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BUILDING EVIDENCE TOGETHER FOR A BETTER TOMORROW



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Cover: Ascend Parent Advisor Yoslin Amaya with her sons. Photo by Briana Adhikusuma, © Ascend at the Aspen Institute

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2Gen Building Evidence Learning and Action Community members Emily Sama-Miller, Dr. Erin Cannon, Dr. Darius Tandon, Dr. Iheoma Iruka, Catherine Kamara, and Marjorie Sims at the 2023 Aspen Forum on Children and Families. Photo by Stephen Jaffe, © Ascend at the Aspen Institute



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Top: Dr. Darius Tandon. Photo by Ralph Alswang, © Ascend at the Aspen Institute
Bottom: Dr. Deana Around Him. Photo by Dan Bayer, © Ascend at the Aspen Institute



Lisa Bohmer. Photo by Stephen Jaffe, © Ascend at the Aspen Institute

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“
**PARENTS AND
CHILDREN
are the
evidence.**

-Madi White, Parent Advisor to the Justice and Joy National Collaborative (formerly, National Crittenton) and former Steering Committee Member, IMPACT

DEAR COLLEAGUE,



The proliferation of two-generation (2Gen) approaches to build family well-being has far surpassed earlier efforts, when the term was first coined in the late 1980s. Re-emerging in the 2010s, 2Gen approaches are at the community level in all 50 states, the District of Columbia, and Puerto Rico in the US, and recently in Ireland, Guatemala, and Rwanda. State systems leaders' implementation of 2Gen approaches and legislation at the federal level aims to strengthen 2Gen approaches across the country. What began as a group of field innovators over a decade ago is now a recognized movement of committed practitioners, policymakers, funders, and researchers. Our collective North Star is family economic mobility across generations, and research is documenting positive outcomes and best practices when implementing a 2Gen approach. However, each evaluation and research study raises more questions that must be answered to confirm the effectiveness of 2Gen approaches.



Two years ago, Ascend at the Aspen Institute launched the [2Gen Building Evidence Learning and Action Community](#) (2Gen Building Evidence LAC) to respond to that challenge and develop a research agenda for the 2Gen field. The LAC included parent advisors, practitioners, researchers, evaluators, and funders. A total of 42 members convened for 16 months. Their discussions about myriad questions the 2Gen field should answer in the next few years were thoughtful, provocative, and inspiring. Central to most convenings was a robust interrogation of what constitutes “evidence” and the role of randomized control trials, which led the group to develop a set of principles to guide 2Gen learning, evaluation, and research. The guiding principles recognize the importance of context, culture, and ethical approaches required when conducting research. The LAC was equally intentional

about developing a 2Gen learning, evaluation, and research agenda. Working in affinity groups (for example, parents working together and researchers working together, and so on), we have surfaced and detail in this report 259 questions that need to be addressed to build evidence and move the 2Gen field forward.

This report is intended for parent advocates, practitioners, program evaluators, researchers, policymakers, systems change leaders, and funders seeking to generate knowledge about community-based 2Gen approaches and help build the evidence base regarding their implementation and effectiveness. Ascend's future work will examine 2Gen systems change and policy research questions.

We thank the Conrad N. Hilton Foundation for their support of the 2Gen Building Evidence LAC and this report. We commend Sharon McGroder for her artful coordination of the LAC and for serving as lead writer for the report. We are deeply indebted to the 42 members of the LAC who shared their experiences, insights, and questions when implementing and/or assessing 2Gen approaches. Their contributions to the 2Gen field are invaluable.

Thank you for your strong commitment to and work on behalf of families and communities. Please share your questions and insights about 2Gen approaches with us. Your input strengthens our work.

Sincerely,

Anne Mosle

Vice President, Aspen Institute
Founder and Executive Director,
Ascend at the Aspen Institute

Marjorie R. Sims

Managing Director, Ascend at the Aspen Institute

Ascend at the Aspen Institute Founder and Executive Director Anne Mosle (top; photo by Chidi Jenkins, © Ascend at the Aspen Institute and Managing Director Marjorie R. Sims (bottom; photo by Aymna Dawson, © Ascend at the Aspen Institute).



EXECUTIVE SUMMARY

The well-being of children is inextricably linked to the well-being of the adults who care for them and the environments in which they live.

Two-generation (2Gen) approaches build family well-being by intentionally and simultaneously working with children and the parents/adult caregivers in their lives together, with the goal of creating a legacy of educational success, economic prosperity, and health and well-being that passes from one generation to the next.

The 2Gen field is currently at an inflection point: 2Gen approaches are proliferating, and it is important to understand what is being implemented, who is being served, if those efforts are effective, and how those efforts might be improved upon. This requires thoughtful learning, evaluation, and research.

Left: Ascend Parent Advisor Dominique Baker with her family. Photo by Ralph Alswang, © Ascend at the Aspen Institute



Learning

an activity that seeks to generate actionable insights for improving interventions and is used to monitor and report performance.



Evaluation

an activity that uses evaluation research methods to systematically investigate the development, implementation, and/or effectiveness of interventions for the purpose of informing improvements, policymaking, and funding decisions.



Research

an activity that uses social science research methods to better understand a phenomenon and to test hypotheses regarding potential links among phenomena for the purpose of contributing to the cumulative knowledge base about a topic, which can inform the design and development of interventions.

In 2022, with support from the Conrad N. Hilton Foundation, Ascend formed the 2Gen Building Evidence Learning and Action Community (2Gen Building Evidence LAC), bringing together a group of parent advisors, practitioners, researchers, evaluators, and funders to develop a research agenda for the 2Gen field. Over the course of 16 months, the group convened virtually to:

- develop a set of principles to guide future 2Gen learning, evaluation, and research; and
- develop a set of learning, evaluation, and research questions that the 2Gen field needed to address to build evidence and move the 2Gen field forward.

This report is intended for parent advocates, practitioners, program evaluators, researchers, policymakers, systems change leaders, and funders seeking to generate questions and knowledge about 2Gen interventions and help build the evidence base regarding their implementation and effectiveness.

Before developing these questions, and in recognition of the context, culture, and ethical approaches to research and evaluation, the 2Gen Building Evidence LAC developed a set of principles for guiding future 2Gen learning, evaluation, and research, and they established a foundation of agreement for their subsequent discussions. Those guiding principles are shown in [Table ES-1](#).

TABLE ES-1. GUIDING PRINCIPLES FOR 2GEN LEARNING, EVALUATION, AND RESEARCH

- Advance equity
- Engage and listen to the voices of parents/adult caregivers
- Center on community
- Measure and account for outcomes for children, parents/adult caregivers, key family relationships, and the family as a whole
- Measure and account for factors outside the family that influence child, parent/adult caregiver, and family well-being and relationships
- Think broadly about what constitutes evidence, and be transparent
- Foster innovation while building evidence

The group then developed and then refined an array of over 250 learning, evaluation, and research questions that were subsequently organized by adapting the journalistic framing of WHO, WHAT, WHERE, WHEN, and WHY to align loosely with a logic model framework.

Those detailed questions were then organized under the overarching questions shown in [Table ES-2](#). (The entire set of questions identified by the 2Gen Building Evidence LAC is shown in Tables B.1 – B.7 in [Appendix B](#).)

TABLE ES-2. OVERARCHING 2GEN LEARNING, EVALUATION, AND RESEARCH QUESTIONS

<p>WHO: Children, Parents/Adult Caregivers, and Families</p> <ol style="list-style-type: none"> 1. What are the characteristics of parents/adult caregivers targeted or served by the 2Gen intervention? 2. What are the lived experiences of parents/adult caregivers? 3. How do parents’/adult caregivers’ lived experiences affect them, their children, and their families? 4. Who are the children targeted or served by the 2Gen intervention? 5. What are the children’s lived experiences? What are children living through? 6. How do children’s lived experiences affect them, their parents/adult caregivers, and their families?
<p>WHAT: Services, Policy, and Systems Change</p> <ol style="list-style-type: none"> 1. What is the 2Gen intervention? 2. What is the nature of the case management/coaching that parents/adult caregivers receive? 3. What are strong models for supporting parenting and co-parenting? 4. What partnerships are needed to better support the needs of children, parents/adult caregivers, and families?
<p>WHERE and WHEN: Context</p> <ol style="list-style-type: none"> 1. What are the contexts and environments in which parents/adult caregivers, children, and families live? 2. How do parents/adult caregivers view their communities? 3. How do these contexts and environments affect the well-being of parents/adult caregivers, children, and families? 4. How do we lift up and deeply understand community context?
<p>WHY: Rationale for Selecting the Particular 2Gen Intervention</p> <ol style="list-style-type: none"> 1. Why was the particular 2Gen intervention selected?
<p>BY WHOM: Organization, Staff, Leadership, and Partnerships</p> <ol style="list-style-type: none"> 1. Which organizations and types of organizations are involved in the 2Gen intervention? 2. Who are the organization’s staff and leaders?



Ascend Parent Advisor Yolanda Johnson-Peterkin with her family. Photo by Yolanda Johnson-Peterkin

<p>HOW and HOW WELL: Implementation</p> <ol style="list-style-type: none"> 1. What does successful engagement of parents in 2Gen interventions look like? 2. Are 2Gen interventions supporting parents and families holistically? 3. How are organizations, policies, and systems supporting parents/adult caregivers, children, and families? 4. How well is the 2Gen intervention being implemented? 5. What are barriers and facilitators of implementation?
<p>WHAT WORKS: Effectiveness</p> <ol style="list-style-type: none"> 1. Does the 2Gen intervention show evidence of effectiveness? 2. What is the importance of coaches and their relationships with parents/adult caregivers and families? 3. What works best, for which families, in which contexts? Why and how? 4. What is the added value of the 2Gen approach? 5. Are 2Gen interventions cost effective?

As the 2Gen Building Evidence LAC developed the guiding principles and learning, evaluation, and research questions, methodological and practical issues arose. This led the LAC to make a number of recommendations, as shown in [Table ES-3](#).

TABLE ES-3. METHODOLOGICAL ISSUES AND RECOMMENDATIONS

- Prioritize the question, not the research method;
- Understand the appropriate role of a randomized control trial (RCT);
- Take an intergenerational approach to 2Gen learning, evaluation, and research;
- Rethink outcomes and measures:
 - Define and measure family characteristics, circumstances, and outcomes;
 - Define and measure family and organizational readiness to change;
 - Define and measure “family progress”;
 - Define and measure key interim outcomes (such as the staff-parent relationship, and parents’ psychological functioning and well-being);
 - Define and measure staff characteristics (such as competence and style of engagement);
 - Identify common outcomes and measures;
 - Identify and measure outcomes unique to certain populations and cultures; and
 - Define and measure “intentional coordination” of services for parents and children.
- Establish realistic timelines for achieving outcomes;
- Collect the myriad data needed to track and assess the 2Gen approach;
- Ensure organizational capacity to conduct learning and evaluation;
- Evaluate 2Gen systems changes and policies;
- Research the effects of historical trauma and structural racism;
- Fund 2Gen learning, evaluation, and research:
 - Technical assistance and communities practice around 2Gen learning and evaluation;
 - Measurement development;
 - Common measurement;
 - Robust dataset;
 - Process and implementation studies; and
 - Effectiveness research.
- Additionally, effectively communicate 2Gen approaches and findings.



2Gen approaches have evolved since the term was first coined by the Foundation for Child Development in the late 1980s.¹ Just as 2Gen services, policy, and systems change efforts have proliferated, so too has our knowledge about what these efforts look like, who they serve, and how they can be improved upon.

The hope is that this report – containing the wisdom, insights, and recommendations of the 2Gen Building Evidence Learning and Action Community – will help parent advocates, practitioners, program evaluators, researchers, policymakers, systems change leaders, and funders continue to generate knowledge about 2Gen approaches and help build the evidence base on their effectiveness.



THERE IS OFTEN A DEVASTATING DISCONNECT BETWEEN HOW FAMILIES LIVE AND HOW SERVICES ARE DELIVERED. This needs to be understood and highlighted. The 2Gen approach allows space for this to happen.

-Kate Jarvey, Founder and Board Chair, Crann Centre (Ballincollig, Ireland)

Left: Ascend Parent Advisor Savannah Steiger with her family. Photo by Morgan Look, © Ascend at the Aspen Institute

¹ [Smith \(1995\)](#)



Angelina Kerry with her family. Photo by Tony Luong, © Ascend at the Aspen Institute

INTRODUCTION

The well-being of children is inextricably linked to the well-being of the adults who care for them and the environments in which they live.

The two-generation (2Gen)² approach is any overarching effort to design and align services, systems, and public policies from a whole family perspective. 2Gen approaches build family well-being by intentionally and simultaneously working with children and the parents/adult caregivers in their lives, together, with the goal of creating a legacy of educational success and economic prosperity that passes from one generation to the next. 2Gen approaches also seek to address structural inequities that block many families from thriving.

2Gen approaches seek to incorporate six core components of child and family well-being (see [Figure 1](#)).

² The term “2Gen” refers to the child and the adult generations. As such, it is inclusive of multigenerational families and various family forms (for example, grandparents raising grandchildren, or adult siblings raising younger siblings).

FIGURE 1.

THE SIX KEY COMPONENTS OF TWO-GENERATION APPROACHES

Two-generation approaches (2Gen) build family well-being by intentionally and simultaneously working with children and the adults in their lives together.

EARLY CHILDHOOD EDUCATION

- Head Start
- Early Head Start
- child care partnerships
- preK
- home visiting
- Family, Friend, and Neighbor Care (FFN)

K-12

- kindergarten ready
- 3rd grade reading skills
- parent engagement
- graduation and postsecondary prep

POSTSECONDARY & EMPLOYMENT PATHWAYS

- community college
- training and credentials
- workforce partnerships
- employer partnerships

SOCIAL CAPITAL

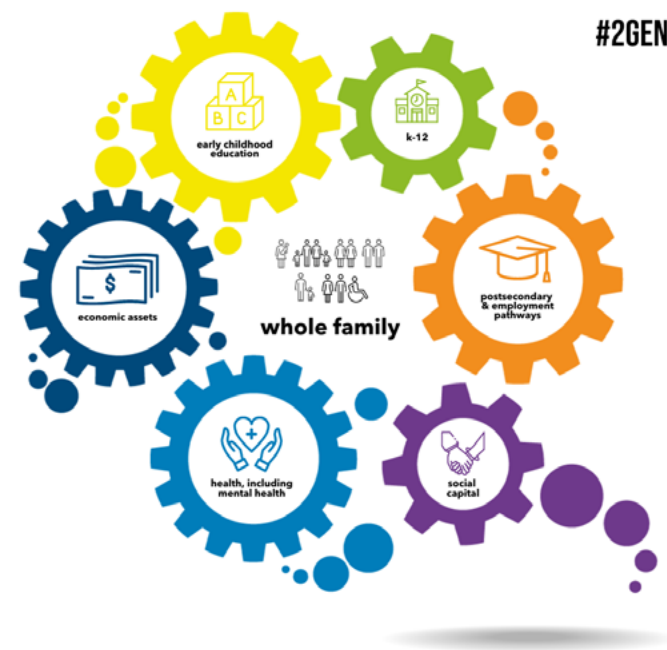
- peer and family networks
- coaching
- cohort strategies

HEALTH, INCLUDING MENTAL HEALTH

- mental, physical, and behavioral health
- coverage and access to care
- adverse childhood experiences and toxic stress

ECONOMIC ASSETS

- asset building
- housing and public supports
- financial capacity
- transportation



Since the term “two-generation” was first coined by the Foundation for Child Development in the late 1980s, 2Gen approaches have evolved and expanded. For example, in the last 10 years, Ascend’s network has grown to more than 500 organizations from all 50 states, the District of Columbia, Puerto Rico, Ireland, Guatemala, and Rwanda.

As these 2Gen approaches proliferate, it is important to understand what is being implemented, who is being served, if those efforts are effective, and how those efforts might be improved upon. This requires thoughtful learning, evaluation, and research.

Utilizing a 2Gen approach, Ascend has supported 2Gen learning and evaluation through its *Making Tomorrow Better Together* reports ([MTBT1](#), [MTBT2](#), and [MTBT3](#)), 2Gen Outcomes Bank, and *ThinkXChange* convenings, as well as learning and action communities, to identify areas of opportunity for promoting child and family well-being among [fathers](#) and in [families with very young children at risk of child maltreatment](#), through a 2Gen approach.

Over the past 10 years, researchers from the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF) U.S. Department of Health and Human Services have invested in learning about “[dual-generation” programs in Head Start](#)³ and the variety of [2Gen approaches being implemented across the country](#).⁴

³ Office of Planning, Research, and Evaluation. (n.d.-a)

⁴ Office of Planning, Research, and Evaluation. (n.d.-b)

Most recently, OPRE and its contractor, Mathematica, worked with 10 organizations to [strengthen their 2Gen interventions and, for four of them, to help build capacity](#)⁵ to conduct rigorous effectiveness evaluations of those interventions. They released their final report in August 2023.⁶

For decades, research centers at universities have been studying child development, family well-being, poverty, and interventions aimed at helping families thrive. Since its founding in 2012, the [Wilson Sheehan Lab for Economic Opportunities \(LEO\)](#) at the University of Notre Dame has partnered with service providers to evaluate and share findings on the effectiveness of their antipoverty interventions, including an evaluation of the 2Gen long-term mentoring approach of [Friends of the Children](#).

Philanthropy has also invested in learning about and sharing 2Gen solutions. The Annie E. Casey Foundation has been a leader in providing programmatic and evaluation support for 2Gen approaches, including its [Family-Centered Community Change Initiative](#) (with The Urban Institute), its [Family Economic Success–Early Childhood Education](#) initiative (with JBA), and its [Advancing Two-Generation Approaches](#) series. The Doris Duke Foundation and the W.K. Kellogg Foundation provided critical support for the [National Governors Association’s Parents and Children Thriving Together state policy network](#).

With the 2019 passage of the Foundations for Evidence-Based Policymaking Act of 2018 (“The Evidence Act”), federal agencies are now required to develop and use evidence in their policymaking by, among other things, hiring an evaluation officer who is responsible for conducting an agency-wide capacity assessment and developing the learning agenda for their agency.

The growth of 2Gen approaches and the renewed push to identify effective solutions for children and families facing challenges to their well-being, have created an inflection point in the 2Gen field. Ascend recognized this as an opportunity to develop a research agenda to help build evidence about the implementation and effectiveness of 2Gen approaches.

⁵ Office of Planning, Research, and Evaluation. (n.d.-c)

⁶ Baumgartner et al. (2023).

