learned

a. Provide a brief (2 paragraphs) description of your program as implemented over the three years of BTC funding. Include how it was designed with a two-generation/multigeneration approach.

Time for Change Foundation provides specific, culturally responsive and community-rooted practices as evidenced by our practice-based, service approach that is geared towards disrupting the cycle of multi-generational violence and poverty. The Positive Family Futures & Reunification (PFFR) program expanded the efforts of our current family reunification/family modeled services with a specific emphasis on two-generational outcomes. We currently align our work using a 3-pronged approach, which includes Direct Services, Advocacy, and Community Development. Our direct services include the full continuum of housing and supportive services. One of our agency's overarching goals is to create thriving communities, where women and their children have the necessary tools to lead full and satisfying lives, free from violence, poverty, and oppression.

This PFFR program, seeks to Break and Disrupt the Intergenerational Cycles of Violence and incorporates our evidence-based services and housing, while providing women with a safe place to reunify with their children, heal from past traumatic experiences, and build the resiliency necessary to address their children's trauma, become financially self-sufficient, and build healthy relationships with their children. Our 2Gen lens has a specific emphasis on two-generational outcomes, early childhood education, and violence prevention. While serving women of color, our target population, we discovered they have experienced multiple forms of violence and have children they lost in the state's social services system. Time for Change Foundation addresses these inequities for black and brown women who are least likely to be engaged, and/or serviced, by institutional delivery systems thereby bridging the gap. The program was implemented in various settings, including our headquarters, shelters, housing, and some additional outside services that were provided in the professional settings of clinicians and therapists. Our original scope of work included the evaluation of a 4-level approach to examine the state of PFFR participants, both women and children, at the completion of the PFFR program, not only being safe, but

whole, empowered, and economically thriving (S.W.E.E.T.). The program was structured to cover 12-months for the most comprehensive level of service delivery and empowerment; However, the average length of time varied based on the needs of the women in the PFFR program (Table 1).

It was anticipated that PFFR participants would transition through 4 Levels of program engagement, which includes 4 Client Stages and 4 Reunification Phases. These stages and phases are reflected in the Participation Level Diagram below (Table 1).

Table 1: PFFR Participation Level Diagram

Program Levels & Design	LEVEL 1 (REUNIFY)	LEVEL 2 (HEAL)	LEVEL 3 (BUILD)	LEVEL 4 (S.W.E.E.T.)
STAGES OF PFFR CLIENTS	SEPARATED	SUPPORTED	SELF-IMPROVEMENT	STABILIZED
Ranges of Timeframe	0-30 Days	30-120 Days	90-180 Days	120-365 Days
CHARACTERISTICS	In DANGER On the street, no good hygiene, malnutrition, no access to resources, on drugs, and/or victims of domestic violence.	At Risk Unpredictable income, not enough to maintain housing and life needs.	Stable Able to focus on fixing other areas of life, including more savings, credit repair, continued family reunification, broader job skills. Able to see growth.	Sustainability Barriers to becoming homeless again have been addressed and reduced. Family has been reunited with systems in place to support the children.
REUNIFICATION PHASES	CHILDREN ARE IN THE SYSTEM	CHILDREN SERVICES	VISITATION (COURT PLAN)	FULLY REUNITED/CUSTODY
KEYS TO SUCCESS	SHELTER Getting off the streets. Finding long-term shelter.	SUPPORT Focus on staying consistent with rules and processes to increase your chances of transitioning.	STRENGTHEN Enriching your skills and increasing your ability to gain more while you have the support.	SUSTAIN Gaining your own level of independence and focusing on retaining your physical, mental, and emotional substance.
PROGRAMS/SERVICES	Housing First	(HOUSING) Transportation Services Case Management Life Skills Women Wellness Education Therapeutic Parenting Education Mommy & Me Bonding Healing Circles/Focus Groups Play Therapy Counseling (Children)	(HOUSING) Leadership Development Employment Development Financial Literacy	(HOUSING) Relapse Prevention 12-Step Education One-on-One AOD

b. What about the program implementation worked especially well and what factors (partners, conditions, etc.) supported your success and progress?

Structuring and organizing the program activities and services around the different program levels (Table 1), developed from the logic model, worked especially well for the implementation phase. The specific elements related to each level and phase supported the success of the program throughout the evaluation. As clients entered the program, they progressed through 4 levels and 4 phases, which are described in more details below.

REUNIFY (LEVEL 1) 0-30 DAYS

Clients complete a 2-week onboarding process where they are screened and have their most immediate needs met. During this time, the focus is intensified on gathering as many details as possible on the client so that a customized case management plan can be created and implemented during the next phase. Services at this level include housing, case management, transportation assistance, and basic needs support. The steps at this level include:

- Intake
- Eligibility
- Needs Assessment

HEAL (LEVEL 2) 30-120 DAYS

Now armed with their customized plan, clients begin to engage in supportive service classes, meetings, groups, and other support therapies as needed. For those who come to Time for Change Foundation with a Case Plan for reunification in place, have their specific list of criteria for reunification with their children merged with their PFFR case plan and the work begins to align them for reunification with the child(ren). At this stage, the typical case transitions from visitations to overnight visits, weekends, and a 20-30 day trial period. It has been the experience of TFCF that once the trial period is in place, the mothers will be reunited with their child(ren) for full custody. The steps at this level include:

- Housing (Specific to the needs of the child/court case plan)
- Supportive Services
- Healing Circles

BUILD (LEVEL 3) 90-180 DAYS

Services at this level are leadership development classes, continued implementation of Money Management training, and actively working, or seeking, employment opportunities with more room for growth and economic stability. Additionally, clients continue working through their case plans and settle into reunification. Other clients may still be in the process of working to reunite with their child and are supported in the process. Legal advocacy is another area of focus, which include record expungement and assistance with other legal matters. The steps at this level include:

- **Legal Advocacy**
- **Leadership**
- **Economic Security**

S.W.E.E.T. (LEVEL 4) 120-365 DAYS

At level 4, clients now have a greater sense of self-worth and empowerment, and continue implementing skills and knowledge related to life skills, parenting, money management, relapse recovery, and women wellness education. The women are safe and in a loving and sustainable environment that provides protection against other forms of trauma or past domestic violence episodes. They are whole and independent, caring for themselves and their children, and making better informed decisions.

During Level 4, the women become empowered, and as a result, advocate for the empowerment of other women who have experienced past episodes of trauma and violence. They are economically thriving with a savings account, job position, and credit that is on the upswing because of the services received through the PFFR program. Ideally, they can now create a new S.W.E.E.T. plan that may include homeownership, college degrees, entrepreneurship, vacationing, or a broader scope of family reunification. This is the ultimate goal that will ensure that the generational cycle of domestic violence and trauma has been broken in them and their children, who can now experience the S.W.E.E.T. life.

- **Safe**
- **Whole**
- **Empowered**
- **Economically**
- **Thriving**

c. What are the opportunities to improve or adjust your multi-gen approach for domestic violence prevention?

The opportunities to improve or adjust Time for Change Foundation’s multi-gen approach for domestic violence prevention have increased over the last few years. Those opportunities include the continuation of newly integrated support services and educational classes that are provided to our clients. While individual therapy for children and family therapy have had the biggest impacts in addressing trauma for our clients, group therapy provides opportunities to work through trauma with their peers while gaining tools and strategies to help break the cycle of domestic abuse. Another opportunity to improve or adjust the multi-gen approach to domestic violence is to highlight the differences between IPV (Intimate Partner violence) and AFV (adolescent family violence). While they both can be detrimental, addressing the differences will allow targeted areas for overcoming those differences.

2) Who did your program serve?

Describe who your program served over the three years of the project. Include any specific age groups, racial/ethnic communities, at-risk populations, gender identities, sexual orientations, income groups, DV survivors, children of survivors, target etc.

The PFFR program served “homeless women that were low-income, and may be formerly incarcerated, with histories of domestic violence. Some of the women had children and may have been in the process of reunification with their child(ren) and lived in San Bernardino County or Alameda County, near the TFCF shelter in Hayward, CA.

a. How many total participants did you serve? Please specify if/how many participants were family units, parent/caregivers, or youth.

Year 1 (2020)	Year 2 (2021)	Year 3 (2022)
62 clients (100%) (35 women; 27 children) 3 Clients reunified with 5 children total	49 Clients (100%) (32 women; 17 children) 4 Clients reunified with 7 children total	57 Clients (100%) (35 women; 22 children) 3 Clients reunified with 7 children total

b. Did this differ from whom you intended to serve? If so, why do you think there was a difference between the group(s) intended to serve and served?

No, this did not differ from whom we intended to serve. We served exactly who we intended to serve in the PFFR program.

c. Present demographic information or program participants (e.g., gender, race/ethnicity, age group, etc.), ideally in a table. You may update what you provided in your Interim Report to now include the total number of participants inclusive of Year 3. Provide any additional narrative explanation that you feel is important, though you do not need to repeat what is included in the table.

The demographics of the program are presented in various demographic tables below and include gender, race/ethnicity, and age groups for both the parent/caregiver and children, with the exception of the gender for the parent/caregivers given 100% self-identified as women.

PFFR Program 2020-2022 Demographic Charts

Chart 1: Race/Ethnicity of Parents/Caregiver by Year

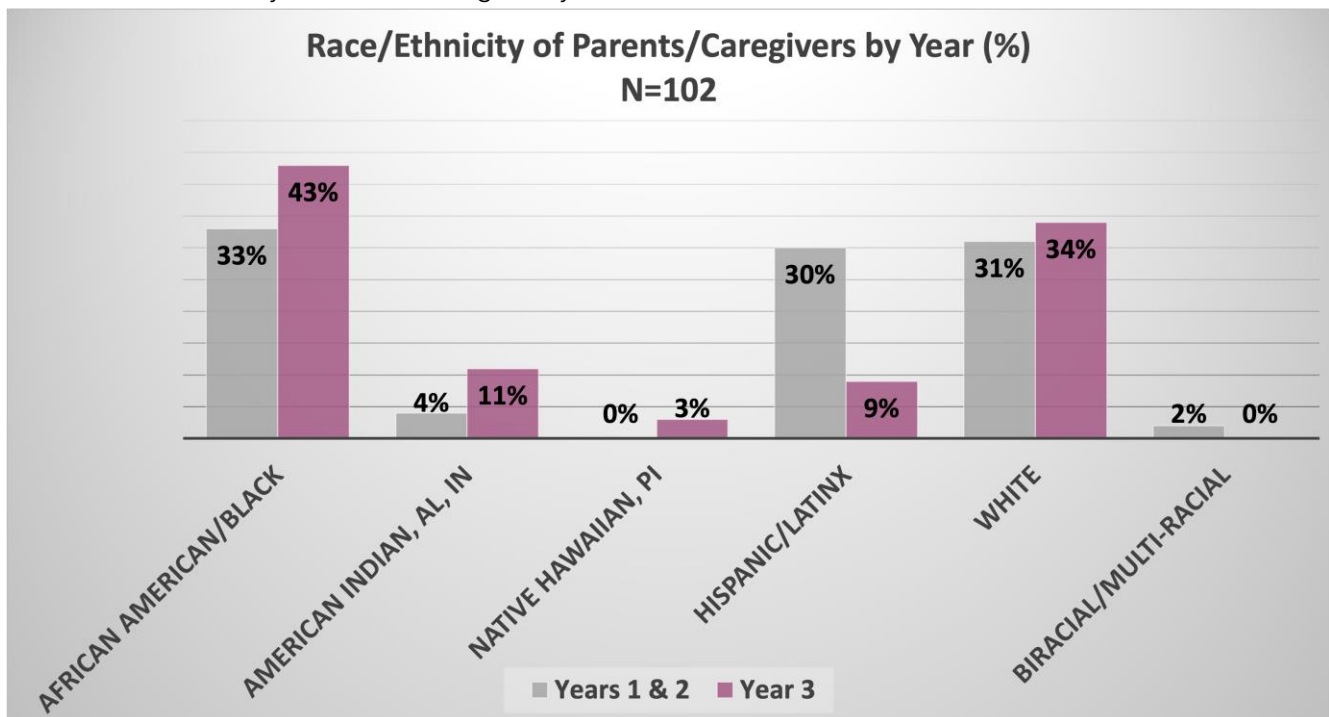


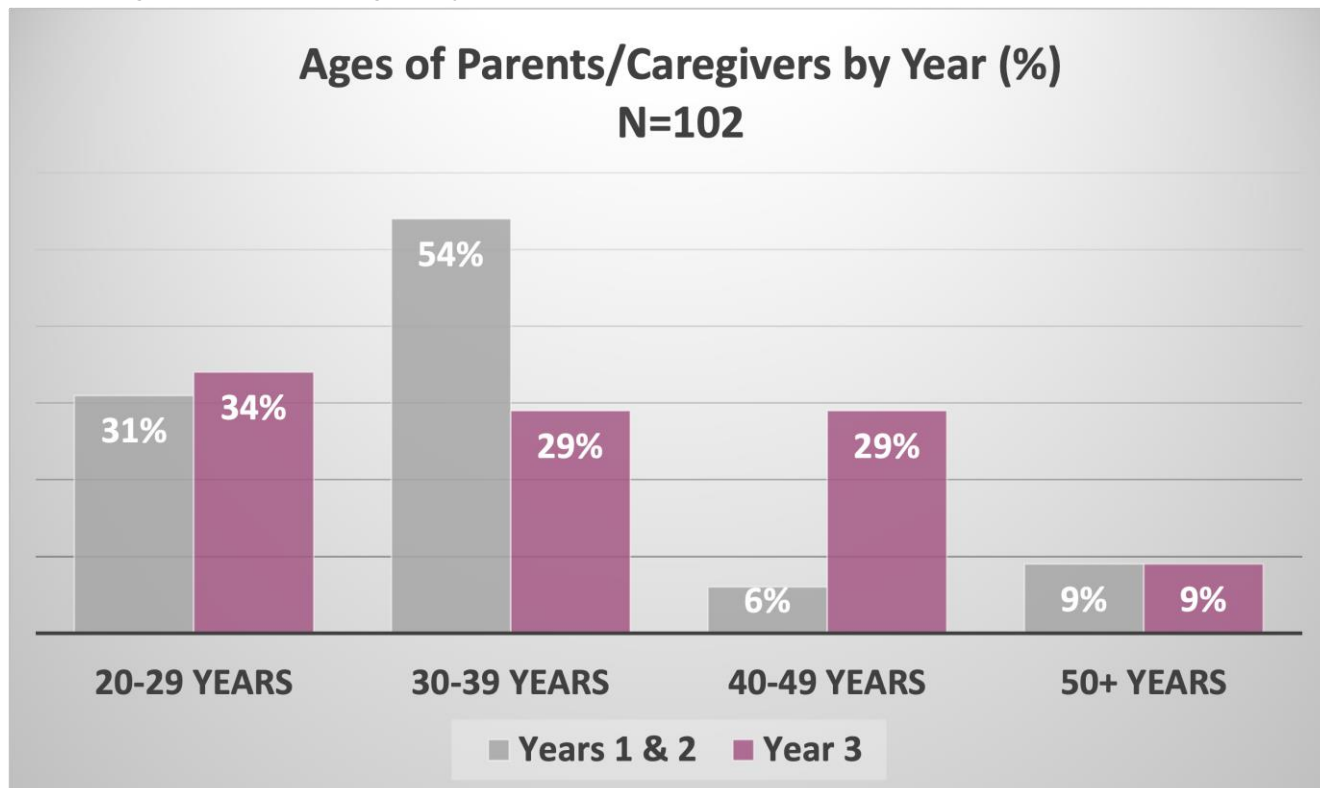
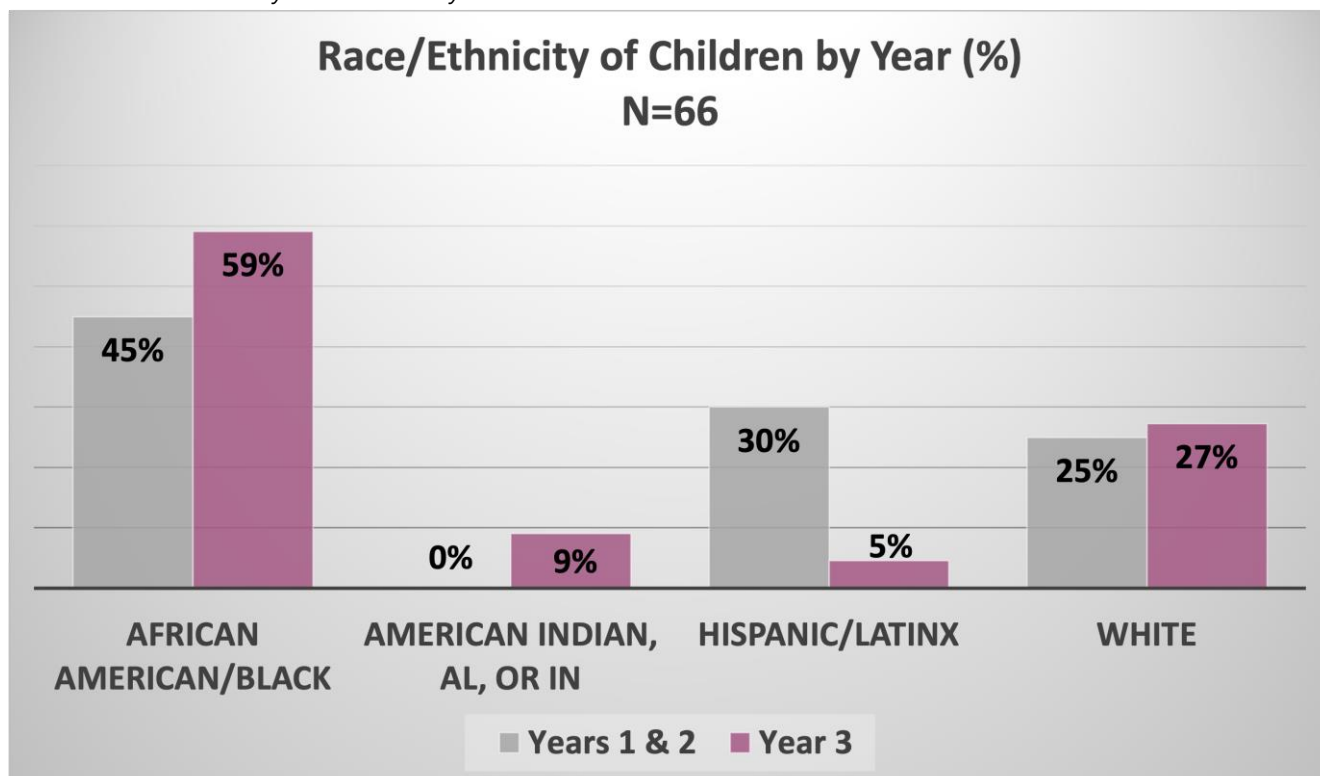
Chart 2: Ages of Parents/Caregiver by Year**Chart 3:** Race/Ethnicity of Children by Year

