

Rationale for Logic Model and Parent Survey ECD Evaluation Project

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June 12, 2009

Background and Summary

This document provides a rationale for a logic model and parent survey that addresses the long term outcome of:

“Parents are empowered and supported to nurture and care for their children.”

This logic model and parent survey are recommended because:

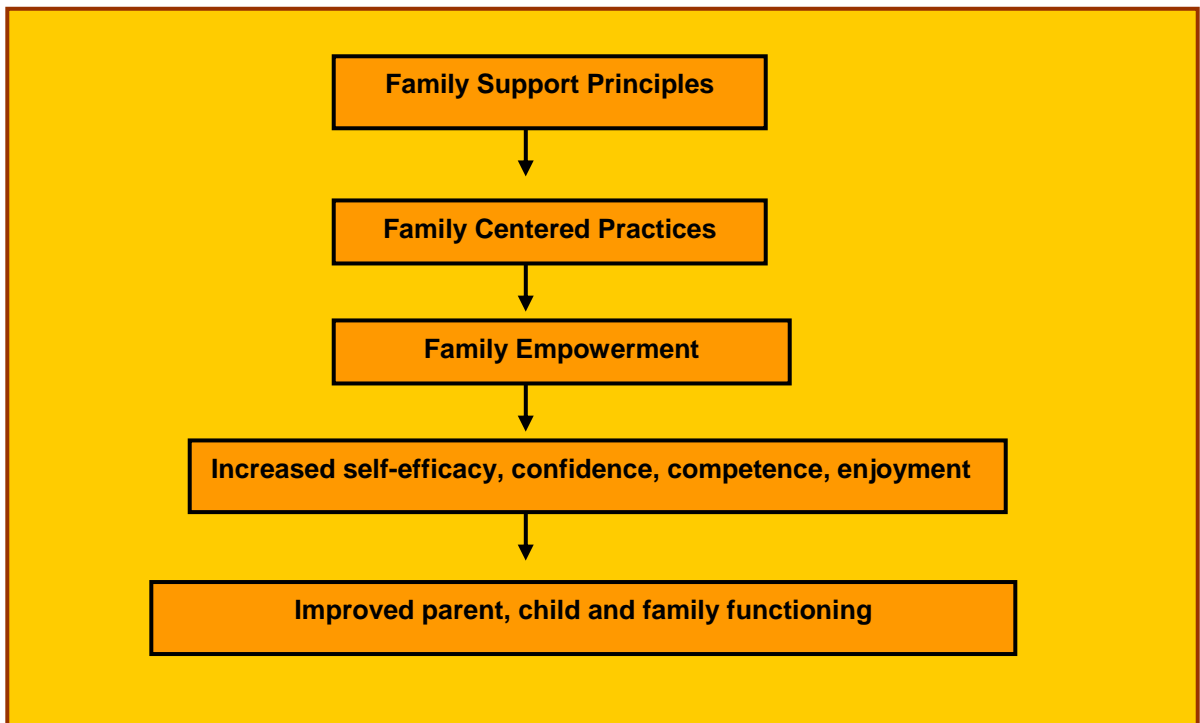
- The research shows that *how* help is provided matters as much as what is done, and the one thing we can reliably measure across programs is the *how*. In short, if we can show that programs adhere to family centered principles, we will know that they are having the effect of empowering parents to access the knowledge and resources they perceive to need.
- Because it measures the *how* rather than the *what*, the Parenting Experiences Scale can be used with a wide range of early intervention and prevention parenting education and support programs - including home-based programs (e.g. the Infant Development Program).
- This tool provides a relatively simple way of obtaining information that can be used by program staff and administrators to monitor programs and improve program practices.

“The reason, we contend that any kind of program working with children’ parents and families is amenable to program evaluation is that, regardless of program activity, any practice can be judged as consistent with family support principles. This is possible when the focus of evaluation is on how an activity or practise is done and not on what is done.....

As part of our own efforts to conduct evaluations of early childhood intervention and family resource programs, we have developed what we think is a useful approach to establishing adherence to family support principles and relating variations in adherence to variations in participant outcomes (consequences). The approach is “doable” in any program at little or no cost. Moreover, the approach is not very labour intensive. While more sophisticated evaluations can and should be done when resources are available, you sometimes have to do the best you can with what resources you have.”

