

2010

New York State Family Resource Center

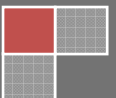
Outcome Study

A Report Submitted to:
New York State Office of Children and Family Services
Bureau of Program and Community Development
Children and Family Trust Fund
New York State Family Resource Center Network

Prepared by:
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EXECUTIVE SUMMARY

This report was prepared by the Center for Human Services Research (CHSR) at the University of Albany as part of an evaluation of New York State Family Resource Centers (FRCs) supported by the New York State Office of Children and Family Services (NYS OCFS) through the William B. Hoyt Memorial Children and Family Trust Fund.

The **Introduction** provides background information about FRCs and how FRC characteristics drive evaluation decisions. FRCs are voluntary programs that offer services and support for families in their communities, with an emphasis on families with young children. They promote the strengthening of families through developing social support, increasing knowledge of effective parenting, fostering child development, and enhancing family functioning. FRCs are diverse in their program offerings and populations served, making evaluation challenging because of varying goals, objectives, and level of participant engagement. Therefore, the decision was made to limit this evaluation to studying five primary program types that focus on enhancing parenting knowledge and behaviors and are among the core services offered by FRCs: formal parent education programs, support groups (including Parents Anonymous), playgroups, drop-in play programs, and home visits.

The **Methods** section includes more details about the study design. Parents or guardians of children under the age of six were recruited by site staff at eight urban and rural New York State FRCs between January 2008 and April 2009. Participants completed a questionnaire assessing parenting behaviors, attitudes, and strengths which have been found to correlate with child maltreatment risk. CHSR staff followed up with participants six months later with a mailed questionnaire.

There were 115 participants included in the study. Participants with a wide range of incomes and education levels were recruited. About 54% visited the FRC three or fewer times during the follow-up period, and 15% visited ten or more times. Drop-in play and formal parent education programs were most commonly attended by study participants.

The study had a 70% follow-up rate, with 80 participants completing a follow-up questionnaire between five and seven months after their first interview. Participants with higher incomes and higher education levels were more likely to complete the follow-up, perhaps because they are more likely to have permanent addresses and telephone numbers. However, there are not significant differences in baseline scores on parenting or social support measures between participants who did complete the follow-up and those who did not.

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The **Analysis** section compares baseline and follow-up scores on parenting and social support measures. The major findings were:

- The entire sample improved slightly between baseline and follow-up on three measures: parental empathy, maintaining appropriate parent-child roles, and avoiding harsh discipline.
- Participants reporting lower incomes and fewer years of education improved on additional measures: appropriate expectations of children, consistent discipline, appropriate discipline, clear expectations, and monitoring.
- Participants with poorer parenting scores at baseline were most likely to show improvement at follow-up in all measures.
- An increase in social support was limited to participants who attended FRC programs five or more times and those attending drop-in play.

The **Summary and recommendations** note that while minor improvements in parenting attitudes, behaviors, or social support were seen among the general population receiving FRC services, higher-needs populations had more significant changes. This suggests that working with a greater number of such families would maximize FRCs' efficacy. There are a number of ways to focus on higher-need families:

- *Targeted recruitment:* Poverty, unemployment, low education, substance abuse problems, young age at becoming a parent, and single parenthood all inflict stressors on parents which put their children at greater risk of neglect or abuse. These families are often difficult to engage in services and are unlikely to refer themselves to an FRC. FRCs may better engage such families by sharing strategies with each other as a network; connecting with prevention service agencies, County Departments of Social Services, and OCFS Regional Offices; locating in communities where vulnerable families reside; and better promoting FRCs' family-focused services to the families who come in for other needs. CHSR recommends establishing performance targets that specify recruitment numbers to ensure a large proportion of vulnerable families are enrolled in FRCs.
- *Program offerings:* Conducting a community needs assessment may be helpful for FRCs to best determine how to attract more families under stress. Some of the primary programs offered by FRCs, like drop-in play, tend to serve higher income families at less risk of child maltreatment. FRCs' primarily weekday, daytime hours may also be less accessible to high-risk families. Building relationships between staff and participants through phone calls, online networks, home visit programs, and off-site outreach events may become an important component of services at some sites.

- *Ongoing support:* The FRC model focuses on services that require some amount of time to build relationships with families. Yet many FRC visitors do not return more than once. If meaningful improvement is to occur through FRC services, FRCs need to keep families engaged. Encouraging attendance by providing incentives can be helpful, as Tupper Lake does with its Parents Anonymous program: free pizza and child care is provided along with group support. Following up with families who have not been in recently, via phone calls, text messages, or mailings, may also be a good use of staff time.

In addition to studying the effects of services, this outcome study was also conceived as a pilot to explore the feasibility of continued outcome measurement across all FRCs on a routine basis. A number of lessons were learned in its implementation. For universal implementation across all FRC sites, a much shorter instrument that is focused on attitudes and behaviors relevant to a wider age range of children is recommended. Shifting follow-up responsibilities to each site will reduce evaluation costs significantly, but may be challenging. A shift in organizational culture within each FRC to prioritize evaluation will help in further outcome research. It may be possible to shift this perspective and obtain better data by using evaluation techniques which encourage site staff to contribute more to the planning process of evaluations and to allow more focus on program improvements of immediate use to the sites.

