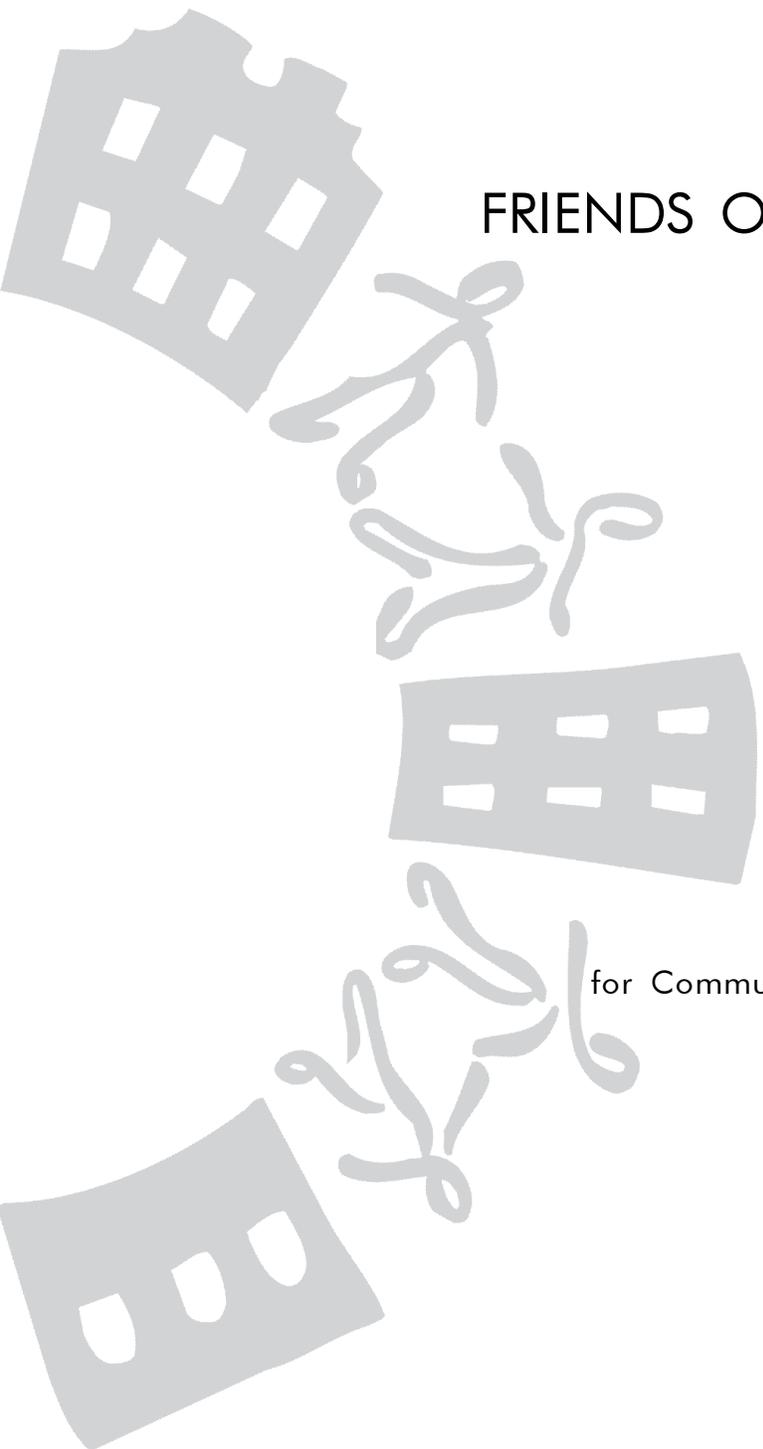


FRIENDS Outcome Evaluation Field Test

*A Report on the
Development of a Tool for
Measuring the Outcomes of
Child Abuse Prevention Programs*

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The FRIENDS National Resource Center
for Community-Based Child Abuse Prevention Programs

September 2004

Acknowledgements

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Background

The FRIENDS National Resource Center for the Community-Based Child Abuse Prevention (CBCAP) Program has provided the prevention field with training and technical assistance on outcome evaluation over the past several years. Products and activities of the FRIENDS' initial outcome accountability work included publishing the guidebook *Outcome Accountability for Family Support Programs, Volumes I & II* (2001)¹ as well as developing and providing training designed to field-test the application of outcome evaluation principles. Recipients of the training were primarily CBCAP funded community based programs and members of CBCAP Statewide prevention networks.

During this training period, FRIENDS staff learned that many prevention programs were focused on very similar participant-centered outcomes. Another observation from the field-test was that many State CBCAP administrators were interested in a way to collect and compare information on these similar outcomes from the wide variety of programs they help to fund. They wanted to have a good Statewide picture of the effect of their funded programs and were interested in whether a tool could be developed to measure similar outcomes across program types and across States, allowing for both Statewide and National data to be gathered and compared. In 2003-04 FRIENDS pulled together a task force of CBCAP administrators, prevention program staff and parent participants of the States' funded programs in order to review and refine a set of shared outcomes and to develop a measurement tool for the prevention field. The task force developed a measurement tool in the form of a participant survey for field-testing (Figures 1 & 2).

Between March and August, 2004 the survey was field-tested by 39 programs in 8 different States; Florida, New Hampshire, Massachusetts, New York, South Carolina, Utah, Vermont, and Wisconsin. A total of 651 parent participants in CBCAP Programs completed the survey. FRIENDS staff interviewed the local program staff who had administered the survey in order to discuss their experience administering it, including their thinking on its content, length, structure, and wording; suggestions for changing/deleting/adding survey items; the families' responses and feedback; and finally, the extent to which the results were useful and informative. Dr. Ray Kirk, research professor at the University of North Carolina at Chapel Hill, analyzed the data that was generated in the field-test.

The field-test process, including interviews and consultation with parents, CBCAP lead agency administrators, and researchers, Dr. David Diehl and Dr. Raymond Kirk, specializing in family support and child maltreatment resulted in modifications to the survey. Included in this report will be a discussion of the field-test activities, results and findings, and recommendations for future evaluation activities. The appendix will include the instrument that was developed as a result of feedback from those who participated in the field-test.

Instrument Development

In the Spring of 2003 FRIENDS staff invited 7 CBCAP leads to participate in a shared outcomes task force. Each of the CBCAP leads had been the recipients of FRIENDS technical assistance and training in Outcome Accountability. They also helped maintain a network of prevention programs in their respective States.

Initially, the goal of the task force was to explore the possibility of developing a tool that could be used to measure outcomes shared across family support programs. Moreover, if they agreed that it was an achievable goal, to develop such a tool. Over a 5-month period the task force exchanged examples of their logic models and instruments used to measure the outcomes identified in the logic models. A series of conference calls were held to identify the outcomes that seemed to be shared across the various States' programs and to discuss the methods used for their measurements. The general consensus was that a tool could be developed that examined the more global outcomes of prevention programs and that the development of the tool would be beneficial for local programs and Statewide networks. In Federal Fiscal Year 2003-2004 the US Department of Health and Human Services Children's Bureau provided supplemental funds to the resource center to develop and field-test such a tool. Five members of the existing task force, three CBCAP Program Managers and two parent participants met in New Hampshire in November of 2004 for an evaluation summit for the purpose of drafting the tool that would later be refined and field-tested.

¹ For ordering information, contact Chapel Hill Training Outreach Project, Inc., (919) 490-5577 x 222, www.friendsnrc.org

Drafting the Survey at the Evaluation Summit

Participants at the summit generated exhaustive lists of outcomes and indicators they felt were common across prevention programs. For expediency and to provide the reader with a snapshot of the types of outcome statements and indicators that were generated at the evaluation summit, examples are provided in Table 1.

Table 1 Example of outcome and indicators generated at the evaluation summit.

Participants identify developmental milestones	<ul style="list-style-type: none"> • Participants achieve a % of correct responses on a test of developmental milestones • Participants verbally describe developmental milestones in class or during home visits • Participants assess their child’s developmental levels accurately using a developmental screening tool (Ages and Stages, for example)
Participants identify realistic expectations for their child’s behavior	<ul style="list-style-type: none"> • Participants identify realistic expectations for their child’s behavior on a test of skill, either verbally or in group or individual discussion
Participants set developmentally appropriate limits and expectations	<ul style="list-style-type: none"> • Participants are observed setting limits, giving instructions, or making requests that are in keeping with and appropriate for the child’s developmental stages • Pre-post scores on the Home Observation Measurement of the Environment
Participants identify developmentally appropriate activities for their children	<ul style="list-style-type: none"> • Participants are observed selecting developmentally appropriate activities for their children • Participants identify developmentally appropriate activities on a test • Pre-post scores on the Home Observation Measurement of the Environment
Participants routinely spend time interacting positively with their children	<ul style="list-style-type: none"> • Participants report that they are routinely spending time interacting positively with their children
Participants communicate with others without yelling or name calling	<ul style="list-style-type: none"> • Participants report that they communicate with others without yelling or name calling • Participants are observed to be communicating with others without yelling or name calling
Participants respond appropriately to their child’s verbal and non-verbal cues	<ul style="list-style-type: none"> • Participants are observed responding appropriately to their children’s verbal and non-verbal cues • Participant’s pre-post scores on the NCAST assessment of parent/child interactions subsection: Social/Emotional Growth Fostering
Participants identify effective and non-punitive behavior management methods	<ul style="list-style-type: none"> • Participants identify effective and non-punitive behavior management methods in a group setting, at a home visit or on a test of knowledge

Over 50 sets of outcomes and indicators of outcomes were identified. They were then narrowed down based on the answers to three pragmatic questions:

- 1) Are the outcomes directly related to reduced risk for abuse and neglect?
- 2) Is it realistic to expect programs that do not include opportunities for direct observation, or programs that serve participants with limited literacy skills to be able to measure the indicators?
- 3) Are the outcomes likely to be shared across the vast array of prevention programs?

In most instances, the 1st question was answered affirmatively. However, the negative answers to questions 2 and 3 necessitated the removal of many outcomes identified.² For example, the programs that do not provide home visits or parent/child interaction groups would be unable to use direct observation as a measurement.

The remaining sets of outcomes were those determined to be universal across prevention programs and those with indicators that could be measured by most programs. The outcomes were then divided into two tiers. The first with the greatest likelihood of being universal and second in which some questions remained as to their universality.

A number of important outcomes directly related to decreased risk of abuse, such as outcomes about use of specific behavior management skills, anger management and child development were not included. This was not an oversight on the part of the task force. An underpinning of the FRIENDS Outcome Accountability model is that evaluation should be directly related to the programs' services. Not all programs offer services directly related to anger management or child development, for example. Only the outcomes most likely to be common across prevention programs were selected. Please note that the authors caution programs not to rely on a generic tool such as the one presented in this report as the only measure of outcome achievement. Program specific outcomes *directly related to program services* should always be part of an evaluation plan. Tables 2 and 3 contain the outcomes selected as those to be examined by the tool.

Table 2. Tier 1 Outcomes selected for measurement
• Participants routinely spend time interacting positively with their children
• Participants' relationships with their children is improved
• Participants have knowledge of informal and formal support systems
• Participants access informal and formal support systems
• Participants' experiences reduced isolation
• Participants report confidence in parenting skills
• Participants' parenting skills are improved

² The notes generated at the summit were kept in the event that the evaluation project be continued and additional, more program specific outcome evaluation tools be developed.

Table 3. Tier 2 Outcomes selected for measurement

• Participants make family lifestyle choices that decrease family stress
• Participants are able to meet their family’s basic needs with the resources available to them
• Participants are able to advocate for their children and themselves
• Participants feel confident talking with teachers, doctors, caseworkers, etc.

Challenges

The FRIENDS model of Outcome Accountability defines outcomes as “participant changes in beliefs, attitudes and behaviors as a result of receiving a service.” In this project, the services received are those of community-based child abuse prevention programs (CBCAP programs). There were many challenges associated with the development of a tool that measured participant changes. Some of the more evident challenges are discussed below.

