West Virginia Family Survey

Protective Factors in Families Served by Community-Based Prevention Programs

Giving West Virginia's children the best start

FINAL REPORT

Produced by Hornby Zeller Associates, Inc.

JULY 2012

Special thanks to the statewide leadership team for its advice, expertise, and dedication to the staff, families, and children of West Virginia:

Janie Cole
Tina Faber
Genny Ferri
Diane Hughes
Kathie King
Jim McKay
Laurie McKeown
Jackie Newson
Vanessa VanGilder

West Virginia Department of Health & Human Resources
350 Capitol Street Room 691
Charleston, WV 25301
http://www.wvdhhr.org/bcf/children_adult/cabuseprev

Report produced by
Hornby Zeller Associates, Inc.
373 Broadway
South Portland, ME 04106
(207) 773-9529
www.hornbyzeller.com

TABLE OF CONTENTS

About This Project 1

Why Study Protective Factors? 2

Research Design 3

Survey Design 5

Who is Included in This Study? 6

Picturing the Families Served 9

Measuring Protective Factors 10

How Do We Know if Programs are Effective? 10

Partners in Prevention 13

Family Leadership First 15

A Closer Look at Child Development 17

Are Participants Happy With Services? 19

What Do They Say About Home Visiting and Playgroups? 21

Conclusions 23

Looking Ahead 25

Appendices

- A Participating Programs and Counties Served
- B Pretest and Post Test Survey Formats
- C One-time Event Survey Format

ABOUT THIS PROJECT…

In 2010, Hornby Zeller Associates, Inc. (HZA) was contracted to work with the West Virginia Department of Health and Human Resources (DHHR), Bureau for Children and Families to evaluate programs and services designed to strengthen families and prevent child abuse and neglect. The Bureau for Children and Families and Office of Maternal, Child, and Family Health work together to administer and oversee the state's Community Based Child Abuse Prevention (CBCAP) funds dedicated to assuring all children have the best start in life, free of abuse and neglect. Four types of prevention programs actively serve the families of West Virginia:

- Family Leadership First
- In Home Family Education
- Partners in Prevention
- Family Resource Centers (also called Starting Points)

DHHR's role is to support all of the community agencies administering prevention services by overseeing program operations (practices and policies), providing training and technical assistance, assisting with evaluation and providing helpful feedback about the successes and challenges of the programs' efforts. DHHR hired HZA to assist with the evaluation component and in particular to measure the protective factors in families participating in any type of program or service.

HZA researched, designed and tested an adaptable tool to be used across all state CBCAP-funded agencies to measure the degree of change in protective factors of program participants. Together with the statewide leadership team it decided to use a survey whose core was consistent with the FRIENDS National Resource Center for Community Based Child Abuse Prevention and the University of Kansas Institute for Educational Research and Public Service *Protective Factors Survey.* This tool is flexible in that it is paper and web-based and has a corresponding database for ongoing data collection and analysis at set intervals. The survey is called the *West Virginia Family Survey*. In 2010, eight programs representing each type of service in the state participated in a pilot study, which informed the process of launching the survey statewide. HZA analyzed and presented results of the pilot survey to the programs that tested it, as well as to statewide providers and workgroup members. Next, HZA facilitated meetings to gain feedback and make modifications prior to the final phase for statewide implementation in year two of the project. The *West Virginia Family Survey* was introduced in June 2011 at the Child Abuse Prevention Leadership Institute, and was launched for use statewide in July 2011. See Appendix B for an example of the survey pretest and post test formats.

WHY STUDY PROTECTIVE FACTORS?

West Virginia's Child Abuse Prevention Grantees are required to use the *West Virginia Family Survey* as part of their evaluation and continuous quality improvement process. DHHR wanted to help grantees by measuring the same variables across all prevention programs and providing them useful feedback that is relevant and immediately applicable to their work with children and families.

Programs are expected to examine their survey results to understand what changes have occurred in the individuals and families they serve. The *West Virginia Family Survey* helps programs to:

- describe the population(s) they serve;
- assess the changes in any of the targeted protective factors;
- understand the families' perceptions of the program and services; and
- consider the protective factors and areas of programming that need more focus.

Are we making a difference?
Are we being intentional in our work with children and families?

RESEARCH DESIGN

Considering the research questions and the measurable objectives of this project, part of the methodology includes assuring the survey instrument accurately collects the desired data, answers the questions posed, and is as simple as possible for the majority of programs to complete. To that end, a great deal of effort was put into creating a flexible tool that incorporated the programs' existing assessment and evaluation requirements while giving program staff confidence in the self-evaluation process. The *West Virginia Family Survey* can be easily incorporated into the existing enrollment and ongoing assessment procedures of most programs. The tool includes the option to complete various sections depending on the type of program accessed:

- ***Protective Factors Questions:*** These 20 standard questions ask adult caregivers about five protective factors at enrollment and after participating in the program. Questions request responses using a seven-point scale of agreement or disagreement.
- ***Home Visiting Questions:*** On the post test only, these eight questions are asked once per year of adult caregivers who have had an in-home family educator, referred to throughout this report as home visitor.
- ***Playgroup Questions:*** On the post test only, these additional eight questions are asked once per year of adult caregivers who have a home visitor or attend any type of program that offers regular playgroups.
- ***Program Satisfaction Questions:*** On the post test only, there are six general questions requesting a rated response between "strongly agree" and "strongly disagree," along with two open-ended questions asking what the participant likes most and what they would like to see changed.
- ***Family Information:*** This section includes basic demographic information as shared by the participant, including the number and ages of children in the home.

As programs worked through the survey process, staff members were asked to complete one additional form for each person that was offered a survey. This supplemental form was designed to provide the context of the family's enrollment in the program including: actual services attended, frequency of involvement, and the intensity of services. On the original PFS survey developed by FRIENDS, similar information is captured on the first page of the instrument labeled "For Staff Use Only." The *West Virginia Family Survey* Staff Form also asks about prior or current involvement with Child Protective Services, though this information was reported on the *Family Survey* as unknown and/or responses were omitted.

Program staff were oriented to the survey and asked to include it with any enrollment paperwork necessary for new families. They were advised to keep track of the individuals that were eligible to take the survey and to plan for a follow up (post test) that would ideally occur

six months post enrollment. Programs that did not actually enroll families due to the nature of their services (e.g., resource centers open to the public, community events, and collaborative functions) were provided a modified survey designed to examine the families attracted to such one-time services or events and to understand the families' perceptions of protective factors at that point in time. Those results were compiled and analyzed separately from the regular protective factors questions.

HZA staff provided on-going support and technical assistance to individual CBCAP-funded agencies through a toll-free help desk, conference calls and phone meetings, individual phone calls and email. Much of the work for this phase included helping program staff understand the methodology for administering the survey, learning how to access the web-based survey and encouraging program participants to complete it. HZA also assisted with understanding what can be learned from the survey results – helping program staff with ways they could assure families that the data collected would contribute to meaningful results that would inform the practice and services offered. HZA also provided an incentive (e.g., one $25 gift card per phase) and ideas for setting up the survey along with additional incentives on site in an attempt to solicit as many responses as possible.

After completing the preliminary analysis of surveys received by the original deadline in October 2011, HZA and DHHR discussed extending the deadline through December to allow for new programs to administer and submit more surveys. HZA held a web-based conference call in December for all new staff and those who may have had follow up questions. The purpose of this frequent interaction with staff was to ensure proper administration and to alleviate unnecessary stress. HZA staff continues to work with program staff and attend to the unique requests and needs of the variety of program types. The first-round of the statewide administration was completed January 2012, the final phase for the first year's full implementation occurred in April 2012. The programs that participated are included in Appendix A.

