

# The Spanish Protective Factors Survey



FRIENDS National Resource Center for Community Based Child Abuse Prevention  
*A Service of the Children's Bureau and a Member of the T/TA Network*

*FRIENDS National Resource Center for Community-Based Child Abuse Prevention  
Chapel Hill Training Outreach Project, Inc. • 800 Eastowne Drive • Suite 105 • Chapel Hill, NC 27514 • (919)  
490-5577 • (919) 490-4905 (fax) • [www.friendsnrc.org](http://www.friendsnrc.org)*



# The Spanish Protective Factors Survey

March 2014

*A guide to administering the Spanish adaptation  
of the Protective Factors Survey*

## Authorization for Use

The Center for Public Partnerships & Research at the University of Kansas prepared this product under a subcontract with the FRIENDS National Resource Center. FRIENDS is funded by the U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Office of Child Abuse and Neglect, under discretionary Grant 90CA1729. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy portions of the text that are not the property of copyright holders and share them, but please credit the FRIENDS National Resource Center.



## **Special Thanks**

Our study to validate the Spanish Adaptation of the Protective Factors Survey (S-PFS) would not have been possible without the significant efforts of several individuals.

### **Achievement & Assessment Institute**

Dr. Karin Chang, Dr. Jacqueline Counts, and Aislinn Conrad-Hiebner deserve acknowledgement for their leadership of this project. While Drs. Chang and Counts helped troubleshoot any challenges and offered expertise regarding large-scale studies and psychometrics, Ms. Conrad-Hiebner provided day-to-day project management by recruiting and training test sites, preparing the study materials, convening the bilingual advisory panel, collecting data, and disseminating the project findings. In addition, Dr. Neal Kingston offered invaluable advice about constructing clear and concise items and scales.

Regarding the Spanish translation, Adam Brazil and Alexandra Vuyk were responsible for translating a majority of the S-PFS, the study manual, and the training materials. They volunteered many hours over the course of the last year. Alex Hernandez-Castro, Stacy Mendez, and Francie Christopher also provided support in our initial translation efforts.

### **Friends National Resource Center**

Friends National Resource Center deserves a special acknowledgement for supporting our project by providing incentives for test sites, and ongoing, time-intensive technical assistance. We especially want to thank Casandra Firman for tirelessly championing this project, recruiting panel members and test sites, providing technical assistance for meetings and trainings, and troubleshooting.

### **National Bilingual Advisory Panel**

At the beginning of the study, we convened a panel of nine bilingual/bicultural early childhood providers and parent-consumers. This panel was comprised of Lorena Melgar, Maritza Noriega, Luisa Moreno, Ana Isabel Gallego, Elba Moreira, Celina Garza, Beatriz Mack, Deborah Weiss, and Neireda Rodriguez. These individuals provided forward and backward translations and feedback on our initial translations of the S-PFS.

### **Validation Tools**

We would like to thank Dr. Milner and the team at NCAST for generously offering us the Child Abuse Potential Inventory and the revised Difficult Life Circumstances tool free of charge for the purposes of instrument validation. Thank you also to Winterberry Press for allowing us to use the Family Resource Scale as a validation instrument.

### **Test Sites**

There would be no S-PFS without the dedication and hard work from our seven test sites, which include the following agencies: Umatilla-Morrow Head Start, Inc. in Oregon, Neighborhood Centers of Johnson County in Iowa, Renovacion Conyugal in Georgia, Yakima Valley Farm Workers Clinic in Washington, Association to Benefit Children in New York, Leelanau Children's Center in Michigan, and The Family Service Association in Texas. Your foresight and belief in this survey is reflective of your commitment to children and families.

# Table of Contents

|   |           |
|---|-----------|
| <b>Introduction .....</b>   | <b>6</b>  |
| Purpose and Use.....  | 6         |
| Description .....   | 7         |
| Considerations .....  | 7         |
| Operational Definitions of Protective Factors Used in the Survey .....  | 8         |
| <br>  |           |
| <b>Section I: Instructions for Staff .....</b>  | <b>9</b>  |
| Preparing the Survey.....   | 10        |
| Administering the Survey .....  | 10        |
| <br>  |           |
| <b>Section II: Scripts and Clarifications .....</b>   | <b>13</b> |
| Survey Scripts.....   | 14        |
| Introducing the Survey.....   | 14        |
| Reviewing Instructions with Participants .....  | 14        |
| <br>  |           |
| <b>Section III: Survey Clarifications .....</b>   | <b>15</b> |
| Clarifications on the “Versión del Personal” (“For Staff Use Only” Form) .....  | 16        |
| Paraphrasing Instructions for the Participant Form.....   | 18        |
| Paraphrasing Instructions for the Participant Form, S-PFS, Page 1 Questions 1-11 .....  | 20        |
| Instrucciones de Parfraseo para la Versión del Participante, S-PFS, Preguntas 12-20.....  | 22        |
| <br>  |           |
| <b>Section IV: Sample Informed Consent Statement,<br/>Computing Subscale Scores, Frequently Asked Questions &amp; Answers .....</b> | <b>25</b> |
| Sample Informed Consent Statement .....   | 26        |
| Computing Subscale Scores.....  | 27        |
| Protective Factors Survey Frequently Asked Questions & Answers.....   | 28        |
| <br>  |           |
| <b>The Spanish Protective Factors Survey .....</b>  | <b>33</b> |

## Introduction

Although there are numerous instruments designed to measure individual protective factors, there is not a single instrument that assesses *multiple protective factors* against child abuse and neglect. In 2004, FRIENDS National Resource Center for Community-Based Child Abuse Prevention (CBCAP) began a project to develop a Protective Factors Survey (PFS) for its network of federally funded Community Based Child Abuse Prevention (CBCAP) programs. This project was initiated to help programs assess changes in *family protective factors*, a major focus of prevention work.

The S-PFS is a product of the FRIENDS NRC in collaboration with the University of Kansas Center for Public Partnerships and Research. The instrument was developed with the advice and assistance of researchers, administrators, workers, and experts specializing in family support and maltreatment and psychological measurement. The survey has undergone four national field tests.

