Evaluation of *Hope for Children*: An Interagency Collaboration Providing Services to Children Exposed to Domestic Violence

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EXECUTIVE SUMMARY

To address significant service gaps in their community and meet the needs of Wake County children, three agencies joined in a collaborative effort to provide services to children whose families have been affected by the problem of domestic violence. The three collaborating agencies included (a) **Interact**, an agency providing domestic violence and sexual assault services; (b) **SAFEchild**, an agency providing child-abuse prevention services; and (c) **Triangle Family Services**, an agency providing family-focused mental health services to the uninsured and underinsured members of the community. Based on the recognition of the need for services that would not only mitigate the negative consequences of domestic violence but also interrupt the cycle of violence, the agencies launched the *Hope for Children* program as an interagency collaboration. In developing the *Hope for Children* program, the three agencies were inspired by the growing excitement for the potential of interagency collaborations to improve service coordination, reduce service delivery costs and reduce service fragmentation (Sowa, 2008).

The three agencies successfully implemented their planned service components within a system-of-care framework, and have been providing *Hope for Children* services to the Wake County community for more than 4 years. Though anecdotal feedback about *Hope for Children* services appeared promising, the agencies realized that rigorous program evaluation was needed to enhance service efficacy and to seek future funding to sustain *Hope for Children*. The program evaluation took place over a 2-year period, beginning in 2007. The program evaluation comprised four independent, but related, data collection efforts that included (a) a satisfaction survey of caregivers and parents whose children received *Hope for Children* services; (b) in-depth, qualitative, individual interviews with caregivers and parents whose children received *Hope for Children* services; (c) a satisfaction survey of Wake County community professionals such as health care providers, human services providers, and legal service professionals who work with *Hope for Children* clients; and (d) in-depth, qualitative focus group and interview discussions with *Hope for Children* agency staff.

Caregiver/parent survey. The Caregiver/Parent Satisfaction Survey was completed by 120 caregivers/parents. Overall, the findings indicate the respondents were strongly satisfied with the *Hope for Children* services that they and their children received. Respondents reported they felt the services were convenient, the program staff was respectful toward their child (or children) and families, and they perceived the three *Hope for Children* agencies worked well together to coordinate and provide all of the services needed.

Caregiver/parent interviews. Although caregivers/parents (hereafter, caregivers) participating in these in-depth qualitative interviews identified areas for improvement in the program, their overall evaluations were very positive. This satisfaction with services is further reflected by all participating caregivers affirming that they would recommend the *Hope for Children* program to other families in similar situations. Caregivers also stated that they would recommend the program because *Hope for Children* provided a safe place for families and children, helped children by addressing the child's particular needs, and used a collaborative approach that was beneficial to service recipients. A comment from one participant summarized the perspective expressed by many:

> *[Hope for Children] is helpful and everything. The safety, you feel safe when you're here, and you can get help to start over, and you feel welcomed. So if, I see somebody is in [a similar] situation and is in danger, I will… instead of shrug and not know what to do, [I will say] do this, go to this place.*

Another participant stated, "I would definitely recommend it [*Hope for Children*] for another family, for the children, especially if they've been in the situation as we were in, most definitely." Another participant stated, "… the holistic approach to it…the fact that there is collaboration is huge." Equally important, several participants stated they had already recommended *Hope for Children* to other families.

Community professionals survey. Overall, the findings from the survey of Wake County community health providers, human services providers, and legal professionals showed that participants who were knowledgeable about *Hope for Children* were strongly satisfied with the program. However, not all professionals were knowledgeable about the program and a few survey participants reported dissatisfaction with certain aspects of the program (e.g., the referral process). Nonetheless, service providers who were familiar with *Hope for Children* strongly agreed that *Hope for Children* had markedly improved services for Wake County children exposed to domestic violence. Further, survey participants concurred that the program meets the needs of both the children and the families affected by violence, the program is convenient and accessible for families, and the program staff are respectful to their clients, including caregivers and children.

The survey of professionals also showed that most participants were not familiar with *Hope for Children* and the range of services the program offers Wake County families. Among the 125 survey responses, only 22% ($n = 27$) had a client who accessed the program's services. Thus, participants were either positive in their responses about *Hope for Children* or they indicated they were not knowledgeable enough about the program to respond to the survey questions.

***Hope for Children* staff focus groups**. The qualitative findings from focus groups conducted with Hope for Children staff members indicated the participants perceive the *Hope for Children* program and the interagency collaboration to be a strong success. Specifically, the staff explicitly stated the program met the needs of children and families through the collaborative effort, which enabled the mindful planning and coordinated delivery of comprehensive services. Moreover, the program filled a critical gap in the continuum of services available for children in Wake County, especially in light of the recent changes that the statewide mental health reform brought to Wake County's mental health service system.

In addition to the findings regarding the collaboration's success, the focus group discussions also identified service gaps and challenges that point toward important knowledge gains from this project. During these discussions, participants noted that there were needed services missing from the collaboration, including (1) additional and enhanced bilingual services, (2) services for very young children, (3) services for children with disabilities, and (4) low-cost mental health services for caregivers. Further, the discussions identified challenges, such as funding and high turnover rates among staff that hampered the effectiveness of the collaboration.

Among these challenges, the program staff consistently cited funding to sustain *Hope for Children* as the most crucial challenge facing the program. Participants who were front-line staff were especially concerned that if funding streams ceased, their clients would fall back into the service gaps similar to ones that existed before *Hope for Children* because no other Wake County agency offers the array of services these families need.

Finding funding to sustain the program was the challenge with which program leadership was most concerned, as well. The leadership participants stated that finding funding to both sustain the individual agencies, as well as the program collaborative, was a key aspect of this challenge. The program leadership declared that it would have been helpful to have additional time- beyond the three years that was funded in the initial *Hope for Children* grant- to develop, enhance and sustain the program.

Limitations. The findings from this research are best viewed in light of the limitations of the research methods used in this evaluation. We encourage readers to examine the Discussion section of the report for a full list of all the research limitations. Here we highlight a few of the most important limitations.

The survey instruments used for this research were developed specifically for this research for two reasons. First, it was important to capture information specific to this unique and novel program. Second, based on the team's review of the literature, no standardized, validated instruments that would meet the research goals of this effort were available in the existing literature. Nonetheless, the survey instruments that were developed for this research have not been assessed for their reliability and validity in systematic and rigorous ways.

Though the survey response rate for the caregivers was quite strong (68% of those consented at the beginning of services), there may be systematic differences between the caregivers who participated in the survey and those that did not. Moreover, the 32% response rate for the community professionals is a typical response rate for these types of Web-based surveys. Nonetheless, a significant portion of Wake County health, human, and legal service providers declined to participate in the survey; many declined because they were unfamiliar with the *Hope for Children* program.

We have also identified two important limitations of the caregiver in-depth interviews: (1) the relatively low response rate (14% of those who participated in the survey); and (2) no caregivers who primarily received services *Hope for Children* from SAFEchild participated in an in-depth interview. However, the objective of the interviews was to determine in-depth, nuanced information from caregivers about their experiences with the program, rather than to develop generalizable information. To this end, the individual, qualitative interviews provided helpful information.

The timing of the evaluation implementation also presents two limitations. First, the program staff focus groups and interview data collection occurred at a time when the *Hope for Children* funding was ending, which may have produced heightened anxiety among the program staff and leadership regarding the future of the *Hope for Children* program. It is certainly possible that the program staff member's perceptions of *Hope for Children* were influenced by the timing of this data collection.

Second, the initial evaluation plan for *Hope for Children* was that the program staff would conduct the evaluation in addition to providing the program services. However, after a period of attempting to accomplish both activities, it became clear that the evaluation component was struggling. In the staff focus group discussions and interviews, participants stated that implementing the program evaluation was a burden.

To address this challenge, participants recommended that future programs hire evaluation staff at the beginning of such a project, as well as find ways to reduce the burden of evaluation paperwork for clients and staff. This last limitation also suggests that when establishing novel, innovative programs a well-funded evaluation component

should be included at the inception of the program. Opportunities to employ more comprehensive and more rigorous research designs were lost because the evaluation efforts described in this report did not begin until the program services were well under way.

Conclusion. The findings from the four different evaluation components were strongly positive though the evaluation research also identified challenges and areas for improvement. In addition, the identification of challenges and service gaps provides research-based lessons that can be fruitfully applied to the current program, as well as future efforts in other communities. The findings also speak to the utility of both (1) the system-of-care approach and (2) interagency collaborations to address the many needs of children exposed to domestic violence. In addition, the findings highlight the commitment, creativity, thoughtfulness and work of the staff members from three collaborative agencies.

Moreover, the findings suggest that the continuity of the *Hope for Children* program is necessary and that a rigorous evaluation to determine to what extent the program improves outcomes for children and families is warranted. Ideally, such research would include a comparison group. Though such a rigorous evaluation will require resources and time, the positive preliminary findings from this study show that such an investment will provide a good return toward the development of an evidence-based program for children exposed to domestic violence.

INTRODUCTION

Exposure to domestic violence has serious negative consequences for children's development and health (Bragg, 2003; Carlson, 1991; Holt, Buckley, & Whelan, 2008; Hughes, Parkinson, & Vargo, 1989; Kolbo, Blakely, & Engleman, 1996; McCloskey, Figueredo, & Koss, 1995). One meta-analytic review of the existing research determined that among children exposed to domestic violence, nearly 63% fared worse in behavioral, academic, and social functioning than the average child who has not been exposed to domestic violence (Kitzman, Gaylord, Holt, & Kenny, 2003). Similarly, a recent meta-analytic research review found evidence of the association between childhood exposure to domestic violence and children's internalizing behavior problems (e.g., withdrawn, anxious, depressed), externalizing behavior problems (e.g., aggression, delinquency, hyperactivity) and trauma symptoms (e.g., hyperarousal, posttraumatic stress disorder; Evans, Davies, & DiLillo, 2008). Given this substantial body of evidence, those concerned with children's welfare seek to implement services to mitigate the impact of domestic violence on children's long-term growth and well-being (Bragg, 2003; Schechter & Edleson, 1999). Further, violence researchers have called the development and empirical testing of interventions for children exposed to domestic violence a critical priority (Humphreys, Sharps, & Campbell, 2005; Prinz & Feerick, 2003).

Consistent with the empirical research, three social service agencies located in Raleigh, North Carolina (NC) that serve all of Wake County, NC recognized the need for—as well as the absence of—comprehensive services tailored for children exposed to domestic violence. To address these significant service gaps and meet the needs of Wake County children, the three agencies joined in a collaborative effort to provide services to children whose families are burdened with the problem of domestic violence. The three collaborating agencies shared a vision that children in Wake County could have access to a coordinated and comprehensive continuum of age-appropriate services to help them overcome or minimize the negative psychological, social, and emotional health effects that are caused by exposure to domestic violence.

The agencies involved in this collaboration include (a) **Interact**, an agency providing domestic violence and sexual assault services; (b) **SAFEchild**, an agency providing child-abuse prevention services; and (c) **Triangle Family Services**, an agency providing family-focused mental health services to the uninsured and underinsured members of the community. Based on the agencies' recognition of the need for services that would not only mitigate the negative consequences of domestic violence but also interrupt the intergenerational cycle of violence, the *Hope for Children* program was launched as an interagency collaboration, with Triangle Family Services

serving as the lead agency for the administrative and fiscal management of the *Hope for Children* program. SAFEchild served as the lead agency for the administrative and fiscal management of this program evaluation.

The *Hope for Children* program began in July 2005, with the goal of developing a comprehensive continuum of services to fill the existing gaps in services available to Wake County children exposed to domestic violence. To achieve this goal, the collaborating agencies sought to build on and incorporate from their existing: (a) services for children exposed to domestic violence; (b) administrative structures; and (c) direct care provider expertise. Moreover, the three collaborating agencies worked to develop and implement new services for children exposed to domestic violence. In developing the *Hope for Children* program, the three agencies were inspired by the growing excitement for the potential of interagency collaborations to improve service coordination, reduce service delivery costs and reduce service fragmentation (Sowa, 2008).

Overall, the new services include: group education for children and their families; outreach and case management for Spanish-speaking families; short term crisis intervention (both individual and group services) for children; therapeutic supervised visitation; psychotherapy and psychiatric management for children; and adolescent group psychotherapy. The three services provided most frequently as part of the *Hope for Children* program—which are the focus of this evaluation—include (a) short-term crisis counseling for children, which is provided at Interact; (b) mental health treatment for children, which is provided at Triangle Family Services; and (c) outreach services and treatment for Spanish-speaking families provided by SAFEchild, which is known in the community as *Crianza con Cariño* (i.e., Parenting with Love). Depending on their needs, children and their families may receive one or more of these services.

Further, the program developed a standardized interagency referral and screening process that facilitates referral of children to *Hope for Children* by Wake County human services, health care, and legal professionals. In addition, the program includes interagency case management that ensures *Hope for Children* participants receive services within and across the three agencies in a seamless and coordinated fashion. *Hope for Children* service providers from each collaborative agency met weekly to discuss treatment options for new referrals as well as existing clients. These treatment team meetings were facilitated by the *Hope for Children* program manager, a new position based in Triangle Family Services and created specifically for the *Hope for Children* program.

In addition to the program manager position, the *Hope for Children* program created new positions or expanded existing positions in each agency. These new positions or position-expansions were formed to facilitate the collaboration, as well as to augment the existing agency structures to meet *Hope for Children* clients' needs. These new positions or position-expansions included: a new case manager position at Interact; an extension of case management services at SAFEchild; a mental health and therapeutic supervised visitation therapist at Triangle Family Services; a part-time bilingual therapist at Triangle Family Services; and an adolescent group therapy counselor at Triangle Family Services.

Thus, the *Hope for Children* program services were developed using a system-of-care framework that includes a comprehensive spectrum of services and supports demonstrated as necessary to help children recover from experiences of domestic violence (Hernandez et al., 2001; Stephens, Holden, & Hernandez, 2004). Within a system-of-care framework, service delivery is guided by a set of principles that hold services must be (1) individualized, (2) family-focused, and (3) culturally competent (Hernandez et al., 2001; Stephens, et al., 2004). In addition, the system-of-care framework requires that services are (1) community-based; (2) accessible; (3) provided in a least restrictive environment; and (4) delivered through a collaborative, coordinated interagency network (Hernandez et al., 2001; Stephens et al., 2004).

Within such a system-of-care framework, the three collaborating agencies aimed to implement the program/service strategies to address the needs of children exposed to domestic violence with the long-term goals of (1) interrupting the intergenerational cycle of violence, and (2) mitigating the negative consequences of domestic violence for children exposed to domestic violence. The service strategies included efforts to:

- Increase identification, assessment, and appropriate referrals for children exposed to domestic violence by: (1) establishing multiple points of service access; (2) developing and implementing a consistent child-screening protocol across agencies; and (3) providing case management to coordinate interagency services.
- Increase children's access to existing services through: (1) development and implementation of shared agency protocols and coordination; (2) provision of case management to coordinate services; and (3) expansion of inadequately resourced services.
- Develop new programs to both (1) provide a full continuum of services to address various children's needs; and (2) fill any identified service gaps.
- Provide culturally-competent services for Wake County's underserved Spanish-speaking families.
- Maximize the *Hope for Children* program's use of other community resources (i.e., financial, technical, and staff) by developing and/or expanding

services/collaborations into agencies that have existing expertise, facilities, and other administrative structures that are closely allied with needed services for children exposed to domestic violence.

- Expand the *Hope for Children* collaboration to include other community agencies in (1) screening and referral of clients, as well as (2) helping children and their families access needed community resources.

Using both system-of-care framework and these program/service strategies, the collaborating agencies successfully implemented their planned service components, and have been providing *Hope for Children* services to the Wake County community for more than four years. It is noteworthy that the *Hope for Children* system-of-care developed by the three agencies represents one of the most intense forms of interagency collaboration, specifically *service integration* (Kagan, 1991 as cited in Selden, Sowa, & Sandfort, 2006). *Service integration* goes beyond other levels of interagency work, which include cooperation (i.e., informal relationships among agency staff), coordination (i.e., agencies seek to coordinate services but remain independent) and collaboration (i.e., agencies share resources). In *service integration*, the agencies work together to provide an innovative and novel program to shared clients (Selden et al., 2006; Sowa, 2008).

Although anecdotal feedback about *Hope for Children* services appeared promising and although the agencies had made an effort to conduct their own program evaluation using service delivery staff, the agencies realized that rigorous program evaluation was needed to inform efforts to both enhance service efficacy and seek funding to sustain *Hope for Children*. Moreover, (1) though there is growing enthusiasm for these types of interagency collaborations from providers, policymakers and funders, and (2) though there is a growing body of research concerned with such collaborations, there is also limited evidence about the effectiveness of interagency collaborations in general (Einbinder, Robertson, Garcia, Vuckovic, & Patti, 2000; Selden, et al., 2006). Further, the evidence is mixed about whether service integration collaborations actually do reduce service duplication, improve service coordination, and reduce service delivery costs (Selden, et al., 2006). Consequently, information was needed to help assess the extent to which the *Hope for Children* interagency collaboration offered a promising service delivery approach for clients, the community and the staff at the three agencies.

The research protocols for this evaluation plan were developed in partnership between the evaluation team leader (Macy) and the *Hope for Children* program leadership. A partnering approach to research-plan development was taken for two reasons. First, it was paramount that *Hope for Children* staff members' expertise be used to develop a research evaluation plan that would result in useful and helpful

information for the agencies' service delivery practices, program planning, and future funding. Second, though the research on interagency collaborations is considerable, there is no consensus regarding a single, rigorous approach that can be used to assess the effectiveness of every collaboration (Selden, et al., 2006). Rather, the research plan for a specific collaboration should be unique and tailored to that specific collaboration given that each interagency collaboration will have: (1) a specific level of collaboration intensity, (2) unique collaboration goals, and (3) specialized outcomes (Selden, et al., 2006).

The *Hope for Children* agencies were particularly interested in learning about program satisfaction from two critical groups of stakeholders: (1) the caregivers or parents of children who receive the program services, and (2) the community of Wake County health care providers, human services providers, and legal service professionals, especially those whose clients receive *Hope for Children* services. In addition, the agencies were interested in learning the *Hope for Children* staff's opinion and evaluation of how well the agency collaboration had been working. Using these knowledge goals as a guide, the evaluation team leader developed a research evaluation plan, which was presented to the *Hope for Children* leadership. Using the leadership's input and advice, the plan was iteratively revised until all parties were satisfied with the research plan's goals and protocols. Subsequently, the evaluation team leader sought approval from the University of North Carolina Institutional Review Board (IRB), Office of Human Research and Ethics, to conduct the evaluation.

Overall, the program evaluation comprised four independent, but related, data collection efforts that included (a) a satisfaction survey of caregivers and parents whose children received *Hope for Children* services; (b) in-depth, qualitative individual interviews with caregivers and parents whose children received *Hope for Children* services; (c) a satisfaction survey of Wake County professionals including health care providers, human services providers, and legal service professionals who work with *Hope for Children* clients; and (d) in-depth, qualitative focus group and interview discussions with *Hope for Children* agency staff.

The program evaluation was conducted over a two-year period, beginning in 2007, and the first months of the evaluation were devoted to planning the research methodology and seeking IRB approval to conduct the research. Program evaluation data collection occurred from March 2008 through August 2009.

As a caveat, readers should be aware that the program evaluation described here was not the initial evaluation plan developed for the *Hope for Children* program. Further, readers should be aware that these program evaluation activities began two

years after the initiation of *Hope for Children* services. The initial *Hope for Children* evaluation plan relied on program staff to conduct the evaluation in addition to providing the program services. However, after a period of attempting to accomplish both activities, it became clear that the evaluation component was struggling. Prompted by the recognition of this struggle, the agencies sought funding from **The Duke Endowment** to implement a systematic program evaluation of *Hope for Children*. This report reflects the work of this systematic program evaluation and details the four data collection efforts noted above, including their specific evaluation methods and findings.

CAREGIVER AND PARENT SURVEY

Caregiver and Parent Survey Methods

During the implementation of the evaluation, all caregivers of children who received *Hope for Children* services were invited to participate in the Satisfaction Survey; the survey was available in both English and Spanish so that respondents could complete the survey in their preferred language. The survey instrument was developed by the evaluation team in collaboration with the *Hope for Children* staff. The survey was initially created in English then translated by an independent translation service agency into Spanish. (Copies of the English and Spanish surveys are located in Appendices A and B, respectively).