The evaluation project director trained participating agency staff to use the *West Virginia Family Survey* and advised them of possible pitfalls and helpful tips to avoid those pitfalls prior to administering the survey to families. Staff members were advised that their role was to facilitate understanding and cooperation, not to tell the participants how to answer questions, and were reminded that it was critical that the survey be presented in a consistent way to all participants.

SURVEY DESIGN

Participants were given the option to complete the survey either on paper to be mailed back to the evaluation team, or electronically via a secure server on the internet. Trained and qualified HZA staff entered data from paper surveys and merged those data with data from surveys completed electronically. Program staff informed parents that completing the survey was voluntary, that information that they chose to share was confidential, and that they could leave blank any questions that they were not comfortable answering.

Staff members responsible for the administration of the survey were guided to remind families that identifiable information would not be collected and that results would be looked at all together rather than on an individual basis. Staff were provided a sample cover letter introducing the survey which included these details as well as a reminder that any information shared would not impact the services families received. The cover letter also stated the importance of honest feedback as part of the quality assurance process. Families used a unique program ID and password to access the survey online.

In total, HZA received 1,670 surveys from participating programs. In addition, over 700 staff forms were submitted; where possible these forms were matched to the correct survey. Many were not able to be matched due to missing or illegible information on surveys (e.g., missing dates of birth and illegible participant initials). Once data cleaning and consolidation were finished, there were 1,247 valid surveys with which the current analysis was conducted. The analysis excluded surveys that were missing responses to all questions or multiple pages, and excluded those submitted after May 18, 2012. The analysis included the statewide results, with the addition of organizing the data by region, county, and program to investigate how participants improved overall and in more distinct groups. Individual demographic characteristics such as ages of children and household income were also considered in terms of their effects on participant outcomes. To effectively interpret the information collected and provide results in a meaningful way, HZA prepared a full report with statewide data, a regional report for each of the four distinct regions, and program-level summaries of data for programs that submitted 10 or 10 or more valid surveys.

WHO IS INCLUDED IN THIS STUDY?

In 2011-2012, the *West Virginia Family Survey* was administered in over 30 counties in all four regions of the state. About 67 percent of the programs that responded operate through Family Resource or Starting Points Centers, many of which receive additional grants through Partners in Prevention. In-Home Family Education, now a part of a federally-funded state home visiting program, contributed a significant number of surveys as well. Without exception, the CBCAP-funded programs in West Virginia work diligently to maximize available funds through creative collaboration and community networks. With this type of programming, families may access multiple services or participate in many activities promoted through one or more agencies. In many cases the services or activities are a product of multiple funding sources.

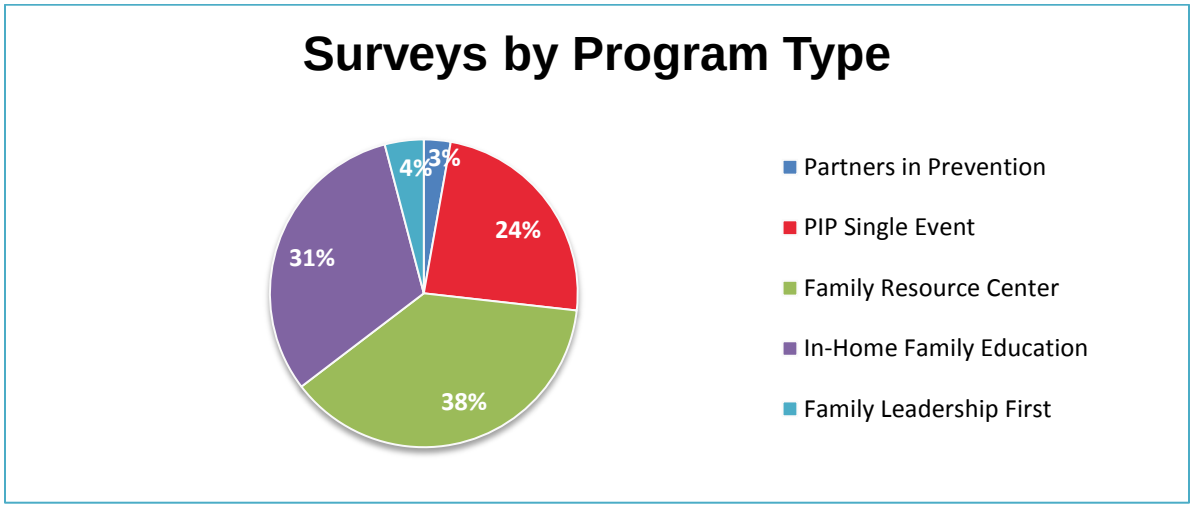
To sort through results according to services provided or accessed, the *West Virginia Family Survey* asks participants to indicate the specific programs and activities they have participated in. This year, most families completing a survey did so through a home visiting connection, though many also completed surveys at a parent group or playgroup that meets on a regular basis at a Family Resource Center. Responses are shown in Table 1; participants were encouraged to select all the programs and services they have used.

Table 1: Number of Participants by Program

Program Title	Number of Participants (out of 1,247)
Play Group	144
Parents as Teachers (PAT)	118
Maternal Infant Health Outreach (MIHOW)	54
Community Baby Shower	49
Prekindergarten Program	44
Program Assisting with Basic Needs	40
Literacy Activity	36
Healthy Families America (HFA)	32
Other	29
Parent Education or Workshop	21
Prenatal Education	20
Fatherhood Program	18
Teen Parent Support Group	17
Brain Under Construction Zone ™	11
Job Skills/Employment Preparation	3

The following is a brief description of the program categories included in the study, as well as the number of surveys submitted. As shown in the chart, most of the surveys were from parents who accessed Family Resource Centers and In-Home Family Education providers. Each of the programs is described in more detail below.

Figure 1: Surveys Received by Program Type



Family Leadership First (FLF) is a statewide, parent-organized and governed initiative to promote principles of family support and family-centered practice within public arenas. The majority of the work focuses on integrating leadership and involvement from the family's perspective into community and state decision-making and planning. FLF asserts that the decisions made affecting the wellbeing of children and families should always take into account the perspective of those children and families. In addition, DHHR supports family involvement by providing family-centered training, stipends and childcare for qualifying families so that they may actively participate in local and state government. One of FLF's major events is the annual conference intended to encourage a network of informed and empowered family members, and to further develop and enhance their leadership and advocacy skills. This year approximately 125 people attended the conference, including young adults and grandparents; 51 caregivers in attendance completed a Family Survey.

Family Resource Centers (FRC) are designated agencies or organizations that bring together existing early care and education and prevention services. This approach increases the accessibility of services, combines resources and content-area expertise, provides family support and education, and works within unique community characteristics. FRCs were once required to serve families with children up to age eight, but now work with a broader population of children and their families, from the prenatal stage to age eighteen. This year, 28 FRCs submitted valid surveys. Put another way, 76 percent (28 out of 37 programs) of the CBCAP-funded programs that submitted Family Surveys had a FRC component.

In - Home Family Education in West Virginia is the group of early childhood home visiting programs that include Parents as Teachers (PAT), Healthy Families America (HFA), and Maternal Infant Health Outreach Workers (MIHOW). There are other home-based service providers (such as Early Head Start and Right From the Start/HAPI Project) that may have collaborative relationships under CBCAP funding, though data for this report is not sorted beyond the three primary models. Each In-Home Family Education (IHFE) program delivers a range of support and education services to families with young children following its own nationally-recognized standards. IHFE staff members (called home visitors, parent educators, and family support workers) begin by establishing a trusting relationship with families, and work with them to identify and address their individual strengths, goals and needs. This work may include using various educational techniques that focus on the caregiver-child relationship and parenting practices as well as helping caregivers understand their child's development and behaviors. Home visitors also work to connect families to social support and needed services in their communities. For the CBCAP-funded programs that submitted Family Surveys, approximately 65 percent (24 out of 37 programs) were part of the IHFE network.

