National Best Practice Framework for Early Childhood Intervention

Outcome Measures for Families

This a suite of outcome measures for Families. What is measured needs to be based on the priorities and goals of the parents, carers and families. The **Decision-Making Guide** can support your choice, and the **Measurement Overview** provides information about choosing and using outcome measures.

Aims of Early Childhood Intervention (ECI) for parents, carers and families

To acknowledge and respect family and community cultures and to strengthen knowledge, skills and confidence to support child and family quality of life

Outcome statements

Parents, carers and families:

- have a positive social support network, including with other families with children with developmental concerns, delay or disability
- have positive views about their child's strengths, developmental progress and functioning
- are confident in their ability to provide their children with the experiences and opportunities they need
- can make informed choices and decisions about evidence-informed and high-quality ECI services and other supports
- are confident in advocating for their child and family
- are confident in integrating support and activities into family life in a balanced way
- are continuing to develop their individual interests and life pursuits
- live in communities that are strong and inclusive places for children and their families to live, grow, play and connect
- are supported to have their needs for health, housing and financial security and other social determinants of health addressed

Healthy Trajectories A Child and Youth Disability Research Hub · preci Professionals & Researchers in Early Childhood Intervention · murdoch children's research institute · SNAICC National Voice for our Children · ACD Advocating for children with disability · cyda Children and Young People with Disability Australia · The University of Melbourne Melbourne Disability Institute · STRONG kids, STRONG future Supporting child development pathways

- have ready access to family-friendly and culturally safe community facilities
- have timely access to a range of support services to address any additional parent, carer and family needs, such as mental or physical health concerns

Abbreviated Parent, Carer & Family Outcome Statements

Outcome Measures		Have a positive social support network	Have positive views of their child	Are confident in parenting ability	Can make informed choices and decisions	Are confident to advocate for their child	Have a balanced family life	Developing individual interests	Are part of strong and inclusive communities	Health, housing and financial needs met	Have family-friendly, culturally safe facilities	Have access to support services
Beach Centre Family Quality of Life Scale	BCFQOL	◒					◒	●				◒
Family Empowerment Scale	FES	◒	◒	●	●	●	◒					
Family Resource Scale	FRS	◒						◒		●		◒
Karitane Parenting Confidence Scale	KPCS			●								
Parenting Daily Hassles Scale	PDH		◒				●					
Parenting Sense of Competence Scale	PSOC		●	●		◒						
Parenting Stress Index	PSI						●					

Note: Use the hyperlinked measure abbreviation to move to the information about that measure.

● Yes, measure addresses this outcome area; ◒ Partial, measure provides some information about this outcome.

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Beach Center Family Quality of Life Scale (BCFQOL)

Framework Outcomes Statement(s)	**Parents, carers and families**: - are continuing to develop their individual interests and life pursuits Provides some information about: - have a positive social support network, including with other families with children with developmental concerns, delay or disability - are confident in integrating support and activities into family life in a balanced way - have timely access to a range of support services to address any additional parent, carer and family needs, such as mental or physical health concerns

BCFQOL Overview

General description	The BCFQOL is a tool developed by researchers at the Beach Center on Disability at the University of Kansas (1990). The BCFQOL is designed to assess families' perceptions of their quality of life and to identify areas where families may need support or intervention. It may be used to evaluate family-centred intervention services for families of children with disabilities.
Ages	No specific age restrictions. The BCFQOL may be used with parents and caregivers of children from birth through adolescence.

Domains / subscales	Five subscales: Family Interaction, Parenting, Emotional Well-Being, Physical/Material Well-being, and Disability-Related Support
Cultural adaptation	The BCFQOL has been adapted for different cultures and languages for use in Spain, Brazil, Africa, Taiwan, Singapore, Turkey, France, Mandarin-speaking regions, Ethiopia, and Saudi Arabia.
Administration	The BCFQOL is self-report scale completed by a family member of a child with a disability. It is administered as a paper-based scale or may be adapted as an electronic survey. The BCFQOL takes 10-15 minutes to complete.
Training requirements	No specific training required to administer the BCFQOL.
How to access	Can be downloaded for free from the Beach Center on Disability at the University of Kansas. https://kucd.ku.edu/beach-center-disability-family-resources

BCFQOL Evidence Summary

Link to BCFQOL reference list

Overview	11 studies were identified that report on the psychometric properties of the BCFQOL. 2 studies were identified that used the BCFQOL as an outcome measure in the ECI practice setting (2005-2024).
Review papers	We identified one review providing information about the BCFQOL and its development, including factor structure, reliability and convergent validity (USA, 2005).
Measurement properties	Studies of reliability and validity have been conducted in the USA involving mothers and fathers of families who have a child with a disability, supporting its potential as an outcome measure to explore the effects of family-oriented services and policies (2006).
Cultural adaptation papers	Validation studies have been conducted in several countries and cultural contexts, including: Indonesia, French-Canada, Saudi Arabia, Singapore, Spain, Taiwan and Zambia.
Primary studies in the ECI practice settings	The BCFQOL has been used as an outcome measure in a pilot randomised controlled trial of an online, parent-mediated intervention for young children with autism spectrum disorder (ASD; USA, 2021) and in an observational cohort study exploring the relationship between service usage type and family quality of life among families of children with ASD (Canada, 2020).

This Evidence Summary was developed with rapid synthesis methods, combining a comprehensive PubMed search, augmented literature identification, and dual reviewer screening. It represents a living resource that maps key evidence on measurement properties, cultural adaptations, and relevant applications in the ECI practice setting for each outcome measure. For complete methodology, see our Methods Explainer.

