

West Virginia Family Survey

Protective Factors in Families Served by
Community-Based Prevention Programs



DRAFT FINAL REPORT

Produced by Hornby Zeller Associates, Inc.

Fiscal Year 2015

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

Rebecca Blevins
Janie Cole
Genny Ferri
Jim McKay
Laurie McKeown
Jackie Newson
Kathryn Oscanyan

West Virginia Department of Health & Human Resources
Division of Early Care & Education
350 Capitol Street Room B18
Charleston, WV 25301
<https://www.wvdhhr.org>

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

For more information about the survey, data interpretation or sharing,
please contact: Darshana Spach at dspach@hornbyzeller.com

CONTENTS

ABOUT THIS PROJECT	1
MEASURING PROTECTIVE FACTORS	2
WHY STUDY PROTECTIVE FACTORS?	3
RESEARCH DESIGN	4
SURVEY ADMINISTRATION.....	6
WHO IS INCLUDED IN THIS STUDY?	6
PICTURING THE FAMILIES SERVED	9
CBCAP PROTECTIVE FACTORS STATEWIDE RESULTS.....	11
PROTECTIVE FACTORS AVERAGES AT ENROLLMENT	11
PROTECTIVE FACTORS OVER TIME.....	12
PROTECTIVE FACTORS BY PROGRAM TYPE	13
A CLOSER LOOK AT CHILD DEVELOPMENT	16
ARE PARTICIPANTS HAPPY WITH SERVICES?	18
PROGRAM-SPECIFIC RESULTS	19
IN-HOME FAMILY EDUCATION PROGRAMS	19
PARTNERS IN PREVENTION PROGRAMS.....	23
CONCLUSIONS.....	26
LOOKING AHEAD	29
APPENDICES	31
APPENDIX A: 2015 Participating Programs & Counties Served	33
APPENDIX B: West Virginia Family Survey Protective Factors Questions.....	35
APPENDIX C: West Virginia Family Survey One-Time Event “Modified” Protective Factors Questions.....	37

ABOUT THIS PROJECT

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Children and Families and Office of Maternal, Child, and Family Health work together to create a seamless system for the state's Community Based Child Abuse Prevention (CBCAP) projects. These programs are dedicated to ensuring all children have the best start in life, free of abuse and neglect. Four types of prevention programs using the West Virginia Family Survey:

- In-Home Family Education
- Partners in Prevention
- Family Resource Centers
- Circle of Parents

DHHR supports the community agencies administering prevention services by overseeing program operations (practices and policies), providing training and technical assistance, assisting with program evaluation, and providing helpful feedback about the successes and challenges of the programs' efforts. Since 2010, DHHR has contracted with Hornby Zeller Associates, Inc. (HZA) to assist with the state Continuous Quality Improvement (CQI) process, working with programs and services designed to strengthen families and prevent child abuse and neglect. Specifically, DHHR hired HZA to measure the protective factors in families participating in prevention-focused programs or activities.

West Virginia uses one survey across all state CBCAP-funded agencies to measure the degree of change in protective factors of program participants. Based on recommendations and priorities set by the statewide leadership team, West Virginia decided to implement a survey based on 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*. HZA helped format this tool so that it would be flexible for paper and web-based administration, designing and hosting 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 were part of the testing phase, 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. 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. This report provides results from an updated survey administered from July 2014 through June 2015, marking the fourth full year of statewide implementation.

West Virginia's four types of prevention programs using the survey:

- In-Home Family Education
- Partners in Prevention
- Family Resource Centers
- Circle of Parents

MEASURING PROTECTIVE FACTORS

Using a seven-point Likert-style agreement scale, participants rate a series of statements about their family, connection to the community, their parenting practices and perceived relationship with their child(ren). 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 domain scores, or interpreted separately, question by question. Table 1, created by FRIENDS National Resource Center, provides a brief summary of the protective factors covered in the survey.

Table 1: Protective Factors Survey Domains

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.

WHY STUDY PROTECTIVE FACTORS?

Protective factors are measured to understand strengths and supports available to families who access various programs in West Virginia. The goal is to capitalize on each of the family's protective factors or positive traits and to enhance programs and services in areas where families may be scoring lower. If families possess attributes described in the domains above, they should benefit from those skills and knowledge, and ultimately display resilience to child abuse and neglect. Programs are also encouraged to consider the ideal score in each domain and work to help families stay at or above this level in order to offset common risk factors that they face.

The protective factors questions on the survey ask about these attributes from the caregiver's perspective, the responses to those questions helping providers plan appropriate programs that match their communities' needs. (For example, lower scores indicate areas of focus, high scores identify strengths in families.) West Virginia's Child Abuse Prevention grantees are required to use the *West Virginia Family Survey* as part of their continuous quality improvement process. DHHR wanted to help grantees by measuring the same variables across all prevention programs, providing useful feedback that is relevant and immediately applicable to their work with children and families.

Programs are expected to examine survey results to understand what changes have occurred in families served, from the point of entry to their time of exit. The *West Virginia Family Survey* helps programs to:

- Provide context for results by describing the population(s) served;
- Examine scores for each domain, particularly the targeted protective factors;
- Review and understand families' perceptions of the program and services; and
- Consider the protective factors and areas of programming that need more focus.

WEST VIRGINIA'S CBCAP PROGRAMS
HAVE STUDIED FAMILY PROTECTIVE FACTORS
FOR FOUR CONSECUTIVE YEARS



RESEARCH DESIGN

Considering the research questions and the measurable objectives of this project, part of the methodology includes ensuring that the survey instrument accurately collects the desired data, answers the questions posed, and is as simple as possible for the majority of programs to participate.

To that end, a great deal of effort was put into creating a 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* has been integrated into the existing enrollment and ongoing assessment procedures of most programs. Sections of the survey include:

- **Protective Factors Questions:** These 20 standard questions ask adult caregivers about five protective factors at the start of involvement and after participating in the program. Questions request responses using a seven-point scale of agreement or disagreement. This version is completed only by families enrolled in ongoing programs (such as parenting groups or home visiting).
- **Modified Protective Factors Questions:** This version is shorter, asking just ten questions based on the five domains. It is completed by families participating in short-term or one-time events, generally through PIP programs. For this form, subscale scores cannot be calculated, but individual questions are analyzed and results are shared with programs.
- **Home Visiting Questions:** On follow-up surveys and at program completion, these eight questions are asked annually of adult caregivers who have had an in-home family support provider (referred to throughout this report as *home visitor*).
- **Playgroup Questions:** On follow-up surveys only, these eight questions are asked annually of adult caregivers who either have a home visitor or attend any type of program that offers regular playgroups.
- **Program Satisfaction Questions:** On follow-up surveys and at program completion, 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. This information is collected from all participants, regardless of the length of time involved.

Staff members complete one additional form for each person offered a survey. This supplemental form is designed to provide the context of the family's involvement with the program including: actual programs accessed, frequency of interaction or contact, and the intensity of services.

The West Virginia Family Survey Staff Form also asks about the family's prior or current involvement with Child Protective Services (CPS), though most staff report this information as “unknown;” therefore, it is difficult to make any comparison of protective factors for those involved with CPS versus those who are not.

Program staff were advised to keep track of individuals 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) used the modified survey more appropriate for one-time events. Though not a pre-post comparison, the results to these ten questions help programs understand the families' perceptions of protective factors at that point in time. Results were compiled and analyzed separately from the regular protective factors questions and are included in a separate section of this report.



HZA provides ongoing support and technical assistance to individual CBCAP-funded agencies through a toll-free help desk, webinars, an updated version of the *West Virginia Family Survey User's Guide*, conference calls and phone meetings, individual phone calls and email. Much of the work this past year included helping program staff understand the administration protocol for the survey, learn how to access the web-based survey and encourage participants to complete it. HZA also helped agencies to understand the importance of data integrity, what can be learned from the results, and how the data informs the practice and services offered. HZA also provided ideas for setting up the survey and suggestions for additional incentives that might be used to solicit as many responses as possible, as honestly as possible.

To accommodate different enrollment and service timeframes, a web-based survey site is maintained and kept open for the entire year. When participants opt to complete surveys on paper, they are collected by the program administrator and mailed to the evaluation team for data entry. In some cases, participants were provided pre-addressed, stamped envelopes and were guided to submit surveys individually by mail. The surveys analyzed this year were received from programs, services and events provided between July 2014 and June 2015. Surveys submitted after November 29, 2015 were excluded, even if services and events occurred during the study year. A list of the 32 programs that participated this year are included in Appendix A.

Over the past four years, HZA trained all participating agency staff to use the *West Virginia Family Survey* and advised them of possible pitfalls and helpful tips to avoid obstacles prior to administering the survey. 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 ADMINISTRATION



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; program administrators were advised to work together to assure families involved with multiple programs were not given more than one survey.

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. Families used a unique program ID and password to

access the survey online. Program staff informed parents that completing the survey was voluntary, information that they chose to share was confidential, and any questions that were not pertinent or they were not comfortable answering could be skipped. In total, 1,446 surveys were completed across all programs. In addition, over 874 Staff Forms were submitted; where possible, these forms were matched to the corresponding family survey.

