

IOWA CHILD ABUSE PREVENTION PROGRAM

Evaluation Report to Iowa Department of Human Services

July 1, 2017–June 30, 2018



Prevent Child Abuse Iowa

2704 Fleur Drive, Suite 200
Des Moines, IA 50321
515.244.2200
800.237.1815
www.pcaiowa.org

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2704 Fleur Drive, Suite 200
Des Moines, IA 50321
Phone: 515.244.2200
www.pcaiowa.org

IN COLLABORATION WITH

Hornby Zeller Associates
a Public Consulting Group company
48 Fourth St, Suite 300
Troy, NY 12180
www.hornbyzeller.com



September 2018

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Introduction: Iowa Child Abuse Prevention Program

The mission of Prevent Child Abuse Iowa (PCA Iowa) is to strengthen families to create a stronger, healthier Iowa. As part of their work, PCA Iowa administers the Iowa Child Abuse Prevention Program (ICAPP), which funds community groups to provide maltreatment prevention services to families throughout the state through contracts with Iowa Department of Human Services (IDHS). IDHS has historically funded prevention services through two programs: the Iowa Child Abuse Prevention Program (ICAPP), established in Iowa Code in 1982 and funded through a mix of state and federal funding; and the Community-Based Child Abuse Prevention (CBCAP) program, funded through a provision of the federal Child Abuse Prevention and Treatment Act (CAPTA). IDHS announced the combining of the grant programs to coincide with the end of the current contracts, which expired June 30, 2018.

PCA Iowa's role as the ICAPP grant administrator, as defined by IDHS, is to support the community agencies administration of child maltreatment prevention services funded by both programs by overseeing program operations (*e.g.*, practices and policies), providing training and technical assistance, assisting with evaluation, and providing helpful feedback about the successes and challenges of the community agencies' efforts. PCA Iowa contracted with Hornby Zeller Associates (HZA), a Public Consulting Group company, to assist in the evaluation of ICAPP-funded programs.

This evaluation report describes the activities funded by ICAPP, the demographic characteristics of the families served and the results of the Protective Factors Surveys completed by those families. In previous years ICAPP and CBCAP evaluation results have been reported separately; however, in preparation for the administrative merger of the programs, data for both are combined in this report. This report presents the results of data collected between July 1, 2017 and June 30, 2018 for both ICAPP- and CBCAP-funded programs.

ICAPP Overview

Funds appropriated for ICAPP go to IDHS, which then contracts with PCA Iowa to administer the program, as has been practice since 1982. Through ICAPP, IDHS contracts with local child abuse prevention councils to provide prevention services and assist with the development of new councils. These local councils are volunteer coalitions broadly representative of governmental, business, service provider, consumer, and civic sectors operating within their communities. Each council assesses its community's service and support needs and submits a proposal for funding of one to three prevention programs in five different categories: *Respite Care and Crisis Care*, *Home Visiting*, *Parent Development*, *Sexual Abuse Prevention*, and *Community Development*. Council requests have funding caps to ensure that available funds reach as many Iowa communities as possible.

ICAPP grant proposals are evaluated by independent grant review committees which recommend fund distribution. Proposals are scored based on a rubric with values assigned to each component. Compiled scores are forwarded to an independent advisory committee, which makes funding recommendations. Recommendations are approved by IDHS. Beginning in state fiscal year 2016, additional funding was available to the fifteen most high-risk counties who experience high rates

of abuse. Funding requests exceed available ICAPP funds with a total of \$2,308,751 requested and approximately 1.2 million available to award. Requests averaged \$18,037 for fiscal year 2018 with awards averaging \$11,783 per project. Due to limited available funding, most projects supplemented their ICAPP grants with other funding sources and in-kind community support.

Number of Families Served by ICAPP-funded Programs

In total, 2,562 families, 5,813 parents and adults, and 35,030 children were served by ICAPP-funded programs during the reporting period. Table 1 below shows the number of clients served and the total amount of funding for each type of program. Overall, Sexual Abuse Prevention programs served the most individuals, followed by Parent Development services.

Table 1. Level of Funding and Families Served by ICAPP

Program Type	Funding	Families Served	Parents Served	Children Served	Hours of Care
Respite and Crisis Care Services	\$224,687	554	793	938	54,916
Home Visiting	\$222,479	431	704	619	
Parent Development	\$525,591	1,577	1,845	2,575	
Sexual Abuse Prevention	\$279,219		2,471	35,030	
Community Development	\$14,716				
Total	\$1,266,692	2,562	5,813	39,162	54,916

CBCAP Overview

Funds for CBCAP programs from federal CAPTA legislation support states' child maltreatment prevention activities. Within Iowa, appropriated funds are received by IDHS, which then contracts with PCA Iowa for administration. Like ICAPP, IDHS, in partnership with PCA Iowa, issues CBCAP requests for proposals to community groups seeking to provide services to families. CBCAP funds are awarded to Community Partnership for Protecting Children (CPPC) sites seeking to provide services to families across the state. Similar to child abuse prevention councils, CPPC sites are comprised of volunteer community members, professionals, and families who work together to develop and implement programs, services, supports, and policies to positively impact families and protect children from abuse.

Each CPPC site assesses its community's service and support needs and submits a proposal for funding up to two prevention programs, in one of three categories: *Crisis Care*, *Parent Development*, and *Fatherhood Programs*. An independent grant review committee evaluates proposals and recommends the distribution of funds. Recommendations are approved by IDHS. In federal fiscal years 2016 and 2017, 36 projects were funded totaling \$420,765, including a contract for community-based family team meeting program that was not renewed in federal fiscal year 2018. This compares to the \$758,453 requested by sites who received grants totaling \$402,765 for federal fiscal year 2018 to develop and operate 35 projects.

Number of Families Served by CBCAP-funded Programs

In total, 2,232 families, 3,044 parents and 3,503 children were served by CBCAP-funded programs during the reporting period. Table 2 shows the total amount of funding and program engagement levels. Overall, Parent Development programs served the most clients (over 1,900 families), followed by Crisis Care programs, which provided 15,898 hours of emergency child care to 163 families.

Table 2. Level of Funding and Families Served by CBCAP Programs

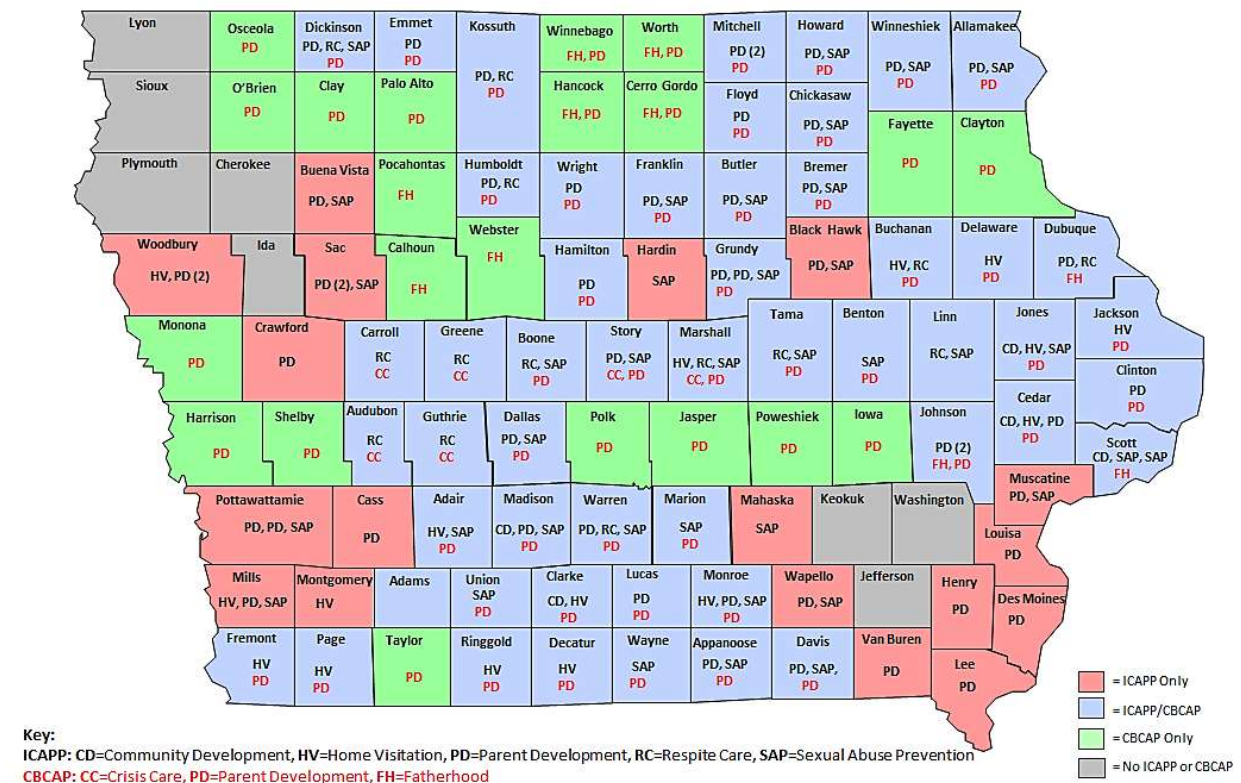
Program Type	Funding	Families Served	Parents Served	Children Served	Hours of Care
Crisis Care	\$36,2300	163	205	230	15,898
Parent Development*	\$320,822	1,921	2,687	3,098	
Fatherhood	\$45,713	148	152	175	
Total	\$392,535	2,232	3,044	3,503	15,898

*The CBCAP Parent Development funding category includes evidence-based home visiting programs.

Location of ICAPP- and CBCAP-funded Programs

During this reporting period, ICAPP and CBCAP-funded programs operated in all but eight counties in the state of Iowa, yielding coverage to 92 percent of the state. A total of 18 counties had only ICAPP services, 21 counties offered only CBCAP funded services, but the majority (52 counties) received funding from both ICAPP and CBCAP as shown in Figure 1.

Figure 1. ICAPP and CBCAP Project Grant Awards Funded During State Fiscal Year 2016-2018



Total Counties Served by ICAPP: 70
Total Counties Served by CBCAP: 73

ICAPP- and CBCAP-funded programs served 42,665 children from July 1, 2017 through June 30, 2018. This evaluation report describes the programs funded, the number and characteristics of clients served, and the results of the Protective Factors Surveys completed by the families.

Evaluation Methodology

As the evaluator of ICAPP, Hornby Zeller Associates (HZA) collects information about families who participate in funded programs regarding their demographic characteristics. HZA also analyzes changes in protective factors in families and provides technical assistance to grantees regarding the use of evaluation results for continuous quality improvement and internal evaluation efforts.

Beginning in state fiscal year 2018, information about ICAPP participants has been collected using the DAISEY (Data Application and Integration Solutions for the Early Years) Iowa Family Support system, which includes the Protective Factors Survey tool (described below) and demographic questions.

The survey helps the state and funded programs to:

- 1) describe demographic characteristics of program participants;
- 2) assess the changes in targeted protective factors; and
- 3) consider protective factors and areas of programming that need more focus.

Evaluation Data Sources:

- Iowa Family Survey
 - Protective Factors Survey
 - Family demographic questions
- Service output data
 - Number of families, parents and children served
 - Funding received

Grantees in the categories of Home Visitation, Fatherhood, and Parent Development are required to administer the Protective Factors Survey and use the DAISEY system as part of their evaluation and continuous quality improvement process. Grantee proposals detail community need and prioritize the protective factors their programming will improve. ICAPP-funded Respite Care, Sexual Abuse Prevention, and Community Development programs do not use DAISEY, nor do Crisis Care programs funded through CBCAP. Additional information about the number of families, parents, and children served is collected from all grantees through monthly reports to PCA Iowa.

