Washington Council for Prevention of Child Abuse & Neglect

Community-Based Funded Programs

Outcomes Report

www.wcpcan.wa.gov

July 2005 ▪ June 2006

mission

To provide *leadership to and a statewide focus on the prevention of child abuse and neglect, and to encourage and support effective community prevention efforts.*

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WCPCAN supports and selects programs based on standards of best practices supported by prevention research, the ability to deliver program outcomes, and the capacity to leverage resources within their community.

intro

As a leader in Washington State *child abuse prevention since 1982, the Washington Council for Prevention of Child Abuse and Neglect (WCPCAN) invests in community-based prevention programs that support families to reduce the risk for child abuse and neglect.*

WCPCAN is funded through the state's general fund and donations to and revenues received by the Children's Trust Fund, which in turn leverage approximately 50 percent of our total annual budget obtained from the federal Community Based Child Abuse Prevention Program.

Over the past 23 years, WCPCAN has strived to accomplish our mission in large part through the funding of community-based programs. Funding is awarded through a competitive Request for Proposal process and each funding cycle may last for up to three years. Since its inception, WCPCAN has invested in over 185 distinct child abuse prevention programs throughout Washington. These programs serve populations that statistically demonstrate multiple risks associated with child abuse and neglect.

However, as our role is prevention, we require that no more than 20 percent of the families served with our funding have active involvement with the state child welfare system.

The goals of our grants program are to strengthen child abuse and neglect prevention programs, policies and practices and to increase the availability and accessibility of prevention programs across the state. We believe that our focus on outcome evaluation and research-based approaches has significantly improved child abuse prevention practice over the years and that our funded programs make a significant difference in the lives of vulnerable families in Washington. The strategies employed by WCPCAN to achieve our goals include:

- **Contracting with programs for delivery of identified outcomes**
- **Providing contracted programs with technical assistance to support program development and outcome achievement**
- **Providing access to capacity building resources**

Through these strategies we help increase ability and accountability in provision of prevention services. To ensure that WCPCAN funding is achieving its mission and that taxpayer dollars are being spent wisely, all community-based programs report program outcomes on an annual basis.

This report summarizes the outcomes of the community-based programs funded by WCPCAN during the 2005 – 2006 State Fiscal Year.

program goals

WCPCAN supports four approaches *to child abuse prevention which have proven to be highly effective:*

- **Home visitation programs**
- **Parent education and training programs**
- **Parent support and mentoring activities**
- **Crisis nurseries**

WCPCAN recognizes eight protective factors which, based upon the most currently available research and information on best practices in child abuse prevention, make the most difference in determining a child's chances for growing up in a protective environment. [1]

Each program funded by WCPCAN is required to report outcome data related to at least one protective factor at the end of each fiscal year. Programs select their own unique indicators that are directly related to their program content. As programs develop capacity they sometimes choose to report on additional outcomes and/or protective factors.

The following protective factors were measured by our programs this year.

Nurturing and Bonding (measured by 11 programs in 05-06):

- Activities that teach parents and caretakers to respond appropriately to the basic needs of their babies and young children.
- Activities that stimulate brain development.
- Activities that help develop a positive attachment between caregiver and child.

Non-punitive Discipline and Guidance (measured by 10 programs in 05-06):

- Activities that teach positive discipline methods to parents and caretakers.
- Education on the myths of physical punishment and about the damage it can cause.
- Education on what techniques work best for different age children, and that not all techniques work with all children. They learn what techniques they are comfortable using and how to confidently try new approaches.

Responsive Social Network (measured by 9 programs in 05-06):

- Activities that teach parents and caretakers about the availability of services in their community and how to access them for themselves and their child(ren).
- Caretakers learn to develop the strength of help seeking.
- Caretakers learn how to reach out to other parents and develop informal relationships with others thereby reducing social isolation.

Knowledge of Child Development (measured by 6 programs in 05-06):

- Activities that teach parents and caretakers the usual steps in their child's social, mental and physical development, and how to recognize if their child needs special help.
- Activities that help parents develop realistic expectations of their children.

[1] For a complete list of WCPCAN Protective Factors and supporting bibliography please visit our web site at www.wcpcan.wa.gov

Stress Management (measured by one program in 05-06):

- Activities that teach parents and caretakers skills to create a balanced life that includes activities and relationships of a social, physical, spiritual, intellectual, and psychological nature.
- Caretakers learn specific techniques to help manage stress such as relaxation exercises, how to find a good therapist, the importance of time away from children engaging in fun activities with other adults, taking time for oneself.

Effective Communication (measured by one program in 05-06):

- Activities that teach parents and caretakers positive communication and listening skills.
- Activities that encourage parents and caretakers to identify and communicate their own needs and feelings, and increase their ability to listen and understand the needs of their children.
- Parents and caretakers learn to manage their anger and communicate this in a way others will listen and respond to appropriately. Parents and caretakers also learn how to develop these skills in their children and teach them to be effective communicators.

Each program funded by WCPCAN is required to submit a Year-End Summary Report discussing original goals for both outcomes and outputs, and results related to these measures. The outcome evaluation we contract with programs to perform is an attempt to measure how the program services have impacted participants in particular ways. Program outcomes typically describe changes in participants' knowledge, attitudes or behaviors. The data presented throughout this report is derived directly from these Year End Summary Reports.

Each program received program development support from WCPCAN staff and technical support in the form of "evaluation coaching" by a team of independent consultants from Organizational Research Services (ORS), a nationally recognized leader in outcome-based planning and evaluation (http://www.organizationalresearch.com/).

This support included:

- **On-site assistance in developing a logic model and evaluation plan**
- **Selection or development of appropriate outcome measurement tools**
- **Establishment of data management systems and**
- **Assistance with data analysis.**
- **Assistance with use of data for program decision-making**

All programs attend a training workshop on reporting outcome results and developing their Year End Reports. We believe that our approach to capacity building is successful in helping programs develop both their technical abilities and their use of the quality assurance and program development aspects inherent in outcome evaluation.

05-06 funded programs

program name	counties served
Abused Deaf Women's Advocacy Center	King & Snohomish
Brigid Collins Family Support Center	Whatcom
Central WA Comprehensive Mental Health	Yakima
Child Care Action Council	Thurston
Children's Advocacy Center of Grays Harbor	Grays Harbor
Children's Home Society of Washington/Auburn	King
Children's Home Society of SE Washington	Walla Walla
Friends of Youth	King
Martin Luther King Jr. Family Outreach Center	Spokane
Mary Bridge Children's Hospital	Pierce County
Parent Trust for Washington Children	Yakima
South Puget Intertribal Planning Agency	Mason & Kitsap
Refugee Women's Alliance	King
Thurston Co Public Health & Social Services	Thurston
WA State Father's Network/Kindering Center	Benton/Franklin, Chelan, Clallam, King, Yakima
Wonderland Developmental Center	King
Young Children & Family Programs of the Palouse	Whitman

program services

Vulnerable families with multiple needs *often require an array of family support services in order to reduce the risk factors associated with child abuse and neglect. In response, many of our funded programs provide more than one kind of service.*

table 1 – service type

service type provided by wcpcan funded programs 05-06

Program Types	Primary Program Services	Adjunct Program Services
Home Visiting	5	2
Parent Education Classes	5	1
Parent Support & Mentoring	3	3
Parent Training	3	
Crisis Nursery	1	
Total	**17**	**6**

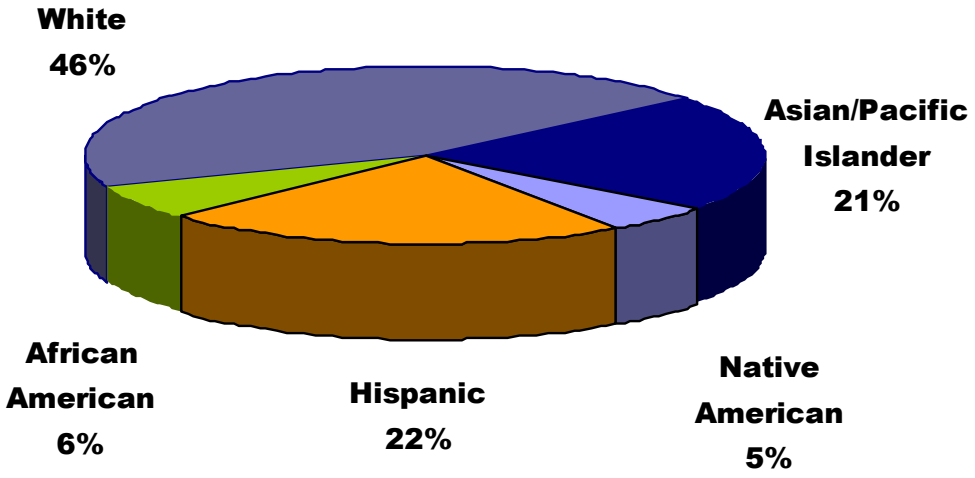
table 2 – participant demographics

unduplicated individuals served by wcpcan-funded programs during sfy 05-06.