THE 2GEN BUILDING EVIDENCE LEARNING AND ACTION COMMUNITY

In 2021, with support from the Conrad N. Hilton Foundation, Ascend launched the 2Gen Building Evidence Learning and Action Community, which comprised parents, practitioners, researchers/evaluators, and funders. The group convened virtually, eight times between 2021 and 2023 to:

- network with other 2Gen experts and engage in thoughtful discussions about what the 2Gen field needs to move forward;
- learn about 2Gen learning and evaluation taking place at the federal and community levels;
- develop a set of principles to guide future 2Gen learning, evaluation, and research; and
- develop a set of learning, evaluation, and research questions that the 2Gen field needed to address to build evidence and move the 2Gen field forward.



2Gen Building Evidence Learning and Action Community members Emily Sama-Miller, Dr. Erin Cannon, Dr. Darius Tandon, Dr. Iheoma Iruka, Catherine Kamara, and Marjorie Sims at the 2023 Aspen Forum on Children and Families. Photo by Stephen Jaffe, © Ascend at the Aspen Institute



Learning

an activity that seeks to generate actionable insights for improving interventions and is used to monitor and report performance



Evaluation

an activity that uses evaluation research methods to systematically investigate the development, implementation, and/or effectiveness of interventions for the purpose of informing improvements, policymaking, and funding decisions.



Research

an activity that uses social science research methods to better understand a phenomenon and to test hypotheses regarding potential links among phenomena for the purpose of contributing to the cumulative knowledge base about a topic, which can inform the design and development of interventions.

From top: Catherine Kamara; Dr. Erin Cannon; Dr. Iheoma Iruka. Photos by Stephen Jaffe, © Ascend at the Aspen Institute





ABOUT THIS REPORT

This report presents the work of the 2Gen Building Evidence Learning and Action Community (2Gen Building Evidence LAC) and speaks to those in the 2Gen field – parent advocates, practitioners, program evaluators, researchers, policymakers, systems change leaders, and funders – who seek to generate knowledge about 2Gen approaches and help build the evidence base on their effectiveness.

Left: Ascend Parent Advisor Drayton Jackson with his family. Photo by Chona Kasinger, © Ascend at the Aspen Institute



2Gen leaders gathered at the 2023 Aspen Forum on Children and Families. Photo by Stephen Jaffe, © Ascend at the Aspen Institute

PARENT ADVOCATES

can use this report in their leadership and advisory roles to educate practitioners, policymakers, and funders about the questions they should be addressing to improve services to whole families. The learning, evaluation, and research questions identified by parents on the 2Gen Building Evidence LAC may be of particular interest.

PRACTITIONERS

can use this report to identify questions that align with their learning agendas and pursue those questions as part of their ongoing improvement efforts or through rigorous research and evaluation. To guide improvement efforts, service delivery staff and leaders may find the questions identified by practitioners particularly helpful, while questions identified by researchers/evaluators may be of particular interest to organizations wanting to engage in rigorous research or evaluation of their 2Gen efforts.

EVALUATORS

can view this report as a needs assessment for advancing understanding of what 2Gen interventions look like, how they operate, if they're effective, what may have led to positive outcomes, and how to measure key processes and outcomes.

RESEARCHERS

in child development, parenting, family functioning, economics, sociology, and solutions to poverty are encouraged to consult the questions identified in this report to employ 2Gen field-foundational knowledge about how parents/adult caregivers, families, and communities contribute to children's learning and healthy development, and how 2Gen approaches can support child and family well-being. Researchers can also help develop or adapt the tools necessary for measuring key concepts related to child, parent/adult caregiver, family, and community well-being.

POLICYMAKERS

can use this report to learn what questions parents identified to help strengthen learning and evaluation of 2Gen approaches to help them achieve economic security and family well-being. Policymakers can also gain a better understanding of what service providers and systems change leaders need to know to serve families through better-informed policy decisions. From the questions posed by researchers, policymakers can get a sense of the gaps in our knowledge about 2Gen approaches and seek to fill those gaps by coupling policy solutions with evaluations of those solutions.



Rumeli Banik, Principal Officer, Evidence Project at The Pew Charitable Trusts, at the 2023 Aspen Forum on Children and Families. Photo by Stephen Jaffe, © Ascend at the Aspen Institute

SYSTEMS LEADERS

can use this report to identify areas of concern regarding how well our current systems – such as early childhood and K-12 education, health systems, human service delivery systems, the child welfare system, and the juvenile justice and legal systems – are set up to serve and support the whole family and to identify opportunities for improvement.

FUNDERS

from philanthropic and public sectors can use this report to identify questions that align with their missions and fund research and evaluation efforts serving those priorities. Funders will find it helpful to review the questions posed by the 2Gen Building Evidence LAC and to review the group's recommendations regarding investing in 2Gen learning, evaluation, and research.

The main body of this report details the results of the 2Gen Building Evidence LAC:

- Guiding Principles for 2Gen Learning, Evaluation, and Research;
- 2Gen Learning, Evaluation, and Research Questions; and
- Methodological Issues and Recommendations.

For more details on the guiding principles, including the sources consulted in their development and concrete strategies for their implementation, see [Appendix A](#). For the complete list of 259 learning, evaluation, and research questions, see [Appendix B](#). For a discussion of LAC members' thoughts on randomized control trials (RCTs) and what constitutes evidence, see [Appendix C](#). Finally, [Appendix D](#) provides a glossary of key terms as they are used in this report.



LISTENING TO THE PARENTAL VOICE WITHIN THE 2GEN MODEL

has enormous potential to effect system change.

-Kate Jarvey, Founder and Board Chair, Crann Centre (Ballincollig, Ireland)



GUIDING PRINCIPLES FOR 2GEN LEARNING, EVALUATION, AND RESEARCH

Before delving into learning, evaluation, and research questions, the 2Gen Building Evidence LAC discussed principles that should guide the efforts of 2Gen practitioners, researchers/evaluators, and funders. The guiding principles developed by the group are described below, and the interplay among the principles is illustrated in [Figure 2](#). (See [Appendix A](#) for greater detail on these guiding principles, including the sources consulted in their development and concrete strategies for their implementation.)

*Ascend Parent Advisor Lesley Del Rio with her son.
Photo by Rachel Ellis, © Ascend at the Aspen Institute*

GUIDING PRINCIPLES FOR 2GEN LEARNING, EVALUATION, AND RESEARCH

- **Advance equity**

2Gen approaches prioritize equity so that all children and all families can thrive. Those conducting 2Gen learning, evaluation, and research should likewise center their efforts on equity, working proactively to ensure that their methods for selecting study samples and for collecting, analyzing, and interpreting data recognize – and do not create, exacerbate, or obscure – disparities within the community or within a study sample.⁷

- **Engage and listen to the voices of parents/ adult caregivers**

Parents/adult caregivers are the experts when it comes to what their families need to thrive and the ways in which 2Gen approaches may or may not be meeting those needs. Their perspectives and experiential wisdom should be embedded in the design of 2Gen approaches, in their implementation, and in the generation of evidence for those approaches.

- **Center on community**

Successful 2Gen learning, evaluation, and research requires a deep understanding of the community context, its history and changes over time, and its current strengths, challenges, resources, values, and traditions.

- **Measure and account for outcomes for children, parents/ adult caregivers, key family relationships, and the family as a whole**

A hallmark of the 2Gen approach is the focus on whole families. Measuring outcomes at multiple levels – for individuals, key family relationships (parent-child, co-parents), and families as a whole – is needed to yield a complete picture of how families are faring and the effectiveness of 2Gen approaches.

- **Measure and account for factors outside the family that influence child, parent/ adult caregiver, and family well-being and relationships**

Families live in communities and interact with systems and environments that shape the opportunities available to them. Accounting for this reality is necessary for developing an accurate theory of change and interpreting findings regarding a 2Gen approach’s implementation and effectiveness (or lack thereof).

- **Think broadly about what constitutes evidence, and be transparent**

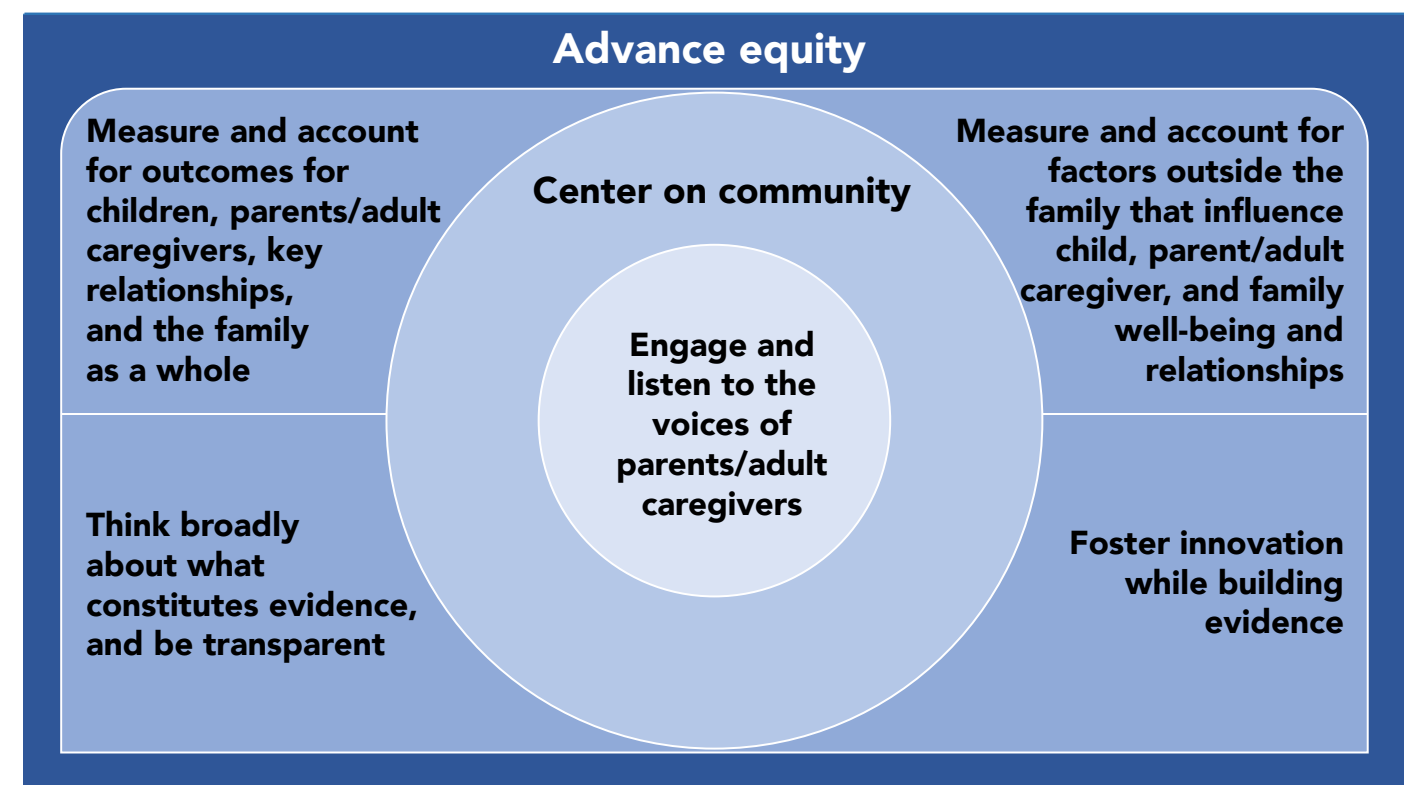
Evidence includes findings from rigorous research and evaluation as well as the insights and experiential wisdom that exists in communities, among practitioners, and among parents participating in 2Gen approaches. It is important to be transparent about how evidence is generated, why particular questions, study designs, and analytic methods are used, and how outcomes are measured. It’s also important to be transparent regarding who was involved in making these decisions and what type of evidence is being used for what purposes.

⁷ See [Collins et al. \(2022\)](#) for more information on how nonprofits can incorporate equity into their measurement, evaluation, and learning; and see [Andrews et al. \(2019\)](#) for more information on how to incorporate a racial and ethnic equity perspective throughout the research process.

- **Foster innovation while building evidence**

Building evidence for 2Gen approaches requires the use of established measures and methods, as well as newly identified outcomes and innovative measures and methods suitable to populations that, historically, have been less researched or poorly researched.

FIGURE 2. GUIDING PRINCIPLES FOR 2GEN LEARNING, EVALUATION, AND RESEARCH



The dark blue box in Figure 2 illustrates that all guiding principles are embedded in and driven by the need to advance equity.⁸

The two concentric circles in the center of Figure 2 indicate that family and community voice are at the core of the guiding principles.

The top two boxes in Figure 2 address methodological principles of primary importance to 2Gen learning, evaluation, and research, and the bottom two boxes address the important role of evidence and innovation in moving the 2Gen field forward.

⁸ See [Collins et al. \(2022\)](#) for more information on how nonprofits can incorporate equity into their measurement, evaluation, and learning; and see [Andrews et al. \(2019\)](#) for more information on how to incorporate a racial and ethnic equity perspective throughout the research process.



Ascend Parent Advisor Rashika Lee with her granddaughter. Photo by Megan Dunn, © Ascend at the Aspen Institute

2GEN LEARNING, EVALUATION, AND RESEARCH QUESTIONS

During the course of the 2Gen Building Evidence LAC, the group discussed and developed 259 learning, evaluation, and research questions for the 2Gen field to consider. Those questions were subsequently organized by adapting the journalistic framing of WHO, WHAT, WHERE, WHEN, and WHY to align with a logic model framework, which seeks to link the resources, assumptions, activities, and outputs from an intervention and target population to the intended short-term and long-term outcomes (see [Figure 3](#)).

The questions developed covered numerous topics within this framework, so a set of broad overarching questions was developed to further organize the questions thematically, as presented below.

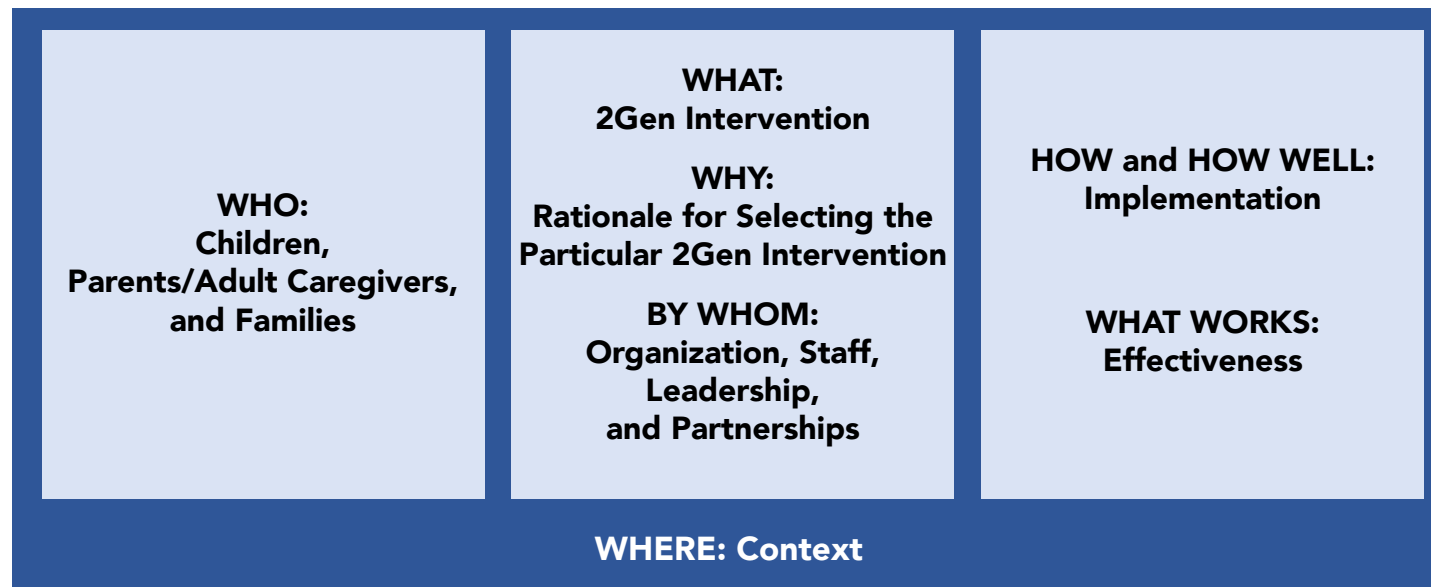
We encourage the reader to review Tables B.1 – B.7 in [Appendix B](#) for the entire list of 259 questions, which indicate which group initially proposed each question when reporting out from their breakout group. These tables also indicate which questions are considered learning/evaluation questions (because they pertain to assessing 2Gen interventions) and which are considered research questions (because they pertain to the development of foundational scientific knowledge).

KEY DEFINITIONS

2Gen approach – the overarching, multifaceted effort to design and align services, systems, and public policies from a whole family perspective.

2Gen intervention – the particular activity, process, practice, program, set of services, policy, or system that is introduced or changed with the goal of improving outcomes for children, parents/adult caregivers, and families as a whole.

FIGURE 3. FRAMEWORK FOR ORGANIZING THE LEARNING, EVALUATION, AND RESEARCH QUESTIONS IDENTIFIED BY THE 2GEN BUILDING EVIDENCE LAC



WHO: Children, Parents/Adult Caregivers, and Families

Understanding who the children, parents/adult caregivers, and families are helps practitioners and policymakers develop and align relevant services, policies, and systems in partnership with the children, parents/adult caregivers, and families from the communities being served.

The overarching learning, evaluation, and research questions posed by the 2Gen Building Evidence LAC pertaining to the WHO of 2Gen interventions are shown below. Specific questions under each, comprising almost 40 percent of all questions identified, are shown in [Table B.1](#) in [Appendix B](#).

1. **What are the characteristics of parents/adult caregivers targeted or served by the 2Gen intervention?**
2. **What are the lived experiences of parents/adult caregivers?**
3. **How do parents’/adult caregivers’ lived experiences affect them, their children, and their families?**
4. **Who are the children targeted or served by the 2Gen intervention?**
5. **What are the children’s experiences? What are children living through?**
6. **How do children’s experiences affect them, their parents, and their families?**

The overwhelming majority of questions identified by the 2Gen Building Evidence LAC regarding the WHO of 2Gen interventions were identified by parent advisors, illustrating the importance of engaging the voices of parents in 2Gen learning, evaluation, and research endeavors.

Parent advisors were especially interested in questions pertaining to parents’ lived experiences, including their past struggles; current stressors, needs, strengths, and opportunities; their economic conditions; their experiences as parents in foster care; how becoming a parent changes their lives for the better; child well-being; and how children’s lived experiences affect them, their parents, and their families.

Like the parent advisors, practitioners were interested in questions pertaining to family stressors and social supports. Practitioners also posed questions around young adults’ access to accurate, judgment-free information on reproductive health; the relationship between the biological parents before, during, and after pregnancy; how parents/adult caregivers learned about healthy relationships; and the nature of the relationship between the parent/adult caregiver and their own parents.