CHSR continues to work with the FRC Network to collect and analyze data to identify program strengths and challenges. Further evaluation is planned to more closely examine how participant demographics and services received affect participation and to explore the integration of FRCs into their community networks.

INTRODUCTION

OVERVIEW

This report was prepared by the Center for Human Services Research (CHSR) at the University at Albany as part of an evaluation of New York State Family Resource Centers (FRCs) supported by the New York State Office of Children and Family Services (NYS OCFS). In the summer of 2007, NYS OCFS established a contractual agreement with CHSR to conduct an outcome evaluation of FRC programs, building on previous contracts with CHSR to provide database management and evaluation services. This report presents the results of the outcome evaluation and CHSR's recommendations for future practice.

BACKGROUND

New York State Family Resource Centers are voluntary programs that offer services and support for families in their communities, with an emphasis on families with young children. They receive NYS OCFS funding through the William B. Hoyt Memorial Children and Family Trust Fund, established in 1984 to combat family violence, and through the federal Community-Based Child Abuse Prevention (CBCAP) program. Twenty-two Family Resource Centers were funded in 2008 when data collection began.

Family Resource Centers are diverse in their program offerings and populations served, but all promote the strengthening of families through developing social support, increasing knowledge of effective parenting, fostering child development, and enhancing family functioning. To achieve these goals, FRCs are guided by a set of values and practice principles that are applied to a set of core services. These principles include providing services that are strength-based, culturally competent, flexible, family-centered, and empowering. Services include parent education classes and workshops, child playgroups, information and referral services, family social and recreational programs, lending libraries, supervised visitation, adult education (e.g., job readiness, English as a Second Language programs), counseling, home visiting, early childhood education, concrete services (e.g., food and clothing pantries), and early intervention.

Increasingly there is a call for family support programs to provide evidence of program effectiveness. Indeed, programs funded under CBCAP are being held accountable for two long-term child abuse outcomes: to decrease the rate of first-time victims and to decrease the rate of first time perpetrators. In addition, NYS OCFS is promoting the adoption of evidence based

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strategies to maximize the use of existing resources in the most effective way. To meet this evaluation need, OCFS requested CHSR to embark on an outcome study to examine the effects of FRCs on participants. However, the diversity of FRCs makes it particularly difficult to evaluate outcomes. FRCs offer a range of services with different goals and objectives. In addition, participants engage in FRC activities for varying amounts of time.

Because of these evaluation challenges, CHSR and OCFS decided that the areas of focus should be FRC programs that meet the following criteria:

- *Sustained participant involvement*: Programs that are delivered over a number of sessions (rather than an individual workshop or special event). This should allow for enough exposure to elicit change.
- *Parenting focus*: Programs that are designed to foster positive parenting attitudes, knowledge, and/or behavior; enhance parent-child interaction; or develop protective factors associated with reduced child maltreatment (e.g., social support). Preventing child maltreatment and improving family functioning are related to the major outcome areas identified by OCFS and CBCAP.
- *Core services*: Programs commonly offered by FRCs. The study is designed to gain an understanding of the effects of services typically offered by the majority of FRCs.
- *Sufficient participant enrollment*: Activities that include relatively large numbers of participants annually.

Analysis of the FRC MIS data revealed five primary program types with sustained family involvement that met the above criteria: formal parent education programs, support groups (including Parents Anonymous), playgroups, drop-in play programs, and home visits. This selection of programs attracts a broad range of participants, resulting in diversity of FRC users in our sample.

PROGRAM DESCRIPTIONS

Currently, all NYS FRCs offer *parenting education* to parents within their community. Some of these programs are formalized, with established curricula and prescribed activities, while others use an informal approach of offering advice and information. Within the formalized programs, a variety of curricula are used, including The Incredible Years, Parents As Teachers, Parenting Skills Workshop Series, and Effective Black Parenting. Some centers use various components of different parenting education curricula within the same class session. In addition, the methods of program delivery differ – some participants attend classes and receive home visiting services, some receive classes without home visits, and some receive parent education through home visits only.

Parents Anonymous, the major model of *support group* used in NYS FRCs, is a nationally-standardized model that addresses risk factors and fosters protective factors for families in need. It is based on the belief that parents are the most effective agents of their own change. Studies have shown that Parents Anonymous is effective in reducing abuse, increasing self-esteem, and decreasing social isolation. The Office of Juvenile Justice and Delinquency Prevention promotes Parents Anonymous as a national Model Family Strengthening Program. Presently, three NYS FRCs deliver the Parenting Anonymous model.

Playgroups provide structured, scheduled, time-limited activities for children and their caregivers. Eleven NYS FRCs offer playgroups. While usually not curriculum based, there is a formalized structure in facilitated activities. The groups focus on fostering parent-child relationships and social support.

Drop-in play programs provide access to unstructured free playtime with caregivers and children together. Like playgroups, drop-in play encourages the development of parent-child relationships and friendships between parents. Eleven NYS FRCs offer drop-in play.

Home visits may provide many different types of services, including parent education, developmental screenings, and health education. Its provision in the home enables families who are less likely or unable to attend programs held at FRCs to receive services. Nine NYS FRCs offer home visits.