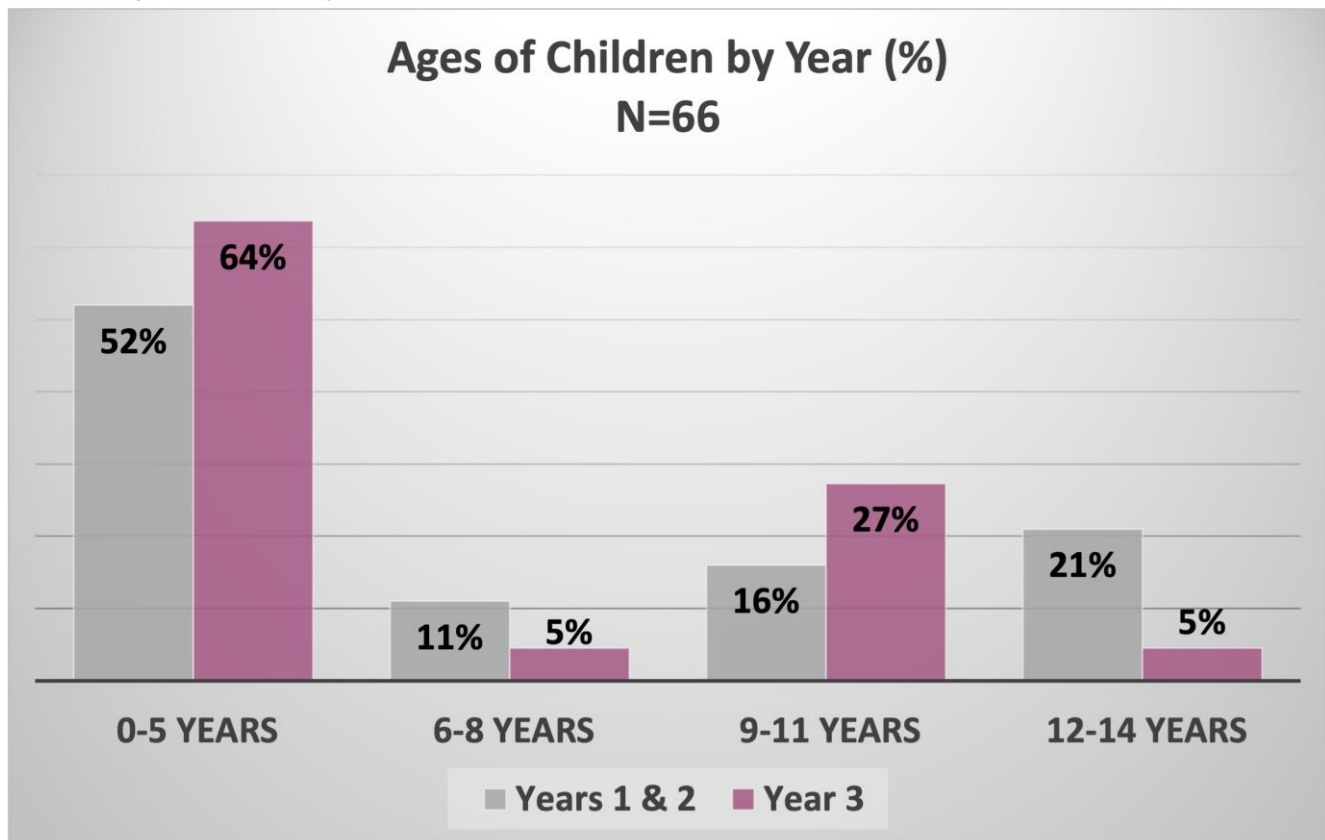
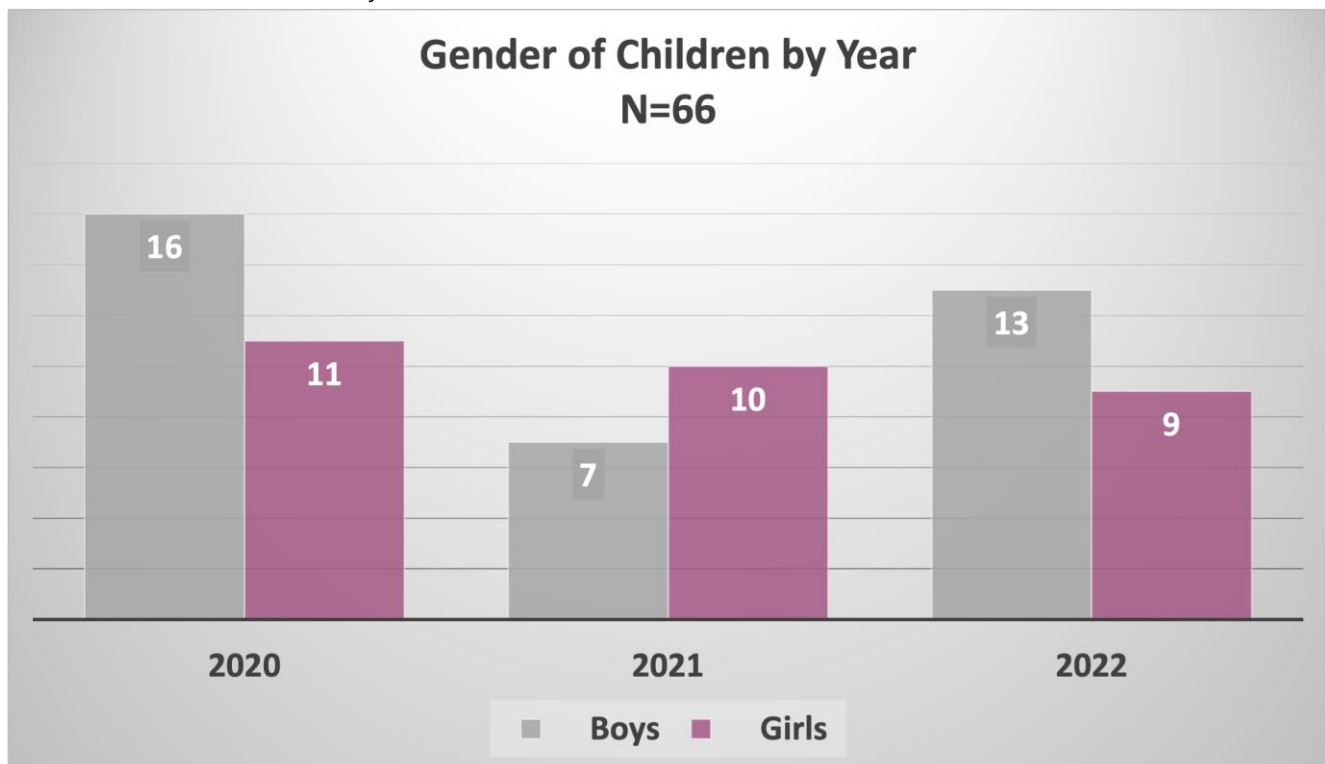
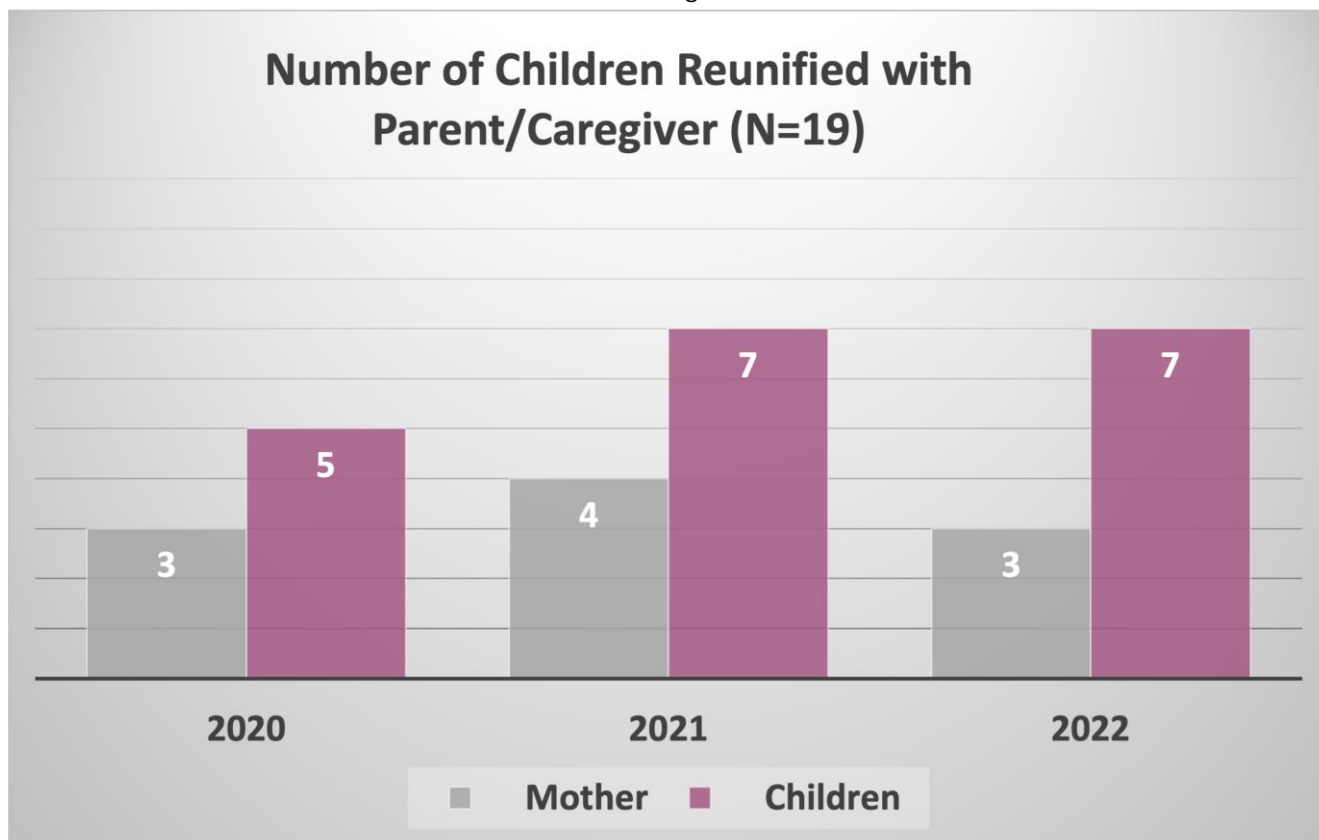
Chart 4: Age of Children by Year**Chart 5:** Gender of Children by Year

Chart 6: Number of Children Reunified with Parent/Caregiver

B. What was the evaluation methodology?

1) What are the evaluation questions you are answering throughout this evaluation?

Be sure to include any new/edited evaluation questions from Year 3. You may wish to list these questions as headings in your results section rather than in a separate section in your report (or perhaps in both places).

The original evaluation questions were maintained throughout the evaluation period. No new or edited questions were included in Year 3.

Evaluation Questions	
	How successful is the PFFR program?
	What specific components of the PFFR program are effective in helping women and children become a healthy and thriving unit, focusing specifically on two-generational outcomes?

	Are there any areas of improvement necessary in the services being delivered to the clients?
--	--

a. What are the process evaluation questions?

Process Evaluation Questions	
<i>Who was served by the program?</i>	
	How many women and children eligible to enroll in the program?
	How many women and children enrolled in the program?
	What are the demographics of the enrolled clients and children?
	What generation did the client first experience DV?
	How is reunification defined for the client?
	What timeframe did the client enter the program?
<i>What did the program implementation look like?</i>	
	In which housing program level is the client enrolled?
	In which combination of supportive services are the clients/children enrolled?
	Number of Therapeutic Parenting Education Workshops provided to clients
	Number of Mommy & Me Child Bonding sessions provided to clients and children
	Number of Self-Esteem classes/Relapse Prevention classes provided to clients
	Number of Random Drug Tests provided to clients and available results
	Number of Money Management sessions provided to clients
	Number of focus groups provided to clients
	Number of age-appropriate supportive services provided to children
	Number of age-appropriate case management sessions provided to children
	Documentation from Strength-Based Case Management
	Documentation from Transportation
	Documentation from Financial Education
	Documentation from Legal Advocacy Sessions
	Documentation of sign-in sheets
	Documentation of client and children tracking sheets

b. What are the impact evaluation questions?

	Levels	Impact Evaluation Questions
1.	Level 1 Short Term	Did the program yield a change in housing stability and family support services that address DV risk factors and build resiliency so that families can thrive? (short-term)
2.	Level 2 Short Term	Did the program yield a change in domestic and other forms of violence with mothers and their children who participate in the PFFR program?
3.	Level 2 Intermediate	What percentage of the children demonstrated improved social and educational developments and cohesion to mother and child bonding?
4.	Level 3 Intermediate	Did the program yield a change in the social economic mobility for women and their children impacted by Domestic Violence, Poverty, and Homelessness as demonstrated by a change in income, savings, budgeting, employment and/or higher education?
5.	Level 3 Intermediate	Were there any improvements in the service delivery of the PFFR model based on evaluation and input from clients directly impacted?
6.	Level 4 Long Term	Did any of the participants feel hopeful as a result of participating in ongoing prevention focus groups, establishing financial security, and being connected to social supports provided by and through PFFR?
7.	Level 4 Long Term	Did the mother participants demonstrate the capacity to move into an apartment of their own, care for their children's emotional and educational wellbeing, and create "safety plans" for eliminating further abuse to be financially self-sufficient?

2. Please describe how you collected data for the evaluation of your multi-gen program.

a. **Participant recruitment.** How did you identify and recruit the participants for the evaluation? Were all program participants included in the evaluation. If not, explain why.

Study participants were identified and recruited based on their interest in TFCF's Shelter program. Participants completed the intake forms, including the pre-screening questionnaire and enrollment form, and were enrolled in PFFR if they met the eligibility requirements. Upon enrollment in the PFFR program, the consent and assent forms were completed. This was Level 1 of the PFFR program, which included a 2-week onboarding process (intake, eligibility, and needs assessment). All program participants were included in the evaluation.

b. **Design.** What was the evaluation design? (e.g., pre-post, pre-post with follow-up(s), comparison group)?

We utilized a one-group, pre-post design with a follow-up component for the PFFR program evaluation, with both qualitative and quantitative data collection methods. This study design helped in answering the following over-arching evaluation questions: 1) How successful is the PFFR program?; 2) What specific components of the PFFR program are effective in helping women and children become a healthy and thriving unit, focusing specifically on two-generational outcomes?; 3) Are there any areas of improvement necessary in the services being delivered to the clients?

Additionally, this type of study design further assisted in determining whether the PFFR program is producing the types of outcomes identified in the evaluation plan, and clarify program processes, goals, and objectives.

c. **Attach your most current logic model or conceptual model.**

A copy of the logic model is included in the Appendix A of this report.

d. **Data sources.** Identify all current instrument(s) or data collection method(s) (e.g., interviews, surveys, focus groups, secondary data, etc.) you used to collect data for each indicator. Note that it is okay to have multiple data sources. For example, a survey AND a focus group.

Table 2: PFFR Program Indicators and Data Sources

	Current Outcomes	Current Indicators	Data Source
1.	Increase housing stability	<ul style="list-style-type: none"> % in stable housing 	<ul style="list-style-type: none"> Housing status
2.	Decrease violence in the home	<ul style="list-style-type: none"> % in stable housing Summaries from bimonthly reports Dominant themes 	<ul style="list-style-type: none"> Housing status Therapeutic parenting education Focus groups
3.	Decrease DV risk factors	<ul style="list-style-type: none"> % in stable housing # of session provided, pre/post* # of session provided, pre/post* # of session provided 	<ul style="list-style-type: none"> Housing status Women wellness Relapse prevention One-on-one AOD

		<ul style="list-style-type: none"> • # of session provided, pre/post* • # of session provided, pre/post* • # of session provided • # of session provided • Summaries from bimonthly reports • Dominant themes 	<ul style="list-style-type: none"> • 12-step education • Money management • Leadership development • One-on-one CM • Therapeutic parenting education • Focus groups
4.	Improve child's social/emotional wellbeing	<ul style="list-style-type: none"> • Summaries from bimonthly reports • Summaries from bimonthly reports • Dominant themes 	<ul style="list-style-type: none"> • Therapeutic parenting education • Play therapy • Focus groups
5.	Improve child's educational wellbeing	<ul style="list-style-type: none"> • Summaries from bimonthly reports 	<ul style="list-style-type: none"> • Play therapy
6.	Increase parent-child reunification	<ul style="list-style-type: none"> • Reunification status • % in stable housing • # of sessions provided 	<ul style="list-style-type: none"> • PFFR Enrollment form • Housing status • One-on-One CM
7.	Strengthen family functioning between parent and child	<ul style="list-style-type: none"> • % in stable housing • Summaries from bimonthly reports • Summaries from observation notes • Summaries from bimonthly reports • Dominant themes 	<ul style="list-style-type: none"> • Housing status • Therapeutic parenting education • Mommy & Me bonding • Play therapy • Focus groups
8.	Increase positive parenting skills and practice	<ul style="list-style-type: none"> • % in stable housing • Summaries from bimonthly reports • Summaries from observation notes 	<ul style="list-style-type: none"> • Housing status • Therapeutic parenting education • Mommy & me bonding
9.	Increase economic security	<ul style="list-style-type: none"> • # of session provided, pre/post* • Mean scores 	<ul style="list-style-type: none"> • Money management • Self-sufficiency matrix
10.	Increase employment	<ul style="list-style-type: none"> • # of session provided, pre/post* • Mean scores 	<ul style="list-style-type: none"> • Employment development • Self-sufficiency matrix
11.	Improve adult/parental education attainment	<ul style="list-style-type: none"> • # of session provided, pre/post* • # of session provided, pre/post* • # of session provided, pre/post* • # of session provided, pre/post* • # of session provided, pre/post* • # of session provided, pre/post* 	<ul style="list-style-type: none"> • Women wellness • Life skills • Relapse prevention • 12-step education • Money management • Employment development

12.	Increase access to resources	<ul style="list-style-type: none"> • % accessing transportation services • # of session provided 	<ul style="list-style-type: none"> • Tracking log • One-on-One CM
13.	Increase access to social services	<ul style="list-style-type: none"> • % accessing transportation services • # of session provided 	<ul style="list-style-type: none"> • Tracking log • One-on-One CM
14.	Increase access to healing circles	<ul style="list-style-type: none"> • Healing circle 	<ul style="list-style-type: none"> • Satisfaction survey
15.	Increase adult/parent self-esteem	<ul style="list-style-type: none"> • # of session provided • # of session provided, pre/post* • # of session provided, pre/post* • # of session provided • # of session provided, pre/post* • # of session provided, pre/post* • # of session provided • Summaries from bimonthly reports • Dominant themes 	<ul style="list-style-type: none"> • On-on-One CM • Women wellness • Relapse prevention • One-on-one AOD • 12-step education • Money management • Leadership development • Therapeutic parenting education • Focus groups
16.	Reduce substance abuse	<ul style="list-style-type: none"> • % in stable housing • # of session provided, pre/post* • # of session provided, pre/post* • # of session provided • # of session provided, pre/post* • Summaries from bimonthly reports 	<ul style="list-style-type: none"> • Stable housing • Women wellness • Relapse prevention • One-on-one AOD • 12-Step education • Therapeutic parenting education

- If you used a previously developed or validated tool, name the tool and if appropriate, the subscale or domain that informed your indicator.

During Year 3, we incorporated a modified version of the Arizona Self-Sufficiency Matrix (SSM) to assess the overall level of self-sufficiency for the PFFR program parents/caregivers. The SSM assessment was completed by the case managers during the intake process. The SSM consists of 17 Life Domains, each measured on a five point scale¹, ranging from “In crisis” (1) to “Empowered” (5). The higher the score, the greater the level of self-sufficiency experienced. A modified version of the SSM is included in Appendix B of this report.

- Other data sources could also include existing program operations tracking data, surveys created for this evaluation, focus groups, or individual interviews with participants.

All of the data source instruments are listed in the same table as the Indicators (Table 2).

- Did you add any new data sources since the original data collection plan? If so, please note new data sources with an asterisk (*).
- Yes, we added several new data sources since the original data collection plan to better evaluate Levels 3 & 4 of the PFFR Program (Table 1), including a self-sufficiency matrix and program exit survey. These pre/post assessments consisted of multiple, 5-point Likert scale questions designed to measure participants basic understanding of the topic related to the supportive services provided.

d. **Timing/Frequency.** State how often you collected data for each indicator, e.g., every 4 months, monthly, bi-weekly, etc. Did the timing/frequency of data collection change for any outcome or indicator? If so, please describe the change.

The data collection timing and frequency is noted in the table below (Table 3). Additionally, in Year 3, we conducted 1 focus group during Quarter 4, instead of the quarterly sessions conducted during Years 1 & 2.

