

CONSUMER SATISFACTION AS AN ASPECT
OF SOCIAL WORK PRACTICE

by

NORA CRISTALL

46

A Practicum Report
Submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements
for the Degree of

MASTER OF SOCIAL WORK

Department of Social Work
University of Manitoba
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ABSTRACT

Children's Special Services provides an out of home respite service for children with developmental disabilities. Consumer satisfaction with the program was explored in a survey of participating parents and referring Family Services Workers. A small case study was also conducted of families experiencing problems with the program. A standard measure of consumer satisfaction, the Consumer Satisfaction Questionnaire (CSQ), was used to measure parent and worker's satisfaction with the program. To explore the variance in reported satisfaction, the CSQ-8 score was used as the dependent variable. Parent and workers responses were also correlated to explore convergent and divergent views and to determine the area of concern for each interest group.

The study findings supported a high level of satisfaction with the program for both workers and families. The program appears to be a well functioning highly valued family support resource. Although workers and families reported high levels of satisfaction, there was no pattern to responses for each worker parent pair. Areas of dissatisfaction for families and workers are identified in the study findings.

The practicum report provides a number of recommendations for the program. This includes, the suggestion for continued consumer involvement

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in the ongoing administration of the program and recommendations regarding preparation for admission and the continued development of integrated recreational activities. The report provides an example of a study of consumer satisfaction with a specialized family support resource.

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This project would not have been possible without the assistance of many people. This includes all of the families who so willingly shared their knowledge and experiences. Children's Special Services staff, in particular Josie Hamerton and Emilie Legace, provided ongoing assistance with the study design and interest in every step of the study process. Virginia Peters was of tremendous assistance with typing and the presentation of tables and diagrams.

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INTRODUCTION

Consumer satisfaction is one of the most widely embraced constructs in marketing. In the public sector, clinical and program evaluations have the same relationship to service delivery as profit margins do in the private sector. Clinical and program evaluations provide a framework for capturing the opinion of social service consumers and exploring areas of both satisfaction and dissatisfaction. As Trute (1985) explains; "Evaluation is an integral aspect of all social work practice. Assessment techniques direct the clinical change process whether it involves a person, a family, a group, or a large social network" (p. 100).

Consumer involvement in social work evaluation has spirited a return to the roots of traditional social work practice. Inherent in the theme of consumerism is the belief that recipients of services should be empowered to make decisions about their own destiny. Consumerism, when applied to human services, may seem like an unusual construct. As Tower (1994) indicates, recipients of social services are consumers in much the same way as customers who acquire services from a specialty store. However, there appears to be some limitations to this analogy. Particularly with specialized family support services such as out of home respite, parents have few service choices. If they are dissatisfied with the services, parents often have limited options. The public sector does not have many of the usual

attributes of private enterprise. This includes characteristics such as competition and voluntary consumption.

The basic doctrine of consumerism within human services, is the belief that individuals who experience a specific life condition have first hand knowledge of their own needs.

Consumer driven practices have a prominent position in the administration of services for children with disabilities. Parents, as primary caregivers of children with disabilities, are consumers of services in a rather unique way. Since they access services to meet their own needs as well as the needs of their disabled child, and possibly other family members, they are primary as well as secondary consumers of support services.

This practicum report focuses on consumer satisfaction with the Children's Special Services Summer Program. The program provides out of home respite and recreational resource for children with developmental disabilities in the City of Winnipeg. The Summer Program provides a unique respite service for parents during the summer months. That is, the program provides children with an opportunity to participate in an enriching activity while it also gives parents a break from child care responsibilities for a large amount of time. Satisfaction in this case is a key component of the program

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goals, as the summer program is essentially in existence to direct services to children with special needs and their parents. The program would not be a success by any standards if parents did not feel satisfied with the service for themselves or for their children. Parents of disabled children have been regarded as "entrepreneurs" as they are experts in assessing their own needs and the needs of their children (Darling, 1988). Therefore, their feedback concerning service provision is key to successful, high quality service delivery.

This document is a report of a social work practicum in applied family research. Part one of the document includes a review of the literature related to consumer satisfaction and childhood disability. This will include a review of the literature on consumer driven social work practice and an exploration of the methodological considerations necessary when using consumer satisfaction measures. Part one includes a brief review of the program evaluation literature with an emphasis on consumer satisfaction and consumer feedback measures. The primary emphasis of the literature review will be the application of consumer satisfaction in social work practice with particular emphasis on family support services.

Part two of this report will be a review of the steps in the practicum procedure. The process is described as well as the study design and the

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procedures involved in developing, implementing and finalizing the study. This section includes a description of the steps in the research project, including establishing the study design, questionnaire construction, data collection and data analysis.

Part three of the practicum report provides a summary of the study findings. Here, consumer satisfaction with the Children's Special Services Summer Program will be summarized with a number of findings specifically related to consumer satisfaction with the program. This will include descriptive information regarding study participants, results of the aggregate satisfaction or global level of satisfaction with the program, a summary of the feedback from parents and workers regarding specific aspects of the program and suggestions for future program planning. The findings incorporate information from a study of four families identified as experiencing problems in the program, and a summary of open-ended questions.

Part four of the practicum report is an assessment of the practicum experience which will include an evaluation of the study as well as a review of the learning objectives stated in the practicum proposal. The learning objectives identified in the proposal included developing skills in: survey research, interviewing, program evaluation, organizing a study, analyzing statistical data, exploring in detail consumer satisfaction measures, and

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studying the many aspects of service delivery in the field of childhood disability. The report will conclude with a reflection of the experience and an identification of key areas of learning and skill development.

PART I
LITERATURE REVIEW
CONSUMER DRIVEN SOCIAL WORK PRACTICE

INTRODUCTION

The literature review will include references from the family support movement, childhood disability, consumer satisfaction with public sector services and program evaluation theory. The literature on the family support movement and childhood disability introduce practice themes relevant to service for children with disabilities and their families. The literature on consumer satisfaction and program evaluation provide the theoretical foundation for the study design.

THE FAMILY SUPPORT MOVEMENT

The consumer movement has influenced the delivery and administration of social services over the past twenty-five years. Consumer self-help groups evolved during the 1970's in an attempt to influence service delivery (D'Aubin, 1990). The Coalition of Provincial Organizations of the Handicapped (COPOH) evolved in the 1970's as a cross-disability organization to represent the voice of consumers in policy and program areas. In a similar way, other self help and advocacy groups developed as the result of several social influences in the 1960's and the 1970's, such as,

- The American civil rights movement;
- The development and refinement of self help groups;
- Hospice care for people with terminal illnesses;
- The independent living movement of people with disabilities;
- Deinstitutionalization of the mentally ill. (Tower, 1994)

The consumer movement is a shift away from a medical model of illness towards a model which emphasizes self-determination and the empowerment of clients. The focus of contemporary practice has moved towards a paradigm which is consumer driven, and builds on family strengths and resources (Dunst & Trivette, 1994).

Trieschman (1988) reviewed the traditional, medical model of service provision in rehabilitation programs in his book *Spinal Cord Injuries: Psychological, Social, and Vocational Rehabilitation* (1988). As Trieschman explains, consumers of services are rarely involved in the allocation of resources or decisions regarding program development. Very few social agencies involve consumers in the administration of their own care. Instead, professionals often determine what consumers need and evaluate services from a strictly professional perspective.

EMPOWERMENT

Like consumerism, empowerment involves client focused practice and service delivery. Consumerism, as a movement, recognizes the importance of the client's voice; empowerment is the process of mobilizing clients to

express their needs and desires. Empowerment is described as a "multi-level construct that emphasizes health promotion, self and mutual help, and multiple definitions of competence" (Rapp, Shera & Kisthardt, 1993 as quoting Zimmerman, in press). Consumer satisfaction measures have been described as "empowerment oriented outcome measures" (Rapp, Shera, and Kisthardt, 1993). That is, consumer satisfaction evaluations are a way of incorporating empowerment principles in social work practice.

Family involvement in service choice is described as a key feature of empowering practice (Langer, Ellison, Bersani, and Freud, 1991). The term "empowerment" is synonymous with family-driven service choices. This can be described as a divergence from the often prevailing paternalistic notion that professionals know what is best for the family. Family-driven services imply flexibility in choice and options, with the family ideally having the final decision regarding choice of service utilized. As explained by Langer et al. (1991), successful and effective family empowerment depends on a number of key features, which encompass the presence of knowledgeable and skilled staff and individualized family-focused programming. In an evaluation of four family support programs, the authors found that individualized, consumer driven services consistently resulted in more favourable program outcomes.

FAMILY SUPPORT SERVICES

Dunst, Trivette, and Deal (1994) provide a comprehensive theoretical paradigm for providing services to families with disabled children. The family centred model of service delivery presented by Dunst et al. is consumer driven and involves empowering families and mobilizing family strengths. They present an ecological paradigm for practice which incorporates consumer satisfaction in the spectrum of service delivery.

As D'aubin argues, "Canadian consumers have been actively working during the last decade to formulate theories of service provision which will serve to empower people with disabilities. The task for the 1990's will be to move from theory to practice" (1990, p. 16). The model suggested by Dunst et al. (1994) provides a theoretical framework for empowering and consumer driven practice for children with disabilities and their families.

The model depicts several key components for successful family centred support programs. The components include: identifying family needs as initiators and consumers of programs and services; developing programs to meet the needs of the individual child and the family; enhancing areas of family strength and competence; exploring natural sources of support such as the community; self-help groups and networks, and evaluating program outcomes in a manner that incorporates findings in ongoing service

provision. Desired outcomes are: consumer satisfaction; family stability; family well-being and empowerment and quality of life for the disabled child and other family members. Ideally, family support programs are evolving and continually enhanced by ongoing evaluation and the incorporation of outcome findings in service provision.

Along with the consumer movement, the family support movement has contributed to major changes in the focus of service delivery. The movement is based on principles of family empowerment and consumer driven service choices. Over the past ten years, the family support movement has gained momentum in North America and has contributed to the development and provision of services to families and their children with developmental disabilities. The family support focus has evolved out of the need for community based resources, and the movement away from institutional care and out of home placements (Castelanni, Downey, Tausig & Bird, 1986). The family support movement is, like consumerism, a paradigm shift and a philosophical change in service provision. The spirit of the movement positions the family as the focus of service delivery. A primary belief of the movement is that, given adequate supports, families are capable caregivers of their members with disabilities (Marcenko, Herman & Hazel, 1992). As Lightburn and Kemp (1994) describe:

Effective family support programs challenge and reformulate mainstream person-oriented, agency based social work practice. Good family support programs demonstrate, in fact, the sort of holistic, contextual, and empowering practice that brings to life social work's "new old" with the person in his environmental context and revitalizes the profession's historic commitment to serving families (p. 17).

The movement advocates the provision of services which assist families in maintaining a stable environment for the optimal development of all family members. The movement also supports the development and utilization of community resources and the strengthening of community and network involvement in the provision of services to families (Lightburn & Kemp, 1992).

As Singer and Irvin (1989) indicate, there is little disagreement about the broad goals of family support programs. They usually include: programs aimed at enabling people with developmental disabilities to live at home with their families; programs that assist people with disabilities in accessing necessary services, and services aimed at enhancing overall family functioning. However, variation in practice and resources makes it difficult to develop a concise definition that has general application. As a result, there are no clearly articulated reference points or clearly delineated definitions of family support (Singer & Irvin, 1989).

The leaders of the family support movement have had difficulty coming to a consensus regarding the development of a comprehensive definition (Zigler and Black, 1989). There are also many difficulties with access and the availability of services at a practice level (Castelanni, Downey, Tausig and Bird 1986). The family support movement, is based on several basic principles that have contributed to the movement's success. The principles not only differentiate family support programs from traditional social services, they represent the accumulated wisdom of many thinkers and actors in the delivery of services. Contributions were made from the grass-roots level as well as from professional and academic communities (Zigler & Black, 1989).

Family support services have also been defined by their intended outcome, maintaining the child in the home and enhancing the capacity of families to provide optimal care (Castellani, Downey, Tausig & Bird, 1986). According to Castellani et al. (1986) these have included the following services:

- Information and referral programs;
- Diagnosis and evaluation services;
- Parent training programs;
- Crisis stabilization services;
- Out-of-home respite services;
- In-home respite services;
- Home rehabilitation;
- Recreation;
- Transportation.

Family-support programs are described as services with primary emphasis on strengthening individual and family functions in a way that empowers people to act on their own behalf (Dunst, Trivette, Starnes, Hamby & Gordon, 1993). To enhance service delivery, family support programs reflect consumer identified needs and consumer driven resource provision.

FAMILY ADAPTATION RESEARCH

Applied family research in the field of childhood disability has been broad and multi-disciplinary with vigorous research occurring only since 1979 (Ramey, Kraus & Simeonsson, 1989). In the mid-1980's, research in the field of developmental disabilities changed focus (Singer & Irvin, 1989). Over the past 20 years, research studies have moved away from exploring family pathology, to designing studies which explore family strengths. The shift in research on the family system paralleled the changes to a more ecological model of consumer driven services in the field. Researchers diverged from a focus on stress and pathology in the family to an interest in the identification of factors which contribute to parents' abilities to cope. The shift has focused on family strengths and has, for researchers, required a reversal of the dependent and independent variables. Rather than consider the impact of childhood disability on the quality of the parent's marriage, the question becomes: What is the impact of a strong marital dyad on the ability of the family to cope successfully with childhood disability? This type of

exploration has been the focus of studies by Fredrich and Fredrich (1981) and Trute (1990). The Trute (1990) study corroborates the mediating effect of a strong marital relationship on adaptation to parenting a child with special needs.

In a review of contemporary social work practice issues, Sullivan and Rapp (1994) describe a strengths based model of practice as a fundamental paradigm that actually defines the profession. As the authors indicate, social work has traditionally followed a medical model of illness and pathology to explain social circumstances. A strength based model is a departure from a paradigm which traditionally defined practice. As the authors indicate, practice strategies "that affirm client choice and are committed to the optimum development of human and social potential and to social justice, are consistent with the guiding values of social work" (p. 101). A strengths model, "is best suited to support the mission of social work and help create the professional niche we so desperately desire" (p. 101).

Research and clinical practice which focus on family strengths provide a framework for comprehensive services which incorporate evaluation measures as part of clinical practice. Childhood disability is complex and the needs of the family are multidimensional. Ongoing evaluation is a way to

explore the needs and strengths of families and develop high quality consumer driven service options.

SUMMARY

The family support movement, the consumer movement and an empowerment model of practice are fundamental to consumer focused practice and evaluation. Dunst, Trivette, Starnes, Hamby and Gordon (1993) provide a theoretical foundation for consumer-driven practice which allows researchers to anchor evaluations within a service context. Consumer driven social work practice, calls for a "bottom-up" approach to policy development and implementation. Singer and Irvin (1989) review the evolution of changes in the study of family adaptation. Research and the family support movement have encouraged practitioners to develop services for families which focus on strengths and reflect consumer driven interventions.

CHILDHOOD DISABILITY

Family support programs evolved with an emphasis on assisting families to care for their disabled children in their home communities. The impact of disability in the family has been the focus of many researchers (Seligman & Darling, 1989; Buscaglia, 1983; Turnbull & Turnbull, 1985). Contributions to the field have come from parents, social scientists, educators and other professional groups. As disabilities are generally pervasive and chronic in

nature, the family is likely to experience many diverse challenges throughout every developmental phase. Childhood disability is likely to affect many aspects of family life, the medical system, the educational system and involvement in social and recreational pursuits. Most people agree that disability in the family is an unexpected and disappointing turn of events. In North American society intelligence and physical beauty are greatly valued and any disability is considered to be a formidable handicap. As Seligman and Darling (1989) describe: "prior to the infant's birth, most parents have had only limited experience with individuals with disabilities. In general, they have been exposed primarily to the stereotypes and stigmatizing attitudes towards the disabled that prevail our culture" (p. 31). Parents must grapple not only with the challenge of caring for a disabled child and the new role demands, but also their own perception of disability and what that means to them personally.

In a review of his own experience as the parent of a child with developmental delay, and his clinical experience and training as a psychologist, Philip Roos (1985) describes the most common pattern of parental reaction to the challenge of parenting a disabled child:

- 1) Parents can experience a loss of self-esteem. Children are often viewed as extensions of the parent, and a disabled child threatens this extension and may cause parents to question their worth.
- 2) Parents may experience feelings of shame. Most parents take pride in their children and parents of disabled children continually face ridicule, pity and social rejection.
- 3) Parents often experience ambivalent feelings towards the child. The complex feelings of love and anger towards a child are only intensified when the child has a disability.
- 4) Parents may experience symptoms of depression. A residual grief reaction, described as chronic sorrow (Olshansky, 1966) can be anticipated with disability, the grief reaction is often long-term.
- 5) Self-sacrifice is a common reaction. Some parents appear to dedicate themselves to the child in a martyr like fashion. Sometimes this pattern leads to neglect of other family members.
- 6) Defensiveness of actions and hypersensitivity to perceived criticism of the disabled child is also a common parental reaction. Parents may present as antagonistic towards professionals and may in extreme cases, deny the child's shortcomings (Roos 1985, 18-19).

Buscaglia (1983) describes the experience of parenting a child with disabilities as years of confusion, fear, self-accusation, self-pity and self-hate. Disability, Buscaglia explains, will in most cases cause pain,

confusion, self-hate, embarrassment and the expenditure of a great deal of time and money (1983). Both Roos and Buscaglia, and others (Buck, 1950; Turnbull & Turnbull, 1978; Turnbull & Turnbull, 1985) articulate the psychological component of parenting a disabled child. As the authors indicate, there are as many patterns of coping as there are children and parents. Buscaglia (1983) describes the reaction of parents in the following way.

The process may vary; there will be those who realize at once that there is nothing they can do about the problem, that it is real, and that it is there. They accept it as a matter of fact. In a well-integrated manner, they will meet face to face, as they have other past stresses. They will choose alternative ways of coping and look for new constructive ways to deal with this inescapable despair. At the other extreme will be those who will spend their lives bathing in tears of self-pity and martyrdom, feeling lost, misunderstood and unloved, in self-imposed isolation. Most parents who have exceptional children will find themselves either somewhere between the two extremes of adjustment or perhaps vacillating from one to the other (pp. 88-89).

COMMUNITY BASED SERVICES

One of the goals of family support programs is the provision of individualized, community based services (Dunst, Trivette, Starnes, Hamby & Gordon, 1993). The service model presented by family support advocates encourages the availability and utilization of community based resources. The relationship between the family and the community should ideally be interdependent, with the community reinforcing parent's wishes and prerogatives (Weiss & Jacobs, 1988). Access to community based summer recreation programs for disabled children is a relatively recent phenomenon.

