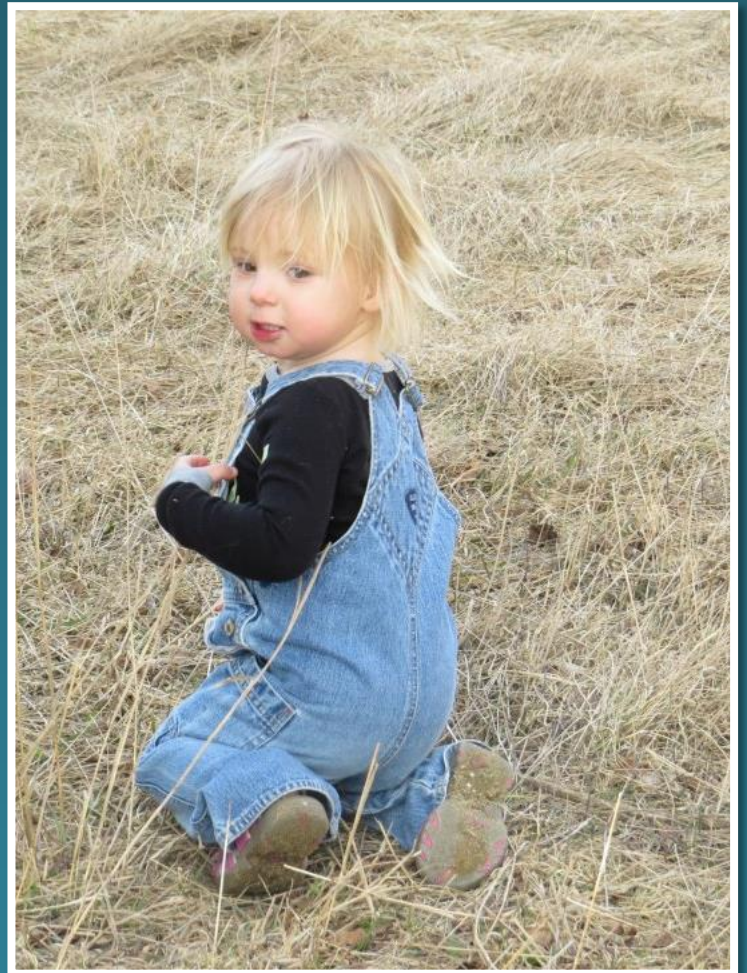


West Virginia Family Survey

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.

January 2014

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

**Rebecca Blevins
Tina Faber
Genny Ferri
Jim McKay
Laurie McKeown
Jackie Newson
Kathryn Oscanyan**

**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**

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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 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. Five types of prevention programs actively serve the families of West Virginia:

- In-Home Family Education
- Partners in Prevention
- Family Resource Centers
- Family Leadership First
- 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 evaluation and providing helpful feedback about the successes and challenges of the programs' efforts. In 2010, DHHR 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.



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. This report provides results from the same survey administered again from July 2012 through June 1, 2013.

MEASURING PROTECTIVE FACTORS

Using a Likert-style agreement scale, participants rated a series of statements about their family, connection to the community, their parenting practices and perceived relationship with their child(ren). The scores for each domain are calculated based on a range from one 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 1, created by FRIENDS National Resource Center, provides a brief summary of the protective factors covered in the survey.

Table 1: 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.

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 therefore benefit from these skills and knowledge, and ultimately display resilience to child abuse and neglect.

The Protective Factors component of the survey is designed to look at these attributes from the caregiver's perspective, the results of which help providers plan appropriate programs that match the community needs. 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. 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.



*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* has been incorporated into the



existing enrollment and ongoing assessment procedures of most programs. The design of the survey ensures that participants are asked to answer only those questions that are relevant to the type of program accessed. Sections of the survey include:

- **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 follow up survey and at program completion 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 follow up survey only, these additional eight questions are asked once per year of adult caregivers who either have a home visitor or attend any type of program that offers regular playgroups.
- **Program Satisfaction Questions:** On the follow up survey and program completion 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.

Staff members complete one additional form for each person offered a survey. This supplemental form was 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. 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 most staff reported this information as “unknown,” therefore it was difficult to make any comparison of protective factors for those involved with CPS versus those not involved.

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 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) 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 and are included in a separate section of this report.

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

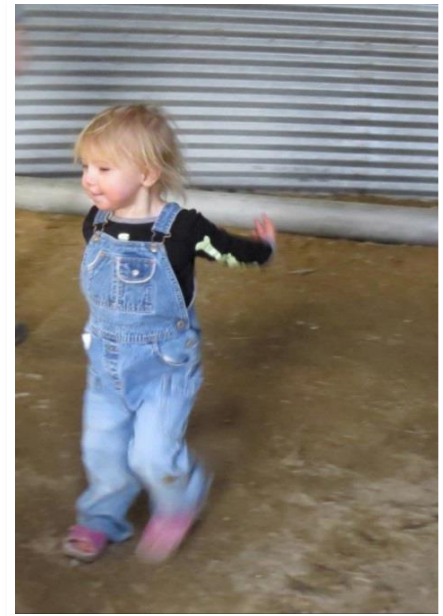
To accommodate different enrollment and service timeframes, a web-based survey site was maintained and kept open for the entire project period. When participants opted to complete surveys on paper, they were collected by the program administrator and mailed to the evaluation team for data entry. In some cases participants were provided pre-addressed and stamped envelopes and were guided to submit surveys individually by mail. The surveys analyzed this year were received from events held between July 2012 and May 2013. Surveys submitted after June 30, 2013 were excluded, even if events occurred during that year. The 71 programs that participated this year are included in Appendix A.

Over the past two 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 those pitfalls 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

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 those completed electronically. Program staff informed parents that completing the survey was voluntary, information that they chose to share was confidential, and that they could leave blank any questions that were not pertinent or 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 analyzed 2,029 surveys from participating programs. In addition, over 640 Staff Forms were submitted; where possible, these forms were matched to the correct survey. As in 2011, HZA was unable to match many Staff Forms from FY2013 due to missing or illegible information (e.g., missing dates of birth and illegible participant initials), or due to families exiting the program without completing a survey. The analysis excluded surveys that were missing responses to *all* questions, and excluded those submitted after June 30, 2013.



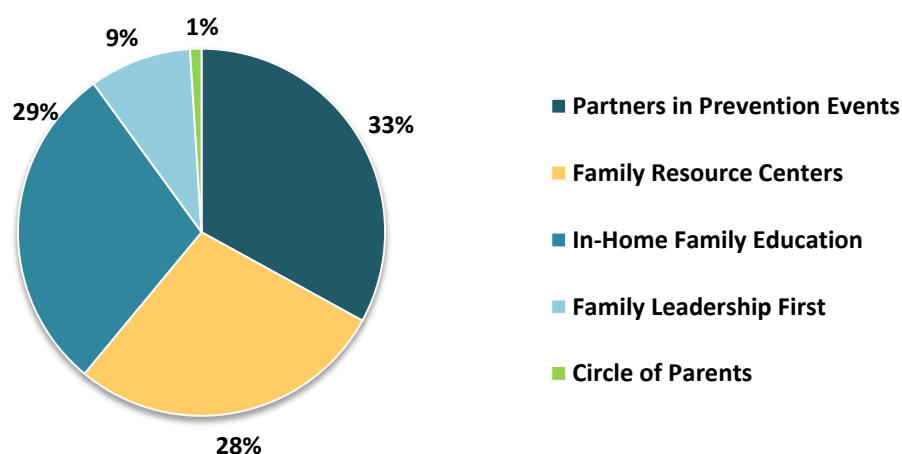
Without exception, the CBCAP-funded programs in West Virginia work diligently to maximize available funds through creative collaboration and community networks.

WHO IS INCLUDED IN THIS STUDY?

In 2012-2013, the *West Virginia Family Survey* was administered in 43 out of 55 counties in all four regions of the state. About two thirds of the programs that responded operate through Family Resource Centers, many of which receive additional grants through Partners in Prevention. More than 20 programs from In-Home Family Education, 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; program administrators are advised to work together to assure those families involved with multiple programs/funding sources are not given more than one survey.

As shown in Figure 1, most of the “regular” surveys were from parents accessing Family Resource Centers or participating in In-Home Family Education. Approximately one-third were submitted by Partners in Prevention Events, and are actually the “modified” survey designed for one-time use rather than the regular survey used before and after services. Late in the year, CBCAP added another program called *Circle of Parents*. In some cases *Circle* was added to be part of an existing program; when that happened, surveys were not completed for both, rather the agency administrator determined the best time to offer the survey so as not to overwhelm participants. That said, just 21 surveys were submitted for Circle of Parents only. Each of the programs is described in more detail on the following page.