¹Schoenfield, E.A. (2017). *LifeWorks Self-Sufficiency Matrix User Manual: A Modified Version of the Arizona Self-Sufficiency Matrix*. Lifeworks. Retrieved from <https://www.lifeworksaustin.org/research-resources>

Table 3: PFFR Program Timing/Frequency

Evaluation Question 1:			
Did the program yield a change in housing stability and family support services that address DV risk factors and build resiliency so that families can thrive?			
Current Outcomes	Current Indicators	Data Source	Timing/Frequency
Increase housing stability	<ul style="list-style-type: none"> % in stable housing 	<ul style="list-style-type: none"> Housing status 	<ul style="list-style-type: none"> Daily
Evaluation Question 2:			
Did the program yield a change in domestic and other forms of violence with mothers and their children who participate in the PFFR program?			
Current Outcomes	Current Indicators	Data Source	Timing/Frequency
Decrease violence in the home	<ul style="list-style-type: none"> % in stable housing Summaries from bimonthly reports Dominant themes 	<ul style="list-style-type: none"> Housing status Therapeutic parenting education Focus groups 	<ul style="list-style-type: none"> Daily Bimonthly Quarterly (once in Year 3)
Decrease DV risk factors	<ul style="list-style-type: none"> % in stable housing # of session provided, pre/post # of session provided, pre/post # of session provided # of session provided, pre/post # of session provided, pre/post # of session provided # of session provided Summaries from bimonthly reports Dominant themes 	<ul style="list-style-type: none"> Housing status Women wellness Relapse prevention One-on-one AOD 12-step education Money management Leadership development One-on-one CM Therapeutic parenting education Focus groups 	<ul style="list-style-type: none"> Daily Weekly Weekly Weekly Weekly Weekly Weekly Weekly Weekly Quarterly (once in Year 3)
Evaluation Question 3:			
What percentage of the children demonstrated improved social and educational developments and cohesion to mother and child bonding?			
Current Outcomes	Current Indicators	Data Source	Timing/Frequency
Improve child's social/emotional wellbeing	<ul style="list-style-type: none"> Summaries from bimonthly reports Summaries from bimonthly reports Dominant themes 	<ul style="list-style-type: none"> Therapeutic parenting education Play therapy Focus groups 	<ul style="list-style-type: none"> Weekly Weekly Quarterly (once in Year 3)
Improve child's	<ul style="list-style-type: none"> Summaries from bimonthly reports 	<ul style="list-style-type: none"> Play Therapy 	<ul style="list-style-type: none"> Weekly

educational wellbeing			
Increase parent-child reunification	<ul style="list-style-type: none"> • Reunification status • % in stable housing • # of sessions provided 	<ul style="list-style-type: none"> • PFFR Enrollment form • Housing status • One-on-One CM 	<ul style="list-style-type: none"> • Once • Daily • Weekly
Strengthen family functioning between parent and child	<ul style="list-style-type: none"> • % in stable housing • Summaries from bimonthly reports • Summaries from observation notes • Dominant themes 	<ul style="list-style-type: none"> • Housing status • Therapeutic parenting education • Mommy & me bonding • Focus groups 	<ul style="list-style-type: none"> • Daily • Weekly • Weekly • Quarterly
Increase positive parenting skills and practice	<ul style="list-style-type: none"> • % in stable housing • Summaries from bimonthly reports • Summaries from observation notes 	<ul style="list-style-type: none"> • Housing status • Therapeutic parenting education • Mommy & me bonding 	<ul style="list-style-type: none"> • Daily • Weekly • Weekly

Evaluation Question 4:

Did the program yield a change in the social economic mobility for women and their children impacted by Domestic Violence, Poverty, and Homelessness as demonstrated by a change in income, savings, budgeting, employment and/or higher education?

Current Outcomes	Current Indicators	Data Source	Timing/Frequency
Increase economic security	<ul style="list-style-type: none"> • # of session provided, pre/post • Mean scores 	<ul style="list-style-type: none"> • Money management • Self-sufficiency matrix 	<ul style="list-style-type: none"> • Weekly • Twice
Increase employment	<ul style="list-style-type: none"> • # of session provided, pre/post • Mean scores 	<ul style="list-style-type: none"> • Employment development • Self-sufficiency matrix 	<ul style="list-style-type: none"> • Weekly • Twice
Improve adult/parental education attainment	<ul style="list-style-type: none"> • # of session provided, pre/post • # of session provided, pre/post • # of session provided, pre/post • # of session provided, pre/post • # of session provided, pre/post • # of session provided, pre/post 	<ul style="list-style-type: none"> • Women wellness • Life skills • Relapse prevention • 12-step education • Money management • Employment development 	<ul style="list-style-type: none"> • Weekly

Evaluation Question 5:

Were there any improvements in the service delivery of the PFFR model based on evaluation and input from clients directly impacted?

Current Outcomes	Current Indicators	Data Source	Timing/Frequency
Improve service delivery of PFFR model based on evaluation and input from clients directly impacted	<ul style="list-style-type: none"> • Dominant themes • Mean scores 	<ul style="list-style-type: none"> • Focus groups • Exit survey 	<ul style="list-style-type: none"> • Quarterly • Once

Evaluation Question 6:

Did any of the participants feel hopeful as a result of participating in ongoing prevention focus groups, establishing financial security, and being connected to social supports provided by and through PFFR?

Current Outcomes	Current Indicators	Data Source	Timing/Frequency
Increase access to resources	<ul style="list-style-type: none"> • % accessing transportation services • # of session provided 	<ul style="list-style-type: none"> • Tracking log • One-on-One CM 	<ul style="list-style-type: none"> • Daily • Weekly
Increase access to social services	<ul style="list-style-type: none"> • % accessing transportation services • # of session provided 	<ul style="list-style-type: none"> • Tracking log • One-on-One CM 	<ul style="list-style-type: none"> • Daily • Weekly
Increase access to healing circles	<ul style="list-style-type: none"> • Healing circle 	<ul style="list-style-type: none"> • Satisfaction survey 	<ul style="list-style-type: none"> • Yearly

Evaluation Question 7:

Did the mother participants demonstrate the capacity to move into an apartment of their own, care for their children's emotional and educational wellbeing and create "safety plans" for eliminating further abuse to be financially self-sufficient?

Current Outcomes	Current Indicators	Data Source	Timing/Frequency
Increase adult/parent self-esteem	<ul style="list-style-type: none"> • # of session provided • # of session provided, pre/post • # of session provided, pre/post • # of session provided • # of session provided, pre/post • # of session provided, pre/post • # of session provided • Summaries from bimonthly reports • Dominant themes 	<ul style="list-style-type: none"> • On-on-One CM • Women wellness • Relapse prevention • One-on-one AOD • 12-step education • Money management • Leadership development • Therapeutic parenting education • Focus groups 	<ul style="list-style-type: none"> • Weekly • Weekly • Weekly • Weekly • Weekly • Weekly • Weekly • Weekly • Quarterly

Reduce substance abuse	<ul style="list-style-type: none"> • % in stable housing • # of session provided, pre/post • # of session provided, pre/post • # of session provided • # of session provided, pre/post • Summaries from bimonthly reports 	<ul style="list-style-type: none"> • Stable housing • Women wellness • Relapse prevention • One-on-one AOD • 12-Step education • Therapeutic parenting education 	<ul style="list-style-type: none"> • Daily • Weekly • Weekly • Weekly • Weekly • Weekly
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3. Evaluation lessons learned.

a. What about the program evaluation worked especially well and what factors (partners, conditions, etc.) supported your success? Consider methods, tools, processes, recruitment, etc.

The program evaluation worked especially well, given TFCF is a two-generational organization, which led to the PFFR program being an expansion of the organization's current family reunification/family modeled services. Moreover, incorporating trauma informed practices favorably impacted the program because it allowed for the implementation of targeted support and services relevant to the clients' needs. By using trauma informed care, TFCF was able to recognize and respond to the signs, symptoms, and risks of trauma, and better support the complex needs of the women and children being served. Additionally, it helped TFCF better utilize the resources, while helping the clients, both mothers and children, heal and overcome the trauma experienced throughout their lifetime.

The diversified staff, which is a reflection of the population served, supported the success of the program evaluation. TFCF staff comes from various cultural, educational, and socio-economic backgrounds, which played a major role in creating a safe and comfortable space for the clients. By surrounding the clients with staff with similar life experiences, we found the women to be more receptive and engaging towards the program processes and services.

b. Where are the opportunities to improve or adjust your multi-gen evaluation approach? Consider methods, tools, processes, recruitment, etc.

The opportunities to improve or adjust TFCF's multi-gen approach for domestic violence prevention have increased over the last few years. Those opportunities include the continuation of newly integrated support services and educational classes that are provided to our clients. While individual therapy for children and family therapy have had the biggest impacts in addressing trauma for our clients, group therapy provides opportunities to work through trauma with their peers, while gaining tools and strategies to help break the cycle of domestic abuse.

Another opportunity to improve or adjust the multi-gen approach to domestic violence is to highlight the differences between IPV (Intimate Partner violence) and AFV (Adolescent Family Violence). While they both can be detrimental, addressing the differences will allow targeted areas for overcoming those differences.

- **What conditions impeded or supported the evaluation aside from COVID?**

Providing TFCF the additional time and resources to continue with the evaluation in Year 3 was a major supporting factor in the success of the program evaluation. Furthermore, the support assisted in the authentication of the successful work TFCF has been performing through the family reunification of 318 children from foster care back to their mothers since 2005.

- **What changes would you make to the evaluation moving forward?**

Moving forward, we will continue working the process in place, while supporting the women and children in their efforts to heal, reunify, and reach self-sufficiency. We will look further into the challenges encountered with data collection points at the different levels and phases, including the follow-up period. This is especially challenging given the women can exit the program at any time.

c. How has or might your evaluation support sustainability of your program? Consider how you will use evaluation findings for programmatic or organizational improvements.

This evaluation is helping to ensure the program's sustainability by monitoring whether the program is delivering best services, making our program more efficient, providing

direction for future strategic decisions, supporting funding opportunities, and ultimately producing lasting results. Evaluations allow us to monitor areas of improvement as well as change, or shift the dynamic of areas that do not show improvement.

Evaluations also allow us to assess implementation of the program, results and success rates, methods, and areas for improvement.

Furthermore, this evaluation has supported the sustainability of the organization by elevating the family reunification program as a successful model that provides a definitive set of trauma-informed services and identifies evidence-based strategies that eliminates multi-generational violence and poverty impacting black and brown women and children in underserved communities. We were able to create a blueprint that will assist other service delivering agencies in retaining and engaging black and brown women and children in underserved communities.

B. What were your evaluation results?

1) Process Evaluation

Please describe the amount of services or programming participants received. This may include the number of parenting or case management sessions, length of time in the program, or utilization of different components of the program. Provide information for both the child and parent/caregiver. This may also include relevant qualitative data from participants and staff.

a. How many sessions/activities did participants participate in? Did amount of participation vary by program component?

Table 4 below lists the supportive services for the PFFR program by level for Years 1-3, and the total number of sessions provided to the participants. The program services were structured by levels, according to the logic model: Level 1 (Reunify), Level 2 (Heal), Level 3 (Build), and Level 4 (S.W.E.E.T.).

As noted, 100% of the participants (women and children) experienced stable housing (Level 1) and had access to transportation services (Level 2) throughout their enrollment in the program. Being able to access education and mental health services, through the transportation serviced provided by the PFFR program, was

critically important during the global pandemic and beyond.

The amount of participation varied based on the participant's enrollment and exit dates in the PFFR program; However, all participants had access to the program activities and services once they were enrolled in the program. Table 5 shows the average length of stay for both the women and children. On average, the women stayed enrolled in the program for roughly 62 days (2020), 48 day (2021), and 55 days (2022), respectively. During Years 1 & 2, the average length of stay for women who had custody of their children, while in the program, was higher than the single women; However, during Year 3, the average length of stay for single women was higher than those with children. Many factors could contribute to these differences, such as individual-level risk factors that affects a woman's decision on whether to stay enrolled in the program, or the fact that over 65% of the clients in the shelter program have children and remains active in the program to date.

Table 4: PFFR Program Supportive Services by Levels

Levels	Supportive Services	Total # Served		
		2020	2021	2022
1	Stable Housing*	62 clients(100%) (35 women; 27 children)	49 Clients (100%) (32 women; 17 children)	57 Clients (100%) (35 women; 22 children)
2	Transportation Services*	62 clients (100%) (35 women; 27 children)	49 Clients (100%) (32 women; 17 children)	57 Clients (100%) (35 women; 22 children)
		Total # of Sessions		
2	Case Management	331	94	77
2	Life Skills	273	124	180
2	Women Wellness Education	44	8	151
2	Therapeutic Parenting Education	121	37	23
2	Mommy & Me Bonding*	44	18	19
2	Play Therapy*	17	32	39
2	Healing Circles/Focus Groups	4	3	1
3	Leadership Development	108	19	11

3	Financial Literacy (Money Management)	73	49	96
3	Employment Development (Work-to-Win)	45	64	118
4	Relapse Prevention	240	130	198
4	12-Step Education	259	119	211
4	One-on-One AOD	88	54	49

*Supportive Services accessible to the children in the PFFR program

Table 5: PFFR Program Average Length of Stay (Days)

Women In Shelter Program	2020	2021	2022
All women	61.94 (min 4, max 274)	47.96 (min 3, max 245)	55.29 (min 4, max 182)
Women with children	85.72 (min 4, max 274)	65.63 (min 13, max 245)	44.25 (min 4, max 182)
Women without custody of children	36.76 (min 4, max 141)	40.53 (min 3, max 127)	77.38 (min 25, max 157)

b. In what ways did participants participation or engagement vary such as by: cohort, parent/caregiver vs. child, program component or participant characteristics.

The amount of participation in activities varied based on the participant's enrollment and exit dates in the program; However, all participants had access to the program activities and services once they were enrolled in the program. Participation also varied between parent/caregiver and child, given the services available to the parent/caregiver were tailored specifically to their needs, as were the services available to the children in the program.

c. Do the process evaluation findings reflect data from all participants? If not, please explain.

Yes, the process evaluation findings reflect data from the participants who actively participated and engaged in the program services and activities.

d. If you conducted participant satisfaction assessments, what did you learn that is helpful for understanding multi-gen programming for DV prevention?

Based on the 5-point Likert scale items on the exit survey, on average, participants believed the classes provided them with the tools needed to become self-sufficient (mean score=4.9); the experience with individual/parenting therapy was helpful (mean score=4.0); the services provided by TFCF enriched their quality of life (mean score=4.7). Including open-ended questions on the exit survey would provide more insight on specific components that are helpful for multi-gen programming for DV prevention. Although the sample size is small (N=9), these preliminary scores provide some insight on the level of satisfaction and effectiveness of the PFFR program (Appendix C).

e. Are there any other process findings you want to share?

No, there are no other process findings to share.

2) Impact Evaluation

Include results from your impact evaluation. If possible, align the results with your evaluation questions.

a. **Outcome Results.** What were the results from your data?

Include a description of the results for each outcome and indicator, as well as your interpretation of the data findings. When applicable, explain the two-generation or multigeneration impact. Be sure to include these important things:

Table 6: PFFR Program Outcome Results with Evaluation Questions

Evaluation Question 1:		
Did the program yield a change in housing stability and family support services that address DV risk factors and build resiliency so that families can thrive? (Level 1-Short-term)		
Current Outcomes	Current Indicators	Protective/Risk Factor
Increase housing stability	<ul style="list-style-type: none"> % in stable housing 	<ul style="list-style-type: none"> Protective factor
<p>Increased housing stability was demonstrated over the last 3 years of the study. Table 4 reveals 100% of the clients, both women and children, experienced stable housing while enrolled in the PFFR program.</p> <p>The PFFR program yielded a positive change in housing stability and family support services that address DV risk factors and build resiliency so that families can thrive. Housing stability is a protective factor under the family/household domain and can positively impact the two-generation cycle of domestic violence. Stable housing is a core component of the PFFR program and the building block for women, and their children, to access supportive services, such as therapy and one-on-one case management, in a safe and healthy environment so they can start the healing process.</p> <p>The PFFR program is centered around the reunification of the mother and child. Safe and stable housing is a requirement in order for mothers to begin the process of reunification and bonding with their children and is the foundation for the remaining evaluation questions and outcomes.</p>		
Evaluation Question 2:		
Did the program yield a change in domestic and other forms of violence with mothers and their children who participate in the PFFR program? (Level 2-Short-term)		
Current Outcomes	Current Indicators	Protective/Risk Factor
Decrease violence in the home	<ul style="list-style-type: none"> % in stable housing Bimonthly summary reports (therapeutic parenting education) Dominant themes (focus groups) 	<ul style="list-style-type: none"> Protective Protective -----
Decrease DV risk factors	<ul style="list-style-type: none"> % in stable housing # of session provided, pre/post (Women wellness) # of session provided, pre/post (Relapse prevention) # of session provided-One-on-one AOD # of session provided, pre/post (12-step education) # of session provided, pre/post (Money management) # of session provided (Leadership development) # of session provided (One-on-one CM) Bimonthly summary reports (therapeutic parenting education) Dominant themes (focus groups) 	<ul style="list-style-type: none"> Protective Protective Protective Protective Protective Protective Protective Protective Protective Protective -----

A decrease in the exposure to DV risk factors and violence in the home was experienced by all of the women and children enrolled in the program.

The PFFR program yielded a change in domestic and other forms of violence among the mothers and their children in the program. PFFR protected the clients by reducing their exposure to the risk factors of violence in the home and DV, which fall under the exposure to violence domain. The current indicators are protective factors that supported these outcome measures and are listed above, under Evaluation Question 2.

100% of the clients, both women and children, experienced stable housing while enrolled in the PFFR program. PFFR is a shelter program that provides the clients access to wraparound services that protects them from all forms of violence and assist them on their healing journey (Table 4).

- Therapeutic Parenting Education provided the women a safe space where strategies and methods were shared with the women to increase emotional intelligence and mental/emotional wellness, strengthen positive parenting skills, and build positive and healthy relationships, while healing from past trauma. As the women become mentally and emotionally strong, they are more likely to make positive life choices for their households, and reflect positive parenting skills, which will reduce the violence in the home and exposure to DV risk factors. It will also provide the children with a positive perspective on healthy relationships, coping skills, and managing emotions. Group therapy provided opportunities for the women to work through trauma with their peers, while gaining tools and strategies to help break the cycle of domestic abuse. Collectively, the women enrolled in PFFR received 121 sessions (2020); 37 sessions (2021); 23 sessions (2022), respectively (Table 4).
- One-on-one Case Management (CM) provided weekly Intensive sessions for the women enrolled in the program. These one-on-one sessions allowed the case manager to gather important information about the clients' circumstances to determine individual need and identify relevant resources to assist the women in meeting their individual and family goals. Over 330 CM sessions were provided to the women in 2020, 94 sessions in 2021, and 77 sessions in 2022, respectively (Table 4).
- In 2020 the women received 44 wellness sessions and 8 sessions in 2021, and 151 sessions in 2022, respectively (Table 4). In Years 1 & 2, the Women Wellness Education focused on important topics related preventive measures such as smoking cessation, proper nutrition and fitness, and HIV/STD education. These sessions helped to boost the women's self-esteem, which would lead to them making more positive life choices for their household. In Year 3, a more comprehensive and structured wellness curriculum was implemented and the weekly sessions focused on anger management. In Year 3, a pre/post assessment was implemented to better evaluate this outcome measure and preliminary data reveal an increase in mean scores by majority of the participants. On average, scores increased by one point, indicating improved knowledge about the various topics related to anger management such as: the variations of anger, triggers, coping mechanisms, and emotional intelligence (Appendix C).
- Money Management classes focused on building economic stability in the women and teaching them the importance of saving. They also learned how to wisely manage their money, understand financial skills and tools to help them escape the traps of poverty, and build economic security for them and their children. Financial Literacy is a major component

of the PFFR program, as it's the building block to clients becoming self-sufficient. In 2020, the clients received over 70 sessions, 49 sessions in 2021, and 96 sessions in 2022, respectively (Table 4). In Year 3, a pre/post assessment was implemented to better evaluate this outcome measure and preliminary data reveal an increase in mean scores among the participants. On average, scores increased by .09 point, indicating improved knowledge about the various topics related to financial literacy such as: budgeting, saving, credit, investing, and types of insurance, to name a few (Appendix C). It's important to note, every woman will have some level of savings by the time they leave the PFFR program.