Adults	1,676
Children	2,361
Total	**4,037**

program data

2005-2006 WCPCAN Funded Program Participant Demographics



289 of the *families* served self-identified as refugee or recent immigrants

158 adults and 357 children served have a physical, emotional or cognitive disability

program resources

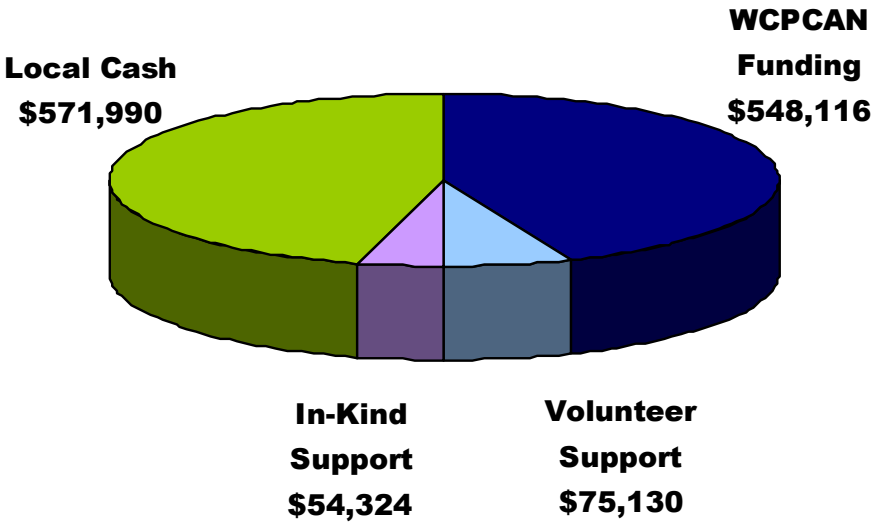
As part of our capacity-building approach *we require programs to secure investments from other sources in increasing amounts over the course of the three-year funding cycle. It is our hope that the effort to diversify program resources will add to the ability of the program to remain sustainable once WCPCAN funding ends.*

Programs utilize matching resources in the form of cash support from other sources, in-kind donations of goods and services and volunteer support.

During the 05-06 funding cycle, services were provided by 29.45 full-time equivalent paid staff. There were 423 community volunteers involved in service provision. Volunteer hours totaled over 7,513. Valued at $10 per hour, community volunteers contributed $75,130 worth of services.

2005-2006 WCPCAN

Funded Program Resources



costs per participant

Seventeen community-based programs were funded with a total of $548,116 during SFY 05-06. This equates to an average WCPCAN cost of $294.14 per participant. Considering total program costs, the average cost per individual served across all funded programs was $580.80.

1st year programs

WCPCAN funds programs *that initially begin with a variety of strengths and a wide range of capacity in delivering program services that will achieve outcomes in the first year of funding.*

achieving program outcomes

Our grant process goals to achieve a balance geographically, across target populations, program type and in capacity means first year programs can vary widely in their initial success with outcome measurement. Often the first year is focused on getting program service capacity in place and at the same time, first year programs are beginning their outcome measurement. The following elements of program development must be in place for outcome measurement to be successful and technical assistance is provided in these areas:

- **Personnel** – staff and volunteers are trained and available to deliver services at targeted capacity with target population
- **Participants** – program has referral and recruitment systems in place to reach target population. Program demonstrates solid ability to engage the targeted population
- **Program Activities** – curricula are selected, activities are defined, and reasonable work plan is in place for the funding year
- **Funding** – matching funds are available
- **Other Program Resources** - may include classroom or other setting, meals, transportation, child care, etc

There are also specific elements related to program capacity for successful and high-level outcome measurement. Programs begin WCPCAN funding with differing capacity in these elements. Evaluation coaching is provided to support development of these elements:

- **Programs have a clear Logic Model including program theory**
- **Programs have a clear evaluation plan and data collection methods in place**
- **Programs have data collection tools, either through selecting a standardized tool or developing a specialized tool that matches their program services.**
- **Programs are able to collect data**
- **Programs develop and use technical data management systems**
- **Programs develop skills for data analysis and reporting**
- **Programs use data for program decision-making, interpreting and reflecting on outcome results and making program modifications as needed**

brigid collins family support center

integrated services for families of young children with developmental disabilities and behavioral emotional problems – whatcom county

A parent education and home visiting program targeting families with young children with developmental disabilities and behavioral emotional problems. Program participants will receive Parent Child Interaction Therapy (PCIT) and home visits. PCIT sessions will use a concrete skill-based approach to teach parents and children new and appropriate ways to relate.

service outputs: 72% of enrolled families remained in the program this year

PCIT services provided this year for primary parents
Average # of PCIT Sessions per family = 10 (each session averages 1.5 hours)
The range of PCIT sessions each family completed ranged from 1 to 31.

Home visitor services provided this year for families who graduated PCIT
Total # of primary parents who completed PCIT (graduated) = 5
Total # of Home Visits for these families = 194
The average # of home visits per family=10
The range of how many home visits were received per family was between 0 and 33.

outcome goal:

Increase parents' knowledge/use of non-punitive discipline and positive guidance approaches. Indicators: 1a. Parents use non-punitive discipline and positive guidance techniques, 1b. Evidence of decreased dysfunction in parent-child relationship, 1c. Evidence of positive changes in child behavior.

data collection and tools:

Coach Observation Form developed in collaboration with ORS: (Pre, Mid, Post)
Case Manager Observation Form developed in collaboration with ORS: (Mid, Post)
PSI-Parent Child Interaction Dysfunction Scale, standardized tool: (Pre, Mid, Post)
Eyberg Child Behavior Inventory, standardized tool: (Pre, Mid, Post)

outcome data excerpt:

Indicator # 1:
Parents showed decreased dysfunction in parent / child relationships as reflected in their PSI (Parent Child Interaction Dysfunction Scale) scores.

psi scores for primary parents (n= 11)

	N (%)	Average amount of score decrease (improved)
Score improved from pre to mid	4 out of 7 = 57%	3 points
Score improved from mid to post	3 out of 5 = 60%	3 points
Score improved from pre to post	4 out of 7 = 57%	3 points

- The PSI scale measures the level of dysfunction present during parent child interactions. Primary parents are compared to themselves over time.
- When we looked at the 3 primary parents whose scores were worse at graduation, all 3 experienced stressful personal life issues (centering on basic needs) right around the time of graduation.
- One of the parents whose score went up (slightly) tested 12 at pre test and 16 at mid test and 13 at post test. All of these scores are clinically insignificant scores, as scores must be 30 or above to be significant. This parent's PSI Total Stress score (not collated here) went significantly down from 93 pretest (which is clinically significant) to 62 post test (which is not clinically significant).
- Another parent whose score increased form 39 to 40 post did show a marked decrease in her total stress score which decreased from 128 to 117 post.

Indicator # 3:
Parents increased their use of non-punitive discipline and positive guidance techniques as reflected in the Coach Observation Form and Case Manager Observation Form.

coach observation form (n= 10)

	N (%)	Average amount of score increase
Score improved from pre to mid	2 out of 3 = 67%	15%
Score improved from mid to post	3 out of 3 = 100%	25%
Score improved from pre to post	2 out of 2 = 100%	25%

- The Coach Observation Form was developed and implemented in early December 2005. As a result, only four participants who enrolled between December and February completed the Pre-Coach Observation Form.

While initial results are encouraging, more data is needed to draw substantive conclusions. As more participants graduate from the program, we will be able to increase our data pool. At this point, one or two lower scores bring down the average total scores significantly.

central washington comprehensive mental health

strong families – familias fuertes – yakima county

Parent education class series for parents and caregivers in early recovery from alcohol or other drugs. Classes focus on empowering families to develop support networks, access community resources and increase healthy interactions with their children. Each 13-session parent education program utilizes the culturally sensitive interactive curriculum, Strengthening Multiethnic Families and Communities.

service outputs:

Number of 13-session classes	7 classes (2 at Riel House, 5 Community Classes)
Total parents served	214 parents were enrolled; 151 parents receiving either certificate of graduation or participation
Percent of parents to graduate	Sixty-eight percent of participants received a Certificate of Completion. Participants must attend 9 or more classes to receive a Certificate of Completion. Parents attending 4 to 8 classes receive a Certificate of Participation. Twenty-two percent of program participants received Certificates of Participation.

