

# West Virginia Family Survey

Protective Factors in Families Served by  
Community-Based Prevention Programs



## FINAL REPORT

Produced by Hornby Zeller Associates, Inc.

Fiscal Year 2016



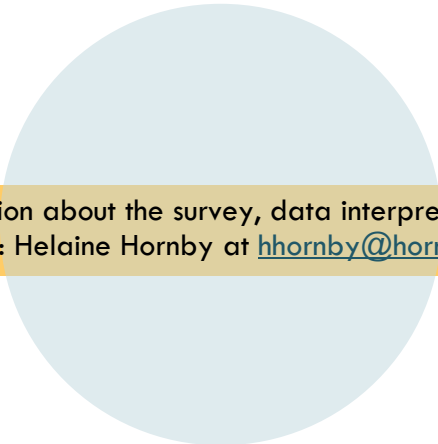
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## ABOUT THIS PROJECT

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Children and Families and the Office of Maternal, Child, and Family Health work together to create a seamless system for the state's Community Based Child Abuse Prevention (CBCAP) efforts. Four types of prevention programs are offered to families to ensure children have the best start in life and are free of abuse and neglect, namely In-Home Family Education (IHFE), Partners in Prevention (PIP), Family Resource Centers (FRC) and Circle of Parents. The State supports local community agencies through policy and practice guidance as well as training and technical assistance. In addition, a program evaluation is conducted annually which helps to provide feedback about the successes and challenges of the programs' efforts.

DHHR contracts with Hornby Zeller Associates, Inc. (HZA) to assist with the state's evaluation or Continuous Quality Improvement process. A survey is administered to families who participate in CBCAP-funded programs. Families are asked to complete a survey upon enrollment, annually for those who continue to participate in a program, and at discharge. The survey is 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 West Virginia to develop the tool and assists in administering the tool in a flexible manner, offering programs the opportunity to have families complete the pre and post surveys on paper or using an online system. The survey is commonly known as 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 providers and workgroup members across the state. The evaluator facilitated meetings to gain feedback and made modifications prior to statewide implementation. The *West Virginia Family Survey* was formally introduced in June 2011 at the Child Abuse Prevention Leadership Institute, and was launched for use statewide the following month. This report provides results from the surveys administered from October 2015 through September 2016.

*West Virginia Family Survey* is used to assess prevention programs:

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





## RESEARCH DESIGN

The survey instrument is designed to collect demographic data and, more importantly, assess the impact of the various programs offered. It is also designed to be as simple as possible for both the programs and the families who are asked to participate. To that end, a great deal of effort was put into creating an instrument that incorporated the programs' existing assessments 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:** Twenty standard statements, each with a seven-point scale of agreement or disagreement, ask adult caregivers about five domains of protective factors at the start of involvement and after participation in the program. These questions are completed only by families enrolled in ongoing programs (such as parenting groups or home visiting). The results are examined both as an overall score before and after involvement and as individual scores for each of the five domains. Six specific questions, referred to as Parenting Strategies within the report, are examined individually to assess caregivers' knowledge of parenting strategies and responses to their child's behavior in the context of their development, drawing comparisons between enrollment and follow-up.
- **Modified Protective Factors:** A shortened version, asking just ten questions based on the five domains, is completed by families participating in short-term or one-time events, generally through PIP programs. Pre and post scores for each of the five domains cannot be calculated for this version, but individual statements and overall scores are analyzed.
- **Home Visiting:** On follow-up surveys and at program completion, 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*). These questions are in addition to those asked for the protective factors or modified protective factors.
- **Playgroup:** On follow-up surveys only, eight questions are asked annually of adult caregivers who either have a home visitor or attend any type of program that offers regular playgroups, again in addition to the protective factors questions.
- **Program Satisfaction:** Six statements are included in the follow-up surveys and at program completion to measure program satisfaction, with respondents rating their response between "strongly agree" and "strongly disagree." Two open-ended questions ask participants what they like 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 which is matched to the family survey, to the extent possible. This supplemental form provides the context of each 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," making it difficult to draw comparison of protective factors for those involved with CPS versus those who are not.

West Virginia's Child Abuse Prevention grantees are required to use the *West Virginia Family Survey* as part of their continuous quality improvement process. The survey helps grantees to measure the same variables across all prevention programs, providing useful feedback that is relevant and immediately applicable to their work.

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

- provide context for the 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.

Protective factors are measured to understand families' strengths and the supports available to them. The goal is to capitalize on each of the families' protective factors or positive traits and to enhance programs and services in areas where families' capacities need to be strengthened, *i.e.*, where they may be scoring lower. Together, by building on strengths and supporting areas of need, families build resilience to the potential for child abuse and neglect.

Table 1, created by FRIENDS National Resource Center, provides a brief summary of the protective factors covered in the survey.

**Table 1: Protective Factors**

Protective Factor	Definition
<b>Family Functioning and Resiliency</b>	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.
<b>Social Emotional Support</b>	Perceived informal support (from family, friends and neighbors) that helps provide for emotional needs.
<b>Concrete Support</b>	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
<b>Child Development and Knowledge of Parenting</b>	Understanding and utilizing effective child management techniques and having age-appropriate expectations for children's abilities.
<b>Nurturing and Attachment</b>	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.

## SURVEY PARTICIPATION



**1,342**  
SURVEYS  
WERE COMPLETED  
IN FY2016

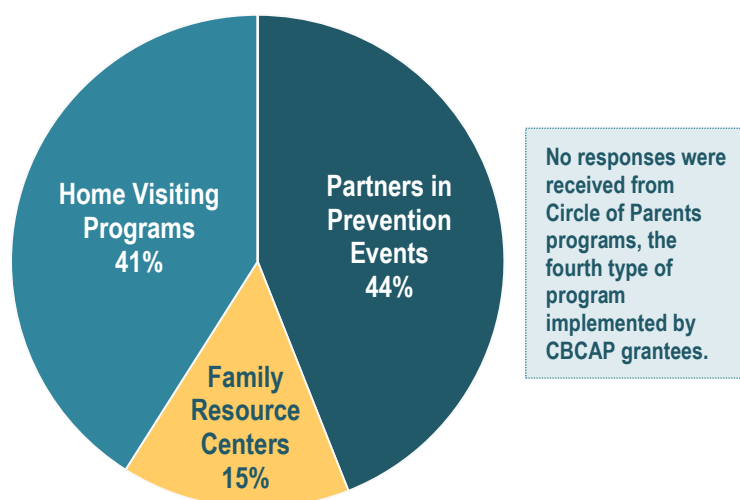
### CONFIDENTIALITY ASSURED

As staff members ask families to complete the *West Virginia Family Survey*, they are reminded that identifiable information is not collected, and results are examined only in the aggregate and not on an individual basis. Staff are provided a sample cover letter to give to families introducing the survey which includes these details as well as a reminder that any information shared will not impact the services families received. Families use a unique program ID and password to access the survey online. Program staff inform parents that completing the survey is voluntary, the information shared is confidential, and any questions that are not pertinent or with which they are not comfortable can be skipped.

### WHO IS INCLUDED IN THIS STUDY?

In 2015–2016, the *West Virginia Family Survey* was administered by 34 programs across the state. A total of 1,342 surveys were completed. Most of the surveys, as shown in Figure 1, were completed by families who participated in the In-Home Family Education program or Partners in Prevention programming, primarily for one-time events. The remaining surveys were completed by families served through Family Resource Centers.

