FINAL OUTCOMES REPORT

An evaluation of Caring Families: A holistic approach for treating families in conflict

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EXECUTIVE SUMMARY

Nova Vita Domestic Violence Prevention Services offers individual and group counselling to victims, perpetrators and children impacted by domestic abuse. One need identified by our clients was programming for parents who share the caretaking responsibilities of their children and struggle with increasing domestic conflict. To address this client need we created the *Caring Families Program*.

The *Caring Families Program* is a 16 week therapeutic psycho-educational group treatment program for mothers, fathers and their children. The goal of this program is to prevent escalating domestic conflict by building respectful, empathetic parent communication and to support appropriate child centered parenting practices. The desired outcomes for this program are to reduce parental conflict, improve parental relationships at an earlier point in domestic conflict and improve a child's well-being by mitigating a child's exposure to parental hostility.

Over the last two years and with the help and support of the Centre of Excellence we have been able to develop a program evaluation logic model and complete a pilot evaluation of the program that focused on client outcomes. The results were encouraging and we decided to implement the full evaluation framework which included the additional collection of data from referring agencies and facilitators as well as a client satisfaction questionnaire to round out the process portion of evaluation.

In this study we were able to meet our goal for creating an evaluation framework which was to evaluate specific client outcomes as well as program process as experienced by clients, community partners as well as group facilitators. We were interested in finding out whether after participating in our program children would experience an increased sense of self efficacy or not. We were also curious about whether parent's participation in our program produced positive changes in their co-parenting relationship. To assess any changes in this area we looked at changes in the clients' perceived parenting self efficacy as well as changes in their attitudes towards the specific relationship standards of Boundary and Control. We were also curious

about who our clients were and how they experienced the process of coming into and completing the program. For facilitators we wanted to examine their impressions about the content as well as the process of the program. Finally, from the service providers we wanted to understand how they experienced referring clients to our program and learn about their perception of the value the program offers to their clients.

For the purpose of this study we used the three evaluation tools used in the Pilot Study to measure children and parents outcomes; The Children's Perceived Self Efficacy Scale adapted from the "Multidimensional Scales of Perceived Self Efficacy" by Bandura (1990), "TOPSE (Tool to Measure Parenting Self Efficacy)" by Bloomfield & Kendall (2005) and the "Inventory of Specific Relationship Standards" by Baucom et al. (1993). In addition we developed and used a Client Satisfaction Questionnaire to conduct a process evaluation of the program as well as a Service Provider Questionnaire and a Group Facilitator Checklist.

A total of 28 parents and 9 children participated in the study during the 2010-11 Fall/Winter session of the *Caring Families* program. The data was collected at three points in time. Pre-program data was collected during the intake interview; post program data was collected at the last group session and follow up data was collected three months after the end of the program.

As expected, the children's perceived self efficacy scores increased from pre group to post group in all four domains of the measure. However, none of the increases were significant. Similarly, the overall mean scores for parenting self-efficacy increased from pre group to post group and from post group to follow up in all eight domains. Some of the differences were statistically significant.

When comparing the father's and the mother's groups scores there were a number of statistically significant increases in the scores from pre to post group and from post to follow up for both the mother's and the father's groups. Yet most interesting were the follow-up results when compared to the pre group scores. The mother's means increased significantly from pre

group to follow up for all of the eight scales. The dad's score increased in seven of the eight scales from pre group to follow up with a slight decrease in the emotion and affection scale yet the decrease was not statistically significant. The increases in, play and enjoyment, empathy and understanding, control, pressures, and learning and knowledge were statistically significant while the increases in discipline and punishment and self acceptance were not significant.

Parents' attitudes toward relationships as it was reflected in the ISRS scores indicated a decrease in the scores on both boundaries and control subscales from the pre group to the post and an increase from the post group to the follow up and from the pre group to the follow up. The change was not statistically significant. When comparing the mother's and the father's groups despite a similar trend in change, the father's group seemed to maintain a higher mean score than the mother's group in both subscales. One note worthy difference is that the father's mean score in control increased from pre to post while the mother's score decreased. The change is scores was statistically significant for the mother's group but not the father's group.

Improvements in children's self-efficacy at the end of the program can be a sign of improved parental relationships and children's feelings regarding their family situation. Positive changes in parent's self-efficacy and improvements in relationship standards scores at the end of group are encouraging. As well the maintenance of a positive parenting efficacy at follow-up speaks to the value of the Caring Families program.

More research is needed regarding the effectiveness of *Caring Families* as a treatment model for families experiencing domestic conflict. Changes in self-efficacy can be seen as a first step to changing co-parenting dynamics to improve outcomes for children in these families. The results of this study further emphasize the need and importance of continued support services for families caught in domestic conflict.

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Introduction

The Caring Families Program aims to offer a holistic approach to the treatment of families impacted by severe parental conflict. It is a 16-week educational/therapeutic parenting program for mothers, fathers and their children. Every year the program services on average 20 to 25 mothers and fathers, and 10 to 15 children. This program has been running for almost six years.

Caring Families is a preventative model that addresses reducing domestic conflict at an earlier stage. The desired outcomes are to improve parental relationships by building respectful empathetic parent communication and to support parents developing appropriate child centered parenting practices. Outcomes for the children are to improve a child's self-efficacy and mitigate a child's exposure to parental hostility.

Program Structure

The program is divided into two 8-week segments. The first eight weeks are separate, concurrent mothers and fathers groups. The second 8- weeks continue the concurrent parent groups and the children attend concurrent age appropriate groups. The groups are two hours in length and are co-facilitated by two counsellors. Nova Vita trains the facilitators through our in-house training program. Group facilitators are given a complete program manual that consists of two sections; the children's curriculum and the parent's curriculum. Both sections include details of the program curriculum, the premise for the curriculum, agenda, purpose of the weekly session, questions to be asked, detailed instructions on how to facilitate the group for each weekly topic, therapeutic processes and all handouts and homework sheets. The manual is available on the "Shared File" folder on Nova Vita computer system and is accessible by all staff. New facilitators read the manual before the start of the first group session. The team meets prior to start of initial group session to discuss any concerns and to answer any questions that new facilitators have about group facilitation. Facilitators also meet as a larger group after weekly sessions to debrief and update program issues. Program facilitators are Nova Vita staff

members in addition to staff recruited from Brant Children's Aid Society (CAS) to co-facilitate children's group.

Parent Groups

The educational component teaches empathy skills, child centered parenting, child development, the impact of severe parental conflict on children, the tools of conflict reduction, the use of discipline as opposed to punishment and the use of encouragement as a positive parenting tool. The therapeutic component explores parents' successes, notions of parenting based on family of origin experiences, current parenting practices, beliefs about co-parenting, and areas of recurring parental conflict. Parents use homework to practice co-parenting skills, develop safety plans to deal with their anger/upset at the other parent and/or the children and explore future parenting challenges.

Children's Groups

Children learn they are not responsible for parental conflict and how to keep themselves safe in the midst of severe conflict. The children are taught about bullying, how to connect to people who are safe, how to deal with their feelings concerning conflict, and address self-esteem issues. They learn how to confidently communicate their needs and how to respect themselves and others.

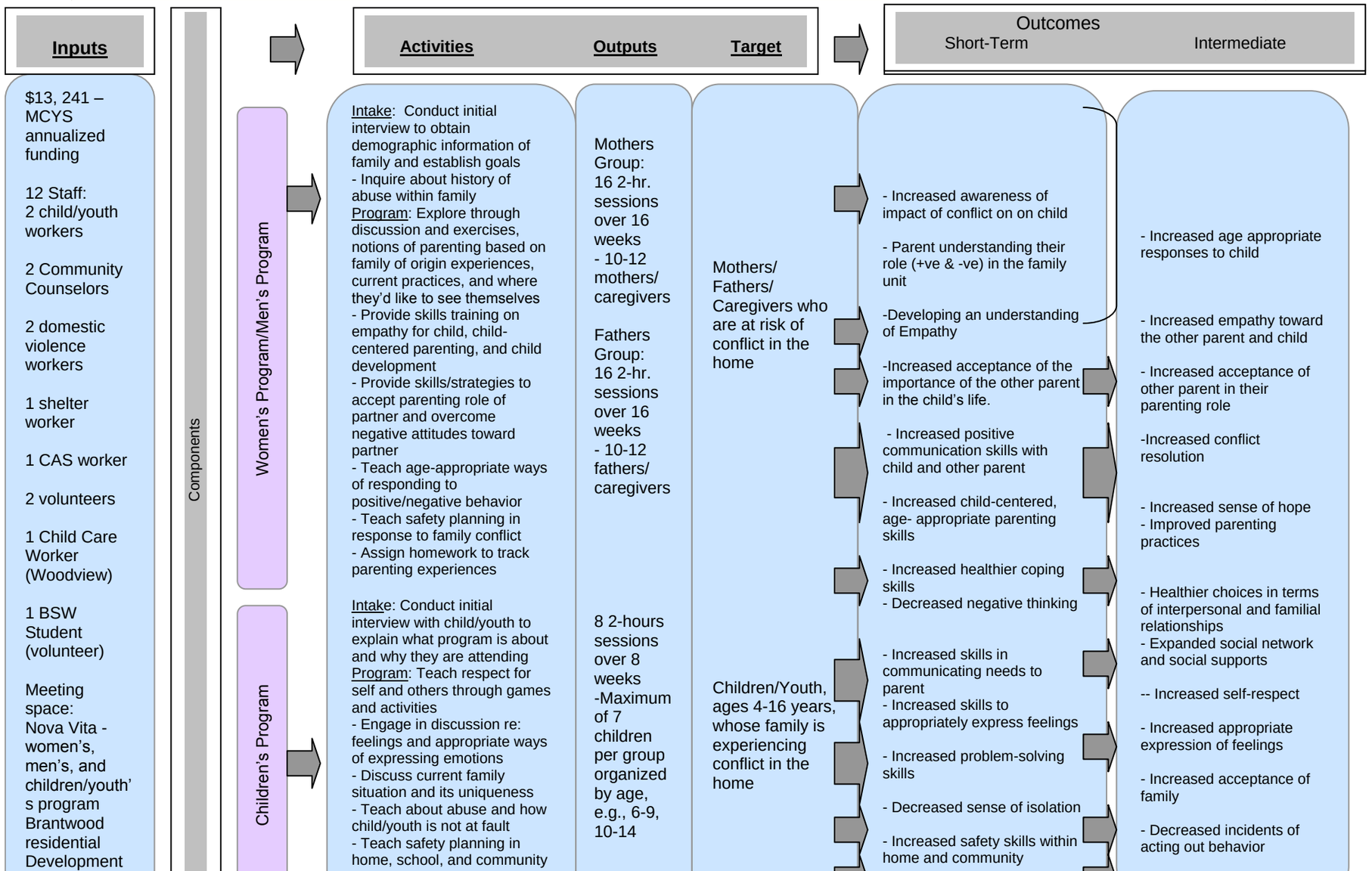
Program Evaluation

Based on staff's experience of the program during the previous round and the outcomes of the Pilot Study we completed changes to the "short-Term" and "intermediate" outcomes in the logic model (Figure 1). The changes reflected a slower process of change for clients as it was observed that group participants needed time to grasp the concepts that were being introduced in sessions and short term outcomes included learning of skills rather than an increase in the application of the skills to family life. Keeping that in mind and taking into consideration the key program areas that we wanted to explore, we identified the following evaluation questions: Do children experience increased self efficacy? To what extent do

parent(s) increase child-centered, age-appropriate parenting skills? To what extent do parent(s) improve their attitudes towards each other? Who are the families who do not complete the program? At what stage do they drop out? Why? What are the families' impressions of the program? What are the staff's impressions of the program? What are the impressions of the program from collateral service agencies whose clients are involved in the program? And what are best practices for domestic violence and families exposed to severe family conflict.

Figure 1
Program Logic Model: Caring Families Program – Nova Vita, Brantford, ON

Long-Term Goal: Increased healthy co-parenting that nurtures children in order to break the intergenerational cycle of abuse.



Participants were parents who have either voluntarily accessed the program or been referred by another agency to take this program because of severe parental conflict. The sample pool consisted of 20 fathers, 20 mothers and 16 children who were on the waitlist. Out of the clients who completed intakes seventeen mothers, 11 fathers and nine children agreed to participate in the study. Families participating in the program lived in Brantford and surrounding area. Some parents were separated, others were divorced and others were still together. Families came into the program from different sources; Children's Aid Society, the Office of the Children's Lawyer, the court, self-referrals and Nova Vita referrals. Fourteen mothers, 12 fathers and 11 children actually attended the program. We did not have a control group as it is considered unethical to deny clients any services that can potentially be of help to them. We understand that this is a limitation of this evaluation.

Community linkages were established due to the design of the Caring Families program and Nova Vita's working partnerships with our community organizations such as the Children's Aid Society (CAS) of Brant. As a result many of the CAS clients were referred to the program. As well as a number of CAS workers co-facilitated groups, giving them the opportunity to train in domestic violence and in the issues of children witnessing abusive parental relationships. This program collaborates also with local children's mental health treatment organizations such as; Contact Brant, Woodview Children's Centre and St Leonard's Community Services. These agencies, along with the Office of the Children's Lawyer, have supported the program through referrals and the provision of staff facilitators at times. Probation & Parole services provided referrals and ongoing client support as some of the fathers and a few of the mothers were charged with perpetrating domestic violence. Other key stakeholders were kept informed of the evaluation process and the outcomes – our local Children's Services Committee at Contact Brant and at the Brant Network for Children and Youth (formerly CCYDS), with information shared at the committee and interagency level and informally between agency workers. Since

the initial stages of developing this evaluation we have been consistently sharing this information with the Board of Directors, staff, our clients, our community partners and Ministry funders. Once again we prepared a report for our stakeholders and this information was included in our 2011 annual report for public consumption.

Literature Review

Interparental conflict can often lead to relationship disruption, family separation and poor parenting practises thus creating the potential for short term as well as long term adverse emotional and behavioural challenges in children (Carlson, 2000; Kitzmann, Gaylord, Holt, and Kenny, 2003). Furthermore, children who witnessed conflict and or violence between their parents have been found more likely to experience behavioural as well as emotional problems (Carlson, 2000). Interestingly, Kitzmann, Gaylord, Holt & Kenny (2003) found that children who were exposed to interparental violence as well as physical abuse did not show significantly worse outcomes than children exposed only to interparental violence, suggesting that violence anywhere in the family may be sufficient to disrupt child development.

Furthermore, Carlson (2000) pointed out that researchers have found that children and adolescents exposed to marital violence are more likely to normalize and approve the use of violence to resolve interpersonal conflicts. The content, frequency and duration of the discord have been found to play a significant role in determining the impact that parental conflict and violence has on children. Of special interest were findings regarding the content of parental conflict. Conflict that involved the children has been found to be more distressing to the children than other types of parental discord (Cited from Carlson, 2000). This information is pertinent to the premise of the *Caring Families* program where we educate the parents about the importance of leaving the children out of the conflict and not involving them in any way. The parents learn alternative methods to conflict resolution where the children do not have to be used as messengers, bargaining chips, confidants or therapists.

Interparental Conflict within the Context of Domestic Violence

When abuse is present in a relationship there will always be an imbalance in the power and control that each of the partners have in that relationship. The abuser attempts to maintain control by exerting power tactics in different areas of the relationship. It is important to think about how this imbalance can impact conflict dynamics. To understand interparental conflict, Goodman, Bonds, Sandler et al. (2004) proposed three main types of interparental conflict within the context of divorce and separation; legal conflict, interpersonal conflict and attitudinal conflict. In intimate partner abuse, interpersonal and attitudinal conflicts remain more salient and may at times lead to criminal charges. Goodman et al. noted that interpersonal conflict can include verbal disputes, physical violence, and badmouthing. Attitudinal conflict on the other hand refers to the parents' anger and hostility toward their ex-partner. This includes their negative attitude toward their ex-partner in their parenting role. If one thinks about conflict on a continuum; one end of the continuum represents minimal resolvable conflict and the other represents severe irresolvable conflict. Partners who are in an abusive relationship are further along the continuum towards severity and inability to resolve conflict.

Several researchers reported that interpersonal conflict between parents negatively impacts children's emotional and cognitive functioning. This increases the risk of children developing externalizing as well as internalizing disorders (Davies & Cummings, 1994; Grych & Fincham, 2001). Even though research regarding the impact of attitudinal conflict on children is limited; there are ample reports regarding the impact of such conflict on the partner relationship. Foran and Smith Slep (2007) developed and tested a self report measure to detect unrealistic relationship expectations that are hypothesized to play a role in expressing anger and aggression towards the other partner. They hypothesized that the degree to which the expectations are unrealistic for the particular couple may increase the impact of the conflict on the couple. Foran and Smith Slep found that focused perfectionism (unrealistic expectations) rather than other forms of general irrational beliefs differentiated aggressive from non

aggressive partners. Therefore, we can conclude that negative attitude of the ex-partner that is based on unrealistic expectations can lead to toxic interaction patterns between the ex-partners which eventually can lead to interparental conflict that contributes to further maladjustment in children.