1. It is difficult to design a tool that is applicable across the broad array of CBCAP services.

A primary goal of the task force was to identify the outcomes that would be shared by all CBCAP programs and to find an efficient, do-able and credible means of measuring them. A non-exhaustive list of CBCAP services include Parent Education, Family Literacy, Home Visiting, Fatherhood Programs, Parent-Child Interaction, Respite, Adult Education/GED Preparation, Information and Referral, to name a few. These programs vary widely from one another. Indeed, a Parent Education Program in one community could be very different from a Parent Education Program in another community depending on the needs and priorities of the participants. The following table illustrates the variety of programs offered across the field-test sites.

Table 4. Types of services received by participants, N=651 (As most programs offer an array of services the sum of the percentages exceed 100%)

Parent Education	64.5%	Teen Parent Support	8.0%
Parent Child Interaction	40.5%	Fatherhood Program	5.8%
Home Visiting	34.9%	Parenting Teens	5.4%
Family Resource Center	25.7%	Employment	2.9%
Other	23.7%	Literacy Program	1.7%
Parent Support Group	18.9%	Crisis Respite	1.1%
School Based Skills	12.8%	Couples Group	0.6%
Skill Building Education For Child	10.2%	Homeless Transitional Housing	0.3%
Advocacy	8.2%	Planned Respite	0.2%
Resource and Referral	8.2%	Prenatal Class	0.2%

**Descriptions of “Other” services in the survey revealed that most actually fit into existing categories. For example, “Drop-in Family Center” would fit into the category “Family Resource Center.”

Recognizing that few programs offer exactly the same services, the task force developed a tool which they hoped would measure “global” outcomes they considered fundamental to all CBCAP programs. It was not intended to measure outcomes specific to a particular program, nor was it intended to be the only instrument a given program should use in examining outcomes. In fact, programs using the tool are cautioned to ensure that they evaluate program-specific outcomes using other methods and/or tools.

2. CBCAP programs are designed to prevent child abuse and neglect. It is impossible to assess whether or not a given program prevented something from happening.

Proving a negative, in this case proving that child maltreatment *did not occur* because of a specific program or service is, if not an impossible task, an extremely difficult one that this project was not striving to achieve. However, a program that facilitates positive change in risk factors increases the likelihood of greater safety for children. The tool to be developed needed to measure *indicators* of risk and protective factors that were affected by the prevention programs and by so doing, establish a clear link between prevention services and reduced risk for child maltreatment.

3. It is difficult to measure long-term change within a short and rigid time frame.

As mentioned earlier, CBCAP programs offer a variety of services and the duration, scope and intensity of those services differ from program to program. Therefore, a generic tool cannot realistically assess whether or not long-term goals were achieved. A far more rigorous, controlled and long-term approach is needed to examine long-term changes resulting from prevention program services. Therefore, the task force planned a tool that looked at short-term and intermediate outcomes.

The measurement format

In developing the measurement tool, a number of considerations needed to be taken into account. Literacy levels of participants, staff opportunities for observation of parent/child interactions, time available to collect data and the nature of the outcomes limited the type of tool that could be used. Moreover, prevention programs exist to provide services to children and families, not to focus efforts on data collection. Many of the participants already complete numerous forms and questionnaires at program intake.

For a variety of reasons, the retrospective pretest method was employed on several questions where assessing possible changes in parents’ ratings as a result of services were expected. This method is being used increasingly across a variety of disciplines (psychology, medicine, social work) as an emerging technique of reliable and valid assessment of self-reported change due to social, therapeutic or medical interventions. In this study it was used, in part, to accommodate the study design, in part to respect parents’ time and to not significantly reduce other program activities, and in part to increase reliability and validity of responses. Recent literature has both raised concerns about the creation of response shift bias when traditional pretest/posttest designs are employed, and supported the use of the retrospective pretests to yield more reliable and valid measures of change during intervention. As with all survey or assessment methods, there are both strengths and limitations to the method.

Response shift bias is the program-induced change in the respondents’ frame of reference for answering test items brought about by taking the pre-test (Howard & Daley, 1979; Howard 1980). In clinical social work this phenomenon is sometimes referred to as intervention reactivity, or changes in the outcome measure brought about by the act of measuring the problem before or during the intervention (Bloom, Fischer and Orme, 2003).

The direction of response shift bias has been noted in relation to both the amount of prior knowledge possessed by the respondent at the time of the pretest, and the affective preconditions of the pretest. For example, Howard, Ralph, Gulanick, Maxwell, Nance & Gerber (1979) and Lucente (2003) noted that respondents may overestimate their knowledge or skill on a pretest if they have little a priori understanding of the constructs being measured, whereas Kruger (1999) has shown that people tend to under rate their skills or knowledge on a pretest when participating in a challenging training setting. Along these same lines, Pratt (2000) has observed that prior to receiving services respondents may not have enough self-knowledge or content knowledge to respond accurately to pretest questions, even if they think they are being truthful.

From a measurement perspective, response shift bias may be a substantial threat to internal validity of the measurement of changes in knowledge or skill attributable to the intervention. Whether respondents overestimate or underestimate their pre-service knowledge or skills, depending on the preconditions of respondents or the content of the test instruments, the response bias threatens the validity of the change score determined when calculating the pre/post intervention difference. This effect may be sufficiently strong and predictable that pretests may be used as an adjunct to interventions, where response shift bias is intentionally induced to increase the effects of training or treatment (Visser, Smets, Sprangers & de Haes, 2000; Vielhaber, Homel, Malamud, Chang, Kwang, Cosgrove & Portenoy, 2004). Whether the response shift bias is incidental or induced deliberately, the bias renders the contribution of the pretest invalid to the determination of the total treatment effect as determined by the difference score.

The retrospective pretest has emerged as an alternative to the traditional approach. Lamb & Tschillard, (2003); Sprangers & Hoogstratten, (1989); Rockwell & Kohn, (1989); and Pratt (2000) have all argued that the retrospective pretest, or the "post-then-pre evaluation" Rockwell & Kohn, (1989), reduces response shift bias. It does this by assuring that the respondent has the same "frame of reference" Lucente, (2003) for both the posttest and the pretest self-reports. The knowledge gained during intervention is therefore available to the respondent at the time he or she responds to a retrospective pretest. This knowledge informs his or her self-ratings, thereby reducing the threats to validity that is likely to be present when traditional pretest are used.

In context of services examined during this field test, parents may not have enough knowledge about the variety of parenting issues covered in a curriculum or skill training event to judge their pre-service knowledge or skill levels accurately. However, after having received services, they have acquired a particular level of knowledge or skill, and can judge themselves both at that instant, and reflectively with respect to the level they now realize they had or did not have prior to service. Thus, both the pre-service and post service ratings are obtained after the completion of service, with the pre-service ratings constituting retrospective pretest levels of knowledge or skill.

The retrospective pre-test format also was chosen because CBCAP-funded programs were enthusiastic about and supportive of this kind of tool based on their past experiences, citing time savings and greater ease of administration. Of course there are also threats to validity associated with the retrospective pretest method. As Lucente (2003) has observed, respondents may want to "please program providers" which may result in overestimation of treatment effects. However, client satisfaction surveys have been well documented as suffering from overestimation of treatment effects, both due to "program pleasing" and subject mortality (Royse, Thyer, Padget and Logan, 2003), and client satisfaction surveys generally do not provide pre/post treatment difference scores, but rely solely on post-service testimonials. Thus, while retrospective pretests may have methodological shortcomings, they appear to hold potential for diminishing the response shift bias that is very likely to be induced when traditional pre-tests are used.

The complete survey drafted for field testing is located in the appendix of this report. It includes items that ask for demographic information (ethnicity, income levels, housing status, educational levels and Child Protective Service involvement) and information about the children and participants' relationships. More information related to outcomes and demographics are discussed in the results section of this report. The survey items that examine participant outcomes are displayed in Figures 1 and 2.

Figure 1. Survey items that examine participant outcomes (Tier 1)

		Strongly Disagree							Strongly Agree								
1) I have relationships with people who provide me with support when I need it.	Before	1	2	3	4	5	6	7	Today	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
2) I know who to contact and where to go in the community when I need help.	Before	1	2	3	4	5	6	7	Today	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
3) My children and I enjoy spending time together.	Before	1	2	3	4	5	6	7	Today	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
4) I have confidence in my ability to parent and take care of my children.	Before	1	2	3	4	5	6	7	Today	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
4a) If your level of confidence has improved since you started this program, what aspects of the program helped the most?																	
4b) If your level of confidence has stayed the same or decreased since you started this program, please let us know what we can do differently to help you feel more confident as a parent.																	
		Strongly Disagree							Strongly Agree								
5) This program has helped me improve my parenting skills.	Before	1	2	3	4	5	6	7	Today	1	2	3	4	5	6	7	
6) This program has helped me reduce stress in my life.	Before	1	2	3	4	5	6	7	Today	1	2	3	4	5	6	7	
7) My ideas and opinions are welcomed and included in the program.	Before	1	2	3	4	5	6	7	Today	1	2	3	4	5	6	7	
8) I feel that the program staff respect me.	Before	1	2	3	4	5	6	7	Today	1	2	3	4	5	6	7	
9) This program is helping me reach my goals for my family and me.	Before	1	2	3	4	5	6	7	Today	1	2	3	4	5	6	7	
10) Parents in this program learn from each other.	Before	1	2	3	4	5	6	7	Today	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>

Figure 2. Survey items that examine participant outcomes (Tier 2)

		Strongly Disagree							Strongly Agree								
13) When I am worried about my child I have someone to talk to.	Before	1	2	3	4	5	6	7	Today	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
14) I know how to meet my family's needs with the money and resources I have.	Before	1	2	3	4	5	6	7	Today	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
15) I can advocate for what my family and children need.	Before	1	2	3	4	5	6	7	Today	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
16) I make choices about family schedules and activities that reduce family stress.	Before	1	2	3	4	5	6	7	Today	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>

Field testing the survey

Once the survey was developed, all CBCAP administrators from the 50 States and the District of Columbia were invited to participate in field-testing it. Eight State lead agencies or members of their prevention networks volunteered to participate; Florida, New Hampshire, Massachusetts, New York, South Carolina, Utah, Vermont, and Wisconsin. The field-test took place between April and August 2004. State leads and individual program personnel who were to administer the survey were given on-site or telephone training on using the tool. An Access database was developed for entering data and programs were trained on the use of the database.

Thirty-nine prevention programs field-tested the survey. Finally, the survey form itself was critiqued by asking participating parents to respond to questions about the understandability of the surveys' questions, its length and applicability to parents' experience in the program.

After the survey had been administered and the data were submitted, FRIENDS staff interviewed program personnel who administered the survey. They were asked to discuss their experience with the survey and to provide feedback on wording, content and the usefulness of the data.

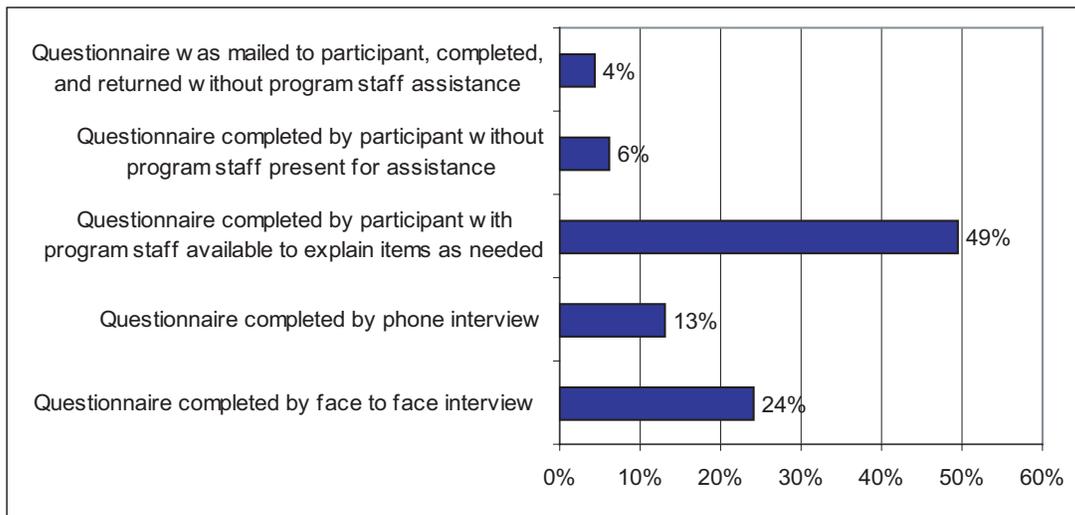
Survey Administration

How the surveys were administered

The persons responsible for administering the surveys were given written instructions on its use. The instructions are included in the appendix of this report. The survey was completely voluntary and up to the participant to decide whether they wanted to complete it. Because many of the programs served parents with limited literacy skills (just over 30% had not completed high school), program staff were encouraged to administer the survey either through face-to-face interviews, phone interviews or having the participant complete the survey with staff available for assistance. Eighty-six percent of the surveys were completed using one of those methods.