## Purpose and Use

Currently, there are Spanish versions of the S-PFS being used by child maltreatment prevention programs across the nation. Based on feedback from the field, prevention leaders recommended that we revise the S-PFS and the associated scale to address problems understanding the interpretation of the S-PFS. In response, a research team at the University of Kansas and national bilingual committee revised the items and scale.

The *Protective Factors Survey (S-PFS)* is a 20-item measure designed for use with caregivers receiving child maltreatment prevention services such as home visiting, parent education, and family support. It is a pre-post survey completed by the program participants, usually parents or caregivers. The S-PFS measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development.

The primary purpose of the Protective Factors Survey is to provide feedback to agencies for continuous improvement and evaluation purposes. The survey results are designed to provide agencies with the following information:

- A snapshot of the families they serve
- Changes in protective factors
- Areas where workers can focus on increasing individual family protective factors

The S-PFS is not intended for individual assessment, placement, or diagnostic purposes. Agencies should rely on other instruments for clinical use.

## Description

The Protective Factors Survey is a pencil-and-paper survey consisting of three sections. The Staff Use Only Form and Page One of the S-PFS are optional sections and may be used to gather program and demographic information.

**Description of the Protective Factors Survey - Staff Form.** The purpose of the Staff Use Only Form is to gather information about the participant. Program staff who are knowledgeable about the participant complete this section. The Staff Use Only Form contains two sets of questions: 1) participant's survey experience, including the administration date, and types of services provided, and 2) program dosage, specifically participant's length of involvement and types of services received.

**Page one of the S-PFS—Demographics (optional):** In this section, participants are asked to provide details about their family composition, income, and educational level. These items are useful in describing the population served and to inform the interpretation of survey results.

**Description of the Protective Factors Survey - Participant Form.** The Protective Factors Survey – Participant Form contains the core questions of the survey and demographics information. The core questions are designed for program participants to complete *before* they have received services and again at the conclusion of services or after a prescribed time when program staff believe services should have achieved an effect. In this section, participants are asked to respond to a series of statements about their family, using a seven-point Likert frequency scale.

## Considerations

Both clients and service providers vary in the amount of information sharing that occurs early on in the therapeutic relationship. Some clients are quick to share details and are eager for support and assistance, while others may be more reticent and need to establish more trust before revealing personal information. Use this scale at a point in time that feels comfortable for both the client and the provider. Knowing the difficult circumstances your client may face goes a long way toward helping you provide scaffolding and support. If you administer after the participant has started services, ask them to complete the pretest from the perspective of the day they first began receiving services.

It is important to remember that this is a self-administered scale and reflects the client's point of view. If your client is not able to read the English or Spanish language, or is struggling with the reading level, or has other challenges, it is appropriate to administer the scale as an interview. An accepting and non-judgmental presence promotes more honest reflection and information sharing.

## Operational Definitions of Protective Factors Used in the Survey

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



# **Section I**

## **Instructions for Staff**

Survey Preparation  
Survey Administration

## Preparing the Surveys

**1. Prepare the Informed Consent Statement.** Staff will need to create an Informed Consent Statement to fit the consent requirements of their organization. Most agencies will have a protocol or statement for collecting data. Agencies should only use the statement approved by their agency or IRB. If agencies do not have an informed consent statement, an example is included in this manual (see Section IV). Agencies can modify this one or write their own.

**2. Put participant ID number on surveys.** A participant ID number is required to process the survey data. Agencies should use existing case/client ID numbers. This number will allow staff to administer the second round of surveys to the same participants. There are two places that the participant ID needs to be provided (on the cover sheet of the Protective Factors Survey – For Staff Use Only Form and on the first page of the Protective Factors Survey).

## Administering the Survey

The surveys take approximately 10-15 minutes to complete. Administer the surveys in a comfortable, quiet setting without distractions. Staff may provide refreshments to participants as long as access to refreshments is not tied directly to completion of the survey.

Administer the surveys in a group setting or in one-on-one interviews. The role of program staff is to facilitate understanding, but not to tell participants how to answer. Program staff needs to present the survey in a consistent way to all participants. We strongly recommend that staff review the manual prior to survey administration so that all participants receive the same instructions.

Below is a list of recommended steps for the survey process to ensure consistent data collection. These steps were written for staff administering the survey in a group setting. Modifications are allowed if a different format (i.e. interviews) is used.

**1. Introduce the survey.** Hand out the survey. Introduce the study by reading the introductory statement to participants (see “Introducing the Survey” on page 11). After the introduction, give participants a few minutes to read and sign the informed consent statement.

**2. Provide alternative arrangements for non-participants.** Provide alternative arrangements to participants who decide not to complete the survey. This might include leaving early or providing other activities for them. Staff should discretely provide instructions to non-participants.

**3. Direct participants to the first page of the survey.** The survey starts on page 2 for participants.

**4. Review general survey instructions with participants.** Review general instructions with participants using the script provided in the manual (see “Reviewing Instructions with Participants” on page 11). It is important that staff provide instructions regarding identification of the target child to all participants.

**5. Check/Fill in Participant ID number.** Assign a unique ID number for each participant. Use existing participant ID numbers or assign new ones. There are two places for the ID number: Question #1 on Protective Factors Survey - Staff Form and Question #1 on Protective Factors Survey - Participant Form. Complete this information prior to administration, or after reading the instructions.

**6. Start survey.** The demographic questions start on *page 2*. Instruct participants to begin the survey. If participants have questions about specific items, provide assistance. Use the paraphrasing guide provided in the manual to answer questions.

**7. Collect surveys.** Upon completion, collect surveys from participants and store in a secure place.

**8. Complete Staff Form.** *Page 1* of the survey contains the demographic questions to be completed by a staff member familiar with the program participant. The next section provides instructions for completing the demographic questions.