The Protective Factors Survey

Protective factors mitigate risk factors of child maltreatment and reduce the impact of adverse experiences during childhood (Child Welfare Information Gateway, 2014). In order to measure families' protective factors, the Iowa Family Survey includes the Protective Factors Survey (PFS) developed by FRIENDS National Center for Community-Based Child Abuse Prevention and the University of Kansas Institute for Educational Research and Public Service through funding provided by the U.S. Department of Health and Human Services. This instrument is flexible in that it can be used with the majority of prevention programs and can be administered on paper or online (please see <https://friendsnrc.org/protective-factors-survey>).

The PFS measures five protective factors through a 20-question self-assessment which adult caregivers are asked to complete at program enrollment, periodically while participating in a program, and again at discharge. Using a Likert-style agreement scale, participants rate a series of statements about their family, connection to the community, parenting practices, and perceived relationship with their child(ren). Table 3, created by FRIENDS National Center for CBCAP, provides a summary of the protective factors measured by the survey.

Table 3. Definitions of Protective Factors by FRIENDS, NRC

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

This report analyzes average protective factors scores in each of the five domains. To arrive at an average score for each participant, responses to each question receive a score of one to seven based on a participant’s response. These scores are added up and divided by the total number of questions in a domain (which range from three to five questions). Scores are not calculated for participants who skip more than one question in a domain. The overall averages presented in this report are calculated by adding up all participants’ scores and dividing by the total number of participants with a score.

In addition to the average scores of all respondents, each domain’s scores are examined by family characteristics to look for differences between families with varying characteristics. Higher average scores indicate that participants are reporting positive behaviors associated with protective factors.

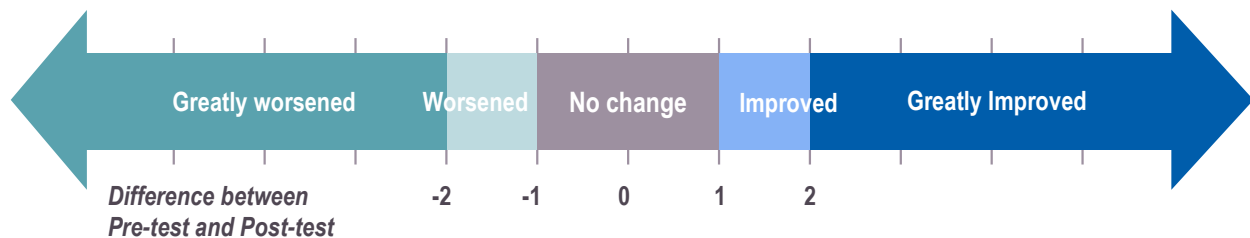
Measuring Changes in Protective Factors Scores Over Time

To determine changes in families' protective factors over time, HZA analyzes the average protective factor scores by protective factors domain for those participants who have completed both an initial and a follow-up survey. The difference between participants' scores on follow-up surveys (post-tests) and initial (pre-tests) is examined for direction (whether scores went up or down) and are tested for statistical significance. If the difference between average pre- and post-test survey scores is statistically significant, it means the change is not due to chance. When examining the differences between subgroups (such as families with different demographic characteristics), results are only reported when at least twenty-five surveys were collected.

In total, 1,679 families completed at least one survey during the reporting period. Demographic results are reported using data from the most recent survey submitted for each family. The protective factors results presented in this report are drawn from 738 matched pairs of pre- and post-test surveys. Follow up surveys completed during the reporting period were matched to a pre-test using the DAISEY Family ID. On average, 345 days elapsed between families' pre- and post-tests.

In addition to examining changes in average scores, respondents are also identified as having protective factors scores which improved, worsened, or stayed the same. Respondents' scores are considered to have improved or worsened in their post-test if the protective factor score is greater than or less than their pre-test score by one point to two points and considered to have *greatly* improved or worsened if their post-test score is two or more points above the pre-score; this ensures that slight fluctuations in scores are not interpreted as meaningful change (Figure 2).

Figure 2. Measuring Improvement in Protective Factors



Retrospective Protective Factors Survey

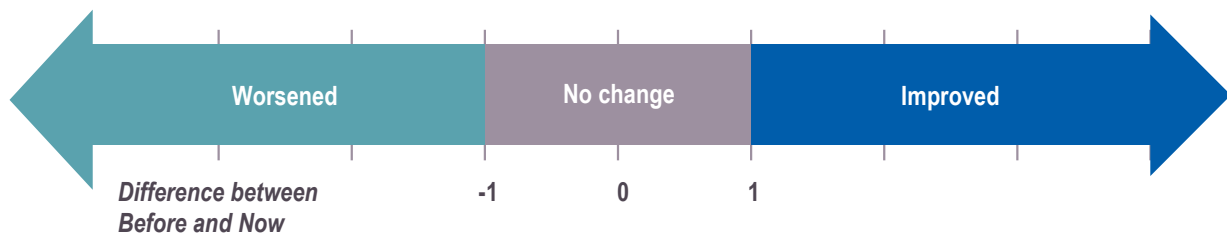
In 2017, FRIENDS National Center began piloting a new, retrospective version of the PFS, known as PFS-2. The PFS-2 has been developed to offer more sensitivity to changes in protective factors, simplify administration, and be more culturally competent. Table 4, developed by FRIENDS, shows the protective factor domains measured by the new survey. The survey asks respondents to answer questions "before" program involvement and "now" (*i.e.*, at the time they take the survey) on the same survey, rather than using a pre-post method. It also simplifies the Likert scale to five options rather than seven.

Table 4. PFS-2 Protective Factors Domains

Protective Factors	Definition
Social Supports	Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs.
Family Functioning/Resilience	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.
Nurturing and Attachment	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.
Concrete Supports	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
Caregiver/Practitioner Relationship¹	The supportive, understanding relationship between caregivers and practitioners that positively affects parents’ success in participating in services.

As of July 1, 2017, Respite and Crisis Care grantees began using the PFS-2. In total, 56 surveys were collected, and the results are presented in this report. Due to the different methodology and survey instrument, results of the retrospective survey are kept separate from the other survey results. As with the PFS, average scores by domain are calculated and compared using t-tests and individual scores are examined to see if they improved, worsened, or stayed the same. Since the PFS-2 uses a 5-point scale, scores are categorized as improved if they increased by at least one point from before and worsened if they decreased by at least one point (Figure 3).

Figure 3. Measuring Improvement in Protective Factors on the PFS-2



Grantee Monthly Reports

This report also includes information on the number of families served and the amount of funding received by ICAPP and CBCAP grantees from July 1, 2017 to June 30, 2018. Service output data are collected by PCA Iowa via monthly grantee reports. Within CBCAP, Home Visiting programs are included in the Parent Development funding category; however, those programs that use an evidence-based home visiting model are included in the Home Visiting evaluation results. The affected programs are identified in the Parent Development section of this report.

¹ While the caregiver/practitioner relationship is not often identified as a protective factor, this subscale can help program providers better assess their ability to effectively engage with caregivers and support improved service delivery. From *The Revised Protective Factors Survey (PFS-2) Field Test User Manual*, FRIENDS National Center for Community Based Child Abuse Prevention, 2017.

Characteristics of Families Served

The characteristics of families served by ICAPP- and CBCAP-funded programs are reported from the 1,679 Protective Factors Surveys collected between July 1, 2017 and June 30, 2018 through the DAISEY system by participants in Parent Development, Home Visiting, and Fatherhood programs. Caregivers are asked about numerous demographic characteristics including gender, race and ethnicity, and education level. The results of the analysis of the demographic data show that most participants were women who identified as white. A closer look at families' other demographic characteristics and comparisons to all Iowa residents, using data from the U.S. Census' 2012–2016 American Community Survey (ACS) estimates are presented in this section (U.S. Census Bureau, 2017).

A Closer Look at Participant Family Demographics vs. Iowa General Population

Gender

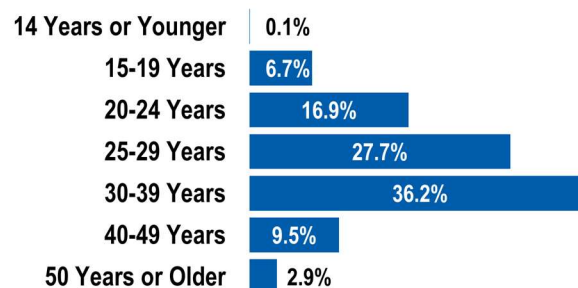
88% of participant caregivers were female compared to **50%** of all Iowans

Race/Ethnicity

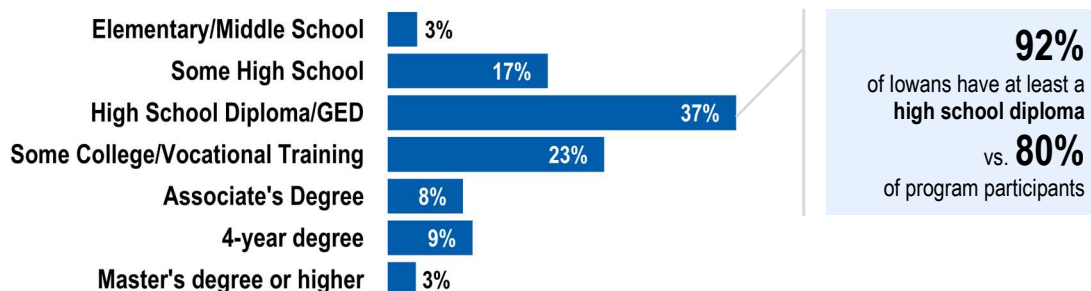


*Hispanic/Latino is captured separately on the ACS. Approximately 5% of Iowans are Hispanic or Latino.

Age of Participant Caregivers



Participant Caregiver Education

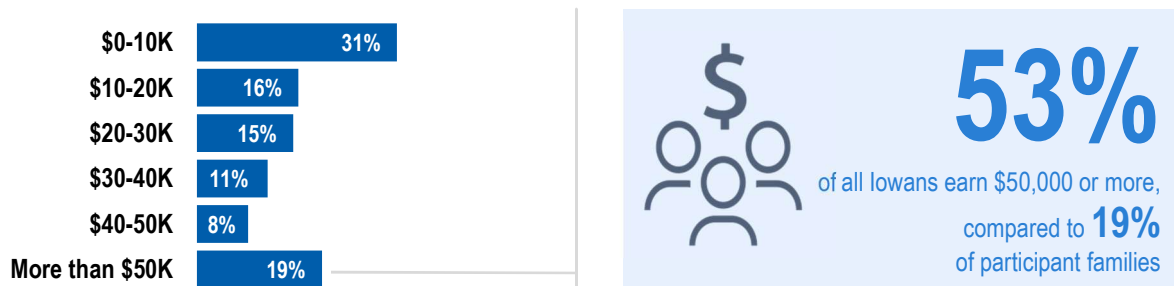


ICAPP- and CBCAP-funded programs served a higher proportion of women and fewer white families compared to the state population. However, a higher proportion of Hispanic households were represented among program participants compared to the state (14 percent of families, compared to five percent in Iowa). ICAPP and CBCAP participants were also less likely to have a high school diploma or higher education and fewer were employed full-time or owned a home, compared to the general population. Participant caregivers were most frequently between the ages of 30 and 39.

Income and Financial Assistance Utilization

In addition to the demographic differences between all Iowans and surveyed families, families served by ICAPP- and CBCAP-funded programs also reported lower incomes compared to the state overall. Those with a household income below \$10,000 accounted for 31 percent of participants, compared to six percent of Iowa residents. More than half of Iowa families earned more than \$50,000, while only 19 percent of survey respondents did (U.S. Census Bureau, 2016). Figure 4 shows the income ranges reported by program participants.