For various reasons, a small minority of programs either asked the participants to complete the surveys without staff available to answer questions or mailed out the surveys with self-addressed stamped return envelopes. Figure 3 shows the percentage of programs that used each method.

Figure 3. How programs administered the survey. N=629



When the surveys were administered

As discussed earlier, the programs vary in type of services and service delivery methods. Moreover, the length of service varied from site to site. Program administrators were instructed to conduct the survey at a time that made the greatest sense to the program. For example, some programs offered a 12-week child development class, other programs provided a variety of services to families over many months, even years. In the case of the time-limited child development course, the survey was administered after the family had completed the course. The programs offering ongoing support services could elect to administer the survey after a participant had been involved with the program for a set period of time. Data were therefore collected on frequency and duration of service and type of program. The survey results were later cross-tabulated by program type and length of service with no significant differences to report. Length of time participants received services is displayed in figure 11.

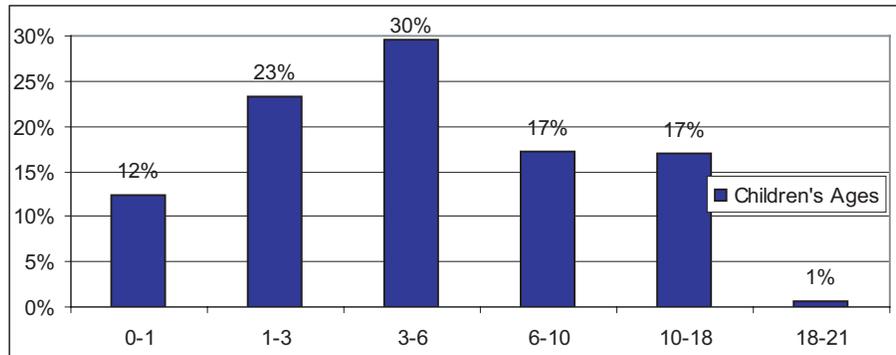
Demographic description of service users

The following paragraphs describe the aggregate population that utilized the services of programs participating in the evaluation. The description begins with demographics of service users, followed by users' self-disclosures of degree of personal stress, parental skills and satisfaction before and at the time of service, and so on. Data represent responses from surveys of 650 parents/caregivers who received services from 34 programs in eight different states (Florida, New Hampshire, Massachusetts, New York, South Carolina, Utah, Vermont, and Wisconsin).

The 650 parents/caregivers were providing care to 1,158 children (averaging 1.78 children per caregiver) during the study period of 4 months.

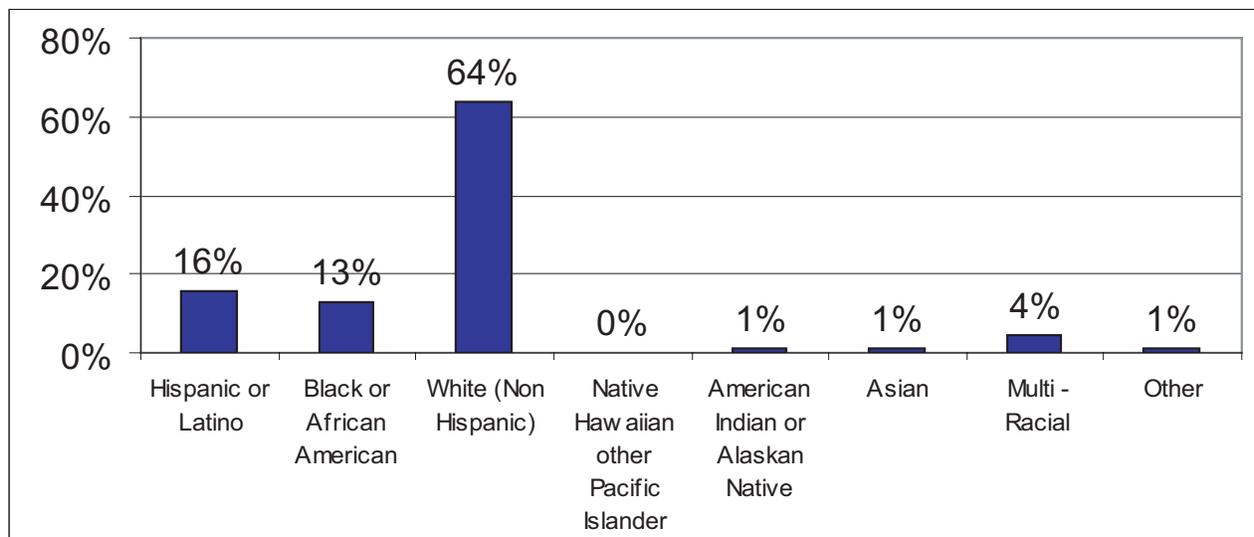
The majority of the children, (65%) were under age 6. An additional 26% were between the ages of 10 and 18 and 1% were between ages 18 and 21. Children were very evenly divided with respect to gender, with 49% being female and 51% being male. On the contrary, but not unexpectedly, the large majority of parents/caregivers were female (86%) compared to 14% male.

Figure 4. Children’s ages reported, N=998



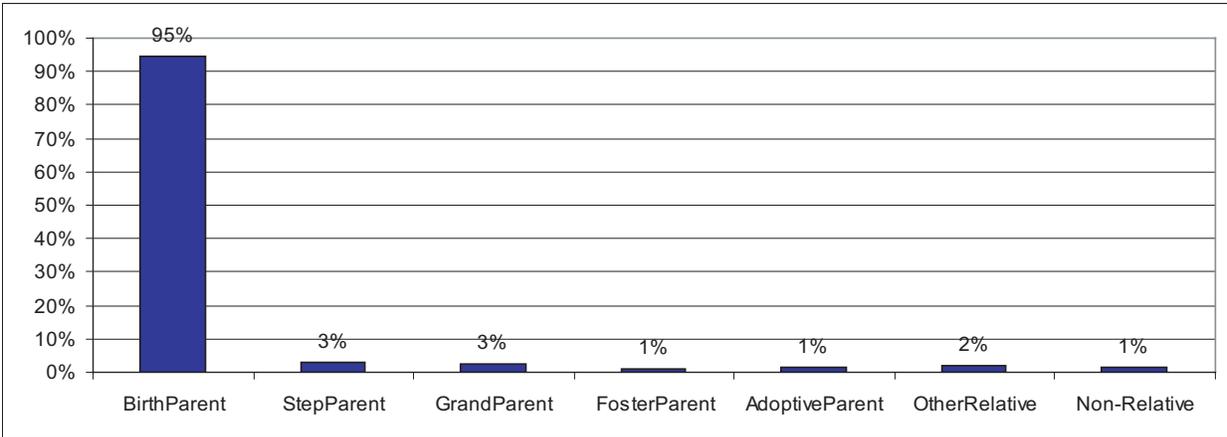
With regard to ethnicity, about two thirds of the participants (64%) were White (non-Hispanic), 13% were African American, 16% were Hispanic or Latino, 4% were multi-racial, and remaining 3% were distributed across the remaining categories. Figure 5 presents these data.

Figure 5. Participant Ethnicity:



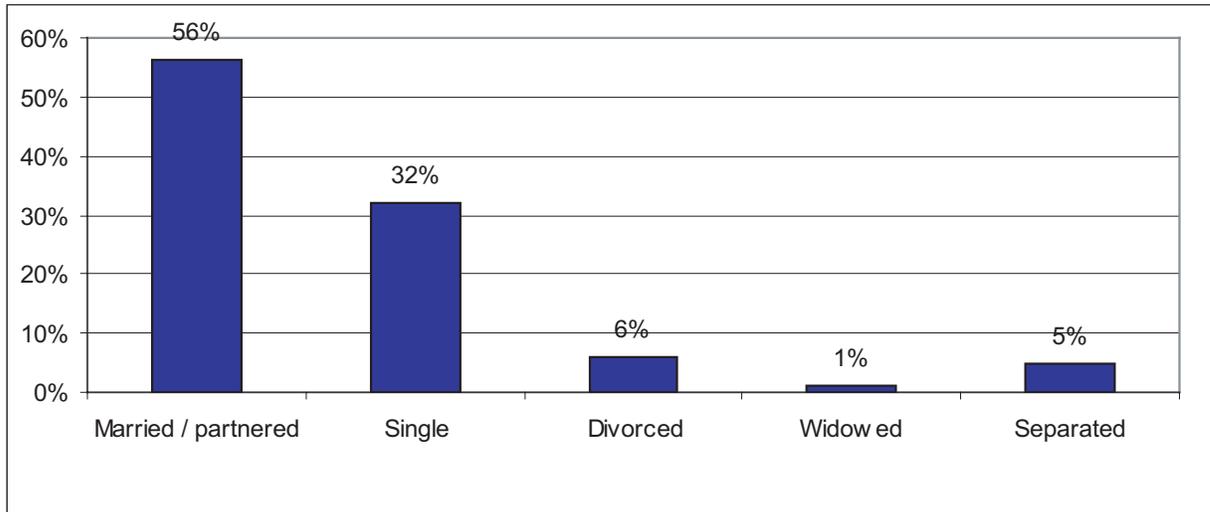
The overwhelming majority of caregivers using the services were the birth parent(s) of the children (97%), with only a handful of adoptive parents, grandparents or foster parents using the services.

Figure 6. Caregiver Relationship to Children, N=600



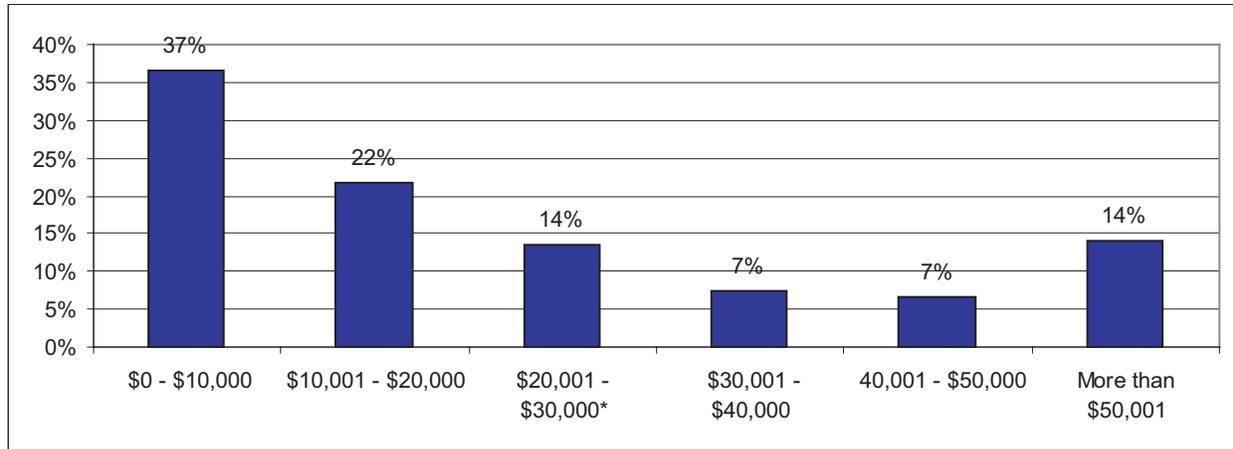
A small majority (56%) of caregivers were married or partnered, about a third (32%) were single caregivers and 11% were either separated or divorced. Only 1% were widowed. These data are presented in Figure 7.