## **Section II**

### **Scripts and Clarifications**

#### Sample Scripts

## Survey Scripts

It is important to give clear instructions to participants before administering the survey. Some participants may not understand the questions, especially if they have limited reading skills. Administrators of the survey may need to explain the survey questions and answering procedures. The following scripts will help the administrator introduce the survey and paraphrase questions as needed.

### Introducing the Survey

“I am going to ask you to complete a survey. This survey will help us better understand the needs of the families we serve. We want to provide the best services that we can to all of our parents and families, and this is one way to help us keep on track. The survey contains questions about your experiences as a parent and your outlook on life in general.

You will not lose services or be penalized if you choose not to complete the survey or to answer some of the questions.

We will keep any information you share confidential; you do not have to put your name on the survey. The answers you provide on the survey will not affect your services.

Do you have any questions?” *(Answer questions)*

“On the front page of the survey is an Informed Consent Form. This is a document for our records that will be kept separate from the survey. This document tells us whether or not you have agreed to participate in the survey. You do not need to take this survey if you do not want to and the services you receive will not be taken away or changed if you do not take the survey. Please take a few minutes to read the first page of the survey. When you are finished, please check off the appropriate box and sign the form.” *(make sure informed consent forms are completed before proceeding)*

### Reviewing Instructions with Participants

“The next section of the survey asks for background information about you and your family. You may have already given us some of this information. We thank you for giving it to us again so that our survey information can be as complete as possible.

The survey asks about your parenting experiences and your general outlook on life. Please remember that this is not a test, so there is no right or wrong answers. You should choose the best answer for you and your family.

Notice that some of the answer choices are on a number scale while other questions ask for yes or no responses. Please respond by circling the number that best describes your situation. If you do not find an answer that fits perfectly, circle the one that comes closest.

When you are finished with the survey you can pass it back to me. Let me know if you have questions or need anything at any time.”

## **Section III**

### **Survey Clarifications**

Clarifications on the “For Staff Use Only” Form  
Paraphrasing Instructions

## Clarifications on the “Versión del Personal” (“For Staff Use Only” Form)

**ID de la Agencia** (Please provide the name or ID code of your agency.)

**ID# del Participante** Participants do not need to give their names, however a unique participant ID is necessary to process the survey. The ID number should be the case/client ID number that the agency uses to track the participant.

**¿Es un Pretest o Posttest?** Please indicate whether the survey being administered is a pretest (given at the initiation of services) or a posttest (given at the end of services).

**1) Fecha en que fue completada la encuesta** Provide the month, date and year that the survey was completed. Please use the four-digit year (for example, 2007 instead of 07).

**2) ¿Cómo fue llenada la encuesta?** Please check the most appropriate response:

- Llenada en una entrevista cara a cara**  
(Select if you met individually with the participant and filled it out together.)
- Llenada por el participante, con personal del programa disponible para explicar ítems si fuera necesario**  
(Select if the participant filled it out with help from staff.)
- Llenada por el participante sin presencia de personal del programa**  
(Select if the participant had no staff assistance.)

**3) ¿Ha estado el participante involucrado en Servicios Protectores del Niño (CPS)?** Please check the most appropriate response:

- NO** if you know the participant has had no involvement.
- SI** if you know the participant has had involvement.
- NO ESTOY SEGURO** if you do not know.

**4A) Fecha en que el participante comenzó el programa (complete for pretest)**

Provide the month, date and year that the participant began receiving services from your program. Please use the four-digit year (for example, 2013 instead of 13).

**4B) Fecha en que el participante completó el programa (complete for post test)**

Provide the month, date and year that the participant completed services from your program. Please use the four-digit year (for example, 2013 instead of 13).

**5) Tipo de Servicios**

Identify all of the services that the participant is currently receiving. If you do not find one that matches your program’s services, select “other” and provide a two- to four-word description of the program.

**6) Intensidad del Servicio**

- A. (COMPLETE AT PRETEST)** Estimate the number of hours of service the participant will be offered during the program. You should add up the hours across all services that the participant receives.
- B. (COMPLETE AT POST TEST)** Estimate the number of hours of service the participant has received since he/she started the program. You should add up the hours across all services that the participant receives.





Encuesta sobre los factores de protección en Español (Spanish Protective Factors Survey)

## Previa o posterior (Información del programa - Opcional)

Identificación de la agencia  
N.º \_\_\_\_\_

Identificación del participante  
N.º \_\_\_\_\_

Fecha en que se llevó a cabo la encuesta: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marque aquí si se trata de una prueba previa

Fecha de inicio del programa:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Marque aquí si se trata de una prueba posterior

Fecha de finalización del programa:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

*Este formulario es para uso exclusivo del personal y debe ser completado un miembro del este que esté familiarizado con el participante del programa. Elimine este formulario antes de entregar la encuesta al participante para que la realice.*

1. ¿Cómo se realizó la encuesta? (Seleccione uno)

- A. En una entrevista en persona       B. Por el participante, con la ayuda disponible del personal del programa para explicar los temas según fuera necesario       C. Por el participante sin personal del programa presente

2. ¿Cómo fue referido el participante a su programa?

- A. Por cuenta propia       C. Tribunal/Juez       E. Otro  
 B. Servicios de Protección Infantil       D. Programa comunitario

3. ¿Se ha denunciado al participante a los Servicios de Protección Infantil?