Figure 1: Surveys Received by Program Type, 2013



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. In this last year, 43 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 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, 27 FRCs submitted valid surveys. Put another way, 66 percent (27 out of 41) of the CBCAP-funded programs participated in the study of protective factors.

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 child's development and behaviors. Home visitors also work to connect families to social supports and services in their communities. This year approximately 63 percent of the IHFE network (26 out of 41 CBCAP-funded programs) took part in the protective factors study.

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 151 people, including young adults and grandparents, completed a Family Survey after participating in a FLF event.

Circle of Parents is a national network of parent-led self-help 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 two of the 14 programs (14%) participated in the survey process, submitting a total of 21 surveys.

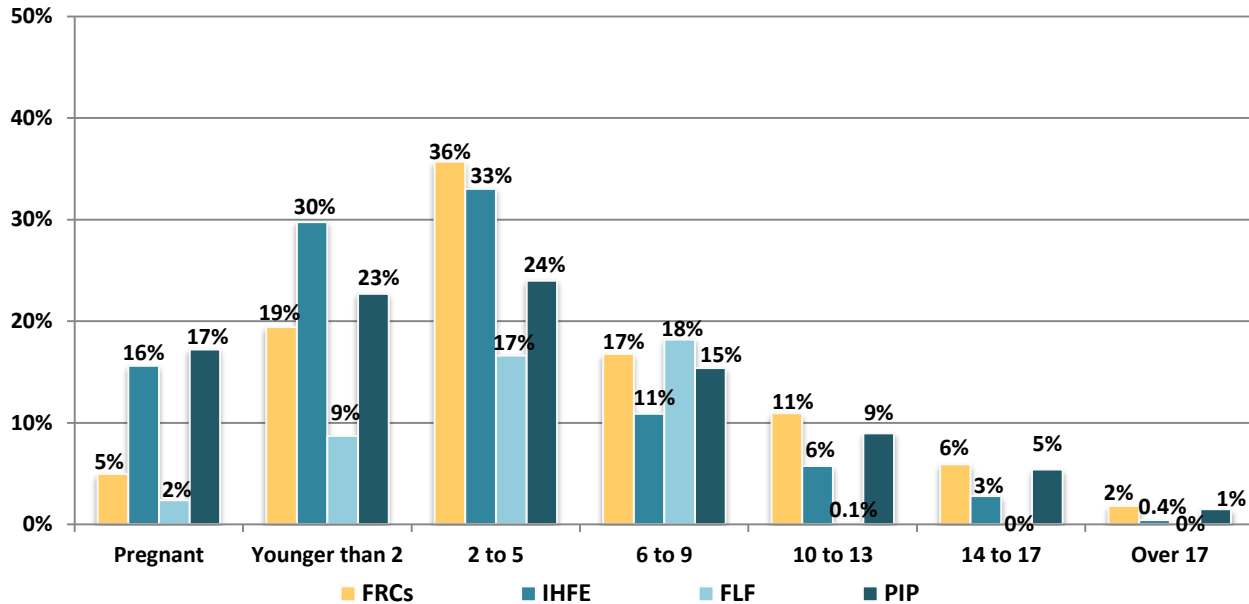
PICTURING THE FAMILIES SERVED

This section provides an overview of the characteristics of the 2,029 families who submitted a survey. (Note that due to rounding, and some questions that ask to “check all that apply,” percentages may not add to 100 percent.)

- 92 percent of the surveys were completed by women; eight percent were completed by men.
- About 90 percent noted their race to be White, four percent African American, the few remaining noted Asian, Native American or “other.”
- 52 percent said they were married, 12 percent partnering, 27 percent single, and about nine percent separated, divorced or widowed.
- 55 percent indicated they earn \$20,000 or less, 20 percent earn between \$20,000 and \$40,000, and 25 percent indicated they earn over \$40,000 per year as a household.
- 46 percent own their homes, 36 percent pay rent. Another four percent indicated they were homeless or in a temporary shelter or home.
- 34 percent have a high school diploma or GED, 26 percent had some college experience, nine percent have an Associate’s degree, ten percent have a Bachelor’s, and 4.5 percent hold Master’s degrees or higher.
- 60 percent are currently unemployed, 16 had part time or seasonal employment, and 24 percent were employed full time.
- 17 percent indicated that they were currently students (of any kind, at any level).

With the exception of the unemployment rate, which is higher this year than last, the demographic data is comparable to last year. Most families involved in West Virginia’s CBCAP programs had children between the ages of two and five, with the majority of pregnant caregivers being served by home visiting and programs that offered the new Circle of Parents program. (The 26 children served by Circle of Parents were mostly between the ages of 0 and 5 years.) Figure 2 displays a breakdown of children served by the four major program types this past year.

Figure 2: Ages of Children Served by All Programs, 2013



Statewide, support services received by the families range from those associated with meeting basic needs to those used in 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 2,029 surveys, 529 (or 26%) stated that they received no support or assistance; this compares to a slightly lower percent the year before, at 23 percent. As seen last year as well, the two most frequently accessed services relate to food and nutrition services, followed by federally-funded health insurance for children, though this number declined considerably, from 40 percent last year to less than 15% in 2013.

Table 2: Support Received by Respondents

Type of Support Received Statewide	2013 Responses	2012 Responses
WIC Nutrition Program	50%	42%
Food Stamps/EBT	43%	45%
Child Health Insurance (CHIP)	14%	40%
Fuel Assistance (LIEAP)	12%	15%
Earned Income Tax Credit (EITC)	8%	12%
SSI/Disability Benefit	7%	10%
Early Head Start/Head Start	7%	8%
Temporary Assistance for Needy Families	5%	7%
No services indicated	26%	23%
TOTAL POSSIBLE	100%	100%

CBCAP STATEWIDE RESULTS

HZA analyzed the average scores in each protective factor domain for all participants at the beginning of program enrollment and at six months after program involvement, taking into account that enrollment could have occurred in the previous year. The analysis also included responses grouped into categories of positive, neutral and negative to determine state-level trends. This section describes results of all enrollment surveys and all follow up surveys compiled first into average scores by program type, and then together as an aggregate by percent of those with positive, neutral and negative responses.

Ideally one would compare the pre- and post-tests for the same individuals, but, even including enrollment surveys from the prior year, very few could be successfully matched. Instead, based on the administration protocol of follow up surveys after six to twelve months, the enrollment surveys from January – December 2012 were compared to the follow up surveys for the period of July 2012 through June 2013. Effectively, this is a sample of the pre-tests and of the post-tests from the same population.

HZA then examined whether protective factors vary among certain demographic groups. For instance, do families with access to many supports and services score better in the areas of *Concrete Support*? Do more highly-educated individuals score better on *Knowledge of Child Development*? Lastly, we analyzed the results by program type to see the characteristics of participants, their perceptions of their own family functioning, available support, parenting knowledge and connection with their children, and their levels of satisfaction with services or activities.

PROTECTIVE FACTORS ACROSS PROGRAM YEARS

This year the *enrollment* surveys showed *lower scores* than those from last year for all five protective factors, though they still remain relatively high for both In-Home Family Education and Family Resource Centers. The most significant difference was noted in the *Child Development* domain for participants of the home visiting programs (an average score this year of 5.6 compared to 6.3 in 2011). The lowest average scores continue to be in the *Family Functioning and Resilience* domain. This is consistent with all phases of implementation and holds true for every program type.

In summary, when comparing all of the results to last year's responses, there was a greater difference in enrollment responses than the follow-up surveys; last year the average scores in three out of five domains were the same for both groups. This year, *Nurturing and Attachment* is the only area with the same score (6.5). *Family Functioning and Resiliency* is the one domain out of all five that had the lowest average score overall. A factor that may possibly explain the lower *Family Functioning* scores may be the expansion of home visiting programs in high-risk, high-need communities over the past year.

PROTECTIVE FACTORS AND LENGTH OF INVOLVEMENT

There are some differences in protective factors scores depending on the length of time a family is involved with a program. Figure 3 displays the average scores for each protective factor domain from program participants across the state at two points in time; as such, the figure excludes surveys completed at one-time events hosted by Partners in Prevention and Family Leadership First. While the analysis does not match families from one period to the next, as discussed above, we do see small differences among families involved for at least six months in the areas of *Family Functioning*, *Concrete Support* and *Child Development*.

