Detailed Methodology for Barna Group’s survey on Residential Care: US Christian Giving and Missions, 2021

The report *Residential Care: US Christian Giving and Missions* contains the findings from a nationally representative study of U.S. Christians commissioned by the Faith to Action Initiative and *Changing the Way We Care®* and conducted by Barna Group between November 11th and December 3rd, 2020.

**Sample description:**
Barna Group surveyed n=3,000 self-identified Christians, ages 18 and older. Respondents were quota sampled to be representative of the US Christian population by age, gender, ethnicity, education, and region. Minimal statistical weighting was applied to maximize statistical representation based on national norms for Christians in the US. On average, the survey took 12.6 minutes to complete. All respondents were recruited online through a representative consumer research panel. Consumer research panels are vetted, nationally representative paid survey takers. Barna vets these panels for quality responses, ensuring they pass screening criteria and quality response minimums. There are representative flaws with this, as these participants are entirely online, literate, and willing to take a survey. Therefore, it does not represent “rare” populations, such as individuals without internet, those who are illiterate or those inaccessible online. Consumer research panels do not well-represent low-income, poorly educated, and aging populations (65 years or older).

**Statistical analysis:**
The primary statistical analysis conducted was two-way z-tests for statistical difference. All differences reported are statistically different on a 95% confidence interval. The margin of error is +/- 1.7%. All data tables for analysis are provided at [www.faithtoaction.org/barnastudy2021](http://www.faithtoaction.org/barnastudy2021). A capital letter dictates statistical difference on a 95% confidence interval and a lowercase letter dictates statistical difference on a 90% confidence interval. All tests in the crosstabs are based on the column percentages, comparing group differences (rather than row percentages). In general, Barna Group does not report on group sample sizes lower than 60 people.

**Additional re-contact analysis:**
After the original data collection and presentation Barna Group and client-partners collaboratively raised questions about the data's integrity. Specifically, a plurality of US Christians said they support residential care *domestically*. To address this confusing insight, Barna Group and Faith to Action wrote an additional series of survey questions that included a shift in the way residential care was referred to (original survey language: “orphanages, children’s homes and other forms of residential care”; re-contact survey language: “orphanages and children’s homes”), and asked for further details on their giving, such as categories for ways their funding was being given and an area to specify the name of an organization they support. 264 of the original 899 respondents who said they had financially supported residential care were successfully re-contacted. In the re-contact survey, 50% of the 264 respondents responded “no” they do not financially support residential care who had responded “yes” previously, surfacing a quantifiable error in the original data set. Barna Group took this as an opportunity to rigorously re-clean the data set in a case-by-case review. As a result of the re-cleaning, 15% of the original cases were removed from the data set due to
untrustworthiness. Inconsistencies in answers about trips taken, money donated to residential care, and demographics were the main reasons for discarding respondents from the survey. The findings in the Residential Care: US Christian Giving and Missions report includes data from 2,539 respondents who passed the re-cleaning process. In addition to cleaning the original data, Barna removed the re-contact respondents who had shifted to “no, I do not support orphanages and children’s homes” in original data set, and reweighted the full data set and projections based on learning, but the weight did not dramatically changed. If Barna Group had only removed responses of those who responded “no” in the re-contact this report would have stated that 26% of all respondents financially support residential care with an estimated $4.6 billion (assuming that those who did not answer the re-contact were correct in their original answers and without re-cleaning the rest of the data). If Barna Group conservatively assumed that the 50% of re-contacted respondents truly represented all original survey respondents supporting residential care, it would have reported that 16% of all respondents financially supported residential care with an estimated $2.7 billion.

In addition, the re-contact also found 35% of those who support residential care said it was completely domestic support compared to 61% in the original data, suggesting an area of potential confusion of respondents. Furthermore, of the few who provided a name for who they gave funding to, a percentage who said they were giving domestically were actually giving to an organization serving internationally. The survey question used to measure how much of an individual’s giving was domestic or international did not include an “I don’t know” or “I am not sure” option. Retrospectively, the research team identified this as a potential source of error, making it difficult to quantify respondents’ confusion. As a result, this study cannot conclusively share what percentage of funding reported to be given is given to domestic or international residential care.

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