Figure 4. Reported Household Income of Survey Respondents



Overall, survey respondents were a demographically diverse group. While the majority identified as white and female, more participant caregivers were of Hispanic origin compared to all Iowans and they had varying levels of education and employment statuses. **Participant caregivers reported lower levels of education, household income, and full-time employment than the general population.** In addition, **fairly high proportions of respondents reported experiencing child maltreatment risk factors, particularly mental illness.**



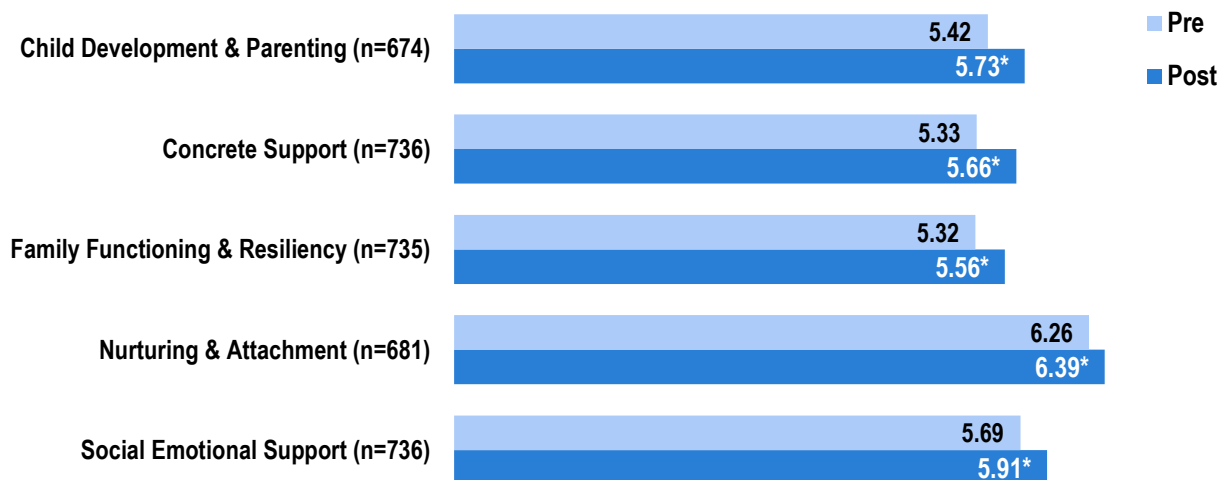
Overall Protective Factors Survey Results

The goal of the Protective Factors Survey analysis is to describe changes in participants' protective factors over the course of their participation in grant funded prevention programs. PFS responses were collected from 1,679 participants and 738 post-tests were matched to pre-test surveys. As described in the Methodology section, the evaluation examined changes in average protective factors scores among pre- and post-test surveys and the number of respondents whose scores improved, worsened, or stayed the same from the beginning of their involvement to their most recent survey. Differences among families from various demographic groups are also described in this section.

This year the methodology for matching surveys and the organizations participating in the PFS changed, with Respite and Crisis Care switching to the retrospective version. Those surveys are excluded from this section which presents surveys collected from Home Visiting, Parent Development, and Fatherhood programs. These changes limit the comparisons that can be made between the current results and previous years' overall findings.

Statistically significant changes in protective factors scores were observed in every domain this year, indicating that families may be using more behaviors and skills associated with those protective factors after participating in ICAPP-funded prevention programs. Figure 5 displays the average scores in each domain among those with matched surveys. The largest changes in scores were in the Concrete Support and Child Development and Parenting domains.

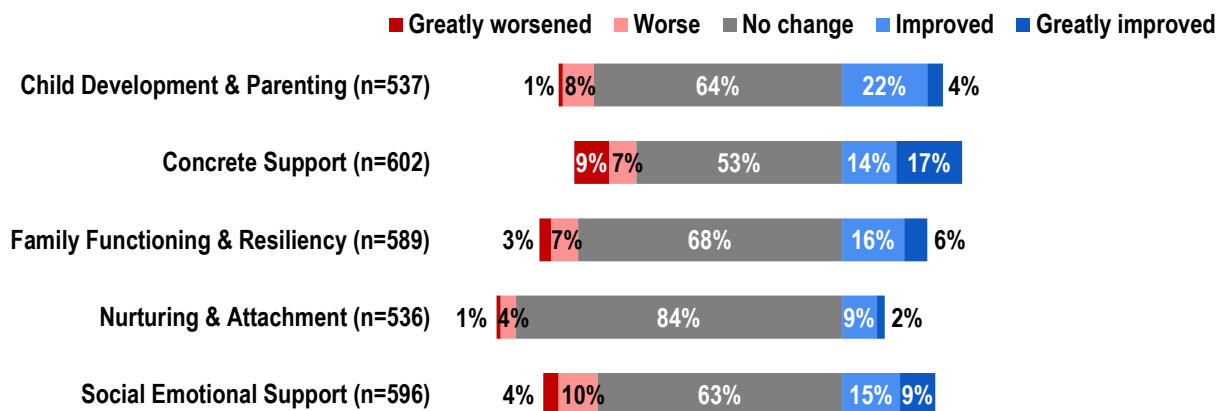
Figure 5. Average Pre- and Post- Protective Factors Scores by Domain Among Matched Surveys (n=738)



*Statistically significant difference between pre- and post-tests ($p < 0.01$).

Moving from an examination of change in average protective factor scores to looking at the percentage of participants whose scores changed, Figure 6 shows that the largest proportion of families had scores that improved in Concrete Support, with 14 percent showing improvement and 17 percent greatly improving. Across domains, half or more participants had no change in score, meaning scores changed less than one point from pre- to post-surveys. The highest proportion of families with no change were in the Nurturing and Attachment domain, which is also the domain that had the highest average scores, leaving little room for improvement.

Figure 6. Changes in Protective Factors Scores Among Matched Surveys



Those who successfully completed the program (or whose child aged out of services), as well as those still active in the program, had greater statistically significant improvement in scores across nearly all domains than those who did not complete the program for a multitude of different reasons (Table 6). Clients who successfully completed the program had lower scores on pre-tests, indicating that they reported fewer protective factors early after enrollment. This may mean that clients are more likely to stay engaged if they have more needs or that programs do a better job of engaging clients who have fewer protective factors.

In comparison, those who discharged early for nearly all reasons showed a decrease in scores in various domains, implying that leaving the program before successful completion may have a negative impact on their ability to build protective factors. This further indicates a potential need to prioritize the continued engagement of participants trying to leave or quit the program. Some improvements among non-completers were statistically significant, but smaller in magnitude in comparison to completers.

Table 6. Protective Factors Scores by Discharge Status

Discharge Reason ²	Child Development		Concrete Support		Family Functioning		Nurturing & Attachment		Social Support	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Completed/child aged out (n=115)	5.17	5.81*	5.49	6.09*	4.74	5.45*	6.03	6.33*	5.45	6.03*
Moved out of service area (n=30)	5.50	5.71	5.42	5.75	5.37	5.30	6.19	6.32	5.73	5.52
No contact or could not locate (n=7)	5.54	5.91*	5.10	5.81	5.43	5.77	6.50	6.71	6.24	5.81
No longer interested in services (n=8)	5.65	5.80	5.78	5.67	5.73	5.87	6.50	6.31	5.96	6.07
Too busy (n=10)	5.60	6.02*	5.79	5.36	5.51	5.45	6.48	6.53	5.73	5.79
Other (n=29)	5.87	6.08	5.62	5.62	5.17	5.27	6.44	6.54	5.86	5.68
Active (n=473)	5.45	5.68*	5.26	5.56*	5.44	5.62	6.30	6.40	5.73	5.93

*Statistically significant difference between pre- and post-tests ($p < 0.01$).
Red text indicates a decrease in scores.

² The N's for Discharge Reason represent the lowest response across domains. Discharge reasons with responses from fewer than five individuals have been excluded.

Protective Factor Scores by Demographic Characteristics

PCA Iowa and HZA evaluated demographic characteristics, such as gender, education level and marital status of the PFS. Statistically significant differences in scores were found in all domains among a wide variety of demographic groups. In the following sections, the differences between groups in each domain are examined in more detail. Differences between pre- and post-test scores were evaluated for statistical significance only among categories with at least twenty-five respondents. Scores are not reported if there were less than seven participants in a category.

Child Development and Parenting

When Child Development and Parenting protective factors scores were examined for differences among demographic groups, scores increased significantly among a number of different groups. Women, who reported they were Hispanic, white, married, single, and/or partnering, all had statistically significant increases in scores. Increases were also seen in households larger than one, participants aged 26–45, both English and Spanish speakers, and groups with a wide variety of education levels. The group with the highest increase in average scores was those who completed a program (n=115), whose scores increased from 5.17 to 5.81 on post-tests.

Protective factor scores in Child Development increased among respondents who reported the following characteristics...

- Women
- Hispanic or White
- Partnered, Married, or Single
- Household sizes above one
- Incomes between \$0–\$40k or more than \$50k; both above and below the poverty line
- Program completion or child aged out
- A caregiver with or without a disability
- Some high school, a high school diploma or GED, trade/vocational training, some college, or a 2-year degree
- Enrolled prenatally and not prenatally enrolled
- English or Spanish speaking
- Parents between the ages of 26–45
- Families without an incarcerated caregiver
- First-time moms and non-first-time moms

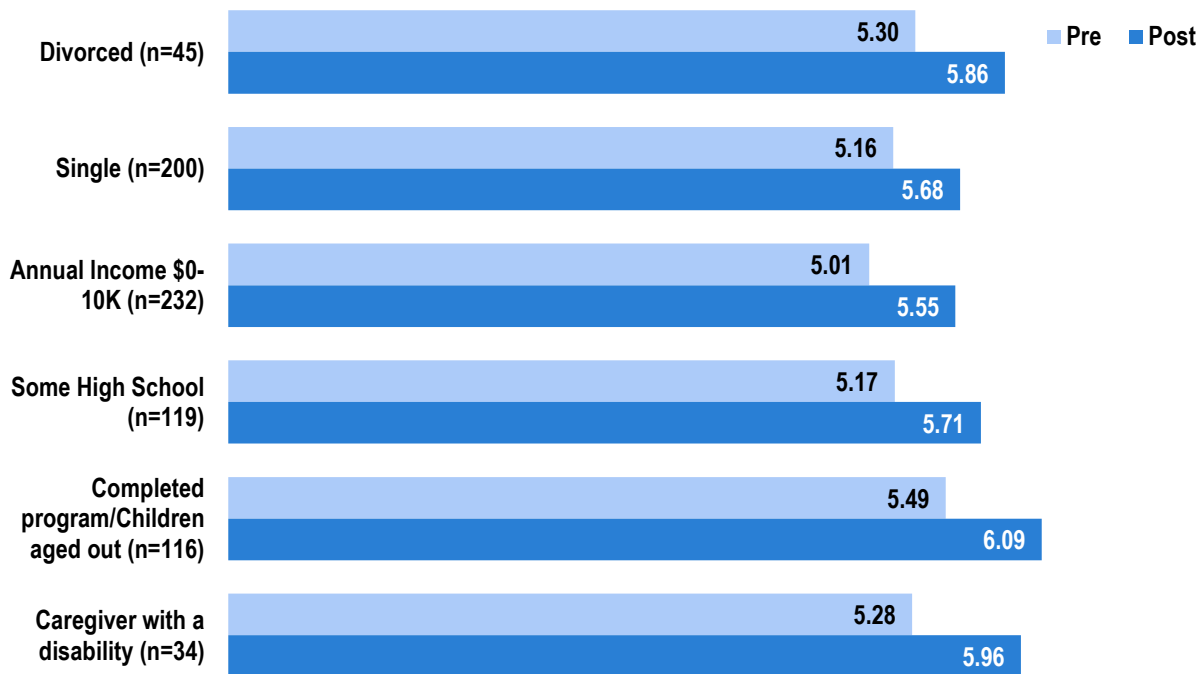
Concrete Support

As in Child Development, statistically significant differences in Concrete Support from pre- to post-test surveys were seen in a wide range of demographic categories. Most of the statistically significant differences were found among groups who showed improvements (as opposed to declines) in scores. When scores did increase significantly, the differences from pre- to post-tests were generally more than in other domains. For many groups, an increase of more than 0.5 was observed (Figure 7).

