



The Family Support Program Outcome Survey

*A tool for measuring outcomes
shared by programs offering
Community-Based
Child Abuse Prevention and
Family Support Programs*

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The Family Support Program Outcome Survey

*A guide to using the Family Support Program Outcome Survey
for measuring outcomes shared by programs offering
Community-Based Child Abuse Prevention Programs (CBCAP)*

September 2004

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Introduction

The FRIENDS National Resource Center (NRC) for Community Based Child Abuse Prevention (CBCAP) provides training and technical assistance to States as they administer the Federally-funded CBCAP program. States utilize the FRIENDS NRC services to assist their funded programs with a multitude of issues, including outcome accountability.

Products and activities of the FRIENDS' initial outcome accountability work include the guidebook *Outcome Accountability for Family Support Programs*, Volumes I & II (2001)¹ as well as 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 initial field test period, FRIENDS staff learned that many prevention programs were focused on very similar participant-centered outcomes. Another observation was that many State CBCAP administrators were interested in collecting and comparing outcome data from the wide variety of funded programs. They wanted a good Statewide picture of the effectiveness of their funded programs in preventing child abuse and neglect. They 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.

Between March and August 2004 the survey was field-tested by 39 programs in 8 different States. A total of 651 parent participants in CBCAP Programs completed the survey. FRIENDS staff interviewed the community based 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, then 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 specializing in family support and child maltreatment, resulted in the "Family Support Program Outcome Survey" which is the focus of this guide. The survey and instructions for its use follow a brief discussion of the need and uses of outcome evaluation for prevention programs.

Please note: it is not suggested that the tool presented here replace existing program quality monitoring activities or instruments that measure program-specific outcomes. Whenever possible, existing tools with demonstrated reliability and validity should be used for evaluation purposes, *but only when the instruments measure the outcomes that are specifically targeted by the services provided by*

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

that program. Good evaluation should demonstrate a link between actual services and participant outcomes. Indeed, linking client and family outcomes to prevention activities underpins the FRIENDS outcome evaluation approach.

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.

Why Outcome Evaluation?

The need for program evaluation for both small and large Community Based Child Abuse Prevention (CBCAP) programs is apparent from the FRIENDS NRC work in assisting programs with their evaluation efforts. Busy program administrators need tools that are easy to apply and that provide data about participant outcomes. Findings that provide validated detail on populations served, service characteristics and service benefits are necessary for programs to demonstrate their effectiveness and to increase the likelihood of continued Federal, State, and local support. Good program data and an ‘outcomes orientation’ will also help programs identify their own strengths and challenges and to make appropriate program improvements.

Outcome measurement and evaluation are increasingly important to human service programs today because of increased demands for program accountability. Program evaluation is the cornerstone of accountability. The 1997 Administration on Children, Youth and Families’ *Program Manager’s Guidebook to Evaluation*² states that, “you should evaluate your program because an evaluation helps you accomplish the following:

- Find out what is and is not working in your program.
- Show your funding sources and the community what your program does and how it benefits your participants.
- Raise additional money for your program by providing evidence of its effectiveness.
- Improve your staff’s work with participants by identifying weaknesses as well as strengths.
- Add to the existing knowledge in the human services field about what does and does not work in your type of program with your kinds of participants.

Many other respected scholars, policy analysts and program administrators advocate similar positions. Lisbeth Schorr developed a general case for what she calls “results-based accountability.” In this treatise, she points out that results-based accountability can relieve the need for bureaucratic micro-management, facilitate cross-system collaboration on behalf of children [or other clients], help minimize investment in activities that don’t contribute to improved results, and help

²The *Program Manager’s Guidebook to Evaluation* (ACF/ACYF/USDHHS, 1997) is a valuable source of program evaluation information written for program managers and others needing a good, non-technical resource on the subject. It is highly recommended that you acquire a copy of this publication for more coverage of many of the topics discussed in this Guidebook. The Guidebook is available at: http://www.acf.hhs.gov/programs/core/pubs_reports/prog_mgr.html or by contacting the National Clearinghouse on Child Abuse and Neglect Information, phone number 800-394-3366.

clarify whether allocated resources are adequate to achieve the outcomes expected by funders and the public (Schorr, et al, 1995). Outcome evaluation is a necessary part of results-based accountability and contributes directly to the same ends.