BCFQOL Reference List

Link to BCFQOL Evidence Summary

Reviews

Summers JA, Poston DJ, Turnbull AP, Marquis J, Hoffman L, Mannan H, Wang M. (2005). Conceptualizing and measuring family quality of life. *J Intellect Disabil Res*, 49:777-783. https://doi.org/10.1111/j.1365-2788.2005.00751.x

Measurement Properties

Hoffman L, Marquis J, Poston D, Summers J, Turnbull A. (2006). Assessing family outcomes: Psychometric evaluation of the Beach Center Family Quality of Life Scale. *Journal of Marriage and Family*, 68(4):1069-1083. https://doi.org/10.1111/j.1741-3737.2006.00314.x

Wang M, Summers JA, Little T, Turnbull A, Poston D, Mannan H. (2006). Perspectives of fathers and mothers of children in early intervention programmes in assessing family quality of life. *J Intellect Disabil Res*, 50:977-988. https://doi.org/10.1111/j.1365-2788.2006.00932.x

Cultural Adaptations

Rahaju S, Lucas G, Putri S. (2024). Internal Structure of the Beach Center Family Quality of Life Scale: Indonesian Version. *Journal of Educational, Health and Community Psychology*, 13(2):433-453. https://doi.org/10.12928/jehcp.v13i2.28720

Alnahdi GH. (2022). Rasch validation of the Arabic version of the beach center family quality of life scale (BCFQOL-AR). *Front Psychol*, 13. https://doi.org/10.3389/fpsyg.2022.984664

Hepperlen RA, Rabaey P, Hearst MO. (2020). Evaluating the cross-cultural validity of three family quality of life sub-scales. *J Appl Res Intellect Disabil*, 33(5):1049-1058. https://doi.org/10.1111/jar.12727

Waschl N, Xie H, Chen M, Poon K. (2019). Construct, convergent, and discriminant Validity of the Beach Center Family Quality of Life Scale for Singapore. *Infants & Young Children* , 32(3):201-214. https://doi.org/10.1097/IYC.0000000000000145

Chiu CY, Seo H, Turnbull AP, Summers JA. (2017). Confirmatory factor analysis of a Family Quality of Life Scale for Taiwanese Families of children with intellectual disability/developmental delay. *Intellect Dev Disabil*, 55(2):57-71. https://doi.org/10.1352/1934-9556-55.2.57

Chiu SJ, Chen PT, Chou YT, Chien LY. (2017). The Mandarin Chinese version of the Beach Centre Family Quality of Life Scale: development and psychometric properties in Taiwanese families of children with developmental delay. *J Intellect Disabil Res*, 61(4):373-384. https://doi.org/10.1111/jir.12356

Rivard M, Mercier C, Mestari Z, Terroux A, Mello C, Bégin J. (2017). Psychometric Properties of the Beach Center Family Quality of Life in French-Speaking families

with a preschool-aged child diagnosed with autism spectrum disorder. *Am J Intellect Dev Disabil*, 122(5):439-452. https://doi.org/10.1352/1944-7558-122.5.439

Balcells-Balcells A, Giné C, Guàrdia-Olmos J, Summers JA. (2011). Family quality of life: adaptation to Spanish population of several family support questionnaires. *J Intellect Disabil Res*, 55(12):1151-63. https://doi.org/10.1111/j.1365-2788.2010.01350.x

Outcome Studies

Wainer AL, Arnold ZE, Leonczyk C, Valluripalli Soorya L. (2021). Examining a stepped-care telehealth program for parents of young children with autism: a proof-of-concept trial. *Mol Autism*, 12(1):32. https://doi.org/10.1186/s13229-021-00443-9

Fong VC, Gardiner E, Iarocci G. (2020). Can a combination of mental health services and ADL therapies improve quality of life in families of children with autism spectrum disorder?. *Qual Life Res*, 29(8):2161-2170. https://doi.org/10.1007/s11136-020-02440-6

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Family Empowerment Scale (FES)

Framework Outcomes Statement(s)	**Parents, carers and families:** - can make informed choices and decisions about evidence-informed and high-quality ECI services and other supports - are confident in their ability to provide their children with the experiences and opportunities they need - are confident in advocating for their child and family Provides some information about: - are confident in integrating support and activities into family life in a balanced way - have a positive social support network, including with other families with children with developmental concerns, delay or disability - have positive views about their child's strengths, developmental progress and functioning

FES Overview

General description	The Family Empowerment Scale (FES) measures how confident and capable families feel in managing their own family situations, working with service providers to get what they need, and advocating for themselves in their community and with policymakers. It assesses how much control and influence families believe they have over their lives and the systems that affect them.

Ages	No specific age restrictions. The FES may be used by parents and carers of children from infancy through adolescence.
Domains / subscales	Family empowerment across three levels: family, service systems and community/political.
Cultural adaptation	The FES has been adapted for different cultures and languages, including Finnish, Turkish, Italian, Dutch, Brazilian Portuguese, Hebrew, Japanese, and Spanish versions.
Administration	The FES is a self-report questionnaire completed by parents or caregivers. It takes approximately 10-15 minutes to complete. The FES can be administered in-person with paper and pencil or adapted for electronic administration.
Training requirements	No specific training is required to administer the FES.
How to access	The FES is a free tool that can be downloaded by completing a short survey on the Pathways to Positive Futures website of Portland State University.