Protective factor scores in Concrete Support increased among respondents who reported the following characteristics...

- Women
- Hispanic or White Divorced, Married, or Single
- Households of two to five
- Families with incomes between \$0–\$10,000, \$20k–\$40k, and more than \$50k, and both families above and below the poverty line
- Program completion or child aged out
- A caregiver with or without a disability
- Some high school, a high school diploma or GED, or a 2-year degree
- Not enrolled prenatally
- English or Spanish speaking
- Between 18–20 and 26–40 years old
- Families without an incarcerated caregiver
- First-time moms and non-first-time moms

Figure 7. Characteristics of Families with Largest Positive Concrete Support Score Improvements*

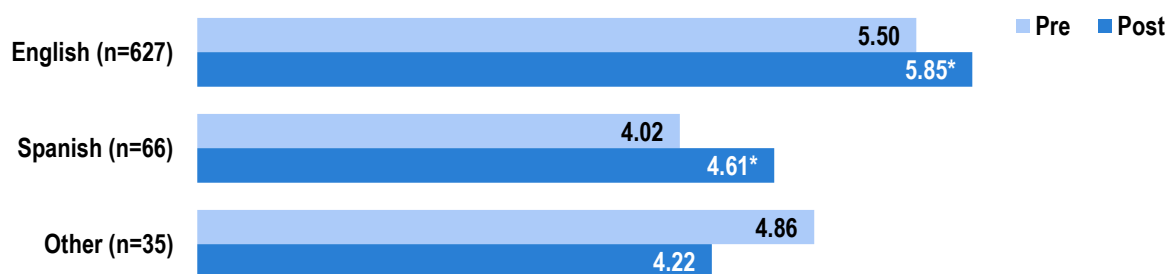


*All characteristics had a statistically significant difference (p<0.05).

Divorced, married, and single participants all improved at a statistically significant level, as did participants in most income levels; both participants above and below the federal poverty level had statistically significant increases in scores. Those with some high school education to a 2-year degree also had scores that increased significantly. Based on education status, those with statistically significant increases had similar pre- and post-scores; looking at participants by age, there was more variation. The 31 participants between the ages of 18 and 20 had scores that increased, as did those in their late twenties and thirties. However, participants 18–20 years old had lower pre-scores and improved more compared to older participants.

Likewise, while scores for both English and Spanish speakers improved, English speakers’ scores were much higher than their Spanish speaking peers on both pre- and post-tests (Figure 8).

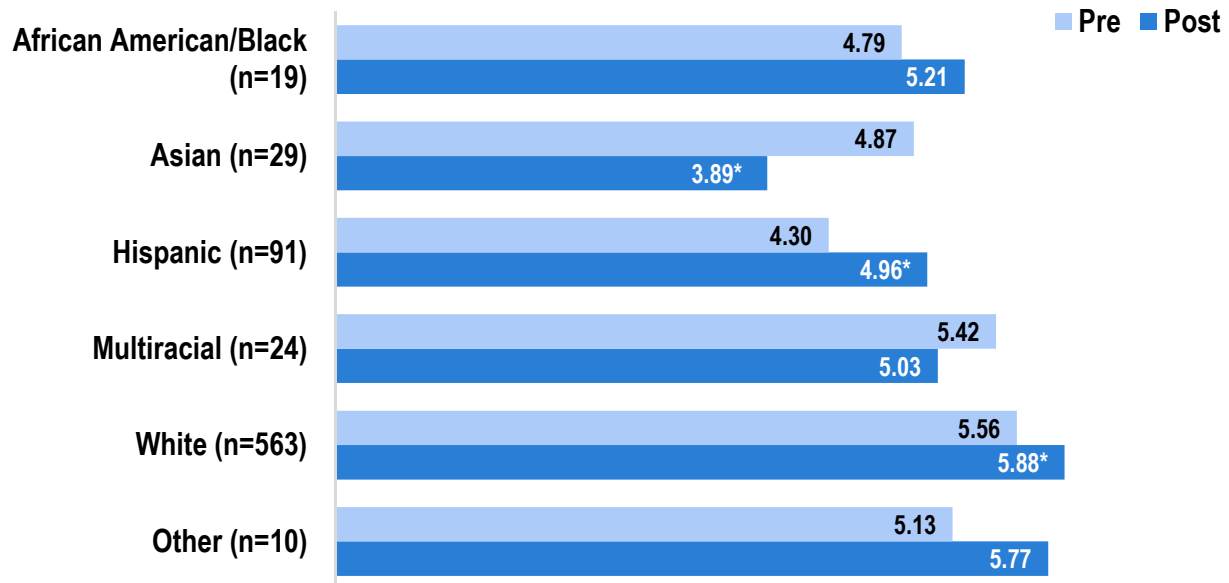
Figure 8. Concrete Support Scores by Language



*Statistically significant difference (p<0.05).

One group that did not improve was families who were Asian; their scores decreased significantly from 4.87 to 3.89. However, the sample size was small (*i.e.*, less than 50) (Figure 9). In contrast, Hispanics and whites had statistically significant *increases* in scores, with Hispanics average scores increasing the most.

Figure 9. Concrete Support Scores by Race/Ethnicity



*Statistically significant difference between pre- and post-tests ($p < 0.05$).

Looking specifically at the risk factors of abuse and neglect, households without an incarcerated caregiver had scores increase from 5.33 to 5.65 ($n=689$). Significant increases in scores were demonstrable for families regardless of identified disability status.

Concrete Support protective factor scores increased across a wide variety of demographic groups indicating that overall ICAPP- and CBCAP-funded programs had an impact in protective factors among a broad cross-section of participants.

Family Functioning and Resiliency

As in other domains, improvements in protective factors scores in Family Functioning and Resiliency were seen among many categories of participants. However, in some instances it appeared that different participants reaped greater benefits in this domain compared to others. No groups experienced statistically significant decreases in scores.

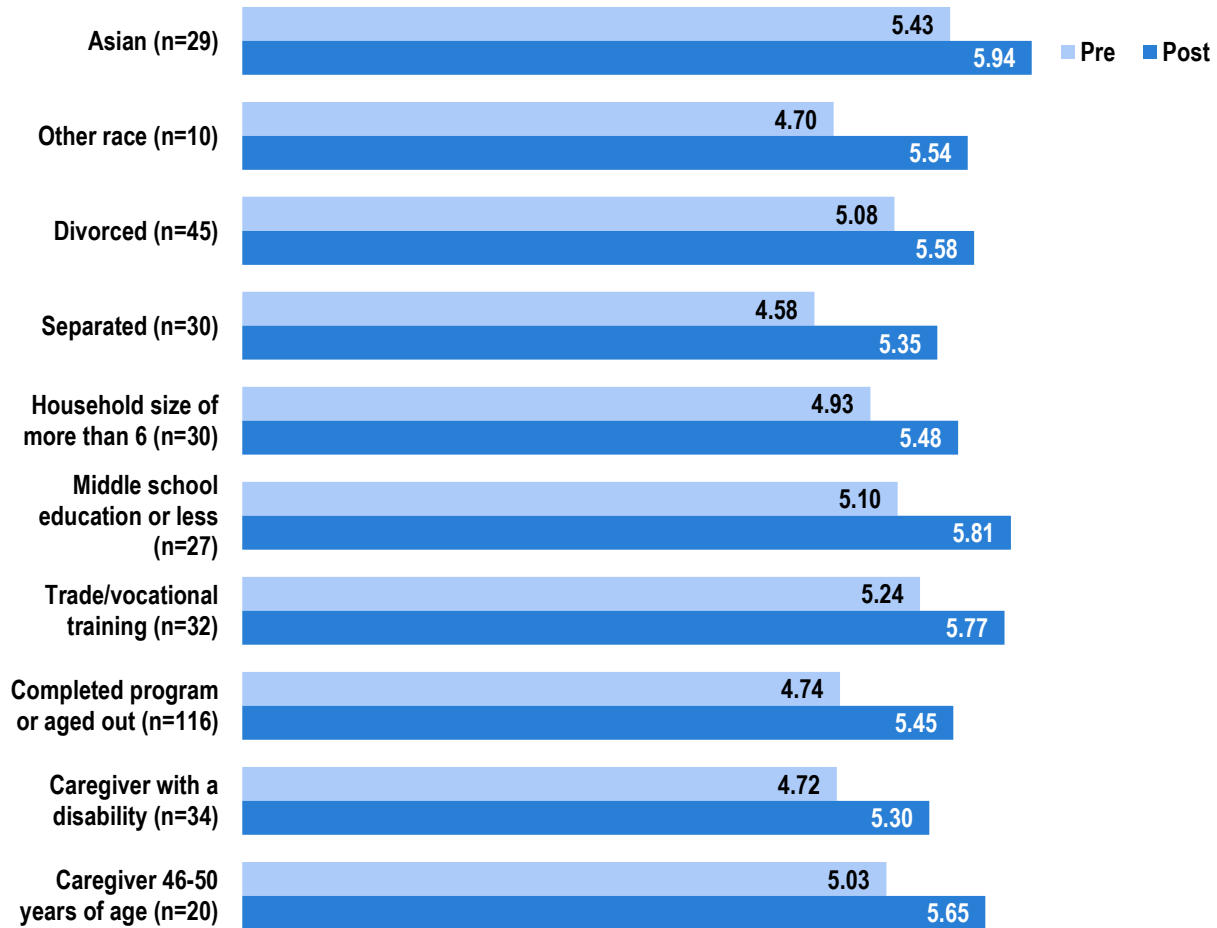
Protective factor scores in Family Functioning and Resiliency increased among respondents who reported the following characteristics...

- Women and men
- Asian and white
- Divorced, married, separated, or single
- Households of two to five and more than six
- Incomes between \$0–30k and \$40-50k; above and below the federal poverty line
- Program completion or child aged out
- A caregiver with or without a disability
- Middle school or lower, some high school, high school diploma/GED, trade/vocational training, or some college
- Enrolled prenatally and not enrolled prenatally
- English, Spanish, and other language speakers
- Between ages 26–50 years old
- Families without an incarcerated caregiver
- First-time moms and non-first-time moms

Caregivers improved in Family Functioning that did not see improvements in other domains. For example, men, Asians, those with a middle school or lower education level and those whose primary language was not English or Spanish showed increased scores. Not only did those groups improve, but they improved by larger margins than other groups. This may indicate that programs are specifically targeting members of these groups for more support in family functioning and resilience.

Characteristics of participants with the greatest amount of improvement include: Asian, other race/ethnic, divorced, separated, households of more than six, education level of no more than middle school or trade/vocational training, completed the program or child aged out, caregiver had a disability, caregiver is between the ages of 46 and 50 years (Figure 10).

Figure 10. Characteristics of Families with Largest Positive Family Functioning and Resiliency Score Improvements*



*All characteristics had a statistically significant difference (p<0.05).

Nurturing and Attachment

As noted earlier, Nurturing and Attachment is the domain in which families reported the highest overall scores both on pre- and post-tests. Fewer demographic groups had statistically significant increases in scores and none showed decreases. Like Family Functioning, both women and men improved significantly, as did Asians and whites, those who were married, living in households between three and five members, and those with incomes between \$10,000 and \$20,000. Both those above and below the poverty line improved. Statistically significant increases ranged from 0.10 (above the poverty line) to 0.39 (Asians).

