

**Appendix E:**

**Family Outcome Measurement Tools**

## Appendix E: Family Outcome Measurement Tools

	Title	Citation	Purpose/Description	Relevant Family Outcome Domains	Comments
1)	Brass Tacks I & II	McWilliam, & Winton (1990).	This instrument is designed to assist groups (interdisciplinary professionals, family members, administrators) or individual professionals who have regular contact with families. It helps to determine the extent to which their interactions, practices and policies are family-centered and to identify specific areas for change. Using a facilitated self-rating process, the instruments can be used to examine early intervention practices in four key areas: "First Encounters with Families," "Identifying Goals for Intervention (Child and Family Assessment)," "Intervention Planning for Children and Families," and "Day-to-Day Service Provision." Structures and strategies are also provided for prioritizing and tracking program or individual movement toward more family-centered practices.	Support	
2)	California Desired Results Family Survey <sup>1</sup>	California Department of Education (CDE), Child Development Division (CDD) (2001)	The parent survey is designed to evaluate families' satisfaction and experiences with center-based and family child care home network programs and to gather information related to the two family Desired Results (Families support their child's learning and development and Families achieve their goals) and indicators. At the time of this report, the survey is being revised to include parent feedback on the ways in which program staff meet the needs of their family and child, the extent to which they feel they are treated as partners in supporting their child's development, and their satisfaction with opportunities the program provides for parent involvement.	Capacity Support Involvement	The existing Family Survey is administered to all parents served in CDE/CDD-funded center-based and family child care home network programs. It is available in Spanish and English, and is currently being translated to additional languages by the California Department of Education, Child Development Division. The DR Access Project is currently adapting the Family Survey for use with families of children with IFSPs or IEPs.
3)	Early Intervention/ Early Childhood Special Education (EI/ECSE) Family Survey	Oregon Department of Education, Office of Special Education (2002)	The Family Survey is used every other year with a sample number of Oregon families. The purpose of the survey is to provide the Oregon Department of Education with information about family satisfaction with and the impact of EI/ECSE services. The information is compared with data received on previous surveys. Surveys were conducted in 1996, 1999, 2000 and 2002.	Capacity Support Involvement	This is a two-page 17-item survey that rates family members' agreement with and overall importance of statements about the services received. It also includes two open-ended questions about what the family member likes most about their child's program and what they would like to change about the program. The survey is administered with assistance from the University of Oregon.
4)	Early Intervention Services Assessment Scale (EISAS)	Aytch, Castro, Cryer, Bailey (1998)	The EISAS was designed for early intervention programs to assess the quality of services provided to young children with disabilities and their programs.	Support	This tool is specifically designed for early intervention programs. A parent survey is available in English and Spanish.
5)	Family Adaptability and Cohesion Evaluation Scale (FACES III)	Olson, Portner, and Lavee (1990)	FACES III is the third of a series of scales developed to assess two major dimensions on the circumplex model: adaptation and cohesion of the family. The circumplex model is a classification system of 16 family types and three or more general types: balanced, mid-range, and extreme. The measure can be used with families across the life-cycle from newlyweds with no children to retired couples. It is intended for use with all family types and administered to all family members over 12 years old. It has been used to measure the degree of family functioning after intervention and treatment, and to compare differences with control group families. Factors are: emotional bonding, supportiveness, family boundaries, time and friends, interests and recreation, leadership, control, discipline, roles and rules.	Capacity	This is a self-administered inventory that asks family members to circle on a five-point scale the degree to which their family possesses certain qualities, for example, dealing with crises in a positive manner. A second scale measures what the family member would like in the ideal situation, for example, family members would ask each other for help. According to Stivers and Jones (1997), FACES III is best suited to families with members, ages 12 to 65, who are juvenile offenders, violent, or clinically depressed.
6)	The Family Benefits Inventory	Harbin, Neal (Draft, 2003). Draft included by permission of the author.	This survey is currently in draft form. It is being developed as part of the <i>Are We Making a Difference: Measurement of Family Outcomes in Early Intervention</i> project, supported by OSEP. This questionnaire focuses on the whole family, rather than just the child. It provides individuals with a tool to assess how they are doing after taking part in early intervention, identify areas where more work is needed by the service system, and identify additional resources needed from the system.	Support Capacity	This survey is designed for families involved in early intervention services.
7)	Family Needs Scale	Dunst, Cooper, Weeldreyer, Synder, Chase (1988)	This scale asks the family to indicate if they have any need for help or assistance in 41 different areas (e.g., having money to buy necessities and pay bills; having someone to talk to about their child; having time to take the child to appointments). The scale can be reproduced.	Support	

<sup>1</sup> Many states administer surveys to families, to assess their level of satisfaction with early intervention/early childhood special education services, as well as parents' perceptions of their child's progress. This table includes three examples of state tools (California, Indiana, and Oregon), which were obtained from the state's web site, or directly from the Part C/Section 619 Coordinators. Given the large number of state family surveys, and the fact that the vast majority of them were not accessible to the public, this table does not reflect an exhaustive list of all existing family-related surveys currently used by states.

