

Applying Resources to Evaluate the National Outcomes: Parent/Family

Evaluating Home Visiting Programs: A Focus on Parenting and Family Strengths Outcomes Introduction

The number of programs focusing on parent education and family resiliency is growing. While these programs may differ in their delivery methods and content, there is a common thread running through them. Most, if not all these programs, emphasize prevention and assets building. They recognize the need to work with the entire family and within the community; a commitment to honoring cultural diversity; and the need for strengths-based needs assessment, planning and program evaluation (Trivette and Dunst, 1986). In practice, these underlying principles define Cooperative Extension's parent education and family resiliency programs.

Case Example: Evaluating the Family Friends Program

In New York, the Home Visitor or "Family Friends" program is based on two models: Healthy Families America (New York State, 1993) and Hawaii's Healthy Start (Breakey, 1985). These models emphasize the importance of formal and informal systems of support in improving family coping skills and functioning, promoting positive parenting skills and parent-child interactions. Both the Healthy Families America and Hawaii's Healthy Start models have been shown to be particularly effective in improving birth outcomes, preventing child maltreatment, and improving children's health and development, particularly for women at risk, such as teenage mothers, substance abusing women, and women living in rural areas where social and physical isolation and illiteracy are problems. Four theoretical orientations are used to promote optimal child development and strong, healthy family functioning including social network theory, human ecology theory, help-seeking theory and adaptational theory (Trivette & Dunst, 1986).

Using a theory-oriented framework, the Family Friends evaluation attended to these underlying theoretical orientations by using local program theory, defined by the evaluation team as "how the program works." In this way, the evaluation used the stakeholders' understanding of "how the program worked" as the basis for the design and implementation of all instruments, tools, protocols and analysis. (See Family Friends "Program Theory" graphic on page 3.)

Quote from Family Friends Program Staff

"By using the Evaluation Team approach to evaluate the Family Friends program, we have always felt included and involved in the process. The evaluator helped create the team and then listened to the program participants and program delivery personnel to develop evaluation tools that really reflected what was happening in the program. We all liked this approach. It showed real concern about balancing the need to conduct an accurate evaluation with the rights of the vulnerable families the program targets. The evaluator would propose an evaluation tool and then ask for input as to whether or not it would work with our program participants. This helped create evaluation tools that reflected our real programs and yet were not too bulky and difficult to use."

Description of Program Intervention

The Family Friends program targets high need areas where poverty rates typically range from 30% to 90%. These areas are characterized by high unemployment, single parenthood, and teen pregnancy. The program serves communities affected by violence, incest, drug abuse and isolation. The home visitor or "Family Friend" works closely with pregnant women and families with children 0 to 5 years. Typically, the number of families served will fluctuate. Some families require and request more time with the program, while others "graduate" after five or six months. Most of the home-visited families suffer from multiple risk factors, such as substance abuse, domestic violence or mental health disorders. The program focuses on increasing parenting skills while helping families to meet self-determined goals. Families are supported to use ongoing Extension programs and other community resources.

Typically, pregnant women are referred to the Family Friends program by agencies working in local hospitals or public health clinics. After an initial telephone introduction from the Family Friend coordinator, the first visit is scheduled. At this point the home visitor begins an ongoing process of establishing rapport, building trust and working with the family to identify a series of short and long-term goals. Parents often express initial interest in child care and parenting skills. They want to learn how to deal with stress, how to improve interpersonal communications, how to stretch their food stamp dollars, how to child-proof their homes, or how to cook more nutritious meals for their families. Through regular home visits, the Family Friends coordinator becomes "part of the family." After gaining confidence in achieving small, incremental goals, many of the Family Friends participants are ready—with the support of the Family Friend—to identify more long range goals such as returning to school, getting a GED, learning new job skills or finding employment.