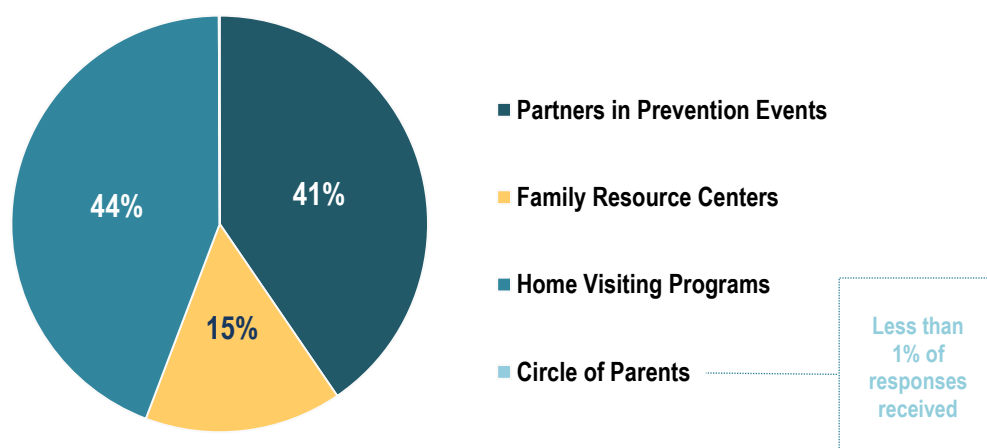
WHO IS INCLUDED IN THIS STUDY?

In 2014-2015, the *West Virginia Family Survey* was administered in 35 out of 55 counties, covering all four regions of the state. About two thirds of the programs whose families responded operate through Family Resource Centers (FRC), many of which receive additional grants through Partners in Prevention (PIP). More than 20 programs from In-Home Family Education (IHFE), a part of a federally-funded state home visiting program, had families who completed a significant number of surveys as well.

As shown in Figure 1, most of the “regular” surveys were completed by parents participating in In-Home Family Education, though it is import to recognize the overlap in IHFE and FRCs, which affects the number of FRC surveys completed. The relatively low number of FRC surveys submitted is due to the additional guidance and clarification given to programs operating both program types. Families who accessed both service types were to be given the IHFE version, providing them the opportunity to give their feedback to their home visiting staff. Approximately two fifths of the surveys were submitted by Partners in Prevention events, which is a great increase over past years’ totals. CBCAP grantees have been implementing an additional program called *Circle of Parents*. In some agencies, the program was added as part of an existing program; when that happened, surveys were not completed for both, rather the agency staff determined the best time to offer the survey so as not to overwhelm participants. That said, again this year too few surveys were submitted for *Circle of Parents* to allow for analysis of

results specific to the curriculum; however, general results are provided. Each of the programs is described in more detail below.

Figure 1: Surveys Received by Program Type, 2015



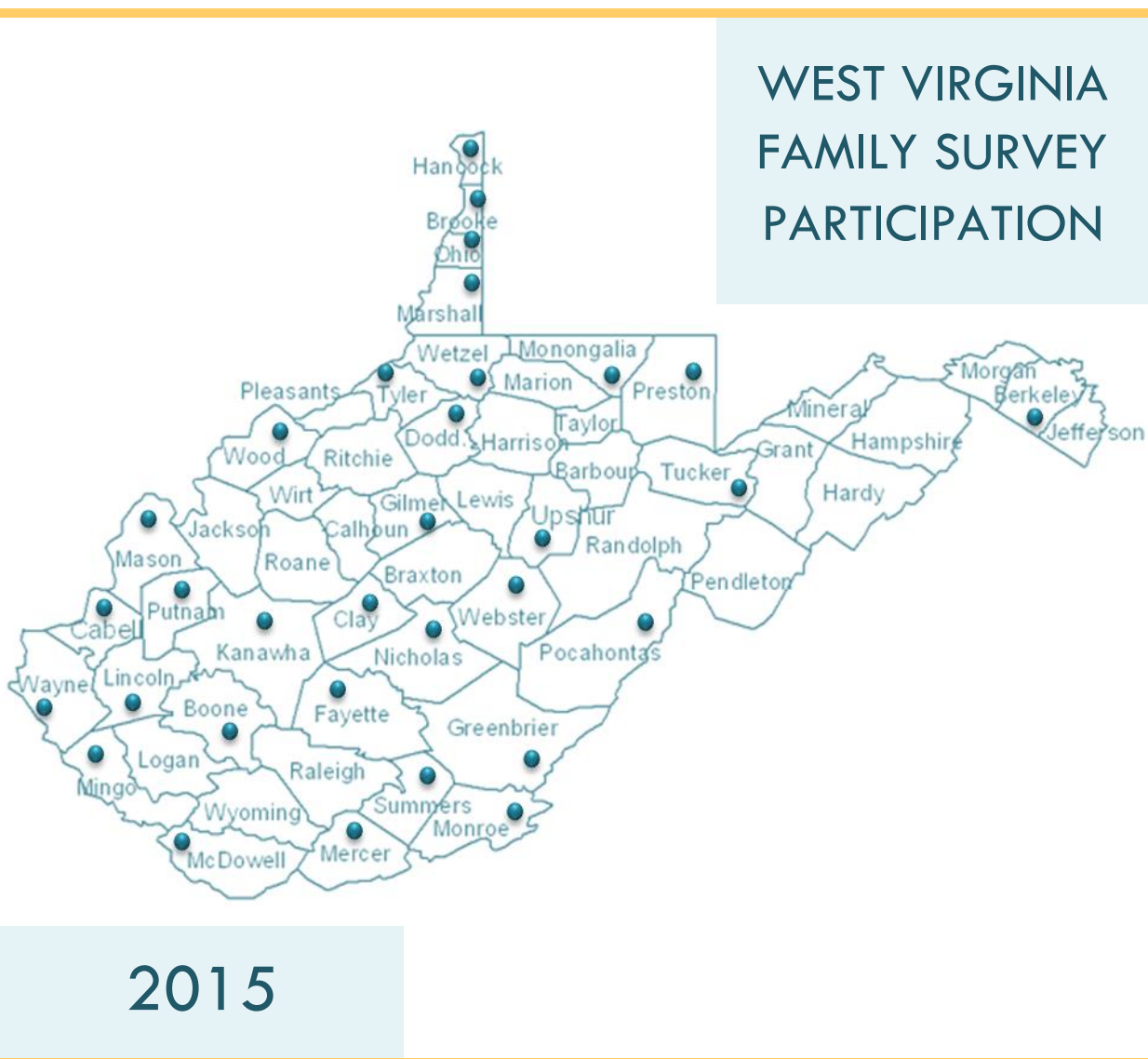
Partners in Prevention (PIP) supports local child abuse prevention projects across all of West Virginia. The Partners' work is based on the belief that preventing child abuse and keeping children safe is the responsibility of the entire community. PIP aims to build strong communities that protect children and to connect these communities to form an effective statewide movement. The PIP model 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. In this last year, 17 CBCAP programs submitted surveys from PIP-funded events.

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 designated to serve families with children up to age eight, but currently work with a broader population of children and families, from the prenatal stage to age eighteen. This year, 12 of the 32 CBCAP-funded programs submitting surveys were FRCs. Note that many of those surveys were also associated with PIP one-time events or IHFE programs.

In-Home Family Education (IHFE) 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 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 children's development and behaviors. Home visitors also work to connect families to social supports and services in their communities. This year approximately 91 percent of the IHFE network (21 out of 23 home visiting programs, and 21 of the total 32 CBCAP-funded programs) took part in the protective factors study.

Circle of Parents is a national network of parent-led social support groups where parents and caregivers share ideas, celebrate successes and address the challenges surrounding parenting. Since West Virginia launched Circle of Parents in 2012, 14 different organizations have participated in a two-day training workshop. All of the organizations have started, or have plans to start groups in various parts of the state. This year one program participated in the survey process, submitting a single survey.



PICTURING THE FAMILIES SERVED

This section provides an overview of the characteristics of the families served during the year. (Note that due to rounding, and some questions that ask to “check all that apply,” percentages may not add up to 100 percent.) When comparing the demographics of the participants from this year to last year, slightly more minorities were served this year; the same number of families were unemployed, but families reported slightly higher education levels and incomes. Housing and marital status characteristics were about the same as last year and most families involved in West Virginia’s CBCAP programs have children between the ages of two and five. Again this year, 12 percent of families served were expecting a baby, and seven percent had children under one year old, showing that programs serve fewer families in the prenatal or early postpartum timeframe.

FAMILY DEMOGRAPHIC SUMMARY

91% women, 9% men
91% White, 5% African American, 2% Hispanic,
1% Native American, Alaskan Native or “Other”
50% Married
14% Partnering
9% Separated or Divorced
27% Single



HOUSING STATUS

45% Own a home
36% Rent a home
17% Share with relatives or friends
2.5% Homeless or temporary shelter or home



HOUSEHOLD INCOME

58% Earned \$20,000 or less
20% Earned between \$20,000 and \$40,000
22% Earned over \$40,000



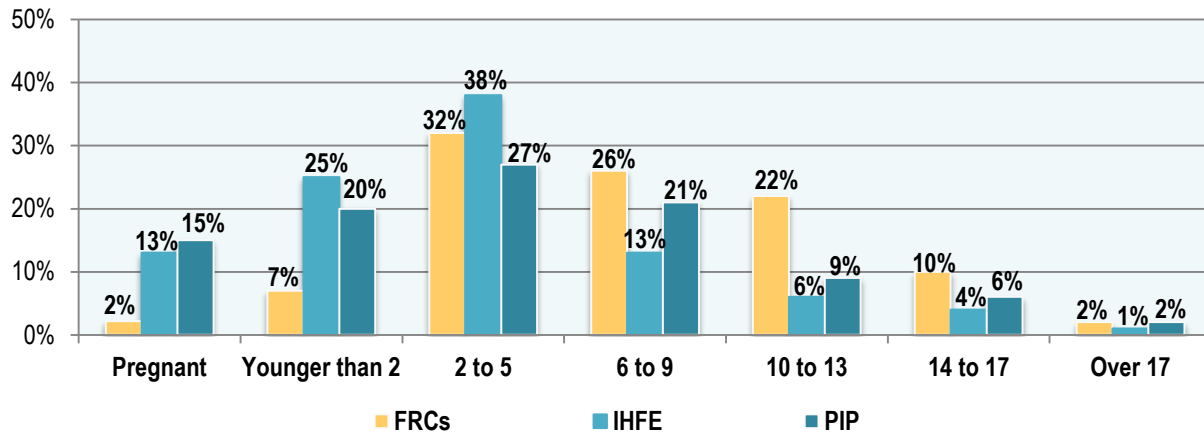
EMPLOYMENT & EDUCATION STATUS

22% Employed full time
17% Employed part time or seasonal employment
61% Currently unemployed
16% Currently in school
37% Had a high school diploma or GED
26% Had some college or vocational training
9% Had an Associate’s degree
9% Had a Bachelor’s degree
4% Had a Master’s degree or higher



Figure 2 displays a breakdown of children served by the three major program types serving communities this past year.