**Figure 1: Surveys Completed by Program Type, 2016**



**Partners in Prevention** 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 connect communities to form an effective statewide movement. The PIP model is built on collaboration between and among state and local organizations. Local teams expand on available prevention services by delivering educational programs, hosting networking opportunities and facilitating positive community events with mini-grants. In this last year, 22 of 46 CBCAP programs submitted surveys from PIP-funded events.

**Family Resource Centers** 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, 26 of the 43 CBCAP-funded programs submitting surveys were FRCs. Note that over half of the FRC programs are associated with PIP and/or IHFE programs.

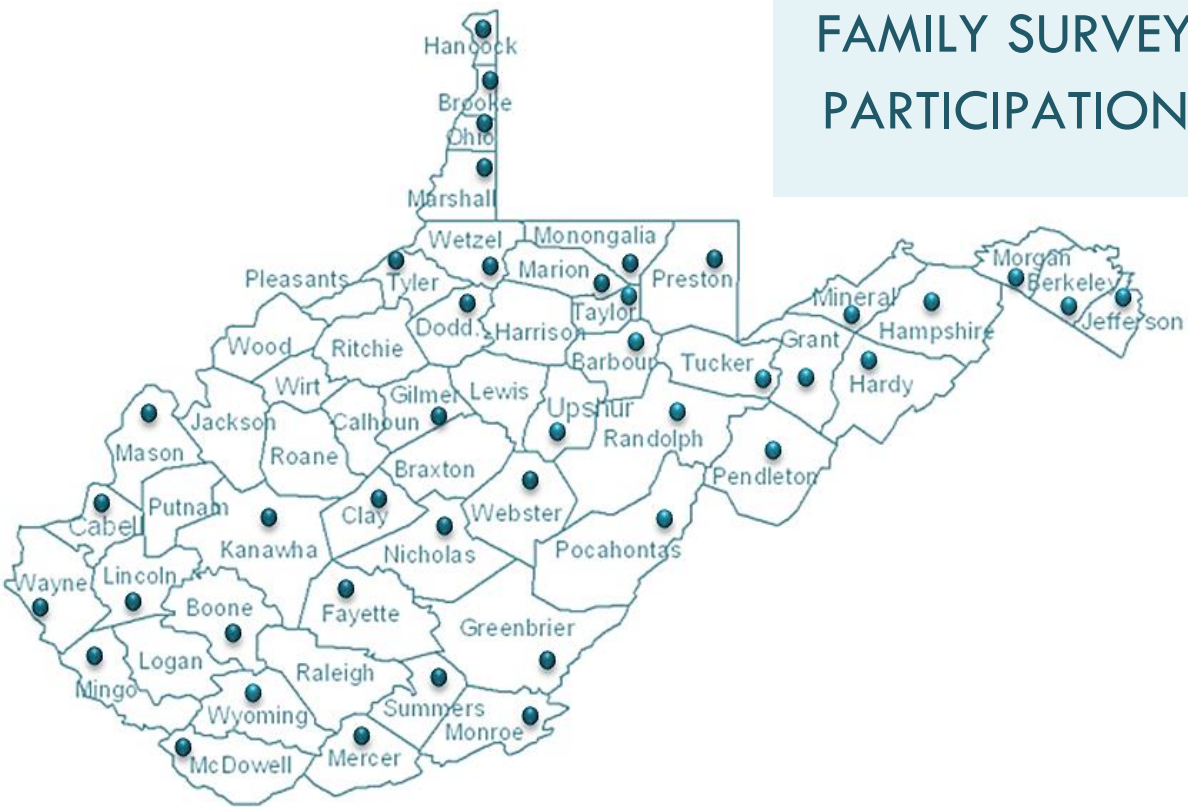
**In-Home Family Education** in West Virginia is the group of early childhood home visiting programs that include Parents as Teachers (PAT), Healthy Families America (HFA), and Maternal Infant Health Outreach Workers (MIHOW). Other home-based service providers (such as Early Head Start and Right From the Start/HAPI Project) may have collaborative relationships under CBCAP funding, although 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 connect families to social supports and services in their communities. This year 79 percent of the IHFE network (22 of 28 home visiting 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 organizations have participated in two-day training workshops. All of the organizations have started or have plans to start groups in various parts of the state. As noted above, no surveys were received from Circle of Parents' participants.

It is important to note the overlap between the IHFE and FRC programs, which can have an effect on the number of FRC surveys completed. The relatively low number of FRC surveys is likely due to the guidance given to programs, encouraging them to have families complete the surveys as if they were receiving services through a single program, instead of multiple. Families who accessed both service types were to be given the IHFE version of the *West Virginia Family Survey*, providing them the opportunity to give feedback on their home visiting staff.

An overlap also exists for *Circle of Parents* participants. Here too when that happened, surveys were completed for a single program.

## WEST VIRGINIA FAMILY SURVEY PARTICIPATION



2016

## 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.) Similar to previous years, most of the respondents were female, white and married. Forty percent of the families reside in their own home, while a little over a quarter more rent. Two-thirds of the program participants have household incomes of no more than \$20,000, with 62 percent indicating they were not employed. Sixteen percent of the respondents indicated they did not complete high school or earn a GED, although a little over ten percent of the respondents reported they are currently attending school.

### FAMILY DEMOGRAPHIC SUMMARY

**94% women, 6% men**  
**95% White, 3% African American, 1% Asian, <1% Hispanic**  
**47% Married**  
**19% Partnering**  
**7% Separated or Divorced**  
**27% Single**

### HOUSING STATUS

**40% Own a home**  
**28% Rent a home**  
**10% Share with relatives or friends**  
**2% Homeless or temporary shelter or home**

### HOUSEHOLD INCOME

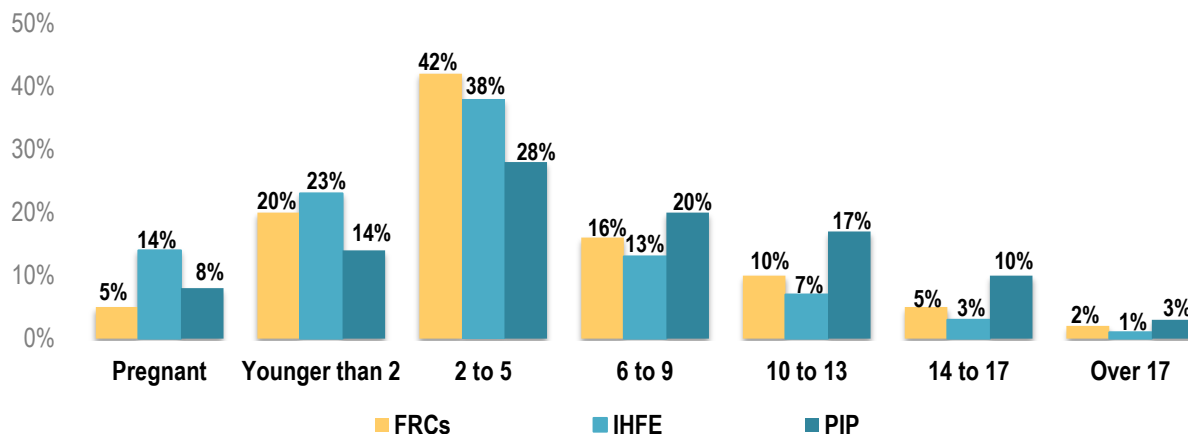
**67% Earned \$20,000 or less**  
**18% Earned between \$20, 000 and \$40,000**  
**16% Earned over \$40,000**

