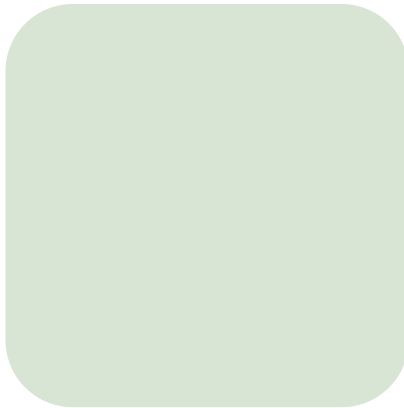




Candelen Arizona Kith and Kin Program

FY24 Annual Evaluation Report

November 2024



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About LeCroy & Milligan Associates:

Founded in 1991, LeCroy & Milligan Associates, Inc. is a consulting firm specializing in social services and education program evaluation and training that is comprehensive, research-driven, and useful. Our goal is to provide effective program evaluation and training that enables stakeholders to document outcomes, provide accountability, and engage in continuous program improvement. With central offices located in Tucson, Arizona, LeCroy & Milligan Associates has worked at the local, state, and national level with a broad spectrum of social services, criminal justice, education, and behavioral health programs.

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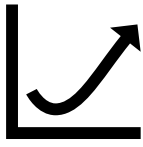
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EXECUTIVE SUMMARY

Candelen began implementation of the Kith and Kin Program in 1999 to help Family, Friend and Neighbor (FFN) caregivers increase their capacity to provide high quality child care in their homes. The 12-session program includes an introductory session and 11 topic-specific sessions in areas such as child health, wellness, and development.

Candelen has supported robust evaluation efforts of their program for more than 20 years. To better capture data on the implementation and impact of the Kith and Kin Program, Candelen collaborated with LeCroy & Milligan Associates, its contracted evaluator, to create new surveys to capture program participants' experiences and self-reported changes. Comprehensive pre- and post- surveys were developed to assess the program's outcomes as well as obtain more immediate feedback about the program's enrollment process. Session-specific pre- and post-surveys were also developed to obtain data about self-reported knowledge change. Candelen began using these surveys in January 2024. Therefore, this report presents the findings for surveys administered January through June, 2024. The following are the key findings of the data collected in Arizona, which includes 39 matched pre/post comprehensive surveys, and 1,309 matched pre/post session-specific surveys.



Overall Positive Change: The percentage of participants who showed a general positive increase from pretest to posttest

84% of participants showed an overall positive change from pretest to posttest on the comprehensive survey.



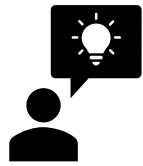
Average percentage of increase in overall practice of positive caregiving behaviors

The average increase in overall practice of positive caregiving behaviors for participants who completed the comprehensive pre- and post-surveys was 17% .



Average percentage of increase in specific positive caregiving behaviors

Participants' increase in knowledge for specific session topics ranged from 49% to 134%.



Average percentage of increase in overall self-efficacy as a caregiver

The average increase in overall self-efficacy as a caregiver for the participants who completed the Kith and Kin comprehensive pre- and post-surveys was 22%.



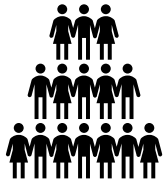
Knowledge Change Reported for Priority Areas of FTF's Theory of Change for Family, Friend, and Neighbor Care

Participants' self-reported percentage of knowledge increase was 70% in the Quality Environment area, 68% in Learning Activities, and 55% in Child-Caregiver Interaction.



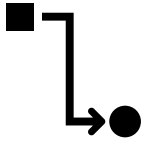
Overall Knowledge Impact

89% of the matched sets of the comprehensive survey and session-specific topical surveys showed an increase in score from pre- to post.



Participant Demographics*

86% of participants were Hispanic/Latino; 96% were female.
The largest proportion (37%) of participants were 30-39 years old.
The largest proportion (39%) of participants had an income of \$20,000-\$29,999, followed by 29% who had one of \$10,000 or less.



Enrollment Process

Participants most commonly (52%) learned about the program from a friend or family member; 23% learned of it from a flyer at a community center.
Most (86%) respondents felt the enrollment process was easy.



Participants' Experience with Staff and other Participants

Most participants indicated they had positive experiences with staff and other participants, with 86% overall indicating that the positive experiences were true for them "a lot of the time."



Community Resources Learned About and Planning to Use

67% of the participants planned to use a community resource included on a list in the comprehensive post-survey.
44% of participants planned to use the Child Care Registry as a resource; 24% did not know about the Child and Adult Care Food Program.



Participant Satisfaction

Almost all respondents reported something positive about the program, with many stating they like everything about it. A number of them specifically mentioned learning how to better care for their children.

*A total of 479 participants in the demographics data set could be confirmed as being Arizona participants. However, 323 other individuals in the dataset had no state information or conflicting state and zip code information. The number of participants included in the demographics analysis were 210 for age, 293 for race and ethnicity, 289 for gender, and 137 for income.

INTRODUCTION

Candelen, formerly known as the Association for Supportive Child Care (ASCC), has been a private, nonprofit organization dedicated to enhancing early child care programs since its inception in 1976. Child care outside the home has been recognized as a significant factor in early development; other studies found that high-quality child care can promote substantial behavioral and cognitive gains, even for children from under-resourced and multi-stressed home environments (Reynolds, Temple, Robertson, & Mann, 2001; Watamura, Phillips, Morrissey, McCartney, & Bub, 2011). Studies have shown that children with high-quality care in the home and child care environment fared the best, while those with poor home environments and poor child care had the worst outcomes (Smith & Fox, 2003; Watamura et al., 2011).

Kith and Kin care, which is child care provided by friends, family, or neighbors (FFN) in their own homes, is the oldest and most widespread form of non-parental child care (Susman-Stilman & Banghart, 2011). In 1999, Kith and Kin child care became a focus of Candelen's efforts (Shivers, Fargo, & Goubeaux, 2016) with the launch of its Kith and Kin Program. Kith and Kin includes 12 sessions that focus on knowledge and skill-building to help FFN caregivers increase their capacity to provide high quality child care in their homes.

In late 2022 Candelen contracted with LeCroy & Milligan Associates (LMA) to provide evaluation services. LMA worked with senior Candelen staff members in 2023 to develop and pilot new comprehensive pre- and post-surveys for Kith and Kin that would capture outcome data related to change in the practice of positive caregiving behaviors as well as useful process evaluation data related to the enrollment process, knowledge gained about community resources, program satisfaction, and recommendations for program improvement (see Appendix A). Short session-specific pre- and post-surveys were also developed to obtain data about self-reported knowledge change. The surveys were administered beginning in January 2024. Findings from surveys completed 1/1/2024 – 6/30/2024 and Candelen enrollment data for the full FY24 program year constitute the evaluation findings.

METHODOLOGY

LMA conducted a process and outcome evaluation of the Candelen Arizona Kith and Kin Program following the principles of utilization-focused evaluation (Patton, 2008, 2012). LMA collaborated with Candelen staff throughout this evaluation to ensure the utility of findings for program stakeholders, resulting in three main evaluation questions:

1. How did the program affect positive caregiving behaviors?

- What proportion of participants report an increase in the practice of positive caregiving behaviors as a result of program participation as demonstrated by an increase in score pre- to post on a comprehensive Kith and Kin survey?
- To what extent did positive caregiving behaviors increase, as measured by the comprehensive Kith and Kin pre- and post-surveys?