The researcher/evaluator group also posed questions around the family’s economic conditions and social supports, as well as questions pertaining to the effects of parents’ life experiences on their family formation decisions; the effects of structural racism or discrimination on parents/adult caregivers and their children; and children’s exposure to community violence.

The funder group agreed with the questions posed by the other groups and did not have any additional questions to add regarding the WHO of 2Gen interventions.

WHAT: Services, Policy, and Systems Change Interventions

Understanding the multifaceted and interrelated aspects of a 2Gen intervention is foundational to any 2Gen learning, evaluation, or research endeavor.

The overarching learning, evaluation, and research questions posed by the 2Gen Building Evidence LAC pertaining to the WHAT of 2Gen interventions are shown below. Specific questions under each, comprising nearly 10 percent of all questions identified, are shown in [Table B.2](#) in [Appendix B](#).

1. **What is the 2Gen intervention?**
2. **What is the nature of the case management/coaching that parents/adult caregivers receive?**
3. **What are strong models for supporting parenting and co-parenting?**

Practitioners, researchers/evaluators, and funders each identified questions regarding the core features and components of 2Gen interventions.

Practitioners and researchers/evaluators posed questions pertaining to effective models of case management and coaching.

Practitioners were particularly interested in strong models for supporting parenting and co-parenting, and researchers were particularly interested in service delivery details such as participation in and sequencing of services and the dosage, intensity, and quality of services received.



Photo by Shutterstock.

Parent advisors agreed with the questions posed by the other groups and did not suggest any additional questions regarding the WHAT of 2Gen interventions.

WHERE and WHEN: Context

Understanding the contexts in which children, parents/adult caregivers, and families live is critical for understanding what they want and need to thrive.

The overarching learning, evaluation, and research questions posed by the 2Gen Building Evidence LAC pertaining to the WHERE and WHEN of 2Gen interventions are shown below. Specific questions under each, comprising 13 percent of all questions identified, are shown in [Table B.3](#) in [Appendix B](#).

- 1. What are the contexts and environments in which parents/adult caregivers, children, and families live?**
- 2. How do parents/adult caregivers view their communities?**
- 3. How do these contexts and environments affect the well-being of parents/adult caregivers, children, and families?**

Parent advisors proposed questions pertaining to a parent's/adult caregiver's access to supportive systems, their sense of belonging in the community, and how the availability and affordability of child care affect the parent's/adult caregiver's ability to work.

Like the parent advisors, practitioners also proposed questions pertaining to a parent's/adult caregiver's access to supportive systems; their sense of belonging in the community, and the effects of supports – and the rules/requirements for accessing them – on children, parents/adult caregivers, and families. In addition, practitioners posed questions about community strengths, a parent's/adult caregiver's access to supportive communities, the value of community-based interventions, the effects of supportive communities on children, parents/adult caregivers, and families, and the effects of systems and policies on family structure, family relationships, and family well-being, both concurrently and across generations.

Like the parent advisors and practitioners, researchers and evaluators also proposed questions pertaining to a parent's/adult caregiver's access to supportive systems. In addition, they posed questions about the effects of macro influences – the economy, the labor market, the housing market, the child care market, school quality, structural racism or discrimination – on parents/adult caregivers, children, and families, and how those effects play out intergenerationally.

Funders wanted to know more about the history of the community being studied and how that history has shaped its residents and the opportunities available to them.

WHY: Rationale for Selecting the Particular 2Gen Intervention

It is critical that practitioners and their parent and evaluation partners articulate a clear, explicit theory of change for why the chosen 2Gen intervention can reasonably be expected to improve outcomes and when those outcomes can reasonably be expected. Practitioners, evaluators, and researchers should then use that theory of change and subsequent logic model to structure their learning, evaluation, and research efforts.⁹

The overarching learning, evaluation, and research question posed by the 2Gen Building Evidence LAC pertaining to the WHY of 2Gen interventions is shown below. Specific questions under this overarching question, comprising about 5 percent of all questions identified, are shown in [Table B.4](#) in [Appendix B](#).

1. Why was the particular 2Gen intervention selected?

Regarding the WHY of 2Gen interventions, the parent advisor, practitioner, and researcher/evaluator groups each posed questions relating to why the particular 2Gen intervention was selected, though they framed it somewhat differently. Parent advisors wondered what parents/adult caregiver would say best supports their success, while practitioners asked how an organization determines what 2Gen services to offer. Researchers/evaluators spoke in terms of theories of change, logic models, drivers of outcomes, and conceptual frameworks.

⁹ We are not proposing any theories of change or logic models in this report. Interested readers can find examples of 2Gen theories of change and logic models in Ascend at the Aspen Institute (2023) and [Aharpour & Baumgartner \(2022\)](#).



Photo by Shutterstock.

BY WHOM: Organization, Staff, Leadership, and Partnerships

A key hypothesis of 2Gen service delivery is that the relationship between families and organization staff is crucial to the engagement of families in services and the families' ultimate success. The following questions can guide practitioners, evaluators, and researchers interested in pursuing this line of inquiry.

The overarching learning, evaluation, and research questions posed by the 2Gen Building Evidence LAC pertaining to the BY WHOM of 2Gen interventions are shown below. Specific questions under each, comprising just over 5 percent of all questions identified, are shown in [Table B.5](#) in [Appendix B](#).

1. **Which organizations are involved in the 2Gen intervention?**
2. **Who are the organization staff and leaders?**

Both practitioners and researchers/evaluators posed questions pertaining to the capacity of organizations for implementing 2Gen interventions.

In addition, practitioners were interested in learning about organization partnerships, while researchers/evaluators were interested in questions pertaining to characteristics of the organization, its staff, and its leaders, and the effects of those characteristics on client engagement and outcomes.

Parent advisors agreed with the questions posed by the other groups and did not suggest any additional questions regarding the BY WHOM of 2Gen interventions.

HOW and HOW WELL: Implementation

Because implementation is where the rubber hits the road, it is vital to understand what the 2Gen intervention is and HOW and HOW WELL it is being implemented to inform improvements and help interpret findings on effectiveness.

The overarching learning, evaluation, and research questions posed by the 2Gen Building Evidence LAC pertaining to the HOW and HOW WELL of 2Gen interventions are shown below. Specific questions, comprising almost 20 percent of all questions identified, are shown in [Table B.6](#) in [Appendix B](#).

1. **What does successful engagement of parents in 2Gen interventions look like?**
2. **Are 2Gen interventions supporting parents and families holistically?**
3. **How do organizations, policies, and systems support parent/adult caregivers, children, and families?**
4. **How well is the 2Gen intervention being implemented?**
5. **What are barriers and facilitators of implementation?**

Parent advisors were particularly interested in questions around how to successfully engage parents/adult caregivers as co-designers of 2Gen interventions, clients of 2Gen interventions, and partners in 2Gen learning, evaluation, and research.

Like parent advisors, practitioners also proposed questions around how best to engage parents/adult caregivers as clients of 2Gen interventions and as partners in 2Gen learning, evaluation, and research. In addition, the practitioner group proposed questions about how 2Gen efforts support families as a whole across multiple domains of family life – in particular, how they support fathers, young parents, parents of children with disabilities, parents in a committed relationship, parents who are no longer a couple, parents/adult caregivers as parents and co-parents' parents, communities and caring professionals, families' mental health needs, and how they address historical trauma.

Both the practitioner group and the researcher/evaluator group posed questions pertaining to the quality and importance of the staff-parent relationship. In addition, researchers/evaluators proposed questions around how, exactly, services for children and services for adults are intentionally designed, coordinated, and aligned; model fidelity and adaptations of 2Gen interventions; how staff handle referrals; and the barriers to and facilitators of implementation.

Funders want to know, broadly, how 2Gen interventions are implemented and, specifically, how core components can be adapted to the families/client base being served and to the local community and context.

WHAT WORKS: Effectiveness

Understanding which 2Gen interventions are effective and what makes them effective can inform practitioners and policymakers interested in improving, replicating, scaling, and otherwise investing in 2Gen interventions.

The overarching learning, evaluation, and research questions posed by the 2Gen Building Evidence LAC pertaining to WHAT WORKS are shown below. Specific questions under each, comprising almost 10 percent of all questions identified, are shown in [Table B.7](#) in [Appendix B](#).

1. **Does the 2Gen intervention show evidence of effectiveness?**
2. **What is the importance of coaches and their relationships with parents/adult caregivers and families?**
3. **What works best, for which families, in which contexts? Why and how?**^{10, 11}
4. **What is the added value of the 2Gen approach?**
5. **Are 2Gen interventions cost-effective?**

The practitioner, researcher/evaluator, and funder groups all thought it important to understand whether the 2Gen intervention shows evidence of effectiveness and if the 2Gen approach adds value beyond addressing families' needs separately and individually.

Practitioners and researchers/evaluators believe the 2Gen field needs to learn more about the effects of 2Gen interventions on interim outcomes (for example, client trust and hope) and the effects of interim outcomes on longer-term outcomes (for example, children's educational progress, family income, family stability). Both groups also posed questions about the importance of coaches for parent/adult caregiver and family outcomes.

The researchers/evaluators group was interested in learning about the effects of 2Gen interventions on communities – in particular, whether the 2Gen approach results in revitalizing and/or sustaining cultural values, traditions, and practices among Native populations.

This group also thought that the 2Gen field would benefit from asking whether the effectiveness of 2Gen interventions depends on the type, dosage, or sequencing of services; the particular coaching model used; staff characteristics; the quality of the family-staff relationship and family-staff interactions; and/or the family's needs.

Both the practitioner and funder groups expressed interest in learning about the cost-effectiveness of 2Gen interventions.

¹⁰ [Home Visiting Applied Research Collaborative \(2023\)](#)

¹¹ One researcher pointed out that the concept of meeting families where they are and where they dream to be – which makes sense from a service delivery perspective – is often in conflict with the concept of fidelity to evidence-based models, which may be tied to funding.



WE CAN'T TRULY UNDERSTAND THE IMPACTS OF A 2GEN PROGRAM ON FAMILIES

without measuring
outcomes at multiple
levels, because we'd be
missing the full picture.

-Allison Meisch, Associate Director, James Bell Associates (JBA)



METHODOLOGICAL ISSUES AND RECOMMENDATIONS

In addition to identifying questions to advance our knowledge and evidence around 2Gen interventions, the 2Gen Building Evidence LAC also identified methodological issues and made recommendations for moving the 2Gen field forward.

Left: Ascend Parent Advisor Isis Patterson with her children. Photo by Daniel Ebersole, © Ascend at the Aspen Institute

- **Prioritize the question, not the research method**

The 2Gen Building Evidence LAC agreed overwhelmingly that the 2Gen field is best served by focusing on what we need to know and using the methods best suited to those questions.

This was their conclusion after a series of robust conversations about the appropriate role of randomized control trials (RCTs) in 2Gen learning, evaluation, and research, during which a number of researchers expressed concern that the RCT methodology's status as the "gold standard" for assessing an intervention's effectiveness may lead some funders (for example, Congress) to prioritize an RCT evaluation, even if that is not the appropriate method for the questions being addressed. (See [Appendix C](#) for a fuller discussion.)

- **Understand the appropriate role of an RCT**

The sole purpose of an RCT is to estimate the effectiveness of an intervention. An RCT cannot tell you why the intervention was or was not effective; for answers to those evaluation questions, additional evaluation methods (for example, process and implementation studies) are necessary.

An RCT estimates the effectiveness of an intervention by comparing outcomes for those randomly assigned to receive the intervention (the treatment group) to the outcomes for those randomly assigned to a control group that does *not* receive the intervention. A statistically significant difference is interpreted as evidence of the intervention's effects.

Evaluators on the LAC agreed that an RCT provides strong causal evidence of an intervention's effectiveness – assuming that strict design and implementation conditions are met (for example, true randomization to treatment and control groups, sufficient sample size, and so on; see [Appendix C](#) for greater detail). They also acknowledged that evidence of effectiveness of a given intervention, in a given community, with a given population, may not generalize to other communities or populations.

Evaluators and practitioners lauded the growing use of RCTs in rapid-cycle learning to provide timely and actionable information about the effectiveness of small tweaks in how an organization or intervention operates.

One evaluator voiced a concern about moving too quickly to summative evaluations of 2Gen interventions. (Summative evaluations use the RCT methodology to yield general conclusions about and summarize what works.) 2Gen remains a young and developing field, this evaluator noted, with few interventions that have matured to the point that they are appropriate for a summative evaluation.



IT'S NOT RCTs NECESSARILY THAT ARE THE PROBLEM; IT'S WHAT THEY FORCE THE PRIORITY TO BE BECAUSE IT'S EASIER

to do RCTs with individuals than with communities or policy/systems change. That has a huge assumption behind it about what is driving the outcomes we see, with the attribution of cause being at the level of the individual's behavior.

-Jennifer Brooks, Social Impact Consultant

There was unanimous agreement among 2Gen Building Evidence LAC members that an RCT should not be conducted if circumstances make it unethical.

A few researchers questioned the validity of the RCT methodology from an epistemological perspective. They argued that research methodologies such as the RCT are grounded in the belief that there is one right answer and in an understanding of knowledge that values objectivity, either/or thinking, and the quantitative over the qualitative. Such values, they argued, originated historically among white, Western researchers and remain the predominant epistemology among today's scientists. This ignores "ways of knowing" that exist in other cultures, which are anchored in the belief that everyone has a world view, and that world view affects the way they understand things.¹² Those researchers strongly advocated for a broader view of what constitutes "evidence" (see [Appendix C](#)) and more inclusive research methods that reflect frameworks, outcomes, and ways of knowing germane to nonwhite cultures.

The validity of findings from an RCT rests largely on the assumption that the treatment and control groups are statistically identical in all factors that could serve as alternative explanations for a difference in outcomes. A number of researchers questioned this assumption – especially as it pertains to the insidious ways that families of color have been affected by historical trauma and racism.

When RCTs are not feasible or appropriate for assessing an intervention's effectiveness, a quasi-experimental design or strong non-experimental design may be viable options.

For example, to assess the effectiveness of the Center for Urban Families' fatherhood program, one evaluator argued that comparing the outcomes of motivated fathers¹³ to their own baseline, or comparing outcomes for program fathers to their peers in the community using administrative data, might have told a sufficiently compelling story about the program's effectiveness – for both the organization and its funders.

In general, most LAC members agreed it was helpful to view evidence of an intervention's effectiveness along a continuum of rigor. From this perspective, well-executed RCTs are at one end, followed by well-matched quasi-experimental designs. By contrast, comparing individual/family outcomes before and after an intervention and relying solely on clients' perceptions of effectiveness are typically viewed as less rigorous evaluation methods for obtaining accurate information about an intervention's effectiveness.



RCTs ARE TOO MUCH OF A BLUNT INSTRUMENT to deal with the many tentacles of racism.

-Iheoma U. Iruka, Founding Director, Equity Research Action Coalition at FPG Child Development Institute, UNC-Chapel Hill

¹² See [Dismantling Racism Works \(2021\)](#) for a fuller discussion.

¹³ Examining pre-/post- outcomes only for motivated fathers eliminates the possibility that motivation led to the changes in outcomes observed.



WE RECEIVED A FEDERAL GRANT THAT REQUIRED AN RCT EVALUATION.

A dad, accompanied by his young son, was randomly assigned to the control group and had an emotional outburst when he learned he would not receive services. The Baltimore community was still reeling from the death of 25-year-old Freddie Gray while in police custody, and we did not want to involve the police. The men in the organization rallied around this gentleman and got him to calm down.

We subsequently had conversations with community members about the ethics of denying services to this group of men – ‘We’re the people who are often left out,’ one man said. Our organization’s reputation was at stake, so we were fully prepared to return the grant. Ultimately, we obtained permission from the funder to suspend the randomization evaluation – allowing those who had been randomized to the control group to receive services – and to adopt a different evaluation design.

-Joseph T. Jones, Jr., CEO, President, and Founder of Center for Urban Families

Left: Joseph T. Jones, Jr. Photo by Jeff Butler, © Center for Urban Families.

• **Take an intergenerational approach to 2Gen learning, evaluation, and research**

The 2Gen Building Evidence LAC identified many ways that 2Gen learning, evaluation, and research endeavors can incorporate an intergenerational perspective, including:

- asking parents/adult caregivers about their own childhoods – for example, their economic circumstances; the quality and stability of their own parents’/adult caregivers’ relationships; and what they learned from their own parents/adult caregivers about relationships;
- asking parents/adult caregivers about their goals and dreams for the future, and what they want for their children and families; and
- exploring the impact of historical trauma going back and forward in time across generations.

• **Rethink outcomes and measures**

The 2Gen Building Evidence LAC identified a critical need to identify outcomes, measures, and data collection systems and strategies necessary to move the 2Gen field forward.

• **Define and measure family characteristics and circumstances at intake.**

Practitioners were eager for information about strong intake processes to better understand the characteristics and circumstances of the children, parents/adult caregivers, and families when taking a 2Gen approach. They asked about best practice tools or assessments for conducting family intake for 2Gen interventions.

Researchers expressed an interest in strategies for conducting uniform intakes across partner organizations to reduce redundant data collection and to promote a “no wrong door” approach to program enrollment – for example, coming up with a common intake form (analogous to the “Common Application” used by many colleges and universities) as a means of reducing the burden on each organization to develop their own intake process.

- **Define and measure family and organizational readiness to change.** One practitioner pointed out that not all families are ready to make changes when they enroll in services, doors, or they may be ready in only a few areas. Families may begin services not even being aware that there is a need for change in a particular area of their life; they may eventually move toward considering change and starting to implement that change.



EVALUATORS MAY NEED TO BE MORE FLEXIBLE IN CONSIDERING WHETHER THE BENEFITS OF ESTABLISHING

a comparison group outweigh the effort and the cost to relationships in a given community when trying to explore questions about 2Gen effects in a real-world context.

-Emily Sama-Miller, Principal Researcher, Mathematica



Photo by Shutterstock.

Highlighting this point, another practitioner shared what a single mother of three told her: “If I don’t know how to feed my kids tonight, how do you expect me to put my education first?”

Other LAC members noted that there are assessment tools that identify a family’s status or need in a particular area of their lives (for example, employment, housing, income, food, child care), such as: (1) the [Wheel of Life](#); (2) the [Arizona Self-Sufficiency Matrix](#); (3) the [Colorado Self-Sufficiency Matrix](#); (4) the “[Transitions to Success](#)” tool; and (5) the [Economic Mobility Pathways \(EMPath\) model](#). And while these tools help families set priorities, they do not explicitly ask families to gauge their readiness to make changes in the areas addressed.