The survey instrument was developed primarily by the evaluation team in consultation with the *Hope for Children* leadership team. The development of the survey questions was guided by the *Hope for Children* program goals. Drafts of the survey were reviewed by the program's leadership who then provided feedback to the evaluation team. The evaluation team then refined the survey instrument based on that feedback.

The survey included questions related to general satisfaction of caregivers with the *Hope for Children* services received (e.g., "Overall, I am satisfied with the services my child received," and "My child got the help he or she needed"); convenience of services (e.g., "Services were available at convenient times" and "Services were available at convenient locations"); the *Hope for Children* staff treating the family with respect (e.g., "The *Hope for Children* staff showed my child compassion" and "The *Hope for Children* staff treated me with respect"); and the collaboration of the three *Hope for Children* agencies (e.g., "The *Hope for Children* staff worked together as a team to help my child" and "My child was able to get all the different services she or he needed"). These survey items were scored using a 7-point Likert scale with the following response options: *Strongly agree* (7), *Agree* (6), *Agree somewhat* (5), *Not sure* (4), *Disagree somewhat* (3), *Disagree* (2), or *Strongly disagree* (1). In addition, the survey included open-ended questions to collect the widest range of responses and allow caregivers to provide additional information that may have been overlooked in other questions. For example, the open-ended questions included, "Is there anything else you would like to tell us about the *Hope for Children* services?" Last, the survey also collected data about the caregiver's characteristics and the characteristics of the child who received program services.

Consent form and procedures. The evaluation team also developed a two-part Participation Consent form to obtain consent for (a) survey participation, and (b)

subsequent contact by the evaluation team for survey administration if necessary (e.g., the family left services before treatment completion). A participant could consent to one participation component, both components, or decline to participate. Potential participants who provided a positive response regarding subsequent contact by the evaluation team were also asked to provide their preferred contact information (U.S. mail, e-mail, or telephone). The consent form was reviewed with all caregivers at the outset of *Hope for Children* services. Either the Spanish or English version of the Participation Consent form was used depending on the caregiver's language preference.

The *Hope for Children* staff member with primary responsibility for working with the family gave the caregiver the consent form and reviewed the consent documents with the participant. The staff member emphasized that participation in the survey was voluntary, and that the caregiver's decision regarding study participation would not affect the services they, their child, or their families received from the *Hope for Children* program or the individual agencies represented in the collaboration. The evaluation team provided training for all *Hope for Children* staff members on procedures for administering the consent form, including the protection of human participants.

Participant recruitment. To facilitate participant recruitment, the evaluation team members asked *Hope for Children* staff members to discuss the study opportunity with program clients each week. The evaluation team also met with the caregivers who were interested in participating in the survey and requested a meeting. These meetings were helpful in answering potential participants' questions and concerns regarding study participation, and helped to not only facilitate participant recruitment but also reduce the burden of participant recruitment and consent on the busy service provider staff. Thus, the evaluation team members also reviewed the consent forms and obtained informed consent when *Hope for Children* staff members or caregivers requested such meetings.

When a staff member obtained consent from a participant, the staff member placed the signed consent form in a designated filing cabinet in a locked office at their respective agency. The evaluation team had access to these offices in each of the agencies and collected the consent forms each week. As consent forms were collected, the team compiled a database of all caregivers who had agreed to participate in the survey.

One or two sessions before service completion, the evaluation team delivered a survey packet to the *Hope for Children* staff member providing services to the participant's child; the service provider would deliver the survey packet to the caregiver at their next session. The caregivers were instructed to complete the survey

anonymously, place their completed survey in the pre-addressed envelope provided in the packet, and deposit the survey in a locked ballot-type collection box available at the agency. The participants were provided with a private setting (i.e., out of the presence of the staff) at the agency where they could complete the survey while their child was receiving services. The evaluation team collected the sealed envelopes from the agencies on a regular basis (e.g., 1 or 2 times a week), and routinely input the survey results into a secured computer database.

The timing of survey administration varied based on the anticipated length of *Hope for Children* services planned for each child (i.e., the length of services and the number of service sessions differs for each service). Specifically, for children primarily receiving short-term crisis counseling, which is typically 10 sessions (provided at Interact), the evaluation team prompted the staff member to have the participant complete the survey at the eighth session. In contrast, for children receiving mental health treatment, which is typically 20 sessions (provided at Triangle Family Services), the evaluation team prompted the staff member to have the participant complete the survey at the eighteenth session. For the *Crianza Con Cariño* treatment, which is typically 12 sessions (provided by SAFEchild), the survey was planned to be completed at the tenth session.

In addition, the evaluation team attempted to contact caregivers of families who did not complete services. Using the contact information collected during the consent process, the evaluation team mailed the survey to those caregivers who agreed to receive the survey via U.S. mail. To minimize risk to participants, the mailed surveys, envelopes, and the cover letter did not include any mention of domestic violence; the survey materials mentioned only *Hope for Children* and the University of North Carolina at Chapel Hill.

Two attempts were made to administer the survey to the caregivers who had consented to participate. In the case of participants whose children were receiving services, the evaluation team gave two prompts to the staff member to ask the client to complete the survey. The evaluation team mailed surveys to those participants who did not complete services. If no response was received, a second survey was mailed to participants who had withdrawn from services. As a token of appreciation for their time, caregivers who completed the survey received a $10 store gift card (from stores such as Wal-Mart or Food Lion).

All caregivers who were actively supporting their child's participation in services (e.g., bringing the child to appointments, working with program staff to help the child) were invited to complete the Satisfaction Survey. If a child had two caregivers (e.g., two

biological parents, a foster parent and a biological parent) who were actively supporting the child's participation in services, both were invited to complete the survey. For inclusion in the evaluation study, a caregiver had to be 18 years or older. In addition, caregivers were required to have basic literacy and readings skills (either English or Spanish) because those skills were needed to complete the survey.

Caregiver and Parent Survey Findings

Survey response. Overall, 177 caregivers consented to participate in the study, and 120 caregivers completed the survey (response rate of 68%).

At the beginning of the survey administration, the *Hope for Children* staff were strongly encouraged to invite all caregivers whose families were receiving services to participate in the survey (or to refer caregivers to an evaluation staff member for information about the survey and consent procedures). Given the number of staff and potential participants, as well as logistical difficulties, it was not possible for the evaluation team to track the number of caregivers who declined to participate in the study and thus were never consented. However, based on feedback from the staff, it seems that relatively few caregivers declined to give their consent. Nonetheless, readers should be mindful that the participation rate is based only on the caregivers who provided consent.

Analyses. Using the STATA statistical analysis program V10.1 and the Excel database program, descriptive statistics were determined for participants' survey responses. The descriptive statistics included percentages by item responses, means, modes and standard deviations.

Participant characteristics. Among the analytic sample of 120 caregivers, 73% ($n = 88$) were female and 27% ($n = 32$) were male. The majority of participants were biological parents to the child receiving *Hope for Children* services (87%, $n = 103$), whereas 5% ($n = 6$) were adoptive or foster parents, and 8% ($n = 10$) described themselves as "other." Participants who described their role as "other" included guardian, step-parent, and other relative. One participant did not respond to the question about their relationship to the child receiving services on the survey.

Consistent with protocols established to protect the rights of research participants, the survey participants were told they had the right to decline to respond any question they felt uncomfortable about answering. Slightly more than one quarter of respondents chose to skip the question asking about caregiver/parent race affiliation. Of the 88 respondents who provided race information, 20% ($n=18$) of respondents indicated they were African American, 36% ($n = 36$) were Caucasian, and 43% ($n = 38$) reported they were "other." Participants who identified as "other" were provided with a space to describe their race; responses included Hispanic or Latino, Native American, biracial, and Mexican. A separate question asked if the participant identified as Hispanic/Latino, and 119 persons responded: 46% ($n = 55$) provided a negative response whereas 54% ($n = 64$) provided a positive response (i.e., identifying as

Hispanic/Latino). Table 1 on the following page presents the caregivers' responses regarding the characteristics of their children who received *Hope for Children* services.

Table 1. Characteristics of Participating Caregivers'/Parents' Children who Received *Hope for*

Children services

Survey Items	n (%)
Age of child (n=119)	
2-5 years	29 (24%)
6-8 years	36 (30%)
9-11 years	27 (23%)
12-14 years	21 (18%)
15-18 years	6 (5%)
Child's race (n=64)[*]	
African American or Black	17 (27%)
Native American	10 (16%)
White or Caucasian	35 (55%)
Other	2 (3%)
Child's ethnicity (n=116)	
Hispanic or Latino	64 (55%)
Not Hispanic or Latino	52 (45%)
***Hope for Children* services received (n=114)[*]**	
Interact only	32 (28%)
Triangle Family Services (TFS) only	19 (17%)
SAFEchild only	56 (49%)
Interact and TFS	7 (6%)

* *Note*. Percentages do not equal 100% due to rounding.

Satisfaction with program services. Participants' satisfaction with the *Hope for Children* services are presented in Table 2 on the following page. The majority of the 120 participants provided positive responses (96%, *n* = 114; i.e., *strongly agree, agree, or agree somewhat*) to the statement regarding overall satisfaction with the services their child received from *Hope for Children*. In addition, several participants responded to the open-ended question with statements of strong satisfaction. One survey participant stated, "They [*Hope for Children* staff] have all been very understanding and helpful to my [child] and I. They have made our visits very pleasant to attend," Other participants stated,

> *I think that not everyone has had this opportunity, and I am happy to be in this program. I have had many new and good experiences, and I am going to make the most of it. Thank you to everyone who was a part of this program and the two people who taught us with patience, may God bless* you [translated from Spanish].

> *I'm thrilled with* Hope for Children. *The therapists are so good at getting the kids involved in learning and talking about tough subjects that they need help with. . . . I recommend this organization to anyone who needs help, services, and doesn't have anywhere else to turn.*

> *Many thanks for all the support, kindness, and help you have provided me, and God bless the staff who provide assistance to all persons who like me have received this assistance for ourselves and our children. Honestly, my kids feel great after they leave here, it benefits them greatly and all of the information they receive helps them. I see more tranquility and peace in their hearts and seeing them feel well I feel good too. Thank you very much* [translated from Spanish].

The majority of participants (*n* = 115, 92%) provided positive responses indicating they agreed at least somewhat with the statement, "My child got the help he or she needed." Nine participants provided neutral or negative responses to the statement (see Table 2.) One of the caregivers indicated that his or her negative response was given because the content and length of the services were insufficient: "My child needs help for other issues that were not addressed during these classes. They did not work on the issues I [thought] would be addressed during this time."

Table 2. Caregiver/Parent Satisfaction with *Hope for Children* (HFC) Services (n =120)

Survey Items	Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree	M (SD)	Mode	Missing
	%	%	%	%	%	%	%			%
Satisfied with how quickly child received services	52.5	41.5	01.7	01.7	02.5	00.0	00.0	6.40 (0.83)	Strongly Agree	01.7
HFC able to meet family's changing needs	43.8	40.2	07.1	06.3	01.8	01.0	00.0	6.15 (1.02)	Strongly Agree	06.7
Child got help he/she needed	44.4	46.1	01.7	04.4	01.7	00.9	00.9	6.21 (1.1)	Agree	04.2
Would recommend HFC to other family	63.3	31.7	01.7	03.3	00.0	00.0	00.0	6.55 (0.70)	Strongly Agree	00.0
Overall satisfied with services	60.5	33.6	01.7	03.4	00.0	00.0	00.9	6.48 (0.86)	Strongly Agree	00.8

Note: Survey items were scored on a 7-point Likert scale with response options ranging from *Strongly Agree* (7) to *Strongly Disagree* (1).

Convenience of services. Table 3 (see following page) presents the responses of 120 caregivers regarding the convenience of *Hope for Children* services. Nearly all participants (95%, *n* = 111) provided positive responses, indicating they agreed to some extent that the *Hope for Children* services were available at convenient times. Three respondents were "not sure" about the convenience of services, and three respondents "disagreed somewhat" that program services were available at convenient times.

A separate question asked about the convenience of the service locations: 97% (*n* = 115) of the respondents provided positive responses indicating they agreed at least to some extent that the agency locations were convenient (see Table 3). However, two respondents noted that parking was a persistent problem at one of the *Hope for Children* agency locations.

Table 3. Caregiver/Parent Perception of Convenience of *Hope for Children* (*HFC*) services; (*N*=120)

Survey Items	Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree	*M* (*SD*)	Mode	Missing
	%	%	%	%	%	%	%			%
Services at convenient times	43.6	47.9	03.4	02.6	02.6	00.0	00.0	6.27 (0.86)	Agree	02.5
Services at convenient locations	49.2	36.4	11.9	00.9	01.7	00.0	00.0	6.31 (0.84)	Strongly Agree	01.7

Note: Survey items were scored on a 7-point Likert scale with response options ranging from *Strongly Agree* (7) to *Strongly Disagree* (1).

Quality of staff interaction with families. Table 4 presents the details of participants' responses to questions that asked caregivers about the quality of their and their child's interactions with the staff members of the *Hope for Children* program. Nearly all participants reported that the *Hope for Children* staff treated their child with compassion, with 98% of the participants who responded to this item (n = 117) providing positive responses of *strongly agree, agree, or agree s*omewhat. When asked to respond to the statement, "The *Hope for Children* staff treated me with respect," 97% (n = 116) of respondents provided positive responses.

In addition, participants were asked whether the program staff displayed respect for their child's culture and religion. The vast majority of respondents provided positive responses (n= 104), indicating at least some agreement with the statement, "The *Hope for Children* staff showed respect for my child's religious and spiritual beliefs." Of that total, 44% (n = 49) strongly agreed, 46% (n = 52) agreed, and 3% (n = 3) agreed somewhat. Notably, 7% (n = 8) of respondents were "not sure" if they had been treated with respect in regard to their religious and spiritual beliefs. Similarly, more than 95% (n = 112) of respondents provided positive responses to the question regarding whether program staff had shown respect for the child's culture and heritage.

Table 4. Caregiver/Parent Perception of Quality of Interaction with *Hope for Children* (*HFC*) Staff (*n* =120)

Survey Items	Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree	M (SD)	Mode	Missing
	%	%	%	%	%	%	%			%
Caregiver included in making decisions about child's services	48.2	46.4	04.5	01.0	00.0	00.0	00.0	6.42 (0.62)	Strongly Agree	06.7
HFC staff showed child compassion	60.0	37.0	01.7	00.0	01.7	00.0	00.0	6.53 (0.70)	Strongly Agree	00.8
HFC staff treated caregiver with respect	61.3	36.1	00.0	00.8	01.7	00.0	00.0	6.55 (0.71)	Strongly Agree	00.8
HFC staff spoke to caregiver in way that he/she understood	59.2	38.3	00.8	01.7	00.0	00.0	00.0	6.55 (0.61)	Strongly Agree	00.0
HFC staff showed respect for religious & spiritual beliefs	43.8	46.4	02.7	07.1	00.0	00.0	00.0	6.27 (0.83)	Agree	06.7
HFC staff showed respect for culture & heritage	47.9	44.4	03.4	04.3	00.0	00.0	00.0	6.36 (0.75)	Strongly Agree	02.5

Note: Survey items were scored on a 7-point Likert scale with response options ranging from *Strongly Agree* (7) to *Strongly Disagree* (1)

Perceptions of *Hope for Children* Collaborative Efforts

Participants' (*n* = 120) perceptions of the *Hope for Children* collaboration are presented in Table 5 on the following page. The survey included two items that captured the parents/caregivers' perceptions of the quality of the collaborative efforts of the three *Hope for Children* agencies. The first item, "My child was able to get all the different services she or he needed," elicited positive responses from 91% (*n* = 106) of the 116 participants who responded to this item (i.e., indicated *strongly agree*, *agree*, or *agree somewhat*).

All participants (*N* = 120) provided responses to the second statement, "The *Hope for Children* staff worked together as a team to help my child." Nearly all participants (97%; *n* = 115) indicated they agreed with the statement to some extent, with 53% (*n* = 63), indicating strong agreement.

Caregiver survey finding summary. Overall, the survey findings indicate the caregivers were satisfied with the services *Hope for Children* delivered to their children, thought the services were available at convenient times and locations, and reported the program staff displayed respect in working with the children and families. In addition, most caregivers thought the three agencies collaborating in *Hope for Children* worked well together and offered coordinated care of all of the services that the child needed.

Table 5. Caregiver/Parent Perception of *Hope For Children* (HFC) Collaboration; (N = 120)

Survey Items	Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree	M (SD)	Mode	Missing
	%	%	%	%	%	%	%			%
Child was able to get all services, range of services he/she needed	42.2	47.4	01.7	06.0	01.7	01.0	00.0	6.20 (0.97)	Agree	03.3
HFC worked as team	52.5	42.5	00.8	03.3	00.8	00.0	00.0	6.43 (0.75)	Strongly Agree	00.0

Note: Survey items were scored on a 7-point Likert scale with response options ranging from *Strongly Agree* (7) to *Strongly Disagree* (1).

CAREGIVER and PARENT INTERVIEWS

Caregiver and Parent Interview Methods

In the course of conducting the Caregiver/Parent Satisfaction Survey, 60 survey participants gave the evaluation team permission to contact them regarding evaluation interviews and provided their contact information and preferred contact method. After the survey data collection phase was completed, the evaluation team contacted those 60 and invited them to participate in an in-depth, personal interview about their families' experiences with the *Hope for Children* program. Invitations were sent via the participant's preferred contact method (e.g., U.S. mail, e-mail, or telephone). All invitations included a description of the evaluation research, the purpose of the interviews, and an offer to provide transportation to the interview.

Of the 60 invitations to participate sent to caregivers, 10 letters were returned because of incorrect addresses (postal or e-mail). Of the 50 invitations that were likely received by a caregiver, responses were received from 7 caregivers (response rate of 14%).

The evaluation team conducted seven interviews. Three interviews were conducted with caregivers who primarily received *Hope for Children* services from Interact and four interviews were conducted with caregivers who primarily received services from *Hope for Children* Triangle Family Services. Interviews were conducted in English or in Spanish (depending on the caregiver/parent language preference). The interview questions were developed by the evaluation team in collaboration with the *Hope for Children* staff (see the English and Spanish copies of the interview guide in Appendices C and D).

Invitation to participate procedures. Using each participant's preferred method of contact, the evaluation team attempted to contact eligible participants up to three times to invite them to participate in this phase of the evaluation.

To minimize risk to participants, the mailed/e-mailed invitations to participate and the mailed envelopes did not include any mention of domestic violence; the materials mentioned only the *Hope for Children* program and the University of North Carolina. In addition, the evaluation team established a project safety protocol that prohibited the team members from leaving invitations to participate on voicemail. Further, the protocol instructed that if someone other than the potential participant answered the phone, the team member should introduced themselves using only their first names.

The invitations explained the purpose of the interviews and included instructions on how the participants could contact the evaluation team if interested in participating in an interview. When a potential participant contacted the evaluation team, an interview appointment was scheduled. The interviews were conducted at convenient times for the participant at one of the three *Hope for Children* agency locations and were held in private rooms or offices. The participant could choose which agency location was most convenient, and a member of the evaluation team met the participant at this agency location.

Before beginning the interview, the evaluation team member obtained informed consent from the participant in either English or Spanish, depending on the caregiver's preference. The team member emphasized that participation in the interview was voluntary, and that the participant's decision regarding study participation would not affect the services that they or their child received from *Hope for Children* or any of the collaborating agencies. After obtaining informed consent, an evaluation team member conducted the interviews using a standardized protocol consisting of open-ended questions about experiences with and opinions of *Hope for Children* services. (Please see the interview guides in Appendix C and D). Caregivers who completed the individual interview received a $40 store gift card (e.g., Wal-Mart or Food Lion) as a gesture of appreciation for their time.

All interviews were audio taped and promptly transcribed by the evaluation team. Interview participants were asked to complete an optional survey designed to collect demographic information. (Please see the English interview survey in Appendix E and Spanish version in Appendix F.) This demographic information is presented in Table 6.

Interview response rate. We would like to draw readers' attention to the low overall response rate of 14% (n=7). Further, no caregivers who primarily received *Hope for Children* services from SAFEchild responded to the invitations. That is, no interview participants had received the *Hope for Children* program *Crianza con Cariño* (i.e., Parenting with Love) provided by SAFEchild, though one of the participants had received other services from SAFEchild.

The evaluation team made every effort possible, within the framework of the IRB-approved recruitment strategies to maximize the response rate. For example, to address the lack of caregivers who primarily received *Hope for Children* services from SAFEchild in this aspect of the evaluation, the team collaborated with *Hope for Children* service delivery staff to help with recruitment. Specifically, a SAFEchild staff member familiar to the caregivers made one additional contact with these caregivers using the participant's preferred method of contact. Despite these additional recruitment efforts,

no participants who primarily received *Hope for Children* services at SAFEchild responded to the invitation to participate in the caregiver interview.

