



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

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Executive Summary

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. The evaluation utilized a mixed-methods approach to study both the process and outcomes of the program. This evaluation approach yielded findings on program effectiveness and implementation, facilitating purposeful decisions toward program improvement.

Presented below are key findings that emerged from the evaluation, followed by recommendations. Details and additional findings are within the report.

Key Findings

- Overall, FESs carried out program activities that supported providers and promoted the SFPF Framework at the sites.
- Timing played a crucial role in how well and how fully activities were implemented.
- 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.
- Buy-in and communication continued to be the two most prevalent challenges to implementation and achievement of outcomes.
- Regardless of the variation in SFPF Framework integration, one or more strategies or activities promoting the protective factors were carried out successfully by most sites.
- Ownership and empowerment were the top two indicators of growth and change in SFPF, and of engagement among parents and providers.

Recommendations

- 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.

Introduction

Recently, LAUP has undergone organizational changes and adopted a new strategic plan. A major component of this change is LAUP's Family Engagement Model, implemented in 2015-2016. The development of this model was informed by current research and 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, which was developed by the Center for the Study of Social Policy (CSSP).¹ This framework promotes resiliency and optimal development of children.

The Family Engagement Model is one element within a larger array of services provided by LAUP. This model is comprised of the following activities: regular site visits by Family Engagement Specialists (FESs), a Teacher Institute professional development series for providers, Family Case Referrals to Mental Health Specialists, Parent Workshops, and Regional Trainings for Providers. The Family Engagement (FE) program and the activities of the FESs both contribute to the implementation of this model. While there are broader goals associated with the coordinated efforts of all these core elements, four specific goals guided the activities of the Family Engagement program in particular. These goals are also aligned with the Family Engagement Pathway of the Quality Continuum framework.

Goal 1: The site is responsible for ensuring staff learns about the Strengthening Families Five Protective Factors, family-centered practices, terminology, and tools available to support family-centered practices.

Goal 2: The site develops a deeper understanding of how relationships with and between families and program quality are interrelated.

Goal 3: The site builds competency by using the Strengthening Families Five Protective Factors framework to plan daily interactions with children and families, to promote optimal outcomes for children.

Goal 4: The site will consistently integrate the Strengthening Families Protective Factors Framework and family centered practices in all program policies and activities, with families fully and meaningfully engaged.

In this first year, the program was implemented only in sites designated as Tiers 4 and 5 on the Quality Continuum framework. Through LAUP's multi-faceted cycle of improvement and a series of FE program activities, the FESs each worked with a caseload of about 12 sites to support providers in areas such as the SFPF Framework, school transition plans, accessing community resources, and offering various educational materials. This intentional support allowed providers to support parents, families, and children by promoting family engagement and optimal child development. It was anticipated that by working through LAUP's cycle of improvement (needs assessment, goals and agreements, regular site visits, and year-end reflection) and the facets of the Family Engagement Model, the goals of the FE program would be achieved.

The Strengthening Families Protective Factors (SFPF) Framework

The SFPF Framework is a research-based approach developed to increase family strengths, enhance child development, and reduce child abuse and neglect. Five protective factors are at the foundation of the Strengthening Families approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social-emotional competence of children.

The Center for the Study of Social Policy (CSSP) initiated this approach to strengthening families by building upon evidence-based knowledge of child and family outcomes, which depend on factors such as human behavior, child development, and family interactions. The five protective factors (as shown in Table 1) require communication, an understanding of the home environment, and a collaborative effort between child care or education providers and the parents and family of the child, in order to be successfully implemented. Overall, the SFPF Framework provides guidance, and allows for adaptive implementation to maximize effectiveness (CSSP, 2015a, 2015b).

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 to develop healthy emotional growth

The Family Engagement Model is grounded in the Strengthening Families Framework. It provides a roadmap to guide the work of the FESs as they promote and support its integration into the sites’ policies, plans, and activities with the goal of reaching children and engaging families. The framework offers a variety of ways to support families and promote engagement, based on unique family needs, site capacity, and available community resources (CSSP, 2015a).

Evaluation Purpose

The purpose of this evaluation was to:

1. Determine the level of implementation of the Family Engagement Model, in terms of quality and fidelity in its first year.
2. Provide evidence of knowledge and growth in the SFPF Framework across providers and parents.
3. Document accomplishments and challenges from the first year of implementation.
4. Inform program staff, supervisors, and FESs about needed improvements, revisions, and/or adaptations to the model for its second year of implementation.

A pilot administration of the Family and Provider/Teacher Relationship Quality measure and a determination of its feasibility as an integrated component of the Family Engagement Model was also incorporated within this evaluation.¹

Evaluation Questions

Guiding evaluation questions were developed to assess both process (the implementation of the program) and outcomes. Questions of impact were not emphasized, as this was the model’s first year of implementation and the intent was primarily to inform and improve.

The evaluation questions below are categorized as specific either to process or to outcomes. The last set of questions relates to the pilot administration of the Provider/Teacher Relationship Quality measure.

Process Questions

1. How well did the components of the FE program and FES activities align with the intended Family Engagement Model?
2. What was the nature 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?

¹ Findings related to the feasibility of the Provider/Teacher Measure appear in Appendix B.

Outcomes Questions

1. To what extent were the goals of the Family Engagement 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?

Feasibility of the Provider/Teacher Measure

1. Based on the pilot administration, to what extent can this measure be integrated into LAUP's existing Family Engagement Model?
2. What are recommendations for future use of this measure with the Family Engagement model?

Evaluation Design and Methods

This 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. Collecting data from many sources served to substantiate findings and strengthen conclusions. The evaluation activities took place between October 2015 and June 2016. The table below presents an overall summary of each method, along with source and time period.

Table 2. Summary of Data Collection Methods

Data Collection Method	Data Source	Time Period
Observations	Three visits to 2 sites each to shadow FESs	Feb – March 2016
Focus Groups	Parents: 3 focus groups at 3 sites (N=22 total)	May – June 2016
	FESs: 2 focus groups at 1 site (N=11)	May – June 2016
Surveys	Provider survey (N=16)	April – May 2016
Interviews	Meetings with Program (FES) Supervisors	Weekly throughout evaluation period
Assessments	Retrospective survey given to sample of parents at 3 sites (N=22)	May – June 2016
	TI Measure to assess provider retention of information from training (N=13)	Feb – March 2016
	Quarterly Assessments	Winter 2015 & Spring 2016
	Family and Provider/Teacher Quality Measure (N=18)	Feb – March 2016

Data were analyzed both quantitatively and qualitatively, as appropriate, and findings were generated as they responded to the evaluation questions posed. In order to present the findings in a manner that is both cohesive and meaningful, findings are first grouped by their relationship to Process or Outcomes. Within these categories, findings are then presented as they relate to the evaluation questions.

