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A Formative Evaluation of the Family Strengthening Program in the Treasure Valley

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Introduction

Families and the emotional bonds between their members are the foundation from which members of society, both children and adults, learn, socialize, and grow. This leads to individual well-being and social cohesion (Almond, 2008; Callan, 2014; Segrott et al., 2014). Strong cohesive families aid in developing relational resilience (Walsh, 2006), which is an individual's ability to bounce back from negative events, hardships, or stress (Duggal et al., 2016). Strong cohesive families are also of crucial importance as "young children's emotional well-being is tied so closely to the mental health of their parents and non-family caregivers" (National Scientific Council of the Developing Child, 2012, p. 7).

However, complex relationships and problems within the family can present challenges when trying to develop strong family cohesion and social connections. These challenges may include internal, often multigenerational, conditions such as strained family relationships, drug use, health or mental issues, and violence/abuse, as well as weak parenting skills, communication, and supervision. This is made even more difficult by the increasing complexity of the parenting task. To minimize the impact of these conditions on child development, several types of interventions have emerged in recent years. These interventions include coordinating services such as teaching parenting skills, developing an awareness of the family's strengths, identifying available community resources, or a combination of several (Lebow, 2013).

One such intervention was developed by the Center for the Study of Social Policy (CSSP), which combines the Strengthening Families™ approach along with the protective factors framework (Browne, 2014). Family Advocates, a nonprofit organization in the Treasure Valley of Idaho, has adopted this approach. Their program, called *Family Strengthening*, combines the Strengthening Families approach with a protective factors framework. In order to improve the quality of the program, an external evaluation team from a local university conducted a formative evaluation and provided evidence-based recommendations. This paper describes this formative evaluation's process and related outcomes.

Strengthening Families with Protective Factors

The Strengthening Families approach intends “to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect” (CSSP, n.d., p. 1). Though there may be some similarities, the Strengthening Families approach with the protective factors framework is not the same as the Strengthening Families Program developed by Karol Kumpfer (see Kumpfer & Magalhaes, 2018). The Strengthening Families approach as developed by the CSSP is a two-generation approach focusing on the parent, child, and parent-child relationship. It emphasizes the development of family cohesion and resilience while supporting the development of individual family members’ well-being (Browne, 2014). The approach does this by helping families build five key protective factors that likely reduce or prevent risk factors and their negative outcomes, as well as develop family strengths and healthy environments for child development. These protective factors include (CSSP, 2015, pp. 1-2):

1. **Parental resilience:** Managing stress and functioning well when faced with challenges, adversity, and/or trauma.
2. **Social connections:** Developing positive relationships that can provide emotional, informational, instrumental, and spiritual support.
3. **Knowledge of parenting and child development:** Understanding child development and parenting strategies that support physical, cognitive, language, social, and emotional development.
4. **Concrete support in times of need:** Accessing concrete support services that address family needs and help minimize stress caused by challenges.
5. **Social/emotional competence of children:** Supporting family and child interactions that help develop the ability to communicate clearly, recognize and regulate emotions, and establish and maintain relationships

Since its inception, the Strengthening Families approach has been widely adopted in early childhood programs, health care and human services systems, and public policy and practice (Browne, 2014). For example, *Project Pride*, a residential treatment program provided by East Bay Community Recovery Project in Oakland, California, has been designed to help young families struggling with substance abuse, mental health, and parenting by building their protective factors (Zweben et al., 2015).

State agencies also encourage the use of this approach. The Missouri Children’s Trust Fund (2018) has integrated the Strengthening Families approach and promotes the protective factors framework by

providing educational materials and training programs. This emphasis on protective factors is also embedded in their grant applications. Other state programs across the United States include the *HomeWorks* program provided by the Utah Division of Child and Family Services, the *Strengthening Families* program provided by the State of New Jersey, Department of Children and Families, and the *Families and Communities Together* program provided in Orange County, California (Children's Bureau, 2020).

In Idaho, Family Advocates, a private nonprofit organization, provides a 20-week *Family Strengthening Program* to families in the Treasure Valley. In Fall of 2018, the Executive Director of Family Advocates and the Family Strengthening Program Director felt there was a need to evaluate their program. A team of external evaluators from a local university conducted a formative evaluation of the program on a pro-bono basis to identify the quality of the program and areas for improvement.

Family Strengthening Program

Family Advocates was founded with a vision of “keeping families healthy, stable, and preventing child abuse from ever happening.” To support this vision, they offer a locally adapted Family Strengthening Program (FSP) (Family Advocates, 2017) incorporating the Strengthening Families approach and protective factors framework as developed by the CSSP (CSSP, n.d.). The program logic model is presented in Appendix A. Family Advocates has used several versions of the FSP curriculum in the past, settling on the current once-a-week, 20-week curriculum in January 2018. The program, offered at three locations, focuses on families in the Treasure Valley region that encounter poverty, domestic violence, child abuse and neglect, social/geographic isolation, or parenting struggles because of limited knowledge of positive discipline methods or child development. Its objective is to help youth and adults engage in “strength-based education in a judgement free atmosphere” (Family Advocates, 2018).

Most participants reside in Idaho's southwestern counties. They find the FSP by word-of-mouth, through referrals from other agencies, or by seeing a program flyer at public venues such as health care clinics, libraries, or apartment complexes. In some cases, participants are court-mandated to participate in a program like the FSP. Demographic information of 609 participants between October 2014 and October 2018 is summarized in Appendix B. The majority of participants are young, single or married, white females with a couple of children. The program's key stakeholders include the Executive Director, Board of Directors, Family Strengthening Director,

Youth Development Supervisor, Adult Development Supervisor, Youth Group Facilitator, and approximately 20 volunteers.

The FSP includes separate weekly sessions for youth and adults with a joint training session including a family-style meal. The parent sessions cover topics such as dealing with tantrums, creating healthy meal plans on a budget, preventing child sexual abuse, keeping your cool when your child is pushing your limits, creating a realistic budget and reducing debt, identifying signs and symptoms of depression and where to get help, assisting children with special needs, and establishing healthy sleep routines for your family. The weekly session schedule is as follows:

- Parents and children arrive at 10:00 a.m.
- Sessions start at 10:30 a.m. with parents attending one session and children participating in a separate session adapted to their developmental levels and needs.
- Parent and child sessions end at 11:30 a.m.
- Parents and children have lunch together, receive incentives, and leave by 1 p.m.

In exchange for attending each session, participants earn an incentive such as diapers, baby wipes, food, and/or clothing. After attending 20 weekly sessions, participants graduate from the program. Although the program was initially conceptualized as a 20-week cohort program, not all participants can consistently attend each weekly session over a 20-consecutive week period. In order to support their vision, the program accepts new participants at any time when there is space available. Therefore, individual participants complete requirements as they can and often graduate within different timeframes. The program provides continued social interaction and support beyond graduation through a Facebook alumni group available for program alumni.