Given that: (1) the caregivers who gave our team permission to contact them gave their preferred method of contact as U.S. mail; and (2) mailed invitations for research participation tends to elicit a low response rate generally, the response rate shows that other recruitment strategies should be used in future evaluation efforts. Beyond this recommendation, we can only speculate about reasons for the low interview response rate. For example, it may be that the mailed invitations were not received or read by participants, even though our team did not receive the invitations in the return mail as a "bad" address. Also, parents/caregivers who are victims of domestic violence may tend to move from one home into another home in their efforts to secure safe housing. Consequently, our mailed invitations may not have reached all potential participants who may have moved from one home into another over the duration of the recruitment phase of the research.

Analysis. Two members of the evaluation team (Macy and Pollock) independently coded one interview transcript to determine an initial coding scheme for data analysis of the transcripts. Once the initial coding scheme was determined, one team member (Pollock) had coded the remainder of the interview transcripts for themes related to the evaluation questions. Coding followed an open-coding approach (Padget, 1998; Patton, 2001). The investigator performing the coding focused on finding common themes but also noted divergent cases and alternative perspectives. The investigator then iteratively assigned working definitions to each code, which were expanded (and ultimately collapsed) to encompass all relevant themes. The investigator used the constant comparison procedures suggested by Glaser and Strauss (1967). Thus, the codes and working definitions were evaluated against the data to ensure accurate representation of participants' meaning, and the codes were also evaluated against one another. After the themes and preliminary findings were identified, a summary of the findings was reviewed by the other member of the evaluation team (Macy).

Table 6. Caregiver/Parent Interview Demographics (*N* =7)

Survey Items	Number (%)
Hope for Children services received	
Interact only	2 (29%)
Triangle Family Services (TFS) only	3 (43%)
SAFEchild and TFS	1 (14%)
Interact and TFS	1 (14%)
Number of children who received services	
1	2 (29%)
2	2 (29%)
3	3 (43%)
Child's race (n=6)	
African American or Black	3 (50%)
Caucasian or White	3 (50%)
Child's ethnicity	
Hispanic or Latino	4 (57%)
Not Hispanic or Latino	3 (43%)
Age of child (n=13)[a]	
2-5 years	2 (15%)
6-8 years	5 (38%)
9-11 years	3 (23%)
12-14 years	2 (15%)
15-18 years	1 (8%)
Caregiver relationship to child	
Biological Parent	5 (71%)
Other	2 (29%)
Parent/Caregiver race	
African American or Black	3 (43%)
Caucasian or White	3 (43%)
Other	1 (14%)
Parent/Caregiver Ethnicity	
Hispanic or Latino	2 (29%)
Not Hispanic or Latino	5 (71%)
Parent/Caregiver gender	
Female	7 (100%)
Parent/Caregiver Marital Status	
Single	2 (29%)
Married, living together	2 (29%)
Married, separated	2 (29%)
Divorced	1 (14%)
Parent Caregiver Level of education	
Less than 8th grade	1 (14%)
High school/GED	1 (14%)
Some college/university/technical school	4 (57%)
College/university/technical school graduate	1 (14%)
Parent/Caregiver enrolled in school	
No – no longer in school	5 (71%)
Yes – enrolled in school	2 (29%)
Parent/Caregiver currently employed (n=6)	
Yes – working part-time (< 40 hours per week)	3 (50%)
Yes – working full time	3 (50%)

Note: Percentages do not equal 100% due to rounding
[a] All 7 participants responded

Caregiver and Parent Interview Findings

Hope for Children **Services Were Helpful**

All seven interview participants reported that the *Hope for Children* (HFC) program was helpful. When asked to explain in what ways the program was helpful, caregivers responses grouped into eight themes: (1) services enhanced the parent-child bond and parenting skills; (2) services reduced the child and family's sense of isolation; (3) the program provided a forum in which clients felt comfortable talking about their experiences; (4) the program provided a safe place away from the batterer/abuser; (5) the staff taught effective coping skills, feelings expression, and communication skills; (6) the program collaborated well with outside agencies; (7) the program provided individualized services; and (8) the services are unique in the Wake County community (i.e., not available through other agencies).

Enhancing parent-child bond and parenting skills. The *Hope for Children* program provided services to families that enhanced the parent-child bond and parenting skills. Participants reported that *Hope for Children* staff held discussions to provide feedback regarding the children's experience with domestic violence, and allowed caregivers to discuss their own parenting approaches and philosophies. In addition, the *Hope for Children* staff provided support for the caregivers' parenting as they worked with the children. As a result of these efforts, the *Hope for Children* staff helped caregivers to enhance their parenting techniques and relationships with their children. One participant stated, *"With the feedback portion they help[ed] me, you know, bond more with that one particular child."* Another participant stated,

> *It's like, we're all in unity... I think they've [the children] learned to respect me more in that manner because another adult [the* Hope for Children *staff member] is enforcing and agreeing in certain areas… I think it makes a big difference.*

Reducing isolation. The *Hope for Children* program reduced participants' feelings of isolation by demonstrating to children and caregivers they were not alone in their experiences of domestic violence, and that the staff would be available to support the families while they were receiving services. As one participant said, "*I think it gave [my child] some help or hope that somebody was helping us in what we were going through at the time.*" Another participant stated, "*The main thing, it was good for me. My main concern was that there was people that cared, and I was not alone, and that something good was going to come out of [the domestic violence]."*

Participants also noted that the group counseling and therapy sessions demonstrated to the children that other children and other families had also experienced domestic violence. A typical participant comment reflected this idea: "*I think the group*

was also helpful in a sense that it helped my [child] know that she wasn't alone in what she was experiencing."

Providing a forum to discuss domestic violence. Participants reported that the counseling and therapy interventions were helpful because they provided a forum for discussing their and their children's experiences with domestic violence. A participant stated, *"Just sitting down and talking to somebody was helpful."* Another caregiver elaborated on this benefit by describing how the presence of a neutral party was essential to her children's feeling comfortable enough to talk about their feelings and experiences: *"But I think that was helpful, having someone to talk to more. Also, because I am their mom maybe they didn't want to vent with me but were able to do that with another person* [Translated from Spanish].*"*

Providing a safe place. Although domestic violence shelter services were not conceptualized as part of the *Hope for Children* services, clients in one of the collaborating agency's shelter could and did receive *Hope for Children* services. Thus, it is noteworthy that one caregiver whose family used the domestic violence shelter services reported that being in a safe place (i.e., away from violent perpetrator and where the family's basic needs were met) was especially helpful to her and her children: "*I think being away from the abuser was the mostly helpful thing.*" The participant elaborated on what was most helpful about the shelter by explaining, "*Basically to be in a safe environment…I think the safe environment and being fed."* This caregiver also noted that the shelter residents also create a instant, supportive community built on mutual help: "*I did find the other women were very helpful to each other.*"

Teaching helpful skills. Most of participants stated that the skills that the *Hope for Children* staff members taught their children were an essential, helpful component of the program. Participants reported observable changes in their children's behaviors, communication skills, and abilities to recognize and express their feelings in appropriate ways. Participants described seeing their children apply the anger management techniques that they learned in their counseling and therapy sessions. One participant shared the following observation: "*They behave differently. Before they were very aggressive and nobody could tell them anything because they would scream and everything, but now…"* Other participant comments reflecting this theme follow:

 [my child] was told "Don't disrespect mommy if you get upset or stressed"…[so now] I see him go in his room and stay in there and, sometime also, he say to me, "I'm angry, I'm upset," things like that.

…like the anger management, they [the children] refer back to… and I keep, a copy of the [anger management] fliers on the refrigerator, and they [the children] go back sometime, when they say they're real angry and look at it. So it's been real helpful the material [the Hope for Children *staff members] pass out.*

Empowering her [my child] to be able to, I think with the support of her therapist… I think that's huge, the fact that she has been able to, you know, feel safe and be able to verbalize her feelings, her fears, her worries about this whole process.

In addition, one caregiver noted that she saw an improvement in her child's self-esteem and ability to maintain interpersonal relationships.

I've seen a lot of change in my oldest [child]… So, just the positive changes in her self-esteem, and her willingness to be a little more social and outgoing... talking with somebody, you know, not just being so angry and not being able to talk. Communication has been so important in their progress. I can honestly say that it's kind of hard to put in words… you have to experience to understand what I'm saying.

Collaboration with external agencies. Participants felt that the collaboration between the caregiver, the *Hope for Children* staff, and persons in outside agencies was especially helpful. For example, one participant commented on how a *Hope for Children* staff member's willingness to collaborate with outside agencies enhanced her child's progress, specifically the staff member's collaborations with the teachers at the child's school. This participant stated, "*We've [the caregiver, the teachers and the* Hope for Children *staff member] really worked together…, she [the staff member] was always…accessible to the teachers.*"

Providing individualized services. Participants reported that that individualized services provided by *Hope for Children* helped both the child and caregiver with meeting their family's needs. One participant reported her primary *Hope for Children* staff member's flexibility to changing needs and sensitivity to certain topics was important to her and her family: *"So they're really flexible with the hours [and] topics... and that was one thing that I really appreciated."* Another participant noted that the individualized feedback given from her primary *Hope for Children* staff member helped her to better address her child's needs at home.

When I said, "Is there anything…I can do differently to help her," …or, "Do you have any suggestions for me?" She [the Hope for Children *staff member] would*

always either provide them or look into them, and give me some resources back. But it was mainly like…checking in to making sure that what I'm doing is beneficial for my [child] and her [the staff member's] more objective opinion, and that was helpful as well…

Hope for Children **services are unique in the community.** Participants noted that the *Hope for Children* program provided unique services that are not available elsewhere in the Wake County community. As one participant stated, *"What I went through with my children, I believe if it wasn't this place, I don't know what I would be, should be doing about now."* In addition, some participants reported that they had received services elsewhere but that the services provided through *Hope for Children* were better fit with their needs or the needs of the their children. The comment of one participant summarized the opinion of many*: "I'm more [respected], and I feel like the,* Hope for Children *services are more beneficial than [other] in-home [services that the participant had received]."*

Moreover, participants reported that they would not have been able to obtain the services they needed if *Hope for Children* did not exist. One caregiver pointed out that having services available to those who lack health insurance or those who are underinsured addresses an important service gap. This caregiver noted that her family would have been denied the therapeutic services they needed if *Hope for Children* had not been available to provide services to the uninsured .

And if there hadn't of been a program like this,… I didn't have insurance. I couldn't afford it [therapy],…so we probably would have been stuck in that cycle, or not even known, cause I didn't even know what,…abuse was until I was educated. So, I mean, it's like…being left in the dark, and then all of a sudden my eyes are open. You know, I can, I can probably imagine what my children are feeling, so it's been a blessing.

Helpful Service Delivery Practices

The qualitative data analysis of the interviews also revealed that the participants were satisfied with the specific ways in which the *Hope for Children* services were delivered. Four sub-themes emerged in the analysis of caregiver satisfaction with *Hope for Children* service delivery: (1) specific services provided and strategies used by service providers; (2) skilled staff with expertise in family violence; (3) interagency collaboration; and (4) support staff.

Specific services and service strategies. Participants were satisfied with the services they and their families received. Of note were the methods and approaches used within the different services. Specifically, participants described *Hope for Children*

staff members' efforts to include caregivers and parents in their children's services as especially helpful.

> *The way that, …she set it up, like the debriefing afterwards, I felt that was excellent, that they would have a 45 minute session and then 15 minutes to debrief. I thought that was an excellent, excellent piece…to include the parents and to see how they felt about the session. And I have seen— in terms of my [child] being able to verbalize to her parents what her concerns are about this process of reunification—what her fears are. That is huge.*

> *I was kind of impressed with—in terms of the [children's] group—they would give a parent letter after every session that the kid would fill out and part of it was typed by the clinicians of what they did that session.*

Participants also reported that the service providers used a holistic approach to meet the children's needs. One participant comment reflected the views of all: "*I feel like she [the* Hope for Children *staff member] is so thorough…I feel like it's a multi-job, it's more of a holistic approach [and one] that I appreciate.*" In addition, one caregiver shared an example of the therapist's holistic approach. This participant especially appreciated the inclusion of an event that provided families with gifts and basic needs around a holiday. "*Very satisfied, especially at Christmas time, when they give the kids toys and stuff, and, you know, include a bunch of activities, it's really good."*

Expertise and skill level of service providers. Participants felt that the *Hope for Children* service providers were well trained to work with children in general and specifically in the area of domestic violence. Participants noted that the service providers interacted with them and their families with professionalism and expertise. As one participant stated the service providers, "*really have interpersonal skills- all the counselors. And they were very professional with what they did.*" Another participant stated,

> *[The service providers] really seemed like they got everything together, especially for counseling, and the counselors have a lot of technical knowledge… they have a lot of experience with children too.*

Coordination between *Hope for Children* agencies. One participant reported that the collaboration among the three *Hope for Children* agencies facilitated her family's ability both to access and to receive needed services. The participant noted that the *Hope for Children* staff member worked diligently within the collaboration to assure that her family received services.

Well, it worked. You know, it worked. I glad that when we went to [one Hope for Children *agency], that the lady who interviewed us, I cannot remember her name…but she did not drop the ball. She made sure that we got a referral [to another* Hope for Children *agency], and was able to see somebody… Sometimes you can get lost in those processes. That's why I count my blessings, especially with coming here and [my children] able to get therapy. Yeah, it's been a major blessing.*

Support staff. Participants recognized the respectful, warm demeanor of the support staff, namely the agency receptionists, as playing a role in their overall satisfaction with how the *Hope for Children* services were delivered. A participant commented, "*I've also appreciated the warmth of the receptionists.*" Another participant felt that the positive nature and respect exhibited by the receptionists toward her family positively affected her children as well.

So I would have to give them kudos up front for, as busy as they are, [they are still able] to get people to the right [service provider]—and we've never really had a problem with that. So that's probably one of the positive, positive feedbacks… and [my children] seeing that too…that makes a positive impact of where they're coming.

Participant Recommendations for Improvements

The findings presented thus far have reflected overall participant satisfaction with the *Hope for Children* program and service delivery as well as the program strengths noted by the participants. However, participants also remarked on potential areas improvements that could help *Hope for Children* better serve its clients. Comments regarding potential improvements grouped into six general themes (1) improve communication and coordination between *Hope for Children* with other external/referring community agencies; (2) improve aspects of the individual and group counseling/therapy; (3) enhance protocols for maintaining client confidentiality; (4) provide transportation for families; (5) decrease staff turnover; and (6) increase community awareness of *Hope for Children* and consequences of child exposure to domestic violence.

Improve communication/coordination with other community agencies. Although participants cited community collaboration as strength of the *Hope for Children* program (see the interview findings discussed earlier in this section of the report), a few participants reported that *Hope for Children* could improve their service provision by (a) increasing their communications with referring community agencies, and (b) enhancing their collaborations with other community agencies to help families access needed services.

For example, one participant mandated to *Hope for Children* services noted there was a lack of communication between a referring community agency and the *Hope for Children* program regarding when a mandated service- specifically supervised visitation- was no longer necessary.

> *I was so happy to have it [supervised visitation] end [laughs]… after a while I was doing unsupervised visitation [with my children] and coming to [supervised visitation] too. So it was like, ok, "why am I still needing to come here [to supervised visitation] if I'm getting them [my children] on the weekends [without supervision]?" You know it made no sense to me. Nobody's there with us there [on the weekends], so eventually [supervised visitation] did [end], you know, they said, "well, ok. We're going to take this [supervised visitation] out [of the service plan].*

In addition, regarding the *Hope for Children* program goal of increasing community relationships with other agencies to help families access services, a participant described a service (not provided by *Hope for Children*) that she and her family needed but that she had to seek on her own:

> *I was going to [one* Hope for Children *agency] and they never helped me…I wanted to see if I could get an [immigration] visa because I have the police report of the abuse and they told me "No," that they couldn't help. But a lawyer [who the participant contacted on her own]… told me that I could get that visa and she is helping me* [Translated from Spanish].

Improve aspects of counseling and therapy. Participants identified consistency with group and individual counseling/therapy appointment scheduling as an area with potential for improvement. For example, participants noted that they sometimes experienced lengthy time gaps between therapy appointments. One participant stated, *"I wish they would have had the group more, but we were scheduled to have a group, but then the group never met sometimes…"* An other participant comment reflected this same concern:

> *As things have progressed, I think [the* Hope for Children *service provider] has seen my [child] less and less, which is kind of impeded [the provider's] ability to kind of report on how sessions are going because, … it's every other week.*

In addition, participants described feeling that the quality of the group counseling and therapy services could have served them and their families better by focusing more of the session content on family and domestic violence, adding parent sessions, and increasing the amount of individual communication with the caregivers of children attending therapy groups. The following participant comments reflected these recommendations for improvement.

I would have liked for more attention paid to domestic violence… you know, they're eight [the children in the group], so processing is difficult…but I think one of the beneficial things was [that] I'm not alone and normalizing what she's [my child] experienced.

One of the suggestions would be …incorporating a parent session into that group. I don't know if that's what kind of group they used, or whatever, curriculum, but it would have been nice to maybe have a parent session incorporated somewhere… I really feel like parent involvement is a big piece of a child's success.

Improve protocols for client confidentiality. One participant noted concerns about confidentiality that were prompted by overhearing discussions between Hope *for Children* staff and caregivers of children in group interventions.

I would overhear "They were kind of a little bit off the wall this week," or sometimes I'd hear check-ins about how other things were going, which I kind of felt was a little bit…um, in terms of confidentiality…

The participant also recommended that *Hope for Children* improve its confidentiality protocols to better protect each family's privacy, noting that personal information about the clients is often collected and shared in the lobby areas of the *Hope for Children* agencies. The participant shared her experience, saying, "*It was kind of like, here sign this [child's treatment plan for group treatment]…and it was done in the lobby...*"

Provide transportation. One participant pointed out that transportation can be a barrier to accessing services, and suggested that *Hope for Children* could improve accessibility by offering assistance with transportation. This participant stated, "Sometimes for families, you know, transportation is a struggle."

Decrease staff turnover. One participant reported that staff turnover negatively affected her child's treatment, even though the program was eventually able to provide a new therapist and that the child did "fine."

There was a short span of time when [my child's] therapist went to another job, and it kind of left without a child therapist, another one for her individually, that kind of left us in a bind… [Also] she felt such a rapport with [her individual therapist] before going to [other therapist]. So it was somebody new, you know, they [the two therapists] have two different ways to looking at things, and so it was just having to build that rapport again with somebody she wasn't too sure of, and to feel safe with and confide. But she did fine.

Increase community awareness. The final area of potential program improvement centered on *Hope for Children* undertaking efforts to enhance community awareness and understanding about the program and the need for services related to domestic violence. One participant suggested that advertising the *Hope for Children* program might accomplish two goals: (1) reduce isolation experienced by survivors of domestic violence, and (2) educate the public about the problem of child exposure to domestic violence.

> *Well, I know they're limited on funding, so it's kind of hard to put your services out there...But I have noticed how they've started to market, I don't know if they market, let people know more about if you're in an abusive relationship you don't have to be… like all throughout Wake County, offices. and buildings…But, even services for your children, you know, because, moms might not know that if they've been in an abusive relationship themselves…that the children usually mimic what their parents have done… they're just like little sponges.*

Hope for Children Program Principles

As discussed in the Introduction, the *Hope for Children* program uses a system-of-care framework, and, therefore, the primary service goals of the program include the following principles: (1) treating children and families with respect, especially respect for families' religion, spirituality, culture and heritage; (2) including caregivers and parents in the treatment decisions as much as possible; and (3) offering service in convenient and accessible ways. With these principles in mind, one of the aims of the in-depth, qualitative interviews was to assess participants' perceptions of the extent to which *Hope for Children* met these service principles.