However, recreational programs available for disabled children have been traditionally limited to segregated activities, exclusively therapeutic, or isolated from the kind of recreation desired or available to other children (Schleien and Meyer 1986). The opportunity to participate in integrated activities is a rather new service possibility and most integrated programs are in the formative stages of development.

Bryan (1990) explains that people with disabilities often feel cut off from "real integration in society and participation as full citizens by lack of community awareness, by negative attitudes, and by the absence of funds" (p. 118). Wickman and Blackmore (1988) found that most parents of disabled children want integrated, community based, non-specialized services for their children. Parents value integrated services, but the opportunity for choice and individualized programs is also of major importance to families in their selection of recreational and educational services for their children. The opportunity to select services that are individualized and include a variety of options are of primary importance to parents (Wickman & Blackmore, 1988).

The ability to structure and deal effectively with leisure time is an important predictor of successful community adjustment for people with disabilities (Schleien & Meyer, 1988). However, as previously indicated, access to generic, community based services is in the formative stages. Darling

(1988) links the role of parental "entrepreneurship" to the opportunities for reasonable access to community activities for disabled people. In reaction to limited options, parents often become professional consumers to advocate for access to services for their children (Darling, 1988). Access to integrated programs is a very complex issue (Schleien & Meyer, 1988; Schleien & Werder, 1985). The field is primarily studied and evaluated by education and recreation specialists. However, access to programs for the disabled is an issue for social workers who often utilize community resources and advocate for specific services for clients.

As the term implies, integrated programs are those programs which are accessible to everyone regardless of their ability. Segregated programs are those programs designated for disabled people only. The availability of integrated opportunities and the individual program's ability to adapt activities for disabled consumers is an important and timely issue. The importance of integrated program opportunities for disabled children and adults was identified in a consumer satisfaction survey in the state of Colorado (Sands, Kozleski & Goodwin, 1991). Opportunities to participate in integrated activities was found to occur much less frequently than people with disabilities desire. An issue in the lives of people with disabilities, is the degree of independence and connection they enjoy with non disabled members of the community. Integration in the Colorado study occurred much

less frequently than disabled respondents desired and valued.

There are many studies which have also identified the advantages of providing an integrated program for non disabled children (Rynders, Schleien & Mustonen, 1990; Petr and Barney, 1993). Rynders, Schleien and Mustonen (1990) monitored the development and management of an integrated camp for special needs children and their same age peers. The children in their study showed an improvement in skill development and the participation was described as mutually beneficial for both groups. The study supported the value of integrated programs for all of the participants. The authors suggested that staff training and preplanning are necessary for integrated recreational programs to succeed.

The attitude and knowledge of care providers towards people with disabilities is a dynamic which has been explored using both professional and client groups (Nurse, Rhode & Farmer, 1990; Marcenko, Herman & Hazel, 1992). Staff knowledge and skill level were identified as key components to any successful family support initiative (Langer, et al, 1991). The attitude of care providers has also been identified by parents as an important aspect of service delivery (Petr & Barney, 1993). Petr and Barney (1993) found that parents expressed consistent concern about the impact of care providers' values, attitudes and philosophy.

The authors also pointed out the concern parents expressed over staff training and the need for specialized training in the family support model of service delivery. In a review of consumer satisfaction with a variety of services for disabled children and adults, Sands, Kozleski & Goodwin (1991) found that one of the most common reasons for dissatisfaction with a particular service was the perception that service providers lacked respect for the dignity of the individual.

SUMMARY

Disability in the family presents a major challenge for most parents. Family support initiatives such as recreational programming and community resources are highly valued by consumers of specialized services. Sands, Kozleski and Goodwin, (1991), and Marcenko, Herman and Hazel (1992) articulate the importance of individualized choices and high quality service options.

CONSUMER SATISFACTION IN SOCIAL WORK PRACTICE

Consumer Satisfaction is one of the most widely embraced constructs in marketing in the private sector (Peterson & Wilson, 1992). One survey reported in the *Chief Executive 1989* discovered that 90% of responding firms had customer satisfaction reflected in their mission statement (Peterson & Wilson, 1992). In large corporations, ratings of customer

satisfaction are used to evaluate the performance of employees, set objectives, enhance training, and provide insight into the appeal of competitors (Smith, 1979). As Peterson and Wilson explain:

From a normative or philosophical perspective, it is not possible to argue against the goal of customer satisfaction. For a business to be successful in the long run, it must satisfy customers.....it can be argued that satisfying customers is the primary obligation of a company. Hence customer satisfaction is a defensible and appropriate company objective - the glue that holds various corporate functions together and directs corporate resource allocation. Conceptually, virtually all company activities programs and policies should be evaluated in terms of their contribution to satisfying customers. (1992, p. 61).

In the public sector, customer satisfaction is important to assist services in reaching the same objectives. The absence of a profit margin makes it even more important to establish consumer satisfaction and involve consumers in the evaluation process. In the public sector, this is essentially the only way to measure satisfaction as a service outcome. Program evaluation in the public sector should have the same relationship to service delivery as profit margins do in the private sector (Shadish, Cook and Leviton, 1991). As Rossi and Freeman (1993) describe, evaluation is a way of corroborating findings. As the authors explain, "to evaluate is to make judgments; to conduct an evaluation is to provide findings that can be used to substantiate judgments" (p. 407). Consumer satisfaction measures in evaluation are essentially a way to corroborate the assumption that consumers needs are being met with the services provided.

Consumer satisfaction measures are a way of involving consumers in the ongoing development of effective clinical services. "Obtaining the views and insights of those we help is an essential means of critically examining our practice and refining our knowledge and skills. If we allow ourselves to learn from clients, we may well be able to enhance our own competence as well as theirs" (Maluccio, 1970, as quoted in Ellis & Wittington, 1983).

Most theorists suggest that there is room for more consumer involvement than has been the traditional practice, (Ellis and Wittington 1993). The focus, politically, is on the consumer, as opposed to other program stakeholders. In this way, consumer satisfaction measures can punctuate the importance of consumers in the evaluation of services as well as the client's needs and expectations.

In the social services, consumer satisfaction measures provide an important avenue for consumers to express concerns and opinions. As Levois, Nguyen and Attkisson (1981), explain:

In the private sector dissatisfied health service clients can often seek services elsewhere as an expression of dissatisfaction. In contrast, the public sector client is less likely to have alternative health service options and may not feel free to express dissatisfaction with the only health service available to him or her. It is necessary therefore, for public health programs to assume responsibility for establishing accurate ways of obtaining satisfaction feedback from private sector clients. (p. 139).

Consumer involvement in social service evaluation is also an important way of involving consumers in the provision and development of services. As Russell (1990) states, "Since disadvantaged clients rarely have the luxury of choice of service or the ability to apply negative sanctions or penalties when dissatisfied, they have little impact on service quality, adequacy, or appropriateness. Only by systematically soliciting client feedback that is comprehensive and informative, can the imbalance in influence between consumers and suppliers be rectified" (p. 44).

Consumer satisfaction measures can also provide valuable information about the overall quality accessibility and efficacy of services provided. Lebow (1983a) defines consumer satisfaction as "all inquiries into the extent to which the services gratify the client's wants, wishes or desires of treatment" (p. 212). This includes, the client's opinion regarding the quality of the service, access to service, the impact of the service, and the client's willingness to return for the same service in the future. The results of consumer satisfaction instruments can be used as a global measure of quality, as a means of identifying potential problem areas or as a means of improving programs and services (Ellis & Wittington, 1993). Consumer satisfaction measures have a broad range of applications, are relatively simple to administer and are often of minimal cost (Ellis & Wittington, 1993; Kurtz, 1990).

DEFINITION

One of the major difficulties with consumer satisfaction research is the complexity of defining the term *satisfaction* as a social or psychological construct. Much of the consumer satisfaction research in the public sector has neglected to provide a well-supported definition of satisfaction (Pascoe, 1983). Several theorists have attempted to explore satisfaction as a construct. The result has been a broad spectrum which includes satisfaction as an affective response (Linder-Pelz 1982), a reaction based on expectation, a reaction based on one's fulfilment, and a reaction based on discrepancy between service desired and services received. The latter two constructs originate in job satisfaction literature and are explored in detail by Pascoe (1983). Pascoe suggests that "patient satisfaction literature has proceeded with little attention to defining or conceptualizing the psychological nature of satisfaction" (1983, p. 186).

Although patients and other recipients of social services have been viewed as consumers by investigators, satisfaction research has not explored the conceptual development of market-based models of consumer satisfaction (Pascoe, 1983). In the public sector, consumer satisfaction is explored as a multidimensional construct (Hunt, 1977). As Pascoe summarizes, a market-based model of consumer satisfaction implies that a consumer recognizes multiple dimensions of a product or service, and he or she may also use

multiple criteria when making judgments (1983, p. 188). Drawing on the market-based theory of satisfaction, Pascoe (1983) defines patient satisfaction as "a health care recipient's reaction to salient aspects of the context, process, and result of their service experience" (1983, p. 189). Although Pascoe defines only patient satisfaction, the definition appears to have broad application in the public sector.

It is important to acknowledge that satisfaction ratings are subjective. As Ware, Snyder, Wright and Davies (1983) describe, measures of satisfaction are designed to capture a personal evaluation of care that can not be known by direct observation. Satisfaction ratings are somewhat different from measures of consumer opinion, which are generally more factual and objective. Satisfaction ratings provide researchers and practitioners with an opportunity to explore the perceptions of recipients. Ware, Snyder, Wright and Davies (1983) suggest that differences in satisfaction are a mirroring of the realities of care and service provision. As the authors explain, satisfaction ratings are a measure of care as well as a measure of the service recipient who provides the rating. The variance in levels of satisfaction can reflect personal preference as well as personal expectations. Consumer satisfaction measures are a way of learning what clients think about services received, as well as what clients expect from services.

Over the past 25 years, several instruments have been developed to measure consumer satisfaction with delivery in both health and social services. This includes clients' satisfaction with: medical care (Hulka et al., 1975), a variety of health and community mental health settings (Attkisson & Zwick, 1982; Greenfield, 1983; and Lebow, 1983a) primary health care for children with developmental disabilities (Kelly, Alexander & Morris, 1991), outpatient psycho-therapy (Larson, Attkisson, Hargraeves, Nguyen, 1979, Gatson & Sabourin, 1992), family therapy, (Woodward, Santa-Barbara, Levin & Epstein, 1978) pre-school services (Macleod & Rowan, 1992), a cash subsidy program (Agosta, 1992), a treatment program for drinking drivers (Greenfield, 1989), and a self-help group (Kurtz, 1990). Consumer satisfaction measures are often used in conjunction with other outcome measures (Jacob & Weiss; Graham 1994). Information is usually assessed by means of survey questionnaire administered in a mail out, waiting room, or personal interview. The primary research method is usually quantitative and includes parametric methods of data analysis (Spoth, Molgaard, 1993).

MEASUREMENT UTILITY

Consumer satisfaction surveys most often explore consumer satisfaction through a series of closed-ended Likert item questions about services received, overall quality of the service, satisfaction with service outcome, and often global questions about service access and whether or not the

client would use the same service in the future. The instruments are attractive to service providers as they are easy to administer, and have strong face validity (Pascoe, 1983). As previously indicated, satisfaction is a quality related to the consumer's experience and is not an independent evaluation of program performance.

Satisfaction measures are most valuable when combined with other outcome measures, or when compared to sample norms. Levels of satisfaction, in isolation, do not provide useful information, (Lebow 1983b). The measures are most prudently used in combination with open-ended evaluation questions (McKillip, Moirs, & Cervenka, 1992) or with concurrent outcome measures and information regarding client profiles and demographic information (Rosenblatt & Attkisson, 1993). As clearly described by Larson, Attkisson, Hargraeves and Nguyen (1979) "The greatest strength of satisfaction data resides in within program comparisons" (p. 199). That is, exploring variance in the level of satisfaction for consumers of the same program. In such studies, satisfaction is explored as a dependent variable. Attkisson and Greenfield (1995) describe this application as comparing satisfaction to "self norms" by exploring variance in satisfaction with participants in the same study sample.

Attkisson and Zwick (1982) describe ways of exploring satisfaction as an independent variable. That is, as a predictor of future consumer behaviour, for example, program completion, treatment compliance or recidivism.

SAMPLING AND MEASUREMENT ARTIFACT

Measurement artifacts are biases related to the study instrument, sampling, and interpretation of findings. Although easy to administer and incorporate in outcome measures, satisfaction studies should recognize and counter measurement artifacts. This will assist the researcher in interpreting the results and ensure the reliability and validity of the study findings.

SAMPLING BIAS

Methodological difficulties are often compounded by problems inherent in sampling bias. In consumer satisfaction studies it is very difficult to obtain a representative sample of the client population (Larson, Attkisson, Hargraeves & Nguyen, 1979). Lebow (1983b) argues that satisfaction ratings are often inflated due to response bias, since satisfied consumers may be more apt to complete a questionnaire.

Sampling differences can also affect the validity of investigations and "self-selection" by participants can compound this problem (Pascoe, 1983, p. 194). "Low response rates suggest that differential responding has

influenced some studies, i.e., patients who were relatively less pleased with service may have expressed their disfavour by declining to participate in the study" (Pascoe, 1983, p. 194).

In exploring this phenomenon, Peterson and Wilson (1992) found that response rate did not correlate with level of overall satisfaction. In an analysis of 34 studies, the authors concluded that study response rate did not correlate with aggregate scores of satisfaction. The authors suggest that the assumption that aggregate satisfaction scores and study response rates are related is hypothetical and is not statistically significant. The difficulty appears to be related to bias in sampling and not to response rate per se. That is, the sample may include satisfied respondents only and exclude program "drop outs", "program failure" or potential consumers who declined program participation. Spoth and Molgaard (1993) review the importance of identifying areas of dissatisfaction for consumers who elect not to participate in programs.

QUESTION BIAS

Question wording and the format of questions also appear to influence measures of consumer satisfaction. Many studies have confirmed the existence of an acquiescent response set in satisfaction research (Tversky & Kahneman, 1981; Ware, 1982; Peterson & Wilson, 1992; Hulka, Zyzanski,

Cassel & Thompson, 1970). Tversky and Kahneman (1981) and Ware, Snyder, Wright & Davies (1983), found that respondents provide affirmative answers when questions are presented in positive terms. Alternate wording, or changing the direction of responses, has consistently resulted in different response sets. As Peterson and Wilson (1992) indicate, "framing the satisfaction question in positive terms is likely to lead to more favourable associations than framing in negative terms. These associations in turn increase the likelihood that survey participants will answer in a positive manner thereby indicating more satisfaction than if the question were framed negatively" (p. 65). Ware, Snyder, Wright and Davies (1983) suggest that an acquiescent response bias can be moderated in a number of ways. These include, using neutral questions and asking for both positive and negative reactions, balancing the direction of responses in Likert item scaling throughout the questionnaire, and structuring items as agree or disagree statements (Ware, Snyder, Wright, Russell, 1983).

There is also considerable literature on the effect of question context and the inclusion of other measures in consumer satisfaction surveys. Peterson and Wilson (1992) found that if respondents were asked general satisfaction questions before specific questions about satisfaction with a particular product, the result was a more positive response set to all of the satisfaction items. A similar response pattern has been found in studies of question

context in responses measuring subjective well-being (Smith, 1979), and satisfaction with neighbourhood (McClendon & O'Brian, 1988). Respondents report being more satisfied with a product and even more satisfied with life in general, if other questions in a survey preceded questions regarding satisfaction. This is likely due to the establishment of a cognitive response pattern as the parameters for the survey are established and the respondent has had an opportunity to focus on issues before specific response regarding satisfaction are requested.

MODE BIAS

The response to consumer satisfaction questionnaires can also be affected by the presence of an interviewer. Nguyen, Attkisson and Stegner (1983) found that a personal interview can account for up to a ten percent higher mean score in a matched sample of mental health consumers. The same pattern was found to occur with non-verbal tests, where the interviewer was present, but did not actually record the response for the subject. Based on a large sample of new car owners, Peterson and Wilson (1992) found that telephone interviews resulted in a 12% higher level of reported satisfaction than in surveys completed through mail distribution. This variance in response is similar to the variance reported for public sector consumer responses.

To provide an interviewer with a more favourable response or to complete a survey with a more favourable set of responses than may actually be the case, is thought to be influenced by bias' related to social desirability, an "acquiescent response set" (Peterson & Wilson, 1992) or a response based on the influence of social pressures to repress feelings of dissatisfaction.

Nguyen, Attkisson and Stegner (1983) describe this pattern of response bias as a Hawthorne effect, possibly occurring because of the interest shown and the process of evaluation. Many researchers have indicated that most measures of satisfaction are influenced by response patterns such as social desirability and acquiescence (Pascoe & Attkisson, 1983). Sabourin, Bourgeois, Gendreau, and Morval (1989) have argued that satisfaction measures, regardless of mode of data collection, are influenced by social-desirability, a reluctance to report negative feelings in response to questions involving interpersonal relationships. Ware (1976) has argued that acquiescence is the primary psychological response attributing to the tendency for consumers to report higher levels of satisfaction than may actually be a true and honest reflection of their opinion about the service.

However, Peterson and Wilson (1992) claim there is little support for the assumption that acquiescence or social desirability strongly influence reports of satisfaction. The authors suggest that a relationship between satisfaction responses and both social desirability and acquiescence requires further

scrutiny. What remains uncertain is the nature of the social and psychological processes involved in study participant's decisions to answer questions in a certain way. Theorists diverge on their opinions of why people report high levels of satisfaction. However, most researchers have found that consumers report satisfaction with more ease than they report dissatisfaction with a product or a service.

RESPONSE CATEGORIES

The difficulties with mode and sampling bias are often compounded by difficulties with the available consumer satisfaction measures. Pascoe (1983) suggests that the difficulties with measuring satisfaction are related to the tendency to treat satisfaction as a dichotomous variable. Satisfaction is a continuum, with a potential range from high to low. The arbitrary cut-off between "satisfied" and "dissatisfied" is described by Pascoe (1983) and Locker and Dunt (1978) as artificial and of limited reliability.

Pascoe (1983) indicates that there are potential problems with the use of a midpoint in some Likert scale response values. In some studies, the midpoint value is scored as a middle range value, instead of reflecting a missing value alternative. Nunnally (1967) suggests that the use of a midpoint allows for a "neutral response bias". This is not helpful to evaluators who want to explore aspects related to variance in the level of satisfaction reported by

consumers (Pascoe, 1983).

There are also difficulties reported with four category scales. Attkisson and Greenfield (1994) suggest that a four-category response scale contributes to the negative skew in satisfaction studies. As the authors indicate, "it is difficult to distinguish degrees of satisfaction among the majority of respondents who, "pile up" at the most satisfied levels" (1994, p. 409).