2. How did the program affect knowledge of caregiving topics?

- What proportion of participants report an increase in knowledge after each session, as measured by session-specific surveys?
- To what extent did participants' self-reported knowledge increase after each session, as measured by session-specific surveys.

3. How did the program affect participants' sense of self-efficacy as a caregiver?

- What was the average percentage of increase in overall sense of self-efficacy as a caregiver for the participants who completed the comprehensive Kith and Kin pre- and post-surveys?
- To what extent did participants report learning about or planning to use different community resources to support their caregiving, as measured by the comprehensive pre- and post-surveys.

In addition to the above outcome evaluation questions, LMA used participant demographic data and open-ended feedback to enhance the understanding of Candelen's participants and their experiences with the program.

Evaluation Approach

This evaluation uses descriptive and statistical analyses to provide insight into participant knowledge and behavior changes associated with their participation in Candelen's Kith and Kin Program. Knowledge changes were assessed with pre- and post-surveys where participants assessed their own knowledge of a certain caregiving or child development topic immediately prior to a learning session about it, and immediately after the session. Behavior changes in

Pre- and post-surveys assessed changes in participants' knowledge and behavior related to child development, child safety, and caregiver support.

caregivers’ actions to support child safety and development were assessed with pre- and post-surveys completed upon entry and exit of the multi-session Kith and Kin Program. Both knowledge and behavior changes were measured along numerical scales, and open-ended questions were analyzed thematically. Additionally, caregivers’ sense of self-efficacy and support was measured on a numerical scale, and their feedback about the program was aggregated by thematic content.

Instruments and Measures

The evaluation used three data sources for this report: demographic data captured at the time of program enrolment, comprehensive surveys completed at a participant’s first and last session of Kith and Kin, and session-specific surveys completed at the start and end of a the individual one-to-three-hour sessions about a specific caregiver topic.¹ Session-specific survey measures use between three and five questions to comprise a knowledge or behavior scale, and analysis was conducted on these scales rather than individual questions.

Outcome Domains

The outcome domains, measures, and data sources for this evaluation are shown in Exhibit 1. Outcomes were assessed using surveys specifically designed for the Kith and Kin Program model.

Exhibit 1. Outcome Domains, Data Sources, and Analysis Method

Caregiver Outcomes	Measures/Scales/Data Sources	Analysis Method
Behaviors that support Child Development and Well-being Behaviors	Comprehensive pre/post survey	Descriptive statistics, inferential statistics
Behaviors that support Child Health and Safety	Comprehensive pre/post survey	Descriptive statistics, inferential statistics
Feeling of Caregiver Self-Efficacy and Support	Comprehensive pre/post survey	Descriptive statistics, inferential statistics
Knowledge and Use of Community Resources	Comprehensive pre/post survey	Descriptive statistics
Overall Positive Change	Comprehensive pre/post survey and Session-specific pre/post surveys	Descriptive statistics, nonparametric inferential statistics

¹ Participants were required to complete the comprehensive pre-survey within the first three sessions of a series.

Process Domains

In addition to outcome measures, the evaluation used Candelen enrollment records and participants' responses to open-ended questions to understand participant characteristics and their experience of the program (Exhibit 2).

Exhibit 2. Process Domains, Data Sources, and Analysis Method

Process Domain	Data Source	Analysis Method
Participant demographics	Enrollment records	Descriptive statistics
Participant experiences enrolling in the program	Comprehensive pre-survey multiple choice and open-ended questions about how participants learned about the program, ease of enrollment process, and how the enrollment process could be improved	Descriptive statistics, thematic content analysis
Participant experiences in the program	Comprehensive post-survey open-ended questions about what participants liked and would change about the program	Thematic content analysis

Limitations

All process and outcome measures used in this evaluation were developed specifically for Candelen's program model. While based on constructs tested in caregiving literature, the instruments have not been specifically tested for reliability or validity. Additionally, all measures are self-reported by participants; their responses may be subject to self-assessment bias as there is no way to directly verify their reported changes in knowledge or behavior. Participants' survey responses and feedback could also be subject to social desirability bias, which could lead to presenting more favorable results.

This was the first year of program evaluation, and data quality could also be an issue. There are fair amounts of demographic data points that were not captured, and instances of multiple surveys of the same type being recorded for the same participant. Data has been cleaned to remove all duplicates, but duplication represents administrative difficulties that could affect the integrity of existing data.

Another data caveat is that many participants have a comprehensive survey that is unmatched – they have completed the pre- or post-survey, but not both. This limited the evaluation's ability to measure the program's impact on these participants. At the same time, these participants still answered multiple choice and open-ended questions unique to the pre-survey or post-survey. Therefore, findings for those questions which are presented as part of the process evaluation show a much larger number of participants. It is important to distinguish

between findings from the comprehensive surveys that represent impact on program completers and these other process evaluation findings.

Even with these limitations, this evaluation represents an extensive approach to assessing program process and outcomes for caregiver education and support.

FINDINGS

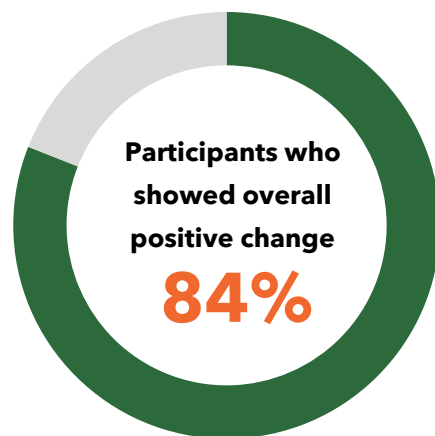
Participants completed a comprehensive pre-survey at the beginning of the first session they attended for Kith and Kin and a comprehensive post-survey at the end of the last session provided in a program. The Kith and Kin comprehensive surveys include three major topical sections: one on Child Development and Well-being, a second on Child Health and Safety, and a third on Caregiver Support. Participants also completed a short, topic-specific pre- and post-survey at each Kith and Kin Program session. Findings are presented separately for each of the three outcome measures.

Overall Positive Change

The percentage of participants who showed a general positive increase from pretest to posttest

For each respondent who had a matched comprehensive pretest and posttest, the pretest score from the Child Development and Well-Being section was added to the pretest score from the Caregiver Support Section for an overall Total Pretest score. The same total scores were calculated for the posttests and each individual's score difference from pretest to posttest was calculated. The score difference was classified as Increased, Decreased, or No Change and the percentage of respondents who showed an Increased score is considered to show overall positive change. For this reporting period, 84% (n=32) of participants showed an overall positive change from pretest to posttest (Exhibit 3).

Exhibit 3. Overall Positive Change from Pretest to Posttest



(N=38)

Positive Caregiving Behaviors

Average percentage of increase in overall practice of positive caregiving behaviors

The Child Development and Well-Being section of the comprehensive program survey includes questions that ask participants to report the frequency with which they acted in ways taught in program sessions that promote child development and/or well-being at the beginning and end of the program. They could choose from rarely or never (representing 0), some of the days (representing 1), and a lot of the days (representing 2). A total pre- and post-score was calculated for each participant, as was the percentage of change from pre- to post. The average increase in overall practice of positive caregiving behaviors for the participants who completed the comprehensive Kith and Kin pre- and post- surveys was 2.2 points, or 17% (Exhibit 4).