Figure 2: Ages of Children Served by All Programs, 2015



Statewide, support services received by the families range from those associated with meeting basic needs to those supporting better health and educational outcomes for families. Table 2 lists the support services or assistance that families received at some point during the year. Out of all of the unduplicated responses, 315 (or 22%) stated that they received no support or assistance; this compares to a slightly lower proportion the year before, (20%). The most frequently accessed service this year was Medicaid, followed closely by services related to food and nutrition. The number of parents indicating access to federally-funded health insurance for children seems low; it is possible that the 13 percent is the result of under-reporting. Similar to last year, there appears to be an under-reporting of those receiving TANF along with those participating in Head Start programs as well.

Table 2: Support Received by Participants

Type of Support Received Statewide	2015 Responses	2014 Responses
WIC Nutrition Program	46%	47%
Food Stamps/EBT	45%	47%
Child Health Insurance (CHIP)	13%	13%
Fuel Assistance (LIEAP)	9%	10%
Earned Income Tax Credit (EITC)	8%	9%
SSI/Disability Benefit	10%	8%
Early Head Start/Head Start	7%	5%
Temporary Assistance for Needy Families	6%	7%
No services indicated	22%	20%
TOTAL POSSIBLE	100%	100%

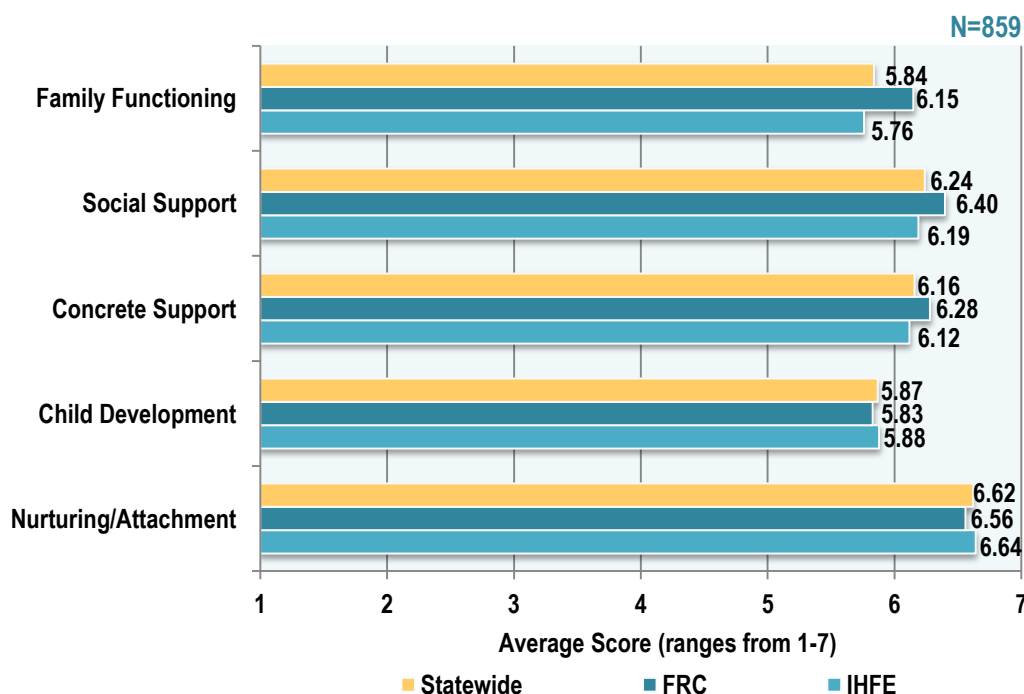
CBCAP PROTECTIVE FACTORS STATEWIDE RESULTS

West Virginia CBCAP programs have been using the Protective Factors Survey consistently for the past four years to examine results longitudinally. This data provides valuable information to leadership and program providers alike in planning activities and services, and helps guide future data collection since researchers can see trends in data collection errors and pitfalls. This year, protective factors scores were analyzed in two ways: first by matching surveys based on program, agency, participant initials and date of birth, it was possible to look at the change in a family's scores over time, and second, by looking at current scores broken down by demographics and by known risk factors.

PROTECTIVE FACTORS AVERAGES AT ENROLLMENT

Figure 3 shows the domain scores for all participants in FRC and IHFE programs who submitted enrollment surveys this year. Note that the programs' scores are fairly similar, though families in the FRCs tended to have higher initial scores in *Family Functioning*, *Social Support* and *Concrete Support*. It is useful for programs to see how families rate themselves, in general, before they become closely involved, informing programming and activity planning.

Figure 3: Average Scores Before Involvement, Statewide and by Program Type



As displayed above, the scores for *Family Functioning* were the lowest of the five domains, followed closely by *Knowledge of Child Development*. This suggests two areas of potential focus for programs serving enrolling families, or areas where West Virginia may decide to dedicate resources.

When looking at these scores, it is important to remember that averages are calculated for participants who answered the minimum number of questions required to find the total subscale score. For many programs, families who are pregnant or who have not yet had their babies at the time of the survey skip the *Child Development* and *Nurturing and Attachment* questions. More in-depth analysis related to these topics will be shown later in this report.

For all five domains, program staff can consider the overall average scores, look at the question by question results, and plan services and activities designed to maintain the targeted or desired levels of particular domains. Likewise, if the scores are seemingly low, or responses to particular questions are tending to be negative, efforts can be focused on improving those domains, of course taking into account family strengths.

This report includes average scores, areas of improvement, and average responses to individual questions. This information can be used by program staff to plan services and activities designed to support the maintenance of family strengths when scores are high, and to provide opportunities to increase protective factors when scores are low.

PROTECTIVE FACTORS OVER TIME

In depth analysis included examining results for each of the major program types, this year Family Resource Centers and In Home Family Education. Subscale scores were calculated for families who participated during fiscal year 2015, regardless of when they enrolled. In some instances, the follow-up timeframe was short (as little as three months) with a wide variety in intensity of services received; it is not always possible to match surveys, though it is nevertheless important to view responses as a “point in time” snapshot of families served.

Whereas in years past ongoing enrollment, changes in data collection and general input errors have prohibited strong comparisons from participants’ early involvement to their current status, this year’s dataset allowed for a substantial proportion of matched pairs. Matching pre- and post-surveys gives the evaluation team confidence that the differences found are as a result of participating in the program, rather than not knowing if the different scores were due to other family or personal characteristics. Statistical tests were run to determine which calculations were significant; in this report only statistically significant results are highlighted. Likewise, effect sizes were calculated to ensure that they were large enough to indicate meaningful change. The most recent surveys completed by FRC and IHFE participants during the current year were matched to previous surveys (whether they were completed this year or in years prior) based on program, agency, participant initials, and date of birth using different intervals. The most interesting and significant results were found in these specific pairings:

- This year’s most recent survey compared to the first survey the person ever took (even if it was in prior years);
- This year’s most recent survey compared to the first ENROLLMENT survey (essentially a subset of the above group); and
- This year’s most recent survey compared to the most recent previous survey (that occurred at least three months prior).

PROTECTIVE FACTORS BY PROGRAM TYPE

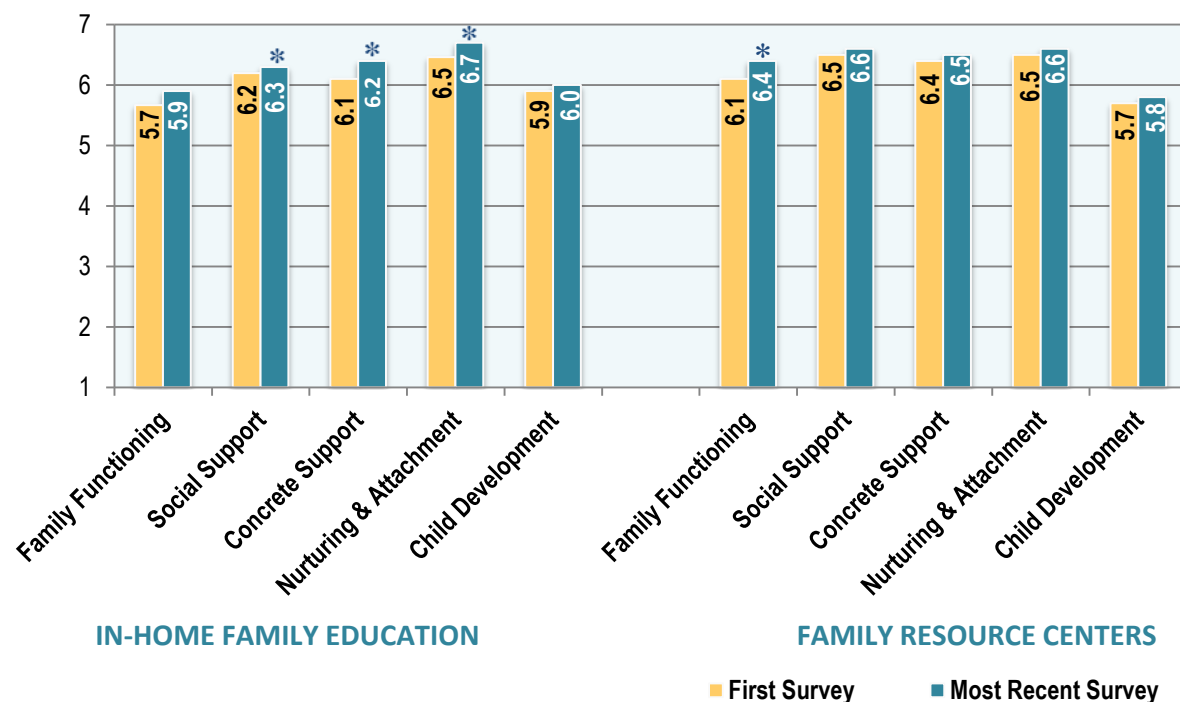
Using an aggressive approach to match surveys, a matched comparison group (N=285) was created using the most recent survey completed during the 2015 fiscal year and comparing the results to the participant's first survey completed. In general, the surveys were completed within a year of each other, around six months apart. Table 3 shows the number of enrollment and follow-up surveys received in FY 2015, and also the number of follow-up surveys that could be matched to a prior survey, by program.