Baucom, Epstein, Rankin and Burnett (1996) set out to create an assessment tool to examine relationship standards for the three relationship dimensions of boundaries, control-power and investment and the role that they play in relationship functioning. The authors suggested that boundaries refer to the degree of independent functioning as opposed to sharing between partners. Minuchin (1974) suggested that if boundaries between partners are either too rigid or too diffuse, then there is potential for relationship dysfunction (Cited from Baucom et al).The second dimension refers to the amount of power-control that partners believe should be exercised by each partner in the relationship. The third dimension involves the degree of investment in the relationship that each partner believes should be exhibited. The resulting tool was called the *Inventory of Specific Relationship Standards* (ISRS).

Using the ISRS Baucom et al. (1996) reported that spouses' actual standards were significantly correlated with degree of marital adjustment. While the correlation was not strong, extreme standards and discrepancies between the two partners' standards were less highly related with marital adjustment. The authors noted that extreme standards did not mean that partners will have marital discord. The impact of the extremeness depended on whether the extreme standards were relationship focused or not. More specifically, relationship focused extreme standards were positively correlated with marital adjustment.

Differences in standards between spouses negatively correlated with marital adjustment. However, it is important to note that discrepancies in standards also do not always lead to problems between couples. Baucom et al. (1996) suggested that while couples can have standards for what their relationship should be like, in reality, they may behave differently,

recognizing that their standards are unrealistic in their own relationship. On the other hand, inflexibility about standards can lead to conflict and distress in the relationship.

Holtzworth-Munroe and Stuart (1994) used a prepublication version of the ISRS and found no differences in relationship standards between maritally violent men and maritally non-violent men. However they reported that relative to men who are not distressed, distressed husbands endorsed more dysfunctional standards and assumptions in their relationships. Specifically, distressed husbands were less likely to believe that partners should share a great deal with one another and were more likely to believe that only one spouse should make the decisions in a relationship.

While interparental conflict can happen between any couple, partners who are experiencing domestic violence are at a higher risk of experiencing violent interparental conflict. Based on the above discussion, it is reasonable to suggest that to successfully affect change in interparental conflict where partner abuse is an issue, boundaries and power and control imbalances in the relationship need to be removed. When reviewing the literature on family conflict one might become discouraged by the many reports of negative outcomes, yet several researchers continue to identify protective factors that promote resilience and adaptive coping in both adults and children. Feinberg (2002) offered the perspective that a co-parenting relationship is an important and potentially modifiable influence on parenting and child outcomes, as well as a mediator of other factors such as marital conflict. Pedro-Caroll, Nakhnikian and Monte (2001) noted that timely interventions for people who are experiencing stressful life changes can provide important protective benefits.

Current Available Treatment Programs

Treatment and prevention programs for families who have children with or are at high risk of developing behavioural or emotional difficulties can be either directed at parents or children. There are several theoretical approaches to intervention programs aimed at helping such families. Traditionally, programs geared towards parents have either utilized active

learning methods through role playing and real life practise with feedback from facilitators or have focused on teaching the parents affective communication skills and targeted increasing parent responsiveness to and understanding of their children's developmental needs.

Behavioural family interventions (BFI) focus on promoting a child's development and self-esteem by changing dysfunctional parenting practices, interpersonal relationships and interaction patterns (parent-parent and parent-child) that are considered to be risk factors for the development of problem child behaviour (cited from Turner & Sanders, 2006). The curriculum of such programs usually utilizes active learning methods through role playing and real life practise with feedback from facilitators. On the other hand, non-behavioural programs focus on teaching the parents affective communication skills and target increasing parent responsiveness to and understanding of their children's developmental needs.

One of the most popular behavioural family intervention programs is the Triple P Positive Parenting Programs developed by Sanders in Australia. This program targets the parenting skills of parents of children who are at a high risk of developing emotional and behavioural problems. Typically, parents are taught to increase positive interactions with children and to reduce coercive and inconsistent parenting practices. The program is offered at the following levels: Enhanced BFI (EBFI), standard BFI (SBFI) and self-directed BFI (SDBFI). Families who are least likely to benefit from BFI are those in which parenting problems are complicated by other forms of adversity, including low income, single parenthood status, marital conflict, parental mood disturbance, and high levels of stressful life events (Webster-Stratton & Hammond, 1990 cited from Sanders et al., 2000).

Furthermore, shelter based treatment for children who witnessed parental violence often focus on working with the mothers and the children but does not give consideration to the role that the father plays in the family dynamics. It is important to remember that marital conflict and relationship violence does not stop once the parents are separated. The parental conflict might look different after the separation but it will not necessarily stop. At Nova Vita we have observed

that after separation parental conflict often revolves around co-parenting issues and the children find themselves caught in the middle. This often leads to the children believing that they are to blame for the conflict and creates feelings of guilt, sadness and confusion.

After completing our pilot study and sharing the information about our program and the results of the evaluation with a number of agencies, we were criticised for not offering Caring Dad's to our clients to bridge the gap that existed in servicing such families.

Caring Dads was developed by Dr. Katreena Scott to address the need to offer services and supports to fathers. This program targets fathers who are emotionally abusive towards their children and their children's mother. These fathers may exhibit unhealthy levels of control and involvement or are distant and/or irresponsible. The program is also beneficial for fathers who have hostile, highly conflictual, or abusive relationships with the children's mothers.

The program combines motivational interviewing, behavioural and cognitive behavioural approaches with the men. There is a segment where the father is encouraged to understand and acknowledge the importance of him supporting the child's relationship with the mother. This we believe to be very important and essential to the success of any program when dealing with co-parenting relationships.

The missing link that we identified through our work with families at Nova Vita is that the treatment needs to be done simultaneously with the mother and the father. Research indicates that mothers who have experienced abusive relationships are often held responsible for keeping their children safe and protected from the father. Walmsley (n.d.) pointed out that the research indicates an occupational discourse amongst child-welfare workers that supports absenting men and holding mothers responsible for the effect of men's behaviour on children. This we believe can intensify the fear in the mother and increase resistance to the idea of her abuser parenting their children. Since it has been proposed that a co-parenting relationship is an important influence on parenting and child outcomes, as well as a mediator of marital conflict (Feinberg), we assert that while work is being done with fathers, mothers need to be supported and shown

how to support their children's relationship with their father while he makes the changes. Simultaneously, the father also needs to be shown how to rebuild trust with the mother and support her in her relationship with the children. Caring Families offers this opportunity.

Intervention programs that target children usually attempt to create a group environment that is supportive so children can share their experiences, create common bonds, clarify misconceptions, and learn skills that enhance their capacity to cope with the stressful changes resulting from family conflict (Pedro-Caroll, Nakhnikian and Monte, 2001).

Developing the capacity to cope with stressful and difficult situations is strongly related to self-efficacy. Self-efficacy refers to an individual's sense of competence regarding his or her ability to successfully execute a behaviour required to produce an outcome (Bandura, 1977). *The Caring Families program* combines behavioural and non-behavioural methods by teaching program participants the skills needed for healthy conflict resolution and providing them with the information and resources needed to create healthy family interactions between parents, parents and children and siblings. This approach fills the gap present in treatment programs for families inflicted with violent parental conflict thus increasing the chance of healthy development and decreasing the chance of behavioural and emotional problems in children.

Methodology

A pre-test/post-test design was used with children's self-efficacy and parent's self-efficacy and attitude towards boundaries and control in a relationship as the outcome measures. Data was obtained prior to the group commencing, at group completion and at a three month follow up. In addition, client, service provider and facilitator satisfaction data were collected after the completion of the group (Figure 2).

Figure 2

Evaluation Matrix: Evaluation of Nova Vita Caring Families Program – Brantford. Ontario

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OUTCOME EVALUATION MATRIX

Evaluation Questions	Short-Term Outcomes	Indicator(s)	Source of data	Method to Collect Data & Frequency	Who collects data	When collects data (specify month/year)
1. To what extent do parent(s) increase child-centered, age-appropriate parenting skills?	Increased child-centered, age-appropriate parenting skills	Improved parenting skills scores between baseline and post intervention over the term of the evaluation and maintained at follow up.	Tool to Measure Parenting Self-Efficacy (TOPSE) Available at: http://www.topse.org.uk/ Topics scored: ▪ control ▪ discipline & setting boundaries ▪ self-acceptance (negative score) ▪ learning & knowledge ▪ play and enjoyment	Administer TOPSE survey to all parent participants at: - PRE: the beginning of the intervention (at intake to obtain a baseline) - POST: the end of the intervention (16th week) - FOLLOW-UP: 3 months	Facilitators or staff assigned to administer this	September /October 2010 Feb/March 2011

Evaluation Questions	Short-Term Outcomes	Indicator(s)	Source of data	Method to Collect Data & Frequency	Who collects data	When collects data (specify month/year)
			▪ emotion and affection ▪ empathy and understanding ▪ pressures (negative score)	after program end		June 2011
2. To what extent do parent(s) improve their attitudes towards each other?	Increased acceptance of other parent.	Improved relationship expectation scores between baseline and post intervention over the term of the evaluation and maintained at follow up.	Inventory of Specific Relationship Standards - III	Administer the Inventory to all parent participants at: PRE: the beginning of the intervention (intake to obtain a baseline score) - POST: the end of the intervention (16th week) - FOLLOW-UP: 3 months after program end	Facilitator or staff assigned to administer this	September/ October 2010 Feb/March 2011 June 2011
3. Do children experience increased self efficacy by the completion of the program?	Increased self efficacy	Improved scores on self efficacy assessment between baseline and post intervention over the	Children's Perceived Self Efficacy Measure adapted from Multidimensional scales of perceived self-efficacy	Administer questionnaire to all children 6 years of age and above	Facilitator or staff assigned to administer this	

Evaluation Questions	Short-Term Outcomes	Indicator(s)	Source of data	Method to Collect Data & Frequency	Who collects data	When collects data (specify month/year)
		term of the evaluation and maintained at follow up.	(Bandura, 1990)	- PRE: the beginning of the intervention (intake to obtain a baseline) - POST: the end of the intervention (16th week) - FOLLOW-UP: 3 months after program end		December 2010 March 2011 June 2011

PROCESS EVALUATION MATRIX

Evaluation Questions	Inputs/Activities/Outputs	Indicator(s)	Source of data	Method to Collect Data and/or Frequency	Who collects data	When collects data
4. Who are the families who do not complete the program? At what stage do they drop out? Why?	Mothers/fathers/ Caregivers who are at risk of conflict in their parenting/adult relationship.	Demographic information # of sessions attended Program	Client demographics gathered at intake Program participation records Client Satisfaction	Gather demographics at intake from all clients attending the program Track attendance and participation at end of each group session. At point of analysis measure program participation based on client profiles Administer satisfaction questionnaire for client input on program issues at point of termination from the program and have it returned to manager	Facilitator Facilitator	On intake September 2010 September 2010 - March 2011 On exit or at point of

Evaluation Questions	Inputs/Activities/Outputs	Indicator(s)	Source of data	Method to Collect Data and/or Frequency	Who collects data	When collects data
		satisfaction impressions from the parents	questionnaire	in a secure envelop to protect client identity	Facilitator or staff assigned to administer this	termination
5. What are the families' impressions of the program?	Mothers/fathers/ Caregivers who are at risk of conflict in their parenting/adult relationship.	Program satisfaction impressions from the families	Client Satisfaction questionnaire	POST-Conducted upon completion of the intervention or at point of termination from the program and have it returned to the manager in a secure envelope to protect client identity	Facilitator or staff assigned to administer this	September 2010 - March 2011
6. What are the staff's impressions of the program?	Mothers/fathers/ Caregivers who are at risk of conflict in their parenting/adult relationship.	Program review by the staff	Staff group review form and program review form	Staff to complete specific group section questionnaire after each group. Staff to compete final section on program completion	Manager	Weekly September 2010 – March 2011
7. What are the impressions of the program from	Mothers/fathers/	Impressions from client's collateral	Service provider	Staff to circulate to questionnaire to client's referral collateral service staff/agencies via email	Replies sent to the	April 2011

Evaluation Questions	Inputs/Activities/Outputs	Indicator(s)	Source of data	Method to Collect Data and/or Frequency	Who collects data	When collects data
collateral service agencies whose clients are involved in the program?	Caregivers who are at risk of conflict in their parenting/adult relationship.	service providers	questionnaire	at point of termination from the program and have it emailed back to manager	manger	
8. What are best practices for DV and families exposed to severe family conflict	Mothers/fathers/ Caregivers who are at risk of conflict in their parenting/adult relationship.	Literature review	Literature (journals, articles etc)	Review on best practice over the term of the evaluation.	Manager and facilitators	September 2010 – March 2011

The research project was explained to the participants during the intake interview. An information sheet was provided to them outlining the research and its purpose (Appendix A). The participants signed a consent form during the intake if they agreed to participate. For child participants, we obtained the consent of both parents (Appendix B). Parents' intakes were completed in September and October 2010 and children's intakes were completed in November of 2010. Based on the recommendations from the Pilot study we wanted to complete the Children's intakes prior to the start of the parent's groups to control for any intervention effects on the children's outcomes. However we found it difficult to complete these interviews prior to the start of the parent's group due to uncertainties of who is attending and which children qualify to participate.

The parents completed the pre-test surveys at the completion of the intake. They completed the post-group measures at the final group along with the client satisfaction survey. The follow up measure was completed after three months. The follow up data was obtained in interviews and over the phone. Facilitators completed their surveys after every group and at group completion. The service providers were contacted by email after group completion to fill out the service provider questionnaire. Due to low response rates for follow up and with the service providers, incentives were offered for those who completed.

Participants

A convenience sample of parents and their children (ages 5 to 16) who were attending the *Caring Families* program participated in the study. Participants were parents, step parents, grandparents and their children who have either voluntarily accessed the program or been referred by another agency to take this program because of severe parental conflict. The initial sample pool consisted of 20 fathers, 20 mothers and 16 children who were on the waitlist to enter the program. Eleven fathers, 17 mothers and nine children completed intakes. They all agreed to participate in the study. Families participating in the program lived in Brantford and

surrounding area. Some parents were separated, others were divorced and others were still together. Families came into the program from different sources. Nine families were referred to our program by their Children's Aid Society worker; two families were court ordered to attend; three were referred by counsellors (two from Nova Vita and one from an external counselling agency); and two families attended voluntarily. Eleven fathers, 15 mothers and nine children actually attended the program. We did not have a control group as it is considered unethical to deny clients any services that can potentially be of help to them. We understand that this is a limitation that affects the internal validity of our study.

Tools

We used the three measures of *Children's Perceived Self-Efficacy Scale* adapted from *Multidimensional Scales of Perceived Self Efficacy (CPSE)*", *The Inventory of Specific Relationship Standards (ISRS)*, the *Tool to Measure Parenting Self Efficacy (TOPSE)*, *Client Satisfaction Questionnaire, Service Provider Survey and Facilitator Checklist.* In addition, we used *Client Satisfaction Questionnaire*, *Service Provider Survey* and *Facilitators' Checklist.*

To measure changes in the children's self-efficacy we initially considered using the Perceived Self Efficacy measure by Cowen et al (1991). Due to several challenges that we were not able to resolve and feedback from the Centre's review team we decided to utilize the "Multidimensional Scales of Perceived Self Efficacy" by Bandura (1990) instead. From the nine domains of the original scale we chose four domains that we believed are pertinent to the content of our children's program. These domains are: "Enlisting Social Resources", "Meet others' Expectations", "Self-Assertive Efficacy" and "Enlisting Parental and Community Support". Each domain had four items which the children had to rate by putting a circle around the star that best showed how well they feel they can do the things that were mentioned in each statement. The stars represented the following options: not well at all, not too well, well, very well and extremely well. When scoring the results we converted the ratings to numerical values ranging from 1 representing not well at all, to 5 representing extremely well; the higher the score

the higher the level of a child's self-efficacy. For younger children the staff member who was administering the questionnaire read the questions to the children and circled the answers as the children chose the star. The wording of the scale was also modified to meet the comprehension and reading levels of the children participating in the study (Appendix C). We decided to administer the measure with children age 6 years and older only and still found that some children struggled with the wording of this measure. When reviewing the demographic data of the children we observed that there were only three children over the age of eight but only one child over eight completed the program. This could account for the above noted struggles.