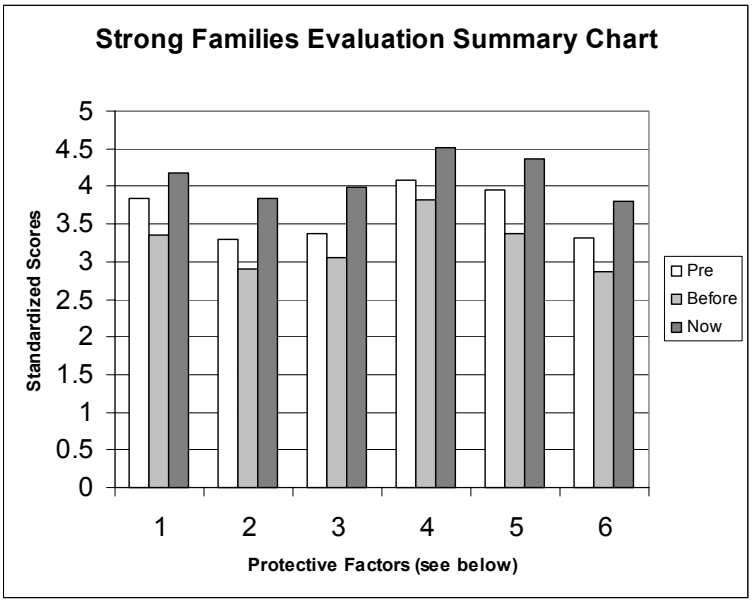
outcome goal:

Increase Non-punitive discipline and guidance skills. Indicators:
1. Participants will learn skills and techniques to set clear, consistent boundaries.
2. Participants will learn skills and techniques to provide care and support to their children as a foundation for disciplinary interventions.
3. Participants will learns skills and techniques to set and communicate high (but developmentally appropriate) expectations for their children to promote positive behavior

data collection and tools:

An evaluation tool called Protective Factor Inventory (PFI) was developed to measure our program outcomes. The tool was developed in consultation with Dr. Marilyn Steele (the developer of the curriculum used in our program, our Project Evaluator for a previous Center for Substance Abuse Prevention (CSAP) grant, and Organizational Research Services (ORS). The PFI is administered in the third session of the class series for the pre-test data set and again in the last class at which time two additional data sets are collected: post-test and retrospective pre-test.

outcome data summary:



Protective Factors

1. **Increase Prosocial Bonding**
2. **Set Clear, Consistent Boundaries**
3. **Teach Life Skills**
4. **Provide Care & Support**
5. **Set and Communicate High Expectations**
6. **Provide Opportunities for Meaningful Participation**

The chart shows three data points for each protective factor measured: (1) a pre-test score (PRE on the chart), (2) a post-test score (NOW on the Chart), and (3) a "retrospective pre-test" score (BEFORE on the chart). The retrospective pre- results were collected at the end of the class. Parents were asked to think back to the beginning of the class and (knowing what they know now about effective parenting skills) to rate themselves on each of the items as to how they thought they were performing before the class started. Research, and our experience, indicates that this retrospective pre- score is a more realistic appraisal of where the parents were at the beginning of the class, because parents tend to over-inflate their scores at the beginning of the class–believing that things are going pretty well for them as a parent. It is not until parents are exposed to different ideas and parenting techniques that they can more objectively compare their prior parenting behaviors with the new ones they are now incorporating in their family discipline routines.

The attached bar chart clearly demonstrates that changes were realized across all six protective factors between both the "retrospective pre-test" scores (BEFORE on the chart) and the post-test scores (NOW on the chart) and the true pre-test scores (PRE on the chart) and the post-test scores (NOW on the chart). While we cannot say for sure that these improvements will result in fewer problem behaviors in the participating families, we can say that with these resulting increases in the protective factors, the families are less likely to experience negative outcomes (including drug and alcohol use/abuse) as a result of their participation in our program.

children's advocacy center of grays harbor county

parent education program - grays harbor county

A parent education program providing the Nurturing Parenting Curriculum for families with children aged birth to five. Project outcomes are to teach parents to respond appropriately to the basic needs of their children and to increase their knowledge of the usual steps in their child's development and how to recognize special needs.

service outputs: The Nurturing Parent Education Curriculum was taught to 20 parents/caregivers of birth to 5 year olds. Two class series were offered; each consisted of 24 – 2½ hour sessions. 17 parents/caregivers graduated with a certificate from the program by attending at least 19 of the 24 sessions (80%).

outcome goals: 1) Parents will demonstrate increased knowledge of child development,
Indicators: 1a. Parents will demonstrate increased knowledge of age appropriate skills and abilities of their children. **1b.** Parents will demonstrate realistic, developmentally appropriate expectations for their children.

2) Increase parents' nurturing and attachment with their children,
Indicators: 2a. Parents understand what healthy nurturing behaviors are. **2b.** Parents consistently demonstrate nurturing behaviors and **2c.** Parents understand and demonstrate empathy towards their children's needs.

data collection and tools: The assessment tool used to measure **outcome 1** is the "Interactive Developmental Stripes" Game, which was administrated as a pre and post assessment and the AAPI construct B Appropriate levels of Empathy, in a pre and post setting. The assessment tool used to measure **outcome 2** was by implementing the AAPI construct A Appropriate expectations of children based on their developmental abilities.

outcome data excerpt:

Indicator 1b. AAPI: Appropriate Expectations Subscale:
N=17 Scale: 1 - 10

Average Score - Pre	Average Score - Post
5.3	5.7

interpretation of results:

A score of 5 in Construct A of the AAPI indicates Medium Risk for *Inappropriate Expectations of Children*. Many of the parents in this class still need more skills to understand realistic, developmentally appropriate expectations for their children.

AAPI: Empathy Subscale

N=17 Parents who participated in data collection Scale: 1- 10

Average Score - Pre	Average Score – Post
4.4	4.7

interpretation of results:

A score of 4 in Construct B of the AAPI indicates Medium Risk for *Low Level of Empathy* for children. The parents that were involved in this program seem to lack some Empathy skills for children. This could be a result of their own level of empathy, stemming from childhood and the way they were not taught empathy skills. During both classes, about 75% percent of the parents talked about their own childhood relations with parents/caregivers, including child physical/emotional abuse and neglect.

south puget intertribal planning agency (spipa)

positive indian parenting - mason county

This program will provide the *Positive Indian Parenting* curriculum to Native American parents from the five tribes served by the SPIPA consortium. Native American child rearing practices are introduced as a means to help today's Native American parents approach their children in a positive and culturally knowledgeable manner.

service outputs: Three 8-week class series were held, each class was 2.5 hrs for a total of 20 hrs per series. For parents who participated in PIP classes, average number of sessions attended was 4. Fifty-seven parents attended classes and 24 completed 6 of 8 classes.

outcome goal: Non-Punitive Discipline and Guidance – Parents will learn new behavior modification skills by using non-punitive techniques. Indicators:

1. Parents set clear and consistent boundaries
2. Parents use non-punitive discipline and guidance techniques
3. Parents set and communicate high expectations

data collection and tools: The PIP survey contained 31-items that describe parenting behaviors, and asks parents how often they do these things in a typical two-week period. The survey was developed in collaboration with ORS and was administered as a pre- to post-survey.

outcome data summary:

table 1. parents set clear and consistent boundaries (indicator 1) n=9

Survey items	Pre Average#	Post Average#	Change from Pre to Post
Parents set clear and limits boundaries (Q2)	4.22	4.44	0.22
Parents give in to their child's demands or excuses for not getting things done. (Q4)	4.44	4.56	0.12
Parents feel discouraged with the results of their discipline efforts (Q6)	4.22	4.00	-0.22
Parents consistently follow through on limits and established consequences (Q8)	4.11	4.22	0.11
Parents use natural or logical consequences to enforce family rules (Q14)	3.00	3.67	0.67
Parents feel competent they can change or correct their child's misbehavior (Q31)	3.89	3.89	0

based on a 5-point scale where 1=Never and 5=Always

table 2. parents use non-punitive discipline and guidance techniques (indicator 2) n=9

Survey items	Pre Average#	Post Average#	Change from Pre to Post
Parents threaten or criticize their children (Q3)	3.78	4.22	0.44
Parents hit or spank their children (Q7)	2.56	3.00	0.44
Parents yell or holler at their children (Q13)	3.67	4.22	0.55
Parents make positive, encouraging statements to their children about their behavior (Q16)	4.22	3.33	-0.89
Parents help their children identify and express feelings (Q21)	4.78	4.89	0.11

based on a 5-point scale where 1=Never and 5=Always

thurston county public health and social services

nurse family partnership - thurston county

This home visiting program serves low-income, young first time mothers beginning mid-pregnancy and continuing through baby's second birthday. The curriculum covered includes personal health, environmental health, quality care giving, maternal life development and family support.

service outputs:

Nurses served 111 clients with 1393 completed visits plus 175 attempted visits. Average contact time per visit was 63 minutes. The attrition rate during pregnancy (5.6%) is lower than the national NFP (15.4%), and the rate is also lower (11.4%) during infancy than the national NFP rate (30.5%). Recruitment data showed that 25 families could not be enrolled because of full caseloads.

outcome goals and data collection:

Outcome 1: Increase parents' positive nurturing and attachment with their children.