Protective factor scores in Nurturing and Attachment **increased** among respondents who reported the following characteristics...

- Women and men
- Asian and white
- Married
- Households of three to five
- Families with incomes between \$10k–\$20k; above and below the federal poverty line
- Program completion or child aged out
- Middle school or lower or some high school
- Not enrolled prenatally
- English speakers
- Between ages 26–45 years old
- Families without an incarcerated caregiver
- First-time moms and non-first-time moms

Social Emotional Support

Following the trend with the other domains, Social Support scores increased significantly among a wide variety of demographic categories. The largest increase was observed among those with a middle school education or lower, with scores increasing from 4.91 to 5.96 (n=27). Women; white participants; those who were married, partnering, or single; households of two to four; and caregivers with a disability also reported statistically significant increases.

Protective factor scores in Social Support **increased** among respondents who reported the following characteristics...

- Women
- White
- Married, partnered, single
- Households of two to four
- Families with incomes between \$0–\$20k and \$40k–\$50k, both above and below the federal poverty line
- Program completion or child aged out
- A caregiver with a disability
- Middle school or lower or high school diploma/GED
- Not enrolled prenatally
- English and Spanish speakers
- Between ages 31–45 and 50 years old or more
- Families without an incarcerated caregiver
- First time moms and non-first-time moms

Changes in protective factors scores varied among demographic groups in all domains.

In every domain, every demographic variable had at least some families whose scores changed indicating that ICAPP and CBCAP-funded programs are effective among broad swaths of target populations. Even vulnerable groups with known risk factors, including those with disabilities and those living in poverty, showed increased scores in most domains.

These results can be used to determine which groups of prevention program participants are experiencing improvements in their protective factors and help programs look for new strategies to help those who did not improve.



Participation and Protective Factors Scores by Program Type

In the following section the evaluation findings of Respite and Crisis Care, Home Visiting, Parent Development, Fatherhood, Sexual Abuse Prevention, and Community Development programs are presented. The number of families served is described as well as the results of the PFS analysis.

Respite and Crisis Care Services

Crisis Care provides a short-term child care alternative to families in high-stress situations. Services are available 24 hours a day, seven days a week at the providers' offices and may be used for up to 72 hours. The goal is to provide a safe environment for children so that parents can address whatever circumstance has led to their need for care. Respite Care services offer licensed and/or registered child care to families in need of these services. Services may be provided at scheduled times or on short notice, such as in times of stress or crisis. Caregivers attend medical or counseling appointments, run errands, or simply rest while children are in respite. Both Respite and Crisis Care providers may make referrals to other service providers based on a family's needs, and provide caregivers with parenting information, support, and positive role modeling. From July 1, 2017 to June 30, 2018, 316 families received Crisis Care services. Over 39,000 hours of care were provided during that time. Tables 7 and 8 show the funding amounts awarded to each program and the number of people who received assistance. CBCAP grant amounts ranged from \$6,000 to \$14,000, while ICAPP grants ranged from \$5,900 to \$31,348.

Table 7. Level of Funding and Number Served by CBCAP Crisis Care Programs

Counties Served	Funding	Families	Parents	Children	Hours of Care
Audubon, Carroll, Greene, Guthrie	\$10,230	24	34	54	5,014
Linn	\$14,000	26	39	51	1,399
Marshall/Hardin	\$6,000	94	113	83	8,321
Story	\$6,000	19	19	42	1,114
Total	\$36,230	163	205	230	15,848

Table 8. Level of Funding and Number Served by ICAPP Crisis Care Programs

Counties Served	Funding	Families	Parents	Children	Hours of Care
Audubon Carroll Greene Guthrie	\$17,456	20	27	29	5,012
Boone	\$5,900	6	6	15	1,346
Buchanan	\$21,217	20	27	29	5,012
Linn	\$31,348	27	38	55	4,246
Marshall	\$21,963	80	108	148	8,321
Total	\$97,884	153	206	276	23,937

A total of 401 families participated in Respite Care services funded by ICAPP in 11 counties during the reporting period. In total, organizations provided nearly 31,000 hours of care to children. Table

9 shows the funding amounts awarded to each program, the counties served, and the number of people who received assistance. Grant amounts ranged from \$2,926 to \$36,448.

Table 9. Level of Funding and Number Served by Respite Care Programs through ICAPP

Counties Served	Funding	Families	Parents	Children	Hours of Care
Audubon, Carroll, Guthrie, Greene	\$26,185	99	150	179	4,750
Buchanan	*	13	21	19	1,118
Dickinson	\$18,456	49	49	83	4,803
Dubuque	\$25,220	10	10	17	5,255
Humboldt	\$8,561	23	46	43	1,663
Kossuth	\$9,007	38	70	55	3,320
Linn	\$2,926	13	15	22	666
Warren	\$36,448	156	226	244	9,404
Total	\$126,803	401	587	662	30,979

*Buchanan funding noted under ICAPP Crisis Care (Table 8)

Respite and Crisis Care Protective Factors Scores Results

The majority of those who participated in Respite and Crisis Care programs were White, married women, who either rented or owned their own home, had a high school diploma or GED, were Medicaid eligible and were between the ages of 21 and 30 years of age.

Figure 10. Marital Status of Participants

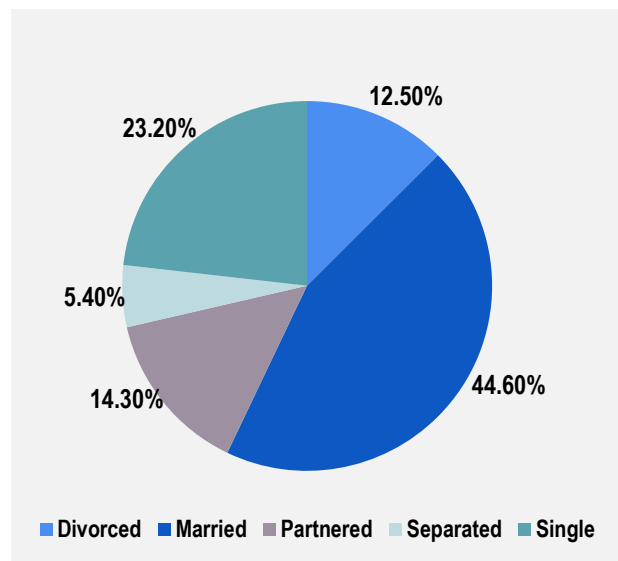
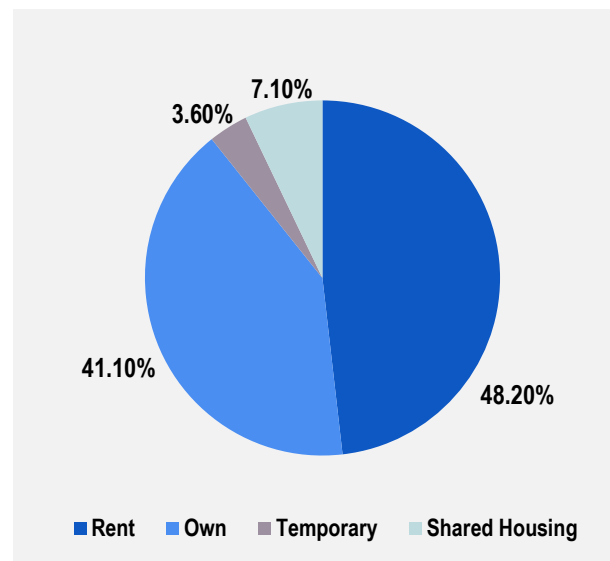
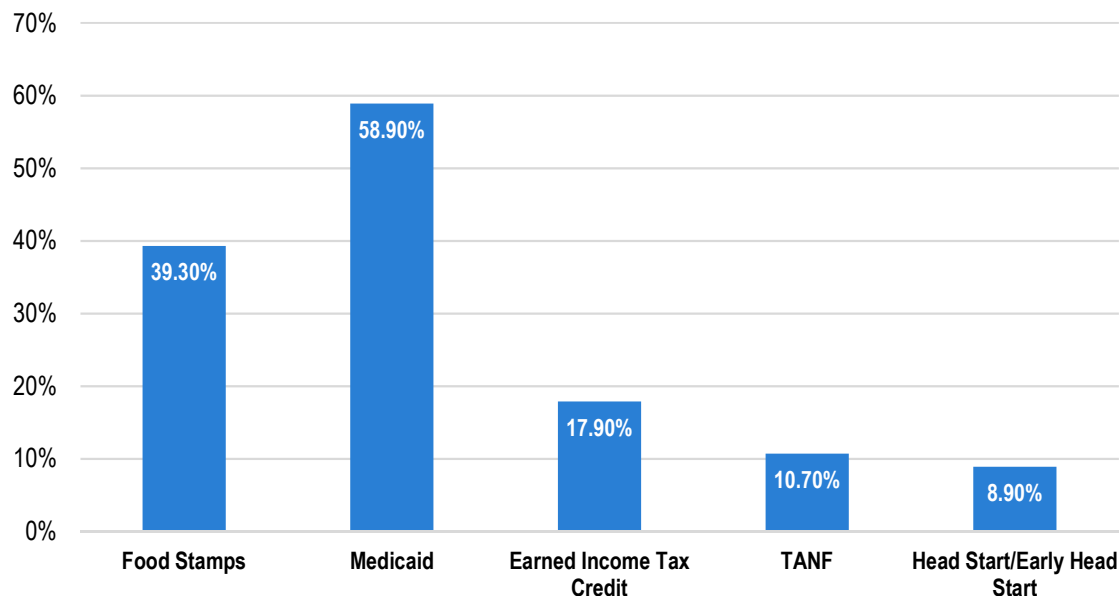


Figure 11. Housing Status of Participants



Respite and Crisis Care participants were more likely to receive support from Medicaid than other public service programs (Figure 12).

Figure 12. Participation in Public Service Programs

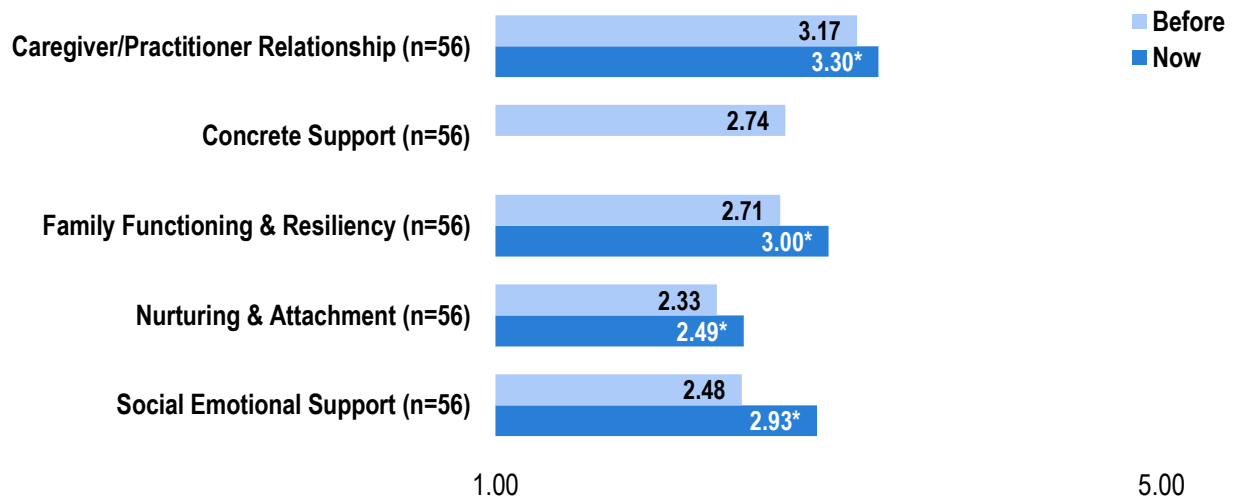


Respite and Crisis Care Protective Factors Scores Results

Clients from Respite and Crisis Care programs completed 56 retrospective protective factors surveys between July 1, 2017 and June 31, 2018. It is often a challenge for organizations to collect surveys from participants in Crisis Care, which is part of the reason the retrospective pilot was implemented. Due to the nature of the circumstances surrounding families' utilization of Crisis Care services (*i.e.*, emergencies and other high-stress situations), caregivers may be unavailable or unwilling to complete the Iowa Family Survey after using the services. Although the number of surveys is great enough to test for statistically significant changes in pre- and post-test scores, the protective factors scores results should be considered with caution as they are unlikely to be representative of all families participating in Respite and Crisis Care. Nonetheless, the results may help organizations identify questions or areas of their program to examine in greater detail.