Measuring and Evaluating Family Support
Program Quality
Carl Dunst; Carol Trivette

- The Parenting Experiences Scale provides *reliable* measures of three components of parenting ability: parenting competence, parenting confidence and parenting enjoyment, as well as the essential elements of family-centered help giving practices. Family centered help-giving is guided by accepted family support principles, which are empirically related to parent and family capacity building benefits.
- While we intend to use the Parenting Experiences Scale as a post test only, the instrument could be used as a pre and post test by agencies that have the capacity and an interest in doing so.



What follows includes:

- More information about the Parenting Experiences Scale
- Modifications made to the scale
- Issues to consider
- Appendixes:
 - Appendix A – Psychometric Properties of the Parenting Experiences Scale
 - Appendix B – Family Support Principles and Core Practices
 - Appendix C - Logic Model
 - Appendix D –Parent Survey

Parenting Experiences Scale

The Parenting Experiences Scale assesses important concepts that have been shown to impact child behaviour and development (Dunst, Trivette & Jody, 1996). These concepts are:

- a. Parenting Capability
- b. Parenting Efficacy
- c. Family Centered Practices

A brief explanation of each of these concepts follows:

Parenting Capability:

Research evidence concerning the social and emotional development of young children indicates that a more confident and responsive style of parent interaction is more likely to lead to positive social and emotional development. (Walker TB, Rodriguez GG, Johnson DL, Cortez CP. 1995:67-90. Rodriguez GC, Cortez CP 1988. In Dunst, Trivette, 2005). When people perceive themselves as competent, they set higher goals for themselves and become more committed to achieving these goals.

Findings from recent studies demonstrate that family centered practices are associated with parent's beliefs about their abilities to obtain desired resources and supports for their children and families (Dunst, 1999; Trivette and Dunst, 2000). For example, stronger belief by staff members about parents' abilities to get resources and supports were related to parents' positive judgements about their parenting competence, confidence and enjoyment in carrying out parenting responsibilities. When staff used more family centered help giving practices, such as helping parents get the resources they wanted for their children, parents were more confident in their abilities to obtain resources in the future.

The Parenting Experiences scale measures three components of parenting capability: parenting confidence, parenting competence and parenting enjoyment.

- Parenting competence is defined as beliefs about one's capability to perform or accomplish daily parenting tasks and roles.
- Parenting confidence reflects self-judgment about one's feelings concerning parenting roles and responsibilities.
- Parenting enjoyment is the self-assessment of one's affective relationship with one's child(ren).

Parenting Efficacy

Bandura's social cognitive theory highlights the importance of self-efficacy as a contributor to behaviours that in turn influence child development. According to the theory, individuals who believe that they can accomplish a particular task are more likely to act in ways that will accomplish the desired outcome (Shumow, Lee; Lomax, Richard. Parenting: Science & Practice, Apr-Jun2002, Vol. 2 Issue 2, p127, 24p;). Self efficacy beliefs have

consistently been found to be both mediators and determinants of behaviour in many domains of functioning (Bandura 1997; Pajares, 1997; Skinner, 1995 In Dunst, 2006).

Parenting efficacy in this context refers to parents' sense of their own ability to access the resources they need from program staff.

Parental self-efficacy has been shown to directly affect the quality of care provided to children. Improved self-efficacy is associated with increased quality of mother–toddler interactions. High maternal self-efficacy is related to maternal sensitivity, warmth and responsiveness. These parental characteristics are protective factors against the development of child and adolescent behaviour problems, promote higher child self esteem, school performance and social competence, and lower levels of anxiety and depression (Tucker *et al.* 1998; Teti & Gelfand 1991; Patterson *et al.* 1989; Stifter & Bono 1998; Pettit & Bates 1989; Lamborn *et al.* 1991; Holmbeck *et al.* 1995. In Sanders *et al.*, 2005).

The measure for parenting efficacy on the Scale asks parents to assess how much influence they have in terms of getting the information and support they want from the program.

Family Centered Practices

There is a large body of research evidence that demonstrates the connection between family centered practices and parent, family and child functioning.

