

2015-2016 Evaluation Plan for  
**PB&J FAMILY SERVICES**

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## **INTRODUCTION**

PB&J serves at-risk children and their families in Bernalillo and Sandoval counties in New Mexico (roughly comprising the greater Albuquerque metropolitan area) with the goal of promoting optimal child development and eliminating child maltreatment. Through a myriad of programs and initiatives coordinated by a dedicated caseworker, parents work on their own goals while learning about and supporting the needs of their children.

PB&J's organizing principal is to provide wraparound services, including numerous activities and programs that respond to the complex needs of their clients. Case managers often support clients in addressing immediate challenges, such as applying for food stamps or making a doctor's appointment. This approach to service delivery is different from other models, where a standardized program is implemented. By meeting clients "where they are at," PB&J staff develop nurturing and trusting relationships. These relationships help clients to see themselves as capable and self-determining, thus enabling them to take constructive action as parents.

The programs provided by PB&J include:

- Therapeutic Preschool for parents and children, state-supported Pre-Kindergarten.
- Home visiting programs for parents of young children.
- Inmate programs to help reconnect incarcerated parents with their children.
- Parenting education programs to promote positive parenting strategies.
- Community based and outdoors activities for parents and children.
- Nutrition, transportation, advocacy and networking services.

A logic model is provided in the Appendix.

Support for PB&J's approach is well supported by research. Ainsworth and Bell (1970) provided some of the earliest evidence that infants form attachments to their caregivers based on caregiver reactions. The researchers established that positive caregiver reactions fostered secure attachments in infants while negative reactions fostered ambivalent or distant attachments. The attachment an infant has to his or her parents affects the development of the caregiver-infant relationship, and this relationship strongly influences the child's development (Sroufe 2000). In short, positive relationships between infant and caregiver are the foundation for healthy child development.

Evidence that a child's environment affects his or her development comes from Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, and Marks

(1998), who found that Adverse Childhood Experiences (ACEs) are associated with worse mental and physical health for adults. The ACEs framework provides scientific evidence for the trauma-informed practices that have long defined PB&J's emphasis on building trust through respect and empathy. The understanding of ACEs also highlights the importance of PB&J's interventions to promote healthy parent-child relationships.

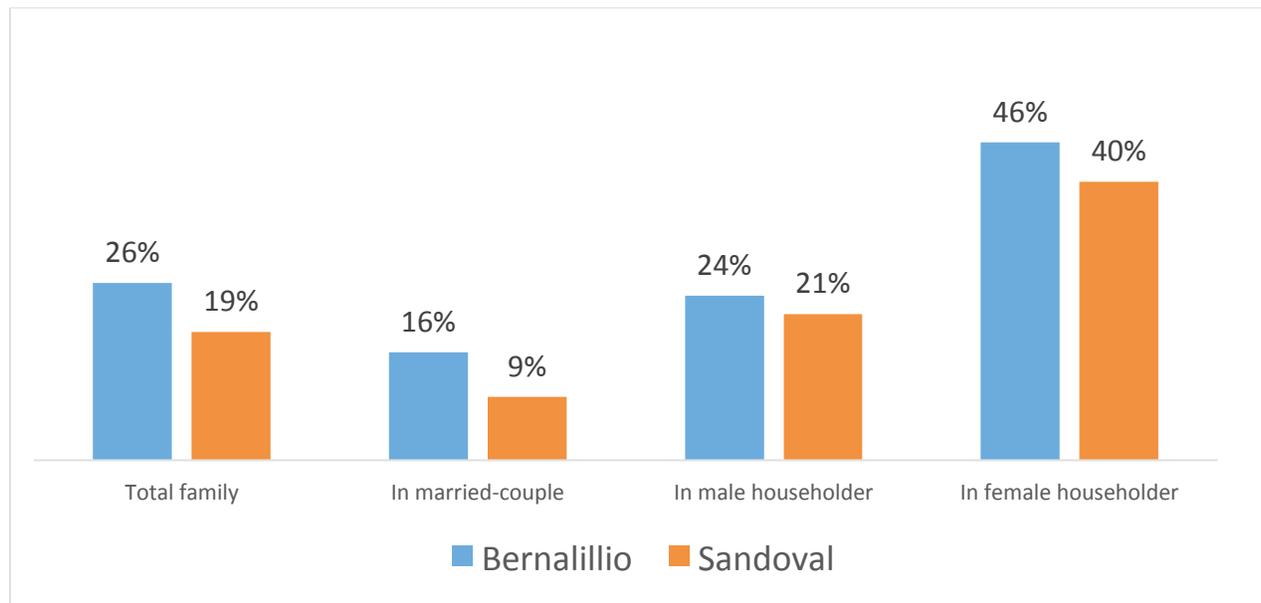
Evidence from Reynolds (2011) and Heckman, Moon, Pinto, Savelyev, and Yavitz (2010), who report on long term outcomes of high-quality pre-school and home visiting programs, support PB&J's preschool and home visiting programs. These studies found long lasting, positive outcomes for adults who participated in pre-school and home-visiting programs as children. The positive outcomes included more education, higher incomes, higher rates of employment, and reduced criminal activity.