Figure 7. Participant Marital Status, N=642



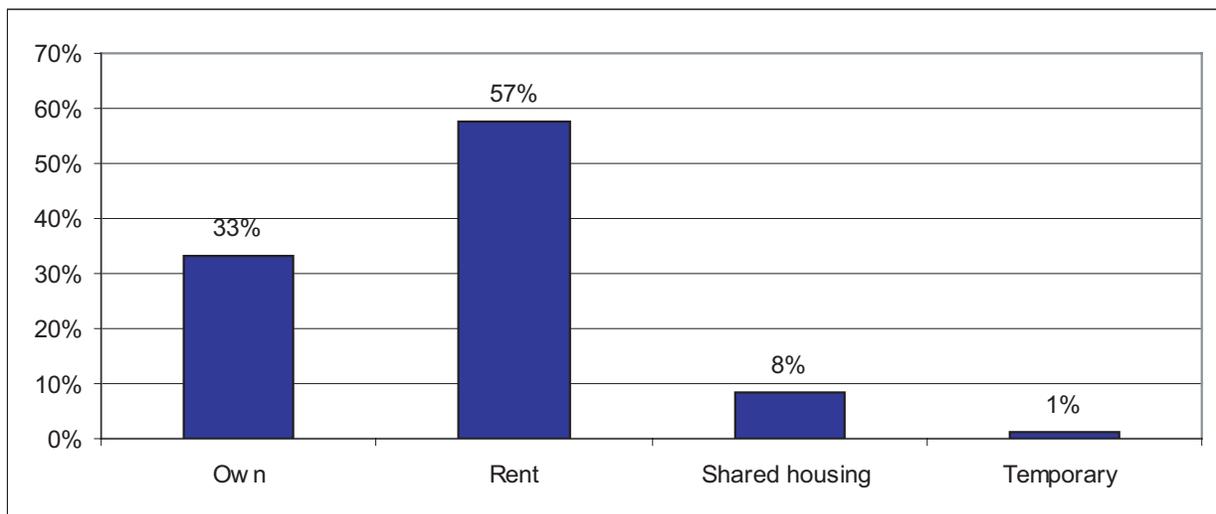
The majority of parents were poor to very poor, with 37% reporting family income to be less than \$10,000 and another 22% reporting family income under \$20,000. Only 28% reported incomes over \$30,000, although slightly more than 1/5 (21%) had incomes above \$40,000 per year (see Figure 8).

Figure 8. Participant Household Income, N=614



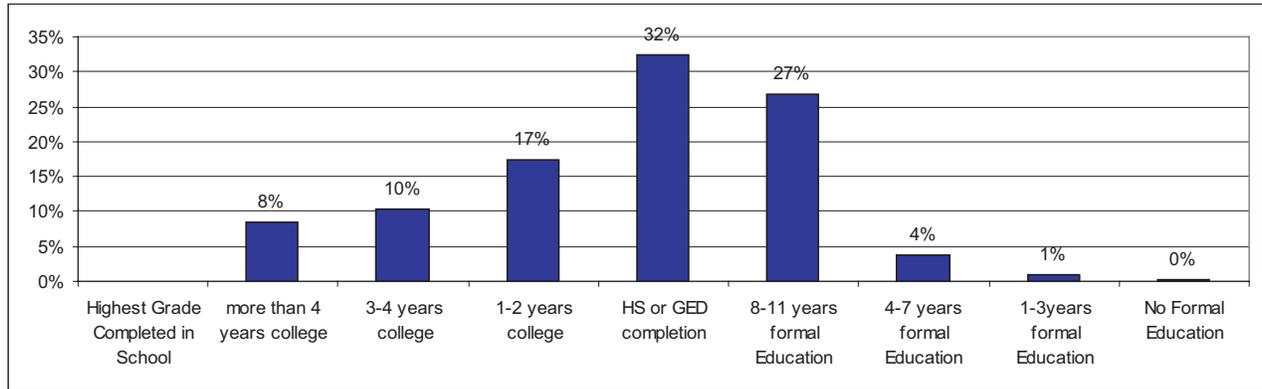
Consistent with these income figures, only 1/3 of families (33%) owned their own homes, whereas the majority (57%) was in rental housing, and another 9% were either living with family or friends or were "in transition". (see Figure 9)

Figure 9. Family Housing, N=639



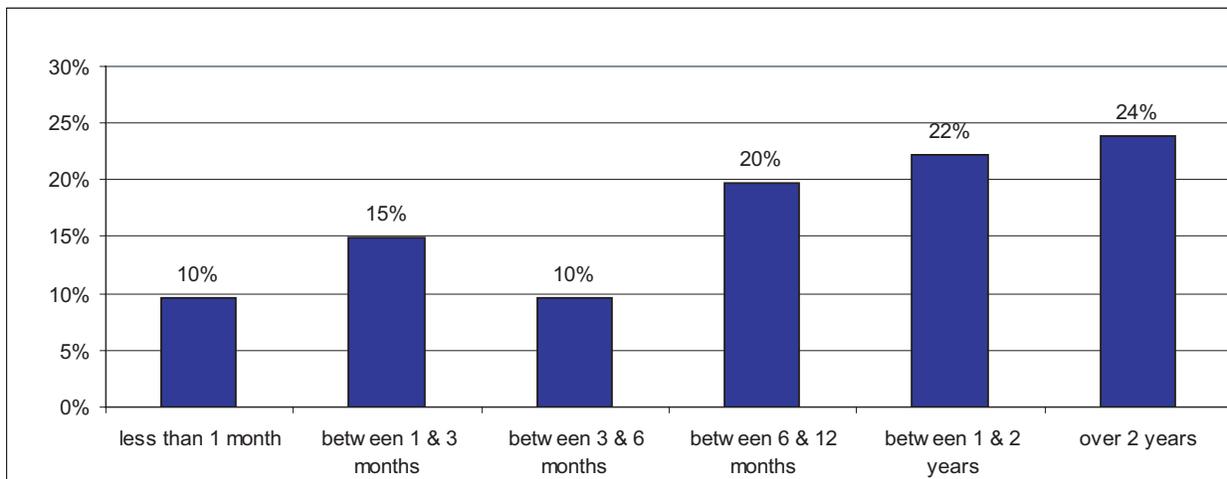
The income and housing figures are also consistent with the educational status figures for caregivers, with 1/3 (32%) not having finished high school, 1/3 having finished high school or having obtained a GED, and the remaining 1/3 having some education beyond high school. These data are presented, with additional categorical breakdowns in Figure 10.

Figure 10. Participant Education Level, N=596



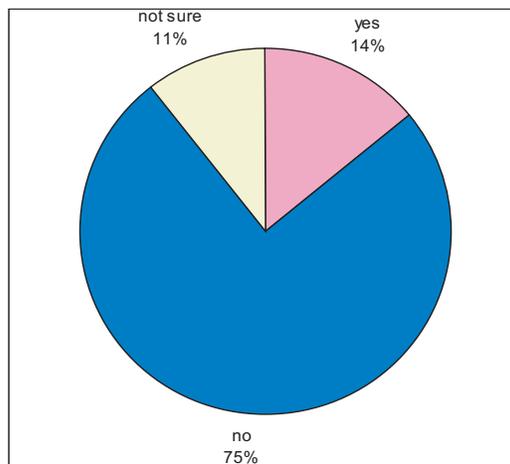
Caregivers were also asked how long they had been involved in the program at the time that they answered the survey questions. Discounting those who had been involved in the programs for less than one month (10%) and combining the 1-3 and 3-6 month categories, there is a very even distribution of caregivers across the time categories, such that 25% had been involve for up to 6 months, 20% for 6 months to 1 year, 22% between one and two years, and 24% for more than two years. It would normally be expected that the shorter-term categories would have the lower numbers of parents, and for the time-cohorts to grow with the passage of time. This seems to be the distribution of cohort membership for the participating programs. (See Figure 11)

Figure 11. Time Participants Received Program Services, N=640



Finally, participating programs were asked to indicate whether or not the caregiver had been referred to the service by child protection services (CPS). In 75% of cases the answer was “no.” Of the remainder, programs indicated that 14% had been referred by CPS, but in 11% of cases programs were uncertain (see Figure 12). In later analyses where “referral by CPS” is cross tabulated with other variables, only those cases for which a definite “yes” or “no” are included. This diminishes the sample size slightly, but also eliminates ambiguity in the analyses and interpretation.

Figure 12. Participant Involvement With CPS, N=519



To summarize the demographics, the population served by the programs participating in the study was comprised of parents and other caregivers who were poor or very poor (with a small minority of exceptions) and were living in rental housing; the large majority (86%) of whom were female; 2/3 of whom were White/non-Hispanic and 1/3 of whom were African American or Hispanic/Latino; who were not highly educated; and a small minority of whom had been referred to services by Child Protection Services. The duration of participation in the programs varied but was approximately evenly spread out from 3 months to 2 years or more.

Results of Survey Questions

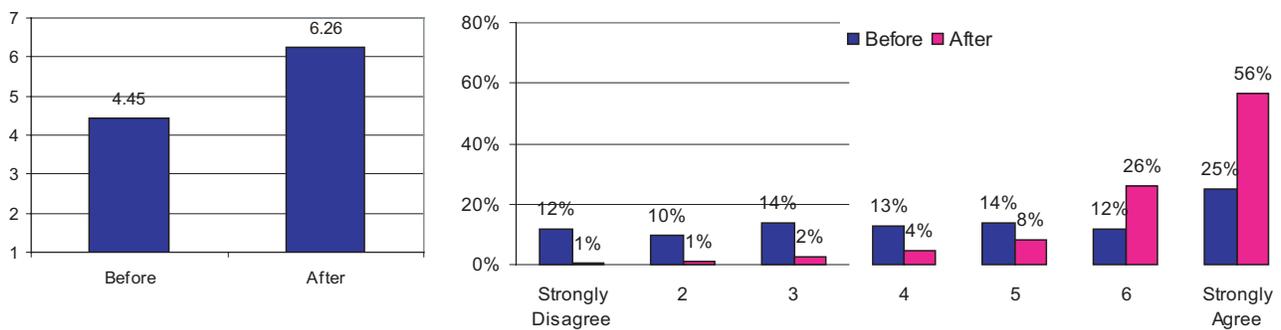
There are numerous reasons why parents might want, need or be referred to the programs participating in this study. The reasons range from seeking support in their roles as parents, wanting to improve their parenting skills or gaining confidence in the parenting roles, reducing stress, accessing resources, and so on. The brief survey instrument used in the study asked a series of questions designed to address many of these issues. As described in the Introduction, a retrospective pretest method was employed for questions designed to detect perceived change in parents' attitudes, skills, knowledge or circumstances that occurred during services. Because the outcome data generated during this project were secondary to the main objective of field testing the instruments and the methodology, caution should be exercised in interpreting the outcome data generated through this process. All the participants volunteered to complete the instrument and this may have contributed to an unknown amount of sample bias between the participants and the non-responders. However, the data reported in this section comparing the participants' perception of their skill, knowledge or stress levels, or the like, both before and after services suggest that participants believed that programs can alleviate some of the conditions or circumstances that they had when they were seeking services.

All of the survey questions employ a Likert-type scaling technique and a 7-point response scale. The typical construction of a survey question is to express an affirmative statement, and then to ask the parent/respondent to say whether they agree or disagree with the statement, and to what degree they do so, using the 7-point scale. The anchors for the scales is 1 = "strongly disagree" and 7 = "strongly agree." The scale anchors and directionality of responses is such that higher numbers correspond to improved or "better" conditions. For example, a mean rating score of "3" on any question would be in the "slightly disagree" range of responses, and a mean rating of "6" would

be higher and in the more desirable range of “moderately to strongly agree.” For most questions discussed in this section, graphic displays provide both the mean pre/post comparisons (where appropriate) and also the actual distribution of pre-service and post-service responses.