Figure 3: Average Scores by Protective Factor Domain Across the State, N = 1,146

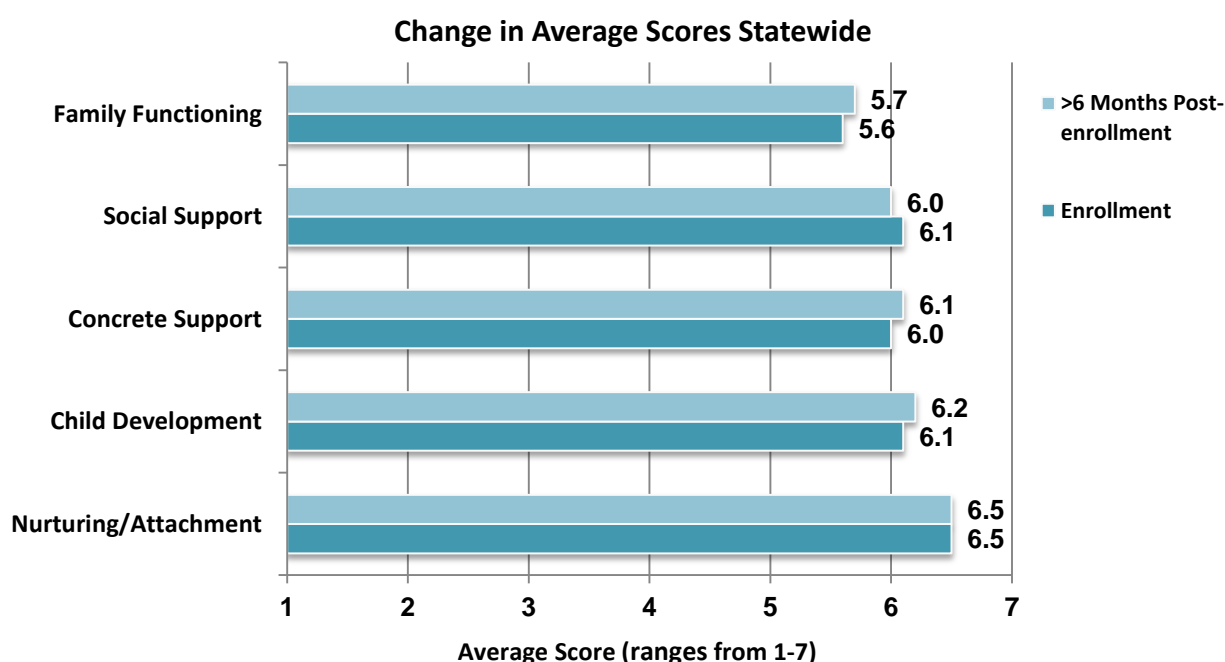


Table 3 looks at the average scores from the enrollment surveys compared with the follow up surveys for the two major programs that submitted surveys: In-Home Family Education and Family Resource Centers. Although both of these program types had fairly high average scores at enrollment, the scores were consistently higher for those in Family Resource Centers. Scores on the follow up surveys were much more similar between the two, but while the averages for In-Home Family Education generally went up, the Family Resource Centers scores are lower for follow up than at enrollment. For the Family Resource Centers, however, scores were lower for those respondents who had been in the program longer.

Two theories might explain the lower average scores; one is that when families begin a relationship with a program they may not yet trust the staff enough to give honest responses when asked (or in this case, surveyed) about parenting or family-related topics. The second is

that after working with a program for a certain amount of time, parents become more knowledgeable about their strengths, the protective factors and of the complexities of child development and guiding behaviors, thereby rating themselves lower.

Table 3: Average Scores in Each Domain by Program Involvement and Type, 2013

Protective Factors	Average Scores in Each Domain			
	In-Home Family Education		Family Resource Centers	
	Enrollment	≥6 Months Post-Enrollment	Enrollment	≥6 Months Post-Enrollment
Family Functioning & Resilience	5.4	5.6 ↑	5.9	5.7 ↓
Social Emotional Support	5.8	6.1 ↑	6.2	6.1 ↓
Concrete Support	5.8	6.2 ↑	6.1	6.1
Child Development & Knowledge of Parenting	5.6	6.3 ↑	6.4	6.1 ↓
Nurturing & Attachment	6.3	6.5 ↑	6.7	6.5 ↓

PROTECTIVE FACTORS AMONG DIFFERENT GROUPS

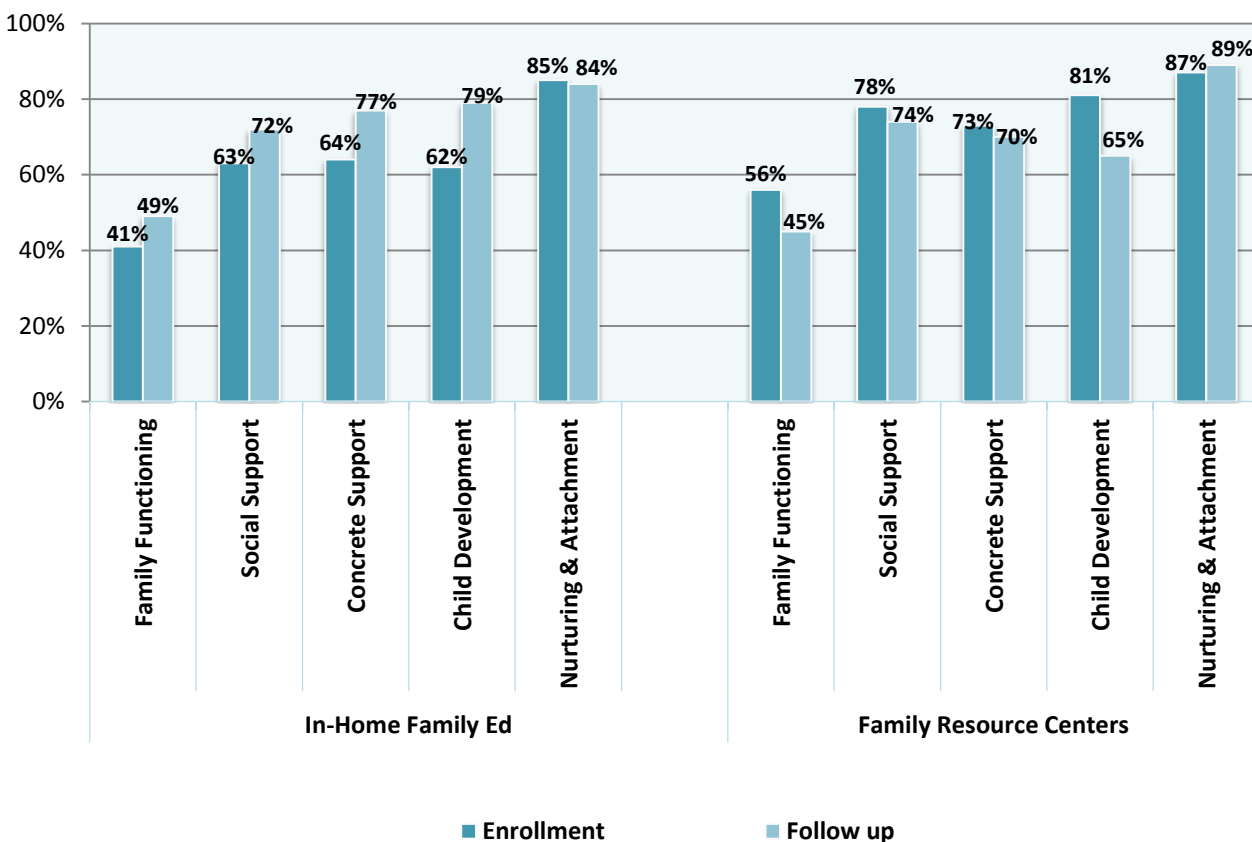
Besides averaging scores for each domain, another way to analyze the results is by grouping them according to whether they are positive (5, 6 or 7), neutral (4), or negative (1, 2 and 3) and looking at the trends at service initiation and after involvement. Not surprisingly, most fall into the positive category at both timeframes. This is especially true for: women, who had higher average scores than men in all domains; highly educated caregivers (at least a two-year degree); and those with higher incomes.

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 three domains: *Family Functioning*, *Concrete Support* and *Social Support*. Employment status appeared to have no significant effect on responses, however those working full time did have the most positive responses in *Concrete Support*.

In general there was very little observable difference in *Child Development* and *Nurturing and Attachment*. Both of these domains continue to have the highest scores across all program types and in all socio-economic conditions.

Figure 4 shows a comparison of only the positive scores, (in this case, the percent of participants who answered with a six or seven on the Likert-style scale) grouped by participants in FRCs and IHFE.

Figure 4: Percent of FRC and IHFE Participants with Positive Scores, 2013



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. Taken in aggregate, there was very little difference observed in this domain between participants at enrollment and those who had been involved for more than six months. However, Figure 5 on the following page shows some interesting differences when the individual questions are examined. Specifically, it shows considerable increases in response to the statements, "I know how to help my child learn," and, "I understand why my child behaves the way s/he does." After participating in the program, participants *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.