FES Evidence Summary

Link to FES reference list

Overview	11 studies were identified that report on the psychometric properties of the FES or use the tool as an outcome measure in the ECI setting (1995-2024).
Review papers	A systematic review suggests the FES items work well together to measure family empowerment for families of children with disabilities (2024, USA). There was not enough evidence to determine whether the FES can detect changes in family empowerment over time.
Measurement properties	The FES was originally developed and validated for families of children with emotional disabilities (1992, USA). The psychometric properties of the FES have been explored for families of children who have a serious emotional disturbance or Attention Deficit Hyperactivity Disorder (1995) and for custodial grandmothers (2017).
Cultural adaptation papers	The measurement properties of the FES have been tested in six language translations with different caregiver groups, including: Brazilian Portuguese (children and adolescents with Cerebral Palsy); Turkish (children with cleft lip and/or palate); Italian (children with neurodevelopmental disorders); Dutch (children with chronic conditions); Japanese (adults with mental health conditions, toddlers) and Finnish (young children). The Japanese FES has been used as an outcome measure in a study on the effectiveness of a peer group-based online intervention program in empowering families of children with disabilities at home (2022).
Outcome studies in ECI settings	The FES has been used as an outcome measure in a Randomised Controlled Trial which examined the effects of a four-step collaborative intervention process on parent and child outcomes (USA, 2019).

This Evidence Summary was developed with rapid synthesis methods, combining a comprehensive PubMed search, augmented literature identification, and dual reviewer screening. It represents a living resource that maps key evidence on measurement properties, cultural adaptations, and relevant applications in the ECI practice setting for each outcome measure. For complete methodology, see our Methods Explainer.

FES Reference List

Link to FES Evidence Summary

Reviews

Guerrero F, Zheng Q, Kramer J, Reichow B, Snyder P. (2024). A systematic review of the measurement properties of the Family Empowerment Scale. *Disabil Rehabil*, 46(5):856-869. https://doi.org/10.1080/09638288.2023.2178528

Measurement Properties

Hayslip B Jr, Smith GC, Montoro-Rodriguez J, Streider FH, Merchant W. (2017). The utility of the Family Empowerment Scale with custodial grandmothers. *J Appl Gerontol*, 36(3):320-350. https://doi.org/10.1177/0733464815608492

Singh N, Curtis W, Ellis C, Nicholson M, Villani T, & Wechsler H. (1995). Psychometric analysis of the Family Empowerment Scale. *J Emot Behav Disord*, 3(2):85-91. https://doi.org/10.1177/106342669500300203

Koren PE, DeChillo N, Barbara J. (1992). Measuring empowerment in families whose children have emotional disabilities: A brief questionnaire. *Rehab Psych*, 37(4):305–321. https://doi.org/10.1037/h0079106

Cultural Adaptations

Santos AS, Silva LCD, Muniz ME, Farah F, Souto DO, de Almeida RB, de Matos MA, Chagas PSC, Leite HR. (2024). Translation, reliability and development of a calculator for the Brazilian Portuguese version of the Family Empowerment Scale (FES) in caregivers of individuals with cerebral palsy. *Child Care Health Dev*, 50(6):e70001. https://doi.org/10.1111/cch.70001

Boztepe H, Çınar S, Kanbay Y, Acımış B, Özgür F, Terzioglu F. (2022). Validity and reliability of the Family Empowerment Scale for parents of children with cleft lip and/or palate. *Child Care Health Dev*, 48(2):277-285. https://doi.org/10.1111/cch.12928

Wakimizu R, Matsuzawa A, Fujioka H, Nishigaki K, Sato I, Suzuki S, Iwata N. (2022). Effectiveness of a peer group-based online intervention program in empowering families of children with disabilities at home. *Front Pediatr*, 10. https://doi.org/10.3389/fped.2022.929146

Bizzoca C, Destrebecq A, Terzoni S. (2020). Empowerment of informal caregivers in mental health in childhood: validation of the Italian - Family Empowerment Scale (I-FES). *Riv Psichiatr*, 55(4):227-235. https://doi.org/10.1708/3417.33999

Sato M, Arakida M, Kaneko M, Miwa M. (2020). Development of the Family Empowerment Scale for parents with toddlers. *Nihon Koshu Eisei Zasshi*, 67(2):121-133. https://doi.org/10.11236/jph.67.2_121

Segers EW, van den Hoogen A, van Eerden IC, Hafsteinsdóttir T, Ketelaar M. (2019). Perspectives of parents and nurses on the content validity of the Family

Empowerment Scale for parents of children with a chronic condition: A mixed-methods study. *Child Care Health Dev*, 45(1):111-120. https://doi.org/10.1111/cch.12629

Kageyama M, Nakamura Y, Kobayashi S, Yokoyama K. (2016). Validity and reliability of the Family Empowerment Scale for caregivers of adults with mental health issues. *J Psychiatr Ment Health Nurs*, 23(8):521-531. https://doi.org/10.1111/jpm.12333

Vuorenmaa M, Halme N, Åstedt-Kurki P, Kaunonen M, Perälä ML. (2014). The validity and reliability of the Finnish Family Empowerment Scale (FES): a survey of parents with small children. *Child Care Health Dev*, 40(4):597-606. https://doi.org/10.1111/cch.12081

Outcome Studies

An M, Palisano RJ, Yi CH, Chiarello LA, Dunst CJ, Gracely EJ. (2019). Effects of a Collaborative Intervention Process on Parent Empowerment and Child Performance: A Randomized Controlled Trial. *Phys Occup Ther Pediatr*, 39(1):1-15. https://doi.org/10.1080/01942638.2017.1365324

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Family Resource Scale (FRS)

Framework Outcomes Statement(s)	**Parents, carers and families**: - are supported to have their needs for health, housing and financial security and other social determinants of health addressed Provides some information about: - have timely access to a range of support services to address any additional parent, carer and family needs, such as mental or physical health concerns - have a positive social support network, including with other families with children with developmental concerns, delay or disability - are continuing to develop their individual interests and life pursuits

FRS Overview

General description	The Family Resource Scale (FRS) is a tool used to measure the adequacy of resources in households with young children. The FRS may be used to develop targeted interventions for families by identifying gaps in resources that could impact family well-being and participation in services.
Ages	The FRS may be used with families of young children.