When desired client outcomes are well understood, documented, and measured, prevention programs can focus attention on participant progress, especially on the extent to which their programs help families increase the protective factors that are known to reduce the likelihood of child-maltreatment. When outcomes for prevention programs are *not* well understood, documented and articulated, funders may be more inclined to support intervention over prevention services, potentially at the expense of child and family health, safety, cohesiveness, and well-being.

Using the Family Support Program Outcome Survey

The *Family Support Program Outcome Survey* includes information to be completed by both program staff and program participants. Instructions for each survey item are included so program staff will be able to understand the intent of the sections they fill out and to assist participants as needed. Adhering to the instructions is important to ensure standardization of survey administration. An instruction page follows each section of the survey, which is comprised of a cover sheet (for program staff to complete), a demographics section and the survey itself.

A broad sampling of prevention program staff and participants felt the survey items selected for inclusion were most likely to capture outcome information that a majority of family support programs will want to measure. The retrospective pretest method was employed on several questions. This method was used, in part, to accommodate the study design, and in part to increase reliability of responses to pre-service circumstances where respondents may not have enough self-knowledge or content knowledge to respond accurately even if they think they are being truthful. Because parents may not have enough knowledge about the parenting issues covered in the curriculum, they cannot judge their pre-service knowledge or skill levels accurately. However, after having received services, they have acquired a particular level of knowledge or skill that will allow them to judge themselves more accurately both at that instant, and reflectively. 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 simple pragmatics of asking participants to complete a survey once rather than twice is an attractive feature of retrospective pre-testing. Moreover, the limited resources of most CBCAP programs' necessitate evaluation designs that are simple, inexpensive and "do-able" while still credible. Retrospective pretest designs have been shown to be both. Pratt, C. C., McGuigan, W. M., & Katzev, A. R. (2000) found that the use of retrospective pre test methodology

"produced a more legitimate assessment of program outcomes than did the traditional pretest-post test methodology. Results showed that when response shift bias was present, traditional pretest-posttest comparisons resulted in an underestimation of program effects that could easily be avoided by the retrospective pretest methodology."

Another benefit of the use of this method is the likelihood of securing complete sets of pre-post data. Rockwell, S. K., & Kohn, H. (1989) found that when they conducted evaluations using traditional pre-post methods, approximately 16% of the responses were incomplete. However, there were no incomplete responses for the retrospective survey. They concluded that the reasons respondents did not complete the responses includes:

“The participant may not have had a clear understanding of what the pre-survey was asking them and therefore chose not to answer the question (Howard, Ralph, Gulanick, Maxwell, Nancy & Gerber, 1979);

post-survey questions may not have been answered because participants may have felt that they already answered these questions (in the pre-test) and;

participants may have felt that the post-survey took up valuable time that could be better spent on their class (Marshak, deSilva, & Silberstein, 1998).”

Certainly there are situations when a traditional rather than a retrospective pre-post test should be used. For example, a program may choose to test knowledge or skill in a given area. In these cases, it may be very inappropriate to use the retrospective pre-test format.

This survey does not assume a “one size fits all” approach; it is understood that survey items should be added for particular program purposes and that some of those items may use traditional pre test methodology. A page that is formatted for programs to add their own survey items is included in the last section of the survey, allowing for program-specific survey items to be added. The format can be altered to either of the pre-post methods. The database has fields to accommodate the additional survey items.