To measure changes in perceived parenting self-efficacy, we used the TOPSE; a tool to measure parenting self-efficacy (Appendix D). The TOPSE is a multi-dimensional instrument of 64 statements within 8 scales, each representing a distinct dimension of parenting: Emotion and affection, Play and enjoyment, Empathy and understanding, Control, Discipline and boundary setting, Pressure, Self-acceptance, Learning and knowledge. Each dimension has six statements that the parents had to rate on an 11-point Likert scale where 0 represents completely disagree and 10 represents completely agree. The scale contains positively and negatively worded items and the responses are summed to create a total score; the lower the score, the lower the level of parenting self-efficacy.

Throughout the Pilot and this study we have found that a number of our parents struggle with learning disabilities which we believe might have hindered their ability and willingness to participate in the study. As a result we contacted the creator of the TOPSE and were able to obtain a copy of the measure that has been adapted to use with adults who have learning disabilities. We will be using this measure in our future runs of the evolution.

To measure changes in relationship standards we used the *Inventory of Specific Relationship Standards III (ISRS)* by Baucom et al. (1996). The Inventory is a 48 item measure that assesses couples' standards for marital relationships, that is, what they believe their own

marital relationship should be like. With each of the 48 items on the ISRS, the respondent provides three pieces of information: (a) the individual's actual standard for how the marriage should be in terms of that item; (b) the respondent's statement of satisfaction with how that standard is currently being met in the relationship; and (c) the respondent's expression of how upset he or she becomes when that standard is not met. For the purpose of our study we used only the first part of the Inventory focusing on participants' relationship standards with regards to subscales of Boundaries and Control (Appendix E). Each subscale has 12 items to be rated by the respondent on a scale of one to five with 1 representing never and 5 representing always. All of the items are scored in the same direction; therefore, there is no need to reverse scores for any of the items in summing up to obtain subscale scores. Scores on either extreme of the scale indicate a negative trend in personal relationship standards. For example a score of 1 in the boundaries dimension indicates that the person believes that partners should be totally independent off of each other and never share thoughts, feelings and actions. On the other hand, a score of 5 could indicate that the person has no sense of independence and believes that partners should always think, feel and act the same.

To measure client satisfaction with the program we used developed a Client Satisfaction Questionnaire (Appendix F). The Questionnaire consisted of 18 questions to evaluate the clients' satisfaction with the process of the program; e.g. ease of access, number of sessions, complaint process as well as program content; e.g. topics covered in the program and their relevancy to the clients' situations.

Staff from referring agencies was asked to fill the Service provider Satisfaction Questionnaire (Appendix G) which included questions to evaluate the ease of accessing the service, length of program, opportunity to voice concerns as well as their satisfaction with client outcomes after completing the program.

Finally, group facilitators filled out a checklist (Appendix H) at the end of each session to keep track of the topics that they covered in the session as per predetermined session outline.

They also rated the importance that they felt each topic had to the delivery of the program and to meeting program goals.

Data Collection

Data were collected over a 12-month period in 2010-2011. Prior to the recruitment of parents, the researcher met with program facilitators and reviewed with them the purpose of the study and how to use each of the measures that were to be used in the study. Two facilitators of the parents' groups were part of the team that developed the evaluation framework for the program and have already administered the surveys during the Pilot study. The other two facilitators were new to the program and were instructed on how to administer the measures. The children's groups' facilitators were also already familiar with administering the Children's measure as they have already done so during the Pilot study.

The pre-group data for the parents were collected in September of 2010 during their intake interviews. The children's data was collected in December 2010. Post-group data for both children and parents were collected in April and May of 2011.

Due to the nature of the population that we work with, we experienced some attrition from pre to post group. We faced further challenges in our efforts to gather the follow up data three months after the completion of the program. Despite our offer to complete the questionnaire with clients by phone, we continued to experience attrition in our rate of responses. As a result, the number of participants' responses fluctuated greatly. For the Children's measure two male had no post group data. Two females had no post group data. None of the children had follow up date. For the TOPSE 11females had no post group data and no follow-up data. Similarly, one male had no pre group data, four had no post group data and five had no follow up data. Numbers for the ISRS are the same.

Program facilitators were very supportive of the study and encouraged parents to complete the questionnaires at each stage of the data collection. A number of facilitators felt that the TOPSE was time-consuming to complete, particularly for parents with low literacy skills.

Although parents who dropped out of the *Caring Families* program did not complete the questionnaires at the end of group, there were some parents who completed the program but still did not fill out the questionnaires at the end of group. Table 1 shows summary statistics for all participants at baseline, end of group and follow-up.

Table 1: Baseline Summary Statistics

	CPSE		TOPSE		ISRS	
	Mal					**nale**
Pre group	**3(100%)**	**6(100%)**	**11(100%)**	**17(100%)**	**10(100%)**	**17(100%)**
Post group	**1(33%)**	**4(67%)**	**8(73%)**	**6(35%)**	**8(80%)**	**6(35%)**
Follow-up	**0(0%)**	**0(0%)**	**6(55%)**	**6(35%)**	**6(60%)**	**6(35%)**

Despite the program facilitators support in having the clients complete their surveys only five of the ten facilitators completed the facilitator checklist. It was also very challenging to obtain service provider data as only two of fifteen individuals returned completed surveys.

Data Analysis

The data from the Tools were analysed using Excel. Independent samples t-tests were conducted to determine if there were differences in self-efficacy scores of parents and children in terms of mean change in scores from baseline to end of program and from end of program to the three month follow-up. Similarly, t-tests were conducted to determine change in relationship standards for the parents. The significance was measured at several levels due to the small number of participants and our desire to determine where improvements (even broad spectre improvements) occurred. In addition, there was an opportunity on the TOPSE scale and Client Satisfaction Survey for participants to comment. A qualitative analysis was performed with these responses to look for emergent themes.

Results

Demographic data was collected for all program participants (n=37). All attendees (100%) participated in the study. The age range of the parents was not calculated, but that of the children ranged from 5 to 16 years. The number of children in the family ranged from 1 to 3.

Mom's Group

The mom's group consisted of mothers, step mothers or grandparents. The women identified primarily as Canadian (n=16) or Ukrainian (n= 1). English was the preferred language for all participants. They were referred to the Caring Families Program by internal referral (n= 4), external referral (n= 1), Children's Aid Society Workers (n = 9), and Court Orders (n = 2). Sixteen individuals completed the initial surveys. Of those sixteen, four identified that they were married, two identified that they were common law, eight identified that they were separated and three identified that they were single. One woman was transferred into the group after four sessions. Nine women also had partners attending the program at the initial assessment and five of these women had children attending the group. Seven women dropped out of the group. Two women did not attend at all after intake; one attended only one session, two attended two sessions, one attended five sessions and one attended six sessions. Attempts were made to reach all of the participants who did not complete. One woman left group to continue with individual counselling. One woman found the group difficult to attend due to conflict with school and a new baby. She opted to discontinue to group and attend couples counselling at a different agency. The other five participants were unavailable for comment. Ten women completed the program and six of these women completed the post-group surveys. Six women also completed the follow up surveys. Several attempts were made to reach all of the participants; however, many did not return calls.

Dad's Group

The dad`s group consisted of fathers and step fathers. The men identified as Canadian (n= 8). English was the preferred language of all participants. They were referred to the caring

families program by internal referral (n= 1), Children`s Aid Society Workers (n = 6), and self-referral or unknown (n= 1). Ten individuals completed the initial (pre) surveys. Of those ten, two identified that they were married, one identified that he was in a relationship, and five identified that they were separated. Five of these men had partners attending the group at the initial assessment and five had children attending the group. Two group members were asked to leave the group after 4 sessions due to inconsistent attendance. One was asked to leave the program after 3 sessions for the same reasons and one client left after attending six sessions due to work schedule conflict. Eight men completed the group and they all completed the post-group surveys. Six men also completed the follow up surveys.

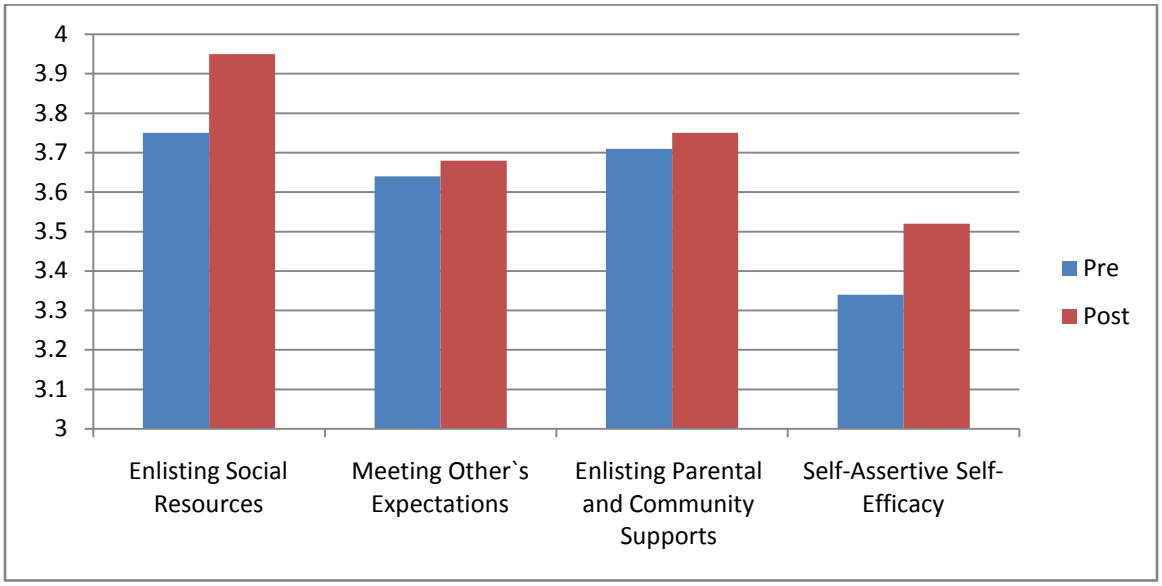
No demographics were collected regarding educational or employment background of the parents. For the purpose of this study no statistical analysis was performed to evaluate statistical significance of the demographic data as it pertains to differences in pre, post and follow-up means.

CPSE

Changes in children's perceived efficacy were analyzed. Independent t-tests assuming unequal variance were administered to test for significance. A comparison between males' and females' scores was not completed due to the low number of participants.

The comparison of pre and post- test total means for the Children's Perceived Self Efficacy scores reflected an increase in self efficacy in all four categories that were measured (see Figure 3). None of the increases were statistically significant.

Figure 3: Children's Group Results



ISRS

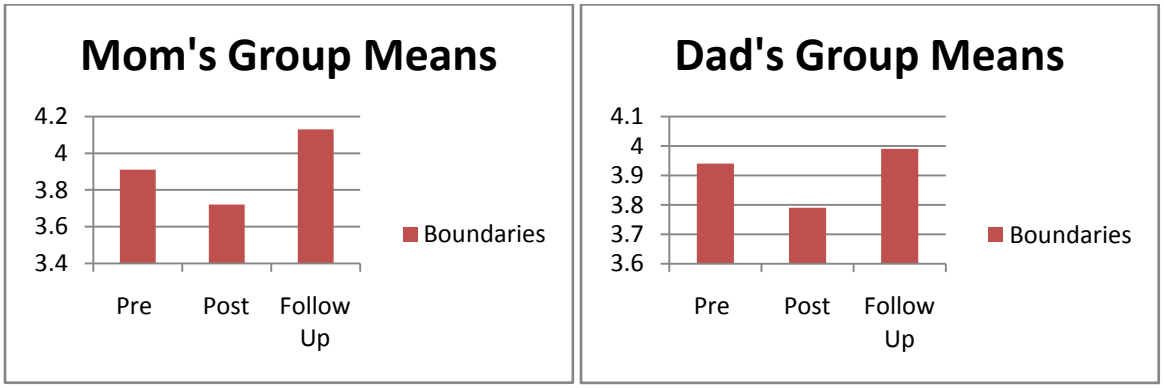
The extent to which parent's improve their attitudes towards each other was evaluated. Independent t-tests assuming unequal variances were conducted to determine whether there was a significant difference between the groups at the three test stages. The results have been broken down to examine each subscale independently and comparisons between groups have been made. In addition we have examined the total combined scores to determine overall effectiveness of the program.

Boundaries Subscale:

Our results for the mothers group indicate that while there was a decrease from pre-group (M= 3.91, SD= 0.46, N= 17) to post-group (M= 3.72, SD= 1.11, N= 6); and an increase from post-group (M= 3.72, SD= 1.11, N= 6) to follow-up (M= 4.13, SD= 0.31, N= 6), and pre-group (M= 3.91, SD= 0.46, N= 17) to follow-up (M= 4.13, SD= 0.31, N= 6), the difference between the means was not statistically significant. Similarly, we found that for the fathers group means followed a similar pattern and there was no significant difference between the means from the pre-group (M= 3.94, SD= 0.51, N= 10) to post-group (M= 3.79, SD= 0.40, N= 8); post-

group (M= 3.79, SD= 0.40, N= 8) to follow-up (M= 3.99, SD= 0.21, N= 6) or pre-group (M= 3.94, SD= 0.51, N= 10) to follow-up (M= 3.99, SD= 0.21, N= 6).

Figure 4: Boundary Subscale Comparison Graphs

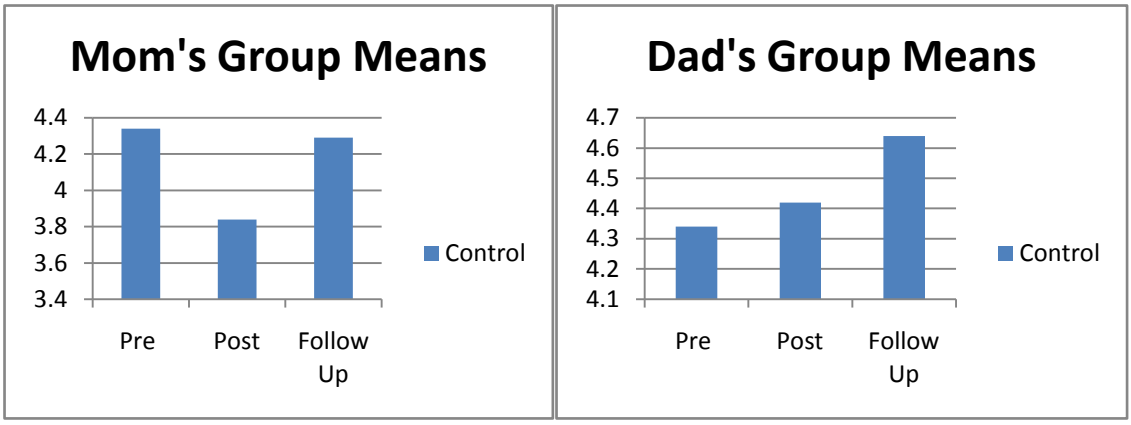


Control Subscale:

We noted no significant differences in the mother's group means with an decrease from pre-group (M= 4.34, SD= 0.45, N= 17) to post-group (M= 3.84, SD= 0.95, N= 6); an increase from post-group (M= 3.84, SD= 0.95, N= 6) to follow-up (M= 4.29, SD= 0.37, N= 6) and a slight decrease from pre-group (M= 4.34, SD= 0.45, N= 17) to follow-up (M= 4.29, SD= 0.37, N= 6).

Conversely, with the father's group, we observed that there was no significant difference between the means at pre-group (M= 4.34, SD= 0.51, N= 10) and post-group (M= 4.42, SD= 0.37, N= 8) or post-group (M= 4.42, SD= 0.37, N= 8) to follow-up mean (M= 4.64, SD= 0.18, N= 6) on the control subscale. However, the pre-group mean (M= 4.34, SD= 0.51, N= 10) was significantly smaller than the follow-up mean (M= 4.64, SD= 0.18, N= 6), $t(11) = -0.187$, $p = 0.20$.