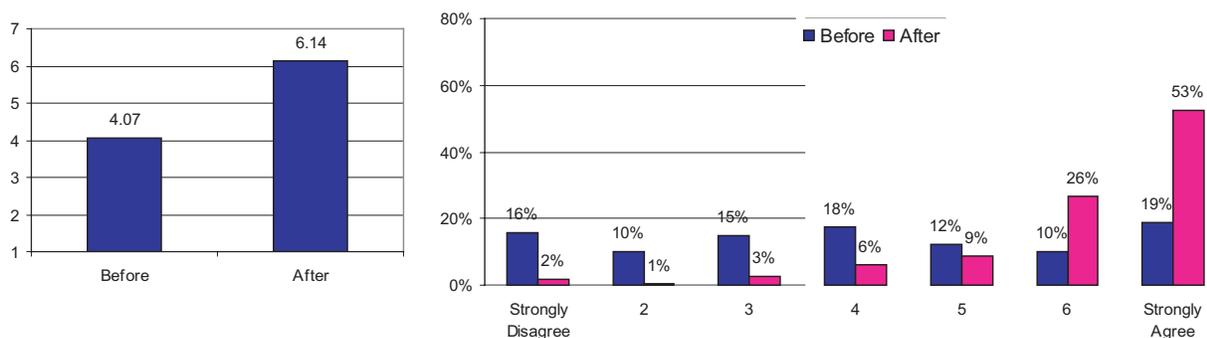
The first question asked about the relationships that caregivers had with other people who might provide support when they needed it. The programs often work with parents/caregivers to help them identify these supporting relationships and to assess their suitability for the type of support needed (e.g. child care, health care, advice on household management, employment, etc.). Sometimes the programs, themselves, provide these supports. Figure 13, below, reveals that the mean rating on this question prior to services was 4.45 and that it improved to a mean rating of 6.26 after services. The right side of the display illustrates that more than 1/3 (36%, combined) of parents disagreed-to-strongly disagreed that they had supportive relationships prior to service, whereas the post-service ratings show a combined 82% of parents in the top two rating intervals.

Figure 13. I have relationships with people who provide me with support when I need it. N=649



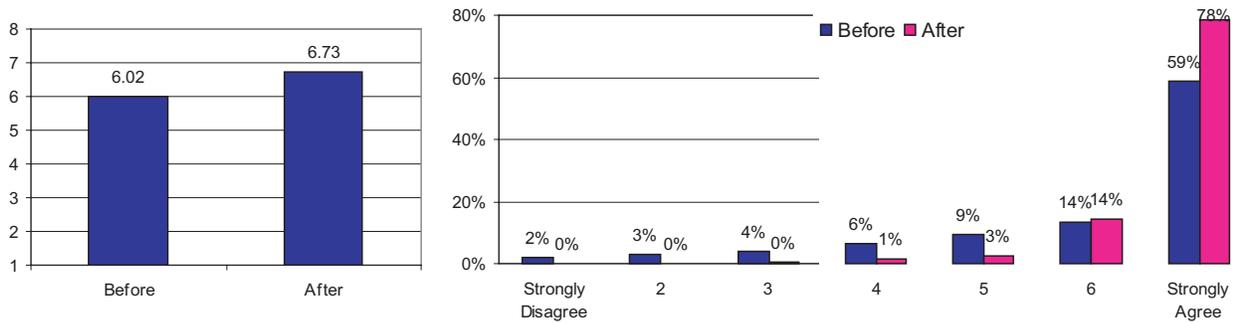
In a similar vein, parents were asked if they know where to go in the community to find help when they needed it. The mean rating prior to service was 4.07, compared to a mean rating of 6.14 after services. There was an increase of more than 2 scale increments. Like the previous question on supportive relationships, the graphic display in Figure 14, below, illustrates the dynamic nature of the improvement with the pre-service responses being generally evenly distributed across all response categories, but the after-service responses are clustered at the high end of the scale, with nearly 4/5ths (79%) of respondents in the highest two intervals.

Figure 14. I know who to contact and where to go in the community when I need help. N=650



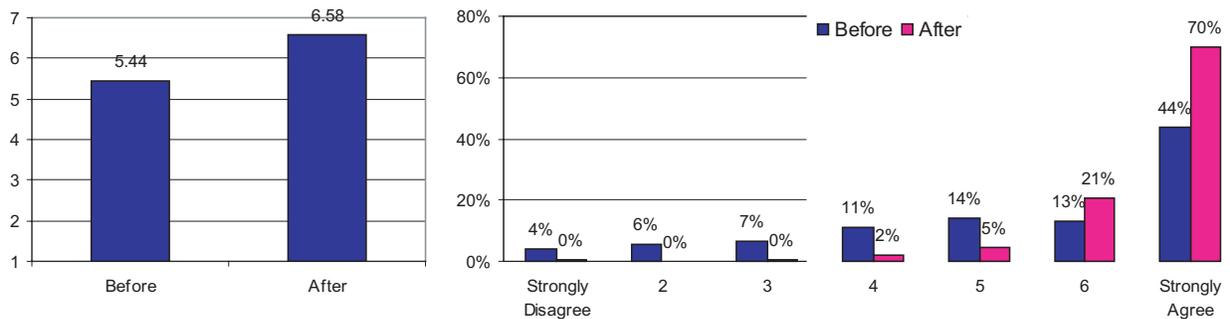
The nature of the relationship between parents and children is a major focus of the service programs, and two questions addressed this area. One question asked parents, simply, if they and their children enjoyed spending time together. The following question asked if parents had confidence in their abilities to parent. The first of these two questions is presented in Figure 15, which illustrates that the mean rating increased from 6.02 before service to 6.73 after service. The distribution of responses by category (right side of the display in Figure 15) illustrates the population shift towards the high end of the graph.

Figure 15. My children and I enjoy spending time together. N=644



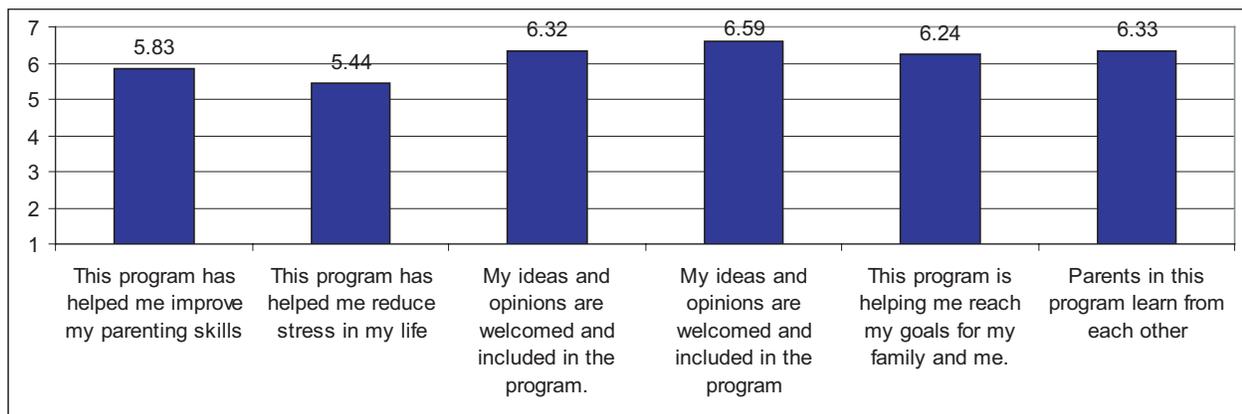
Mean parental confidence increased by more than 1 scale increment, from 5.44 before service to 6.58 afterwards, the change being statistically significant. The graphic display of the responses across individual response categories further illustrates this improvement (see Figure 16, below).

Figure 16. I have confidence in my ability to parent and take care of my children. N=647



The next series of questions did not have the “pre/post” structure. Rather they asked directly whether the program achieved certain desired ends, with the questions structured to permit attribution of improvement to the program, as perceived by the responding parents or caregivers. Parents were asked if the programs helped them improve their parenting skills, reduce stress in their lives, and reach family goals that the parent or caregiver held as important. In the interest of offering respectful and welcoming services, parents were asked to indicate whether their ideas and opinions were welcomed, whether they felt respected by staff, and whether the program environment was one where parents could learn from one another. The same 7-point scale was used, with high numbers indicating success for the program in their efforts to assist parents. The aggregate response means ranged from 5.44 to 6.59, suggesting that parents were by and large quite satisfied with their progress and the service environments in which that progress was achieved. These questions and the aggregate mean response ratings are presented below in Figure 17.

Figure 17. Six questions relating to parental progress and service environment.



In addition to questions covered in the preceding analyses, the study also examined whether parents achieved a sense of empowerment such that they acquired skills to manage their family dynamics to reduce stress, manage resources, and advocate for themselves and their families. The first of these topics is covered by two questions, illustrated in Figures 18 and 19.

Figure 18 illustrates responses to the statement: “When I am worried about my child I have someone to talk to.” Although simple on its face, this question imputes a proactive response on the part of the parent when parenting challenges arise. Parents’ responses indicate growth in this area. The mean pre-service rating on this question was 4.87, improving to 6.41 after services. The distribution of individual responses on the right side of the display illustrates the population shift towards the high end of the response categories.

Figure18. When I am worried about my child I have someone to talk to.

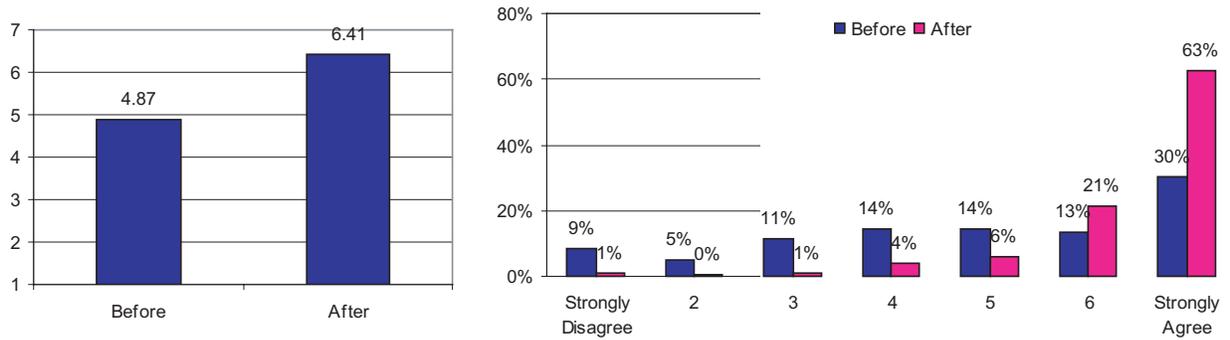
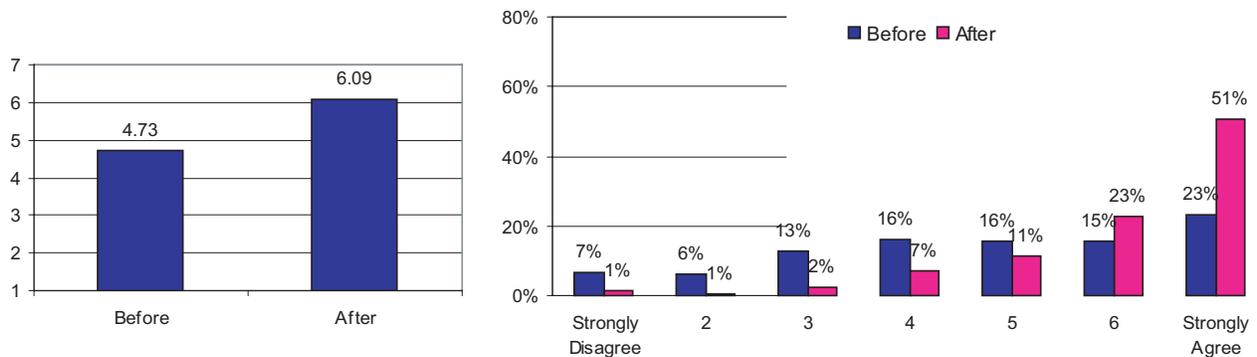


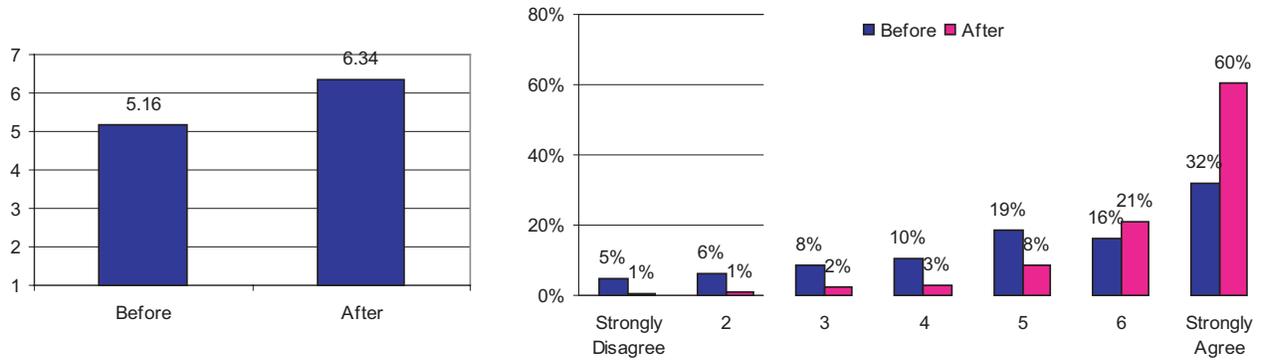
Figure 19 illustrates nearly identical improvements in parents’ abilities to manage family schedules and activities to reduce family stress. Ratings improved from a pre-service mean of 4.73 to a post-service mean of 6.09 (see Figure 19, below).