Figure 13 displays the protective factors survey results among Respite and Crisis Care participants. Scores among participants increased at a statistically significant level in the Caregiver/Practitioner Relationships, Family Functioning, Nurturing and Attachment, and Social Support domains. On the retrospective survey, caregivers are only asked questions about Concrete Support before enrollment. On average, families scored 2.74 on that domain (on a five-point scale). Scores were highest in the Caregiver/Practitioner Relationship domain and improved the most in Social Emotional Support, increasing from 2.48 to 2.93.

Figure 13. Average Protective Factors Scores by Domain Among Respite and Crisis Care Retrospective Surveys



*Statistically significant difference (p<0.05).

Home Visiting Programs

Programs offering in-home parent education and following an evidence-based model make up the Home Visiting category. Home Visiting programs provide individualized support for parents and caregivers in the home, increasing the flexibility and accessibility of services. Though in-home services are occasionally available to any family, regardless of their circumstances, home visitation models utilized by ICAPP grantees have admission criteria that targets families considered at increased risk for child maltreatment, including families with newborns or very young children and families who are expecting, the latter of which are targeted for prenatal services. Funding in this category was limited to projects utilizing evidence-based home visitation models, specifically Parents as Teachers (PAT) and Healthy Families America (HFA).

A total of 431 families were served by Home Visiting programs receiving ICAPP funding. Table 10 shows the level of funding received by each county or group of counties. ICAPP Home Visiting grants ranged from \$6,199 to \$37,681 and funded group, in-home, and one-on-one sessions with clients and home visitors. As noted previously, evidence-based home visiting programs are funded by CBCAP through the Parent Development category. Although those programs' protective factor survey results are reported in this section, information about the number of people served and funding amounts can be found in the Parent Development section of the report.

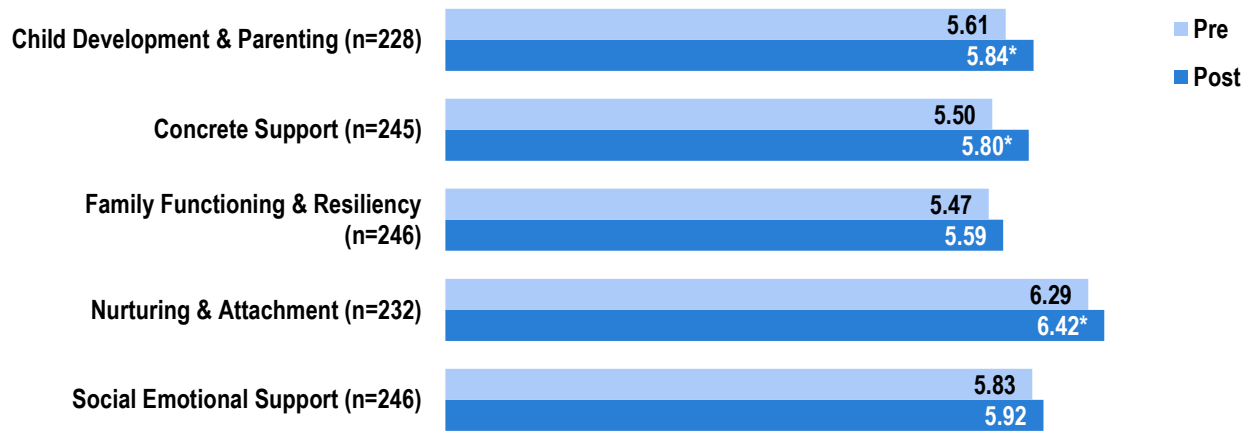
Table 10. Level of Funding and Number Served by Home Visiting Programs by ICAPP

Counties Served	Funding				Sessions		
		Families	Parents	Children	Groups	In-Home	One-on-one
Adair	\$7,017	2	3	2	12	22	0
Adams	\$13,980	3	5	5	12	33	0
Buchanan	\$24,121	31	52	46	20	608	0
Cedar	\$7,625	7	13	7	12	216	12
Clarke	\$9,891	42	75	56	14	363	0
Decatur	\$11,400	11	20	17	7	70	0
Delaware	\$37,681	73	107	114	12	801	0
Fremont, Page	\$12,540	8	12	8	0	119	0
Jackson	\$6,199	18	18	25	0	403	0
Jones	\$8,511	25	35	36	11	691	30
Marshall	\$16,784	167	301	225	17	1,818	135
Mills	\$17,959	12	12	13	14	133	0
Monroe	\$23,688	21	36	51	2	306	8
Montgomery	\$7,843	3	6	6	0	29	0
Ringgold	\$8,665	3	4	3	11	20	0
Woodbury	\$8,575	5	5	5	0	119	0
Total	\$222,479	431	704	619	144	5,751	185

Home Visiting Protective Factors Scores Results

Out of 574 surveys submitted by Home Visiting program participants, 246 completed both pre- and post-surveys. Figure 14 displays the average Home Visiting scores in each of the five domains. Participants had the highest scores in Nurturing and Attachment, both on pre- and post-tests, while the lowest scores were in Family Functioning and Resiliency. Analysis of the surveys showed statistically significant increases in protective factors scores in Child Development and Parenting, Concrete Support, and Nurturing and Attachment.

Figure 14. Average Pre- and Post- Protective Factors Scores by Domain Among Home Visiting Matched Surveys

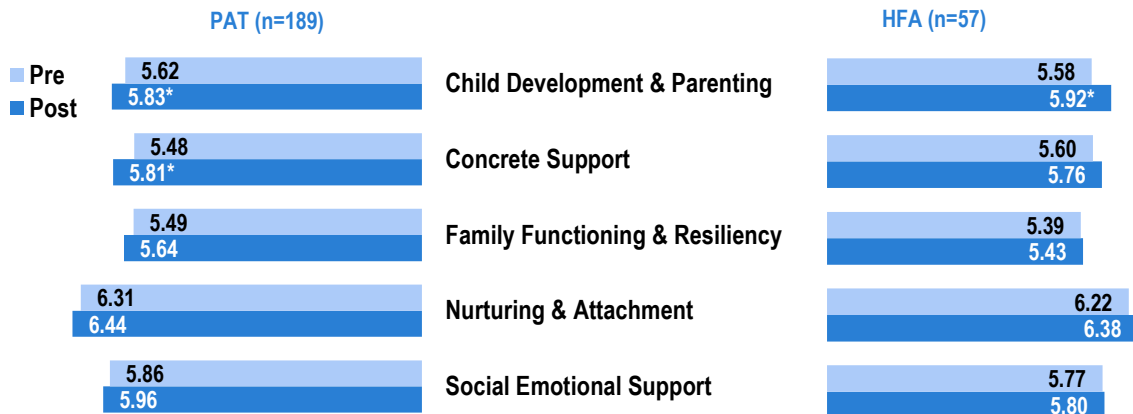


*Statistically significant difference (p<0.05).

Home Visiting Scores by Evidence-Based Model

In addition to examining Home Visiting results overall, protective factors scores were analyzed for each model, PAT and HFA. A total of 189 PAT program participants completed both pre- and post-test surveys, while 57 participants of HFA completed both pre- and post-test surveys. Figure 15 displays the protective factors scores of both models.

Figure 15. Pre- and Post- Protective Factors Scores Among PAT and HFA Home Visiting Models



*Statistically significant difference (p<0.05).

PAT participants showed minimal increases between pre- and post-test protective factors scores in every domain except Concrete Support and Child Development and Parenting, which were both statistically significant. Among caregivers participating in HFA, Child Development and Parenting scores increased significantly.

Parent Development and Fatherhood Programs

Parent Development programs make up the majority of projects funded by ICAPP and CBCAP. These programs teach parents about typical child development and effective behavior management techniques. Most focus on effective communication, problem solving, stress management and foster peer support among participants. Parent Development services are offered both in group settings and in participant homes.

Also included in the Parent Development category are programs which specifically target fathers, or Fatherhood programs. Beginning in federal fiscal year 2014, CBCAP funding was used to launch the Responsible Fatherhood Initiative, establishing the evidence supported 24/7 Dad program throughout Iowa. Very few Iowa Family Surveys from Fatherhood participants could be matched to a pre-test (only nine surveys), so they have been combined with other Parent Development program surveys for analysis.

CBCAP funds 24 Parent Development and seven Fatherhood programs. ICAPP funds 43 programs in the Parent Development category. Overall, 3,498 families received services through funded Parent Development programs. CBCAP grant awards ranged from \$6,000 to \$20,580. ICAPP awards ranged from \$2,835 to \$31,521. Seven Fatherhood programs were funded through CBCAP and provided services to 97 families. Fatherhood grants ranged from \$4,000 to \$16,538. Tables 11, 12 and 13 provide more detail on the programs funded and how many families were served.

Table 11. Level of Funding and Number Served by CBCAP Parent Development Programs

Counties Served	Funding	Group-Based Services				In-Home Services			
		Families	Parents	Children	Sessions	Families	Parents	Children	Sessions
Adair, Adams, Union*	\$15,000	0	0	0	42	13	23	20	64
Appanoose, Davis, Monroe	\$6,711	202	224	251	397	0	0	0	0
Benton and Iowa*	\$15,000	0	0	0	0	12	15	33	74
Boone and Dallas*	\$20,580	22	32	26	8	5	6	5	54
Bremer, Butler, Franklin, Grundy*	\$17,500	0	0	0	0	65	105	149	640
Buchanan, Delaware, Fayette*	\$18,000	94	122	119	42	159	238	233	1,335
Cedar*	\$12,000	17	31	17	12	16	26	16	227
Cerro Gordo, Hancock, Winnebago, Worth*	\$18,000	0	0	0	0	57	82	134	235
Clarke, Decatur, Ringgold, Wayne*	\$18,000	26	29	77	38	17	27	25	66

Counties Served	Funding	Group-Based Services				In-Home Services			
		Families	Parents	Children	Sessions	Families	Parents	Children	Sessions
Clay, Dickinson, Osceola, O'Brien*	\$15,000	0	0	0	0	21	29	59	102
Clinton and Jackson*	\$13,750	0	0	0	0	101	119	102	1,279
Emmet, Kossuth, Palo Alto*	\$15,000	0	0	0	0	69	106	144	499
Floyd, Mitchell, Chickasaw*	\$15,000	0	0	0	0	92	110	214	1,408
Fremont, Page, Taylor*	\$17,955	0	0	0	0	35	56	62	288
Hamilton, Humboldt, Wright	\$15,000	69	75	152	63	0	0	0	0
Harrison, Monona, Shelby*	\$18,000	85	131	124	24	248	392	413	1,182
Howard, Winneshiek, Allamakee, Clayton	\$9,302	28	36	24	6	0	0	0	0
Jasper, Poweshiek, Tama	\$18,000	12	15	16	8	0	0	0	0
Johnson*	\$6,397	21	22	27	30	9	10	13	12
Jones*	\$6,500	21	26	21	11	33	54	33	400
Madison, Marion, Warren	\$4,127	28	34	27	44	0	0	0	0
Marshall*	\$6,000	22	23	29	14	164	295	223	1,463
Polk	\$14,000	79	76	155	52	0	0	0	0
Story	\$6,000	79	118	155	65	0	0	0	0
Total	\$320,822	805	994	1,220	856	1,116	1,693	1,878	9,367

*Programs included in the Parent Development funding category, but use an evidence-based home visiting model and are included in the home visiting evaluation results.