- Leadership development promotes civic engagement, which leads to increased social connectedness. Clients are taught what their roles and responsibilities are to society. Building and practicing leadership development skills, strengthens the women's ability to focus on violence prevention as a culture for their children and future generations. It further promotes self-empowerment among the women to have a voice and advocate for self and their family. Additionally, studies show that individuals who participate in civic engagement have better health outcomes and quality of life. In 2020, the clients received close to 110 sessions, and 19 in 2021, and 11 leadership-based activities in 2022, respectively (Table 4).
- Relapse prevention, One-on-one AOD, and 12-step education are part of the substance abuse training. These classes taught the women how to build healthy life skills, overcome traumatic experiences, and create a safe and healthy environment for their children, and live healthy and productive lives. In 2020, the women received 240 relapse prevention sessions, 88 One-on-One AOD sessions, and 259 sessions of 12-Step Education. In 2021, women received 130 relapse prevention sessions, 54 One-on-One AOD sessions, and 119 sessions of 12-Step Education, and 198 relapse prevention sessions, 49 One-on-One AOD sessions, and 211 sessions of 12-Step Education in 2022 (Table 4). In Year 3, pre/post assessments were implemented for the relapse prevention and 12-step education classes to better evaluate this outcome measure and preliminary data reveal an increase in mean scores among most participants. On average, relapse prevention scores increased by one point and 12-step education scores increased by .07 point, indicating improved knowledge about the various topics related to substance abuse such as: personal triggers, early warning signs, identifying supportive people, defining shortcomings, and awareness (Appendix C).
- Dominant themes from the focus groups complements the stable housing and supportive services listed, as they provided a safe space for the women to share their experiences from the PFFR program (Table XX).

The current indicators for these outcomes are protective factors and when women participate in multiple supportive services, the multi-generational impact on the women and their children increases at a greater rate. This is a short-term outcome, where the women are expected to start the healing process and feel supported by these protective factors in order for to fully experience the success of Level 2 (Heal).

Evaluation Question 3:

What percentage of the children demonstrated improved social and educational developments and cohesion to mother and child bonding? (Level 2-Intermediate)

Current Outcomes	Current Indicators	Protective/Risk Factor
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Improve child's social/emotional wellbeing	<ul style="list-style-type: none"> • Bimonthly summary reports (therapeutic parenting education) • Bimonthly summary reports (play therapy) • Dominant themes (focus groups) 	<ul style="list-style-type: none"> • Protective • Protective • -----
Improve child's educational wellbeing	<ul style="list-style-type: none"> • Bimonthly summary reports (play therapy) 	<ul style="list-style-type: none"> • Protective
Increase parent-child reunification	<ul style="list-style-type: none"> • Reunification status • % in stable housing • # of sessions provided-One-on-One CM 	<ul style="list-style-type: none"> • ----- • Protective • Protective
Strengthen family functioning between parent and child	<ul style="list-style-type: none"> • % in stable housing • Bimonthly summary reports (therapeutic parenting education) • Observation summary notes (mommy & me bonding) • Dominant themes (focus groups) 	<ul style="list-style-type: none"> • Protective • Protective • Protective • -----
Increase positive parenting skills and practice	<ul style="list-style-type: none"> • % in stable housing • Bimonthly summary reports (therapeutic parenting education) • Observation summary notes (mommy & me bonding) 	<ul style="list-style-type: none"> • Protective • Protective • Protective

- Qualitative data results show 100% of the children participants demonstrated improved social and educational developments and cohesion to mother and child bonding. The program protected both the mother and child by helping to: 1) improve the child's social, emotional, and education wellbeing, 2) increase the parent/child reunification and positive parenting skills, and, 3) strengthen the family functioning between parent/child. The current indicators are protective factors that supported these outcome measures and are listed above, under Evaluation Question 3.
- 100% of the clients, both women and children, experienced stable housing while enrolled in the PFFR program. Housing serviced as a protective factor that provided the stability and safety the women and children needed while working through their past trauma and building healthy relationships (Table 4).
- One-on-one Case Management (CM) provided weekly Intensive sessions for the women enrolled in the program. These one-on-one sessions allowed the case manager to gather important information about the clients' circumstances to determine individual need and identify relevant resources to assist the women with their court plan and preparations for being successfully reunified with their child(ren) . Over 330 CM sessions were provided to the women in 2020, 94 sessions in 2021, and 77 sessions in 2022, respectively (Table 4).
- Therapeutic Parenting Education provided the women a safe space where strategies and methods were shared with the women to increase emotional intelligence and mental/emotional wellness, strengthen positive parenting skills, and build positive and healthy relationships, while healing from past trauma. As the women become mentally and emotionally strong, they are more likely to make positive life choices for their households, and reflect positive parenting skills, which will reduce the violence in the home and exposure to DV risk factors. It will also provide the children with a positive perspective on healthy relationships, coping skills, and managing emotions. Group therapy provided opportunities

for the women to work through trauma with their peers, while gaining tools and strategies to help break the cycle of domestic abuse. Collectively, the women enrolled in PFFR received 121 sessions (2020); 37 sessions (2021); 23 sessions (2022), respectively (Table 4).

- Summaries from the therapeutic parenting and play therapy sessions (Tables 10, 11) revealed signs of primary prevention of intergenerational domestic violence and impact in the following PFFR outcomes: exposure to violence, parenting/caregiver, education, and behavioral health. Qualitative data revealed both outcome and impact related to mothers/caregivers in the areas of understanding the four parenting styles, improved strategies on verbalizing and enforcing academic expectations and efforts to engage with school leaders and supporting emotional wellness and stability in children. For the children, impact was noted in the areas of self-regulation and following directions, coping skills for health emotions, communication, and behavior, and growth in emotional awareness, emotional expression, and positive social skills. The children enrolled in PFFR received 17 sessions of play therapy in 2020; 32 sessions in 2021; and 39 sessions in 2022, respectively (Table 4).
- The focus groups supported the improvements identified from the Therapeutic Parenting and Play Therapy sessions. Mothers from focus group 2, expressed how therapy has helped them better parent and interact with their children; whereas, others have seen improvements in the relationships between parent-child and among sibling (Table 4).
- The Mommy & Me bonding activities have proven to strengthen the relationship between parent-child and increase positive parenting skills and practice among the mothers in the program. Over 330 CM sessions were provided to the women in 2020, 94 sessions in 2021, and 77 sessions in 2022, respectively (Table 4).

The current indicators for these outcomes are protective factors and when women participate in multiple supportive services, the multi-generational impact on the women and their children increases at a greater rate. It's also important to note, this is an intermediate outcome, which may require additional time for the women and children to be supported by these protective factors in order for to fully experience the success of Level 3 (Build), the stage of self-improvement.

Evaluation Question 4:

Did the program yield a change in the social economic mobility for women and their children impacted by Domestic Violence, Poverty, and Homelessness as demonstrated by a change in income, savings, budgeting, employment and/or higher education? (Level 3-Intermediate)

Current Outcomes	Current Indicators	Protective/Risk Factor
Increase economic security	<ul style="list-style-type: none"> • # of session provided, pre/post (Money Management) 	<ul style="list-style-type: none"> • Protective
Increase employment	<ul style="list-style-type: none"> • # of session provided, pre/post (Employment Development) 	<ul style="list-style-type: none"> • Protective
Improve adult/parental	<ul style="list-style-type: none"> • # of session provided, pre/post (Women wellness) • # of session provided, pre/post (Life skills) • # of session provided, pre/post (Relapse prevention) 	<ul style="list-style-type: none"> • Protective • Protective • Protective

education attainment	<ul style="list-style-type: none"> • # of session provided, pre/post (12-step education) • # of session provided, pre/post (Money management) • # of session provided, pre/post (Employment development) 	<ul style="list-style-type: none"> • Protective • Protective • Protective
<p>The PFFR program did yield a change in the social and economic mobility for women and their children impacted by Domestic Violence, Poverty, and Homelessness (as demonstrated by a change in income, savings, budgeting, employment and/or higher education). The current indicators for Evaluation Question 4 are protective factors that supported these outcome measures, which fall under the family/household and education domains.</p> <ul style="list-style-type: none"> • In 2020 the women received 44 wellness sessions and 8 sessions in 2021, and 151 sessions in 2022, respectively (Table 4). In Years 1 & 2, the Women Wellness Education focused on important topics related preventive measures such as smoking cessation, proper nutrition and fitness, and HIV/STD education. In Year 3, a more comprehensive and structured wellness curriculum was implemented and the weekly sessions focused on anger management. This indicator contributed to the improvement of the adult/parent education attainment. In Year 3, a pre/post assessment was implemented to better evaluate this outcome measure and preliminary data reveal an increase in mean scores by majority of the participants who completed the assessments. On average, scores increased by one point, indicating improved knowledge about the various topics related to anger management such as: the variations of anger, triggers, coping mechanisms, and emotional intelligence (Appendix C). An increased knowledge base can boost the women's self-esteem and provide greater insight and perspective, which would lead them in making more positive life choices for their household related social and economic mobility. • Money Management classes focused on building economic stability in the women and teaching them the importance of saving. They also learned how to wisely manage their money, understand financial skills and tools to help them escape the traps of poverty, and build social and economic mobility for their households. Financial Literacy is a major component of the PFFR program---the building block to clients becoming self-sufficient. In 2020, the clients received over 70 sessions, 49 sessions in 2021, and 96 sessions in 2022, respectively (Table 4). This indicator contributed to the improvement of the adult/parent education attainment. In Year 3, a pre/post assessment was implemented to better evaluate this outcome measure and preliminary data reveal an increase in mean scores among the participants. On average, scores increased by .09 point, indicating improved knowledge about the various topics related to financial literacy such as: budgeting, saving, credit, investing, and types of insurance (Appendix C). It's important to note, every woman will have some level of savings by the time they leave the PFFR program. • Employment Development (Work-to-Win) provided hands-on job training classes, which included: resume development, local job market research, home business opportunities, and career counseling. Clients learned how to dress for success, proper interviewing techniques, and how to develop the confidence needed to overcome any employment barriers. In 2020, the clients received 45 sessions, 64 sessions in 2021, and 118 sessions in 2022, respectively (Table 4). This indicator contributed to the improvement of the adult/parent education attainment. In Year 3, a pre/post assessment was implemented to better evaluate this outcome measure and preliminary data reveal an increase in mean scores among the participants. On average, scores increased by 1.1 points, indicating improved knowledge about the various topics related to employment development such as: resume writing, good 		

vs. bad work habits, formal training (Appendix C). More than 75% of the women have been employed during and/or after they exit the PFFR program.

- Life skills is a day-to-day program that improved the clients' critical thinking skills and provided tools on how to perform daily tasks such as cooking, cleaning, shopping, and connecting socially, while ensuring they maintained a healthy schedule. Clients learned responsibility, accountability, and self-reliance. In 2020, the women received 273 sessions, 124 sessions in 2021, and 180 sessions in 2022 (Table 4). This indicator contributed to the improvement of the adult/parent education attainment. In Year 3, a pre/post assessment was implemented to better evaluate this outcome measure and preliminary data reveal an increase in mean scores among the participants. On average, scores increased by one point, indicating improved knowledge about the various topics related to life skills such as: practicing healthy habits, boundaries, career goals, values, time management. (Appendix C).
- Relapse prevention and 12-step education are part of the substance abuse training. These classes taught the women how to build healthy life skills, overcome traumatic experiences, and create a safe and healthy environment for their children, and live healthy and productive lives. In 2020, the women received 240 relapse prevention sessions and 259 sessions of 12-Step Education. In 2021, women received 130 relapse prevention sessions and 119 sessions of 12-Step Education, and 198 relapse prevention sessions and 211 sessions of 12-Step Education in 2022 (Table 4). This indicator contributed to the improvement of the adult/parent education attainment. In Year 3, pre/post assessments were implemented for the relapse prevention and 12-step education classes to better evaluate this outcome measure and preliminary data reveal an increase in mean scores among most participants. On average, relapse prevention scores increased by one point and 12-step education scores increased by .07 point, indicating improved knowledge about the various topics related to substance abuse such as: personal triggers, early warning signs, identifying supportive people, defining shortcomings, and awareness (Appendix C).

The current indicators for these outcomes are protective factors and when women participate in multiple supportive services, the multi-generational impact on the women and their children increases at a greater rate. This is an intermediate outcome, which may require additional time for the women and children to be supported by these protective factors in order for to fully experience the success of Level 3 (Build), the stage of self-improvement.

Evaluation Question 5:

Were there any improvements in the service delivery of the PFFR model based on evaluation and input from clients directly impacted? (Level 3-Intermediate)

Current Outcomes	Current Indicators	Data Source	Protective/Risk Factor
Improve service delivery of PFFR model based on evaluation and input from clients directly impacted	Dominant themes (focus groups)	Focus groups	-----

Over the last three years, 3 focus groups (Focus Group 2) were conducted in 2020, 3 focus groups in 2021, and 1 focus group in 2022. There were positive improvements in the service delivery of the PFFR model based on evaluation and input from clients directly impacted. Dominant themes derived from Focus Group 2, informed the PFFR evaluation team and TFCF staff with valuable input about PFFR program improvements (Table 8). Dominant themes were related to participants being better informed about the PFFR program. Some clients were not aware of being enrolled in the program and needing more case managers to ensure all participants needs are being met. The majority of the participants spoke favorably about the PFFR program and expressed how much they benefited from the program and had no recommendations for improvements at the time.

It's important to note, in the early stages of the PFFR program, modifications were made to the program due to COVID-19 pandemic. The disrupted services forced TFCF Staff to modify, and in some cases, create new processes and methods for service delivery, such as alternating service delivery hours to ensure TFCF were, and remained, within CDC guidelines, maintaining social distancing protocol, while still being able to serve the clients.

Evaluation Question 6:

Did any of the participants feel hopeful as a result of participating in ongoing prevention focus groups, establishing financial security, and being connected to social supports provided by and through PFFR? (Level 4-Long-term)

Current Outcomes	Current Indicators	Protective/Risk Factor
Increase access to resources	<ul style="list-style-type: none"> • % accessing transportation services • # of session provided (One-on-One CM) 	<ul style="list-style-type: none"> • Protective • Protective
Increase access to social services	<ul style="list-style-type: none"> • % accessing transportation services • # of session provided-One-on-One CM) 	<ul style="list-style-type: none"> • Protective • Protective
Increase access to healing circles	<ul style="list-style-type: none"> • Healing Circle 	<ul style="list-style-type: none"> • Protective

The current indicators for Evaluation Question 6 are protective factors that supported these outcome measures, which fall under the connection/support and family/household domains.

Given the current outcomes served as protective factors, participants reported feelings of hopefulness as a result of participating in ongoing prevention focus groups, establishing financial security, and being connected to social supports provided by and through PFFR. These current outcomes impact the 2-generation cycle by way of increasing the women's level of access to resources and social services, along with strengthening their support system. As a result, the women can feel empowered and motivated to continue making healthy life decisions.

- 100% of the clients, both women and children, received access to transportation services, while enrolled in the PFFR program. This indicator helped women and children increase their access to resources and social services. Supporting the clients' efforts to engage in critical education, access mental health services, shop for personal items, and attend medical appointments, was important in order to help keep them on track with their schedules (Table 4). Additionally, the participants are given bus passes and transportation via the TFCF company van.

- One-on-one Case Management (CM) provided weekly Intensive sessions for the women enrolled in the program. These one-on-one sessions allowed the case manager to gather important information about the clients' circumstances to determine individual need and identify relevant resources to assist the women with their court plan and preparations for being successfully reunified with their child(ren). This indicator helped women and children increase their access to resources and social services. Over 330 CM sessions were provided to the women in 2020, 94 sessions in 2021, and 77 sessions in 2022, respectively (Table 4).
- Fall 2020, Clay Counseling Solutions facilitated a healing circle for the PFFR clients. This safe space provided the women with useful tools for reducing their exposure, as well as their children's exposure, to domestic and other forms of violence, and empowered them to face life's challenges. Women had the opportunity to share and hear each other's stories to better understand each other and create a support system among them with similar lived experiences. Results from the client satisfaction survey revealed the following:
 - Did you find the healing circle therapeutic in any way? If so, explain.
 - "Yes, it's very calming"
 - "Yes, it helps me face my pain"
 - "Very, especially deep breathing exercises"
 - "Yes, I loved painting the flower pots. It was relaxing."
 - Did the healing circle provide any useful tools for reducing your, and your child's, exposure to domestic and/or other forms of violence.
 - "Yes, the breathing exercise"
 - "I learned I'm not the only one who been through a lot and I learned how to relate"
 - "Taking a break from the moment"
 - "Yes, I feel like I'm whole"
 - "Yes, it helps me so very much and it's more positive"
 - All of the women felt more empowered to face life's challenges after participating in the healing circle and expressed an interest in participating in more sister healing circles.

The current indicators for these outcomes are protective factors and when women participate in multiple supportive services, the multi-generational impact on the women and their children increases at a greater rate. This is a long-term outcome, which may require extended time for the women and children to be stabilized by these protective factors in order for to fully experience the success of Level 4 (S.W.E.E.T.), the stage of sustainability.

Evaluation Question 7:

Did the mother participants demonstrate the capacity to move into an apartment of their own, care for their children's emotional and educational wellbeing and create "safety plans" for eliminating further abuse be financially self-sufficient? (Level 4-Long-term)

Current Outcomes	Current Indicators	Protective/Risk Factor
Increase adult/parent self-esteem	<ul style="list-style-type: none"> • # of session provided, (One-on-One CM) • # of session provided, pre/post (Women wellness) • # of session provided, pre/post (Relapse prevention) • # of session provided, pre/post (One-on-One AOD) 	<ul style="list-style-type: none"> • Protective • Protective • Protective • Protective

	<ul style="list-style-type: none"> • # of session provide, pre/post (12-Step Education) • # of session provided, pre/post (Money management) • # of session provided (Leadership Development) • Summaries from bimonthly reports (Therapeutic parenting education) • Dominant themes (focus groups) 	<ul style="list-style-type: none"> • Protective • Protective • Protective • Protective • Protective
Reduce substance abuse	<ul style="list-style-type: none"> • % in stable housing • # of session provided, pre/post (Women wellness) • # of session provided, pre/post (Relapse prevention) • # of session provided (One-on-One AOD) • # of session provided, (12-Step education) • Summaries from bimonthly reports (therapeutic parenting education) 	<ul style="list-style-type: none"> • Protective • Protective • Protective • Protective • Protective • Protective

The mothers demonstrated the capacity to move into an apartment of their own, care for their children's emotional and educational wellbeing, and create "safety plans, for eliminating further abuse to be financially self-sufficient. The current indicators for Evaluation Question 4 are protective factors that supported these outcome measures, which fall under the family/household and education domain.