An evaluation of process measures the effort and implementation of a program to determine whether it is operating as intended. The purpose is to inform and improve, as well as to provide a summative result (Rossi, Lipsey, & Freeman, 2004). The evaluation questions related to process, and their corresponding findings, serve both these purposes.

Given that this was the first year of implementation for this model, process findings may be considered especially informative and useful, as they may inform planning and decision-making more effectively than findings on program outcomes. Further, they can highlight unintended consequences or pinpoint areas that may need to be modified. It is important to note that the term "process," in this evaluation, refers only to the implementation of the model at the organizational or program level. Ways in which the sites may have

implemented strategies or framework are considered outcomes of both the program and the work of the FESs.

Finding: In general, the FE program components and FES activities positively aligned with the intended Family Engagement model, with a few notable variations.

The study of the alignment between a model as envisioned and the program as implemented allows program staff and other key stakeholders to determine which areas of the process may need further development, revision, or deletion. As explained in the LAUP Program Improvement Manual for 2015-16, the Family Engagement Model is grounded in the Strengthening Families Framework, and includes the components described in Table 3.

Table 3. Components of the Family Engagement Model

FE Model Components	Description
Regular Site Visits	Through monthly site visits, the FES enables providers to support parents by using the SFPF 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 highest needs are referred to Mental Health Specialists, who work with them directly or refer them to specific agencies.
Parent Workshops	Sites receive SFPF 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.

Overall, the FE program activities and FES activities (described more fully in the next section) were aligned with the model, which is a positive finding in this first year. The following list summarizes the areas in which alignment was not or could not be achieved:

- Regular site visits – FESs conducted monthly site visits, with the exception of districts in which the director was the only contact person. As shown in later findings, FESs were sometimes limited in their access, and were therefore unable to provide meaningful or effective support.
- Teacher Institute (TI) – Only a small number of Tier 4 and 5 sites attended. While FESs presented overviews of these trainings at the site, the full benefits of the TI, including resources, reflection, and planning opportunities, were missed by these sites.
- Parent Workshops – Site-aggregated assessment results did not yield enough meaningful information to enable training of staff on site-level family needs.

According to FES supervisors, mental health family case referrals were “as needed” and had not occurred this year. Nevertheless, FESs have consulted with LAUP’s Mental Health Specialist to identify resources to share with providers.

While alignment was present overall, there were challenges to the implementation of program activities that had an impact on how fully and how effectively these activities were carried out. These are addressed in the subsequent sections.

Finding: Overall, program activities were carried out by FESs, who supported providers and promoted SFPF at the sites.

As described in the previous section, the FE program activities were in general alignment with the Family Engagement Model. Similarly, the activities of the FESs generally followed the proposed allocation of time, with one exception. Almost all FESs agreed that some of the time allocated for administrative work (30%) was actually used to visit and support providers. They all believed that this extra allocation of visiting time was

necessary to build relationships, promote greater buy-in, and offer the necessary support. Surveyed providers reported the ways in which they were supported by their FES in this first year. The most frequently named supports included resources, information, and guidance. Providers were also supported through site visits, participation in parent meetings and conferences, and provider trainings. Communication was also noted as a support, as well as the FESs' willingness to help with specific requests or activities.

Finding: Shared understanding of roles, expectations, and purpose was not always evident among staff and providers.

One challenge that was expressed by FESs was that at some sites (especially district sites), there was no clear understanding of the purpose of the FE program, the role of the FESs, or the expectations for sites' participation. Having a shared or common understanding across the board (including program staff, FESs, and providers) is essential to effective implementation.

In some cases, FESs did not have the same understanding of the program expectations as did district providers. There were mixed messages, on occasion, and "all they could do was follow along" with the districts' lead. Findings from FES focus group discussions suggested that the FESs did not have a common understanding of how to work with districts that had a single contact person. In some cases, when access or other limitations were placed on them by providers, clear direction on how to proceed was not readily available.

All FESs agreed that there should be some type of meeting or direct communication with the identified point person at the start of the year, and that this person should share their understanding and be committed to the process. Suggestions also included some type of orientation (e.g., a Director's Institute) to go over all program requirements, contracts, dates, the process details, and the role of the FES. Not having this shared understanding of purpose, roles, and expectations resulted in the FESs devoting too much time to "selling themselves" at the start. Some sites had no idea who the FESs were or what the program was. FESs reported that it was as if they were "going out on a cold call."

Finding: Timing played a crucial role in how well and how fully activities were implemented.

As explained by program supervisors and FESs, the first year of the program got off to a late start. This was largely due to delays in contract processing and identification of sites for inclusion in the program. In addition to pushing back scheduled activities on the calendar, the program's delayed timing played a crucial role in how well and how fully these activities were implemented. Timing also influenced FES-site relationships and buy-in.

FESs shared some of their experiences due to these timing issues. Many spoke of problems with matching site calendars and deadlines. At some sites, the information related to requirements and assessments was provided too late to schedule these events into the calendar, which created conflicts and burdens for the teachers and parents.

Starting late in the year decreased teacher buy-in; some teachers did not see the need for FES support. Many FESs took initiative to overcome this resistance (e.g., running meetings or workshops, or making extra visits). FESs who experienced changes or additions to their caseloads also experienced less progress through the cycle of improvement. The late start had a negative effect on where they began the cycle and their progress through it.

Assessment results were also not always available in a timely manner. This added to the challenge, as it held some FESs back in the cycle of improvement. Some FESs explained that they "had to get creative" to support the providers in the absence of results. Others agreed that they did not "look" organized or prepared when they did not receive results or information in a timely manner. One FES shared that it "doesn't help us when we are trying to build relationships with providers."

Finding: The Teachers' Institute, while well received overall, was limited in its ability to support FESs or their specific sites.

The Teachers' Institute was a professional development workshop series designed to present providers with an overview of the Strengthening Families Framework; sessions were offered to address each of the five protective factors. The series was offered over three non-consecutive days across four different locations. Providers from sites in Tiers 4 and 5 were the targeted audience, as the FESs would be able to support their sites with their own implementation of the framework following the workshop series.