Respect. Participants reported that the *Hope for Children* staff treated them and their family with respect. In addition, participants noted that the *Hope for Children* staff showed respect for their religious and spiritual beliefs as well as their culture and heritage. A statement by one participant reflected the opinions expressed by nearly all of the participants: *"I've always been treated with respect, which was very refreshing even everything after we went through, and …it's been a good process for us."*

When describing how the *Hope for Children* staff displayed respect for participants' religious and spiritual beliefs, participants noted that the staff did not interfere with the practice of their beliefs and assisted them with accessing religious services. One participant provided the following example:

> *[My child] was a week going to [a religion-based camp]… and they provided the bag and one [*Hope for Children *staff member] got together the shampoos, and they got him all together a bunch of stuff so that he could go to camp…*

Further, participants reported that they felt the *Hope for Children* staff demonstrated that they valued participants' culture or heritage by showing respect for parenting styles that are part of their culture, by treating them as individuals, and by treating all participants equally and not discriminating against any participants. One participant stated, "*They didn't do anything that would label as Black and White, so I guess they respected with just treating us as an individual.*" Other participant comments also affirmed that the *Hope for Children* staff accomplished their goals of treating participants with respect:

> *I tend to be a little bit more strict with [my children], and I think that's from my Hispanic background…So, I would probably have to say that [the* Hope for Children*] staff showed some respect, you know, to me in regards to some of the things that I've taught [my children].*

> *Honestly yes, because in many places they look at you and because you are Hispanic they begin to discriminate against you. Thankful to God, here that is not the case.*

Included in decision making. The majority of the participants described feeling that they were involved in the decision making process both in terms of creating treatment goals and in determining which services their family would receive. Participants noted that they were involved from the outset by the staff asking them to express their concerns about their children and to work with the service providers to establish treatment goals. In addition, participants reported feeling the service providers were open to their suggestions and were flexible in their approaches, including adapting the treatment modalities to fit the needs of the child and family. The following are typical of the participant comments on these key themes:

> *For example, when he [participant's child] was being disrespectful and I want[ed] him to do something, like do homework, [the* Hope for Children *staff] took [my concerns] and they addressed that issue.*

> *I did feel like I could come in and share my concerns about her [participant's child] and what she was going through, and that was definitely heard and incorporated…Yeah, I definitely felt included and heard, especially by her individual therapist.*

> *…kind of like putting her [participant's child] goals together, and what we're going to talk about [in therapy]. Cause there's times that I go in there with [the child and therapist], and it's kind of like a multifaceted therapy. We're working individually; we're talking about family; we're talking about individual issues, just about anything you can think of on a daily basis, or a weekly basis, or whatever we have going on… a lot of, the decision-making, we kind of all do together.*

Yes, [the Hope for Children *staff member] was telling me her plan, the action plan, and she involved me in contacting the school, and she told me what the goals, and at the end she talked to me. So, yes, I was very involved.*

However, a few participants who had been mandated to participate in *Hope for Children* services reported feeling that they were not involved in directing the services that their families received. Such mandates come through either the court system or Child Protective Services (CPS), and may carry penalties for non-compliance. As such, it is not surprising that these participants described feeling that they had no control over which services they received. In response to the question about feeling included in the services decision-making process, one participant mandated to services stated, "*In the beginning, no, because it was part of the treatment plan with CPS…*"

Services convenient. The questions regarding convenience of *Hope for Children* services provided mixed results. Participants noted that the service providers offered services at convenient times and worked with caregivers to set appointments at times that were convenient to the caregivers' schedules. One participant noted that the *Hope for Children* staff member *"always tried to be, you know, flexible, and if there was something coming up, she was always on top of that, letting me know."* In terms of the location of the agencies, one participant stated the agency was convenient to the public transportation system. *"It was actually very convenient because the bus line- coming from my job- [the agency was] right there before I would get downtown…very convenient as far as where we met."*

However, several participants noted that afternoon and evening appointment times were often scarce, and specific services were either limited or inconvenient to access. One participant described having difficulties obtaining an appointment with the child psychiatrist: *"I mean, she's [the child psychiatrist] just full [but] that's just part of the fact that there's not enough child psychiatrists out there right now."* Participants also reported that parking at one of the *Hope for Children* agencies had been a problem, but one that was resolved when the agency moved to a new location. *"The previous location was awful…and I'm speaking in terms of getting there, the location of it, the parking situation… the current location is awesome."*

Overall Satisfaction: Recommend *Hope for Children*

In summarizing the qualitative findings, it is important to emphasize that though these in-depth qualitative interviews showed potential areas of improvement for the program, the overall findings were very positive. The extent of caregiver satisfaction with *Hope for Children* services is reflected in the finding that all participants affirmed they would recommend the *Hope for Children* program to other families exposed to domestic violence. Participants stated that they would recommend the *Hope for Children* program because it provided a safe place for families and children, helped

children and addressed their particular needs, and used a collaborative approach. One participant's comment reflected the perspectives expressed by several caregivers

> *[Hope for Children] is helpful and everything. The safety, you feel safe when you're here, and you can get help to start over, and you feel welcomed. So if, I see somebody is in [a similar] situation and is in danger, I will… instead of shrug and not know what to do, [I will say] do this, go to this place.*

Another participant stated, "*I would definitely recommend it for another family, for the children, especially if they've been in the situation as we were in, most definitely.*" Another participant stated, "*… the holistic approach to it…the fact that there is collaboration is huge.*" It is noteworthy that some participants indicated they had already recommended other families to *Hope for Children*.

WAKE COUNTY COMMUNITY PROFESSIONALS SURVEY

Community Professionals Survey Methods

Participants. Since the launch of the *Hope for Children* program in 2005, the program staff has provided information and trainings about the program's range of services to Wake County health care providers, human services providers, and legal professionals. As part of these interactions, the program staff developed a database of all relevant community professionals that included contact information such as names, e-mail addresses, and telephone numbers. Potential participants for the community professional survey were identified using this database. At the time the survey was administered, the database included 212 community professionals identified as potential participants, with 45 persons no longer working with their respective agencies and 18 persons who declined to participate. Thus, 149 participants from this *Hope for Children* database were invited to participate in the survey.

Child Protective Services (CPS) of Wake County is the primary referral source of families to *Hope for Children*. The evaluation team determined that the database of professionals did not include the names of all CPS caseworkers who had made referrals to *Hope for Children*. Given the CPS relevance to the program, the evaluation team deemed it important to invite all CPS caseworkers to participate in the web-based survey. The evaluation team identified 308 CPS workers from public records available on the Internet. Of these potential participants, 37 persons no longer worked with CPS and 28 persons declined participate. Thus, 243 CPS workers were invited to participate in the survey.

Survey administration. Wake County professionals identified through either the Hope for Children database or the Web search of CPS caseworkers received a brief e-mail inviting them to complete a short Web-based survey regarding their opinions about *Hope for Children* services. The e-mail invitation contained a hyperlink to the survey. Reminder invitations to participate in the Web-based survey were e-mailed to all potential participants over the course of three to four weeks. Each e-mail invitation included directions for the recipient to opt out of participation and have their contact information removed from the database. After four weeks, the evaluation team placed follow-up phone calls to non-responders to answer questions about the survey and to encourage participation.

Survey questions. The survey instrument was developed primarily by the evaluation team in consultation with the *Hope for Children* leadership team. (See Appendix G). The evaluation team used the *Hope for Children* program goals as a

guide for developing the survey questions. Drafts of the survey were reviewed by the program's leadership and their feedback was used by the evaluation team to revise and enhance the survey instrument.

The survey included questions about participants' general opinions about domestic violence (e.g., "Exposure to domestic violence is a serious problem for children with lifelong consequences, and "I feel well equipped to address domestic violence in the families I work with"); participants' opinions about the program's referral process ("When making referrals, I have found the *Hope for Children* staff helpful"); and participants' opinions about program services ("My clients are able to get all the different services that they need," and "Overall, I am satisfied with the services my clients receive"). All of these items scored using a 7-point Likert scale: *Strongly Agree* (7), *Agree* (6), *Agree Somewhat* (5), *Not Sure* (4), *Disagree Somewhat* (3), *Disagree* (2), and *Strongly Disagree* (1). In addition to these survey items, the instrument included open-ended questions (e.g., "Is there anything else that you would like to tell us about the *Hope for Children* referral process?") that allowed respondents to elaborate on their survey responses and provide additional information that may have been overlooked in the survey. The survey also gathered data on participants' characteristics.

Participants completed only those sections of the survey relevant to their knowledge of the *Hope for Children* program. For example, if a participant indicated that he or she had not made a referral to the program or that no clients had received *Hope for Children* services, the Web survey skipped the sections with questions related to the referral process and service delivery.

Survey response. Overall, the evaluation team issued 520 e-mail invitations to participate in the professional survey. As described above, some potential participants were no longer at their agencies (*n*=82), and some potential participants (*n*=46) declined to participate.

It is worth noting that some professionals declined to participate because they specifically noted they were unfamiliar the *Hope for Children* program: "*I apologize but I am not familiar with your organization enough to feel comfortable in participating in your survey at this time*," and, "*Can not respond as I have not had any referrals to* Hope for Children."

From the final pool of 392 potential participants, 125 participants completed the web-based survey (response rate of 32%), which is a typical response rate for these types of Web-based surveys. Of these respondents, 28 professionals had made a referral to the *Hope for Children* program and 27 professional worked with clients who received *Hope for Children* services.

Analyses. Using the SPSS 15.0 statistical analysis program and the Excel database program, descriptive statistics were determined for participants' survey responses. The descriptive statistics included percentages by item responses, means, modes, and standard deviations.

Community Professionals Survey Findings

Participant characteristics. Among the 125 participants, 38% ($n = 44$) worked in child protection services, 10% worked in mental health services, and the remaining participants worked in a wide range of fields, including counseling, developmental disabilities, early childhood support, education, health care, juvenile justice, legal, law enforcement, and substance abuse. In addition, some participants described themselves as administrators, program planners, or as grantors/funders.

Most participants had held their position between 1–5 years (42%, $n = 53$), with 18% ($n = 22$) in their positions between 6–10 years, 25% ($n = 31$) in their positions more than 10 years, whereas only 10% ($n = 12$) had held their positions less than one year.

Most participants were White (55%, $n = 69$), 33% ($n = 41$) were African American, and 15 participants declined to provide race affiliation. A separate question asked about Latino ethnicity, and 8% of participants ($n = 10$) identified as Hispanic/Latino. The sample was predominately female (76%, $n=95$), and 16% ($n=20$) were male.

Among the 27 participants whose clients had received *Hope for Children* services, 59% ($n=16$) worked in child protection services, with the other 11 participants representing the counseling, education, mental health, or substance abuse fields.

General opinions. Participants' ($n = 125$) general opinions about domestic violence and the *Hope for Children* program are presented in Table 7. The majority of participants (76%) provided positive responses (i.e., *strongly agree, agree, or somewhat agree*) to the statement that domestic violence was one of the most serious problems among the children with whom they worked. On average, participants *strongly agreed* that exposure to domestic violence has lifelong consequences for children. Although most participants indicated they were equipped to assess domestic violence in the families with whom they work, the majority of responses to this question were given as "agree somewhat."

On average, participants responded that they *disagreed somewhat* with the statement: "I am familiar with *Hope for Children* and the services the program offers." This finding indicates that the average participant was not entirely familiar with the

program and the range of services offered by the *Hope for Children* program. Further, participants were on average "Not Sure" if the availability, accessibility and quality of services in Wake County for children exposed to domestic violence had improved because of the program. A qualitative response to an open-ended question included a recommendation to help increase awareness about the *Hope for Children* program among county professionals: *"Share your service intake with Wake County Human Services to share your service information [because] there are quite a number of staff who are not familiar with your services."*

Nonetheless, no participants provided negative responses to the statements that *Hope for Children* had improved the availability, accessibility and quality of services. Thus, these findings indicate that participants either agreed that the program had improved services for children exposed domestic violence or were "not sure" about whether the program had improved services in the community.

Table 7. Wake County Professionals' Opinions about Domestic Violence (DV) and *Hope for Children* (*HFC*); (*n* =125)

Survey Items	Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree	M (SD)	Mode	Missing
	%	%	%	%	%	%	%			%
DV Serious Problem for Children	13.6	32.8	26.4	08.0	08.0	05.6	01.6	5.13 (1.46)	Agree	04.0
DV Has Lifelong Consequences for Children	56.8	28.0	10.4	00.8	00.0	00.0	00.8	6.42 (0.87)	Strongly Agree	03.2
Feel Well Equipped to Assess for DV	16.0	29.6	30.4	08.8	04.8	04.0	00.8	5.30 (1.32)	Agree Somewhat	05.6
Feel Well Equipped to Address DV	11.2	31.2	33.6	09.6	05.6	02.4	02.4	5.17 (1.32)	Agree Somewhat	04.0
Familiar with *HFC* Services	3.2	24.0	19.2	08.0	04.0	21.6	15.2	3.83 (1.98)	Agree	04.8
Service Availability Improved	6.4	16.8	08.8	62.4	00.8	00.0	00.0	4.64 (1.01)	Not Sure	04.8
Families' Ability to Access Services Improved	06.4	12.0	12.0	64.0	00.8	00.0	00.0	4.57 (0.96)	Not Sure	04.8
Service Quality Improved	7.2	13.6	11.2	63.2	0.0	0.0	0.0	4.63 (0.99)	Not Sure	04.8

Note: Survey items were scored on a 7-point Likert scale with response options ranging from *Strongly Agree* (7) to *Strongly Disagree* (1).

Opinions about referral process. Table 8 presents details of the findings from the 28 participants queried about the referral process. Overall, most participants (79%) provided positive responses (i.e., *strongly agree, agree, or somewhat agree*) indicating they agreed at least "somewhat" that the *Hope for Children* referral process is an easy, uncomplicated procedure. Overall, these participants agreed that the program staff members are helpful with referrals, with 82% of participants providing positive responses to this item.

Participants also provided qualitative information about their experiences with the referral process. In the open-ended question, two participants reported difficulties with accessing program services. One survey participant commented on the referral process, *"In the past there has either been a waiting list or some type of roadblock."* Another participant stated, *"*Hope for Children *was unable to help with the one referral I made. I was disappointed that there was a barrier to service for the family."*

Table 8. Wake County Professional's Opinions about *Hope for Children* (*HFC*) Referral Process; (*n* = 28)

Survey Items	Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree	M (SD)	Mode	Missing
	%	%	%	%	%	%	%			%
HFC **Referral Process is Easy**	17.9	39.3	21.4	10.7	03.6	00.0	00.0	5.62 (1.06)	Agree	07.1
HFC **Staff Helpful with Referrals**	35.7	32.1	14.3	10.7	03.6	00.0	00.0	5.89 (1.16)	Strongly Agree	03.6

Note: Survey items were scored on a 7-point Likert scale with response options ranging from *Strongly Agree* (7) to *Strongly Disagree* (1).

Opinions about program services. The findings from the items regarding participants' opinions with the *Hope for Children* services (see Tables 9 and 10 respectively) show the vast majority of the 28 participants (*n*=27) were satisfied (i.e., provided responses of *strongly agree, agree,* or *somewhat agree*) with the *Hope for Children* services clients received (81%, *n*=22) and with the range of services (89%, *n*=24) *Hope for Children* offers to the Wake County community .

In addition, 56% (*n* = 15) of participants agreed at least somewhat (i.e., *strongly agree, agree,* or *somewhat agree*) that the *Hope for Children* program met families' changing needs and the community's changing needs (67%, *n*=15). Also, 63% (*n*=17) of participants provided positive responses (i.e., *strongly agree, agree, or somewhat agree*) regarding the program's ability to provide clients with comprehensive services. Further, 52% (*n*=14) of participants either *agreed* or *strongly agreed* that the *Hope for Children* program staff worked together as a team to help clients.

Regarding specific aspects of *Hope for Children* services, summing of the positive responses (i.e. *strongly agree, agree,* and *somewhat agree)* indicates the majority of participants were satisfied with how quickly their clients received services (70%, *n*=19), that services were available to convenient times for clients (74%, *n*=20), and that services were available at locations that were convenient for clients (63%, *n*=17).

Moreover, the majority of participants agreed provided positive responses to items inquiring whether (a) program staff treated clients with respect (70%, *n*=19), and (b) staff were respected clients' culture and heritage (52%, *n*=14). Also, 44% (*n*=12) of participants provided positive responses to the items asking whether clients' religious and spiritual beliefs were respected in the *Hope for Children* program.

Some participants provided qualitative information about specific aspects of the program's services. In the open-ended question, one participant stated:

> *Thank you for meeting in various locations, for meeting at 'odd' times of the day and night, providing transportation, meals, and some childcare. These are some of the biggest barriers to our families.*

It is noteworthy that no participant endorsed *disagree* or *strongly disagree* for any of these items. Thus, the survey findings indicate that these participants were either unsure about program services or they had have favorable opinions about *Hope for Children* services. Participants' qualitative responses to the open-ended question provided information regarding specific aspects from these favorable opinions.

Definitely a much-needed service, especially for the Spanish-speaking population. Especially helpful for uninsured population.

Would support that this program is refunded.

*I've used [the program] many times. The parents with whom I work and I agree: they [*Hope for Children *staff] are FABULOUS!! Thorough, engaging, personable, confidential, supportive, confrontational as needed. In a word: wonderful.*

Summary of community professionals survey findings. Among the Wake County community health, human, and legal service professionals participating in this survey, findings showed that when participants were familiar with the *Hope for Children* program, they were highly satisfied with the program structure and services.

However, a few survey participants reported dissatisfaction with certain aspects of the program, such as the referral process. Nonetheless, for those who were knowledgeable about the program, the findings strongly showed that participants agreed that *Hope for Children* improved services for children exposed to domestic violence in Wake County. Further, survey participants agreed that the program meets the needs of children exposed to domestic violence as well as the needs of their families; the program is convenient and accessible to families; and the program staff are respectful to their clients, including caregivers and children.

An important finding that emerged from the survey was that most Wake County professionals in this sample were unfamiliar with *Hope for Children* and the range of services it offered Wake County families. From the 125 survey responses, only 22% (*n*=27) of respondents had a client who had used the program's services. Thus, participants were either positive in their responses about *Hope for Children* or they did not have sufficient knowledge about or familiarity with the program to respond to all the survey questions.

Table 9. Wake County Professionals' Opinions about *Hope for Children* (HFC) Services Overall; (n=27)

Survey Items	Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree	M (SD)	Mode	Missing
	%	%	%	%	%	%	%			%
Clients Receive All Needed Services	11.1	25.9	25.9	29.6	07.4	00.0	00.0	5.04 (1.16)	Not Sure	00.0
HFC **Staff Work Together as a Team**	22.2	29.6	00.0	44.4	03.7	00.0	00.0	5.22 (1.34)	Not Sure	00.0
HFC **Meets Families Changing Needs**	14.8	33.3	07.4	44.4	00.0	00.0	00.0	5.19 (1.18)	Not Sure	00.0
Satisfied Overall with Services My Clients Receive	29.6	33.3	18.5	14.8	03.7	00.0	00.0	5.70 (1.17)	Agree	00.0
HFC **Meets Community's Changing Needs**	7.4	29.6	18.5	44.4	00.0	00.0	00.0	5.00 (1.04)	Not Sure	00.0
Satisfied Overall with Services HFC Provides to Community	22.2	44.4	22.2	11.1	00.0	00.0	00.0	5.78 (0.93)	Agree	00.0

Note: Survey items were scored on a 7-point Likert scale with response options ranging from *Strongly Agree* (7) to *Strongly Disagree* (1).

Table 10. Wake County Professionals' Opinions about *Hope for Children* (HFC) Service Delivery (n=27)

Survey Items	Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree	M (SD)	Mode	Missing
	%	%	%	%	%	%	%			%
Satisfied with How Quickly Clients Receive Services	14.8	25.9	29.6	22.2	03.7	03.7	00.0	5.15 (1.26)	Agree Somewhat	00.0
Services Available at Convenient Times	11.1	25.9	37.0	22.2	03.7	00.0	00.0	5.19 (1.04)	Agree Somewhat	00.0
Services Available at Convenient Locations	07.4	18.5	37.0	29.6	07.4	00.0	00.0	4.89 (1.05)	Agree Somewhat	00.0
HFC **Staff Treat Clients with Respect**	33.3	29.6	07.4	29.6	00.0	00.0	00.0	5.67 (1.24)	Strongly Agree	00.0
HFC **Staff Respect Clients' Religious/Spiritual Beliefs**	22.2	18.5	03.7	55.6	00.0	00.0	00.0	5.07 (1.30)	Not Sure	00.0
HFC **Staff Respect Clients' Culture/ Heritage**	22.2	25.9	03.7	44.4	00.0	00.0	00.0	5.27 (1.28)	Not Sure	03.7

Note: Survey items were scored on a 7-point Likert scale with response options ranging from *Strongly Agree* (7) to *Strongly Disagree* (1).