Partners in Prevention (PIP) supports local child abuse prevention projects across all of West Virginia. The Partners' work is based on the belief that preventing child abuse and keeping children safe is the responsibility of the entire community. PIP aims to build strong communities that protect children and to connect these communities to form an effective statewide movement. PIP is a unique model of communities working together in many different ways to strengthen families and help West Virginia's children grow up free from abuse and neglect. This approach is built on collaboration between and among state and local organizations and local teams expanding prevention services, delivering educational programs, hosting networking opportunities and facilitating positive community events with mini-grants.

PICTURING THE FAMILIES SERVED

This section provides an overview of characteristics of the 1,247 families served according to the survey responses and corresponding Staff Forms, where applicable. (Note that due to rounding, percentages may not add to 100 percent.)

- 90% of the surveys were completed by women; 10% were completed by men.
- 94% noted their race to be White, 4% African American, the few remaining noted Asian or Native American.
- 65% said they were partnering or married, 33% single or divorced.
- 52% indicated they earn $20,000 or less, 21% earn between $20,000 and $40,000, and 28% indicated they earn over $40,000 per year as a household.
- 49% own their homes, 36% pay rent.
- 60% have a high school diploma or GED and/or some college experience, 9% have an Associate's degree, 8% have a Bachelor's, and over 5% hold Master's degrees or higher.
- 56% are currently unemployed.
- 18% indicated that they were currently students (of any kind, at any level).

Statewide, support services range from those associated with meeting basic needs to those used in supporting better health and educational outcomes for families. Listed in Table 2 are the support services or assistance that families indicated that they received at some point during the year. Out of all 1,247 surveys, 291 (or 23%) stated that they received no support or assistance. The two most frequently accessed services relate to food and nutrition services, followed by federally-funded health insurance for children.

Table 2: Support Received by Respondents

Type of Support Received Statewide	Number Indicated	Percent of All Responses
Food Stamps/EBT	564	45%
WIC Nutrition Program	494	42%
Child Health Insurance (CHIP)	207	40%
Fuel Assistance (LIEAP)	181	15%
Earned Income Tax Credit (EITC)	144	12%
SSI/Disability Benefit	129	10%
Early Head Start/Head Start	105	8%
Temporary Assistance for Needy Families	88	7%
No services indicated	291	23%
TOTAL POSSIBLE	**1,247**	**100%**

MEASURING PROTECTIVE FACTORS

Using a Likert-style agreement scale, participants rated a series of statements about their family, connection to the community, and their parenting practices and perceived relationship with their child(ren). The scores for each domain are calculated based on a range from zero as the lowest through seven as the highest possible score. The responses to these statements provide a way to measure the protective factors in children's lives and can be examined all together as a group, compiled into five components, or interpreted separately, question by question. Table 3, created by FRIENDS National Resource Center, provides a brief summary of the protective factors covered in the survey.

Table 3: Protective Factors Survey Components

Protective Factors Survey Components	
Protective Factor	**Definition**
Family Functioning and Resiliency	Having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and mobilize to accept, solve and manage problems.
Social Emotional Support	Perceived informal support (from family, friends and neighbors) that helps provide for emotional needs.
Concrete Support	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
Child Development and Knowledge of Parenting	Understanding and utilizing effective child management techniques and having age-appropriate expectations for children's abilities.
Nurturing and Attachment	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.

HOW DO WE KNOW IF PROGRAMS ARE EFFECTIVE?

To help understand the program's impact in the community and determine whether or not the services and activities are making a difference in the areas for which they were intended, HZA looked at the average group scores in each domain at the beginning of program enrollment (pretest) and after program involvement (post test). Because the study was to take place over just one program year, the group of participants that took the survey at enrollment and the group that took the survey at follow-up were different people, taking the version that they were eligible for at the time the surveys were administered. Results to protective factors questions were compared in aggregate, without analysis of individual participant change in behavior or opinion, providing a sense of what changes occurred overall in this first full year.

Expanding into more complex levels of analysis, HZA then looked at the effects of certain demographic characteristics on protective factors to determine if there were specific groups of people who made greater gains than others. For instance, do families with many social services score better in the areas of *Concrete Support*? Do more highly-educated individuals score better on *Knowledge of Child Development*?

Illustrated here is one way to look at the average scores using the pre- and post test. From the results of this year's survey, it is clear that all five protective factors have high scores at enrollment, the lowest being in the *Family Functioning and Resilience* domain.

When looking more closely at average score by program type, there was a similar trend in participants' responses. All three program types, Family Resource Centers, In Home Family Education, and Partners in Prevention, had high average scores at enrollment, and in only three cases did scores decrease. Arrows in the table below indicate scores that changed; the remainder of the scores stayed the same.

Table 4: Average Scores in Each Domain by Program Type

Protective Factors	Average Scores in Each Domain					
	In-Home Family Education		Family Resource Centers		Partners in Prevention	
	Pre	Post	Pre	Post	Pre	Post
Family Functioning & Resiliency	5.3	5.3	5.6	5.8 ⇧	5.9	4.8 ⇩
Social Emotional Support	5.9	5.9	6.0	6.2 ⇧	6.0	6.7 ⇧
Concrete Support	5.9	6.0 ⇧	5.9	6.1 ⇧	5.9	7.0 ⇧
Child Development & Knowledge of Parenting	6.3	6.3	6.3	6.3	6.6	6.5 ⇩
Nurturing & Attachment	6.4	6.5 ⇧	6.5	6.5	6.7	6.6 ⇩

The data presented in this section reveals that the group of program participants at the start of the programs does not differ greatly from those that took surveys after involvement in programs for six months or more. As a group, the two questions that prompted the highest negative responses and lowest positive responses fall under the *Family Functioning & Resiliency* domain: first, "When we argue family members listen to both sides of the story," 48 percent had a positive rating at enrollment, 42 percent had a positive rating at follow-up. The statement, "In my family we take time to listen to each other," was also relatively low at

enrollment, with 52 percent positive dropping to 49 percent positive at follow-up. Interestingly, both statements allow for the survey respondent to think about the family as a whole, rather than themselves as individuals, and both are related to communication. In summary, *Family Functioning and Resiliency* is the one domain out of all five that had the largest decreases in scores, particularly among families in the Partners in Prevention program; this domain also had the lowest average score overall.