Domains / subscales	The FRS assesses both tangible and intangible resources such as food, shelter, financial resources, healthcare, childcare, time for family and friends, social support, and expendable income. There are different versions of the FRS, the revised version includes four subscales: money, basic needs, time for self and time for friends.
Cultural adaptation	The FRS has been adapted for use in Jordan (Arabic) and Brazil (Portuguese).
Administration	The FRS can be completed by parents or carers in a paper format or electronic survey.
Training requirements	No specific training is required to administer the FRS.
How to access	The FRS is available in the original publication by Dunst and Leet (1987). Dunst, C.J. and Leet, H.E. (1987), Measuring the adequacy of resources in households with young children. Child: Care, Health and Development, 13: 111-125. https://doi.org/10.1111/j.1365-2214.1987.tb00528.x The FRS can be purchased as a download from: https://www.wbpress.com/shop/family-resource-scale-reliability-and-validity/

FRS Evidence Summary

Link to FRS reference list

Overview	Six studies were identified that report on the psychometric properties of the FRS (1987-2023).
Review papers	*No references identified*
Measurement properties	Validity and reliability of the FRS has been explored in mothers of pre-school children (USA, 1987), low-income families (USA, 2001), parents of children receiving mental health services (USA, 2006) and parents of children with behavioural difficulties (2019). While the FRS shows evidence of construct validity, predictive validity, and some reliability indicators across these studies, further research is needed to support its psychometric properties in ECI practice settings.
Cultural adaptation papers	The FRS has undergone Portuguese translation and preliminary validation in a sample of parents of children with congenital Zika virus syndrome in Brazil (2023) and Arabic translation and validation in Jordanian families of children with cerebral palsy (2014).
Outcome studies in the ECI practice settings	*No references identified*

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FRS Reference List

Link to FRS Evidence Summary

Reviews

No references identified

Measurement Properties

Patwardhan I, Hurley K, Lambert M, Ringle J. (2019). An examination of the psychometric properties and validation of the Family Resource Scale for families seeking assistance with their child's behavioral difficulties. *Journal of Psychoeducational Assessment*, 37(3):372-381. https://doi.org/10.1177/0734282918769486

Brannan AM, Manteuffel B, Holden EW, Heflinger CA. (2006). Use of the family resource scale in children's mental health: reliability and validity among economically diverse samples. *Adm Policy Ment Health*, 33(2):182-97. https://doi.org/10.1007/s10488-006-0032-8

Van Horn M, Bellis J, Snyder S. (2001). Family Resource Scale-Revised: Psychometrics and validation of a measure of Family Resources in a Sample of Low-Income Families. *Journal of Psychoeducational Assessment*, 19(1):54-68.doi:10.1177/073428290101900104. https://doi.org/10.1177/073428290101900104

Dunst CJ, Leet HE. (1987). Measuring the adequacy of resources in households with young children. *Child Care Health Dev*, 13(2):111-25. https://doi.org/10.1111/j.1365-2214.1987.tb00528.x

Cultural Adaptations

Barker Ladd S, Williams NA, Villachan-Lyra P, Chaves E, Hollist C, Trefiglio Mendes Gomes R, Barbosa LNF. (2023). Translation and preliminary validation of the Brazilian family resources scale in a sample of parents of children with congenital Zika virus syndrome. *J Pediatr Rehabil Med*, 16(2):337-350. https://doi.org/10.3233/PRM-220025

Almasri NA, Saleh M, Dunst CJ. (2014). Family resources for families of children with cerebral palsy in Jordan: psychometric properties of the Arabic-family resources scale. *Child Care Health Dev*, 40(3):354-62. https://doi.org/10.1111/cch.12087

Outcome Studies

No references identified

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Karitane Parenting Confidence Scale (KPCS)

Framework Outcomes Statement(s)	**Parents, carers and families:** - are confident in their ability to provide their children with the experiences and opportunities they need

KPCS Overview

General description	The Karitane Parenting Confidence Scale (KPCS) is a 15-item self-report tool designed to measure perceived parental self-efficacy in parents of infants. The KPCS may help to identify parents who have low confidence in their parenting abilities, which can inform early intervention and support to enhance parenting skills and wellbeing.
Ages	The KPCS is designed for parents or caregivers of infants aged 0-12 months.
Domains / subscales	The KPCS has three subscales: Parenting, Support and Child Development.
Cultural adaptation	The KPCS has been adapted and validated for use in various cultural contexts, including Brazil, Japan, Italy, Nepal, China, Portugal, and Denmark.
Administration	The KPCS is a short self-report instrument that is completed by parents in paper format or as an online questionnaire. It can also be administered in a face-to-face format by the practitioner. Information on administration can be found in the user manual

	https://plct.org.uk/wp-content/uploads/2019/01/karitane-parenting-confidence-scale-manual-copy.pdf
Training requirements	No specific training is required to administer or score the KPCS. However, it is advised that the KPCS is used by health professional with experience in assessing and managing parentcraft and psychosocial issues of early parenthood. The user manual is available online https://plct.org.uk/wp-content/uploads/2019/01/karitane-parenting-confidence-scale-manual-copy.pdf
How to access	The KPCS is freely available. It can be accessed by contacting the Karitane Education & Research Department via their website www.karitane.com.au or by referring to the user manual available online https://plct.org.uk/wp-content/uploads/2019/01/karitane-parenting-confidence-scale-manual-copy.pdf