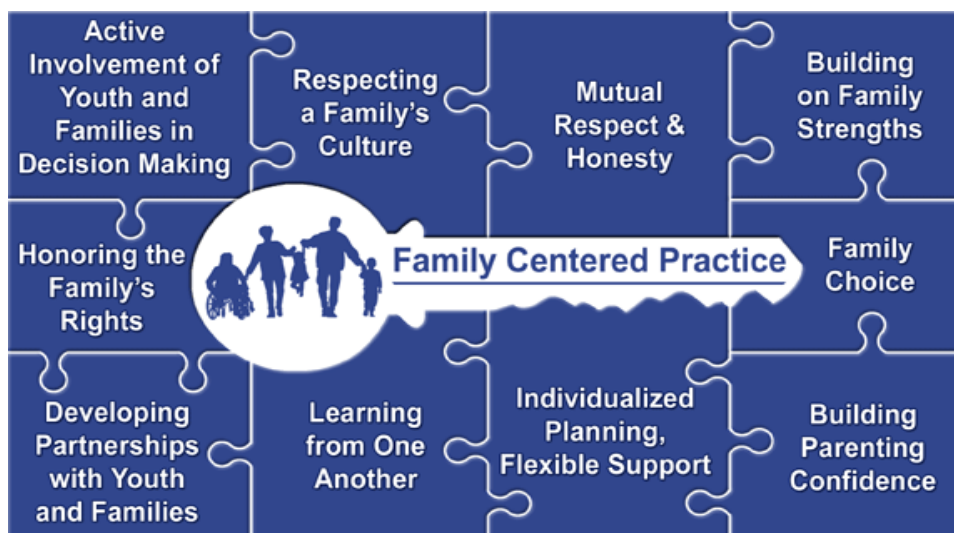
Family centered help giving practices are the tools staff use to build a relationship with families and to encourage parents to be active participants in supporting their child's development. The key characteristics of family centered practices include: treating families with dignity and respect; providing individual, flexible and responsive support; sharing information so that families can make informed decisions, ensuring family choice regarding intervention options and providing the necessary resources and support for parents to care for their children in ways that produce optimal outcomes.

Professional interventions that involve a few hours a week are insufficient to make a meaningful difference in promoting young children's learning and development. A family-centered approach focuses intervention and prevention efforts on building the capacity and confidence of parents - who are the primary agents for facilitating children's growth and development.

A relatively recent research synthesis of more than 50 studies examined the particular benefits associated with family-centered help giving (Dunst, Trivette, Hamby, & Snyder, 2005a, 2005b). The findings showed that the use of a family-centered approach when working with families had both direct and indirect effects on

- parent satisfaction with program/practitioner practices,
- parent's self-efficacy appraisals and attributions,
- parents' sense of control over program resources,
- parent confidence and competence,
- family well-being and quality of life,
- parents' judgments of their children's capabilities
- child behavioural and developmental functioning.

In short, the findings showed that the use of family-centered practices was associated with stronger efficacy beliefs and that elevated feelings of self-efficacy were associated with better parent, family and child benefits.



TAG, 2004

There are two types of family centered help giving practices: relational and participatory.

- Relational practices include behaviours typically associated with effective help giving (active listening, compassion, empathy, etc.) and positive staff attributions about program participant capabilities. These kinds of practices are typically described in terms of behaviours that strengthen program participant/staff interpersonal relationships (mutual trust, collaboration, etc.)
- Participatory practices include behaviours that involve program participant's choice and decision making and which meaningfully involve participants in procuring or obtaining desired resources or supports or achieving life goals. These kinds of practices strengthen existing competencies and provide opportunities for new learning capabilities.

Both relational and participatory help giving practices are associated with more positive participant judgment of their parenting capabilities.

Modifications to the Parenting Experiences Tool

Social Support

- The Parenting Experiences Scale does not ask specific questions related to social support. We could infer that positive answers to some of the other scale items imply that an individual has adequate social support (e.g. "feeling good about myself as a parent"). However, because we know from our previous research that social support is critical, two questions have been added to the scale:

1. Making friends with other parents
2. Getting together with other parents at my home, their home or in the community

Other Changes

Minor changes have been made to the wording of the questions with a view to accommodating parent literacy and the way in which we propose to use the tool. Dr. Dunst has indicated that the changes should not affect the reliability of the scale.

Issues to Consider

Program Philosophy

Some programs may not have consciously adopted family support principles as a program philosophy. At the same time it is clear that a family-centered approach *should* form the basis of interactions between staff and families, to ensure that the enhancement of parents' capacities and give them the confidence to interact with and promote the development of their children. *Therefore, we should look at the tools as ways of influencing program development and ensure that users of the system are well informed about the importance of taking a family centered approach.*

Dunst and Trivette recommend a three step process of program development – Adoption, Application and Adherence.

- Adoption refers to the process of selecting the particular principles that are used as a program philosophy and the selection of indicators that can be used as standards.
- Application refers to the manner in which family support principle indicators are used at all levels of a program or organization to make judgments and decisions about the program's mission, vision, practices, staff expectations, etc.
- Adherence refers to the ways in which attainment of desired levels of practice are measured and the criteria used to determine if adherence is attained.