Evaluation Method

Evaluation approaches

The evaluation team used both goal-based and goal-free, needs-based evaluation approaches. (Scriven, 1991). A goal-based evaluation approach refers to assessing how well a program has achieved its goal or intended outcomes. Since the five protective factors are an important part of the program goals, the evaluation team used a goal-based approach and assessed how well the program was designed and implemented to help participants build these five protective factors and what should be changed to make the program better.

A goal-free evaluation approach refers to assessing various outcomes of a program, intended or unintended. While using a goal-free evaluation approach, evaluators can reveal stakeholders' true needs and assess the actual outcomes against their needs (i.e., a needs-based evaluation approach). As this project was a formative evaluation (not an outcome-based summative evaluation), the evaluation team added this needs-based evaluation approach to the evaluation design. This included soliciting information about the needs that program participants hoped to be fulfilled through program participation as well as the staff's and volunteer's understanding about participants' needs. This needs-based approach enabled evaluators to provide needs-based recommendations.

Evaluation data

To conduct this formative evaluation, the evaluation team used multiple data sources for triangulation. This included the following quantitative and qualitative data sources. The evaluation team conducted this evaluation project with approval of the local university's Institutional Review Board.

1. Weekly session evaluation survey data collected from participating parents: The FSP administers an anonymous evaluation survey questionnaire with participating parents ("participants" thereafter) at the end of each weekly session. In March 2018, the program started using a revised survey questionnaire that included five questions about the protective factors measured with a 5-point Likert scale (where 1 is Strongly Disagree and 5 is Strongly Agree) to show participants' perceptions about the effectiveness of the session they attended. A total of 354 survey data were collected from the three program locations between March 2018 and April 2019.

2. Messages posted in the alumni Facebook group: After participants graduate from the program, they are invited to the program's alumni Facebook group created in September 2017. During this evaluation project, the group consisted of 36 program alumni and four program staff members. The evaluation team reviewed Facebook messages posted between September 2017 and February 2019, showing close to 3,000 views of the collective 227 initial posts with 187 comments, 100 subsequent replies, and 503 emoticons used (love, laugh, etc.).

3. Participant observation: One of the evaluation team members participated in one of the weekly sessions at the Boise location to help the evaluator get familiar with the participants in the actual environment and provide an opportunity to introduce herself to the participants with whom she would facilitate a group interview a week later (described below). She observed the arrival of participants and their children, full length of a parent

session, lunch hour, and family departure. During the parent session, this evaluation team member introduced herself as a third-party evaluator to the participants and observed the session while sitting with the participants. During the lunch hour, she observed the interaction between the participants and their children.

4. Group interviews with participants, graduates, volunteers, and staff: Group interviews, each lasting for 1 hour and 15 minutes, were conducted at the Boise location in March and April 2019. With the exception of the staff, all interviews took place without the presence of program staff members. Two of the three evaluation team members were present during the interviews with one facilitating the interviews and the other observing interviewees' physical cues, summarizing the interviewees' comments, and handling the audio-recording. The evaluation team members introduced themselves to the interviewees indicating that they are a third-party team from a local university providing a free evaluation service to the organization. They asked interviewees to provide honest interview responses to help the organization improve the quality of the program. The interviewees were provided with an informed consent form and voluntarily signed the form before engaging in the interview. The evaluation team conducted the group interviews with the current participants first, and then with the volunteers and staff members. This sequence allowed the team to ask the volunteers and staff additional questions regarding information from the participants' group interview.

The group interview with current program participants included 11 people (9 females and 2 males). Among them, six people started the program in December 2018 with 8 to 20 sessions completed and five people started in March 2019 with only 1 to 3 sessions completed. In the group interview with graduates, three graduates participated. They completed the program at different times, somewhere between fall of 2017 and winter of 2018. All were females in their 20s or 30s with 3 to 5 children. Four program volunteers participated (two females and two males) in the group interview with program volunteers. Their age varied with some in their 30s, 40s, and 60s or older. They have been volunteering for the program for 1½ years, 1 year, 6 months, and 1 month and their primary role is providing assistance during the children's sessions. The group interview with the program staff members included the Executive Director, Family Strengthening Director, Youth Development Specialist, and Adult Facilitator.

During all interviews, interviewees were encouraged to share their stories, which were audio-recorded and subsequently transcribed. Interviewees were also asked to respond to specific questions on a survey questionnaire in order to collect quantitative data on participants' improvements in the five protective factors measured on a 10-point scale (Appendix C). For example, the following survey items were used for participants and graduates to measure the Parental Resilience protective factor. These items were slightly revised to measure volunteer and staff perspectives on participants' improvements for triangulation purposes:

How well can you handle your stress during your parenting now?

I am the same way as before the program 1 2 3 4 5 6 7 8 9 10 *I am at the best level I want to be right now!*

How well can you bounce back from your stress and challenges from parenting now?

I am the same way as before the program 1 2 3 4 5 6 7 8 9 10 *I am at the best level I want to be right now!*

After the group interviews, the three-member evaluation team collaboratively transcribed and reflected on the data.

Evaluation Results

As indicated in the Evaluation Method section, the team used both goal-based and goal-free, needs-based approaches to this evaluation. The program goal was to help participants improve their protected factors. The staff also wanted to see how participants viewed incentives. With a goal-free, needs-based approach, the evaluation team solicited information about participants' needs and the staff's and volunteers' perceptions and opinions regarding these needs.

The analysis of the multiple sources of data identified several common themes. The team grouped these findings into seven categories, which are presented in the following sub-sections. Some of the findings (#1 and part of #2) are goal-based outcomes while others (part of #2, and #3-7) are goal-free, needs-based outcomes.

Finding 1: Participants' satisfaction and improvement in the protective factors

One of the main findings was the participants' high satisfaction with the program and their improvement in the protective factors. The data obtained from the weekly session evaluation surveys and group interviews with the participants (parents), graduates, volunteers, and staff are analyzed below.

Weekly session evaluation surveys

First, a review of the participants' weekly session evaluation surveys obtained from March 2018 through April 2019 revealed that participants were highly satisfied with the weekly sessions in all three locations based on a 5-point Likert scale with 1 being Strongly Disagree and 5 being Strongly Agree (see Table 1). The difference in average satisfaction levels by location were not statistically significant ($p > .05$).