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

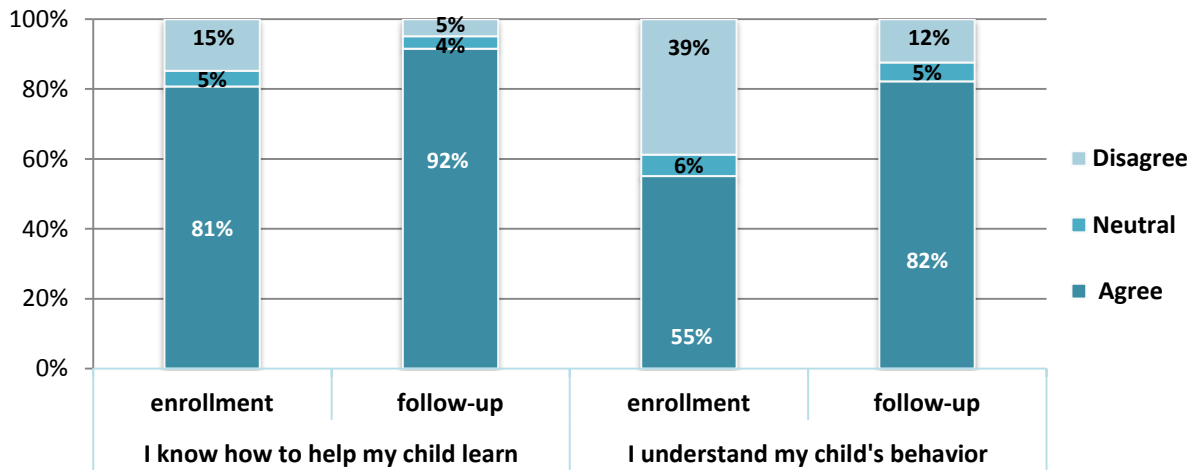
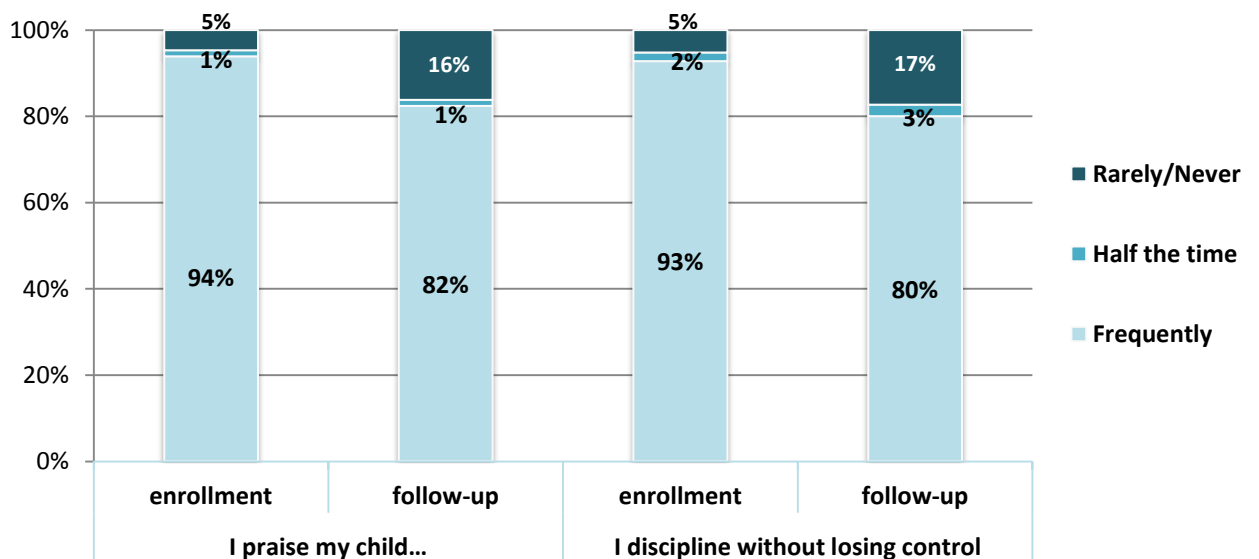


Figure 6 shows another interesting trend in caregivers' rating of their own parenting strategies. The statement, "I praise my child when s/he behaves well," showed a notable decrease of 12 percent from enrollment to post-involvement who said they frequently praised their child. When asked about the ability to discipline without losing control, both groups rated themselves very highly in this area with a negative change in the continuum of responses. Assuming both of 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 can also be a result of caregivers developing a greater understanding of these concepts in child-rearing. Alternatively, it is possible that programs are not spending enough time discussing the use of positive reinforcement and teaching strategies for disciplining children without losing control.

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

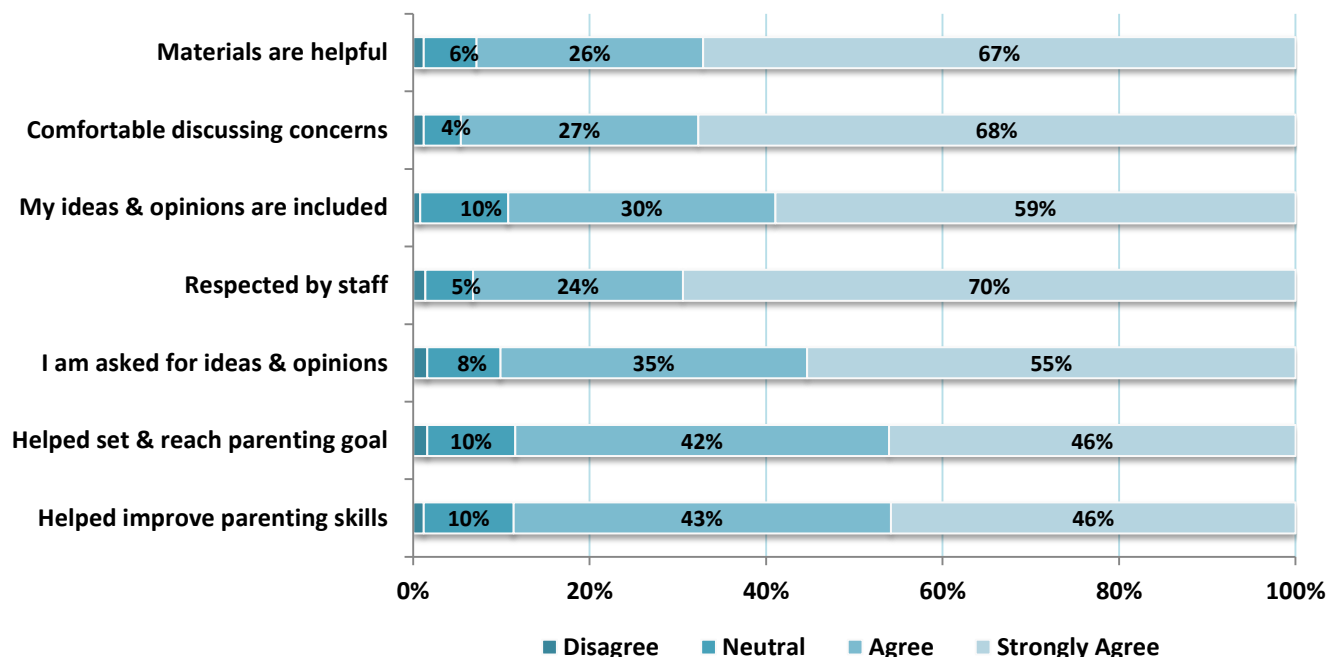


ARE PARTICIPANTS HAPPY WITH SERVICES?

General program satisfaction questions were asked of respondents who had been involved with a program for at least six months regardless of type(s) of programs accessed. These questions were developed with the input not only of the program leadership, but also 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 7, families expressed great satisfaction with the programs across the state. While there were very few written comments, the ratings were positive throughout. Participants reported the highest levels of satisfaction when asked if they felt respected by staff and if they were comfortable discussing their concerns. The vast majority also said that the materials they received were helpful and easy to understand.

Figure 7: Respondent Satisfaction with Programs, N = 555



One participant shared, “This is great... They helped and answered a lot of the questions that I had without having to ask them.”

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 to surveys submitted after Partners in Prevention events and then results from the Family Leadership First events.

IN-HOME FAMILY EDUCATION PROGRAMS

Each IHFE model requires programs to solicit feedback from families to inform program changes and 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 (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 separate randomized control trial to further test its effectiveness in West Virginia.

As described earlier, participants from home visiting programs completed 574 surveys this year, the bulk of which came from programs using the Parents as Teachers model. Table 4 shows the total number of valid surveys for IHFE programs by model type.

Table 4: Surveys Submitted by Home Visiting Model

Curriculum Model	Number of Surveys
Healthy Families	153
MIHOW	69
Parents as Teachers	352
TOTAL	574

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, some interesting patterns emerge. For most of the domains, families rate themselves highly at enrollment regardless of which home visiting program they are a part. However, the MIHOW participants rated themselves on the low end of the spectrum in *Knowledge of Parenting and Child Development* (2.04) and *Nurturing and Attachment* (3.35). The average scores for each of the models at enrollment are displayed in Figure 8, with the state average overall placed as comparison. (IHFE is included with the statewide average.)