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8) Family Resources Scale	Dunst, Cooper, Weeldreyer, Synder, Chase (1988)	The Family Resource Scale is a 30-item self-report measure asking parents to rate, on a five-point scale, the adequacy of resources available to meet the family's needs. The range of physical/human resources includes access to food, shelter, financial resources, transportation, health care, time to be with family, child care, and time for self.	Support	The FRS appears useful for program evaluations where it might be important to understand barriers to the family's involvement in their child's program, as families with unmet basic needs may not have time or energy to participate actively in the child's program. Studies of reliability and validity are available, and the FRS appears to be quick and easy to administer. (Evaluating the National Outcomes)
9) Family Support Scale	Dunst, Cooper, Weeldreyer, Synder, Chase (1988)	This 18-item survey questionnaire measures parents' satisfaction with the perceived helpfulness of support. Parents are asked to respond on a 5-point Likert scale to identify their supports in informal kinship, social organizations, formal kinship, nuclear family, specialized professional services, and generic professional services. Providers will be able to identify the areas that need to be improved and addressed to better meet the families' needs.	Support	The survey is available in English only. Service providers may administer the scale.
10) Head Start FACES Parent Interview	Head Start Bureau, Administration for Children and Families, U.S. Department of Health and Human Services (1997)	FACES is a national longitudinal study of the cognitive, social, emotional, and physical development of Head Start children. It has a representative sample of 40 Head Start programs and 3,200 children and parents. FACES includes a Parent Interview that includes items across a variety of domain areas.	Support Capacity Involvement	The Parent Survey is available in English and Spanish.
11) High/Scope Knowledge Scale	Epstein (1980)	The Knowledge Scale uses a card-sorting technique to assess expectations about children's early development. Respondents sort a series of statements describing the needs and abilities of infants and toddlers according to the age category they think each behavior would first appear. Subscales include basic care; physical, perceptual, and motor development; and cognitive, language and social development.	Capacity	Designed for parents with children birth to 2 years. The tool can be administered orally, or alternatively, respondents can read and sort the cards themselves. It takes approximately 20-30 minutes to administer. Knowledge Scale scores are reported by the author to predict parenting styles among pregnant and parenting adolescents, and with older mothers. According to the author, correct expectations correlate with supportive mother-child interactions observed during the baby's first year of life, early expectations correlate with demanding or controlling styles of interaction, and late expectations are related to a lack of stimulation by young parents.
12) Home Observation for Measurement of the Environment (HOME)	Caldwell and Bradley (1984)	This instrument has three inventories designed as screening instruments to identify and describe types of stimulation in the child's home environment that foster cognitive development. This instrument has two subscales: a. Infant: Emotional and verbal responsibility of mother, acceptance of child's behavior, organization of physical and temporal environment and provision of appropriate materials. b. Preschool: Stimulation through toys, games and reading materials, language stimulation, physical environment, pride, affection and warmth, stimulation of academic behavior, modeling and encouragement of social maturity, variety of stimulation and physical punishment.	Capacity	The HOME is an accepted measure of the quality of cognitive stimulation and emotional support provided to the child by the family. Based on observation of the home environment during a visit to each family's residence, it includes some open-ended interview items and requires more than an hour to complete. The HOME has been widely used in large-scale research studies; scores on the HOME are related to concurrent child performance on standardized cognitive measures and to later academic performance. Psychometric analyses indicate that the HOME has adequate reliability. (National Evaluation of The Even Start Family Literacy Program, 1998)
13) Home Quality Rating Scale	Nihira (1977)	This instrument was developed to record characteristics of the parents and home environment that relate to the development of mentally retarded children. Factors identified include: loving acceptance vs. disregard; firmness of control vs. laissez-faire; involvement with growth-promoting activities vs. noninvolvement. Parents' positions on these variables are said to depict neglect, overprotection, rejection, cruelty, responsibility, and other factors.	Support Involvement	
14) Hopkins Surveys of School and Family Connections	Epstein and Becker (1982)	The Hopkins Surveys of School and Family Connections is a set of four instruments assessing various aspects of the parent-teacher relationship. The four surveys are designed to be used concomitantly in the development of an overall picture of parental and teacher attitudes and action toward both each other and the educational process. Primary areas of concern examined in the parent forms include school support for parental involvement, quality of homework assignments, ratings of teacher skills, and overall effectiveness of the educational system.	Involvement Support	The complete group of surveys include hundreds of items, written in various formats and from differing perspectives. The questionnaires can be used in full, in part, or adapted for use as research instruments or as tools for self-assessments by schools. Administration time is approximately 15-40 minutes. Although these surveys were designed for parents of students in K-12 schools, many items may be appropriate for adaptation to early childhood programs.

