



RESEARCH BRIEF

Evaluation of LAUP's New Family Engagement Model: A Strengthening Families Framework FY 2015-16

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In 2015-2016, LAUP implemented its first year of the Family Engagement Model grounded in the Strengthening Families and Protective Factors (SFPF) Framework. This model was implemented through a series of coordinated program activities and the intentional support of Family Engagement Specialists (FESs), who support parents, families, and children by promoting family engagement and optimal child development. A mixed-methods evaluation approach studied both processes and outcomes in order to yield findings on implementation and effectiveness that would facilitate purposeful decisions toward program improvement. The following are key findings from the evaluation:

- FESs experienced successes of implementation when relationships were built, communication was coordinated, and expectations were clear.
- Working with school districts posed additional challenges including access, contact, and inconsistent communication.
- Limited buy-in and communication continued to be the two most prevalent challenges to implementation and achievement of outcomes.
- Parents showed positive and significant changes over time on their perspectives and experiences related to the Protective Factors.
- One or more strategies promoting the Protective Factors were carried out successfully by most sites, regardless of the variation in overall SFPF integration.
- Ownership and empowerment were the top two indicators of growth and change in SFPF, and of engagement among parents and providers.

The implementation of the Family Engagement Model saw many successes and challenges. Evidence of growth in family engagement and in knowledge of the SFPF Framework emerged across several sites. This research brief highlights key evaluation findings and presents recommendations for future implementation.

Overview

The development of LAUP's Family Engagement Model (2015-16) was informed by current research, and by recommendations from previous evaluations of parent engagement. The overarching goal of the model is that families will receive intentional support framed by the Strengthening Families and Protective Factors (SFPF) Framework, a research-based approach developed by the Center for the Study of Social Policy (CSSP) to promote resiliency and optimal development of children. The SFPF Framework was developed to increase family strengths, enhance child development, and reduce child abuse and neglect. Five "Protective Factors" are at the foundation of this approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social-emotional competence of children.

Table 1. Five Protective Factors of the SFPF Framework

Protective Factors	Description
Parental Resilience	The ability of families coping with stress to be flexible and resilient in response to life's challenges
Social Connections	Relationships that provide emotional, informative, and/or spiritual support
Knowledge of Parenting and Child Development	Knowledge of parenting styles (knowing proper discipline and encouragement behaviors), knowledge of typical development of the child at appropriate ages
Concrete Support	Resources for families in times of need and crisis
Social-Emotional Competence of Children	This factor refers to self-esteem, self-efficacy and self-regulation -- all required for children's healthy emotional growth

The SPPF Framework provided a roadmap to guide the work of the FESs as they facilitated and supported its integration into site policies, plans, and activities, with the goal of reaching children and engaging families. The activities and components of the Family Engagement Model were the means by which this goal was designed to be achieved. In this first year, implementation took place in sites designated as Tiers 4 and 5 on the Quality Continuum Framework.

Table 2. Description of Family Engagement (FE) Model Components

FE Model Components	Description
Regular Site Visits	Through monthly site visits, the FES enables providers to support parents by using the SPPF Framework, school transition plans, community resources, and various educational materials.
Teacher Institute	A series of trainings focused on the Protective Factors, intended to promote the creation of action plans.
Family Case Referrals	Families with the highest needs are referred to Mental Health Specialists, who work with them directly or refer them to specific agencies.
Parent Workshops	Sites receive SPPF orientation. Based on PAPF results, FESs train site staff to conduct tailored parent workshops.
Regional Trainings for Providers	Providers may attend trainings to learn about additional topics, such as positive discipline and child behavior.

FESs experienced successes of implementation when relationships were built, communication was coordinated, and expectations were clear.

FESs went above and beyond to build relationships with providers, overcome resistance, improve buy-in, and promote integration of SPPF at their sites. Positive results included providers’ facilitation of meetings and their increased willingness to try new strategies and activities. FESs spoke about having to be “creative” at times to achieve these successes and leading “by example” to help overcome providers’ resistance. FESs also experienced success when they were able to conduct initial provider meetings with the coach assigned to that site. These efforts promoted the impression among providers of a coordinated team with clear expectations of roles and a plan for working together to provide support.