Figure 5: Control Subscale Comparison Graphs



Combined Results

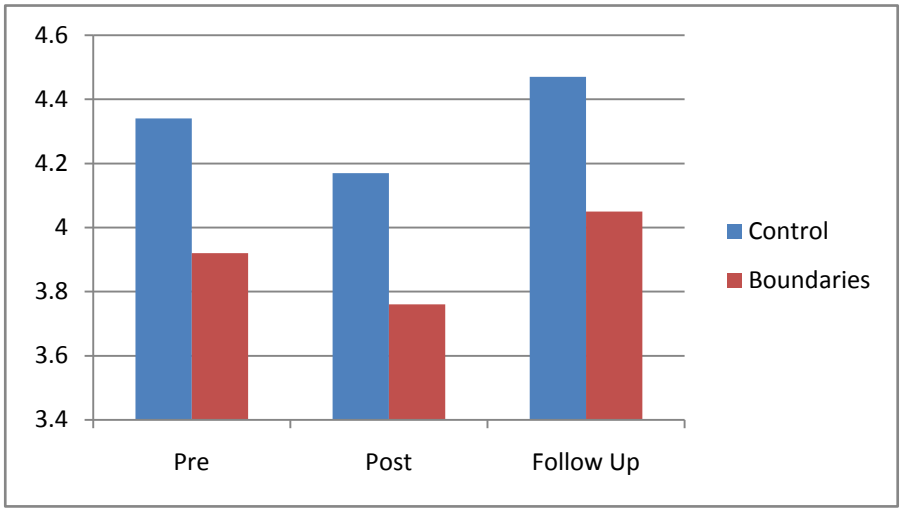
Boundary subscale

When examining the combined boundary subscale results, we noted that there were no significant differences found in the decrease from the pre-group (M= 3.92, SD= 0.48, N= 27) to the post-group (M= 3.76, SD=0.82, N=14); the increase from the post-group (M= 3.76, SD=0.82, N=14) to the follow-up (M= 4.05, SD= 0.40, N= 12); or the increase from pre-group (M= 3.92, SD= 0.48, N= 27) to the follow-up (M= 4.05, SD= 0.40, N= 12).

Control Subscale

Similarly, we noted no significant differences on the combined control subscale results between the pre-group (M= 4.34, SD= 0.47, N= 27) and the post-group (M= 4.17, SD= 0.76, N= 14); the post-group (M= 4.17, SD= 0.76, N= 14) and the follow-up (M= 4.47, SD= 0.38, N= 12); or between the pre-group (M= 4.34, SD= 0.47, N= 27) and the follow-up (M= 4.47, SD= 0.38.

Figure 6: Combined ISRS Results



TOPSE

The extent to which parent(s) increased perceived parenting self efficacy in child-centred and age-appropriate parenting was measured using TOPSE. Independent t-tests assuming unequal variances were conducted to determine whether there was a significant difference between the groups at the three test stages. The results have been broken down to examine each subscale independently and comparisons between groups have been made. In addition we have examined the total combined scores to determine overall effectiveness of the program. Statistically significant results were observed in both groups.

Emotion and Affection Subscale

The results from the mothers group indicated (see Figure 7) an increase from the pre-group (M= 8.40, SD= 1.20, N= 17) to the post-group (M= 8.97, SD= 0.96, N= 6), the post-group to the follow-up (M= 9.06, SD= 0.93, N= 6); and pre-group to the follow-up (M= 9.06, SD= 0.93, N= 6). None of the increases were statistically significant. The Father's group results (see Figure 8) on the other hand reflected a different pattern of change. There was a decrease in the means from pre-group (M= 8.92, SD= 1.13, N= 11) to Post-group (M= 8.50, SD= 1.40, N= 8); an increase from Post to follow-up Post (M= 8.89, SD= 0.90, N= 6) and a decrease from pre-group to follow-up Pre (M= 8.89, SD= 0.90, N= 6). None of the differences were significant.

Play and Enjoyment Subscale

The mother's group data indicated that the increase between the pre-group (M= 8.70, SD= 1.02, N= 17) and the post-group (M= 9.22, SD= 0.65, N= 6) or between the post-group (M= 9.22, SD= 0.65, N= 6) and follow-up (M= 9.36, SD= 0.48, N= 6) were not significant. However, there was a significant increase from pre-group mean (M= 8.70, SD= 1.02, N= 17) to follow-up mean (M= 9.36, SD= 0.48, N= 6), t(18)= -1.992, p= 0.10.

The father's group means demonstrated a decrease between the means at the pre-group (M= 8.71, SD= 1.37, N= 11) and post-group (M= 8.67, SD= 1.49, N= 8) but an increase between post-group (M= 8.67, SD= 1.49, N= 8) and follow-up (M= 9.44, SD= 0.68, N= 6). Similar to the mother's group these differences were not significant. However, there was a significant increase from the pre-group mean (M= 8.71, SD= 1.37, N= 11) to the follow-up mean (M= 9.44, SD= 0.68, N= 6), t(15)= -1.378, p= 0.20.

Empathy and Understanding Subscale

The new pattern emerged with the mother's group data in the empathy and understanding subscale. The pre-group mean (M= 8.18, SD= 1.33, N= 17) was significantly smaller than the post-group mean (M= 8.90, SD= 0.70, N= 6), t(16)= -1.565, p= 0.20. However, the increase from post-group (M= 8.90, SD= 0.70, N= 6) to follow-up (M= 8.89, SD= 0.90, N= 6) or the pre-group mean (M= 8.18, SD= 1.33, N= 17) and the follow-up (M= 8.89, SD= 0.90, N= 6) was not significant.

Here also the father's group differed from the mother's group results. There were no significance in the increase noted between the pre-group (M= 8.06, SD= 1.80, N= 11) and the post-group (M= 8.73, SD= 1.40, N= 8), or between the post-group (M= 8.73, SD= 1.40, N= 8) and the follow-up (M= 9.22, SD= 0.55, N= 6). However, the pre-group mean (M= 8.06, SD= 1.80, N= 11) was significantly smaller than the follow-up mean (M= 9.22, SD= 0.55, N= 6), t(13)= -1.871, p= 0.10.

Control Subscale

A strong pattern was observed with the mother's group data on the control subscale. The pre-group mean (M= 6.74, SD= 1.14, N= 17) was significantly smaller than the post-group mean (M= 8.38, SD= 0.86, N= 6), t(14)= -3.147, p= 0.01. There was no significant difference between the means from post-group to follow-up. However, there was a significant difference noted as the pre-group mean (M= 6.74, SD= 1.14, N= 17) was significantly smaller than the follow-up mean (M= 8.17, SD= 0.64, N= 6), t(18)= -3.155, p= 0.01.

Conversely, the father's group data showed no significant differences. The increase noted between the pre-group (M= 6.91, SD= 1.62, N= 11) and the post-group (M= 7.48, SD= 1.35, N= 8); the decrease noted between the post-group (M= 7.48, SD= 1.35, N= 8) and follow-up (M= 7.64, SD= 1.67, N= 6).; and the increase between the pre-group (M= 6.91, SD= 1.62, N= 11) and the follow-up (M= 7.64, SD= 1.67, N= 6) were not significant.

Discipline and Punishment Subscale

There were significant differences noted on the discipline and punishment subscale for the mothers group. The pre-group (M= 8.00, SD= 1.10, N= 17) was not significantly smaller than the post-group (M= 8.47, SD= 0.74, N= 6). However, the post-group mean (M= 8.47, SD= 0.74, N= 6) was significantly smaller than the follow-up mean (M= 9.11, SD= 0.56, N= 6), t(9)= -1.537, p= 0.20. Finally the pre-group mean (M= 8.00, SD= 1.10, N= 17) was significantly smaller than the follow-up mean (M= 9.11, SD= 0.56, N= 6), t(17)= -2.944, p= 0.01.

The father's group differed in results from the mothers group on the discipline and punishment subscale. There was no significance in the increase between the pre-group (M= 7.67, SD= 1.90, N= 11) and the post-group mean (M= 8.38, SD= 0.72, N= 8); the decrease from post-group mean (M= 8.38, SD= 0.72, N= 8) to follow-up (M= 8.19, SD= 1.57, N= 6); or the increase from pre-group (M= 7.67, SD= 1.90, N= 11) to follow-up (M= 8.19, SD= 1.57, N= 6).

Pressures Subscale

The mother's group did not differ significantly from pre-group (M= 6.36, SD= 2.64, N= 17) to post-group (M= 6.39, SD= 2.33, N= 6) or from post-group (M= 6.39, SD= 2.33, N= 6) to follow-up (M= 7.89, SD= 1.49, N= 6). However, the pre-group mean (M= 6.36, SD= 2.64, N= 17) was significantly smaller than the follow-up mean (M= 7.89, SD= 1.49, N= 6), t(15) = -1.630, p = 0.20.

We noted similar results with the father's on the pressures subscale. There was no significant differences found between the pre-group (M= 7.30, SD= 1.09, N= 11) and the post-group mean (M= 8.17, SD= 1.09, N= 8); or between the post-group (M= 8.17, SD= 1.09, N= 8) and the follow-up (M= 8.61, SD= 0.48, N= 6. However, the pre-group mean (M= 7.30, SD= 1.09, N= 11) was significantly smaller than the follow-up mean (M= 8.61, SD= 0.48, N= 6), t(15) = -3.251, p = 0.01.

Self-Acceptance Subscale

The mothers group results demonstrated that the pre-group mean (M= 8.17, SD= 1.67, N= 17) was significantly smaller than the post-group mean (M= 8.94, SD= 0.68, N= 6), t(20)= -1.499, p= 0.20. However, there was no significant difference noted between the post-group (M= 8.94, SD= 0.68, N= 6) and follow-up (M= 8.94, SD= 1.03, N= 6); or pre-group (M= 8.17, SD= 1.67, N= 17) and the follow-up (M= 8.94, SD= 1.03, N= 6).

The father's group results also differed from the mother's group on the self-acceptance subscale. There was no significant difference observed between the means at the pre-group (M= 8.31, SD= 1.59, N= 11) to post-group (M= 8.04, SD= 1.64, N= 8); the post-group (M= 8.04, SD= 1.64, N= 8) to the follow-up (M= 8.83, SD= 1.77, N= 6); or between the means at the pre-group (M= 8.31, SD= 1.59, N= 11) and follow up (M= 8.83, SD= 1.77, N= 6) measurements. However it is worth pointing out that there were increases from post to follow-up and increases to follow-up.

Learning and Knowledge Subscale

The mother's group yielded several significant results on the learning and knowledge subscale. The pre-group mean (M= 8.68, SD= 1.20, N= 17) was significantly smaller than the post-group mean (M= 9.33, SD= 0.44, N= 6), t(21)= -1.834, p= 0.10. There was no significant difference between the means from post-group to follow-up measurements. However, we noted that the pre-group mean (M= 8.68, SD= 1.20, N= 17) was significantly smaller than the follow-up mean (M= 9.53, SD= 0.64, N= 6), t(16)= -2.055, p= 0.10.

The father's group results again appeared differently than the mother's group results on the learning and knowledge subscale. There were no significant differences between the pre-group (M= 8.56, SD= 1.30, N= 11) and the post-group (M= 9.19, SD= 1.02, N= 8); the post-group (M= 9.19, SD= 1.02, N= 8) and follow-up (M= 9.08, SD= 0.52, N= 6); or between the pre-group (M= 8.56, SD= 1.30, N= 11) was and the follow-up (M= 9.08, SD= 0.52, N= 6).

Figure 7: Mother's Group TOPSE Results

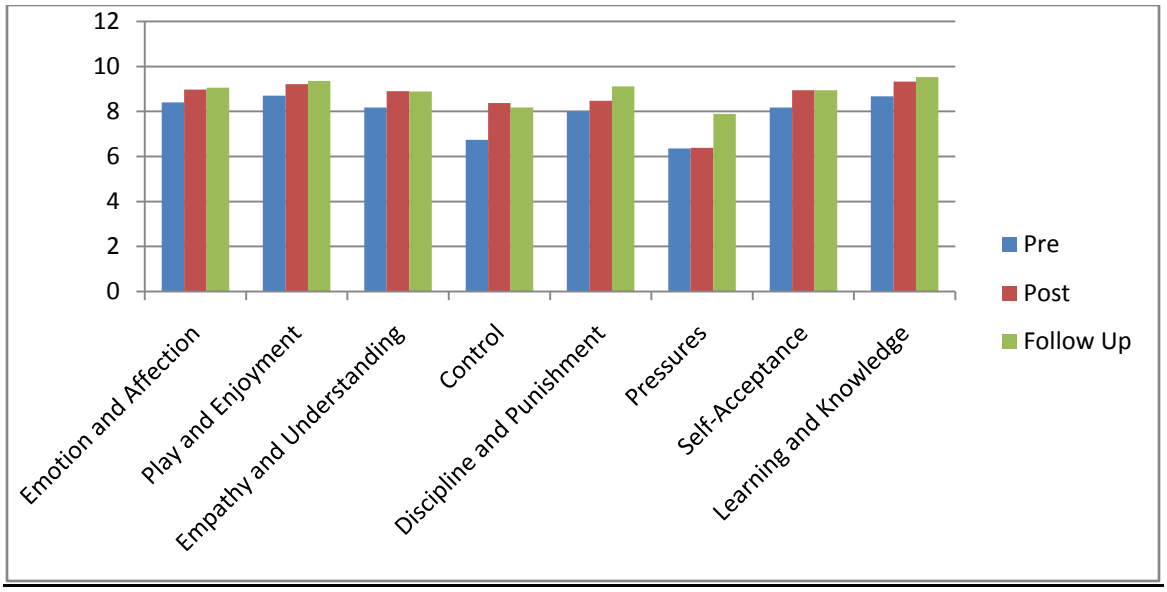
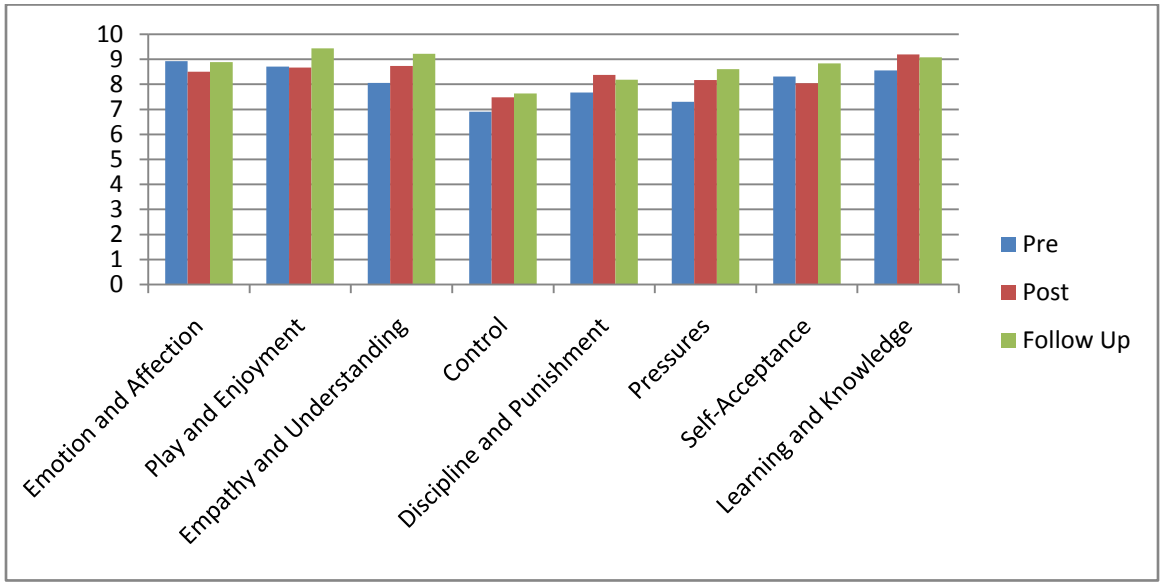


Figure 8: Father's Group TOPSE Results



Combined Results

The mother's and father's group results were combined to determine overall effectiveness of the program.

Emotion and affection subscale

There was no significant difference observed between the overall means from pre-group (M= 8.61, SD= 1.22, N= 27) to post-group (M= 8.72, SD= 1.29, N= 13); post-group (M= 8.72, SD= 1.29, N= 13) to follow up (M= 8.97, SD= 0.96, N= 12) or pre-group (M= 8.61, SD= 1.22, N= 27) to follow-up measurements (M= 8.97, SD= 0.96, N= 12).

Play and enjoyment subscale

There was no significant difference between the means at the pre-group and post-group measurements. However, the post-group mean (M= 8.90, SD= 1.28, N= 14) was significantly smaller than the follow-up mean (M= 9.40, SD= 0.62, N=12), t(19)= -1.292, p= 0.05. In addition, the pre-group mean (M=8.70, SD= 1.19, N= 82) was also significantly smaller than the follow-up mean (M= 9.40, SD= 0.62, N=12), t(36)= -2.429, p= 0.05.

Empathy and understanding subscale

There was a significant increase observed between the means at pre-group (M= 8.13, SD= 1.57, N= 27) which were smaller than the means at post-group (M= 8.80, SD= 1.20, N= 14), t(33)= -1.531, p= 0.20. There was no significant difference noted between the means at post-group and follow-up measurements. However, the pre-group mean (M= 8.13, SD= 1.57, N= 27) was significantly smaller than the follow-up mean (M= 9.06, SD= 0.80, N= 12), t(36)= -2.437, p= 0.05.