- A. No       C. No estoy seguro  
 B. Sí...       **Antes de** iniciar el programa       **Durante** el programa       **Después de** completar el programa

4. En caso afirmativo, ¿el informe fue fundamentado?

- A. No       C. No estoy seguro       E. Sí, referido a la respuesta diferencial  
 B. Sí       D. No, referido a la respuesta diferencial       F. No aplica

5. Identifique el tipo de programa que describe con mayor precisión los servicios que el participante está recibiendo de su programa/agencia. (Seleccione todas las que correspondan)

- A. Defensa (propia, de la comunidad)       E. Educación para los padres      I. Recursos y referencias  
 B. Relaciones saludables       F. Interacción entre padres e hijo      J. Desarrollo de habilidades/ educación para niños  
 C. Visitas a domicilio       G. Grupo de apoyo para padres      K. Otro (si está utilizando un indique el nombre) \_\_\_\_\_  
 D. Sin hogar/en viviendas transitorias para personas sin hogar       H. Relevo planificado o en casos críticos      \_\_\_\_\_

6. Asistencia del participante:

**Respuesta en la prueba previa:**

Número de horas de servicio ofrecidas al participante  
\_\_\_\_\_

**Respuesta en la prueba posterior:**

Número de horas de servicio recibidas por el participante \_\_\_\_\_

*Elimine este formulario antes de entregar la encuesta al participante para que la realice.*

## Paraphrasing Instructions for the Participant Form

Occasionally participants need further clarification in order to answer the questions. It is important that staff provide the same explanations to participants so that the survey administration is consistent. The paraphrasing script provided below is intended for use by staff during the survey process. If a question arises, staff should rely on the paraphrasing to assist participants.

### Demographic Information, Questions 1 - 10

|   |   |
|---|---|
| <b>ID de la Agencia</b>                           | [The Agency ID # will be provided by the program staff]   |
| <b>ID del Participante</b>                        | [The Participant ID # will be provided by the program staff ]   |
| <b>1) Fecha en que fue completada la encuesta</b> | Write today's date. Please use the four-digit year (for example, 2007 instead of 07).   |
| <b>2) Sexo</b>                                    | Are you a male or a female? (this is for the adult's sex, not the child's)  |
| <b>3) Edad (en años)</b>                          | Write your current age.   |
| <b>4) Raza/Etnia</b>                              | Select the race/ethnicity that best describes you. If the categories do not describe your race/ethnicity, select "other" and provide a description.   |
| <b>5) Estado civil</b>                            | Select the box that best describes your current marital status.   |
| <b>6) Alojamiento de la familia</b>               | Select the box the best describes what type of home your family current lives in. "Temporary" means that you have places to stay, but that you do not have an on-going residency in a household.  |
| <b>7) Ingreso familiar</b>                        | The family income refers to the combined annual income of all family members in the household and could include earned income, child support, and Social Security payments among other sources.   |
| <b>8) Nivel educativo más alto</b>                | Select the box that best describes the highest level of education that you completed.   |
| <b>9) ¿Cuáles de los siguientes recibe usted?</b> | Select all categories of assistance that you or anyone in your household currently receives.  |
| <b>10) Niños en su casa</b>                       | List all of the children that are a part of your household. For each child, identify the child's sex, date of birth, and <i>your</i> relationship to that child. If you have more than four children, continue the list on the back of the sheet. |

*Estas siguientes preguntas son sobre usted y su hogar. El personal del programa las utilizará para entender las necesidades de las personas y familias a las que atienden y mejorar la prestación de servicios.*

*Recuerde, sus respuestas a esta encuesta son confidenciales.*

1. Sexo:  A. Masculino  B. Femenino  C. Prefiero no responder

2. Edad (en años): \_\_\_\_\_

3. Idioma principal que se habla en casa:

- A. Inglés  C. Creole  E. Árabe  G. Otro: \_\_\_\_\_  
 B. Español  D. Mandarín  F. Ruso

4. Raza/etnia (marque todas las que correspondan):

- A. Nativo americano o nativo de Alaska  E. Hispano o latino  I. Mestizo  
 B. Asiático  F. Oriente Medio  J. Otro \_\_\_\_\_  
 C. Negro o afroamericano  G. Nativo de Hawái o de las Islas del Pacífico  
 D. Nacional africano/Isleño del Caribe  H. Blanco (no hispano/europeo americano)

5. Estado civil:

- A. Casado(a)  C. Soltero(a) - nunca se ha casado  E. Viudo(a)  
 B. En concubinato/Unión libre  D. Divorciado(a)  F. Separado(a)

6. Vivienda familiar:

- A. Propia  C. Vivienda compartida con familiares o amigos  E. Temporal (refugio, temporal con amigos o familiares)  
 B. Alquilado  D. Sin hogar

7. Total de Ingreso Familiar:

- A. \$0 - \$10,000  D. \$30,001 - \$40,000  G. Más de \$ 60,001  
 B. \$10,001 - \$20,000  E. \$40,001 - \$50,000  
 C. \$20,001 - \$30,000  F. \$50,001 - \$60,000

8. Grado de educación más alto logrado:

- A. Sin educación formal  E. Diploma de escuela secundaria o de educación general  I. Título universitario de cuatro años (licenciatura)  
 B. Primaria  F. Profesión u oficio  J. Título de posgrado  
 C. Secundaria  G. Algunos estudios universitarios  
 D. Algunos estudios de educación secundaria  H. Título universitario de dos años (técnico superior)

9. ¿Cuál de los siguientes, si es que hay alguno, recibe usted o su familia actualmente? (Marque todo lo que corresponda)

- A. Programa de asistencia nutricional suplementaria (Supplemental Nutrition Assistance Program [SNAP] o cupones de alimentación)  E. Asistencia temporal para familias necesitadas (Temporary Assistance for Needy Families, TANF)  H. Seguro médico estatal (incluido el seguro médico para niños)  
 B. Seguro Social por discapacidad (Social Security Disability Income, SSDI)  F. Servicios de Head Start/Early Head Start  I. Seguridad de Ingreso Suplementario (Supplemental Security Income, SSI)  
 C. Medicaid  G. Beneficios de desempleo  J. Ninguna de las anteriores  
 D. Deducción en el impuesto sobre la renta (Earned Income Tax Credit, EITC)  K. Otro

*Cuéntenos sobre los niños que viven en su hogar.*

10. NIÑO N.º 1  A. Masculino  B. Femenino  C. Prefiero no responder

11. Fecha de nacimiento: \_\_\_\_\_

12. Este niño vive en mi casa:  Sí  No

13. ¿Cuál es su parentesco con este niño?