Having measures of readiness to change – in different areas of the parents’ lives in which they would like support – would allow practitioners to:

- 1) **Triage families.** Practitioners noted that they can’t realistically provide services to everyone in need, so it’s important to determine which families are “ready to change” with respect to the services offered, and which families may first need emergency stabilization services. A key question practitioners wondered was, “How can we support families who are not ready to make changes, while encouraging them to begin the change process?”

A researcher agreed that different families have different needs, and she recommended that the 2Gen field consult the “precision paradigm perspective” developed as part of the early childhood home visiting research and practice field to encourage researchers to answer the question: “What works best, for whom, in which contexts, why, and how?”¹⁴

Another researcher noted that some of the highly successful sector-based, career pathway programs (for example, [Capital IDEA](#), [Project QUEST](#), [CAP Tulsa](#))—which have produced large, lasting impacts for parents ([Elliott & Roder, 2017](#); [Chase-Lansdale et al., 2014](#)) have explicitly triaged participants with informal instruments to decide who was ready to be served and coached them on steps they could undergo to get ready.

- 2) **Assess organizational readiness.** Understanding which families may first need emergency stabilization services and which families are ready to make changes in various areas of their lives can help organizations plan and strategize their staffing and service offerings. In addition to psychological perspectives on an individual’s readiness to change, one researcher recommended looking at implementation science for assessing an organization’s readiness to change (see, for example, [Bauer et al., 2015](#)), while another researcher notes that some tools exist to assess an organization’s readiness to implement evidence-base practices in early childhood education (see, for example, [Halle et al., 2019](#)).

- **Define and measure “family progress.”** Practitioners and researchers/evaluators felt it critical for the 2Gen field to measure families’ progress in various areas of their lives, which could include movement along a readiness continuum and progress in addressing critical needs in the short term, even if parents have not yet achieved the longer-term outcomes ultimately desired. Measuring family progress and other interim outcomes requires bringing families with lived experience into the conversation to tell practitioners and researchers/evaluators how they knew they were making progress or were on the “right path” along the way. Not only would this honor the real success that practitioners and families see every day, one researcher noted, it would also set up the 2Gen field to maximize short-term research dollars and make the case for longer-term study (and potentially an RCT) when the short-term progress is being made.



WE SET OURSELVES UP TO FAIL AS A FIELD IF OUR LONG-TERM OUTCOMES ARE TOO FAR DOWN THE ROAD.

We should position ourselves to show the successes that happen in the short- and medium-term and be realistic about what they can be.

-Theresa Anderson, Principal Research Associate, The Urban Institute

¹⁴ Home Visiting Applied Research Collaborative (2023).

A researcher noted the importance of setting up data collection methods and systems to allow staff and parents to track family progress, being realistic about what that looks like based on families’ self-identified goals and timelines. Another researcher pointed out that family timelines may not align with funder timelines, and that this needs to be discussed explicitly with funders.

- **Define and measure key interim outcomes.** Practitioners and researchers/evaluators expressed the importance of interim outcomes as direct targets of 2Gen interventions and as hypothesized mechanisms through which broader, longer-term outcomes may be achieved and sustained.

Practitioners were especially interested in valid and reliable measures of the staff/parent relationship (for example, degree of respect, willingness to listen, and mutual trust) and parents’ psychological functioning and well-being (for example, their sense of belonging, hope, joy, power, autonomy, self-efficacy, and confidence to achieve their goals).

- **Define and measure characteristics of staff.** Practitioners and researchers/evaluators identified staff characteristics as important factors that may shape, or “moderate,” how well the 2Gen intervention is implemented and its effectiveness, including staff competence (for example, skill in helping parents solve problems, building relationships with parents, building relationships within and across community agencies, and combining these skills to better serve families) and personal characteristics of staff and their styles of engagement, which may be better aligned with some families than others.

- **Identify common outcomes and measures.** One researcher in particular raised the need to identify a set of outcomes identifying a few good, simple, valid, and reliable measures of those outcomes for use across research and evaluations. Such information would facilitate drawing general conclusions about effectiveness across similar 2Gen interventions, thereby building the 2Gen field. Another researcher agreed this was an important goal but believed that we are a long way from drawing general conclusions about the effectiveness across 2Gen efforts, even if we had common measures, as each one is developed to be specific to a community.

- **Identify and measure outcomes unique to certain populations and cultures.** Researchers emphasized the importance of identifying outcomes that reflect the diversity of cultures and types of families served, and they prioritized finding or developing valid and reliable measures of those outcomes.



I THINK WE’RE A LONG WAY FROM DRAWING GENERAL CONCLUSIONS ABOUT THE EFFECTIVENESS

across 2Gen efforts, even if we had common measures, as each one is developed to be specific to a community.

-Kathleen Dwyer, Senior Social Science Research Analyst, OPRE/ACF/US DHHS

Researchers also emphasized the importance of explicitly including populations that are poorly or under-studied in evaluation and research – for example, those with limited English proficiency, families of children with disabilities, LGBTQ+ families, immigrant and/or undocumented families, families with an incarcerated member, and culturally-diverse populations – as both participants in the research and populations being studied help build the 2Gen evidence base of what works, for whom, under what circumstances.¹⁵

- **Define and measure “intentional coordination” of services for parents and children.** Researchers/evaluators agreed that just because a program’s services interact with both parents and children, or because a collaborative of agencies works with the same group of families, that does not mean they are intentionally coordinated to achieve family, parent, and child outcomes.¹⁶ Measuring intentional coordination is key to fully understanding an intervention and evaluating it in a formative or summative way.

- **Establish realistic timelines for achieving longer-term outcomes**

Evaluators discussed the importance of identifying a reasonable timeline for expecting specific changes in longer-term outcomes for children, parents/adult caregivers, and families based on the particular intervention. For example, if the parent/adult caregiver has not finished college, and the program simply provides a referral to education services, we should not expect to see impacts on her education outcomes very quickly. But if the program is a residential program that supports college attendance and provides wraparound child care support, we might reasonably expect that education outcomes would materialize faster.

One evaluator warned that research and evaluation does the 2Gen field a disservice if we do not think critically and realistically about what to measure when, warning that too much optimism about how quickly outcomes will materialize will lead to incorrect conclusions that “nothing works.”

Another researcher echoed this sentiment, noting that for many intensive workforce programs, impacts only surfaced after 3-5 years, long after most measurement had ceased.

- **Collect the myriad data needed to track and assess the 2Gen intervention**

Practitioners were especially interested in information on what data they should collect to capture the many dimensions of their 2Gen intervention – the services offered and received, for multiple family members, across time – and how to match these data across individuals and families and across patterns of participation and outcomes.

- **Ensure organizational capacity to conduct learning and evaluation**

Most practitioners reported limited capacity to use their data for learning and/or evaluation of their 2Gen intervention; they cited lack of time, money, and staff dedicated to data and learning; data systems that do not permit linking child records with adult records; and the inability to effectively manage their data across programs and partner organizations while addressing

¹⁵ One researcher pointed out that the concept of meeting families where they are and where they dream to be – which makes sense from a service delivery perspective – is often in conflict with the concept of fidelity to evidence-based models, which may be tied to funding.

¹⁶ Office of Planning, Research, and Evaluation (n.d.-c)



WE NEED TO SHIFT THE GAZE
from changing people
to changing systems.

-Erin Godfrey, Associate Professor of Applied Psychology, New York University; Director, NYU Institute of Human Development and Social Change

privacy concerns with realistic and respectful strategies. Practitioners shared that they need funding and technical assistance to expand capacity necessary to collect and use data to address their learning and evaluation questions, thereby informing program improvements.

- **Evaluate 2Gen systems change and policy**

Children, parents/adult caregivers, and families interact with systems and policies that shape the opportunities available to them. 2Gen Building Evidence LAC members were emphatic that future 2Gen learning, evaluation, and research help to broaden their focus beyond direct services to 2Gen policy and systems change. Dr. Theresa Anderson used the analogy of people picking apples from a lopsided tree:

We can provide boxes (services and supports) to short people, or we can focus on straightening the tree (systems and policy) to provide equitable access to everyone. Evaluators acknowledged that it is difficult, but not impossible, to estimate the effectiveness of 2Gen policy and systems change interventions using an RCT. One evaluator suggested the use of cluster-randomized trials or stepped-wedge cluster-randomized trials for systems- and policy-level interventions for which it is not possible to randomly assign individuals (see, for example, [Hemming et al., 2015](#)), while another researcher noted that a variety of systems change models exist (see for example, [Kania et al., 2018](#); and [Sanson-Fisher et al., 2014](#)).

- **Research the effects of historical trauma and structural racism**

Many policies and systems systematically disadvantage Black, Indigenous, and persons of color (BIPOC) populations, and research is needed to learn how to redesign and build systems and policies that dismantle ongoing structures of exclusion.

Practitioners, researchers/evaluators, and funders agreed that the effects of structural racism on children and families needs to be better understood for its own sake (as a critical research question) and to address evaluation questions pertaining to:

- the effectiveness of interventions designed explicitly to mitigate the effects of historical trauma and structural racism;
- the effectiveness of 2Gen interventions controlling for the effects of historical trauma and structural racism; and
- the effectiveness of 2Gen interventions in different contexts defined by the type or degree of historical trauma and structural racism.

- **Fund 2Gen learning, evaluation, and research**

Researchers on the 2Gen Building Evidence LAC had robust conversations about how 2Gen learning, evaluation, and research is currently funded, and they recommended the following funding priorities:

- **Technical assistance and communities practice around 2Gen learning and evaluation** to help practitioners collect and use data to address their questions of interest;
- **Measurement development** to design and test new and innovative measures of implementation and outcomes;
- **Common measurement** to support data aggregation across programs, studies, and projects, when appropriate;
- **Robust datasets** for researchers that can be combined with administrative datasets;
- **Process and implementation studies** to better understand the WHO, WHAT, WHERE and WHEN, WHY, BY WHOM, HOW and HOW WELL of 2Gen interventions; and
- **Effectiveness research** to learn WHAT WORKS, when feasible and appropriate.

Funders agreed that they need to support deeper work – for example, longer project periods, more resources, and help to develop methodologies. Kathleen Dwyer noted that OPRE is committed to, and already funding, this deeper work.

- **Effectively communicate about 2Gen interventions and findings**

Funders emphasized the importance of communication and messaging about the core elements of the 2Gen approach, what effective interventions look like, how to accurately describe findings, and how to use communication and messaging to connect with and inform policymakers and decision-makers to better understand, invest in, and adopt 2Gen interventions.

Right: Ascend Parent Advisor Lesley Del Rio with her son. Photo by Rachel Ellis, © Ascend at the Aspen Institute





Ascend Parent Advisor Yoslin Amaya with her family. Photo by Briana Adhikusuma, © Ascend at the Aspen Institute

CONCLUSION

2Gen approaches build family well-being by intentionally and simultaneously working with children and the adults in their lives to create a legacy of educational success and economic prosperity that passes from one generation to the next, and by seeking to address structural inequities that block many families from thriving.

2Gen interventions have evolved and expanded dramatically in the last 35 years, with the last 10 years witnessing an explosion of efforts to better understand and evaluate those interventions through investments by Ascend, philanthropic entities, academia, and the federal government.

The parent advisors, practitioners, researchers, evaluators, and funders comprising the 2Gen Building Evidence Learning and Action Community (LAC) engaged in fruitful conversations about what the 2Gen field needs to learn about 2Gen approaches – who they serve; what a particular intervention looks like and why it was selected; how, how well, and where the intervention was implemented; the organizations, leadership, and staff involved with the intervention; and evidence of the intervention’s effectiveness.

There was consensus among the group regarding 2Gen guiding principles and learning, evaluation, and research questions. At the same time, there were a variety of opinions on what constitutes evidence and rigor and the role of RCTs in the evaluation of 2Gen interventions. The group wrestled with those issues and expressed their perspectives and experiences while listening respectfully to others who held different opinions. It is this variety of perspectives that helps make this report a rich resource for the 2Gen field. In the end, an overwhelming majority of LAC members indicated that they benefited from the rich discussions during the convenings.

Although we did not actively solicit LAC members’ input on methodological challenges in evaluating 2Gen approaches, a number of methodological issues arose as the group brainstormed guiding principles, discussed the meaning of evidence and rigor, and debated the role of RCTs in 2Gen learning, evaluation, and research. These conversations about how best to study 2Gen approaches – from outcomes and measures to practical considerations such as research timelines and technical assistance for practitioners around 2Gen learning and evaluation – should provide helpful guidance to funders seeking to support 2Gen approaches and to researchers and evaluators seeking to evaluate those efforts.

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Ascend Parent Advisor Yoslin Amaya with her daughter. Photo by Dan Bayer, © Ascend at the Aspen Institute

APPENDICES

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SOMETIMES, AN EQUITABLE APPROACH MEANS PRIORITIZING CERTAIN COMMUNITIES IN OUR

focus or allocation of resources because they have historically faced systemic inequities resulting in disparities.

-Dr. Deana Around Him, Research Scholar at Child Trends and Ascend Fellow

APPENDIX A: APPROACH TO DEVELOPING CONCRETE STRATEGIES FOR IMPLEMENTING 2GEN LEARNING, EVALUATION, AND RESEARCH GUIDING PRINCIPLES

The 2Gen Building Evidence LAC endorsed the importance of universal principles that should guide all 2Gen learning, evaluation, and research activities – such as acting with integrity, cultural humility, accountability, and respect; following ethical guidelines for working with “human subjects”; and advancing principles of equity throughout the learning, evaluation, or research endeavor.

The 2Gen Building Evidence LAC also recommended focusing this set of guiding principles on what is unique or particularly relevant to the 2Gen approach:

- focusing on whole families, addressing the needs of two (or more) generations in a family;
- partnering with parents/adult caregivers to co-create solutions;
- measuring individual and family-level outcomes; and
- understanding that families are a part of communities and larger systems that shape opportunities for achieving well-being.

The initial draft drew upon the following guiding principles:

- [Guiding Principles for Ethical Research](#) (National Institutes of Health)
- [Guiding Principles for Scientific Research](#) (National Research Council)
- [Guiding Principles for Evaluators](#) (American Evaluation Association)
- [Guiding Principles for Engaging in Research with Native American Communities](#) (A collaborative effort by the University of New Mexico Department of Psychiatry Center for Rural and Community Behavioral Health; Albuquerque Area Southwest Tribal Epidemiology Center; University of New Mexico’s Prevention Research Center; New Mexico Tribal Strategic Prevention Framework Project; Nadine Tafoya and Associates; and Pacific Institute for Research and Evaluation)
- [The Belmont Report](#) (U.S. Department of Health and Human Services)
- [Foundations for Evidence-Based Policymaking Act of 2018](#) (U.S. Congress)
- [Principles of Next Generation Evidence](#) (Project Evident)

That draft was revisited and revised over the next 12 months, both during and between LAC convenings, to incorporate explicit feedback as well as the values and insights that emerged organically from the rich discussions around what the 2Gen field needs to learn to advance effective 2Gen approaches.

The final guiding principles, along with concrete strategies for implementing those principles, are presented below.

Advance equity

- Those conducting 2Gen learning, evaluation, and research should center their efforts on equity, working proactively to ensure that their methods for selecting study samples and for collecting, analyzing, and interpreting data recognize – and do not create, exacerbate, or obscure – disparities within the community or within a study sample.¹⁷

Advancing equity in 2Gen learning, evaluation, and research activities involves:

- Being mindful of one’s own privilege and positioning and of one’s own cultural, class, and gender biases, and seeking to mitigate these biases and potential power imbalances that can occur in a learning/evaluation/research context.
- Demonstrating an understanding of the history of exclusion, discrimination, and disparities that community members have faced.
- Thinking critically and compassionately about the costs and benefits of traditional impact evaluation on individual families and considering serving families in the control group, removing them from the study sample, or considering a different research approach altogether.
- Making sure that those conducting the learning, evaluation, or research activity have the necessary training, expertise, and lived experiences with the appropriate methods, relevant measures, and with the community and populations being studied.
- Designing 2Gen learning, evaluation, and research in such a way as to permit an examination of whether 2Gen approaches are differentially accessible or have differential uptake, differential satisfaction, or differential impacts with respect to such factors as race, ethnicity, gender, socioeconomic status, language, geographic location, country of origin, disability status, and family structure.
- Ensuring families know that by signing a service organization’s consent form, they are consenting to provide information (“data”) that will be used not only to show their progress, but also to support the organization’s learning and program improvement efforts.



EQUITY MUST BE THE CONTEXTUAL FRAMEWORK for evidence gathering, collating, and dissemination.

–Kate Jarvey, Founder and Board Chair, Crann Centre (Ballincollig, Ireland)

¹⁷ See [Collins et al. \(2022\)](#) for more information on how nonprofits can incorporate equity into their measurement, evaluation, and learning; and see [Andrews et al. \(2019\)](#) for more information on how to incorporate a racial and ethnic equity perspective throughout the research process.

APPENDICE A

- Considering the following in regards to 2Gen evaluation and research specifically:
 - Striving for research staff reflective of the community involved in the research/evaluation;
 - Making efforts to address the study’s potential risks for exacerbating historic disadvantage or inequity;
 - Ensuring that the benefits and burdens of research are fairly distributed and conveyed to the participating community/program;
 - Ensuring that there is fair treatment in the recruitment of participants and that the data collected are representative of all groups who are expected to benefit from findings; and
 - Promoting equitable access to study findings in ways that respect study participants and honor promises of confidentiality.



PARENTS NEED A SEAT AT THE HEAD TABLE IF FUNDERS, ORGANIZERS, and other decision makers are to understand what parents need.

-TK Cross, Parent Advisor to the Justice and Joy National Collaborative (formerly, National Crittenton) and Coordinator of Invincible Mamas Pushing for Action and Change Together (IMPACT) Alliance

Engage and listen to the voices of parents and other adult caregivers

Parents/adult caregivers are the experts when it comes to what their families need to thrive and the ways in which 2Gen interventions may or may not be meeting those needs. Their perspectives and experiential wisdom should be lifted up and embedded not only in the design of 2Gen interventions, but also in their implementation and in the generation of evidence for those interventions.

The authentic engagement of parents/adult caregivers in 2Gen learning, evaluation, and research activities involves:

- Recognizing and respecting cultural values and views around parenting and parent identity – for example, deeply embedded cultural values around mothers sacrificing their needs for their children’s sake in some communities vs. a value on parental and child autonomy and independence at an earlier age;
- Shifting from the mother-child model of engagement to a model of inclusivity for fathers, co-parents, and all parents/adult caregivers, regardless of family structure;
- Being mindful of one’s own privilege and positioning and one’s own cultural, class, and gender biases and how those biases can affect interactions with families;
- Getting to know parents/adult caregivers by name, valuing and celebrating their role as parents/adult caregivers, and treating parents/adult caregivers with grace and patience, and as respected peers with valued expertise as parents/adult caregivers;
- Viewing parents/adult caregivers as partners – not as “research subjects” or “study participants” who are utilized only for their stories and the data they provide – and engaging them in positions of leadership and decision-making in the learning, evaluation, or research endeavor;

- Engaging parents/adult caregivers fully and wholly in the scientific process – from design, data collection, and analysis to interpreting and disseminating findings – and encouraging them to provide context and nuance to bring meaning to the findings and to tell a more accurate and robust story to audiences that include non-researchers; and
- Being transparent with parents/adult caregivers about how their data will and will not be used.

