

BERRY STREET TAKE TWO

Healing Childhood Trauma

Mindful



Measuring consumers' experience: Reliability and factorial structure of Take Two stakeholder survey

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Acknowledgement of Country



We acknowledge and recognise the Traditional Owners of this land upon which we live and work, and we pay our respects to their Elders, both past and present

Introduction and Background

- Take Two therapeutic program
- Research and Evaluation Design
(incorporating stakeholder perspective)
 - Voices of children impacted by abuse and neglect
 - Voices of their parents, carers and professional workers involved in their lives

Study Objectives

Consumers' experience
of Take Two service

Reliability assessment
and factorial structure

Research and clinical
implications

Method

(Take Two Stakeholder Survey)

Survey Development

Informed by previous relevant surveys such as:

- Experience of Service Questionnaire (Commission for Health Improvement, 2002)
- Consultations with the Take Two Clinical Leadership Group

Survey versions

- Parents
- Children
- Carers and professional workers

Method (continued)

Survey structure

- Simple demographic questions
- 6 statements about the service
- 5 statements about outcomes
- 2 open-ended questions

Method (continued)

Survey administration and data availability

- Distributed by the clinicians and/or administrative staff
- Completion of surveys are voluntary
- Returned via the stamped addressed pre-paid envelope
- Data available for 25% of children (n = 675)

Method (continued)

Data manipulation and analysis

A. Measuring consumer experience

- *Descriptive statistics*

B. Exploring consumer experience

- *Content analysis*

C. Reliability Assessment

- *Cronbach's α (alpha)*
- *Inter-correlational item analyses*

D. Factorial structure of the survey

- *Factorability tests*
- *Exploratory factor analysis*

Results

Respondents

- Parents (n = 81, 5.2%)
- Children (n = 217, 14.0%)
- Carers (n = 344, 22.3%)
- Professional workers (n = 903, 58.4%)

*Respondent type completion
across years ($\chi^2 (27) = 21.169$,
 $p = .778$)*

Results (continued)

Sample Characteristics

- Average age at referral: 8.04 (SD = 4.22) years
- 56% males
- 19% affiliating with ATSI heritage
- Average length of service: 22.37 mths (SD = 18.70)
- 98.5% of cases closed
- 86% gave consent for clinician to view the feedback

Results (continued)

- Children (86%) were more likely to endorse positive functional outcome compared to:
 - Parents (80%)
 - Professional workers (77%)
 - Carers (75%)

These differences were significant ($\chi^2 (6) = 21.86, p = .001$)

Reliability Assessment and Factorability

- Cronbach's α (alpha) coefficient = .86
- Moderate to strong corrected item-inter-correlations and total correlation
- Kaiser-Meyer-Olkin score = .889
- Significant Bartlett's Test of Sphericity ($p = .000$)
- Only factor loadings greater than 0.3 were retained
- Collectively these reflect data suitability (factorability) for exploratory factor analysis

Exploratory Factor Analysis

- Extraction Method: Principal Component Analysis
- Rotation Method: Varimax with Kaiser Normalization
- Scree Plot along with fit statistics identified 2 factors (with eigenvalues exceeding 1) as underlying the stakeholder survey items
- Factors accounted for around 63% of the variance in the questionnaire data
- Factor 1 was labelled as '**Clinical Outcomes**'
- Factor 2 was labelled as '**Service Satisfaction**'
- Strong positive correlation between the factors

Discussion

(Key findings)

- Overall $\geq 80\%$ were satisfied with Take Two program
- $\geq 70\%$ of respondents agreed on the dimensions of service provision, understanding, inclusion, access and respect for culture
- Satisfactory internal total and item-reliability of the survey items
- 2-factors satisfactory underlying the Take Two stakeholder survey (Service Satisfaction and Clinical Outcome)
- Take Two stakeholder survey reliably measure constructs of service satisfaction and perception of outcomes for the child

Discussion (continued)

Key study limitations

- **Generalisability**
- **Completion rate**
- **Consumer engagement**
- **Recall bias**
- **Survey administration**



Confounding factors

- Placement instability
- Staff changes

Discussion (continued)

Implications and Conclusion

- Listening to consumers and members of the service system
- Assessing quality of care
- Evaluating service impact
- Program evaluation

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Follow- Up

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Questions?