Table 3: Number of Enrollment and Follow-up Surveys by Program, 2015

Program Type	Enrollment	Follow-Up	Total	Matched Follow Up To Enrollment
FRC	99	122	221	45
IHFE	261	377	638	240
PIP Event	—	586	586	—
Circle of Parents	—	1	1	—
TOTALS	360	1,086	1,466	284

Figure 4 shows the improvement in scores from the first survey completed to the current survey, providing an indication of the effectiveness of each program. Statistically significant improvements are indicated with an asterisk.

Figure 4: Change in Average Scores, Matched Comparison of IHFE and FRC Participants, 2015



Scores are improving regardless of program involvement; however, the most substantial improvement seen involves participants of home visiting. It should be noted the majority of surveys came from home visiting, (i.e., 240 of the 284 matched pairs, or 84.5%). This group of participants showed improvement in all five domains. The *Social Support* domain showed the most significant change, followed by *Concrete Support*. The other three domains were not as significant when testing the change in averages from the two most recent surveys, although the shift is still in the right direction.

Examining a slightly different group of matched pairs, in this case using the first enrollment survey ever taken compared to the survey from this current year, we are able to see the change from the true baseline (enrollment) to the current score. Just as is the case when analyzing the first survey ever taken, even if it was not a “true” baseline or enrollment survey, the results are very positive and show significant increases in average scores. The analysis included a match of 144 enrollment and follow-up surveys, yielding a proportion of 144 out of 499 possible matches. This represents 29 percent of all program participants who completed a minimum of two surveys (regardless of program type or intensity of service). The most substantial changes from baseline to current scores are shown here in order of significance.

Table 4: Average Scores in Each Domain, Matched Comparison, 2015

Protective Factors	Average Scores in Each Domain	
	Before Involvement	After Involvement
Concrete Support	6.03	6.40
Family Functioning	5.72	5.95
Nurturing & Attachment	6.42	6.66
Child Development & Knowledge of Parenting	5.81	6.02
Social Support	6.18	6.33

Subscale or Domain scores are calculated for all participants who answered the minimum number of questions required for that domain at both timeframes, on pre- and post-test surveys. As with the previous analysis, if the participant did not answer all of the *Child Development* questions at pretest, for example, there is no way to match their complete post-test later. This situation should not reflect negatively on the participant or the program; it is a normal complication that can occur when allowing participants to skip questions that are not relevant to their family.

SCORES ARE IMPROVING REGARDLESS OF
PROGRAM INVOLVEMENT.

THE MOST SUBSTANTIAL IMPROVEMENT SEEN
INVOLVES PARTICIPANTS OF HOME VISITING.



The table below shows the details for participants who responded to the questions for each domain, the difference in average scores, and the results of the tests of significance.

Table 5: Matched Comparison Group Tests of Significance by Domain, 2015

Domain	N	Difference in average pre to post score	Significance (one-tail t Critical)
Concrete Support	144	.36	<0.001**
Family Functioning	142	.23	0.012*
Nurturing & Attachment	108	.23	0.027*
Child Development	98	.21	0.029*
Social Support	144	.15	0.043*

*Statistically significant result

**Highly statistically significant result

Not surprisingly, most responses were positive, regardless of when the survey was completed. Again this year, increases were evidenced, however, in nearly every domain. Whereas last year, there were slight decreases in two domains for the matched comparison, this year each domain increased and post test scores were higher. Tests of significance and effect sizes confirmed that changes were highly significant and moderate-to-large Cohen's d (effect size) scores means the results can be reliably representative of those of the population served. The positive affects which families experience suggests programs are able to assist families in maintaining their protective capacities at a desirable level to offset potential adversity and hardship that could contribute to family risk factors.

THIS YEAR, THE
MATCHED
COMPARISON
GROUP SHOWED
AND INCREASED
SCORE IN EVERY
PROTECTIVE FACTOR
DOMAIN...
AND POST TEST
SCORES WERE
HIGHER ACROSS
PROGRAMS.

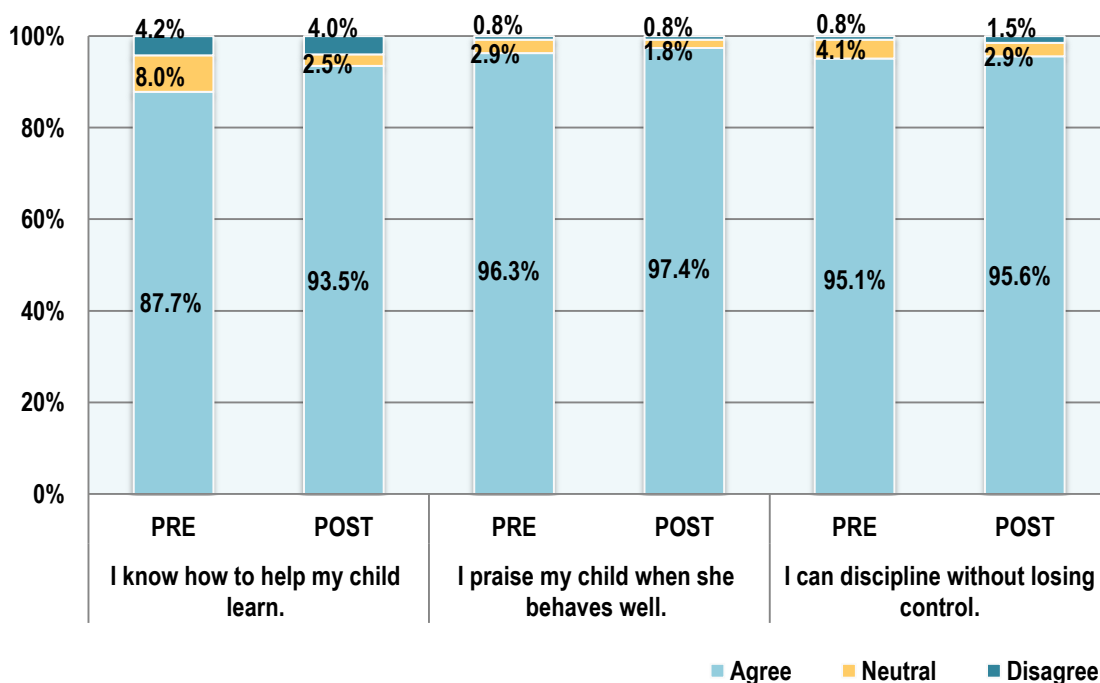


A CLOSER LOOK AT CHILD DEVELOPMENT

The *West Virginia Family Survey* included six protective factors questions designed to address the caregivers' knowledge of parenting strategies and responses to their child's behaviors in the context of their development.

Figure 5 shows some interesting differences when the individual questions are examined. Specifically, it shows considerable differences in response to the statement, "I know how to help my child learn," from the start of program involvement to the time of the follow-up survey. Though there was not a large increase, the scores remained very high for the questions, "I praise my child when s/he behaves well" and "I can discipline my child without losing control," between the two periods. (This is a trend that was observed in the last year of service as well.) In general, after participating in the program, participants overall felt better about knowing how to help their children learn and gained a greater understanding of how to provide positive guidance, both important factors in reducing the risk of maltreatment.