Exhibit 4. Change in Overall Practice of Positive Caregiving Behaviors

Program	Pre-survey mean	Post-survey mean	Change in knowledge	P-value of 2-tailed t-test	Number of participants
Kith and Kin	13.3	15.5	+2.2 (17%)	<.001	38

Average percentage of increase in specific positive caregiving behaviors

Participants completed short, pre- and post- session-specific surveys for 11 sessions of the Kith and Kin Program. This survey data was collected January 2024 - June 2024. A total of 1,309 pre- and post-surveys were completed for one or more of the Kith and Kin sessions.

The Kith and Kin session-specific surveys asked participants to rate how much they knew at the beginning and end of the session on a scale of 0 to 10, with 0 representing “nothing” and 10 representing “a lot.” Surveys varied in length from three to five questions, resulting in a minimum score of 0 for all and a maximum scores of 30-50 depending on the number of questions. Pre-survey scores were totaled as were post-survey scores, and a mean (average) score was calculated for each.

Kith and Kin participants showed an increase in self-reported knowledge on all session topics, with that increase ranging from 49% to 134% (Exhibit 5). Almost all participants (89%) reported improved knowledge after a session. Across all Kith and Kin sessions there was a 63% increase in self-reported knowledge from pre- to post-survey. CPR sessions had the highest percentage

Across all sessions, participants reported increasing their knowledge by an average of **63%**, indicating a high degree of learning about the caregiving topics.

increase (134%²), with participants more than doubling in their self-reported understanding of this topic from an average score of 11.9 on the pre-survey to 27.9 on the post-survey. Among the session topics, participants reported the highest level of pre-knowledge about Nutrition, yet still reported increasing their knowledge of it after the session.

Exhibit 5. Knowledge Change Reported by Kith and Kin Participants by Session Topics

Session Topic	Pre-survey mean	Post-survey mean	Change in Knowledge	Number of Matched Surveys
Ages & Stages	19.4	32.8	69%	104
Brain Development	18.7	31.1	66%	20
Child Passenger Safety	16.4	27.3	66%	167
CPR (Cardio-Pulmonary Resuscitation) and AED (Automated External Defibrillator)	11.9	27.9	134%	91
Daily Schedules and Arranging the Environment	24.8	36.9	49%	116
First Aid	20.5	34.2	67%	123
Guidance and Discipline	21.6	35.4	64%	138
Home Safety/Crib Safety and Safe Sleep	17.6	27.0	53%	132
Language and Literacy	27.3	43.2	58%	137
Nutrition	29.0	44.6	54%	143
Parent and Caregiver Relationships	21.2	35.5	67%	138
All Sessions	21.2	35.6	63%	1,309

Note: The total number of matched sets of surveys does not represent the unduplicated number of Kith and Kin participants - caregivers commonly attend multiple sessions across topics.

² Percentage of knowledge gain can be over 100% because it represents comparative increases in scores (rather than total scores). A knowledge gain of 100% means that the post-scores were double the pre-scores; a knowledge gain of 200% means the post-scores were triple the pre-scores, etc.

Average percentage of increase in overall self-efficacy as a caregiver

The Caregiver Support section of the comprehensive Kith and Kin surveys includes questions that ask participants to report the frequency with which they feel various aspects of self-efficacy as a caregiver. They could choose from rarely or never (representing 0), some of the days (representing 1), and a lot of the days (representing 2). A total score pre- and post-score was calculated for each participant, as was the percentage of change. Among 39 matched surveys, 72% indicated increases in their caregiving self-efficacy, with 18% reporting stable scores in self-efficacy (i.e., no change from pretest to posttest) These findings are statistically significant, with $p < .001$. The average increase in self-efficacy reported by the participants who completed the Kith and Kin comprehensive pre- and post-surveys was 1.9 points, or 22% (Exhibit 6).

Exhibit 6. Overall Positive Change in Self-Efficacy

Program	Pre-survey mean	Post-survey mean	Change in self-efficacy	P-value of 2-tailed t-test	Number of participants
Kith and Kin	8.7	10.6	+1.9 (22%)	<.001	39

Knowledge of quality environment = Nutrition, Child Passenger, CPR, First Aid, Home/Sleep Safety). Child-Caregiver Interaction = Daily Schedules and Routines, Positive Guidance and Discipline. Learning Activities = Brain Development, Ages and Stages, and Language and Literacy.

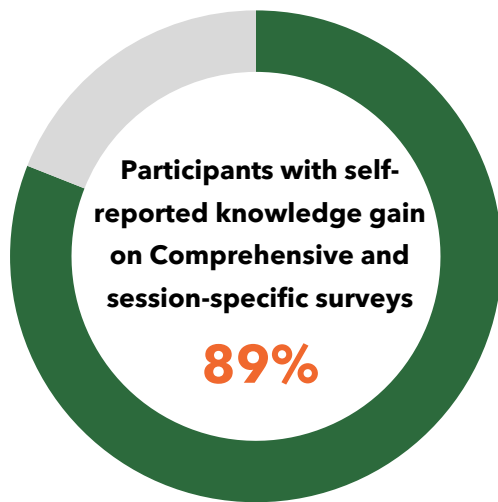


Overall Knowledge Impact

In this reporting year, Kith and Kin participants completed 1,347 matched sets (i.e., both a pre- and post- survey) of session-specific surveys and comprehensive surveys. Across all of these, 89% of participants reported that their knowledge increased from pre- to post (n=1,201). A chi-square test of independence showed that participants rate knowledge of program topics significantly higher after completion than before ($p = < .001$).

It is important to note that the overall percentage of matched sets does not represent an unduplicated group of program participants because many participants complete a pre- and post-survey for more than one topical session and in some instances, the comprehensive pre- and post-surveys as well. Nevertheless, this finding shows that a strong majority of participants perceived that their caregiving knowledge had increased during the program.

Exhibit 7. Knowledge Gain Across All Surveys



(N=1,347)

Supplementary Findings

To provide Candelen additional useful information not directly related to the evaluation performance measures LMA conducted additional analysis of data from the Kith and Kin comprehensive pre- and post-surveys and session-specific surveys as well as demographic data collected from caregivers at enrollment. As previously noted, Candelen was not able to obtain data from all program participants for all demographic characteristics, resulting in the findings presented in this section representing differing numbers of participants. Moreover, 273 of the participants included in the dataset did not have information on their state of residence and 49 had conflicting state and zip code information. Since the dataset also included participants from Candelen’s Nevada program who were to be excluded from the analysis for this report, these participants whose state of resident could not be verified could not be included in the analysis. Demographic findings are presented for 469 Kith and Kin participants for whom clear state of residence information was provided.



Participant Demographics

Almost all (96%, n=278) of the program’s participants identified as women, with just 3% (n=10) identifying as men, and 2 participants identifying as non-binary or other gender identity (Exhibit 9).