### EMPLOYMENT & EDUCATION STATUS

**18% Employed full time**  
**20% Employed part time or seasonal employment**  
**62% Currently unemployed**  
  
**12% Currently in school**  
**41% Had a high school diploma or GED**  
**25% Had some college or vocational training**  
**5% Had an Associate's degree**  
**8% Had a Bachelor's degree**  
**3% Had a Master's degree or higher**

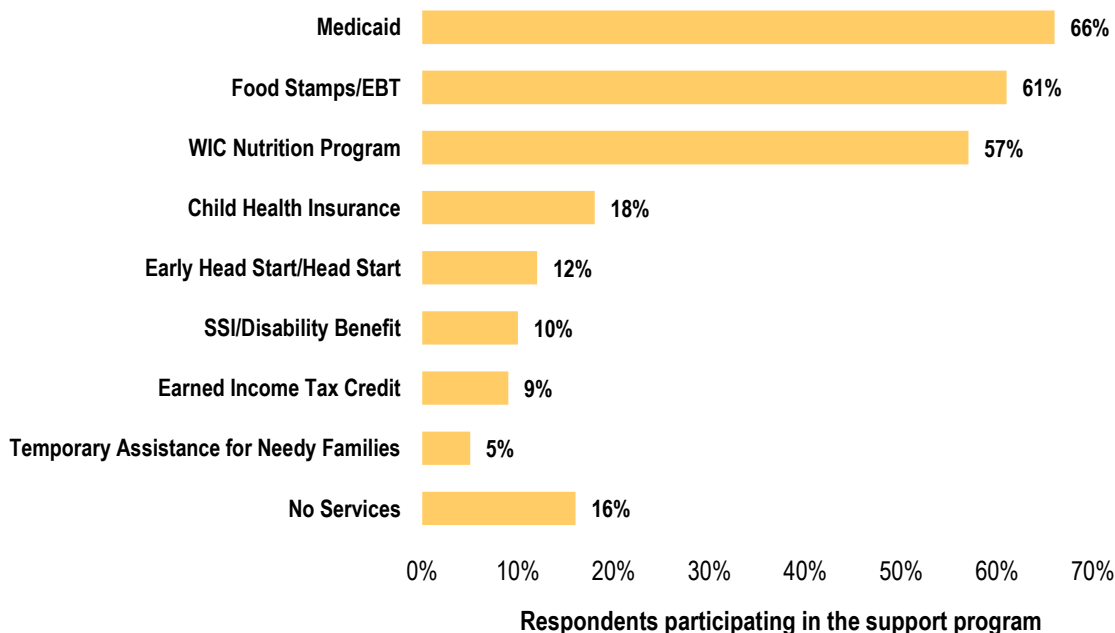
Figure 2 displays a breakdown of the ages of the children served by the three major program types this past year. Across all three programs, a higher proportion of families with children between two and five years of age were served, a trend which is similar to past years.

**Figure 2: Ages of Children Served by All Programs, 2016**



Statewide, support services received by the families range from those associated with meeting basic needs to those supporting better health and educational outcomes. The most frequently accessed service was Medicaid, followed by services related to food and nutrition. While few families appear to receive TANF or have children who participate in Head Start programs, it is possible that families under-reported.

**Figure 3: Support Received by Participants Across the State**







## CBCAP STATEWIDE RESULTS

Similar to the analyses completed in recent years, protective factor scores were analyzed in two ways. First, pre and post surveys were matched based on program, agency, participant initials and date of birth to look at the change in a family's scores over time. The matched surveys were used to examine the differences in parents' protective capacities between the first and most recent survey. Second, responses to the six protective questions which explore Parenting Strategies were also explored, in addition to program satisfaction.

For 289 families a follow-up survey, completed within federal fiscal year 2016, was matched to an enrollment survey, some of which were completed in 2016 and others in a prior year. In general, the surveys were completed within one year of each other, with most six months apart. Table 2 shows the number of enrollment and follow-up surveys received in FY 2016, and also the number of follow-up surveys that could be matched to a prior survey, by program.

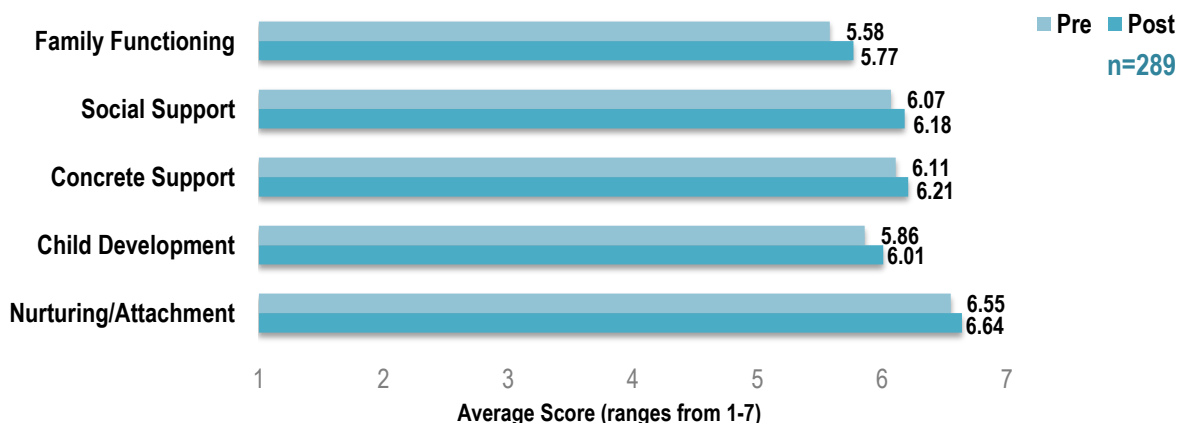
**Table 2: Number of Enrollment and Follow-up Surveys by Program, 2016**

Program Type	Enrollment	Follow-Up	Total	Matched Follow Up To Enrollment
FRC	93	116	209	50
IHFE	184	373	557	238
PIP Event	—	576 <sup>1</sup>	576	1
Circle of Parents	—	—	—	—
<b>TOTALS</b>	<b>277</b>	<b>1,065</b>	<b>1,342</b>	<b>289</b>

## PROTECTIVE FACTORS PRE AND POST

Figure 4 shows the domain scores for all participants with a matched enrollment survey. Scores for the most recent survey within each factor or domain demonstrate improvement from the survey completed at enrollment.

**Figure 4: Average Scores Before and After Involvement**



<sup>1</sup> Ninety percent of the surveys were from a single-event program.

Table 3 shows the results for participants who responded to the questions for each domain, the difference in average scores, and the results of the tests of significance without regard to program. The only domains which show statistically significant differences are *Family Functioning* and *Child Development*, which are also the ones with the largest change.