KPCS Evidence Summary

Link to KPCS Reference List

Overview	10 papers were identified that report on the measurement properties of the KPCS (2008-2024).
Review papers	*No references identified*
Measurement properties	The initial development and validation of the KPCS was conducted with women with infants under 12 months of age, comparing a community control group with three clinical groups of mothers (Australia, 2008).
Cultural adaptation papers	The measurement properties of the KPCS have been explored in several countries, including Brazil (mothers of infants under 12 months, 2018), Denmark (vulnerable first-time mothers, 2017; first-time mothers at 2- and 6-months postpartum, 2018), Italy (mothers who gave birth in the last 12 months, 2021), Japan (mothers of children aged 0-12 months, 2020), and Portugal (mothers during the first year postpartum, 2024). These studies have examined various aspects of reliability and validity, with adapted versions generally demonstrating acceptable to good measurement properties across different cultural contexts. The KPCS has been used as an outcome measure in a cluster randomized trial of health visitors' use of the Newborn Behavioral Observations system in new families (Denmark, 2020), and a pilot randomised controlled field trial of midwifery intervention to increase maternal self-efficacy and reduce stress during the first six months after birth (Italy, 2022).
Outcome studies in ECI settings	*No references identified*

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KPCS Reference List

Link to KPCS Evidence Summary

Reviews

No references identified

Measurement Properties

Crncec R, Barnett B, Matthey S. (2008). Development of an instrument to assess perceived self-efficacy in the parents of infants. *Res Nurs Health*, 31(5):442-53. https://doi.org/10.1002/nur.20271

Cultural Adaptations

Pinto TM, Costa R, Dias CC, Borger F, Figueiredo B. (2024). Karitane Parenting Confidence Scale: Measuring parenting self-efficacy in Portuguese mothers during the first year postpartum. *J Reprod Infant Psychol*, 42(4):769-784. https://doi.org/10.1080/02646838.2023.2169264

Mannocci A, Ciavardini S, Mattioli F, Massimi A, D'Egidio V, Lia L, Scaglietta F, Giannini A, Antico R, Dorelli B, Svelato A, Orfeo L, Benedetti Panici P, Ragusa A, La Torre G, Group HM. (2022). HAPPY MAMA Project (Part 2) - Maternal distress and self-efficacy: A pilot randomized controlled field trial. *Int J Environ Res Public Health*, 19(3):1461. https://doi.org/10.3390/ijerph19031461

Mannocci A, Massimi A, Scaglietta F, Ciavardini S, Scollo M, Scaglione C, La Torre G. (2021). HAPPY MAMA Project (PART 1). Assessing the reliability of the Italian Karitane Parenting Confidence Scale (KPCS-IT) and Parental Stress Scale (PSS-IT): A cross-sectional study among mothers who gave birth in the last 12 Months. *Int J Environ Res Public Health*, 18(8):4066. https://doi.org/10.3390/ijerph18084066

Kristensen IH, Juul S, Kronborg H. (2020). What are the effects of supporting early parenting by newborn behavioral observations (NBO)? A cluster randomised trial. *BMC Psychol*, 8(1):107. https://doi.org/10.1186/s40359-020-00467-5

Usui Y, Haruna M, Shimpuku Y. (2020). Validity and reliability of the Karitane Parenting Confidence Scale among Japanese mothers. *Nurs Health Sci*, 22(2):205-211. https://doi.org/10.1111/nhs.12633

Kristensen IH, Simonsen M, Trillingsgaard T, Pontoppidan M, Kronborg H. (2018). First-time mothers' confidence mood and stress in the first months postpartum. A cohort study. *Sex Reprod Healthc*, 17:43-49. https://doi.org/10.1016/j.srhc.2018.06.003

Pereira LW, Bernardi JR, Matos S, Silva CHD, Goldani MZ, Bosa VL. (2018). Cross-cultural adaptation and validation of the Karitane Parenting Confidence Scale of maternal confidence assessment for use in Brazil. *J Pediatr (Rio J)*, 94(2):192-199. https://doi.org/10.1016/j.jped.2017.05.011

Kristensen IH, Simonsen M, Trillingsgaard T, Kronborg H. (2017). Video feedback promotes relations between infants and vulnerable first-time mothers: a quasi-experimental study. *BMC Pregnancy Childbirth*, 17(1):379. https://doi.org/10.1186/s12884-017-1568-1

Shrestha S, Adachi K, Shrestha S. (2016). Translation and validation of the Karitane Parenting Confidence Scale in Nepali language. *Midwifery*, 36:86-91. https://doi.org/10.1016/j.midw.2016.03.004

Outcome Studies

No references identified

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Parenting Daily Hassles Scale (PDH)

Framework Outcomes Statement(s)	**Parents, carers and families:** - are confident in integrating support and activities into family life in a balanced way Provides some information about: - have positive views about their child's strengths, developmental progress and functioning

PDH Overview

General description	The Parenting Daily Hassles Scale (PDH) is designed to evaluate the intensity of everyday parenting challenges (e.g., managing routines, dealing with children's behavioural issues, and coping with caregiving demands).
Ages	3 to 17 years of age
Domains / subscales	Two subscales: Challenging Behaviour (frequency and intensity of hassles related to children's behaviours), Parenting Tasks (frequency and intensity of hassles associated with parenting responsibilities).
Cultural adaptation	The PDH has been used across diverse groups (e.g., Turkish caregivers, Portuguese caregivers and Immigrant caregivers in in the US) however, it has not been adapted for different cultures.
Administration	Paper based self-report tool for caregivers. Approximately 10 minutes to complete.