- A. Madre/padre biológico  D. Madre/padre sustituto  G. Otro pariente  
 B. Padrastro o madrastra  E. Abuelo(a) o bisabuelo(a)  H. Otro  
 C. Madre/padre adoptivo  F. Hermanos

14. NIÑO N.º 2  A. Masculino  B. Femenino  C. Prefiero no responder

15. Fecha de nacimiento: \_\_\_\_\_

16. Este niño vive en mi casa:  Sí  No

17. ¿Cuál es su parentesco con este niño?

- A. Madre/padre biológico  D. Madre/padre sustituto  G. Otro pariente  
 B. Padrastro o madrastra  E. Abuelo(a) o bisabuelo(a)  H. Otro  
 C. Madre/padre adoptivo  F. Hermanos

18. NIÑO N.º 1  A. Masculino  B. Femenino  C. Prefiero no responder

19. Fecha de nacimiento: \_\_\_\_\_

20. Este niño vive en mi casa:  Sí  No

21. ¿Cuál es su parentesco con este niño?

- A. Madre/padre biológico  D. Madre/padre sustituto  G. Otro pariente  
 B. Padrastro o madrastra  E. Abuelo(a) o bisabuelo(a)  H. Otro  
 C. Madre/padre adoptivo  F. Hermanos

22. NIÑO N.º 4  A. Masculino  B. Femenino  C. Prefiero no responder

23. Fecha de nacimiento: \_\_\_\_\_

24. Este niño vive en mi casa:  Sí  No

25. ¿Cuál es su parentesco con este niño?

- A. Madre/padre biológico  D. Madre/padre sustituto  G. Otro pariente  
 B. Padrastro o madrastra  E. Abuelo(a) o bisabuelo(a)  H. Otro  
 C. Madre/padre adoptivo  F. Hermanos

## Paraphrasing Instructions for the Participant Form, S-PFS, page 1 Questions 1-11

Each question asks how often the statements are true about you. If a statement *always* true about you, select a 7. If it is *never* true about you, select a 1. The numbers in-between should be used depending on how often the item is true about you.

**1) En mi familia, hablamos acerca de los problemas. / In my family, we talk about problems.** When your family has a problem, how often do you take the time talk about it? How often do you discuss problems that your family is facing?

**2) Cuando discutimos, mi familia escucha ambas partes de la historia. / When we argue, my family listens to both sides of the story.** When there are disagreements in your family, does each person get to share their side in an argument? How often?

**3) En mi familia, tomamos tiempo para escucharnos los unos a los otros. / In my family, we take time to listen to each other.** How often do members of your family take the time to listen to one another?

**4) Mi familia se apoya en momentos de estrés. / My family pulls together when things are stressful.** When your family is facing a hard time, how often do you work together to get through the tough time?

**5) Mi familia soluciona todos nuestros problemas. / My family is able to solve our problems.** When your family has a problem, how often are you able to come up with solutions to those problems?

**6) Tengo personas que me escuchan cuando necesito hablar de mis problemas. / I have others who will listen when I need to talk about my problems.** How often do you have family, friends, neighbors or professionals who you can tell your problems to?

**7) Cuando me siento solo/a, tengo a varias personas con las que puedo hablar. / When I am lonely, there are several people I can talk to.** Do you have many friends, neighbors, or professionals you can talk to when you are lonely? Do you often have people to talk to when you are lonely? If the answer is *always*, select a 7. If *never*, select a 1. The numbers in-between should be used depending on how often the item is true about you.

**8) Yo sé a dónde ir si mi familia llegara a necesitar comida o alojamiento provisional. / I know where to turn if my family needs food or housing.** Is it true that if your family needed food or housing you know where to get help?

**9) Yo sé a dónde (o con quién) ir para conseguir ayuda si tuviera dificultades financieras. / I know where to go for help if I have trouble making ends meet.** Is it true that you know where to get assistance if you needed help paying your bills?

**10) Si existe una crisis, tengo personas con quienes contar. / If there is a crisis, I have others I can talk to.** Is it true that when you are faced with an emergency or an urgent situation, you have others to talk with?

**11) Yo sé a dónde ir para recibir ayuda si necesito conseguir un trabajo. / If I need help finding a job, I know where to go for help.** Is it true that you know where to get help if you needed work?



# Encuesta sobre los factores de protección en Español (Spanish Protective Factors Survey)

**Parte I:** Por favor **encierra en círculo** el número que describa cuán a menudo estas afirmaciones son verdaderas para ti o para tu familia. Los números representan una escala de 1 a 7 en la que cada uno de los números representa una cantidad de tiempo distinta. El número 4 significa que la afirmación es verdadera más o menos la mitad del tiempo.

|   | Nunca | Casi Nunca | Pocas Veces | A Veces | Muchas Veces | Casi Siempre | Siempre |
|---|-------|------------|-------------|---------|--------------|--------------|---------|
| 1. En mi familia, hablamos acerca de los problemas.   | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 2. Cuando discutimos, mi familia escucha ambas partes de la historia.                       | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 3. En mi familia, tomamos tiempo para escucharnos los unos a los otros.                     | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 4. Mi familia se apoya en momentos de estrés.   | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 5. Mi familia soluciona todos nuestros problemas.   | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 6. Tengo personas que me escuchan cuando necesito hablar de mis problemas.                  | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 7. Cuando me siento solo/a, tengo a varias personas con las que puedo hablar.               | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 8. Yo sé a dónde ir si mi familia llegara a necesitar comida o alojamiento provisional.     | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 9. Yo sé a dónde (o con quién) ir para conseguir ayuda si tuviera dificultades financieras. | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 10. Si existe una crisis, tengo personas con quienes contar.                                | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 11. Yo sé a dónde ir para recibir ayuda si necesito conseguir un trabajo.                   | 1     | 2          | 3           | 4       | 5            | 6            | 7       |

## Instrucciones de Parfraseo para la Versión del Participante, S-PFS, Preguntas 12-20

**NOTE:** Questions 12-20 ask participants to focus on the child they hope will benefit most from your participation in our services. You can help participants identify the target child by asking, “What child do you think will benefit most from you being here?” or “Which child were you referred for services?” Remind them that they need to provide the child’s age first before they answer the questions.