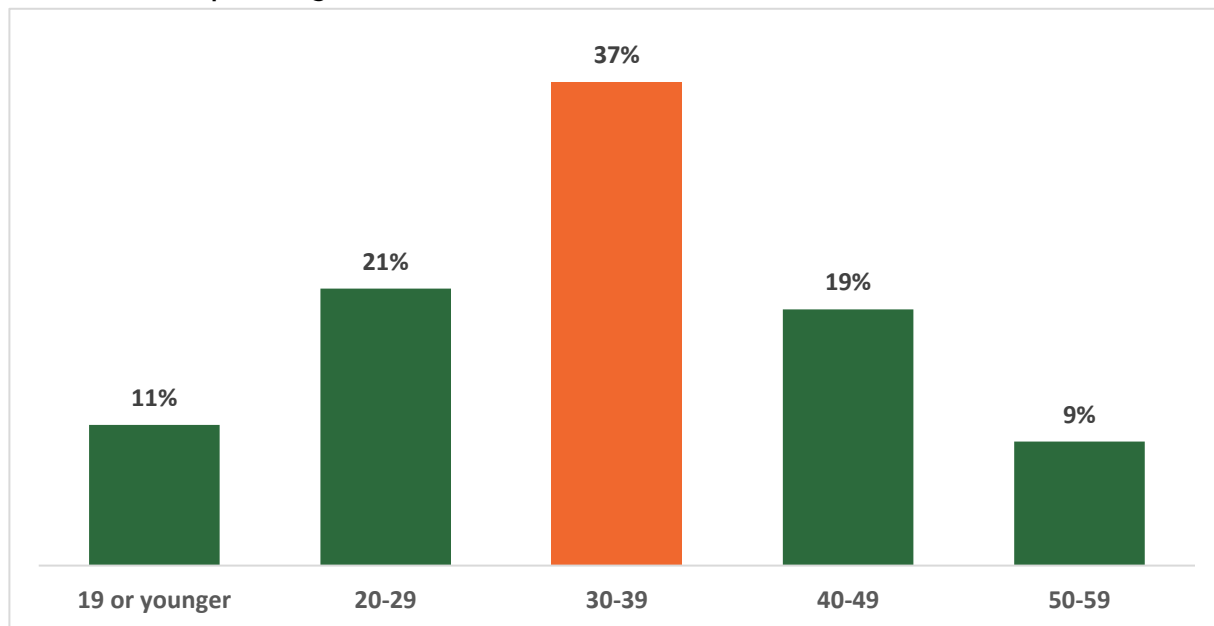
Exhibit 8. Participants’ Gender

	Percentage (number)
Woman/Female	96% (278)
Man/Male	3% (10)
Non-binary	<1% (1)
Other	<1% (1)

(N=290)

The largest proportion (37%, n=117) of participants were 30-39 years old, followed by 21%(n=67) who were 20-29 years old. and 19% (n=62) who were 40-49 years old. (Exhibit 10).

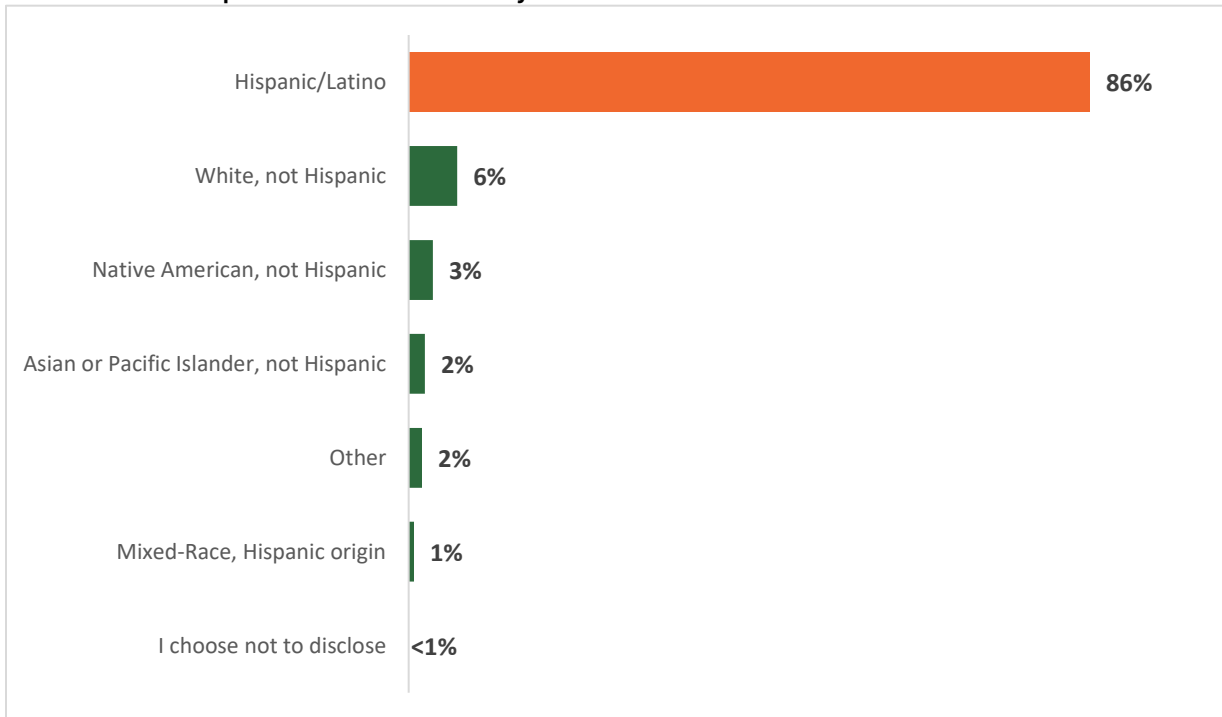
Exhibit 9. Participants’ Age



(N=310)

Most (86%, n=253) of Arizona Kith and Kin participants identified as Hispanic/Latino (Exhibit 11).