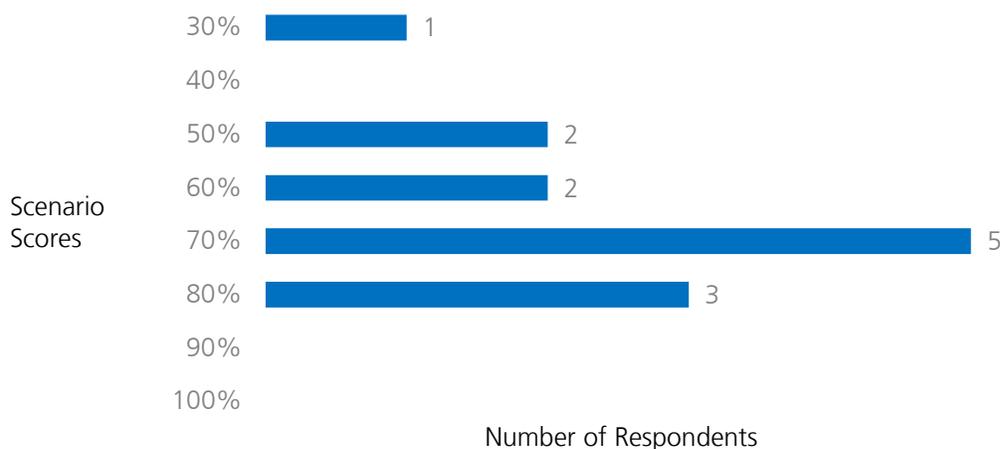
The TI took place from October through December 2016. FESs prepared and presented the material, and served as small group facilitators at each session. All workshops were well attended, and post-workshop evaluations showed an overwhelmingly positive response to the series.

Based on sign-in sheets and enrollment, the majority of TI attendees were from sites at Tier 3 or lower, due to an open enrollment allowing providers from all sites to attend. Significant numbers of providers from Tier 4 and 5 sites were absent from this activity. Discussions within the FES focus group revealed that one of the reasons for this was related to the timing of the enrollment. Many sites were closed or on vacation during the summer, and these sites may not have received information about enrollment before all workshops had reached capacity.

As a result, the effectiveness of this activity was decreased. FESs were unable to follow up with their sites regarding their understanding of the framework, the protective factors, and strategies for implementation and planning. Further, FESs explained that they had had to spend time giving limited overviews of SFPF at sites that had not attended. These sites did not benefit from the three full days of information and resources.

A measure was developed² and administered to providers to assess the retention and application of SFPF concepts and strategies that were taught through the Teachers' Institute. The measure included 10 multiple-choice scenarios; respondents' answers were scored for accuracy. There were 13 respondents (12 from Tier 4 sites and one from a Tier 3 site). Figure 1 shows the distribution of scores across respondents.

Figure 1. Distribution of Scores on TI Retention Measure (N=13)



The scores reflect moderate retention of information from the time of participation in the TI to completion of the measure – a time range of three to five months.

Finding: The use of the assessments throughout this program year did not appear to be fully aligned with their purpose or with the Family Engagement Model.

There were two assessments incorporated into the FE program itself (in addition to those specific to the

² Scenarios and statements were adopted from Ocon, J., Griffith, A., Marcus, A., & Frohock, S., (2012).

evaluation). These were the Quarterly Assessment (QA) and the Parents' Assessment of Protective Factors (PAPF). The Quarterly Assessment (QA) was designed to be administered by FESs at the site level, three times per school year. It consisted of a series of statements, aligned with the five Protective Factors, for which responses indicated the status of implementation ("Complete," "In Progress," and "Not Yet Complete"). During focus group discussions with FESs, questions arose related to the purpose of the assessment and who should be completing it. On face value, it appeared to be an instrument to track site-level progress in SFPF implementation and a basis upon which to develop goals. Some FESs believed the QA was a needs assessment, while others had difficulty making the connections between the items and family engagement.

Other challenges that arose with the QA had to do with allowing the provider to complete it for their sites. Common concerns were that the results did not reflect individual classrooms, that some supervisors were too removed from the classrooms to give accurate or consistent information, and that the items were too broad or general to really assess progress. In some cases, FESs found inconsistencies between what they had observed and what providers reported, leading to questions on how to move forward.

The National Quality Improvement Center on Early Childhood (QIC-EC) of the Center for the Study of Social Policy (CSSP) developed the Parents' Assessment of Protective Factors (PAPF) to assess the presence, strength, and growth of parents' beliefs, feelings, and behaviors indicated by the SFPF framework. Items are based on four of the five Protective Factors (Parental Resilience, Social Connections, Concrete Support in Times of Need, and Social and Emotional Competence of Children). The PAPF was rigorously tested in development to ensure validity and reliability of the instrument and the constructs (Kiplinger & Browne, 2014). Based on these results, the publishers removed the factor "Knowledge of Parenting and Child Development" from the instrument until item revisions yielded stronger evidence of internal consistency and reliability.

Within the Family Engagement program, it was anticipated that the PAPF would be administered to parents at each site to provide site-level and program-level feedback regarding progress and growth on the protective factors. However, this may not have been the intended purpose of the assessment. In the User's Guide and Technical Report, the authors stated that the PAPF results were to be "used to prompt specific shared conversations and decision-making with a parent about building or reinforcing their protective factors" (Kiplinger & Browne, 2014, p. 15), suggesting that its intended use should be at the level of the individual family.

While the aggregated results across the program were helpful in determining which protective factors might require additional support and training program-wide, the site-level results were not as meaningful, as the results were too variable to be conclusive. This impacted the FESs' and program staff's ability to determine specific site-based needs for training targeted toward specific protective factors. Ultimately, for the results to be of benefit to the families, the sites would need to know which families had scored lower on which protective factors. Since parents completed the assessments anonymously, this was not possible.

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

Overall, many FESs went above and beyond to build relationships with providers, overcome resistance, improve buy-in, and promote integration of SFPF at sites. Positive results included the facilitation of meetings by sites and providers, as well as increased openness to trying strategies and activities. FESs spoke about having to be "creative" at times to achieve these successes.

One FES shared that because they had visited sites more frequently, the providers "trusted our relationship and were confident that we could do this together." Many spoke about the positive experiences they had when they were able to conduct their initial provider meetings along with the coach assigned to that site. They believed this gave the impression that they were a coordinated team with clear expectations of their roles and a plan for working together to provide support. Many felt that this coordination was very effective with providers.