Training requirements	No specific training is required to administer or score the PDH. A guide to using the PDH is freely available.
How to access	The PDH is freely accessible through multiple professional and academic channels. https://www.socialworkerstoolbox.com/the-parenting-daily-hassle-scale/ https://www.cafcass.gov.uk/sites/default/files/2023-09/parenting_daily_hassles_scale.pdf

PDH Evidence Summary

Link to PDH reference list

Overview	Five studies were identified that report on the psychometric properties of the PDH or its use as an outcome measure of relevance to the ECI practice setting (1990-2021).
Review papers	A review of measures for assessing parenting in research and practice (2011, UK) suggests the PDH relates to everyday parental stress rather than pathological stress or more severe behavioural problems.
Measurement properties	The structural validity of the Intensity Scale of the PDH has been evaluated in a cohort of mothers of young children (2019, USA). There is sparse information on the measurement properties of the PDH following its development in 1990.
Cultural adaptation papers	The psychometric properties of the PDH have been evaluated in a community sample of Portuguese parents (2021).
Outcome studies in the ECI practice setting	The PDH has been used as an outcome measure in a randomised controlled trial (RCT) to evaluate the effect of a parenting newsletter on maternal well-being and parenting style (UK, 2009).

This Evidence Summary was developed with rapid synthesis methods, combining a comprehensive PubMed search, augmented literature identification, and dual reviewer screening. It represents a living resource that maps key evidence on measurement properties, cultural adaptations, and relevant applications in the ECI practice setting for each outcome measure. For complete methodology, see our Methods Explainer.

PDH Reference List

Link to PDH Evidence Summary

Reviews

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Measurement Properties

Taylor J. (2019). Structural validity of the Parenting Daily Hassles Intensity Scale. *Stress Health*, 35(2):176-186. https://doi.org/10.1002/smi.2852

Crnic KA, Greenberg MT. (1990). Minor parenting stresses with young children. *Child Dev*, 61(5):1628-37. https://doi.org/10.1111/j.1467-8624.1990.tb02889.x

Cultural Adaptations

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Outcome Studies

Waterston T, Welsh B, Keane B, Cook M, Hammal D, Parker L, McConachie H. (2009). Improving early relationships: A randomized, controlled trial of an age-paced parenting newsletter. *Pediatrics*, 123(1):241-7. https://doi.org/10.1542/peds.2007-1872

National Best Practice Framework for Early Childhood Intervention

Outcome Measures for Families

This is one measure in the **Outcome Measures for Parents, Carers and Families** suite. What is measured needs to be based on the priorities and goals of the Parents, Carers and Families. The **Decision-Making Guide** can support your choice, and the **Measurement Overview** provides information about choosing and using outcome measures.

The Parenting Sense of Competence Scale (PSOC)

Framework Outcomes Statement(s)	**Parents, carers and families:** - have positive views about their child's strengths, developmental progress and functioning - are confident in their ability to provide their children with the experiences and opportunities they need Provides some information about: - are confident in advocating for their child and family

PSOC Overview

General description	The Parenting Sense of Competence Scale (PSOC) is a tool designed to evaluate parents' self-reported competence and satisfaction with parenting. The scale may be used to identify areas where parents might need support, and to assess the outcomes of interventions aimed at enhancing parenting skills and confidence.
Ages	The PSOC may be used for parents and carers of children from birth to 17 years of age.
Domains / subscales	Two scales: Satisfaction Scale (how satisfied parents feel about their role, including anxiety, motivation, and frustration) Efficacy Scale (parents' confidence in their ability to perform parenting duties effectively, including their competence, capability, and problem-solving abilities).

Cultural adaptation	The PSOC has been translated into several languages including Bengali, Chinese, Japanese, Polish, Portuguese, Spanish, Thai, and Ugandan languages.
Administration	The PSOC is a self-report scale completed by parents or carers. It may be administered in paper form or as an online survey and takes approximately 5-10 minutes to complete.
Training requirements	No specific training is required to administer the PSOC.
How to access	The original PSOC is widely available online. The PSOC-R can be accessed through the following publication: Gilmore, L., & Cuskelly, M. (2024). The Parenting Sense of Competence scale: Updating a classic. *Child: Care, Health and Development*, 50(1), e13173. https://doi.org/10.1111/cch.13173