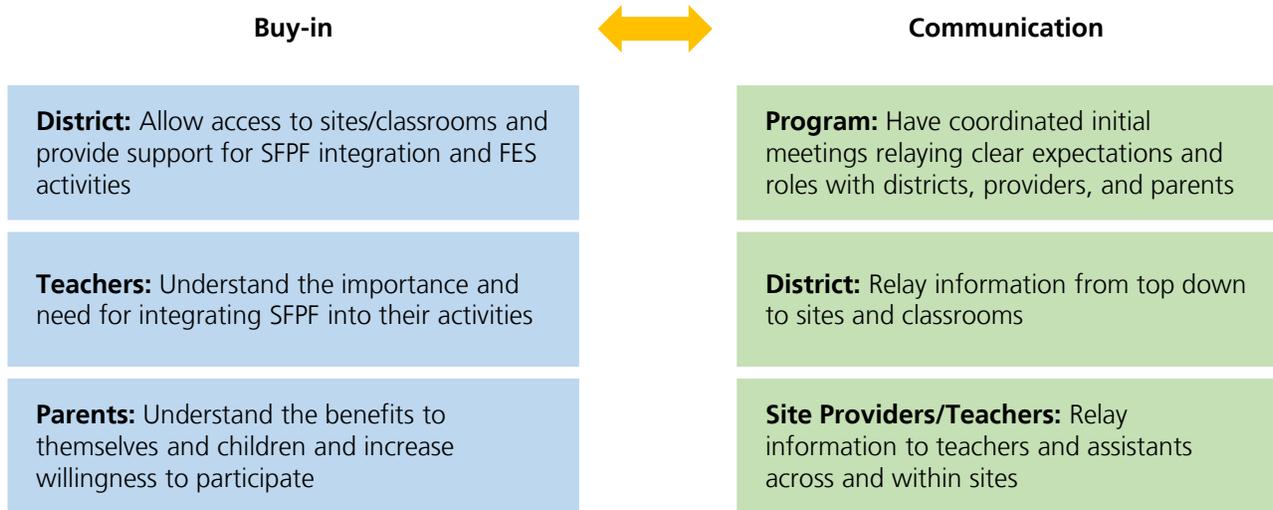
Working with school districts posed additional challenges including access, contact, and inconsistent communication.

Access was a major challenge, as some school districts only permitted FESs to have contact with select sites or classrooms, while other districts restricted contact to a single person. This latter restriction had other negative consequences, as this designated person was sometimes too far “removed” from what was actually happening in the classrooms. In some cases, the contact person changed more than once during the year, adding to the challenge of establishing expectations and building relationships. Inconsistent communication was also a challenge, as information shared by contact persons was not always representative, consistent, or specific to what was happening at the sites or classrooms. Further, communication and information given by the FESs to the district contacts did not always “trickle down” to the site staff or teachers. Finally, in some districts, policies kept parents out of the classrooms or limited their access. This had clear implications for promoting family engagement.

Limited buy-in and communication continued to be the two most prevalent challenges to implementation and achievement of outcomes.

Consistent with the findings from the 2014-15 Evaluation of the Parent Engagement Specialist pilot program (Banuelos, 2015), limited buy-in and poor communication emerged as the two most prevalent challenges to effective integration. Also emphasized was the added challenge of working with school districts. Figure 1 highlights different facets of buy-in and communication and their relationship, suggesting that as buy-in increases, so might communication, and vice-versa. The figure shows expectations for buy-in that will promote implementation and desired outcomes at the specified levels, as well as the types of communication that could lead to effective implementation and outcomes. These challenges exist at the organizational (program) level, at the site/provider level, and even at the parent level.

Figure 1. Expected Characteristics of Buy-In and Communication



Parents showed positive and significant changes over time on their perspectives and experiences related to the Protective Factors.

The Parent Assessment of Protective Factors (PAPF) was modified to include a retrospective component to gauge changes in perspectives over time. Twenty-two parents from three Tier 4 sites completed the PAPF with reference to two time points – the previous summer, and the following spring. A matched-pair t-test was used to analyze changes in PAPF responses. As shown in Table 3, significant positive changes in beliefs, knowledge, and behavior emerged, all indicative of changes in the parents’ perspectives from the previous summer to the following spring, across the protective factors measured.¹

Table 3. Retrospective PAPF Matched-Pair Comparisons (N=22)

Protective Factor	Time Point	M (SD)	t	p
Parental Resilience	Retrospective	4.27 (.50)	-4.58	.000**
	Present	4.75 (.27)		
Social Connections	Retrospective	4.33 (.76)	-2.79	.011*
	Present	4.73 (.65)		
Concrete Support	Retrospective	4.00 (1.00)	-4.07	.001**
	Present	4.83 (.31)		
Social Emotional Competence	Retrospective	4.02 (.67)	-4.59	.000**
	Present	4.64 (.54)		
Total Protective Factors	Retrospective	4.16 (.62)	-4.48	.000**
	Present	4.74 (.37)		

*Findings significant at p<.05
 **Findings significant at p<.01

One or more strategies promoting the protective factors were carried out successfully by most sites, regardless of the variation in overall SFPF integration.