Another FES explained that it was "helpful to find things that they were already doing and [show] them how it fit into the framework." This strategy increased buy-in by prompting providers to "want to" advance their

activities and strategies. Other FESs took the initiative to “lead by example” by leading meetings and workshops which helped overcome their resistance. One FES explained that they learned “it was all about being intentional.”

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

There were many challenges presented in working with school districts; these challenges were the primary factors rendering FESs unable to move their districts through the full cycle of improvement.

Each district had a designated contact as well as multiple sites and classrooms. Having to work with a single contact person proved challenging to many FESs, as this designated person was sometimes too far “removed” from what was actually happening. In some cases, the contact person changed more than once during the year, adding to the challenge of establishing expectations and building relationships. FESs shared that it was also difficult to set up meetings.

Access was a major challenge for some FESs working with districts. While some allowed FESs to have contact with sites, classrooms, and staff, others restricted contact to a single person. In some cases, access was limited to specific sites or classrooms within a district.

Information that was shared, whether through a needs assessment or through the Quarterly Assessment, was not always representative, consistent, or specific to what was happening at the sites or classrooms. FESs explained that often, the determined needs or goals were too broad or generalized and did not reflect the specific needs at the individual sites or classrooms. Some districts already employed someone who provided family engagement support. Some FESs explained that this was challenging, largely because the roles were not clear and the FESs had to be “creative” to ensure that services and supports added value and were not duplicative or redundant.

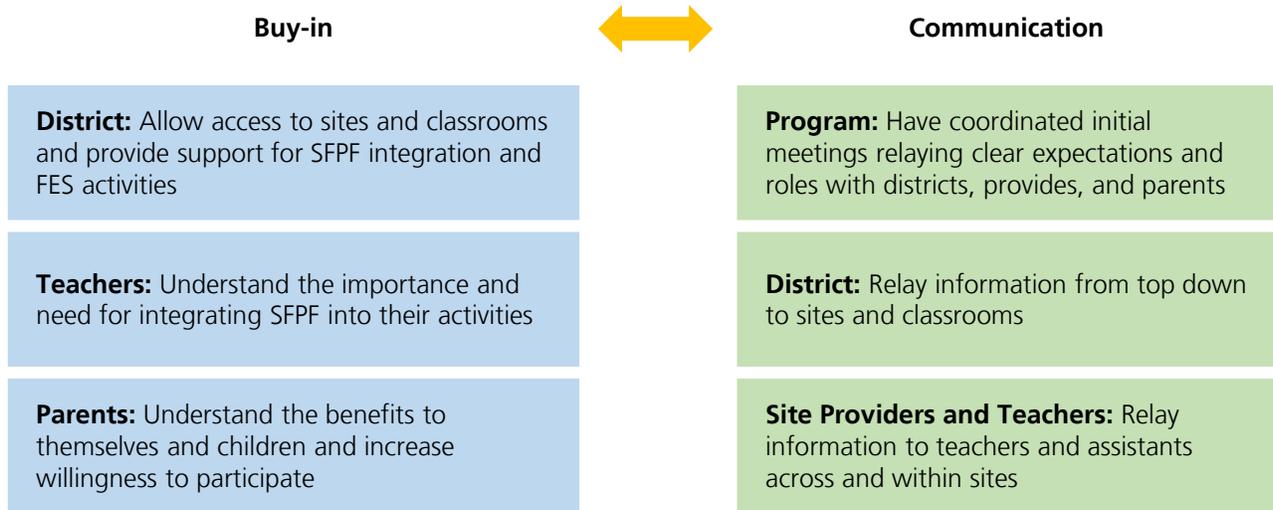
Further, communication and information did not always “trickle down” to the site staff or any teachers. In some districts, policies kept parents out of the classrooms or limited their access. This had clear implications for promoting family engagement. FESs agreed that in districts, there was too much policy and not enough communication. One shared, “Families are missing out because of this.”

Those FESs who had opportunities to have district meetings with coaches (sometimes including PLCs as well) spoke positively about the outcomes and saw this approach as very effective. This effort allowed them to be seen as a coordinated team.

Finding: Low buy-in and poor communication continued to be the two most prevalent challenges to implementation and achievement of outcomes.

Low buy-in and poor communication were the two most prevalent themes that emerged as challenges to effective integration. This is consistent with findings from the previous 2014-15 PERS evaluation (Banelos, 2015). This year’s findings demonstrate the added challenge of working with school districts. Figure 2 highlights the many different facets of each theme while showing that they are also interrelated, suggesting that as buy-in increases, so might communication, and vice versa. The boxes in blue highlight the types of buy-in, or what buy-in should “look like” to promote implementation and outcomes at the specified levels, while the boxes in green show the types of communication that could also lead to effective implementation and outcomes. It is also important to note that these challenges exist at the organizational level (program), at the site or provider level, and even at the parent level. Efforts toward improvement should be targeted accordingly.

Figure 2. Expected Characteristics of Buy-In and Communication



Finding: The achievement of the four Family Engagement program goals varied across the study sites.

The achievement of the four FE program goals varied, although they were largely determined to be “in progress.” There were two limitations that prohibited a full exploration of this evaluation question. First, the goals as developed by program supervisors were very broad, and the activities designed to support them did not always have a fully articulated connection with the goal. In many cases, direct measurement was not possible, and findings relied on inference and approximations. Second, the goals were based on site-level achievements, and evidence of these was often limited to provider self-report and a non-representative volunteer sample. Despite these limitations, there was evidence to suggest that many sites were headed in the intended direction.

The first goal stated that each site would be responsible for ensuring that its staff learned about the SFPF Framework practices, terminology, and tools. As described earlier, not all sites attended the Teachers’ Institute. Further, while FESs explained that they provided SFPF overviews to those sites that did not attend, there was little evidence to show that the site ensured that all staff received this information. This seemed to be particularly true with school districts containing multiple sites. Further, there was no way to assess whether online training was accessed. Nevertheless, evidence of SFPF implementation at the sites, as well as data collected from FESs, providers, and parents, suggested that learning about SFPF was experienced at some sites. However, the number of sites and staff members for which this was true could not be determined.

The second goal was for sites to develop a deeper understanding of how relationships within and between families are interrelated with program quality. While direct measurement of this goal was not possible, evidence of this understanding emerged through provider responses. For example, surveyed providers discussed how parent relationships with one another and with staff made their events and fundraising projects “better” and “strengthened” the program. Parents and teachers worked as a team “to have impact.” The relationships changed the atmosphere and created a more positive environment. It was expressed that the more families built relationships with each other, the more they became involved in school activities and in their children’s development.