Hope for Children STAFF FOCUS GROUPS

Staff Focus Groups and Interview Methods

Hope for Children services and leadership/administration are provided by 15 staff members of the Interact, SAFEchild, and Triangle Family Service agencies. To garner staff opinions of the program, the evaluation team sent e-mail invitations to all staff members working with the *Hope for Children* program, inviting them to participate in either a focus group or an interview. These invitations elicited a response rate of 87%, and 13 of the 15 staff members participated in the focus groups. Overall, the evaluation team conducted three focus groups (two with front-line staff, one with administrators) and one interview with *Hope for Children* staff.

The evaluation team conducted two focus groups and one interview with front-line staff (i.e., direct service providers) of each of the collaborating agencies (i.e., Interact, SAFEchild, and Triangle Family Service). One focus group session was held at each of the Interact and Triangle Family Service locations to (a) maintain a manageable size that allowed for full participation, and (b) reduce the burden of participation on staff by holding the meetings at work sites. A focus group was not conducted at the SAFEchild because that agency had only one front-line staff member; instead, that staff member participated in an individual interview. The interview and focus group meetings were held in private rooms at the respective agencies at a day and time that was convenient for the participants.

The third focus group was conducted with the staff members who provide leadership/administration for *Hope for Children.* This focus group was held in a private room at a one of the collaborative agencies. Given that the staff members who provide leadership/administration for the *Hope for Children* program were likely to have opinions and concerns substantially different from the front-line staff, the evaluation team decided that conducting a separate focus group for staff in leadership/administration roles would best allow for gathering diverse perspectives.

The evaluation team led all focus group and interview discussions using a standardized protocol (see Appendix H) consisting of open-ended questions regarding staff experiences with and opinions of *Hope for Children.* The focus group and interview discussions ranged from 92 to 120 minutes. All focus group discussions were audio taped and promptly transcribed. Participants of all focus groups and interviews were also asked to complete an optional, one-page survey that collected relevant work history information. (Please see the focus group survey in Appendix I.) This work history information is presented in Table 11.

The discussion transcripts were independently coded by two members of the evaluation team (Macy and Pollock). The coding process used an open-coding approach to identify themes related to the research questions (Padget, 1998; Patton, 2001). The investigators focused on finding common themes but also sought divergent cases and alternative perspectives. Working definitions were then iteratively assigned to each code, which were then expanded (and ultimately collapsed) to encompass all relevant themes. The analysts employed constant comparison procedures (Glaser & Strauss, 1967). Thus, the codes and working definitions were evaluated against the data to ensure accurate representation of participants' meaning, and the codes were evaluated against one another. After the themes and preliminary findings were identified, the team sent a summary of the findings and a request for feedback to the participants. The feedback that we received confirmed the findings that are reported here.

Table 11. *Hope for Children* Staff Work History (*n* = 12)

Survey Items	Mean (*SD*)	Missing
	Years	
How long have you worked in the field of family violence?	8.87 (*9.18*)	0
How long have you worked at your respective agency?	4.55 (*4.77*)	0
How long have you worked with *Hope for Children*[a]	1.88 (*0.98*)	0

[a] Responses did not include planning time before the implementation of the *Hope for Children* program

Staff Focus Groups and Interviews Findings

Accomplishments

Participants described *Hope for Children* as a success based on the program's successfully achieving four major accomplishments:

1. *Hope for Children* filled a critical service gap for the Wake County community.
2. The program staff developed tailored and comprehensive service plans that met the needs of children and families.
3. The staff successfully adapted the program to the changing needs of the Wake County Community.
4. The three agencies had developed a beneficial System-of-Care collaboration for children exposed to domestic violence.

Filling service gaps. The program filled an existing gap in available services for the Wake County community. Focus group participants reported that prior to *Hope for Children*, Wake County had no specialized services for children who had been exposed to domestic violence. Further, because of the interagency collaboration that brought *Hope for Children* into operation, the program provided "a single point of entry" into specialized services for children whose families were affected by domestic violence. Moreover, staff stated that the dedicated funding of the *Hope for Children* program enabled them to provide services to children and families who would not have been able to access such services otherwise (e.g., mental health treatment). Participants shared their perspective that the *Hope for Children* program had quickly become an important referral source for the community because the program reliably filled the service gaps and met clients' needs. The following are typical participant comments.

> *Before* Hope for Children*, this population of Spanish-speaking families was not getting this service at all. I mean, our program [that served Spanish-speaking families] was in existence but was not for families with domestic violence. And so we were able to really fill a wide gap in services. We exceeded [expected client] numbers because the need is so great.* –Leader/Administrator

> *I don't think it's a small thing that we have a single point of entry into all of these different services. And I think for providers in the community who are struggling, this [domestic violence] is the type of work they don't do all the time and they know there's an array of services, but they don't know where to send people. It's not a small thing to say, "Don't worry about that. Just send us the referral. Here's the one place. There's a website. The forms are on there, and we'll handle everything else.* –Leader/Administrator

[Mental health and substance abuse agencies] that were part of the government have gone private… And they no longer take Medicaid… therefore, it's limiting it to the low income people, so programs like Hope for Children *make it easier for… people from the courts or people [from] the community that I serve able to access programs that, you know, don't require all these other…fees or insurance…Cause a lot of these [other] agencies are going private…You know government [funded agencies] that used to do things like what we're doing. So, that's what I mean adapting, it's kind of picking up the slack.* –Staff

Adapting to community needs. Second, participants stated that *Hope for Children* was a success because the program had the flexibility to adapt to the changing needs of the Wake County community. That is, the program was able to make adaptations as it became clear that aspects of *Hope for Children,* as initially planned and implemented, needed to change to better meet the needs of the community.

The one thing that we didn't anticipate that I think grew out of this, so I've been very pleased with it, is how many therapy groups we're doing for different age groups. We didn't really think about that [initially], but that's really grown out of that [need], and that's been really good. –Leader/Administrator

I think as a project, overall, we've been incredibly flexible to, you're always going to have a long-term vision, and things will always come or what was anticipated or even you might have anticipated something different than what was. And I would say that we had a good system in place through regular meetings to evaluate things, how they were going, make changes along the way, shift where we needed, you know… kind of like, "Alright, that is not going as planned." …So I think we've been able to be very flexible overall as a project.
–Leader/Administrator

Meeting needs of children and families. Third, participants noted the range of services offered by each agency enabled the staff to successfully develop tailored, comprehensive service plans to meet the needs of client-families. In addition, participants stated that the program's staff members had the flexibility to adapt the implementation of the service plan to the individual needs of the children and families. For example, the program staff was able to offer these specialized services and accommodations, which allowed children and families with special needs to participate in services. In turn, such accommodations helped with client retention.

*…in the [*Hope for Children*] treatment team, [we developed a plan to] start with the individual therapy, and after we do x number of sessions, let's talk about the*

group, and then after that... We're better able to coordinate [services] so [clients] still have access to the services [and] there are trained people who are looking at what their needs are and matching it with what's available. But that it's also designed in their treatment planning in a way that's not as overwhelming and recognizes that they can't be involved in five different services at the same time, and that the quality of the service that they would get would be probably less if they were. –Leader/Administrator

You kind of have to be [flexible], because the nature of our clients is [that] there are so many crises that happen all the time that, it's kind of like, you have to do, if you have that dedication to working with the clients, you have to be flexible -Staff

For instance, if we have a family that's going to be in [one agency]'s group…but if one of the children has more severe symptoms, then we have a therapist now that's seeing a child on Mondays at 6, I think, so that the child can be dropped off, the other kids can be dropped off, and then we can kind of coordinate… -Leader/Administrator

Successful collaboration. Participants described the System-of-Care collaboration as a significant success of the program. Participants described several noteworthy aspects of the collaboration, including (a) the range of services offered by the collaborating agencies, (b) the resource sharing among the agencies that maximizes program benefits; (c) the multiple and diverse perspectives among the program staff; and (d) the mutual nature of the work across the staff at the three agencies. Participants stated that these aspects of the collaboration enabled the staff to provide the best possible services to children and their families.

One benefit of the tri-agency partnership is that we're able to provide a range of services that the individual agencies wouldn't otherwise be able to give on their own…I think that having multiple perspectives has been helpful and, just kind of thinking about different things in different ways. That's been a benefit of the weekly meetings, just kind of talking about, "Well, what are some options for this family?" –Staff

It's always a good thing when…there's a small amount of resources, and you know, let's pull together and meet the greatest need. So, I think we do that really well. –Staff

Being able to [say], "You can go to this place, you can go to that place, and we've met them. We have personal relationships with them." That's really

important for the families to hear, too. They trust us saying that, and they'll feel comfortable going to that agency. –Staff

There's two very different types of collaborations that you can have, where people are always saying that they can't make it, or appointments are missed, or dates are changed or stuff like that. [Or] Where this [the Hope for Children *collaboration] is…been going on so long, and people actually want to be there…and really want to connect with everybody…everyone's really open and, you know, they do have different degrees and different experiences, and they also ask us questions all the time, so, you know, I think that's really important…it makes us feel like we're valued also, that we're all doing good work.* –Staff

We do probably take this [the tri-agency collaboration] for granted at this point because we work so closely together and we are able to openly communicate and really cohesively address the population. And not everything that's called collaboration looks this extensive, and I do think that's a success for us that it's a whole, there maybe is a, it's a continuum of collaborations, and I would say that we're on the high end of that.
-Leader/Administrator

Reasons for Successful Collaboration

Given that collaboration was a key to the program's successes, the participants discussed factors that contributed to the successful collaboration and enabled the agencies to work "as a team." The factors mentioned most often by participants as contributing to the success of the collaboration included (a) the systems and protocols for care coordination; (b) communication and information sharing; (c) willingness to compromise; (d) a history of the agencies working together on earlier projects; (e) common goals among the three agencies; and (f) program staff members' creativity.

Systems and protocols. Participants stated that factors that helped to ensure the successful collaboration included the interagency care coordination systems and protocols. These systems and protocols included the coordinated case management and the weekly team meeting of all *Hope for Children* staff from the three agencies. In addition, the daily operations of *Hope for Children* were overseen by a program manager who led the weekly meetings and facilitated the collaboration, care-coordination, and communication among the three agencies.

Having a time where we meet together once a week helps, and the accountability of follow-up with the client helps a client not fall between the cracks….That accountability makes sure that that client gets the services and then also the

benefit of people at different agencies that might know of different resources, you know, trying to get [the clients] the best fit. And then having someone to follow up and say, you know, "How did that go?" to make sure that no one [client] is going under the radar. -Staff

Being in a team together working for the same goals I just feel that when you make that referral you know it's going to happen. I'm not saying that if I made a referral to another agency that it wouldn't happen—I'm not saying that at all. But I just feel that when we're working together as a team, and we know we have our certain goals to complete and everybody's working for the same, around the same mission of helping each other. –Staff

[The other partnering agencies] do similar stuff that we do, but they also do very different stuff than we do, so kind of having that diversity and being able to ask questions and everyone's very open, like, "I really don't know what to do. I'm confused; can you help me," and everyone would be like, "Well, have you tried this?" "Oh yeah, I haven't tried that." So hearing everybody in a meeting at the same time, everyone's there from other agencies is really, really helpful. –Staff

Communication. Participants also cited communication and information sharing among the agencies as factors that contributed to the successful collaboration.

That is definitely a benefit to the clients that we can share information between the three agencies, we can help [the clients] pick up where they left off in the prior program or aspect of service rather than starting you know, completely from scratch. We have kind of, we can help with the context for, you know, "Well this parent, they're limited in these ways in terms of transportation," or "These are some things you need to know about." Just helping to provide better service because of having a context from the shared programs. -Staff

So it was easier to try to figure out some of the little things and calling up people, and you knew people, and so you could call them up and say, "Well, could you do this this way?" …I guess communication was really good.
–Leader/Administrator

Willingness to compromise. Another factor described by the participants as an important contribution was the willingness of the staff and leadership to compromise and work together to ensure the success of the *Hope for Children* collaboration. One participant cited the shared goals among the three agencies in relation to their capacity to compromise.

I think there've been times, where, you know, there was a willingness to make adjustments… [the three agencies] were willing to dialogue and be somewhat flexible as we went along. –Staff

But what I've seen, is each agency has kind of the same goals. So it seems like it would be easier to come together to meet needs with everyone having the same goals, as well as compromise helps. –Leader/Administrator

Foundation for collaboration. Participants stated that even before the beginning of *Hope for Children* certain factors provided a foundation for successful collaboration, including earlier collaborations of the agencies on smaller projects, and a shared goal among the three agencies to address the needs of children exposed to domestic violence.

I think the fact that we [the three collaborating agencies] had worked together previously on developing the supervised visitation program, [we] had worked together on a domestic offenders' research program. So there's already some background/history of having done some collaborative stuff, a little less formal, a little less big. –Leader/Administrator

One [of the factors] was a passion for serving this overlapping population, and we all were agreeing that it was a fragmented system, and we all wanted to do better. –Leader/Administrator

Creativity. The participants noted that the creativity of the program staff was a large reason for the success of the collaboration. Although the program staff did not always have access to the resources needed to provide the ideal services to clients, staff and leadership participants stated that they were able to provide clients with needed services when staff used the available resources in creative ways. Participants also stated that they were able to provide clients with the needed services by helping clients to access services outside the collaboration when necessary.

So sometimes you all do some creative problem solving, like pull in an intern to make sure that the child is getting the services that they need. -Staff

Given the limitations of time and funding and all of that, I think we do pretty good in really trying to help clients access other services that we may not be able to provide in agency or, you know, within the other two agencies…. -Staff

Service Gaps

Nearly all the participants described *Hope for Children* as a significant success. Nonetheless, participants also identified existing service gaps in the *Hope for Children* program that impeded the progress that could be made with children and their families. Such service gaps included (a) insufficient bilingual and culturally appropriate services for Spanish-speaking families; (b) limited expertise among *Hope for Children* staff regarding how best to address the needs of very young children and children with disabilities; (c) limited case management services available to families; and (d) insufficient low- and no-cost mental health therapy services for caregivers.

Expand bilingual/culturally appropriate services. Participants stated that because of insufficient bilingual service providers, the program was not always able to provide comprehensive and culturally appropriate services for families, especially Spanish-speaking families. Participants recommended that *Hope for Children* expand bilingual services and increase the availability of culturally appropriate services for children, as well as caregivers. However, participants also described the challenges of finding, hiring, and retaining qualified bilingual and bicultural staff. Moreover, these hiring challenges were cited as a key reason why the program lacked sufficient bilingual and bicultural staff.

> *One challenge that we've experienced is the lack of bilingual staff to be able to be as comprehensive with the Spanish-speaking kids as with the English-speaking kids…* -Leader/Administrator

> *The children can understand English but the mother can't. So we communicate through the children, obviously we don't communicate the abuse and stuff like that through the children, but, you know…[the mother] has a case manager, she's being served through another agency but…it'd be nice to have somebody who could communicate with her from our agency instead of the outside…*–Staff

> *I think it was because of the human resources that we didn't have that many [*Hope for Children *staff] that could speak Spanish…And everything geared to the Latinos, are like pulling teeth. I mean, either waiting lists, or…very hard. So it's not even just* Hope for Children*; it's just everything…I think [the program leadership] tried to get more Hispanic, bilingual therapists, I mean, it's just hard to get [bilingual therapists.]* –Staff

> *I don't know what to call it except for a complete and total oversight in terms of it just didn't make sense going in to not have bilingual services at every agency. But if we had had infinite money, and I do recall that we had an original budget*

that included lots of things that we had scale back to even get this [grant funded]…with the types and salaries that we have within our organization structure, it's hard to even get an adult person who's bilingual, and getting someone who is child-focused is even more difficult because that's another level of specialization that is totally outside of our structure salary.
-Leader/Administrator

Limited staff expertise for some sub-groups of children. Participants stated that there was limited expertise among *Hope for Children* staff regarding how best to address the needs of (1) very young children and (2) children with disabilities. Consequently, the program was not always able to provide comprehensive, developmentally-appropriate services for some families. Participants recommended that the program leadership find other community partners to add such expertise to the *Hope for Children* continuum of services.

Because, I know it's not that we don't have a high case of like two or three year olds, but we do have some and we don't really have anywhere to send them...
–Staff

…while we would get referrals for children under 3, I think that we were inappropriate because we don't have the facility, and there's funding and people who do that solely, and they get money, so I think that you don't need to duplicate services, and if they have older siblings that can be served here. And then, I think our other limitation is children with developmental delays. -Staff

I think maybe, like a developmentally delayed child, like, kind of like a special needs child, um, you know, versus maybe just like counseling or something other than that to kind of, like a family-based, kind of help the family do that, again we don't have a lot of [clients with these needs], but you know, we have one now. So, and there's not many agencies that, as far as the Hope for Children *collaboration…we have to go to an outside agency…*–Staff

Insufficient case management services. Participants stated that clients and families burdened with domestic violence have considerable material needs that are not easily addressed in therapeutic, parenting, or group interventions. Participants stated that though they tried to provide case management services whenever possible, there were not sufficient case management services available in the program for these families. Because of the limited case management services, several participants stated that that they worried that the children and families in the program were not having all

their important needs met. Participants recommended that the program add more case management and in-home service components to the *Hope for Children* services.

> *It just seems like sometimes an endless supply of needs, and needs for different resources, and… when there's domestic violence so often there's abuse of the child, physical and/or sexual. There might be substance abuse, other forms of mental illness. Not necessarily, but there could be financial, economic challenges. I can't name any family where there's not kind of multiple issues that we have to address, maybe things that aren't specific to the domestic violence, but attention problems or challenges in school, learning disabilities. There's definitely a lot of different aspects that come up in treatment with the* Hope for Children *clients. –*Staff

> *Especially when you know the case management stuff is going to help clinically what happens, that makes it more of a priority when you know that it's going to help the clinical things and meet treatment goals you've set with [the families]…Then at the same time also there's limitations also just within our job, in terms of seeing a number of clients and having the restraints of paperwork, in terms of balancing all of that…It kind of restricts how much [case management] you might would like to do [and] having to prioritize what's most important. It's a challenge...* –Staff

> *Well, one thing we had in there, but I don't think it got implemented at the degree that it would have been. And I realized now that we should have broken it up separately, and that's the case management. I don't feel like we had enough case management functioning, and part of that was because the people available for that were having to do direct therapy and direct group counseling and stuff.* -Leader/Administrator

Limited low- and no-cost therapy for caregivers. Participants stated that a serious service gap in the program was the limited low- and no-cost mental health therapy services available for all members of the family. Specifically, many of the adult caregivers were in need of services that *Hope for Children* could not provide. Most program staff and leadership participants strongly recommended that the program should provide therapeutic services for caregivers (i.e., the mothers of the children). Notably, participants reported that although the program had tried to address this challenge, the lack of funding had prevented including caregiver services.

> *You know, different client families where we felt like the parent's inability to get some kind of therapy was a real detriment to the child's progress. Because the*

needs were so great, and we really had our hands tied, because [Hope for Children] *does not provide low cost [therapy] services to adults if they don't have insurance, and we just didn't have the same means that we did with the children, to work with uninsured parents.* –Staff

I had a lot of depressed moms, because they're all [affected by] domestic violence. So therefore, I had a lot of- not only affected children- but affected mothers. So, instead of just treating the children, they could have also treated mom at the same place, or family, families together, not splitting up children here or group over here for the bigger kids and then the child over here and mom's somewhere else. Just taking care of the entire family unit at one place…Not being scattered because it discourages [clients' participation in services] for financial reasons or whatever… just too many places to go, and they can't keep it together because of everything else that's going on. So, to me, it [not having caregiver services] defeats the purpose [of the program]. –Staff

If anything that's probably been a kind of recurring gap that with parents, you know, with the parents aspect…the problem [is] if the parents aren't taken care of… there's a trickledown effect for the kids, and that, they'd be less likely to get to their appointments or, you know, there are just greater problems all around. –Staff

One issue we've had with adults needing [therapy] services is we don't have sliding scale. So pretty much, we had tons of parents that I've said whenever we apply for [additional grant] funding, I'll say, "Are you interested at all?" And they say, "Yes. Whenever you get it I want to be the first on the waitlist." –Leader/Administrator

Challenges

Even though interagency collaboration was cited as a success by nearly all of the participants, participants also described challenges to the ongoing collaboration. These challenges included (a) the care coordination system did not always work in optimal ways; (b) the differences in service philosophies among the staff at the three agencies; (c) high turnover among the program staff, especially the program manager position; and (d) that all the front-line staff did not completely "buy-in" into the program's collaborative service delivery model.

Care coordination system problems. First, the collaborative, care coordination system among the three agencies did not always work in optimal ways, which resulted in service gaps for clients and families. Participants also stated that when the care

coordination system did not work optimally, the resulting problems led to program inefficiencies.