Exhibit 10. Participants' Race and Ethnicity

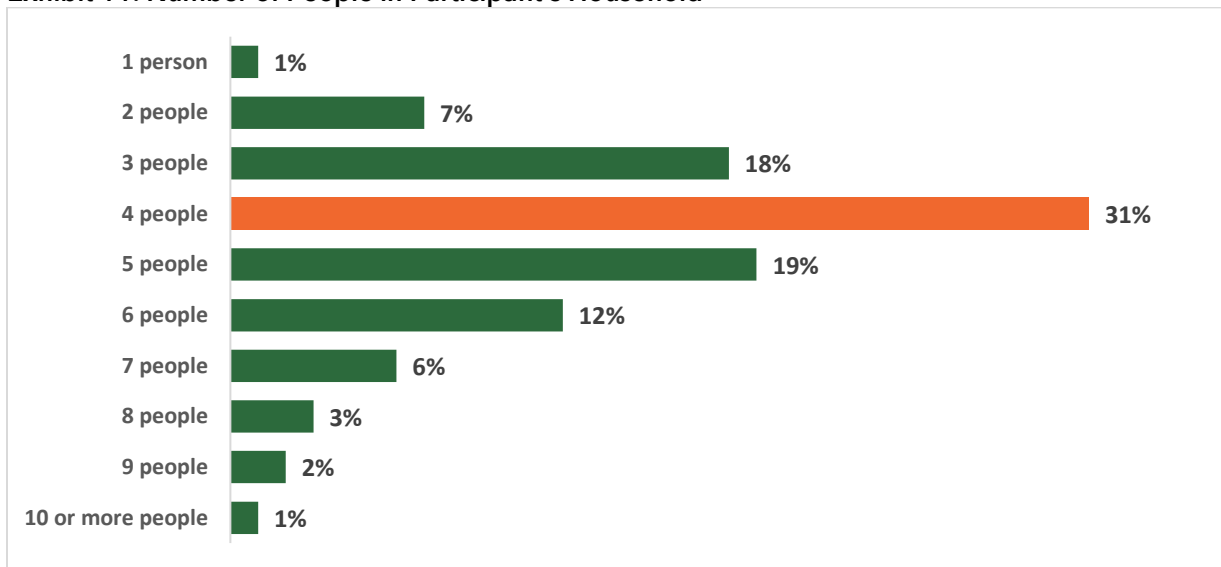


(N=294) Note: Race and ethnicity categories are presented as shown in the demographics dataset.



The most common (31%) household size reported was 4 people, with those having five people (19%, n=52) and three people (18%, n=49) following next (Exhibit 12).

Exhibit 11. Number of People in Participant’s Household



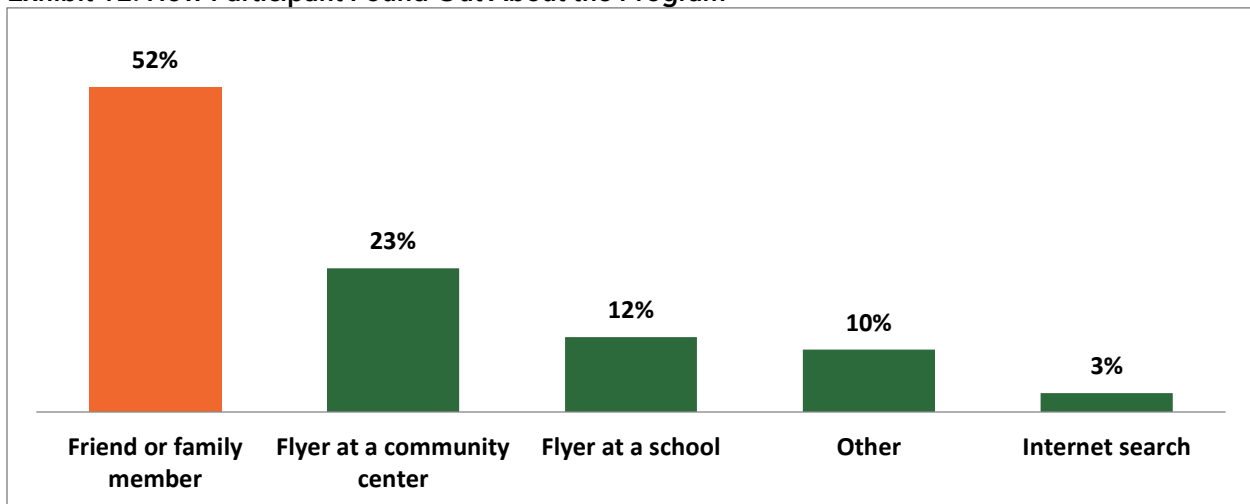
(N=271)

Of the 288 individuals who responded to an enrollment question about income, 63% (n=182) selected the response “I choose not to disclose.” Of the 106 participants who selected an income level, the largest proportion (39%, n=41) reported an income of \$20,000-\$29,999, followed by 29% (n=31) who reported an income of \$10,000 or less, 18% (n=19) who earned \$30,000-\$39,999, and 16% (n=17) who earned \$10,000-\$10,999.

Enrollment Process Feedback

The comprehensive pre-survey includes questions about the enrollment process. Participants most commonly (52%, n=68) reported learning about the program from a friend or family member (Exhibit 13). A notable proportion (23%, n=31) of the respondents also learned of it from a flyer they saw at a community center.

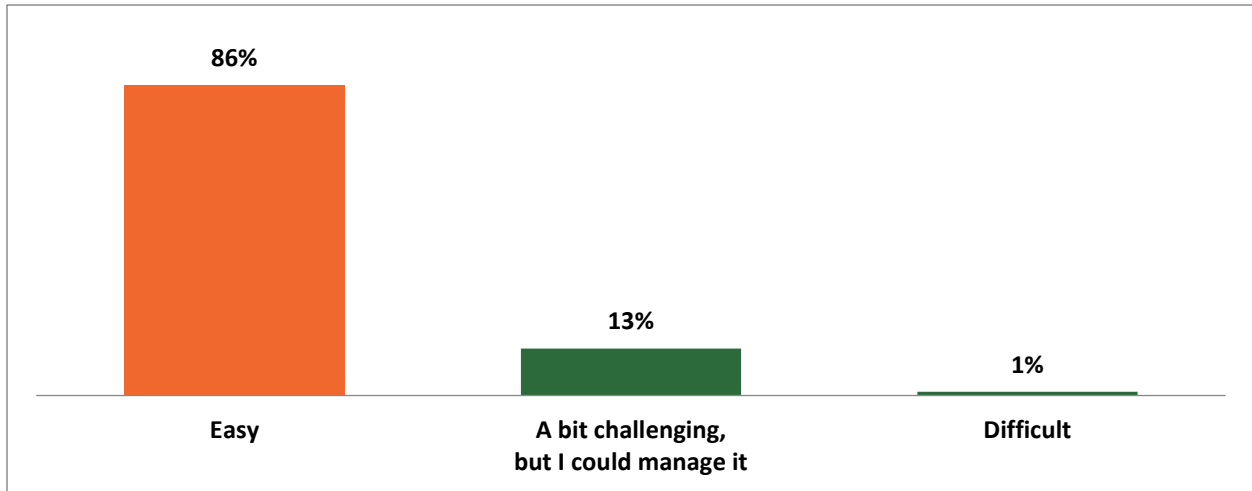
Exhibit 12. How Participant Found Out About the Program



(N=132)

Most (86%, n=114) participants felt the enrollment process was easy (Exhibit 14).

Exhibit 13. Ease of Enrollment



(N=132)

The comprehensive pre-survey also asked participants what could make the enrollment process better. Most respondents indicated that the current process was good and did not need improvement. Several respondents made suggestions related to making the technological aspects of enrollment easier and some respondents made suggestions not mentioned by others. Representative responses from program participants are included in Exhibit 15.

Exhibit 14. Participants' Recommendations for Improving the Enrollment Process

Themes	Responses
Good as it is; does not need improvement	<ul style="list-style-type: none"> • It's great as it is. • Nada. (<i>Nothing.</i>) • Es muy sencillo, rápido y fácil de completar. (<i>It is very simple, fast, and easy to complete.</i>) • I really liked the layout and how easy the questions were. Also, it was pretty easy to follow along. So, I would have to say I like how it is now. • Esta perfecto. (<i>It's perfect.</i>) • It was pretty easy; a family member helped me out. • It was easy and fast. • No tuve dificultad para la registraci3n. (<i>I had no difficulty registering.</i>) • The enrollment was very easy, and the Specialist made things understandable.