The third goal addressed site competency-building by using the SFPF Framework to plan daily interactions with children and families. Like the other goals, this goal was not directly measurable. FESs, providers, and parents all shared information related to activities that were based on or incorporated SFPF. While this suggests that sites are building competency in the overall use of the framework, it does not determine the stage of competency, or determine whether it is incorporated into daily planning. Competency-building requires communication of information to all site staff; based on surveyed providers, only 50% acknowledged regular communication of the SFPF framework to all providers at their sites.

The fourth goal was the sites' consistent integration of the SFPF Framework in all program policies and activities, with families becoming fully and meaningfully engaged. Similarly to the above goals, progress was not directly measurable, but rather was inferred from other data. Surveyed providers reported that the SFPF was integrated into the annual plan (44%) or site policies (38%), while 50% were "in progress" on both (Figure 3). The remainder of the providers reported no integration in either the annual plan or site policies. FESs, providers, and parents shared evidence of SFPF integration through discussions of activities and support. Parents spoke positively about the many activities and events through which they had helped with planning and/or participation at their sites. Providers shared activities they had implemented to support the protective factors, and FESs shared ways in which they had supported sites (e.g., co-facilitation at meetings, providing resources). However, this evidence does not determine consistency of integration, or demonstrate that full and meaningful engagement is a result of this integration. This goal would require a more measurable articulation and a clear understanding of terms.

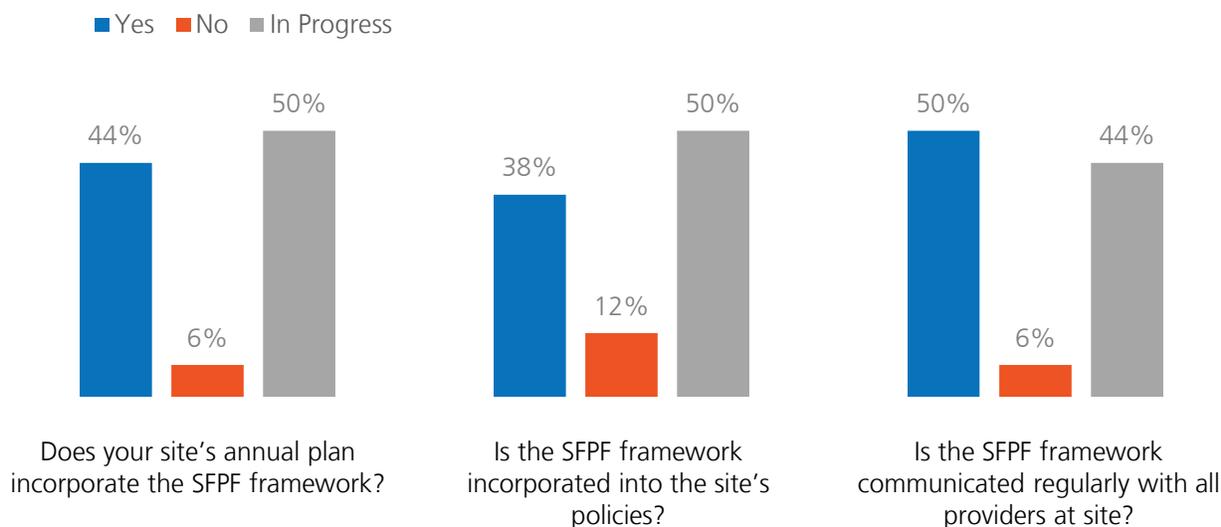
Finding: Surveyed providers identified Social-Emotional Competence and Knowledge of Parenting and Child Development as the two protective factors most successfully implemented at sites. Parental Resilience and Concrete Support were identified as the most challenging protective factors to implement.

The two protective factors identified by surveyed providers as being the most successfully implemented were Social-Emotional Competence and Knowledge of Parenting and Child Development. The reasons offered for this success appeared to begin with the resources and information acquired from FESs and workshops. Providers then shared this knowledge with parents, leading to parents' improved understanding of how to communicate with children and use social-emotional strategies. Research on parent engagement highlights the importance of positive social-emotional outcomes for children, and describes the collaboration between parents and providers as a predictor of these outcomes (Sheridan, Knoche, Edwards, Bovaird, & Kupzyk, 2010).

Parental Resilience and Concrete Support were identified as the most challenging protective factors to implement. Providers who identified Parental Resilience shared that it was "difficult to explain to parents" and that they could not "help everyone who needed it." Reasons for the challenging implementation of Concrete Support included the "lack of experience" of the provider, and the difficulty of offering support unless parents asked for it directly. Providers also noted that the resources, phone numbers, and websites could be very challenging to navigate.

Surveyed providers also reported on the level of integration of the SFPF Framework into their sites' annual plans, policies, and communication with staff. As shown in Figure 3, most providers reported that successful integration had occurred or was "in progress."

Figure 3. Provider-Reported Levels of SFPF Integration



Finding: Despite the variation in SFPF integration across sites, one or more strategies and activities promoting the protective factors were carried out successfully by most sites.

Data from FESs, providers, and parents revealed that across most sites, strategies and activities promoting the protective factors were carried out successfully. Activities that promoted Social Connections included parent cafés, setting up teams or groups to organize events or projects, and creating a “family” environment where all family members were welcomed. Parents at one site shared how the staff would introduce parents to one another, find connections between them (e.g., if they lived close to one another), and give them ways to be more involved together. Parents at another site saw the importance of working together on committees with other parents and developing relationships. These practices are supported by current research, which has found that providing opportunities for peer support among parents to reduce stress and increase their connection to parents who have similar experiences and circumstances is an effective approach to improving parent engagement (National Academies of Sciences, Engineering, and Medicine, 2016).

Activities that promoted other protective factors included creating parent boards, resource binders, resource fairs, referrals, and workshops. FESs noted that they had observed greater displays of posted signs and shared information. One FES shared that one site changed significantly, and went from having no parent board at all to having a board that was updated bi-weekly with relevant and useful information.

Parents shared that teachers had given them 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.

Other activities involved communication of information. For example, providers described preparing and disseminating newsletters, posting more signs and flyers, and holding workshops with expert speakers. Some FESs corroborated this by noting that some sites appeared more organized in this respect.

In spite of the challenges experienced in this first year, FESs, providers, and parents all shared evidence of change and growth that they have observed and experienced in the framework and protective factors. Overall, most have observed increased parent attendance and engagement at sites, and an increased quality and frequency of communication with parents.