METHODS

SAMPLE

Parents were recruited at eight New York State Family Resource Centers [Tupper Lake, Owego (Tioga County), Waverly (Tioga County), Southwest (Rochester), Peter Castle (Rochester), Geneva, Amsterdam, and Binghamton] between January 2008 and April 2009. Study sites were selected based on their capacity to recruit participants, their specific program offerings, and their representativeness of the entire state FRC network. Sites of various sizes in both urban and rural populations were included.

Eligible participants were the parents or guardians of at least one child under the age of 6, and were participating in playgroups, parent education, group support, drop-in play, or home visiting programs. Participants completed a questionnaire that included the Parent Practices Interview, the Adult-Adolescent Parenting Inventory, and items from the Maternal Social Support Index. They received a \$20 gift card for their participation.

MEASURES

It is difficult to determine the effectiveness of prevention programs by measuring child maltreatment directly because of its relatively low incidence. It would require a very large sample to document enough cases of maltreatment to discern differences between those receiving services and those not. A sample of this study's size would be unlikely to have many reported incidences of child abuse or neglect within the study period. More measurable outcomes are parent behaviors, attitudes, and strengths which have been found to correlate with child maltreatment risk. This study uses the following measures that assess these protective and risk factors.

- The **Parent Practices Interview (PPI)** is a 73-item questionnaire that asks about parental discipline, monitoring, and expectations of children. There are six subscales: harsh discipline, inconsistent discipline, appropriate discipline, positive parenting, clear expectations, and monitoring.
- The **Adult-Adolescent Parenting Inventory (AAPI)** assesses parenting attitudes related to behaviors that are associated with child maltreatment. It consists of 40 items with a five-point Likert scale response set. Its subscales are:
 - Construct A: Appropriate expectations of children

Construct B: Parental empathy

Construct C: Rejection of corporal punishment

Construct D: Appropriate parent-child roles

Construct E: Accepting children's power and independence

- **Social support** was measured by six items modified from the Maternal Social Support Index (MSSI). Questions ask about participation in various groups and the number of people available for support.

DATA COLLECTION

FRC staff administered baseline measures to eligible participants on their first or second visit to the center. Five months after completing the baseline interview, CHSR mailed participants a follow-up questionnaire containing the same measures. If this questionnaire was not returned, research staff contacted participants via phone, mail, and e-mail at their own addresses and at the alternate addresses provided by the participant at recruitment. Follow-up questionnaires were accepted up to seven months after the baseline questionnaire was completed. Participants were given a \$30 gift card after completing the follow-up.

BASELINE DESCRIPTION

OVERVIEW

A total of 124 participants were recruited and completed a questionnaire at baseline. Nine were not eligible for the study due to their children being outside of the study's target age range. The remaining 115 questionnaires were included in the analysis. Table 1 describes the demographics of study participants when they entered the program. About 29% had not graduated high school or received a GED. Over half the respondents (57%) were white and the majority (88%) was female. Over half (52%) reported family incomes of less than \$10,000 a year. 28% were employed and 50% were receiving public assistance.

The participant demographics among the study sites vary based upon their geographic location and outreach efforts. Appendix A includes tables showing the demographics of study participants in each individual site.

Table 1. Baseline demographics of study participants

Baseline demographics	Percent*
Education (N=93)	
Less than high school/ GED	29
High school	29
Post- high school education	29
Bachelor degree or higher	13
Ethnic/ racial background (N=109)	
Black (non-Hispanic)	26
White (non-Hispanic)	57
Hispanic	10
Asian/Native American/Multiracial	7
Other	1
Gender (N=114)	
Men	12
Women	88
Family income (N=93)	
\$0-\$9,999	52
\$10,000-\$14,999	10
\$15,000-\$24,999	9
\$25,000-\$34,999	10
\$35,000-\$49,999	8
\$50,000 and over	13
Currently employed (N=92)	28
Receive public assistance (N=92)	50

* Totals do not always add up to 100 due to rounding

REPRESENTATIVENESS OF THE SAMPLE

Only a small percentage of eligible participants were recruited at each site. To examine the possibility that recruitment may have been less effective among certain groups, demographic characteristics of study participants were compared to all new participants at study sites during the recruitment timeframe (See Table 3).

At most sites, as compared to all new FRC registrants during the recruitment timeframe, there are only minor differences in the percentage of the study sample having completed high school or a GED and reporting receiving public assistance. Numbers of participants at each site are too small to effectively determine their representativeness, but there does not appear to have been a systematic selection bias favoring certain types of participants for inclusion in the study.

Table 3. Demographics of all FRC participants and outcome study participants by site

Site and variable	All new participants during recruitment timeframe*	Study participants
Owego (Tioga County)	(N=114)	(N=11)
% finished high school	85	90
% on public assistance	19	30
Waverly (Tioga County)	(N=108)	(N=28)
% finished high school	91	82
% on public assistance	15	36
Southwest (Rochester)	(N=200)	(N=33)
% finished high school	68	73
% on public assistance	50	67
Peter Castle (Rochester)	(N=116)	(N=11)
% finished high school	76	55
% on public assistance	52	67
Geneva	(N=173)	(N=12)
% finished high school	72	67
% on public assistance	30	42
Tupper Lake	(N=43)	(N=2)
% finished high school	93	100
% on public assistance	12	0
Binghamton	(N=136)	(N=11)
% finished high school	91	100
% on public assistance	19	40
Amsterdam	(N=25)	(N=7)
% finished high school	57	29
% on public assistance	61	71

*Amsterdam and Binghamton recruited participants between 9/08 and 4/09. All other sites' recruitment timeframes are from 1/08 through 4/09.