If the changes in responses are grouped as negative, neutral and positive, not surprisingly, most fall into the positive category. Here again, the exception is in the *Family Functioning* domain. Across the state, families with the lowest income ($10,000 or less) and the lowest education level tended to have the most negative responses in this domain only. Employment status appeared to have no significant effect on responses, however those working full time did have the lowest percent of negative responses. The percent of positive responses statewide increased most dramatically in the *Knowledge of Child Development and Parenting* domain, particularly in the areas of understanding child behavior and "knowing how to help my child learn." This category has significant gains even though percent of positive responses to "I can discipline my child without losing control" decreased from 84 percent to 81 percent

Figure 2: Average Scores by Protective Factor Domain Across the State

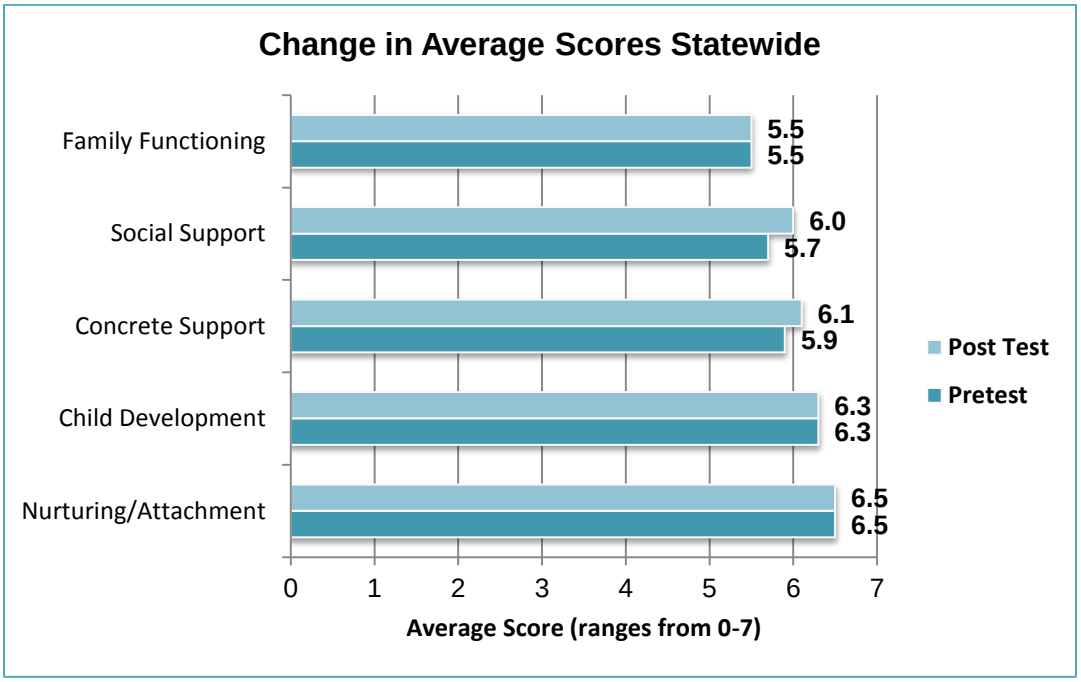


Figure 2 provides another way to distinguish the change in protective factors: by looking at the average scores for each domain (a score of five is agree, six is mostly agree, seven is strongly agree) on a continuum.

PARTNERS IN PREVENTION PROGRAMS

Programs that received funding from Partners in Prevention (PIP) to organize community-building and local prevention activities did so in many different ways. Some offered multi-day workshops or parenting groups, while others hosted Community Baby Showers or special events focused on literacy or early learning experiences. Since it would be impractical and unrealistic to ask families attending these shorter events to arrive at the event and complete a pretest or enrollment survey, then a few hours later complete a post test or follow-up survey before leaving, the evaluation team created a modified survey of protective factors to gather participants' assessment at one point in time. See Appendix C for an example of the modified protective factors questions.

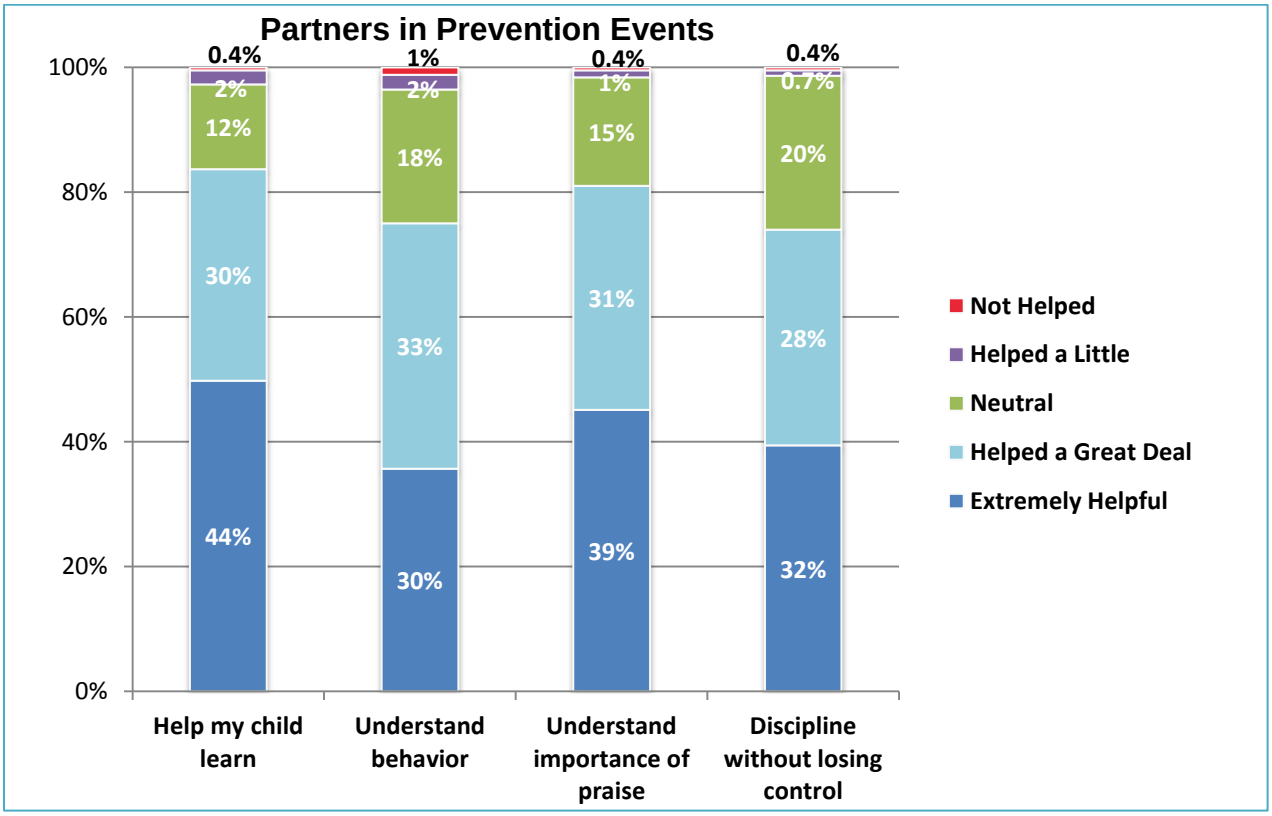
Compiling all results across the state is useful in determining what specific factors, if any, were addressed by these community events. Looking at the results will also help programs see how participants perceived their efforts. For example, if a program's goal is to help parents learn how to solve problems and listen to family members, and the responses from the surveys were, "not helped at all" or "not addressed, "then the program should consider altering its approach in the *Family Functioning* area.

As shown with the positive responses from this year's events, programs that hosted PIP-funded activities or events were successful in helping families with a variety of protective factors.

- 77% felt strongly that the materials received from the programs were helpful; 23% "mostly agreed" that they were helpful
- 74% "strongly" and "mostly agreed" (combined) that the program increased what they know about child development;
- 45% "strongly agreed" that the program helped improve their parenting; 23% "mostly agreed" that parenting has improved
- 42% of those surveyed felt the program was extremely helpful in making decisions that were good for their child, 35% said it helped a great deal, 22% had no feeling either way or indicated that it was "not addressed," and fewer than 2% (4 people statewide) felt the program did not help them make good decisions for their child.

Many questions on this shorter version of the survey ask about child development and attachment concepts. Figure 3 shows participants' perceptions for all PIP-funded single events that offered a survey between July 2011 and April 2012. Note that these surveys are a modified version of the Protective Factors Survey, and are given just once at a community event.