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

FESs shared multiple examples of how both providers and parents have taken “ownership” at their sites. Many spoke of how providers had begun taking on greater responsibility for running their own trainings and workshops. Meetings and discussions with parents were becoming intentional – there were more “open” discussions 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). Providers saw the benefits of this involvement. At one site, a successful parent café prompted the parents to take ownership and continue meeting on their own to collaborate and initiate projects.

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.”

Finding: Providers experienced growth in family engagement at their sites as a result of SFPF implementation.

Overall, 100% of surveyed providers reported that they had seen evidence of growth in their parents and families as a result of the SFPF implementation at their sites. Evidence included more parents reaching out for support, using resources, and volunteering more; parents connecting and communicating more with each other and with staff; and an improvement in the quality of communication between parents and children.

At some sites, evidence of growth was seen through improved knowledge and understanding. This included the development of a common language using SFPF terms and descriptors, as well as an increase in “open” discussions about issues and the need for support at sites.

Providers also shared some of the challenges they faced to improving family engagement and growth across the protective factors. Parents’ work schedules and time continued to be a challenge, as many events and activities took place during the school day. In some cases, a lack of commitment and/or interest was a challenge. This was sometimes seen when a parent had been through the preschool program multiple times with other children. Providers from two sites explained that a challenge for them was not having adequate space (to work confidentially with parents). Some providers also shared that they needed additional support on specific strategies to improve family involvement and resources related to immigration.

Finding: Reflection activities between FESs and providers promoted greater understanding and intentional planning.

Reflection activities, as built into LAUP’s cycle of improvement, resulted in greater understanding of the effects of the program, and more intentional planning of changes for the next year. One FES described her experience in working with a particular district that only allowed access and support in specific classrooms. After working with them and reflecting on the growth and changes that occurred in those classrooms (and not in the others), she noted that they understood the effects of their limited access and began planning changes in the level of access and support across all sites.

At another site, reflection activities with the provider led to greater insight into potential reasons for low family engagement. The provider and FES began to work on how to address these factors in the coming year.

One FES shared how teachers reflected on their own demeanors, body language, and communication styles, and thus gained insight into their impact on parent engagement. In addition to this insight, providers saw the need for and benefit of reflection, in general, and the benefits of trying new strategies.

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

In order to gauge changes over time, the PAF assessment was modified to include a retrospective component. Parents completed the four sets of items with reference to two time points – the previous summer, and the time of the survey. Twenty-two parents from three Tier 4 sites completed the surveys. Demographic results showed that the “typical” parent who completed this assessment was a Hispanic female, between the ages of 30 and 39 years old, with a high school diploma, who spoke primarily Spanish. The youngest child, on average, was female, and was between three and five years old.

PAF responses were analyzed using a matched-pair t-test. Table 4 presents the results of these comparisons, for each of the protective factors and in total. As shown, there were significant positive changes in beliefs, knowledge, and behavior, indicative of changes in the parents’ perspectives from the previous summer to the time of the survey, across the four protective factors measured by the PAF.³

³ The PAF does not currently measure the Protective Factor: Knowledge of Parenting and Child Development.

Table 4. Retrospective PAPP 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)		

Limitations

A major limitation of this evaluation centered on the fact that the outcomes measured through parent and provider data did not reflect the full spectrum of perspectives and situations. The parents and providers who participated in surveys and focus groups were from sites who volunteered, based on the active involvement between their sites and their FESs. Sites that were not as actively involved were less likely to volunteer for these data collection activities. Therefore, the positive outcomes reported in this evaluation are not likely to be representative of the full range of sites served by FES or the Family Engagement model. Despite this limitation, the positive outcomes observed at highly engaged sites are an indication of the Family Engagement program’s potential benefits for sites that do choose to participate.

Conclusions and Recommendations

The Family Engagement program, in its first year of implementation, saw many successes and challenges. This evaluation focuses more on process – how the program was implemented – than on outcomes. This has been done primarily to inform program administrators and staff of the successes and challenges that existed, and of how they positively or negatively impacted implementation, so that meaningful and purposeful decisions can be made to support program improvement.

Despite the limitations of small, non-representative samples of providers and parents, it was evident that there was growth in family engagement, and in knowledge of the Strengthening Families Framework and Protective Factors. Challenges aside, the 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.

The challenges that emerged in this program, and their impact on process and outcomes, are not insurmountable. Many can be overcome through strategic planning, collaboration, and communication. Other challenges, such as the limitations of working with school district policies, are not so easily overcome; nevertheless, efforts can be made toward improvement.

The following recommendations are based on the evaluation findings, and on the recommendations offered by FESs.

Develop or revise a logic model that clearly articulates the connections between program activities and expected outcomes. If the achievement of a goal is considered an outcome, the goals should be written to be specific and measurable. Further, it is important that the activities align clearly with the achievement of outcomes. This allows staff to develop a greater understanding of “why” they do what they do, and of what should be expected to happen as a result. Finally, following an established logic model can build the capacity of the program supervisors and staff to evaluate their processes and outcomes internally.

Establish a set of clear expectations, program requirements, and specific responsibilities that is shared with FESs and all providers. Shared understanding of purpose and expectations can positively impact implementation and outcomes. This can be achieved through such activities as documenting and sharing expectations and related information with staff and providers, holding meetings or orientations at the start of the year, or sending out follow-up communications. Another benefit to having a written document with clearly articulated expectations and requirements is that it serves as a common resource to which both staff and providers can refer when necessary.

Use assessments that align directly with the informational needs of the program and that play a role in achieving outcomes. In choosing or designing the most appropriate assessments for a program, program staff should first determine the intention behind the assessment. In other words, staff should identify what information is desired from whom, and what will be done with this information. The answers to these questions are key to choosing the best way to gather the information, with the greatest efficiency and the least burden to staff and respondents. Further, appropriately aligned assessments can move the program forward, both in achieving goals and measuring outcomes.

Develop strategies for building positive relationships and gaining access to sites and providers who are non-committal or resistant. Successes were evident among sites and providers who participated in program activities and who established positive relationships with the FESs. However, there were many sites and providers who did not participate, or who participated minimally, for various reasons. Some were seen as being completely resistant to the program and the support. Research on “readiness to change” suggests that educators (including providers and teachers) who are not ready to change may be more resistant to support and participation, and may not benefit from the efforts made by others (Halle, Metz, & Martinez-Beck, 2013). This lack of readiness could be due to multiple internal and external factors, including individual personalities, group culture, or work environment. Regardless of cause, it may benefit the program and FESs to assess sites’ and providers’ levels of readiness to change as an initial step in the cycle of improvement.