PSOC Evidence Summary

Link to PSOC Reference List

Overview	19 studies were identified that report on the psychometric properties of the PSOC or use the tool an outcome measure in the ECI practice setting (2000-2024)
Review papers	*No references identified*
Measurement properties	Validity and reliability of the PSOC has been explored in mothers and fathers of Australian children (2004, 2009, 2024), school-age Canadian children (2000), and American mothers of infants (2015). The PSOC demonstrates acceptable to excellent internal consistency, good test-retest reliability, and satisfactory construct validity across these studies. A recent comprehensive revision in Australia (PSOC-R, 2024) produced a 16-item instrument with stronger measurement properties, though further research is needed to support its psychometric properties in ECI practice settings.
Cultural adaption papers	The measurement properties of the PSOC have been tested in 10 cultural settings with different carer groups, including Bangladesh (mothers of 6- to 10-year-old children); China (mothers of preschool children, postnatal women); Iran (mothers of 1.5-month-old infants); Japan (mothers one month postpartum); Poland (parents of typically developing and autistic children aged 6-16); Portugal (community and at-psychological-risk parents); Thailand (fathers-to-be/fathers); USA (Spanish-speaking Latino parents of children with ADHD); and Uganda (predominantly HIV-affected caregivers). The PSOC demonstrates strong reliability (internal consistency and test-retest) and validity (construct, convergent, and discriminant) across these studies, though some cultural adaptations needed slight adjustments to individual questions.
Outcome studies in ECI practice setting	The PSOC has been used as an outcome measure in evaluating: a comparative study of group workshops versus individual clinics for parents of children with toileting difficulties (Australia, 2020); a small feasibility study of low-intensity Early Start Denver Model for boys with autism (Austria, 2019); a randomised controlled trial comparing constraint-induced movement therapy versus baby-massage for infants with unilateral cerebral palsy (Sweden, 2018); and a randomised clinical trial comparing parent training

	versus parent education programs for young children with autism spectrum disorder and disruptive behaviour (USA, 2018).

This Evidence Summary was developed with rapid synthesis methods, combining a comprehensive PubMed search, augmented literature identification, and dual reviewer screening. It represents a living resource that maps key evidence on measurement properties, cultural adaptations, and relevant applications in the ECI practice setting for each outcome measure. For complete methodology, see our Methods Explainer.

PSOC Reference List

Link to PSOC Evidence Summary

Reviews

No references identified

Measurement Properties

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Cultural Adaptations

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Tanigo T, Endo M, Ohashi K. (2024). Development of a Japanese version of the Parenting Sense of Competence Scale, and Examining the structure of Japanese mothers' parenting self-efficacy. *Children (Basel)*, 11(12):1460. https://doi.org/10.3390/children11121460

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of parenting sense of competence scale in mothers of preschool children]. *Beijing Da Xue Xue Bao Yi Xue Ban*, 53(3):479-484. https://doi.org/10.19723/j.issn.1671-167X.2021.03.007

Augustinavicius JL, Murray SM, Familiar-Lopez I, Boivin MJ, Mutebe A, Arima E, Bass JK. (2020). Measurement of parenting self-efficacy among female HIV-Affected caregivers in Uganda. *Matern Child Health J*, 24(3):319-327. https://doi.org/10.1007/s10995-019-02855-9

Ferdowshi N, Sultana N. (2019). Determining initial psychometric properties of parenting sense of competence scale in the context of Bangladesh. *Dhaka University Journal of Biological Sciences*, 28(2):211-218. https://doi.org/10.3329/dujbs.v28i2.46507

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Haack LM, Gerdes AC, Schneider BW, Hurtado GD. (2011). Advancing our knowledge of ADHD in Latino children: Psychometric and cultural properties of Spanish-versions of parental/family functioning measures. *J Abnorm Child Psychol*, 39(1):33-43. https://doi.org/10.1007/s10802-010-9441-y

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Outcome Studies

Collis D, Kennedy-Behr A, Kearney L. (2020). Supporting parents of children aged 2-13 with toileting difficulties: Group-based workshops versus individual appointments. *Aust Occup Ther J*, 67(2):131-141. https://doi.org/10.1111/1440-1630.12631

Holzinger D, Laister D, Vivanti G, Barbaresi WJ, Fellinger J. (2019). Feasibility and outcomes of the Early Start Denver Model implemented with low intensity in a community setting in Austria. *J Dev Behav Pediatr*, 40(5):354-363. https://doi.org/10.1097/DBP.0000000000000675

Bradshaw J, Bearss K, McCracken C, Smith T, Johnson C, Lecavalier L, Swiezy N, Scahill L. (2018). Parent education for young children with autism and disruptive behavior: Response to active control treatment. *J Clin Child Adolesc Psychol*, 47:S445-S455. https://doi.org/10.1080/15374416.2017.1381913

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National Best Practice Framework for Early Childhood Intervention

Outcome Measures for Families

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Parenting Stress Index (PSI)

Framework Outcomes Statement(s)	**Parents, carers and families:** - are confident in integrating support and activities into family life in a balanced way

PSI Overview

General description	The Parenting Stress Index, Fourth Edition (PSI-4) is an assessment tool designed to measure stress in the parent-child relationship. The PSI-4 identifies sources and types of stress associated with parenting, measures relative stress in the parent-child relationship, detects parenting problems, and identifies parents experiencing high stress due to their parenting roles. Prior versions of the tool include the PSI-3, PSI-2 and the PSI. The PSI-4 Short Form (PSI-4-SF) is an abbreviated version derived from the PSI-4. The PSI-SF was derived from the original PSI. The PSI-4-SF and the PSI-SF are screening tools.
Ages	The PSI-4 is designed for parents of children aged1 month to 12 years of age.
Domains / subscales	The PSI-4 includes three domains: Child Characteristics, Parent Characteristics, and Situational / Demographic Life Stress. The PSI-SF includes three subscales: Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child.
Special considerations	The PSI-4-SF (like the PSI-SF) is a screening tool. Screening is a brief evaluation intended to identify those children with potential