Table 12. Level of Funding and Number Served by CBCAP Fatherhood Programs

Counties Served	Funding	Families	Parents	Children	Sessions	
					Group	In-home
Fayette	\$4,000	18	22	28	12	64
Dubuque	\$4,000	18	18	24	48	0
Linn	\$4,000	15	15	34	12	0
Johnson	\$5,940	56	56	0	16	28
Calhoun, Pocahontas, Webster	\$16,538	20	20	57	42	0
Cerro Gordo, Hancock, Winnebago, Worth	\$4,000	5	5	12	3	26
Scott	\$7,235	16	16	20	42	0
Total	\$45,713	148	152	175	175	118

Table 13. Level of Funding and Number Served by ICAPP Parent Development Programs

Counties Served	Funding	Families	Parents	Children	Sessions		
					Group	In-home	One-on-one
Allamakee, Howard, Winneshiek	\$13,521	8	11	8	6	0	0
Black Hawk	\$18,010	58	97	129	62	582	58
Bremer	\$3,280	24	35	47	0	328	0
Buena Vista	\$13,400	11	20	12	0	117	0
Butler	\$2,952	7	10	17	0	133	0
Cass	\$6,432	9	11	12	12	108	0
Cedar	\$3,753	2	4	3	0	0	0
Chickasaw	\$7,714	20	28	36	0	274	0
Clinton	\$9,246	14	14	19	40	0	0
Crawford	\$19,658	14	24	26	0	141	0
Dallas	\$29,185	41	50	38	44	0	0
Davis	\$3,077	30	32	33	94	0	0
Des Moines	\$11,974	56	65	78	214	0	0
Dickinson	\$4,495	9	17	13	0	57	0
Dubuque	\$14,932	18	24	51	0	297	0
Emmet	\$4,767	19	30	28	0	210	0
Floyd, Mitchell (LSI)	\$27,949	70	95	177	0	1,134	0
Franklin	\$8,047	9	14	20	0	95	0
Grundy (In-home)	\$11,400	6	10	10	19	161	0
Grundy (Nest)	\$2,835	21	35	35	19	0	60
Hamilton, Humboldt, Wright-Parent Connection	\$26,015	91	102	200	70	138	82
Henry	\$7,231	17	20	26	40	0	0
Johnson UAY	\$9,633	38	38	44	75	0	0
Johnson-Children's Center	\$5,636	19	20	25	24	0	0
Kossuth	\$5,031	14	28	41	0	175	0
Lee	\$17,521	35	46	56	77	0	0
Louisa	\$21,525	19	20	26	86	0	47
Lucas	\$14,045	29	27	35	48	0	0
Madison	\$6,040	5	5	14	12	0	0
Mills	\$17,213	38	52	81	24	2	152
Mitchell (Learning Connection)	\$9,163	27	28	42	36	0	0
Monroe, Appanoose	\$9,675	91	98	112	289	0	0
Muscatine	\$28,113	108	108	224	141	0	0
Pottawattamie (Family, Inc.)	\$10,215	243	195	287	74	0	0
Pottawattamie (LFS)	\$8,049	33	38	92	22	0	62
Sac (Love & Logic)	\$7,504	23	23	29	10	0	0
Sac (Family Steps)	\$7,114	3	5	5	0	74	0
Story	\$6,763	65	73	79	131	0	0
Van Buren	\$27,437	50	80	66	36	821	67
Wapello	\$9,682	91	112	116	129	0	0
Warren	\$10,687	17	23	16	43	0	39
Woodbury-Community-Wide	\$31,521	24	24	46	0	96	0
Woodbury-Crittenton	\$13,151	51	54	121	112	157	11
Total	\$525,591	1,577	1,845	2,575	1,989	5,100	578

Parent Development and Fatherhood Protective Factors Scores Results

A total of 1,105 surveys were completed by Parent Development or Fatherhood program participants. A total of 500 matched surveys were completed and used in the protective factors score analysis, the results of which are displayed in Figure 16.

Figure 16. Average Pre- and Post- Protective Factors Scores by Domain Among Parent Development and Fatherhood Matched Surveys



*Statistically significant difference (p<0.05).

All domains saw a statistically significant increase in scores for Parent Development and Fatherhood survey respondents. Child Development and Parenting and Family Functioning and Resiliency had the largest increases between pre- and post-test scores, with both at a 0.30 increase or better. These results indicate that the program is having one of the greatest impacts on participants across domains.

Sexual Abuse Prevention

Given the secrecy surrounding sexual abuse, prevention efforts include educating children about their bodies and concepts related to body safety. Using this approach, Sexual Abuse Prevention (SAP) programs most often take place in a preschool/school setting. These efforts include teaching children proper names of body parts, touching behaviors that are not safe, and to tell a trusted adult if someone breaks a touching rule.

Research on sexual abuse prevention indicates the following components are critical for effective child-focused programs:

- teaching children a wide variety of concepts, including:
 - defining sexual abuse,
 - identifying potential perpetrators, including abuse by relatives, family friends and others known to the family, and
 - describing the range of sexually abusive behaviors;

- assuring children that abuse is never their fault;
- developing self-protection skills such as assertiveness, communication, problem-solving, saying no, and telling an adult, which protect children in a variety of situations;
- customizing presentations to match children's age, developmental, educational, cultural, and cognitive levels;
- using the behavioral skills training format which includes instruction, modeling, rehearsal, and feedback;
- providing multiple sessions each year for several years to reinforce knowledge and skill building; and
- educating and involving teachers, school personnel, and parents when developing, implementing, and evaluating programs.

The majority of ICAPP-funded child-focused programming addresses children from preschool through the sixth grade. Some counties purchase specific sexual abuse prevention curricula, while others design their own. A few counties offer programming designed specifically for children with special needs, due to the greater risk of victimization that these children face.

An example of two curricula used by ICAPP programs include *Talking About Touching* (a multi-session program which introduces sexual abuse prevention as part of a broad personal safety program, along with gun safety and wearing seat belts) and *Care for Kids* (a comprehensive program that provides early educators, parents, and other professionals with information, materials, and resources to communicate positive messages about healthy sexuality to young children). Often there is supplemental training or information for adults that accompanies child instruction.

In addition to educating children, prevention programs are increasing their efforts to teach adults how to keep children safe from abuse. ICAPP-funded programs teach adults by conducting awareness activities and providing child sexual abuse prevention education to adult audiences. The curriculum most often used is a nationally recognized adult-focused program called *Stewards of Children*, which teaches participants the scope of sexual abuse, the impact of sexual abuse, and how it is ultimately an adult's responsibility to keep children safe. *Nurturing Healthy Sexual Development* focuses on children's normal (and abnormal) sexual behaviors, how to talk to children about these behaviors, and how to recognize potential warning signs, is also frequently used.

ICAPP funds supported 31 SAP projects, with some councils providing services in multiple counties. The following tables present the data reported in fiscal year 2018 (July 1, 2017 to June 30, 2018). Table 14 provides information on councils' child-focused instruction, and Table 15 summarizes adult-focused instruction service data. Twenty-eight projects reported creating 3,291 child-focused presentations, which 35,030 children and 2,600 adults attended. Twenty-two projects reported providing adult-focused child sexual abuse instruction or public awareness presentations, which reached more than 2,500 adults through 92 adult education sessions and 118 public awareness presentations.

Table 14. ICAPP-funded Sexual Abuse Prevention Services for Children, Fiscal Year 2018

Counties Served	Funding	Presentations	Children	Adults
Adair	\$6,968	39	276	11
Allamakee, Howard, Winneshiek	\$8,506	69	292	0
Benton	\$5,730	25	53	0
Black Hawk	\$20,596	332	9,910	1,087
Bremer	\$11,703	46	857	68
Buena Vista	\$5,700	82	1525	214
Butler	\$3,433	17	336	34
Chickasaw	\$6,757	39	668	62
Dallas	\$8,595	141	1,106	47
Davis	\$4,875	2	7	2
Dickinson	\$3,026	20	429	43
Franklin	\$3,230	17	823	16
Grundy	\$4,591	25	732	6
Jones	\$7,708	18	54	8
Linn	\$7,216	45	106	0
Madison	\$6,698	86	752	8
Marion, Mahaska	\$11,072	265	4,463	214
Marshall, Hardin, Tama	\$41,397	969	5,057	226
Mills	\$14,470	110	716	76
Monroe	\$4,725	15	60	6
Pottawattamie	\$16,647	234	4,701	326
Sac	\$4,510	31	509	65
Scott (Talking about Touching)	\$10,080	177	222	0
Story	\$7,268	203	387	37
Union	\$6,785	84	609	15
Wapello	\$17,710	6	31	8
Warren	\$3,650	165	194	0
Wayne	\$6,300	29	155	21
Total	\$ 259,946	3,291	35,030	2,600

Table 15. ICAPP-funded Sexual Abuse Prevention Services for Adults, Fiscal Year 2018

Counties Served	Funding	Adult Education		Public Awareness	
		Presentations	Adults	Presentations	Adults
Allamakee, Howard, Winneshiek	\$8,506	6	34	0	0
Black Hawk	\$20,596	23	176	25	576
Bremer	\$11,703	1	8	0	0
Boone	\$8,211	5	29	1	9
Buena Vista	\$5,700	8	36	12	79
Butler	\$3,433	1	1	0	0
Davis	\$4,875	1	8	7	114
Dickinson	\$3,026	0	0	5	25
Grundy	\$4,591	0	0	2	8
Jones	\$7,708	6	50	0	0
Linn	\$7,216	2	23	0	0
Marion, Mahaska	\$11,072	3	25	0	0
Marshall, Hardin, Tama	\$41,397	1	29	0	0
Mills	\$14,470	0	0	3	52
Monroe	\$4,725	7	44	15	199
Muscatine	\$6,945	6	46	0	0
Sac	\$4,510	0	0	1	15
Scott-Stewards	\$4,117	5	61	9	162
Scott (Talking about Touching)	\$10,080	7	143	19	207
Wapello	\$17,710	1	6	10	128
Warren	\$3,650	8	116	0	0
Wayne	\$6,300	1	5	9	95
Total*	\$ 210,541	92	840	118	1,669

*The majority of projects utilize both adult-focused and child-focused interventions and are represented on both tables. The total amount awarded for FY 2018 for sexual abuse prevention services was \$279,219.

ICAPP projects asked those attending adult-focused child sexual abuse prevention instruction to share whether the instruction improved their abilities in several areas. The next series of tables summarize the participant responses to questions about whether instruction improved their abilities to:

- identify appropriate or inappropriate sexual behaviors of children;
- recognize grooming behaviors of potential perpetrators;
- talk to their child(ren) about the risks of sexual abuse;
- talk to other adults about protecting children from sexual abuse;
- protect children from sexual abuse and
- get help for a child if sexual abuse is suspected.

Table 16 summarizes whether participants agreed that the training improved their abilities to identify appropriate or inappropriate sexual behaviors of children. Participants responded similarly to both questions, with 99 percent of all participants saying they *strongly agreed* or *agreed* that the training improved their abilities to identify appropriate and inappropriate sexual behaviors of children. Table 16 also summarizes answers as to whether participants thought the instruction improved their ability to recognize grooming behaviors of potential perpetrators. Nearly all *strongly agreed* (58%), or *agreed* (41%) with the question, while four respondents (1%) marked that they disagreed or strongly disagreed with the question.