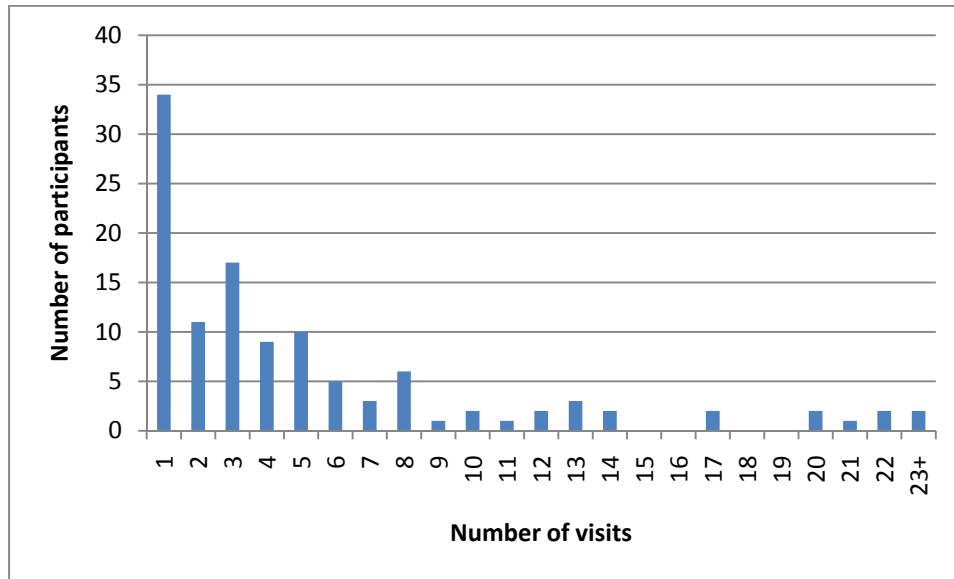
FRC VISITS

The number of times a participant visited the FRC during the follow-up period was recorded by FRC site staff during their normal sign-in process. Visits for participants who completed a follow-up interview were counted between their baseline and follow-up dates. Visits for participants who did not complete a follow-up interview were counted for six months following the date of their first interview.

The mean number of visits in the follow-up period was 5.7. About 54% of participants visited the FRC three or fewer times, and 15% visited ten or more times.

Fifteen participants were recorded as having no visits to the FRC in this period. Some recruiters may have failed to record participants' first visits, when they registered and were recruited for the study. Site staff confirmed that a service was provided but not recorded at registration and these participants' visits were recoded to 1.

Chart 1. Number of FRC visits by study participants between baseline and follow-up interview



TYPES OF SERVICES RECEIVED

Participants attended a variety of programs between their baseline and follow-up interviews. A number attended several different types of programs.

Table 2. Types of services received by study participants

Type of program	Number of participants attended at least once	Percentage of participants attended at least once
Drop-in play	55	48%
Formal parent education	42	37%
Playgroup	30	26%
Home visit	21	18%
Group support	11	10%

Different types of participants attended different kinds of programs. Drop-in play and playgroup participants were significantly more likely to have higher incomes, be white, and to have two parents in the home. These differences will be explored more thoroughly in a future study planned to analyze attendance data for all FRC participants.

FOLLOW-UP RESPONSE

A total of 80 participants also completed a follow-up interview between 5 and 7 months after their baseline interview. This is a 70% response rate.

There are some differences between the participants who completed a follow-up interview and those that did not. About 95% of participants earning more than \$35,000 completed the follow-up, while only 65% of participants earning less than \$35,000 completed the follow-up. Similarly, 77% of high school graduates completed the follow-up while only 56% of participants who have not completed high school did, and white participants were 1.5 times as likely to complete the follow-up questionnaire as non-white participants.

Overall, higher-risk participants were less likely to complete the follow-up interview. This is probably due to these participants being more difficult to contact because they are less likely to have permanent addresses and telephone numbers. To account for this, some analyses look at participants in these groups separately. There were not, however, significant differences in baseline scores on parenting or social support measures between participants who did complete the follow-up and those who did not.

ANALYSIS

OVERVIEW

This section compares baseline and follow-up scores on parenting and social support measures. Results are presented for the entire sample as a whole, for sub-groups of the sample which are of particular interest, and for participants with at-risk baseline parenting and social support scores. Tables 4 and 5 summarize significant findings related to the AAPI and PPI measures respectively. For statistically significant results, the baseline mean is listed followed by the follow-up mean.

ENTIRE SAMPLE

When the baseline and follow-up scores of the entire sample are compared, a few differences emerge. There are slight improvements on parental empathy and maintaining appropriate parent-child roles as measured by the AAPI. Harsh discipline, as measured by the PPI, decreased slightly. No differences in social support are evident.