During the field test process, many excellent suggestions were made for additional survey items. Examples include the open-ended question “In which ways have your parenting style changed as a result of coming to this program?” and items retrospectively asking parents to rate their level of agreement with statements such as “I seldom get frustrated with my children’s behavior” (Before the program and today) and “I am pleased with the strategies I use to help my child learn routines and acceptable behavior”.

The authors of this guide believe that those and many other suggestions were excellent and we encourage programs to develop similar items that directly relate to the services they provide.

When to Conduct the Survey: The survey should be conducted at a time that makes the greatest sense to the program. Program participants filling out the survey should have had enough time in, and experience with, the program to begin to see changes in attitudes and behaviors, but program staff will need to determine the best timing for survey administration. Data collected on the frequency and duration of service and type of program (item six on the survey cover sheet and item three on page 1 of the survey) will enable programs to review results cross tabulated by program type and 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 Program Director or governing board to ensure that their guidelines for when and how to obtain consent are followed. A sample 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.

Data Management: A CD with a Microsoft Access database for entering data accompanies this guidebook. Instructions for using the spreadsheet and database may be found on the “read me” document, also on the CD. To use the database and spreadsheet, open and carefully read the “read me” document. An entry-level knowledge of Access is helpful for entering and managing data.

The Survey

The *Family Support Program Outcome Survey* begins on the following page. The survey, in Microsoft Word format, is on the accompanying CD. Program staff can customize the tool by adding their program name and logo should they choose. In addition, if certain questions do not apply to their program, they may be deleted. Data entry will be affected if questions are deleted and special care should be taken to enter data in the correct database fields.

In designing and adding your own questions, please refer to the FRIENDS *Outcome Accountability* guidebook or another outcome evaluation resource, such as the Federal *Program Manager’s Guide to Evaluation*, to ensure that they reflect outcomes specific to your program and the participants you serve. In addition, it is critical that you consult with your program’s participants in determining the outcomes and the questions to be field tested before administering the survey to a broad sampling of participants.

FOR STAFF USE ONLY

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

3. Participant ID # _____

4. Participant was referred by, or has had involvement with, child protection system

- 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

5a. If the survey was not administered in English, which language was used? _____ N/A

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/Ed. for Children T Grandparents Raising Grandchildren Services
- U Other _____

Family Support Program Outcome Survey, Page 1

1. Participant 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? _____ 4a. Please tell us about each of the children for whom you have primary or shared caregiving responsibility. (If more than 5 children, please use a second form. If your spouse or co-parent is also completing this survey, only one form should contain the child information)

Child A Birthdate:	Child B, Birthdate:	Child C Birthdate:	Child D Birthdate:	Child E Birthdate:
____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>

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 B Partnered C Single
D Divorced E Widowed F 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.)

Family Support Program Outcome 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. 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	Does not Apply <input type="checkbox"/>	
	Today	1	2	3	4	5	6	7		
2) I know who to contact in the community when I need help.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>	
	Today	1	2	3	4	5	6	7		
3) I have confidence in my ability to parent and take care of my children.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>	
	Today	1	2	3	4	5	6	7		

3a) If your level of confidence as a parent has improved since you started this program, what helped the most?

3b) If your level of confidence as a parent 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			
4) When I am worried about my child I have someone to talk to.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>	
	Today	1	2	3	4	5	6	7		
5) I know how to meet my family's needs with the money and resources I have.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>	
	Today	1	2	3	4	5	6	7		
6) I can stand up for what my family and children need.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>	
	Today	1	2	3	4	5	6	7		
7) I make choices about family schedules and activities that reduce family stress.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>	
	Today	1	2	3	4	5	6	7		

Family Support Program Outcome Survey, Page 3

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 just once.

	Strongly Disagree							Strongly Agree	
8) This program has helped me improve my parenting skills.	1	2	3	4	5	6	7		
9) This program has helped me reduce stress in my life.	1	2	3	4	5	6	7		
10) My ideas and opinions are welcomed and included in the program.	1	2	3	4	5	6	7		
11) I feel that the program staff respects me.	1	2	3	4	5	6	7		
12) This program is helping me reach my goals for my family and me.	1	2	3	4	5	6	7		
13) Parents in this program learn from each other.	1	2	3	4	5	6	7	Does not Apply	<input type="checkbox"/>

14) What do you like most about this program?