Figure 8: Average Scores for IHFE Programs at Enrollment, 2013

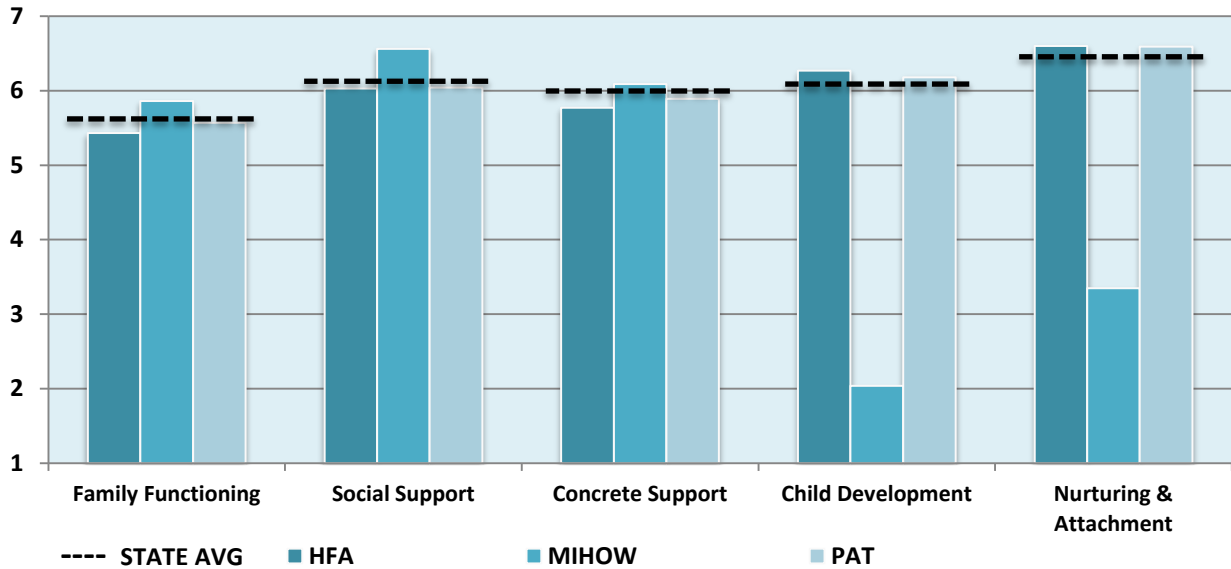
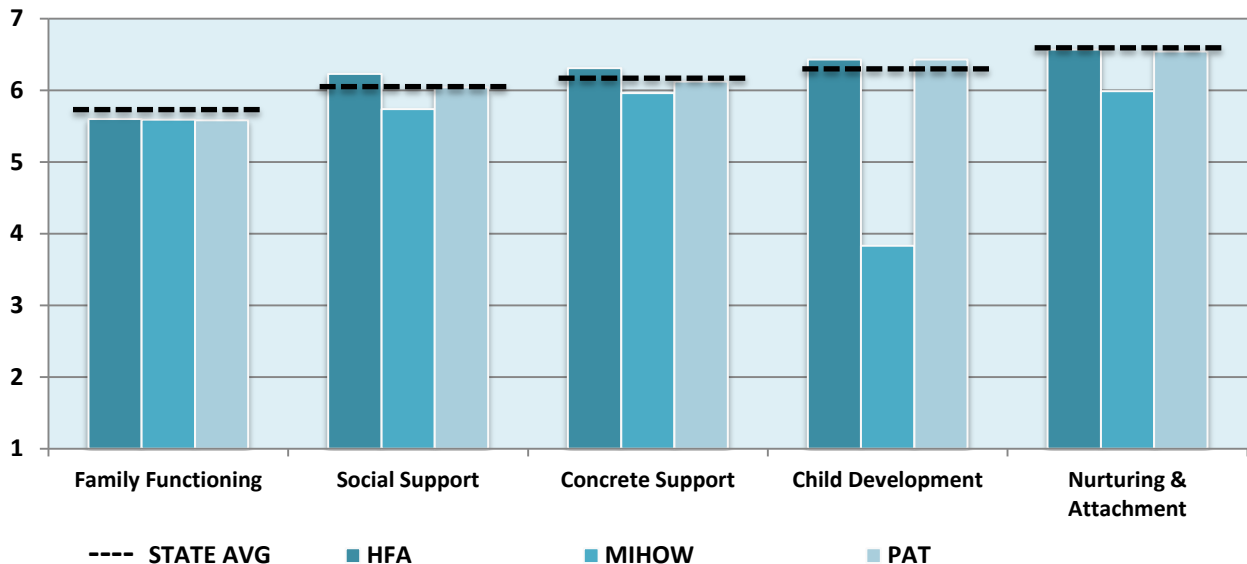


Figure 9 shows the average scores for each program type for those who had been involved with the program for at least six months. Caregiver responses in three domains are very similar, and are close to the statewide average, with a noticeable difference in MIHOW participants. Although the MIHOW participants still showed lower average scores for *Child Development* (3.83) and *Nurturing and Attachment* (5.99) compared to the other programs, the scores were much higher than those who took enrollment surveys. Note that there were relatively few MIHOW surveys, thus no strong conclusions should be drawn concerning curriculum-specific results.

Figure 9: Average Scores for IHFE Programs After Program Involvement, 2013

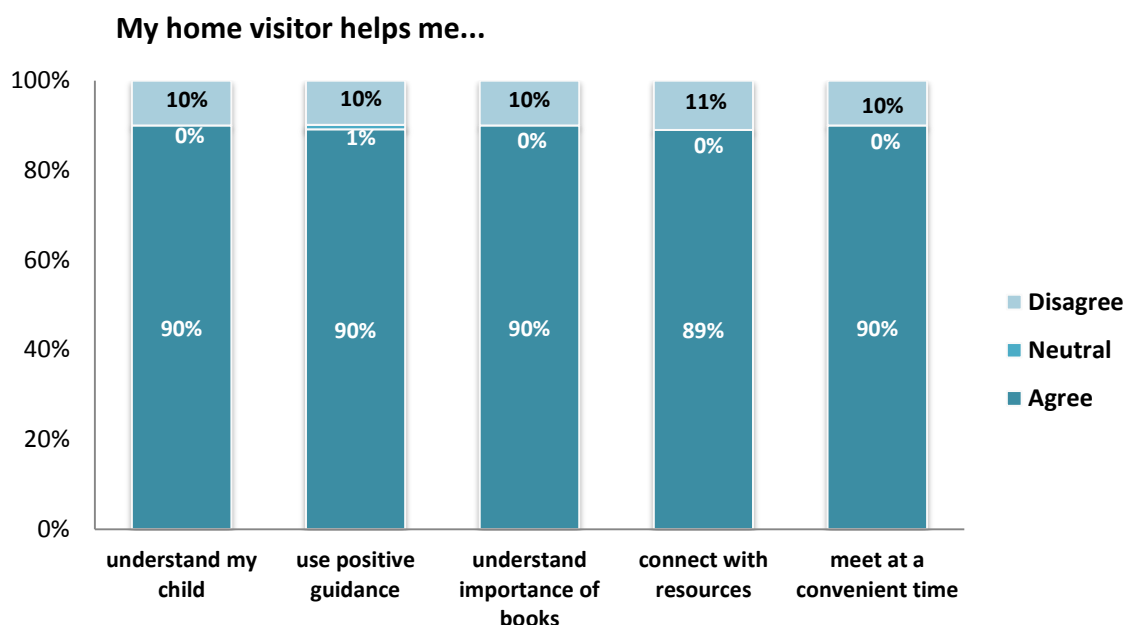


The information collected by the supplemental sections complies with the reporting requirements set forth by MIHOW, PAT and HFA; program-specific information can be made available through individual requests to the evaluation team.

Providing child development information and screening is a major aspect of the home visitor's work. In the general category of home visiting, 91 percent (292 out of 322) respondents reported that their home visitor used a screening tool to help them understand their child's strengths and abilities. Of those, 70 percent said that this helped them address areas of concern for their child's development.