Center on community

- Successful 2Gen learning, evaluation, and research requires a deep understanding of the community context – its history and changes over time, and its current strengths, challenges, resources, values, and traditions.

Centering on community in 2Gen learning, evaluation, and research involves:

- Adopting the principles and practices of community-based or Tribal-participatory research;
- Co-creating a theory of change in collaboration with the community and program partners;
- Ensuring that the questions being asked center on issues of importance to the community;
- Discussing timelines and expectations with the community, respecting community rhythms and timelines, and not rushing to meeting agency deadlines;
- Adopting a partnership mindset and being open to co-learning and ongoing dialogue;
- Developing positive working relationships with community organizations;



NOT ONLY DOES IT TAKE A VILLAGE TO RAISE A CHILD, but it takes a child to heal that village.

-Madi White, Parent Advisor to the Justice and Joy National Collaborative (formerly, National Crittenton) and former Steering Committee Member, IMPACT

- Understanding what the community seeks to gain from the learning, evaluation, or research activity;
- Being mindful of one’s own privilege and positioning and one’s own cultural, class, and gender biases and how those biases can affect interactions with the community;
- Being aware of and honoring cultural traditions, community protocols, and community diversity;
- Recognizing and respecting cultural values and worldviews – for example, Native cultures consider generations past, present, and future in decision-making, and they often have (sometimes complicated) extended family networks;
- Anticipating differences in perspectives, goals for the research, and ideas about how to achieve those goals, and making plans to mitigate conflict that may arise; and
- Providing information that contributes to community-specific solutions, greater well-being, and positive policy impact.

Include outcomes for children, parents/adult caregivers, and the family as a whole

A hallmark of 2Gen approaches is the focus on whole families. It is therefore important that 2Gen learning, evaluation, and research assess outcomes for individuals in the family (children, parents/adult caregivers) as well as for families as a whole (for example, economic well-being, nonviolent approaches to conflict, and a safe and loving environment). In addition, where culturally appropriate¹⁸ and in accordance with the 2Gen intervention, 2Gen learning, evaluation, and research should also assess outcomes for the relevant family relationships: caregiver-child (for example, mutual motivation¹⁹), romantic couple (for example, healthy relationship), and co-parents/caregivers (for example, effective problem solving). Including outcomes for children, parents/adult caregivers, and the family as a whole in 2Gen learning, evaluation, and research involves:

- Having a clear theory of change grounded in appropriate cultural framework(s)²⁰ and anchored in culturally informed research on child development, adult development, and family functioning regarding how the 2Gen approach is likely to affect children, parents/adult caregivers, families as a whole, and key relationships (for example, the caregiver-child, romantic couple, and co-parenting relationships);
- Developing a logic model that clearly illustrates how implementation of the 2Gen approach will lead to outcomes of interest at the individual, relationship, and family levels, including the mechanisms and proximal outcomes preceding those outcomes;
- Identifying culturally grounded outcomes and measures at the individual, relationship, and family levels that align with the particular 2Gen approach;²¹ and
- Having a realistic timeline for when outcomes can reasonably be achieved given the families' situations and the intensity and duration of services received.

Measure and account for factors outside the family that influence child, parent/caregiver, and family well-being and relationships

Children, parents/caregivers, and families are embedded in and interact with larger systems and structures – economic, educational, housing, even neighborhood boundaries – that shape the opportunities available to them, especially for families of color facing structural racism or discrimination. Accounting for this reality is necessary for developing an accurate theory of change and interpreting findings regarding a 2Gen intervention's implementation and effectiveness (or

¹⁸ 2Gen approaches – and consequently, learning, evaluation, and research about 2Gen approaches – should be sensitive to the ways that parenthood, childhood, and relationships are defined and function in various cultural contexts.

¹⁹ Coined by Ascend Fellow and professor of human development and social policy Dr. Lindsay Chase-Lansdale, “mutual motivation” refers to the motivating effect on children of seeing their parents engaged in classes or work, and the motivating effect that children have on their parents to provide for a better future (Severens, 2020).

²⁰ For example, [García Coll et al.'s integrative model for studying developmental competencies in minority children \(1996\)](#); [Iruka et al.'s work in antiracist developmental science \(2022\)](#); [Walters & Simoni's stress-coping model for Native women \(2002\)](#), and [Ullrich's Indigenous connectedness framework \(2019\)](#). See also [West et al. \(2023\)](#).

²¹ See, for example, [Walls et al. \(2017\)](#).



WE NEED A BETTER UNDERSTANDING

of how macro influences affect family and child well-being.

Amy West, Professor of Clinical Pediatrics, Psychology, and Psychiatry & Behavioral Sciences, University of Southern California/ Keck School of Medicine and Children's Hospital of Los Angeles

lack thereof). Measuring and accounting for structural factors influencing child, parent/caregiver, and family well-being in 2Gen learning, evaluation, and research involves:

- Understanding that families do not live in a vacuum and are affected by various systems and structural factors, and being intentional about designing studies and reporting findings with that in mind;
- Including macro-level factors in the design and interpretation of findings from 2Gen research and evaluation;
- For researchers, drawing from conceptual frameworks on macro-level influences on child, parent/caregiver, and family well-being and how those learnings can inform the development and evaluation of effective 2Gen approaches at both the individual (services) level and the systems (organizational, policy, funding) level; and
- For funders of 2Gen research and evaluation, advancing research on how factors outside the family influence child, parent/caregiver, and family well-being and how those factors shape (“moderate”) the implementation and effectiveness of 2Gen interventions.

Think broadly about what constitutes evidence, and be transparent

Evidence includes findings from rigorous research and evaluation, as well as the insights and experiential wisdom that exists in communities, among practitioners, and among parents participating in 2Gen interventions. It is important to be transparent about how evidence is generated – for example, why the particular questions, study design, analytic methods, outcomes, and measures were selected, who was involved in making those decisions, and what types of evidence are being used for what purposes. Thinking broadly about what constitutes evidence in 2Gen learning, evaluation, and research involves:

- Integrating other cultural frameworks with learning, evaluation, and research to ensure that outcomes, measures, and methods are culturally meaningful;
- Having explicit conversations with partners about: (1) who values different types of evidence in what way; and (2) when it is and is not appropriate to use different types of evidence for addressing questions of interest; and
- Including parents' perspectives on a reasonable timeline and milestones indicating progress toward and achievement of their goals; and their advice on how to improve 2Gen services and how they are being delivered.



UNFORTUNATELY, OUR SOCIETY IS BASED IN HISTORIES OF PATRIARCHY, RACISM, SEXISM – ALL THESE

various forms of oppression that have such a large impact from one generation to the next, especially among families of color.

-K. Shakira Washington, Vice President, Research, Justice and Joy National Collaborative

Foster innovation while building evidence

Building evidence for 2Gen approaches requires the use of established measures and methods, as well as newly identified outcomes and innovative measures and methods suitable to populations that, historically, have been less researched or poorly researched.

Fostering innovation while building evidence in 2Gen learning, evaluation, and research involves:

- Using established, culturally relevant measures as appropriate to optimize generalizability (external validity) and permit a comparison of findings across 2Gen approaches to understand which approaches hold the greatest promise for helping families achieve well-being and prosperity;
- Incorporating new outcomes and measures as appropriate to best capture the unique aspects and proximal outcomes targeted by a given 2Gen approach, to optimize the validity of findings for that particular 2Gen intervention and population (internal validity);
- Developing new measures as necessary to ensure that findings are valid and relevant for the population being studied (since oftentimes, measures have not been developed for the various types of families included in studies – especially, for example, Native families);
- Engaging parents/adult caregivers and 2Gen service-delivery partners to help identify the proximal outcomes expected to translate into distal, longer-term outcomes, and to help identify, select, adapt, or develop new measures that best capture those proximal outcomes; and
- Funding researchers to develop new and innovative methods, measures, and tools for assessing unique aspects of 2Gen approaches while also supporting the identification of established measures that permit a comparison of findings across 2Gen approaches.



BUILDING 2GEN EVIDENCE THROUGH LEARNING, EVALUATION, AND RESEARCH SHOULD SEEK TO USE

innovative approaches, measures, and methods while also incorporating established practices when appropriate.

-Sharon McGroder, Research Consultant to Ascend



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APPENDIX B: DETAILED 2GEN LEARNING, EVALUATION, AND RESEARCH QUESTIONS

The 2Gen Building Evidence LAC proposed organizing the learning, evaluation, and research questions by adapting the journalistic framing of WHO, WHAT, WHERE, WHEN, and WHY to loosely align with a logic model framing:

- WHO: Children, Parents, and Families
- WHAT: Services, Policies, and Systems Change
- WHERE and WHEN: Context
- WHY: Rationale for Selecting the Particular 2Gen Intervention
- BY WHOM: Organizations, Staff, Leadership, and Partnerships
- HOW and HOW WELL: Implementation
- WHAT WORKS: Effectiveness

Within each of these categories, the 259 2Gen learning, evaluation, and research questions are presented separately for parents, practitioners, researchers/evaluators, and funders to provide a sense of the kinds of questions that were top-of-mind for each group. As a result, some questions (shown in gray font) are repeated across groups. Such intentional duplication serves two purposes: (1) ensuring that the list of questions proposed by each group (in each column) is comprehensive; and (2) indicating which learning, evaluation, and research questions were of greatest interest across groups.

In addition, to remain authentic to the voices and framing of the various groups, the detailed learning, evaluation, and research questions presented below (in *italics*) are phrased largely verbatim (other than minor editing for clarity and to frame proposed topics in the form of a question as necessary).

Finally, to help readers focus on the questions of greatest interest to them, each question is labeled according to whether it can be used in learning activities, evaluation, or research. Questions labeled “LE” pertain to 2Gen interventions and can be considered a learning question or an evaluation question, depending on the degree of scientific rigor used to address the question. By contrast, questions labeled “R” do not pertain to interventions; rather, they pertain to understanding phenomena and links among phenomena using social science research methods. Questions labeled “LER” are descriptive questions that can be addressed in learning activities, evaluations, and research.

TABLE B. 1: OVERARCHING QUESTIONS, SUBTOPICS, AND DETAILED QUESTIONS PROPOSED BY THE 2GEN BUILDING EVIDENCE LEARNING AND ACTION COMMUNITY REGARDING “WHO,” BY GROUP

This set of questions pertains to the children, parents/adult caregivers, and families targeted and served by 2Gen interventions. Understanding who the children, parents/adult caregivers, and families are helps practitioners and policymakers develop and align relevant services, policies, and systems in partnership with the parents/adult caregivers from the communities being served.

	Proposed by:			
	Parents	Practitioners	Researchers / Evaluators	Funders ¹
1. What are the characteristics of parents/adult caregivers targeted or served by the 2Gen intervention?				
Demographic information	√	√	√	
· Did parent/adult caregiver come from poverty? (LER)	√			
· Is or was the parent/adult caregiver a single parent/caregiver? (LER)	√			
· How old was the parent/caregiver when they had their first child? (LER)	√			
· Is or was the parent/adult caregiver a “young parent”? ² (LER)	√	√		
· Do any of the parent/adult caregivers’ children have special needs? (LER)		√		
· Did the parent/adult caregiver experience financial hardship or poverty growing up? (LER)			√	
· What is the race, ethnicity, socioeconomic status, disability status, and so on, of those who live with the child? (LER)			√	
· What is the race, ethnicity, socioeconomic status, disability status, and so on, of those who are part of the child’s family but do not live with them? (LER)			√	
2. What are the lived experiences of parents/adult caregivers?				
Past struggles	√		√	
· What struggles have the parent/adult caregiver experienced in the past? (LER)	√			
· Was the parent/caregiver involved in the child welfare system (foster care, child protective services)? (LER)	√			

¹ Funders agreed with the questions posed by the other groups and did not have any additional questions to add regarding the “WHO” of 2Gen approaches.

² One parent adviser noted that “young mother” is often used as a derogatory term, as it suggests that premarital relations led to young parenthood, which is counter to the societal norm of a nuclear family and is therefore stigmatized. And while having a child at 16 may make someone a young mother (by some cultural norms), continuing to refer to a 20-something as a “young mother” can have the effect of marginalizing her knowledge and expertise and keeps professionals from requesting and respecting her input. One researcher noted that, in some cases, the use of “young mother” as a derogatory term is due to societal norms in general, not just relative to a nuclear family. Another researcher shared a different take on this, noting that some think of “young mother” as an identity term that one carries through life, and she suggested that whether it is considered derogatory depends on the spirit in which it’s used.

	Proposed by:			
	Parents	Practitioners	Researchers / Evaluators	Funders ¹
· Was the parent/adult caregiver involved in the juvenile/adult justice or youth/adult legal system? (LER)	√			
· Was the parent/adult caregiver dually involved in the child welfare and legal systems? (LER)	√			
· Did the parent/adult caregiver suffer from depression (incl. post-partum depression)? ³ (LER)	√			
· (How) has the parent/adult caregiver experienced racism, sexism, ableism, and so on, in the past? (LER)			√	
Current stressors and needs	√	√	√	
· What struggles is the parent/adult caregiver currently facing? (LER)	√			
· Is the parent/adult caregiver currently living in poverty? (LER)	√			
· Is the parent/adult caregiver currently a single parent? (LER)	√			
· Is the parent/adult caregiver currently involved with the child welfare system (foster care, child protective services)? (LER)	√			
· Is the parent/adult caregiver currently involved in the juvenile/adult justice or youth/adult legal system? (LER)	√			
· Is the parent/adult caregiver currently dually involved in the child welfare and legal systems? (LER)	√			
· Does the parent/adult caregiver currently suffer from depression (incl. post-partum depression)? (LER)	√			
· Where do parents/adult caregivers currently need support? (LER)	√			
· What barriers keep the family from thriving, as they define it for themselves? (LER)		√		
· What supports are needed to strengthen the family? (LER)		√		
· For parents not in the child welfare system, are they nevertheless engaged with child protective services? (LER)			√	
Strengths and opportunities	√	√		
· What strengths do families have? (LER)	√			
· What opportunities do families perceive in their situation? (LER)	√			
· What strengths do the families perceive in their situation? (LER)		√		
Social supports	√	√	√	
· Who is involved – to various degrees, in different ways – in the child’s life? ⁴ (LER)	√			
· Who comprises the family’s immediate network (“inner circle”)? (LER)	√			

³ The parent advisers advocated caution when actually asking about parents’/adult caregivers’ mental health in an interview, survey, or focus group: There is fear among parents of getting their children taken away if they answer honestly about their mental health struggles.

⁴ One parent adviser strongly advised approaching this topic in a sensitive manner, given it can touch upon inner wounds – perhaps especially when asking about relationships with family members and with the child’s other parent. She advised asking, “Who is part of the day-to-day support system for you and your child(ren)?” and “Who is there every now and then when you need it?”

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	Proposed by:			
	Parents	Practitioners	Researchers / Evaluators	Funders ¹
· Do families have “bridges” to other social networks? (LER)	√			
· Do families’ social networks comprise similarly situated people? ⁵ (LER)	√			
· What types of information do parents/adult caregivers share with each other? (LER)		√		
· In what ways do parents/adult caregivers rely on each other for social, emotional, and instrumental support? (LER)		√		
· What are characteristics of the parents’ social networks? (LER)			√	
· How, in communities of color, do the connections go beyond the parent and child and immediate family? (LER)			√	
Biological parents’ relationship before and after pregnancy		√		
· What was the nature of the child’s biological parents’ relationship prior to pregnancy? (LER)		√		
· (How) did that relationship change during their transition to parenthood? (LER)		√		
Being a parent/adult caregiver	√	√	√	
· Does the parent/adult caregiver have more than one child? (LER)	√			
· Was the child the result of an unplanned pregnancy, or did the parent/caregiver actively decide to become a parent? (LER)		√		
· Was the parent/adult caregiver partnered or married at any point, before or after they became a parent? (LER)		√		
· What is the relationship between the non-parental adult caregiver(s) and the child(ren) they care for? (LER)		√		
· How did the non-parental adult caregiver(s) come to care for the child(ren)? (LER)		√		
· What is/was the parent/adult caregivers’ relationship with their own mothers and fathers? (LER)		√		
· Do parents/caregivers have a parenting role model...someone they look to as an example of the type of parent they want to be or someone they can go to for parenting-related questions? (LER)		√	√	
Parents/adult caregivers in foster care	√			
· Are foster parents responsible, caring adults helping young parents navigate parenting and life? (LER)	√			
· Are foster parents helping the young parents, or simply collecting a check? (LER)	√			

⁵ One researcher noted that parents/adult caregivers may shed old (sometimes unhealthy) network members as they pursue education, career, or other life goals and establish new associations, so it is not uncommon for support networks to weaken for a period before they strengthen again. Another researcher noted a similar phenomenon in some Tribal contexts where historical traumas have resulted in a significant portion of adults with unresolved grief and trauma. When a young person becomes a parent, they may cut ties with people to create healthy boundaries for themselves and their child – so the cultural value of an extended family network may appear non-existent, when in reality it is a healthy decision for contemporary circumstances.

	Proposed by:			
	Parents	Practitioners	Researchers / Evaluators	Funders ¹
· Are young parents in foster care basically taking care of themselves? (LER)	√			
· Do foster parents claim the young parent as a dependent or otherwise prevent the young parent in foster care from filing their own taxes? (LER)	√			
· In what other ways are parents overshadowed by the systems and policies in place that make it difficult to obtain data on parents? ⁶ (LER)	√			
Economic conditions	√		√	
· What is/are the parent/adult caregiver’s income and expenses? (LER)	√			
· Does the parent/adult caregiver earn more than the minimum wage? (LER)	√			
· Does the parent/adult caregiver have rent for next month? (LER)	√			
· Is the parent/adult caregiver living paycheck to paycheck? (LER)	√			
· Is the parent/adult caregiver eligible for public assistance/safety net programs? (LER)	√		√	
· Are parents/adult caregivers having to make decisions about employment based on whether it will impact eligibility for public assistance/safety net programs? (LER)			√	
Relationship safety⁷	√			
· Does the parent/adult caregiver feel safe in their relationship(s)? (LER)	√			
· Are/were there predatory behaviors by current/past partners? ⁸ (LER)	√			
Well-being	√	√		
· What forms of self-care do parents/adult caregivers engage in? (LER)	√			
· How are the children, parents/adult caregivers, and family flourishing and not flourishing? (LER)		√		
Marital and parenting history of own parents	√	√		
· Was the parent/adult caregiver’s own mother or father a young parent? (LER)	√			
· Were the parents’/adult caregivers’ own mothers or fathers the result of a planned or unplanned pregnancy? (LER)	√			

⁶ One parent adviser noted that if young parents in foster care don’t file their own taxes, there is a paucity of information on the financial circumstances (including use of the Earned Income Tax Credit, or EITC) of young parents in foster care.