Table 1

Participants' Overall Satisfaction Shown in Weekly Session Evaluation Surveys

| Survey Item | Mean (SD) | Boise (n = 159) | Caldwell (n = 65) | Mountain Home (n = 130) | Total (n = 354) |
|---|-----------|--------------------|----------------------|-------------------------------|--------------------|
| 1. I learned something new during this class. | | 4.42 (.86) | 4.44 (.73) | 4.38 (.87) | 4.41 (.84) |
| 2. The guest speaker/facilitator explained things in a clear and understanding manner. | | 4.61 (.71) | 4.60 (.65) | 4.55 (.79) | 4.58 (.73) |
| 3. The information presented to me today will help me in my role as a parent/caregiver. | | 4.55 (.71) | 4.56 (.63) | 4.52 (.73) | 4.54 (.71) |
| 4. My family is positively impacted by our participation in the Family Strengthening Program. | | 4.68 (.56) | 4.62 (.57) | 4.60 (.72) | 4.64 (.62) |
| 5. My children are benefitting from attending the Family Strengthening Children's Group. | | 4.68 (.63) | 4.62 (.60) | 4.55 (.82) | 4.62 (.71) |

Group interviews with participants

During the group interviews, both participants and graduates reported that their abilities and their children's abilities regarding the five protective factors had improved substantially since they started participating in the program. These self-assessed improvements were apparent when the graduates' and December 2018 starters' self-assessment scores were compared to March 2019 starters' self-assessments (see Figure 1). Even among the current participants, those who started in December 2018 and had attended 8 to 20 sessions perceived themselves to have strengthened the five protective factors substantially more ($M =$ between 7.17 and 9.00) than those who recently started in March 2019 and attended only up to three sessions ($M =$ between 3.40 and 6.20). In other words, the number of sessions that participants attended seems to have made a difference in their improvements in the five protective factors.

The participants reported that their children made substantial improvements as well ($M =$ between 6.83 and 7.71). When compared to the March 2019 starters ($M =$ between 4.50 and 6.00), the December 2018 starters perceived significantly higher benefits for their children ($M =$ between 8.00 and 8.20). When comparing the self-assessment scores of December 2018 starters and graduates, the high protective factors levels seem to be sustained after graduation, as the graduates' self-assessment scores were similar to, or higher than, the December 2018 starters' scores.

During the interview, the participants indicated that they could attribute their improved stress-management, coping, and listening skills to their children's positive development. Several of them talked about their improvements in listening skills as follows:

"I learned to control my stress and not give in to them [children] when they are angry. I learned coping skills, so it helped me a lot."

"I'd say mine has got better.... Because my kids are throwing a fit, crying, or mad and I ask more why they feel that way instead of just assume I know... so I'd say I'm listening to them and asking them specifically like why you feel this way."

Group interview with graduates

The graduates also spoke highly of the program's positive effect on helping them and their children develop the five protective factors. They indicated that the program helped them handle their parenting-related stress, develop coping skills, and improve self-control. They emphasized the benefits of participating in the alumni Facebook group as follows:

"My children are communicating their feelings better, so they are able to talk more about what they are feeling. The ones that come with me are [ages under 7]. They have really been able to talk about how their emotions are at those ages."

"I've honestly gotten a lot more out of their alumni group out of anything. Like the parenting skills that she's [staff] brought in have been really beneficial for us."

Group interview with staff and volunteers

The program staff emphasized that one of the program's strengths was in the improvement of parental resilience:

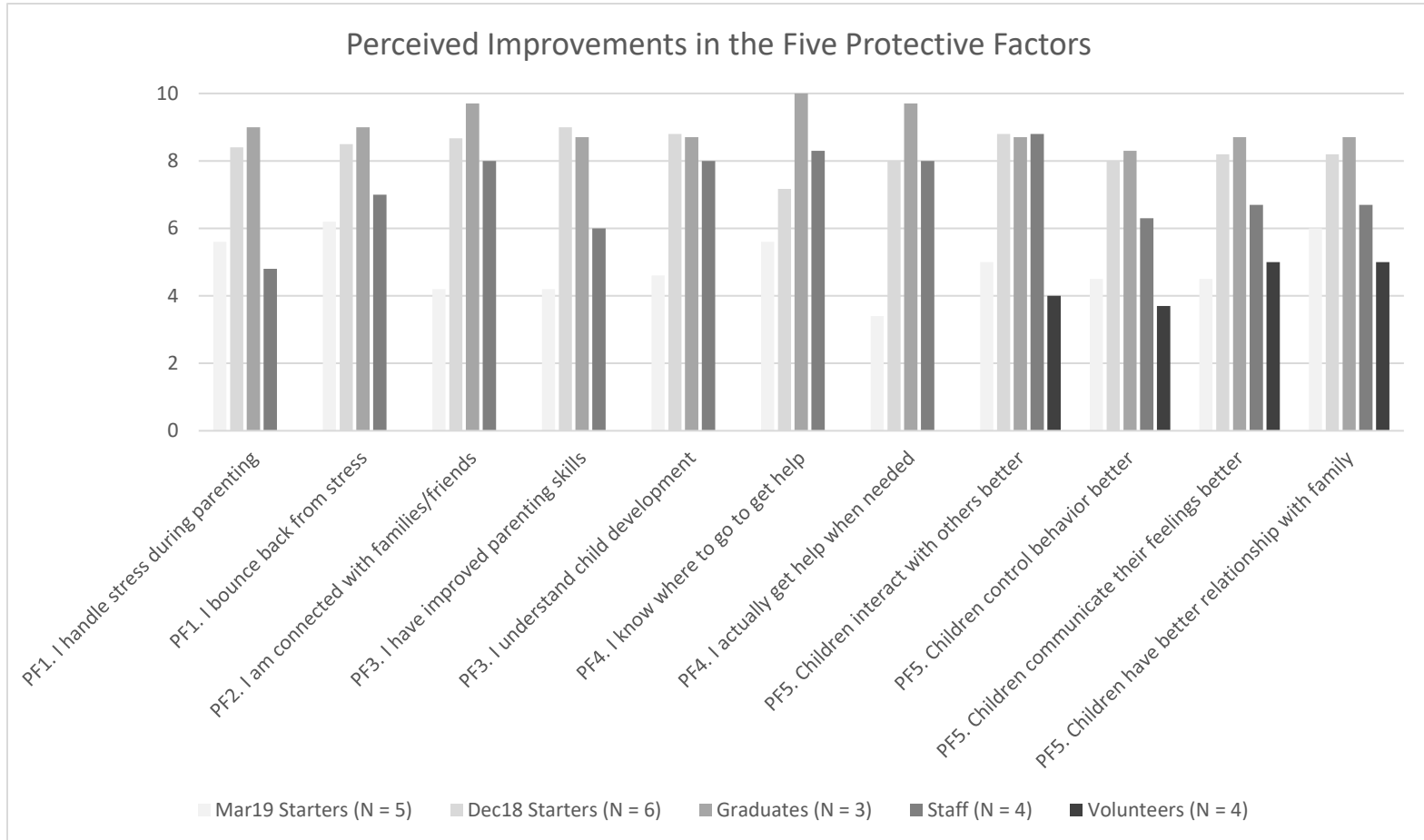
"I think that some of our strengths is like the resilience of the parents and getting them help. That's what I've witnessed anyhow."