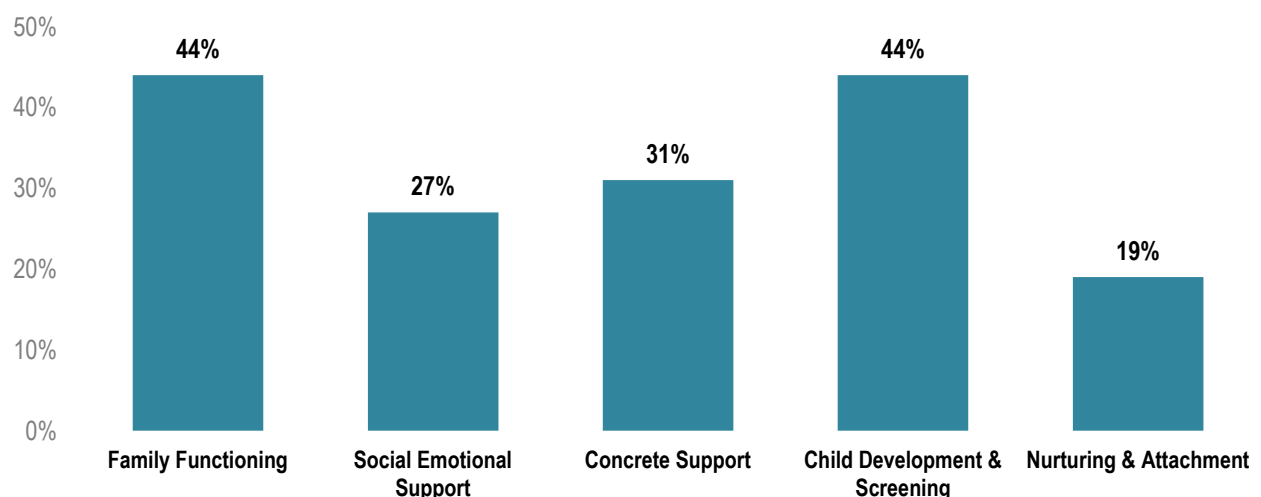
**Table 3: Matched Comparison Group Tests of Significance by Domain, 2016**

Domain	Difference in average pre to post score	Significance (one-tail t Critical)
Concrete Support	.10	0.114
Family Functioning	.19	0.013*
Nurturing & Attachment	.09	0.081
Child Development	.15	0.037*
Social Support	.11	0.093

\*Statistically significant result

More important than the differences in average scores are the differences in the proportions of participants who showed improvement between the pre- and post-tests, as shown in Figure 5. The highest proportions were seen in the *Family Functioning* and *Child Development* domains. When the characteristics of the families were examined for these two domains, those who owned their home or were living in a temporary setting were more likely to experience a positive change. Larger changes were also seen among families whose annual income was between \$10,000 and \$20,000 and those whose children were in a Head Start program.

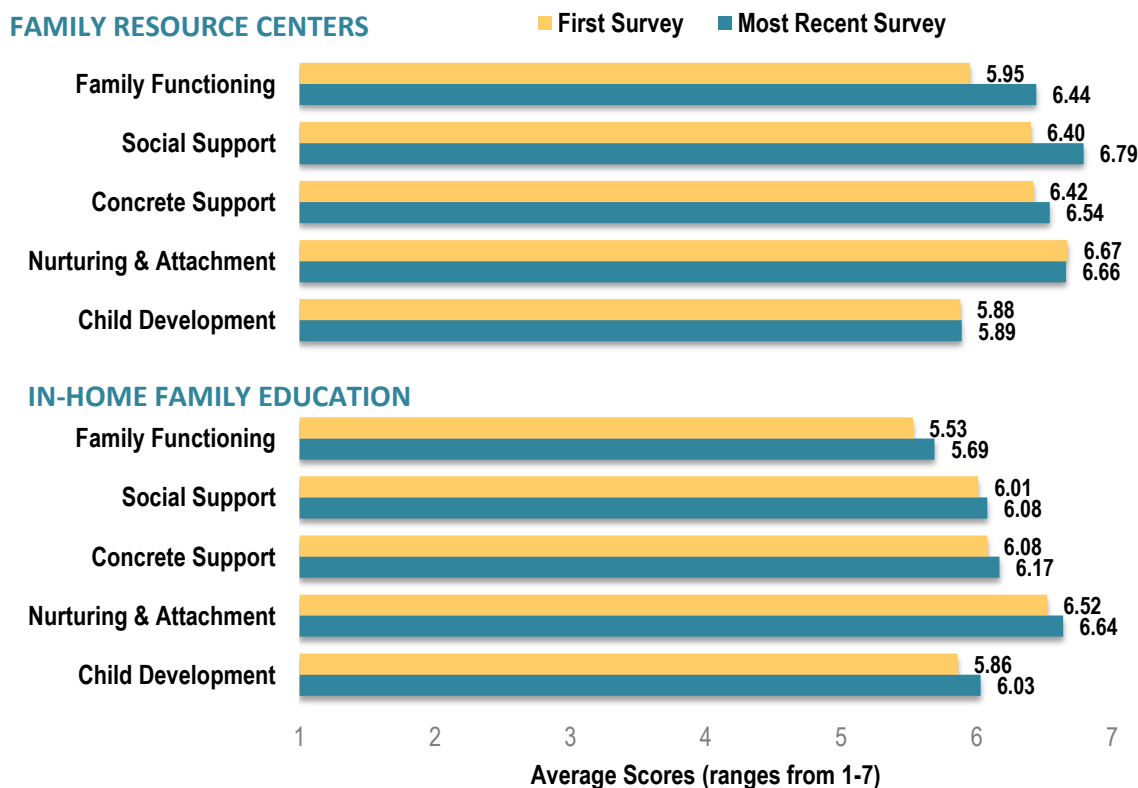
**Figure 5: Percent of Participants Showing An Increase in Scores Following Program Involvement**



## PROTECTIVE FACTORS BY PROGRAM TYPE

Figure 6 below provides the average scores for parents with a matched survey who were involved in FRC or IHFE by domain. Overall, the scores generally increased for all five domains. Change is most notable among FRC participants within the *Family Functioning* and *Social Support* domains.

**Figure 6: Change in Average Scores, Matched Comparison of 2016 IHFE and FRC Participants<sup>2</sup>**

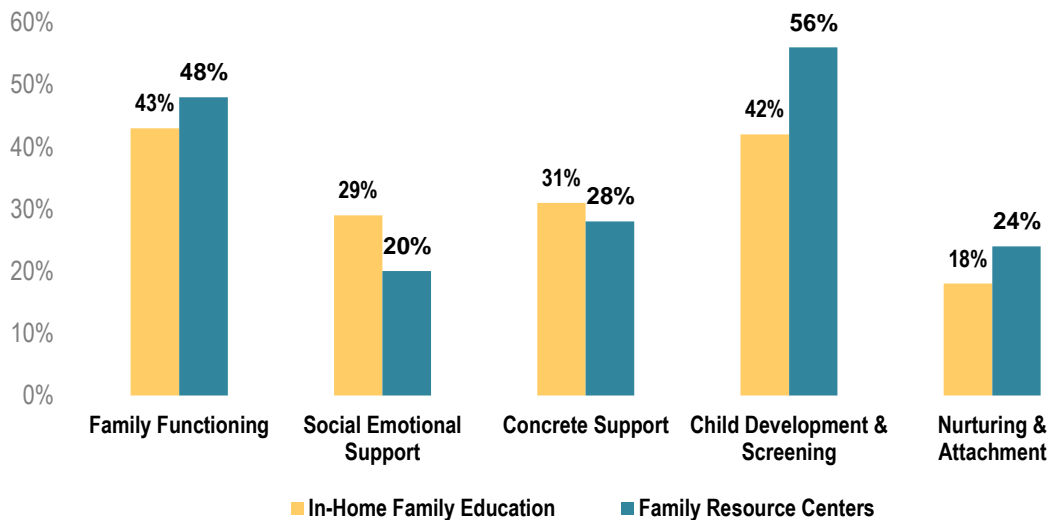


When the percentage of participants showing a positive change in scores was examined for both programs by the five domains, as illustrated in Figure 7, FRC participants were more likely than IHFE participants to experience an increase in their scores in three of the domains: *Child Development & Screening*, *Family Functioning* and *Nurturing & Attachment*. The highest percentage of participants who showed a positive change in scores in *Child Development* were parents who received Medicaid and/or Food Stamps, followed by those who are married and those who own their own homes.