> *One thing that's hard to know is, there's a certain amount of attrition…a certain, a number [of clients] who are presented in the [team] meetings and then never make it to the intake stage or who perhaps never make it past the intake stage, and you know, those are the ones we can never really know, well, what happened? Was it any sort of failure on* Hope for Children's *part? Because you know we didn't get to them in a timely enough way, we didn't refer to the correct agency; you know, there's just no way for us to know. But that's a little bit of a concern. Cause, I would say, there's a pretty high number that, you know, I don't know what the percentage is, but that we never actually do have face-to-face contact with or it's very limited.* -Staff

> *When we made some paperwork changes, changes to our screening form and stuff, it was just kind of surprising at how long it really took. But it's like how long it takes to get people to start using the most current form, and that would solve some of the problems because the newer forms have questions, you know, that keep coming up, so just things like that. You can't really lay blame on any one person, but it's definitely been a detriment to efficiency.* –Staff

Philosophical differences. Some participants identified different service delivery philosophies across the agencies as a challenge for collaboration. Such differences in philosophies included (1) the ways the agencies operated on a day-to-day basis, and (2) training, skills and intervention/treatment perspectives among the agencies' staff.

> *Each agency has their own way that they're required to do something, or even other funding and things like that. So, it does make it challenging to try to coordinate the best approach for* Hope for Children *when each agency has their own way, and the staff has done it that way and trying to get them to do it a different way…*–Leader/Administrator

> *There are definitely some hardships with different agencies and different disciplines, you know, just being in the same room and trying to make decisions.* –Staff

> *Even though we might all be using some of the same forms, what shows up on the forms or what doesn't, you know, looks different sometimes between the different agencies.* -Staff

I'm not a therapist, and I felt very awkward. I even feel awkward going to the clinical meetings…So, to me, I was doing things that I know did not belong there [at the weekly team meetings]…and no one was paying attention to what I said, so there came a point where I was just like, "Okay, well I'll just go through the motions." So that was very frustrating for me, so… you know that game for little kids where it has the triangle and circles and all that, you try to fit the pieces? It was like trying to put the circle into the triangle. That's how the entire Hope for Children *project felt to me.* -Staff

[In team meetings] we're making clinical decisions [for clients' treatment based on the information presented by all the Hope for Children *agencies], and then when I in fact have time to sort through [clients' assessment information]…the information I'm gaining [by sorting through the information] is different…I feel like we ask questions and we get information [in the team meetings], but a lot of times the answer from the staff at the other agency is, "I don't know. I didn't ask that. I didn't find out." So and that just has to do with I guess training, skill sets, [and] supervision…* -Staff

Staff turnover. Participants cited the high amount of *Hope for Children* staff turnover, especially in the program manager's position as a significant challenge for collaboration among the three agencies.

I mean, [the program manager's job] looks stressful, but you know, there's been so many people doing it. But other than that, there's just a lot of turnover [among Hope for Children *staff].* -Staff

…I send my reports to [my supervisor] and what I was doing as soon as we were involved with Hope for Children*, I copied [my reports] to whomever needed to get it. But then, months later, two weeks later, I would be asked for them again. And that used to kind of irritate me because I had put those things away. And I'm thinking, "I'm duplicating all the time. Who are the people getting these things, because they are saying that they don't get them?" You know, and then they change somebody, the person would change, then again this [new] person would come back and ask me cause they don't have it.* –Staff

And the issue for staff turnover is partially the disruption in client service, but it's also a financial hit, because it's a loss in training. Because this particular grant, we actually have invested a fair amount in training, and so to have two or three staff that got trained in something that was costly, suddenly leave and you've got

to figure out how to replace that training when you get the new person. And that's been an issue, and how to have them be on the same page as the other people who had training... -Leader/Administrator

Front-line staff "buy-in." Participants stated that the *Hope for Children* staff members did not always "buy in" to the collaborative model. Participants recommended that the *Hope for Children* leadership should increase involvement of front-line staff in the development and continuation of the program. In addition, front-line staff participants recommended greater involvement by the *Hope for Children* leadership with the program on an ongoing basis as a way to address this challenge.

I needed to do something I didn't do, and that was bring in [the front-line staff] more into the planning and the early on participation. Staff would have had more buy-in. It wouldn't have felt so much like it was coming down from on high, it was, so that was a learning moment for me. –Leader/Administrator

I have found the absence of the directors of the agencies very disappointing. There have been critical times where I felt they could have and should have been present and have not. And that's been too bad. –Staff

Hope for Children Sustainability: A Crucial and Ongoing Challenge

It is noteworthy that all program staff mentioned funding to sustain *Hope for Children* as the most crucial challenge for the program. Given the critical attention paid to this challenge during the staff discussions, we provide detailed findings to highlight its importance. Participants who were front-line staff were especially concerned that funding sources would cease and their clients would no longer be able to access services. Statements below describe the concerns of both leaders/administrators and front-line staff regarding the consequences of not finding sustaining funding for the program

We do realize the merit of this program. I think it's a great program; I love that we're working together. I think that families are getting connected to programs and services that the need that they would not have otherwise gotten, but it's getting to the point where it's a little harder to justify why we're still doing it [because the funding is ending]. And I think there are still grants being written, but we don't know if those grants will come and if the program will continue to be funded. -Leader/Administrator

And families will just, I mean, it's so hard for them anyway. But to just be able to take the first step and come here, but then end up not being the services they need. They're probably just not going to come back anymore. Then they're not going to get their help for the domestic violence…they'll also fall through the cracks. –Staff

And there's, you know, there's no limit to the impact that that has as in terms of our ability to provide good, undistracted services to the clients…because, inevitably there's been times- greater and lesser degrees of it- where we were worrying, you know, "What's going to happen with the program?" How do you even explain, you know, when longer term kind of questions come up with clients, like how do you address these things? -Staff

Leadership and administrative participants stated the key challenges to finding sustained funding included (a) needing additional time (i.e., time beyond the initial funding for the project, which was for three years) to develop, enhance and sustain the program; (b) addressing funders' changing priorities; (c) finding funding to sustain the individual agencies as well as the program collaborative; (d) educating funders about the program's complexities and the need for certain resources such as the program manger's position.

When we build a project like this that's complex, data-driven, and comprehensive, it is not realistic to think that three years is enough funding to get it going and maintain it and to find sustainable funding for it. Three years is just starting it. -Leader/Administrator

[Funders tell us] "Well, our funding priorities this year are this…we don't like to fund ongoing things. You need to learn how to sustain without funding." And I'm kind of like [look of shock on her face], "What?" I mean, you need to sustain your family without an income. To me, it's discouraging to feel that we've done it all right, and we're still having problems engaging people around the finance. –Leader/Administrator

I [was] initially concerned about long-term sustainability of that [program manager] position… [that position] has been incredibly helpful. But I also think that our fears and concerns about long-terms sustainability proved to be possibly true, because it's more of an overhead-type position that's harder to sell [to funders] in terms of keeping that piece going. –Leader/Administrator

The funding challenges is getting funders to understand the complexity of this [program], how much money it saved by pooling resources from agencies, and how much stronger the services are as a result of that and the collaborative efforts. And to really understand what that means and not see it as competition with each agency's individual funding. Because I think that's, as a strategy, kind of been an ongoing, like, "How do we, how do we help people understand?" - Leader/Administrator

Summary of staff findings. The qualitative findings from the focus groups conducted with program staff indicated the participants perceived *Hope for Children* and the interagency collaboration to be an overall strong success. Specifically, the staff stated that the collaborative program was successful and efficient in meeting the needs of children and families, which enabled the coordinated delivery of comprehensive services. Moreover, the program filled a critical gap in the continuum of services available for children in Wake County, especially in light of the recent changes in the mental health service delivery system that were part of the statewide mental health reform.

In addition to the findings regarding the collaboration's success, the findings also identified service gaps and challenges that point toward knowledge gains from this project. For example, participants noted that a few needed services were missing from the collaboration (e.g., bilingual services and services for children with developmental disabilities) and that the availability of such services would enhance the collaboration's capacity to help families. Therefore, to strengthen future efforts of this kind, human service providers and leaders/administrators may consider the provision of bilingual and culturally appropriate services for Spanish-speaking families throughout all aspects of the various services. Further, service providers and leaders/administrators should consider adding services to (a) address the needs of very young children, as well as children with developmental disabilities; (c) provide comprehensive case management to families; and (d) enable caregivers to receive low- or no-cost mental health therapy.

The findings also showed certain challenges were impeding the success of the collaboration, which also represent important knowledge gains from this project that could be used to strengthen the existing program and to inform development of similar programs in other communities. For example, although the care coordination system was cited as a particular strength of the collaboration, participants also noted that the care coordination system did not always work in optimal ways.

Taken together, these findings suggest that though the care coordination system worked well in a general way, periodic reviews of the system's functioning by the staff

and leadership might help to identify problems as well as strategies to resolve issues. Further, the negative impact of high staff turnover, especially the program manager position, on the program may also shed light on the operation of the care coordination system. Whereas the care coordination system may have worked well generally, staff turnover may have resulted in gaps that would not have occurred with continuity in staffing.

It is noteworthy that all members of the program staff mentioned funding to sustain *Hope for Children* as the most crucial challenge for the program. It should be noted that the staff/leader focus groups and interview data collection occurred at a time when the *Hope for Children* funding was ending, which may have produced heightened anxiety among the program staff and leadership regarding the future of the *Hope for Children* program. Participants who were front-line staff were especially concerned that if funding streams ceased, their clients would fall back into the service gaps because no other Wake County agency offers the array of services the families need.

Finding funding to sustain the program was the challenge with which program leadership was most concerned, as well. The leadership participants stated that finding funding to both sustain the individual agencies, as well as the program collaborative was a key aspect of this challenge. The program leadership declared that it would have been helpful to have additional time- beyond the three years that was funded in the initial *Hope for Children* grant- to develop, enhance and sustain the program.

DISCUSSION

This evaluation of the *Hope for Children* program sought to investigate (1) stakeholders' satisfaction with the program, including caregivers' and Wake County professionals' perceptions of the program; and (2) *Hope for Children* staff's perspectives of how well the collaboration among the three agencies worked.

To ensure the rigor of this research, the program evaluation team utilized a multi-method approach by collecting data from various participant groups (i.e., caregivers, staff, and community providers) using both qualitative and quantitative methods. Specifically, the evaluation comprised four independent, but related data collection efforts including, (1) a satisfaction survey of caregivers whose children received *Hope for Children* services; (2) in-depth, qualitative, individual interviews with caregivers whose children received *Hope for Children* services; (3) a satisfaction survey of Wake County community professionals including health care providers, human services providers, and legal service professionals whose clients include those who have received *Hope for Children* services; and (4) in-depth, qualitative focus group and interview discussions with *Hope for Children* agency staff. Below we summarize and synthesize the main findings of this multi-method evaluation.

Stakeholder Satisfaction

Caregivers and Parents. The findings from the Caregiver/Parent Satisfaction Survey and in-depth qualitative interviews show strong overall satisfaction with *Hope for Children* services. Further, these findings indicate caregivers were very satisfied with the services their children received from *Hope for Children,* and caregivers perceived the interagency collaboration was a success as far as the staff from the three agencies worked well together as a team to provide comprehensive, holistic services.

Specific findings showed that nearly all the caregivers were strongly satisfied with the respect shown their families by the *Hope for Children* staff. Overall, caregivers felt they were appropriately and adequately included in the development of service plans and goals for their children's treatment. Caregivers also reported feeling respected and being treated with compassion by program staff. Caregivers reported their religious beliefs, spiritual beliefs, culture, and heritage were respected by the *Hope for Children* staff. It is noteworthy that caregivers described feeling respected by administrative and support staff as well as service delivery staff. Further, caregivers described the program staff as professional, well trained, and knowledgeable about domestic violence.

Specific findings from the qualitative interviews showed that caregivers reported a range of beneficial outcomes from the *Hope for Children* services, including enhancement of the parent–child relationship. Caregivers reported that their families benefited from skills learned during the receipt of services; such skills included parenting, communication, feeling expression, and coping skills. The findings also show that caregivers thought their families had benefited from having a forum to discuss their experiences with domestic violence, and from having an opportunity to learn that other families struggle with domestic violence.

Even though the caregiver satisfaction survey and interview findings were strongly positive, some findings identified salient points in which the *Hope for Children* program could be enhanced. Caregivers recommended that confidentiality protocols be strengthened and staff turnover minimized. In addition, caregivers noted the program could be improved if there was increased involvement of caregivers in the children's group services; however, participants recognized that such inclusion may not be feasible given the nature of group services.

In some cases, the improvements recommended by caregivers had already been addressed by the collaborating agencies. Specifically, some participants noted persistent parking problems at one of the *Hope for Children* agencies. However, the agency has moved to a new location, which resolved the parking problem.

In addition, a few participants noted shortfalls in the program's efforts to collaborate with other community agencies (that is, agencies outside of the collaboration). With the recent opening of Interact's Safety and Empowerment Center, which co-locates multiple service providers including legal, medical, and mental health service providers, the *Hope for Children* program's collaborations with outside agencies have been enhanced.

Also, it is worth noting that not all participants noted shortfalls in the program's efforts to collaborate with other community agencies. In fact, some participants noted the program's efforts to collaborate with other community agencies as a strength. It is not entirely clear from the findings why some participants reported problems in this regard, while other participants cited the program's community collaborations as a strength. Though it is notable that: (a) other caregiver findings pointed to the helpfulness of holistic services (e.g., shelter, gifts at Christmas) for their families' safety and recovery from violence; and (b) the staff findings cited a need for increased case management services in the *Hope for Children* program. Specifically, the *Hope for Children* program staff stated that enhanced case management services would help to address the many needs with which their client-families struggled.

In light of these various findings and given the many challenges that families burdened by domestic violence often face (e.g., health, economic, housing, transportation, legal), our research team speculates that comprehensive advocacy and case management services may be especially important for some of the families served by the *Hope for Children* program. Indeed, establishing a safe, violence-free family life my require advocacy and case management services to help families with their fundamental and concrete needs (e.g., health, economic, housing, transportation, legal needs) in addition to parenting and therapeutic services to help families with their psychosocial needs.

Last, caregivers made recommendations for improvements that although worthwhile, may not be feasible for a non-profit, community-based human service agency, such as providing free transportation to all appointments and services.

Community professionals. Overall, many of the Wake County community health care providers, human services providers, and legal service professionals were not sufficiently knowledgeable about the *Hope for Children* program to answer the survey questions. However, among the Wake County professionals who were knowledgeable and familiar with the program, the survey findings showed the participants were highly satisfied with *Hope for Children.* It is worth mentioning that some of these survey participants reported dissatisfaction with certain aspects of the program, such as the referral process. Nonetheless, for those who were knowledgeable about the program, the findings showed that participants agreed that *Hope for Children* improved the level and quality of services available to children in Wake County who had been exposed to domestic violence. As well, survey participants agreed that the program meets children's and families' needs; the program is convenient and accessible to families; and the program staff are respectful to their clients, including caregivers and children.

These findings suggest that most Wake County health, human, and legal service providers continue to be unaware of the program and its services. This is a striking finding because *Hope for Children* program staff and leadership have made extensive efforts to educate the Wake County community about the program. Such efforts included multiple information sessions and trainings about *Hope for Children* at various referral and collaborative agencies throughout the Wake County community. Consquently, these findings indicate that the program staff should reconsider their communication strategies for future informational efforts. For example, given that the majority of the program staff's education and information efforts were made early in the program initiative, it may be necessary to allocate funding in the program budget to offer multiple and repeated informational and training opportunities for Wake County

professionals to create and maintain awareness of the *Hope for Children* program. It may be that high staff turn-over in key referral organizations (e.g., child protective services) requires consistent and repeated messaging and training to make and keep potential referral sources knowledgeable about the *Hope for Children* program.

Staff's Perspectives on the Collaboration

The qualitative findings from the focus groups conducted with program staff showed that the participants perceived *Hope for Children* and the interagency collaboration to be an overall achievement. Specifically, the staff members noted that the program successfully met the needs of children and families through the collaboration, which enabled the coordinated delivery of comprehensive services. Moreover, the program filled a critical gap in the continuum of services available for children in Wake County, especially in light of the recent changes in the mental health service delivery system that were part of the statewide mental health reform.

Participants identified six reasons for the success of the tri-agency collaboration: (1) the establishment of systems and protocols for care coordination that are supportive of the interagency collaboration; (2) development of helpful methods for communication and information sharing among the three agency staff; (3) the demonstration of a willingness to compromise shown by the agency staff and leadership; (4) the successful work history of the three agencies that was established on earlier, smaller collaborative projects; (5) the shared service goals, common to the three agencies; and (6) the demonstration of program staff members' creativity, in which they used available program resources in novel ways to meet clients' needs. These six strategies suggest important lessons learned to foster the success of future collaborations among these three agencies, as well as System-of-Care collaborations in other communities and contexts.

Participants in this research also identified service recommendations that point toward important knowledge gains from this project. Several participants noted that although *Hope for Children* filled a critical service gap for Wake County families, a few needed services were either missing from the collaboration or needed to be increased within the program. Specifically, staff reported that additional or expanded services were needed in the following areas: (1) enhanced bilingual and culturally appropriate services for Spanish-speaking families; (2) services to meet the needs of either very young children or children with disabilities; (3) enhanced case management services available to families; and (4) low- and no-cost mental health therapy services for adult caregivers. These findings suggest that a collaborative system-of-care approach for children

exposed to domestic violence should include these services as well as the services that were part of the collaboration.

Importantly, during the course of the *Hope for Children* project, efforts were made to address some of these service needs. Specifically, the program leadership tried to raise funds to provide low- and no-cost mental health therapy for the caregivers whose children were involved in the program; however, those efforts were unfortunately not successful.

Also in regard to mental health services for adult caregivers, it is important for readers to keep in mind that the *Hope for Children* program's efforts to help adult caregivers may have been considerably influenced by recent North Carolina mental health system reforms. These reforms have significantly changed the mental health service system in Wake County and throughout the state. In turn, the changes to the mental health service system have deleteriously impacted domestic violence services in North Carolina. Research shows that North Carolina domestic violence agencies are overwhelmed by the numbers of violence survivors seeking their services who have mental health problems (Macy, Giattina, Parish & Crosby, 2010). Thus, the challenge of helping adult domestic violence survivors access mental health services is not unique to the *Hope for Children* program.

Further, resolution of some of these service needs and gaps may present serious challenges for any community-based, non-profit, human service agency. For example, given the relative scarcity of well-qualified, bilingual human service providers, the costs of hiring such providers, and the current shortage of resources available to non-profit agencies, it may be impossible to offer all services in bilingual formats.

Equally important, the findings showed particular challenges were impeding the success of the collaboration. These challenges include (1) the less-than-optimal operation of the care coordination; (2) the conflicting service philosophies among the staff at the three agencies; (3) the turnover among the program staff, especially in the key program manager position; and (4) the need for greater front-line staff "buy-in" into the program's collaborative service delivery model. As noted earlier in the report, these findings may be useful for future collaborative efforts among the current collaborating agencies as well as collaborations with other human service agencies. In fact, the interrelationships of findings suggest potential solutions. For example, greater stability in the program manager position may help ensure that the care coordination system (i.e., protocols, procedures) worked in the most optimal fashion. In addition, if the leadership had sought greater input from the front-line staff during the development of

the project, the differences in service philosophy may not have been so pronounced throughout the project.

We encourage readers to be mindful that although the research showed that the different agency service delivery philosophies were sometimes a challenge for the collaboration, the findings also showed that the unique expertise from each agency was an important program strength. Thus, this research suggests that similar collaborations should establish a general, interagency service or treatment approach, and staff should be trained in the approach to ensure similar foundational skills, knowledge, and philosophy. Nevertheless, collaborations should also seek to retain program staff's specific and unique expertise within this general service/treatment approach.

Last, the findings related to program sustainability point to recommendations for both service providers, who want to engage in similar collaborative efforts, and funders, who wish to foster similar collaborations. For example, the finding that this interagency collaboration needed more time to develop, enhance, and sustain the program, suggests that funders may want to consider funding such collaborative efforts for longer periods of time (e.g., 5 years rather than 3 years). The findings about the challenges of (1) finding funding to sustain the individual agencies and the collaborative program, and (2) educating funders about the complexities of the program offer insights to other administrators who wish to establish similar collaborations. When seeking funding for collaborative efforts, agency leaders may need to identify separate long-term funding strategies for the agency and collaboration. Further, when preparing grant proposals agencies must make very clear why interagency collaborations may need greater leadership and administrative support to function as productively as possible. Similarly, funders may want to consider funding leadership and administrative roles that help facilitate the success of the interagency collaboration.