"We talk to them [parents] about 'it's okay if you are feeding them cereal a couple times, it's not the end of the world, but then you just try to do better the next day.' And I think they get that."

A notable finding in the results is that the parents' assessments on their children's improvements (both December 2018 starters and graduates) were higher than volunteers' and staff's observation-based assessment levels (see Figure 1). These different levels could be attributed to the staff and volunteers having high expectations and desires for the children to improve.

Figure 1

Participants' (March 2019 Starters and December 2018 Starters) and Graduates' Self-Assessments on Their Improvements in the Protective Factors (PFs), and Staff's and Volunteers' Assessments on Participants' Improvements.

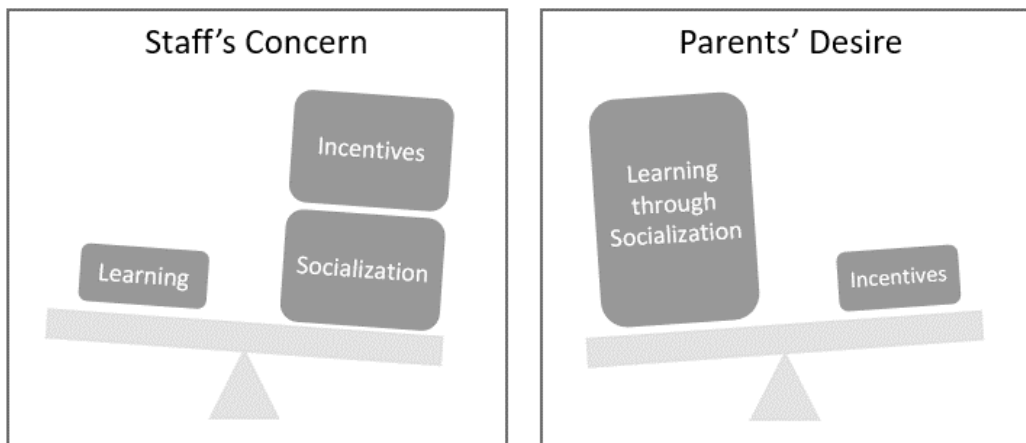


Finding 2: Importance among incentives, learning, and socialization

Another important finding was the different levels of emphasis on incentives, learning, and socialization by participants/graduates and staff members. The program staff expressed a concern about the program participants' true motivation for participating in the program and wondered if they come to the program only for incentives with little interest in learning. However, the interview data revealed that participants/graduates and staff have different viewpoints on learning and socialization. The staff members seemed to perceive socialization as separate from learning (i.e., learning *versus* socialization) whereas participants/graduates seemed to view socialization as part of learning (i.e., learning in a social context). Likely because of this view, participants/graduates also saw session discussions as an opportunity to socialize with other participants and learn from each other (i.e., learning *through* socialization). Figure 2 illustrates the different weights and perceptions on incentives, learning, and socialization expressed in staff's concerns and parents' desires.

Figure 2

Staff's Concerns vs. Parents' Desires on Incentives, Learning, and Socialization



With that in mind, the parents, both current participants and graduates, clearly expressed that they highly value learning and socialization opportunities compared to incentives. They indicated that they value their learning, personal development, and continuous engagement with peers as a support group more than receiving incentives:

"I would be happy to come here without anything being given to me... just be able to associate and have a conversation with other people."

“For me, it wasn’t necessarily about the incentives. It was a complete bonus to be able to get those incentives, but for me personally it was about being a better individual.”

“You would get all this information that you wouldn’t get anywhere else for free and it’s very informative. So, I think that’s what I enjoyed. Incentives were just like a goodie bag.”

Both participants and graduates also indicated that their participation in the program itself helped to reduce their stress from parenting, which is a positive side effect of the program. Several of them explained that the benefits of participating in the program included not only improving the protective factors, but also being able to take a break from the stress associated with parenting while attending the program. The participants said,

“I keep coming because it just helps out with the stress. A little bit of social I get outside of my own life.”

“And lunch too was nice. It was just like a stress reliever. Like oh you don’t have to cook a meal for your kids. And that means a lot, and I know they put a lot of work into doing that also. It was all a bonus. It was really nice.”

“I want to get rid of my kids for a couple of hours and interact with adults [laughter].”

After they graduated, parents continued their socialization and support for the protective factors by interacting with each other through the program alumni Facebook group. About half of the total 514 electronic communications (original posts, comments, and replies) posted in the group contained some evidence of the five protective factors. Among these, social connections were most frequent, understandably so, because Facebook is a social environment. Their communications contained photos signifying their strengthened families, stories that reinforced their parenting skills, and comments that indicated social support for one another (e.g., “Prayers going you and your family’s way,” “Can’t wait to see u all,” “Miss all u girls,” “You can hitch a ride with me anytime”).

Finding 3: Semi-structured curriculum with open discussions to support socialization

Another important finding relating to Finding #2 was that participants and graduates preferred to have open discussions (in addition to lectures) as part of their learning and socialization opportunities. The participants and graduates both placed high value on having open discussions about their personal situations and sharing their experiences with other parents. They found it helpful and consoling when listening to others' stories and relating that to their own experiences. However, they felt the program, as of late, had adopted too rigid a format not allowing for open discussions:

"The only way I feel like I can get that is by interacting with other people here that got the same type of experience or that have been through before... kind of give me a clue what the end game looks like."

"... [having] the open discussions and talking about [it]...realizing that it's not just you and so many different people go through it... and it just makes you feel so much better."

"The educational part of it is really good. But there's some of us too that like to have a [inaudible] want or just talking... communication with a parent. And since some of the changes they've made, they no longer allow that... [they say] "we're off topic, we're off topic" and they put brakes on us."

The staff members' concern, however, was that open discussions could sometimes transform the session into a counseling or therapy group. This is something they are not trained to facilitate and allowing it to happen would be against their professional ethics:

"I always worry that if we open it up too much to group conversation that it actually becomes a therapy group that is not run by therapists and therefore not helpful. So, I never want to get into that arena. But, I do want them to talk and share, so depending on what group members want to talk about and get super personal about things..."