1. *90 % of babies of enrolled mothers are born at normal birth weight and are not premature*
   Measurement tool: birth records
   Frequency: at birth

2. *90 % of babies of enrolled mothers grow at a normal rate during their first year*
   Measurement tool: monitor height and weight
   Frequency: baby at 6 weeks, 6 months, 12 months of age **we collect data on weight gain only*

3. *80 % of babies of enrolled mothers reach their second birthday without serious illness or injury*
   Measurement tool: parent questionnaire
   Frequency: baby at 6 weeks, 6 months, 12 months of age

4. *80 % of enrolled mothers with a child between six weeks and one year and their children exhibit normal-range nurturing and attachment during feeding and 25 percent show an increase in these characteristics over the treatment period*
   Measurement tool: NCAST Parent-Child Interaction Feeding Scale
   Frequency: baby at 6 weeks and 12 months of age

5. *80 % of enrolled mothers with a child between one year and 21 months and their children exhibit normal-range nurturing and attachment during teaching interactions and 25 percent show an increase in these characteristics over the treatment period*
   Measurement tool: NCAST Parent-Child Interaction Teaching Scale
   Frequency: baby at 12 months and 24 months of age

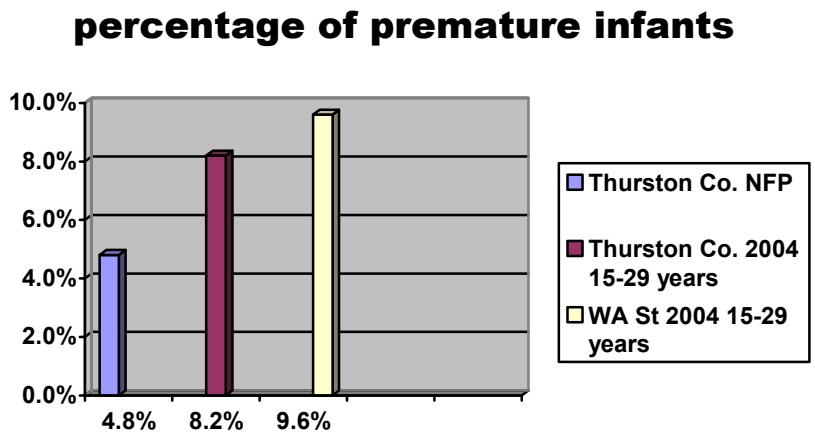
Outcome 2: Increase Parents' ability for healthy stress management

1. *60 % of enrolled mothers, with a child between six and 21 months, score in the normal range (at or below the 80th percentile) in an assessment of parental stress and 25 percent show reduced stress over the treatment period*
   Measurement tool: Parental Stress Index (PSI)
   Frequency: baby at 6 months, 12 months, and 21-24 months of age

outcome data excerpt:

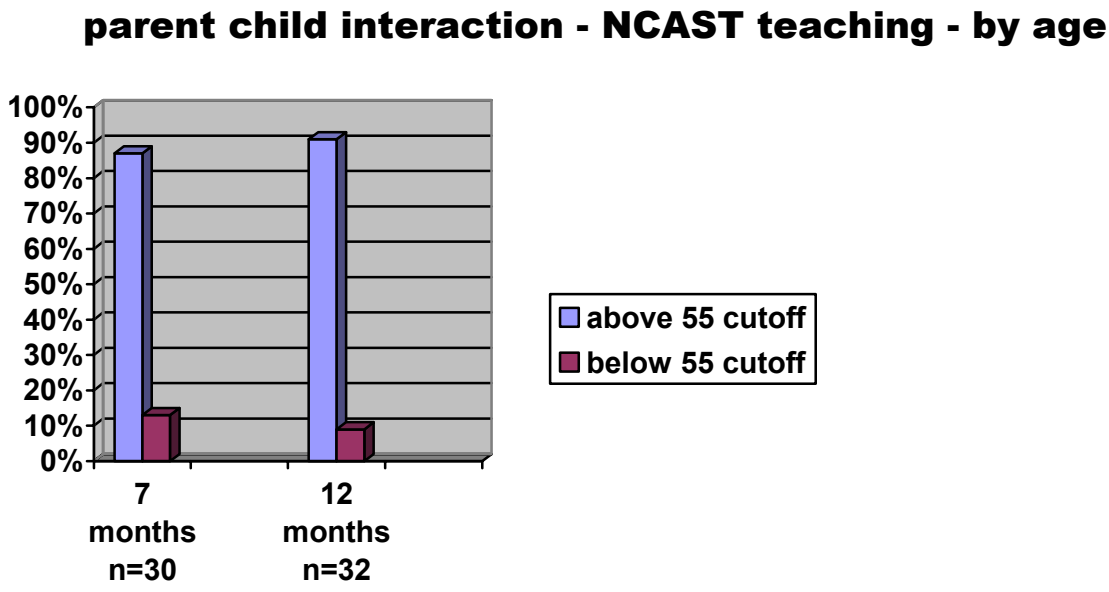
Outcome 1: Increase parents' positive nurturing and attachment with their children.
Indicator 1: *90 percent of babies of enrolled mothers are born at normal birth weight and are not premature*

95.2 percent born during normal gestational period
94.0 percent born at appropriate weight



Indicator 5: *80 percent of enrolled mothers with a child between one year and 21 months and their children exhibit normal-range nurturing and attachment during teaching interactions and 25 percent show an increase in these characteristics over the treatment period*

- At 7 months of age 87% of mothers exhibit normal range nurturing and attachment
- At 12 months of age 91% of mothers exhibit normal range nurturing and attachment



young children and families of the palouse

home based parent education - whitman county

This program provides on-going home visiting services to families with young children on a weekly to monthly basis depending on family need and interest.
Two formats of service provision:
Parents As Teachers (PAT) and High Risk Parent Education (HRPE) will serve families.

service outputs:

	High Risk Parent Education (HRPE)	Parents as Teachers (PAT)	TOTAL
# families served	15	15	30
# of children	30	28	58
# home visits completed	55	65	113
# families leaving program	0	8	8
Range of the # of home visits per family	1-8	3-8	1-8
Range of length of home visits	30-200 minutes	20-135 minutes	20-200 minutes

outcome goal: Increase parents'/caregivers' knowledge of child development, thus ensuring realistic expectation of children and their behavior.
Indicator #1: Increased knowledge of developmental milestones.
Indicator #2: Increased knowledge of age-appropriate behavior.

data collection and tools: Parent survey developed in collaboration with ORS and administered pre, every 6 months and at exit.

outcome data summary:

Results: Indicator #1 TABLE C

	Pre-survey	*6 months*	*Post-survey*	*Degree of Change Pre to post survey*
HRPE	*3.5 (N=4)*	*3 (N=5)*	*5 (N=1)*	*+1.5*
PAT	*4 (N=1)*	*4.25 (N=12)*	*n/a*	*n/a*

Among HRPE families, initial data shows a decrease in parent understanding of their child's developmental stages from the pre-survey to the 6 month survey. We believe this may be due to HRPE participants initially ranking their knowledge of development at an inflated level, and later developing a more accurate awareness of what they do and don't know about their child's development.

We are not observing this pattern among PAT participants, who are reporting an increase in knowledge of their child's developmental stages. We believe PAT participants may make more accurate assessments of their knowledge of their child's developmental stages.

Results: Indicator #2 TABLE D

	Pre-survey	*6 months*	*Post-survey*	*Degree of Change Pre to post survey*
HRPE	*3.5(N=4)*	*3.8(N=5)*	*5(N=1)*	*+1.5*
PAT	*4(N=1)*	*4.08(N=12)*	*n/a*	*n/a*

The initial data, reported in Table D, indicates that both PAT and HRPE participants experienced an increased knowledge of age-appropriate behavior in their children, based on data from separate groups of parents.

2nd year programs

WCPCAN works with programs *wherever they fall on the continuum of program and evaluation capacity. It is our goal to move programs along this continuum over the course of the three-year funding cycle.*

During the second year, programs typically see growth and stabilization of their data collection process and often make slight adjustments to their program or evaluation process based on the first year results.

abused deaf women's advocacy center (adwas)

positive parenting program - king and snohomish counties

ADWAS provides specialized parenting classes using an adapted version of "Make Parenting a Pleasure" curriculum. Workshops and one-on-one mentoring are also offered to deaf parents with children aged birth to five and older. All services are provided in American Sign Language and build upon the parents' current assets.

service ouputs:

Two Parenting Classes were delivered in 2005/06. A total of 17 parents participated in classes.