In more recent years, scales have been developed to counter some of the limitations with satisfaction measures. The Service Satisfaction Scale-30 (SSS-30), for example, is a multi-factor consumer satisfaction measure that utilizes a five-level response scale without a neutral mid-point. This is considered to be a way of avoiding a "ceiling effect" (Attkisson & Greenfield, 1995). Attkisson and Greenfield (1994) suggest that a five-level scale used in the SSS-30 reduces the ceiling effect and skew typically found in four-level scales. As Nguyen, Attkisson and Stegner (1983) state "current measures are rather insensitive to dissatisfaction while being very sensitive to satisfaction". However, the authors admit that the true extent of the insensitivity of four item scales is unknown and the validity of the measure should be considered with reference to the primary problems with selecting the study sample and potential problems with response bias.

INTERPRETING RESULTS

As indicated, one of the major difficulties with consumer satisfaction measures is that consumers consistently report relatively high levels of satisfaction. As Peterson and Wilson (1992) state; "virtually all self reports of customer satisfaction possess a distribution in which a majority of the responses indicate that customers are satisfied and the distribution itself is negatively skewed" (p. 62). Satisfaction measures, regardless of the domain, are negatively skewed. People report high levels of satisfaction on measures of marital satisfaction, job satisfaction, satisfaction with health, medical or educational services and general satisfaction with life. Heady and Wearing (1988) concluded that it is normal to feel "above average" (p. 499). The reasons for skew and the high level of positive responses are "intellectually interesting and pragmatically important issues" (Peterson & Wilson, 1992, p. 62).

Consumers of human services report high levels of satisfaction regardless of the population, methodology used, questionnaire format or object of the rating (Linn, 1975). High levels of satisfaction appear across measures. Mental health patients report levels of satisfaction in the range of 75% to 80% (Lebow, 1983a). The rates of satisfaction with medical services are often even higher, with 78% to 84% of hospital patients expressing satisfaction with medical service (Hall & Dornan, 1988).

Levkoff and DeShane (1979) describe the consumer of social services as often lacking control over services and as feeling unable to express negative opinions about the only service available. Darling and Darling (1984) suggest that parents of children with disabilities are reluctant to express any dissatisfaction with services as there are few options or alternatives available. In the public sector services are often limited and there are few options or choices for many consumers. Therefore, it is assumed that many consumers are reluctant to complain or make demands on the only services available to them.

As Peterson and Wilson (1992) indicate, there are four possible explanations for the high level of positive response in satisfaction measures. First, the product or service may actually be satisfactory and meet most of the client's needs and expectations. Second, satisfaction is preceded by expectations and requires considerable cognition. That is, consumers may be reacting to their feelings towards the therapist and not their satisfaction with outcome per se. Third, satisfaction may have a distribution that is not bell shaped and is not the same as other psychological phenomena. The fourth and most important consideration, is that high levels of satisfaction may be caused by the instrumentation, sampling bias and other methodological difficulties inherent in satisfaction research. Russell (1990) suggests that the latter is the primary reason for the high level of reported satisfaction, as

the instruments are often global and nonspecific.

For these reasons, satisfaction rates must be considered within the context of a study, and in comparison to norms for the specific population (Atkisson & Greenfield, 1994). Consideration must also be given to the measurement selected response rate, timing of the study and mode of data collection (Peterson & Wilson, 1992). The level of satisfaction, in isolation has no utility and provides little in the way of substantive information. When issues of measurement and sampling bias are addressed, the aggregate score of overall satisfaction for the study sample, are of utility when they are employed in studies of different client subgroups, between programs, or at different time intervals as performance indicators. "Only by identifying the different and distinctive factors that contribute to satisfaction, and by ensuring adequate measures of these, can comprehensive and reliable consumer ratings be obtained" (Russell, 1990, p. 45).

SCALE FACTORS

Russell (1990) argues that one of the reasons satisfaction rates are consistently high is that most studies measure satisfaction in a global broad way with one factor scales. Russell (1990) suggests that one factor scales may not be valid or reliable measures of consumer satisfaction with social services. A multidimensional, multi-factor, assessment of satisfaction can

provide useful data for planning and modifications which global assessments of consumer satisfaction may not provide. As the author explains, "the range of factors considered in satisfaction needs to be increased so that consumers have the opportunity to evaluate services as comprehensively as possible. The argument that satisfaction is univariate is neither viable nor functional" (p. 53). In a similar way, Ware, Snyder, Wright and Davies (1983) describes global, one factor scales as typically producing inflated ratings with little variability across programs and services. Both Ware and his colleagues and Russell (1990) advocate the use of a multi-factor satisfaction scale such as the Patient Satisfaction Questionnaire (PSQ), developed by Ware and his colleagues (Ware, Snyder, Wright, 1976).

TEST-RETEST RELIABILITY

There is some concern in satisfaction studies that "mood" may be a lurking variable (Peterson & Wilson, 1992). In a review of the subjective well-being literature, Diener (1984) found that respondent's subjective well-being appeared to fluctuate with the mood of subjects. In studies by Wilson and Peterson (1992) and Westbrook (1980) the relationship between satisfaction with a product and mood was supported. Given the limited exploration of this variable, Peterson and Wilson (1992) suggest the "need for further research on the role of mood as a nuisance variable in satisfaction measurement", (p. 67).

Peterson and Wilson (1992) also found a difference in satisfaction rates at different time intervals. The authors found that as time went on, consumers reported lower levels of satisfaction. In a study of this phenomena, the authors found a variance of 8% in reported satisfaction between the two matched samples, one sample completed questions immediately following a program, and the second group completed the questions several months later. The variance in test scores was even more pronounced for disadvantaged respondents (Ware, Snyder, Wright & Davies, 1983).

Exploring test-retest reliability and the inter-temporal stability of measures is a rather new area of measure refinement. Ware, Davies-Avery and Stewart (1978) noted that there have not been any published estimates of test-retest reliability of satisfaction measures. Ware, Snyder, Wright and Davies (1983) found that retest reliability improved with the use of multi-item sub-scales and the use of global or aggregate satisfaction scores for the study sample.

With standardized measures, global satisfaction scores remain relatively stable over time. Therefore, the measurement and precision in hypothesis testing and application of the findings is likely to improve significantly with repeat measures study designs and in longitudinal studies of program performance. That is, satisfaction should be explored in the same way as any independent or dependent variable longitudinally. It is also important to utilize the same method of sampling and data collection for an accurate re-

measure of an aggregate score of satisfaction for a consumer group.

MEASUREMENT SELECTION

Measurement selection is a substantial and complex consideration. As previously discussed, there is debate in the literature over the utility of single factor or multi factor scales and four versus five or seven category Likert responses. Some studies explore satisfaction without a standard measure. As Lebow (1983a) explains, many studies explore satisfaction in an undifferentiated way, without clearly defining the meaning of satisfaction with service. Lebow (1993a) argues that many studies fail to identify norms of satisfaction and ignore the virtues of reliability and validity. Although Lebow's analysis preceded a number of satisfaction studies, the same criticism can be made of many contemporary consumer satisfaction surveys. Several studies explore satisfaction with service, but fail to identify the definition of satisfaction or compare the level of satisfaction to norms for the specific population (see Kelly, Alexander & Morris, 1991; Smith, Botha & Daintith, 1991; Melia, Morgan, Wolfe & Swan, 1991; Selig, Reber, Phandis & Robertson, 1981). In these studies, there was no attempt to explore the reliability or validity of the measurement, or compare the finding to established norms. Often the measure is designed for the study at hand only and not for replication. The same studies also present satisfaction as an undifferentiated concept, without exploring the nature or definition of

satisfaction for the group of consumers.

THE CONSUMER SATISFACTION QUESTIONNAIRE (CSQ)

One of the most widely used measures of consumer satisfaction is The Consumer Satisfaction Questionnaire (CSQ) (Larsen, Attkisson, Hargraeves & Nguyen, 1979). The CSQ has provided a standard scale for the measurement of consumer satisfaction for human services. The scales were developed using a combination of conceptual and empirical methods (Attkisson & Greenfield, 1994). The scale has been modified and refined following a logic model of scale development. (Attkisson & Greenfield, 1995). Over time, several versions of the original scale have been refined. A family of scales has been developed by the original group and have been utilized in several North American and international studies. The scale is available in an 18 question (CSQ-18A and CSQ-18B), eight question (CSQ-8) and three and four question versions (CSQ-3 and CSQ-4). The CSQ-18 A and B is available in two forms for test-retest application. The CSQ-18 A and B versions maintain the content validity and strong psychometric properties of the original 31 item scale (Attkisson & Greenfield, 1994; Attkisson & Greenfield, 1995).

The CSQ-8 is a brief version of the 18 item scale. The authors describe the scale as having the same psychometric properties as the 18 item version.

To establish a brief rating of global satisfaction, a short version of the CSQ-8 has also been combined with other outcome measures (Andrews & Whitey, 1976; Greenfield, 1983). The Consumer Satisfaction Questionnaire (CSQ) is described by Attkisson and Greenfield (1995) as one of the "first generation" of standardized measures.

The Consumer Satisfaction Questionnaire explores consumer satisfaction from a broad empirical framework. Satisfaction is explored in reference to many aspects of service delivery, impressions as to quality of service and access to service, and behavioral and prospective expectations. As Larson, Attkisson, Nguyen and Hargaeves (1979) explain, satisfaction can be measured using a comparison to expectations of service and satisfaction with the actual service received. As the authors state "when expectations are reasonable, dissatisfaction suggests a need to rectify program deficiencies. On the other hand, when expectations are inappropriate, one needs to consider ways of altering these expectations" (p. 200). To operationalize this concept in the measure, the question, "Did you get the kind of service you wanted?" is asked of the consumer. This addresses some of the issues identified by Ware, Snyder, Wright and Davies (1983) as the CSQ does explore satisfaction as it relates to consumer's expectations.

In a similar way, behavioral indications of service satisfaction are also explored. The scale asks the consumer "If you were to seek help again, would you use the same service?" and "If a friend were in need of similar help, would you recommend the service to him/her?" As the authors indicate, research on behavioral measures of satisfaction have been sparse. The behavioral aspects of the satisfaction measure anchors the extent of satisfaction and also substantiates expressed satisfaction in a concrete example.

RELIABILITY AND VALIDITY

Both the CSQ-18 and CSQ-8 have high levels of internal consistency with only one factor, global satisfaction. One factor has been consistently found in measures of inter-item correlation (Nguyen, Attkisson & Stegner, 1983). The authors report a Coefficient *alpha* for the CSQ-8 of .93. The authors describe the scale items as a homogeneous cluster of questions representing general satisfaction with service. The scale is standardized and has validated population of clients in a wide variety of settings (Kurtz, 1990). The primary norm group for the CSQ-8 is 3,120 clients of 76 corroborating clinical psychiatric facilities (Nguyen, Attkisson, Stegner, 1983). Over 8000 subjects were surveyed in the refinement of the scale development (Attkisson & Greenfield, 1995). Several studies have provided norms for a variety of populations. These include a self help group (Kurtz,

1990), a family therapy program (Trute, Campbell & Hussey, 1988), an employee assistance program and an AIDS self help and psycho-educational group (as described by Attkisson & Greenfield, 1993).

The CSQ-8 is believed to be the most widely replicated and psychometrically sound measure of satisfaction available (Heath, et al., 1984; Kurtz, 1990).

The "CSQ-8 adds the important dimensions of standardization, validity, reliability and empirical evidence of association with outcome effectiveness" (Kurtz, 1990, p. 124). The CSQ-8 is described by Attkisson and Greenfield (1993) as highly relevant and appropriate to a wide range of client groups and program settings. The authors encourage the use of the scale for a broad range of program areas. The wording is generic and references are general. The questions have strong face validity and consumer appeal as they are general, easy to read and non-intrusive. The scale has also been modified to address more affectively services for specific client groups (see Kurtz, 1990; Trute, Campbell & Hussey, 1988).

SCORING

Scoring closed-ended satisfaction items is often straightforward and the simplicity is one of the attractions of the CSQ-8 and other consumer satisfaction measures' (Attkisson & Greenfield, 1994). The scoring usually involves an "unweighed summation of items' direction-corrected response

values" (Attkisson & Greenfield, 1994, p. 403). The instruments are most commonly used to establish an aggregate or mean score for quality assurance purposes (Pascoe, 1983). The cumulative aggregate score is considered to be a measurement which reflects consumer's overall satisfaction with a program. This aggregate score is often compared to norms for other similar client populations. As Attkisson and Greenfield explain. "The measures have typically been taken as performance indicators of a specific organization, clinic, service delivery system, treatment or program under study. In these instances, it is critical to compare obtained scale scores (usually scale totals or mean item means) against established norms collected with similar methods" (Attkisson & Greenfield, 1994, p. 403). In this way, the mean cumulative scores are presented as performance indicators for between program comparisons. The score may also be used for comparison of the level of consumer satisfaction with the program at different time intervals.

Aggregate satisfaction scores may also be used for an exploration of within program variance. As Attkisson and Greenfield (1994) explain, "Within one organization or system of care, satisfaction levels found for different service modalities, durations, types of clients, providers, or specific facilities may also be compared...This comparative evaluation approach is advantageous because results may be "self normed" (i.e., contrasted within a common

administrative or methodological framework)" (p. 404). In such studies, satisfaction scores are often explored as the dependent variable. The within program comparative evaluation is a way to explore what, if any, characteristics contribute to dissatisfaction. In this type of study, variance in satisfaction levels can be explored as they relate to characteristics of a program or type of service provided.

SUMMARY

Consumer satisfaction is a vital measure of service quality and provides an opportunity for service recipients to participate in the evaluation of clinical services or programs. Caution should be taken to ensure reliability of the measure and study design. This includes specific considerations with the sampling frame, mode of data collection, timing of the study and interpretation of the results. Peterson and Wilson (1992) and Russell (1990) review some of the difficulties with studying consumer satisfaction.

Attkisson and Greenfield (1994) review the interpretation and utility of satisfaction scales. As Attkisson and Greenfield (1994), and Lebow (1983a) and others indicate, satisfaction levels should be considered within the context of the study design and in comparison to established norms or, ideally, norms for the same population in longitudinal studies.

CONSUMER SATISFACTION IN PROGRAM EVALUATION

Weiss and Jacobs (1988) define evaluation as a way of describing program process, documenting services delivered and assessing clients' satisfaction with them. Evaluation is also a way of measuring impact on participants and offer hypotheses about why benefits occurred or did not occur. To accomplish this, the evaluation should be tailored to the program, and ideally capture the concerns and dreams of the consumers and staff. As Cronbach (1982) explains, evaluation should be used to understand how a program delivers a service and what the consequences are for program participants. Cronbach and his colleagues (1980) also articulates the importance of compiling the evaluation of all stakeholders. Ideally, an evaluation should aim to "be comprehensible, correct, and complete, and credible to partisans on all sides" (Cronbach, et al. 1980, p. 11).

Patton (1978) and Wholey (1983) have developed evaluation theory primarily for managers as stakeholders while Guba and Lincoln (1981) have addressed other stakeholders including program clients, service providers and interest groups. As Shadish, Cook and Leviton (1991) describe, evaluation theorists interested in stakeholders' interests undertake different types of evaluations. Theorists "who favour this approach want stakeholders to play the major role in deciding problems, questions, interventions, and even methods...They prefer quick approximate answers to many questions rather than higher

quality answers to fewer questions" (Shadish, Cook & Leviton, 1991, p. 474).

In a similar way, Spoth and Molgaard (1993) suggest that the relative importance of each possible feature can be estimated in the evaluation process. The authors encourage the analysis of the value consumers place on each item, in contrast to other possible choices. The process is called "conjoint data collection" and it requires an analysis of a variety of program features by weighing the worth of each option. "Conjoint analytic method assumes that attribute levels are additive...If the assumptions for this additive model are met, the sum of the activities reflects the overall desirability of the program" (p. 288). The authors suggest that conjoint data analysis provides the most valuable framework for consumer-focused data collection in program evaluation.

The methods of enquiry in program evaluation are diverse and there is no specific framework for involving consumers in the evaluation of the consumer-professional relationship (Rehr, 1983). In relation to health care services specifically, Rehr (1983) describes evaluation as complex and involving multiple variables. That is, an evaluation requires multi-factor explorations rather than unidimensional approaches.

Some evaluation theorists provide models for exploring the interests of the larger consumer group. Scrivens (1980) describes the importance of *values* in program evaluation, and states that all units of knowledge are dependent on other units, sharing meaning or evidence with them. He goes on to say that society requires a science of valuing to provide systemic, unbiased ways of knowing which programs and products are good. Evaluations should perform this function, and in this way, provide for the optimal fulfilment of consumer needs.

Scriven describes evaluation as the mechanism to serve the interests of all parties involved in a program. He describes this as a *consumerist ideology* (1980). In Scrivens' definition, the ideology includes recipients of the program, as well as the broader public group, without bias to any specific interest group.

Program evaluation studies often seek to assess the effects of participation on the client and other designated groups (Berkman & Weiss, 1983). The emphasis is on the collection of information regarding the participant's situation and whether or not there was change experienced by the participant. Program evaluation may be described as the systematic accumulation of facts about a program and the programs' achievement relative to effort, effectiveness and efficiency (Berkman & Weiss, 1983).

CONSUMER FOCUSED DATA COLLECTION

Eliciting consumer opinion and attitude in a follow-up study is one way of complementing and substantiating program evaluations (Berkman & Weiss, 1983). While satisfaction elicits information about the perceived quality of the service, feedback questions ask the consumer about specific attributes of a program. For example, a consumer satisfaction question would ask the consumer "How would you rate the quality of the service?" A question eliciting feedback would ask the consumer, "Do you think the staff were knowledgeable?" Consumer feedback questions ask the consumer to provide information about an experience, not how well they felt the service was delivered. Questions regarding specific aspects of a program are of value to service providers because satisfaction, in absolute terms and in isolation from other information, is essentially meaningless (Nguyen, Attkisson & Stregner, 1983). Questions eliciting consumer feedback can enhance and corroborate findings in aggregate global satisfaction scores. Feedback is often of value in the ongoing administration of a program (McKillip, Moirs, & Cervenka, 1992).

As Zigler and Black contest, evaluation is crucial to the success of the family support movement (1989). However, evaluation of programs have been difficult given the variety of family support definitions and the inclusion of a variety of services with diverse goals. The lack of comprehensive

approaches to both interventions and evaluation in most studies limits the extent of the assumptions one can make about which type of services work and for what type of families (Greenspan, 1985). Evaluations have traditionally focused on the physical and emotional development of the disabled child. Measures that focus on the entire family, social competence, consumer satisfaction, network enhancement and overall family functioning are scarce. The development of measures is not the only challenge. The "measures must be used in the context of complex models that recognize the intricate network of variables which influence and are influenced by family support programs" (Zigler & Black, 1989, p. 17).