SUBGROUPS

A number of analyses were conducted on sub-groups of the sample. Because using only part of the sample reduces the number of cases available for analysis, it is more difficult to uncover significant differences between baseline and follow-up. No significant differences in outcomes were found by site or child's age. While the following subgroup analyses show similar patterns of effects as the analysis of the entire sample, there are some interesting differences.

- **Regular attendees:** Among the 59 participants with follow-ups who attended the FRC two or more times, parental empathy (AAPI subscale B) changed significantly (from 4.6 to 5.2). The positive parenting scale on the PPI increased significantly, from 4.8 to 5.0. Social support measures were unchanged.

Participants with follow-ups who attended *five* or more times during the follow-up period (N=34) were more likely to report that someone could watch their child for several hours if necessary (a social support measure).

- **Attending specific services:** Types of service received were not significantly associated with changes in any of the measures, except drop-in play participants

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reported an increase in the number of people who would take care of their children if needed.

- **Race:** White participants' scores improved on parental empathy and rejection of corporal punishment (AAPI subscales B and C) and the PPI's harsh discipline scale. Participants who identified as other races/ethnic groups (Black, Hispanic, Asian, Native American, and other) had improved scores on maintaining appropriate family roles (AAPI subscale D) and the PPI's inconsistent discipline scale.
- **Household types:** Single parents showed improved scores on attitudes about parent-child roles (AAPI subscale D) and the PPI's harsh discipline, inconsistent discipline, and monitoring scales.
- **Income:** Participants reporting an annual income below \$10,000 showed improved scores on AAPI subscales A, B, and D (appropriate expectations, parental empathy, and appropriate family roles) and on the PPI's harsh discipline, inconsistent discipline, appropriate discipline, and clear expectations scales.
- **Education:** Participants who did not have a GED or high school diploma improved scores on AAPI subscale D (appropriate family roles) and PPI clear expectations and monitoring scales.

Table 4. AAPI findings: Significant results for all study participants and by sub-group*

Group	Appropriate expectations of children	Parental empathy	Rejection of corporal punishment	Appropriate parent-child roles	Accepting child's power and independence
All participants		4.3 to 4.9		5.5 to 5.9	
Regular attendees		4.6 to 5.2			
White participants		4.6 to 5.2	4.8 to 5.4		
All other races/ethnic groups**				4.5 to 5.5	
Single parents				4.6 to 5.3	
Low-income participants	4.3 to 4.8	3.3 to 4.3		4.6 to 5.4	
Participants without a high school diploma or GED				3.3 to 4.5	

* For statistically significant results, the baseline mean is listed followed by the follow-up mean.

Possible scores range from 1 to 10.

Higher subscale scores indicate lower-risk attitudes.

**All other races/ethnic groups includes participants who identified as Black, Hispanic, Asian, Native American, multi-racial and other

Table 5. PPI findings: Significant results for all participants and by sub-group*

Group	Harsh discipline	Inconsistent discipline	Appropriate discipline	Positive parenting	Clear expectations	Monitoring
All participants	2.1 to 1.9			4.8 to 5.0		
Regular attendees						
White participants	2.1 to 1.9					
All other races/ethnic groups**		3.0 to 2.5				
Single parents	2.5 to 2.1	3.5 to 3.0				5.9 to 6.1
Low-income participants	2.2 to 2.0	3.2 to 2.8	3.9 to 4.4		5.4 to 5.8	
Participants without a high school diploma or GED					4.9 to 5.8	5.8 to 6.3

* For statistically significant results, the baseline mean is listed followed by the follow-up mean.

Possible scores range from 1 to 7.

High scores on the harsh and inconsistent discipline subscales indicate higher-risk behaviors and high scores on the other four subscales denote low-risk behaviors and expectations.

**All other races/ethnic groups includes participants who identified as Black, Hispanic, Asian, Native American, multi-racial and other

AT-RISK SUBGROUPS

Further analyses were conducted on the subsets of participants who had low scores on parenting measures at baseline. When these groups are looked at separately, significant improvements in follow-up scores were found.

As shown in Table 6, participants who received baseline AAPI scores that indicate that they are at risk of behaviors related to child maltreatment were likely to improve at follow-up. For example, 50% of the participants who had low scores in Subscale A (appropriate expectations of children) at baseline had scores in the average range or above at follow-up. The differences in means are statistically significant for these at-risk subgroups.

Table 6. Percent of at-risk participants improving at follow-up (AAPI)

AAPI subscale	Number of low scorers (0-3) at baseline with follow-up	Percent with scores of 4 or above at follow-up
Appropriate expectations of children	16	50%
Parental empathy	29	28%
Rejection of corporal punishment	20	50%
Appropriate parent-child roles	18	61%
Accepting children's power and independence	21	38%

The PPI does not have as well-established definitions as the AAPI for scores that indicate child maltreatment risk. The table below utilizes cutoffs for clinical intervention as defined by the

Parenting Clinic at the University of Washington. The harsh discipline, inconsistent discipline, positive parenting, and clear expectations subscales had statistically significant differences in means between baseline and follow-up. The appropriate discipline and monitoring subscales did not, but still had large percentages of participants move out of clinical range by follow-up.