Control subscale

A similar pattern of results was observed with the empathy and understanding subscale and the control subscale. The pre-group mean (M= 6.80, SD= 1.53, N=28) was significantly smaller than the post-group mean (M= 7.86, SD= 1.29, N= 14), t(30)= -2.354, p= 0.05. There was no significant difference noted between the means at the post-group and follow-up measurements. However, the pre-group mean (M= 6.80, SD= 1.53, N=28) was significantly smaller than the follow-up mean (M= 7.90, SD= 1.35, N= 12), t(23)= -2.265, p= 0.05.

Discipline and punishment subscale

This pattern was repeated again with the discipline and punishment subscale. The pre-group mean (M= 7.87, SD= 1.51, N= 27) was found to be significantly smaller than the post-group mean (M= 8.42, SD= 0.76, N= 14), t(39)= -1.547, p= 0.20. There was no significant difference observed between the means from post-group to follow-up. However, the pre-group mean (M= 7.87, SD= 1.51, N= 27) was significantly smaller than the follow-up mean (M= 8.65, SD= 1.32, N= 12), t(24)= -1.638, p= 0.20.

Pressures subscale

The pre-group (M= 6.73, SD= 2.25, N= 28) was not significantly smaller than the post-group (M= 7.40, SD= 2.02, N= 14). However, the post-group mean (M= 7.40, SD= 2.02, N= 14) was significantly smaller than the follow-up mean (M= 8.25, SD= 1.21, N= 12), t(22)= -1.314, p=

0.20. Finally the pre-group (M= 6.73, SD= 2.25, N= 28) mean was significantly smaller than the follow-up mean (M= 8.25, SD= 1.21, N= 12), t(36)= -2.758, p= 0.01.

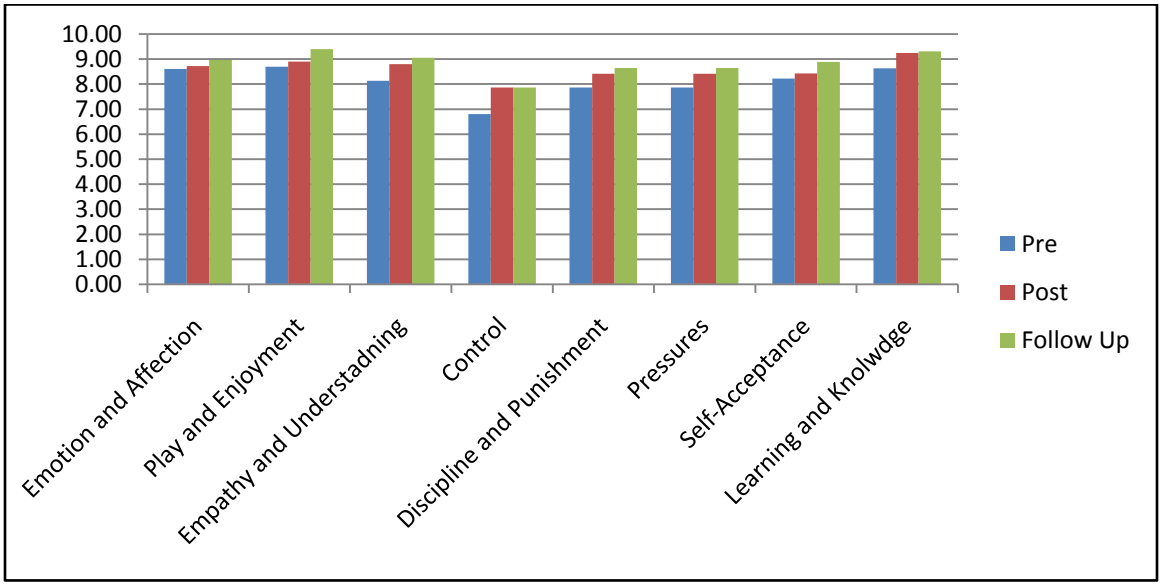
Self-acceptance subscale

There was no significant difference between the means from pre-group (M= 8.22, SD= 1.68, N= 27) to post-group (M= 8.43, SD= 1.44, N= 14); the post-group (M= 8.43, SD= 1.44, N= 14) to follow-up (M= 8.89, SD= 1.52, N= 12) or pre-group (M= 8.22, SD= 1.68, N= 27) to follow-up (M= 8.89, SD= 1.52, N= 12).

Learning and knowledge subscale

The pre-group mean (M= 8.63, SD= 1.26, N= 28) was significantly smaller then the post-group mean (M= 9.25, SD= 0.85, N= 14), t(36)= -1.876, p= 0.10. There were no significant differences observed between the post-group and follow-up means. The pre-group (M= 8.63, SD= 1.26, N= 28) mean was significantly smaller than the follow-up mean (M= 9.31, SD= 0.65, N= 12), t(36)= -2.224, p= 0.05.

Figure 9: Combined TOPSE Results



TOPSE Qualitative Results

The participants were given the opportunity to contribute additional information about the program at the end of the TOPSE scale. Participants provided feedback at both the post-group

measurement and the follow-up measurement. This portion was analyzed by two independent researchers and their results were compared and combined. The themes that emerged from this portion included: the client's feedback on the experience of the group, facilitator evaluation, the impacts/learning outcome as perceived by the clients and the need/importance of the program.

Feedback with regards to the program one participant stated "I was sceptical at first and didn't want to attend after two or three times I was having a change of heart and thought it was a great time and experience. I would love to attend again anytime." Other participants were more general, sharing comments such as "it is very good and I will miss coming", "I really enjoyed this group" or "it was a wonderful program! I enjoyed it very much! Thank you!" One participant also provided feedback on participating in the program evaluation stating "and doing these questionnaires only allows for positive parenting and to change the programming to accommodate parents and their children. Thank you!"

The participants continued to also be very positive in their feedback with regards to their facilitators calling them "... amazing facilitators and an integral part of this course's success" and "... incredible and really informative and helpful". One participant stated that she particularly "appreciated the instructors sharing some of their own personal situations with us."

The areas that clients identified learning were varied. Some tended to encompass global sentiments. For example, "raising happy emotionally healthy children takes time and effort. But the rewards are your children get the best opportunity to do well in their lives". Another participant stated that the group "...made me think of things in a new way. Made me think of things I had not thought of...to really look at how it affects my children and not just look at it from my own position". Other participants were more specific, such as "I very much enjoyed the camaraderie and the atmosphere". Still others focused directly on specific areas of learning; specifically "I learned a lot especially how to listen to my kids. It has made me child-centered. I ask what is the best for my kids".

Finally, there were many comments on the need for this type of programming. For instance “The program was well needed. More parents could use this course!”; “amazing program and should be available to all parents!!” or “I think it is a very worthwhile program”. Another participant shared that “I think every couple have or going to have children should take a course like this it would start them off in the right direction”. Yet another stated: “I think that the parenting program is very helpful because back 5 or even 10 years ago there weren’t any services for parents as much as there are today. It is good to know that there are groups and programs available ... because the dynamics of parenthood has changed dramatically”. Overall, the qualitative feedback of the clients on the TOPSE was very positive and reflected a client belief that the Caring Families program helped them achieve positive change in their lives.

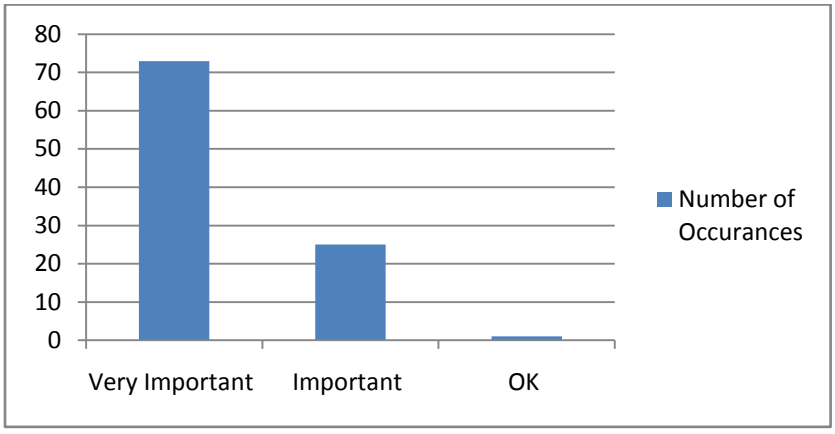
Group Facilitator Checklist

The group facilitators were asked whether they covered the material during each group and then rated the material in terms of importance on a scale where 1 was very important and 4 was not important. The adult group and children`s group facilitators each had different surveys to reflect the difference in material covered.

The Parent`s Group Facilitators Survey Response

All of the adult group’s facilitators (n= 4) completed the Facilitator`s Checklist. Their responses ranged from Very Important to OK (1 - 3.50) with an overall mean of 1.44. There were 20 responses left blank indicating that material had not been covered in group. The reasons provided for not addressing particular material included having addressed that material in a previous group (in response to group member need) and time constraints.

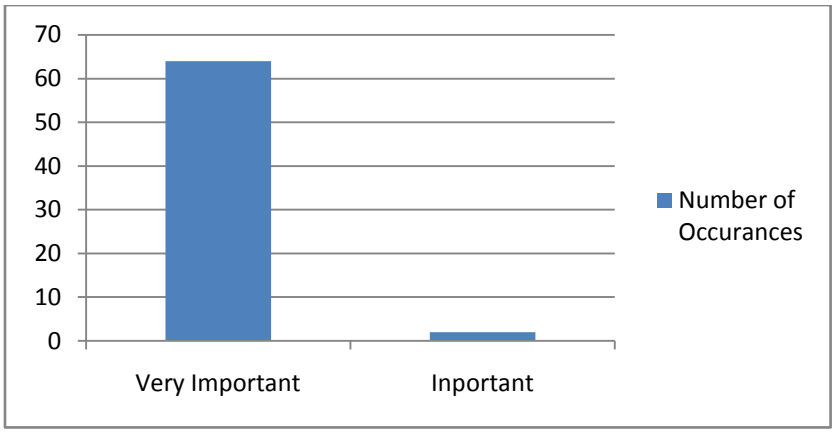
Figure 10: Parent's Group Facilitators' Results



The Children`s Group Facilitators Survey Response

One of the six children`s facilitators (n= 1) completed the facilitator checklist. This facilitator`s responses ranged from Very Important to Important (1-2) with an overall mean of 1.03. There were four responses left blank indicating that material had not been covered in group. Reasons were not provided.

Figure 11: Children's Group Facilitator Results



Client Satisfaction Questionnaire

Eleven participants who completed the group also completed the client satisfaction survey (n=11). Attempts were made to contact those who had left the program early but we experienced difficulty as former participants did not return our calls. The client satisfaction survey was broken down into five general areas: convenience and ease of accessing the

program; participants' perception of being listened to and respected; overall participants' perception of learning satisfaction with various areas of the services rendered by the program and staff; and suggestions for improvement.

Convenience and Ease for Participants

The participants answered four questions related to convenience and ease of accessing the program; including day of the week and time of the day. Their responses ranged from 1 to 7 (where 1 was extremely dissatisfied and 7 was extremely satisfied), with averages ranging from 4.00 to 6.36. The overall average for all questions related to convenience was 5.39. In the comment section clients indicated that the evening groups worked best as well as the timing as it was both after work and after dinner.

Participants Perception of Being Listened to and Respected

Participants also answered four questions about their perceptions' of being listened to and respected. Their answers ranged from 5 to 7 (where 1 was extremely dissatisfied and 7 was extremely satisfied), with a range of 6.20 to 6.60. The overall average of questions related to respect was 6.44. Throughout the comments section, participant responses supported their numerical responses. For example when asked whether they felt listened to by the facilitators one client responded: "they are open to you and show respect". Another client stated: 'both facilitators treated us with respect and as an equal, which made it easier to learn the material and just feel good about who we are!". When asked about their children's experience, the parents also indicated that they were satisfied. One client stated: "my little girl has said that she likes to get it off her chest." Several respondents shared: "my [kids/children] enjoyed the program".

Overall Learning in Program

The clients were asked ten questions related to learning in the program. The first eight questions asked them to rate specific subjects on how much they enjoyed learning about them.

Questions were rated on a scale of 1 to 5 (where 1 is poor and 5 is excellent). Results are presented in Table 2 in descending order.

Table 2: Participants' Ratings of Which Group Topics Were Most Helpful

	Subject Matter	**Mean**
1	Impact of Family Conflict on Children	4.90
2	Child Development	4.82
3	Empathy	4.82
4	Respectful Communication	4.73
5	Healthy Parenting Relationships	4.64
6	Family You Grew Up In	4.63
7	Positive Parenting Skills	4.37

In addition clients were asked "what was the single most important thing you learned in group?" and "which group topics were most helpful in your situation?" A qualitative analysis was performed to determine emergent themes from these questions. Results are presented in Table 3 in descending order.

Table 3: Participants' Generated Themes of Which Group Topics Were Most Helpful

	Theme	**Number of Occurrences**
1	All Topics Were Helpful	6
2	Respect for the Other Parent	6
3	Empathy	4
4	Child-Centered Parenting	3
5	Group Support	2
6	Discipline and Punishment	2
7	Child Development	2
8	Compassion	1
9	Communication	1
10	What my Family Looks Like	1
11	Impact of Conflict on Children	1

Overall Satisfaction

The clients answered eighteen questions related to satisfaction; including how easy it was to find out about services, distance travelled, wait time, length of the group, help to access other services, knowledge and skills of facilitators, time for personal discussions, delivery of educational material, needs met, able to voice concerns and have them addressed, as well as

overall satisfaction. Their responses ranged from 1-7 (where 1 was extremely dissatisfied and 7 was extremely satisfied), with averages on individual questions ranging from 3.50 to 6.60. The overall average for all questions related to satisfaction was 5.97. The lowest average (M= 3.50) addressed to the question “if these services had not been available, I could have accessed other services to adequately meet my child(ren)’s and/or my needs”.

Participants’ comments related to overall satisfaction with the program supported their numerical responses. For instance “... the info provided and things learned could have benefitted me and my family much earlier, as I am sure it could benefit all parents who just want to be BETTER parents...” (emphasis in original text). Another participant stated “I found the insight into my situation very helpful for my ex and my children. A lot was covered”. In addition, they communicated overall satisfaction with the facilitators, for example one client noted: “the knowledge and skills of those who facilitated the group were beyond knowledgeable and have helped me immensely”. Another client stated: “they were very informative and supportive. I felt very comfortable working and communicating with them”.

Parent’s were equally satisfied with their children’s experience in the program, however they appeared to have less information on their children’s experience. For example, after each question asked about their children’s experience at least one parent responded “I’m sure they did but I have no knowledge of that” or “I can’t say... I don’t know”. Other parent’s stated that “they had fun and no complaints” or “I have seen improvement in their behaviour”.

Suggestions for Improvement

Finally clients were asked “do you have any suggestions for improving the program?” Again a qualitative analysis was completed to assess for emergent themes in the participants’ responses. Participant responded in several veins; some said “nope” (N= 3). Several suggested that it would be helpful to have “longer sessions, and for a longer period” (N= 4). Some commented on the beginning of group, stating that “at the beginning it could have been more organized”. Another participant suggested “maybe do trust building games to help people feel

more comfortable at the beginning. Most of these cases were forced so we felt judged coming in". A male responded requested "more help for me and a little less for women". However, overall, all participants who completed the client satisfaction survey indicated that they would recommend this group to others (N= 11).

Service Provider Questionnaire

Two referring professionals completed and returned the survey. One was from a partner agency and one was an internal referral. The survey was a combination of scaled questions and qualitative responses. Overall, both responders reported that they were satisfied with the services provided by the program. Responses varied from 1 (extremely satisfied) to 2 (satisfied), with an average of 1.21. The only exception to this was question "If these services had not been available, I could have accessed other services to adequately meet my client's needs". Here the responses varied from 4 (dissatisfied) to 5 (extremely dissatisfied), with an average of 4.5.

Qualitative responses revealed two general trends from our referring professionals. On one hand, clients are often referred to our program and then the referring individual has no further contact with them and on the other hand, clients continue contact with the referring individual.

The individual who has ongoing contact with the clients throughout the program noted that "any improvement that a family has or will have greatly depends on the family's commitment to the program and their own opportunity to change or improve". However the "collaboration between all the workers involved and the inclusion of the family in discussions, meetings and conferences are very relevant to a positive outcome of the clients involvement in the service and their completion/success rate".

This individual noted that their clients learned "coping strategies, problem-solving skills, better communication and the effects of their (parents) behaviour on their own children". In addition, the referring professional stated that "this service provides informative information to

the mother, father and the children in a safe environment for all involved. Additionally, the facilitators provide feedback to the parents accordingly, which is also beneficial to the family".