Figure 3: Perceptions of PIP Events



While we can presume that child abuse prevention programs find ways to focus efforts on the protective factors, program participants may not make the connection that these are the intentions, especially in situations where caregivers can "drop in" or where there is no obligation to enroll or commit to services. This might explain the high number of responses indicating "not addressed" when asked how helpful the PIP activity was, as shown in Table 5.

Table 5: Percent of Responses that Indicated Not Addressed

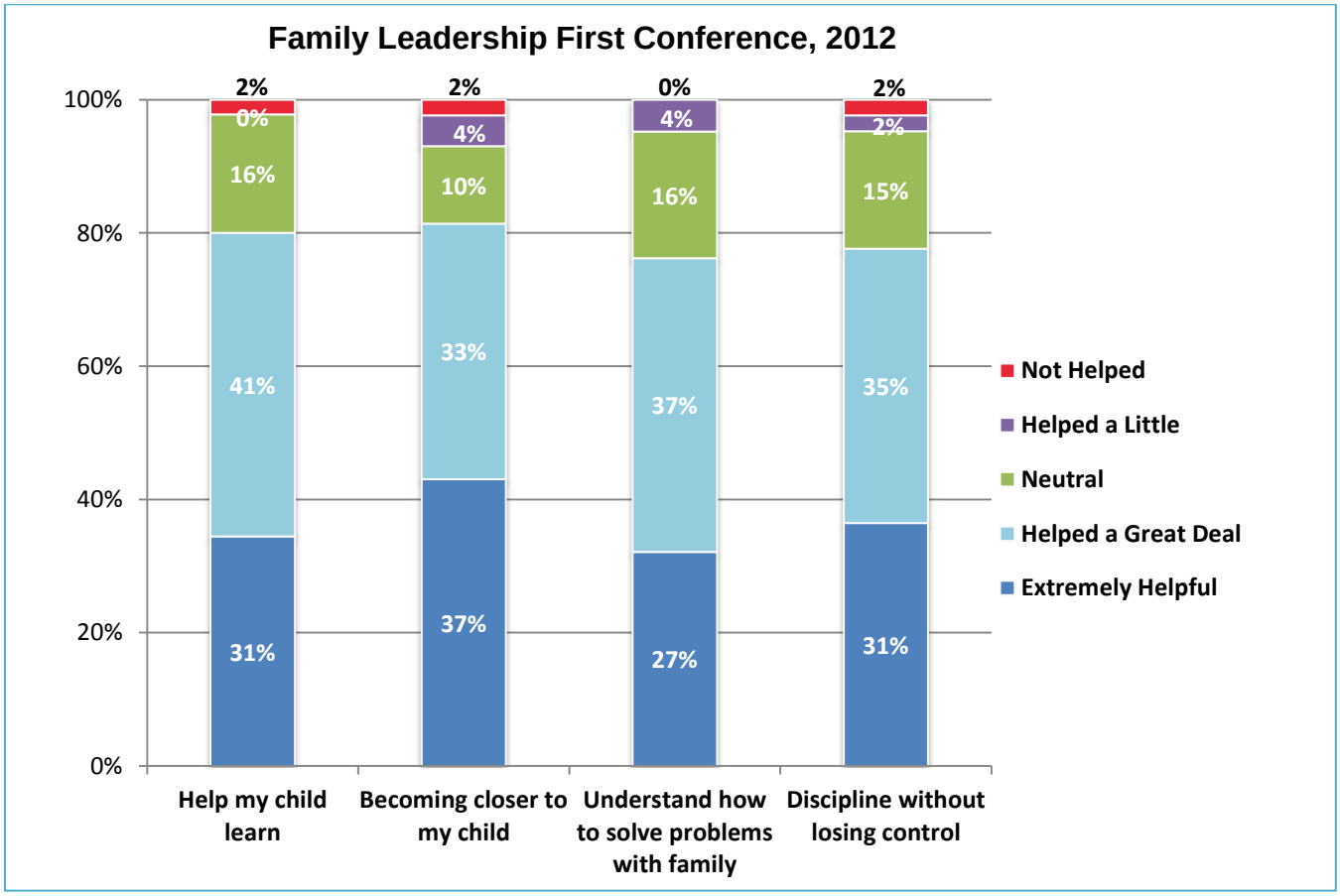
Percent of Responses that Indicated "NOT ADDRESSED"	
Knowing where to go for basic needs (food, housing)	26%
Knowing who to talk to when having serious trouble	22%
Understanding how to solve problems	21%
Knowing how to listen to family members	20%
Knowing how to discipline without losing control	19%
Understanding why child behaves the way s/he does	15%
Understanding the importance of praise	13%
Knowing how to help my children learn	12%

FAMILY LEADERSHIP FIRST

Family Leadership First (FLF) organizes numerous activities across the state where they solicit participant feedback and assess changes in learning objectives, though results included in the statewide report are from the largest event of the year where the *West Virginia Family Survey* was administered. In 2011, there were 89 surveys submitted from the annual conference as part of the Pilot Study. This year, out of the 120 caregivers who attended, 51 of them submitted a survey at the end of the conference.

Similar to the PIP one-time event survey, this survey is a shorter version that asks the same modified protective factors questions, demographic questions, and a few questions about participant satisfaction. The additional sections provide a great amount of qualitative information for the FLF Board of Directors and conference organizers, though only the general demographics and protective factors-related results are included in the complete analysis for the state of West Virginia. Program-level data are provided to FLF in a separate document.

Summarized here in a visual representation are select protective factors-type statements and what the conference attendees had to say (on the *West Virginia Family Survey*) about the effect of attending this special event on each.



Keeping in mind that all family members regardless of their roles and relationships are invited to attend the FLF conference, and while the *West Virginia Family Survey* was designed to be administered to adult caregivers of any age children, the results included here could be those of extended relatives such as adult siblings, grandparents, and adoptive parents.

Based on these responses, the topics covered at the FLF conference were effective in positively impacting families in their understanding of child development, dealing with difficult behaviors, and managing in stressful situations.

What families said about the Annual FLF Conference:

The materials…

- 94% agreed that the materials received from the programs were helpful
- 2% responded with "neutral" answer, and 4% did not feel materials were helpful.

Parenting help…

- 89% felt the conference increased what they know about child development
- 9% responded with "neutral" answer, and 2% did not feel that the program helped improve their parenting

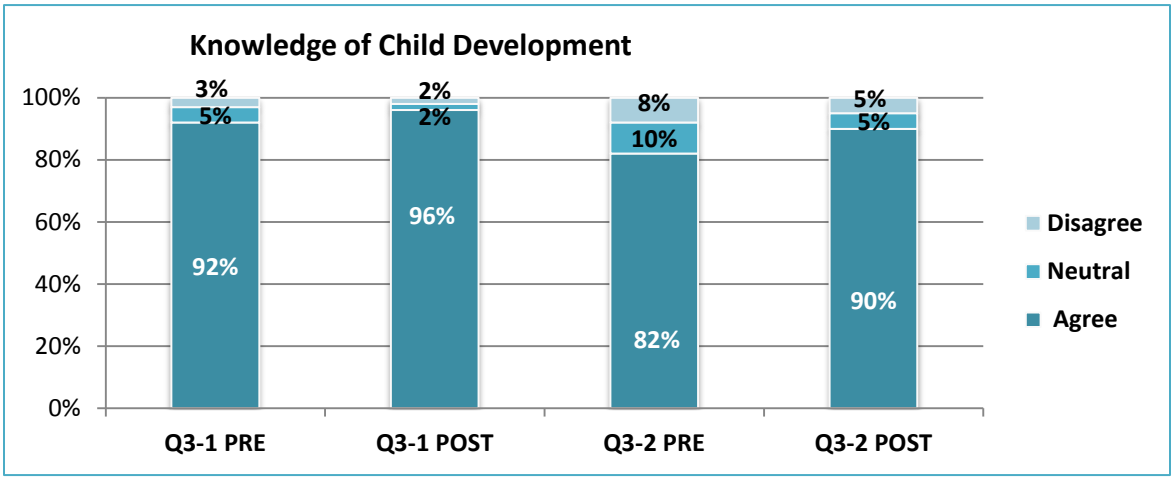
Where to go for help…

- 48% shared that they would know where to go for help with basic needs
- 65% shared that they would know who to go to if they had serious trouble

A CLOSER LOOK AT CHILD DEVELOPMENT

The *West Virginia Family Survey* included four protective factors questions designed to address the caregiver's knowledge of parenting strategies and responses to their child's behaviors in the context of their development. Questions on the survey related to child development are shown in Figure 4 with more detail since taken in aggregate, there was very little change observed in this domain from participants who took the enrollment or follow up surveys.