Strengths and Limitations

These findings are best viewed in light of the strengths and limitations of the research methods used in this evaluation. Specifically, the survey instruments used for this research were developed specifically for this research for two reasons. First, it was important to capture information specific to this unique and novel program. Second, based on the team's review of the literature, no standardized, validated instruments that would meet the research goals of this effort were available in the existing literature. Nonetheless, the survey instruments that were developed for this research have not been assessed for their reliability and validity in systematic and rigorous ways.

Though the survey response rate for the caregivers was quite strong (68% of those consented at the beginning of services), there may be systematic differences between the caregivers who participated in the survey and those that did not in terms of their service satisfaction with *Hope for Children*.

The 32% response rate for the community professionals is a typical response rate for these types of Web-based surveys. Nonetheless, a significant portion of Wake County health, human, and legal service providers declined to participate in the survey; many declined because they were unfamiliar with the *Hope for Children* program. In addition to the possible reasons for the number of participants who were not aware of the program discussed earlier in the report, *Hope for Children* staff turn-over may have also impacted the accuracy and completeness of the databases that the research team used to administer the survey. To the extent that the research team used a database that was not complete and/or accurate to invite community professionals into the survey, we may have missed potential participants that could have fully participated. Our research team tried to address this possibility by inviting all Child Protective Services of Wake County workers to participate in the survey. However, potential community professional participants who could have fully completed the survey may still have not been invited.

We have identified two important limitations of the caregiver in-depth interviews: (1) the relatively low response rate (14% of those who participated in survey); and (2) no caregivers who primarily received *Hope for Children* services from SAFEchild participated in an in-depth interview. However, the objective of the interviews was to determine in-depth, nuanced information from caregivers about their experiences with the program, rather than to develop generalizable information. To this end, the individual, qualitative interviews provided helpful information.

Also in regard to the caregiver in-depth interviews, it is important to note that the participants did not always distinguish between the services specific to *Hope for Children* that their family received and the other services provided by the three collaborating agencies. For example as stated in the interview research findings, domestic violence shelter services were not conceptualized as part of the *Hope for Children* services. Nonetheless, clients in one of the collaborating agency's shelter could and did receive *Hope for Children* services. One participant whose family used the domestic violence shelter services reported that being in a safe place was especially helpful to her and her children. Another interview participant found that the parenting-skills programs provided by one of the collaborating agencies that as not part of *Hope for Children* was especially helpful to her, and she recommended it for other parents: "I

think everybody needs to go through that program, because I do feel like, you know, children don't come home with instructions."

These findings show that participants likely considered all the services that they received from Interact, SAFEchild and Triangle Family Services when considering their overall satisfaction with the *Hope for Children* program. Further, these findings also suggest that the families served by *Hope for Children* availed themselves of many services provided by Interact, SAFEchild and/or Triangle Family Services. To the extent that these interpretations of these findings are accurate, it suggests that the interagency collaboration met their intended aim of providing coordinated services that allowed families to move through the service system to access both *Hope for Children* services and other needed services offered by the collaborating agencies.

In regard to the *Hope for Children* staff focus groups and interviews, readers should be mindful that these persons are well known to one another. As a result of this familiarity and in an effort to reduce the possibility of deductive disclosure as well as increase participants' comfort to speak frankly, the research team collected limited data on participants, and we provide limited information regarding participants' characteristics and roles here. Although the protection of participants' privacy and confidentiality is essential, we were unable to present some information to further illuminate our findings, which is also a limitation of the research. Although efforts were made to ensure *Hope for Children* staff members' confidentiality, some participants may have felt that they could not be fully honest in their responses for fear of disclosure to colleagues and/or supervisors with whom they disagreed.

The timing of the evaluation implementation also presents two limitations. First, as discussed earlier in the report, the program staff and leadership focus groups and interview data collection occurred at a time when the *Hope for Children* funding was ending, which may have produced heightened anxiety among the program staff and leadership regarding the future of *Hope for Children*. It is certainly possible that the program staff member's perceptions of *Hope for Children* were influenced by the timing of this data collection. If data had been collected from the staff at a different time during the program, then the key themes and findings may have differed.

Readers should be aware that the program evaluation described here was not the initial evaluation plan developed for the *Hope for Children* program. Further, readers should be aware that these program evaluation activities began two years after the initiation of *Hope for Children* services. The initial *Hope for Children* evaluation plan relied on program staff to conduct the evaluation in addition to providing the program services. However, after a period of attempting to accomplish both activities, it became

clear that the evaluation component was struggling. In the staff focus group discussions and interviews, participants stated that implementing the intial program evaluation was a burden. One focus group participant stated,

> *I think our, from my point of view, our error was not having a designated evaluation staff that saw that as their responsibility to inculcate that into the workload. And while we sort of tried it, neither myself nor [former program manager] nor the therapists ever took that [evaluation] as a primary thing, so it never got, we periodically addressed what was working and not working. But if we were doing a grant like this again, I think we'd need a part-time evaluation person from the beginning, because if you want that to happen, you've got to have someone who makes it happen because it's not a part of the culture of the therapists.* –Leader/Administrator

To address this challenge, participants recommended that future programs hire evaluation staff at the beginning of such a project, as well as find ways to reduce the burden of evaluation paperwork for clients and staff. Without a culture of and resources for evaluation integrated within the framework of a program, it is likely that an important opportunity to advance the field of domestic violence services may be lost.

This last limitation also suggests that when establishing novel, innovative programs a well-funded evaluation component should be included at the inception of the program. Opportunities to employ more comprehensive and more rigorous research designs were lost because the evaluation efforts described in this report did not begin until the program services were well under way. If a well-funded evaluation component is implemented in future efforts, this recommendation may also help to address research challenges such as the low participation rates seen in aspects of the current research.

Conclusion. This research evaluation showed that overall *Hope for Children* was clearly a success. The research identified challenges and areas for improvement; however the findings from the four different evaluation components were strongly positive. In addition, the identification of challenges and service gaps provides research-based lessons that can be fruitfully applied to the current program, as well as future efforts in other communities. The findings also speak to the utility of both (1) the system-of-care approach and (2) interagency collaborations to address the many needs of children exposed to domestic violence. In addition, the findings highlight the commitment, creativity, thoughtfulness and work of the staff members from three collaborative agencies. These dedicated service providers were able to develop and maintain a multifaceted service program while achieving promising results.

Moreover, the findings suggest that the continuity of the *Hope for Children* program is necessary and that a rigorous evaluation to determine to what extent the program improves outcomes for children and families is warranted. Ideally, such research would include a comparison group. Though such a rigorous evaluation will require resources and time, the positive preliminary findings from this study show that such an investment would provide a good return toward the development of an evidence-based program for children exposed to domestic violence.

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APPENDICES

Appendix A: Caregiver/Parent Satisfaction Survey- English Version

Appendix B: Caregiver/Parent Satisfaction Survey- Spanish Version

Appendix C: Caregiver/Parent Interview Guide- English Version

Appendix D: Caregiver/Parent Interview Guide- Spanish Version

Appendix E: Caregiver/Parent Interview Survey- English Version

Appendix F: Caregiver/Parent Interview Survey- Spanish Version

Appendix G: Community Provider Survey

Appendix H: Hope for Children Staff Focus Group Guide

Appendix I: Hope for Children Staff Focus Group Survey

Appendix A: Caregiver/Parent Satisfaction Survey- English Version
Hope for Children: Parent/Caregiver Survey

A. SERVICE SATISFACTION

We want to learn about your satisfaction with the services your child received in the *Hope for Children* program. We are interested in your opinions. Your honest answers will help us to provide the best possible services to families and children.

Please **circle** the answer that is true for you.

A1. I am satisfied with how quickly my child received services:						
Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree
A2. Services were available at convenient times:						
Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree
A3. Services were available at convenient locations:						
Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree
A4. I was included in making decisions about my child's services:						
Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree
A5. My child was able to get all the different services she or he needed:						
Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree
A6. The *Hope for Children* staff showed my child compassion:						
Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree
A7. The *Hope for Children* staff treated me with respect:						
Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree
A8. The *Hope for Children* staff spoke to me in a way that I could understand:						
Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree
A9. The *Hope for Children* staff showed respect for my child's religious and spiritual beliefs:						
Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

A10. The *Hope for Children* staff showed respect for my child's culture and heritage:						
Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

A11. The *Hope for Children* Staff worked together as a team to help my child:						
Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

A12. Family needs change over time (e.g., parents divorce, or a grandparent becomes involved in parenting the child). When my family needs changed, the *Hope for Children* program was able to meet our changing needs.

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

A13. My child got the help he or she needed:						
Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

A14. If a friend's family was in the same situation as my family, I would recommend *Hope for Children*:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

A15. Overall, I am satisfied with the services my child received:						
Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

A16. Is there anything else you would like to tell us about the *Hope for Children* services? Do you have any advice for *Hope for Children* about their services? (*please write your answer below*)

B. INFORMATION ABOUT YOU and YOUR CHILD

B1. What *Hope for Children* services did your child receive? (*Please check all the services your child received*)
- a. _____ **Counseling at Interact**
- b. _____ **Mental Health Treatment at Triangle Family Services**
- c. _____ **Crianza Con Cariño at SAFEchild**

B2. Does your child have brothers or sisters who have received *Hope for Children* services? (*Please check the answer that is true for your child*)
- a. _____ **Yes**
- b. _____ **No**

B3. What race is your child? (*Please check all answers that are true for your child*)
- a. _____ **African American/Black**
- b. _____ **Asian American/Pacific Islander**
- c. _____ **Native American**
- d. _____ **White/Caucasian**

B4. Is your child Hispanic/Latino? (*Please check the answer that is true for your child*)
- a. _____ **Yes**
- b. _____ **No**

B5. How old is your child? (*Please check the answer that is true for your child*)
- a. _____ **2-5 years**
- b. _____ **6-8 years**
- c. _____ **9-11 years**
- d. _____ **12-14 years**
- e. _____ **15-18 years**

B6. What is your relationship to your child? (*Please check the answer that is true for you*)
- a. _____ **Adoptive parent**
- b. _____ **Biological parent**
- c. _____ **Foster parent**
- d. _____ **Grandparent**
- e. _____ **Other:** (*Please describe here*) _____

B7. What is your race? (*Please check all that apply*)
- a. _____ **African American/Black**
- b. _____ **Asian American/Pacific Islander**
- c. _____ **Native American**
- d. _____ **White/Caucasian**
- e. _____ **Other:** (*Please describe here*) _____

B8. Are you Hispanic/Latino? *(Please check the answer that is true for you)*

    a. _____ Yes
    b. _____ No

B9. What is your gender? *(Please check the answer that is true for you)*

    a. _____ Female
    b. _____ Male

B10. Who referred your family to *Hope for Children*? (*Check alt answers that apply to your family))*

    a.   _____ Child Protection
    b.   _____ Counselor
    c.   _____ Teacher
    d.   _____ Health care provider (e.g., doctor, nurse)
    e.   _____ Interact staff member
    f.   _____ Judge or court
    g.   _____ Juvenile justice worker
    h.   _____ Mental health care provider
    i.   _____ SAFEchild staff member
    j.   _____ Substance abuse care provider
    k.   _____ Triangle Family Service staff member
    l.   _____ Other: please describe:_____

B11. Are you receiving or have received any other services at Interact, SAFEchild, or Triangle Family Services? (*Please check all the answers that apply to your family)*

    a.   _____ Counseling (Interact)
    b.   _____ Counseling (Triangle Family Services)
    c.   _____ Consumer credit counseling (Triangle Family Services)
    d.   _____ DOSE (SAFEchild)
    e.   _____ Group counseling (Triangle Family Services)
    f.   _____ Parents Forever (Triangle Family Services)
    g.   _____ PEACE (Interact)
    h.   _____ Shelter (Interact)
    i.   _____ Support group (Interact)
    j.   _____ Time Together (Triangle Family Services)
    k.   _____ Other: please describe: _____
    l.   _____ None: I am not receiving any services from Interact, SAFEchild or Triangle Family Services

Appendix B: Caregiver/Parent Satisfaction Survey- Spanish Version
Hope for Children (Esperanza para los niños):
Encuesta a los padres de los niños o a las personas encargadas de su cuidado

A. GRADO DE SATISFACCIÓN CON LOS SERVICIOS

Queremos saber qué tan satisfecho(a) está usted con los servicios que su niño recibió en el programa *Hope for Children*. Nos interesa saber su opinión. Al responder de manera honesta nos ayudará a brindar los mejores servicios posibles a las familias y a los niños.

Por favor **encierre en un círculo** la respuesta que usted considere correcta.

A1. Estoy satisfecho(a) con la prontitud con que le brindaron servicios a mi niño:						
Muy de acuerdo	**De acuerdo**	**Algo de acuerdo**	**No está**	**Aldo en desacuerdo**	**En desacuerdo**	**Muy en desacuerdo**
A2. Los servicios estuvieron disponibles en un horario conveniente:						
Muy de acuerdo	**De acuerdo**	**Algo de acuerdo**	**No está**	**Aldo en desacuerdo**	**En desacuerdo**	**Muy en desacuerdo**
A3. Los servicios estuvieron disponibles en lugares convenientes:						
Muy de acuerdo	**De acuerdo**	**Algo de acuerdo**	**No está**	**Aldo en desacuerdo**	**En desacuerdo**	**Muy en desacuerdo**
A4. Fui incluido(a) en la toma de decisiones sobre los servicios que recibió mi niño:						
Muy de acuerdo	**De acuerdo**	**Algo de acuerdo**	**No está**	**Aldo en desacuerdo**	**En desacuerdo**	**Muy en desacuerdo**
A5. Le brindaron a mi niño todos los distintos servicios que necesitaba:						
Muy de acuerdo	**De acuerdo**	**Algo de acuerdo**	**No está**	**Aldo en desacuerdo**	**En desacuerdo**	**Muy en desacuerdo**
A6. El personal de *Hope for Children* se mostró compasivo con mi niño:						
Muy de acuerdo	**De acuerdo**	**Algo de acuerdo**	**No está**	**Aldo en desacuerdo**	**En desacuerdo**	**Muy en desacuerdo**
A7. El personal de *Hope for Children* me trató de manera respetuosa:						
Muy de acuerdo	**De acuerdo**	**Algo de acuerdo**	**No está**	**Aldo en desacuerdo**	**En desacuerdo**	**Muy en desacuerdo**
A8. El personal de *Hope for Children* me habló de tal manera que yo pude entenderles:						
Muy de acuerdo	**De acuerdo**	**Algo de acuerdo**	**No está**	**Aldo en desacuerdo**	**En desacuerdo**	**Muy en desacuerdo**
A9. El personal de *Hope for Children* demostró respeto por las creencias religiosas y espirituales de mi niño:						
Muy de acuerdo	**De acuerdo**	**Algo de acuerdo**	**No está**	**Aldo en desacuerdo**	**En desacuerdo**	**Muy en desacuerdo**

A10. El personal de *Hope for Children* demostró respeto por la cultura y tradiciones ancestrales de mi niño:

Muy de acuerdo	De acuerdo	Algo de acuerdo	No está	Aldo en desacuerdo	En desacuerdo	Muy en desacuerdo

A11. El personal de *Hope for Children* trabajó en equipo para ayudar a mi niño:

Muy de acuerdo	De acuerdo	Algo de acuerdo	No está	Aldo en desacuerdo	En desacuerdo	Muy en desacuerdo

A12. Las necesidades de las familias cambian con el transcurso del tiempo (por ejemplo, los padres se divorcian o los abuelos empiezan a participar en la crianza de los niños). Cuando las necesidades de mi familia cambiaron, el programa *Hope for Children* fue capaz de atender nuestras necesidades cambiantes.

Muy de acuerdo	De acuerdo	Algo de acuerdo	No está	Aldo en desacuerdo	En desacuerdo	Muy en desacuerdo

A13. Mi niño obtuvo la ayuda que necesitaba:

Muy de acuerdo	De acuerdo	Algo de acuerdo	No está	Aldo en desacuerdo	En desacuerdo	Muy en desacuerdo

A14. Si la familia de algún amigo estuviera en la misma situación que mi familia, yo les recomendaría los servicios del programa *Hope for Children*:

Muy de acuerdo	De acuerdo	Algo de acuerdo	No está	Aldo en desacuerdo	En desacuerdo	Muy en desacuerdo

A15. En general, estoy satisfecho(a) con los servicios que recibió mi niño:

Muy de acuerdo	De acuerdo	Algo de acuerdo	No está	Aldo en desacuerdo	En desacuerdo	Muy en desacuerdo

A16. ¿Hay alguna otra cosa que usted quisiera decirnos acerca de los servicios de *Hope for Children*? ¿Tiene algún consejo que darle a *Hope for Children* acerca de los servicios que proveen? (*Por favor escriba su respuesta en el espacio a continuación*)

B. INFORMACIÓN ACERCA DE USTED y SU NIÑO

B1. ¿Qué servicios de *Hope for Children* recibió su niño? (*Por favor marque todos los servicios que recibió su niño)*
- **a.** _____ **Asesoría psicológica en *Interact***
- **b.** _____ **Tratamiento de la salud mental en *Family Services* (Servicios a las familias)**
- **c.** _____ **Programa "*Crianza con cariño"* en *SAFEchild***

B2. ¿Tiene su niño hermanos o hermanas que hayan recibido los servicios de *Hope for Children*? *(Por favor marque la respuesta que corresponda en el caso de su niño)*
- **a.** _____ **Sí**
- **b.** _____ **No**

B3. ¿De qué raza es su niño? *(Por favor marque todas las respuestas que correspondan en el caso de su niño)*
- **a.** _____ **Africana americana o negra**
- **b.** _____ **Asiática americana o de las islas del Pacífico**
- **c.** _____ **Nativa americana**
- **d.** _____ **Blanca o caucásica**

B4. ¿Es su niño hispano o latino? *(Por favor marque la respuesta que corresponda en el caso de su niño)*
- **a.** _____ **Sí**
- **b.** _____ **No**

B5. ¿Qué edad tiene su niño? *(Por favor marque la respuesta que corresponda en el caso de su niño)*
- **a.** _____ **de 2 a 5 años**
- **b.** _____ **de 6 a 8 años**
- **c.** _____ **de 9 a 11 años**
- **d.** _____ **de 12 a 14 años**
- **e.** _____ **de 15 a 18 años**

B6. ¿Cuál es su relación con su niño? *(Por favor marque la respuesta que corresponda en su caso)*
- **a.** _____ **Padre o madre adoptivo(a)**
- **b.** _____ **Padre o madre biológico(a)**
- **c.** _____ **Padre o madre de acogimiento familiar (*Foster parent,* en inglés)**
- **d.** _____ **Abuelo o abuela**
- **e.** _____ **Otra relación:** (*Por favor describir a continuación)*_____

B7. ¿De qué raza es usted? *(Por favor marque todas las que correspondan)*

- **a.** _____ **Africana americana o negra**
- **b.** _____ **Asiática americana o de las islas del Pacífico**
- **c.** _____ **Nativa americana**
- **d.** _____ **Blanca o caucásica**
- **e.** _____ **Otra raza:** (*Por favor describir a continuación)*_____

B8. ¿Es usted hispano(a) o latino(a)? *(Por favor marque la respuesta que corresponda en su caso)*

     a. _____ Sí
     b. _____ No

B9. ¿Cuál es su género? *(Por favor marque la respuesta que corresponda en su caso)*

     a. _____ Mujer
     b. _____ Hombre

B10. ¿Quién remitió a su familia al programa *Hope for Children*? (*Por favor marque todas las respuestas que correspondan en el caso de su familia*)

     a. _____ Protección de los niños (*Child Protection,* en inglés)
     b. _____ El (la) asesor(a) psicológico(a)
     c. _____ El maestro o maestra del niño
     d. _____ El proveedor de servicios de salud (Por ejemplo: el médico o la enfermera)
     e. _____ Un miembro del personal de *Interact*
     f. _____ Un juez o un juzgado
     g. _____ Un empleado de justicia juvenil
     h. _____ Un proveedor de servicios de salud mental
     i. _____ Un miembro del personal de *SAFEchild*
     j. _____ Un proveedor de servicios de tratamiento del alcoholismo y la drogadicción
     k. _____ Un miembro del personal de *Triangle Family Services*
     l. _____ Otro: por favor describir a continuación:_____

B11. ¿Está usted recibiendo o ha recibido cualesquiera otros servicios en *Interact*, *SAFEchild* o *Triangle Family Services*? (*Por favor marque todas las respuestas que correspondan en el caso de su familia*)

     a. _____ Asesoría psicológica (*Interact*)
     b. _____ Asesoría psicológica (*Triangle Family Services*)
     c. _____ Asesoría a los consumidores sobre el crédito (En inglés: *Consumer Credit Counseling*) (*Triangle Family Services*)
     d. _____ *DOSE* (*SAFEchild*)
     e. _____ Asesoría psicológica en grupo (*Triangle Family Services*)
     f. _____ *Parents Forever* (Padres para siempre) (*Triangle Family Services*)
     g. _____ *PEACE* (PAZ) (*Interact*)
     h. _____ *Shelter* (Refugio) (*Interact*)
     i. _____ Grupo de apoyo mutuo (*Interact*)
     j. _____ *Time Together* (Tiempo juntos) (*Triangle Family Services*)
     k. _____ Otro servicio: por favor describir: _____
     l. _____ Ninguno: No estoy recibiendo ningún servicio de *Interact*, *SAFEChild* o *Triangle Family Services*

Appendix C: Caregiver/Parent Interview Guide- English Version

Hope for Children: Caregiver Individual Interview Guide

1. How did you hear about *Hope for Children*?
   Follow-up/Prompt: Did a specific person refer you to *Hope for Children*?