In a review of program issues for children with developmental disabilities, Irvin (1989) identifies several issues in evaluating family support services. As he indicates; "Evaluation of family support program efforts ultimately must be able to serve the needs of many participants and decision makers, including those to whom the program provides service, those who administrate the services, those who administer the program, and those who develop and fund the program" (1989, p. 330). Irvin (1989) advocates for the inclusion of a variety of measures and information from a variety of sources to accurately interpret the complex nature of family support service delivery. Irvin (1989) describes the satisfaction of the consumer, as an integral component of respite and school home co-ordination services (p. 333).

Product evaluation is the exploration of the effect programs actually have on families (Irvin, 1989), including how these effects occur. This evaluation component could be described as an outcome measure since the effect of the program on participants is the primary area of study. The measure often includes a variety of goals related to the program, (for example a decrease in symptoms or improved family interaction). Product, or outcome evaluations often include measures related to participant's satisfaction with the service (Dunst et al, 1993, Weiss & Jacobs, 1988).

It is also important to examine the reasons for the program failures and "drop-outs" as well as the more negative and stressful aspects of program participation for families (Bradley, Knoll & Agosta, 1992; Spoth & Molgaard, 1993). This is a difficulty inherent in consumer satisfaction research, as program dropouts, and non-respondents are often excluded from follow-up surveys. Research should provide insight into those circumstances where family support services fail and in a manner that will be of some assistance in preventing problems (Bradley, Knoll & Agosta, 1992).

INCORPORATING OPEN ENDED QUESTIONS IN SURVEY RESEARCH

Open-ended questions may be used in surveys to secure information regarding specific aspects of the program. Open-ended questions are also a way of securing information on dissatisfaction (Larson, Attkisson,

Hargraeves & Nguyen, 1979) and of increasing the utility of consumer focused studies. It is important that the questions elicit responses that represent both positive and negative aspects of the service delivery. As previously discussed, this is vital to avoid an acquiescent response set; but it also has implications for program evaluation. As McKillip, Moirs and Cervenka (1992) explain, to collect just negative, anecdotal information and critical comments may give the false impression of general dissatisfaction.

The combination of Likert scaled items and open-ended questions can avoid these problems, since administrators want to have information regarding both positive and negative experiences as well as some performance indicators (Mckillip, Moirs & Cervenka, 1992). Open-ended questions provide program planners with information which is useful for program improvement. Program participants are often interested in commenting on experiences in programs, (McKillip, Moirs & Cervenka, 1992). Consumer reaction studies are often fertile ground for the inclusion of open-ended questions related to consumers experiences. Open-ended questions address areas of particular local interest, and qualitative comments are a useful way of supplementing standardized scaled items (Larson et al. 1979).

Respondents will usually complete open-ended questions if they are specific and if there is interest in the topic (Greer, 1988).

In more recent years, evaluation theorists have supported the combination of both qualitative and quantitative measures in program evaluation. That is, the combination of close-ended Likert item scales with open-ended questions which are analyzed using qualitative methods of data analysis. Sechrest and Sidani (1995) describe the combination of methods as "methodological pluralism" (p. 80). Qualitative research methods incorporating case studies can also be combined with large surveys in the evaluation process.

Methodological pluralism offers researchers a chance to transcend many of the problems and biases inherent in any one methodology. With a combination of methods it is assumed that "not all the methods will suffer from the same limitations, and their joint use will permit triangulation on more useful answers" (Sechrest & Sidani, 1995, p. 81). Shadish (1995) indicates that qualitative methods provide rich detail, help generate new theories, and are a way of capturing the "worldviews of each individual in far more complete detail" (p. 74).

There are a number of reasons for combining methods in one study (Greene, 1989 as quoted in Creswell, 1994). These include:

- triangulation in the sense of converging results;
- complementarity, layers and different facets of a phenomena may emerge;
- contradiction and fresh perspective may emerge;
- the mixed method may provide scope and breadth to a study.

CONSUMER INVOLVEMENT IN PROGRAM EVALUATION

Most family support theorists agree that parents' input in program development and case management is vital to the success of family support initiatives. As Weissbourd (1987) describes, families must be treated as partners and active participants in program development and support procurement rather than as clients or passive recipients of service and aid. Research and program evaluation provides a context for capturing consumer focused concerns, attitudes and perceptions. For families with a disabled member, the opportunity to express choice and opinions is often limited because there are few service options. Dunst and Trivette (1994) refer to the ideal focus of research as *consumer-driven*. The consumer's voice, as opposed to the opinion of professionals is, ideally, the focus of all aspects of practice.

Rapp, Shera and Kisthardt (1993) point out the current preponderance of professional opinion available on most issues related to social service delivery. In formulating a consumer driven approach to study specific phenomena, the initial conception of the research, evaluation plan and hypothesis should involve consumers (Rapp, Shera & Kisthardt, 1993). Traditionally, families with disabled children have had very little direct involvement in the area of program evaluation (Marcenko, Herman & Hazel, 1992; Sands; Kozleski & Goodwin, 1991). The "omission of consumers in

the determination of evaluation criteria potentially limits the utility and validity of a consumer satisfaction evaluation" (Marcenko, Herman & Hazel, 1992, p. 442). Questions asked in evaluations should reflect the issues of greatest concern to families and elicit information on specific program elements. Bradly, Knoll and Agosta (1992) stress the importance of maximizing the "family friendly" quality of survey instruments and the value of asking questions to families as part of an ongoing process. The involvement of consumers in the development of measures is a "much heralded but little espoused principle" (Russell, 1990 p. 54).

D'aubin (1990) and Rapp, Shera and Kisthardt (1993) identify the need to use consumer language for service provision as well as research and evaluation reports. Language is important because "it influences views on both the role of service users and service delivery methodologies" (D'aubin, 1990, p. 11). The language consumers use, and the perceptions consumers have of situations is difficult to explore without knowledge of their experiences. One needs to be close enough to know the concerns and desires of clients to clearly understand the content and meaning of expressions (Rapp, Shera & Kidthardt, 1993).

SUMMARY

The theory and practice of program evaluation provide a broad base for developing instruments which explore satisfaction with service delivery. Scriven (1991) provides theory for addressing the importance and value of specific aspects of a program, while Weiss and Jacobs (1988) provide a paradigm for measuring satisfaction as a program outcome. The literature on program evaluation supports the inclusion of consumer satisfaction tools as outcome measures. Shadish (1995) and Sechrest and Sidani (1995) support the combination of quantitative and qualitative methodologies in program evaluation.

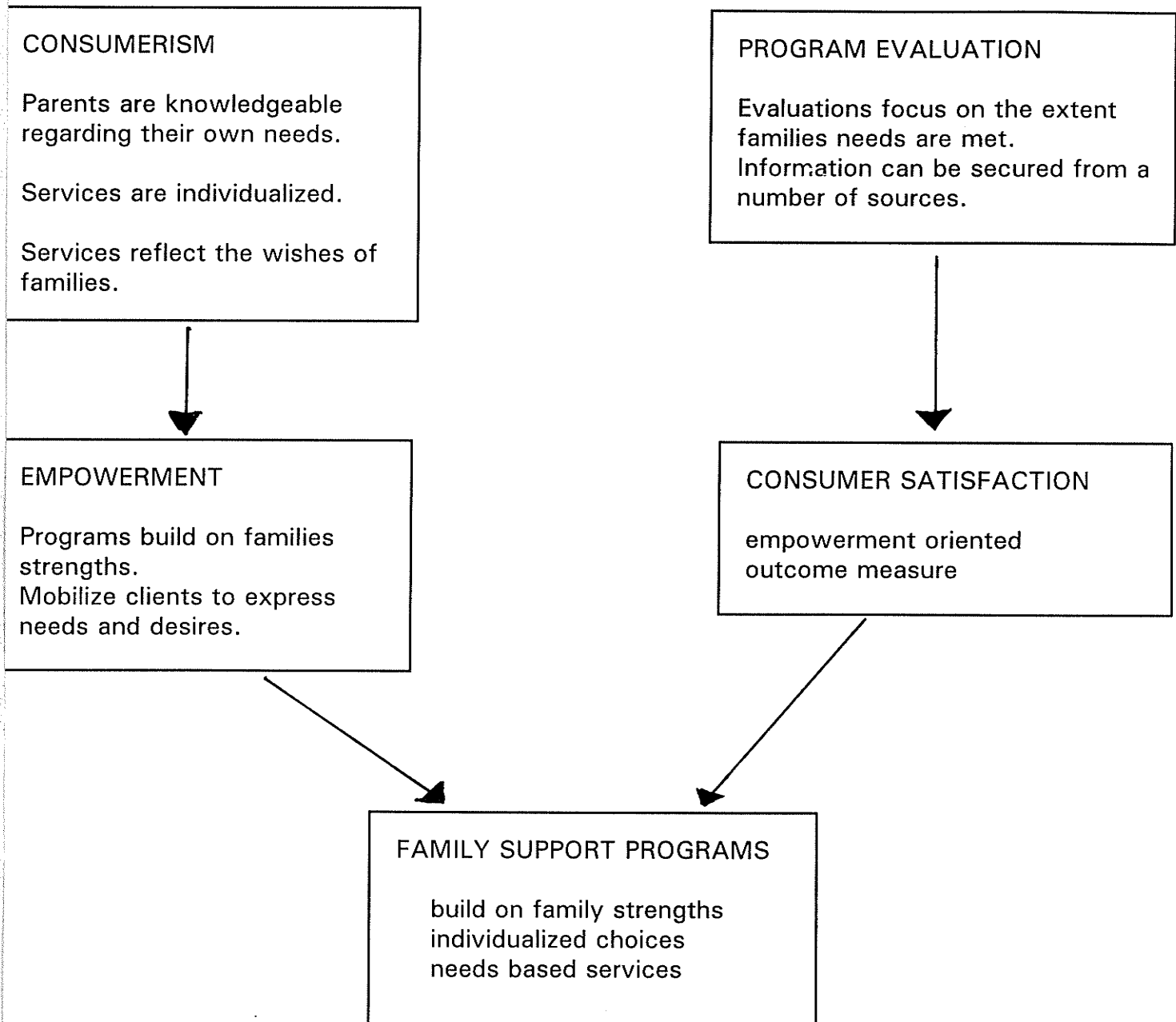
Consumer satisfaction measures in program evaluation empower consumers to participate in the provision of services and resource allocation. The measures allow for important representation from a specific interest group.

Summary of Literature Review

the literature reviewed in this first chapter provided the theoretical foundation for the evaluation of the Children's Special Services Summer Program. As previously indicated, the literature on the family support movement and childhood disability provided the context for the development of questionnaire items, including themes related to recreational services for children and out of home respite for care giving parents. The family support

model punctuates the role of the consumer in service delivery and substantiates the value of involving families in the ongoing evaluation and evolution of services. The literature on consumer satisfaction was reviewed in detail, to clearly punctuate the strengths and the limitations of satisfaction measures. The literature on program evaluation provided a framework for selecting a study design and formulating a design which included interviewing more than one interest group and using a mixed method design for data collection.

The following diagram highlights the key components of a model of service delivery for children with disabilities and their families.



PART II

PROCEDURE

INTRODUCTION

This chapter of the report will describe in detail the steps involved in exploring consumer satisfaction with the Children's Special Services Summer Program. This will include a description of the development of the study design, the steps involved in sample selection, questionnaire distribution, data analysis, and the presentation of findings.

The primary focus of the practicum was an exploration of consumer satisfaction as an aspect of social work practice. The practicum commenced in September 1994 and was completed in August 1995. As an experience in applied family research, practicum activities required participation in an evaluation from the beginning to the end of a project. This included: designing a research plan; developing questionnaires; participating in survey research; analyzing data; interpreting qualitative data; and providing feedback to the various interest groups. By necessity, the practicum involved an extensive literature review including exploration of issues related

to childhood disability, family support services, community based resources, and consumer satisfaction measures in evaluation.

The vast majority of the literature with respect to family support, empowerment, and consumer satisfaction is American in origin. It appears as if the field of inquiry is underdeveloped in Canada. This is consistent with the history of the development of support services for persons with disabilities in Canada. The most important influences in both nations have been the independent living movement and the normalization movement in the education system. This is not to say that the natural experiences have been identical. The American experience has been characterized by the introduction of statutory requirements and litigious action by various interest groups.

In Canada and Manitoba no similar statutory context exists. In this province, the statutory context of services to children with special needs is enabling rather than categorical or mandatory. Under the *Social Services Administration Act* the responsible minister of the government "may" introduce and provide services to persons. Children's Special Services has voluntarily adopted the service Principles of *The Child and Family Services Act*. Beyond these, no statutory entitlement exists for support services to families caring for children with disability.

THE PRACTICUM SITE

The project was a collaborative effort between the University of Manitoba and Children's Special Services of the Manitoba Department of Family Services. At the beginning of the project, representatives from both groups formed an evaluation consultation team. The team included representation from Children's Special Services, the Respite Coordinator, a Family Services Worker, and the Program Director. The Program Director, Richard Asselin was also a member of my practicum committee and he provided expertise in the area of family support services. Other members of the consultation team were advisor Dr. B. Trute and fellow MSW student, Wendy MacDonald.

The objectives of the team were to develop a study plan to evaluate the Children's Special Services Summer Program. The team assisted the two social work students in the questionnaire construction and plan for study implementation.

The initial collaboration with the consultation team included six meetings which took place over a five month period. The team members were actively involved in the research design and the development of two questionnaires. After the initial six meetings there was ongoing contact with Family Services personnel regarding the study.

Dr. B. Trute was involved in every step of the process, which included selecting the sample and presenting the project to the Faculty of Social Work Human Subjects Committee. The Human Subjects Committee reviewed the project proposal in February 1995 and requested that changes be made to the letter introducing the study to families and also changes to the Letter of Consent. The letters were revised and approved by the Human Subjects Committee one month later (see Appendix A and Appendix B).

The evaluation team agreed upon the following study design. The design was primarily quantitative, with a small qualitative component.

PART ONE: FAMILY SURVEY

items regarding specific aspects of the program
 questions regarding the reasons for participating in the program
 questions regarding the importance of factors in camp selection
 Rank Order of resources available to families
 the Behaviour Problem Checklist
 Disability Index
 modified CSQ-8 items
 care giver burden items
 Socioeconomic status items
 open ended questions regarding the program

PART TWO: FAMILY SERVICES WORKER SURVEY OF STUDY PARTICIPANTS

items regarding specific aspects of the program
 questions regarding reasons for referring the family
 questions regarding the importance of factors in camp selection
 Modified CSQ-4 items
 care giver burden items
 open ended questions regarding the program

PART THREE: CASE STUDY OF PROGRAM FAILURES

Four families complete the survey and answer open ended questions regarding their experiences with the program.

Explore themes related to problems.

After the first three meetings of the consultation team, the Respite Coordinator provided the team with a list of the 1994 summer program participants. As the consultation team agreed that it was important to capture as homogeneous a group as possible, the team decided to exclude preschool children from the sampling frame. Representatives from Children's Special Services expressed concern about adolescent children as they felt that this group of consumers were experiencing difficulties in the summer program.

The consultation team decided to sample proportionate to group size, with a 25% representation of children 6 to 12 and a 25% representation of children between the ages of 13 and 17. The child's age as of August 1, 1994 was used to establish age category. The sample was selected from names in each age group using a random numbers table. Fifty-three children were selected for the study sample, 34 children aged 6 to 12, and 19 children aged 13 to 17.

QUESTIONNAIRE CONSTRUCTION

The Family Summer Program Questionnaire (Appendix C) and the Family Services Worker Questionnaire (Appendix D), were formulated after a literature review and the presentation of several drafts to the consultation team. Several themes emerged in the literature and were formulated into both Likert and open-ended questions. The representatives from Children's Special Services identified specific questions of interest and provided feedback regarding consumer satisfaction measures. Several broad themes were explored in the survey. These included: parent's perception of staff training, staff attitude and the presence of communication.

It was agreed that the primary method of data collection and analysis would be survey research (Babbie, 1989). The Consumer Satisfaction Questionnaire-8 (CSQ-8) was selected as the primary measure of satisfaction for a number of reasons. The CSQ-8 provided a basis from which global satisfaction with the program could be established. The Questionnaire is also generic, easy to read and has strong face validity. Although the CSQ-8 has not been used for an evaluation of this nature, it provides a broad base of normative levels of satisfaction for human service programs in a variety of settings. The scale was also used as a dependent variable and was an appropriate measure to explore within group dissatisfaction. The wording of

the CSQ-8 items were modified to address more appropriately the issues of this group of consumers.

Other measures included in the survey were: socio-economic and demographic questions; information about the child's disability; specific information about the program attended, reasons for participating in the program and reasons for selecting a specific summer camp. Open-ended and scaled specific satisfaction questions were included to supplement the CSQ-8. The additional items were included to explore reasons for dissatisfaction and to provide a framework for evaluating the positive and negative attributes of the program.

A rank order of importance scale was developed to explore factors in program selection and factors in selection of a specific summer camp. This provided a within program ranking of factors which would hopefully capture the importance of program items in relation to each other. The consultation team also decided to include a rank-order of importance scale of 11 potential resources to explore the importance of the service in comparison to other available family-support resources.

A four item disability scale was used to measure the extent and nature of the child's disability. The scale, developed by Trute (1990) can be used as a

cumulative score to capture the extent of the child's disability in terms of overall functioning, and each individual item can also be used to identify children who are physically disabled and children who have cognitive impairments. The scale was included to explore the relationship between parent's experience with the summer program and the extent of the child's disability.

The Behaviour Problem Index (BPI) (Achenbach & Edelbrock, 1981) was also used to explore attributes of the child's behaviour. This index includes both common and serious behaviour problems (Achenbach & Edelbrock, 1981; LeClere & Kowalewski, 1994). The items on the index could be explored separately as well as the cumulative index score. The BPI is a reliable measure of behaviour patterns that has been widely used in studies of child emotional adjustments.

The Family Services Worker Questionnaire was formulated using the same process (Appendix E). Questions regarding the family's referral to the program and the worker's perception of the family's needs were included as well as the open-ended questions regarding consumer satisfaction. Only five of the CSQ-8 questions were appropriate to ask the workers because other questions were applicable to recipients only. The Family Service Workers were also asked three questions about the importance of the level of

integration. These items asked workers to indicate whether or not the program was integrated or segregated and whether this was an issue in the program selection. This program characteristic was considered to be an important program issue by the evaluation team. The questions also provided another variable for exploring levels of satisfaction within the sample.

DATA COLLECTION

After final approval from the Human Subjects Committee, Family Services Workers were provided with a list of children in the study sample. The workers sent out the letter introducing the study (Appendix C) to families on their caseloads. A few days later, the workers contacted the families by telephone for verbal consent to provide their names to the study interviewers. Once verbal consent was given, the families' names and phone numbers were provided and families were contacted to make arrangements to drop off the study and have parents sign the Letter of Consent. The questionnaires were left with families for seven to ten days.