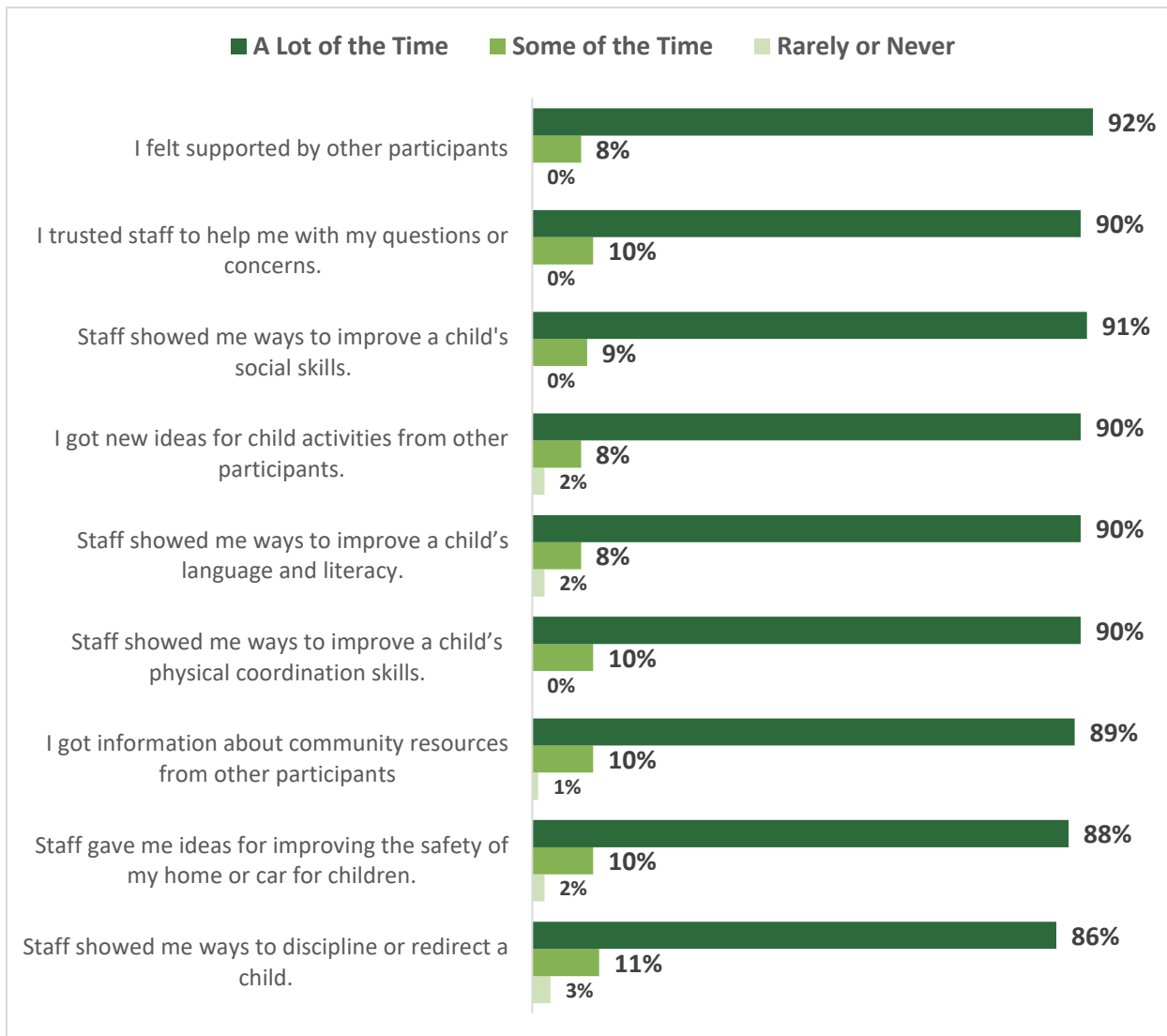
Themes	Responses
Had technology challenges	<ul style="list-style-type: none"> • Instead of QR codes maybe. Just a link would be better. And making sure that it is easily accessible for beginners. • Para mí fue un poquito difícil porque no sé de la tecnología. <i>(For me it was a bit difficult because I don't know about technology.)</i> • I think you are doing great. I struggled with figuring out how to take a picture of a QR code when I received it on my phone. My family helped me use my email. :)
Miscellaneous	<ul style="list-style-type: none"> • Facilitar el enlace por diferentes medios como mensaje, correo etc. <i>(Facilitate the link through different means such as message, email, etc.)</i> • Seguir teniendo el método de Zoom. <i>(Continue using the Zoom method.)</i> • Menos preguntas. <i>(Fewer questions.)</i> • It will be better if the center can email us a reminder before the day of class starts. • Informándonos mejor y pedir ayuda. <i>(Informing ourselves better and asking for help.)</i> • Formas más fáciles de llenar. <i>(Easier forms to fill out.)</i>

Participants' Experiences with Others

The comprehensive post-survey included several questions related to participants' experiences with others throughout their time in the program. These questions pertained to both ways the staff showed participants how to improve specific aspects of child care (e.g., improving a child's physical coordination or improving a child's language and literacy) as well as participants' general experiences (e.g., did participants trust staff to help with questions/concerns or did participants get information regarding community resources). Most participants indicated they had positive experiences with staff and other participants, with 86% overall indicating that the positive experiences were true for them "a lot of the time" (Exhibit 16).

86% of participants reported consistent positive experiences with staff and other caregivers in the program.

Exhibit 15. Frequency of Positive Experiences with Staff and Other Participants.

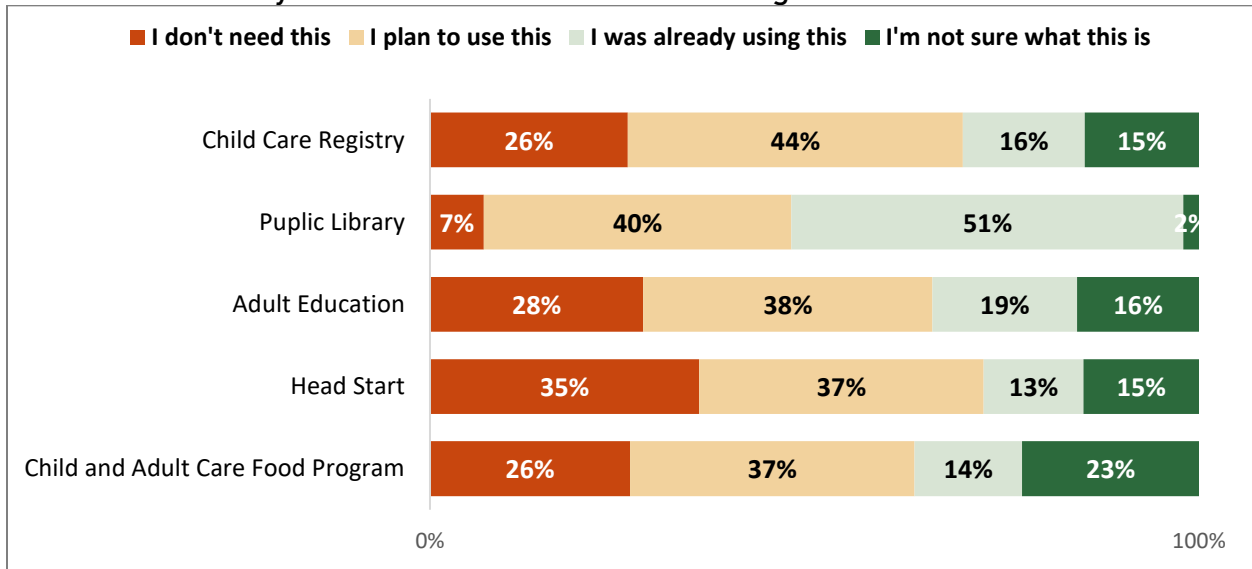


(N=185)