Evaluation work will build on a previous data collection and reporting project, to include updating data forms, establishing reporting frameworks and analyzing data. In addition, the evaluation team will document PB&J's trust-building and wrap-around services approach, which enables the organization to productively engage the most vulnerable families.

## **COMMUNITY CONTEXT**

Children in Bernalillo County, and the state of New Mexico as a whole, experience poverty at rates higher than the U.S. average, with 26% of children in Bernalillo County and 29% of children in New Mexico experiencing poverty compared to 22% of children in the U.S. as a whole; the poverty rate for Sandoval County children is slightly lower than the United States, at 19% (U.S. Census Bureau, 2013). Poverty varies greatly by family structure, and is alarmingly high for children of single mothers. In Bernalillo County, 46% of these children live in poverty and the rate for Sandoval County is only slightly lower, at 40%. (See Figure 1.)

**Figure 1: Percent of Children in Poverty by Household Type**



Source: American Community Survey 2013 5 Year Sample

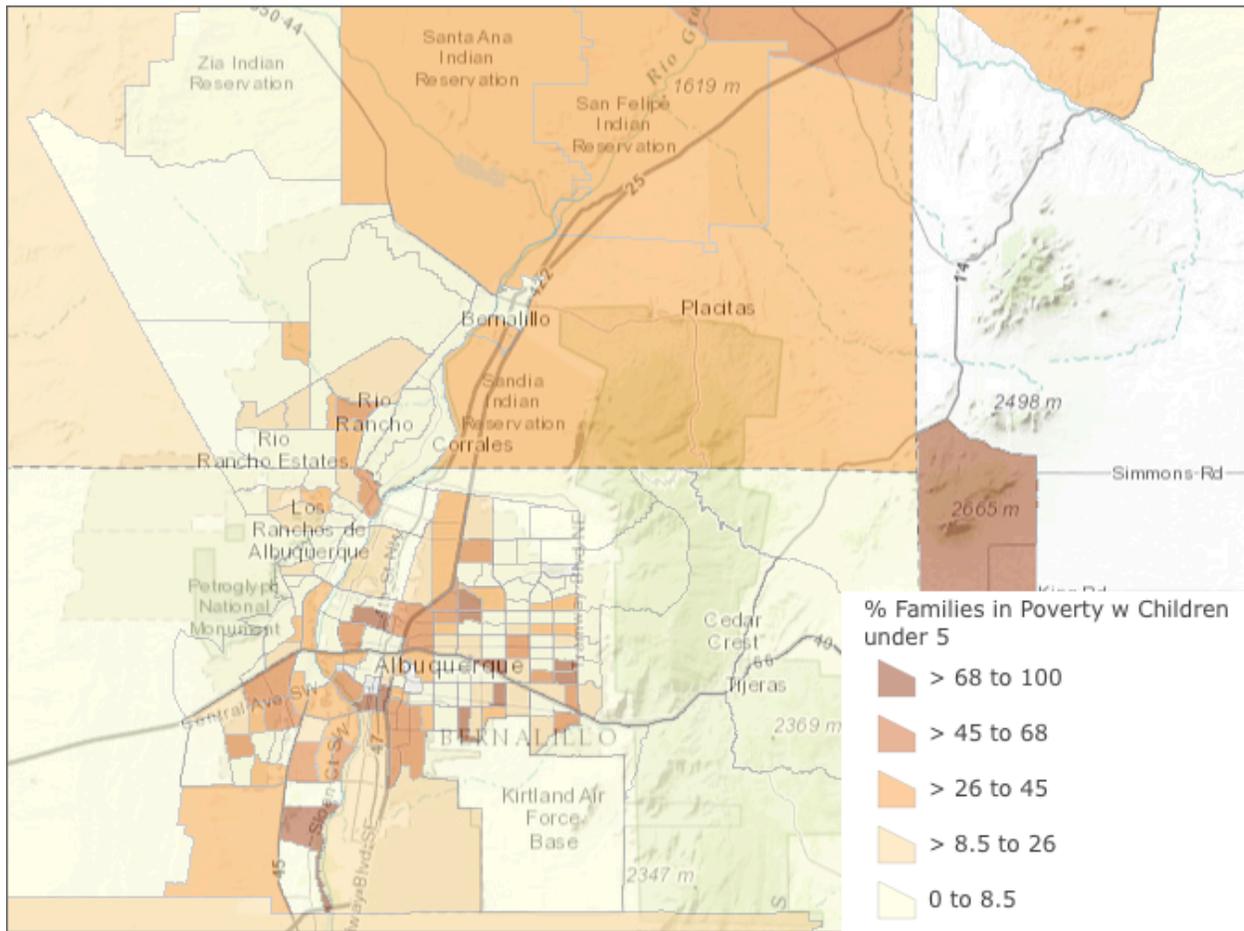
The number of women who are raising children alone is 2-½ times that of men; in New Mexico there are 23,309 single male headed households with children and 61,963 female headed households (U.S. Census Bureau, 2013).