Other Factors

Adherence to family support principles is not the only program-related factor that contributes to positive consequences. As part of a meta-analysis of studies of family centered practices, Dunst and colleagues looked at program and participant background moderators of the relationship between family centered practices and outcomes of the studies they examined:

- Program variables examined as moderators included program differences and participant backgrounds. Program moderators included program type, help giver professional backgrounds and location of services provided (e.g. home-based vs center based).
- Participant variables included parent age, parent education, ethnicity, family socio-economic status, child age and child disability status.

Taken together, the findings from the moderating variable analyses indicated that program and participant background factors influenced the strength of the relationships between family centered help giving and parent, child and family functioning. Notwithstanding, these

findings, family centered help giving was found to be related to outcomes, regardless of moderating variable influences

How the data can be used

More work will need to be done to determine how the data will be analyzed and presented for the purposes of this evaluation system. The following are recommendations from Dunst et al regarding analysis:

“Once the information is received by the program, the brevity of the Scale makes it quick and easy to enter the information into a data file for analysis. Though one can complete rather sophisticated data analysis with the information from the Scale, it is possible to generate very meaningful data to guide program improvement using less complicated statistics such as distribution analysis, t-tests and correlations”.....

The first thing you could do is calculate the percentage of all the indicators that receive the highest rating by the survey respondents (An alternative is to calculate the percent of indicators having the highest rating for each individual program participant and then calculate the average of these percentages)... You would probably want to do this for the relational and participatory indicators separately or by using some other type of grouping that makes the most sense in terms of your program. You will also want to “slice the pie” in different ways to see if the levels of adherence are the same or different for how your program is organized. Adherence data displayed in different ways provide a basis for establishing both degree of adherence and how well different organizational units are performing in terms of adherence.

When you have both adherence and control appraisal data, you can do simple analyses to determine how adherence is related to personal control (or any other outcome). “¹

¹ Evaluating Family Based Practices: Parenting Experiences Scale. Carol M. Trivette and Carl Dunst. In Young Exceptional Children, Volume 7, Number 3. Undated
Measuring and Evaluating Family Support Program Quality. Carl J. Dunst; Carol M. Trivette. 2005.

Appendix A

Psychometric Properties of the Parenting Experiences Scale

Measures of family-centered help giving, self-efficacy beliefs, participant program appraisals, parenting capabilities, personal well-being, family functioning, social support and resources and child behaviour and functioning are described in a "Technical Manual for Measuring and Evaluating Family Support Program Quality and Benefits (Dunst, Trivette and Hamby, 2006).

The instruments were used to construct internally consistent measures of operationally defined constructs that were subjected to factor analysis, item analysis and scale evaluation to obtain unidimensional solutions. Principal components factor analysis and oblique rotation was used as the primary method of analysis. A second order factor analysis was performed (if necessary) to determine whether a summated score of the individual scale scores was justified. This was affirmed in all analyses that yielded two factor solutions. The internal consistency of the scales was assessed by Carmines' *theta* (Carmines & Zeller, 1979). *Theta* is a special case of Cronbach's *alpha* computed from the first unrotated principal components factor analysis.

Psychometricians contend that internal consistency reliability estimates should be high, where high means .80 or above for well- developed scales and .70 or above for newly developed scales (DeVellis, 1991); Nunnally, 1978; Spector, 1992). The goal in developing internally consistent measures of the constructs was to obtain thetas that were .70 or higher for scale reliability and *alphas* that were at least this same value for the large majority of individual item analysis. Inasmuch as reliability estimates are partly determined by the number of scale items, and because some of the measures included as few as 3 or 4 items, .65 was used as the lower bound for ascertaining acceptable internal consistency.

Parenting confidence and enjoyment:

- Carmines' *theta* was .94 for parenting confidence and .94 for parenting enjoyment. The factor loadings for both sets of scale items were all .85 or higher. Cronbach's *alpha* with each item removed from the analyses ranged from .92 to .94 for both parenting capability measures. The SMC's were all .70 or higher. .

Family Centered Practices

- Carmines' *theta* ranged from .78 to .95 for the relational indicators and .85 to .93 for the participatory indicators. In all but one case for both the relational and participatory indicators, the factor loadings were .60 or higher. Cronbach's *alpha* with each item removed from the analysis ranged from .70 to .95 for the relational indicators and .78 to .93 for the participatory indicators. In all but one case, the SMC's were .50 or higher for the relational indicators and for the participatory indicators the SMC's were also all .50 or higher.