⁷ Parent advisers strongly advised considering potential triggers when asking about interpersonal violence. They recommended taking the time to get to know the parent/caregiver and letting the parent/caregiver decide if and when to disclose this information. They emphasized the importance of balancing the need to know and research timelines with the emotional health of the parent/caregiver.

⁸ One researcher suggested, when actually asking about predatory behaviors in an interview, survey, or focus group, phrasing the question more neutrally, such as: “Are/Were there safety concerns (for example, stalking, use of violence, threatening behaviors) by current/past partners?”

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	Proposed by:			
	Parents	Practitioners	Researchers / Evaluators	Funders ¹
· What kind of relationship do or did the parents’/adult caregivers’ own mothers and fathers have - for example, did/do they go above and beyond for each other? Did/do they value and respect each other? (LER)	√	√		
· Were parents’/adult caregivers’ own mothers and fathers coupled or married at any point, before or after they became parents? (LER)		√		
Learning about positive (romantic) couple relationships		√		
· Did the parent/adult caregiver see any positive couple relationships growing up? (LER)		√		
· Did the parent/adult caregivers’ own mother or father have conversations with them about relationships? (LER)		√		
· Did the parent/adult caregiver have a trusted adult to talk with them about what a healthy vs. unhealthy relationship looks like? (LER)		√		
· Did the parent’s own mother or father talk with them about how to spot unhealthy relationship behaviors (for example, predatory, controlling, and so on)? (LER)		√		
Access to accurate information		√		
· Do young people have access to accurate and reliable information - from parents/adult caregivers, schools, health care providers, clinics - regarding reproductive health? (LER)		√		
· Do young people have access to this information in a way that is judgment-free? (LER)		√		
Parents’/adult caregivers’ views on their experiences	√	√		
· Are multiple children a source of stress for parents/adult caregivers, or a support system for siblings? (LER)	√			
· Do parents/adult caregivers feel shunned by systems - for example, the legal system, child welfare system, medical/health system, and social service delivery system - for having little education or for their life stories? (LER)	√			
· Do parents/adult caregivers feel lost in the system? (LER)	√			
· Do parents/adult caregivers feel stigmatized or judged by helping professionals? (LER)	√			
· What does being a “good parent” mean to parents/adult caregivers? (LER)		√		
· How does parents’/adult caregivers’ definition of a “good parent” relate to their background, their childhood experiences, and their heritage? (R)		√		

	Proposed by:			
	Parents	Practitioners	Researchers / Evaluators	Funders ¹
3. How do parents’/adult caregivers’ experiences affect them, their children, and their families?				
How becoming a parent changed life for the better	√			
· How has becoming a parent inspired the parent to change their life? (LER)	√			
· Since becoming a parent, does the parent have different priorities, goals, or a changed outlook on life? (LER)	√			
· Since becoming a parent, is the parent more motivated and determined to better themselves for their child’s sake? (LER)	√			
· Since becoming a parent, does the parent show grit, determination, and stubbornness in achieving their goals? (LER)	√			
Effects of experiences on family formation decisions		√	√	
· What are the relationship and parenting histories within families that may have shaped or influenced the parent’s norms, beliefs, and experiences around relationships and parenting? (R)		√		
· How do family background, culture, and norms shape decisions around sexual activity, parenting, partnering, and marriage? (R)			√	
Effects of experiences across generations	√	√		
· Is there evidence of epigenetics? (R)	√			
· Have parents/adult caregivers experienced historical or intergenerational trauma? (LER)	√	√		
· (How) has the experience of historical or intergenerational trauma affected the lives of parents/adult caregivers and their ability to provide for their children? (R)		√		
· How does the parent/adult caregivers’ relationship with other adults (other parent, current spouse/partner, in-laws, and so on) shape the child’s future relationships? (R)		√		
· How does the parents’/adult caregivers’ relationship with each other affect the child as they mature into an adult and the relationships they have with those with whom they may ultimately choose to have children? (R)		√		
Effects of stressors and needs on parents/adult caregivers, children, and families		√		
· How do life stressors such as low income, having a special needs child, or involvement with the child welfare and/or legal systems affect the parents’/adult caregivers’ relationship with each other and with their children? (R)		√		
Effects of structural racism or discrimination on parents/adult caregivers, children, and families			√	
· Does structural racism or discrimination affect child development among Black, indigenous, and persons of color (BIPOC) populations? (R)			√	

	Proposed by:			
	Parents	Practitioners	Researchers / Evaluators	Funders ¹
4. Who are the children targeted or served by the 2Gen intervention?				
Demographic information			✓	
· What is the race, ethnicity, socioeconomic status, disability status, and so on, of children in the family? (LER)			✓	
· What is the race, ethnicity, socioeconomic status, disability status, and so on, of children in the household? (LER)			✓	
5. What are the children’s lived experiences? What are children living through?				
Experiences in school	✓			
· What are children’s experiences in school? (LER)	✓			
· Are children involved in sports or clubs? (LER)	✓			
The child’s family and household			✓	
· Who lives with the child? (LER)			✓	
· Who is considered part of the child’s family, whether or not they live with the child? (LER)			✓	
Exposure to violence in the community			✓	
· Are children exposed to community violence? (LER)			✓	
6. How do children’s lived experiences affect them, their parents, and their families?⁹				
Child well-being	✓		✓	
· How is the child’s well-being and mental health? (LER)	✓			
· Is the child worried about their parents/adult caregivers? (LER)	✓			
· Is the child afraid or feeling insecure about their family’s economic situation? (LER)	✓			
· Is the child scared? (LER)	✓			
· Is the child confident? (LER)	✓			
· Is the child doing well academically? (LER)	✓			
· Is the child doing well socially? (LER)	✓			
· Do children have any social and/or developmental delays? (LER)			✓	
Parent and family outcomes			✓	
· How do children’s lived experiences affect their parents and families? (R)			✓	



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⁹ The parent advisors advocated caution when asking children about their experiences, taking care not to scare or traumatize them – for example, asking if their parents/adult caregivers are living paycheck to paycheck rather than asking if they are unable to afford food and rent.

TABLE B.2: OVERARCHING QUESTIONS, SUBTOPICS, AND DETAILED QUESTIONS PROPOSED BY THE 2GEN BUILDING EVIDENCE LEARNING AND ACTION COMMUNITY REGARDING THE WHAT OF 2GEN APPROACHES, BY GROUP

This set of questions pertains to the specifics of the 2Gen intervention being assessed. Understanding the multifaceted and interrelated aspects of a 2Gen intervention is foundational to any 2Gen learning, evaluation, or research endeavor.

	Proposed by:			
	Parents ¹	Practitioners	Researchers / Evaluators	Funders
1. What is the 2Gen intervention?				
Core features and components				
· Are services and supports comprehensive? (LER)		√	√	√
· Do services and supports include all six components of the 2Gen model (i.e., early childhood education, K-12 education, post-secondary education and employment pathways, physical and mental health, economic assets, and social capital)? (LER)		√		
· Are services and supports inclusive of everyone in the family? (LER)		√		
· What are the core features and components of the 2Gen approach?			√	
· What services are offered to children? (LER)			√	
· What services are offered to parents/adult caregivers? (LER)			√	
· What whole-family services are offered? (LER)			√	
· How are services defined? (LER)			√	
· (How) are services and service delivery approaches innovative?			√	
· (How) are services and service delivery approaches evidence-based? (LER)			√	
· What are the core elements of 2Gen programs? (LER)				√
Dosage, intensity, and quality of services				
· What is the dosage and intensity of 2Gen services? (LER)			√	
· How many hours are spent in which types of workshops, classes, and activities? (LER)			√	
· What is the quality of the 2Gen services provided? (LER)			√	

¹ Parents agreed with the questions posed by the other groups and did not have any additional questions to add regarding the “WHAT” of 2Gen approaches.

	Proposed by:			
	Parents ¹	Practitioners	Researchers / Evaluators	Funders
Sequence of services				
· Are there some needs that families need to have addressed more immediately and/or in a particular order to help them meaningfully benefit from the 2Gen program? (LER)			√	
2Gen for special populations				
· What do 2Gen approaches serving particular populations (for example, youth, prenatal mothers, fathers, incarcerated parents) look like? (LER)			√	
Participation in services				
· What constitutes “participation,” given that programs can offer so many different services, across different time periods, and so on? (LER)			√	
· What is the child’s, parent’s, and family’s pattern of engagement in services over time? (LER)			√	
· Do families “graduate” or otherwise enter an “alumni” status? (LER)			√	
2. What is the nature of the case management/coaching that parents/adult caregivers receive?				
Coaching model				
· What are models of successful case management/coaching? (LER)		√	√	
· How do staff work with parents? Do staff help parents problem solve? (LER)		√		
· What is the dosage, intensity, frequency, and so on, of the particular coaching model? (LER)			√	
Case management				
· How viable and effective is it to have a case manager work with families to address barriers before enrollment in the 2Gen program? ² (LER)		√		
· Are there ways to organize case management that work better than others across an organization? (LER)		√		
· What role(s) do case managers play (for example, mentor, coach, accountability captain, system navigator, and so on)? (LER)			√	
3. What are strong models for supporting parenting and co-parenting?				
· What are strong models for supporting co-parenting by non-custodial parents? (LER)		√		
· What are strong models for supporting (co-)parenting by grandparents and other non-parental adults? (LER)		√		

² One practitioner argued that enrolling families in a program without first connecting them to services to address their barriers (for example, substance abuse) might be setting them up for failure.

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TABLE B.3: OVERARCHING QUESTIONS, SUBTOPICS, AND DETAILED QUESTIONS PROPOSED BY THE 2GEN BUILDING EVIDENCE LEARNING AND ACTION COMMUNITY REGARDING THE WHERE AND WHEN OF 2GEN APPROACHES, BY GROUP

This set of questions pertains to the contexts in which children and families are embedded, including their geographic, social, and cultural communities, the systems they engage with, and the point in time in their family life cycle. Understanding the contexts in which families live is critical to understanding what they want and what they need to thrive.

	Proposed by:			
	Parents	Practitioners	Researchers / Evaluators	Funders ¹
1. What are the contexts and environments in which children, parents/adult caregivers, and families live?				
Access to supportive systems²	√	√	√	
· How are parents treated by systems? (LER)	√			
· Does the CPS system keep track of parents and children, or do they become lost in the system? (LER)	√			
· What supports would enable parents/adult caregivers to exit the child welfare and/or legal systems? (LER)	√			
· Do parents prefer center-based care or family child care? (LER)	√			
· How do parents weigh different factors when looking for and choosing child care? (LER)	√			
· How do parents define “quality” child care? (LER)	√			
· Do systems adopt a model of resilience and empowerment, or are they focused only on deficits? (LER)	√			
· Do systems treat young parents with respect regardless of their education or their life stories? (LER)	√			
· How have parents been treated by various systems – for example, the legal system, child welfare system, medical/health system, and social service delivery system? (LER)		√		
· Were mothers provided adequate prenatal care? (LER)		√		
· How do systems treat parents? (LER)		√	√	
Access to supportive communities		√		
· Are community supports available and accessible to different types of families? (LER)		√		
· Are parents/adult caregivers limited in accessing services because of their age, economic status, involvement with CPS/legal systems, and so on? (LER)		√		

¹ Funders agreed with the questions posed by the other groups and did not have any additional questions to add regarding the “WHY” of 2Gen approaches.

² Many young parents have discussed the stigma and judgment that they’ve experiences from professions tasked with helping parents.

	Proposed by:			
	Parents	Practitioners	Researchers / Evaluators	Funders ¹
Norms and values		√		
· What are the social and political norms and values that parents are exposed to in their communities and in the various systems – for example, the legal system, child welfare system, medical/health system, and social service delivery system – with which they interact? (LER)		√		
· Do these norms and values align or conflict with parents’ circumstances and the goals they have for themselves, their children, and their families? (LER)		√		
2. How do parents/adult caregivers view their communities?				
Sense of belonging	√	√		
· Do children, parents/adult caregivers, and families feel excluded from their community? (LER)	√			
· What is the community that the parent/caregiver feels is right for them, that they would feel most comfortable in? (LER)	√			
· Which communities do parents/adult caregivers, children, and families feel they belong to? (LER)		√		
Understanding community		√		
· How do parents/adult caregivers define community? (LER)		√		
· What is the history of the community being studied? (LER)				√
Community strengths		√		
· What strengths do parents/adult caregivers see in their communities? (LER)		√		
· Does the community infrastructure support social gatherings, such as meeting facilities and multi-cultural local interest groups? (LER)		√		
· Is the social infrastructure of the community enhanced by having service providers, especially good service providers, in the community? (LER)		√		
· What outcomes do families want for their communities? (LER)		√		
Value of community-based interventions		√		
· What is the value of interventions that are community based? (LER)		√		
· What is the value to parents when they receive services in their community? (LER)		√		
· What is the value of intentional recognition of the community as a collaborative stakeholder in the project or programs? (LER)		√		

	Proposed by:			
	Parents	Practitioners	Researchers / Evaluators	Funders ¹
3. How do these contexts and environments affect the well-being of children, parents/adult caregivers, and families?				
Effect of supports	√	√		
· To what extent do child care vouchers reduce or eliminate barriers to securing desirable child care? (LE)	√			
· How does the availability and affordability of child care affect parents' ability to work? (LE)	√			
· Is access to supports (programs, services, resources) helpful or harmful to family relationships? (LE)		√		
· Are there rules/requirements for accessing supports that harm family relationships? (LE)		√		
· Does access to supports moderate the relationship between life stressors and family relationships? (E)		√		
Effect of macro influences		√	√	
· How do systems and policies – economic, labor market, housing, child welfare, juvenile and criminal justice, family support, and so on – impact family structure, family relationships, and family well-being, both concurrently and across generations? (E)		√		
· How do factors such as the economy, the labor market, the housing market, the child care market, school quality, and so on, affect the well-being of parents/adult caregivers, children, and families? (R)			√	
· What role does structural racism and discrimination play in limiting opportunities and affecting outcomes for children, parents, and families? (R)			√	
· How do these limited opportunities and outcomes play out intergenerationally? (R)			√	
Effect of community history				√
· How has the community's history shaped its residents and the opportunities available to them? (R)				√

TABLE B.4: OVERARCHING QUESTIONS, SUBTOPICS, AND DETAILED QUESTIONS PROPOSED BY THE 2GEN BUILDING EVIDENCE LEARNING AND ACTION COMMUNITY REGARDING THE WHY OF 2GEN APPROACHES, BY GROUP

This set of questions pertains to the theory underlying why the 2Gen services, policies, or systems being designed or assessed can reasonably be expected to improve outcomes for children, parents/adult caregivers, and whole families. Explicitly and clearly articulating a theory of change is crucial for understanding why the selected 2Gen intervention is expected to achieve the outcomes sought, which can help inform the selection of relevant 2Gen learning, evaluation, and research questions.

	Proposed by:			
	Parents	Practitioners	Researchers / Evaluators	Funders ¹
1. Why was a particular 2Gen intervention selected?				
Theory of change	√		√	
· What do parents say would best support their, their children’s, and their families’ success, as they define it for themselves? (LER)	√			
· What is the theory underlying the particular 2Gen intervention? (LR)			√	
· What is a reasonable timeline for programs and families to take stock of whether/how they are progressing and whether/how they have succeeded? (LE)			√	
Problem needing to be addressed		√	√	
· How does an organization determine what 2Gen services to offer? (LER)		√		
· What conditions and issues is the intervention responding to? (LE)			√	
· Is the proposed intervention an appropriate and proportional response? (LE)			√	
Drivers of outcomes			√	
· What is driving outcomes for parents/adult caregivers, children, and families? (R)			√	
· How do 2Gen interventions address those drivers of outcomes? (E)			√	
Conceptual framework(s)			√	
· What conceptual framework(s) underlie the intervention’s theory of change? (E)			√	
· What are the strengths and limitations of those frameworks? (R)			√	

¹ Funders agreed with the questions posed by the other groups and did not have any additional questions to add regarding the “WHY” of 2Gen approaches.

	Proposed by:			
	Parents	Practitioners	Researchers / Evaluators	Funders ¹
· How might conceptual framework(s) need to be adapted to ensure they are appropriate to the norms and culture of the population targeted by the 2Gen intervention? (ER)			√	
Logic model			√	
· What is the logic behind how the 2Gen intervention should lead to expected outcomes? (LE)			√	
· Is the logic model at a level of specificity that allows for measurement and evaluation? (LE)			√	

TABLE B.5: OVERARCHING QUESTIONS, SUBTOPICS, AND DETAILED QUESTIONS PROPOSED BY THE 2GEN BUILDING EVIDENCE LEARNING AND ACTION COMMUNITY REGARDING THE BY WHOM OF 2GEN APPROACHES, BY GROUP

This set of questions pertains to the characteristics of the organization, leadership, and staff that may have implications for successful engagement of families and their ultimate success. The following questions can guide practitioners, evaluators, and researchers interested in pursuing this line of inquiry.

	Proposed by:			
	Parents ¹	Practitioners	Researchers /Evaluators	Funders ¹
1. Which organizations are involved in the 2Gen intervention?				
· What type of organization – nonprofit, for profit, government, business, and so on – are involved in the 2Gen intervention? (LER)			√	
Organizational structure and capacity		√	√	
· What type of organizational capacity do institutions need to carry out whole-family intensive case management effectively? (LER)		√		
· Is the organization top-down or matrixed management? (LER)			√	
· What are the systems that support that structure? (LER)			√	
· What is the evidence base for these structures and systems? (ER)			√	
· Where is there innovation in these structures and systems? (LER)			√	
· What is the capacity and structure of those organizations for supporting 2Gen interventions? (LER)			√	
Organizational partnerships		√		
· What partnerships are needed to better support the needs of parents, children, and families? (LER)		√		
· What partnerships are important for practitioners to think about when expanding their 2Gen ecosystem? (LER)		√		

¹ Parents and funders agreed with the questions posed by the practitioners and the researchers/evaluators and did not have any additional questions to add regarding the “BY WHOM” of 2Gen approaches.