2. Can you tell me about your family?
   Follow-up/Prompt: How many children do you have? Who received services?

3. What *Hope for Children* services did your family receive?

4. How long did your family receive services (*please ask the participant to respond in weeks and/or months*)?

5. Do you feel like you were included in the decisions about what *Hope for Children* services you and your family received?
   Follow-up/Prompt: If yes, please give an example. If no, what could have the *Hope for Children* staff done differently to include you in decisions?

6. Did you find the *Hope for Children* services helpful?
   Follow-up/Prompt: If yes, would you please provide examples. If no, what kind of help did you and your family need that you did not get?

7. Were the times of appointments and locations of *Hope for Children* services convenient for you and your family?
   Follow-up/Prompt: Could anything have been done to make the services more convenient for you and your family?

8. Overall, were you satisfied with the *Hope for Children* services that your family received?
   Follow-Up/Prompt: What was most helpful? What was least helpful?

9. Did the *Hope for Children* staff treat you and your family with respect?
   Follow-up: Did the Hope for Children staff respect your family's religious and spiritual beliefs?

   - (*If yes*) Could you give me examples of how the staff showed respect for your family's religious and spiritual beliefs?
   - (*If no*) What could the Hope for Children staff done differently to show respect for your family's religious and spiritual beliefs?

   Follow-up: Did the Hope for Children staff respect your family's culture and heritage?

   - (*If yes*) Could you give me examples of how the staff showed respect for your family's cultural and heritage?
   - (*If no*) What could the Hope for Children staff done differently to show respect for your family's cultural and heritage?

10. If a friend's family were in the same situation as your family, would you recommend *Hope for Children* to them?
    Follow-Up/Prompt:

    - (*If yes*) Why would you recommend Hope for Children to your friend?
    - (*If no*) Why wouldn't you recommend Hope for Children to your friend?

11. If *Hope for Children* did not exist here in Wake County, do you think your family would have been able to get the services you needed?
    Follow-Up/Prompt: If yes, where would you have gone instead for help?

12. Had you tried other places to get help before coming to *Hope for Children*?
    Follow-Up/Prompt: Were those services helpful? What happened there?

13. Is there anything else I should have asked you or that you would like to tell me about your experience with *Hope for Children*?

Thank you for taking the time for this interview.

Appendix D: Caregiver/Parent Interview Guide- Spanish Version

Hope for Children: Guía para la entrevista individual con la persona encargada de cuidar al niño/niños

1. Como oiste del programa *Hope for Children*?

   Sugerencia/inducir: Alguna persona especifica la refirió a usted a Hope for Children?

2. Me puedes hablar acerca de tu familia?

   Sugerencia/ inducir: Cuantos niños usted tiene? Quien recibio los servicios?

3. Cuáles son los servicios que tu familia recibió en *Hope for Children*?

4. Por cuánto tiempo tu familia recibió estos servicios (por favor pídele al participante que le responda en semanas y/o meses)?

5. Sientes que estuviste incluida en las decisiones de los servicios que usted y su familia recibieron en *Hope for Children*?

   Sugerencia/inducir: Si la respuesta es sí, por favor deme un ejemplo. Si la respuesta es no, que hubiera podido hacer los empleados de *Hope for Children* diferente para incluirla en las decisiones?

6. Encontraste los servicios de *Hope for Children* útiles?

   Sugerencia/inducir: Si la respuesta es sí, nos podría dar algunos ejemplos? Si la respuesta es no, qué clase de ayuda fue que usted y su familia necesitaban y no recibieron?

7. Fueron las horas de las citas y las localidades de los servicios de *Hope for Children* convenientes pasa usted y su familia?

   Sugerencia/inducir: Se hubiera podido hacer algo para que los servicios fueran más convenientes para usted y su familia?

8. En total, quedo usted satisfecho con los servicios que su familia recibió en *Hope for Children*?

   Sugerencia/inducir: Que fue lo que encontraste mas útil? Que fue menos útil?

9. El personal de *Hope for Children* la trataron a usted y su familia con respeto?
   Sugerencia: El personal de *Hope for Children* respeto la religión de su familia y sus creencias espirituales?
   - (Si su respuesta es sí) Me pudiera dar algunos ejemplos en qué manera el personal le mostro respeto a la religión y creencias espirituales de su familia?
   - (Si su respuesta es no) Que pudiera haber hecho el personal de *Hope for Children* diferente para mostrarle respeto por la religión y creencias espirituales de su familia?

   Sugerencia: El personal de *Hope for Children* respeto su cultura y nacionalidad?
   - (Si su respuesta es sí) Me pudiera dar algunos ejemplos en de que manera el personal le mostro respeto por la cultura y nacionalidad de su familia?
   - (Si su respuesta es no) Que hubiera podido hacer diferente el personal de *Hope for Children* para mostrarle respeto a por las cultura y nacionalidad de su familia?

10. Si la familia de una amistad suya estuviera en la misma situación que su familia, le recomendaría usted *Hope for Children* a esa familia?
    Sugerencia /inducir:
    - (Si la respuesta es sí)Porque usted recomendaría a *Hope for Children* a su amistad?
    - (Si la respuesta es no) Porque usted no recomendaría a *Hope for Children* a su amistad?

11. Si *Hope for Children* no existiera aquí en el condado de Wake (Wake County) usted cree que su familia hubiera podido recibir los servicios que necesitaban?
    Sugerencia/inducir: Si la respuesta es sí, a donde usted hubiera ido para recibir esa ayuda?

12. Usted había tratado de obtener ayuda en otros lugares antes de venir a *Hope for Children*?
    Sugerencia/inducir: Esos servicios fueron útiles? Que paso allá?

13. Hay algo más que yo debiera haberle preguntado o algo más que usted quiera decirme acerca de su experiencia con *Hope for Children*?

Muchas gracias por darnos su tiempo para esta entrevista.

Appendix E: Caregiver/Parent Interview Survey- English Version

INFORMATION ABOUT YOU and YOUR CHILD/CHILDREN
Completing this survey is optional and does not affect your participation in the interview.

1. What *Hope for Children* services did your child/children receive? (*Please check all the services your child/children received*)

        a. _____ **Counseling at Interact**
        b. _____ **Mental Health Treatment at Family Services**
        c. _____ **Crianza Con Cariño at SAFEchild**

2. How many of your children received *Hope for Children* services? (*Please write the number on the line below*)

        _____ of my children received services from *Hope for Children*.

2. What race is/are your child/children? *(Please check all that apply)*

        a. _____ **African American/Black**
        b. _____ **Asian American/Pacific Islander**
        c. _____ **Native American**
        d. _____ **White/Caucasian**

3. Is/Are your child/children Hispanic/Latino? *(Please check the answer that is true for your child/children)*

        a. _____ **Yes**
        b. _____ **No**

4. How old is/are your child/children? *(Please check the answer that is true for your child/children)*

        a. _____ **2-5 years**
        b. _____ **6-8 years**
        c. _____ **9-11 years**
        d. _____ **12-14 years**
        e. _____ **15-18 years**

5. What is your relationship to your child/children? *(Please check the answer that is true for you)*

        a. _____ **Adoptive parent**
        b. _____ **Biological parent**
        c. _____ **Foster parent**
        d. _____ **Grandparent**
        e. _____ **Other:** (*Please describe here*) _____

6. What is your race? *(Please check all that apply)*

        a. _____ **African American/Black**
        b. _____ **Asian American/Pacific Islander**
        c. _____ **Native American**
        d. _____ **White/Caucasian**
        e. _____ **Other:** (*Please describe here*) _____

7. Are you Hispanic/Latino? *(Please check the answer that is true for you)*

      a. _____ Yes
      b. _____ No

8. What is your gender? *(Please check the answer that is true for you)*

      a. _____ Female
      b. _____ Male

9. What is your marital status?
      a. _____ Single (never married)
      b. _____ Married, living together
      c. _____ Married, separated
      d. _____ Divorced
      e. _____ Widowed

10. What is the highest level of education that you completed?
      a. _____ No school
      b. _____ Less than 8th grade
      c. _____ Elementary school (8th grade) graduate
      d. _____ Some high school
      e. _____ High school graduate
      f. _____ GED
      g. _____ Some college/university/technical school
      h. _____ College/university/technical school graduate

11. Are you currently enrolled in school (high school, community college, trade school, etc.)?
      a. _____ No – no longer in school
      b. _____Yes – enrolled in school

12. Are you currently employed (have a paid job)?
      a. _____ No – not employed
      b. _____ Yes – working part-time (< 40 hours per week)
      c. _____ Yes – working full-time

Appendix F: Caregiver/Parent Interview Survey- Spanish Version
INFORMACIÓN ACERCA DE USTED y SU NIÑO

Completando esta encuesta es opcional y no le afecta su participación.

B1. ¿Qué servicios de *Hope for Children* recibió su niño/niños? (*Por favor marque todos los servicios que recibió su niño/niños*)
- a. _____ **Asesoría psicológica en *Interact***
- b. _____ **Tratamiento de la salud mental en *Family Services* (Servicios a las familias)**
- c. _____ **Programa "*Crianza con cariño*" en *SAFEchild***

B2. ¿Cuántos niños suyos han recibido los servicios de *Hope for Children*? *(Por favor escribe el numero en la línea abajo)*

      _____ de mis niños han recibido las servicios do *Hope for Children*

B3. ¿De qué raza es/son su/sus niño/niños? *(Por favor marque todas las respuestas que correspondan en el caso de su niño/niños)*
- a. _____ **Africana americana o negra**
- b. _____ **Asiática americana o de las islas del Pacífico**
- c. _____ **Nativa americana**
- d. _____ **Blanca o caucásica**

B4. ¿Es su niño/niños hispano o latino? *(Por favor marque la respuesta que corresponda en el caso de su niño/niños)*
- a. _____ **Sí**
- b. _____ **No**

B5. ¿Qué edad tiene su niño/niños? *(Por favor marque la respuesta que corresponda en el caso de su niño/niños)*
- a. _____ **de 2 a 5 años**
- b. _____ **de 6 a 8 años**
- c. _____ **de 9 a 11 años**
- d. _____ **de 12 a 14 años**
- e. _____ **de 15 a 18 años**

B6. ¿Cuál es su relación con su niño/niños? *(Por favor marque la respuesta que corresponda en su caso)*
- a. _____ **Padre o madre adoptivo(a)**
- b. _____ **Padre o madre biológico(a)**
- c. _____ **Padre o madre de acogimiento familiar (*Foster parent,* en inglés)**
- d. _____ **Abuelo o abuela**
- e. _____ **Otra relación:** (*Por favor describir a continuación*)_____

B7. ¿De qué raza es usted? *(Por favor marque todas las que correspondan)*

- a. _____ **Africana americana o negra**
- b. _____ **Asiática americana o de las islas del Pacífico**
- c. _____ **Nativa americana**
- d. _____ **Blanca o caucásica**
- e. _____ **Otra raza:** (*Por favor describir a continuación*)_____

B8. ¿Es usted hispano(a) o latino(a)? *(Por favor marque la respuesta que corresponda en su caso)*

    a. _____ **Sí**
    b. _____ **No**

B9. ¿Cuál es su género? *(Por favor marque la respuesta que corresponda en su caso)*

    a. _____ **Mujer**
    b. _____ **Hombre**

B10. ¿Cuál es su estado civil?

    a. _____ **Soltera/soltero (nunca ha sido casada/casado)**
    b. _____ **Casada/casado, viviendo juntos**
    c. _____ **Casada/casado, separados**
    d. _____ **Divorciada/divorciado**
    e. _____ **Viuda/viudo**

B11. ¿Cuál es el grado más alto de educación que usted completo?

    a. _____ **No asistí al colegio**
    b. _____ **Menos que 8 grado**
    c. _____ **Graduado del colegio elemental (8 grado)**
    d. _____ **Parte del colegio secundaria**
    e. _____ **Graduado del colegio secundaria**
    f. _____ *GED*
    g. _____ **Parte de college/universidad/colegio técnico**
    h. _____ **Graduado del college/universidad/colegio técnico**

B12. ¿Estás asistiendo al colegio en este momento (colegio secundario, college de la comunidad, colegio técnico, etc.)?

    a. _____ **No – no asisto al colegio**
    b. _____ **Si – asisto al colegio**

B13. ¿Estas trabajando en este momento (por paga)?

    a. _____ **No – no estoy empleada/empleado**
    b. _____ **Si – trabajando medio tiempo (menos de 40 horas a la semana)**
    c. _____ **Si – trabajando tiempo completo**

¡GRACIAS POR TOMARSE EL TIEMPO PARA COMPLETAR ESTA ENCUESTA!

Appendix G: Community Provider Survey

Hope for Children: Community Professionals Survey

We are surveying Wake County professionals to learn their opinions about children's exposure to domestic violence and the *Hope for Children* program. Your honest answers will help us to provide the best possible services to families and children.

For each question below, please circle the answer that best reflects your opinion.

A. General Opinions about Domestic Violence and *Hope for Children* Program

A1. Among the children you work with, approximately what percentage have been exposed to domestic violence in their families:

None (0%)	About 25%	About 50%	About 75%	All or about all (100%)

A2. Exposure to domestic violence is one of the most serious problems among with children with whom I work:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

A3. Exposure to domestic violence is a serious problem for children with lifelong consequences:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

A4. I feel well equipped to <u>assess</u> for domestic violence in the families I work with:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

A5. I feel well equipped to <u>address</u> domestic violence in the families I work with:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

A6. I am familiar with *Hope for Children* and the services the program offers:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

A7. The availability of services for children exposed to domestic violence in Wake County has improved because of *Hope for Children*:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

A8. The ability of children and families to access specialized services for domestic violence in Wake County has improved because of *Hope for Children*:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

A9. The quality of services for children exposed to domestic violence in Wake County has improved because of *Hope for Children*:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

B. Opinions of *Hope for Children* Referral Process

B1. I have referred clients to *Hope for Children*
    a. _____ Yes
    b. _____ No (If no, please skip to Section D)

B2. I found the *Hope for Children* referral process easy to use:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

B3. When making referrals, I have found the *Hope for Children* staff helpful:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

B4. Is there anything else you would like to tell us about the *Hope for Children* referral process? Do you have any advice for *Hope for Children* about their referral process?

C. Opinions about *Hope for Children* Services

C1. My clients are receiving or have received services in the *Hope for Children* program:
   a. _____ Yes
   b. _____ No (If no, please skip to Section D)

C2. I am satisfied with how quickly my clients receive services:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

C3. Services are available at convenient times for my clients:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

C4. Services are available at convenient locations for my clients:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

C5. My clients are able to get all the different services they need (i.e., services are comprehensive):

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

C6. The *Hope for Children* staff treated my clients with respect:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

C7. The *Hope for Children* staff showed respect for my clients' religious and spiritual beliefs:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

C8. The *Hope for Children* staff showed respect for my clients' culture and heritage:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

C9. The *Hope for Children* staff worked together as a team to help my clients:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

C10. Family needs change over time (e.g., parents divorce, or a grandparent becomes involved in parenting the child). When my clients' family needs change, the *Hope for Children* program is able to meet these changing needs.

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

C11. Overall, I am satisfied with the services my clients receive:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

C12. Wake County community needs change over time (e.g., agency services may be discontinued, or a part of the community might request new services or new service locations) When community needs have changed, the *Hope for Children* program has been able to meet these changing needs.

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

C13. Overall, I am satisfied with the services *Hope for Children* provides to the Wake County community:

Strongly Agree	Agree	Agree Somewhat	Not Sure	Disagree Somewhat	Disagree	Strongly Disagree

C14. Is there anything else you would like to tell us about the *Hope for Children* services? Do you have any advice for *Hope for Children* about their services? What services do you think are working well for the community? What services do you think need improvement? What suggestions can you offer for ways in which Hope for Children could improve their services?

D. INFORMATION ABOUT YOU

D1. In what field or specialty do you work? *(Please check the answer that is true for you)*

a. _____ **Child Protection**
b. _____ **Counseling**
c. _____ **Education (elementary or secondary)**
d. _____ **Health Care**
e. _____ **Juvenile Justice**
f. _____ **Legal**
g. _____ **Mental Health**
h. _____ **Substance Abuse**
i. _____ **Other: please describe here:** _____

D2. How long have you held your current position? *(Please check the answer that is true for you)*

a. _____ **Less than 1 year**
b. _____ **1 to 5 years**
c. _____ **6 to 10 years**
d. _____ **More than 10 years**

D3. What is your race? *(Please check all that apply)*

a. _____ **African American/Black**
b. _____ **Asian American/Pacific Islander**
c. _____ **Native American**
d. _____ **White/Caucasian**

D4. Are you Hispanic/Latino? *(Please check the answer that is true for you)*

a. _____ **Yes**
b. _____ **No**

D5. What is your gender? *(Please check the answer that is true for you)*

a. _____ **Female**
b. _____ **Male**

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!

Appendix H: Hope for Children Staff Focus Group Guide

Hope for Children: **Agency Staff and Leadership Focus Group Guide**

1. Overall, are you satisfied with the services your clients receive?
   a. **Follow-up/Prompt**: Do the services make a difference in the lives of your clients? If yes, how so? If no, how could the   program be improved?

2. Are the services culturally relevant for clients?
   a. **Follow-up/Prompt:** If yes, how so? Can you give me examples? If no, how could the program be improved to provide culturally relevant services?

3. Are the services developmentally appropriate for clients?
   a. **Follow-up/Prompt:** If yes, how so? Can you give me examples? If no, how could the program be improved to provide developmentally appropriate services?

4. Do children and their families receive needed services?
   a. **Follow-up/Prompt:** Does the program offer services to meet clients' unique needs? Are the services comprehensive?

5. As you know, the needs of families change over time and might even change during service delivery and therapy. For example, parents might decide to divorce, or a grandparent might become involved in parenting the child. Is the *Hope for Children* program able to adapt to meet the needs of the families when change occurs?

6. Similar to the last question, the needs of the Wake County community have changed and will continue to change over time. For example, perhaps an agency that used to provide service no longer does, or a part of the community requests new services or new service locations where services have not been delivered before. Has the *Hope for Children* program been able to adapt to meet the changing needs of the community?

7. Is there cooperation and coordination among the three *Hope for Children* agencies (Triangle Family Services, Interact, and SAFEchild)?
   a. **Follow-up/Prompt:** Does the coordination among agencies help you to have a complete picture of your client's needs, resources, and services?

8. Are families able to access services easily?
   a. **Follow-up/Prompt**: Are clients able to move between agencies and services easily? Are clients falling through the cracks in the service systems?

9. The interagency collaboration among Triangle Family Services, Interact, and SAFEChild is unique. How do you explain the success of the collaboration so far? What challenges do think this collaboration will face in the future?

10. Has *Hope for Children* changed how you do your work? Think about your work? Work with families?

Appendix I: Hope for Children Staff Focus Group Survey

<u>INFORMATION ABOUT YOU</u>

Completing this survey is optional and does not affect your participation in the focus group.

For the following four questions, please write your responses in months and years:

1. **How long have you worked in the field of family violence (including domestic violence, child abuse, and any other type of family violence)?**

2. **How long have you worked at your respective agency?**

3. **How long have your worked with Hope for Children?**

4. **Please tell us how you would describe your racial/ethnic background:**

5. **What is your gender?**
   a. **_____ Female**
   b. **_____ Male**

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!