The consultation team agreed to attempt to distribute the questionnaires by dropping them off and picking them up at the individual family home. A pilot involving three families was launched. These parents provided complete information and expressed their impressions that the questionnaire was easy

to understand and they were able to complete the questions without difficulty and without an interviewer's assistance. The three sets of parents stated that the distribution, drop off and pick up was convenient and did assist them in actually completing the questionnaire. Following this pilot, the decision was made to distribute the questionnaires this way. First of all, it was assumed that a positive response bias could be tempered by leaving the questionnaire for completion without the presence of an interviewer. Second, the process was respectful and empowering as it allowed families to complete the questions in private. Finally, the drop off and pick up was preferred to a mail out as it was hoped that return rates would be higher. Two families were interviewed in person to complete the questionnaire as they had difficulty with understanding English.

This sampling frame and mode of questionnaire distribution was planned to counter some of the methodological difficulties with satisfaction research. Specifically, to assist both satisfied and dissatisfied consumers with completing the questionnaires.

Contacting the parents by phone at least twice, and visiting the house on two occasions, gave interviewers an opportunity to discuss the questionnaire with them and provide any information about the project. The questionnaire was distributed to 35 families over a nine week period (one family did not

complete the questionnaire). Many workers were re-contacted regarding the names of their families, as some were on vacation and some did not send the letter out. In one case, a worker was reminded twelve times. The contact with the workers was staggered over the initial five week period. This way most parents were contacted by the interviewer within a few days of receiving the letter and discussing the project with their Family Services Workers. Parents were very co-operative and provided detailed answers to the open-ended questions and completed most of the closed ended items.

Once parents agreed to participate in the study, their Family Services Workers were interviewed using the Family Services Worker Questionnaire. The interviews took approximately thirty minutes and included questions about the specific family's experience as well as general questions about the worker's satisfaction with the summer program. A structured survey interview (Babbie, 1989) was conducted with the worker involved with each sample family.

Two of the 11 workers were away on maternity leave and one worker had left her position. Eight workers were interviewed and questionnaires were completed on 28 of the 35 children. This was a 100% response rate of the available workers for each family in the study sample. The two workers on maternity leave were contacted and they answered the open-ended

questions about the program. Their responses were recorded and were incorporated into the evaluation summary.

A small case study was conducted to explore specific experiences with problems in the program. Separate interviews were conducted with four out of 12 families who experienced problems and were identified by the respite co-ordinator as "program failures". The workers for these families also completed the Family Services Worker Questionnaires and identified problems. The four families were then asked a few questions in an unbiased way regarding their experiences in the program (Appendix E). Questionnaire responses and themes of dissatisfaction were explored in comparison to the larger sample. The case studies were reviewed to see if any patterns of dissatisfaction emerged across these family situations.

DATA ANALYSIS

A coding manual was developed for both questionnaires. All data analyses were completed using the Statistical Package for the Social Sciences[®] (SPSS) (Norusis & SPSS Inc., 1990) and Statistical Analysis Systems[®] (SAS) (SAS Institute Inc., 1985). The SAS Program was used for the nonparametric correlations only. The coding manuals were written after 75% of the questionnaires were completed. Two researchers and two professors reviewed the manuals and provided suggestions for revisions.

The revisions included the addition of a variable to capture the number of disabilities per child and the individual coding of each item on the Behaviour Problem Index.

The coding manuals were then used as a guideline for coding the questionnaires for data entry. This included open-ended responses. The coding was checked by two readers. The entry was completed by a data entry technician.

As a quality assurance measure of global satisfaction, a satisfaction percentage was established for the study using the mean CSQ-8 score. The CSQ-8 score was then treated as the dependent variable and the association with several independent variables was then explored. This included:

- program attended
- perception of staff knowledge
- perception of staff helpfulness
- behaviour problem indicators
- level of communication with the family
- level of disability
- type of disability
- the presence of multiple disabilities
- suitability of recreation
- child's age
- perception of staff's attitude towards child
- perceived level of family stress
- marital status of parents
- family income
- age of parents
- education of parents

The data analysis provided information regarding the statistical significance of the relationship between satisfaction and other variables. For the analysis, items were explored as independent variables with the commutative individual satisfaction score (the CSQ-8) as the dependent variable.

The results of the Family Services Worker Questionnaire were then coded and analyzed using the same procedure. A global level of overall satisfaction was established on a brief version of the CSQ-8, the CSQ-4, and the results were compared to family responses on the same items. The responses of workers and families were also correlated. As there were only 28 respondents, most of the statistical analysis involved non-parametric correlations.

The study design allowed for an exploration of satisfaction from the following sources:

- global level of this group of parent's satisfaction with the program
- exploration of areas of dissatisfaction
- global level of worker's satisfaction with the program for these families
- a case study evaluation of "program failures"
- qualitative information regarding consumer focused concerns

SUMMARY OF OPEN-ENDED RESPONSES

The open-ended items were read carefully and coded using qualitative methods of data analysis. After all questions were coded, primary themes were explored and hypothesis related to the questions were developed. For example, the question "what did you like the most and what did you like the least about the summer program" was coded with four possible responses, with each response coded at least once. Themes were explored and trends were analyzed after all of the items were read and carefully coded. The information was used to "triangulate" or corroborate findings in the closed ended items. This provided useful anecdotal information and examples of concerns which could be presented in the summary of findings.

PRESENTATION OF FINDINGS

The initial findings of the study were presented back to the consultation team and the Supervisor and Director of Children's Special Services. The group was able to assist with the interpretation of the findings and request further analysis of key issues. The consultation team found some of the information particularly helpful for exploring ways of improving program administration. This included the information regarding characteristics of the families in the sample, the rank order of within and between program items, the global performance score and information regarding the study of program failures. Information regarding the absence of a relationship between the

extent of disability and behaviour problems and overall satisfaction scores was discussed in detail.

The consultation team explained that the results corroborated their assumption that the program was able to provide supports to accommodate the behavioral and disability challenges each child presents. That is, the program attempts to provide aids and support children consistent with care needs. The results of the study confirmed that the program appeared to be successful at countering the difficulties related to the behaviour of the child and the extent of the child's disability. This was very instructive in interpreting results, while it also substantiated the consultation team's assumption that the program was able to provide adequate one-on-one supports. This was a clear illustration of the importance of collaboration in interpreting findings. The feedback supported the services assumption that they were able to meet the individual needs of children in the program.

This post study consultation provided an important feedback loop for the evaluation. The group assisted in the interpretation of findings and provided an important perspective in evaluating quantitative data. Participants in the consultation suggested that the consumer evaluation measures should be incorporated in the ongoing administration of the program.

An executive summary, was then completed for Children's Special Services. The summary was a synopsis of the study and included key findings. The results were also presented both verbally and with the written report to line workers at a unit meeting for further feedback.

A detailed analysis of the CSQ-8 measure was then completed for the findings chapter of this practicum report.

PART III

FINDINGS

INTRODUCTION

This chapter will provide a detailed analysis of the study data. This will include a description of the study sample, an analysis of factors influencing families and workers decision to participate in the program and reasons for specific camp selection. The finding will include an analysis of a Rank Order of resources available to families, and the importance of the summer program in relation to other resources. The study will explore in detail the CSQ-8 items, individual scoring patterns and aggregate score for the study sample. As well, the percentage of positive responses for individual CSQ-8 items and program specific satisfaction items will also be presented. The cumulative score the CSQ-8 will then be explored as a dependent variable in relation to demographic characteristics, program specific satisfaction responses, camp attended, items describing the extent and nature of the child's disability, and items regarding the child's behaviour.

The CSQ-4 items in the worker questionnaire, and an exploration of the correlation between worker's responses and parent's responses on the same

items will also be reviewed in detail. The chapter will also include a summary of the case studies and the open-ended responses. With information from the three primary sources of data; parent's survey, worker survey and case studies, the chapter will conclude with a synopsis of information and a formulation of themes pertinent to consumer satisfaction with the program.

PREAMBLE

Children's Special Services summer program provides an out-of-home respite and recreational service for families with disabled children in Winnipeg. Two hundred and thirteen children participated in the program in 1994. Fifty-one children were selected for the study. A random sample was drawn with proportionate representation of two age groups. These were, children 6 to 12 years of age and children 13 to 17 years of age. One family could not be located and eight families were excluded from the study as the children participated in individualized activities. The questionnaire items addressed issues related to group summer camp attendance only. Eight families did not want to participate in the study. Thirty-four families, completed questionnaires and 25 questionnaires were completed by 8 Family Services Workers.

As described in the previous chapter, a survey was conducted to evaluate consumer satisfaction with Children's Special Services Summer Program. A standardized measure of consumer satisfaction was used in the survey. Along with other items, the consumer satisfaction scale was completed by parents and separately by the Family Services Worker for each child.

FAMILY AND CHILD INFORMATION

The families of 19 male children and 15 female children comprised the study (N = 34). This was 81% of the eligible sample. Fifty-nine percent of the families indicated that their child's primary disability was Developmental Delay. A large number of parents indicated that their child had more than one disability (58%). Children in the study attended fourteen different summer programs.

The average age of the child in the study was 13. The average length of program attendance was four weeks. The average age of mothers in the study was 41 (SD = 8.40, n = 32). The average age of fathers in the study was 39 (SD = 5.75, n = 28). The level of yearly family income most frequently reported (23.5%) was \$40,000 to \$50,000.

The following is a table of income level reported by study families:

**TABLE 1
FAMILY INCOME PER YEAR**

Income Level	Frequency	Percent	Valid Percent	Commutative Percent
1) Under \$10,000	1	2.9	3.3	3.3
2) \$10,000 to \$20,000	3	8.8	10.0	13.3
3) \$20,000 to \$30,000	3	8.8	10.0	23.3
4) \$30,000 to \$40,000	5	14.7	16.7	40.0
5) \$40,000 to \$50,000	8	23.5	26.7	66.7
6) \$50,000 to \$60,000	1	2.9	3.3	70.0
7) \$60,000 to \$70,000	3	8.8	10.0	80.0
8) \$70,000 to \$80,000	2	5.9	6.7	86.7
9) \$80,000 to \$90,000	1	2.9	3.3	90.0
10) \$90,000 to \$100,000	1	2.9	3.3	93.0
11) Over \$100,000	2	5.9	6.7	100.0
Did not answer	4	11.8	missing	
TOTAL	34	100.0	100.0	

Two thirds of the study families reported a family income under \$40,000. On average, there were three children in each study family. The median level of education reported by parents was a complete high school with community college training. Tables 2 and 3 provide a summary of the level of education as reported by study parents.

TABLE 2
REPORTED LEVEL OF MOTHER'S EDUCATION

Level of Education	Frequency	Percent	Valid Percent	Cumulative Percent
1. elementary	0			
2. partial high school	4	11.8	12.9	12.9
3. completed high school	8	23.5	25.8	38.7
4. community/college technical school	10	29.4	32.3	71.0
5. some university/ no degree	3	8.8	9.7	80.6
6. one university degree	5	14.7	16.1	96.8
7. more than one university degree	0	0	0	0
8. other	1	2.9	3.2	100.0
missing	3	8.8	missing	

TABLE 3
REPORTED LEVEL OF FATHER'S EDUCATION

Level of Education	Frequency	Percent	Valid Percent	Cumulative Percent
1. elementary	0	0	0	0
2. partial high school	3	8.8	10.7	10.7
3. completed high school	5	14.7	17.9	28.6
4. community college/ technical school	8	23.5	28.6	57.1
5. some university/ no degree	3	8.8	10.7	67.9
6. one university degree	6	17.6	21.4	89.3
7. more than one university degree	2	5.9	7.1	96.4
8. other	1	2.9	3.6	100.00
9. missing	6	17.6	missing	

Parents were asked to indicate the importance of a number of factors in their decision to use the summer program. The factors were rated by families on a Likert scale, from, 1) "Not important" to, 4) "Very important". The items were then placed in descending order of importance using mean scores

1. physical activity for the child ($m = 3.6$, $sd = .75$)
2. provide parents with a break ($m = 3.5$, $sd = .98$)
3. recreation ($m = 3.4$, $sd = .71$)
4. time for other children ($m = 2.3$, $sd = 1.18$)
5. socialization ($m = 2.6$, $sd = 1.42$)
6. child care ($m = 2.2$, $sd = 1.14$)

The items appeared to fall in two clusters. In the first cluster, the opportunity to provide their child with a physical activity and the opportunity to involve their

child in a recreational activity appeared to be of primary importance for families in their decision to enroll their child in the summer program. As well, the opportunity to have a break from child care responsibilities was a major reason for program participation.

Of secondary importance were issues related to time with other children and child care. These issues appeared to be minimal factors in parents' decision to participate in the summer program.

Parents also identified the factors that influenced their selection of a specific camp for their child. A Likert scale was also used and the items were placed in descending order of importance using mean scores. The reasons for selecting the specific camp were identified by parents in the following descending order of importance:

1. swimming available ($m = 3.0, sd = 1.2$)
2. affordable ($m = 2.9, sd = 1.3$)
3. used before ($m = 2.8, sd = 1.3$)
4. close to home ($m = 2.3, sd = 1.2$)
5. transportation available ($m = 2.3, sd = 1.1$)
6. wheelchair accessible ($m = 1.6, sd = 1.1$)
7. sibling attending ($m = 1.4, sd = 1.1$)

There appears to be two clusters in the importance assigned to the seven selection criteria. Swimming, the cost of the program, and prior program attendance were the primary reasons parents selected specific camps for

their child.

The opportunity to provide children with a recreational activity appeared to be the primary motivating factor for families in their decision to participate in the summer program as well as their decision to select a specific summer camp. Wheelchair accessibility (for those who needed it) and the attendance of a sibling at the same summer program were elements that affected only a small number of families. However, for those few families, the criteria were of high importance. The low mean score is related to the fact that these criteria applied to only a few study families.

Parents were asked to prioritize the importance of the summer program in relation to other sources of family assistance. Parents identified the importance of services with "1" as most important and "11" as least important. To establish a mean score for each resource, all items rated a 9 and over were coded as a "9". The items were ranked in the following order:

TABLE 4

RANK ORDER OF IMPORTANCE OF RESOURCES

1. regular respite (m = 2.9, sd = 2.4)
 2. summer program (m = 3.8, sd = 2.1)
 3. advice regarding resources (m = 4.1, sd = 2.3)
 4. crisis respite (m = 4.7, sd = 2.8)
 5. medical care (m = 4.8, sd = 2.9)
 6. transportation (m = 5.4, sd = 2.7)
 7. cash assistance (m = 5.6, sd = 2.8)
 8. family counselling (m = 6.1, sd = 2.8)
 9. housekeeping (m = 6.3, sd = 2.6)
 10. marital counselling (m = 6.1, sd = 2.6)
 11. professional financial advice (m = 7.1, sd = 2.4)
-

Regular respite, the summer program and advice regarding resources clustered as the primary resources prioritized by families. The summer program appears to be a highly valued resource, and stands as one of the most valued of the resources utilized by this client group.

LEVEL OF SATISFACTION

To explore the level of consumer satisfaction with the program, an adapted version of the Consumer Satisfaction Questionnaire (CSQ-8) was incorporated in the study.

The CSQ-8 was used to establish a total score for the sample and to explore within program variance in satisfaction. The scale showed a high level of

internal consistency ($\alpha = .83$) and appears to be a reliable measure of general satisfaction with the summer program. The level of satisfaction reported by families was 77.4% ($M = 24.61$, $SD = 4.68$). The level of general satisfaction is consistent with positive levels that have been reported for high quality well functioning human services programs. The level of reported satisfaction is a positive reflection on the program's ability to satisfy the needs of participating families.

CHILD AND PARENT CHARACTERISTICS

Levels of satisfaction were high across all ages. An independent t -test indicated that there was not a statistically significant difference between the mean satisfaction score of families with children aged 6 to 12 ($m = 22.73$) and families with children aged 13 to 17 ($m = 24.11$, $n = 34$, $t = -1.17$, $p = n.s$). The program attended was explored as an independent variable with the camps separated into three groups, 1) Camp Manitou, 2) both of the City of Winnipeg day camps, and 3) all of the small camps ($n = 22$). No relationship was found between overall satisfaction and program attended in a one way analysis of variance ($F = .3762$, $n = 33$, $p = n.s$).

As previously stated, a four item Disability Scale (Trute, 1990) was used to measure the extent of the child's disability, and related care requirements. The four item Likert scale, from response one indicating that the item is "not

at all" applicable to response four, indicating that the child is "severely" affected, showed strong internal consistency for the study ($\alpha = .92$). Therefore, the scale appeared to be a reliable measure of the extent of the child's disability in this study. Individual items as well as the total score were explored as independent variables in relation to the total CSQ-8 score. Only a weak relationship was found between any of the individual items, or the total disability score, and the level of overall satisfaction with the program. The following is a correlation table of CSQ-8 score and items related to the type and degree of the child's disability. All Pearson correlations were two-tailed as it was uncertain at the outset whether or not the CSQ-8 score would potentially have a positive or negative relationship with other variables.

TABLE 5

**TYPE AND EXTENT OF CHILDS
DISABILITY AND TOTAL CSQ-8 SCORE**

1.	The extent disability will affect child's mental development.	m = 3.18, sd = 1.04 r = -.11, n = 33, p. = n.s.
2.	The extent disability will affect physical development	m = 2.36, sd = 1.25 r = -.25, n = 33, p. = n.s.
3.	The extent ongoing medical attention will be required	m = 2.45, sd = .90 = n.s. r = -.08, n = 33, p. = n.s.
4.	How much assistance the child will require over the years	m = 2.33, sd = 1.16 = n.s. r = -.08, n = 33, p. = n.s.
Total four item disability score		m = 10.33, sd = 3.15 r = -.18, n = 33, p. = n.s.

The extent to which the disability will affect the child's physical development had a moderate negative correlation with total CSQ-8 score. That is, parents of children with a high level of physical disability expressed less satisfaction with the program.

In the same way, the child's behaviour was explored as an independent variable using the Behaviour Problem Index (BPI). The total BPI score was weakly related to overall satisfaction score ($r = .13$, $n = 27$, $p = N.S.$). That is, parents of children with a higher level of behaviour problems reported a higher level of overall satisfaction.

Parent's marital status, income, age and level of education, were explored as factors that may have a relationship with overall satisfaction. An independent *t*-test was used to compare the mean scores of married and single respondents. The *t*-test indicated that there was not a significant difference between the mean score of unmarried respondents ($M = 25.2$, $SD = 3.49$, $n = 5$) and married respondents ($M = 23.29$, $SD = 3.47$, $n = 24$) ($t = 1.12$, $N = 29$, $p = n.s.$).

A one way analysis of variance was run between three income groups:

1) under \$40,000; 2) \$40,000 to \$70,000; 3) \$70,000 to over \$100,000.