Table 16. Improvement in Ability to Identify Behaviors

County	Responses	Identify appropriate sexual behaviors				Identify inappropriate sexual behaviors				Recognize offender grooming behaviors			
		SA	A	D	SD	SA	A	D	SD	SA	A	D	SD
Bremer	7	3	4	0	0	3	4	0	0	4	3	0	0
Hamilton	10	8	2	0	0	8	2	0	0	8	2	0	0
Jones	43	30	13	0	0	31	12	0	0	33	9	1	0
Linn	3	3	0	0	0	3	0	0	0	3	0	0	0
Marion, Mahaska	7	5	2	0	0	5	2	0	0	2	5	0	0
Marshall, Hardin, Tama	22	13	8	1	0	12	9	1	0	11	10	1	0
Muscatine	27	16	11	0	0	17	10	0	0	15	12	0	0
Scott	58	24	34	0	0	30	28	0	0	28	30	0	0
Scott (Talking About Touching)	105	64	41	0	0	70	33	0	2	65	40	0	0
Warren	87	41	44	2	0	49	36	2	0	44	41	0	2
Total	362	207	159	3	0	228	136	3	2	213	152	2	2

SA= Strongly agree; A = Agree; D= Disagree; SD = Strongly disagree

Table 17 summarizes responses as to whether participants agreed that the training improved their abilities to talk to children and adults about sexual abuse. Sixty-eight percent of respondents *strongly agreed* that the training improved their ability to talk to a child about sexual abuse, and 32 percent *agreed*. Three respondents *disagreed or strongly disagreed* that the training improved their ability to talk to a child about sexual abuse. Sixty-two percent of respondents *strongly agreed* and 38 percent *agreed* that the training improved their ability to talk to other adults about sexual abuse. Only one respondent *disagreed* that the training improved his or her ability to talk about sexual abuse with other adults.

Table 17. Improvement in Ability to Talk About Sexual Abuse

Counties Served	Talk to child about sexual abuse				Talk to other adults about sexual abuse			
	SA	A	D	SD	SA	A	D	SD
Bremer	3	2	1	0	3	3	1	0
Hamilton	8	1	0	0	9	1	0	0
Jones	39	4	0	0	36	7	0	0
Linn	3	0	0	0	3	0	0	0
Marion, Mahaska	3	4	0	0	3	4	0	0
Marshall, Hardin, Tama	15	7	0	0	13	9	0	0
Muscatine	19	8	0	0	15	12	0	0
Scott	34	24	0	0	32	26	0	0
Scott (Talking About Touching)	68	37	0	0	66	39	0	0
Warren	56	29	0	2	49	38	0	0
Total	248	116	1	2	229	139	1	0

SA= Strongly agree; A = Agree; D= Disagree; SD = Strongly disagree

Table 18 summarizes responses regarding whether participants agreed that the training improved their abilities to get help for suspected sexual abuse and protect children from sexual abuse. A total of 366 out of 368 respondents *strongly agreed* (66%) or *agreed* (34%) that the training improved their ability to protect children from sexual abuse, with two respondents strongly disagreeing (0.5%). A total of 367 (99.5%) of respondents *strongly agreed or agreed* that the training improved their ability to get help with only two (0.5%) strongly disagreeing.

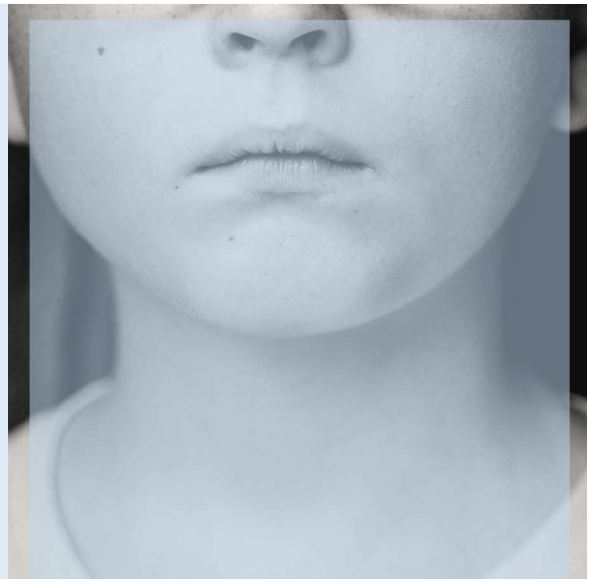


Table 18. Improvement in Ability to Help and Protect Children

Counties Served	Protect children from sexual abuse				Get help for suspected sexual abuse			
	SA	A	D	SD	SA	A	D	SD
Bremer	3	4	0	0	3	4	0	0
Hamilton	9	1	0	0	10	0	0	0
Jones	35	8	0	0	38	5	0	0
Linn	3	0	0	0	3	0	0	0
Marion, Mahaska	5	2	0	0	4	3	0	0
Marshall, Hardin, Tama	14	8	0	0	12	10	0	0
Muscatine	15	12	0	0	16	11	0	0
Scott	32	26	0	0	36	22	0	0
Scott (Talking About Touching)	74	31	0	0	79	26	0	0
Warren	52	32	0	2	56	29	0	2
Total	242	124	0	2	257	110	0	2

Nearly all of the survey participants who attended Sexual Abuse Prevention programs and/or instruction agreed or strongly agreed that the curriculum they received improved their abilities to prevent sexual abuse or get help for children they suspected may be victims of sexual abuse.

Five councils received Community Development grants in FY 2018 with varying activities implemented. **All Community Development initiatives were able to demonstrate measurable progress following their respective implementations.**



Community Development

Community Development (CD) grants assist councils to generate awareness and action toward child abuse prevention goals in their communities. Grants can be used for council development, community needs assessment, program development, public awareness, community mobilization, collaboration or network-building. These grants make up just over one percent of the overall amount of ICAPP money awarded in FY 2018.

Five councils received CD grants in FY 2018. A brief description of their activities follows.

Cedar: The project plans to reach parents and families with an awareness newsletter, host Adverse Childhood Experiences (ACEs) workshops and increase outreach, which will be measured by phone calls and visits to social media and website platforms.

Progress: A total of 1,350 awareness newsletters were sent to parents and families in Cedar County. The project reached 570 attendees via workshops and 3,690 persons through phone calls, social media and website visits.

Clarke: The project seeks to increase child abuse prevention awareness by participating in community events, holding regular council meetings, volunteering and providing local businesses with child abuse prevention tax check-off information.

Progress: The council participated in and/or hosted eight events this fiscal year. The council held 14 meetings and reported 64 volunteer hours. A total of ten businesses were given tax check-off information.

Jones: The project has plans to present ACEs-related trainings in the community, hold a family fun and health fair, and conduct a community awareness campaign.

Progress: The project held six ACEs and/or resiliency events this year. The project supported a number of efforts for the child abuse prevention month campaign as well as hosted two film screenings and a training for the faith community.

Madison: The project plans to recruit at least one new council board member, offer presentations and trainings to local clubs and organizations, and provide prevention messaging at awareness events, both in print and on social media.

Progress: The council grew this year by ten board members and delivered ten presentations to community organizations. A total of 91 prevention messages and/or events were completed and 273 messages were sent via print and social media.

Scott: The project focuses on content and blog posts to social media, targeting at least 200 readers per post, with the aim of educating the community about child abuse prevention and normalizing the act of parents seeking help.

Progress: The project reported 197 content posts to social media, nine unique blog posts and 154 readers with an average of 17 readers per blog.

**Community
Development Grants**
funded a range of
activities that generate
awareness and action
toward child abuse
prevention goals.

Councils...



HOSTED WORKSHOPS
AND TRAININGS

RECRUITED MEMBERS AND
VOLUNTEERS

HOSTED COMMUNITY
EVENTS

SPREAD PREVENTION
MESSAGES THROUGH PRINT
& SOCIAL MEDIA

Summary and Conclusions

This evaluation report summarizes data collected through the Iowa Family Survey and ICAPP- and CBCAP-grantee monthly reports to describe the number of people served by grant-funded child maltreatment prevention programs, families' demographic characteristics and the impact that programs had on families' protective factors. In total, 4,087 families were served by ICAPP and CBCAP between July 1, 2017 and June 30, 2018 across 93 Iowa counties.

Families Served

The majority of Iowa Family Survey respondents identified as white (71%) and female (88%). Women represented a much higher proportion of the grantee participant population compared to the overall population of Iowa. Participant caregivers also had lower levels of education, with many having no more than a high school education or GED; home ownership; and annual household incomes of no more than \$30,000.

Protective Factors Scores

Statistically significant increases in protective factors scores were observed in every domain this year (*i.e.*, Child Development and Parenting, Concrete Support, Family Functioning and Resiliency, Nurturing and Attachment, and Social Emotional Support). The largest change in scores were in the Concrete Support and Child Development and Parenting domains, which went from 5.33 to 5.66 and 5.42 to 5.73, respectively. The results indicate that overall, families may be using more behaviors and skills associated with protective factors following participation in ICAPP- and CBCAP-funded programs.

Those who successfully completed the program (or whose child aged out of services), as well as those still active in the program, had greater statistically significant improvement in scores across nearly all domains than those who did not complete the program for a multitude of different reasons (*e.g.*, parental rights were terminated or lost custody, too busy, no longer interested in services). While some improvements among non-completers were statistically significant, they were smaller in magnitude in comparison to completers. This supports a potential need to prioritize the continued engagement of participants trying to leave or quit the program.

Demographic Characteristics

Respondents with a wide range of demographic characteristics across all domains saw significant increases in scores, indicating that programs have done well in engaging participants from diverse backgrounds. There are, however, opportunities for improvement. In the Child Development and Parenting domain there were no substantial increases observed in participants with middle school or lower education, or among those with four-year degree or higher levels of education. Conversely, large increases were observed in participants with a middle school education or lower in the Social Emotional Support domain. Significant decreases in scores were observed in Asian families (though the sample size was small) in the Concrete Support domain. However, Asian and male caregivers, who did not see significant increases in other domains, improved significantly in Family Functioning and Resiliency. Score increases were not substantial for the Nurturing and

Attachment domain because scores started high at pre-test and continued to remain high at post-test.

Results indicate that ICAPP- and CBCAP-funded programs are effective among broad populations. Even more vulnerable groups, including those with disabilities, those with an incarcerated parent, and those living in poverty showed increased scores in most domains.

Program Type

Looking at protective factors by the specific program types funded by ICAPP and CBCAP, participants in Parenting Development programs (which were combined with Fatherhood programs due to small sample size in the latter) saw the greatest breadth of score increases, with the changes in each domain statistically significant. Respite and Crisis Care participant scores increased at a statistically significant rate in the Caregiver/Practitioner Relationships, Family Functioning, Nurturing and Attachment, and Social Support domains.

Looking at Home Visiting programs overall, analysis of the surveys showed statistically significant increases in protective factors scores in Child Development and Parenting, Concrete Support, and Nurturing and Attachment. PAT Home Visiting participants showed minimal increases between pre- and post-test protective factors scores in every domain except for Concrete Support and Child Development and Parenting. Among caregivers participating in HFA Home Visiting, Child Development and Parenting scores increased significantly.

During this reporting period, **ICAPP- and CBCAP-funded programs have been particularly successful in promoting protective factors across all domains among the families they served.** Areas of focus should be shifted to target areas with the few special populations where improvement was not observed. **Prevention programs should use these results for program planning, evaluation and continuous quality improvement as they continue their work to prevent child maltreatment.**



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