In both Bernalillo and Sandoval Counties there are pockets of concentrated poverty, where over 50% of families with children under 5 are in poverty. The South Valley, south Broadway and International District neighborhoods in Albuquerque, and areas around the City of Bernalillo in Sandoval County have places where 26% or more of families with children under five years of age are in poverty and pockets within these areas where 50% or more of families are in poverty (See Map A).

Although poverty alone is not a reason for a family to seek the services of PB&J, poverty is a risk factor for child maltreatment.<sup>1</sup> Map B displays the rates of child abuse or neglect by Census tract. As can be seen from comparing Map A and Map B, there are many areas where families experience high rates of poverty and high instances of child neglect and abuse.

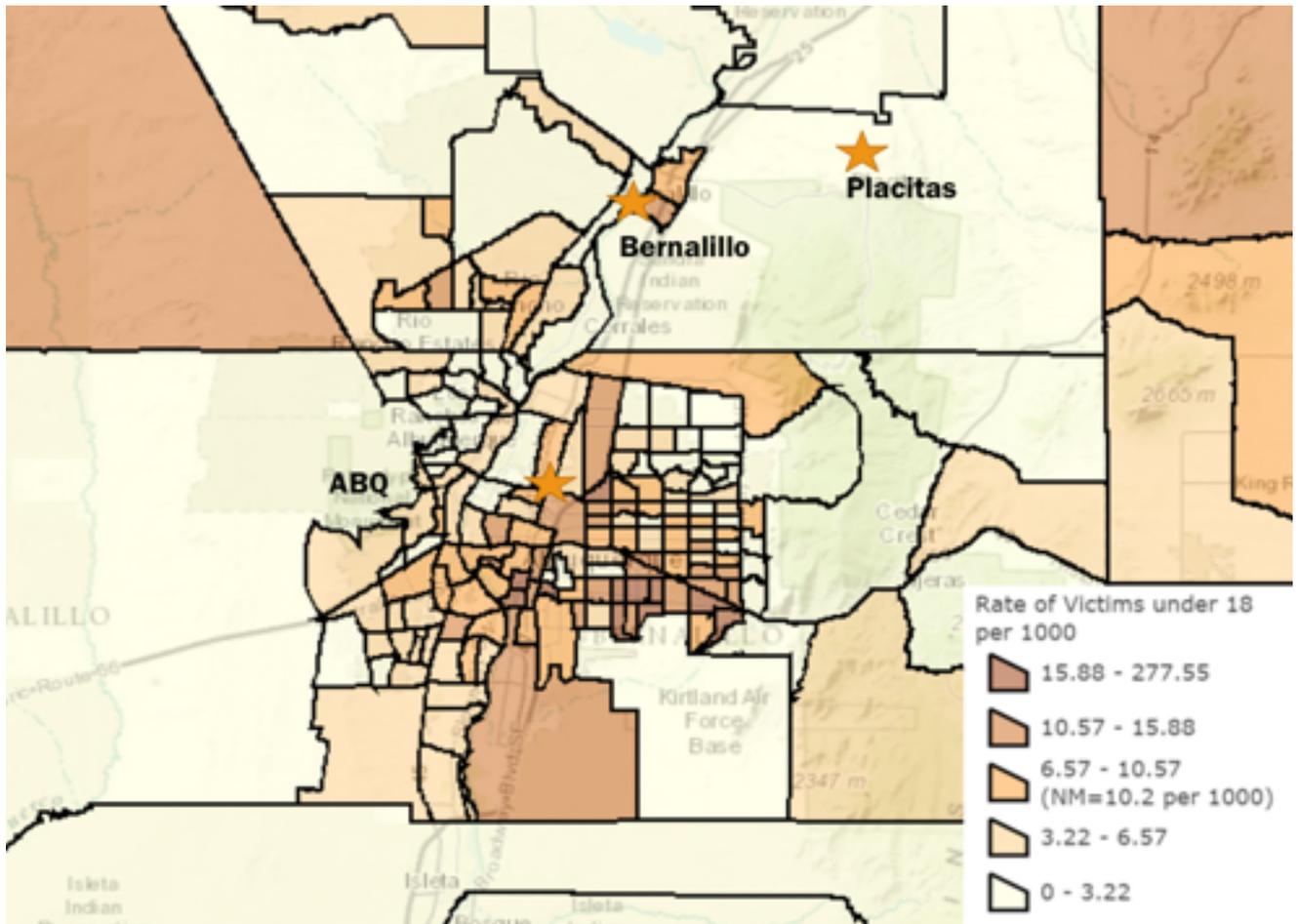
<sup>1</sup> See, for example, Cancian *et al.* 2010.