Using a Tukey-B procedure, no difference was found between the mean CSQ-8 scores ($F = .66$, $p = n.s.$) for any of the three income groups; under \$40,000 ($M = 24$, $SD = 4.36$, $n = 12$), \$40,000 to \$70,000 ($M = 22.58$, $SD = 2.81$, $n = 12$), \$70,000 to over \$100,000 ($M = 24.16$, $SD = 3.4$, $n = 6$).

Using a Pearson's correlation, no relationship was found between family income and CSQ-8 score ($r = .09$, $n = 30$, $p = n.s.$). A moderate relationship was found between father's age ($r = -.32$, $n = 28$, $p = .01$); mother's age ($r = -.21$, $n = 32$, $p = .001$) and total CSQ-8 score. Older parents reported a moderately lower level of satisfaction with the program. No relationship was found between father's education ($r = .02$, $n = 28$, $p = n.s.$) or mother's education ($r = .12$, $n = 31$, $p = n.s.$) and total CSQ-8 score.

In summary, the child's behaviour, the nature of the child's disability, the extent of the disability and the specific camp attended did not influence parents' overall satisfaction with the program. None of the demographic characteristics strongly correlated with the level of overall satisfaction. The findings are consistent with other studies of consumer satisfaction and indicate that it is not likely that parents' satisfaction with the summer program is strongly influenced by demographic variables or variables related to characteristics of the parent or the child. However, there was a moderate inverse relationship between parent's age and overall satisfaction. This variance in the pattern of reported satisfaction by age has been found in other studies (Larson et al., 1979). The presence of a physical disability and the disability commulative score had a modest inverse relationship with the total CSQ-8 score. That is, children with a high level of care need and and parents of children with a physical disability, reported less overall satisfaction with the program.

A high level of behaviour problems had a modest, positive relationship with parents' reported satisfaction with the program. These relationships were modest and not statistically significant. The program appears to be able to satisfy parents of children with a variety of disabilities, care needs, and behaviour problems.

PROGRAM CHARACTERISTICS

The overall satisfaction score was correlated with questions related to specific characteristics of the program. This included satisfaction with: (1) the level of communication between the summer camps and parents, (2) the level of staff knowledge regarding childhood disability, (3) the level of staff training, (4) the program's ability to provide suitable recreation, and (5) whether or not the program introduced the family to new resources.

Responses to the items regarding staff knowledge ($r = .03$, $n = 34$, $p = n.s.$), staff training, ($r = .07$, $n = 34$, $p = n.s.$) and the programs' ability to introduce the child to new resources ($r = -.11$, $n = 34$, $p = n.s.$) were not significantly related to with total CSQ-8 scores.

Two of the satisfaction questions were significantly related to the satisfaction score: The question: "Were you satisfied with the level of communication between the summer program staff and yourself?" had a moderately strong positive relationship with total CSQ-8 score ($r = .70$, $n = 34$, $p > .001$).

The question: "Was the program able to provide suitable recreational activities for your child?" also had a significant positive relationship with satisfaction score ($r = .38$, $n = 34$, $p > .001$). The two key items in

predicting parent satisfaction appear to be the perceived openness in communication between the camp staff and the parent, and the camps' ability to provide appropriate recreational activities for the child.

INDIVIDUAL CONSUMER SATISFACTION ITEMS

The consumer satisfaction questionnaire appeared to be a reliable measure of parents satisfaction with the summer program. The questions were modified for the sample to more appropriately address the needs of this consumer group. The distribution of scores on the individual items were as follows:

TABLE 6

**CSQ-8 Frequencies and Mean Score
of Individual Items**

SATISFIED WITH OVERALL QUALITY

Value Label	Value	Frequency	Percent	Cum Percent
No, definitely not	1	3	8.8	8.8
No	2	4	11.8	20.6
Yes, somewhat	3	17	50.0	70.6
Definitely, yes	4	10	29.4	100.0
TOTAL		34	100.0	
Mean 3.000	Std DEV .888	Median	3.000	n = 34

DID YOU GET THE PROGRAM WANTED

Value Label	Value	Frequency	Percent	Cum Percent
No	1	4	11.8	11.8
No, not really	2	6	17.6	29.4
Yes, somewhat	3	19	55.9	85.3
Yes, definitely	4	5	14.7	100.0
TOTAL		34	100.0	

Mean 2.735 Std Dev .864 Median 3.000 n = 34

THE EXTENT OF PROGRAM MET THE NEEDS OF FAMILY

Value Label	Value	Frequency	Percent	Cum Percent
None of our needs	1	5	14.7	14.7
Some of our needs	2	6	17.6	32.4
Most of our needs	3	16	47.1	79.4
Almost all	4	7	20.6	100.0
TOTAL		34	100.0	

Mean 2.735 Std Dev .963 Median 3.000 n = 34

WOULD RECOMMEND TO A FRIEND'S CHILD

Value Label	Value	Frequency	Percent	Cum Percent
No, definitely not	1	5	14.7	14.7
No, I don't think so	2	3	8.8	23.5
Yes	3	13	38.2	61.8
Yes, definitely	4	13	38.2	100.0
TOTAL		34	100.0	100.0

Mean 3.000 Std Dev 1.04 Median 3.000 n = 34

SATISFIED WITH LENGTH OF TIME

Value Label	Value	Frequency	Percent	Cum Percent
Dissatisfied	1	0	0	0
Mildly, dissatisfied	2	3	8.8	8.8
Satisfied	3	16	47.1	55.9
Very satisfied	4	15	44.1	100.0
TOTAL		34	100.0	

Mean 3.353 Std Dev .646 Median 3.000 n=34

PROGRAM POS FOR FAMILY

Value Label	Value	Frequency	Percent	Cum Percent
Strongly disagree	1	3	8.8	9.1
Disagree	2	5	14.7	24.2
Agree	3	12	35.3	60.6
Strongly agree	4	13	38.2	100.0
Missing	0	1	29.5	
TOTAL		34	100.0	

Mean 3.061 Std Dev .970 Median 3.000 n=33

SATISFIED WITH QUALITY

Value Label	Value	Frequency	Percent	Cum Percent
No	1	1	2.9	2.9
No, I don't think so	2	2	5.9	8.8
Yes	3	15	44.1	52.9
Yes, definitely	4	16	47.1	100.0
TOTAL		34	100.0	

Mean 3.353 Std Dev .734 Median 3.000 n=34

WOULD USE AGAIN

Value Label	Value	Frequency	Percent	Cum Percent
No	1	2	5.9	5.9
No, I don't think so	2	2	5.9	11.8
Yes	3	14	41.2	52.9
Yes, definitely	4	16	47.1	100.0
TOTAL		34	100.0	
Mean 3.294	Std Dev .836	Median	3.000	n = 34

The pattern of response on each CSQ-8 item is similar to the cumulative score. Responses consistently clustered at the positive end, with most parents responding in an affirmative pattern.

The percentage of respondents giving positive ratings to each item are presented in Table 6. The percentage of the respondents indicating that they were either mostly satisfied or completely satisfied are recorded in the percentages. That is, the responses of either a three or a four on the Likert items.

TABLE 7

**PERCENTAGE OF POSITIVE RESPONSES TO MODIFIED CSQ-8 ITEMS
ON THE SUMMER PROGRAM EVALUATION**

Question	% positive response	Standard Deviation
Overall quality of service	79.4%	.89
Program wanted	70.6%	.86
Met the needs of family	67.7%	.96
Would recommend to a friend	76.4%	1.04
Satisfied with length of time	91.2%	.65
Program positive for family	73.5%	.97
Satisfied with quality	91.2%	.74
Would use again	88.3%	.84

In reviewing the percentage of satisfied respondents by each item, it is clear that primary areas of satisfaction are overall quality and satisfaction with the length of service. The item with the lowest percentage of overall satisfaction, the extent to which the program met the needs of the family, is possibly related to parents' primary reasons for participating in the summer program. That is, to provide their children with an opportunity for recreation. Parents appear to utilize the summer program, primarily to meet the needs of their disabled child and possibly other needs of the family are a secondary concern.

Table 7 provides a summary of the frequencies of positive responses to the items regarding specific aspects of the program. The mean scores and range of responses are similar to the responses to the CSQ-8 items.

TABLE 8

**PERCENTAGE OF POSITIVE RESPONSES TO ITEMS REGARDING
CHARACTERISTICS OF THE SUMMER PROGRAM**

Item	Percentage	Standard Deviation
staff were knowledgeable	76.5%	1.28
staff had necessary expertise	67.7%	.98
able to provide suitable recreation	64.7%	.98
enhance physical development	85.3%	.75
introduced child to new resources	55.9%	.90
satisfied with communication	75.3%	.89

Most parents expressed satisfaction with specific characteristics of the summer camps. The response to the program's ability to introduce the child to new resources is a question which is again related to the family's needs and is an item which possibly has little to do with service quality or consumer's satisfaction for this population.

FAMILY SERVICES WORKERS SATISFACTION WITH SUMMER PROGRAM

Nine workers participated in interviews regarding 24 families. Family support workers were asked to identify how important seven factors were in their assessment of the family's need for a summer program. The workers were asked to indicate, on a Likert scale, how important factors were in their assessment from, 0) "Not a factor" to 4) "Very important".

The items identified by workers', in order of importance, were as follows:

- 1) recreation for the child ($m = 3.70$, $sd = 1.10$)
- 2) socialization for the child ($m = 3.62$, $sd = .58$)
- 3) to alleviate stress ($m = 3.04$, $sd = .96$)
- 4) the degree of program integration ($m = 2.91$, $sd = 1.31$)
- 5) to avoid loss of skills acquired at school ($m = 2.7$, $sd = 1.14$)
- 6) to provide respite ($m = 2.4$, $sd = 1.15$)
- 7) child care for a parent to attend work ($m = .79$, $sd = 1.18$)

Socialization, recreation and an opportunity to alleviate some of the stress of parenting a disabled child were the primary reasons workers referred families to the summer program. Finding suitable recreation and socialization for the child appear to be the primary reasons both families and workers want to access the program.

Workers were also asked what factors were important in the selection of a specific summer program. The items were also represented with a Likert scale from 0) "Not a factor", to 4) "Very important". The factors were identified by workers, in order of importance by study mean score as follows:

- 1) the content of the program ($m = 3.3$, $sd = 1.10$)
- 2) parent's choice ($m = 3.0$, $sd = 1.14$)
- 3) close to home ($m = 1.8$, $sd = 1.45$)
- 4) program was affordable ($m = .83$, $sd = 1.20$)
- 5) wheelchair accessible ($m = .79$, $sd = 1.59$)
- 6) physical setting ($m = .54$, $sd = 1.06$)
- 7) sibling attending same program ($m = .54$, $sd = 1.06$)

The content of the program and parent choice were the primary reasons workers selected specific camps for children. The prioritization is a positive reflection on workers' efforts to find suitable individualized programming that reflects parents' choice.

A four item consumer satisfaction scale, the CSQ-4 was used to establish a global score and compare scores between workers and families. The four items are a standardized brief version of the CSQ-8 (Larson et al, 1979).

Using the CSQ-4 mean score, workers reported an 84.4% ($m = 13.5$,

$SD = 2.44$) level of overall satisfaction with the program. Families reported

a 76% ($m = 12.17$, $SD = 2.4$) level of overall satisfaction with the program.

Workers and families expressed a similar level of overall satisfaction with the program. However, there was no relationship between the worker and parent cumulative scores ($\rho = .09$, $p = n.s.$ $n = 25$).

The CSQ-4 items were then analyzed individually, collapsing values one and two as one value, representing dissatisfaction, and three and four as one value representing satisfaction. A cross tabulation was conducted to explore variance between the paired responses. The response clusters varied across the four items. For the item "would you use the program again?" 19 workers and families (76%) agreed, with all the correlated responses being "Yes". For the item: "In an overall general sense, how satisfied were you

with the program", 18 workers and families concurred with an answer of satisfaction, while three parents and workers had a paired response expressing dissatisfaction, for a cumulative pairing in 91.3% of the cases (this item was left unanswered by one parent $n = 23$). For the item: "Were you satisfied with the level of quality?", 17 families and workers concurred on an answer expressing satisfaction while one family and one worker agreed that they were not satisfied, for a cumulative pairing in 75% of the cases. For the item: "To what extent did the program meet your needs?", 15 families and workers stated that they were satisfied while nine families and workers had divergent responses on these items, for a paired response in 60% of the cases. For this question, parents indicated that they were satisfied with the extent to which the program met their needs more frequently than their Family Services workers.

Parents report that their needs are met to an extent that is greater than their Family Services Worker. Paradoxically, more workers than parents indicate that they would use the same summer camp again. Unlike parents, workers indicate that they would use the same summer camp again, even if they were not completely satisfied. This variance in response pattern may be related to the workers concern about the scarce availability of suitable summer camps and the importance of the program as an out of home respite. Parents, on the other hand, seem to want to leave their options

open in selecting future summer programs, and want to explore choices.

The Family Service Worker responses were then analyzed to explore "satisfaction" as a dependent variable. Variance in overall satisfaction for workers was explored using the one question regarding "overall satisfaction" as an omnibus item. The response to this item strongly correlated with the total CSQ-4 response ($\rho = .79$).

Workers' responses were highly related to two questions regarding program characteristics. These were: satisfaction with the level of staff training ($\rho = .841$, $n = 24$), and the program's ability to introduce families to new resources ($\rho = .47$, $n = 24$). This finding is also different than the program characteristics that correlated with overall satisfaction for families. In this case, different interest groups appear to have different expectations and areas of concern regarding program quality.

COMPARATIVE CASE STUDY OF PROGRAM "FAILURES"

The parents in these special cases expressed a lower level of general satisfaction, (64%) compared to the reported level of satisfaction of the cross sectional Winnipeg sample, 77.4%.

In reviewing the case study questions, themes emerged which paralleled issues identified by parents in the study sample. All four families identified concerns with the level of communication and pre-admission contact with the child. One family expressed concern about the limitations on their child's full participation. One family also indicated that the program did not provide a consistent person for one-to-one programming.

In spite of specific difficulties, all four families expressed many positive comments about the program. The four families reiterated the value of the service as an out-of-home respite. The families perceived the difficulties as minor, and were interested in solving problems and continuing their participation.

SUMMARY OF OPEN-ENDED RESPONSES

Parents and family services workers described the summer program as a vital resource for children and a necessary resource for out-of-home respite.

Many respondents confirmed this and supported the desire for more access to this resource. Parents indicated that they were involved in the selection and the resources allocated were individualized to meet the needs of the child. This included the option of attending part-time, splitting attendance across a number of weeks, participation in individualized programming with an activity aid, providing one-to-one individualized support, and assisting

children's attendance at religious and cultural day camps. Many children attend day camps in their home communities with friends and siblings.

Although children who participated in individualized "one on one" services did not participate in the study, this appears to be a very attractive alternative for parents. Many Family Services Workers commented on the use of individualized services as a way of providing parents with respite. The individualized program was also described by workers as an important alternative, particularly for children needing assistance with skill development.

Parents and workers provided suggestions for future summer programs.

These included suggestions such as :

- Age appropriate programming for teenagers;
- More programs that are wheelchair accessible;
- Increased availability of spaces at St. Amant Centre
- Overnight camping opportunities;
- An expansion of high quality segregated and integrated programs;
- Life skills training and work activity day programs for older adolescents;
- Programs which allow the child to continue developing skills introduced in school.

Parents and Family Services Workers identified several ways in which the current program could be improved. This included the suggestion by families that camps use communication logs for monitoring daily activities and problem-solving. This would facilitate more active information exchange

between parents and camp staff.

Workers suggested that program staff should communicate program difficulties directly to them for assistance with problem-solving and for ongoing consultation. Workers also suggested that they assist with the admission and planning process. Both workers and parents suggested that staff training would enhance service delivery.

A small number of Family Services Workers indicated that the program is a vital resource that appears to be over-extended. It was the opinion of these workers that a few day camps accept children without realizing that they are stretching their staffing and recreational resources.

The qualitative information confirmed and explained the reasons for some of the quantitative findings. Areas of dissatisfaction, primarily issues regarding the extent of communication, were raised as a concern in many of the open-ended responses. Parents also explained, articulated and gave examples of their concern with the limitation on their child's full participation in all of the activities. The information corroborated what aspects of the program were particularly helpful to consumers, while it also punctuated areas of consumer dissatisfaction and gave examples of concerns.

RECOMMENDATIONS

The program appears to be a well run, mature family support service that is highly regarded by parents. Of primary value would be the continued evaluation of the program. This can only enhance and substantiate the findings in this initial consumer satisfaction study. The aggregate CSQ-8 score in this study can be used as a baseline for comparison longitudinally.

The program has major assets which became very clear in this evaluation. The program is individualized and the service options reflect the desires and wishes of families. The summer program is a highly valued resource as an out of home respite service and as a source of recreation and socialization for the child.

The program could encourage camp personnel to communicate directly with families on a more consistent basis. This could take place by involving families in a pre-admission process and discussing with parents expectations regarding the child's participation. A pre-admission interview could also involve workers who could then possibly assist camps when difficulties develop. Proactive program planning may prevent difficulties from developing. Parents also suggested that camps communicate in writing by leaving a note in the child's backpack or by completing a brief communication log every day. This again may prevent the development of

major difficulties.

Providing suitable recreation for special needs children is in the formative stages and camps may develop expertise in this area as they mature and have more experience with integrated programming. This area of programming will likely be an ongoing challenge for camp coordinators and Children's Special Services. This aspect of service provision could benefit from staff training in special needs recreation. Ongoing communication between camps and workers would also be valuable as workers could provide assistance as case managers regarding the unique needs of the child.

Workers may also be able to assist families by clarifying their expectations. Families may need education regarding the limitations of camps and the objectives of program participation. Parent's expectations could also be reviewed on an annual basis and re-evaluated as the child's developmental needs change.

PART IV

EVALUATION OF THE PRACTICUM

INTRODUCTION

This final chapter of the practicum report will be a summary of the practicum experience. This will include the identification of study limitations. The chapter will conclude with a brief review fo the practicum experience, with reference to the initial learning objectives.

The practicum necessitated active participation in every step of a research project. The primary focus of the practicum was the exploration of parents' and workers' satisfaction with a specialized service. Tasks included formulating and carrying out a study plan, and reporting the findings in a format that was useful for program administrators and other stakeholders. The process included participating in several collaborative meetings and conducting a survey. Over the course of several months there was contact with many families, Family Services Workers and many program administrators.

Consumer satisfaction with a summer program for children with disabilities was explored using a combination of several measures. This included a standard scale, the Consumer Satisfaction Questionnaire, a comparison of satisfaction between parents and workers, quantitative data analysis, and a review of a small case study group. A global rating of satisfaction was established for the program using an aggregate score. Satisfaction was also explored as a dependent variable, allowing for an exploration of the variance in the level of satisfaction within the sample. The study provided a rich and comprehensive exploration of consumer satisfaction with a family support service. The study appeared to tap satisfaction and consumer focused concerns for this group. However, the study design, and the measures used, are generic and offer a potentially wide range of applications across many social work settings.