Table 7. Percent of at-risk participants improving at follow-up (PPI)

PPI subscale	Number of low scorers at baseline who completed follow-up	Percent with scores improved past the cutoff at follow-up
Harsh discipline*	15	67%
Inconsistent discipline*	28	32%
Appropriate discipline	33	27%
Positive parenting*	56	14%
Clear expectations*	8	63%
Monitoring	49	31%

* Statistically significant

Social support also seems to improve among people who have less support at baseline. Among respondents who could rely on 2 or fewer people at baseline, the means increased significantly at follow-up. This improvement is particularly notable since little change in social support was found among the sample as a whole.

Table 8. Mean follow-up of social support among those with low baseline social support

Social Support Item	Baseline mean of those responding 0, 1, or 2	Follow-up mean
How many people can you count on in times of need? (N=17)	1.7	3.2
How many people would be able to take care of your children for several hours if needed? (N=33)	1.7	2.6
How many of these people are from your neighborhood? (N=56)	.7	1.2

While these findings are intriguing, it is not uncommon for “regression toward the mean” to occur when the same instrument is administered twice. This means that outliers, scores outside of the middle of the range, are more likely to move toward the average if tested again, even without intervention. Studies often include control groups to help in accounting for regression toward the mean in analyses. If the intervention group’s low scores tended to rise the same amount as the control group’s, that would indicate that the intervention may not have been the cause of the change.

This study design did not include a control group, but it did collect data on visits to the FRC. The 30% of participants who only visited the FRC once could be considered a control group for those receiving ongoing FRC services. Unfortunately, conducting such an analysis on the at-risk subgroups is limited by small numbers. It cannot be definitively determined whether these improvements are due to regression toward the mean or true changes in the subsample.

CONCLUSIONS AND RECOMMENDATIONS

SUMMARY

FRC participation seems to make a small difference in parenting attitudes, behaviors, or social support among the general population. However, among higher-needs populations, more significant changes emerge.

FRCs are open to all, and this model of supporting all families is believed to reduce the stigma of receiving services and broaden participants' perceptions of parenting by exposing them to a wider range of parenting models than they may otherwise encounter. Based on this study's data, higher-needs families benefitted significantly more from FRC participation. This suggests that working with a greater number of such families would maximize FRCs' efficacy.

There are a number of ways to focus on higher-need families while still serving low-risk families.

TARGETED RECRUITMENT

The statistical risk of maltreatment varies according to demographic indicators. A series of analyses on this study's data suggests that lower education levels, lower income, single parenthood, and being a racial minority are associated with baseline scores suggesting higher risk. Poverty, unemployment, low education, substance abuse problems, young age at becoming a parent, and single parenthood all inflict stressors on parents which put their children at greater risk of neglect or abuse. These families are often difficult to engage in services and are unlikely to refer themselves to an FRC.

FRC sites vary in their recruitment of families with demographic variables which indicate risk (see the second column of Table 3). Some variation is due to the communities in which the FRCs are located and some is due to differences in programs' effectiveness at reaching out to vulnerable populations. A number of site coordinators have a lot of experience at getting these populations into their Centers and would be invaluable for providing the knowledge and support to staff at other FRCs. Supporting such sharing of expertise throughout the FRC Network would help give other Centers the tools they need to better reach those who need their services most.

Another way to encourage FRCs to focus their efforts as effectively as possible is to establish performance targets that specify recruitment numbers to ensure a large proportion of at-risk families are enrolled in FRCs. If FRCs are targeting at-risk populations, then they should be

servicing a disproportionately large number of people with at-risk demographic indicators compared to the community as a whole. This would indicate effective outreach and service provision to those in most need.

Many FRCs offer concrete services or coordinate with programs that help meet families' basic needs outside of parenting, such as food pantries, used clothing, and assistance in applying for social services. Increased efforts to better publicize such programs and to promote FRCs' family-focused services to the families who come in for other needs may engage larger numbers of higher-need families. Connections with both the child welfare and public assistance programs of County Departments of Social Services could also assist FRCs in identifying families in most need of services. Strengthening connections with prevention service agencies would also provide another avenue for reaching vulnerable families.

FRCs may also find it beneficial to work with their Regional Offices implementing New York State's Child and Family Services Review Program Improvement Plan (PIP), particularly in areas identified as needing improvement. Most directly applicable to FRCs' focus is Well-Being Outcome 1, "Families have enhanced capacity to provide for children's needs," but FRCs may also be able to help facilitate other objectives such as visiting with parents and siblings in foster care. Connecting with local agencies working on these objectives will give FRCs the opportunity to better serve greater numbers of at-risk families, and making these connections while local PIPs are being created will allow for better integration of FRC strengths into these plans.

FRCs should consider locating their centers where the most vulnerable families reside. For example, community rooms within public housing projects would be a convenient location for these families.

Further research is planned to explore FRC ties to other community organizations, and these data may generate additional suggestions regarding outreach possibilities.

PROGRAM OFFERINGS

Changes in state economics and social services offerings mean that fewer low-income families have a parent at home during the day. Yet many FRCs offer programs that are conducted primarily during weekday and daytime hours. This kind of schedule can limit the Center's accessibility to the parents who can most benefit from its services. Providing consistent programs during hours outside of the standard workday may improve access for low-income families.