Figure 19. I make choices about family schedules and activities that reduce family stress.



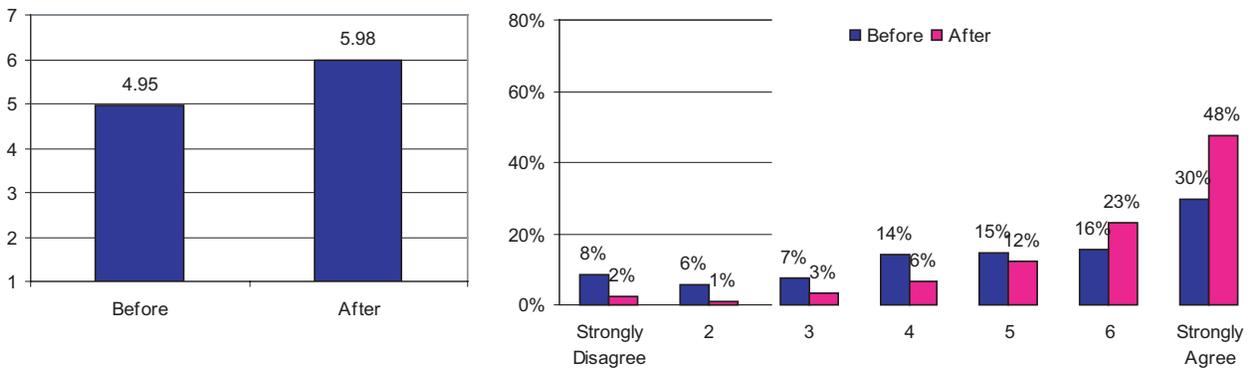
Parents' abilities to advocate for themselves and their children improved from a pre-service mean of 5.16 to a post-service mean of 6.34 (see Figure 20, below).

Figure 20. I can advocate for what my family and children need.



Finally, although it should be recognized that even having good financial and resource management skills cannot overcome insufficient resources, many parents gained knowledge and skills in this area that will assist them to better meet their families needs within existing resources. The mean response increased from 4.95 to 5.98. Consistent with other graphical presentations of these data, the distribution of individual responses on the right side of Figure 21 illustrates the population shift towards the more desirable ratings.

Figure 21. I know how to meet my family's needs with the money and resources I have.



Participant comments

Participants were asked 4 open-ended questions. The first 2 were related specifically to the participants' confidence as parents: "If your level of confidence has improved since you started this program, what aspects of the program helped the most?" and "If your level of confidence has stayed the same or decreased since you started this program, please let us know what we can do differently to help you feel more confident as a parent". The open-ended questions that followed were related to their general experiences with the program: "What do you like most about this program?" and "What suggestions do you have for program improvement?"

Five-hundred and seventy-five participants responded to at least 1 of the open-ended questions. Extremely positive comments were pervasive, with very few suggestions for program improvement or criticisms of the services. The majority of the responses were to the question asking which aspects of the program helped build confidence. The responses could be divided into 3 broad categories that are stated in Table 5, with examples of typical comments in each category. The list is organized according to the greatest number of comments to the fewest.

Negative comments and/or suggestions for improvements were few and primarily related to participants wish for an increase of their favorite activities, larger facilities, need for transportation, etc.

Differences in ratings between families who were involved with Child Protective Services (CPS) and those who were not.

In general, the results discussed up to this point suggest that the CBCAP community based programs are providing a valuable service to parents and caregivers in the communities served by the programs, and parents are reporting substantial benefit in the form of improved skills, confidence, and resources. The CPS population is a special sub-population with respect to the community based programs. Family resource programs exist, in part, to serve families and children who have experienced child abuse or neglect. It is important to know how the CPS-referred population responds to services offered by the programs, and how the programs interact with these families.

In order to examine these questions, the CPS and non-CPS program participants were cross tabulated on a number of variables. Among the survey items was one asking whether the caregiver had been referred to the program by CPS. This question was answered in 464 cases, or by 71% of families. For the remaining 29%, the question was either not answered (and presumably not asked), or the answer given was "Not Sure." For the analyses examining the CPS population and comparing it to the non-CPS population, it was decided to include only families where it was definitely known whether or not they were referred to the CBCAP programs by CPS. Using the 464 cases meeting this criterion as the base for the analyses, 74 cases (16%) had been referred by CPS, and 390 cases (84%) had not. Because 29% of the original cases could not be included in these analyses, caution should be exercised with regard to generalization, and indeed, the overall confidence in the findings.

Recalling that there was a brief series of questions simply asking whether the programs helped parents advance in certain areas and to become engaged in the program, it is interesting to note that parents referred by CPS did not differ from non-CPS parents with respect to reducing stress or reaching goals. For both CPS and non-CPS parents, there was equivalent agreement with respect to stress reduction (59% of non-CPS parents moderately to strongly agreed, compared to 63% of CPS-referred parents) and reaching family goals (81% of non-CPS rated themselves in the moderately to strongly agree categories compared to 85% of CPS-referred parents).

There was also no difference in the perception of CPS-referred and non-CPS parents with respect to engagement in the program. Essentially equal numbers (92% of non-CPS parents and 88% of CPS-referred parents) reported moderately to strongly agreeing that they were respected by program staff, and that their ideas and opinions were welcome (85% and 86% respectively). Thus, even parents whose initial connections to the various programs may have occurred under less-than-pleasant circumstances, perhaps even unwillingly, were successfully engaged by the programs and good results were achieved. It also suggests that program staff did not treat the CPS-referred families differently than non-CPS parents.

Table 5. Parent report on how the program increased their confidence as parents.

1st Relationships with other participants, with their own children and relationships with staff.

- Knowing that there are more people out there to help support you.
- Hearing other Fathers talk about their situations; knowing you are not alone.
- I liked getting together with other parents because I'm pretty much isolated.
- Not feeling alone .
- The feeling of comfort I receive when I attend this program and know that I don't have to suffer the difficulties of parenting alone.
- How you're treated like a person and not like welfare scum.
- There is age-appropriate playspace where kids and parents interact.
- My son has fun with me when we're here.
- I like all the different opportunities for my kids to do things with me.
- Learning how to help your children develop different skills.

2nd Developing and/or strengthening new parenting skills.

- I learned skills on how to deal with my child and be less stressed.
- I was scared to discipline my child...this helps me with discipline.
- I am learning how to deal with parenting problems like behavior.
- Helps me to understanding how and what to do when my child acts up and how to encourage him.

3rd Developing skills for self-sufficiency.

- I like this program because I can still get my diploma and learn how to be a good parent.
- I am getting the help I needed to finish school.
- The program helped us to get money to pay our rent.
- I am learning how to get a better career.

The only question on this series where there was a significant difference between the non-CPS parents and the CPS-referred parents was on the improvement of parenting skills. Although there was virtually no difference between the groups when the top two categories of agreement (moderately and strongly agree) were combined (71% for non-CPS parents and 72% for CPS-referred parents), a much larger proportion of CPS-referred parents strongly agreed that the program had helped them improve their parenting skills. Also, more CPS-referred parents (58%) strongly agreed than did non-CPS parents (44%). Examination of other questions suggest that this finding may be due to the greater opportunity for gain that CPS-referred parents brought with them to the programs, and probably also reflects the observation by the parents themselves of the gains that they made during the service period.

Parents were asked to rate themselves with respect to certain attributes both before and after services. There were differences between the CPS-referred and non-CPS parents on several of these questions. For example, CPS-referred families often reported not having relationships with people who could provide them with support if they needed it, before service. In fact, 35% of CPS-referred families moderately or strongly disagreed that they did have such relationships, compared with 20% of non-CPS parents. However, after services this difference disappeared, and for both groups the large majority moderately to strongly agreed that they did have such relationships (85% of non-CPS parents compared to 81% of CPS-referred parents, a non-significant difference).

Similarly, CPS-referred parents were more likely to agree that they did not know who to contact in the community for help, prior to services (37% moderately to strongly disagreeing that they did know who to contact, compared to 25% of non-CPS parents). This difference also vanished after services, with 81% of non-CPS parents and 80% of CPS-referred parents moderately to strongly agreeing that they now knew who to contact when help was needed.

One final question where there was a difference between CPS-referred and non-CPS parents was that of knowing how to meet the family's needs with the money and resources available. Before services, more CPS-referred families moderately to strongly disagreed that they knew how to meet their families' needs (24%, versus 12% of non-CPS families) and this trend maintained across the remaining response options. Although both CPS-referred and non-CPS parents made substantial progress (73% and 74% respectively were in the moderately to strongly agree categories), a larger proportion of CPS-referred parents did not progress as much as their non-CPS counterparts. About 17% of CPS-referred parents remained below the middle or "undecided" rating category, compared to only 5% of non-CPS families. Although data are not available in this study to explore the reasons for this sustained trend, future research and evaluation efforts should examine the reasons for CPS referral vis a vis the progress made. It may be that some of these cases involve poverty-related neglect; a situation closely tied to insufficient resources that may require much more than "skill building" to alleviate.