These conflicting views may have arisen from a lack of participants' understanding as to *why* the staff members felt like they had to stop discussions. This conflict could be resolved by having the staff explain to the participants that they may have to stop a discussion because the staff are not trained to run a counseling/therapy group.

Finding 4: Program length and schedule

Both participants and graduates strongly expressed their desire to participate in the program for longer than 20 weeks for learning and development, not incentives. Overall, they liked the once-a-week duration and the 20-week program length, but about half also preferred meeting more than once a week and being allowed to come to the program even after 20 weeks. Both participants and graduates expressed a strong desire to continue to attend program sessions even without receiving an incentive after 20 weeks:

“Maybe cut off the incentives at 20 weeks, but still be able to participate in the group.”

“I have a learning disability, so I don't absorb all the information the first time around. So, I was like, oh I need this again so that I can be that better parent, so that I can, you know, hear this information one more time so that I can apply it and actually live it other than just hearing it.”

Participants experienced disappointment with not being able to continue with the program when they were still motivated to come. The graduates felt that their relationship with the program and other participants ended rather abruptly upon their completion of the 20 weekly sessions:

“They just said, your time is up, adios.”

Volunteers also expressed some value in allowing for attendance beyond 20 weeks. The volunteers perceived that the children would receive a greater benefit from a longer program.

“I would like it longer. I see some progress and then the kid is gone, and I don't know if it is rolling back or if it keeps going.”

“I would like to see like a year, with the same kids to complete ensure that this is a fixed and neural impact. That this is something that is irreversible.”

Furthermore, the staff acknowledged that it would be ideal to have more frequent sessions (e.g., 3-5 days a week) to make a more substantial positive impact on participants and their children. However, due to funding and capacity issues, it would be difficult to increase session frequency from the current once-a-week schedule. Lack of dedicated state-level funding sources requires the staff to apply for many small grants to achieve the necessary funding, which can be time-consuming and prohibitive for a small non-profit like Family Advocates.

Finding 5: Program topics

The collected data also indicated a need for re-evaluating the current program's topics and their frequency. The staff agreed that topics of parenting young children were most needed and most focused on in the current program (Table 2). The staff also seemed to agree that prenatal topics were least needed and least provided in the current program. Based on the total scores, newborn/infant-related topics were the 2nd most needed and provided, followed by topics relating to teenage children.

Table 2

Program Staff's Assessments on Participants' Needs and Currently Focused Topics

| Topics for | Young Children | Newborns & Infants | Teenage Children | Prenatal |
|--------------------------|-----------------------|-------------------------------|-----------------------------|----------------------------------|
| Parents Needed | Most | 2 nd most | 3 rd most (ties) | 3 rd most (ties) |
| Currently Focused | Most | 2 nd most | 3 rd most | 4 th most (the least) |

The participants saw the current program topics as relevant but wanted the program to be flexible enough to include other topics. Some participants pointed out that the program lacked sessions on teenager-related topics. Even participants who did not have teenage children thought there would be value in sessions on teenager-related topics because they would need the information later:

"I don't mind learning about older kids and things because we are going to be there eventually."

When discussing this during the staff interview, the staff mentioned that they were already planning to add more program content regarding parenting teenage children.

Overall, the participants thought that the program provided a little more than half of what they needed ($M = 5.9$ on a 10-point scale where 10 means that the program provides exactly what I need). The staff rated it similarly to the question about how much the program provides what parents need ($M = 5.8$). The staff and volunteers rated higher on the question regarding how much the program provides what children need ($M = 7.0$ and 8.5 , respectively).

Finding 6: Program structure and resources

The collected data showed there was a perceived need for more program structure and resources. Together, these could be used to achieve more efficient program operation. Structurally, some participants hoped that the program would track their attendance and follow up with them when they miss sessions. When a participant made the following comment, several others nodded:

“If you disappear for three weeks, it would be nice if they say, ‘Hey, where are you?’ Like a follow-up call or email.”

In addition, the volunteers perceived that the program could have more structure and organization in how they manage and utilize volunteers. They desired more structured training and communication including organized just-in-time information that allowed them to contribute to the program more effectively.

In terms of resources, the participants expressed that they would like to be able to see the program’s weekly plan ahead of time:

“Like a little.., not even a syllabus, like next week..., like I kind of have a feeling I don’t even know what next week is gonna be, so...”

“[So we are] Emotionally prepared depending on what it is.”

The participants also wanted to have access to updated community resources. Several participants pointed out that the information about community resources in the self-help rescue manual needed to be updated because many included obsolete information or broken links:

“A lot of them were changed or shut down...”

“There used to be a dad’s group, but that’s no longer established anymore.”

“They need to be updated, new ones... We are busy parents and I understand that... they are busy too, but... it’s their job to get us this information and so they need to make sure that it is relevant information for us instead of wasting time.”

The staff acknowledged this concern and said that they reminded participants of the availability and limitations of the manual and the fact that they do not update this manual. The staff said they were planning to develop a collection of resources for program participants and graduates in the near future.

Finding 7: Highly motivated and dedicated staff and volunteers

The data clearly showed that the program success was largely due to the highly motivated and dedicated staff members and volunteers. All volunteers described that the main reason for volunteering at the FSP is to help young children, add value to the program, and contribute to the community:

“I... chose this organization because of my interest in kids and I like to see them treated better at home.”

“This program just called to me because it was about abused kids which I have a soft spot for.”

“I wanted to get back working in the community.”

The volunteers and graduates praised the program staff members' dedication and professionalism shown in interacting with parents and children and the positive influence they have on those participants:

“They have a passion for it, and they are dedicated and they are positive and no matter if the sky is falling, they are still smiling and working together. I love being around these people.”

“They are very kind people, to the parents and the children of course, and non-judgmental.”

“The organization has a huge heart to do the right thing and to help.”

The staff members have maintained close relationships with participants, who in turn see the program and its staff to be resourceful, helpful, and trustworthy. The staff go the extra mile to support participants and make a positive impact on them. The leadership including the Executive Director, Advisory Board, and Program Committee are supportive of new ideas and changes for continuous improvement.

This dedication and commitment is also seen in the successful day-to-day operation of the program with limited resources. Excluding the Executive Director, who oversees the operation without getting involved in daily operation, the program in three locations is operated by only three staff members with help of volunteers.

Conclusions and Recommendations Provided to the Program

Family Advocates provides a locally adapted FSP to families in the Treasure Valley region of Idaho, incorporating the Strengthening Families approach and the protective factors framework. The data collected and analyzed in this evaluation project clearly points to the program's positive impact on vulnerable families that need assistance to improve their resilience and continuous learning to become and sustain a healthy family. The program is unique in that it is a free program focusing on the improvement of the entire family. It has been adapted to satisfy the local needs expanding the program length to 20 weeks and selecting topics based on participants' needs. Parents indicate that their children love coming to the program and being with their friends. Both parents and children feel that the program is a safe place to be and learn.