The study corroborated the utility and broad application of satisfaction measures. Satisfaction measures appear to provide important yardsticks for clinical evaluation as has been clearly substantiated in the literature (Attkisson & Zwick, 1982; Attkisson & Greenfield, 1994), and in this case evaluation of a specialized program. Both clinical and program evaluation measures are important for developing consumer focused social work practice.

EVALUATION OF THE STUDY

The Consumer Satisfaction Questionnaire (CSQ-8) is a standard scale with well established norms in the human services. In this study, the scale had a high level of reliability ($\alpha = .83$). Therefore, it appeared to be both a reliable and valid measure of consumer satisfaction with the summer program. In discussion with workers and families, the items were described as clear, and very straightforward. The scale appeared to have strong face validity and was easy to complete.

Using a standardized scale simplified the interpretation of results and allowed for a comparison of the aggregate score to norms for other human service populations.

The standard scale also provided a measure which could be used for "self norm" comparisons, that is, exploring variance within the sample. The aggregate score also provided a baseline score which can be used as a starting point for involving consumers in the ongoing evaluation of the program. The aggregate score on the same items can be compared over time. A one factor measure of satisfaction appeared to be most appropriate in this case as there were major differences across the program in camp attended and type of service provided.

The CSQ-8 aggregate score was substantiated and the findings were enriched with information secured in open-ended questions, other Likert items and the quantitative data. Open-ended questions also allowed for an exploration of areas of consumer dissatisfaction. A rank order of items related to reasons for using the service, and the importance of the service, provided additional information about consumer needs.

The study design primarily focussed on parents as consumers. The Family Summer Program Questionnaire was the template for the Family Services Worker questions and the themes explored with workers focused on consumer needs.

That is, all questions about the program on the Family Service questionnaire related to the programs within the context of the needs of the family. The study provided a consumer focused evaluation of a specialized family support service. The study was able to identify difficulties in the program unrelated to characteristics of the child or the parents. This is consistent with other satisfaction studies and is important for program evaluation purposes.

The results of this study support the use of satisfaction measures for consumer focused research concerns and as a method of exploring areas of

service delivery that can be improved. The process of involving consumers in an evaluation also appeared to be an important way of building on parents' strengths by asking for their contribution as experts regarding their own needs and the resources they utilize. This group of consumers were in a position to express their satisfaction with a program, in terms of meeting their own needs, as well as express their opinion about their child's experience as proxy or secondary consumers.

METHODOLOGICAL ISSUES

STUDY LIMITATIONS

The CSQ-8 has not been used to measure satisfaction with a family support service and the study would warrant replication to confirm the validity of the scale for this population. In this study, the standard deviation was large and reflects a wide distribution of scoring. This could be explored in follow-up evaluations.

The broader population was not included in the study, for example all parents of disabled children who may want to access such a service. The needs of the larger group of potential service recipients were not explored.

The question regarding marital status was cumbersome, as it included a two part response (See Appendix C). The item did not capture "living as

married" couples and the meaning of single parent was not clear. The question regarding marital status could have been asked in one question, with at least five selections regarding marital status, as it relates to parenting role. Possibly, the question could have been asked as follows: "please circle the answer that best describes your marital status as it relates to your parenting role"

1. single parent
2. married or living as married
3. single parent with involved non-family member
4. single parent with involved extended family
5. single parent with involved parent outside the home

It was unfortunate that a larger sample was not available. If the decision had been made at the start of the study to drop off and pick up the questionnaires, we could have selected a larger sample as the drop off took less time than personal interviews would have. Eight families (16% of the sample) were excluded from the sample as the children participated in an individualized program and did not meet study criteria. Children in an individualized program should have been eliminated from the sampling frame, or attempts should have been made to develop questions appropriate for individualized program attendance. This group of parents could have possibly participated in a Focus Group (Morgan, 1988).

A larger sample, ideally a sample of 60 children, would have allowed for a more sophisticated analysis of the quantitative data. For example, a step wise regression of the CSQ-8 items might have been useful to explore predictor variables of consumer satisfaction. This may have been helpful in the development of the Consumer Feedback Form as possibly a brief version of the index would be more appropriate for this population. With a larger sample, a series of regression analyses could have also been conducted to see which attributes most strongly predicted overall satisfaction with the program.

The literature on family support services and consumer focused evaluation supports the involvement of consumers in the design of questionnaires. Consumer involvement in the design and implementation of this evaluation would have been both appropriate and constructive. Parents are very knowledgeable about their needs and the needs of their children. We could have tapped this natural source of expertise by including at least one parent representative on the consultation team. Future studies could involve consumers longitudinally by developing a system for ongoing evaluation of satisfaction with this service.

Consumers could also participate in the design of the evaluation, the development of the questionnaire and/or participate in the interpretation of

findings. Families could have also been involved in a focus group as a source of further data collection. Focus groups appear to be a potential avenue for capturing consumer concerns as the group process may evoke a discussion of issues that may not be captured in a survey.

The aggregate satisfaction score will have the greatest utility as a measure of satisfaction for this population longitudinally. The ongoing involvement of consumers in the evaluation of this program can only enhance the value and quality of this service as a resource.

There were attempts made initially by the consultation team to capture issues around the use of segregated and integrated programs. Family Services Workers were asked three questions regarding the degree of program integration as a factor in program selection, but it was difficult to explore this complex issue with this very simple methodology. Issues related to program integration and satisfaction with summer camp could have possibly been explored in a study which addressed issues related to normalization or by possibly exploring camp experiences by comparing satisfaction using a between groups design. That is, comparing the satisfaction of parents whose children attended segregated camps to the satisfaction of parents whose children attended integrated camps. This was far too complex an issue to explore in this study.

The study was run later in the year than was originally expected. The study evaluated a program that families had participated in seven to eight months earlier. The experiences were retrospective and impressions of the program may have changed over time. However, the satisfaction captured was of an enduring nature and reflected the parents lasting impression of the program. In the future, a similar study could capture satisfaction after the initial completion of a summer program and the responses could be compared to this study. At the time people completed the questionnaires for this study, they were making plans for the upcoming year. Most parents were therefore thinking about the programs as a resource and were reviewing the options for their child. Because of this, the timing did not appear to bias responses.

SAMPLING

The sampling frame was designed to capture the concerns of a group of parents that were potentially more dissatisfied with the program. After consultation with the study team, teenagers were over-represented in the study sample as both age groups were sampled proportionate to group size. The sample was selected from a random numbers table and included all school age children who participated in the program. The sampling in this study was as unbiased as possible and it does not appear that sampling could have contributed to a negative skew in the aggregate satisfaction score.

QUESTIONNAIRE DISTRIBUTION

The decision to drop off and pick up the questionnaires was appropriate for this study for two reasons. Firstly, it allowed parents to complete the questionnaire without the presence of an interviewer, possibly avoiding some of the bias related to social desirability. The presence of an interviewer is believed to influence in a positive direction responses to consumer satisfaction items by up to 10% (Peterson & Wilson, 1992). Secondly, by picking up the questionnaires responses were secured from a wide range of consumers, possibly avoiding bias related to a low response rate. Of the parents who agreed with their Family Services Workers to participate in the study, there was a 94% completion rate.

RESPONSE BIAS

Questions were cautiously worded to explore both satisfaction and dissatisfaction with aspects of the program. All of the questions related to satisfaction with the program were presented in a neutral format. The questions elicited both positive and negative responses and did not appear to evoke an acquiescent response set. Some of the satisfaction question Likert responses were reversed, and later recoded for data analysis, with the positive answer always being a "4" and the negative answer always being a "1". The items in the original CSQ-8 are presented this way and the same CSQ-8 (3 out of 8) items had direction reversed responses in the

modification or the questions. This hopefully countered some of the potential response bias.

ADDITIONAL QUESTIONNAIRE ITEMS

Additional questions regarding satisfaction were developed across four broad themes. The themes were all related to the parent's subjective interpretation of different aspects of the service delivery. The themes explored included the parent's perception of: the knowledge and skill level of program and camp staff, the level of communication, the program's ability to provide suitable recreation and introduce the child to new resources. The themes provided a framework for exploring specific program characteristics.

The additional questions provided items to explore what, if any, aspects of the services received were associated with any variance in level of satisfaction. The questions also provided information that substantiated scale findings and provided a wealth of information that was of value to the program administrators and Family Services Workers.

The Behaviour Problem Index and the Disability Scale appeared to be very useful measures of the nature and extent of the child's care requirements. The other demographic items were also valuable in describing the program participants. The rank-order of reasons for using the program and the

importance of the program as a resource was a graphic way of articulating the value of the program, and therefore an important measure in this study.

EVALUATION OF THE PRACTICUM

As a practicum experience, the study allowed me to meet and exceed all of my learning objectives. The experience allowed me to appreciate the complex nature of evaluation research. Consumer satisfaction, although a rather simple construct, presented a foundation for beginning skills in applied family research and presented a multitude of challenges. The practicum assisted me in the refinement of all of the skills identified in the Practicum Proposal. They were as follows:

- developing skills in survey research
- developing skills in survey interviewing
- developing skills in program evaluation
- organizing a study
- data entry
- analyzing quantitative and qualitative data
- presenting both oral and written research findings
- exploring consumer satisfaction measures

The practicum required that I secure additional training in data entry and data analysis. The study was a challenge for a neophyte researcher as it involved using both the Statistical Package for the Social Sciences (SPSS PC +[®]) (Norusis, 1990) and the Statistical Analysis Systems statistical packages, (SAS[®]) (SAS Inc, 1991) instead of a studentware program. A more advanced statistical package was necessary because of the number of

variables in the study (more than 30) and because some of the analysis called for more advanced statistical commands, like reliability scores and non-parametric correlations. I was able to learn how both of these statistical packages worked and I learned how to write a program for both of these packages. In going through the process of actually writing the program, I learned about statistical commands, and how to best explore associations between variables.

Describing the findings in an executive summary for Children's Special Services was a personal challenge. The summary required that I review a large volume of data and statistical findings and present the information in a clear and concise manner. This required several writings of the original document and assistance with clarifying specific key issues.

REFLECTIONS

There were several aspects of this study that were exciting. First of all, a high level of interest was expressed by participating parents. Respondents provided detailed information about their experiences. Many families discussed their impressions of the program openly and expressed interest in the evaluation process.

Workers appeared to have busy schedules and their interest in the study was constricted by many factors. It became critical to interview workers in person to get accurate and complete responses. Workers provided different information and identified different issues. The variance in response patterns highlighted the value of securing information from more than one interest group.

Secondly, the study design was ideal for exploring consumer satisfaction and learning about complimentary methods of data collection. The design allowed for an exploration of consumer focused themes, in such a way that results continually enhanced and substantiated each other. For example, suggestions for future programs identified by families were essentially the same as the suggestions made by Family Services workers. Also, problems identified in the study were further corroborated by the case studies of the families that experienced difficulties. Exploring satisfaction from the point of view of different stakeholders also appeared to enhance and validate consumer focused concerns. The study results came together, reconfirming a number of issues identified by families. This included supporting the value of the program as a resource, a description of reasons why families use the program, aspects related to dissatisfaction and suggestions for future programs. The process appeared to be very empowering for parents who participate in the program.

Thirdly, the decision to incorporate consumer feedback into the ongoing administration of the program made the experience personally satisfying.

The study established a base for future evaluations which will place consumer feedback in an enduring position with Children's Special Services.

The summer program is a mature family support service which will only benefit from collaboration with families and formalized ongoing evaluation.

This study corroborated the value of exploring consumer satisfaction as an aspect of social work practice. Consumer satisfaction measures provide a broad spectrum of information regarding service delivery and program quality and a subjective interpretation of the recipient's experience. At the same time, consumer satisfaction measures are a way of learning more about what clients want and what clients expect from a service. This study supports a consumer driven model of service delivery and a framework for continued consumer involvement in the administration of a specialized program.

However, it is important for researchers and administrators to recognize the biases inherent in satisfaction measures. Ideally, evaluators should compare aggregate satisfaction scores to established norms for a client population, use the score as a performance indicator for a program in longitudinal studies and explore variance in satisfaction levels within the study sample. A mixed

method design and the inclusion of open-ended questions can also enhance and substantiate findings in aggregate satisfaction scores. It is also advantageous to explore the variance in satisfaction for various interest groups. Information from more than one interest group can also enhance findings and allow evaluators and service providers to explore complex themes from more than one perspective.

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Appendix 1
Letter of Consent

Interview Consent Form
Evaluation of The Summer Program for Children with Disabilities

I understand that this study involves interviewing parents of children with disabilities who attended the summer recreational programs. The main intent of the study is to assess the strengths and weaknesses of the summer program attended by children during the summer of 1994. The study will also explore some of the issues related to child care burden and family resources.

I am willing to be interviewed in my home. I understand that the interview will take approximately one hour of my time. If I do agree to this interview now, I know that I can stop at any time I want to. I know that I can choose to not answer a specific question if I do not want to.

I understand that this research is being conducted through the University of Manitoba and is independent of the Provincial Department of Family Services. I understand that the information provided about our experience with the summer program will remain confidential and will not be shared with my family services worker. I understand that Children's Special Services and my social worker will not be advised of my decision to participate or to not participate in this study.

I am prepared to have the researchers contact my family services worker to review file information regarding my child's participation in the summer recreation program. I know that all information collected will be protected as strictly confidential and will not be released except as general information as part of the program evaluation. That is, I know that no one person or family will be identified in any of the information stored in research files or released as a study report.

I have read this form and I have had an opportunity to ask the interviewer any questions I have. I am willing to participate in the study.

Parent: _____ (Please print)

Interviewer: _____

Date (DD/MM/YY) _____

Appendix 2
Letter of study introduction

Dear

Children's Special Services is interested in learning about the experiences of families who receive support services. In particular, we are interested in learning whether support services are effective in meeting the needs of families; what positive experiences or problems families may have encountered; as well as understanding families' ideas for improvements.

Children's Special Services is currently sponsoring an *evaluation of summer recreation experiences*. The specific purposes of the evaluation are to:

- learn more about the reasons families use summer recreation experiences for their child(ren);
- identify the elements which help to make summer recreation experiences positive and useful for families and children; and
- find out where problems might have occurred and explore ways of solving them.

The evaluation will be conducted by graduate student researchers from the Faculty of Social Work of the University of Manitoba. The researchers are under the supervision of the Faculty of Social Work, and are trained to carry out this type of evaluation. All information collected during the evaluation will be kept in the strictest confidence and Family Service Workers or Children's Special Services will not be informed as to whether you chose or did not choose to participate in the research. In addition, once a final report is prepared, any information a family may have provided will be destroyed.

In the near future, I will be calling to ask if you would be interested in participating in the evaluation. This request is completely voluntary. If you agree, I will ask your permission to refer your name and telephone number to the Faculty of Social Work researchers. If you decline to participate in the evaluation, your name will be deleted from the participants' list and no one will call you.

If you do agree to participate in the evaluation, a researcher from the Faculty of Social Work will call to arrange a meeting with you. The researcher will ask to meet you in your home and will have a standard set of questions which may take an hour (or less). Any information you provide will be treated with respect and confidence. No family will be identified in any way and you may choose not to answer any questions even if you agree to participate in the evaluation.

If you have any questions, please feel free to call me at

Thank you for considering this request.

Sincerely,

Family Service Worker

Appendix 3
Family Summer Program Questionnaire

5. In your view:

TO WHAT EXTENT WILL THIS CHILD'S DISABILITY AFFECT HIS/HER MENTAL OR INTELLECTUAL DEVELOPMENT?

Not at all	Mildly	Moderately	Severely
1	2	3	4

TO WHAT EXTENT WILL THE DISABILITY AFFECT PHYSICAL DEVELOPMENT?

Not at all	Mildly	Moderately	Severely
1	2	3	4

TO WHAT EXTENT WILL ONGOING SPECIALIZED MEDICAL ATTENTION BE REQUIRED?

Not at all	Mildly	Moderately	Severely
1	2	3	4

HOW MUCH ASSISTANCE WILL THIS CHILD REQUIRE OVER THE YEARS TO PERFORM EVERYDAY ACTIVITIES LIKE EATING, BATHING, TOILETING?

Not at all	Mildly	Moderately	Severely
1	2	3	4

INFORMATION ON SUMMER PROGRAM

1. First, what were your reasons for using a summer program? _____

2. What program did your child attend? _____
3. For what length of time? _____
4. Were you able to enrol your child in the program you wanted? _____
5. Why did you choose this program? _____

6. How important were the following factors in using a summer program? (use the same scale as above)

	4 Very Important	3 Important	2 Slightly Important	1 Not Important
a) It provided child care so parent could attend work				_____
b) It provided socialization for child				_____
c) It provided physical development for child				_____
d) It provided recreation for the child				_____
e) It provided me with a break from child care duties				_____
f) It allowed me to attend to my other children				_____
g) Any other reasons (please mark on scale of importance)				_____

7. How important were the following factors?

Please rate the factors using the scale provided

4 Very Important	3 Important	2 Slightly Important	1 Not Important
------------------------	----------------	----------------------------	-----------------------

- a) Other sibling was attending the camp _____
- b) Transportation was available to and from camp _____
- c) The camp was close to home _____
- d) There was wheelchair access _____
- e) The camp was affordable _____
- f) There was swimming available _____
- g) Used the program before _____

Any other reasons? _____

8. Did you investigate all of the available summer recreational programs or did you enrol your child in the program suggested by your family support worker? _____

9. If a summer program was not available, what implications would there be for your family? _____

6. The program provided time for extra rest and sleep.
- | | | | |
|----------------|-------|----------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
7. The program provided you with more time for yourself.
- | | | | |
|----------------|-------|----------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
8. The program encouraged the independence of your disabled child.
- | | | | |
|----------------|-------|----------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
9. The program allowed your child to meet more non-family members.
- | | | | |
|----------------|-------|----------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
10. The summer program improved family harmony.
- | | | | |
|----------------|-------|----------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
11. The program improved your child's ability to take part in games.
- | | | | |
|-------------------|----------|-------|----------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |
12. The program enabled you to spend extra time with your other children.
- | | | | |
|-------------------|----------|-------|----------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |
13. The program allowed you to devote time to your spousal relationship.
- | | | | |
|-------------------|----------|-------|----------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

PARENT SATISFACTION WITH SUMMER PROGRAM QUESTIONNAIRE

We have some questions about your child's participation in the summer program. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions.

YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.

Please mark the degree to which you agree or disagree with the following statements by circling the number which best matches how you feel.