Figure 5: Comparison of Child Development Questions at Enrollment and Follow-Up

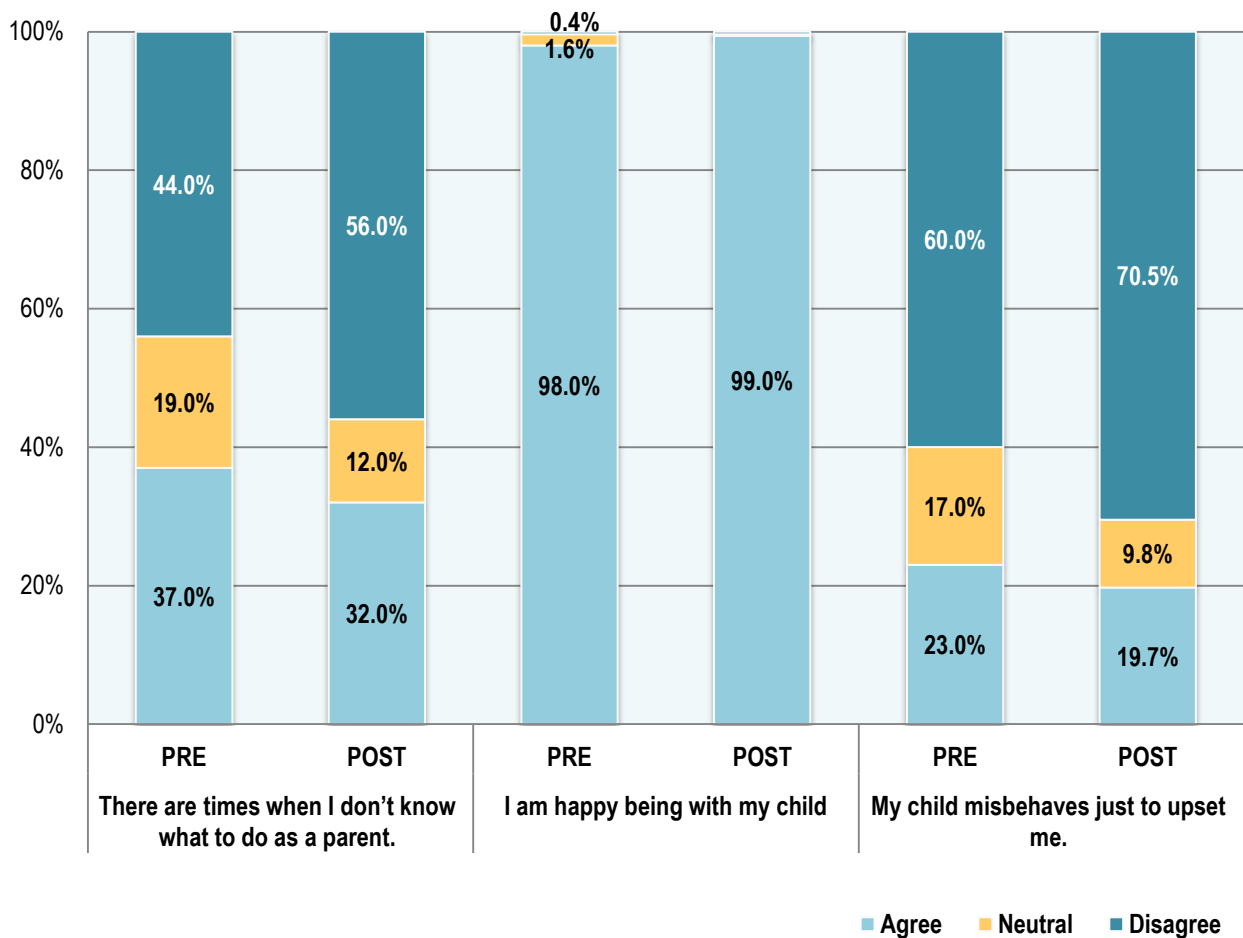


Looking at the percentages resulting from the enrollment and follow up responses for the remaining three *Child Development* questions, parents were more likely to disagree with the statement, "There are many times when I don't know what to do as a parent." The higher percentage of disagreement after program involvement indicates a change in understanding and confidence in parenting abilities. The parents' perception of how they feel spending time with their child, as well as their understanding of child behaviors were both very positive, a proxy indicator for *Nurturing and Attachment* and positive parenting practices.

This year, scores were even more positive after program involvement. Assuming these parenting topics are part of the prevention programming curricula, this could be attributed to the development of trusting relationships between participants and providers, and caregivers developing a greater understanding of child-rearing concepts.

Alternatively, it is possible that programs are not spending enough time discussing the aspects of typical and atypical child development and behaviors since about a fourth of the parents are not fully in disagreement with the statement “My child misbehaves just to upset me.” Figure 6 below shows the difference in responses to these particular questions.

Figure 6: Comparison of Parenting Questions at Enrollment and Follow-Up



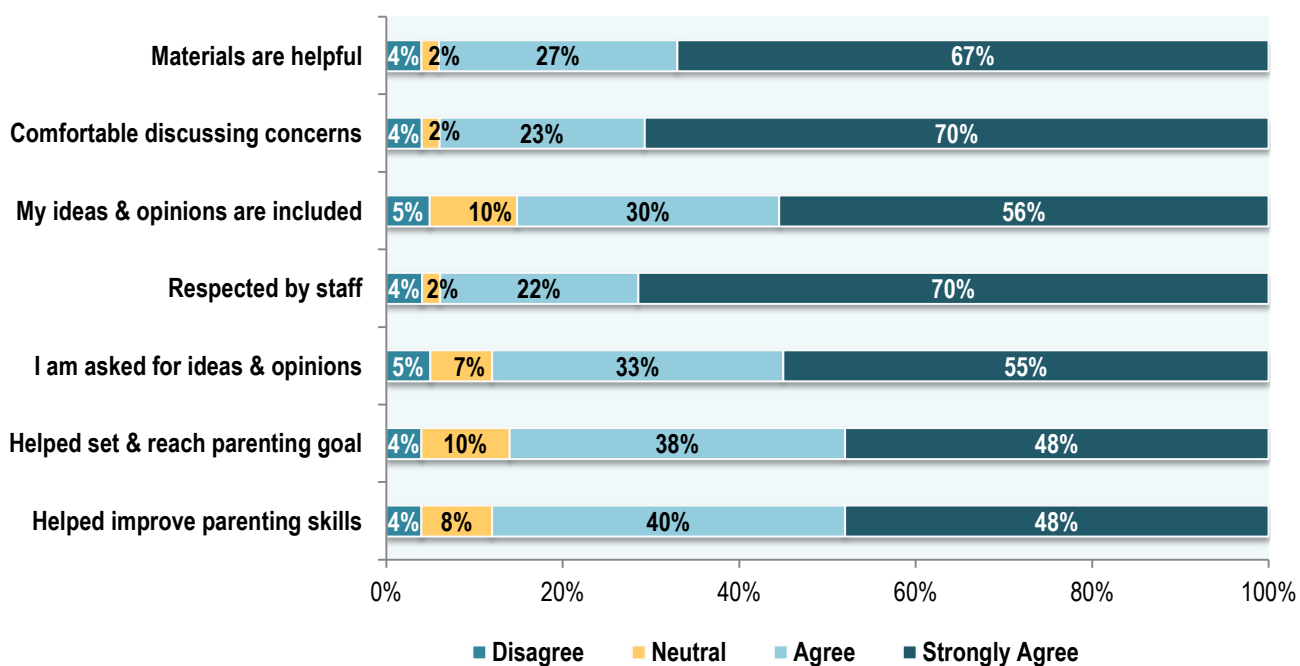
ARE PARTICIPANTS HAPPY WITH SERVICES?

General program satisfaction questions were asked of respondents who had been involved with a program for at least six months regardless of the type(s) of programs they accessed. These questions were developed with the input not only of the program leadership, but also with input from the national home visiting programs to assure compliance with their evaluation and/or assessment requirements. Programs that offer home visiting 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 7, families expressed a great deal of satisfaction with the programs across the state. Consistent with past years' surveys, participants reported the highest levels of satisfaction when asked if they felt respected by staff and if they were comfortable discussing their concerns. In terms of parenting, which is one of the protective factors that prevention programs look to positively influence, the questions pertaining to parenting goals and skills yielded lower responses again this year. Programs are encouraged to examine this finding more closely to assure activities are aligned with best practices that promote *Knowledge of Parenting and Child Development*.

Figure 7: Participant Satisfaction with Programs

N=446



PROGRAM-SPECIFIC RESULTS

The following section describes the protective factors results first for each of the three main home visiting models that participated this year (HFA, MIHOW and PAT), followed by general results of the surveys submitted after Partners in Prevention events.

IN-HOME FAMILY EDUCATION PROGRAMS

Each IHFE model requires programs to solicit feedback from families to inform changes needed and to work toward continuous quality improvement. Two supplemental sections in the *West Virginia Family Survey* ask caregivers to elaborate on their feelings and impressions, specifically about group social experiences, support, and information provided by home visitors. In West Virginia, numerous agencies offer home visiting programs, many of which are also federally-funded and recognized as evidence-based models such as Early Head Start, Parents as Teachers and Healthy Families America. West Virginia also has the nationally-known Maternal Infant Health Outreach Workers program, which has been approved as a “promising approach” by federal standards and is involved in a separate randomized control trial to further test its effectiveness in West Virginia.

A total of 638 surveys were completed by participants from home visiting programs this year, the bulk of which came from programs using the Parents as Teachers model. This reflects an insignificant decrease in the number of surveys submitted by home visiting from last year. Table 6 shows the total number of valid surveys by curriculum model.

Table 6: Surveys Submitted by Home Visiting Model

Curriculum Model	Number of Surveys
Healthy Families	170
MIHOW	75
Parents as Teachers	388
Other/Unknown	5
TOTAL	638

Overall, across all three models the follow-up responses had higher average scores than enrollment surveys. When we examine protective factors by the IHFE model type, the scores at enrollment across the models are similar. MIHOW participants, however, rated themselves lower in *Family Functioning and Resilience* (4.81) than parents completing surveys for the other two models, though this domain is where the largest gains were observed. *Nurturing and Attachment* is again the domain with the most optimal scores, even prior to involvement (the statewide average is 6.4, consistent with prior years). The average scores for each of the models at enrollment are displayed in Figure 8 on the following page, with the state average placed as comparison. Overall, home visiting participants have somewhat ideal scores and show statistically significant improvement in four out of five domains.