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15) Indiana First Steps Early Intervention System Family Interview	Family & Social Services Administration (FSSA) First Steps (2002)	An important goal of First Step is to help families to: work with the First Steps team to support their child's development; know their rights and be strong advocates for their child and family; keep their child and other family members safe and healthy; and connect to other families and community associations in times of emotional need. The questions in Section 1 of the Family Interview will help to identify what knowledge, skills, and resources the family might need. Another important goal of First Steps is for children to participate and be fully included in everyday activities, settings, and routines in the home and community. The questions in Section 2 provide a summary of the child's participation in home and community settings, and where early intervention services take place.	Capacity Support	This interview is conducted by the Service Coordinator before the IFSP meeting. It is optional and voluntary on the part of the family and is completed and shared only with the family's consent. The information obtained from this interview can assist the IFSP Team to identify needed services.
16) Infant Caregiving Inventory (ICI)- Revised	Parks and Smeriglio (1986)	The ICI is a 38- item questionnaire designed to test perceptions and the level of knowledge of parents regarding influences on infant and maternal well-being. Six areas of concern are measured: personality at school age, physical growth, intelligence at school age, physical health, baby's level of happiness and mother's level of happiness. The ICI was designed to have programmatic, clinical and research utility.	Capacity	The authors report that this tool is designed for use with parents with children aged birth to three but may also prove useful with other caregivers. It has been used by the authors with adolescent and adult mothers, as well as nurses and aides. It is a self-report questionnaire that takes approximately 10 minutes to administer. The authors report that Cronbach's alpha for the revised ICI was .94, .90, and .91 respectively. In a separate analysis the authors found that alpha was .94 for 48 mothers of infants with physical and developmental disabilities. Validity was assessed by comparing scores of single-child mothers, those with more than one child, and public health nurses and aides. Nurses and aides had the highest scores, followed by mothers with multiple children and mothers with one child.
17) Knowledge of Infant Development Inventory	MacPhee (1981)	The Knowledge of Infant Development Inventory (KIDI) was designed to assess one's knowledge of parental practices, developmental processes, and infant norms of behavior. Has been used in research on what determines parent behavior. Also used to evaluate parent education programs. Accompanied by a questionnaire assessing previous experience with infants to correlate with knowledge level assessed by KIDI. Subscores (not factor analyzed) are: norms and milestones, principles, parenting, health and safety.	Capacity	Norms, reliability coefficients .50-.92, and a discussion of validity (preliminary) are included.
18) Maternal Expectations, Attitudes and Belief Inventory (MEABI)	Rickard, Graziano, and Forehand (1984)	The MEABI is a 7-point, 67-item inventory designed to assess maternal knowledge and attitudes with regard to their preschool-aged children. It consists of five subscales: 1) parent knowledge of child development norms, 2) need to be liked, or need for approval of their child-rearing practices, 3) maternal reactions to a child's deviant behavior, 4) beliefs regarding unacceptable behavior by child, and 5) belief in child monitoring and guidance.	Capacity	The authors report reliability and validity information with respect to nine subscales. They indicate that test-retest reliability over a period of three weeks ranged from .48 to .78 with a median of .70. Cronbach's alpha for the nine subscales is reported to have ranged from .35 to .83 with a median of .67. Correlations are also reported between each subscale and various demographic variables, and with each other.
19) Nursing Child Assessment Satellite Training (NCAST) Parent-Child Interaction (PCI) Feeding and Teaching Scales	Minnesota Department of Health (2002)	These scales are used for measuring parent-child interactions. Each scale contains a set of observable behaviors that describe the caregiver-child communication and interaction during either a feeding situation (birth to 12 months of life), or a teaching situation (birth to 36 months of age). The tool is organized into six subscales representing 76 items. Four subscales describe the parent's responsibility to the interaction: sensitivity to cues, response to distress, social-emotional growth fostering and cognitive growth fostering. Two subscales describe the child's responsibilities: clarity of cues and responsiveness to caregiver. The feeding scale takes the same amount of time as a feeding to administer.	Capacity	This tool is designed for use with parents with children aged birth-12 months (feeding) and birth-36 months (teaching). The tool assesses problems early in the caregiver/child communication and interactive pattern at a point when intervention is most effective. In order to use the Feeding and Teaching Scales in practice or research, professionals must be trained through NCAST and be certified (reliable) in the use of the scale(s). In order to teach others the Parent-Child Interaction Program, one must be a reliable learner and attend a week-long training session. NCAST reports that both scales are widely used in research and clinical practice and are valid tools for making reliable observations about dyadic interaction. They also report that the scales are also a reliable and valid means of observing and rating caregiver-child interaction during either a breast, bottle or table food feeding/eating episode.
20) Parent As A Teacher Inventory (PAAT)	Strom (1995)	This instrument uses 50 items to measure attitudes of parents who have 3- to 9 year-old children. It is designed to assess cultural differences and assist in diagnosis of parenting strengths and weaknesses. Five different aspects of the parent-child interaction are included: (1) Creativity, (2) Frustration, (3) Control, (4) Play, and (5) Teaching/Learning. Common uses for the inventory include: determining how parents perceive themselves, offering feedback about changes individuals should consider making, formulating a suitable curriculum emphasis for particular groups of parents, and evaluating how certain attitudes and behaviors modify in response to educational intervention. The PAAT can be administered individually or in a group. The PAAT includes an optional Parent Identification Form which helps researchers determine similarities and differences among populations or compare pre-test and post-test scores for effects of intervention.	Capacity	This tool is designed for parents with children ages 3 to 9. Typically, this instrument is used to describe parenting attitudes, rather than evaluate them. This is a research instrument. It should not be used to give individual feedback. It is best used in cross-cultural research. Internal consistency ranges from .72 to .88. Stability has not yet been reported. There is some support for criterion validity (Evaluating the National Outcomes).