**Edad o Fecha de Nacimiento del Niño / Child’s Age or DOB.** What is the age and date of birth of the child you hope will benefit most from your involvement in our services?

**12) Me siento segura/o en mi papel como madre/padre. / I am confident in my role as a parent.** Do you feel positive about your ability to make good parenting decisions?

**13) Sé cómo ayudarle a mi hijo/a a aprender. / I know how to help my child learn.** Do you know how you can help your child learn?

**14) Mi niño/a se porta mal sólo para hacerme enojar. / My child misbehaves just to upset me.** Does your child frequently act up just to make you angry, sad, or some other negative feeling?

**15) Yo elogio a mi niño/a cuando se porta bien. / I praise my child when he/she behaves well.** Do you praise your child for good behavior? If your child behaves well, do you tell him/her how happy you are?

**16) Cuando disciplino a mi niño/a pierdo el control. / When I discipline my child, I lose control.** Do you have a hard time controlling your temper when you discipline your child?

**17) Soy feliz cuando estoy con mi niño/a. / I am happy being with my child.** How much of the time do you enjoy being with your child?

**18) Mi niño/a y yo estamos muy unidos. / My child and I are very close to each other.** How much of the time do you feel that your relationship with your child is strong?

**19) Puedo tranquilizar a mi niño/a cuando está enojado/a. / I am able to soothe my child when he/she is upset.** How much of the time are you able to calm your child down when he or she is upset?

**20) Yo paso tiempo con mi niño/a haciendo lo que le gusta. / I spend time with my child doing what he/she likes to do.** How often do you do activities with your child that he or she enjoys?



## Encuesta sobre los factores de protección en Español (Spanish Protective Factors Survey)

**Parte II.** Esta parte de la encuesta pregunta sobre crianza y tu relacionamiento con tu niño/a. en esta sección, por favor enfócate en el niño/a que esperas que más se beneficie de tu participación en nuestros servicios. Por favor escribe la edad o fecha de nacimiento del niño/a y luego responde a las preguntas con este niño/a en mente.

Edad del Niño \_\_\_\_\_ or Fecha de Nacimiento \_\_\_\_/\_\_\_\_/\_\_\_\_

|  | Nunca | Casi Nunca | Pocas Veces | A Veces | Muchas Veces | Casi Siempre | Siempre |
|--|-------|------------|-------------|---------|--------------|--------------|---------|
| 12. Me siento segura/o en mi papel como madre/padre.       | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 13. Sé cómo ayudarle a mi hijo/a a aprender.               | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 14. Mi niño/a se porta mal sólo para hacerme enojar.       | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 15. Yo elogio a mi niño/a cuando se porta bien.            | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 16. Cuando disciplino a mi niño/a pierdo el control.       | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 17. Soy feliz cuando estoy con mi niño/a.                  | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 18. Mi niño/a y yo somos muy unidos.                       | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 19. Puedo tranquilizar a mi niño/a cuando está enojado/a.  | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 20. Yo paso tiempo con mi niño/a haciendo lo que le gusta. | 1     | 2          | 3           | 4       | 5            | 6            | 7       |

# Gracias!!





## **Section IV**

Sample Informed Consent Statement  
Computing Subscale Scores  
Frequently Asked Questions & Answers

## Sample Informed Consent Statement

(Program Name) supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you agree to participate and allow us to use the gathered data, you are free to withdraw at any time with no consequences.

**Purpose.** At (Program Name) we are conducting an evaluation to ensure that the families we serve are benefiting from our program. This will help us understand what we are doing well and in what areas we could improve. This study helps us continue to provide the best services to our families.

**Procedure.** If you decide to participate, we will ask you to complete two surveys which focus on your relationship with your family and your community. We will ask you to complete both surveys at two specified time points, before and after receiving our services. *Your participation is completely voluntary. You can choose to stop at any time, or you can skip questions, with no negative consequences.* Your participation or lack thereof will not affect the services you receive. If you withdraw permission to use your information, researchers will stop collecting additional information about you. However, the research team will use the data gathered until the moment you canceled, as described above

If you choose to partake in this study, your identity will be kept confidential. No personal information that can identify you will be shared with anyone outside of the program. Identifying information will not be shared with anyone unless it is a) required by law or policy, or b) you give us written permission.

**Risks.** The estimated time to completely fill surveys is 30 minutes. You might feel low discomfort while you answer personal questions (personal information). No other risks are anticipated when completing these surveys.

**Benefits.** While you may not receive any direct benefit from completing the surveys, your responses will help us improve the services we provide to families.

**Privacy.** Your privacy will be protected. Your name will not appear in the survey. You will be identified by an ID number. Only authorized program personnel will have access to ID numbers and will not share it with anyone.

We hope you will collaborate by participating in this survey. Your participation will help us improve services for families that need them.

**Participant Authorization.** I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may call (insert phone number), write to (insert address), or email (insert email).

I agree to take part in this study as a research participant. By my signature I affirm that I am at least 18 years old and that I have received a copy of this Consent and Authorization form.

- I agree to participate in the evaluation with my responses to the S-PFS survey.
- I do not wish to participate at this time.

|                    |       |                         |       |
|--------------------|-------|-------------------------|-------|
| _____              | _____ | _____                   | _____ |
| Participant Name   | Date  | Participant Signature   | Date  |
| _____              | _____ | _____                   | _____ |
| Program Staff Name | Date  | Program Staff Signature | Date  |

## Computing Subscale Scores

### Computing Subscale Scores

The following are directions for calculating the scores by hand.

#### **Step #1: Reverse score selected items**

Before subscales can be calculated, all items need to be scored in the same direction such that a higher score reflects a higher level of protective factors. The following items require reverse-scoring: 14 and 16.

To reverse-score the items listed above, use the following scoring transformation: A score of 1 is rescored 7, a score of 2 is rescored 6, a score of 3 is rescored 5, a score of 5 is rescored 3, a score of 6 is rescored 2, a score of 7 is rescored 1.