The analyzed data indicated some room for improvement in the program. The evaluation team developed 10 recommendations to help improve the quality of the FSP including changing the program's current practices and policies such as the program length, schedule, incentive plan, and communication methods. The team also estimated the costs for implementing individual recommended strategies based on how much additional funding may be required to implement them (low, medium, and high).

Recommendation 1: Emphasize learning outcomes, require evidence of learning to earn incentives, and use a binder to collect evidence (low cost)

Currently, the only requirement for participants to earn incentives is their mere attendance of a session. Thus, it is important that the program increase requirements for incentives and collect evidence for learning outcomes. For example, instead of the current weekly *session evaluation* survey questionnaire (i.e., evaluating how good the session was), the program should make use of a weekly *self-reflection* survey to capture evidence of participants' learning and use a binder to collect participants' survey data as well as track their attendance. The self-reflection survey would include a set of closed-ended and open-ended questions that measure participants' improvement in the five protective factors more specifically and meaningfully. It would include their takeaways from the lesson, plans to implement the takeaways/strategies they learned, and overall ratings regarding the content and presentation. When participants enroll in the program, they will be given a binder with their name containing 20 copies of the self-reflection survey (one for each of the 20 sessions). Participants will pick up their binder each time when they arrive at the facility

and at the end of each session spend 5 to 10 minutes completing their self-reflection survey. The binder will be left at the facility. The staff should walk participants through the self-reflection survey emphasizing the importance of carefully responding to the questions in the survey.

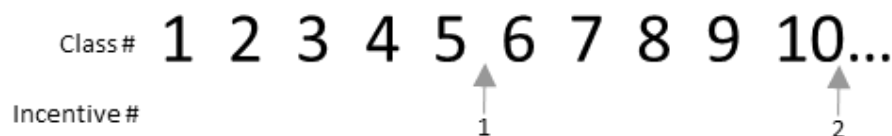
Also, participants should be given a homework journal assignment to write a small success story to reinforce their learning and behavioral change. This written journal will be brought back the following week (e.g., “After I learned about child discipline techniques last week, I tried the new techniques and they worked for this part... but did not work because...”). The first 5 to 10 minutes of each session will include having participants share their small personal success stories. Participants should be encouraged and provided an opportunity to share not-so-successful stories as well and talk about what they would do differently next time. They should also be encouraged to support each other’s attempts, which provides them with an opportunity for socialization while staying on the topic and maintaining a happy balance between learning and socialization. Their written journals will also be kept in their binder. Participants will be required to complete both self-reflection surveys and journals in order to earn an incentive.

Recommendation 2: Consider providing incentives based on a different fixed ratio schedule of reinforcement (low cost)

Currently, the program uses a fixed ratio schedule of reinforcement set to *each* attendance (i.e., participants receive an incentive at the end of each session). Based on the staff members’ observations, incentives do motivate some participants to keep coming to the program; thus, the staff did not want to eliminate the incentives. Instead, the program may consider changing the fixed ratio schedule from every session to every Nth session (e.g., every 5th session as illustrated in Figure 3) with completion of both the self-reflection survey and journal assignment as part of the requirements (as explained in Recommendation 1).

Figure 3

Incentives provided in different fixed ratio schedules



Recommendation 3: Administer a set of pre- and post-surveys to assess participants' improvements in the five protective factors (low cost)

It is important for the program to continue to assess the participants' improvement on the protective factors. The team recommends administering a pre-survey and a post-survey that contain the same survey items for comparison purposes (they can be designed based on the survey questionnaire used in this evaluation project, Appendix C). A pre-survey is conducted before/at the first weekly session, and a post-survey is conducted at/after the last weekly session required for graduation.

Recommendation 4: Use cloud storage to provide participants, graduates, and volunteers with free access to program-related resources (low to medium cost)

The program can use cloud storage to store various program-related resources for participants, graduates, and volunteers in separate folders, and efficiently share program information with other stakeholders including program staff, volunteers, and the board of directors. This can improve communication between the program staff, participants, graduates, and volunteers. Some of the files stored in the program cloud storage can be easily linked to the program website, if needed. Participants can access the cloud storage such as Google Drive or Dropbox through mobile devices such as cell phones and tablets, or desktop computers. Using volunteers to develop and maintain these electronic resources would be a low-cost method of implementing this recommendation.

Recommendation 5: Assess current topics on parenting young children, newborns/infants, and teenage children, adjusting frequency of the topics (low to medium cost)

The staff were already considering adding more content on parenting teenage children. This amendment to the program would address the participants' expressed needs.

Recommendation 6: Inform participants of the planned curriculum (session topics) ahead of time (low cost)

The curriculum information can be provided online by using the program's cloud storage (Recommendation 4). Participants should be encouraged to check the session topics posted on cloud storage and prepare for the upcoming session. By doing so, participants will better understand the program goals and benefits. This will also help them complete their homework assignment (Recommendation 1).

Recommendation 7: Increase the program length and/or session frequency (high cost)

All stakeholders involved have expressed a desire to increase program length and/or session frequency. However, this would require increased budget and capacity. Within the current budget, changing the incentive schedule (Recommendation 2) may enable the program to allow participants to attend more sessions beyond the current 20 sessions and/or graduates to continue to attend 5 to 10 more sessions without receiving an incentive.

Recommendation 8: Strengthen volunteer education, preparation, and communication (low to medium cost)

Volunteers will benefit from being given more structured orientation and training programs up front and receiving frequent communications from the program regarding volunteer task needs and availability. This can be supported by providing resources and schedule-related information in the cloud storage (Recommendation 4).

Recommendation 9: Celebrate participants' completion of the program formally (low cost)

When participants complete the required number of sessions, they should reflect on their success stories collected in their binder (Recommendation 1) and present their most significant success stories to others as part of a formal graduation/completion activity. This formal graduation activity can be done within the session time or during the lunch hour and should be captured in writing or video, if possible. A collection of stories can be used as motivators for their peers, part of marketing materials to recruit new participants, and as evidence of program success to present to stakeholders.

Recommendation 10: Establish partnerships with local universities and colleges to collaborate on curriculum and instructional design and delivery, evaluation, and grant writing as well as provide a source from which to recruit volunteers (lost cost)

Faculty and students at local educational institutions and their academic programs could be potential collaborators and volunteers. For example, the State of New Jersey Department of Children and Families collaborates with the Institute for Families at Rutgers University School of Social Work to implement a two-day training for early care professionals to encourage them to integrate the protective factors framework into their early childhood programs (see <https://www.nj.gov/dcf/families/early/strengthening/>).