	Proposed by:			
	Parents ¹	Practitioners	Researchers /Evaluators	Funders ¹
2. Who are the organization staff and leaders?				
Representativeness			√	
· Are staff representative of the client population with respect to, for example, language and/or cultural norms and values? (LER)			√	
· Are leaders representative of the client population? (LER)			√	
Case management/coaching			√	
· What skills are key to successful coaching (for example, listening closely, reflecting with families about what they are hearing, building relationships, accessing a variety of resources, sorting through the myriad of issues happening, and helping the family break them down into to actionable items)? (LE)			√	
Effects on client engagement			√	
· How do differing cultural values and views around parenting and parent identity shape engagement of families in 2Gen programs/services? ² (LE)			√	
Effects on client outcomes			√	
· What is the impact on client outcomes of having staff representative of the client population? (LE)			√	

² One researcher gave an example of deeply embedded cultural values around mothers sacrificing their needs for their children’s sake in some communities vs. a value on parental and child autonomy and independence at an earlier age.

TABLE B.6: OVERARCHING QUESTIONS, SUBTOPICS, AND DETAILED QUESTIONS PROPOSED BY THE 2GEN BUILDING EVIDENCE LEARNING AND ACTION COMMUNITY REGARDING THE HOW AND HOW WELL OF 2GEN APPROACHES, BY GROUP

This set of questions pertains to how and how well the 2Gen services, policies, and system change efforts are implemented. Because implementation is where the rubber hits the road, it is vital not only to understand WHAT the 2Gen intervention is, but also HOW and HOW WELL it is being implemented.

	Proposed by:			
	Parents	Practitioners	Researchers /Evaluators	Funders
1. What does successful engagement of parents in 2Gen interventions look like?				
Parents as co-designers of 2Gen interventions	√		√	
· Are parents treated with respect and patience by funders and organization movers? (LER)	√			
· Are parents invited into conversations with funders and organization movers and invited to speak freely? (LER)	√			
· Are parents engaged in positions of leadership and decision-making? (LER)	√			
· Do practitioners foster the development of a community, a village, among the parent partners? (LER)	√			
· How do organizations center parent voice in co-designing 2Gen interventions? (LE)			√	
Parents as clients of 2Gen interventions	√	√		
· Are parents treated with respect and patience by staff and leadership? (LE)	√			
· Are practitioners able to see the parents' struggles and give them time to breathe, think, and re-evaluate their lives to see what they really want for their life and for their children? (LE)	√			
· Do practitioners get to know the parents by name, as individuals? (LE)	√			
· Do practitioners value and celebrate the parents' role as a parent - for example, by asking how their children are doing? (LE)	√			
· Do practitioners listen to parents' voices and hear their needs? (LE)	√	√		
· What are successful methods for recruiting families into 2Gen programs and services? (LE)		√		

	Proposed by:			
	Parents	Practitioners	Researchers /Evaluators	Funders
Parents as partners in 2Gen learning, evaluation, and research¹	√	√	√	
· Are parents treated with respect and patience by researchers/evaluators? (LER)	√			
· Do staff engage parents in positions of leadership and decision-making in the learning, evaluation, and research endeavor? (LER)	√			
· Do organizations provide professional development or training in learning, evaluation, and research to parents partnering in the learning, evaluation, and research endeavor? (LER)	√			
· What strategies are being used to center parent voices in 2Gen learning, evaluation, and research? (LER)			√	
2. Are 2Gen interventions supporting parents and families holistically?				
· Are 2Gen efforts supporting families across different domains of family life? (LE)		√		
· Are 2Gen efforts supporting the child, their parents, and the family as a whole? (LE)		√		
· How are 2Gen approaches being implemented? (LE)				√
3. How are organizations, policies, and systems supporting parents/adult caregivers, children, and families?				
Supporting young parents				
· (How) do systems destigmatize young parents? (LE)		√		
· What are some things that we can change in the environment that will help young parents to feel more supported and safer - for example, providing educational opportunities so that relationships and sexual activity are not the primary focus; access to health care (including reproductive health care); and child care (for example, after-school programs)? (LER)		√		
Supporting fathers				
· (How) do health and social service agencies consider and respond to the needs of fathers? (LE)		√		
Supporting parents in a committed relationship				
· What information, tools, and supports do couples need to maintain a healthy romantic relationship? (LER)		√		
Supporting parents/adult caregivers as (co-)parents				
· How do practitioners help parents with adverse childhood experiences learn the parenting skills necessary to be a good parent? (LE)		√		

¹ One parent noted that parents engaged in LER are either viewed as “subjects” (i.e., individuals whose opinions are sought but who gain very little from this role), “participants” (utilized for their stories and what they can offer but with little say when it comes to development of the work), or as “partners” (collaborators respected as peers with valued experience as parents, working with organization staff toward a mutual goal, often taking the lead in coming up with ideas and executing those ideas). Parents agreed that they want to be viewed and referred to as “partners.”

APPENDICE B

	Proposed by:			
	Parents	Practitioners	Researchers /Evaluators	Funders
· How do practitioners support parents at various stages of parenthood (pregnancy, perinatal, infants/toddlers, preschoolers, elementary age, middle school age, high school age, young adult, and beyond)? (LE)		✓		
· How do practitioners help parents achieve their parenting goals? (LE)		✓		
· What information, tools, and supports do grandparents and other non-parental adult caregivers need? (LER)		✓		
Supporting parents who are no longer a couple		✓		
· What information, tools, and supports are needed by parents who are ending their romantic relationship but still have a responsibility and the obligation to raise their children? (LER)		✓		
· What information and supports do parents need as they transition to new relationships and, from there, into new families? (LER)		✓		
Supporting the community and caring professionals		✓		
· How do practitioners engage with and help create a larger system of supports within the community that help raise the next generation of children? (LE)		✓		
Fostering parents’/adult caregivers’ social support		✓		
· How do practitioners build social capital strategies – like mentoring and cohort service delivery – into their programs? (LE)		✓		
· How do practitioners help connect family members to other social support systems that they may need? (LE)		✓		
Supporting parents’/adult caregivers’ mental health needs		✓		
· How do practitioners support parents of children with disabilities who may need help unpacking their emotions, particularly the mother’s possible feelings of guilt about “causing” the disability during pregnancy? (LE)		✓		
Addressing historical trauma		✓		
· How do 2Gen approaches address the impact of historical trauma across generations? (LE)		✓		
4. How well is the 2Gen intervention being implemented?				
Building key relationships		✓	✓	
· How do practitioners foster client trust and hope? (LE)		✓		
· What are the elements of the parent-coach relationship that facilitate and support the family’s goals? (LE)		✓		
· How do staff build relationships with other staff within and across community agencies? (LE)		✓		
· What is the nature of the staff-parent relationship? (LER)		✓	✓	
· Do higher levels of staff-parent trust yield greater outcomes among families? (R)			✓	

	Proposed by:			
	Parents	Practitioners	Researchers /Evaluators	Funders
Fidelity and adaptations			✓	✓
· Are 2Gen models being implemented with fidelity? If not, why not? (LE)			✓	
· Were adaptations explicitly made, what were those adaptations, and what was the process for making them? (LE)			✓	
· How well are the original model and any adaptations documented? (LE)			✓	
· How are core components being adapted to the families/client base being served? (LE)				✓
· How are core components being adapted to local communities and contexts? (LE)				✓
Referrals			✓	
· (How) do staff follow up with referrals? (LE)			✓	
Alignment			✓	
· (How) are services for children and services for adults being intentionally designed, coordinated, and aligned? (LE)			✓	
· (How) are goals for children balanced with goals for parents and families? (LE)			✓	
5. What are barriers and facilitators of implementation?				
· What are the facilitators and barriers to successful implementation of 2Gen approaches? (LE)			✓	
· What implementation drivers and supports (for example, organizational, staffing, and leadership) are needed for successful implementation? (LER)			✓	

TABLE B.7: OVERARCHING QUESTIONS, SUBTOPICS, AND DETAILED QUESTIONS PROPOSED BY THE 2GEN BUILDING EVIDENCE LEARNING AND ACTION COMMUNITY REGARDING THE WHAT WORKS OF 2GEN APPROACHES, BY GROUP

This set of questions pertains to whether the 2Gen intervention made a difference in the lives of children, parents, and families. Understanding what works – for which populations and in what contexts – can help policymakers make evidence-based decisions on which programs, services, policies and systems change efforts to fund, and which need additional learning, evaluation and research to support innovative approaches that may eventually prove effective in supporting the holistic needs of children, parents/adult caregivers, and families.

	Proposed by:			
	Parents ¹	Practitioners	Researchers /Evaluators	Funders
1. Does the 2Gen intervention show evidence of effectiveness?				
Effect on parents’/co-parents’ relationships		✓		
· Does access to services and other supports contribute to supporting or harming the parents’ relationship? (E)		✓		
Effect of client trust and hope		✓	✓	
· Does the 2Gen intervention improve client trust and hope? (E)		✓		
· Do higher levels of client trust and hope yield greater outcomes among families (for example, children’s educational progress, family income, family stability?) (E)			✓	
Effects on child, parent/adult caregiver, and family outcomes			✓	✓
· Does the 2Gen intervention help parents meet their goals for themselves and their families? (E)			✓	
· Does the 2Gen intervention improve children’s health, education, or other measures of well-being? (E)			✓	
· Do 2Gen efforts help families move toward economic mobility? (E)				✓
Effect on communities				
· For Native populations, does the 2Gen approach result in revitalizing and/or sustaining cultural values, traditions, and practices? (E)			✓	

¹ Parents agreed with the questions posed by the other groups and did not have any additional questions to add regarding the “WHAT WORKS” of 2Gen approaches.

	Proposed by:			
	Parents ¹	Practitioners	Researchers /Evaluators	Funders
2. What is the importance of coaches and their relationships with parents/adult caregivers and families?				
· What types of coaching get the highest return? (E)		✓		
· What intensity of coaching gets the highest return? (E)			✓	
· (How) does variation in aspects of coaching (for example, the quality of the coach-parent/caregiver relationship) affect outcomes? (E)			✓	
· (How) does variation in aspects of coaching (for example, the quality of the coach-parent/caregiver relationship) moderate the effects of the primary services on outcomes? (E)			✓	
3. What works best, for which families, in which contexts? Why and how?^{2,3}				
· Does the effectiveness of the 2Gen program depend on the dosage, intensity, frequency, particular coaching model, or coach characteristics? (E)			✓	
· Does the effectiveness of the 2Gen program depend on the family’s needs? (E)			✓	
· Do outcomes for families, parents, and children vary by types of staff (for example, coaches) or types of interactions with staff? (E)			✓	
· What is the impact on client outcomes of having staff representative of the client population? (E)			✓	
4. What is the added value of the 2Gen approach?		✓	✓	✓
· What is the value-add of supporting parents’ needs holistically versus separately, or individually? (LE)		✓		
· Does participation in multiple programs or services improve outcomes, and if so, which combinations most improve which outcomes? (LE)		✓		
· Is the 2Gen approach a more effective way to serve the needs of children, parents, and families? (E)		✓		
· What is the added value of human-centered and family-centered design? (LE)			✓	
· Does centering client voice in the design and implementation of 2Gen interventions predict better outcomes? (LE)			✓	

² See the [Precision Paradigm](#) from Home Visiting Applied Research Collaborative (2023).

³ One researcher pointed out that the concept of meeting families where they are and where they dream to be – which makes sense from a service delivery perspective – is often in conflict with the concept of fidelity to evidence-based models, which may be tied to funding.

	Proposed by:			
	Parents ¹	Practitioners	Researchers /Evaluators	Funders
· Does centering client voice in the design, implementation, and assessment of services affect parents' agency and sense of hope? (LE)			√	
· Does centering client voice in the design, implementation, and assessment of services lead to better or more innovative interventions? (LE)			√	
· (How) do outcomes focused on individuals (children, parents/caregivers) affect outcomes for families and show intergenerational effects (the "multiplier" effect)? (E)				√
· What are the families' perspectives on the value-add of 2Gen programs? (LE)				√
5. Are 2Gen interventions cost effective?		√		√
· Is the 2Gen approach a more cost-effective use of resources? (E)		√		
· How do the benefits of the 2Gen intervention weigh against the costs and investments (from the perspective of families, programs, and society broadly)? (E)		√		
· Can we tie outcomes to dollars spent or dollars saved in the future? (E)				√

APPENDIX C: 2GEN BUILDING EVIDENCE LAC THOUGHTS ON RCTs, EVIDENCE, AND RIGOR

One of the 2Gen Building Evidence LAC convenings featured the work of the University of Notre Dame's [Wilson Sheehan Lab for Economic Opportunities \(LEO\)](#), which focuses predominantly on randomized control trials (RCTs) in their effort to understand "[what works in outsmarting poverty](#)" (2023a; 2023b).

LEO works with service providers seeking to alleviate poverty who share LEO's values around centering client voice, a commitment to learning, and prioritizing evidence from RCTs; and who: (1) have a well-defined intervention, (2) have measurable outcomes, (3) have an ample sample size for detecting impacts, and (4) agree to conduct an effectiveness evaluation – preferably an RCT, but quasi-experimental methods are used when an RCT is not feasible.

In preparation for this convening, an overview of the RCT method was shared with the 2Gen Building Evidence LAC. The overview presented below was updated to reflect subsequent conversations by LAC members around the value and limitations of RCTs in 2Gen learning, evaluation, and research.

Randomized Control Trials (RCTs): An Overview

- 1. What is an RCT?** An RCT estimates the effectiveness of an intervention by comparing outcomes for those randomly assigned to receive the intervention (the treatment group) to the outcomes for those randomly assigned to a control group that does *not* receive the intervention; a statistically significant difference is interpreted as evidence of the intervention's effects.
- 2. Why are RCTs considered a strong research design for assessing an intervention's effectiveness?** The overarching challenge in effectiveness research is determining whether the intervention or some other factor is causing observed changes in outcomes. For example, measuring outcomes before and after an intervention (a "pre-/post-" design) does not account for the possibility that other factors have also changed during that time, and it may be those factors, and not the intervention, that caused observed changes in outcomes.

RCTs are considered a strong research design because the randomization process creates treatment and control groups that are statistically identical, *on average*, except for exposure to the intervention. As a result, any treatment-control group differences in outcomes post-intervention are attributed, causally, to the intervention.

A well-designed and well-executed RCT will provide valid and reliable estimates of the intervention's average effectiveness in the sample studied, given the outcomes assessed and the measures used.

3. Key factors affecting the validity of RCT findings. The ability of RCTs to yield accurate estimates of an intervention’s effectiveness depends on whether they meet strict design requirements, critically:

- **True randomization of treatment and control groups.** Randomization requires that the assignment to the treatment or control group occurs completely by chance (the equivalent of a flip of a coin). RCTs using inadequate randomization procedures – for example, using last name or birthdate to assign to the treatment or control group – do not yield equivalent groups and, therefore, the validity of findings can be called into question.

Even when appropriate randomization methods are used, the resulting groups may not be identical, *on average*, on important factors that are causally related to outcomes, calling into question the validity of findings.

- **Independence of group assignment with all other factors.** If any other factor is completely aligned with the treatment or control condition, researchers may misattribute any observed effects (or lack thereof) to the intervention when it is this perfectly correlated factor that is driving outcomes.
- **Sufficient sample size.** Impacts may go undetected due to an insufficient sample size. Larger sample sizes provide greater power to detect impacts and, all else equal, larger sample sizes are needed to detect smaller impacts. (Evaluation experts review previous research and evaluation findings to figure out how large an impact might be expected – the “minimum detectable effect” – given a particular intervention, and they identify the necessary sample size accordingly.) This is why it is important to understand and be able to generate the sample size necessary to detect hypothesized impacts before implementing an RCT.
- **Strong contrast between the treatment and control conditions.** Impacts may also go undetected if the intervention is not sufficiently different from what the control group receives.
- **High participation rate among treatment group.** Impacts may go undetected if too few treatment group members actually receive the intervention. This may be more likely when the intervention is optional – for example, when a participant is offered a program or service but is not required to enroll. Interventions that are mandatory (for example, court-mandated services) and system-wide interventions received by all treatment group members (for example, exposure to an organizational practice different from that of the control group) are likely to have higher participation rates, although findings would only be generalizable to that mandated population.
- **Minimal and random attrition.** Participants drop out of studies for a number of reasons. This may not limit the ability to detect impacts due to a reduced sample size (see above), but it may yield inaccurate results if treatment and control group participants drop out at different rates, or for different reasons, potentially violating the assumption of

“statistically identical groups, *on average*.” This problem can be partially mitigated by checking and controlling statistically for any treatment-control group differences at baseline.

4. What RCTs cannot tell you. An RCT evaluation focuses solely on assessing the effectiveness of an intervention for the sample studied, given the outcomes assessed and the measures used. As such, an RCT cannot tell you if the intervention would be effective in other communities, in different settings, or for different populations, nor can it tell you why the intervention was or was not effective. However, an RCT coupled with a strong implementation study can begin to identify implementation factors – for example, the quality of implementation, positive staff-family interactions – that appear to be associated with stronger and/or more widespread impacts.

5. Practical limitations of large-scale RCTs. In addition to methodological considerations, there are practical considerations limiting the usefulness of large-scale RCTs used in summative evaluations. Those evaluations are expensive and typically require a substantial commitment of funding, which can be difficult to obtain. Large-scale RCTs can not only waste time and money if they are not done well, but they can fail to show effects if the intervention is not mature enough, or they fail to meet the conditions outlined above.



RCTs CAN’T CAPTURE ALL CONTEXTS, WHETHER IT’S THE COLONIAL PAST, OR RACISM, or all the different family contexts. That’s why implementation studies are needed to look at the context, and doing qualitative research to go along with the quantitative. You really can’t do an adequate job unless you’ve got all of those pieces.

-Christopher King, Senior Research Scientist, University of Texas–Austin/Ray Marshall Center

Considerations for the Use of RCTs in 2Gen Learning, Evaluation, and Research

RCTs estimate the effectiveness of an intervention by comparing outcomes for those randomly assigned to receive the intervention (the treatment group) to the outcomes for those randomly assigned to a control group that does not receive the intervention.

A statistically significant difference is interpreted as evidence of the intervention’s effects. The 2Gen Building Evidence LAC had the following reflections regarding the use of RCTs in 2Gen learning, evaluation, and research:

- 1. The validity of findings from an RCT rests on the quality of the design and its implementation.** Evaluators on the LAC agreed that an RCT provides the strongest causal evidence of an intervention’s effectiveness – and therefore, remains the “gold standard” – for assessing the effectiveness of an intervention *under the right conditions* (see [RCTs: An Overview, page 101](#)).
- 2. The RCT methodology can be used for a number of purposes in 2Gen learning, evaluation, and research:**
 - **To learn about the effectiveness of small tweaks to an intervention’s processes.** An RCT design can be used to test the effectiveness of a minor tweak to an intervention or a feature of its implementation, known as “rapid cycle learning” or “rapid-cycle evaluation.”