<sup>2</sup> PIP program scores are not included in this section because participants completed the Modified Protective Factors Survey for which individual domain scores cannot be calculated.

The IHFE program had more distinguishing differences in the characteristics of families which showed an overall increase in their scores. For instance, more single parents and those with a bachelor's degree, some high school education or those currently in school had an increase in their *Family Functioning* domain. Families receiving TANF as well as those whose children were participating in a Head Start program were more likely to experience a positive change in both *Family Functioning* and *Child Development*.

**Figure 7: Percent of Participants Showing an Increase in Scores Following Program Involvement**

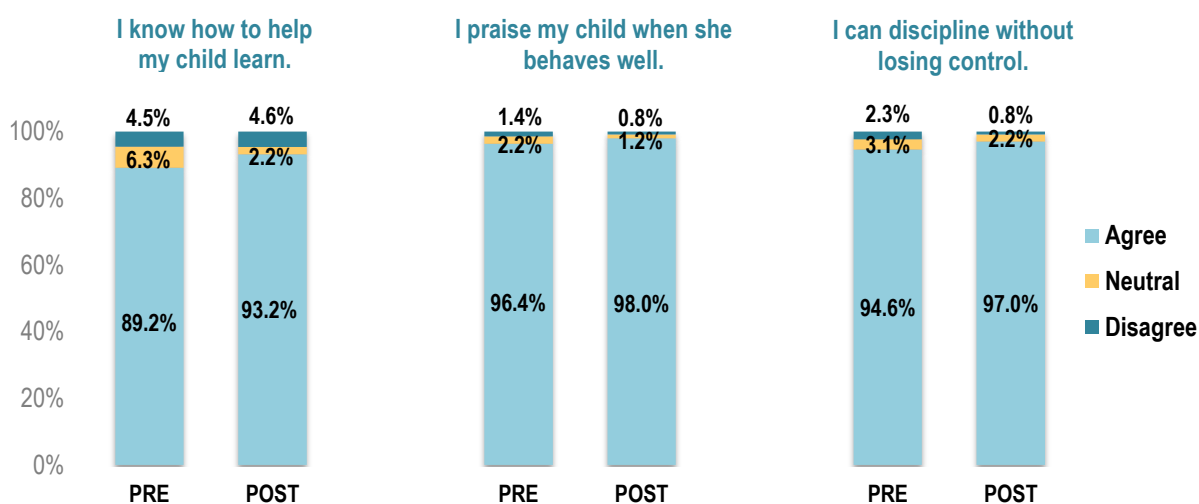


## ANALYSIS OF PARENTING STRATEGY QUESTIONS

The *West Virginia Family Survey* included six questions designed to address caregivers' knowledge of parenting strategies and responses to their child's behaviors in the context of their development. These questions fall into the *Child Development* and *Nurturing and Attachment* domains of the Protective Factors Survey.

Figure 8 provides the results of questions specific to child development. The most substantial difference from the time of the survey at enrollment to the most current survey lies in the responses to the statement, "I know how to help my child learn." 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 two years as well. In general, after participating in the program, participants agreed that they knew how to help their children learn and that they gained a greater understanding of how to provide positive guidance, both important factors in reducing the risk of maltreatment.

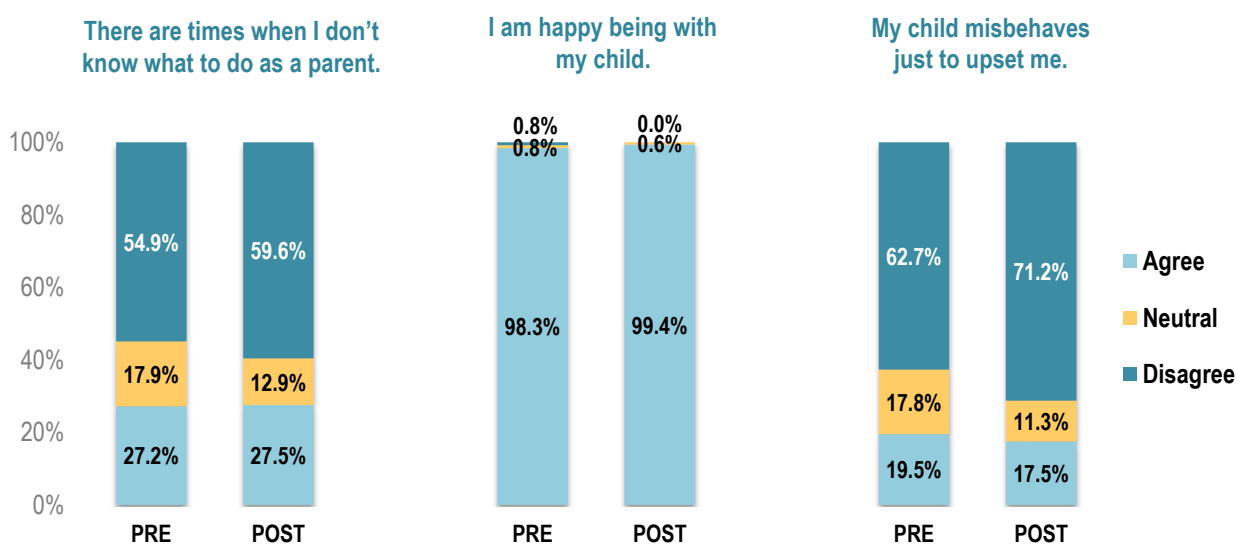
**Figure 8: Comparison of Child Development Questions at Enrollment and Follow-Up**



Looking at the results from the enrollment and follow up responses for the remaining three *Child Development* questions, parents were more likely to disagree with the statement, “My child misbehaves just to upset me.” The higher percentage of disagreement after program involvement indicates a greater understanding of child-rearing concepts. A similar pattern is seen in parents’ perception of how to handle difficult situations. All three indicators, including the extent to which they enjoy spending time with their child, are positive indicators for *Nurturing and Attachment* and positive parenting practices.

In comparison to previous years, scores at the time of the post survey were even more positive this year after program involvement. Figure 9 below shows the difference in responses to these particular questions.