Figure 8: Average Scores for IHFE Programs at Enrollment, 2015

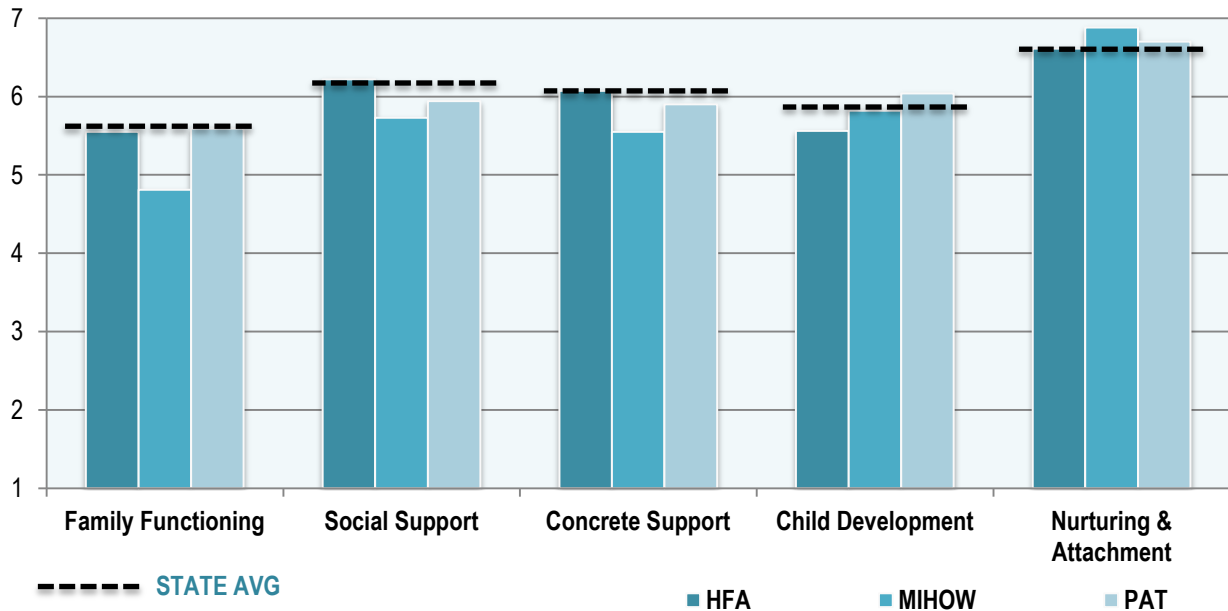
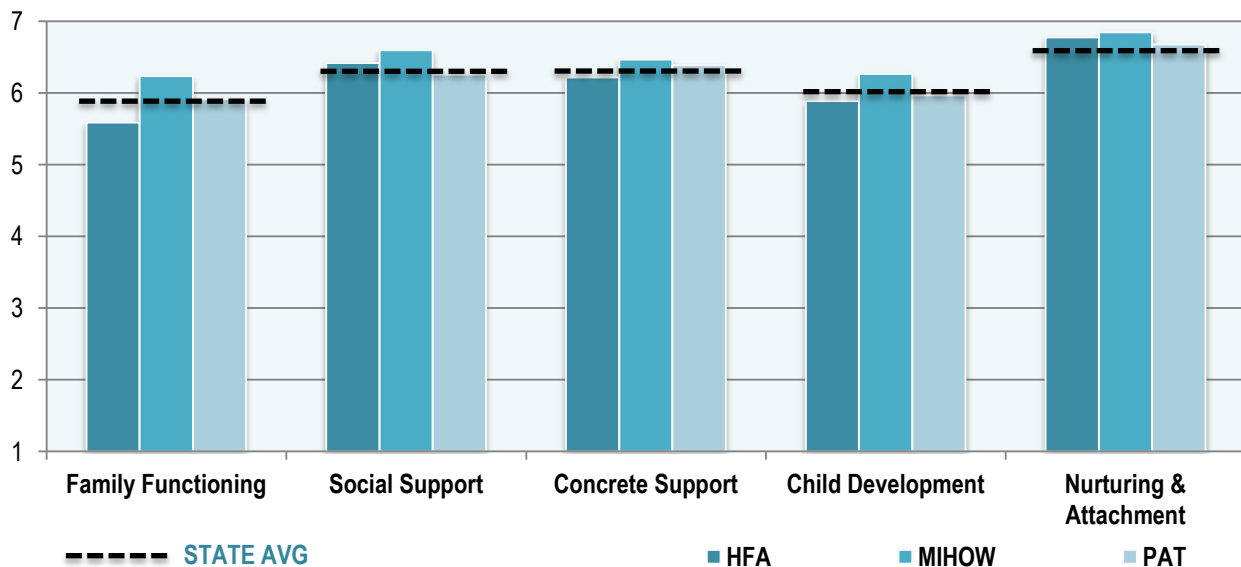


Figure 9 shows the average scores for each program type for those who had been involved with the program for an average of at least six months. Caregiver responses in two domains—*Social Support* and *Concrete Support*—are very similar, with MIHOW above the statewide average. This year MIHOW participants showed higher average scores for *Child Development* (6.27) compared to the other programs, a significant difference from last year. Notice here that the scores were higher in almost every domain when compared to those who took enrollment surveys during the year.

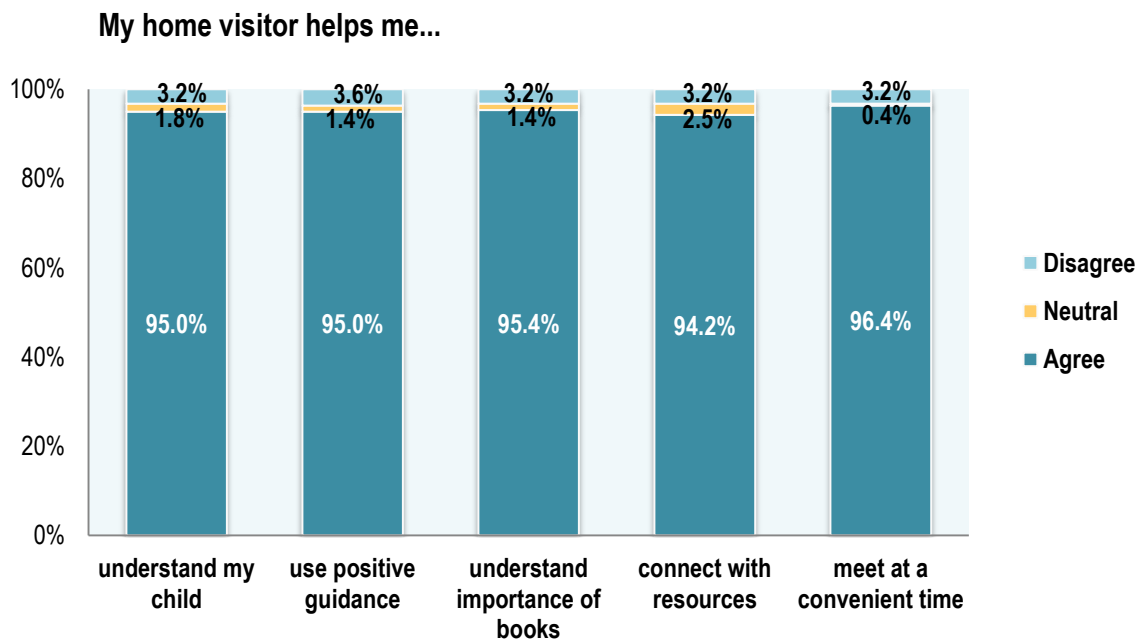
Figure 9: Average Scores for IHFE Programs After Program Involvement, 2015



Providing child development information and screening is a major aspect of the home visitor's work. In the general category of home visiting, 97 percent (264 out of 272) of the respondents reported that their home visitor used a screening tool to help them understand their child's strengths and abilities, indicating that more children were screened this year than in the last two years. Of those, nearly 86 percent said that the screening process helped them address areas of concern for their child's development, a significant increase compared to last year's responses to this question.¹

Figure 10 summarizes feedback from the families about the quality of their home visiting experiences. Overall, families were very satisfied with their services.

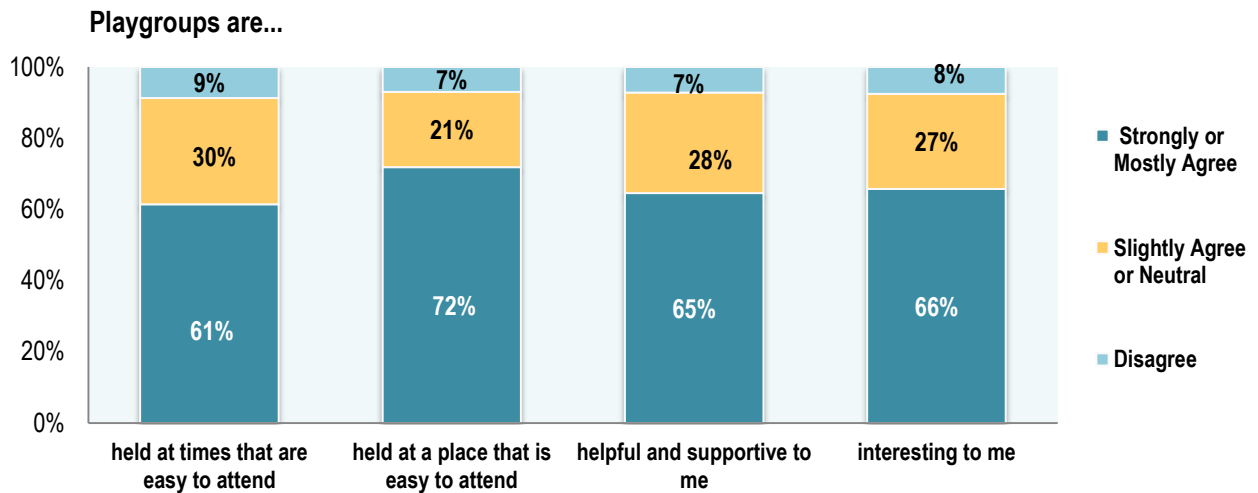
Figure 10: Participant Perceptions of Home Visiting



IHFE programs often facilitate playgroups, although it is possible for other CBCAP programs to offer playgroups as well. On this year's *West Virginia Family Survey*, 184 respondents (or about 37% of all participants who took the follow up survey) indicated that they attended a playgroup; 345 participants chose to answer a few additional questions about their perceptions and experiences with these groups. A summary of the results to four questions about playgroups are shown in Figure 11.