15) What suggestions do you have for program improvement?

Completing the Family Support Program Outcome Survey

Instructions for Staff

Cover Sheet

Program Code: This code is used to track data submitted by individual sites and/or programs if a multi-site/program evaluation is conducted. The code you select should make some reference to the program/site itself, such as abbreviating a program name and/or location. For example, to differentiate between different parent education programs run by the same agency, program codes could begin with the abbreviation “PE” followed by a number or letter that identifies the individual program.

1. Date Survey completed:

Please use the full 4 numbers of the year when entering data (for example, 2004 instead of 04)

2. Date participant began program:

This is the date that the participant first began receiving the services that the survey is evaluating.

Please use the full 4 numbers of the year when entering data (for example, 2004 instead of 04)

3. Participant ID #

Assigning an identification number that is coded to the participant’s name can help you track progress and address specific issues. Of course, participants should always be given the option of remaining anonymous. A code must be designated for each survey, even if it is not associated with the participant’s name. The database will not allow data to be entered in a given record unless an ID has been entered in the Participant ID field.

4. Participant referred by or has had involvement with child protection system (optional):

This is optional and can be used to help track differences between participants involved in primary and secondary prevention programs.

5. How was the survey completed? Check One:

If administering the survey 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 may be advisable to have the same person conduct all the interviews.

5a. If the survey was not administered in English, which language was used?

State the language used in administering the survey. If English was used, check the N/A box. NOTE: If your program uses a translator to administer the survey, it is a good idea to create a written copy of the translations to help standardize administration of the survey.

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, give a two- to four-word program description. Alternatively, modify the categories to match your program’s services. Please note that alterations made in the survey will necessitate alterations in the database and you will be unable to aggregate those responses with other programs not using the same categories.

FOR STAFF USE ONLY

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

3. Participant ID # _____

4. Participant was referred by, or has had involvement with, child protection system

- 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

5a. If the survey was not administered in English, which language was used? _____ N/A

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/Ed. for Children
- T Grandparents Raising Grandchildren Services
- U Other _____

Instructions for Survey

Demographic Information

Many programs systematically collect this kind of demographic information at intake. Avoid asking participants questions if you already have the information or if you do not need it. For example, many programs do not need to track income levels or educational levels. In these instances, leave the questions off the form.

To avoid asking participants for information that they have already given you, program staff may choose to complete the demographic page rather than ask the participants for duplicate information. 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, but more information related to each question follows.

1) Participant ID

Participants need not give their names, however a participant ID is necessary for using the database. The ID 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 that is associated with their name. An example of an informed consent is included in this guide.

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 of service the family received.

4) How many children live in your household?

The number of children in your household includes children who may or may not be involved in the program. They may be children you are fostering or children of friends or relatives for whom you have caregiving responsibilities. If you share housing with another family and you do not participate in the care of those children, they should not be counted for the purposes of this survey. A participant who is receiving prenatal services and has no other children living in the household should leave this question blank. Item "O Prenatal Class" on the cover page of the survey will capture the number of participants receiving prenatal services.

4a) Please tell us the age and sex of each the children for whom you have primary or shared caregiving responsibility. If there are over 5 children in the family, use a second form. If a spouse or co-parent is also completing this survey, only one form should contain the child information. If the participant is receiving prenatal services and has no other children, leave the child information blank. Item "O Prenatal Services" on the cover page of the survey will capture the number of participants receiving prenatal services.

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.

Family Support Program Outcome Survey, Page 1

1. Participant 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? _____ 4.a Please tell us about each of the children for whom you have primary or shared caregiving responsibility. (If more than 5 children, please use a second form. If your spouse or co-parent is also completing this survey, only one form should contain the child information)

Child A Birthdate:	Child B Birthdate:	Child C Birthdate:	Child D Birthdate:	Child E Birthdate:
____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>

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 B Partnered C Single
D Divorced E Widowed F 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.)