It was also noted that "there is an extremely limited availability of services in Brantford which addresses domestic violence to both parents and the children at the same time". Therefore, with regards to suggestions for improvement, both the provision of free childcare during groups as well as allowing the children to participate even if both parents are not participating.

Discussion & Interpretation

The conclusions of this study suggest that *Caring Families* has the potential to assist parents in learning to reduce levels of conflict and relational dysfunction to help create healthy atmospheres for their children. The increases in the children's scores point to improvements in their self-efficacy. These increases co-occurred with the increase in parental self-efficacy as well as the shift to healthier levels in control and boundary beliefs at the post-group stage. The largest increase happened in the enlisting social resources and self-assertive self-efficacy subscales. Both results are consistent with group goals to connect the children with social support networks (such as Nova Vita staff, Kids helpline and identifying safe individuals in their lives) as well as teaching the children skills to express themselves. This is in addition to supporting the parents in creating a parent child relationship that is supportive of the child expressing their feelings and thoughts in a safe and nurturing environment provided by both parents. This environment, we believe started to develop and was maintained as reflected by the parents TOPSE scores in the empathy and understanding subscale.

The enlisting parental and community support saw the least increase from pre to post stages. However we do not have follow up data to examine whether the increase continued after both parents and children had the chance to practise the newly acquired skills.

The lack of significant change in the children's data could be attributed to the finding that some program material was not delivered as per facilitator checklist feedback, or to the low number of participants in the study as well as the lack of follow-up data.

As evidenced by the results of the pre, post, and follow-up ISRS questionnaire, changes in belief systems about the importance of control and boundaries in relationships were reported by participants of the program. Decreases observed at program conclusion in beliefs about independent functioning that both fathers and mothers reported indicate that parents' understanding of healthy boundaries shifted throughout the program. Unfortunately, lack of statistical power prevents us from concluding that differences in means are attributed to program participation. The fact that significance change towards unhealthy levels was noted between post and follow up scores speaks to the importance of continued support for these families.

The results from the Control scores are reflective of the power and control dynamic typical of abusive relationships. Although the scores remained high at the post group indicating an unhealthy level of control, there was a decrease in the scores.

Perhaps one of the more interesting findings of the study is seen when comparing ISRS scores by gender. The fathers presented with consistent levels of unhealthy beliefs about both boundaries and control in relationships. As reflected in the literature, abuse dynamics are maintained by high levels of control exerted by one partner; traditionally the male. Therefore, we would expect the men to come into the program with high levels of control in different aspects of their relationships; as was the case here. Caring Families addresses control dynamics in the co-parenting aspect. The fathers are encouraged to re-evaluate their ideas about healthy co-parenting interactions and are taught how to become more comfortable in supporting the mother in her parenting role. However the skills that they are taught are behavioural in nature and may not necessarily translate into a change in beliefs about overall relationship beliefs and standards. The fact that the father's scores demonstrated a statistically significant increase at

the follow up further supports the need for continued services for this population in order to maintain any gains that they might have achieved while in the program.

Whereas mothers decreased into a healthy range in both control and boundaries beliefs from the time of pre-tests to post-tests, We would expect the women to also come into the program with a high need for control but for different reasons than the men; in this case, due to feeling out of control in an abuse dynamic. The shift that was observed for the mothers can be explained by how the women experienced the dual process of the program differently. The support and skill building elements empower mothers in their parenting role. At the same time, the changes in the men's behaviour due to their experience in the group, shifts the power and control dynamic; thus increasing the likelihood of positive interactions between the parents, which in turn reinforces the mother's belief in the shifting power dynamics and encourages her to reduce her need for control in the relationship.

Another reason that could account for the differences observed in the effectiveness of the program for each of the mother's and the father's groups could be due to the distress levels experienced by the fathers which cannot be addressed through additional support services due to the lack of such services. As the literature suggests, men who are experiencing high levels of stress tend to gravitate towards extreme relationship standards. Fathers attending our program were experiencing stresses related to lack of access to their children, financial challenges due to unemployment which was also compounded by ongoing court proceedings, relationship breakdown, CAS involvement and some mental health concerns.

Overall the parent's self efficacy improved throughout the different stages of the evaluation as reflected by the TOPSE scores. This is in line with the program goal to provide parents with child-centered and age appropriate parenting approaches that would increase the parent's confidence in their ability to managing the co-parenting relationship while putting the children's needs first.

There were two scales that did not evidence any significant shifts; the emotion and affection and the self-acceptance subscales. The parents' rated high on the pre-group measures for both and the rates continued to increase. Therefore despite the lack of statistical power, the results appear encouraging.

Conclusions & Recommendations

As reflected from the results of this evaluation, *Caring Families* appears to be making a difference in the lives of mothers, fathers, and children who attend and complete the program. As the data indicates, when parents learned and applied the principles of respectful communication, child-centered parenting, and age appropriate parenting, their views regarding their ability to parent improved. When fathers' and mothers' self-efficacy increased, and as they began to approach parenting from a child-centered mentality, as opposed to conflict, or even other parent-centered mentality, also as indicated by the data, children's perceived self-efficacy increased as they felt the impact of their parents' positive shift.

However, though the data indicated that *Caring Families* might have played a role in increasing self-efficacy in children, the lack of numbers in the children's groups makes it harder to detect a significant level of change. Accumulative data is needed to achieve a value for N that might help us detect significance. Additionally the younger age of participants is a good reminder about the importance of considering the appropriateness of the measure used. In spite of our modifications as per the Pilot recommendations we still faced some challenges in administering the Child Self Efficacy tool. We will be searching for a new tool that might be more suitable for younger participants. The Centre of Excellence is launching a "Measures" database in December of this year which will be one resource that we will seek in our search. Finally the fact that the children's group facilitators did not provide feedback limits our ability to assess the role that they played in these results. The one counsellor who completed the checklist indicated that she did not cover material on a number of occasions without providing a reason. This needs to be followed up so challenges can be addressed and corrections can be made.

The results further support the findings of the Pilot study that follow-up services are needed by families struggling with domestic conflict. Data suggested again that overall the greatest amount of positive change occurred when participants were actively involved in group. This was especially true for the changes in the control domain for both relationship and parenting. The dynamics of power and control are key to understanding abusive relationships and changes to this dynamic are possible but need intensive therapeutic/educational approaches that are ongoing. *Caring Families* would benefit from increasing its resources to offer support following the completion of the group portion, such as follow-up individual or dyadic counselling. This increases the chance that change that began during the group portion gets internalized in those individuals thus becoming permanent.

We are also noticing that as Caring Families becomes more recognized in the community, more severe conflict cases are being referred to the program. These clients are not coming in voluntarily which presents additional challenges in our attempts to get the parents to focus on the children instead of the conflict. One way to address this could be to encourage clients to complete domestic abuse programming prior to beginning Caring Families in order to allow the parents to develop their support network and coping strategies so they would be able to focus more on their children's needs while attending the program.

The final recommendation based on the findings of this study is for further gathering of qualitative data such as surveys regarding client satisfaction and views regarding the program. The results from the qualitative data gathered in this evaluation was very helpful in assisting us better understand what aspects of the *Caring Families* were most helpful to our clients and what areas need to be reviewed and modified. The information added concrete meanings to the quantitative data as it provided possible explanations to some of the noted changes in the data. With this knowledge, further development of the program will occur, thus increasing the effectiveness of the program and longevity of the change it creates.

Lessons Learned from Evaluation Activities

We have learned about the importance of knowing our clients when conducting research. One significant variable that we had to consider was the literacy level of our clients. While as discussed before this impacted some clients' ability and willingness to participate in the study, this observation alerted us to the importance of considering the mode of material delivery. Although facilitators are trained to be sensitive to clients with learning disabilities it is sometimes easy to forget to check with the clients. Ongoing evaluation efforts can be a good tool to identify those clients who might need extra support in learning the material, in a timely manner.

Differences observed between the fathers and the mothers groups in certain areas of the TOPSE and the ISRS directed our attention to the possibility that mothers and fathers might be experiencing the conflict differently. The Caring Families staff takes extra time to listen to the perspective of each client and provide opportunities and safe spaces for each program participant to be heard. This was reflected in the qualitative data. It is also possible that the intervention used by facilitators challenge the behaviours that result from the underlying beliefs about power and control but do not directly challenge the beliefs themselves. This disconnect between behavioural intervention and the measurement of attitudinal shift could explain the difference between our quantitative and qualitative results.

We kept a log of the evaluation process. The log included information about number of participants, break down in evaluation process, timelines of administering the measures and any unforeseen challenges that we faced. This was an invaluable resource of information as we began to write up the final report.

Finally to ensure completed data by the facilitators, the lead researcher will be continuously checking with group counsellors to ensure that they are filling out the checklists at the end of each session. Also the low response rate from service providers indicates that we need to further foster our relationship with our community partners to engage them in the evaluation process.

Impact of Evaluation on Clients/Staff/Nova Vita

As indicated above, the evaluation process of exploring the effectiveness of *Caring Families* impacted clients, counsellors, and Nova Vita in several ways. As the word continues to spread in Brantford and area about our efforts to evaluate the Caring Families program and as people continue to hear about some of our positive findings referral to the program increase and our waitlist is getting longer. This gives clients hope that there is help available and usually by being on the waitlist many clients connect with staff if help is needed prior to start of group.

Another impact the evaluation process had on clients was that it provided them with an opportunity to make their voices heard as they were aware that Nova Vita staff were actively seeking their opinions and feedback. The qualitative feedback provided such an opportunity and enabled Nova Vita to gain a better insight into how its service delivery impacts clients.

The impact on counsellors was such that they reported feeling more confident in constructively critiquing the program while feeling that the research and evaluation provided greater credibility and prestige to the program. Client feedback from the qualitative data regarding staff performance evaluation gave our staff validation and recognition which increased their commitment to the program.

Management reported that counsellors became more vigilant in being constructively critical of not just *Caring Families*, but also in other programs run by Nova Vita. In fact we are in the final stages of creating a logic model for evaluating another program at Nova Vita. And two additional staff has expressed interest and commitment to new evaluation projects.

As an organization, Nova Vita was also impacted by the evaluation process in several ways. As mentioned, staff became more attentive to what was working in programs, what was not working, and why. Staff was actually requesting that changes be made to some of the programs and were very supportive when Nova Vita hired a local university student to conduct staff survey to gather information about the proposed changes. In addition, the student conducted a literature review and set up contacts with other individuals in the field who are

already doing similar research. Several staff members continued to seek both formal and informal training in how to properly conduct quantitative as well as qualitative research and data analysis. The evaluation process challenged Nova Vita staff members to grow professionally in many ways, which will both benefit Nova Vita, but also present and future clients.

Finally, we received a request from professionals in the community (e.g. Office of the Children's Lawyer) to meet with us to learn more about our program so they "make informed decisions when recommending our program to their clients". This we believe is a very positive step in building strong and positive collaborative efforts to serving our clients.

Next Steps

We will continue to gather data from the Caring Families program in an attempt to obtain a large enough sample size from which we can confidently infer the effectiveness of the program. As the demand for evidence based programming continues, so does the importance of evaluations.

We are confident that our program is based on client needs as it works with all family members providing education, therapy and support. We took evidence based information from the literature and combined it with client requests and feedback to create a program that is tailored to the whole family. We aim to eventually share our program with other agencies who service similar populations. Yet we are finding that the evaluation process is time consuming and we continue to find areas for improvement and modification. Throughout this process we are working on the program manual so we are ready to present it to funders as well as other agencies. Our goal is that this program be offered to as many families as possible in the area.

Inconsistencies regarding program delivery were still noted from the facilitator's feedback. Some of these inconsistencies will continue due to different facilitation styles and group dynamics which at time form a barrier to material delivery. However, the weekly debriefing sessions by the facilitators can help lessen the impact of the above to ensure that everyone is on the same page.

Knowledge Exchange

This program collaborates with local children's mental health treatment organizations such as; Contact Brant, Woodview Children's Centre and St Leonard's Community Services. These agencies, along with Office of the Children's Lawyer, support the program through referrals. A Nova Vita representative sits Children's Services Committee at Contact Brant and has shared some of the findings of the research with committee members.

In addition, one of our largest referral sources; CAS has been an integral part of support for our clients who attended the program. Part of our working interactions with CAS staff includes exchange of information about the program and its evaluation. An email was sent out to the staff in that agency during the year to explain our evaluation effort and to encourage staff to participate in the study. One of our respondents to the Service Providers Satisfaction survey was a CAS worker.

During the year we also attended two knowledge Exchange conferences presented by the Centre of Excellence. One conference was in Mississauga and the other in London. We presented information about the Caring Families program itself as well as the research and some of the findings from the Pilot. We received positive feedback and much interest from conference participants. A number of agencies approached us and expressed interest in us presenting the information to their staff. Unfortunately none of these contacts have continued due to financial and time constraints. However we were able to share information via email about the measurement tools that were used in the study with two different agencies; one from Hamilton and one from the Niagara region.

Additionally, the project lead had the opportunity to share the evaluation team's experience with this year's grant recipients at the Centre of Excellence's 2011 Orientation. She shared some of the challenges and successes faced during the evaluation process. The information included practical suggestions that helped new grant recipients feel more confident and equipped to face this rewarding yet daunting task.

We also submitted a proposal to present at the Ontario Children's Mental Health Conference in November 2011. Unfortunately our proposal was not chosen and we missed on this opportunity to disseminate some of the knowledge and learning.

We also share this information with the Board of Directors, staff, our clients, our community partners and Ministry funders. A presentation will be made to the Board in January 2012 to share some of the findings of the evaluation and to discuss the changes that will be made based on the findings.

With evidence based outcomes we also prepared a report for our stakeholders and this information was included in our annual report that was distributes for public consumption in September 2011. Our final report will also be accessible to our clients and the general public through our website.

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Appendices

Appendix A

Nova Vita Caring Families Program
Consent Form

Nova Vita Domestic Violence Prevention Services is conducting an evaluation of the Caring Families program. The purpose of the evaluation is to assess the effectiveness of the Caring Families program to determine if it is meeting the needs of the clients.

As a family participating in the Caring Families program, we would like to invite you to participate in the evaluation study. Your participation will involve the completion of questionnaires at the beginning of the program, at the end of your involvement with the program, and at 3 months follow-up. If you choose to participate, a Nova Vita facilitator will give you questionnaires in your group and will call you 3 months after you complete the group to set up a time that is convenient for you to complete the questionnaires. The amount of time required for your participation will be minimal.

We will use the information from the study to determine whether the Caring Families program is helpful in addressing the problems relating to family conflict.

Confidentiality

All the information that you provide will be kept confidential. Your information will be assigned a code and your name will not be used on any of the forms used. The list connecting your name to this code will be kept in a locked file, and when the study is completed, the list will be destroyed. Your name and any personal identifying information will not be used in any report.

Voluntary Participation

Your participation in this evaluation is voluntary. You may choose not to participate or you may withdraw from the study at any time. You will not be penalized in any way if you decide not to participate in this study or choose to withdraw at a later date. There are no known benefits to you that would result from your participation in this study; however, your information will help us understand some of the ways the program can be improved for others.

Contact information

If you have any questions or concerns about this study or if any problems arise, please contact: Gail Quinlan, Director of Counselling Services at 519 -752 -1005 x 220.

Nova Vita Caring Families Program
Consent Form

Consent

I have read the above information regarding my participation in the evaluation of the Caring Families program and have been given the opportunity to ask questions. I give my consent to participate in this evaluation.

Parent signature: _____ Date: _____

Parent signature: _____ Date: _____

_____: _____ _____ Date: _____

Please keep the information portion of this consent form for your records.

Appendix B

Nova Vita Caring Families Program
Parent Information Letter and Consent Form

Nova Vita Domestic Violence Prevention Services is conducting an evaluation of the Caring Families program. The purpose of the evaluation is to assess the effectiveness of the Caring Families program to determine if it is meeting the needs of the clients.

As a family participating in the Caring Families program, we would like to invite your child to participate in the evaluation study. Your child's participation will involve the completion of a questionnaire at the beginning of the program, at the end of his/her involvement with the program, and at 3 months follow-up. If you choose to give permission for your child to participate, a Nova Vita facilitator will give your child a questionnaire during their intake, during the final session and will call 3 months after your child completes the group to set up a time that is convenient for you and your child to complete the questionnaire. The amount of time required for your child's participation will be minimal.

We will use the information from the study to determine whether the Caring Families program is helpful in addressing the problems relating to family conflict.

Confidentiality

All the information that your child provides will be kept confidential. Each participant's information will be assigned a code and your child's name will not be identified on any of the forms used. The list connecting your child's name to this code will be kept in a locked file, and when the study is completed, the list will be destroyed. Your child's name and any personal identifying information will not be used in any report.