Strategies and activities promoting the protective factors and engagement were carried out successfully across most sites. Activities related to Social Connections and Concrete Support included parent cafés, setting up teams or groups to organize events or projects, and creating a “family” environment where all family members

¹The PAPF does not currently measure the Protective Factor: Knowledge of Parenting and Child Development.

were welcomed. These practices are supported by current research, which has shown that providing opportunities for peer support among parents to reduce stress and increase their connection to parents with similar experiences and circumstances is an effective approach to improving parent engagement (National Academies of Sciences, Engineering, and Medicine, 2016).

Strategies and activities promoting Parental Resilience and Social-Emotional Competence were also implemented. Parents shared that teachers gave advice on handling stressful situations, helped them to understand and navigate children's health and educational needs and processes, and taught them how to be the model for emotional and behavioral expression at home. Activities such as creating parent boards, resource binders, resource fairs, referrals, and workshops promoted Knowledge of Parenting and Child Development as well as other factors (e.g., Concrete Support).

Ownership and empowerment were the top two indicators of growth and change in SFPF, and of engagement among parents and providers.

Many providers and parents took "ownership" at their sites. FESs shared how providers had begun taking on greater responsibility for running their own trainings and workshops. Meetings and discussions with parents were becoming intentional – more "open" discussions were held about issues and need for support at the sites. Further, more providers were allowing parents to develop and run major events (e.g., graduation ceremony, fundraising). Empowerment was also an indicator of growth in parent engagement. Parents were taking initiatives to organize and facilitate events. They participated in school meetings and conferences, and became representatives who could advocate for and report to their sites. As one FES explained, "These parents took these roles very seriously – to be the eyes and ears and learn what was expected of the parents."

Recommendations

The first year of implementation of the Family Engagement Model saw many successes and challenges. Family Engagement Specialists worked diligently to support their sites and providers, drawing from their own knowledge, training, and creativity to advance goals and outcomes related to family engagement and optimal child development. Challenges encountered within this first year can be overcome through strategic planning, collaboration, and communication. The following recommendations should be considered for future implementations:

- Develop or revise a logic model that clearly articulates the connections between program activities and expected outcomes.
- Establish a set of clear expectations, program requirements, and specific responsibilities that is shared with FESs and all providers.
- Use assessments that align directly with the informational needs of the program and play a role in achieving outcomes.
- Develop strategies for building positive relationships with, and gaining access to, sites and providers who are non-committal or resistant.

References

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Appendix A. Evaluation Methodology

Evaluation Questions

The following questions were developed to guide evaluation of the program's processes and outcomes in its first implementation year, for the purpose of informing program development and improvement.

Process Questions

1. How well did the components of the FE program and FES activities align with the intended Family Engagement Model?
2. What were the natures and overall effectiveness of the program activities, trainings, workshops, and visits developed to promote the Strengthening Families Framework and the Protective Factors?
3. How did the program use the assessments and resulting data, and how well did these data inform the needs and goals of programs and providers?
4. What successes and challenges did FESs face in implementing the SFPF Framework and family engagement practices at their sites in this first year?

Outcomes Questions

1. To what extent were the goals of the FE program met in this first year?
2. To what extent did the providers integrate the SFPF Framework?
3. What evidence of knowledge and growth in the SFPF Framework emerged among providers, parents, and families?

Evaluation Methods

The evaluation utilized a mixed-methods approach to determine the nature, quality, and fidelity of implementation (process), as well as the achievement of desired outcomes. The evaluation also incorporated a collaborative approach, in which ongoing meetings, sharing of data and preliminary findings, and collaborative discussions with program supervisors served to inform the program and evaluation activities. Multiple data collection methods and sources were used to gather the data for this evaluation, including site observations, focus groups with parents and FESs, provider surveys and quarterly assessments, measures of knowledge retention from provider trainings, and the Parents' Assessment of Protective Factors (PAPF) assessments. All qualitative data were coded for themes and categories. All quantitative data were descriptively analyzed.