- 100% of the clients, both women and children, experienced stable housing while enrolled in the PFFR program. This shelter program provided clients access to wraparound services that protect them from all forms of violence and reduce their exposure to substance abuse, while assisting them on their healing journey (Table 4).
- Therapeutic Parenting Education provided the women a safe space where strategies and methods were shared with the women to increase emotional and educational wellness, strengthen positive parenting skills, and build positive and healthy relationships. As the women become mentally and emotionally strong, they are more likely to make positive life choices for their households, and reflect positive parenting skills, which will reduce the violence in the home and exposure to substance abuse. Group therapy provided opportunities for the women to work through trauma with their peers, while gaining tools and strategies to create safety plans for eliminating further abuse to become financially self-sufficient. Collectively, the women enrolled in PFFR received 121 sessions (2020); 37 sessions (2021); 23 sessions (2022), respectively (Table 4).
- One-on-one Case Management (CM) provided weekly Intensive sessions for the women enrolled in the program. These one-on-one sessions allowed the case manager to gather important information about the clients' circumstances to determine individual need and identify relevant resources to assist the women in meeting their individual and family goals. Over 330 CM sessions were provided to the women in 2020, 94 sessions in 2021, and 77 sessions in 2022, respectively (Table 4).
- In 2020 the women received 44 wellness sessions and 8 sessions in 2021, and 151 sessions in 2022, respectively (Table 4). In Years 1 & 2, the Women Wellness Education focused on important topics related preventive measures such as smoking cessation, proper nutrition and fitness, and HIV/STD education. In Year 3, a more comprehensive and structured wellness curriculum was implemented, and the weekly sessions focused on anger management. This indicator contributed to an increase in the adult/parent level of self-esteem and reduced substance abuse. In Year 3, a pre/post assessment was implemented to better evaluate this outcome measure and preliminary data reveal an increase in mean scores by majority of the participants who completed the assessments. On average, scores

increased by one point, indicating improved knowledge about the various topics related to anger management such as: the variations of anger, triggers, coping mechanisms, and emotional intelligence (Appendix C). An increased knowledge base can boost the women's self-esteem and provide greater insight and perspective, which would lead them in making more positive life choices for their household leading, with the ultimate goal of becoming financially self-sufficient.

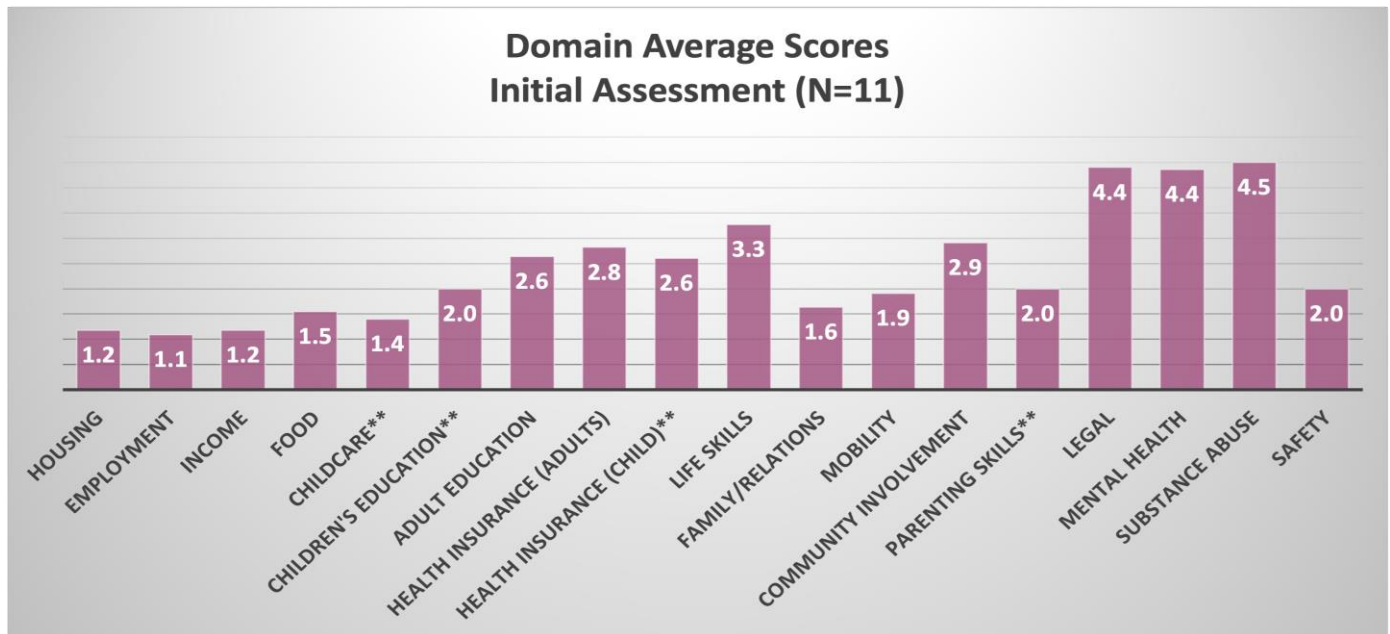
- Money Management classes focused on building economic stability in the women and teaching them the importance of saving. They also learned how to wisely manage their money, understand financial skills and tools to help them escape the traps of poverty, and build economic security for them and their children. Financial Literacy is a major component of the PFFR program, as it's the building block to clients becoming self-sufficient. In 2020, the clients received over 70 sessions, 49 sessions in 2021, and 96 sessions in 2022, respectively (Table 4). This indicator contributed to an increase in the adult/parent level of self-esteem. In Year 3, a pre/post assessment was implemented to better evaluate this outcome measure and preliminary data reveal an increase in mean scores among the participants. On average, scores increased by .09 point, indicating improved knowledge about the various topics related to financial literacy such as: budgeting, saving, credit, investing, and types of insurance, to name a few (Appendix C). As previously noted, every woman will have some level of savings by the time they leave the PFFR program.
- Leadership development promotes civic engagement, which leads to increased social connectedness. Clients are taught what their roles and responsibilities are to society. Building and practicing leadership development skills strengthens the women's ability to focus on violence prevention as a culture for their children and future generations. It further promotes self-empowerment among the women to have a voice and advocate for self and their family. Additionally, studies show that individuals who participate in civic engagement have better health outcomes and quality of life. This indicator contributed to an increase in the adult/parent level of self-esteem. In 2020, the clients received close to 110 sessions, and 19 in 2021, and 11 leadership-based activities in 2022, respectively (Table 4).
- Relapse prevention, One-on-one AOD, and 12-step education are part of the substance abuse training. These classes taught the women how to build healthy life skills, overcome traumatic experiences, and create a safe and healthy environment for their children, and live healthy and productive lives. In 2020, the women received 240 relapse prevention sessions, 88 One-on-One AOD sessions, and 259 sessions of 12-Step Education. In 2021, women received 130 relapse prevention sessions, 54 One-on-One AOD sessions, and 119 sessions of 12-Step Education, and 198 relapse prevention sessions, 49 One-on-One AOD sessions, and 211 sessions of 12-Step Education in 2022 (Table 4). These indicators contributed to an increase in the adult/parent level of self-esteem and reduction in substance abuse. In Year 3, pre/post assessments were implemented for the relapse prevention and 12-step education classes to better evaluate this outcome measure and preliminary data reveal an increase in mean scores among most participants. On average, relapse prevention scores increased by one point and 12-step education scores increased by .07 point, indicating improved knowledge about the various topics related to substance abuse such as: personal triggers, early warning signs, identifying supportive people, defining shortcomings, and awareness (Appendix C).
- Dominant themes from the focus groups supported the outcomes for this evaluation question 7. Mothers from focus group 2, expressed how the PFFR program provided them with the

resources and tools necessary for eliminating further abuse and becoming financially self-sufficient (Table 4).

The current indicators for these outcomes are protective factors and assisted the mothers in their demonstration of being capable of moving into an apartment of their own, caring for their children's emotional and educational wellbeing, creating "safety plans" for eliminating further abuse, and becoming financially self-sufficient. When women participate in multiple supportive services, the multi-generational impact on the women and their children increases at a greater rate. This is a long-term outcome, which may require additional time for the women and children to be supported by these protective factors in order for to fully experience the success of Level 4 (S.W.E.E.T.), the stage of stabilization.

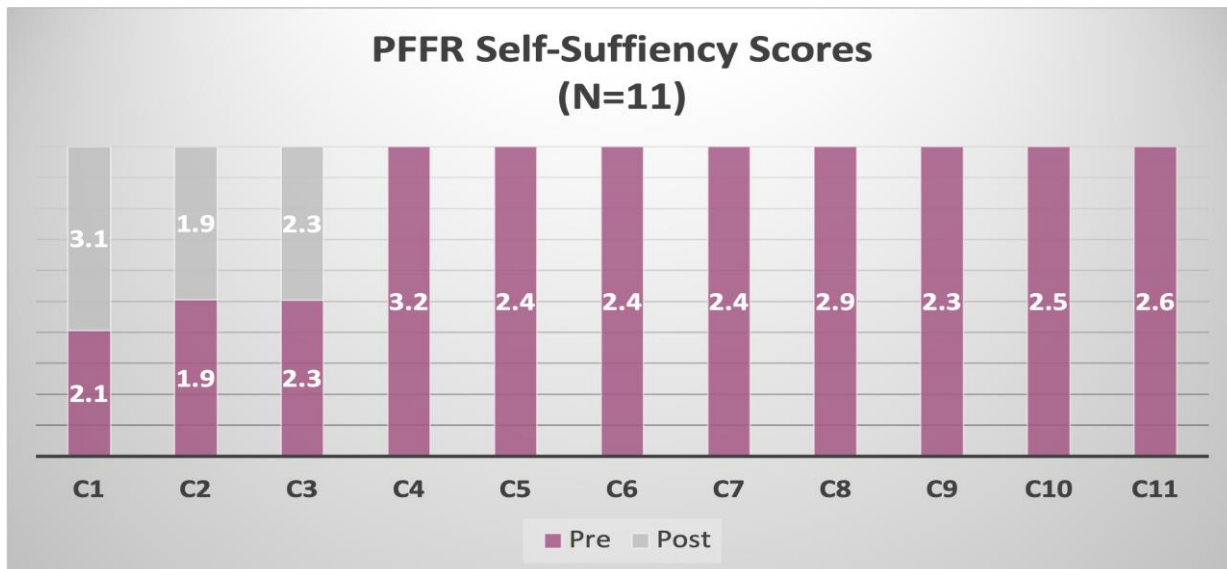
Year 3 of the evaluation mainly focused on Levels 3 and 4 of the PFFR program. In addition to implementing pre/post assessments, to better evaluate certain outcome measures, we also implemented the self-sufficiency matrix (SSM) (Appendix B) to assess the overall level of self-sufficiency for the PFFR program parents/caregivers. This comprehensive assessment consists of 17 Life Domains (health insurance for the adult and child count as one domain), each measured on a five-point scale, ranging from "In crisis" (1) to "Empowered" (5). The higher the score, the greater the level of self-sufficiency experienced. To date, 11 participants have completed the initial assessment and Chart 7 below shows the mean scores for each domain ranging from housing to safety. Majority (77.8%) of the mean scores for each domain landed in the "In Crisis" or "Vulnerable" categories, followed by "Building Capacity" (16.7%), and "Safe" (5.6%) categories. This level of detail, provides TFCF Staff with insight on program planning and allocation of services and resources, based on need, and the different levels and phases of the program.

Chart 7: Domain Average Scores: Initial SSM Assessment



Preliminary data (Graph 8) reveal an increase in mean scores for the 3 participants (8.6%) who completed the post assessments. Although the sample size is small, these findings hint to the PFFR program making progress, in terms of helping women and children reach self-sufficiency.

Chart 8: PFFR Self-Sufficiency Scores (Pre/Post)



- Based on your evaluation, what are the most promising outcomes or indicators for two-generation domestic violence prevention results? If you have any suggested recommendations for the field based on your data findings, please include.

The most promising outcomes for the two-generation domestic violence prevention results are stable housing and therapy for the parents and children. The PFFR program yielded a positive change in housing stability and family support services that address DV risk factors and build resiliency so that families can heal and thrive together.

Housing stability is a protective factor that impacts the two-generation cycle of domestic violence. It is a core component of the PFFR program and the building block for women, and their children, to access supportive services, in a safe and healthy environment so they can start the healing process. Coping skills can be improved, for the mother and child, paving the way for both of them to build health relationships and make positive life choices. The PFFR program is centered around the reunification of the mother and child. Safe and stable housing is a requirement in order for mothers to begin the process of reunification and bonding with their children.

Therapy is the other promising outcome, that's equally critical in helping women and their children heal and become whole, mentally and emotionally. Progress notes reported by Clay Counseling Solutions revealed improvements in the emotional and wellbeing of the mothers and children. The Therapeutic Parenting Education and Play Therapy have proven to be integral components of the healing process for all of the PFFR participants, including the children. Therapeutic therapy disrupts the generational cycle of domestic violence by creating a safe space for women and children to address negative emotions and behaviors, develop healthy coping skills, heal from past traumatic experiences, and increase emotional/mental wellness in order to maintain healthier relationships and make better life choices.

b. Are there any other outcomes you want to share that were not part of your identified risk or protective factors, including unanticipated outcomes?

No, there are no other outcomes to share at this time.

Table 7: Focus Group 1 (Domestic Violence (DV))

Theme	Sub-theme	Examples
Define (DV)	General knowledge	<p>“emotional abuse, mental abuse, physical abuse”</p> <p>“feeling like you're imprisoned when you're not truly in prison”</p> <p>“I would say it would be when unhealthy boundaries are crossed.”</p>
Help for women experiencing DV		<p>“she can go to Time for Change.”</p> <p>“I mean, they can call the police they can call 211 And I know that there's a few domestic violence hotlines I'm not sure if the numbers to be exact but I know there's”</p>
Help to heal from DV		<p>“by helping them know that there's other than there is help out there by showing them a different way to live and by giving I mean giving them different opportunities or different ways to do things without having to depend on probably the person that was hurting them”</p> <p>“by enrolling them into counseling classes reunification classes with the families working with the moms and children to heal the past hurt that they already went through”</p>
Reasons for experiencing DV	Generational cycle of DV	<p>“For me, number one was, I was raised in a violent environment, my ugliness my mother, with my father and also her boyfriends after my father being abused. Also, with my uncles, they hate my mom. And so she that was her upbringing. She went in to sit with her with her mother. And you know, she did right by what she knew it wasn't her fault and how it was raised. And me seeing that I knew was wrong. However, you know, that violent comfort was all I knew. And so that was a way of expression. I thought it was normal. That's how you express you and you're upset that she loves somebody and then you just that Forget it all well, and then well, and you know, you're still stick it out with that person, but you don't have to live like that and no one does deserve to ever put their hands on you. That's not love at all,” (multigenerational DV)</p>
Description of experience with DV over life course		<p>“The entire course of my life. The domestic violence played a big part in why I went to prison. It ruin it took a big chunk of my life. You know? But it's a learning experience too. And now I'm at the point where I'm like trying to get in a relationship because I don't want that to happen again.”</p>

		<p>“it's like a surfing it's like a wave and then I mean ocean up and downs and sometimes we in control sometimes we're doing the punch and sometimes we're underneath drowning getting punched in hit serving away high points low points and then just crash and dry”</p>
<p>How to ensure mother and child(ren) will never experience DV again?</p>		<p>“take into accountable all red flags signs, or be aware of your surroundings. If you're an addict, you stay active in your recovery. Because, you know, we're going to get blindsided from, you know, what's going on in front of us. Just always be aware of your surroundings and you know, have discernment, you know, but pretty much just, you know, you always got to be on your toes and be protected. Or, you know, in any situation, because anything could just happen right in front of you, you know,”</p> <p>“by a gun in my defense in Colorado is open carry you don't have to have the weapon registered in its open carry so like I mean, Colorado is the perfect state to go for domestic violence just saying guys if you want to carry gun”</p> <p>“I just think, to me, kind of in in a generation generational curse, because that's really what it is. And so being the first Yeah, I have a daughter so it's pretty much just I have to learn how to not be like my mom. And that's harder to basically on learn what she already learned. So it's just being the prime example but I mean, none of that stuff is ready. I mean, all you care in the install is your kids. It's just, you know, teach them right from wrong but and pray to God, you know, at the data set to them, and who they choose To hang around, I mean, it's not really perd mandible because you know, it could be a good person you really think and next thing you know, you knocked upside your head and what like you never know. I mean, it comes on faces you wouldn't even know. But I think it really is just the generation ending the ending? Yeah,”</p>
<p>How to stop generational DV</p>		<p>“Breaking the cycle. For me, Sapphire would be me, like I like I said, me watching my parents go at it. Now that I have a child, when I see something where I'm in a relationship, I honestly don't want to get in a relationship. But if I were to be in a relationship, hypothetically, when I see the red flags to just you know what, this is not going to work, let it go stop it, just see it and just let it go. Don't try to hold on to it. Try to drag it out. It just makes the situation worse, where you're going through all of that, and then my child has to see it and then she's going through it. So just break it right now. Just stop. And then I know now too. If someone loves you, they're not going to put their hands on you.”</p> <p>“Start just now also like, taking accountability. letting the kids know, like, Mommy allowed you to see or saw whatever is wrong. I shouldn't do it takes to no one's always like, more aggressive, but sometimes we just sometimes don't know that their eyes saw</p>

		that are peeking around the corner then. Sure, yeah. Sometimes slips are minor man, little ones. absorb everything.”
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Focus groups were implemented to be an effective data collection tool, allowing for informal and transparent discussions, in a safe space, among participants in the PFFR program. A total of seven focus groups were completed over the last three years, which consisted of Focus Group 1 and Focus Group 2. Focus Group 1 was designated for new clients where we explored their opinions and perspectives about domestic violence and the generational cycle of domestic violence. Focus Group 2 was designated for clients who were further along in the program. This focus group explored the views and opinions of the clients surrounding their level of satisfaction in the PFFR program.

Focus Group 1

Twenty-one women participated in Focus Group 1 and Table 7 above, reveals the qualitative data gathered from the recorded and transcribed sessions. Consent forms were completed. Following the ice breaker, questions were asked about their general understanding of domestic violence. In general, the women had a good understanding of the definition of domestic violence and was transparent about their thoughts and experiences on the topic of generational cycle of domestic violence. Surprisingly, while discussing domestic violence, one woman referred to herself as the perpetrator and another participant called herself the aggressor. The latter admitted to becoming the aggressor after being the victim for so long. Another participant recommended Time for Change Foundation as a place where women and children can go to health from domestic violence.

Interestingly, three of the women mentioned being exposed to generational domestic violence in their homes, before becoming a victim themselves. As the women shared ways to ensure their children would never experience domestic violence, “breaking the cycle”, and “ending generational curses” were recommended solutions from one participant; however, another participant in a different focus group stated, “to buy a gun”.

Knowing that domestic violence is all too common among this population, it speaks to the need of more culturally-responsive shelter programs similar to PFFR, where safe and stable housing is provided, along with therapeutic therapy so women and children can begin the healing process and disrupt generational cycles of domestic violence.