Voluntary Participation

Your child's participation in this evaluation is voluntary. You and your child may choose not to participate or may withdraw from the study at any time. Your child will not be penalized in any way if he/she decides not to participate in this study or chooses to withdraw at a later date. There are no known benefits to your child that would result from his/her participation in this study; however, your child's information will help us understand some of the ways the program can be improved for others.

Contact information

If you have any questions or concerns about this study or if any problems arise, please contact: Gail Quinlan, Director of Counselling Services at 519 -752 -1005 x 220.

Nova Vita Caring Families Program
Consent Form

Consent

I have read the above information regarding my child's participation in the evaluation of the Caring Families program and have been given the opportunity to ask questions. I give my consent for my son/daughter _____ to participate in this evaluation.

Parent signature: _____ Date: _____

Parent signature: _____ Date: _____

Witness: _____ _____ Date: _____

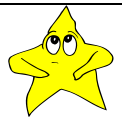
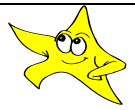
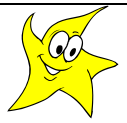
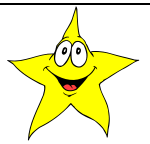
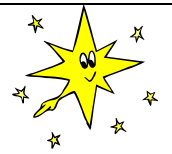
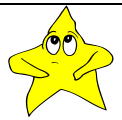
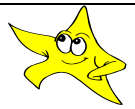
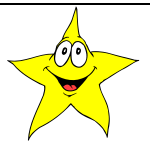
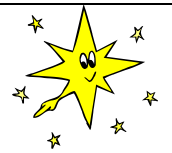
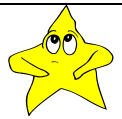
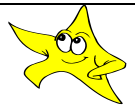
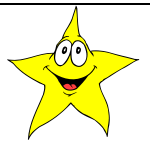
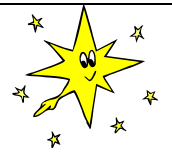
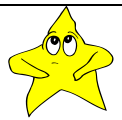
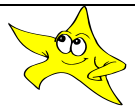
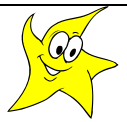
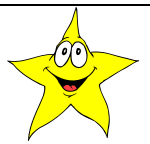
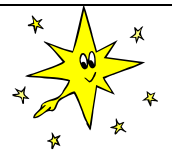
Please keep the information portion of this consent form for your records.

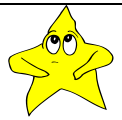
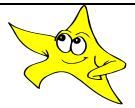
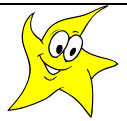
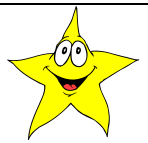
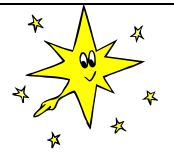
Appendix C

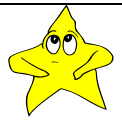
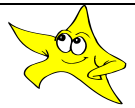
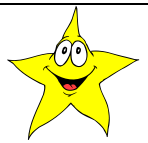
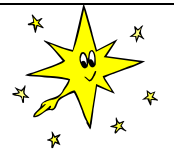
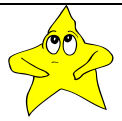
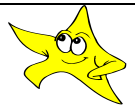
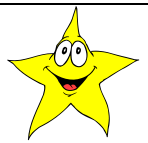
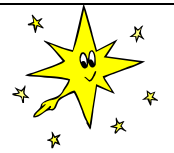
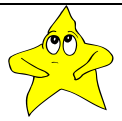
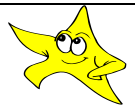
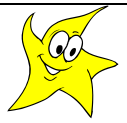
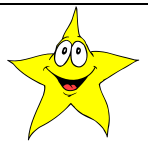
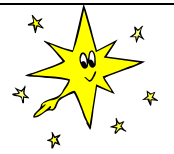
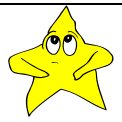
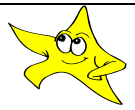
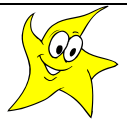
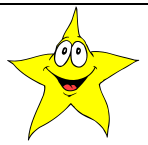
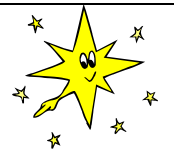
Date _____ ID_____

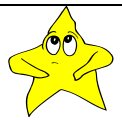
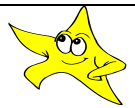
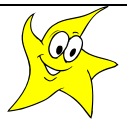
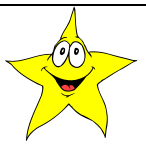
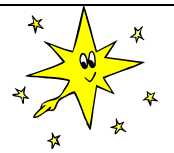
How well I can do things

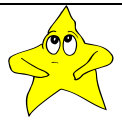
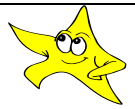
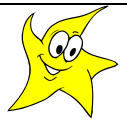
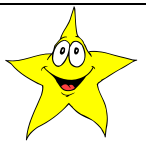
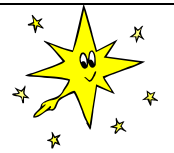
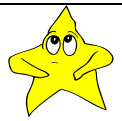
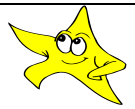
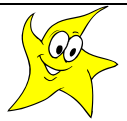
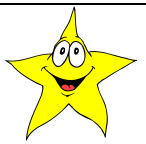
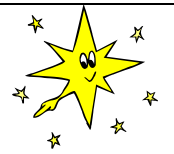
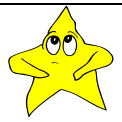
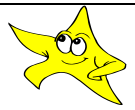
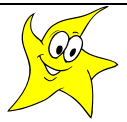
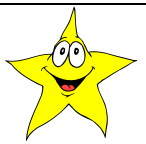
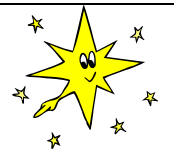
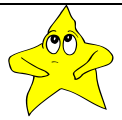
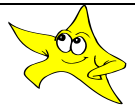
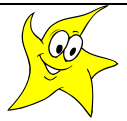
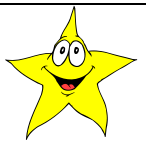
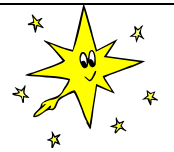
Put a circle around the star that best shows how well you feel you can do things.

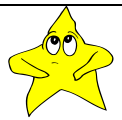
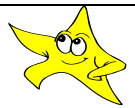
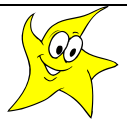
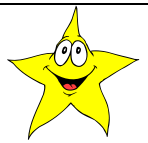
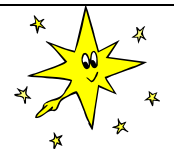
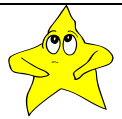
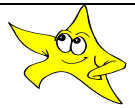
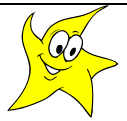
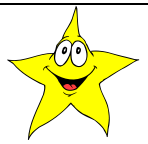
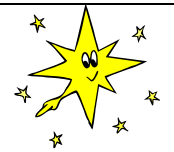
1. How well can you get adults to help you when you have problems at home?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well
2. How well can you get a friend to help you when you have problems at home?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well
3. How well can you get adults to help you when you have social problems (problems with your friends)?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well
4. How well can you get a friend to help you when you have social problems (problems with your friends)?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well

5. How well can you live up to what your parents expect of you?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well

6. How well can you live up to what your teachers expect of you?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well
7. How well can you live up to what your peers expect of you?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well
8. How well can you live up to what you expect of yourself?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well
9. How well can you express your opinions when other family members disagree with you?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well

10. How well can you stand up for yourself when you feel you are being treated unfairly?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well

11. How well can you deal with situations where others are annoying you or hurting your feelings?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well
12. How well can you stand firm to someone who is asking you to do something unreasonable or inconvenient?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well
13. How well can you get your parent(s) to help you with a problem?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well
14. How well can you get your brother(s) and sister(s) to help you with a problem?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well

15. How well can you get your parent(s) to take part in a school activity?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well
16. How well can you get people outside the school to take an interest in your school (community groups, churches)?	 Not well at all	 Not too well	 Well	 Very well	 Extremely well

Appendix D

TOPSE Attached to document

Appendix E

ID #

Circle Gender:

Male Female

Inventory of Specific Relationship Standards-III

This following questionnaire has been adapted from Inventory of Specific Relationship Standards-III

This questionnaire asks about your standards for your marriage/relationship, or what you think your marriage/relationship **should be** like. The way you think your marriage/relationship should be might be different from the way your marriage actually is. Remember, we are interested in what you think your marriage/relationship **should be** like. Below you will find 24 statements that describe standards that people may hold about their relationships. If you are not currently in a relationship, please respond to the questions based on your general expectations regarding marriage/relationship.

Please indicate how often you believe you and your partner should act toward each other in certain ways, as described in the following statements. You have five choices for doing this:

Never	Seldom	Sometimes	Usually	Always
1	2	3	4	5

Simply circle the number beside each item that corresponds to your view. Some of the items ask about parenting and child-rearing. Even if you do not have children, please answer these items based on how you think children should be raised.

Example: Consider the item, *My partner and I should eat our evening meals together.* If you believe that you and your partner should do this most of the time, first you would circle *4* for *Usually*.

---

1. My Partner and I should have equal say about when we discuss certain positive thoughts and feelings that we have about our relationship.	1 2 3 4 5
2. My partner and I should have equal say about what kinds of leisure activities we do together.	1 2 3 4 5
3. My partner and I should have the same ideas about the values we teach our children.	1 2 3 4 5
4. My partner and I should have equal say about whether we discuss certain negative thoughts and feelings that we have about our relationship.	1 2 3 4 5
5. My partner and I should have equal say about the things we spend our money on.	1 2 3 4 5
6. My partner and I should have equal say on decisions we need to make about friends.	1 2 3 4 5
7. My partner and I should have the same ideas about how to spend our leisure time together.	1 2 3 4 5
8. My partner and I should have the same ideas about how the housework should be done.	1 2 3 4 5
9. My partner and I should value the same qualities in a friend.	1 2 3 4 5
10. My partner and I should have similar religious or philosophical values.	1 2 3 4 5
11. My partner and I should have equal say in job or daily task decisions that affects our relationship.	1 2 3 4 5

12. My partner and I should have equal say on decisions we make about our families (such as, when to visit, lend money, etc.).	1 2 3 4 5
13. My partner and I should have equal say about how our children are raised.	1 2 3 4 5
14. My partner and I should have equal say about how the household is to be run.	1 2 3 4 5
15. My partner and I should have similar spending habits.	1 2 3 4 5
16. My partner and I should have similar values about our jobs or daily tasks (e.g., same amount of ambition, future goals, etc.).	1 2 3 4 5
17. We should have the same attitude about sharing negative thoughts and feelings we have about our relationship.	1 2 3 4 5
18. We should have similar attitudes and values about our sexual relationship.	1 2 3 4 5
19. We should go with our partner when our partner is visiting his/her family.	1 2 3 4 5

---

20. We should have similar ideas about how we share physical affection.	1 2 3 4 5
21. We should agree on how to share our positive feelings about our relationship.	1 2 3 4 5
22. My partner and I should have equal say about when and where we show each other physical affection.	1 2 3 4 5
23. My partner and I should have equal say about the activities connected with our religious or philosophical views we take part in together.	1 2 3 4 5
24. My partner and I should have equal say about the kinds of sexual activities that we share.	1 2 3 4 5

Appendix F

Caring Families: Client Satisfaction Questionnaire

1. Who received services through *the Caring Families* program? (please select all that apply)

Child or Youth:

Age: _____ Gender: _____

Age: _____ Gender: _____

Age: _____ Gender: _____

Age: _____ Gender: _____

Caregiver and/or Legal Guardian

Parent (s): _____

Grandparent: _____

Other family member: _____

Foster Parent: _____

2. This section asks about how satisfied you are with the service(s) you received. Please read each statement carefully and then select the number on the scale (*1 –extremely dissatisfied and 7 being extremely satisfied*) that most closely matches how you feel. Please note that these questions deal only with your experience with this program.

i) I was satisfied with how easy it was for me to find out about these services.

1 2 3 4 5 6 7

Please explain: _____

_____

_____

_____

ii) I was satisfied with the distance I had to travel to receive these services.

Please explain: _____

_____

_____

iii) I was satisfied with how easy it was to get to these services.

Please explain: _____

_____

_____

iv) I was satisfied with the wait time for this program.

Please explain: _____

_____

_____

v) This program was available on days of the week that were convenient to:

Me:_____

Please explain: _____

_____

vi) This program was available on days of the week that were convenient to:

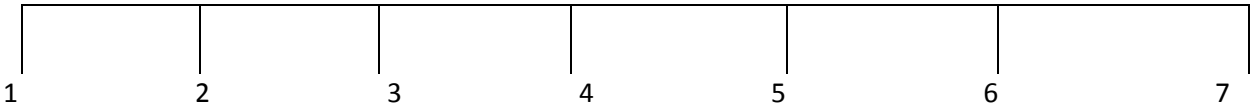
My Child: _____

Please explain: _____

_____

vii) This program was available at times of the day (e.g. Morning, afternoon and evening)that were convenient to:

Me:_____

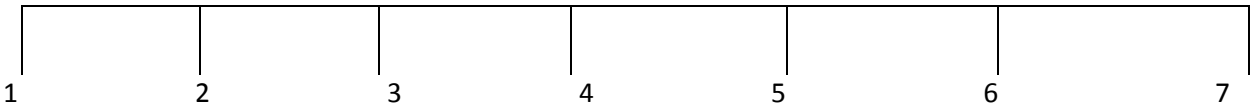


Please explain: _____

_____

viii) This program was available at times of the day (e.g. Morning, afternoon and evening)that were convenient to:

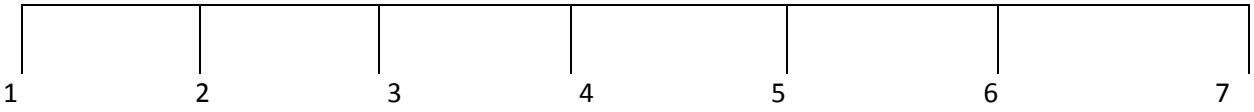
My child: _____



Please explain: _____

ix) I was satisfied with the length of the group for:

Me:_____



Please explain: _____

_____

x) I was satisfied with the length of the group for:

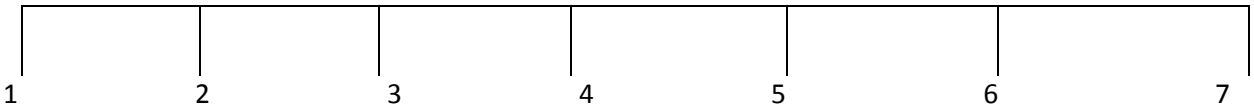
My child: _____

Please explain: _____

_____

xi) I was satisfied with the help this program gave me to access other services for:

Me:_____

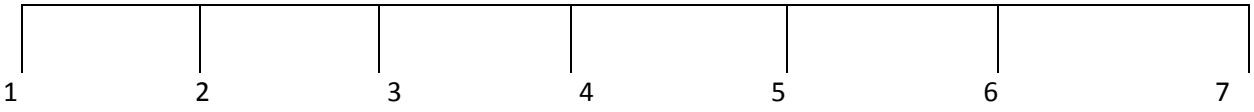


Please explain: _____

_____

xii) I was satisfied with the help this program gave me to access other services for:

My child: _____



Please explain: _____

_____

Please Explain:

xiii) I was satisfied with the knowledge and skills of the people from the program who worked with :

Myself: _____

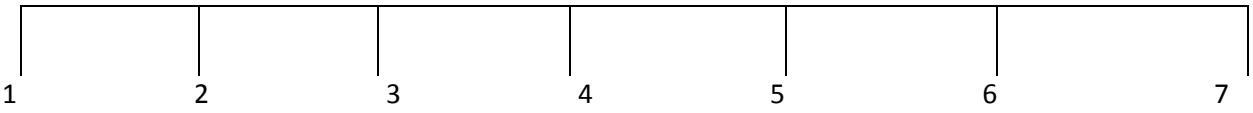
Please explain: _____

_____

_____

xiv) I was satisfied with the knowledge and skills of the people from the program who worked with:

My child: _____



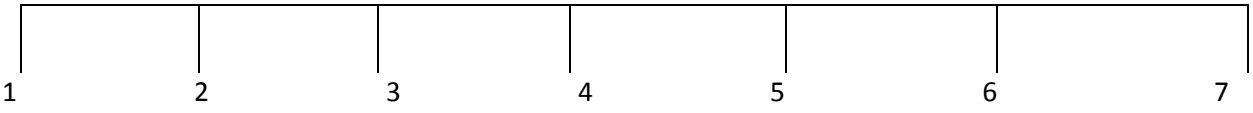
Please explain: _____

_____

_____

xv) My child(ren) and/or I felt listened to by the people from the program who worked with:

Myself_____



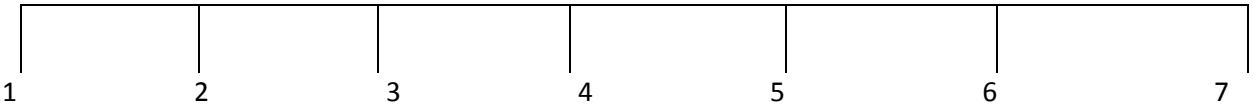
Please explain: _____

_____

_____

xvi) My child(ren) and/or I felt listened to by the people from the program who worked with:

My child: _____



Please explain: _____

_____

_____

xvii) My child(ren) and/or I felt respected by the people or service provider(s) who worked with

Myself: _____

Please explain: _____

_____

_____

xviii) My child(ren) and/or I felt respected by the people or service provider(s) who worked with

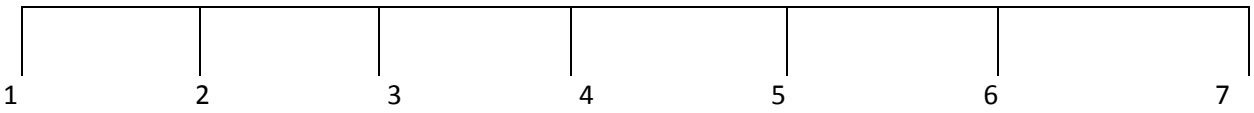
My child: _____

Please explain: _____

_____

_____

3. This program met my child(ren)'s and/or my needs



Please explain: _____

_____

_____

4. I felt that there was enough time for personal discussions.

Please explain: _____

_____

5. I felt that there was enough time spent on delivery of educational material

Please explain: _____

_____

6. If these services had not been available, I could have accessed other services to adequately meet my child (ren)'s and/or my needs.