- | | 1 | 2 | 3 | 4 |
|--|-------------------|----------|----------|-------------------|
| | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 1. The summer program had a positive effect on the whole family. | 1 | 2 | 3 | 4 |
| | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 2. My child strengthened his/her self-help skills at the summer program (such as feeding, and dressing him/herself). | 1 | 2 | 3 | 4 |
| | Strongly disagree | Disagree | Agree | Strongly Agree |
| 3. The summer program improved your disabled child's functioning within the family. | 1 | 2 | 3 | 4 |
| | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 4. The summer program relieved the strain that your disabled child places on you. | 1 | 2 | 3 | 4 |
| | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 5. The program allowed you time for socializing with friends and relatives. | 1 | 2 | 3 | 4 |
| | Strongly Agree | Agree | Disagree | Strongly Disagree |

14. The program helped me to cope better with the care needs of my child.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

15. I think summer programs help children stay at home and out of special settings such as institutions or group homes.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

16. Did you get the type of recreational program you wanted for your child?

4	3	2	1
No definitely not	No not really	Yes generally	Yes definitely

17. To what extent did the program meet the needs of your family?

4	3	2	1
Almost all of our needs were met	Most of our needs were met	Only a few of our needs were met	None of our needs were met

18. If a friend were in need of a similar summer activity for a child with a disability would you recommend this summer program?

4	3	2	1
No definitely not	No I don't think so	Yes I think so	Yes definitely

19. How satisfied were you with the length of time your child spent at the summer program?

4	3	2	1
Quite dissatisfied	Mildly dissatisfied	Mostly satisfied	Very satisfied

20. If you were to use a summer program again, would you use this same program?

4	3	2	1
No definitely not	No I don't think so	Yes I think so	Yes definitely

21. Do you think the program staff were knowledgeable about the special needs of children with disabilities?

4	3	2	1
No definitely not	No I don't think so	Yes I think so	Yes definitely

22. Do you think the program staff had the necessary expertise to work with children with disabilities?

4	3	2	1
No I don't think so	Possibly	Yes, they had some expertise	They were very skilled

23. Was the program able to provide suitable recreational activities for your child?

4	3	2	1
Yes definitely	Yes I think so	No I don't think so	No definitely not

24. Do you think the summer program provided your child with an opportunity to enhance his/her physical development?

4	3	2	1
Yes it has helped a great deal	Yes it helped somewhat	No it really didn't help	No it seemed to make things worse

25. How would you rate the overall quality of the summer program?

4	3	2	1
Excellent	Good	Fair	Poor

26. You were satisfied with that level of quality for the summer program?

4	3	2	1
Definitely yes	Yes somewhat	No not really	No definitely not

27. Do you think the summer program introduced you to new recreational resources for you and your family?

4	3	2	1
Yes it has	Yes somewhat	No I don't think so	No definitely not

28. In an overall, general sense, how satisfied were you with the summer program?

- | | | | |
|----------------|------------------|------------------|-----------------|
| 4 | 3 | 2 | 1 |
| Very satisfied | Mostly satisfied | Mildly satisfied | Quite satisfied |

29. Were you satisfied with the communications between the summer program staff and yourself?

- | | | | |
|-----------|--------------|-------------|-------------------|
| 4 | 3 | 2 | 1 |
| Yes I was | Yes somewhat | No I wasn't | No definitely not |

In this section, please describe your reaction to the following questions.

30. Did the program have a positive or negative impact on you and your family, and if so, how?
31. Did the program increase or decrease the stress of caring for your disabled child?
32. Did the summer program improve the "quality of life" for you and your family. Please explain.
33. Do you think the program staff had a positive attitude or a negative attitude towards children with disabilities?
34. Could you please identify what you liked the most, and what you liked the least about the summer program.
35. What other types of summer programs would you like to see made available to you and your family in the future?
36. Do you think the program staff were supportive and helpful to your child?

Please rank these alternative choices according to what would be highest priority to lowest priority for you right now in taking care of your disabled child:

- _____ transportation assistance
- _____ cash assistance program
- _____ crisis respite services
- _____ regular respite services
- _____ advice regarding access to services for your disabled child
- _____ medical care for your child
- _____ marital counselling to assist parents
- _____ family counselling to help home situation
- _____ housekeeping service to help with household chores
- _____ professional advice in regard to financial planning
- _____ summer recreational program for your disabled child

What is father's age? _____

What is mother's age? _____

Are you presently married?

1	NO	-----	Single Parent
---	2	YES	1 YES
			2 NO

What is father's level of education?

- 1 ELEMENTARY
 - 2 PARTIAL HIGH SCHOOL
 - 3 COMPLETED HIGH SCHOOL
 - 4 COMMUNITY COLLEGE/TECHNICAL SCHOOL
 - 5 SOME UNIVERSITY/NO DEGREE
 - 6 ONE UNIVERSITY DEGREE
 - 7 MORE THAN ONE UNIVERSITY DEGREE
 - 8 OTHER (please specify)
-

What is mother's level of education?

- 1 ELEMENTARY
 - 2 PARTIAL HIGH SCHOOL
 - 3 COMPLETED HIGH SCHOOL
 - 4 COMMUNITY COLLEGE/TECHNICAL SCHOOL
 - 5 SOME UNIVERSITY/NO DEGREE
 - 6 ONE UNIVERSITY DEGREE
 - 7 MORE THAN ONE UNIVERSITY DEGREE
 - 8 OTHER (please specify)
-

Are you currently employed?

Father

- 1 NO
- 2 YES

Mother

- 1 NO
- 2 YES

What is your principal occupation?
Please specify: _____

How many children do you have in total? (circle number)

- 1
- 2
- 3
- 4
- 5
- 6
- 7 OR MORE

What is the number in order of birth of your handicapped child?

- 1 FIRST CHILD
- 2 SECOND CHILD
- 3 THIRD CHILD
- 4 FOURTH CHILD
- 5 FIFTH CHILD
- 6 SIXTH CHILD
- 7 LAST CHILD

Last year what was your total gross family income (before deductions and income tax)?

- 1 UNDER \$10,000
- 2 \$10,000 - \$20,000
- 3 \$20,000 - \$30,000
- 4 \$30,000 - \$40,000
- 5 \$40,000 - \$50,000
- 6 \$50,000 - \$60,000
- 7 \$60,000 - \$70,000
- 8 \$70,000 - \$80,000
- 9 \$80,000 - \$90,000
- 10 \$90,000 - \$100,000
- 11 OVER \$100,000

Section P11 — BEHAVIOR PROBLEMS INDEX

**CHECK
ITEM 24**

Refer to age of sample child.

- 1 Under 5 years old (Cover Page)
2 5+ years old (Intro)

INTRO:

Now I am going to read some statements that describe the behavior of many children. Please tell me whether each statement has been **OFTEN** true, **SOMETIMES** true, or **NOT** true of — during the past 3 months?

The first statement is: "Has sudden changes in mood or feelings." Has that been **OFTEN** true, **SOMETIMES** true, OR **NOT** true of — in the past 3 months.

Record response and continue with statement 2.

Read list repeating categories and/or time reference as needed.

	Often true (a)	Sometimes true (b)	Not true (c)
1. Has sudden changes in mood or feelings.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 7
2. Feels or complains that no one loves —.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 7
3. Is rather high strung, tense, or nervous.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 7
4. Cheats or tells lies.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 7
5. Is too fearful or anxious.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 7
6. Argues too much.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 7
7. Has difficulty concentrating, cannot pay attention for long.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 7
8. Is easily confused, seems to be in a fog.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 80
9. Bullies, or is cruel or mean to others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 81
10. Is disobedient at home.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 82
11. Is disobedient at school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 83
12. Does not seem to feel sorry after — misbehaves.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 84
13. Has trouble getting along with other children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 85
14. Has trouble getting along with teachers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 86
15. Is impulsive, or acts without thinking.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 87
16. Feels worthless or inferior.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 88
17. Is not liked by other children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 89
18. Has a lot of difficulty getting — mind off certain thoughts, has obsessions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 90
19. Is restless or overly active, cannot sit still.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 91
20. Is stubborn, sullen, or irritable.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 92
21. Has a very strong temper and loses it easily.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 93
22. Is unhappy, sad or depressed.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 94
23. Is withdrawn, does not get involved with others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 95
24. Breaks things on purpose, deliberately destroys — own or others' things.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 96
25. Clings to adults.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 97
26. Cries too much.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 98
27. Demands a lot of attention.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 99
28. Is too dependent on others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 100
29. Feels others are out to get —.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 101

Section P11 — BEHAVIOR PROBLEMS INDEX — Continued

	Often true (a)	Sometimes true (b)	Not true (c)	
30. Hangs around with kids who get into trouble.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	182
31. Is secretive, keeps things to [himself/herself].	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	183
32. Worries too much.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	184

Notes

Appendix 4
Family Services worker Questionnaire

Date _____

Family ID _____

Worker ID _____

Interviewer ID _____

FAMILY SERVICES WORKER QUESTIONNAIRE

Please answer the following questions as they relate to this specific child and his/her family.

1. Name of Child _____

2. Date of Birth _____

3. How long have you known this child and his/her family?

4. What summer program did this child attend? _____

5. For what length of time? _____

6. How important were the following factors in your assessment of this family's need for a summer recreational activity for their child?

A) Child care for a parent to attend work.

4	3	2	1	0
Very Important	Important	Somewhat Important	Not important	Not a Factor

B) Socialization for the disabled child.

4	3	2	1	0
Very Important	Important	Somewhat Important	Not important	Not a Factor

C) Continuation of programming to avoid the loss of skills acquired during the school year.

4	3	2	1	0
Very Important	Important	Somewhat Important	Not important	Not a Factor

D) The availability of transportation to and from the program.

4	3	2	1	0
Very Important	Important	Somewhat Important	Not important	Not a Factor

E) To provide the family with some respite.

4	3	2	1	0
Very Important	Important	Somewhat Important	Not important	Not a Factor

F) To provide recreation for the child.

4	3	2	1	0
Very Important	Important	Somewhat Important	Not important	Not a Factor

G) To alleviate some of the stress of parenting a child with disabilities.

4	3	2	1	0
Very Important	Important	Somewhat Important	Not important	Not a Factor

H) The degree to which the program was integrated.

4	3	2	1	0
Very Important	Important	Somewhat Important	Not important	Not a Factor

I) Were there any other reasons? Please specify and rank from 4 to 1.

7. How important were the following factors in the selection of a specific summer program for this child.

A) Parental choice.

4	3	2	1	0
Very Important	Important	Somewhat Important	Not important	Not a Factor

Please indicate what, if any, factors were important in the parent's choice.

B) Other siblings were attending the program.

4	3	2	1	0
Very Important	Important	Somewhat Important	Not important	Not a Factor

C) The physical setting was appropriate for the unique needs of this child.

4	3	2	1	0
Very Important	Important	Somewhat Important	Not important	Not a Factor

D) The program was close to home.

4	3	2	1	0
Very Important	Important	Somewhat Important	Not important	Not a Factor

E) The program was wheelchair accessible.

4	3	2	1	0
Very Important	Important	Somewhat Important	Not important	Not a Factor

F) The program was affordable.

4	3	2	1	0
Very Important	Important	Somewhat Important	Not important	Not a Factor

G) The content of the program seemed to be most suited to the needs of the child.

4	3	2	1	0
Very Important	Important	Somewhat Important	Not important	Not a Factor

H) Were there any other reasons? Please be specific.

FAMILY SERVICES WORKER EVALUATION OF SUMMER PROGRAM

8. To what extent did the program meet the needs of this family?

4	3	2	1	0
Almost all of their needs were met	Most of their needs were met	Only a few of their needs were met	None of their needs were met	Not a factor

9. If you were to seek this kind of service again for this child, would you use the same program?

4	3	2	1	0
No definitely not	No I don't think so	Yes	Yes, definitely	Not a factor

10. Were the program staff knowledgeable about the special needs of children with disabilities?

4	3	2	1	0
No definitely not	No I don't think so	Yes, but just adequately	Yes and exceeded usual expectations	Not a factor

11. Do you think the program staff had the necessary skills to work with children with disabilities?

4	3	2	1	0
No definitely not	No I don't think so	Yes, but just adequately	Yes and exceeded usual expectations	Not a factor

12. Was the program able to adapt the recreational activities to allow this child optimal participation?

4	3	2	1	0
No definitely not	No I don't think so	Yes, but just adequately	Yes and exceeded usual expectations	Not a factor

13. Do you think the summer program introduced this child to new recreational resources?

4	3	2	1	0
No definitely not	No I don't think so	Yes	Yes, definitely	Not a factor

In your estimation, what was the effect of the summer program on the following areas of family functioning.

A. The summer program relieved the strain that the disabled child placed on the family.

4	3	2	1	0
Strongly disagree	Disagree	Agree	Strongly agree	Not applicable

B. The summer program provided the parents with time for extra rest and sleep.

4	3	2	1	0
Strongly disagree	Disagree	Agree	Strongly agree	Not applicable

C. The program provided the parents with more time for themselves.

4	3	2	1	0
Strongly disagree	Disagree	Agree	Strongly agree	Not applicable

D. The program enabled parents to spend extra time with their other children.

4	3	2	1	0
Strongly disagree	Disagree	Agree	Strongly agree	Not applicable

E. The program allowed each parent to donate time and energy to their spousal relationship.

4	3	2	1	0
Strongly disagree	Disagree	Agree	Strongly agree	Not applicable

F. The program helped parents to cope better with the care needs of the disabled child.

4	3	2	1
Yes it helped a great deal	Helped somewhat	No it did not help	No definitely not

G. The program provided the child with an opportunity to develop his/her social skills.

4	3	2	1
Yes it helped a great deal	Helped somewhat	No it did not help	No definitely not

H. The program enabled the child to develop or enhance his/her physical development.

4	3	2	1
Yes it helped a great deal	Helped somewhat	No it did not help	No definitely not

I. The program helped with the continuation of programming to avoid the loss of skills.

4	3	2	1
Yes it helped a great deal	Helped somewhat	No it did not help	No definitely not

J. The summer program improved the quality of life of the family.

4	3	2	1
Yes it helped a great deal	Helped somewhat	No it did not help	No definitely not

K. The summer program improved the quality of life of the disabled child.

4	3	2	1
Yes it helped a great deal	Helped somewhat	No it did not help	No definitely not

L. Attendance at the camp strengthened the disabled child's self-help skills (e.g. feeding, and dressing).

4	3	2	1
Yes it helped a great deal	Helped somewhat	No it did not help	No definitely not

M. The program appeared to improve the disabled child's functioning within the family.

4	3	2	1
Yes it helped a great deal	Helped somewhat	No it did not help	No definitely not

N. The program allowed time for parents to socialize with friends.

4	3	2	1
Yes it helped a great deal	Helped somewhat	No it did not help	No definitely not

O. The program allowed the parent(s) to maintain employment outside the home.

4	3	2	1
Yes it helped a great deal	Helped somewhat	No it did not help	No definitely not

P. What type of program was preferable for this child - segregated or integrated?

Please explain why.

Q. Was the summer program type, that is segregated or integrated, a factor in the selection of a summer program for this child?

Appendix 5
Case Study Questions

OVERALL SATISFACTION WITH THE SUMMER PROGRAM

1. How would you describe the overall quality of the summer program?
2. How important is the summer program as a resource to the families on your caseload?
3. In an overall, general sense, how satisfied were you with the summer program?
4. Could you please identify what you liked the most and what you liked the least about the summer program?
5. Do you think the program is adequate for families?
6. Are there families with needs that are not being met by the summer program? Please explain what resources you would like to see made available for families on your caseload.

Appendix 6
Consumer Feedback Form

Family ID _____

**SUMMER PROGRAM
PARENT FEEDBACK FORM**

Completed By
Mother _____
Father _____
Both _____
Other _____

1. Name of Child _____

2. Date of Birth _____
Day Month Year

3. Is your child a (circle your answer)
1 Boy
2 Girl

4. What disability best describes your child?

- _____ developmental delay
- _____ cerebral palsy
- _____ emotional disturbance (e.g. hyperkinetic)
- _____ epilepsy
- _____ hearing loss
- _____ vision loss
- _____ autism
- _____ physical disability
- _____ other (please specify) _____

5. What summer camp did your child attend? _____

6. For how many weeks did your child participate in the program? _____

7. In your view:

- a) To what extent will this child's disability affect his/her mental or intellectual development?

Not at all	Mildly	Moderately	Severely
1	2	3	4

- b) To what extent will the disability affect physical development?

Not at all	Mildly	Moderately	Severely
1	2	3	4

- c) To what extent will ongoing specialized medical attention be required?

Not at all	Mildly	Moderately	Severely
1	2	3	4

- d) How much assistance will this child require over the years to perform everyday activities like eating, bathing and toileting?

Not at all	Mildly	Moderately	Severely
1	2	3	4

Please answer the following questions as they relate to your experience with the summer program. We are interested in your honest opinions, whether they are positive or negative. We also welcome your comments and suggestions. Your answers to the questions are confidential and will in no way affect your services. Thank you very much, we really appreciate your help.

1. How would you rate the overall quality of the summer program?

Excellent	Good	Fair	Poor
1	2	3	4

8. Did you get the type of recreation program you wanted for your child?

No, definitely not	No, not really	Yes, generally	Yes, definitely
1	2	3	4

9. To what extent has the program met the needs of your family?

Almost all of our needs have been met	Most of our needs have been met	only a few of our needs have been met	none of our needs have been met
1	2	3	4

10. If a friend were in need of a similar summer activity for a child with a disability would you recommend this summer program?

No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely
1	2	3	4

11. How satisfied were you with the length of time your child spent at the summer program?

Quite dissatisfied	Mildly dissatisfied	Mostly satisfied	Very satisfied
1	2	3	4

12. Did the service you received help your family cope more effectively with problems?

Yes, they helped helped a great deal	Yes, they helped somewhat	No, they really didn't seem to help	No, they made things worse
1	2	3	4

13. In an overall general sense how satisfied are you with the summer program?

Very satisfied	Mostly satisfied	mildly dissatisfied	Quite dissatisfied
1	2	3	4

14. If you were to use the summer program again, would you use the same summer activity?

No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely
1	2	3	4

15. Do you think the program staff were knowledgeable about the special need of children with disabilities?

No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely
1	2	3	4

14. Do you think the program staff had the necessary expertise to work with children with disabilities?

No, definitely
not
1

No, I don't
think so
2

Yes, I think
so
3

Yes,
definitely
4

15. Was the program able to provide suitable recreational activities for your child?

Yes, definitely
1

Yes, I think
so
2

No I don't
think so
3

No, definitely
not
4

16. Do you think the summer program introduced you to new recreational resources for your child?

Yes it has
1

Yes, somewhat
2

No I don't
think so
3

No, definitely
not
4

17. Were you satisfied with the level of communication between the summer program staff and yourself?

Yes I was
1

Yes somewhat
2

No I wasn't
3

No, definitely
not
4

18. Could you please identify what you liked the most about the summer program?

19. Could you please identify what you liked the least about the summer program?

20. Do you have any suggestions to help us improve our program?