#### **Step #2: Calculate the subscale scores**

##### *Family Functioning/Resiliency*

The FFPSC subscale is composed of items 1 through 5. If fewer than 4 of items 1 through 5 were completed don't compute a score. If 4 or more items were completed sum the items responses and divide by the number of items completed.

##### *Social Support*

The SS subscale is composed of items 6, 7, and 10. If fewer than 2 of these items were completed don't compute a score. If 2 or more items were completed sum the items responses and divide by the number of items completed.

##### *Concrete Support*

The CS subscale is composed of items 8, 9, and 11. If fewer than 2 of these items were completed don't compute a score. If 2 or more items were completed sum the items responses and divide by the number of items completed.

##### *Nurturing and Attachment*

The NA subscale is composed of items 17, 18, 19, and 20. If fewer than 3 of these items were completed don't compute a score. If 3 or more items were completed sum the items responses and divide by the number of items completed.

##### *Child Development/Knowledge of Parenting*

The knowledge of parenting and child development factor is composed of five unique items (12, 13, 14, 15, and 16). Because of the nature of these items, calculation of a subscale score is not recommended. Means, standard deviations, and percentages should be used to assess an agency's progress in this area.

## Protective Factors Survey Frequently Asked Questions & Answers

### What is the purpose of the list of services on the Staff Only portion of the S-PFS?

The items about services were included so programs could track whether services offered were actually received. This information may be useful to programs that want to track that information. It may not be useful for others to use that section of the survey. The program specific or demographic items are not required for validity of the scale. They are optional. The survey items that are answered on the 1-7 pt. scale are the actual items that measure the protective factors and comprise the subscales.

### Why did you choose a 7-point response scale?

The team that developed the S-PFS had many discussions about the scale and reviewed studies related to odd and even numbered scales and scale length. We made decisions about scaling (and item selection, etc.) only after extensive field testing and discussions with parent focus groups. Our experience was that neither administrators nor respondents reported any awkwardness in using the scale. The primary purpose of the S-PFS was to measure change in protective factors. It was critical to select a response scale that was sensitive to small amounts of change. The seven-point response scale was selected over the five-point response scale because it provided additional measurement points, thus increasing the sensitivity of the measure.

### How was the reliability of the S-PFS tested?

The reliability of each subscale of the S-PFS has been estimated using an internal-consistency measure of reliability, Cronbach's coefficient alpha. Reliabilities for each subscale are provided below. For further information about the psychometric properties of the S-PFS, please refer to the technical report, available upon request from the University of Kansas Center for Public Partnerships and Research.

| <i>Subscale</i>               | <i>Reliability Time 1</i> | <i>Reliability Time 2</i> |
|-------------------------------|---------------------------|---------------------------|
| Family Functioning/Resiliency | .88                       | .82                       |
| Social Support                | .91                       | .81                       |
| Concrete Support              | .85                       | .86                       |
| Nurturing and Attachment      | .79                       | .65                       |

### Why is there no subscale score for Knowledge of Parenting?

Knowledge of parenting is a complex construct with different components that do not necessarily correlate. For example, knowledge of good disciplinary practices may not correlate with helping your child learn, therefore there is no theoretical reason to expect them to conform to any particular subscale structure. Calculation of a subscale score is not recommended. Means, standard deviations, and percentages at the individual item level should be used to assess an agency's progress in this area.

### **What instruments were used in the validation studies?**

The following instruments were used in the validation studies for the S-PFS:

- *Child Abuse Potential Inventory* (CAP; Milner, 1986)
- *Difficult Life Circumstances* (DLC; Johnson, Booth, Bee, & Barnard, 1989)
- *Family Resource Scale* (FRS; Dunst & Leet, 1986)

### **How long after a parent begins a program should they be given the posttest? We are an open-ended parent support program. Parents sometimes participate in our program for many years.**

Agencies should take theoretical considerations (estimated time for program impact) as well as logistical details (accessibility of clients) to determine the optimal time for survey administration.

### **Which items are appropriate for first time parents in a prenatal program?**

Three of the S-PFS subscales (Concrete Support, Emotional Support, Family Functioning and Resiliency) refer to the family and could be answered by first time parents with no children in the home.

If parents are receiving services between the time they are pregnant and after the child is born, it would be appropriate to complete questions 1-11 before the child is born and then questions 1-20 after the child is born. The reason for repeating questions 1-11 is that protective factors may change when the child is born and it's important to understand how the protective factors are affected as a system. In terms of analysis, questions 1-11 could be examined using a time-series design, where prenatal serves as time point one, after birth is time point two, and end of program is time point three.

### **What age should a child be before a first-time parent should complete the form?**

The instrument was validated for use with parents of children of all ages.

### **Some items refer to a relationship with a specific child (e.g., when I discipline my child, I lose control). Our program will serve multiple children from a single household. Is it legitimate to answer these questions repeatedly, once for each child in our program?**

The survey asks respondents to select one child – the child they are receiving services for or the child they think will benefit most from their participation in services. If participants have several children for whom they are receiving services, instruct them to pick one (it doesn't matter which one) and keep that same child in mind when responding to the questions. Although the questions could be asked repeatedly, the instrument has not been validated for this use. Moreover, the database is limited to one set of responses per question.

### **Are any subscales invalidated if a respondent lists a different child on the posttest from the one listed on the pretest?**

The question about the target child's age is intended as a PROMPT for participants to encourage them to think about only one child when responding to the items. Its primary purpose is to help participants respond to the items in a consistent way by thinking about only one child. In our validity studies, we did not examine whether or not participants used the same target child at pretest and posttest. The survey functioned well without looking at this variable.

If the agency has the time, they can look at each participant's pretest and posttest data to ensure that the target child is the same (and retain only the responses for which the target child is the same). This will strengthen the rigor of the survey findings. However, our validity studies suggest it is appropriate to analyze the data without taking this variable into consideration.

**How are the questions answered if the child does not live with the respondent?**

The survey is intended to be given to caregivers. Some of the parents involved in parenting services have had their children removed from their care (either through CPS intervention or a divorce/custody situation). If it is probable that they will care for their children sometime in the future—even if they never actually reside with that caregiver—and they are involved in prevention services, it is appropriate to give them the survey.