Moreover, specific strategies for reaching out and building connections with non-committal or resistant sites and providers should be developed, and should be implemented regularly as part of the program’s activities. Monitoring and documenting the effects of such strategies will help to inform program staff about which efforts are working, and which efforts can be enhanced for greater success.

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Appendix A. Description of the Family and Provider/Teacher Relationship Quality (FPTRQ) Project

The Family and Provider/Teacher Relationship Quality (FPTRQ) project, sponsored by the Administration for Children & Families (ACF) and the Office of Planning, Research & Evaluation (OPRE), consists of five measures of the quality of family and provider/teacher relationships in ECE settings for children from birth through age five. These five measures include a director measure, a parent measure, a family services staff measure, a family services staff parent measure, and a provider/teacher measure.

The FPTRQ integrates features from three perspectives on family-provider/teacher relationships: 1) family support and family-centered care; 2) parent/family involvement and family engagement; and 3) family-sensitive caregiving. The measures incorporate the features that are consistent across these perspectives, as well as those that are unique to each (Kim, Porter, Atkinson, et al., 2015).

The provider/teacher measure was piloted during this evaluation. The measure consists of 64 items (including four demographic items), and may be completed in 10 minutes, on average. It was administered online during February and March 2016 as part of the Family Engagement evaluation activities. The following questions were posed to determine the feasibility of integrating the use of this measure within the Family Engagement Model:

1. Based on the pilot administration, to what extent can this measure be integrated within LAUP's existing Family Engagement Model?
2. What recommendations are there for future use of this measure with the Family Engagement model?

Structure

The provider/teacher measure of the FPTRQ measures three constructs, each with one or more subscales (see Table 6). These constructs and subscales have undergone content and construct validity studies, as well as analyses for internal consistency. These constructs and subscales also appear on the other measures, which allows for a more comprehensive perspective on quality.

Table 5. Retrospective PAPF Matched-Pair Comparisons (N=22)

Construct	Subscale	Description
Knowledge	Family-Specific Knowledge (12 items)	Knowledge and understanding of families' cultures; context in which they live; situations that affect them; and their abilities, needs, and goals
Practices	Collaboration (15 items)	Collaboration with and engagement of families through joint goal setting, decision-making, and following up on decision-making processes through developing action plans
	Responsiveness (4 items)	Engagement in sensitive, flexible, and responsive support of families' identified needs and goals
	Communication (4 items)	Promotion of positive, two-way communication responsive to families' preferences and providers'/teachers' personal boundaries
Attitudes	Openness to Change (8 items)	Willingness to alter normal practices to be sensitive to an individual child, parent, or family's needs, and willingness to be flexible in varying practices based on input received from a parent/family member
	Respect (4 items)	Valuing the child and family; being non-judgmental, courteous/welcoming, and non-discriminatory; being accepting of parents' divergent opinions; and being considerate and patient with parents when trying to elicit changes in their behavior
	Commitment (4 items)	Sensitivity to the needs of children, parents, and families; intrinsic motivation, or viewing work as "more than a job"; being sincere, honest, encouraging, accessible, and consistent in interactions with parents and children

Respondent Demographics

A total of 18 providers across Tier 4 and Tier 5 sites completed the measure during early Spring 2016. The demographic breakdown is as follows:

Race/Ethnicity

- Hispanic 56%
- White 39% (6% non-Hispanic)
- Black/African-American 17%
- Asian 12%

Child Development Associate Credential (CDA)

- Yes 56%
- No 33%
- Blank 11%

Highest level of education completed

- High school diploma or GED 6%
- Some college, no degree 6%
- Associate's degree 22%
- Bachelor's degree 50%
- Graduate school degree 17%

Results

The average scores per construct and subscale are presented in Table 6. The results were calculated using both the scoring sheet provided by OPRE and the User Manual.⁴ Note that the last column provides the possible response ranges, for comparison.

Table 6. Retrospective PAF Matched-Pair Comparisons (N=22)

Construct and Subscales	N	Mean (SD)	Reported response range	Possible response range
Construct: Knowledge	18	32.06 (5.27)	23-43	12-48
Subscale: Family-specific Knowledge	18	32.06 (5.27)	23-43	12-48
Construct: Practices	17	82.12 (6.00)	70-91	23-92
Subscale: Collaboration	17	54.76 (3.70)	46-60	15-60
Subscale: Responsiveness	18	13.56 (1.72)	11-16	4-16
Subscale: Communication	18	13.61 (1.61)	11-16	4-16
Construct: Attitudes	17	55.59 (4.69)	46-63	16-64
Subscale: Commitment	18	14.94 (1.16)	12-16	4-16
Subscale: Openness to change	17	29.59 (2.65)	23-32	8-32
Subscale: Respect	18	11.22 (2.07)	8-16	4-16

⁴ The Scoring Sheets and User Manual are available on the OPRE website:

<http://www.acf.hhs.gov/programs/opre/research/project/development-of-a-measure-of-family-and-provider-teacher-relationship-quality-ftprq>

The following results offer additional insights into scores on individual items and subscales:

- For all three major constructs (Knowledge, Practices, and Attitudes), the mean scores fell toward the higher end of the possible score distribution. The Knowledge average score was the lowest of the three (had the greatest distance between mean and highest possible score).
- Providers (56%) spoke to parents only “sometimes” about problems their child was having in the education and care setting, what to expect at each stage in their child’s development (50%), goals parents had for the child (67%), or how their child was progressing toward the parents’ goals (50%).
- For the children and families served, providers knew only “some” about the parenting styles of the parents (56%), their financial situation (50%), the role that faith and religion played in the households (50%), what their families did outside of the education/care setting to encourage children’s learning (50%), how parents disciplined their child (78%), and changes happening in the home (56%).
- Providers reported only “sometimes” offering parents ideas or suggestions about parenting (50%) or providing parents the opportunity to give feedback about their performance (61%).
- Providers overwhelmingly agreed that they taught and cared for children because they enjoyed the job and the children, and disagreed that they would do something else to make a living if they could.
- In terms of training, 44% of providers indicated that they had received no training or coursework on how to recognize the symptoms of substance abuse, depression or mental health issues in parents (50%), or of hunger (50%), in the last 10 years.