- **Snohomish County (Everett)** - A 12 week class was offered. A total of 24 hours of class time plus 6 hours of social networking time was offered. Parents attended an average of 9.2 classes.
- **Seattle** - An 8 week parenting class was offered. A total of 16 hours of class time and 4 hours of social networking time. Parents attended an average of 5.57 classes.

5 Monthly workshops were offered: Average attendance was 5 people
9 parents received one-on-one parenting consultation from once to multiple times. Individual meetings are 1 to 1.5 hours.

outcome goal: To increase parents' responsive social network

Indicators: 1) Parents have gained access to new information as a result of attending classes
2) Parents' report about their communication with their children

Deaf parents are isolated from typical sources of parenting information. ADWAS parenting classes and workshops create opportunities for Deaf parents to access information and a network of parents. Many Deaf parents, having grown up in non-signing environments themselves naturally tend to use their voices with their hearing children. In this environment hearing children do not learn to sign proficiently enough to have in-depth communication with their Deaf parents. Encouraging Deaf parents to make sign language the primary language used in the home is a key part of all of our education efforts. We believe that effective communication between parents and children is a necessary part of optimal parenting.

data collection and tools: A pre-post survey was developed with the help of ORS. A pre test was administered for all 18 people who attended the classes. 11 people were present for both the pre and the post tests and all 11 of those people attended at least 80% of the classes. In addition to the survey tool we follow up with a series of "focus group" questions where parents can sign a more narrative response.

outcome data summary:

Parents were asked to rate on a scale of 1-5 (1 being hard and 5 being easy) "For you, is it hard or easy being a parent? and "Is it easy or hard to communicate with your child(ren)?

table 1. average perceptions about parenting and communication, n=11

	PRE	POST	CHANGE
Is parenting easy or hard?	***3.80***	***4.33***	***.53***
Is communication easy or hard?	***3.95***	***4.37***	***.42***

5-POINT SCALE – 1=hardest to 5=easiest

Focus Group Results: How have you changed as a result of taking this class?

- I have more confidence in myself as a disciplinarian.
- I control my temper better, I am more patient
- I have learned a lot from listening to others.
- My stress management has improved.

child care action council

a continuum of family support to prevent child abuse and neglect in ethnic communities - thurston county

Collaboration among service providers implements this program to build a continuum of support to prevent child abuse and neglect among ethnic minority families and families in crisis in Thurston County. The program makes use of emergency child care for families in crisis, parent education based on the Nurturing Parent Program and parent support through community partners and volunteers.

service outputs:

Continuum of Family Support	Number of Group Sessions	Number of Parents Served	Remarks
Keystone Crisis Nursery	Average Number of Hours Per Child was 24	102 Parents 159 Children	We met our goal for the numbers of parents and of children to be served 39 Families Used KCN 3 or more times
Nurturing Parent Classes	4 Classes (One with only 3 sessions)	40 22 graduated	Average Number of Classes Attended was 7
PAT Drop-In Class and Home Visits	15 Drop-In Classes 11 Home Visits	10	Very Unstable Group

outcome goals:

#1Parents Develop a Responsive Social Support Network
#2 Parents Increase their Ability to Understand Child Development by Responding to their Children's Need for Guidance and Implement Non Punitive Discipline to their Young Children Appropriately.

data collection and tools:

Keystone Crisis Nursery:

Screening and Demographic Intake Forms
Same Day Survey
Child Care Providers report when they accept a family for ongoing child care
Follow-Up Survey conducted by the Keystone Program Manager

Nurturing Parent Training:

Pre and Post Survey developed in collaboration with ORS

outcome data summary:

Nurturing Parent Program:

Of the 23 parents completing the pre-post survey, 17 parents were able to list two or three techniques that they learned in the class to encourage their child to be well behaved. In a follow up question, 13 parents reported that they had tried these techniques and they worked well.

Crisis Nursery Outcomes:

Of the 39 Families that used KCN more than 3 times 21 were contacted for follow up documentation. They indicated that they had made the following arrangements for future child care:
8 Have permanent child care / (6) enrolled in Pre-School (2)
2 In-home Day Care or relative available
2 Noted other barriers (No funds; Not Eligible for Public Assistance)
2 Were Only Seeking Occasional Child Care
3 Were Still Seeking Referral Information
4 Had No Response

martin luther king jr. family outreach center

welcome to the circle - spokane county

This project is an innovative, culturally sensitive, program that educates parents and adolescents on the importance of attachment, through a modification of the *Circle of Security* protocol. Two "Welcome to the Circle" Introductory series and one Circle of Security group-based experiential video-based education is provided to low-income families at the MLKJ Center. Group sessions teaching fundamental concepts about attachment relationships are provided to teenagers using the YFA Connections Crisis Residential Center and teens participating in the Summer Youth Academy.

service outputs:

- Eighty-seven, 75 minute group sessions were conducted with 183 teens at CRC.
- Nine teens participating in the MLKJ Summer Youth Academy completed eight one-hour group sessions. One teen completed six sessions, and two teens completed one session.
- One, six hour seminar was conducted and attended by 7 parents and two three-hour seminars covering the same protocol was offered. Seven parents completed both sessions of the two day seminar and two parents in one family completed one, three hour session.
- Seven parents in six families participated in the 20 week Circle of Security protocol with six parents attending at least 85% of group sessions.

outcome goals:

Enhance caregiver capacities of parents and teens that are associated with nurturing and secure attachment in children

Indicators:

1. Parents and teens show increased understanding of appropriate empathy for children
2. Parents and teens show increased understanding of appropriate family roles
3. Parents and teens show an increased understanding of values of child power and independence
4. Parents and teens will self report increased use of reflection in their relationships with their children (parents) and/or their closest relationships (teens).
5. 80% of parents completing the modified Circle of Security protocol (75% attendance and three reviews of own videotapes) will demonstrate increased skills of reflective functioning

data collection and tools:

- Pre and post intervention administration of the Adult Adolescent Parenting Inventory subscale for empathy, evaluated by sten scores normed for adolescent non-parent and adult populations. Scores of less than 4 have been associated with child abuse. Scores of 4-7 are typical in the general population and scores of 8 -10 are considered above average for each subscale.

outcome data excerpt:

outcomes 1, 2 & 3

Matched pre and post test averages related to indicators 1, 2 and 3 are shown in the table below.

AAPI Construct	N	Pretest Average	Post test Average	Significance
Empathy				
MLKJ parents	9	5.21	7.43	p ≤ .000
CRC teens	97	4.75	5.36	p ≤ .002
MLKJ teens	14	4.78	6.44	NA
Parent/Child Role				
MLKJ parents	9	6	6.93	p ≤ .05
CRC teens	97	4.67	5.73	p ≤ .000
MLKJ teens	14	3.78	5.67	NA
Child Independence				
MLKJ parents	9	6.21	6.42	not significant
CRC teens	97	4.91	5.07	not significant
MLKJ teens	14	5.78	6.56	NA

*** = Statistical significance at *P* < .05 (good evidence that results are statistically significant)**

outcome 5

- Review of videotaped group sessions and actual parent child interactions demonstrated 100% of parents increased reflective capacity and improved ability to read children's cues and miscues. Three parents demonstrated reduced role-reversing behaviors, and their children demonstrated an increase in direct expression of emotional needs and reduced use of miscues.
- Four parents demonstrated increased ability to tolerate emotional expressions and needs for closeness, and facilitated coherent verbal expressions of emotional needs by their children.
- Two parents demonstrated reduction of intrusive behaviors and one parent shifted from significant pressure to achieve toward enjoyment of her child and following the child's lead in play.
- One parent demonstrated increased capacity for negotiation and repair of conflict with preadolescent, and insight into adopted daughter's trauma-related miscues in response to anxiety.

parent trust for washington children

strengthening fragile families - yakima county

This program utilizes the Family Help Line, home visiting services and ongoing parent support to serve Spanish-speaking Latino families and fathers in Yakima County. This initiative combines three programs designed to increase non-punitive discipline and guidance skills.

service outputs:

PROGRAM	Total # of Sessions/Visits	Average # of Sessions/Visits per family	Hours of Service	Total Families
Home Visiting - IPTS	776	25	804	24
Support Group Network	48	18	1085	12

outcome goals:

Increase parents/caregivers non-punitive discipline and guidance skills

Indicators:

- Knowledge of parental role and responsibilities.
- Knowledge of age-appropriate child/youth development and behaviors.
- Use of positive parenting techniques.
- Ability to identify family strengths.
- Non-punitive communication and/or interactions with children.