Implications for Practice

Families are the foundation on which children and adults learn, socialize, and grow. This leads to individual well-being, family cohesion, and social cohesion. To help strengthen family dynamics and bonding, community service programs may use frameworks such as Strengthening Families and the protective factors as a guide to identify appropriate interventions. Based on the Strengthening Families approach, the FSP in the Treasure Valley aims to serve families who not only experience child abuse and neglect, but also poverty, domestic violence, social/geographic isolation, or parenting struggles. By including the five protective factors framework, the FSP provides content applicable to the strengthening of all types of families (Browne, 2016).

This formative evaluation of the FSP adds to the existing body of research regarding the successful application of these types of approaches and frameworks by community-based organizations benefitting the participants and local communities as a whole. This same type of broad application of the Strengthening Families approach has been successfully integrated elsewhere such as in a Boston area clinic. During routine infant health care visits, practitioners focus on providing concrete supports and parental knowledge and skills for parents that need them (Sege et al., 2015). Similarly, this approach is also found in the development of the *Strengthening Military Families* program, a 13-session parenting and self-care skills program aiming to strengthen protective factors and promote military family resilience (Rosenblum et al., 2015). Thus, the Strengthening Families and protective factors framework has broad applications and potential for strengthening families in different sectors of the community through partnerships with faith organizations, immigrant and refugee programs, caregiver training programs, medical services, and mental healthcare organizations (U.S. Department of Health and Human Service, 2019).

Another important outcome and implication of this formative evaluation was the realization that participating parents desire learning through social interactions where they can share and learn parenting strategies through peer-to-peer conversations. The goal-free, needs-based evaluation approach used in this project was key to uncovering this finding. This finding was useful for Family Advocates so that they could make modifications to their curriculum and program structure to support a social learning environment.

The implications for the society-at-large are even more important. For those that are involved in program design and delivery, this evaluation includes first-hand accounts emphasizing the importance of social learning

for participants, especially those involved in community-based social programs such as the FSP. This is also seen in the case of *World Café* that was successfully implemented in the Strengthening Families Illinois program in 2005. The World Café is a small group conversation between parents, grandparents, and others who are responsible for caring children. A table host discusses a question related to the protective factors with 4-5 participants for 15-20 minutes before the participants move to other tables to discuss different questions. The table host remains at the table facilitating the discussion and welcoming new participants to the table (Jor'dan et al., 2012).

Finally, one of the most important lessons learned from this evaluation project is the value of partnerships within local communities. For community service programs that receive funding from grantors, it is critical that they demonstrate accountability and quality assurance through self-assessments and program monitoring. When programs do not have resources and expertise *internally* for conducting such assessments and evaluations, it is recommended that they reach out to local institutions of higher education and seek services through partnerships. This formative evaluation of the Family Advocates' FSP conducted by a team of external evaluators from a local university exemplifies the benefits that can be achieved when community programs invite a third party to review the quality of their program and help make necessary adjustment for improvements. For example, one important finding of this formative evaluation was the confirmation that parents truly value their learning from the program, and view incentives as a bonus. Incentives are not the main driver for them to come to the program. These findings have helped Family Advocates adjust their instructional and administrative approach to the FSP and may not have been easily revealed without the involvement of a third-party assessment.

Follow-Up with the Organization

Although external evaluators do not always have access to the client organizations after completing their projects, it is helpful for the evaluators to follow up with the client organizations and discuss or support the implementation of the solutions that they recommended. The evaluation team of this project did follow up with the client a couple of months after the evaluation project was completed. They found that Family Advocates incorporated all ten recommendations from the evaluation and that the recommendations would unfold over the following six months of programming.

For example, in responding to the participants' preference for a longer program and/or more frequent sessions, the program now offers

leadership positions for participants so that they can engage and stay connected. Positions such as *Teaching Assistant*, *Lead Facilitator*, and *Resource Manager* have been created to provide participants with more opportunities to engage in creating a learning community even after completing the program. The program has also changed the incentive schedule and now provides incentives at the first week, fourth week, and graduation. This changed incentive schedule helps attract new participants, motivates them to continue the program, and rewards their completion of the program.

In addition, Family Advocates will implement an evening group at the local Boys & Girls Club around the dinner hour. This group will pilot twice-a-week meetings with one meeting that includes separate education classes for adults and children, and the second meeting for combined adult-child interaction. Upon successful pilot-test results, Family Advocates plans on rolling out this model in each of their locations and alternating lunch and evening hours in an eight-week rotating cohort model.

Family Advocates has also been able to obtain additional funding to hire a new full-time employee, *Intake & Case Manager*. This will allow for more individual case management and in-home assistance for high-risk families that need increased frequency of guidance to create and support healthy family structures.

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Appendix A. Family Strengthening Program Logic Model

| Resources | Activities | Outputs | Outcomes | Impact |
|---|--|---|---|--|
| <p>People</p> <ul style="list-style-type: none"> • Board of Directors • Administrative staff • Family Strengthening Director • Youth Development Supervisor • Parent Group Facilitator • Youth Group Facilitator • Volunteers <p>Finance</p> <ul style="list-style-type: none"> • Contributions (monetary/in-kind) • Government grants <p>Materials</p> <ul style="list-style-type: none"> • Strengthening Families approach and protective factors framework coordinated by the Center for the Study of Social Policy (CSSP) • National partner organizations (e.g., Child Welfare Information Gateway, the National Alliance of Children's Trust and Prevention Funds, ZERO TO THREE, etc.) • FSP locations in Boise, Caldwell, and Mountain Home | <ul style="list-style-type: none"> • Seek/obtain contributions • Apply/secure government grants • Hire/develop supervisor and facilitators • Solicit volunteers • Provide new volunteer orientations (twice per month) • Advertise FSP program • Recruit program participants • Prepare incentives • Provide the program to participants • Provide Family Advocates Story Tour monthly • Evaluate program effectiveness | <ul style="list-style-type: none"> • Contributions received • Government grants received • Competent supervisor and facilitators • Volunteers applied • Volunteers trained • FSP advertised in various venues • Program participants enrolled in the program (n = approx. 15 per session) • Participants (parents and children) complete the program • Incentives provided to the participants • Evaluation report produced | <ul style="list-style-type: none"> • Engage in healthy daily activities • Maintain healthy habits • Have parental resilience (hope) • Make/maintain social connections with friends, family members, neighbors, and community members • Seek concrete support in times of need • Have (and continue to develop) knowledge of parenting • Have (and continue to develop) knowledge of child development • Have (and continue to develop) social and emotional competence of children | <ul style="list-style-type: none"> • Strong and healthy families in the community • Decreased child abuse and neglect • Increased awareness of the importance of building strong families • Increased awareness of the importance of building strong networks with others (social connections) and getting support from them • Increased interest, volunteerism, and support from the community |