Table 8: Focus Group 2 (PFFR Program)

Theme	Examples
Describe PFFR Program	<ul style="list-style-type: none"> • “It’s an amazing program. It helped me out a lot. It helped me look at myself differently. It gave me hope. It literally gave me hope in what I was doing. I’ve tried to do things my way for so long. And I couldn’t do it. And Miss Noosaville can we name Okay, so we just say staff, and the staff was just like really pushing me to do better. And that’s what I needed. Thank you. Thank you Miss Phyllis.” • “just positive, every unification or what sticks out to me the most. You know, having my baby basically ripped from me through Children and Family Services was a difficult attack to come to take on. But with time for change, and coming here and being accepted into the program, I’ve been able to, you know, face that attack head on, and come out, big overachiever with the assistance of women like Miss Phyllis, Miss Amelia, Miss Vanessa, Miss Tijuana, Miss April, and those that were here and no longer here anymore. They helped and put a family back together. And for that I’m forever grateful.” • “TFCF is not good with sharing information and services offered. Been in the program for a month.” • Didn’t know I was enrolled. Been in the program for 10 days.” • “Although I didn’t get my son back. The tools and the classes and everything that TFC provided for me, it did help me get a better perspective, like my attitude is a lot better. Like one of this clients. I’m sorry, I mean one of the staffers, she, she sees that I’m smiling more and more positive.” •
Program activities benefited from the most (mother)	<ul style="list-style-type: none"> • “I think the permanent supportive housing program benefited me the most, because that was the key. And what was the last thing I needed to actually get my kids back in my custody and temper tantrum with that so” • “permanent supportive housing did help me out. It helped me getting my kids back route and rebounded to I had a warrant, she helped me clear it up. I’m able to not walk around without looking at my back every time. And the counseling, that counseling really helps out with me and my kids.” • “I would say the parenting. I went through a lot with parenting and this one really got to the roots of it, like no sugar coating or anything like the previous parenting I’ve done. I’ve learned to better communicate with my kids. At first it was just more likeshut up, go to your own room, you’re not getting nothing you know, but with this parenting I was able to really now communicate with them and get a better understanding of how they feel and let them know how I feel about certain situations. So I would say the parenting.” • “Definitely, the counseling they provided, for me free counseling. So I was able to talk about my feelings and cry and vent and not

	<p>have to feel like anyone's gonna use it against me. Just sort out the root of my mental health. So that helped a great deal and then they did also provide me with resources for when I left the program, I was able to get into a sober living. And then from there, I just continued to thrive.”</p>
<p>Program activities benefited from the most (child)</p>	<ul style="list-style-type: none"> • “For me blue, it would be the mommy, mommy was amazing. When I was in when I was here, in a sheltered, because when I got my children back, I really didn't know what to do, because I've been away from them so long. No, five, six years. And I do have older kids, but then babies, it was something new to me all over again. And they helped me like, you know, just be the mom, I need to be again to my children. And some things I might have forgotten because I was too messed up. So that was a good amazing thing. And also to the housing because without the housing Summit, if we didn't have the help of housing, we will go back to our old places, you know, and we will just end up losing our children again, or doing something that we don't want to do, but it just happened. So that's a good thing. Amazing thing for our children.” • “I want to be there. The counseling has is showing my kids how to open up. I'm seeing the change, they are opening up. I just want to be there.”
<p>How PFFR helped to decrease DV and other forms of violence?</p>	<ul style="list-style-type: none"> • “because now I know how to pick and choose. see for myself stupid and naive and not paying attention now that my eyes open. For protecting myself and my kids” • “So now I'm just really back to being like a loner a little bit and picking and choosing, like she said, cautious, very cautious, very, very cautious. I don't start with the effort to like, some acquaintances. Once I see red flags, I don't just do the push over thing. I'm like, oh, it'll get better. like, Nah, that's it, that's who you are. So I gotta go.” • “Just after being in the program and being able to express myself instead, you know, being around other ladies and women just know, I wasn't the only one going through certain things. And now, you know, getting feedback from some other ladies and also the counselor time at the time, you know, just like they said, being aware and back in the day they would say “oh, it will get better” and it just being the first second, fifth, sixth , you know, just being more aware, and not playing, not putting up with no nonsense at all.” • “Prior to attending PFFR, toxic relationship with mother and DV relationship. Being here helps to focus on reunifying with kids. Stable environment and visitation with children because of TFCF.” • “No. Helped self. I was the abuser and learned how to remove self from DV prior to TFCF.” • “Hasn't helped because son isn't part of my life. Hasn't felt supported outside of the program.”

<p>How PFFR helped to increase social-economic mobility?</p>	<ul style="list-style-type: none"> • “For me, you wouldn't be it wouldn't be the savings Um, I know they help you a lot with that, you know, because it is possible when you have a little bit of money they help you with that amount of money, get what you need, you know, and it's, that's good because it shows us how to just save and you know that we don't have to go all out and then another one would be employment you know, because I know like before I was looking for employment or nothing like that, you know, but since I came here it gave you it gives you courage to want to do something different and look for work and stuff like that. It just gives you encourage courage Wait, so yeah read” • saving money wasn't even anything with me before. I now know like, even though I'll have a little bit, you know, you do you learn the value of \$1. What your what is priority, what isn't? It does help out a lot. • “I will say for me time management. I noticed TFC is really adamant on their time. And when you say you're gonna do this, do it at that time, do that and follow through. So time management for sure. I'm still working on budgeting because I have a complex, but I'm an impulsive buyer. So I'm working on that. They're still working on it. Yeah, so time management I am where I'm supposed to be at least 10 minutes prior. If I say I'm going to do something, I'm going to do it, and do it. They taught me something else. Well, I think I felt like I was already self-sufficient, but codependent at the same time. It always felt good to have someone that I felt needed me or whatever. And now not so much. I just like having my own back and doing me.” • “Helped with resume. Excellent in that part of the job search.” • “Glowing resume. 3 job interviews. A lot of offers.” • “High regards for Ms. Lishay.”
<p>Satisfaction with PFFR</p>	<ul style="list-style-type: none"> • “very satisfied.” • “satisfied.” • satisfied a lot. Very satisfying.” • “100% satisfied.” • “I was satisfied to about an 8 out of 1 of 10” • “I can't complaint because it change me a lot. Sober now so that's a plus. My kids are starting, at least my oldest daughter is starting to follow into my footsteps like the job now so she's working now. So you know she, she looks up to me. And it's a good feeling so, it's change my attitude to be more open.....” • “65% satisfied with the program.” • “Program holds a lot of promise. Know the end goal and miracles that can happen.”
<p>Likelihood of recommending PFFR</p>	<ul style="list-style-type: none"> • “I mean, I've already recommended so there goes. And I will always be recommending it anytime I know somebody that needs help. Now let's be like, go to climate change.” • “I recommend the program. You know when I see somebody that needs it, I tell them kind of free change and keep on doing.”

	<ul style="list-style-type: none"> • “I recommend the program but I find myself acting more like I work here assessing the people before I change. Yes, you know, I mean because it's so structured, you got to come here with the actual goal and a plan time for change is not your average, you know, organization or foundation.” • “Will recommend. Know how beneficial services are.” • “Will recommend for those fighting for kids.”
PFFR improvements	<ul style="list-style-type: none"> • “I? I can't answer that either. They helped me with everything in every way that I needed.” • “I'm gonna say like, if they had some type of like behavioral therapist or your thing, like, because my daughter, she's 14, and she like, really like she thoroughly abuses me. And like, in like, you know, she's gone to counseling. And recently, she just refused to do counseling or take medication or anything.” • “Right now. It's only on Zoom. I'm kind of going through the same thing My daughter just got in a fight at school. But like I said, the counseling does help. But I feel like they need more of like, a one on one where they come in, and they actually sit down with them.” • “Hire more case managers. The current one is not effective”. • “Only 1 case manager. Ned more case managers to help so clients are med and not so much weight on case manager.” • “Maybe have more employees, workers, case managers who have lived that type of experience, But like you said, Real recognize real, and you can see in their eyes and their face and the things that they say to us, it's just like, okay, just get it together..... I guess, at least the case managers, I feel like she'd be just a little more relatable. Because there's only so much you can learn in a book.”

Focus Group 2

Sixteen women participated in Focus Group 2 and Table 8 above, reveals the qualitative data gathered from the recorded and transcribed sessions. Consent forms were completed, and following the ice breaker, questions were asked about their levels of knowledge and satisfaction with the PFFR program. Many of the women described the program in relation to the services they received, such as the parenting classes, anger management, and housing. When asked which program activities they benefited from the most, the majority of the participants stated the therapy sessions.

In regard to the PFFR program helping to increase their social-economic mobility, majority of the women referenced having a savings account, budgeting, and finding employment. One participant stated, “never broke or borrowing”. Majority of the participants were satisfied with the services received and would recommend the program to someone else. Hearing the responses of the participants is a testament to how critical the PFFR program is to women and children impacted by poverty and generational cycles of domestic violence.



Table 9: Observation Summary Notes (Mommy & Me Bonding N=31 Sessions)

Activity	Observation
Mothers and daughter prepared food	<ul style="list-style-type: none"> • Enjoyed cooking new food • Had fun cooking together • Mother guided daughters • Practiced safety while handling equipment
Picnic at Fairmount Park	<ul style="list-style-type: none"> • All women enjoyed the outing and spending time with one another • Mother bonding with 2 children during visit. Attentive mother, active and attentive children • Mothers with children enjoyed the outing, shared their stories and discussed steps needed to reunify with children • Mom bonding with 2 of 3 children. Third child visiting weekend with father. One child showed improved behavior and getting along with sibling and other children during the outing. Child quoted saying “I wish my brother was here”. Mother played soccer and volleyball with older child. Mother demonstrated more patience with children. More aware of her baby’s needs. Overall improvement with parenting.
Art project	<ul style="list-style-type: none"> • Mothers enjoyed time painting and bonding with children. • One mother experienced her first overnight visit with children (ages 8 & 13). Children were well-behaved. Daughter’s painting “Mommy & Daughter”. • Mother with 1 year old son. Painted son’s hands and feet on canvas. • Observed a clean house and the women getting along well.
Yoga	<ul style="list-style-type: none"> • Observed bonding between the mother and their children while doing yoga. <ul style="list-style-type: none"> ○ Observed 1 child having a tantrum, but the child quickly calmed down and joined the group in the yoga session. • Mother and daughter were very engaged in the yoga activity.

	<ul style="list-style-type: none"> ○ When daughter behaved disobediently, the mother addressed the daughter in a firm manner. The CM observed the child listening and being obedient to her mother. ○ CM stated the mother is firm, but loving and the daughter is well behaved.
Mother/Child Facials	<ul style="list-style-type: none"> ● Mother and children enjoyed the activity ● Children were attentive and focused ● One mother didn't participate as it was a trigger for her, since she didn't have her children with her.
Interaction at the Park	<ul style="list-style-type: none"> ● Mothers packed lunch for the outing. ● One mother was able to pick up her other daughter. Enjoyed the day with all three of her daughters. ● Another mother had her first visit with her 5 children since her release from jail. ● Oldest daughter wanted more alone time with mom. Children were upset at the end of the visit because they couldn't stay with their mom. ● The third mother enjoyed time with her 2 children. Played catch and used the exercise equipment in the park. ● Third mother and children had a family therapy session at the park. ● Evidence of mothers bonding with children.
Art Project: Making multi-colored/layered sand bottles	<ul style="list-style-type: none"> ● One mother expressed she finally has a healthy routine and structure in life, and the 2 children are used to the daily schedule. ● Younger child enjoyed playing with bubbles. ● Observed interaction between mother and her 2 children. ● Observed growth in 1 mother since she arrived at TFCF. Reception from children as well as better behaved. ● Believe Therapeutic Parenting classes are helping.
Paper Plate Art for Christmas	<ul style="list-style-type: none"> ● Interaction between mothers and children to work together and create art pieces. ● Children had fun playing with glue gun and cotton balls. ● Observed 1 mother having a hard time with one of her daughters.
Halloween theme activity	<ul style="list-style-type: none"> ● Mother and children made apple monsters, black cat cookies, marshmallow spiders, and witch hats ● One mother was engaged with her children for over 3 hrs. ● Enjoyed the activity and eating the snacks.
Kiddie Academy	<ul style="list-style-type: none"> ● Event set up to benefit TFCF. ● Games set up. Obstacle course, volleyball with balloons/fly swatters, parachute game, hopscotch and more. ● Women and children participated. ● Clients mingled and interacted with other attendees ● Overall, wonderful event
Vision boards	<ul style="list-style-type: none"> ● Mother created vision board, with new year goals, with children. ● Children were cooperative for the most part, until 1 child had a meltdown because she was hungry and tired.
Baking	<ul style="list-style-type: none"> ● Mothers and children made homemade cake ball pops. <ul style="list-style-type: none"> ○ Fun activity where the kids were engaged and satisfied at the end. ● Mother and girls baked homemade chocolate chip cookies.

	<ul style="list-style-type: none"> ○ One child had a meltdown and the mother remained calm and allowed the child to cry it out on the couch. The child later calmed down and engaged in the activity. ○ The teenagers were in charge of reading the directions and measuring/pouring in the ingredients, while the younger kids helped with placing the cookies on the sheet. ○ One mother and her 2 autistic children participated. The mother did well with helping her children engage in the activities. ○ The mothers guided the girls. All worked well as a team.
Meal Prep	<ul style="list-style-type: none"> ● Mothers and children made personal cauliflower pizzas and zucchini noodles with cheese sauce. ● Mom was helpful in ensuring the children were using the equipment safely. ● All were engaged and had fun cooking. Expressed how they looked forward to learning more.
Painting birdhouses	<ul style="list-style-type: none"> ● A mother and her daughter engaged in this activity. ● Child has special needs and when the child became overstimulated and upset, the mother removed her from the group and provided comforting hugs to her daughter, while remaining calm. The child eventually recovered. ● CM noted how well the mother manages the daughter's special needs.
Portraits	<ul style="list-style-type: none"> ● Mothers and children engaged in drawing portraits of each other. ● One mother was uninterested in participating in the activity; however, she eventually completed the task in a rushed manner. One child was sleep, while the other was awake. ● CM noted the mother appearing to be drained caring for 2 children with severe autism but expressed how well the mother handles her responsibilities.
Birthday party	<ul style="list-style-type: none"> ● One mother had a birthday party for her 1-year-old son. <ul style="list-style-type: none"> ○ CM noted the mother being very loving. Son is affectionate towards mother. ● Mothers did well organizing and facilitating the party, while engaging their children in the activities and serving them food.
Sensory activity	<ul style="list-style-type: none"> ● Mother and children engaged in sensory activities. ● Played with "Simon Says" game and made a drum circle with pots, pans, and wooden spoons. ● The son was laughing and smiling, while the daughter was focused on turning the pots right-side up. Later daughter had a tantrum and mother calmly handled the situation. ● CM observed mother being very patient with children and has observed a lot of growth in the mother over the last few months.
Water play	<ul style="list-style-type: none"> ● Mother observed daughters playing in the pool, while playing Disney music. ● Mother and 2 daughters played in kiddie pool, playing "tea party". <ul style="list-style-type: none"> ○ Afterwards, mother changed the kids clothes and laid them down for a nap.

	<ul style="list-style-type: none"> ○ CM observed the kids had a structured routine because they knew it was naptime. ● Mother and son played in kiddie pool. <ul style="list-style-type: none"> ○ Mother tried to manage the child's anxiety, which often resulted in crying. Instead of picking him up, she gave him toys to play with. ○ Both mother and son had fun.
Bowling	<ul style="list-style-type: none"> ● Mother and son went bowling and had a great time. ● CM stated how "incredible" their relationship is and how much fun they have together. She expressed how much she admires their relationship.
4 th of July Event	<ul style="list-style-type: none"> ● Mother attended event with children. When her son would scream often, the CM instructed the mother to remove the son from the situation, but the mother ignored the CM. ● CM observed the son being upset by different things. ● CM observed mother being conflicted on how to discipline her son and care for other children.
Sugar/flour hand molds	<ul style="list-style-type: none"> ● Mother is working on being reunified with her 2 children, so she participated in the activity by making a mold of her hand for each child and added a note for them.
Snack & paint event	<ul style="list-style-type: none"> ● Event took place at hotel where a PFFR event was behind held. ● About 30 people participated and it was a success. ● Participants had fun painting a hot air balloon floating in a sunset.
Pumpkin carving	<ul style="list-style-type: none"> ● Mother and 2 children worked well together carving pumpkins ● Children recently reunited with mother after being in a bad environment during the last year. Children appear to be happy being back with their mother. ● Another mother and son joined the activity late and enjoyed the activity.
Movie Theater	<ul style="list-style-type: none"> ● CM took mothers and children to the theater to see Lyle, Lyle Crocodile. ● First time some of the children have attended a movie theater. ● CM observed the children being very engaged in the movie, expressing different emotions based on the movie scenes. ● CM described the event as perfect and priceless.
Decorating Christmas Tree	<ul style="list-style-type: none"> ● Mothers and children decorated the Christmas tree, while listening to music.

The 'Mommy and Me' family bonding program has proven to strengthen the family reunification of mothers with their children. From the activities listed in the table above, mothers learn how to effectively communicate, reinforce, and positively affirm their child's presence, education, and creativity, while improving their parenting skills and ability to support the emotional wellness and stability of their children. The different activities completed by the mothers and their children vary with the intent of strengthening the relationship between the mother and her child.

The program clearly demonstrates its effectiveness in building and strengthening the mother and child bond. According to the observant's notes, one mother has appeared to have

applied the skills learned in the Therapeutic Parenting Education when dealing with her child's meltdown. Living in stable housing makes it possible for these mothers to spend quality time with their children. Even more so for the mother who had visiting rights with her children.

Table 10: Progress Summary Notes (Therapeutic Group Parenting Education)

Baseline Risk Factors	Goals	Outcome/Impact
<ul style="list-style-type: none"> • Housing needs • Counseling needs • History of trauma • Domestic violence • Substance abuse • Alcohol abuse • Drug abuse • Involvement in criminal justice system • Health concerns • Nightmares • Employment/Vocation needs 	<ul style="list-style-type: none"> • Cognitive Behavioral Therapy (CBT) • Emotional Intelligence • Mental/Emotional Wellness • Sharpen Parenting Skills 	<ul style="list-style-type: none"> • Understanding the relationship between trauma, brain development, and the effect on life stages growth • Understanding of how CBT can resolve family conflict associated with traumatic childhood experiences • Improve strategies to build health relationships • Increased capacity for self-regulation, emotional regulation, and empathy • Increasing self-efficacy to aid in disrupting cycles of violence • Increase strategies on supporting emotional wellness and stability in children • Understanding of four parenting styles • Task to consider which style to adopt • Understanding of how negative and/or positive parenting styles transfer generationally • Understanding of generational difference and patterns in parenting style (discipline, trauma, and healing) • Dialogue on discipline without anger

	<ul style="list-style-type: none"> • Academic & Parental Engagement • Co-Parenting Triangulation • Stages of Development • Impact on Technology • Equity/Equality/Cultural Competence • Building Bridges 	<ul style="list-style-type: none"> • Improve observation skills and increase time spent • Improve strategies on verbalizing and enforcing academic expectations • Efforts to engage with school leaders • Understanding the relationship between academic success and heavy parental involvement • Information on types of verbal toxic parenting styles and methods to improve co-parenting • Strategies on how to support children through each stage they experience • Role and accountability of parental controls, boundaries, and safeguards for children/teens using their phone/internet • Strategies on teaching tolerance and respect to decrease issues of racism and inequalities generationally that exists in schools/communities • Identifying intergenerational transference of intolerance, racism, microaggressions • Increase understanding of the importance of encouraging children to accept others from outside of the home • Positive parenting through counseling, healing, and working through past trauma • Practice strategies to rebuild trust w/children
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		<ul style="list-style-type: none"> • Create positive core beliefs for children • Building firm support systems for healing for parent and children's development
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2020 (N=26, 15 sessions); 2021 (N=27, 20 sessions); 2022 (N=18, 47 sessions)

Therapy is an integral part of the healing process for all of the PFFR participants, including the children. Therapeutic therapy disrupts the generational cycle of domestic violence by creating a safe space for women and children to address negative emotions and behaviors, heal from past traumatic experiences, and increase emotional/mental wellness in order to maintain healthier relationships and make better life choices.

Group Therapeutic Parenting sessions were managed and facilitated by Clay Counseling Solutions, where the focus was on violence prevention, and modeled so the mothers can educate their children about the effects of domestic violence as a lived experience adviser. Clay Counseling Solutions structured the sessions around relevant topics and culturally appropriate methods for disrupting multigenerational domestic violence among this vulnerable population. Goals were set for each group session and ranged from topics relating Cognitive Behavioral Therapy (CBT) to Building Bridges.

Qualitative data gathered from the bimonthly progress notes and summarized in Table 10, revealed the baseline risk factors (self-identified by the parents), goals, and the outcomes met. Aggregated data revealed improvements among the women in areas related to increased self-efficacy, positive parenting skills and relationship with children, increased levels of trust between parent and children, and a reduction in the transference of negative behaviors generationally.

Clay Counseling Solutions revealed the following: 1) TFCF clients has made significant changes in their way of thinking; 2) many clients have gained insight into the behavior,

thinking, and life choices that maintained some of the challenges they were experiencing; and 3) importance of mothers building unity between all generations of parental figures/guardians in the child’s life in order to strengthen successful behavior modification goals and positive intergenerational relationships.