Program Goals and Objectives

The main purpose of the Family Friends program is to empower families and to encourage their growth and development through self-determined, goal-oriented learning plans. Working with the Family Friends home visitor, families identify goals they would like to achieve. The home visitor is a trained Extension educator. Families typically identify their most pressing needs in terms of safe housing, parenting education, and information about child development. Topics covered by Family Friends include: home safety, parenting skills, nutrition, money management, family planning, household management, community resources, personal issues, job preparedness, and access to educational opportunities in the community.

Evaluation Plan

The first step in evaluating the Family Friends Program was to establish the Evaluation Team. (State Strengthening Guide) The Team put together a plan for examining initial intermediate and longer-term outcomes, consistent with the process of the program and the 5-Tier Model. Next the Evaluation Team constructed a diagram, or graphical representation of their program. (See Family Friends "Program Theory" graphic on next page.) From this diagram, the Team decided on the outcomes they wanted to measure and then specified the indicators for these outcomes

by using the resources of the Parent/Family National Outcome Work Group.

For example, the Evaluation Team decided that one aspect of the program was to foster parents' ability to nurture their children. According to the PaFaNOWG resources, parents who nurture their children, express affection and compassion, foster their children's self-respect and hope, listen and attend to their children's feelings, and provide for the nutrition, shelter, clothing, health and safety needs of their children (Smith et al., 1994).

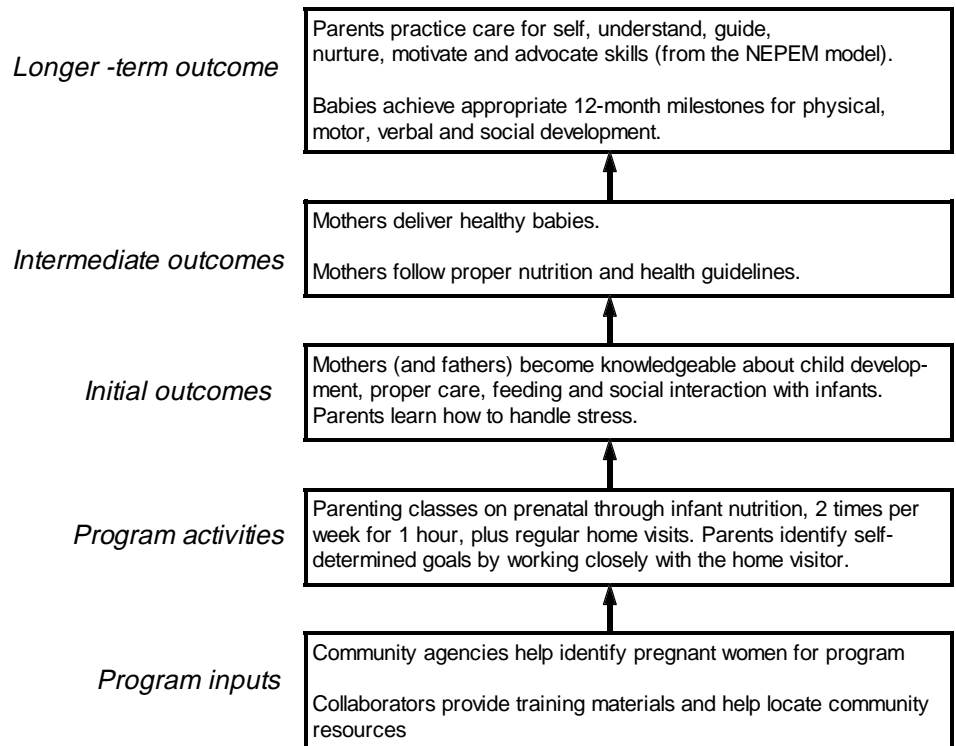
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Evaluation Plan continued

Once the Team agreed on the specific parenting strengths indicators, they discussed various data collection options (i.e., Did the information already exist in the community? Could existing program records be used? Did a new data collection strategy need to be developed?) and set up an evaluation plan.