Findings from Participants' and Survey Administrators' Feedback

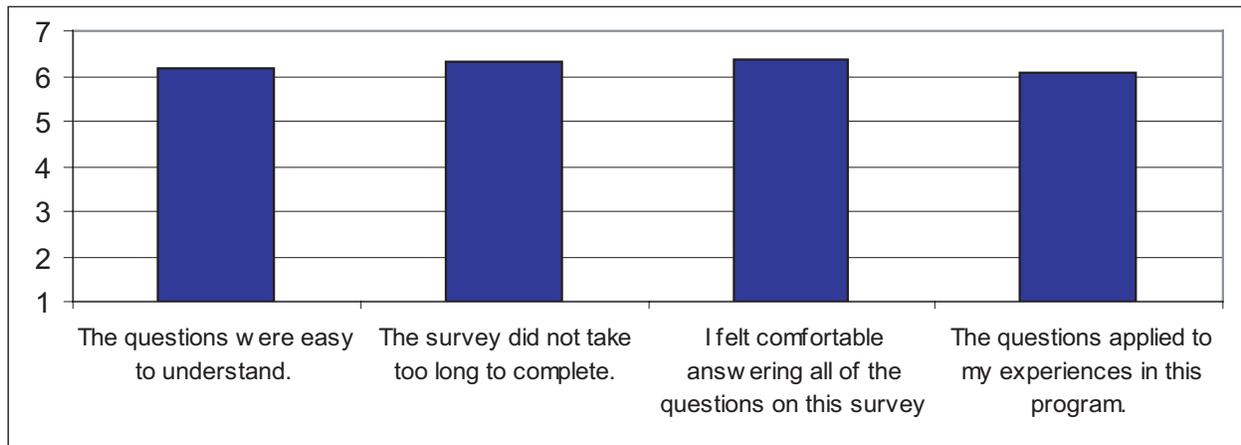
Testing the survey process

In addition to gathering useful information that examines the outcomes of CBCAP funded service providers, part of this study focused on the processes of engaging parents in the data collection process, engaging program staff in administering the survey, and inquiring about the usability of the survey. To this end, parents were asked if the survey questions were easy to understand, whether parents thought the survey took too long to complete, whether parents felt comfortable answering all of the questions on the survey form, and whether the survey questions applied to parents' experiences with the service program in which they participated. The follow-up items were:

- 1) The questions were easy to understand.
 - a. If you disagree with this statement, please give us the number of the question(s) that were hard to understand and give us suggestions for improvement.
 - b. Other comments:
- 2) The survey did not take too long to complete.
 - a. comments:
- 3) I felt comfortable answering all of the questions on this survey.
 - a. If you disagree with this statement, please give us the number of the question(s) that you felt uncomfortable answering and give us suggestions for improvement.
 - b. Other comments:
- 4) The questions applied to my experiences in this program
 - a. If you disagree with this statement, please give us the number of the question(s) that did not apply and give us suggestions for improvement.
 - b. Other comments:

Parents' aggregate responses to these questions are presented in Figure 22. Using the same 7-point Likert-type scale and response strategy, it can be seen that parents overwhelmingly were not put off by the outcome evaluation survey process, nor did they feel that it was burdensome, irrelevant or a cause of discomfort. Aggregate mean responses ranged from 6.10 to 6.36 (all approaching "strongly agree" with positive statements on these dimensions). Furthermore, although not presented graphically, the individual response distributions reveal that 2/3rds (67%) to 3/4ths (76%) of all responses to these questions were either a "6" or a "7."

Figure 22. Participant responses to survey follow-up.



As well as rating their impressions in the follow-up survey, participants were asked to make comments on their experience with the survey and their opinions on its content. Ninety-eight participants provided comments related to the experience of taking the survey. Consistent with the high scores they gave each item, a number of comments were statements that affirmed a high rating. Examples include, "not long at all", "Good survey", "very comfortable with everything."

Concerns and suggestions were expressed. The concerns expressed guided the FRIENDS team in revising the instrument. Three concerns were repeated more than once, as many as 8 times in one instance. Although that accounts for only 8% of the total responses, each of the concerns participants identified were also identified by program staff who administered the survey. The three repeated concerns were

- The word *advocate* from item #15, "I can advocate for what my family and children need" was not universally understood. Program administrators needed to explain the item carefully when literacy skills were an issue with the respondent.
- Participants felt uncomfortable answering the question about household income. Program administrators also felt that the question was, perhaps, too sensitive.
- Participants and program administrators voiced the desire for additional survey items that were very specific to their program offerings. For example, programs that may have offered child development needed items directly related to growth and development, programs that offered classes in child discipline/guidance needed items directly related to setting limits, encouraging positive behavior, consequences, and so on.

A final concern not mentioned by participants but identified by staff was about item structuring and relevance. One of the items was double-barreled, that is, it asked 2 questions rather than 1, "I know who to contact and where to go in the community when I need help". The item concerns itself with two related but separate issues, "Who to contact," and "where to go".

Changes to the survey based on participant/program staff feedback

Changes were made to the survey based on the participant and program staff feedback discussed above. Those changes will be described below and will be evident in the attached copy of the revised survey.

- 1) The item "I can advocate for what my family and children need", was changed to ", "I can stand-up for what my family and children need"
- 2) The demographic question related to family income remained in the survey because many programs needed to track that information. However, the survey instructions clearly state that the question should be omitted when there is no need to collect the information. In fact, programs are instructed to omit any of the demographic questions that are unnecessary for them to know.
- 3) To encourage programs to add items that address specific aspects of their services, the new survey includes blank fields for programs to insert their own survey items. The database was likewise adjusted to manage and report on the data that resulted from the program-specific items.
- 4) The item, "I know who to contact and where to go in the community when I need help" was changed to "I know where to go in the community when I need help".

Summary and Recommendations

This project demonstrated that a generic survey could be developed to examine outcomes shared across most prevention programs. In addition, the field test found that the majority of the participants who responded to the survey perceived a great deal of positive changes as a result of their participation in these programs. Program staff and participants alike found that the survey addressed pertinent aspects of the programs, was clear and concise, and was sensitively worded. Program administrators found the information useful as a way to reveal program successes and identify challenges. Moreover, the results were being used by many to support requests for funding and for reporting back to funders, board members and program participants.

Clearly, the outcomes measured by this self-report survey are broad and should not be the sole instrument used to measure program outcomes. And, as previously noted, the outcomes measured during this project were really secondary to the main purpose of testing the instruments. Thus, the methods employed to recruit respondents were not designed to maximize unbiased samples. There is a danger that because the instrument is brief and user-friendly, programs will use it exclusively at the risk of not measuring the more specific outcomes their services target.

A number of the programs that acted as field-test sites had not previously conducted program evaluations to examine the outcomes of their services. Although they desired to measure outcomes both as a strategy to improve programs and to satisfy requirements of funders, they did not have tools readily available for designing and implementing an outcome evaluation. It is plain that additional work needs to be done to assist prevention programs in the area of outcome evaluation. Few prevention programs have the resources to hire external evaluators. To assist programs develop logic models and measure outcomes, tool-kits need to be developed that guide programs towards the development and implementation of sound outcome evaluations. Moreover, existing appropriate user-friendly surveys, questionnaires or other assessments should be identified and cataloged. To the extent possible, materials must be available that are appropriate to a diverse group of participants.

Though prevention programs increasingly recognize the importance of evaluation and performance measurement, and the connection between demonstrating impact and funding security, there is a present and understandable gap between the recognition and will of service providers and their actual capacities. Thus, the field needs to continue to promote and encourage collaboration between service providers and local entities holding evaluation research capabilities. These local entities may include State and local government agencies, universities, or other organizations. These connections are fundamentally important to professionals in the field who share a common interest in understanding the dynamics of successful child abuse prevention.

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Appendix

Introduction to the FRIENDS Outcome Evaluation Survey, for Field-test only.

The FRIENDS National Resource Center for Community Based Child Abuse Prevention (CBCAP) Programs has been providing the prevention field with training and technical assistance on outcome evaluation for several years. As a result of a field test of the guidebook “Outcome Accountability for Family Support Programs,” in 2001-02 FRIENDS staff learned that many prevention programs were focused on very similar participant-centered outcomes.

Another lesson from the field test was that many state CBCAP administrators were interested in a way to collect and compare information on these similar outcomes from the wide variety of programs they help fund. They wanted to have a good statewide picture of the effect of their funded programs.

In 2003-04, FRIENDS pulled together a task force of CBCAP administrators and staff and participants of the states’ funded programs to review and refine a set of shared outcomes and to develop a measurement tool for the prevention field. The task force developed a measurement tool in the form of a participant survey to be field-tested. The completed field-test survey follows.

To the extent possible this survey will measure similar outcomes across program types and across the states, allowing both statewide and national data aggregation. The outcomes range from improvements in self-confidence, parenting skills and finding/utilizing assistance to stress reduction, relationship building and advocacy. The task force identified these types of outcomes as “key” to most child abuse and neglect prevention programs. While addressing the core participant outcomes shared by many prevention programs across the country, the survey is by no means a “one size fits all” tool. It can be used as a starting place for prevention programs, but it is important to realize that there may also be other, more specific participant outcomes that are not addressed by the survey. To assist programs in developing tools to measure additional, more program specific outcomes, the guidebook “Outcome Accountability for Family Support Programs” outlines a process for developing outcomes and designing measurement tools. Its index includes a list of outcome evaluation resources. For ordering information, contact Chapel Hill Training and Outreach Project at 919 490 5577, extension 222 or on the web at <http://www.chtop.org>. Additional assistance in developing evaluation strategies for Child Abuse and Neglect or Family Resource and Support Programs can be found through the FRIENDS National Resource Center, <http://www.friendsnrc.org/>.

Instructions for programs field-testing this survey

The survey includes information to be completed by program staff and survey questions for the participants. Additionally, instructions for each survey item are included so program staff will be able to assist participants as needed. Adhering to the instructions is important to ensure standardization of survey administration across programs.

We strongly encourage you to use the first two pages of the survey (the demographic information and items 1-12) in the field test. An evaluation task force comprised of FRIENDS staff, state leads for CBCAP (Community-Based Child Abuse Prevention) and parent-participants in Family Support programs developed these questions. The survey items were selected because they are most likely to capture outcome information that the majority of family support programs would want to measure. Items on page 3 of the survey (questions

13-16) are questions that are somewhat less likely to capture outcomes shared across family support programs. Please consider using these survey items and sharing data.

Adding/Altering additional survey questions: Do not alter the wording in the Field-test survey. If you should alter words, we will not be able to use your data when reviewing field-test results. Feel free to add additional questions to this survey to capture information that is specific to your program. However, when you submit your data to the field-test coordinator, Casandra Wade, do not submit data from the questions you have added.

When to Conduct the Survey: The survey should be conducted at a time that makes the greatest sense to the program, provided time is allowed for data-entry and data submission by July 31st. Data collected on frequency and duration of service”” and type of program (item 6 on the Survey Cover Sheet and item 3 on page 1 of the survey) will enable FRIENDS staff to review survey results cross tabulated by program type ad length of service.

Participant consent: If any identifying information is requested of the participant (a name or ID code, you may need to obtain their signed, informed consent. Check with your governing board to ensure that their guidelines for when and how to obtain consent are followed. An example consent form is included in these instructions. Should you use it, it will need to be personalized and adjusted to fit the requirements of your organization.

Participant feedback: It is critical that program staff ask participants the questions on page 4 of the survey as parent assistance is paramount in developing the final survey.

Data Management: An Excel spreadsheet will be emailed to each field-test site once the program has agreed to participate in the field-test. The field-test coordinator will provide instructions over the telephone for using the spreadsheet. An entry level knowledge of excel is required for entering and managing data. (Casandra, we don't want to run into the same situation we have with Doug C's program so do we need to say that entry level knowledge of Excel is required or something like that?)

Deadlines: Data must be submitted electronically to Casandra Wade at casandrawade@charter.net by July 31st. Earlier submissions are encouraged.

Technical Assistance: Telephone Technical Assistance is available to any program or network that participates in the field-test. A limited amount of on-site technical assistance is available. For information on requesting technical assistance, contact Casandra Wade at (360) 760-7167

Follow-up Activities: A FRIENDS' staff person will be contacting each program in July 2004 to discuss the program's experience in using the instrument. The interview will be scheduled at a mutually convenient time and will take no more than 20-30 minutes.

Other questions? Please Contact Casandra Wade at 360- 279-7167.

**FRIENDS Outcome Evaluation Survey Cover Sheet
For Staff Use Only**

Program Code _____

1. Date questionnaire/interview completed: ____/____/____ 2. Date participant began program ____/____/____

3. Participant ID # (optional) _____

4. Participant was referred by or has had involvement with child protection system (optional)
 NO YES NOT SURE

5. How was the survey completed? Check One:

A Questionnaire completed by face to face interview (interviewer: _____)

B Questionnaire completed by phone interview (interviewer: _____)

C Questionnaire completed by participant with program staff available to explain items as needed

D Questionnaire completed by participant without program staff present for assistance

E Questionnaire was mailed to participant, completed, and returned without program staff assistance

6. Type of program: Check all that apply

A Parent Education

B Parent Support Group

C Planned Respite

D Crisis Respite

E Home Visiting

F Fatherhood Program

G School-based Skills/Readiness

H Couples Group

I Teen Parent Support Group

J Parent/Child Interaction

K Literacy Program

L Parenting Teens

M Homeless/Transitional Housing

N Family Resource Center

O Pre-Natal Class

P Advocacy (self, community)

Q Resource and Referral

R Employment

S Skill Building/Education for Children

Other _____

FRIENDS Outcome Evaluation Survey,

Instructions for items on cover sheet (for program staff to complete)

Program Code: This code is used in the field-test to track data submitted by individual field-test sites. Program codes should be between 7 and 15 characters. The first two letters should be your state code (WA for Washington, OR for Oregon, etc.) The next 5 characters should be the zip code in which your program is housed (i.e., WA98366). If there are more than 2 programs in your zip code participating in the field-test, then you may add up to 8 additional characters so that each program has a unique program code (i.e., "WA 98366respite" or "WA98366Hmvisit").