Some of the primary programs offered by FRCs, like drop-in play, tend to cater to higher income families at less risk for child maltreatment. (In this study, drop-in play and playgroup participants were significantly more likely to have higher incomes and to be white.)

These informal programs have the benefit of providing support in a fundamentally different way than formal parent education classes. However, if they are not serving families which are likely to benefit, FRCs' energies should be focused on other programs which do.

Some FRCs, especially in rural areas, see fewer people visiting the Center as they become less able to afford gasoline for their cars. And parents everywhere can lack the time or motivation to visit an FRC in person. Building relationships between staff and participants through phone calls, online networks, home visit programs, and off-site outreach events may become an important component of services at some sites.

Conducting a community needs assessment may be helpful for FRCs to best determine how to focus their programming. The FRC Network's Outreach Template, program self-assessment, and peer review process may be useful tools for developing new strategies.

ONGOING SUPPORT

For the most part, the FRC model focuses on services that require some amount of time to build relationships with families. For families to make long-term changes, they usually need a longer duration and higher intensity of involvement than they can receive in an afternoon. Yet many FRC visitors do not return more than once. Even in this study, which explicitly focused on the programs most likely to generate repeat visits, 39% of participants came to the FRC two or fewer times in a six-month period.

If meaningful improvement is to occur through FRC services, FRCs need to keep families engaged. Encouraging attendance by providing incentives for coming can be helpful, as Tupper Lake does with its Parents Anonymous program: free pizza and child care is provided along with group support. Following up with families who have not been in recently, via phone calls, text messages, or mailings, may also be a good use of staff time.

CHSR continues to work with the FRC Network to collect and analyze data to identify program strengths and challenges. Further evaluation is planned to closely examine how participant demographics and services received affect participation.

RESEARCH RECOMMENDATIONS

In addition to studying outcomes, this study was conceived as a pilot to explore the feasibility of continued outcome measurement across all FRCs on a routine basis. A number of lessons were learned in its implementation.

Instrument Choice

The survey was too long for many participants to fill out while they were watching their children. Many came into the Center to participate in programs with their children and found it difficult to carefully complete the form. Some brought it home to fill in later, but this option reduces response rates.

Also, the PPI included a number of items regarding discipline that were inappropriate for parents of very young children. Participants found it confusing to be asked, for example, whether they gave their 6-month-old extra work chores.

For universal implementation across all FRC sites, CHSR recommends using a much shorter instrument that is focused on attitudes and behaviors relevant to a wider age range of children.

Follow-Up Procedure

This study had a respectable follow-up rate of 70%. This was obtained through the use of incentives (a \$30 gift card following receipt of the follow-up survey) and persistence in tracking participants who had moved or were slow to return their surveys. FRC sites are focused on service provision and do not have the resources to follow up with respondents in the same way.

Despite these resource limitations, an ongoing evaluation can still be conducted by administering a survey to all FRC registrants and following up with them during return visits to the Center. This method is not ideal. Since surveys will be given directly to program staff, this may increase participants' likelihood of providing socially desirable responses. Also, outcome data will not be obtained from participants who do not return to the FRC within the follow-up period. Site staff will need to pay assiduous attention to the survey status of their returning visitors in order to implement this effectively. But this may be the most viable way for an ongoing evaluation to be conducted.

Site Participation

The political climate is such that social programs are increasingly being required to justify their utility. OCFS has clearly communicated the need for evaluation to the sites and has been careful to listen to sites' concerns about how research impacts their programs. The instruments and procedures for this study were modified based on these concerns.

Most of the coordinators of the sites participating in the study were eager to collect data in order to affirm the effectiveness of their programs. However, this enthusiasm was not universal and did not always trickle down to other staff. Five out of the eight sites recruited fewer than 10% of their registrants. Some sites had major difficulties in completing paperwork and utilizing the data entry program, and a number of surveys, consent forms, and descriptions of services received were lost.

As a cross-site evaluation is implemented, sites must consider their participation to be integral to their work. A baseline evaluation should be a standard part of the registration process, and visitors who do not complete the evaluation should not be recorded as participants by OCFS.

Collecting ongoing data from long-term participants will be especially challenging to routinize on-site. CHSR's data system will allow sites to print lists of participants whose follow-up surveys are due to be completed, and CHSR will aid OCFS in developing procedures and instructions for collecting and entering these questionnaires. However, most of the impetus for careful data collection needs to emerge from within the site. Organizational culture needs to shift within each FRC for this to happen. Encouraging sites with evaluation-positive cultures to take on mentoring roles may be one part of effecting this change.

Some service providers view evaluation not as a valuable part of their work to ensure that the communities they serve receive the best services possible, but as a hoop to jump through in order to obtain funding. It may be possible to shift this perspective and obtain better data by using different evaluation techniques which encourage site staff to contribute more to the planning process of evaluations which allow more focus on program improvement rather than judgment. Generating data that are of immediate interest and use to the programs themselves may help to overcome negativity associated with top-down evaluations.