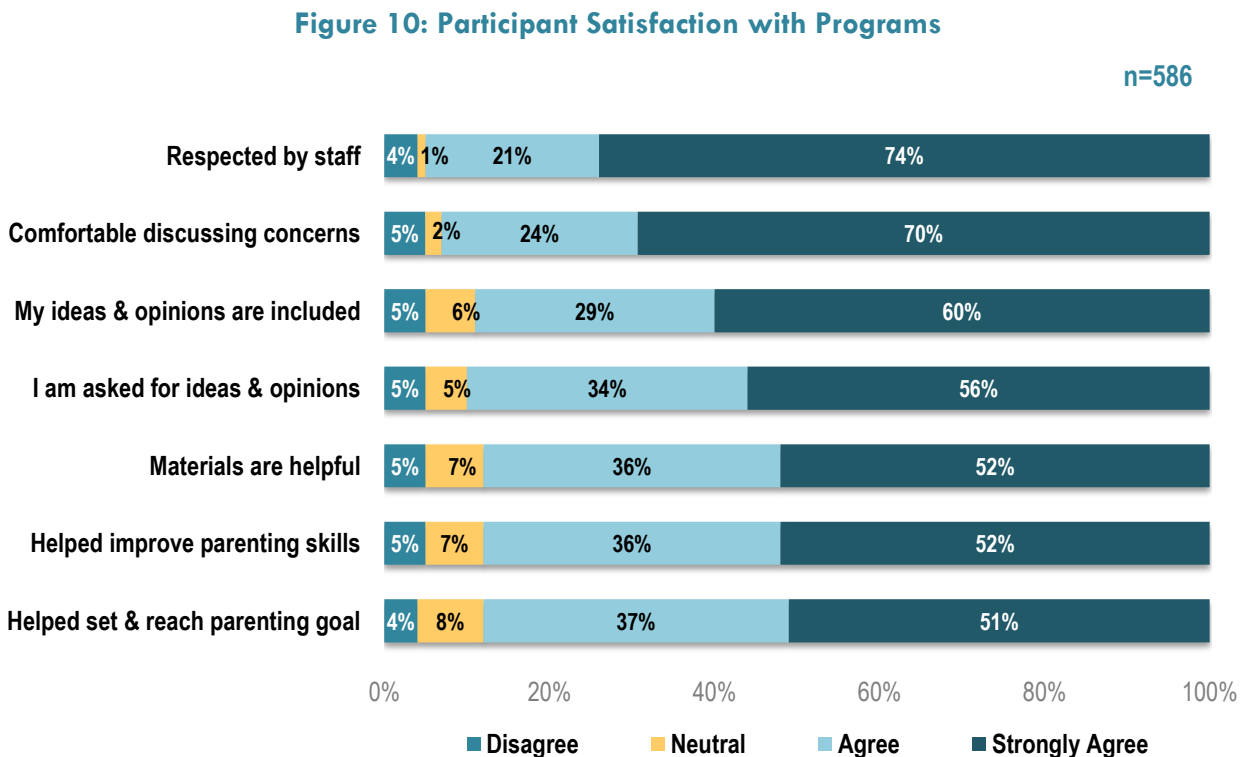
**Figure 9: Comparison of Parenting Questions at Enrollment and Follow-Up**



## SATISFACTION WITH SERVICES

Program satisfaction questions were asked of respondents who had been involved with a program for at least six months. As shown in Figure 10, families expressed a great deal of satisfaction with the programs across the state. Only 1 in 20 parents, on average, were not satisfied in relation to the various questions.

Participants report 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 have the highest proportion of neutral responses, followed by the helpfulness of materials provided.



## PROGRAM-SPECIFIC RESULTS

This 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 identify what changes might be 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 including 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 557 surveys were completed by participants from home visiting programs this year, the bulk of which came from programs using the Parents as Teachers model. Table 4 shows the total number of valid surveys returned by curriculum model.

**Table 4: Surveys Submitted by Home Visiting Model**

Curriculum Model	Number of Surveys
Healthy Families	149
MIHOW	88
Parents as Teachers	316
Other/Unknown	4
<b>TOTAL</b>	<b>557</b>

Results of the surveys were positive. The follow-up responses had higher average scores than enrollment surveys for all three models for nearly all five domains. When the protective factors are viewed for each IHFE model type, the scores at enrollment across the models are similar. MIHOW participants, however, rated themselves lower in *Family Functioning* and *Social Support* than other parents. Nonetheless, these domains are where the largest gains were observed for MIHOW participants. *Nurturing and Attachment* is the domain with the most optimal scores at follow-up and prior to involvement. The average scores for each of the models at enrollment are displayed in Figure 11 below, with the state average included for comparison.

**Figure 11: Average Scores for IHFE Programs at Enrollment (Pre), 2016**

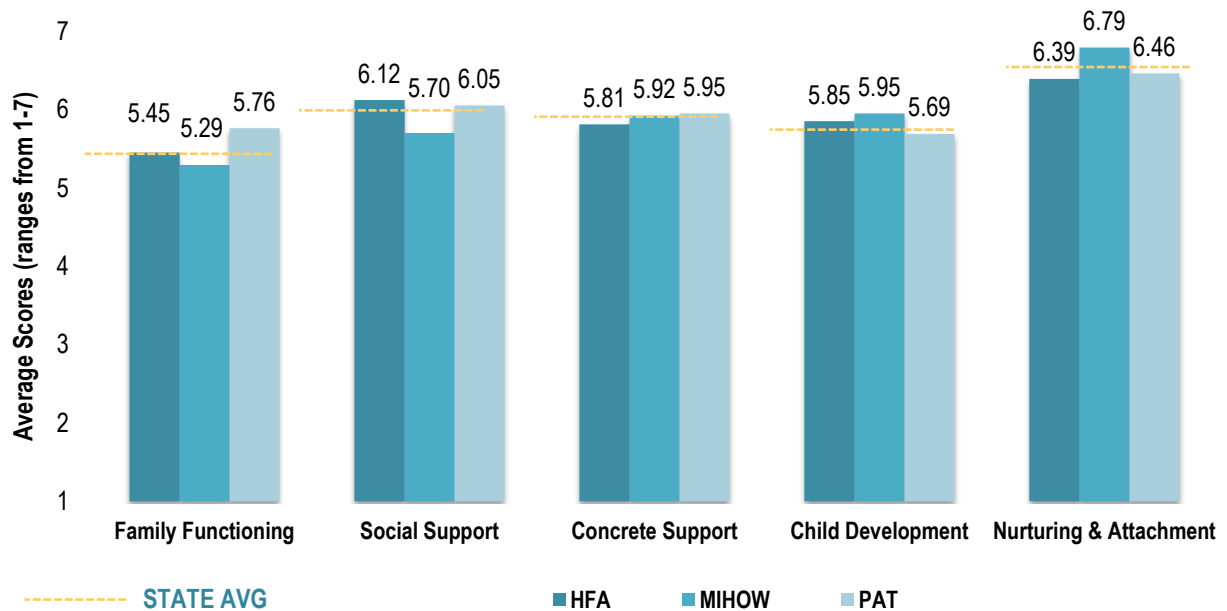
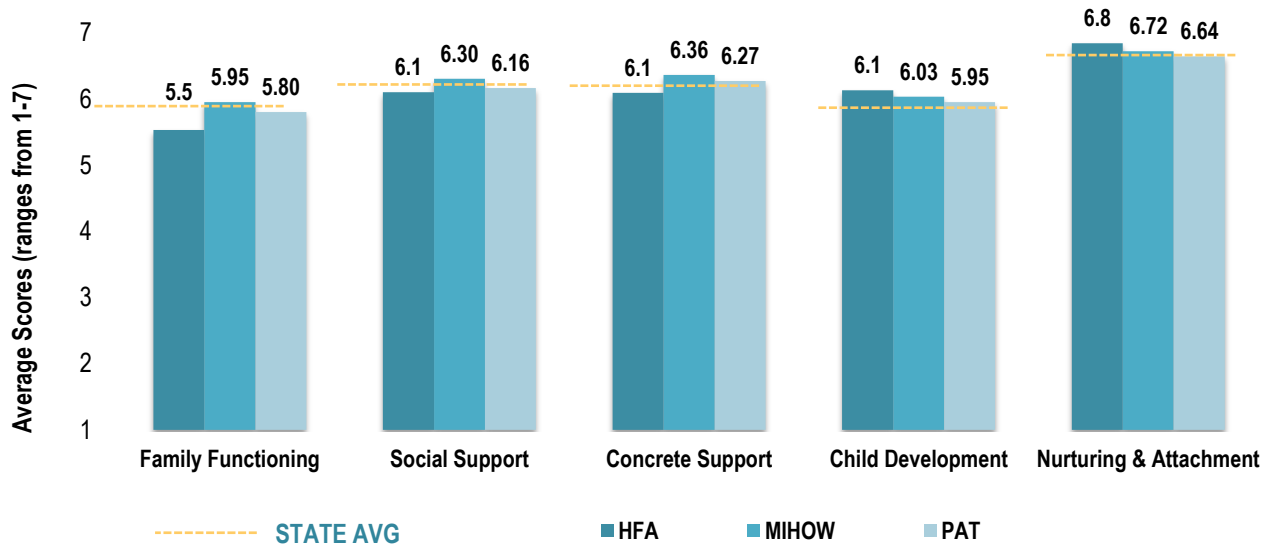


Figure 12 shows the average scores for each program type, representing families who had been involved for an average of at least six months. In general, the caregiver responses were similar across the three IHFE programs in four of the domains. In *Family Functioning* the post survey score for HFA families is not quite as high as those for the other two programs, although there was still a positive change. Lower scores after program development were evidenced for *Social Support* for HFA participants and for *Nurturing & Attachment* for MIHOW participants. Positive changes were evidenced for all other programs across the five domains.