Increase responsive social support network

Indicators in the IPTS Program:

- Knowledge of community services
- Ability to access community services

Indicators in the Support Group Network:

- Develop relationships with peers
- Establish informal social support networks

data collection and tools:

1. **IPTS:** Post-survey with retrospective pre-questions and participant satisfaction questions administered at completion of services.
2. **Support Group Network:** Post-survey with retrospective pre-questions and participant satisfaction questions administered at the 8th session and the 14th session during the 16-week support group program.

outcome data excerpt:

	Up to 12 Sessions N=10 Average # sessions attended = 8			13 or more Sessions N=25 Avg. # sessions attended = 34			
INDICATORS	**Retro-Pre** Average	**Post** Average	**Change**	**Retro-Pre** Average	**Post** Average	**Change**	**% Who Increased Rating by at Least 10%**
Increase knowledge of parental role and responsibilities	1.33	3.67	**+2.33***	1.72	5.16	**+3.44***	96.2%
Increase Knowledge of age-appropriate child/youth development and behaviors.	1.60	4.10	**+2.50***	1.96	5.72	**+3.76***	97.1%
Increase use of positive parenting techniques.	1.75	3.65	**+1.90***	1.56	4.86	**+3.30***	94.3%
Increase ability to identify family strengths.	1.90	3.65	**+1.75***	1.80	4.62	**+2.82***	92.9%
Increase in non-punitive communication and/or interactions with children.	2.60	4.57	**+1.97***	2.19	5.21	**+3.03***	94.3%
AVERAGE Change in Non-punitive Discipline and Guidance Indicators	1.84	3.93	**+2.09***	1.85	5.11	**+3.27***	95.0%

*** = Statistical significance at *P* < .05 (good evidence that results are statistically significant)**

table 2. implementation of positive discipline techniques among ipts participants (n=35)

	Parents using parenting tool not used previously		Percentage of all parents using parenting tool (N=35)
	Up to 6 sessions N=10	**7 sessions or more N=25**	
Praise	8	25	94%
Cool down	9	24	94%
Ignore	8	19	77%
Re-direct	4	10	40%
Family meetings	5	8	37%
First you must, then…	3	7	29%
Re-arrange the environment	3	6	26%
Logical consequences	1	4	14%
Take away privileges	1	3	11%

wonderland developmental center

strong parents strong families - king county

This program is an education and support program for families with children aged birth-to-three with disabilities. The program provides parent-education support groups to increase families' ability to nurture and attach utilizing the *Promoting First Relationships* curriculum. Parent child coaching will occur directly and through video-taped group learning.

service outputs:

- 11 Lecture/discussion meetings were held; average attendance was 5 participants
- SPSF provided a total of 52 group sessions and served an average of 3 participants in each group session.
- WDC staff provided a total of 782 hours of individualized PFR care through individual home visits over the 40- week period.
- Over the 40- week period, staff provided specialized intensive home visits to at least 11 families, amounting to approximately 150 hours.

outcome goal:

Increase parents' ability to understand their child's development

Indicators:

1. Increase parents' ability to understand what their child is capable of doing
2. Increase in parent knowledge of how to promote development

data collection and tool:

Outcome results are based on the Wonderland Logic Model Survey developed with ORS. It is administered at 6 month and 12 -month intervals in conjunction with federally mandated Individual Family Service Plan meetings, and at parent transition from Wonderland.

The survey asks parents to assess their current knowledge level regarding various aspects of child development, as well as to reflect on their knowledge six months prior. As parents completed the survey at multiple time points, for analytic purposes we examined their first retrospective assessment and their most current post-assessment.

outcome data summary:

table one: parent understanding of what their child is capable of doing

(Scale: 1= not very much, 2=a little, 3=somewhat, 4= a fair amount, 5= a lot)

		RETROSPECTIVE PRE		POST SPSF SESSIONS		
Sessions Attended	N=Number of Respondents	% of parents with 'a lot' of understanding of what their child is capable of doing.	Avg.	% of parents with 'a lot' of understanding of what their child is capable of doing	Avg.	% of parents who increased understanding of what child is capable of doing.
1- 9	21	5% (1)	2.38	43% (9)	4.00	86% (18)
10-15	7	14% (1)	2.57	71%(5)	4.71	86% (6)
None	18	0% (0)	2.60	38% (7)	4.0	100% (18)

table two: parent knowledge of how to promote development

(Scale: 1= not very much, 2=a little, 3=somewhat, 4= a fair amount, 5= a lot)

		RETROSPECTIVE PRE		POST SPSF SESSSIONS		
Sessions Attended	N=Number of Respondents	% of parents with a lot of knowledge about how to promote development	Avg.	% of parents with a lot of knowledge about how to promote development	Avg.	% who increased knowledge
1-9	21	5% (1)	2.38	38% (8)	3.95	86% (18)
10-19	7	0.0% (0)	2.29	29% (2)	4.29	86% (6)
None	18	0% (0)	2.4	33% (6)	3.94	94% (17)

3rd year programs

***We expect that when WCPCAN funding ends**, every program has developed increased capacity in program development and quality assurance largely through their outcome measurement process.*

Ultimately we believe that this is a strong component of sustainability and best practice for every program. Some third year programs who have achieved excellence in their data management systems are able to aggregate and utilize data collected over the course of the three-year grant cycle.

This provides a great opportunity to make informed decisions regarding program development and demonstrate success.

children's home society of washington – auburn

fathering project - king county

The Fathering Project is a model for father involvement in the Early Childhood Education Programs of CHS focused on increasing fathers' nurturing and bonding behavior with their children and creating a strong peer network that values and celebrates their unique contributions.

service outputs:

One on One: Program staff in Early Head Start selected at least one father for specific attention and focus to increase and honor the importance of father and male involvement in the lives of young children. Fathers are encouraged to be a part of home visitation sessions, which occur weekly for home-based families. At child development centers, connections between staff and fathers happens during drop off and pick-ups, as well as during two scheduled parent events per month.

outcome goal:

Increasing father's nurturing and attachment behaviors with their children.

Indicators:

Reported frequency of fathers engaging in positive reading behaviors with their child(ren)

Reported frequency of fathers engaging in positive play behavior with their child(ren)

Reported frequency of fathers engaging in emotionally supportive behavior with their child(ren).

data collection and tools:

A pre-post measurement tool developed with the assistance of WCPCAN and ORS. The pre-test included ten questions related to father's nurturing and attachment behaviors with the response scale ranging from 'never' to 'almost every day.' The post-test was developed using the same basic set of ten questions and frequencies however, two questions were formulated to elicit reflection of both current and past (retrospective) behaviors.

Our pre-test was administered in February 05' with thirty-three (33) fathers responding. Our post-test was administered in June 05' with sixteen (16) fathers responding. Families' transitioning out-of-program appears as one significantly contributing factor of fewer post-tests being returned.

outcome data summary:

table 1: outcome: increasing fathers' nurturing and attachment behaviors

n=10 post

29 Surveys were done 12/15/2005. Due to June 15, 2006 transition of program participants, only 10 surveys could be compared pre and post.)

1. **80% of fathers will report increased frequency of engaging in positive reading behaviors with their child/ren.**

Defined as:

- Report increased frequency of reading picture books with their child/ren.
- "I point to the pictures in the book and talk to them about what's happening."
- "I ask my children questions about the stores we read together."

Target: 80% **Achieved: 80%**

2. **80% of fathers will report increased frequency of engaging in emotionally supportive behaviors with their child/ren.**

Defined as:

- Making time in their schedule to spend time with their child/ren.
- Praising and encouraging their child/ren.
- Asking their child/ren about what they think or feel.
- Telling their child/ren they love them.