Table 11: Progress Summary Notes (Play Therapy)

Baseline Risk Factors	Progress	Outcome/Impact
<ul style="list-style-type: none"> • Housing needs • History of trauma • Exposure to traumatic event • Major decline in behavior, grades/attendance • Loss of friendships, trouble making/keeping friends 	<ul style="list-style-type: none"> • Emotional awareness, emotional expression, and positive social skills • Coping skills for healthy emotions, communication, and behavior • Engage consistently in weekly sessions • Functional verbal skills • Socialization and conversational skills • Comprehension and listening to instructions • Self-regulation and following directions • Relaxation techniques/deep breathing 	<ul style="list-style-type: none"> • Continued growth in emotional awareness • Increased positive behavior with token reward system • Engaged well with provided activities, peer interaction, and play therapy structure • Use of functional communication/words (“more”, “no more”, “all done”) instead of whining and crying • Demonstration of high empathy and awareness of responsibility • Showed awareness of the dynamics between 2 feelings with the use of puppets • Responsive with little prompting

2020 (N=6, 17 sessions); 2021 (N=6, 32 sessions); 2022 (N=3, 39 sessions)

Clay Counseling Solutions managed and facilitated the Play Therapy sessions with the children enrolled in the PFFR program. Sessions were tailored around relevant topics and age-appropriate methods. Typically, goals are set for each group session and range from topics centered around art therapy, which is used to build listening skills and increase joint

attention, digital card decks activities to increase social skills and positive communication, social stories to further emphasize the topic of apologizing. With the younger clients, Clay Counseling worked on building socialization and conversational skills, while reading Disney Cars themed digital stories, discussed shapes and alphabet featuring Disney Cars videos. On an ongoing basis, Clay Counseling worked with clients using Bibliotherapy and introduction of coping skills in order to explore emotions, and healthy communication, and behavior.

For the clients being served, Clay Counseling observed impact in the following areas: 1) positive engagement with provided activities (answers questions when asked), 2) engagement and integration of new group members with peers successful, 3) self-regulation of movements during sessions, 4) positive peer interactions between clients from different TFCF locations, and 5) strong and positive social skills.

Clay Counseling recalled improvement in a specific client when he “expressed positive relationship with mother” and “openness to working through relationships with siblings since he is the oldest”. Although there was fluctuation in attendance by some participants, overall, qualitative data from the Therapeutic Parenting and Play Therapy sessions showed signs of primary prevention of intergenerational domestic violence and impact in the following PFFR outcomes: exposure to violence, parenting/caregiver, education, and behavioral health. This level of family therapy can ultimately prevent the children who participated in the PFFR program from being exposed to violence and perpetuating violence.

The focus groups supported the improvements identified in the Therapeutic Parenting and Play Therapy sessions. Mothers from Focus Group 2, shared the following responses when asked which PFFR program activities benefited them, or their children, the most:

- “I think therapy, my son”
- “I would say the parenting”
- “Think counseling has helped my children the most, especially my son, because there's some things that like he said that he had never told me before, you know, and like, it helped. It helped with my kid's relationship with each other. Like they're nicer to each other. Now, they do things together, you know, they don't always argue like my daddy's always pick on my son. And I can't express to her, like how much I hurt him. And like she literally stopped. And that was all because of counseling. Yeah, so”.

3) Client impact story

(Client Success Story 1). I have been residing at Time for Change Foundation shelter for women since June 22, 2022 and being part of this program has changed my life! I attended groups every week which helped me gain numerous life skills that have been helping me with my everyday living. I have gained a positive attitude, I am more confident about myself, I am more caring, willing, and open-minded today. I have gained employment with a great company called Yaamava Resort and Casino. I am also studying to get my class B driver's license so that I can start driving for Durham School bus services. I recently transitioned into my own apartment and now my children have a place to call home where it is safe, and a clean environment. I have one year, one month, and eleven days sober today from active addiction. I have a sponsor which I am grateful for and attend AA meetings three times a week. My life is moving in a positive direction, and I thank God for all of my lessons and blessings, and I could not be more happier and thankful for this wonderful program that has caring and loving staff that believes in me and inspires me to keep moving forward in a positive direction. I just want to say that this program works if you work it and don't leave before the miracle happens. Thank you, Time for Change Foundation for saving my life and allowing me to be a part of something that is so great.



(Client Success Story 2): So here is my story. It's not a Once Upon A Time kind of story but it does have a happy ending. I grew up on a Native American reservation in Arizona. Both born and raised. I had a pretty not so good childhood; I've endured all types of abuse throughout. In and out of foster care homes. I went from my mom's

house to my dad's house every 6 months. I started doing drug at a very young age about the age of 12 I would say. First started out smoking weed here and there and finishing my parents' drinks after their parties. Every now and then turned to an every after-school activity for myself and my brother. As we got older, we tried other drugs ranging from acid to shrooms them to meth. That's when it hit the road and took off. I loved the stuff. There was nothing more than to use at a young age. At least I could say I did graduate high school but also had my first son right after graduation. I could hardly take care of him so my mom and stepdad stepped in. Then soon after that I had my second oldest son.

Then I was in a very abusive relationship to which he had I out to kill myself and my sons. Then I started using crack cocaine became very addictive. Got out of that relationship in the nick of time. Thank goodness. Then here come my criminal life. In and out of jail. Then here comes



third son. Still in a very addictive state of mind as well as life. I could not stop for the sake of my life. . Let me fast forward a little bit I then had two more children not to mention still in my very addictive state of life I mind you. Back in 2019 I lost custody of my two youngest child. I lost the respect of my family as well as my children. No one wanted me to be around me unless I had drugs. I hung around people who were using I was relationships were we both were using. I didn't care about my kids. Then here goes one year in the federal tribal jail for always testing dirty and for shoplifting. I caught a violent crime in 2018 just a year prior. I went on the run for just about four years on our Indian reservation. I thought I was untouchable at one moment. Always running from the police. Not until September 25, 2021, I was finally busted. Busted for probation violation, drugs, weapons and a lot of money. I was turned in from someone who I thought I knew. But I was wrong. The courts sentenced me for 365 days in county jail, but if I completed a substance abuse program, I would serve half. I did

exactly that did not program and I was released on February 7, 2022!!! I was sent to probation housing. Note I have mental illness and due to the nature of the program and another client it was not the right fit for me then I was moved to a mental illness housing until. When I tell you there was no structure, I mean there was NO STRUCTURE at all. I was on the verge of relapse I was on the verge of throwing in the towel. I was literally going to give up. Along with my mental illness I suffer from suicide and self-harm, and I wanted to do just that. I didn't care about my life I didn't care about anything, not even my children. UNTIL ONE MONDAY when I went to my court ordered class. We have check ins about our Lows and Highs of the week. Of course, mine was a Low. I had confessed that I WAS ON THE HE VERGE OF RELAPSE!!! I actually had the drugs and pipe on me that day or class. I had confessed that I did not care about what would happen to me.



I confessed that I did not care about my kids then in Foster Care and in the CPS care. Until my instructor pulled me aside and jotted down in my journal TIME FOR CHANGE FOUNDATION and the phone number. We both called TFCF together and I was instructed to fill out the online application. I went back to the place I was and I did so. I talked to the home owner and I told her exactly what I felt about the unstructured program. I told her about the relapse I was intending on having. I told her I didn't feel safe at the placement where I was. She understood completely. As I called TFCF to notify them about

the submission of my application they told me if I didn't hear from them in a week to go ahead and call them back.

BEHOLD I received a phone call the next day and I was asked to attend a face to face interview on that Wednesday. I attended my face to face interview and I could tell you it went very well. I was happy with the outcome. I GOT ACCEPTED!!!! To come with all my belongings the very next day. I couldn't believe I had the opportunity to be engaged in a very well-known organization. Let me tell you the truth when I got the great news I

THREW AWAY THE DRUGS AWAY!!! I came to Time For Change Foundation with a different outlook on my life. I had so many struggles with recovery with me children and with my life. I really needed a change. For if I didn't changer right here and right now I wouldn't ever chance. I've been in the Time For Change Foundation program for just about 12 weeks now. And during my 12 weeks I've learned so much about myself and I never knew before. I don't know how strong I was or how smart I was. I didn't know I could accomplish goals set out for myself. I've achieved so much. I've learned about my recovery. I've learned about my flaws. I learned that my past did not define me. The staff at Time For Change Foundation goes above and beyond for me.. THEY HELPED ME WITH REUNIFICATION WITH MY CHILDREN!!! I've was two years since I had my children in my care & Time For Change Foundation took a leap of faith for me. I feel without the Time For Change Foundation program I would have lost my children for good within the system and I would have went to prison. I would not be who I am today. Not only do I have the support from the TFCF staff and It he respect, but I also gained the support and the respect from my family and my son's for which I never knew how I was going to fix what I had broken. I have a great deal of respect all the Time For Change Foundation staff for all the support they give me on the day to day. For without who know where I would have ended up.. THANK YOU TIME FOR CHANGE FOUNDATION.

C. Dissemination of findings.

a. Have you shared your findings thus far with the community, other stakeholders or the field? If so, please describe.

Yes, we have shared it with our community, with the clients we serve and various funders and donors. We have shared information at community events, which allow us the opportunity to share our mission as well as share our findings.

It's worth noting, the Ambassador and Founder of Time for Change Foundation (Kim Carter) our program evaluator (Dr. Nicole Henley), were co-presenters at the Shifting the Lens: Survivors and Families Coming into Focus The Partnership's 2022 Statewide Conference on Domestic Violence (November 2022), where they shared preliminary data about the PFFR Program. Their presentation title was: 2GEN Model: Trauma Informed, Evidence-Based programs for Prevention and Intervention in Addressing Domestic and Other Forms of Violence.

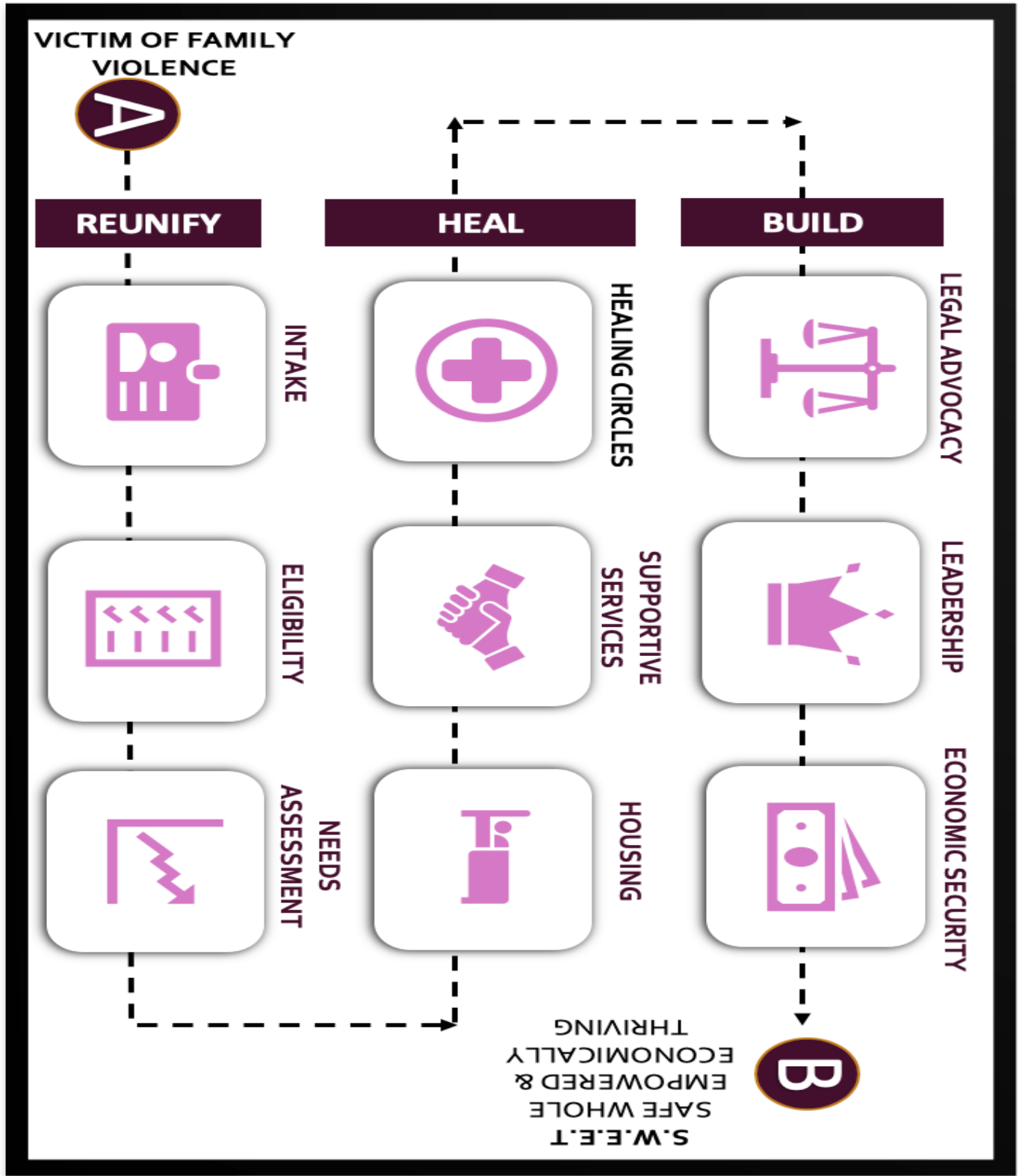
b. How do you anticipate sharing findings in the future? (e.g., reports on your website, presentations to the community or professional colleagues, blogs or journal articles, videos, etc.)

We plan to create an infographic as well as a final report of the findings. Once printed, we plan to mail the report to our supporters and partners. We will also post it on our website, share it via e-blasts, and through social media. It is our plan to translate this comprehensive program evaluation into peer-reviewed journal article so we can share our findings with academics.

a. How have you or do you anticipate using findings for practice or policy change?

Yes, we intend to use the report as data that will support policy change to ending cycles of violence for families. We have experienced that when you have data to back your cause, it is more likely to garner needed support given the evidence.

Appendix A: PFFR Program Logic Model



Appendix B: PFFR Self-Sufficiency Matrix

TIME FOR CHANGE FOUNDATION PFFR PROGRAM SELF-SUFFICIENCY MATRIX*									
CLIENT NAME: _____		DATE OF ASSESSMENT: _____			TYPE OF ASSESSMENT: ___ Initial ___ Final				
HOUSING PROGRAM	<input type="radio"/> Sweet Dreams	<input type="radio"/> Mt. View	<input type="radio"/> Homes of Hope	<input type="radio"/> Brighter Futures	<input type="radio"/> *TFCF Supportive Housing	<input type="radio"/> Other			
DOMAIN									
1									
A. Shelter/ Housing	Homeless or threatened with eviction.	2			3		4		5
		In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable > 30% income	In stable housing that is safe but only marginally adequate.	Employed full time; inadequate pay; few or no benefits.	Household is in safe, adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.			
B. Employment	No job.	Temporary, part-time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Can meet basic needs and manage debt with own resources	Maintains permanent employment with adequate income and benefits			
C. Income/ Financial Resources	No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending	Can meet basic needs and manage debt with own resources	Can choose to purchase any food household desires	Can choose to purchase any food household desires			
D. Food/ Nutrition	No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	Household is on food stamps/SNAP Assistance	Can meet basic food needs, but requires occasional assistance	Can meet basic food needs without assistance	Can choose to purchase any food household desires	Can choose to purchase any food household desires			
E. Childcare**	Needs childcare but none is in place and/or child is not eligible	Childcare is unreliable, unaffordable, inadequate supervision is a problem for childcare that is available	Affordable, subsidized childcare is available, but limited.	Reliable, affordable childcare is available so no need for subsidies	Can choose to purchase any food household desires	Can choose to purchase any food household desires			
F. Children's Education**	One or more school-age children not enrolled in school	One or more school age children enrolled but not attending classes	Enrolled in school, but one or more children sporadically attending	Enrolled in school and attending most of the time	All school age children enrolled and attending regularly	All school age children enrolled and attending regularly			
G. Adult Education	Literacy problems and/or no high school diploma/GED are serious barriers to employment.	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has a high school diploma/GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society.	Has completed education/training needed to become employable. No literacy problems.	Has completed education/training needed to become employable. No literacy problems.			
H. Health Insurance/Health Status (adults)	No medical coverage with immediate medical need. May have serious chronic or acute health problems.	No medical coverage and great difficulty assessing medical care when needed. Some household members may be in poor health.	Some members have private insurance or Medical. May have occasional, recurring health challenges.	All members can get medical care when needed, but may strain budget. Health is generally good.	All members are covered by affordable, adequate health insurance. Engaged in preventative health care, any illnesses minor and well-managed.	All members are covered by affordable, adequate health insurance. Engaged in preventative health care, any illnesses minor and well-managed.			
H. Health Insurance/Health Status (children)	No medical coverage with immediate medical need. May have serious chronic or acute health problems.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Children covered by family health insurance or Medical.	Children can get medical care when needed, but may strain budget. Health is generally good.	Children are covered by affordable, adequate health insurance. Engaged in preventative health care, any illnesses minor and well-managed.	Children are covered by affordable, adequate health insurance. Engaged in preventative health care, any illnesses minor and well-managed.			