6) **Ethnicity

If the categories of ethnicity in the survey do not work for your agency, feel free to alter the forms according.

7) Marital Status

Self-explanatory

8) Family Housing

Category D, "Temporary (shelter, temporarily with friends/relatives)," indicates that 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

(High School or GED completion, answer 12; 1 yr. of college, answer 13; 2 yrs of college, answer 14, etc.)

** If you alter categories in these or any other items in the survey, you will be unable to aggregate those responses with other programs not using the same categories. Additionally, the database will need to be altered to adapt to the changes.

Instructions for Family Support Program Outcome Survey, Questions, 1-15

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 1-7 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 anchors of the scale, in which “1” is a strong disagreement and “7” is a strong agreement. Please let them know that they may use the back of the page if there is not enough space for the open-ended questions. If the participant feels that a given question does not apply to the program in which they participated, they should check the box labeled “Does not Apply.” Alternatively, if the item in no way reflects the services you provide, leave it off of your form.

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 that you assist so your response is the same from person to person. Below are some suggestions for paraphrasing.

Instructions for Family Support Program Outcome Survey, Questions, 1-15

- 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 give you ideas about where to go if you are having problems with parenting, family life or in your personal life?
- 2) **I know who to contact 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) **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?
- 3a) **If your level of confidence as a parent 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 about the program that especially helped build that confidence?
- 3b) **If your level of confidence as a parent 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.**
Do you have any ideas for us that might help in planning activities to develop confidence?
- 4) **When I am worried about my child I have someone to talk to.**
Do you have friends or professionals you can call or visit if you are worried about your child in any way?
- 5) **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?
- 6) **I can stand up for what my family and children need.**
Do you know who to go to, and are you unafraid of asking other people for what you need or what your children need? If you do not get the help you need for yourself or your children, do you feel that you can keep trying until you are satisfied with the results?
- 7) **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, sleep schedules, routines are predictable) or making the right kinds of choices of activities that don't cause you or other family members to become stressed?

Family Support Program Outcome 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. 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	Does not Apply <input type="checkbox"/>	
	Today	1	2	3	4	5	6	7		
2) I know who to contact in the community when I need help.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>	
	Today	1	2	3	4	5	6	7		
3) I have confidence in my ability to parent and take care of my children.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>	
	Today	1	2	3	4	5	6	7		

3a) If your level of confidence as a parent has improved since you started this program, what helped the most?

3b) If your level of confidence as a parent 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			
4) When I am worried about my child I have someone to talk to.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>	
	Today	1	2	3	4	5	6	7		
5) I know how to meet my family's needs with the money and resources I have.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>	
	Today	1	2	3	4	5	6	7		
6) I can stand up for what my family and children need.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>	
	Today	1	2	3	4	5	6	7		
7) I make choices about family schedules and activities that reduce family stress.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>	
	Today	1	2	3	4	5	6	7		

- 8) **This program has helped me improve my parenting skills.**
Has this program helped you learn things that make you a better parent?
- 9) **This program has helped me reduce stress in my life.**
Has coming to this program helped reduce any stress you may have been feeling?
- 10) **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?
- 11) **I feel that the program staff respects 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?
- 12) **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?
- 13) **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? The N/A box should be checked for participants who are involved in a one-on-one program, such as home visiting.
- 14) **What do you like most about this program?**
Self-explanatory
- 15) **What suggestions do you have for program improvement?**
Self-explanatory

Family Support Program Outcome Survey, Page 3

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 just once.