1. Date questionnaire/interview completed: Self-Explanatory

2. Date participant began program: This is the date that the participant first began receiving the services which the survey is evaluating.

3. Participant ID # (optional): This is optional. Assigning an identification number that is also coded to participant's name can help you track progress and address specific issues. Additionally, parents should always be given the option of remaining anonymous.

4. Participant was referred by or has had involvement with child protection system (optional): This is also optional and will help track differences between participants involved in primary and secondary prevention programs.

5. How was the survey completed? Check One: If administering in an interview or assisting participants, it's important to be aware of the kind of assistance given. For instance, if a participant doesn't understand a question, be sure to paraphrase the question in the same way from interview to interview. For consistency, it also might be advisable to have the same person conduct all the interviews.

6. Type of program: Check all that apply: There are many kinds of prevention programs, and this list does not capture all of them. If the "other" category is used, please give a two- to four-word program description.

FRIENDS Outcome Evaluation Survey, Page 1

1. Participant name or ID (optional): _____ 2. Sex: Male Female

3. I have participated in this program for (check one)

- A less than 1 month B between 1 & 3 months C between 3 & 6 months
D between 6 & 12 months E between 1 & 2 years F over 2 years

4. How many children live in your household? _____ Please tell us the age and sex of each of your children:

Child 1, Birth date:	Child 2, Birth date:	Child 3 Birth date:	Child 4 Birth date:	Child 5 Birth date:	Child 6 Birth date
____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
<input checked="" type="checkbox"/> if Pre-natal <input type="checkbox"/>					
Male <input type="checkbox"/> Female <input type="checkbox"/>					

(If more than 6 children, please use a second form)

5. Your relationship to children? (check all that apply)

- A Birth Parent B Step parent C Grandparent /Great Grandparent
D Foster Parent E Adoptive Parent F Other relative G Non-relative

6. Ethnicity

- A Hispanic or Latino B Black or African American
C White (non Hispanic) D Native Hawaiian other Pacific Islander
E American Indian or Alaskan Native F Asian
G Multi-racial H Other

7. Marital Status

- A Married/partnered B Single C Divorced
D Widowed E Separated

8. Family Housing

- A Own B Rent C Shared housing with relatives/friends
D Temporary (shelter, temporarily with friends/relatives) E Homeless

9. Family Income

- A \$0-\$10,000 B \$10,001-\$20,000 C \$20,001-\$30,000? D \$30,001-\$40,000
E \$40,001-\$50,000 F more than \$50,001

10. Highest grade in school completed _____ (1 yr. of college, answer "13", 2 yrs, answer 14, etc.)

Instructions for Survey, Demographic Information

The demographic questionnaire (page one) should be completed for each participant filling out the survey. Many programs systematically collect this kind of demographic information at intake. Avoid asking participants questions if they have already provided to you. Instead, program personnel could complete the first page. Or, if you ask some of these questions but not all, you could mark only the questions you want answered on the first page. If it is easier to have participants fill out the entire first page even if you have already collected some of the information, you could acknowledge the duplication and thank the respondent for giving it to you an additional time.

Most of the demographic questions are self-explanatory. More information related to each question follow.

1) Participant name or ID (optional): Participants need not give their names. If a name is not given, and there is a reason to track the respondents, you may choose to assign a participant ID number. This number may be selected through any process your agency chooses.

Note: Make sure the participant has given their informed consent if you use a name or a participant ID. An example of an informed consent is attached.

2) SEX: Is the participant (usually a mother or father) male or female?

3) I have participated in this program for (check one): This question is intended to help capture the duration(dose?) of service the family received.

4) How many children live in your household? Self –explanatory

Please tell us the age and sex of each of your children: Self –explanatory. If more than 6 children are in the family, use a second form.

5) Your relationship to children? (check all that apply): Some parents may have different relationships to different children in their household and may check more than one box.

6) Ethnicity: Self-explanatory

7) Marital Status: In this survey, a couple that is cohabitating and co-parenting should be counted in the Married/ Partnered category. If your agency has a reason to separate-out legally married persons from other co-parenting partners and choose not to include non-married co-parenting partners in the “married/partnered” category, please make note of that when submitting data to be aggregated as we will not be able to include non-alike data in data analysis.

8) Family Housing: Some respondents may live with relatives on a permanent rather than temporary basis. Category “C, Shared Housing with relatives/friends” should be selected for these families. Category “D, Temporary (shelter, temporarily with friends/relatives)”, is designed to indicate the respondent does not have an on-going residency in a household.

9) Family Income: The family income refers to the combined annual income of all family members in the household and could include wages, child support and Social Security payments among other sources.

10) Highest grade in school completed (1 yr. of college, answer “13”, 2 yrs, answer 14, etc.) Self-Explanatory

FRIENDS Outcome Evaluation Survey, Page 2

On a scale from 1-7, with 1 as 'strongly disagree' and 7 as 'strongly agree', please rate how much you agree with the following statements. Please rate each statement twice—how you felt before this program and how you feel today.

		Strongly Disagree					Strongly Agree	
1) I have relationships with people who provide me with support when I need it.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
2) I know who to contact and where to go in the community when I need help.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
3) My children and I enjoy spending time together.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
4) I have confidence in my ability to parent and take care of my children.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7

4a) If your level of confidence has improved since you started this program, what aspects of the program helped the most?

4b) If your level of confidence has stayed the same or decreased since you started this program, please let us know what we can do differently to help you feel more confident as a parent.

		Strongly Disagree					Strongly Agree	
5) This program has helped me improve my parenting skills.		1	2	3	4	5	6	7
6) This program has helped me reduce stress in my life.		1	2	3	4	5	6	7
7) My ideas and opinions are welcomed and included in the program.		1	2	3	4	5	6	7
8) I feel that the program staff respect me.		1	2	3	4	5	6	7
9) This program is helping me reach my goals for my family and me.		1	2	3	4	5	6	7
10) Parents in this program learn from each other.		1	2	3	4	5	6	7

11) What do you like most about this program?

12) What suggestions do you have for program improvement?

Instructions for FRIENDS Outcome Evaluation Survey, Questions, 1-12

Staff should go over the instructions for the survey, even if respondents are filling it out by themselves. They should be instructed to answer questions 1-4 and 13-16 twice – once from the perspective of how they felt before entering the program and again from the perspective of how they feel now. Make sure respondents understand the scale - that 1 is a strong disagreement and 7 is a strong agreement. Please let them know if there is not enough space for the open-ended questions that they may use the back of the page.

If administering the survey via interview or assisting respondents and a question is not understood, please try to paraphrase it in the same way for each person so your response is the same from person to person. Below are some suggestions for paraphrasing.

- 1) **I have relationships with people who provide me with support when I need it.:** Do you know people who can help you emotionally, financially, or in other ways when you need it?
- 2) **I know who to contact and where to go in the community when I need help:** Do you know who to call or which agencies you can call if you need help with parenting, housing, education or other things that relate to your family or personal life?
- 3) **My children and I enjoy spending time together.** Do you find activities that both you and your child(ren) enjoy together?
- 4) **I have confidence in my ability to parent and take care of my children.** Do you have confidence that you are able to be a good parent and take good care of your children? (font)
- 4a) **If your level of confidence has improved since you started this program, what aspects of the program helped the most?** If you do feel more confident as a parent since you began coming to the program, was there anything that especially helped build that confidence?
- 4b) **If your level of confidence has stayed the same or decreased since you started this program, please let us know what we can do differently to help you feel more confident as a parent.** Self-explanatory
- 5) **This program has helped me improve my parenting skills.** Has this program helped you learn things that make you a better parent?
- 6) **This program has helped me reduce stress in my life.** Has coming to this program helped reduce any stress you may have been feeling?
- 7) **My ideas and opinions are welcomed and included in the program.** Do other participants and program staff listen to your ideas? Do they try to use your ideas?
- 8) **I feel that the program staff respect me.** Do you feel welcomed by program staff? Do you feel that they treat you as an equal? Do you feel safe sharing concerns and successes with them?
- 9) **This program is helping me reach my goals for my family and me.** Is the program helping you to make progress in some areas of your life that are important to you and your family?
- 10) **Parents in this program learn from each other.** Have you learned things from other parents, and do you think they might have learned anything from you?
- 11) **What do you like most about this program?** Self-explanatory
- 12) **What suggestions do you have for program improvement?** Self-explanatory

FRIENDS Outcome Evaluation Survey, Page 3

		Strongly Disagree					Strongly Agree	
13) When I am worried about my child I have someone to talk to.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
14) I know how to meet my family's needs with the money and resources I have.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
15) I can advocate for what my family and children need.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
16) I make choices about family schedules and activities that reduce family stress.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7

Instructions for FRIENDS Outcome Evaluation Survey, Questions, 13-15

- 13) **When I am worried about my child I have someone to talk to.** Do you have friends or professionals who you can call if you are worried about your child in any way?
- 14) **I know how to meet my family's needs with the money and resources I have.** Are you able to keep your family in housing, utilities, groceries, transportation and other essentials using the money or other resources that you have?
- 15) **I can advocate for what my family and children need.** Do you know who to go to, and are you not afraid of asking other people for what you need or what your children need?
- 16) **I make choices about family schedules and activities that reduce family stress.** Do you know how to keep your family's schedule and activities from being stressful (not too crowded or busy) or making the right kinds of choices of activities that don't cause you or other family members to become stressed?

FRIENDS Outcome Evaluation Survey, Page 4

Participant Follow-up Questions Thank you for assisting us by answering these questions.

Please help us further by answering the following questions about your experience taking the survey?

	Strongly Disagree				Strongly Agree		
1) The questions were easy to understand.	1	2	3	4	5	6	7

If you disagree with this statement, please give us the number of the question(s) that were hard to understand and give us suggestions for improvement.

Other comments:

	Strongly Disagree				Strongly Agree		
2) The survey did not take too long to complete.	1	2	3	4	5	6	7

Comments:

	Strongly Disagree				Strongly Agree		
3) I did not feel uncomfortable answering any of the questions.	1	2	3	4	5	6	7

If you disagree with this statement, please give us the number of the question(s) that you felt uncomfortable answering and give us suggestions for improvement.

Other comments:

	Strongly Disagree				Strongly Agree		
4) The questions applied to my experiences in this program.	1	2	3	4	5	6	7

If you disagree with this statement, please give us the number of the question(s) that you felt uncomfortable answering and give us suggestions for improvement.

Other comments:

Any final comments?

Sample Informed Consent

Consent to Participate in an Evaluation Project

(Name of Program) is conducting an evaluation to make sure that the families we serve are benefiting from our program. It is also a way for us to see what we are doing well and if there are areas in which we can improve. We want to provide the best possible services to our families and this is one way to keep us on track.

Part of the evaluation involves asking program participants to complete a survey about how our services affect them and their families. The survey we are using is in the “field-test” stage. In other words, we are using it for the first time as part of a larger, country-wide effort to find good ways to evaluate family support services. The information we gather from these surveys will be added to information from similar programs across the country, although your identities will not be shared in this process.

Other information about the evaluation

You may choose *not* to participate. You may choose to participate but may choose *not* to answer some or all of the questions. Your services will not be withdrawn or altered due to your participation or lack of participation.

Your privacy will be protected. Your name will not appear on the questionnaire. If you are given a case id number, only authorized program personnel will know the case id number and it will not be shared with anyone. Once you have completed the questionnaire, the information on it will be transferred to a database and the questionnaire will be destroyed. Again, yours or your child or children’s names or identity will not be disclosed or used in any way.

We hope that you will help us by participating in this evaluation. Your participation will help us to improve services to all families who may need it.

- I agree to participate in the evaluation by responding to the outcome survey
- I choose not to participate at this time

Participant’s signature

date

Program signatory

date