	difficulties who require a more in-depth assessment. Screening tools are not designed to be used as outcome measures. However, in the absence of an appropriate outcome measure, using the PSI-4-SF to measure outcomes is better than using nothing at all or using a measure that has not been culturally adapted. Please refer to the Measurement Overview document for a more detailed explanation of the limitations of using a screening tool as an outcome measure.
Cultural adaptation	The PSI-4-SF has been adapted for Spanish-speaking populations.
Administration	The PSI-4 takes approximately 30 minutes to complete, while the PSI-SF takes about 10 minutes. The PSI-4 and PSI-4-SF can be administered as a paper-based scale, through PC-based software, or online via the PARiConnect platform. https://www.parinc.com/products/PSI-4
Training requirements	The PSI-4 and PSI-4-SF are restricted to use by professionals with specific qualifications, such as a four-year psychology degree and postgraduate training in psychological tests. Other qualified professionals may include psychiatrists, paediatricians, and school psychologists.
How to access	The PSI-4 and PSI-4-SF are available through the Australian Council for Educational Research (ACER) Shop. https://shop.acer.org/parenting-stress-index-4th-edition-psi-4.html

PSI Evidence Summary

Link to PSI-4 Reference List

Link to PSI-SF Reference List

Overview	4 papers were identified that report on the measurement properties of the PSI-4 or use of the tool as an outcome measure in the ECI practice setting. While the PSI-SF has been superseded by the PSI-4-SF, 24 papers were identified describing the measurement properties of the PSI-SF or its use as an outcome measure in the ECI practice setting. A separate reference list is included for these papers.
Review papers	A systematic review of the measurement properties of the PSI identified four studies of the PSI-4 and 8 studies of its predecessor, the PSI-3. Authors conclude the length of the PSI-4 limits the scope of existing research on its measurement properties (Spain, 2022). The PSI (all versions included) has been identified as the most used screening tool used by children's rehabilitation service providers to screen parents' mental health (Canada, 2022). The PSI-SF has been identified as one of three commonly used tools to measure outcomes by Occupational Therapists in preschool children with autism spectrum disorders (Iran, 2024).
Measurement properties	*No references identified for the PSI-4.* The measurement properties of the PSI-SF have been explored in parents of young children with autism spectrum disorders (Canada, 2010, 2011), at-risk mothers (Spain, 2015), high-risk sample of mothers with infants (USA, 2016), minority caregivers of children with behavioural difficulties (USA, 2016), low-income fathers of preschoolers (USA, 2009), low-income parents of preschoolers (USA, 2007), parents (USA, 2006), and parents in a low-income, predominantly minority population (USA, 2002). Studies have examined various aspects of internal consistency, factor structure, and validity across these diverse populations. The measurement properties of the PSI-4 and PSI-4-SF should be investigated further in ECI practice settings.
Cultural adaptation papers	*No references identified for the PSI-4.* *No references identified for the PSI-4-SF.*

	The measurement properties of the PSI-SF have been examined across a wide range of cultural settings and caregiver groups, including Chile (socially vulnerable parents, 2016); China (mother-father dyads, 2021); France (parents of children with autism, 2020); Jordan (parents of children with autism, 2014); South Korea (mothers of children with cerebral palsy, 2020); Spain (mothers of preschoolers, 2010; fathers of infants, 2011; mothers with and without difficulties managing child behaviour, 2021); Turkey (parents accessing and not accessing psychological services, 2018); and Hong Kong and Thailand (parents across cultural contexts, 2021). These studies report evidence of reliability (including internal consistency and, in some cases, test-retest stability) and validity (such as construct and convergent validity). While the measure was generally retained in its original form, some adaptations were made to improve clarity or cultural relevance. These studies suggest that the PSI-SF has been applied successfully in a range of international contexts.
Outcome studies in the ECI practice setting	The PSI-4 has been used as an outcome measure to evaluate early intensive behaviour intervention in children with autism spectrum disorder (Germany, 2017) and in a randomised controlled trial of the Watch Me Move parent education program for caregivers of children with gross-motor delays (Canada, 2016). The PSI-SF has been used as an outcome measure in several studies, including: a randomised controlled trial (RCT) of Parent-Child Sandplay Therapy for autistic preschool children (China, 2023); a RCT of parent-child painting and creative crafting therapy for autistic preschool children (China, 2021); a RCT of the 'Autism 1-2-3' early intervention for autistic children (China, 2010); and a quasi-experimental study of a behavioural feeding intervention for preschool children (USA, 2019).

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PSI-4 Reference List

Link to PSI Evidence Summary

Reviews

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Measurement Properties

No references identified

Cultural Adaptations

No references identified

Outcome Studies

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PSI-SF Reference List

Link to PSI Evidence Summary

Reviews

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Measurement Properties

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Lee SJ, Gopalan G, Harrington D. (2016). Validation of the Parenting Stress Index-Short Form with minority caregivers. *Res Soc Work Pract*, 26(4):429-440. https://doi.org/10.1177/1049731514554854

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Cultural Adaptations

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Outcome Studies

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and their mothers: A randomized controlled trial. *J Pediatr Nurs*, 71:6-13. https://doi.org/10.1016/j.pedn.2023.02.006

Liu GH, Ou P, Huang LS, Xie NM, Lin JL, He YS, Hu RF. (2021). Effects of parent-child painting and creative crafting therapy on preschool children with autism spectrum disorder and their mothers: A prospective randomized controlled trial. *Zhongguo Dang Dai Er Ke Za Zhi*, 23(8):779-785. https://doi.org/10.7499/j.issn.1008-8830.2103178

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