	Strongly Disagree							Strongly Agree	
8) This program has helped me improve my parenting skills.	1	2	3	4	5	6	7		
9) This program has helped me reduce stress in my life.	1	2	3	4	5	6	7		
10) My ideas and opinions are welcomed and included in the program.	1	2	3	4	5	6	7		
11) I feel that the program staff respects me.	1	2	3	4	5	6	7		
12) This program is helping me reach my goals for my family and me.	1	2	3	4	5	6	7		
13) Parents in this program learn from each other.	1	2	3	4	5	6	7	Does not Apply	<input type="checkbox"/>

14) What do you like most about this program?

15) What suggestions do you have for program improvement?

Additional Questions

The following section is provided for programs to add further program-specific questions to the survey. Please keep in mind that any questions added should be done in consultation with program participants and field tested before administering to a broader sampling. If your program chooses to use a traditional “pre-post” design on the program-specific questions, change the “before” and “today” categories and administer the survey first when the participants begin the program and then after they have participated. The time and/or services that need to occur before you administer the “after” portion of the survey must be determined based on the type of services you offer. Another consideration when using a traditional pre-post survey is the need for participant IDs to be linked to the participant’s name. You will still be able to get group scores without connecting pre-post scores to individual participants, matching the scores later will enable you to identify how many participants rated themselves differently and by what degree.

The database includes fields for entering any additional data you may collect. There are fields to accommodate 4 additional retrospective items and 4 additional survey items that are not retrospective. A field is also provided for answers to open-ended questions you may add to the survey. The database report will include data from the additional survey items you use.

Family Support Program Outcome Survey, Additional Program Items

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	
Your survey item here	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
Your survey item here	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
Your survey item here	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
Your survey item here	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7

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 just once.

	Strongly Disagree					Strongly Agree	
Your survey item here	1	2	3	4	5	6	7
Your survey item here	1	2	3	4	5	6	7
Your survey item here	1	2	3	4	5	6	7
Your survey item here	1	2	3	4	5	6	7

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. If you choose to participate in this evaluation, your identity will be kept confidential. No identifying information will be shared with anyone outside of this program.

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, only authorized program personnel will know it 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.

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

Instructions for using the FRIENDS *Family Support Outcome Survey* Database

The CD that accompanies this guide contains the survey in PDF format and the survey in Microsoft Word format. It also contains a database for managing survey data. The instructions for using the database follow.

Instructions for using the *FRIENDS Family Support Outcome Survey Database*

Requirements

The *FRIENDS Family Support Outcome Survey Database* is a windows-based application developed using Microsoft Access 2000. Users *must* have a licensed copy of Access 2000 or a later version installed. The database is compatible with earlier versions of Access, but you may experience some difficulties. If you encounter problems, please consult with your IT Specialist or someone in your area who specializes in Access.

Installation

1. Create a folder in your C drive. Name it "FRIENDS"
2. Open the CD that accompanies the guidebook.
3. Double click on the "FRIENDS_FSPOOutcomeSurvey.exe". A window will tell you that the file will be extracted to C:/FRIENDS. Choose "okay". The file will automatically be extracted to the FRIENDS folder you have created in your C drive.
4. Open the folder named "FRIENDS" in your C drive and then open the file named "FRIENDS_FSPOOutcomeSurvey.mbd". The database will open to the main menu.

To enter your Program ID (Do this before you enter data)

1. Press the **Assign Program ID** button on the Startup Form.
2. Enter your unique **Program ID** following the instruction on the form and press **Enter**.
3. Press the **Close Form** button.

To Add Program IDs

You may wish to track more than 1 program using the same database. In this way, you will be able to track aggregate data, as well as being able to see data from individual programs. You may add as many program IDs as needed. A drop-down window will allow you to choose the appropriate program ID when entering data. Whichever ID is in the text box when the form closes will become the default when entering data, but you can still change the value on entry if you don't want the default value.

To Assign Additional Questions

1. Press the **Assign Additional Questions** button on the main menu.
2. Enter each additional question/item in the appropriate fields.
3. Press the **Close Form** button.

Unlike the program ID, you will not be able to add new questions on the same database.