Appendix B: PFFR Self-Sufficiency Matrix

I. Life Skills	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living without assistance.	Can meet most but not all daily living needs without assistance	Able to meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.
J. Family/ Relationships	Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect.	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support	Strong support from family or friends. Household members support each other's efforts.	Has healthy/expanding support network; household is stable and communication is consistently open.
K. Mobility	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.
L. Community Involvement	Not applicable due to crisis situation; in "survival" mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers (transportation, childcare issues, etc).	Actively involved in community.
M. Parenting Skills**	There are safety concerns regarding parenting skills	Parenting skills are minimal	Parenting skills are apparent but not adequate	Parenting skills are adequate	Parenting skills are well developed
N. Legal	Current outstanding tickets or warrants, or other minor violations.	Current charges/trial pending, noncompliance with probation/parole.	Fully compliant with probation/parole terms	Has successfully completed probation/parole within past 12 months, no new charges filed.	No active criminal justice involvement in more than 12 months and/or no felony criminal history.
O. Mental Health	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns.
P. Substance Abuse/Addiction	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol, or with gambling, sex, shopping or other behaviors; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use or episode within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least 1 mo.	Client has used or had behavioral episode during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse or addictive behavioral episode in last 6 months.
Q. Safety	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement	Safety is threatened/temporary protection is available; level of lethality is high	Current level of safety is minimally adequate; ongoing safety planning is essential	Environment is safe, however, future of such is uncertain; safety planning is important	Environment is apparently safe and stable

*Modified version of the Arizona Self-Sufficiency Matrix

**If no children are in the household, these domains do not apply = N/A

Appendix C: Pre/Post Assessment Graphs

Chart 9: PFFR Exit Survey Scores

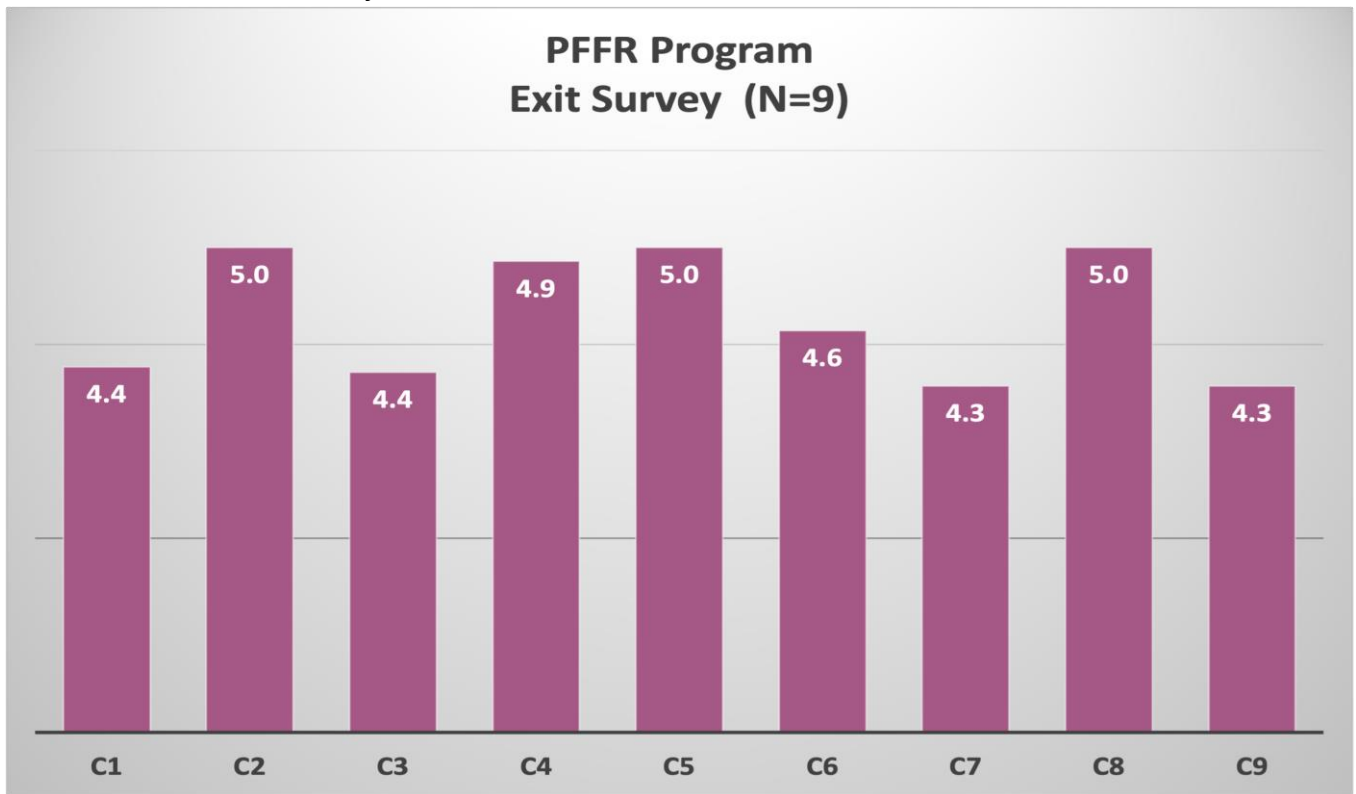
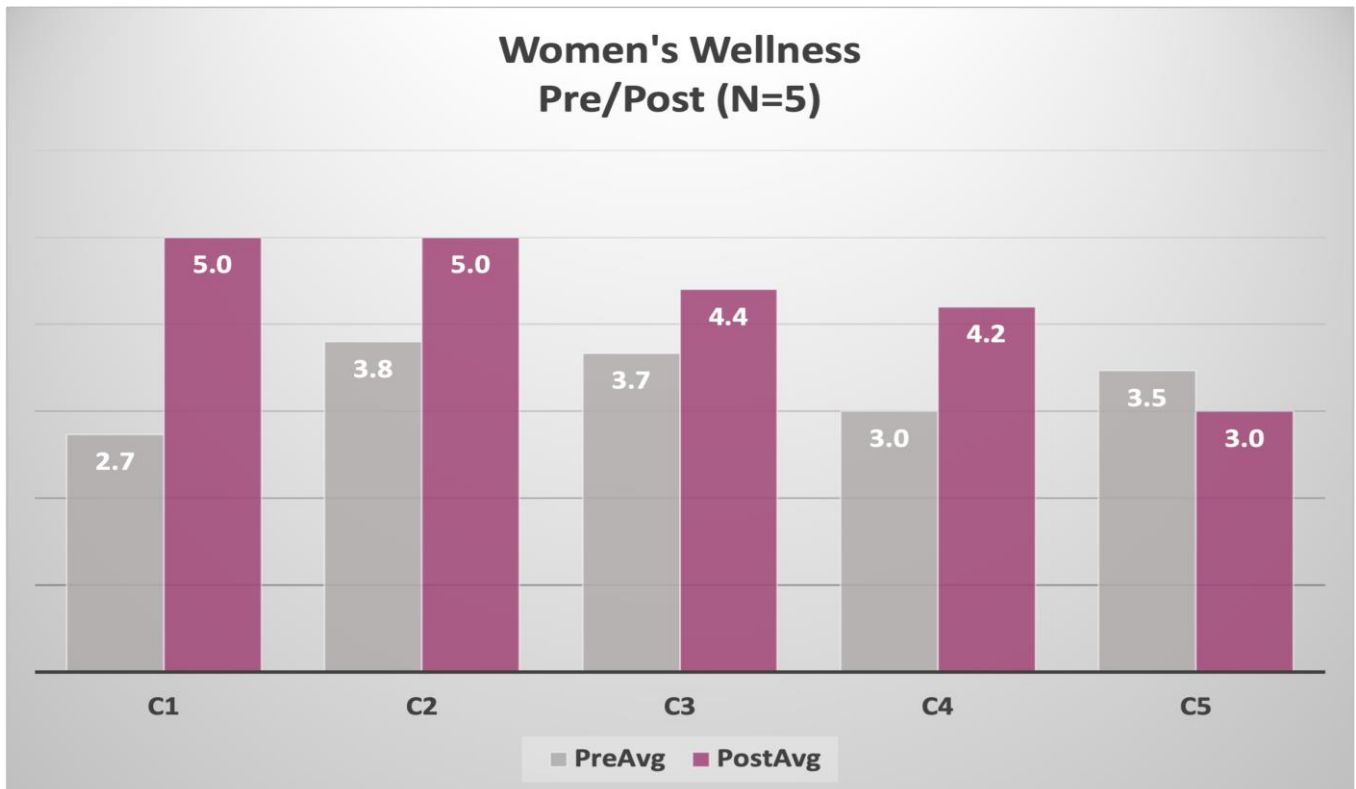


Chart 10: Women Wellness (Pre/Post)



Appendix C: Pre/Post Assessment Graphs

Chart 11: Financial Literacy (Pre/Post)

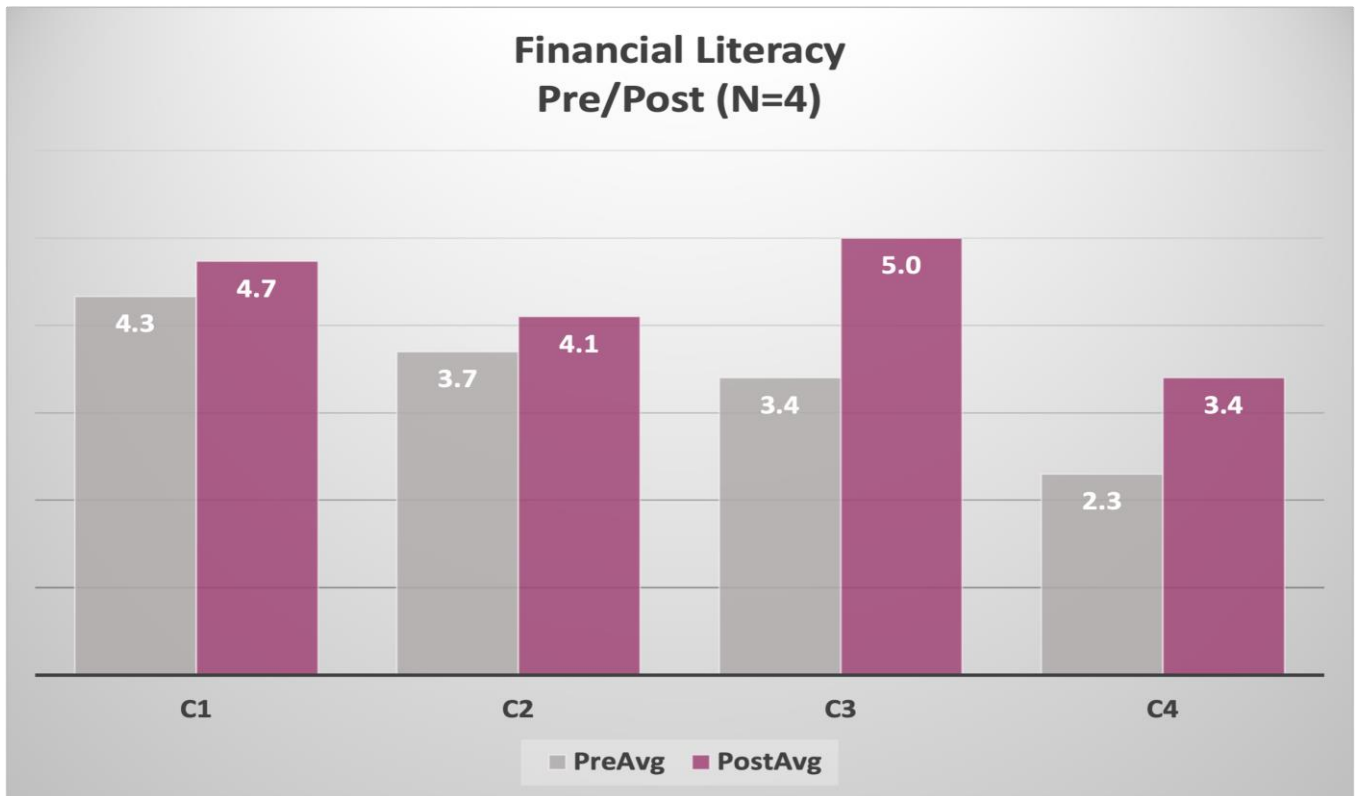
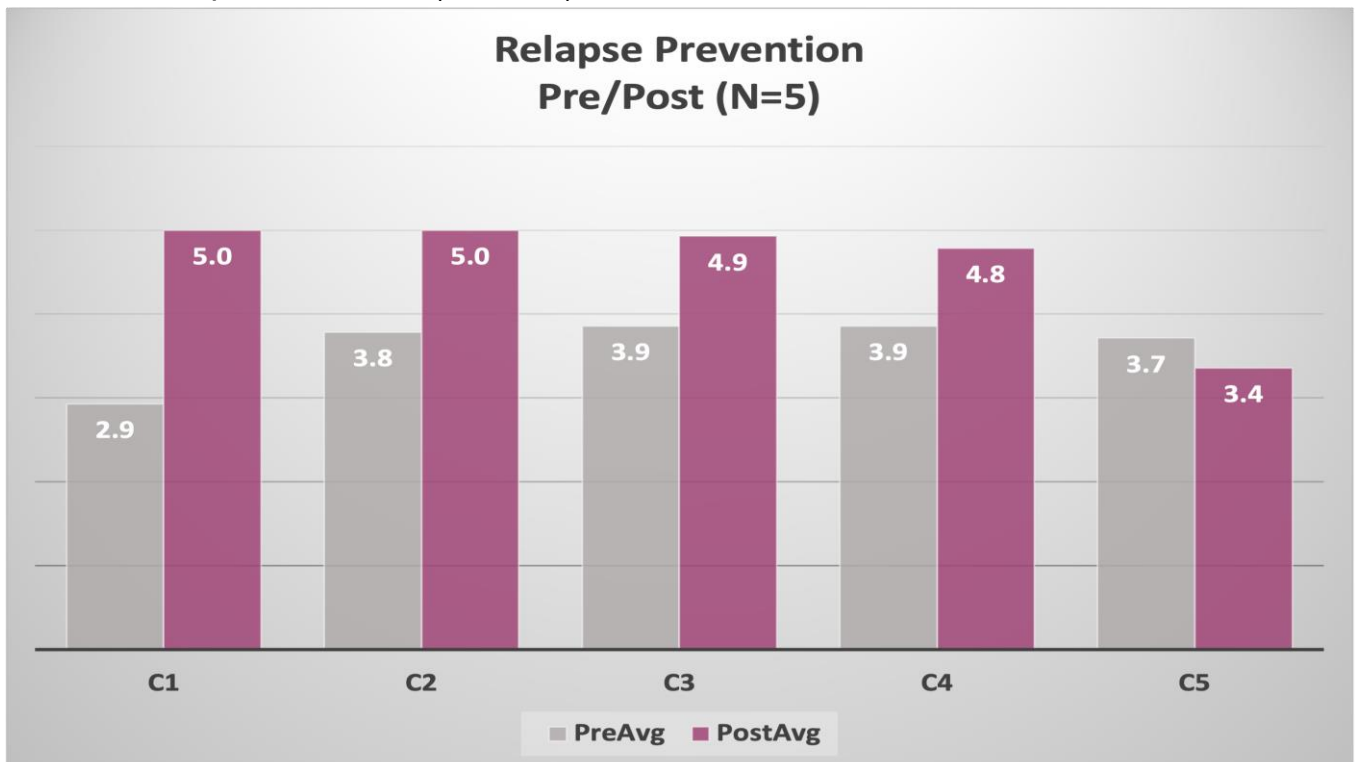


Chart 12: Relapse Prevention (Pre/Post)



Appendix C: Pre/Post Assessment Graphs

Chart 13: 12 Step Education (Pre/Post)

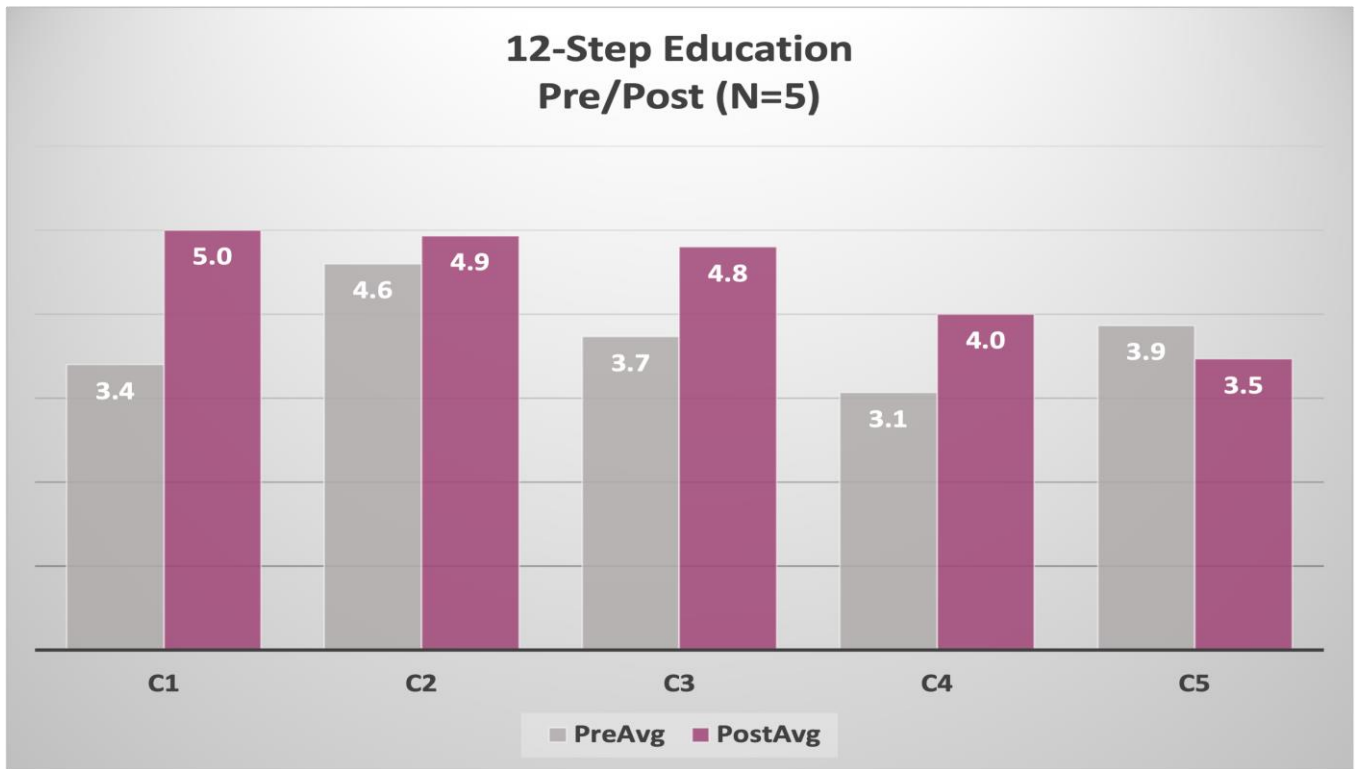
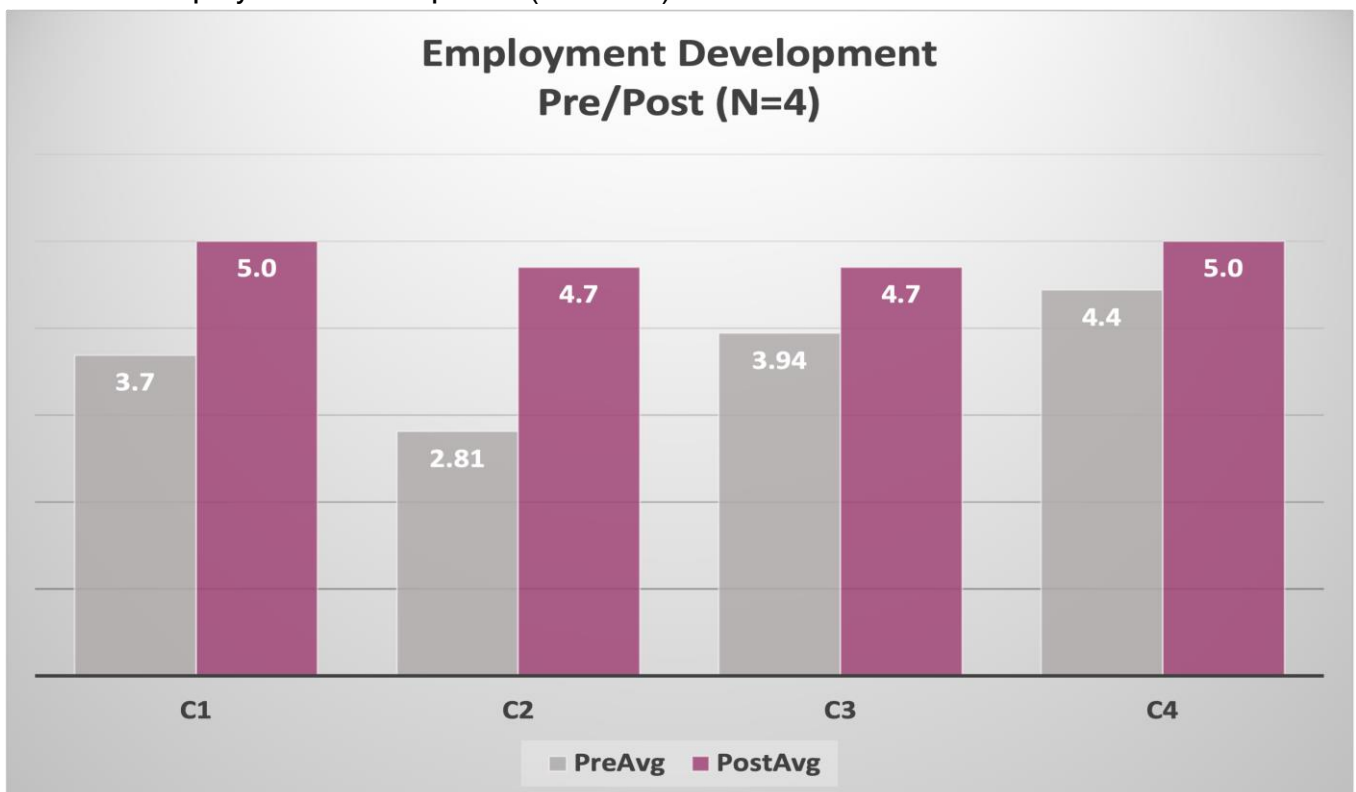


Chart 14: Employment Development (Pre/Post)



Appendix C: Pre/Post Assessment Graphs

Chart 15: Life Skills (Pre/Post)