**Figure 12: Average Scores for IHFE Programs After at Least 6 Months of Program Involvement (Post), 2016**

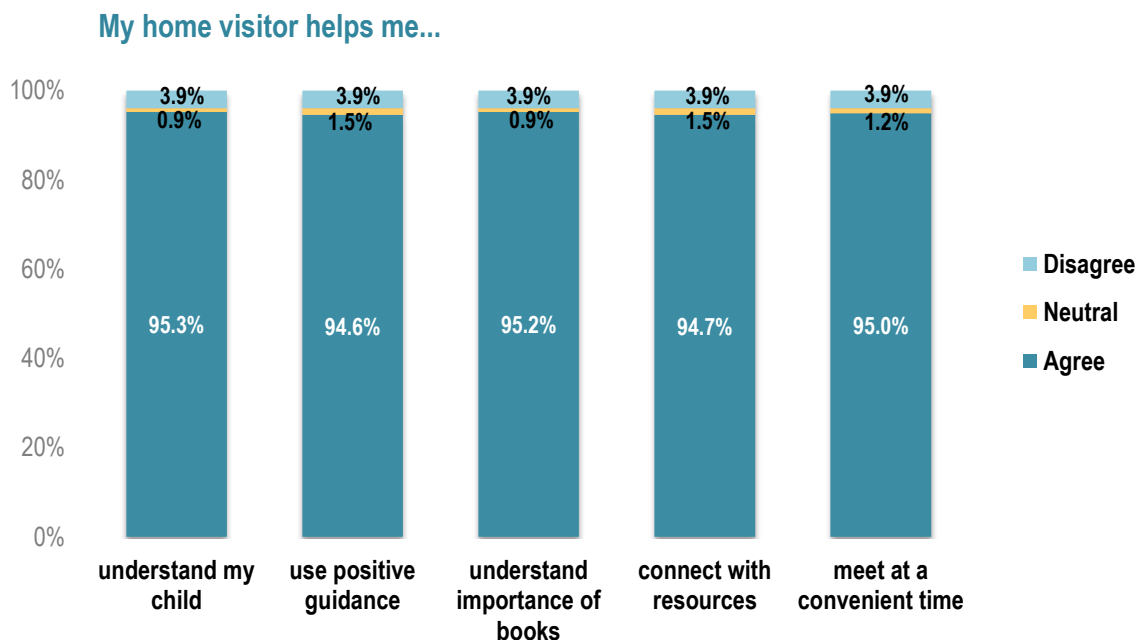




Providing child development information and screening is a major aspect of the home visitor's work. In the category of home visiting, 91 percent (326 out of 359) of the respondents reported that their home visitor used a screening tool to help them understand their child's strengths and abilities. Approximately 80 percent said that the screening process helped them address areas of concern for their child's development.

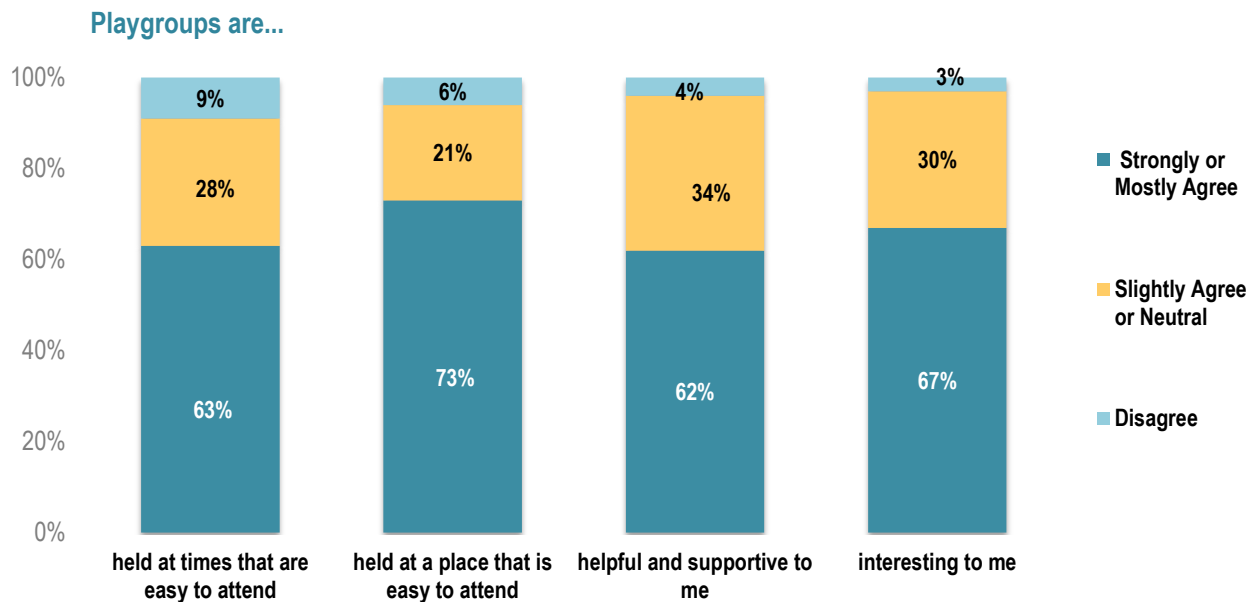
Figure 13 summarizes feedback from the families about the quality of their home visiting experiences. Overall, families were very satisfied with their services.

**Figure 13: 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*, more than twice as many respondents compared to last year indicated they attended a playgroup (184 in 2015 and 429 in 2016). A summary of the results to the four questions about playgroups is shown in Figure 14.

**Figure 14: Participant Perceptions of Playgroups**



Many of the participants shared specific comments about the benefits of playgroups. The most common responses were related to children having the opportunity to play with other children and parents having an opportunity to interact with other parents. A number of parents also noted enjoying watching their children learn and grow.

Families were also given an opportunity to describe changes they would like to see. Most families are quite pleased with the playgroups as they exist, noting that no changes were needed. However, a number of caregivers did offer suggestions. Several recommended a change in times so working parents could participate while others noted they would like to see an increased frequency of playgroups. A few parents also suggested including more structured learning activities.

## 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, a modified protective factors survey is used 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.

Responses were generally positive, indicating participants found that the programs were successful in helping them in a variety of ways. For example, at least three quarters of the respondents indicated the program helped them to make decisions that were good for their children as well as to know where to go to address their basic needs. Sixty-five percent said the program helped them to understand how to solve programs with family members, with a similar

percentage stating the program helped them know how to discipline their children without losing control.