Target: 80% **Achieved:100%**

RARELY		1/MO		1/WEEK		DAILY	
PRE	POST	PRE	POST	PRE	POST	PRE	POST
3	2	3		2	2	2	6
3	2	3		2	2	2	6
3	2	2		3	1	2	7
2	1	2		4	2	2	7
1		3		4	2	2	8
2		2		3	3	3	7
		3		3	4	4	6

children's home society of washington - walla walla

parent-aide program - walla walla county

The Parent-Aide Program is a volunteer parent mentoring program targeting low-income and Hispanic families in Walla Walla. Trained volunteer mentors work with their family on a weekly basis for approximately nine months. The model is based on the National Exchange Club mentoring program.

service outputs:

table i: 2005-06 mentoring hours, n = 11

	Total
Total hours	431.01
Average hours per Family	39.18

In the 2005-2006 year, there was an average of 11 families served per quarter for a total of 26 families served during the year.

outcome goal:

Decrease Isolation and Increase Social Supports

Indicators:

- Parents indicate that they have people in their lives to talk with about personal and parenting issues.

data collection and tools:

Pre-Post survey developed by CHS-Walla Walla with assistance from ORS.
A total of six post-surveys were completed.

outcome data summary:

	n	% responding "No, not really" or "Sort of or somewhat"	Average score
Do you have a person that you can depend on to talk with you about parenting issues when you need to?*	20	85% (17)	2.15
Do you have a person that you can depend on to talk with you about personal issues when you need to?	20	75% (15)	2.25
	n	**% responding "Once a month or less" or "A couple of times per month"**	**Average score**
About how often do you talk with that person?**	20	60% (12)	2.4

* Scale: 1 = "No, not really"; 2 = "Sort of or somewhat"; 3 = "Yes"
** Scale: 1 = "Once a month or less"; 2 = "A couple of times per month; 3 = "Once a week or more"

friends of youth, healthy start

parents as teachers - king county

PAT is an empirically founded best practice approach specifically designed to strengthen the social, emotional, cognitive, linguistic, and brain development of the children of young families. Enhanced Healthy Start provides home visiting services to parents age 22 or younger who are parenting their first newborn and services continue to age three of the child.

service outputs: Healthy Start enrolled 125 new participants in 2005 and served 369 families. The total number of home visit hours was 3,584.

outcome goal: increased nurturing and attachment skills

Indicators:

1: Parent is tuned into child. (Measurement Tool 1)
2: Parent engages in nurturing behaviors. (Measurement Tool 1)
3: Parent attitudes and beliefs towards nurturing and attachment. (Measurement Tool 2)

data collection and tools: The PAT Healthy Start Project has developed two measurement tools, with the help of ORS. The Nurturing and Attachment Observation Tool (NAOT) was administered to 38 families four times, to 44 families 3 times and to 113 families two times. The tool is administered by the Support Specialists four times a year, in February, May, August and November.

The Parent Questions (PQ) is a questionnaire filled out by parents during pregnancy and every six months of age of the child. 8 were administered twice, 43 families took it once.

outcome data excerpt: nurturing and attachment results

Scale: 1= not observed yet, 2= observed at least once, 3= observed about half the time, 4= observed more than half the time, 5= observed consistently, most of the time.

X = not statistically significant
• = significant at the <.05 level

Type of Observation	N	Pre Avg.	Post Avg.	Difference	% Change	T-Test
3 Observations						
Parent tuned in to child						
Physical Cues	111	3.83	4.31	.48	12.53%	X
Emotional Cues	111	3.60	4.11	.51	14.17%	X
Parent engages in nurturing behaviors						
Talks warmly	111	3.59	4.10	.51	14.21%	X
Eye contact	110	3.56	4.03	.47	13.20%	X
Feeding interaction	95	3.35	4.01	.66	19.70%	X
Narrates	104	3.07	3.90	.83	27.04%	X
5 Observations						
Parent tuned in to child						
Physical Cues	37	4.16	4.38	.22	5.29%	X
Emotional Cues	37	3.76	4.03	.27	7.18%	•
Parent engages in nurturing behaviors						
Talks warmly	37	3.70	3.89	.19	5.14%	•
Eye contact	37	3.65	3.95	.30	8.22%	•
Feeding interaction	20	3.20	3.70	.50	15.63%	•
Narrates	36	2.86	3.92	1.06	37.06%	•

kindering center

wa state father's network - king, clallam, yakima, chelan/douglas, benton/franklin

This project serves fathers, significant male figures and families raising children and youth with developmental disabilities or long-term health care needs. Methods incorporate inclusive discussion groups for fathers that meet at least monthly, social time with other men, father-child activity and educational components for parents of children with special needs.

service outputs: No detailed service information is available, groups are offered in various areas approximately monthly and on a drop-in basis.

outcome goal: implementation and use of stress management by WSFN members

Indicators:

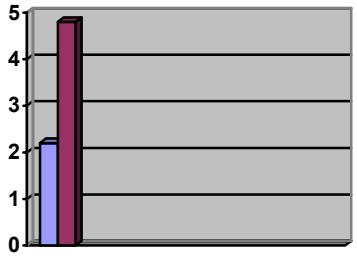
- Decreased Isolation.
- Increased access to resources.
- Increased confidence as a father.
- Increased use of healthy coping strategies.
- Improved relationship with partner and family.
- Increased time with child with special health care need(s).

data collection and tools: The data collection tool was drafted and designed by ORS member Kasey Langley with input from Hugh Kelly, Outreach Coordinator. The data collection tool was designed as a post only survey with retrospective questions.

outcome data excerpt:

Indicator 1 – Decreased Isolation

Data shows a **54% increase** of fathers knowing someone to call to talk to about how things are going with his child after being involved with WSFN.

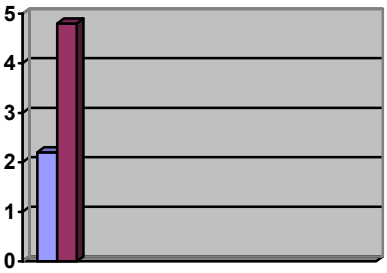


The **54% increase** is calculated using the average answer score as follows: (4.8 – 2.2 / 4.8 x 100) = 52%.

BEFORE
AFTER

Data shows a ***39% increase*** of fathers knowing someone who understands what is like to parent a child with a special health care need and how this challenge is met after being involved with WSFN.

The ***39% increase*** is calculated using the average answer score as follows: (4.6 – 2.8 / 4.8 x 100) = 52%.



BEFORE
AFTER

mary bridge hospital

parenting partnership - pierce county

An abuse prevention program designed to meet the unique needs of medically fragile infants living in socially disenfranchised households. Through three years of weekly home visits, videotaped parent/child interactions and monthly group sessions, parents learn how to provide the consistent, predictable care medically fragile infants require.

service outputs:

2005/06 Actual Activity	*Annual GOAL*	*Achieved*
Home Visits - Nurse	24	31
Home Visits - FSW	1,080*	675
Phone Contacts	1,560	1,248
Group Sessions	12	12**

* This goal was based on 30 families receiving 3 home visits per month. We actually served on average 24 families per month, resulting in a reduced goal of 864 possible home visits. Using 864 as a base, the actually show rate for home visits is calculated at 78%.
**107 patient contacts were made in the support group setting

Engagement Rate	**Period: 7/03 - 6/06**
Total number of new clients	38
Number / Percent of Clients that continued service After 2 initial nursing home visits	33 of 38 (87%)

Retention	**Period: 7/03 - 6/06**
Total number of new clients engaged in the past three years	33
Number/Percent of clients still enrolled in first year of service	10 of 11 (90%)
Number/ Percent of eligible clients that enrolled in year 2 of service	13 of 22 (59%)
Number of eligible clients that enrolled in year 3 of service	6 of 13 (46%)

Utilization Rates - Average number of home visits received each year of enrollment: Review of closed charts	**Period: 7/03 - 6/06**
Average for clients in First Year of enrollment (n=40)	22.2
Average for clients in Second Year of Enrollment (n= 25)	21.2
Average for clients in Third Year of Enrollment (n=19)	20.1

Period: 7/03- 6/06	**Number/ Percent of clients that participated in a support group: Review of closed charts**	**Average number of support groups attended each year of enrollment by support group participants: Review of closed charts**
Clients in First Year	24 of 40 (35%)	3.9 of 12 (32%)
Clients in Second Year	17 of 25 (68%)	4.3 of 12 (36%)
Clients in Third Year	14 0f 19 (74%)	4.3 of 12 (36%)

outcome goals:

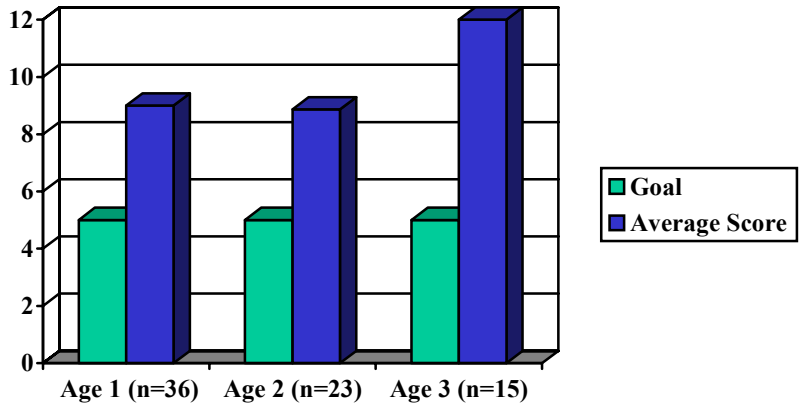
1. **Increase Positive Nurturing and Attachment, Indicators:**
   - Parents are responsive to their child's behavioral cues
   - Parents demonstrate behaviors associated with secure attachment
   - Parents learn how their own childhood influences parenting
   - Parents learn how to perceive the care their infants receive from the infant's perspective
2. **Increase ability to develop a responsive social network in the community, Indicator:**
   - Parents improve their ability to build and maintain a responsive social support network

data collection and tools: NCAST Teaching Scale, home visitor observation, video assessment, parent survey

outcome data excerpt:

Indicator 2: Parents demonstrate behaviors associated with secure attachment.
Goal: At least 80% of parents will exhibit a minimum of 5 behaviors associated with secure infant/caregiver attachment.
Tool: Video Assessment. Observational tool. Measured at child's ages of 1 year, 2 year, 3 year.
Results: The goal was exceeded: Age 1, 33 of 36 (92%) parents demonstrated a minimum of 5 behaviors. At age 2, the percentage of participants that succeeded was 91% (21 of 23) and at age 3 the success rate was 100%. At each age, the average participating parent exceeded the minimum goal of 5 behaviors associated with secure attachment (See Graph 2). Participants in their third year exhibited the most behaviors associated with secure attachment.

behaviors associated with secure attachment



Indicator 3: Parents learn how their own childhood influences parenting
Goal: At least 75% of parents will gain understanding that early experiences influence current behaviors and attitudes.
Tool: Home Visitor Observational Checklist. Measured twice per year.
Results: See Table 11and Graph 3 below. Success rate increased from 35% at 1st measure point to 80% at 6th measure point.

table 11:

Observation of parent's understanding of how their own history influences parenting	Assessment 1	Assessment 2	Assessment 3	Assessment 4	Assessment 5	Assessment 6
Number/Percent of successful scores rating above 3.5	13 of 37 (35%)	12 of 28 (43%)	10 of 20 (50%)	9 of 17 (53%)	7 of 12 (58%)	4 of 5 (80%)

refugee women's alliance

multicultural refugee & immigrant family project - king county

The project serves multiethnic, low income refugee and immigrant parents and their children with parent education and support focusing on an assets-based approach to provide culturally and linguistically accessible information about non-punitive disciplinary methods, the U.S. education system and community resources.

service outputs:

We offered three sessions of a six-week parenting workshop. A total of 42 parents registered for a work shop; 31 parents completed 95% of the classes and completed pre/post questionnaire. A total of 54 hours of instruction were provided (each workshop series = 18 hours of instruction). Parent Education workshop series were delivered three hours a week for 6 weeks.

outcome goals:

increase non-punitive discipline and guidance skills

Indicators:

- Workshop participants will demonstrate increased about U.S standards of discipline
- Workshop participants will demonstrates increases in their use of at least two Non-Punitive parenting techniques.

increase effective communication skills

Indicator:

Participants will demonstrate increased knowledge of and participation in the U.S. school system

data collection and tools:

Pre/Post survey developed by REWA and ORS staff, administered at the beginning and end of each 18-hour class series

outcome data summary:

non-punitive discipline and guidance

Indicator: Knowledge about U.S. Standards of Discipline, Parent-Reported Knowledge of U.S. Standards of Discipline (1=no knowledge, 2=some knowledge, 3=a lot of knowledge)

N = Number of Respondents		% choosing "a lot of knowledge" % (#)	Average	% choosing "a lot of knowledge" % (#)	Average
		PRE		POST	
2004 Participants					
Child Protective Services (CPS)	73	5.5%(4)	1.29	71.2%(52)	2.68
Parents' Rights	72	2.8%(2)	1.24	63.9%(46)	2.61
Children's Rights	71	2.8%(2)	1.25	76.1%(54)	2.76
U.S. law regarding acceptable physical punishment	77	7.8%(6)	1.35	85.7%(66)	2.83
2005 Participants					
Child Protective Services (CPS)	39	7.7%(3)	1.33	89.7%(35)	2.87
Parents' Rights	41	2.4%(1)	1.37	78%(32)	2.78
Children's Rights	40	5%(2)	1.38	90.00%(36)	2.90
U.S. law regarding acceptable physical punishment	41	4.9%(2)	1.37	85.40%(35)	2.78
2006 Participants					
Child Protective Services (CPS)	28	28.60% (8)	1.89	89.3% (25)	2.89
Parents' Rights	29	17.2% (5)	1.76	93.10% (27)	2.93
Children's Rights	28	3.60% (1)	1.57	92.90% (26)	2.93
U.S. law regarding acceptable physical punishment	31	22.60% (7)	1.77	90.30% (28)	2.87
Total Participants Over Three Years					
Child Protective Services (CPS)	140	10.7%(15)	1.42	80.0%(112)	2.78
Parents' Rights	142	5.6%(8)	1.38	73.9%(105)	2.73
Children's Rights	139	3.6%(5)	1.35	83.5%(116)	2.83
U.S. law regarding acceptable physical punishment	149	10.1%(15)	1.44	86.6%(129)	2.83

INDICATOR: Use of at least non-punitive parenting techniques

Number and Percent of Parents Reporting recent use of the listed non-punitive parenting techniques %(#)

	N = Number of Respondents	PRE	POST
2004 Participants			
Setting Limits	82	20.7% (17)	67.1% (55)
Grounding/Taking Away Privileges/Time Out	82	30.5% (25)	46.3% (38)
Sharing/Teaching Your Culture	82	15.9% (13)	48.8% (40)
Talking About Your Home Country	82	32.9% (27)	53.7% (44)
Getting To Know Your Children's Friends	82	14.6% (12)	40.2% (33)
Giving Praise	82	13.4% (11)	47.6% (39)
2005 Participants			
Setting Limits	39	51.3% (20)	76.9% (30)
Grounding/Taking Away Privileges/Time Out	41	41.5% (17)	48.8% (20)
Sharing/Teaching Your Culture	41	39.0% (16)	70.7% (29)
Talking About Your Home Country	41	53.7% (22)	68.3% (28)
Getting To Know Your Children's Friends	41	22.0% (9)	39.0% (16)
Giving Praise	41	29.3% (12)	61.0 % (25)
2006 Participants			
Setting Limits	31	67.7% (21)	74.2% (23)
Grounding/Taking Away Privileges/Time Out	31	29.0% (9)	58.2% (18)
Sharing/Teaching Your Culture	31	29.0% (9)	51.6% (16)
Talking About Your Home Country	31	35.5% (11)	61.3% (19)
Getting To Know Your Children's Friends	31	29.0% (9)	41.9% (13)
Giving Praise	31	35.5% (11)	45.2% (14)
Total Participants Over Three Years			
Setting Limits	152	38.2% (58)	71.1% (108)
Grounding/Taking Away Privileges/Time Out	154	33.1% (51)	49.4% (76)
Sharing/Teaching Your Culture	154	24.7% (38)	55.2% (85)
Talking About Your Home Country	154	39.00% (60)	59.1% (91)
Getting To Know Your Children's Friends	154	19.5% (30)	40.3% (62)
Giving Praise	154	22.1% (33)	50.6% (78)

conclusion

WCPCAN is proud to present the outcome results *documented in this report. We wish to acknowledge the hard work and commitment of our programs which made this report possible.*

Additionally we wish to acknowledge our consultants, Organizational Research Services, who have played a significant role with each of our programs, providing them the technical assistance required to develop and build their capacities for outcome reporting.

Based on the data presented in this report, community programs funded by WCPCAN have demonstrated improvement in their ability to establish and implement evaluation protocol and report meaningful program outcomes. This systematic incorporation of outcome measurement into daily program activities has allowed many programs to become stronger and more established. Several programs have developed their outcome measurement processes to a high level and are actively using results to shape program services as well as assure quality services are being provided. Even more significantly, programs are able to demonstrate, through results, what has changed for parents who have engaged in their services.

results of outcome measurement

Generally, WCPCAN funds smaller community-based programs whose resources allow them to provide high quality services to a limited number of families. As a result, the outcomes reported by WCPCAN's funded programs cannot necessarily be widely applied. However, as indicated above, outcome measurement and programs' effective use of data ensures that services to families are indeed of the highest quality. There is substantial evidence throughout this report of ways in which parents and families have experienced positive changes as a result of program services.

Among those programs whose outcome was to link parents with social supports, the majority of program participants reported being connected to more supports and/or reported that the quality of those connections was improved. Programs that focused on helping parents develop the attitudes and skills necessary to nurture and bond with their young children were able to demonstrate more nurturing and attachment behaviors among the parents served both through self report and home visitor observation. Similarly, the majority of parents participating in programs where learning and applying positive discipline and guidance techniques was the focus showed an increase in skills and comfort in using those skills.

These results support WCPCAN's belief that our programs make a significant difference in the lives of vulnerable families, and that these programs contribute to the prevention of child abuse and neglect throughout Washington State. In contrast to the high costs of foster care placements and additional intervention services that are a consequence of child abuse and neglect, the investment in programs that focus on assisting parents and families to develop skills, behaviors and resources necessary to prevent abuse and neglect seems a wise investment choice.

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Outcomes Report
Community-Based Funded Programs

July 2005 – June 2006

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