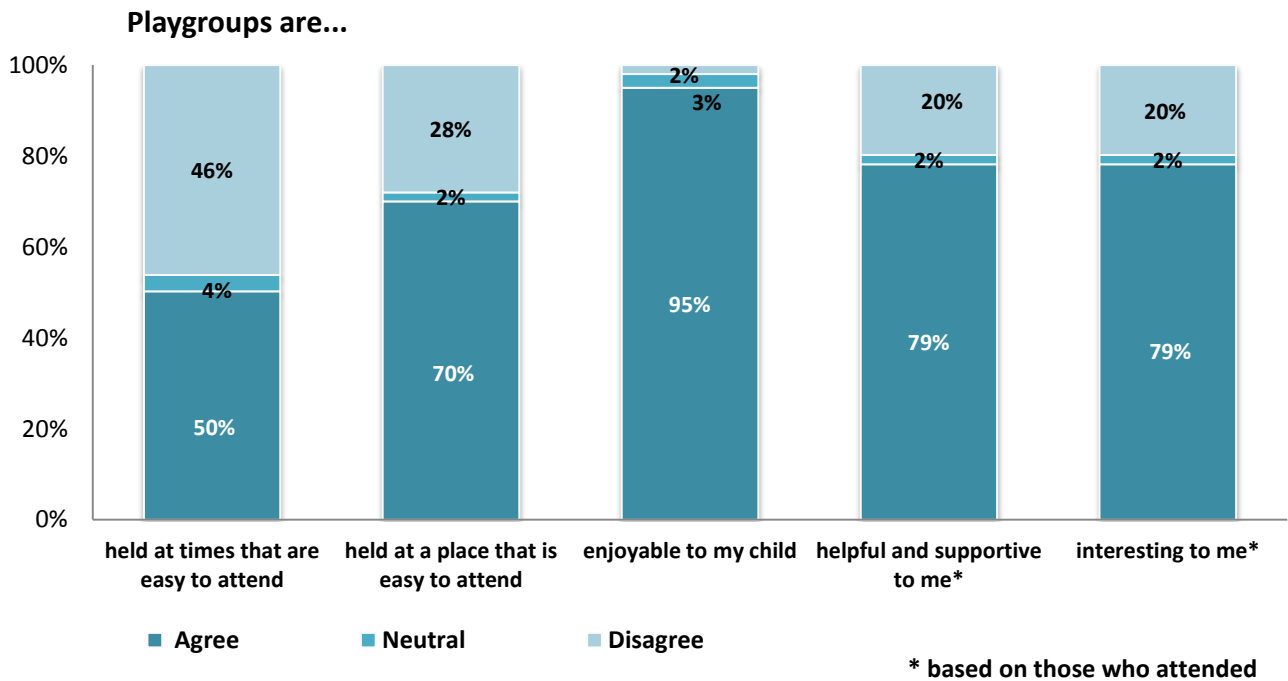
Figure 10 summarizes feedback from the families about the quality of their home visiting experiences. Overall, families were highly satisfied with their services.

Figure 10: Respondent Perceptions of Home Visiting



In addition, IHFE programs often facilitate playgroups although it is possible for other CBCAP programs to offer playgroups without home visiting. On this year's *Family Survey*, 61 people indicated that they attended a playgroup and chose to answer a few additional questions about their experience. A summary of results to the five questions about playgroups are shown in Figure 11 on the following page.

Figure 11: Participant Perceptions of Playgroups



Most participants shared that playgroup was beneficial to their child (95% said they were enjoyable) providing a place where they could play with other children while parents could talk to others. Comments such as, “My child is able to play with other children her age and make new friends” were found again on this year’s survey, speaking to the importance of almost every protective factor domain. While the great majority of attendees had positive things to say about their groups, 20 percent said topics were uninteresting and groups were not supportive or helpful. The area posing the greatest challenge to caregivers seemed to be about logistics: only 50 percent agreed that the groups were held at convenient times.

PARTNERS IN PREVENTION PROGRAMS

Programs that received funding from Partners in Prevention (PIP) organized community-building and local prevention activities 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 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.

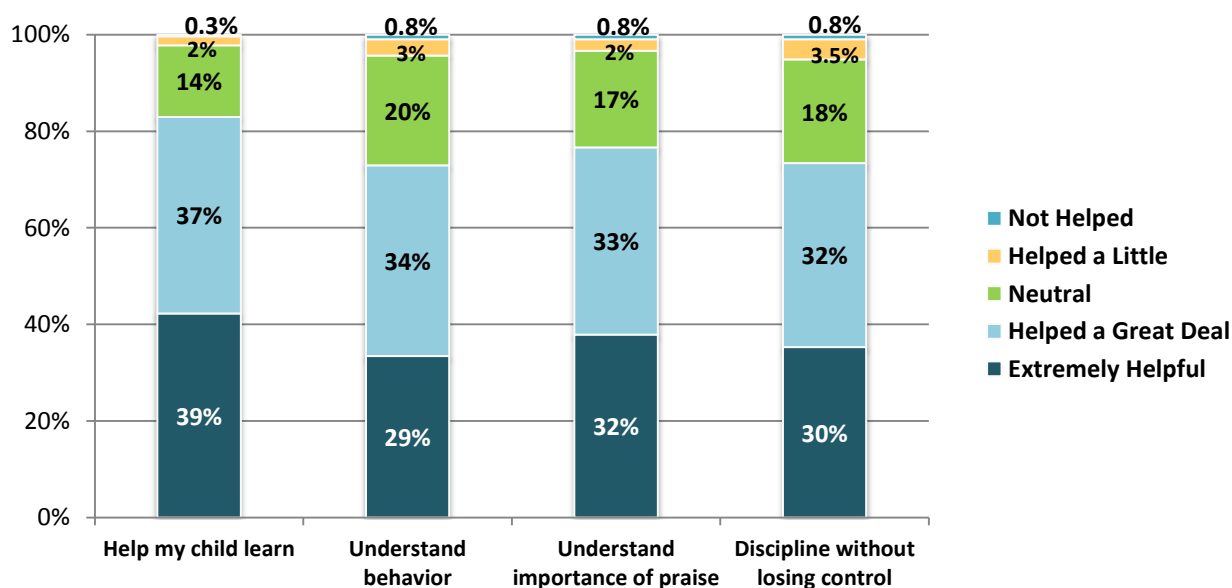
Compiling all results across the state is useful in determining what specific factors, if any, were addressed by these community events. Looking at the results also helps programs see how participants perceived their efforts. For example, if a program’s goal is to help parents learn

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.

- 68 percent said the program was helpful or extremely helpful in the area of *Concrete Support* (knowing where to go for family basic needs).
- 53 percent said the program helped them in the area of *Family Functioning* (understanding how to solve problems with family members); 55% said the program helped them know how to listen to family members.
- 79 percent said the program addressed *Parenting and Child Development* as indicated by responses of “extremely helpful” or “helpful” in making decisions that were good for their child, 18 percent had no feeling either way or indicated that it was “not addressed,” and fewer than 2 percent (8 people statewide) said the program did not help them make good decisions for their child.

Many questions on this shorter version of the survey address child development and attachment concepts. Figure 12 shows participants’ perceptions to selected protective factors-type statements for all PIP-funded single events that offered a survey between July 2012 and June 2013. 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 76 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: 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. The extent to which respondents reported an area was *not addressed* helps us know if the program’s message was received as intended and also shows what participants presume the programs’ intentions to be.

This year fewer respondents indicated an area was “not addressed” when asked how helpful the PIP activity was, as shown in Table 5. This change could mean that PIP activities are focusing on specific protective factors such as *Knowledge of Parenting and Child Development* and *Family Functioning* more this year.

Table 5: Percent of Responses that Indicated Not Addressed

Percent of Responses that Indicated “NOT ADDRESSED”		
	2013	2012
Knowing where to go for basic needs (food, housing)	11%	26%
Knowing who to talk to when having serious trouble	11%	22%
Understanding how to solve problems	16%	21%
Knowing how to listen to family members	16%	20%
Knowing how to discipline without losing control	15%	19%
Understanding why child behaves the way s/he does	12%	15%
Understanding the importance of praise	14%	13%