Discussion and Conclusions

The current evaluation suggests that this measure can be integrated within LAUP’s existing Family Engagement Model; the administration of this measure is highly feasible. The average response time is short, it can be completed online, and it is available in both English and Spanish. A scoring sheet in Excel format is also available online.

Of even greater benefit is the alignment of the FPTRQ with the Strengthening Families Framework. ACF and OPRE have released a research-to-practice brief to share how the FPTRQ can be used to complement or supplement the SFPF Framework and related self-assessments. There is strong alignment across the elements and protective factors. The FPTRQ also includes subscales that are not addressed by the SFPF but that are highly relevant, such as Openness to Change and Collaboration. The Collaboration subscale can provide information on the degree to which parents and providers engage in joint decision-making and goal-setting – opportunities which research has found to be highly effective in promoting family engagement (National Academies of Sciences, Engineering, and Medicine, 2016).

The FPTRQ is a viable measure that could yield meaningful and useful information to FESs as they work with providers and families at their sites. The alignment with the SFPF self-assessments could be explored further, to determine how these two measures would best complement one another. However, use of the provider-teacher version will only provide one side of the story, which does not fulfill the potential of the FPTRQ. There are parent measures available as part of the full FPTRQ (a short form and a longer form) which address the same constructs and subscales and allow for perspectives from both sides of this relationship. Parent scores may be linked with provider scores to generate site-level data that could be used to set goals and as a source for reflection. Further, more comprehensive measures of growth in family engagement and effective practice would be possible if the FPTRQ were to be used in conjunction with the SF self-assessments and the PAPP.

Appendix B. Evaluation Methodology

This section describes the data collection instruments and processes used in this evaluation.

Parents' Assessment of Protective Factors (PAPF)

Providers administered the PAPF to parents from December 2015 through February 2016. The intention was to aggregate the results to determine training needs. This administration was not officially part of the current evaluation. Parents were able to anonymously complete the paper-and-pencil assessment in English or Spanish. The PAPF contains 36 items corresponding to four Protective Factors (Parental Resilience, Concrete Support, Social Connections, and Social-Emotional Competence), and uses the following 5-point response scale:

- 0 = This is NOT AT ALL LIKE me or what I believe
- 1 = This is NOT MUCH LIKE me or what I believe
- 2 = This is A LITTLE LIKE me or what I believe
- 3 = This is LIKE me or what I believe
- 4 = This is VERY MUCH LIKE me or what I believe

There were 2714 completed surveys. The scores for each Protective Factor were aggregated and used to determine training needs across sites.

Parents' Assessment of Protective Factors (PAPF) Retrospective Survey

A retrospective version of the PAPF was developed for the evaluation, to identify gains or positive changes that parents had made across the four protective factors within the last school year. The 36 items remained unchanged, as did the 5-point response scale. The retrospective component divided the response categories into two distinct time periods. Respondents were asked to consider each statement with reference to their perspectives and experiences last summer (retrospectively) and "currently," corresponding to Spring 2016. Change over time was determined through quantitative analysis of differences between retrospective and current responses.

The survey was available in English and Spanish and included a brief set of demographic questions. A small sample of parents (N=22) from three different sites were asked to complete the survey as part of their focus group participation. All parents received an incentive for their full participation in this activity and focus group. (See the Focus Groups with Parents section for more information.)

Teacher Institute Retention Measure

A measure incorporating a set of 10 scenario-type multiple-choice questions and 5 open-ended questions was developed to assess the retention of learning on the protective factors and their application. Researchers and FE program supervisors adopted scenarios and statements from "Parent Leadership and Five Protective Factors: An idea book for successful program integration," (Parent Services Project, 2012). The target respondents were providers from Tier 4 and Tier 5 sites who attended the three-day Teacher Institute, which ran from October through December 2015. The measure was administered online in February 2016. Thirteen respondents completed the measure.

Focus Groups with Parents

Parent focus groups were held at three different Tier 4 sites, to gain a deeper understanding of parents' experiences and participation in the program, relative to the protective factors and engagement. Parents were offered an incentive (a \$30 gift card to Target) for their participation in the group and corresponding completion of the retrospective PAPF. The focus group facilitator led the group in both English and Spanish, as necessary. The facilitator recorded and transcribed all discussions. The site's FES was also present as a support and resource. The focus groups were conducted in May and June 2016.

Provider Survey

The initial intent was to conduct focus groups with a sample of providers. However, due to the late start of the project and low logistical feasibility, the focus group questions were converted into an open-ended survey administered to a convenience sample of providers. Overall, the purpose of the survey was to learn more about their experiences and practices with regard to implementing the Strengthening Families Framework and working with families. Providers from 16 different sites completed the survey.

Focus Groups with Family Engagement Specialists

Two focus groups with Family Engagement Specialists took place in June 2016. The purpose of the groups was to gain a better understanding of the successes, challenges, and changes experienced during this first year of implementation. There were 11 FESs present across both groups.

Interviews (Program Supervisors)

Weekly meetings and informal interviews took place between the evaluator and the FE supervisor throughout the evaluation period. This was the preferred method, as opposed to one or more formal interviews, as it allowed for more collaborative discussion and information sharing.

Observations of Family Engagement Specialists at Sites

Observations or “shadowing” of two FESs at their respective sites took place in early Spring 2016. Three visits with each FES were conducted, with the goal of observing a variety of activities at the sites, including parent meetings, workshops, discussion of assessment results, and discussion of protective factors. The visits also enabled observations of strategies put into place and interactions between providers and parents. The observer took field notes during each visit.

Family and Provider/Teacher Relationship Quality (FPTRQ) Measure

The FPTRQ measure for providers and teachers was administered online to a convenience sample of providers. The purpose was to determine the usefulness and feasibility of this measure as an integrated component of the FE program. Eighteen providers across multiple sites completed the measure. The results were scored and analyzed with the scoring sheets and instructions available on the ACF website. See Appendix A for more information about this measure.

Data Analysis

All focus groups were recorded and transcribed verbatim. Spanish discussions were translated into English for analysis. The transcripts were analyzed through a process of coding for important themes and categories. A similar process was conducted for the qualitative analysis of all open-ended questions on surveys and assessments. Analysis of data from other qualitative methods, such as observation field notes, were analyzed and were generally used on a supporting basis to confirm quantitative findings. All quantitative data generated through the assessments was entered into SPSS for analysis. Most data were analyzed descriptively. A matched-pair t-test was used to analyze the retrospective PAF data.