Community Resources Caregivers Learned About

The comprehensive post-survey asked respondents to select from a list of community resources those that they learned about from the program. A total of 67% of the respondents (126 out of 187) reported they planned to use a new resource they learned of while a participant at Kith and Kin, with the largest proportion (44%) identifying the Child Care Registry as such a resource (Exhibit 17). More than half the respondents indicated they had already been using the library before coming to the program. Almost a quarter of the respondents were not familiar with the Child and Adult Care Food Program.

Exhibit 16. Community Resources Learned About from the Program



(N=189)



Program Satisfaction and Recommendations

The comprehensive post-survey also included two open-ended questions that asked participants what they liked about the program and what could be done to make the program better. Almost all of the respondents reported something positive about the program, with many stating they like everything about it. A number of respondents mentioned learning how to better care for their children and several expressed appreciation for the Education Specialists who taught the classes they attended. Exhibit 18 provides some representative responses.

Exhibit 17. What Participants Liked about the Program

Theme	Responses
Everything	<ul style="list-style-type: none"> • Gracias, todo me gustó. <i>(Thank you. I liked everything.)</i> • Me gustó todo. <i>(I liked everything.)</i> • Una combinación de todo. <i>(A combination of everything.)</i>
Specific content or activities	<ul style="list-style-type: none"> • Que el presentador explicó de forma sencilla y clara pasó a paso como se deben hacer los primeros auxilios. <i>(That the presenter explained in a simple and clear way, step by step, how first aid should be done.)</i> • The resources and CPR. • Me gustó aprender y compartir experiencias con otros cuidadores. <i>(I liked learning and sharing experiences with other caregivers.)</i> • Todo es muy sustancioso y aprendí mucho sobre la seguridad de los niños. <i>(Everything is very substantial, and I learned a lot about child safety.)</i>
Learned how to care for children/Good information	<ul style="list-style-type: none"> • I learned a lot with my children. I am glad to have Ms. [Specialist name] come into our home. My children enjoyed learning. Thank you." • Me gusta que nos van a capacitar para cuidar mejor a nuestros hijos o los hijos de alguien más. <i>(I like that they will train us to better care for our children or someone else's children.)</i> • Good info. Helped me think more about how I am caring for my kids. • Todas las ideas que me proporcionaron para mejorar mi habilidad de cuidador. <i>(All the ideas you gave me to improve my caregiving skills.)</i> • Me gustó mucho todas las clases porque en cada una nos enseñaron como poder ser mejor padre y estar mejor preparado para cuidar a nuestros hijos. <i>(I really liked all the classes because in each one they taught us how to be a better parent and be better prepared to take care of our children.)</i> • What I liked about the program is that I got to learn so much about how I could help the children around me or in the future if I decide to use this program for a career. • Tener más paciencia con mis niños poder realizar más actividades con ellos. <i>(To have more patience with my children and be able to do more activities with them.)</i>
Qualities of the Education Specialists	<ul style="list-style-type: none"> • La información que contiene el programa, la maestra lo hace ameno e interesante. <i>(The information contained in the program, the teacher makes it enjoyable and interesting.)</i> • La amabilidad de la maestra, su tiempo para contestar nuestras inquietudes. <i>(The kindness of the teacher, her time to answer our concerns.)</i> • Me encanto como [la maestra], explicaba bien las clases y nos daba ejemplos también como nos permitía participar. <i>(I loved how [the teacher] explained the classes well and gave us examples and also how she allowed us to participate.)</i>

Most participants who responded to a survey question asking for suggestions regarding how the program could be improved used their answer to indicate that the program was fine as it was or express appreciation for the program. Only a few respondents provided suggestions. Representative responses are included in Exhibit 19.

Exhibit 18. Participants’ Suggestions for Improving the Program

Theme	Response
Good as it is	<ul style="list-style-type: none"> • Todo está muy bien claro como nos explicaron. Todo está bien. <i>(Everything is very clear as they explained to us.)</i> • Yo creo que no necesitan hacer nada son buen programa. <i>(I think they don't need to do anything; they are a good program.)</i> • Todo está bien. <i>(Everything's fine.)</i> • Seguir dando este tipo de clases. <i>(Continue teaching this type of classes.)</i>
Appreciation for program	<ul style="list-style-type: none"> • Nunca se termine. Amo este programa. <i>(That it never ends. I love this program.)</i> • No tengo nada solo agradecer. <i>(I have nothing but thanks.)</i>
Ideas for Improvement	<ul style="list-style-type: none"> • Quizás hacer un field trip durante el curso. <i>(Maybe take a field trip during the course.)</i> • Send a schedule of the class before the day of the class. • Poner invitación en otras escuelas. <i>(Put up an invitation in other schools.)</i> • No es mejora en el programa, pero si estaría bien que hubiera más difusión sobre estos para que más personas se unan a los programas. <i>(It is not an improvement in the program, but it would be good if there was more publicity about it so that more people join the programs.)</i>

CONCLUSIONS AND CONSIDERATIONS

In 2023-2024 Candelen collaborated with LeCroy and Milligan Associates to develop new robust evaluation tools for the Kith and Kin Program designed to obtain useful process and outcome data. Comprehensive pre- and post-surveys as well as 11 session topic-specific pre- and post- surveys were developed. Candelen began using the surveys in January 2024. The findings presented in this report represent the data from all matched sets of completed surveys.

Outcome Evaluation

Findings from the surveys show that respondents reported positive changes for the evaluation's three main outcome measures.

1. How did the program affect positive caregiving behaviors?

- 84% of Kith and Kin participants reported increases in their frequency of positive caregiving practices.
- The average percentage of increase in positive caregiving behaviors was 17%.

2. How did the program affect knowledge of caregiving topics?

- 89% of participants reported increasing their positive caregiving knowledge or behavior as a result of the program.
- The average reported increase in knowledge across all topical sessions was 63%. The average increase in specific positive caregiving behaviors ranged from 49% for Daily Schedules and Arranging the Environment to 134% for CPR and AED.

3. How did the program affect participants' sense of self-efficacy as a caregiver?

- 72% of participants reported improvements in their caregiving self-efficacy, and indicated it increased by an average of 22%.
- 63% of participants reported learning about or planning to use a new community resource to support their caregiving.

All increases from pre- to post-tests were found to be statistically significant, indicating the improvements were a result of the Kith and Kin Program.

Process Evaluation

Enrollment data, while not complete, provided a snapshot of the program's participants. Almost all participants were female, most were Hispanic/Latino, and the largest proportion were in the 30-39 year-old age group.