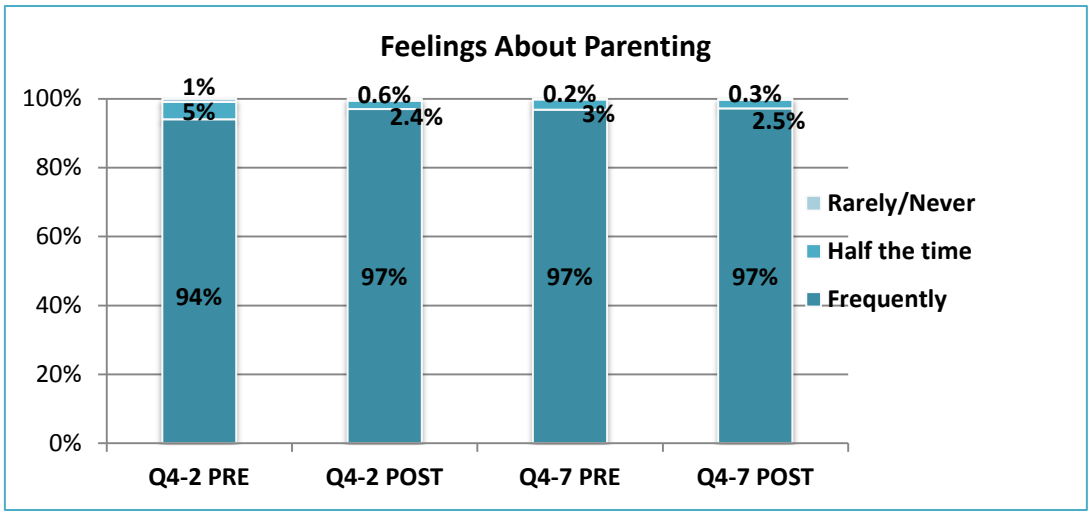
Figure 4: Comparison of Child Development Questions at Pretest and Post Test



Looking more closely at the responses to specific questions, Figure 4 shows Q3-1 "I know how to help my child learn," and Q3-2, "I understand why my child behaves the way s/he does." The results indicate that program participants indeed differed in their responses from the start of involvement compared to the follow up survey of this domain. Participants who completed a survey after participating in the programs *overall* felt better about knowing how to help their children learn and gained a greater understanding of their children's behavior, both important factors in reducing the risk of maltreatment for all ages.

Figure 5 shows a similarly positive trend in caregivers' rating of their own parenting strategies. Q4-7, "I make decisions that are good for my child and my family," showed very subtle change in responses; and when asked about the ability to discipline without losing control (shown here in Q4-2), both groups rated themselves very highly in this area with almost no change in the continuum of responses.

Figure 5: Comparison of Parenting Questions at Pretest and Post Test



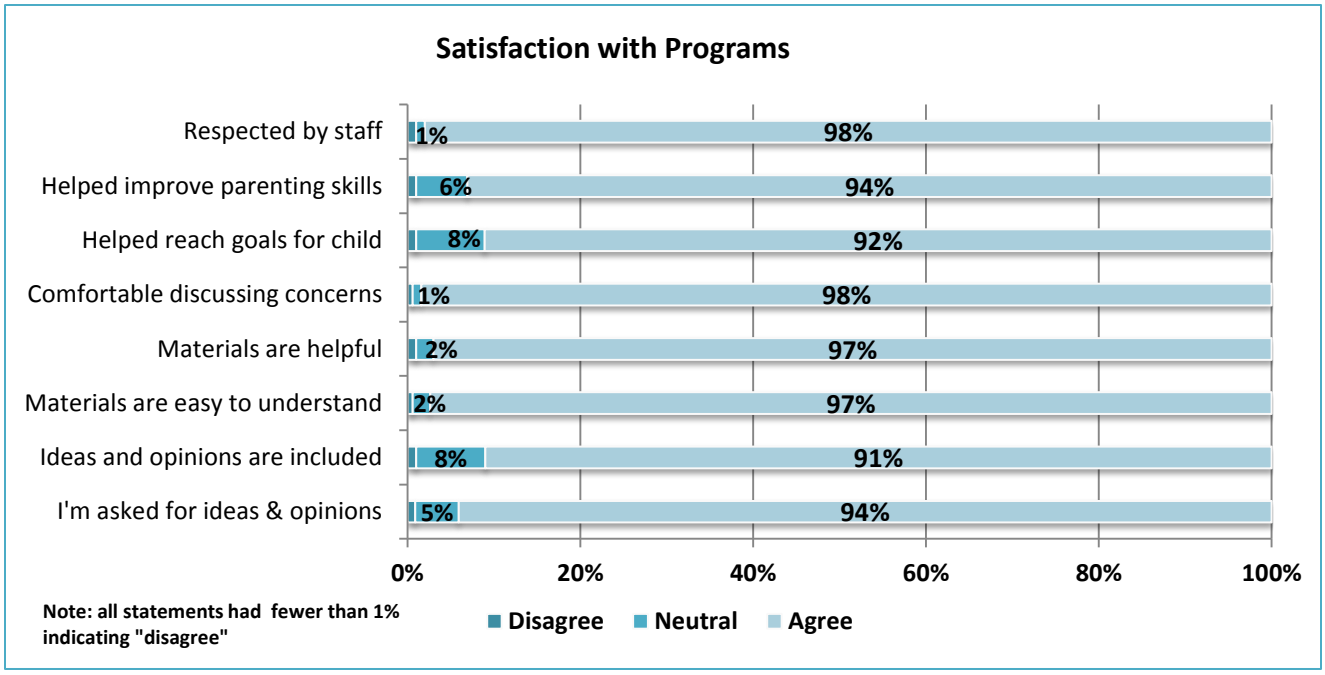
"I love seeing my child interact with other children. The teachers are awesome! This is really going to help her with school."

- program participant

ARE PARTICIPANTS HAPPY WITH SERVICES?

General program satisfaction questions were asked only on the post test version, and were asked of all participants regardless of type of programs accessed. These questions were developed with the input not only of the program leadership, but also with the input of the national home visiting programs to assure compliance with their evaluation and/or assessment requirements. Programs that offer IHFE can look at these responses along with responses to both the Home Visiting and Playgroup Questions to see how participants rated their experiences. As shown in Figure 6, families expressed great satisfaction with the programs across the state. While there were very few written comments, the ratings were positive throughout. Highest levels of satisfaction were indicated when participants were asked if they feel comfortable discussing concerns and if the materials they received were helpful or easy to understand.