### Map A: Families in Poverty with Children under 5 years of age



Source: American Community Survey 2013 5 Year Sample. Retrieved from <http://nmcdc.maps.arcgis.com/home/>.

**Map B: Rate of Child Abuse or Neglect per 1,000 Children ABQ Area**



Source: New Mexico Children, Youth and Families Department, Child Protective Services Division, 2012. Retrieved from <http://nmcdc.maps.arcgis.com/home/>.

## **EVALUATION PLAN**

The evaluation will focus on three central questions related to PB&J and its model:

1. How can the data collected by PB&J be used and analyzed for program evaluation?
2. What is PB&J's model?
3. How do clients perceive and experience the program?

The evaluation team will conduct two activities. First, the team will continue the work of the previous evaluation to review data collection, provide recommendations for outcomes reporting, and interpret data reports.

Second, the team will illuminate PB&J's wraparound services program by conducting case studies of two families who participated in successful interventions. Case managers will identify the families and assist the evaluation team in a file review to document how a family experiences PB&J from intake through final discharge. Parents will share their experiences of PB&J in open-ended interviews. The result will be a narrative that explains how PB&J works from the family's point of view.

The goals of providing these narratives are: (1) to uncover and articulate the mechanisms embedded in PB&J's approach that affect the lives of its clients in ways that prevent child neglect and abuse and (2) to provide a comprehensive account of how the variety of services that PB&J offers combine to support families and nurture children.

Once the mechanism and the program are clear, the evaluation team can construct a program model that will serve as the basis for evaluation. Future evaluation work can assess the degree to which staff are trained on this model and how the program might be replicated. The ability to document a program for replication is necessary for establishing an evidence based practice.

## **TIMELINE**

1. December 2015
  - Meet with PB&J staff to review forms and data collected
  - Interview Case Manager
2. January 2016
  - Make changes to client information forms
  - Propose reporting format
  - Receive client data
3. February 2016
  - Analyze client data
  - Review 1<sup>st</sup> and 2nd clients case
  - Conduct first interview with family
4. March 2016
  - Conduct second interview
  - Analyze data from interviews and client case's and client database
  - Write first draft of evaluation report
5. April 2016
  - Develop a framework for measuring and analyzing PB&J's effectiveness in the future
  - Write final evaluation report

## REFERENCES

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## Appendix 1 (Logic Model)

Key Values: Respect, Non-judgement, <b>Attachment</b> , Positive Input					
Ultimate Outcomes	Activities	Process Indicators	Outcomes		Mechanism for Shift
			Short	Long	
Prevention of Child Maltreatment	Home visits	# of food boxes	Reunification	Long term Child Safety	Trust building
Preservation of the Family	Case Management/ Wrap-around service	# of groups	Immunization	Continued Reunification	Skills
Optimal Child Development	Assessment and Intake	# of meals served	Child meets developmental milestones	Decreased Special Ed. due to behavior	Resources
School Readiness	Therapeutic Preschool	# non-billable hours	Receiving Benefits	Decreased need for behavioral health services	<b>Attachment</b>
Success in Live for both Child and Parent	Crisis Intervention	Value of material support	Increased parent knowledge	Break intergeneration	Self-advocacy
	Art Therapy	# of overnight visits	Stable housing	cycles of abuse, addiction, mental	Self-respect
	Parenting/Parent Group	# of families in MDC	Support Network		Empathy
	Wilderness Excursions	# of dogs adopted	Better Parent-child relation		
	Transportation	# of intakes	Increase parental capacities		
	Food	Hours of service by activity	Home safety		
	Nurse and Nutrition	# of homevisits	Financial Stability		
	Reentry services for Inmates	Clients served in each program	100% Parental involvement		
	Financial Education	Client satisfaction surveys	Self-Advocacy		
	Workforce Readiness	Consumer satisfaction survey	Healthy Child: Socioemotional stability		
	Court Services	Treatment plans	Family safety		
	Family Reunification	# of kids without immunization	Increase Life-skills		
	Early Education/ Pre-K	# of FIT Evals	Improved Mental Health		
	Community Field Trips	# of referrals vs. intakes	More School Attendance		
	Advocacy	# of families connected to services other than PB & J	Improved Addiction Stability		
	Healing Hearts Dog Adoption	# of field trips	No CYFD Involvement		
	Supported Living	# of people receiving transport	No legal involvement		
		# of people in Family Centered Meetings			
		Case Management Transporting			
		Hours of Case Management Billed vs not billed			