Appendix B

FAMILY SUPPORT PRINCIPLES

1. Staff and families work together in relationships based on equality and respect
2. The staff enhances families' capacity to support the growth and development of all family members – adults, youth and children
3. Families are resources to their own members, to other families, to programs, to communities
4. Programs affirm and strengthen families' cultural, racial and linguistic identities and enhance their ability to function in a multicultural society
5. Programs are embedded in their communities and contribute to the community building process
6. Programs advocate with families for services and systems that are fair, responsive and accountable to the families served
7. Practitioners work with families to mobilize formal and informal resources to support family development
8. Programs are flexible and continually responsive to emerging family and community issues
9. Principles of family support are modeled in all program activities including planning, governance and administration

(Source: Best Practices Project. 2001. Guidelines for family support practice (2nd ed.) Chicago: Family Support America. In Dunst 2005)

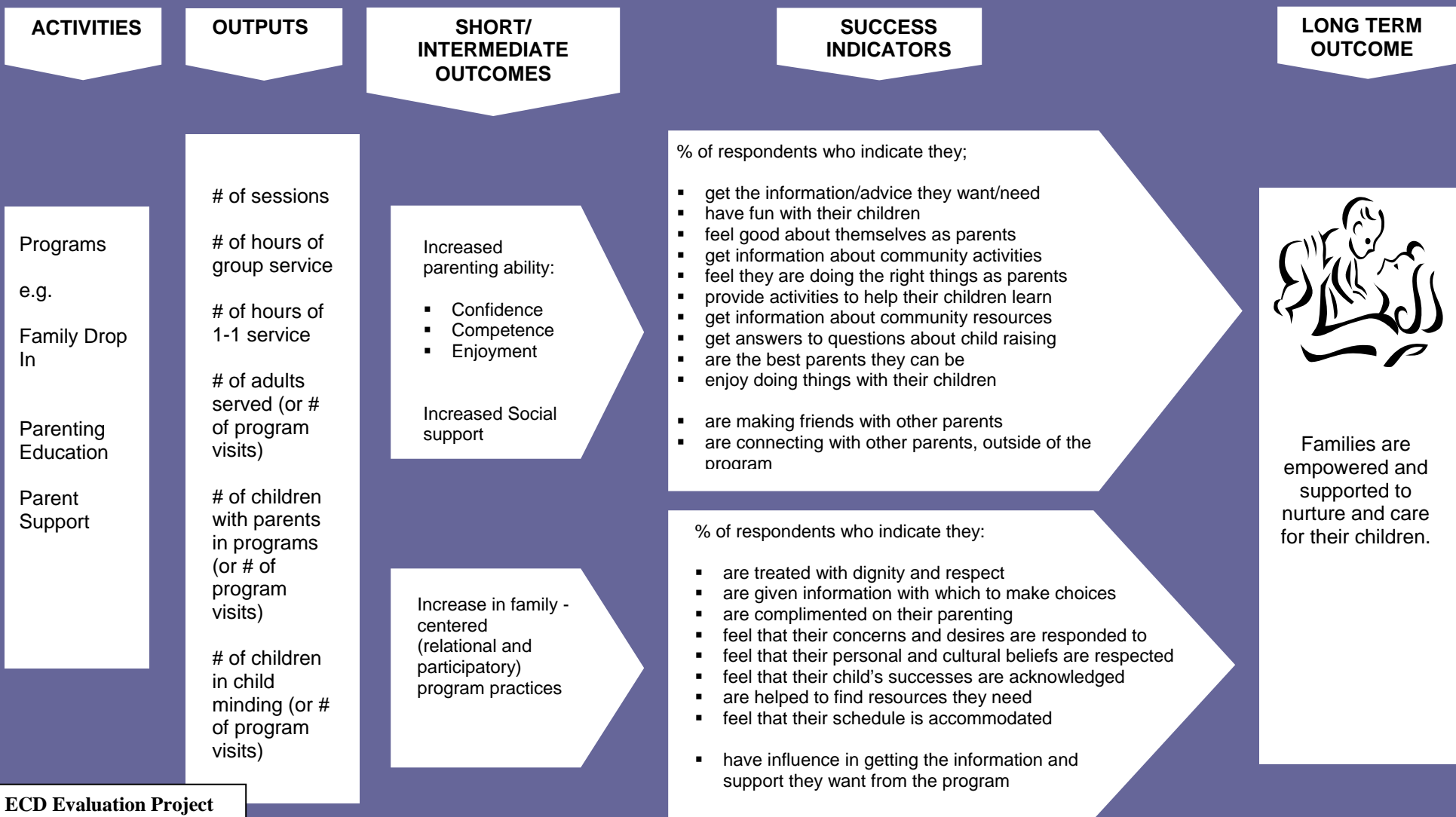
CORE PRACTICES OF A FAMILY –CENTERED APPROACH TO EARLY CHILDHOOD INTERVENTION AND FAMILY SUPPORT