FAMILY LEADERSHIP FIRST

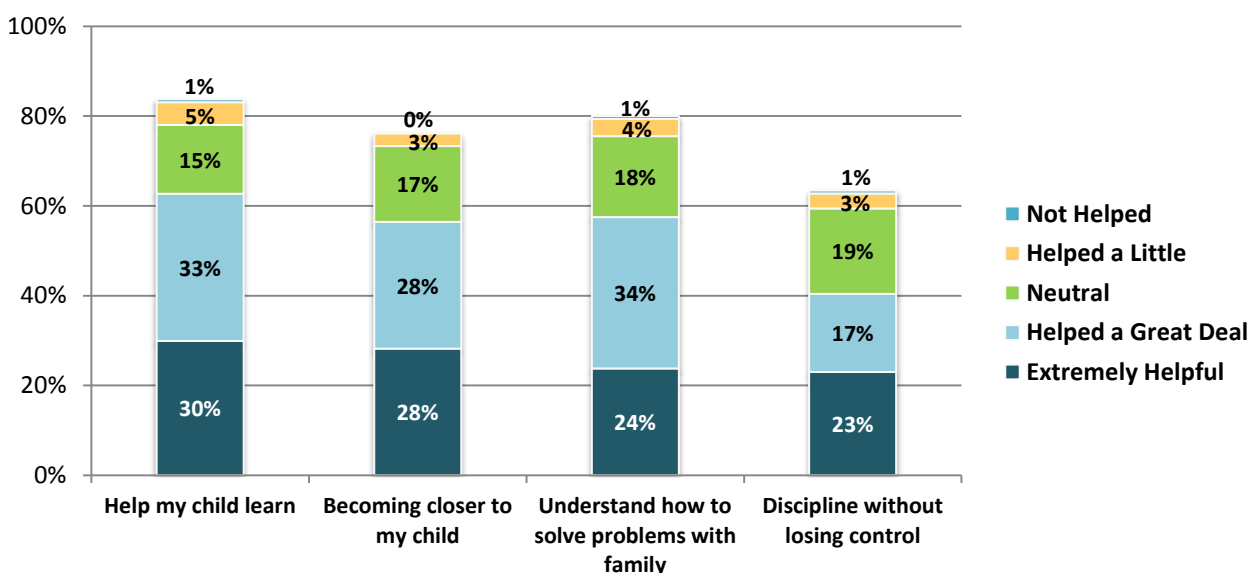
Family Leadership First (FLF) organizes numerous activities across the state where they solicit participant feedback and assess changes in learning objectives, though results included in the statewide report are from the largest event of the year where the *West Virginia Family Survey* was administered. 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 satisfaction with the event.

The additional sections provide a great amount of qualitative information for the FLF Board of Directors and conference organizers, though only the demographics and protective factors-related results are included in this report. Program-level data can be provided to FLF separately, upon request.

In 2011, there were 89 surveys submitted from the annual conference as part of the Pilot Study, and then in 2012, 51 surveys were completed. This year, 185 submitted a survey at the end of the conference. Keep in mind that all family members regardless of their roles and relationships are invited to attend the FLF conference. 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 and grandparents.

Figure 13 shows selected protective factors-type statements and what the conference attendees had to say about the effect of attending this special event on each.

Figure 13: Perceptions of Topics Addressed During FLF Conference, April 2013



Based on these responses, the topics covered at the FLF conference were effective in positively impacting families in their understanding of child development (63%), understanding how to solve family problems (58%), and becoming closer to their children (56%). They did not address—or were not as effective in—disciplining without losing control; just 40 percent agreed that this was helpful.

WHAT FAMILIES SAID ABOUT THE ANNUAL FLF CONFERENCE

The materials...

"The information was very useful. Especially the community resources."

"The class could have been longer. I know he had more to share that I want to know!"

"I enjoyed the videos they helped keep my focus for the training."

Parenting help...

"Very educational and informative workshops."

"It was a nice way to learn new things as far as caring for my children."

"I enjoyed learning about the *period of purple crying*."

"A great way for others to feel good about themselves as parents."

Community support...

"The best part was learning from others...meeting new people from WV..."

"I loved how they encouraged participation and conversations between people."

"Everyone was so helpful and courteous."

*"It was a nice way to learn new things
as far as caring for my children."*



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:

At enrollment, scores were consistently higher for those in Family Resource Centers, yet they tended to be lower after program involvement, which is not uncommon, but warrants discussion. Also, participants who stayed in the FRC longer tended to score lower. The good news is that perhaps clients become more trustworthy and honest as they continue involvement. What is not known from this data, however, is what components of programming are most effective, and which are influencing outcomes for particular protective factors. The highest scores for FRCs continue to be in *Nurturing and Attachment* and *Child Development* while the lowest are in *Family Functioning and Resilience*.

Questions to consider:

- ? 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 the mission and intention of the program clear to new families or potential clients?
- ? Is it possible to build a relationship and deliver a consistent message if attendance is sporadic?
- ? What specific protective factors are being targeted and through which activities?

For In-Home Family Education:

While IHFE had very similar scores to the FRCs, their scores were generally lower at enrollment and increased in all five domains at follow up. *Family Functioning* continues to be the lowest

area, though even with IHFE increasing its focus on serving high-risk communities, scores were relatively positive. IHFE saw great success in *Nurturing and Attachment* overall, and with this year's data separated by curriculum model (described on pages 19-20), programs can look closely at results by domain and determine what areas of programming can be enhanced if they would like to see higher scores after involvement.

Questions to consider:

- ? What are the Protective Factors that IHFE would like to focus on, knowing more and more high-risk families are being served?
- ? Are their 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 a bit 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 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. 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 three domains: *Family Functioning*, *Concrete Support* and *Social Support*. This may indicate a need for programs to focus on these issues, perhaps by developing a network of resources available to families who have indicated that they struggle in in these areas.

All prevention programs targeting any of these five Protective Factors are essentially calling attention to them in part to attempt to offset known risk factors. The prevention models used in West Virginia combine resources and examine their data to advocate for families, while 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 elements are addressed by their programs, and where there is still room for growth or improvement.

LOOKING AHEAD

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 caregivers' responses.



To collect the most accurate data, programs are encouraged to review the administration manual, webinar recordings and training materials available to ensure consistency, and consult with the project manager if questions remain.

The state of West Virginia has completed the second full year of the *Family Survey* and now has a solid understanding of the families that participated in CBCAP-funded programs and activities. We can also see the differences in protective factors from those that begin with the programs compared to those that have been involved for a set time. Likewise, their opinions about services that were provided including home visiting and playgroups were reviewed and programs can take this feedback into consideration when planning.

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 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 eligible participants;
- Assuring 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;
- 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: 2013 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
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
HAPI Project (Harrison & Marion County PIP)	Harrison, Marion
East End Family Resource Center	Kanawha
UKV Starting Points/PAT	Kanawha
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
Community Crossings	McDowell
Mercer County Starting Points Center	Mercer
REACHH-FRC	Mercer, Summers
ABLE Families	Mingo, Lincoln
Monongalia Early Head Start	Monongalia
Monongalia Starting Points	Monongalia
The Shack Neighborhood House	Monongalia

2013 Participating Programs & Counties Served, Continued

Program Name	Counties Served
Monroe County Board of Education PAT	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

WEST VIRGINIA FAMILY SURVEY

ENROLLMENT



Enrollment Date: / /

Program Name: _____

County: _____

First/Last Initials: /

Date Survey Completed: / /

The survey contains questions that tell us a little bit about you, your experiences as a parent, and your outlook on life in general.

All of the information that you share will be kept in strict confidence.

Please check the box that best describes how often the statements are true for you.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
In my family, we talk about our problems.							
When we argue, family members listen to "both sides of the story."							
In my family, we take time to listen to each other.							
My family pulls together when things are stressful.							
My family is able to solve our problems.							

Please check the box that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
I have people who will listen when I need to talk about my problems.							
When I am lonely, there are several people I can talk to.							
I would know where to go for help if my family needed food or housing.							
I would know where to go for help if I had trouble making ends meet.							
If there is a crisis, I have others I can talk to.							
If I needed help finding a job, I would know where to go for help.							

WEST VIRGINIA FAMILY SURVEY
ENROLLMENT



For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

Child's Age: _____ **or** **Child's Date of Birth:** ____ / ____ / ____

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
I know how to help my child learn.							
I understand why my child behaves the way s/he does.							

Please check the box that best describes how often the statements are true for you.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
I praise my child when s/he behaves well.							
I can discipline my child without losing control.							
I am happy being with my child.							
My child and I are very close to each other.							
I am able to soothe my child when s/he is upset.							
I spend time with my child doing what s/he likes to do.							
I make decisions that are good for my child and my family.							

WEST VIRGINIA FAMILY SURVEY
ENROLLMENT



Please check the boxes which best describe you.

Your Gender (not your child's) ☐ Male ☐ Female

Your Date of Birth:

____/____/____
(mm/dd/yy)

Race/Ethnicity: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American or Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White |

Marital Status

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Partnered | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |

Family Housing

- | | |
|---|--|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Temporary (shelter, with relatives/friends) |
| <input type="checkbox"/> Share with relatives/friends | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Own | |

Family Income

- | | |
|--|---|
| <input type="checkbox"/> \$0-\$10,000 | <input type="checkbox"/> \$30,001-\$40,000 |
| <input type="checkbox"/> \$10,001-\$20,000 | <input type="checkbox"/> \$40,001-\$50,000 |
| <input type="checkbox"/> \$20,001-\$30,000 | <input type="checkbox"/> More than \$50,001 |

Your Highest Level of Education

- | | |
|---|---|
| <input type="checkbox"/> Elementary or junior high school/middle school | <input type="checkbox"/> 2-year college degree (Associates/Certificate) |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> 4-year college degree (Bachelor's) |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Master's Degree or higher |
| <input type="checkbox"/> Some college or vocational training | |

Are you in school right now?