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21) Parent Awareness Skills Survey (PASS)	Bricklin (1990)	PASS is designed to reflect the sensitivity and effectiveness with which a parent responds to typical child care situations. It reflects the kinds of skills a parent must have to be an effective parent regardless of age of the children and regardless of the specifics of a particular situation.	Capacity	This survey presents parents with 18 childcare problems and asks how they would respond to each.
22) Parent/Family Involvement Index (P/F11)	Cone, DeLawyer, & Wolfe (1985)	The P/FII is a 63-item behavior checklist intended to be completed by teachers, teaching aides, or others familiar with the parent's participation in school-related activities. It is designed to evaluate participation and cooperation with the school by parents of special education children. Educators are instructed to indicate whether or not each parent has participated in certain activities, such as: parent education/consultation meetings, classroom volunteering, involvement in advocacy groups and the special education process.	Involvement	The authors report that this tool is designed for parents of children with special needs. It is a behavior checklist completed by teachers, teaching aides, and others. KR-21 reliability coefficients are reported to range from .48 to .92, with most achieving reliabilities of at least .72.
23) Parenting Stress Index	Abidin (1994)	<p>The Parenting Stress Index (PSI) is a parent self-report, 101-item questionnaire, designed to identify potentially dysfunctional parent-child systems. An optional 19-item Life Events stress scale is also provided. The PSI focuses intervention into high stress areas and predicts children's future psychosocial adjustment. There exists a substantial body of published research linking PSI scores to observed parent and child behaviors and to child's attachment style and social skills. A computer scoring and report writing program, which allows for the comparison of individual parent profiles to 47 researched clinical profiles and provides the references for each profile, is available. This tool is used as a screening and diagnostic instrument to provide a measure of relative magnitude of stress in the parent child system.</p> <p>This instrument has two subscales:  a. parent domain: depression, attachment, restriction of role, sense of competence, sense of isolation, relationship with spouse, parental health.  b. child domain: adaptability, acceptability, demandingness, mood, distractibility/hyperactivity.</p>	Quality of Life Capacity	This tool is designed for parents of children aged 3 months to 10 years. It is recommended for use as a screening instrument for Caucasian families (Evaluating the National Outcomes).
24) Response-Class Matrix (RMC)	Mash, Terdal, and Anderson (1981)	The RCM is designed for the behavioral assessment of dyadic social interaction in structured clinic, laboratory playroom, or home settings. Developed originally to evaluate mother-child interactions in populations of young developmentally delayed and handicapped children, its use has since been extended to several other populations. The measure was designed for use with preschool and elementary-school-age children. The instrument has been used in formulating treatment programs, in describing interaction patterns in families, and as a treatment outcome measure.	Capacity	Parent and child behaviors are time-sampled and rated during hour-long interactions according to criteria detailed on structured coding sheets.
25) Social Network Forum (SNF)	Wolf, Weinraub, and Haimo (1983)	The SNF is a 23-item questionnaire concerning the nature and extent of social supports available to a parent. Subscales include social contact, emotional support, support for parenting concerns, practical support received, and coping ability.	Support	The authors report that Cronbach's alpha, computed on items making up the summary scores of total social contacts, emotional support, parent support, child care help, and household help ranged from .65 to .95 with a median of .78. Test-retest reliability over a two- three week period is also reported. Test-retest reliability was .67 for total social contacts, .89 for emotional support, .98 for household help, .91 for child care, .87 for household coping, .51 for child care responsibilities, .67 for coping with finances, .61 for emotional coping, and .67 for overall coping. Validity studies have examined use of the SNF with mothers in single-parent and two-parent households, and employed versus unemployed mothers.