Figure 6: Respondent Satisfaction with Programs



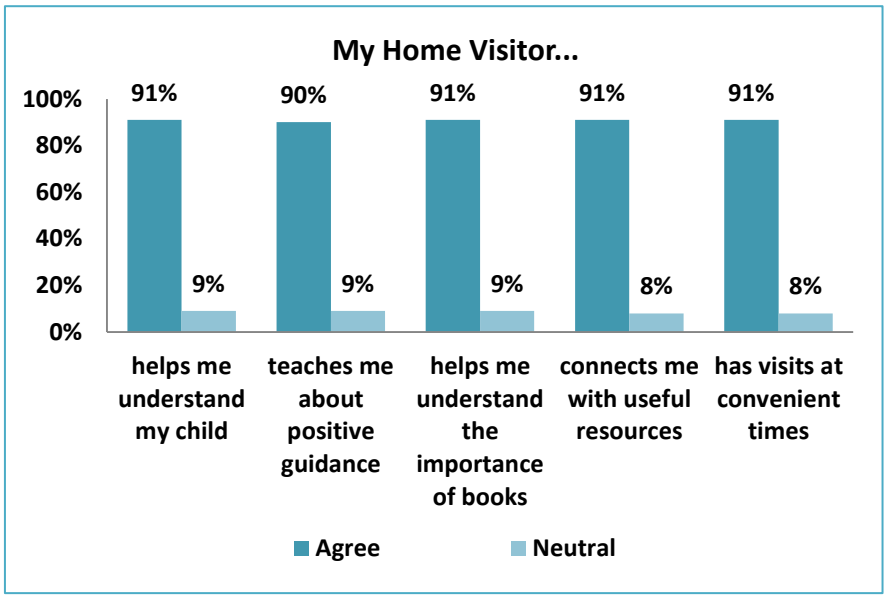
WHAT DO THEY SAY ABOUT HOME VISITING AND PLAYGROUPS?

The two supplemental sections in the *West Virginia Family Survey* ask caregivers to elaborate on their feelings and impressions specifically about group social experiences and support and information provided by home visitors. In West Virginia, there are many agencies that offer home visiting programs, many of which are also federally-funded and recognized as evidence-based models such as Early Head Start (EHS), Parents as Teachers (PAT) and Healthy Families America (HFA). West Virginia also has the nationally-known Maternal Infant Health Outreach Workers (MIHOW) program, which has been approved as a "promising approach" by federal standards and is involved in a randomized control trial to further test its effectiveness in West Virginia.

Each of the models listed require programs to solicit feedback from their families to inform program changes and work toward continuous quality improvement. The information provided in this document (as well as in the regional reports) can be used for reporting requirements set forth by MIHOW, PAT and HFA. Programs can use responses to questions in the home visiting and playgroup sections of the *West Virginia Family Survey* data sheets for this purpose; more detailed information can be made available through specific request to HZA.

Providing child development information and screening is a major aspect of the home visitor's work. In the general category of home visiting, 87 percent (209 out of 239) respondents reported that their home visitor used a screening tool to help them understand their child's strengths and abilities. Of those, 80% said that this helped them address areas of concern for their child's development. The chart below summarizes feedback from the families about the quality of their home visiting experiences.

Figure 7: Respondent Perception of Home Visiting

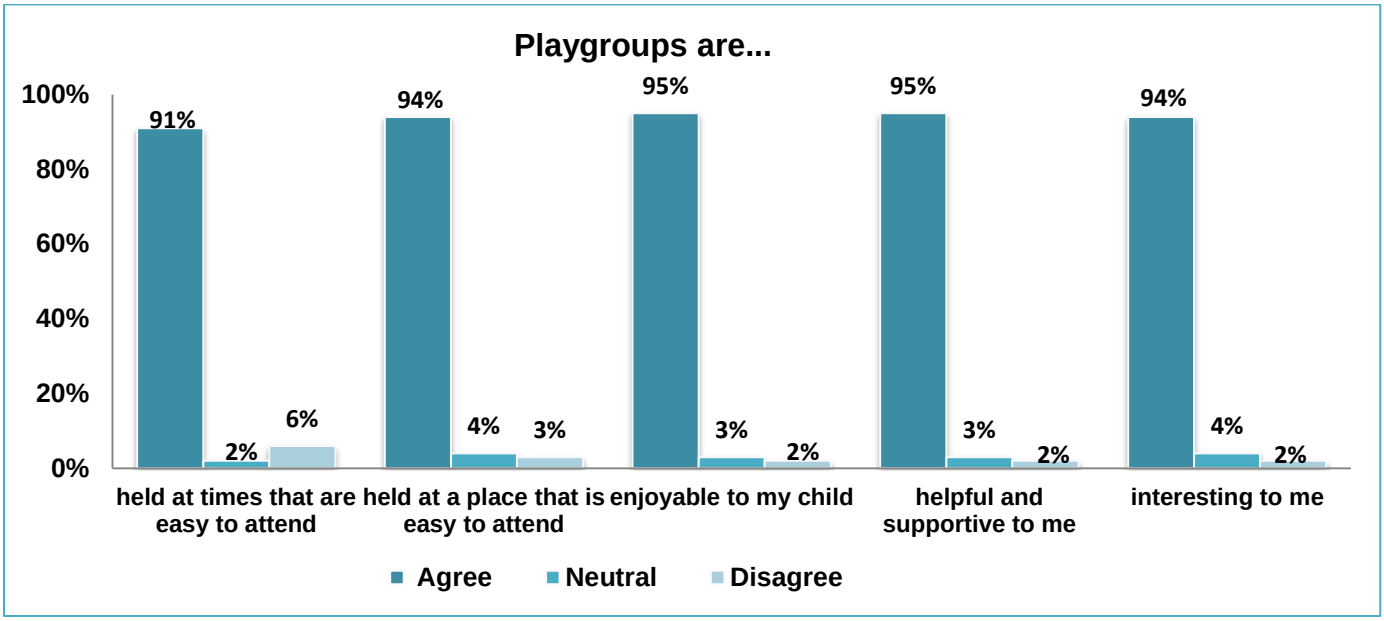


Though it is possible for programs to offer playgroups without home visiting, there is a tendency for the two to be facilitated by IHFE. To summarize survey results as succinctly as possible for the state prevention programs, responses to the questions about playgroups will be discussed here. Programs that offered playgroups without the home visiting

component were provided their results separately.

Most participants shared that the best part about attending playgroup was seeing their child interact with others and having the chance to talk to others. Many also said they enjoyed learning new activities and that their children loved playgroups. Comments such as, "My child is able to play with other children her age and make new friends" were very common, speaking to the importance of almost every protective factor domain that a program could possibly address. On this year's *Family Survey*, 115 people indicated that they attended a playgroup and chose to answer a few additional questions about their experience. Figure 8 shows that the great majority of attendees had positive things to say about their groups.

Figure 8: Respondent Perception of Playgroups



CONCLUSIONS

Across the state, survey respondents were extremely satisfied with the programs and services provided. There is not one program type that received negative feedback, which is commendable to all providers involved from direct services to grant administrators. As with any large-scale project, there were limitations and unavoidable challenges. However, the final results were very valuable and allow program staff to draw out meaningful conclusions to inform their work with families.

This report provides detail about the family and program outcomes for all of West Virginia's prevention programs that participated in the survey process. Regional reports are available for further examination of trends in protective factors for each of the four areas. To assure that programs continue to see positive results in measurable outcomes, they must consistently look at current research in best practices for working with families and consider what elements are addressed by their program, and where there is still room for growth or improvement.