The Family Friends home visitor maintains individual files on each family enrolled in the program. These files consist of an initial interview form—a benchmark, or baseline identification of the family's current living conditions; a monthly log which details when home visits were made, what was done during the visit, any referrals made, circumstances warranting special consideration (e.g., a mother might be suffering postpartum depression), and a brief assessment of "goal directedness"; a "Checklist for Family Friends" which is used by the home visitor to evaluate the home environment, as well as parenting and nurturing skills; and the "Family Friends—My Personal Planner" which is filled out by the coordinator and the family in order to identify self-determined goals.

Family Friends "Program Theory"



In order to take advantage of this wealth of data, the Evaluation Team decided to use existing records as a primary data collection strategy (Existing Records). The home visitor was asked to revisit the records she maintains and to complete a documentation review guide for each home-visited family. The guide, developed by the Evaluation Team in conjunction with the theory-oriented evaluation design approach, asked the Extension educator to reflect critically on the extent to which early childhood risk and protective factors, as well as parenting skills had been positively influenced through participation in the program. After completing the document reviews, the completed guides were sent to the evaluator for aggregation and further analysis. In addition to this comprehensive documentation review process, the evaluation consisted of group interviews with the program participants and in-depth interviews with the home visitor (Interviewing).

Key Evaluation Results

Program records indicated that 100% of the infants in the program received immunizations according to their doctors' recommendations; 100% of the Family Friends parents demonstrated positive change in the area of nurturing their children; 91% demonstrated increased home safety; 85% demonstrated improved knowledge of child development (e.g., parents provided age-appropriate toys and they made creative suggestions for healthy activities for their children); and 96% realized positive impact in the area of nutrition (e.g., the parents provided healthy snacks, participated in EFNEP and babies gained weight per established guidelines).

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About the NOWG Website & Other Resources

The evaluation tools, instruments and resources available at the Parent Family NOWG web site are based on two models, one focused on parenting and the other on family strengths. The parent model was developed by a team of Cooperative Extension parent education experts. It is called the "National Extension Parent Education Model" or NEPEM (Smith et al., 1994). NEPEM focuses on six parenting practices found to be significant across the life span including:

- Care for self
- Understand
- Guide
- Nurture
- Motivate
- Advocate

The family model was developed by a number of family researchers, and is known collectively as the "Characteristics of Strong, Healthy Families" model (Krysan et al., 1990). There are nine family strengths indicators in the "Characteristics of Strong, Healthy Families" model:

- Caring and Appreciation
- Communication
- Encouragement
- Time Together
- Clear Roles
- Community & Family Ties
- Adaptability
- Spirituality
- Commitment

The State Strengthening Evaluation Guide should be used in conjunction with the resources presented at the Parent/Family National Outcome Work Group site. The Guide offers numerous helpful suggestions for establishing an Evaluation Team and developing an evaluation plan.

Reporting Evaluation Results

A report was prepared by the evaluator and the Evaluation Team for all stakeholders. It combined both qualitative and quantitative data. The purpose of the report was to capture a descriptive picture of the Family Friends program during early program implementation. Example of using qualitative data in a report.

The highly individualized nature of the program combined with a one-on-one approach of building on strengths to achieve incremental goals is showing early success. As a young mother explained:

When I met [name of Family Friend home visitor], I was married to an abuser, living in a house that was burned out with a couple of space heaters and no sink. [Name of home visitor] always tells me I have really blossomed. I told her that I want to go to the college and get my degree someday. She always says to me, "What can we work on today, to make that someday come sooner?" I've moved into a new place and I'm fixing it up, making a separate room for the boys and one for the girls. I've learned about fixing meals on a budget. I'm learning to take some pride in what I've accomplished.

Example of use of quantitative data in reporting:

Outcome	Percentage Experiencing Positive Change	Comments
Maternal Health	82%	<ul style="list-style-type: none"> ● Healthy Pregnancy ● Early prenatal care
Birth Weight	73%	<ul style="list-style-type: none"> ● Baby born weighing 8 lbs. ● Healthy full term babies born
Childhood Illnesses	82%	<ul style="list-style-type: none"> ● Keeps appointments with public health ● Immunizations current

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