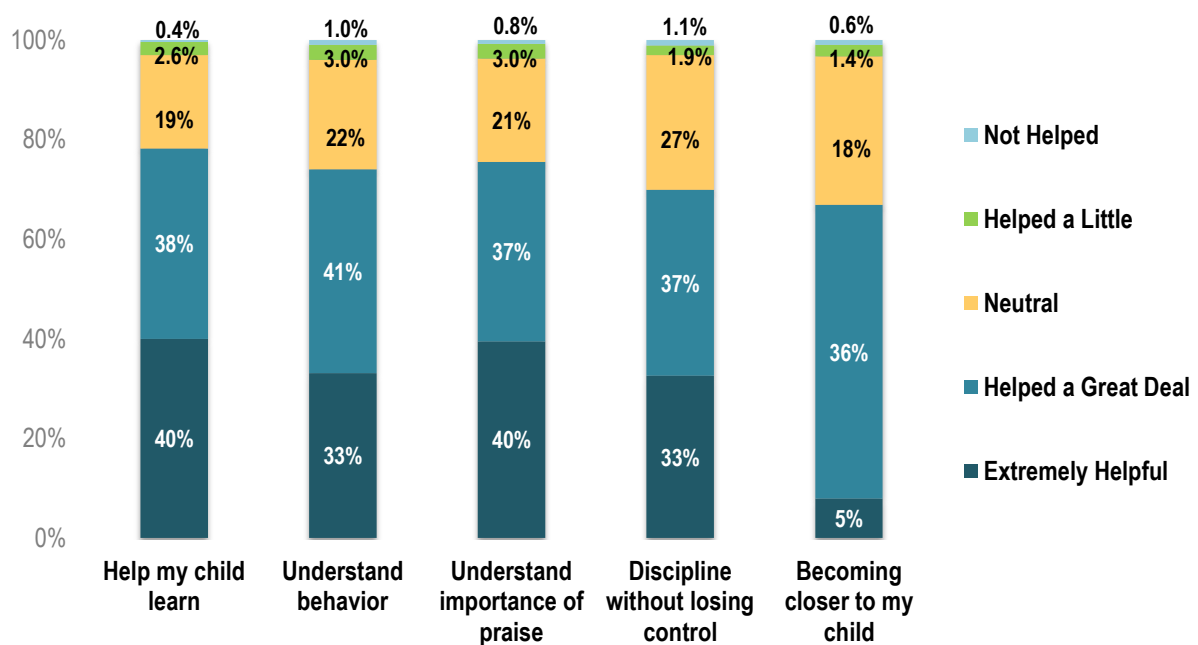
As evidenced in Table 5, generally programs are addressing the intended topics in an effort to strengthen families' protective capacities.

**Table 5: Participant Responses Indicating Protective Factors Not Addressed**

	2016	2015	2014
Knowing where to go for basic needs (food, housing)	6%	9%	13%
Knowing who to talk to when having serious trouble	4%	8%	12%
Understanding how to solve problems	8%	12%	20%
Knowing how to listen to family members	7%	10%	18%
Knowing how to discipline without losing control	8%	11%	16%
Understanding why child behaves the way s/he does	6%	8%	15%
Understanding the importance of praise	7%	9%	17%

Many questions on this shorter version of the survey address *Child Development* and *Nurturing and Attachment* concepts. As evidenced in Figure 15, the most positive responses were in *Child Development*, where 78 percent said the event helped them understand how to help their children learn. When the results for this year are compared to those from last year, a substantially lower percentage of parents found the program to be helpful in their becoming closer to their child (41 percent) than last year (77 percent).

**Figure 15: Overall Perceptions of PIP Events**



## What Families Said About PIP Events

### *What I liked most...*

"I learned how to talk to my child."

"I enjoyed the fact that there were actual examples of right and wrong ways to handle things."

"They are hands on with the kids. The hospitality was incredible."

### *Parenting help...*

"It helped to solve certain problems with my child."

"The teachers explained the importance of being a father."

"Learning how to keep my children safe online."

### *Community support...*

"Listening to others bring up questions I once had but never asked."

"Got to go to school with my child and do activities with her."

"The help from outside ... just their time and energy knowing someone cares."



## CONCLUSIONS

West Virginia's Child Abuse Prevention grantees are required to use the *West Virginia Family Survey* as part of their continuous quality improvement process. The survey is used to measure the impact of prevention programs in building on families' strengths and supporting areas of need to better foster resilience to the potential for child maltreatment. Families who participated in West Virginia's CBCAP programs continue to express satisfaction with the programs and services provided. The results of the evaluation show that families have more knowledge about their children's development and are able to work through how to handle family relationships and stress in the home.

Within the In-Home Family Education programs, an overall improvement was seen across the three program types. The rate of change was less dramatic within *Family Functioning* and lower scores after program development were evidenced for *Social Support* for HFA participants and for *Nurturing & Attachment* for MIHOW participants. When the average pre and post survey scores are compared across the five domains among the matched surveys, the most substantial improvement is evidenced for *Family Functioning across all programs; Family Functioning and Child Development for home visiting; and Family Functioning and Social Support for family resource centers*.

Families who have had the opportunity to participate in 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, find them to be beneficial for their children as well as themselves. There are, however, a number of families who have not yet had the opportunity to participate in a playgroup, primarily due to the times they are offered but also because of their locations. Those who have participated have enjoyed the social connections and the opportunity to share child development and parenting information. Programs may want to explore how they might be able to increase the availability of playgroups and parent support groups, and, as expressed by those that have participated, how they may be offered with increased frequency.

PIP participants, regardless if they participated in a single event or a multi-session event, report the program has been helpful to them, especially in their ability to make decisions that are good for their children. Programs, however, may want to explore changes to help families know how to problem-solve with family members and discipline their child without losing control.

## I n S u m m a r y

West Virginia's prevention programs are designed to build the protective capacities of families to offset known risk factors for child abuse and neglect. Data from the *West Virginia Family Survey* demonstrates success in this goal.

When examining all the protective factors, families score lowest on family functioning both in the pre- and post-test, highest on nurturing and attachment and make the greatest gains in family functioning followed by child development. Results of the survey can be used to help programs continue to strengthen their individual efforts.





## APPENDICES

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## APPENDIX A: 2015 Participating Programs & Counties Served

Program Name	Counties Served
Youth Health Service, Inc. Home Times Strengthening Families Center	Barbour, Pocahontas, Randolph, Tucker, Upshur
Children's Home Society of WV	Berkeley
Burlington United Methodist Family Services PAT	Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan, Pendleton
Cornerstone Family Interventions, Inc.	Boone
Brooke Hancock FRN & PAT	Brooke, Hancock
Mountain State Healthy Families	Cabell, Mason, Wayne
Nicholas and Clay Counties Starting Points and PAT	Clay, Nicholas
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
Marion County FRN & PIP	Marion
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 FRN & PIP	Monroe
Morgan County Starting Points	Morgan
Northern Panhandle Head Start MIHOW	Ohio
Ohio County FRN & PIP	Ohio
Preston County Starting Points & FRN	Preston
Taylor County Starting Points & PAT & PIP	Preston, Taylor
Randolph County FRN & PIP Team	Randolph
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
Wyoming County FRN	Wyoming



## 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. <sup>3</sup>							

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](http://www.wvfamilysurvey.org). When prompted, enter **hza** (all lower case) for both the user name and password.

<sup>3</sup> 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).						