1. Family members are treated with dignity and respect at all times
2. Practitioners are sensitive and responsive to family cultural, ethnic and socio-economic diversity
3. Family choice and decision making occurs at all levels of family involvement in the intervention process
4. Information necessary for families to make informed choices is shared in a complete and unbiased manner
5. The focus of intervention practices is based on family-identified desires, priorities and needs
6. Supports, resources and services are provided in a flexible, responsive and individualized manner
7. A broad range of informal, community and formal supports and resources are used for achieving family outcomes

8. The strengths and capabilities of families and individual family members are used as resources for meeting family-identified needs and as competencies for procuring extra-family resources
9. Practitioner-family relationships are characterized by partnerships and collaboration based on mutual trust and respect
10. Practitioners employ competency enhancing and empowering help-giving styles that promote and enhance family functioning and have family strengthening influences.

(Source: CJ Dunst 1977)

ALIGNED EARLY YEARS LOGIC MODEL – FAMILY EDUCATION AND SUPPORT



Appendix D
PARENT/CAREGIVER SURVEY

Dear Parent (or Caregiver)

- Please help us to learn how we can improve our program by filling out this survey about your experiences in the program. If you don't want to complete the survey, that's OK.
- Your answers are confidential - we don't need your name.
- The staff at the program will provide you with an envelope in which to seal your response.
- Your answers will simply be grouped with others to help us to understand what we do well and what we need to work on.

This section includes different things parents experience raising young children. Please tell us if your parenting experiences in these areas have become better or worse in the last 3 or 4 months?	Things are a lot worse	Things are a little worse	No Change	Things are a little better	Things are a lot better
a. Getting parenting information or advice I want/need	1	2	3	4	5
b. Having fun with my child(ren)	1	2	3	4	5
c. Feeling good about myself as a parent	1	2	3	4	5
d. Getting information about community activities for my child(ren)	1	2	3	4	5
e. Feeling I am doing the right thing as a parent	1	2	3	4	5
f. Providing my children with activities that help them learn	1	2	3	4	5
g. Getting information about community resources for my family	1	2	3	4	5
h. Getting answers to questions I have about raising my child(ren)	1	2	3	4	5
i. Being the best parent I can be	1	2	3	4	5
j. Enjoying doing things with my children	1	2	3	4	5
k. Making friends with other parents	1	2	3	4	5
l. Getting together with other parents at my home, their home or in the community	1	2	3	4	5

² This section deals with parenting confidence, competence and enjoyment. Items k and l are social support indicators.

Thinking about all your contact with the program, <i>how often have the staff acted towards you</i> in the following ways: ³	Never	Some of the time	About half the time	Most of the time	All the time
a. Treated me with dignity and respect	1	2	3	4	5
b. Gave me information to make my own choices	1	2	3	4	5
c. Said nice things about how I parent my child	1	2	3	4	5
d. Responded to my concerns and desires	1	2	3	4	5
e. Respected my personal and cultural beliefs	1	2	3	4	5
f. Pointed out something my child did well	1	2	3	4	5
g. Helped me to get resources for my child	1	2	3	4	5
h. Worked with me in a way that fit my schedule	1	2	3	4	5

Thinking about your involvement with this program, <i>how easy or difficult</i> is it to get information you wanted from program staff? ⁴										
Not easy at all				Easy about half of the time			Easy all the time			
0	10	20	30	40	50	60	70	80	90	100

About how many times has staff from this program worked with you to help you with parenting during the past three or four months (circle one)							
Not At All	1-2 times	3-4 times	5-6 times	7-8 times	9-10 times	11-12 times	More than 12 times

THANK YOU – Please seal your survey in the envelope provided

³ Items a, c, e and f are relational components. Items b, d, g and h are participatory components.

⁴ This is a personal control appraisal component

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