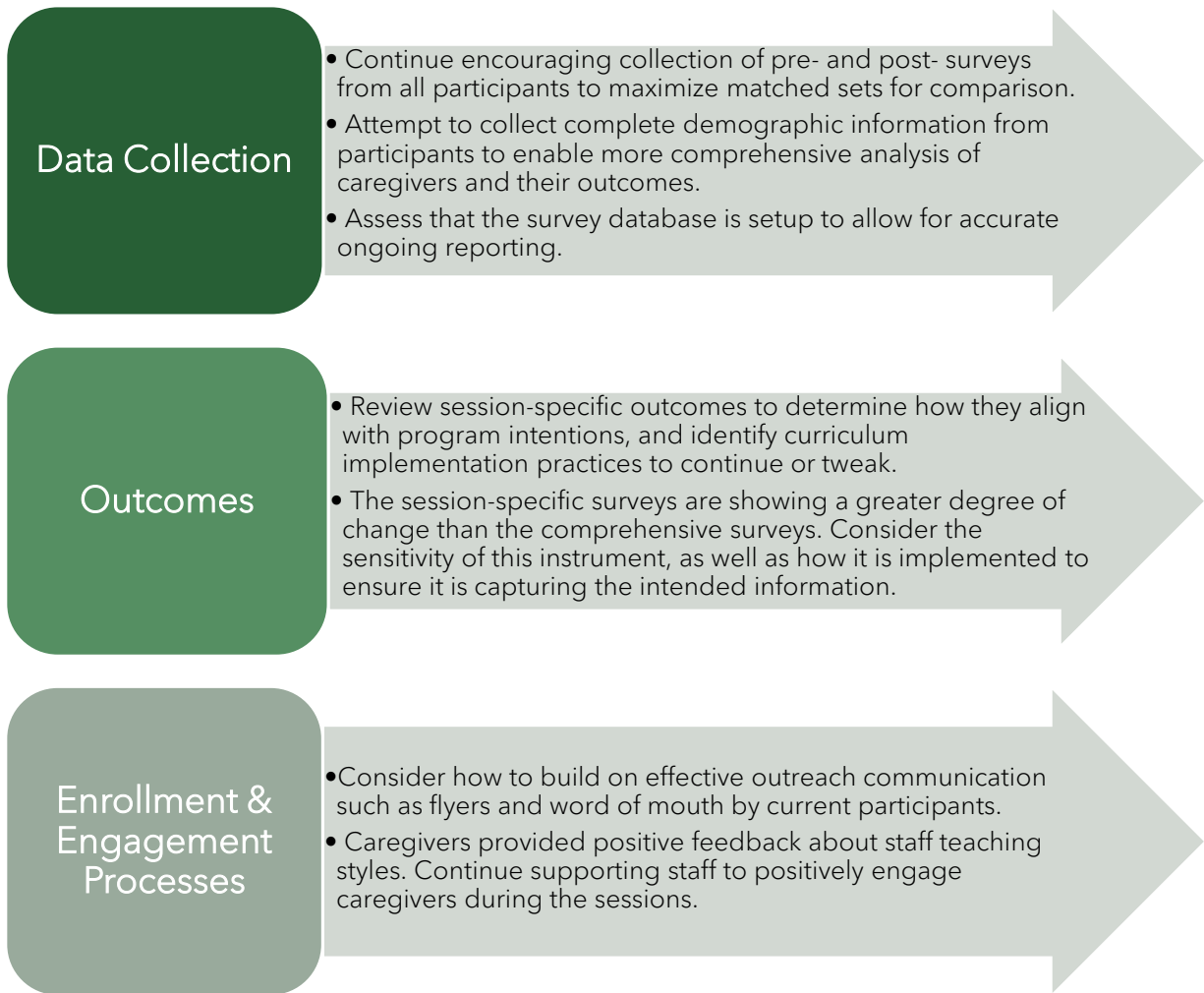
Word-of-mouth from family members and friends was the most common way participants found out about the program, although quite a few participants also reported learning of the program through flyers at community centers. Most participants found the enrollment process easy.

Almost all participants who completed the program expressed satisfaction with it and did not feel anything was needed to improve it. They indicated they learned a lot from it and expressed appreciation for the Candelen staff that taught the classes they attended. Similarly, most participants reported a number of specific ways in which program staff helped them enhance their caregiving skills and also indicated they had frequently felt supported by other participants.

Overall, the findings indicate that a substantial portion of participants feel they gained useful knowledge regarding caring for children and increased their positive child care behaviors. Given that the new survey tools only began to be used well into the program year and the relatively small number of program completers in that period of time, it will be important to see findings from the coming year, which will represent data from a much larger group of FFN caregivers.

Considerations Going Forward

After this first year of evaluation instrument development and pre/post survey collection, LMA respectfully puts forth considerations for the upcoming year of data collection, outcomes, and enrollment/engagement processes.



LMA looks forward to working with Candelen to address their reflections and questions after this first year of evaluative findings.

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APPENDIX A. KITH AND KIN PROGRAM THEORY OF CHANGE

INPUTS	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	MEDIUM TERM OUTCOMES	LONG TERM OUTCOMES
<p>Community based locations with separate rooms for sessions and child care*</p> <p>Well trained staff who are supportive and empathetic</p> <p>FFN caregivers</p> <p>Lesson plans/ materials for Specialists and Early Childhood Educators</p> <p>Handouts for participants</p> <p>Snacks and beverages</p>	<p>Culturally-Sensitive Trainings on:</p> <ul style="list-style-type: none"> Daily schedules and arranging the environment Language and literacy Nutrition Ages and stages Positive guidance and discipline Brain development Child development activities Child injury prevention/safety (including CPR & First aid) Parent and caregiver relationships <p>Outreach and recruitment of participants</p> <p>Identify and secure community partner organizations</p> <p>Child care during meetings</p> <p>Building support for FFN caregivers</p> <p>Provide resources and referrals to other community programs</p>	<p>Number of FFN caregivers who participate in each curriculum topic</p> <p>Number of series delivered.</p> <p>Number and demographics of children impacted**</p> <p>Resources for hosting sessions</p> <p>Number of children participating in onsite child care</p> <p>Number of referrals made to outside programs</p>	<p>FFN caregivers know more about and have more skills in:</p> <ul style="list-style-type: none"> Daily schedules and safe environment setup Language and literacy Nutrition Children's ages and stages Positive guidance and discipline Brain development Injury prevention and safety Contract or agreement between parent/caregiver Support and communication <p>FFN caregivers support each other in session FFN caregivers know more about community resources in their languages</p>	<p>FFN caregivers provide enhancements in the following:</p> <ul style="list-style-type: none"> Use daily schedules and routines in an appropriate setting Activities that strengthen language and literacy Nutritious meals and snacks Age appropriate communication, teaching, and discipline School readiness Maintain a safe environment Caregiving competence <p>FFN caregivers support one another outside of the program</p> <p>FFN caregivers access community resources</p>	<p>FFNs provide increased high quality, safe, and nurturing childcare</p> <p>Children are physically, socially, and emotionally healthy</p> <p>Increased school readiness</p> <p>Improved child health and safety</p> <p>FFN caregivers have improved social and emotional wellness</p>