- **To conduct foundational research on the effectiveness of various aspects of a 2Gen intervention.** Researchers interested in applying findings to the development of interventions can use RCTs or a strong quasi-experimental evaluation to test the effectiveness of particular aspects of an intervention – for example, various recruitment strategies, or an innovative model of coaching.
- **To inform high-stakes decisions around replication, scaling, funding, or codifying service delivery interventions in public policy.** When information about an intervention’s effectiveness is needed for high-stakes decisions around replication, scaling, funding, or codifying an intervention in public policy, large-scale RCTs or strong quasi-experimental evaluations are most appropriate.

However, one evaluator voiced a concern about moving too quickly to summative evaluations of 2Gen interventions. (Summative evaluations use the RCT methodology to yield general conclusions about, or to summarize, what works for wider adoption.) 2Gen remains a young and developing field, this evaluator noted, with few approaches that have matured to the point that they are appropriate for a summative evaluation.

It’s worth noting that OPRE launched its Next Steps for 2Gen (NS2G) project, in part, to conduct formative evaluations with four 2Gen organizations to prepare them for a large-scale summative evaluation of their 2Gen interventions.

- 3. RCTs may require tradeoffs between internal and external validity.** When an RCT is used to examine the efficacy of a single intervention, in a single location, among a particular group of people, the top priority is internal validity – that is, ensuring that the findings are valid for that particular intervention, population, time, and place. This frees the evaluation team to select outcomes tied directly to that intervention’s logic model, and to select measures best suited for that population. Findings are valid for that sample (assuming key conditions are met; see note on [page 103](#)) and may or may not generalize to other populations, places, or times.

When an RCT is used to examine the effectiveness of a similar set of interventions with the goal of replication or informing the development of public policy, the top priority is external validity – that is, generalizability beyond any single intervention, population, location, or time. In that case, the evaluation team seeks outcomes and measures that can be aggregated across evaluation sites, which typically results in the selection of broad, universally relevant outcomes and established measures. Given the majority-centrist history of how research and evaluation has been conducted, this effectively privileges measures developed for majority populations, which may not be relevant, valid, or reliable for use with non-majority populations.

The LAC acknowledged this tension and advocated for the use of evaluation methods – including outcomes and measures – relevant to the particular intervention and population being studied, while also striving to develop a common set of outcomes and measures across interventions, locations, and populations to permit aggregation and the appropriate generalization of findings. Even so, there remained concern that, to get the sample size

necessary to detect effects in smaller RCT studies, evaluators would need to paint families’ outcomes with a broad brush, limiting our understanding of families’ specific – even unique – strengths, challenges, and accomplishments.

- 4. RCTs are most informative when coupled with an implementation study and information on context.** Researchers noted that RCTs are designed to answer very specific questions about specific interventions, and this poses a challenge when evaluating 2Gen services, which typically have multiple components. In addition, although the contexts in which families live contribute to and constrain their success, RCTs cannot capture this context. That is why, these researchers argued, descriptive studies, implementation evaluation, and ethnographic research are needed.

Coupling an RCT with an implementation study that assesses how (and how well) the intervention is being implemented, and the context in which it is being implemented, will not only provide evidence of the intervention’s average effectiveness, but will also help evaluators contextualize and interpret those findings.

Without an implementation study, evaluators cannot be confident that the evidence they gather reflects the intervention they believe they’re studying, and they are less equipped to generate hypotheses about *why* the RCT yielded certain results. Many evaluators argued that an implementation study should always accompany an RCT study.

Surveys, site visits, interviews, and focus groups can obtain parent, staff, and administrator insights into the intervention and the struggles that parents face in their everyday lives. This information can help evaluators interpret RCT findings’ effectiveness (or the lack thereof).

- 5. Identify methods for assessing the implementation and effectiveness of 2Gen policy and systems change interventions.** Children, parents/adult caregivers, and families interact with systems and policies that shape the opportunities available to them. 2Gen Building Evidence LAC members were emphatic that future 2Gen learning, evaluation, and research broaden its focus beyond direct services to 2Gen policy and systems change. Dr. Theresa Anderson used the analogy of people picking apples from a lopsided tree: We can provide boxes (services and supports) to short people, or we can focus on straightening the tree (systems and policy) to provide equitable access to everyone.

Evaluators acknowledged that it is difficult, but not impossible, to estimate the effectiveness of 2Gen policy and systems change interventions using an RCT. One evaluator suggested the use of cluster-randomized trials or stepped-wedge cluster-randomized trials for systems- and policy-level interventions in which it is not possible to randomly assign individuals (see, for example, [Hemming et al., 2015](#)), while another researcher noted that a variety of systems change models exist (see for example, [Kania et al., 2018](#); and [Sanson-Fisher et al., 2014](#)).

- 6. When an RCT is not feasible or desirable, a quasi-experimental design (QED) could be considered.** For an RCT to yield valid and actionable information on an intervention’s effectiveness, it is critical that the intervention and its evaluation be centered on the voices and needs of those being served. One practitioner shared an anecdote about having to stop an RCT for ethical reasons (see anecdote from Joseph T. Jones, Jr. on [page 50](#)).

An evaluator responded to this anecdote asking whether, in that context, a comparison group (randomized or otherwise) was really needed to establish whether the fatherhood program was working. She argued that comparing the outcomes of motivated²² fathers to their own baseline (all within a very challenging context) might have told a sufficiently compelling story.

She further suggested that a combination of administrative and program data could be used to examine whether people in the program have better outcomes, on average, than the administrative data show for their peers in their community. She asserted that that would be a suitable design with findings that would be highly suggestive of the program's effectiveness, and that most funders would likely agree it was promising enough to continue funding.

7. **RCTs, QEDs, and “other ways of knowing.”** A few researchers questioned the validity of RCTs and QEDs from an epistemological perspective. They argued that research methodologies like the RCT are grounded in the belief that there is one right answer and in an understanding of knowledge that values objectivity, either/or thinking, and the quantitative over the qualitative. Such values, they argued, originated historically among white, Western researchers and remain the predominant epistemology among today's scientists. This ignores “ways of knowing” that exist in other cultures, which are anchored in the belief that everyone has a world view and that world view affects the way they understand things.²³ Those researchers strongly advocated for a broader view of what constitutes “evidence” (see below) and more inclusive research methods that reflect frameworks, outcomes, and ways of knowing germane to nonwhite cultures.



YOU WOULD NOT WANT
to do an RCT if it
were unethical.

-Heather Reynolds, Michael L. Smith
Managing Director of
Notre Dame's Wilson Sheehan
Lab for Economic Opportunities
(LEO)

What Constitutes Evidence? What Do We Mean by Rigorous?

During the third convening, the 2Gen Building Evidence LAC was asked not only about the areas of focus and key questions for a 2Gen Learning, Evaluation, and Research Agenda, but also how they defined evidence. The group continued to think deeply about this throughout the remaining convenings. Their reflections are summarized below.

1. **“Parents and children are the evidence.”** The conversation around what constitutes evidence began with this simple but profound statement by Madi White, a former IMPACT steering committee member and parent advisor to the Justice and Joy National Collaborative (formerly, National Crittenton). It reminded practitioners, researchers/evaluators, and funders that at its most fundamental level, evidence is what parents and children experience and how their lives change as a result of the 2Gen intervention. For this reason, the LAC

²² Examining pre-/post- outcomes only for motivated fathers eliminates the possibility that motivation led to the changes in outcomes observed.

²³ See [Dismantling Racism Works \(2021\)](#) for a fuller discussion.

members agreed that it is critical to center the needs, goals, and voices of parents when building evidence for 2Gen interventions.

2. **“Evidence” means that a practice is shown to be effective through a credible research/evaluation effort.** This definition was proposed by an evaluator who acknowledged that – although there can be substantial value in “field wisdom” about what works based on lived expertise from practitioners and parents – there are many examples where things that people thought worked well turned out not to be the best way to serve individuals and families once they were systematically studied.

Other evaluators on the LAC agreed with this observation yet tried to balance this reality with a humble realization that systematic studies can have blind spots regarding their theories of change and what they measure, which is why it is critical to center the voices of parents and the community and engage them in the design of systematic research and evaluation.

3. **“Evidence” goes beyond findings in peer-reviewed journal publications.** A researcher in the LAC noted that, in academia, researchers equate evidence with findings in peer-reviewed journal publications. The LAC agreed this was too narrow a definition.
4. **How does the U.S. Congress view “evidence”?** Taking advantage of one LAC member's experience working on the Evidence Act of 2018, an LAC researcher asked him whether Congress is rigid about what they consider to be evidence. This congressional expert acknowledged that this is an ongoing conversation among policymakers.

Members of Congress who are not very sophisticated about evaluation either dismiss findings from RCTs or overgeneralize positive findings from small, very contextualized RCTs, he said.

Other members of Congress think in terms of “evidence-based programs” that derive their evidence of effectiveness from RCTs. For these legislators, an RCT is always going to be the gold standard for assessing an intervention's effectiveness, and they are fairly rigid in their view of evidence, this expert said.

Still other legislators are fairly sophisticated, he said, acknowledging that there is a hierarchy of evidence that provides more or less confidence about the findings of effectiveness. These legislators want to see an RCT, if possible, but they also understand that RCTs are both “very, very expensive and very, very difficult to do.”

In sum, this congressional expert noted that most policymakers involved in this space are not that rigid; they understand what they'd like to see, but they also understand what's possible.

5. **What do we mean by “rigor”?** LAC members lamented that, too often, “evidence” and “rigor” are interpreted as findings from RCTs.

Kathleen Dwyer from OPRE pointed out that ACF's evaluation policy does not mention RCTs in its definition of rigor. Instead, ACF defines rigor as “*using the appropriate methods and measures given the research question being asked ... so that studies provide accurate answers*” (2021).

The LAC felt overwhelmingly positive about this definition of rigor.

6. Does evidence of effectiveness exist along a continuum of rigor? A number of LAC members viewed evidence of an intervention’s effectiveness along a continuum of rigor. From this perspective, well-executed RCTs are at one end, followed by well-matched quasi-experimental designs. By contrast, comparing individual/family outcomes before and after an intervention and relying solely on clients’ perceptions of effectiveness are typically viewed as less rigorous evaluation methods.

7. Evidence is everything that is brought to the table to make informed decisions or answer a learning, evaluation, or research question.

The LAC agreed overwhelmingly that the generation of evidence should not begin with choosing the methodology – especially, RCTs. Not only are RCTs often impractical, but prioritizing this method severely limits the kinds of questions that can be addressed, given that RCTs only assess an intervention’s effectiveness, and those interventions typically involve changing individual behaviors and not systems or structural conditions.

Kathleen Dwyer at OPRE noted that ACF’s official evaluation policy takes a broad view of evidence, stating: *“A learning organization with a culture of continuous improvement requires many types of evidence, including not only evaluation, but also descriptive research studies, performance measures, financial and cost data, survey statistics, program administrative data, and feedback from service providers, participants, and other stakeholders”* (2021).

In the end, the 2Gen Building Evidence LAC proposed taking a broad, question-centered view on what constitutes evidence. They agreed that evidence includes findings from rigorous research and evaluation, as well as the insights and experiential wisdom that exists in communities, among practitioners, and among parents participating in 2Gen interventions. At the same time, they noted, it is important to be transparent about how the evidence was generated – for example, why the particular questions, study design, analytic methods, outcomes, and measures were selected and who was involved in making those decisions – and what types of evidence are being used for what purposes.



THIS VIEW OF EVIDENCE STEMS FROM THE PRIVILEGING OF WESTERN METHODS OF SCIENTIFIC INVESTIGATION OVER OTHER ‘ways of knowing’ – such as parents’ views on how the program has or has not helped them. The future of 2Gen learning, evaluation, and research requires a reconceptualization of what is considered ‘evidence.’

–Armon Perry, Professor, University of Louisville’s Kent School of Social Work and Family Science

APPENDIX D: GLOSSARY

For the purposes of this report, we use the following definitions:

2Gen Approach

The overarching, multi-faceted effort to design services, systems, and public policies that address the needs of children and their parents/adult caregivers simultaneously with the goal of improving outcomes for children, parents, and families as a whole.

2Gen Core Components

The six areas of focus for 2Gen approaches: (1) early childhood education; (2) K-12 education; (3) postsecondary education and workforce; (4) economic assets; (5) social capital; and (6) health and well-being.

2Gen Intervention

The particular activity, process, practice, program, set of services, policy, or system that is introduced or changed with the goal of improving outcomes for children, parents, and families as a whole. For example:

- **2Gen interventions adopting the direct services 2Gen approach** involve integrating and streamlining intake, service delivery, and supports across child- and parent/caregiver-focused service delivery systems;
- **2Gen interventions adopting the systems change 2Gen approach** involve designing and better linking systems that serve children and parents/adult caregivers; and
- **2Gen interventions adopting the public policy 2Gen approach** involve developing and aligning laws, rules, regulations, budgets, and funding streams to better serve whole families.

2Gen Logic Model

A framework that aims to show the pathways from activities to intended outcomes for a two-generation initiative, in which children, primary caregivers, and families can achieve interconnected goals ([Aharpour & Baumgartner, 2022](#)). See also *Logic Model*.

Causal Inference

The logical process used to draw conclusions from evidence concerning what has been produced or caused by a program. To say that a program produced or caused a certain result means that, in the absence of the program (or if it had been there in a different form or degree), the observed result (or level of result) would not have occurred.

Community

A group of people defined by their geographic proximity, patterns of social engagement, and/or their cultural norms, values, and worldview.

Comparison Group

The group of individuals not receiving the intervention being tested for effectiveness in a quasi-experimental evaluation.

Control Group

The group of individuals not receiving the intervention being tested for effectiveness in an experimental evaluation (i.e., RCT).

Epistemology

Beliefs about the nature of knowledge (what knowledge is) and the nature of knowing (how knowledge is acquired) ([Schiefer et al., 2002](#)).

Equity

Just and fair inclusion in a society in which all can participate, prosper, and reach their full potential.

Evaluation

An activity conducted using qualitative and quantitative data and evaluation research methods to systematically investigate the development, implementation, and/or effectiveness of interventions for the purpose of informing improvements and supporting policymaking and funding decisions.

Evidence

Information brought to the table that is sufficiently compelling in quality and rigor to inform decision making or answer a research question.

Formative Evaluation

An evaluation conducted during the early stages of implementation, with the aim of improving performance during the implementation phase.

Historical Trauma

Traumas that began in the past but whose oppressive, restrictive policies and practices of colonization continue to the present day (see [Evans-Campbell, 2008](#); cited in [West et al., 2023](#)).

Implementation Evaluation

An evaluation documenting what an intervention is and how it is being implemented and assessing whether it is being implemented as desired or planned. The purpose is to understand why the intervention is operating as it is, identify factors that appear to hinder and facilitate successful

implementation, inform improvements, and – when coupled with an outcomes or effectiveness evaluation – how implementation may be shaping participant outcomes or the intervention’s effectiveness.

Interim Outcome

An outcome expected in the short term that is hypothesized to serve as an important mechanism through which longer-term outcomes are achieved and sustained.

Intervention

A particular activity, process, practice, program, set of services, policy, or system that is introduced or changed with the goal of achieving a specific result.

Learning

An activity using qualitative and quantitative data to examine what is being implemented, how it’s operating, who it is and is not reaching/serving, and how it’s being received by clients for the purpose of generating actionable insights around improvements and to monitor and report performance.

Logic Model

A tool that describes the resources, assumptions, implementation activities, and outputs that link the intervention and target population to the intended short-term and long-term outcomes (Office of Planning, Research, and Evaluation, 2022).

Mutual Motivation

Parents and children experience “mutual motivation” when service delivery systems are integrated to support the well-being and success of both parents and children. For example, when parents experience their child learning and being cared for in a quality early childhood setting, this may motivate parents to fulfill their own educational and career goals ([Chase-Lansdale et al., 2014](#); [Sommer et al., 2012](#)).

Mutual Reinforcement

Mutually reinforcing activities ensure that the significant efforts and activities of collaborators are aligned towards achieving a common agenda and shared measures (Collaboration for Impact, 2015).

Process Evaluation

A type of implementation evaluation that focuses on operations – for example, outreach, intake, eligibility determination, client referral to services, client uptake of services, participant flow through services, adherence to service delivery protocols, and the use of data for learning and evaluation.

Public Policies

The laws and budget appropriations established by the legislative branches of government at the federal, state, and local levels, and the rules and regulations promulgated by the executive branches of government to implement those laws and allocate their budgets.

Quasi-experimental Design

A research/evaluation methodology used to estimate the effectiveness of an intervention by dividing research subjects into treatment and comparison groups, typically through a matching strategy or statistical adjustment that attempts to minimize the pre-intervention differences between the two groups to approximate random assignment. A statistically significant difference in outcomes between groups is interpreted as evidence of the intervention's effects.

Randomized Control Trial (RCT)

A research/evaluation methodology used to estimate the effectiveness of an intervention by comparing outcomes for those randomly assigned to receive the intervention (the treatment group) to the outcomes for those randomly assigned not to receive the intervention (the control group). A statistically significant difference in outcomes between groups is interpreted as evidence of the intervention's effects (also known as an experimental design).

Random Assignment

The process of assigning research subjects in such a way that each individual is assigned to either the treatment group or the control group entirely by chance. Thus, each research subject has a fair and equal chance of receiving the intervention being studied (by being placed in the treatment group) or not receiving the intervention being studied (by being placed in the control group). As a result, the groups should be virtually identical, *on average*, regarding variables (known and unknown) that could serve as plausible alternative explanations for the outcomes found.

Rapid-cycle Learning/Evaluation

A methodology that uses an RCT to test the effectiveness of small tweaks in how an organization or intervention operates.

Readiness to Change

The extent to which an individual is, or individuals are, cognitively and emotionally inclined to accept, embrace, and adopt a plan to purposefully alter the status quo ([Holt et al., 2007](#)).

Research

An activity using qualitative and quantitative data and social science methods to better understand a phenomenon and to test hypotheses regarding potential links among phenomena for the purpose of contributing to the cumulative knowledge base about a topic, which can inform the design and development of interventions.

Rigorous

Using the appropriate methods and measures given the research question being asked so that studies provide accurate answers ([Ross et al., 2018](#)).

Summative Evaluation

An evaluation of a stable, mature intervention with the purpose of drawing general conclusions about its effectiveness that could inform future interventions and public policy.

Theory of Change

A theory of change explains how a given intervention is expected to lead to a specific change, drawing on a causal analysis based on available evidence ([United Nations Development Group, 2017](#)).

Treatment Group

The group of individuals receiving the intervention being tested for effectiveness in an experimental evaluation (i.e., RCT).