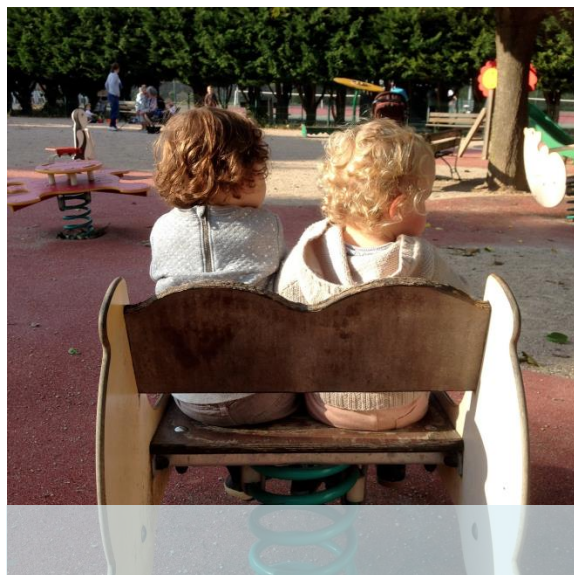
¹ The information collected by the supplemental sections of the survey complies with reporting requirements set forth by MIHOW, PAT and HFA; program-specific information will be provided to programs that submitted ten surveys or more in fiscal year 2015.

Figure 11: Participant Perceptions of Playgroups



Almost half of the participants shared specific comments about the benefits of playgroups to their children. The most common responses were related to children having the opportunity to play together while parents could talk to other parents of young children. This year, nearly 79 percent of those responding to the statement, “the best thing about going to playgroup...” indicated that the best part was the social interaction for their children.

Speaking to the importance of almost every protective factor, parents responded that they valued the time to get ideas about parenting from others, and they learned a great deal about what their children could learn in a structured setting with planned activities. The majority of attendees had positive things to say about their groups, and though last year over 20 percent indicated that the times and places were not convenient to attend, this year only about nine percent felt group locations and times were inconvenient. Around 66 percent said that topics were interesting and groups were supportive or helpful.



79% of participants say the best part of playgroup is **social interaction for their child**

33% say they **value the chance to see other parents or adults**

playgroups

PARTNERS IN PREVENTION PROGRAMS

Programs that received funding from Partners in Prevention organize community-building and local prevention activities in a variety of ways. Some offer multi-day workshops or parenting groups, while others host community baby showers or special events focused on literacy or early learning experiences. Since it would be impractical to ask families attending these shorter events to complete pre- and post-surveys, the evaluation team created a modified survey of protective factors to gather participants' assessments of the degree to which the event helped them better understand a particular area. See Appendix C for an example of the modified protective factors questions.

Compiling the results across the state is useful in determining what specific factors, if any, were addressed by these community events. Looking at the results also helps programs to 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.

- 80 percent said the program addressed *Parenting and Child Development* as indicated by responses of "extremely helpful" or "helpful" to the question about making decisions that were good for their children; 17 percent had no feeling either way or indicated that it was "not addressed," and fewer than two percent (11 people statewide) said the program helped very little in making good decisions for their children.
- 80 percent responded that the program was "extremely helpful" or "helpful" to the question about knowing how to help children learn.
- 74 percent said the program was "helpful" or "extremely helpful" in the area of *Concrete Support* (knowing where to go for basic needs).
- 62 percent said the program helped them in the area of *Family Functioning* (understanding how to solve problems with family members); 64 percent said the program helped them know how to listen to family members. Because it is one of the lowest scoring domains, activities and initiatives targeting *Family Functioning and Resilience* may be a focus area for future PIP grants.

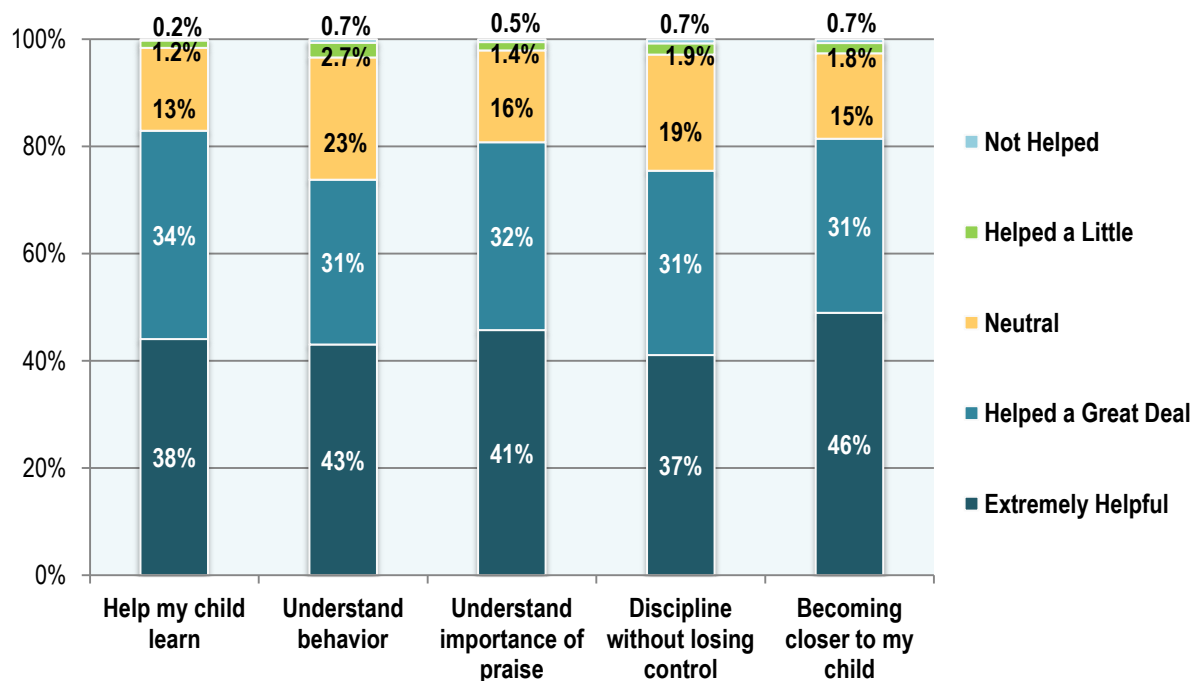
While we can presume that child abuse prevention programs direct their efforts to strengthen families' protective capacities, program participants may not make the connection that these are the intentions, especially in situations where caregivers can "drop in" or where there is no obligation to enroll or commit to services. The extent to which respondents reported an area was *not addressed* helps us know if the programs' messages were received as intended and also shows what participants presume the programs' intentions to be. This year's survey responses showed a significant positive change in the trend to say that an area was "not addressed" when asked how helpful the PIP activity was, as shown in Table 7 below. Programs may be working to ensure PIP activities are focusing on specific protective factors such as *Knowledge of Parenting and Child Development* and *Family Functioning*, based on comparison to the past two year's data. These results are highly encouraging for prevention providers.

Table 7: Participant Responses Indicating Protective Factors Not Addressed

Percent of Responses That Indicated “NOT ADDRESSED”			
	2015	2014	2013
Knowing where to go for basic needs (food, housing)	9%	13%	11%
Knowing who to talk to when having serious trouble	8%	12%	11%
Understanding how to solve problems	12%	20%	16%
Knowing how to listen to family members	10%	18%	16%
Knowing how to discipline without losing control	11%	16%	15%
Understanding why child behaves the way s/he does	8%	15%	12%
Understanding the importance of praise	9%	17%	14%

Many questions on this shorter version of the survey address *Child Development* and *Nurturing and Attachment* concepts. Figure 12 shows participants’ perceptions to select protective factors-type statements for all PIP-funded single events that offered a survey between July 2014 and June 2015. More than two-thirds of respondents indicated that the event helped them with some parenting strategies (understanding the importance of praise and how to provide discipline with control). The most positive responses were in *Child Development*, where 80 percent said the event helped them understand how to help children learn. Both *Knowledge of Parenting and Child Development* are areas of focus for prevention activities funded by PIP.

Figure 12: Overall Perceptions of PIP Events



What Families Said About PIP Events

What I liked most...

"There were activities for the kids while the parents were meeting together."

"I loved seeing what we were learning put into action."

"We really liked that you showed interest in children and the families, and help us with all that we need..."

Parenting help...

"I learned tips on all sorts of parenting issues I didn't know about!"

"They taught about what kind of programs can help your child if they're struggling to learn."

"They gave a lot of helpful safety information that I can use."

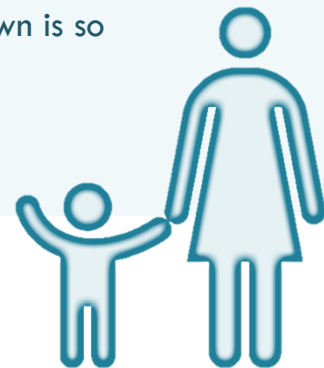
"Helped me know what to do when my child needs a nap or starts crying a lot..."

Community support...

"I appreciated the open dialog and honesty. I felt very welcome."

"I love how nice the people were and also love all the different information I've received."

"It is great to be part of such a fun community! Our town is so small... they do a great job planning these events."



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.

If the goals of West Virginia's CBCAP programs include using the results of this survey to better understand the populations served, and to consider participants' self-perception in the protective factor domains, then this data will prove to be informative in either refining services that will continue or in planning new programs.

Some interesting findings and suggested questions to explore are summarized here.

For Family Resource Centers:

This year the overall average initial scores were relatively high for participants, showing an increase from last year's, but similar to the IHFE initial scores. In one way, this shows program providers how families rate themselves at the beginning, and at the very least helps them understand how parents present in an ideal situation. FRCs are in an optimal position to help normalize the discussion about risk and protective factors, given the voluntary nature of programs as well as the openness of staff members interested in serving all community members. The hope of all prevention programs is that participants become more trusting and honest as they continue involvement, and eventually view the FRCs as a resource.