Appendix B. Demographic Information from October 2014 and October 2018

| Demographic | Value | Demographic | Value |
|--------------------|---|-----------------|--|
| Age | <ul style="list-style-type: none"> • Mean = 27.8, SD = 7.4 • Unknown = 49 (8.0%) | Gender | <ul style="list-style-type: none"> • Female = 563 (92.4%) • Male = 28 (4.6%) • Unknown = 18 (3.0%) |
| Language | <ul style="list-style-type: none"> • English = 430 (70.6%) • Spanish = 32 (5.3%) • Bilingual = 81 (13.3%) • Other = 57 (9.4%) • Unknown = (1.5%) | Race | <ul style="list-style-type: none"> • White/Caucasian = 455 (74.7%) • Asian/Pacific Islander = 27 (4.4%) • African American = 21 (3.4%) • African National or Caribbean Islander = 15 (2.5%) • Middle Eastern = 9 (1.5%) • Native American/Alaskan Native = 8 (1.3%) • Hispanic or Latino = 7 (1.1%) • Multi-racial = 18 (3.0%) • Other = 29 (4.8%) • Unknown = 20 (3.3%) |
| Number of children | <ul style="list-style-type: none"> • 1 = 155 (25.5%) • 2 = 92 (15.1%) • 3 = 57 (9.4%) • 4 or more = 52 (8.5%) • Unknown = 253 (41.5%) | | |
| Marital status | <ul style="list-style-type: none"> • Single = 183 (30.0%) • Married = 242 (39.7%) • Partnered = 52 (8.5%) • Separated = 33 (5.4%) • Divorced = 19 (3.1%) • Widowed = 2 (0.3%) • Other = 4 (0.7%) • Unknown = 74 (12.2%) | Education level | <ul style="list-style-type: none"> • Elementary or junior high school = 8 (1.3%) • Some high school/did not graduate high school = 100 (16.4%) • High school graduate/GED = 234 (38.4%) • Trade/vocational school = 7 (1.1%) • Some college = 110 (18.1%) • 2-year degree = 22 (3.6%) • 4-year degree = 39 (6.4%) • More than 4-year/master's degree = 4 (0.7%) • Other = 12 (2.0%) • Unknown = 73 (12.0%) |

Appendix C. Survey Questionnaire Used in the Participants' Group Interview

When did you start the Family Strengthening program? Month__ Year__

Since then, approximately, how many weekly classes have you attended?
__ weekly classes (times)

How old are you? I am:

__ in my 20s __ in my 30s __ in my 40s __ in my 50s __ in my 60s+

How many children do you have and how old are they?

- I have _____ children.
- They are _____ years old.

1. When you first started the program, did you know what you wanted to get out of this program as your goal? How clear was your goal?

I did NOT have a clear goal in my mind. 1 2 3 4 5 6 7 8 9 10 I had a CLEAR goal in my mind.

2. When you first started the program, how well did you know about this program's goal?

I did NOT know anything about the program goal. 1 2 3 4 5 6 7 8 9 10 I KNEW exactly what the program goal was.

3. Right now, if somebody asked you "What is the goal of this program?" how confidently can you describe the program goal for students?

I CANNOT confidently describe what the program goal is. 1 2 3 4 5 6 7 8 9 10 I CAN confidently describe what the program goal is.

How much have YOU learned from this program?

4. How much has your parenting improved?
I am the same 1 2 3 4 5 6 7 8 9 10 I am at the best level I want to be right now!
way as before the program
5. How much has your understanding about child development improved?
I am the same 1 2 3 4 5 6 7 8 9 10 I am at the best level I want to be right now!
way as before the program
6. How well can you handle your stress during your parenting now?
I am the same 1 2 3 4 5 6 7 8 9 10 I am at the best level I want to be right now!
way as before the program
7. How well can you bounce back from your stress and challenges from parenting now?
I am the same 1 2 3 4 5 6 7 8 9 10 I am at the best level I want to be right now!
way as before the program
8. How much more connected are you with your families and friends now?
I am the same 1 2 3 4 5 6 7 8 9 10 I am at the best level I want to be right now!
way as before the program
9. Do you know where to go (whom to contact) to get help when you need help?
I am the same 1 2 3 4 5 6 7 8 9 10 I am at the best level I want to be right now!
way as before the program
10. Do you actually ask for help from others when you need help?
I am the same 1 2 3 4 5 6 7 8 9 10 I am at the best level I want to be right now!
way as before the program

How much have YOUR CHILDREN changed since you participated in this program?

11. Do your children interact with others better now?

The same as before 1 2 3 4 5 6 7 8 9 10 At the best level they can be! Not applicable

12. Do your children control their behavior better now?

The same as before 1 2 3 4 5 6 7 8 9 10 At the best level they can be! Not applicable

13. Do your children communicate their feelings with people (including you) better now?

The same as before 1 2 3 4 5 6 7 8 9 10 At the best level they can be! Not applicable

14. Do your children have better relationship with their family now?

The same as before 1 2 3 4 5 6 7 8 9 10 At the best level they can be! Not applicable

Other questions

15. Overall, does this program provide you with what you need?

This program does not provide what I need 1 2 3 4 5 6 7 8 9 10 This program provides exactly what I need

16. What topics would you like to learn about from this program?

17. How much HOPE has increased in you because of this program?

The same level of hope as before the program 1 2 3 4 5 6 7 8 9 10 The highest level of hope I want to have

18-1. What do you think about meeting once a week?

1. ___ I like meeting once a week.
2. ___ I would like to meet more frequently.

3. ___ I would like to meet less frequently.

18-2. What do you think about the 20-week schedule?

1. ___ I like the 20-week schedule.

2. ___ I would like it to be longer than 20 weeks.

3. ___ I would like it to be shorter than 20 weeks.

19. What type of interactions do you have with the program staff members?

| | | | | | | | | | | | |
|-----------------------------------|---|---|---|---|---|---|---|---|---|----|--------------------------------|
| Totally formal, group-oriented | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very informal, and personal |
|-----------------------------------|---|---|---|---|---|---|---|---|---|----|--------------------------------|

20. What type of interactions do you have with other students?

| | | | | | | | | | | | |
|-----------------------------------|---|---|---|---|---|---|---|---|---|----|--------------------------------|
| Totally formal, group-oriented | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very informal, and personal |
|-----------------------------------|---|---|---|---|---|---|---|---|---|----|--------------------------------|