APPENDIX A

Baseline demographics of study participants by site

(Totals do not always add up to 100 due to rounding)

Table 1. Owego (Tioga County): Baseline demographics of study participants (N=11)

Baseline demographics	Percent
Education (N=10)	
Less than high school/ GED	10
High school	10
Post- high school education	50
Bachelor degree or higher	30
Ethnic/ racial background (N=9)	
Black (non-Hispanic)	0
White (non-Hispanic)	78
Hispanic	11
Asian/Native American/Multiracial	11
Other	0
Gender (N=11)	
Men	0
Women	100
Family income (N=9)	
\$0-\$9,999	22
\$10,000-\$14,999	22
\$15,000-\$24,999	0
\$25,000-\$34,999	0
\$35,000-\$49,999	22
\$50,000 and over	33
Currently employed (N=9)	11
Receive public assistance (N=10)	30

Table 2. Waverly (Tioga County): Baseline demographics of study participants (N=28)

Baseline demographics	Percent
Education (N=28)	
Less than high school/ GED	18
High school	32
Post- high school education	39
Bachelor degree or higher	11
Ethnic/ racial background (N=24)	
Black (non-Hispanic)	0
White (non-Hispanic)	88
Hispanic	4
Asian/Native American/Multiracial	8
Other	0
Gender (N=28)	
Men	11
Women	89
Family income (N=27)	
\$0-\$9,999	41
\$10,000-\$14,999	4
\$15,000-\$24,999	11
\$25,000-\$34,999	19
\$35,000-\$49,999	15
\$50,000 and over	11
Currently employed (N=26)	42
Receive public assistance (N=27)	37

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Table 3. Southwest (Rochester): Baseline demographics of study participants (N=33)

Baseline demographics	Percent
Education (N=22)	
Less than high school/ GED	32
High school	32
Post- high school education	27
Bachelor degree or higher	9
Ethnic/ racial background (N=33)	
Black (non-Hispanic)	55
White (non-Hispanic)	30
Hispanic	9
Asian/Native American/Multiracial	6
Other	0
Gender (N=32)	
Men	13
Women	88
Family income (N=21)	
\$0-\$9,999	62
\$10,000-\$14,999	14
\$15,000-\$24,999	14
\$25,000-\$34,999	5
\$35,000-\$49,999	0
\$50,000 and over	5
Currently employed (N=21)	14
Receive public assistance (N=20)	70

Table 4. Geneva: Baseline demographics of study participants (N=12)

Baseline demographics	Percent
Education (N=12)	
Less than high school/ GED	33
High school	33
Post- high school education	25
Bachelor degree or higher	8
Ethnic/ racial background (N=12)	
Black (non-Hispanic)	25
White (non-Hispanic)	58
Hispanic	0
Asian/Native American/Multiracial	8
Other	8
Gender (N=12)	
Men	8
Women	92
Family income (N=11)	
\$0-\$9,999	64
\$10,000-\$14,999	0
\$15,000-\$24,999	9
\$25,000-\$34,999	9
\$35,000-\$49,999	9
\$50,000 and over	9
Currently employed (N=11)	27
Receive public assistance (N=11)	45

Table 5. Peter Castle (Rochester): Baseline demographics of study participants (N=11)

Baseline demographics	Percent
Education (N=11)	
Less than high school/ GED	46
High school	27
Post- high school education	27
Bachelor degree or higher	0
Ethnic/ racial background (N=11)	
Black (non-Hispanic)	64
White (non-Hispanic)	0
Hispanic	27
Asian/Native American/Multiracial	9
Other	0
Gender (N=11)	
Men	36
Women	64
Family income (N=11)	
\$0-\$9,999	91
\$10,000-\$14,999	0
\$15,000-\$24,999	0
\$25,000-\$34,999	9
\$35,000-\$49,999	0
\$50,000 and over	0
Currently employed (N=11)	18
Receive public assistance (N=10)	70

Table 6. Tupper Lake: Baseline demographics of study participants (N=2)

Baseline demographics	Percent
Education (N=2)	
Less than high school/ GED	0
High school	0
Post- high school education	50
Bachelor degree or higher	50
Ethnic/ racial background (N=2)	
Black (non-Hispanic)	0
White (non-Hispanic)	2
Hispanic	0
Asian/Native American/Multiracial	0
Other	0
Gender (N=2)	
Men	0
Women	100
Family income (N=2)	
\$0-\$9,999	0
\$10,000-\$14,999	0
\$15,000-\$24,999	0
\$25,000-\$34,999	0
\$35,000-\$49,999	0
\$50,000 and over	100
Currently employed (N=2)	100
Receive public assistance (N=2)	0

Table 7. Binghamton: Baseline demographics of study participants (N=11)

Baseline demographics	Percent
Education (N=5)	
Less than high school/ GED	0
High school	20
Post- high school education	40
Bachelor degree or higher	40
Ethnic/ racial background (N=11)	
Black (non-Hispanic)	0
White (non-Hispanic)	100
Hispanic	0
Asian/Native American/Multiracial	0
Other	0
Gender (N=11)	
Men	9
Women	91
Family income (N=5)	
\$0-\$9,999	0
\$10,000-\$14,999	40
\$15,000-\$24,999	0
\$25,000-\$34,999	20
\$35,000-\$49,999	0
\$50,000 and over	40
Currently employed (N=5)	40
Receive public assistance (N=5)	40