Despite the effort to assure reliability in the administration of the survey, prevention programs across the state operate in different ways to suit the families and communities they serve; some programs presented with unique situations in which the protocol for administration was not followed precisely. For example, some programs work in very rural areas that have unpredictable internet access; therefore staff could not offer families the opportunity to complete the survey in the comfort of their homes online. Also, in a few cases, adult literacy was a barrier to individuals completing the survey on their own and staff administered the surveys orally, recording the parents' responses. To collect the most accurate date, programs are encouraged to review the materials created to assure consistency and consult with the project directors if questions remain.

Results from the *West Virginia Family Survey* clearly demonstrate that families who responded after involvement feel a bit more knowledgeable about their children's development, know where to go for help in times of need, feel emotionally and socially supported by their communities, and continue to struggle with family relationships and stress in the home when compared to those who responded to the survey at the beginning of the year. This may indicate that respondents who received services have gained a greater understanding of the personal and public resources available to them through their participation in the program. At the very least, prevention programs working to address any of these five protective factors do so knowing that calling attention to them, while advocating for supporting families who are raising children, increases the communities' awareness of what protective factors promotion truly means in reducing maltreatment.

Prevention programs have the opportunity to focus efforts on encouraging families to develop protective factors through the variety of approaches in their communities. Staff must be aware of and recognize the known socio-economic risks that contribute to possibility of abuse and neglect such as: lower education levels, unemployment (and not attending school), receiving public assistance (a typical indicator of poverty), teen pregnancy and single parenting (Daro, 2012). To that end, there are some basic components of research and evaluation that can help assure that programs are working on continuous quality improvement on all levels.

1. ***Stay current with the research*** about best practices and know what is being said about "evidence-based models." The studies published may not always be 100 percent applicable or feasible, but certainly can spark ideas for change or growth.
2. ***Connect and network with community partners***. Use the qualitative information available through these relationships and complimentary services. What are the trends? New topics of interest or areas of need in your area? It is likely that what you are seeing in your programs could be an issue down the street as well. Try using a collaborative approach with partners to solve problems
3. ***Look at your data***… Then look at it again at another time. Does what you see ring true with what you or your colleagues are experiencing in the day to day? If not, figure out who is represented in the data and who is missing, and keep that in context with the qualitative information you get and the research that is available. Programs must continuously check to see if their actions match their intentions.
4. ***Look at yourself*** as an individual contributor to the community. Reflect on your standards and priorities and think about your actions in relation to others you work with. Are you making a difference?

LOOKING AHEAD

The state of West Virginia has completed the first full year of the *Family Survey* and now has a general understanding of the families that participated in CBCAP-funded programs and activities. We can also see the changes in protective factors, and have heard their opinions about services that were provided to them including home visiting and playgroups where offered. What is not known, still, is the frequency and intensity of service that is needed to produce the desired outcomes in specific domains. Further work needs to be done on tracking how often participants work with staff and how long it takes (even on average) before families feel competent and confident in their parenting and caregiving skills.

Some recommendations for future evaluative work which would provide better information that staff could use to improve programs to meet the needs of families include:

- Administering surveys consistently and in a timely manner to all eligible participants;
- Assuring all programs are set up to administer the web-based survey to reduce data entry time and save on production costs;
- Modifying the instrument to make sure all dates and crucial information are completed, (while allowing participants to skip questions they are not comfortable answering);
- Using the data and information collected from surveys in staff meetings to connect the intentions of the program with what was measured;
- Providing some feedback to families who took the time to complete surveys, expressing the value of their input and the program's goals and objectives as a result of what was shared; and
- Continuing to look at child and family outcomes in the context of what services are or can be provided.

Staff are encouraged to explore the data collected more closely and consider whether or not the responses fit in with observed trends in their programs. The *West Virginia Family Survey* is not intended to answer all of the questions about families served, rather it is a good starting point for many providers that may be trying to connect policies and practices with outcomes for children and families, aligning the "what do we do?" with the "what is happening as a result?"

Some questions that remain today include:

"What is it that programs can do to reduce the stressors so typical to all families?"

"What are the most desired services that can be made available–or more available –in rural communities where resources may be lacking?"

APPENDICES

APPENDIX A: 2012 PARTICIPATING PROGRAMS & COUNTIES SERVED

Programs in bold print submitted surveys to be included in the analysis of statewide results.

Program Name	Counties Served
Children's Home Society of WV	**Berkeley**
Cornerstone Family Interventions, Inc.	**Boone**
Brooke Hancock FRN & PAT	**Brooke, Hancock**
Cabell County FRN	**Cabell**
Huntington Housing Authority FRC	**Cabell, Wayne**
Mountain State Healthy Families	**Cabell, Wayne**
Doddridge County Starting Points Center, Inc.	**Doddridge**
Fayette County Starting Points	**Fayette**
New River MIHOW	**Fayette**
WVU Extension Services Grant County PIP	**Grant**
Rainelle Medical Center PAT	**Greenbrier, Pocahontas**
Hardy County PIP	Hardy
Harrison County Child Advocacy Center FRN	Harrison
HAPI Project (Harrison & Marion County PIP)	Harrison, Marion
East End Family Resource Center	**Kanawha**
UKV Starting Points/PAT	**Kanawha**
Big Ugly Community Center PIP (Step by Step)	Lincoln
Lincoln County Starting Points	**Lincoln**
Marion County FRN & PIP	Marion
Marshall County FRC	**Marshall**
Marshall County Starting Points and PAT	**Marshall**
Big Creek People in Action	**McDowell**
Stop the Hurt	**McDowell**
Community Crossings	**McDowell**
Mercer County Starting Points Center	**Mercer**
REACHH-FRC	**Mercer, Summers**
Mineral County FRN	Mineral
Mingo County FRN	Mingo
ABLE Families	**Mingo, Lincoln**
Monongalia Early Head Start	Monongalia
Monongalia Starting Points	**Monongalia**
The Shack Neighborhood House	**Monongalia**

2012 PARTICIPATING PROGRAMS & COUNTIES SERVED, CONTINUED

Programs in bold print submitted surveys to be included in the analysis of statewide results.

Program Name	Counties Served
United Way FRN	Monongalia
Monroe County Board of Education PAT	Monroe
Monroe County FRN & PIP	Monroe
Morgan County Starting Points	Morgan
Nicholas County FRN	Nicholas
Nicholas County Starting Points	Nicholas
Northern Panhandle Head Start MIHOW	**Ohio**
Ohio County FRN & PIP	Ohio
Pleasants County FRN & Committee on Family Issues	Pleasants
Pocahontas FRN	**Pocahontas**
Preston County Starting Points & FRN	**Preston**
Taylor County Starting Points & PAT & PIP	**Preston, Taylor**
Putnam County Regional FRN	**Putnam**
Randolph County FRN & PIP Team	**Randolph**
YHS, Inc. Home Ties Strengthening Families Center	**Randolph**
TEAM for WV Children	**Statewide**
Tucker County FRC & PAT	**Tucker**
Upshur County FRN/PIP	**Upshur**
Wayne County Starting Points Center	**Wayne**
Webster County Starting Points	**Webster**
Wetzel County Center for Children and Families	**Wetzel, Tyler**
Children's Home Society of WV - Midtown FRC	**Wood**
Wyoming County FRN	**Wyoming**
Family Leadership First	**Statewide**

APPENDIX B: *WEST VIRGINIA FAMILY SURVEY* ENROLLMENT (PRETEST) AND FOLLOW UP (POST TEST) EXAMPLES

APPENDIX C: *WEST VIRGINIA FAMILY SURVEY* ONE TIME EVENT EXAMPLE