Enter Data

1. Press the **Enter Form Data** button.
2. The cursor will be in the **Program Code** field when you open the database. You can change the program code as needed by using the drop-down menu, provided you have assigned more than 1 program code.
3. Enter each field with the appropriate data, leaving fields blank when the questionnaire was left blank. NOTE: The Program ID and Participant ID are the only required fields. You must enter these values before any record will be saved.
4. You can use the **Tab** key to move to the next field, or **Shift+Tab** to move back one field. **Control+Shift+Tab** will take you back one page. **Control+Tab** will send you forward 1 page. To continue past the child information on page 1, you must place the cursor in the next field ("Your relationship with Children").
5. At the bottom of each form page, you can press the **Next Page** button which will take you to the first field on the next form page. You can also go to the first field of the previous page by pressing the **Previous Page** button.
6. When you go to page 1, **Participant ID** will already be filled in and the cursor will be in the field asking for the sex of the participant.
7. If you attempt to enter data that is not valid for the field, you will be prompted with a message informing you that invalid data has been entered or, in the fields asking for dates, the field will remain blank. You will need to re-enter a valid value to continue.

For Families With Over 5 Children or 2 Parents Who Complete Survey

1. If there are more than 5 children in a given family, add a new program ID in which to put the additional child data. The ID should be the original program ID, plus the characters "CH" (example, if the program ID is "WA98366" the record with the additional children will be "WA98366CH"). Open a new record form to enter the additional children using the new program ID. In this new record, *enter only* the Program Code, Participant ID and child information.

2. If each member of a co-parenting couple (parents who are married or partnered) completes the survey, enter the children on only one of the forms. Assign the same Participant ID to each parent with one difference; the second parent's ID must end with the characters "SP". Add all of the survey responses, but do not enter the child data so that they are not counted twice.

Editing Data

You can edit data as needed by going to the main menu and pressing the **Edit Form Data** button and going to the record you wish to edit.

1. To locate a specific family, click with the mouse on the **Participant ID** field. Go to **edit** on menu bar. Choose **find**. Type in the participant ID and select **find next**. The family's record will be brought-up and you will be able to edit data.
2. You can also navigate through the records using the navigation toolbar at the bottom left of the form. This allows you to go to the first record, last record, or choose the number of the record.
3. Select the **Exit** button to close this form. If you select the **Add Record** button, a new blank form will appear and you can immediately begin entering data for another form. If you select the **Delete Record** button, the current record will be permanently removed from the database.
4. Make changes as needed.
5. Enter the data in each field, leaving fields blank when the questionnaire was left blank.
6. You can use the **Tab** key to move to the next field or **Shift+Tab** to move back one field.

Exporting Data to Excel

1. Press the **Export Form Data** button.
2. A Microsoft Excel spreadsheet, named **OutcomeSurvey** will be created and saved in the FRIENDS folder that you have created in your C drive.
3. The spreadsheet will be updated each time you press the **Export Form Data**.

Reports

1. Select the **Reports** button on the Main Menu. This will open a reports menu that will allow you to run summary reports of your data.

2. Under the **Required Report Criteria** section of this form you will need to select which data you wish to report on.
 - a. Select **All Data** if you want all records to be included in the report.
 - b. If you wish to view records of participants who completed the survey between 2 given time periods, or who began the program between 2 given time periods, enter the beginning and ending dates.
 - c. If you wish to see only the reports for a given program, check the box in **Optional Report Criteria** and select the appropriate program in the drop-down menu.
3. On **Report Pages**, select the pages that you wish to report on.
4. Once you have selected the report pages, you can select either the **Print** button or the **Preview**. Selecting **Print** will automatically send the selected pages directly to the default printer. Selecting the **Preview** button will open a report window for each report page selected to run. These reports can then be previewed without printing. To close these previewed report pages, select the "X" in the top right corner of the report window. If you selected multiple pages, you will need to close each report window separately.
5. Select the **Close Form** button to return to the **Main Menu**.

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