Please explain: _____

_____

7. I had opportunities to voice any concerns I had with the service my child (ren) and/or I received

Please explain: _____

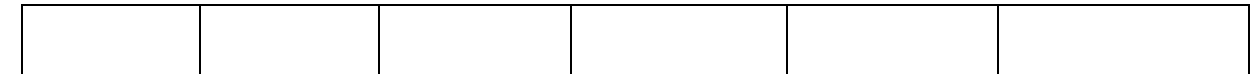
_____

8. I believe that steps will be taken to address any concerns I raise.

Please explain: _____

_____

9. How likely are you to recommend *The Caring Families* program to a friend or relative?



10.What was the single most important thing you learned in group?

_____

_____

_____

_____

11. Which Group Topic(s) were most helpful for your situation?

_____

_____

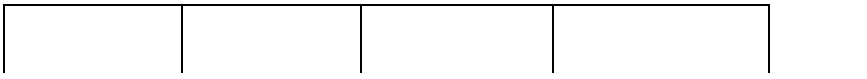
_____

_____

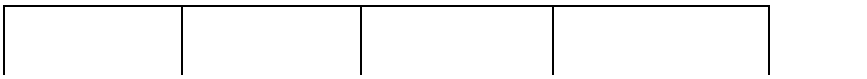
12. Are there any parts of the program that you liked more than others?

1-Poor to 5 being excellent

i) Addressing parental conflict



ii) Respectful communication



iii) Healthy parenting relationships

iv) Impact of family conflict on children

v) Safety planning

vi) Child development

vii) Positive parenting skills

viii) Empathy

ix) Family you grew up in

13. Please explain to the extent to which there has been improvement in the problem(s) that brought the family to the service in the first place:

_____

_____

_____

_____

_____

14. Did you complete the service? _____Yes _____No

15. If no, who decided to end the service? _____My child ____Service provider

____myself ____service provider and myself ____all of the above

16. Why did you end the service?

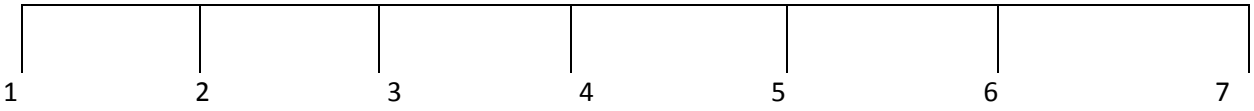
___service no longer needed ____service not helping the problem

___unhappy with the service ____didn't meet the service criteria

___using a different service/agency ____moving/have moved

___problems getting to service ____other_____

17. Overall how satisfied were you with *the Caring Families* program?



Please explain: _____

_____

_____

18. Do you have any suggestions for improving the program?

_____

_____

_____

_____

_____

_____

Additional comments

Thank you for your co-operation

Appendix G

Caring Families Referring Agency Satisfaction Questionnaire

1. Who received services through *the Caring Families* program? *Please √ (check) all that applies*

Parent/Caregiver and/or Legal Guardian

_____Mother
_____Father
_____Foster parent
_____Step-mother
_____Step-father
_____Grandparent
_____Other family member

Child or Youth: *Please fill in details for each child who participated in the program.*

Age: ____Gender:____
Age: ____Gender: ____
Age: ____Gender: ____
Age: ____Gender: ____

2. **Did your client complete the service?** Yes ____ No____

(if your answer is yes, please move to question # 5)

3. **If no, who decided to end the service*?*** *Please √ (check) all that applies*

_____My child

_____Service provider

_____Myself

_____Other

4. **Why did your client(s) end the service?** *Please √ (check) all that applies.*

_____Service no longer needed

_____Service not helping the problem

_____Unhappy with the service

_____Didn't meet the service criteria

_____Using a different service/agency

_____Moving/ have moved

_____Problems getting to service

_____Other *(please explain)* _____

5. This section asks about **how satisfied you are with the service(s) your client received**. Please read each statement carefully and then circle the number on the scale (*1 – 5)* that most closely matches how you feel. Please note that these questions deal *only with your experience* with this program.

		Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied
i)	I was satisfied with how easy it was for me to find out about these services.	1	2	3	4	5
ii)	I was satisfied with the wait time for this program . .	1	2	3	4	5
iii)	I was satisfied with the length of the group. .	1	2	3	4	5
iv)	I was satisfied this program met my client's needs.	1	2	3	4	5
v)	If these services had not been available, I could have accessed other services to adequately meet my client's needs.	1	2	3	4	5
vi)	I had opportunities to voice any concerns about the service to my clients.	1	2	3	4	5
vii)	Overall how satisfied were you with The Caring Families program?	1	2	3	4	5

	Very Likely	Likely	Neutral	Unlikely	Very Unlikely
h) How likely are you to recommend The Caring Families program to other referring agencies (workers)?	1	2	3	4	5

Comments:

_____

_____

_____

6. What did your client(s) report learning in the program?

Please explain: _____

_____

_____

7. To what extent has there been improvement in your client(s) presenting problem(s).

Please explain:

_____

_____

_____

8. Do you have any suggestions for improving the program?

_____

_____

_____

_____

Any additional comments:

_____

_____

_____

Thank you for your co-operation!

Appendix H

Caring Families: Group Facilitators Check List and Program Review

Please check each area you covered in group and check the level of importance for the group program. If you did not cover an area please put NA beside it. There is room for comments at the end of each group review. There is a program review at the end of the 16th week. Thank you.

Group 1
Introduction and Defining Parent Roles

		Very Important	Important	OK	Not Important
Discuss group purpose and structure?	Yes____ No____	1	2	3	4
Discuss group rules?	Yes____ No____	1	2	3	4
Warm up exercise?	Yes____ No____	1	2	3	4
Review "Family I came from"?	Yes____ No____	1	2	3	4
Discuss parent's issues as it relates to program topic?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Homework/handouts?	Yes____ No____	1	2	3	4

Comments: _____

Group 2

Past, Present and Future

		Very Important	Important	OK	Not Important
Review homework?	Yes____ No____	1	2	3	4
Brainstorm parent's memory of childhood feelings toward their parents?	Yes____ No____	1	2	3	4
Discuss "How I think my child feels" about me as a parent?	Yes____ No____	1	2	3	4
Discuss "How I want my child to feel" about me as a parent?	Yes____ No____	1	2	3	4
Discuss parent's issues as it relates to program topic?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Homework/handouts?	Yes____ No____	1	2	3	4

Comments:

_____

Group 3

Empathy

		Very Important	Important	OK	Not Important
Homework review?	Yes____ No____	1	2	3	4
Review “Empathy” handout?	Yes____ No____	1	2	3	4
Do a role-play practicing empathy?	Yes____ No____	1	2	3	4
Discuss parent’s issues as it relates to program topic?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Homework/handouts?	Yes____ No____	1	2	3	4

Comments:

_____

_____

Group 4

Parent-Centered Parenting vs. Child-centered Parenting

		Very Important	Important	OK	Not Important
Review homework?	Yes____ No____	1	2	3	4
Discuss children's groups?	Yes____ No____	1	2	3	4
Continuum of child-centered vs. parent-centered parenting?	Yes____ No____	1	2	3	4
Discuss parent's issues as it relates to program topic?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Homework/handouts?	Yes____ No____	1	2	3	4

Comments:

_____

_____

Group 5

Age and Stage Development

		Very Important	Important	OK	Not Important
Review homework?	Yes____ No____	1	2	3	4
Review the stages of child development?	Yes____ No____	1	2	3	4
Discuss “Helping children heal”?	Yes____ No____	1	2	3	4
Discuss parent’s issues as it relates to program topic?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Homework/handouts?	Yes____ No____	1	2	3	4

Comments:

_____

_____

Group 6

Parental Conflict

		Very important	Important	OK	Not Important
Review homework?	Yes____ No____	1	2	3	4
Exploring parent's childhood experiences of their parent's conflict?	Yes____ No____	1	2	3	4
Explore their parenting conflicts and children's reactions?	Yes____ No____	1	2	3	4
Discuss parent's issues as it relates to program topic?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Homework/handouts?	Yes____ No____	1	2	3	4

Comments:

_____

_____

Group 7

Nurturing a Respectful Relationship with the other Parent

		Very Important	Important	OK	Not Important
Review homework?	Yes____ No____	1	2	3	4
Discuss respectful and disrespectful relationships?	Yes____ No____	1	2	3	4
Review the “Qualities of the Other Parent” handout?	Yes____ No____	1	2	3	4
Review “Common Beliefs” handout?	Yes____ No____	1	2	3	4
Discuss parent’s issues as it relates to program topic?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Homework/handouts?	Yes____ No____	1	2	3	4

Comments:

_____

_____

Group 8
Cooperative, Respectful Parenting

		Very Important	Important	OK	Not Important
Review homework?	Yes____ No____	1	2	3	4
Review parent's discussion with their children about the upcoming group?	Yes____ No____	1	2	3	4
Review "When Parents Disagree" handout?	Yes____ No____	1	2	3	4
Review "Parenting as a Team" handout?	Yes____ No____	1	2	3	4
Review Ruminating?	Yes____ No____	1	2	3	4
Review Using "I" statements?	Yes____ No____	1	2	3	4
Discuss parent's issues as it relates to program topic?	Yes____ No____	1	2	3	4
Mid-Group review?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Review homework and goals?	Yes____ No____	1	2	3	4

Comments:

_____

_____

Group 9
Supporting the Other Parent

		Very Important	Important	OK	Not Important
Review homework - How parents supported/disrespected each other?	Yes____ No____	1	2	3	4
Review topics of last 8 weeks?	Yes____ No____	1	2	3	4
Discuss what you can do for the other parent and what they can do for you?	Yes____ No____	1	2	3	4
Review and discuss the story of "Two Birds"?	Yes____ No____	1	2	3	4
Discuss parent's issues as it relates to program topic?	Yes____ No____	1	2	3	4
Review topics in children's group?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Homework/handouts?	Yes____ No____	1	2	3	4

Comments:

_____

_____

Group 10

Developing a Relationship with my Children

		Very Important	Important	OK	Not Important
Review homework?	Yes____ No____	1	2	3	4
Discuss parent's empathetic listening to their children about "the tree" and group?	Yes____ No____	1	2	3	4
Review positive and intrusive ways to get to know your children?	Yes____ No____	1	2	3	4
Discuss parent's issues as it relates to program topic?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Homework/handouts?	Yes____ No____	1	2	3	4

Comments:

_____

_____

Group 11

What My Family Looks Like

		Very Important	Important	OK	Not Important
Review homework?	Yes____ No____	1	2	3	4
Discuss parent's empathetic listening to their children's feelings?	Yes____ No____	1	2	3	4
Discuss "What my family looks like" exercise?	Yes____ No____	1	2	3	4
Discuss children's group topic the "Treasure Box"?	Yes____ No____	1	2	3	4
Discuss blended families?	Yes____ No____	1	2	3	4
Discuss parent's issues as it relates to program topic?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Homework/handouts?	Yes____ No____	1	2	3	4

Comments:

_____

_____

Group 12

Differences between Discipline, Punishment and Abuse

		Very Important	Important	OK	Not Important
Review homework?	Yes____ No____	1	2	3	4
Discuss parent's empathetic listening to their children's feelings?	Yes____ No____	1	2	3	4
Discuss belief system around physical punishment?	Yes____ No____	1	2	3	4
Discuss differences between discipline and punishment?	Yes____ No____	1	2	3	4
Discuss topic in children's group – "types of abuse"?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Homework/handouts?	Yes____ No____	1	2	3	4

Comments:

_____

_____

Group 13

Positive Parenting

		Very Important	Important	OK	Not Important
Review homework?	Yes____ No____	1	2	3	4
Review handout “encouragement vs. discouragement?	Yes____ No____	1	2	3	4
Discuss parents empathetic listening to their children’s feelings?	Yes____ No____	1	2	3	4
Discuss topic in children’s group?	Yes____ No____	1	2	3	4
Discuss parent’s issues as it relates to program topic?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Homework/handouts?	Yes____ No____	1	2	3	4

Comments:

_____

_____

Group 14
Reviewing a New Model of Parenting and Refining Skills

		Very Important	Important	OK	Not Important
Review homework?	Yes____ No____	1	2	3	4
Review all that parents have learned in last 13 weeks?	Yes____ No____	1	2	3	4
Discuss "What is my Parenting Style"?	Yes____ No____	1	2	3	4
Parents compiling a list of the type of parent they want to be?	Yes____ No____	1	2	3	4
Discuss parents empathetic listening to their children's feelings?	Yes____ No____	1	2	3	4
Review the content of the children's group – How to Keep Myself Safe?	Yes____ No____	1	2	3	4
Discuss parent's issues as it relates to program topic?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Homework/handouts?	Yes____ No____	1	2	3	4

Comments:

_____

_____

Group 15
Rebuilding Relationships

		Very Important	Important	OK	Not Important
Review homework?	Yes____ No____	1	2	3	4
Review the kind of parent they want to be – their plan for this?	Yes____ No____	1	2	3	4
Complete and review "Relationship Building Challenges"?	Yes____ No____	1	2	3	4
Parents compiling a list of how they will support the other parent?	Yes____ No____	1	2	3	4
Discuss parents empathetic listening to their children's feelings?	Yes____ No____	1	2	3	4
Reviewing the content of the children's group?	Yes____ No____	1	2	3	4
Discuss parent's issues as it relates to program topic?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Homework/handouts?	Yes____ No____	1	2	3	4

Comments:

_____

_____

Group 16

Closing and Summary of work done in group

		Very Important	Important	OK	Not Important
Review homework?	Yes____ No____	1	2	3	4
Give parents the list of how they will support the other parent?	Yes____ No____	1	2	3	4
Review and give feedback to parents about learning in the group?	Yes____ No____	1	2	3	4
Parents giving feedback about their learning in group?	Yes____ No____	1	2	3	4
Discuss parents empathetic listening to their children's feelings?	Yes____ No____	1	2	3	4
Discuss parent's issues as it relates to program topic?	Yes____ No____	1	2	3	4
Check-in and checkout?	Yes____ No____	1	2	3	4
Evaluation Questionnaire?	Yes____ No____	1	2	3	4
TOPSE questions?	Yes____ No____	1	2	3	4
Relationship Questionnaire?	Yes____ No____	1	2	3	4

Comments:

_____

_____

Final Thoughts

Do you feel the Caring Families program was successful in addressing:
*"Parental conflict from a child-centered parenting perspective. It has a strong preventative component and supports parents interacting in a respectful manner toward each other"?*_____

_____

_____

What do you think about the program content?_____

_____

_____

What do you think about the program length – 16 weeks?_____

_____

_____

Further comments:_____

_____

_____

Thank you for participating in this program review.