What is not known from examining the data out of context, however, is that certain components of programming are more effective and are influencing outcomes for particular protective factors; which is an element that can be explored further through agency level discussions, observations, and larger community-level workgroups or CQI processes. The highest scores for FRCs continue to be in *Nurturing and Attachment*, which speaks to parents' tendencies to report their idealized connections with their children; in most cases, the tendency is to answer the questions as "best case scenario" rather than give neutral or negative responses to these sorts of questions. This year's post-involvement survey responses showed significant increases in *Concrete Support* and *Social Support* domains.

While these results are quite positive and promising for FRC's demonstration of effective CBCAP activities, programs are encouraged to review the following questions in preparation for program services and activities that are suitable for the families. These questions, as well as those listed for IHFE programs can be used to guide conversations and efforts toward reflective practice, assuring that program intentions are a match to family outcomes.



The hope of all prevention programs is that participants become more trusting and honest as they continue involvement, and eventually view the FRCs as a resource.

Questions to consider:

- ? Is the mission and intention of the program clear to new families or potential clients?
- ? What is the ideal window of time to offer FRC participants the survey? Can programs take into consideration the frequency and intensity of interactions to assure most accurate responses?
- ? Is it possible to build a relationship and deliver a consistent message if attendance is sporadic or unpredictable?
- ? What specific protective factors are being targeted and through which activities?
- ? How do programs know when they are successful in addressing each particular protective factor? What would success look like?

For In-Home Family Education:

While IHFE had very similar scores to the FRCs, scores for the IHFE program were slightly higher at enrollment and increased in all five domains at follow-up. *Family Functioning* continues to be the lowest-scoring area, followed this year by *Child Development*, two potential areas of continued focus for the next year. With IHFE continuing its focus on serving high-risk communities, lower scores at the start of service can be expected, and despite this focus, scores were relatively positive. IHFE saw great success in the *Nurturing and Attachment* domain, which makes sense given the priority of home visiting to help parents recognize the importance of connecting with their new babies and young children as a foundation to all future outcomes. Using the individual program-level data summaries along with the protective factors data separated by curriculum model here (described on pages 19-21), programs can look closely at the results and determine what areas of programming can be enhanced in order to maintain high levels of protective factors, and if possible, help families see positive change in those factors after involvement. West Virginia's Home Visitation Program may strive to increase prenatal and early postpartum enrollment, as this is the optimal time to work with families on reducing risk factors while increasing protective factors.

Questions to consider:

- ? What are the protective factors that IHFE would like to focus on, knowing more high-risk families are being served?
- ? Are there enhancements to be made to the curriculum that would be considered effective in promoting family functioning and resilience in the context of the frequent contact home visitors have with families?
- ? What is the process for matching families to the IHFE program that fits their needs? For instance, if a family would like to focus on their social support system, is there one model that is more suitable?
- ? Can we identify the curricular elements that address the two factors: *Nurturing and Attachment* and *Child Development* in a way that can be promoted and replicated across other programs?

Overall:

Results from the *West Virginia Family Survey* clearly demonstrate that most families who responded after involvement feel more knowledgeable about their children's development, know where to go for help in times of need, feel emotionally and socially connected to their children, and are working through how to handle family relationships and stress in the home, when compared to those who responded to the survey at the beginning of the year.

Programs that offer playgroups, whether as a supplemental service to one-on-one home visits, as an optional community group for new parents, or as an on-going activity to support all families may wish to review the results to the playgroup questions on the follow up surveys. These types of groups are ideal for encouraging social connections and are low-barrier venues for sharing child development and parenting information. If programs can increase the participation in playgroups and parent support groups, families may begin to recognize the CBCAP programs as beneficial resources in raising their children in a caring community, free from judgment.

At the time of this report, West Virginia's CBCAP and Statewide Home Visitation programs are working together on building local-level collaborative partnerships to improve services and reduce duplication. These programs are also connecting with important ancillary services such as infant and toddler mental health, domestic violence services and coalitions, and Birth To Three to name just a few.

I n S u m m a r y

All prevention programs targeting any of these five protective factors are essentially attempting to offset known risk factors. The data from the survey may be used by West Virginia's prevention models to combine resources and examine their abilities to advocate for families by increasing community awareness of what promoting protective factors truly means in reducing maltreatment. To ensure that West Virginia continues to see positive results in measurable outcomes, providers must consistently look at current research in best practices for working with families and consider what specific elements are addressed by their programs, and where there is still room for growth or improvement.



LOOKING AHEAD



Next steps may include working toward administering a retrospective pre-post survey of protective factors.

Despite the effort to ensure consistency 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 experienced 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 caregivers' responses.

To collect the most accurate data, programs are encouraged to review the updated administration manual (*West Virginia Family Survey User's Guide, 2014*), webinar recordings and training materials available to ensure consistency, and consult with the project manager or the FRIENDS technical assistance staff if questions remain.

Though the analysts were able to match enough pre- to post-test surveys to assess the change for each of the protective factors areas, this is not always a possible method of measuring family outcomes. Some programs may interact with families very briefly, while others may operate more as providers of public service announcements and catalysts for recruitment into partnering programs, and therefore by design are not poised to measure change from pre to post.

Caution should be taken whenever pre to post comparisons are made since these surveys are administered to participants who may enroll at any time and are not required to commit to ongoing involvement. The evaluation team is working with the FRIENDS technical assistance staff to simplify the survey process. Next steps might include convening a workgroup to develop a survey instrument that can be administered retrospectively, which would be piloted and tested before official use. The goal is always to collect data that accurately represents the families served which can inform programs on effective services.

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:

- Reviewing the revised *West Virginia Family Survey User's Guide* along with FRIENDS and HZA recommendations;
- Administering surveys consistently and in a timely manner to eligible participants;
- Ensuring all programs are set up to administer the web-based survey to reduce data entry time and save on production costs;
- Using the data and information collected from surveys in local CQI efforts and also staff meetings to connect the intentions of the program with what was measured;

- Discussing how to most accurately collect frequency and intensity of engagement to enable analysis of the optimal timeframes for serving families through various program types;
- 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.

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?”

APPENDICES

APPENDIX A: 2015 Participating Programs & Counties Served

Program Name	Counties Served
Children's Home Society of WV	Berkeley
Cornerstone Family Interventions, Inc.	Boone
Brooke Hancock FRN & PAT	Brooke, Hancock
Mountain State Healthy Families	Cabell, Mason, Wayne
Clay County PAT	Clay
Doddridge County Starting Points Center, Inc.	Doddridge
Fayette County Starting Points	Fayette
New River MIHOW	Fayette
Gilmer County Family Resource Network	Gilmer
Rainelle Medical Center PAT	Greenbrier, Pocahontas
East End Family Resource Center	Kanawha
UKV Starting Points/PAT	Kanawha
Marshall County FRC	Marshall
Marshall County Starting Points and PAT	Marshall
Big Creek People in Action	McDowell
Community Crossings PAT	McDowell
REACHH-FRC	Mercer, Summers
ABLE Families	Mingo, Lincoln
Monongalia Starting Points	Monongalia
Monroe County Board of Education PAT	Monroe
Monroe County FRN & PIP	Monroe
Nicholas County Starting Points	Nicholas, Clay
Northern Panhandle Head Start MIHOW	Ohio
Preston County Starting Points & FRN	Preston
Taylor County Starting Points & PAT & PIP	Preston, Taylor
Putnam County Regional FRN	Putnam
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

APPENDIX B: West Virginia Family Survey Protective Factors Questions

Please check the box that best describes how much you agree with the statements, or how often the statements are true for your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.							
2. When we argue, my family listens to "both sides of the story."							
3. In my family, we take time to listen to each other.							
4. My family pulls together when things are stressful.							
5. My family is able to solve our problems.							
	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have people who will listen when I need to talk about my problems.							
7. When I am lonely, there are several people I can talk to.							
8. I would know where to go for help if my family needed food or housing.							
9. I would know where to go for help if I had trouble making ends meet.							
10. If there is a crisis, I have others I can talk to.							
11. If I needed help finding a job, I would know where to go for help.							

Please check the box that best describes how much you agree with the statements, or how often the statements are true for your family.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent							
13. I know how to help my children learn.							
14. My child misbehaves just to upset me.							
	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when s/he behaves well.							
16. I can discipline my child without losing control.							
17. I am happy being with my child.							
18. My child and I are very close to each other.							
19. I am able to soothe my child when s/he is upset.							
20. I spend time with my child doing what s/he likes to do.							
21. I make decisions that are good for my child and family. ²							

Note that these questions are an excerpt from the full survey and are included here for report reference only. To access the full *West Virginia Family Survey*, go to www.wvfamilysurvey.org. When prompted, enter **hza** (all lower case) for both the user name and password.

² Question 21 is specifically for WV CBCAP; it is in addition to the original Protective Factors Survey questions.

APPENDIX C: West Virginia Family Survey One-Time Event “Modified” Protective Factors Questions

To what degree did this activity help you in the following areas?

If the topic was not addressed, select “Not Addressed.”

	Not Addressed	Not Helped at All	Helped Very Little	Neutral	Helped a Great Deal	Extremely Helpful
Understanding how to solve problems with other members of my family.						
Knowing how to listen to family members.						
Making decisions that are good for my child.						
Knowing where to go if my family needs food, clothing, or housing.						
Knowing where to go or who to talk to when I am having serious trouble.						
Knowing how to help my child(ren) learn.						
Understanding why my child(ren) behaves the way s/he does.						
Knowing how to discipline my child without losing control.						
Understanding the importance of praising my child(ren) for behaving well.						
Becoming closer to my child(ren).						