- | | |
|--|--|
| <input type="checkbox"/> I <i>AM</i> currently a student | <input type="checkbox"/> I am <i>NOT</i> currently a student |
|--|--|

Your Employment Status

- | | |
|---|---|
| <input type="checkbox"/> Not employed | <input type="checkbox"/> Employed full-time |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Employed with seasonal or temporary work |

Which, if any, do you currently receive? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Food Stamps/EBT | <input type="checkbox"/> Head Start/Early Head Start |
| <input type="checkbox"/> Medicaid (State Health Insurance – Adult) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> CHIP (Child Health Insurance Program) | <input type="checkbox"/> SSI (Supplemental Security Income) |
| <input type="checkbox"/> Earned Income Tax Credit | <input type="checkbox"/> LIEAP (Assistance with utilities) |
| <input type="checkbox"/> TANF | <input type="checkbox"/> None of the above |

THERE'S MORE

WEST VIRGINIA FAMILY SURVEY

ENROLLMENT



Are you currently pregnant?

☐ YES

If YES, expected due date: _____

☐ NO

(mm/dd/yy)

Please tell us about all of the children living in your household. (Check the appropriate boxes.)

☐ Check here if there are NO children living in your household

	GENDER		Birth Date (mm/dd/yy)	YOUR RELATIONSHIP TO CHILD							
	Girl	Boy		Birth Parent	Adoptive Parent	Step-parent	Grand-parent	Sibling	Other Relative	Foster Parent	Other
Child 1											
Child 2											
Child 3											
Child 4											
Child 5											
Child 6											
Child 7											

This survey was adapted for the State of West Virginia by Hornby Zeller Associates, Inc, as part of the state evaluation of CBCAP-funded programs. Some questions are from the Protective Factors Survey developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research and Public Service, through funding provided by the US Department of Health and Human Services.

Thank you for taking the time to complete this survey.

WEST VIRGINIA FAMILY SURVEY
FOLLOW-UP



Enrollment Date: / /

Program Name: _____

County: _____

First/Last Initials: /

Date Survey Completed: / /

The survey contains questions that tell us a little bit about you, your experiences as a parent, and your outlook on life in general.

All of the information that you share will be kept in strict confidence.

Identify all the services that you actually received through this program (Check all that apply.)

- ☐ Prenatal Education or Workshop
- ☐ Teen Parent Group
- ☐ Parent Support Group (not for teens)
- ☐ Community Baby Shower
- ☐ Play Group
- ☐ Fatherhood Program
- ☐ Family Literacy Program
- ☐ Prekindergarten Program
- ☐ Marriage-Strengthening Program
- ☐ Program Assisting with Basic Needs
(food, clothes, heat, housing)
- ☐ Adult Education (e.g., GED)
- ☐ Job Skills/Employment Preparation
- ☐ Other (specify) _____

How often did you actually receive services or meet with program staff?

- | | |
|--|---|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Every 2 months |
| <input type="checkbox"/> Every 2 weeks | <input type="checkbox"/> Quarterly (every 4 months) |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Other (specify) _____ |

What was the average length of each contact?

- | | |
|---|--|
| <input type="checkbox"/> ½ to 1 hour | <input type="checkbox"/> 1 ½ to 2 hours |
| <input type="checkbox"/> 1 to 1 ½ hours | <input type="checkbox"/> More than 2 hours |

WEST VIRGINIA FAMILY SURVEY
FOLLOW-UP



Please check the box that best describes how often the statements are true for you.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
In my family, we talk about our problems.							
When we argue, family members listen to "both sides of the story."							
In my family, we take time to listen to each other.							
My family pulls together when things are stressful.							
My family is able to solve our problems.							

Please check the box that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
I have people who will listen when I need to talk about my problems.							
When I am lonely, there are several people I can talk to.							
I would know where to go for help if my family needed food or housing.							
I would know where to go for help if I had trouble making ends meet.							
If there is a crisis, I have others I can talk to.							
If I needed help finding a job, I would know where to go for help.							

WEST VIRGINIA FAMILY SURVEY
FOLLOW-UP



For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

Child's Age: _____ or Child's Date of Birth: ____ / ____ / ____

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
I know how to help my child learn.							
I understand why my child behaves the way s/he does.							

Please tell us how often this happens in your family.							
	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
I praise my child when s/he behaves well.							
I can discipline my child without losing control.							
I am happy being with my child.							
My child and I are very close to each other.							
I am able to soothe my child when s/he is upset.							
I spend time with my child doing what s/he likes to do.							
I make decisions that are good for my child and my family.							

WEST VIRGINIA FAMILY SURVEY
FOLLOW-UP



Please check the box that best describes how much you agree with the following statements							
	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
This program has helped me improve my parenting skills.							
The program helped me set and reach a child development and/or parenting goal.							
I am asked for my ideas and opinions.							
My ideas and opinions are included in the program.							
I feel that program staff respect me.							
I feel comfortable discussing my concerns with program staff.							
The materials I receive are easy to understand.							
The materials I receive are helpful.							

What do you like most about this program?

What suggestions do you have for this program?



Please check the box that best describes how much you agree with the following statements

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
Playgroups are held at a time that makes it easy for me to attend.							
Playgroups are held at a place that makes it easy for me to attend.							
My child enjoys attending playgroups with other children.							
I get helpful information or support from playgroups.							
The topics and activities offered during playgroup are interesting to me.							

Do you attend a playgroup? ☐ YES ☐ NO

The best thing about going to playgroups is . . .

Something I would like to see changed is . . .

WEST VIRGINIA FAMILY SURVEY
FOLLOW-UP



Please check the boxes which best describe you.

Your Gender (not your child's) ☐ Male ☐ Female

Your Date of Birth:

____/____/____
(mm/dd/yy)

Race/Ethnicity: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American or Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White |

Marital Status

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Partnered | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |

Family Housing

- | | |
|---|--|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Temporary (shelter, with relatives/friends) |
| <input type="checkbox"/> Share with relatives/friends | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Own | |

Family Income

- | | |
|--|---|
| <input type="checkbox"/> \$0-\$10,000 | <input type="checkbox"/> \$30,001-\$40,000 |
| <input type="checkbox"/> \$10,001-\$20,000 | <input type="checkbox"/> \$40,001-\$50,000 |
| <input type="checkbox"/> \$20,001-\$30,000 | <input type="checkbox"/> More than \$50,001 |

Your Highest Level of Education

- | | |
|---|---|
| <input type="checkbox"/> Elementary or junior high school/middle school | <input type="checkbox"/> 2-year college degree (Associates/Certificate) |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> 4-year college degree (Bachelor's) |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Master's Degree or higher |
| <input type="checkbox"/> Some college or vocational training | |

Are you in school right now?

- | | |
|--|--|
| <input type="checkbox"/> I <i>AM</i> currently a student | <input type="checkbox"/> I am <i>NOT</i> currently a student |
|--|--|

Your Employment Status

- | | |
|---|---|
| <input type="checkbox"/> Not employed | <input type="checkbox"/> Employed full-time |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Employed with seasonal or temporary work |

Which, if any, do you currently receive? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Food Stamps/EBT | <input type="checkbox"/> Head Start/Early Head Start |
| <input type="checkbox"/> Medicaid (State Health Insurance – Adult) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> CHIP (Child Health Insurance Program) | <input type="checkbox"/> SSI (Supplemental Security Income) |
| <input type="checkbox"/> Earned Income Tax Credit | <input type="checkbox"/> LIEAP (Assistance with utilities) |
| <input type="checkbox"/> TANF | <input type="checkbox"/> None of the above |

THERE'S MORE

WEST VIRGINIA FAMILY SURVEY
FOLLOW-UP



Are you currently pregnant?

☐ YES

If YES, expected due date: _____

☐ NO

(mm/dd/yy)

Please tell us about all of the children living in your household. (Check the appropriate boxes.)

☐ Check here if there are NO children living in your household

	GENDER		Birth Date (mm/dd/yy)	YOUR RELATIONSHIP TO CHILD							
	Girl	Boy		Birth Parent	Adoptive Parent	Step-parent	Grand-parent	Sibling	Other Relative	Foster Parent	Other
Child 1											
Child 2											
Child 3											
Child 4											
Child 5											
Child 6											
Child 7											

This survey was adapted for the State of West Virginia by Hornby Zeller Associates, Inc, as part of the state evaluation of CBCAP-funded programs. Some questions are from the Protective Factors Survey developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research and Public Service, through funding provided by the US Department of Health and Human Services.

Thank you for taking the time to complete this survey.

APPENDIX C: West Virginia Family Survey One-Time Event Example of “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).						