**Is the S-PFS an appropriate tool for parents of teenagers?**

The S-PFS appears to be an appropriate tool for use with parents of teenagers. The Nurturing and Attachment subscale and individual Knowledge of Parenting and Child Development items (with the exception of Item 13, "I know how to help my child learn") appear to be the most impacted by the age of the identified child (located between Items 11 and 12). In general, caregivers of younger children tend to respond higher on all subscales/items of the S-PFS than do caregivers of older children.

A possible explanation for these differences might be that the challenges of having an older child slightly lower the Nurturing and Attachment subscale and Knowledge of Parenting and Child Development items; alternatively, it might be that caregivers with older children have more parenting experience (and are older in age) and better recognize their areas for growth as caregivers and are more willing to report those. Agencies might keep these differences in mind when collapsing scores across identified children from birth to age 18.

**Some items refer to “family”. Is there a rule about the definition of family? Who constitutes a family?**

Respondents are encouraged to construct their own definition of family. If they want to include children living in the household that are not directly related to them, or close relatives that may or may not live with them, that is fine.

**Are there cutoff scores identified in the technical material?**

No, there are no cutoff scores for the S-PFS.

**Could this survey be used along with other parenting surveys effectively as a type of check & balance tool?**

Yes. The S-PFS can be used with other measures to validate other instruments and/or increase the validity of the evaluation findings.

**Is there a retrospective version of the S-PFS?**

A retrospective version of the tool has not been tested sufficiently to be officially released by FRIENDS.

**Do the database reports provide information on the statistical significance of scores?**

The S-PFS report contains pretest/posttest means and standard deviations. To measure change, the percent of clients with improvements in scores from pretest to posttest is reported. NOTE: The S-PFS database 2.0 will allow users to run t-tests on pre and post subscale scores.

The reliability of the subscales is reported in the S-PFS Field Test Report. All four subscales demonstrated acceptable levels of reliability ( $\alpha > .7$ ). Agencies interested in conducting significance tests are encouraged to use a dependent samples t-test to compare pretest/posttest means. As with all significance testing, data should be screened prior to analysis.

**If the database is used, does FRIENDS have access to each site's local data?**

No. Once the database has been downloaded, FRIENDS does not have access to the data.

**How long will agency data be retained on the S-PFS database?**

After you download the S-PFS database, the data is stored on your local computer or network drive. Your database manager determines how long the data is retained. The database is not web-based.

**Can we aggregate data from several agencies?**

The database is set up to aggregate data across agencies. The database manager determines how the data is organized and reported. Please read the “read me” document on the FRIENDS website for details.

**Is the downloadable S-PFS Database software compatible with Apple / Mac computers or only PCs / Windows?**

The FRIENDS S-PFS database only works in a Windows environment.

**What are the Psychometric Properties of the S-PFS?**

Three of the four subscales of the S-PFS demonstrate high internal consistency (between .81 and .91) and one demonstrates acceptable consistency (.65-.79). Temporal stability estimates are also adequate. Content validity, construct validity, and criterion validity were also examined and provide evidence that the S-PFS is a valid measure of multiple protective factors against child maltreatment. In the validation study, the S-PFS subscales had negative correlations with difficult life circumstances, problems with others, and rigidity; also, they showed positive correlations with growth and support, and physical needs and shelter.

**References**

Counts, J. M., et al. (2010). The development and validation of the protective factors survey: A self-report measure of protective factors against child maltreatment. *Child Abuse & Neglect, 34(10)*, 762-772.



## What were the demographics of the population used in the S-PFS validation studies?

|  | <i>N</i> | <i>%</i> | <i>M</i> |
|--|----------|----------|----------|
| <b>Sex</b>                                     | 133      | --       | --       |
| Female   | 115      | 86.5     | --       |
| Male   | 18       | 10.8     | --       |
| <b>Race/Ethnicity</b>                          | 140      | --       | --       |
| African American                               | 1        | 0.7      | --       |
| Hispanic/Latino                                | 129      | 92.1     | --       |
| White, not Hispanic                            | 9        | 6.4      | --       |
| Multiracial                                    | 1        | 0.7      | --       |
| <b>Country of Origin</b>                       | 138      |          |          |
| Mexico   | 104      | 75.4     | --       |
| United States                                  | 8        | 5.8      | --       |
| Puerto Rico                                    | 5        | 3.6      | --       |
| El Salvador                                    | 4        | 2.9      | --       |
| Other  | 17       | 12.3     |          |
| <b>Income</b>                                  | 133      | --       | --       |
| <\$15,000                                      | 44       | 33.1     |          |
| \$15,000-30,000                                | 48       | 36.1     | --       |
| \$30,001+                                      | 35       | 26.4     | --       |
| <b>Relationship Status</b>                     | 137      | --       | --       |
| Partnered*                                     | 97       | 70.8     | --       |
| Single or Separated**                          | 40       | 29.2     | --       |
| <b>Education</b>                               | 131      | --       | --       |
| Elementary or junior high school               | 37       | 28.2     | --       |
| Some high school                               | 32       | 24.4     | --       |
| High school diploma or GED                     | 30       | 22.9     | --       |
| Trade/vocation school or higher                | 32       | 24.5     |          |
| <b>Age</b>                                     | 133      | --       | 33.0     |
| <35 years                                      | 75       | 62.0     | --       |
| <b>Involved with Child Protective Services</b> |          |          |          |
| No   | 121      | 89.0     | --       |
| Yes  | 11       | 8.1      | --       |
| Not sure                                       | 4        | 2.9      | --       |
| <b>Hours of Services Received</b>              | 49       | --       | 30.6     |
| <b>Type of Government Assistance</b>           | 139      |          |          |
| Food stamps                                    | 65       | 46.8     | --       |
| Medicaid                                       | 74       | 53.2     | --       |
| Head Start/Early Head Start                    | 27       | 16.3     | --       |

Note: \*Partnered indicates participants who are married and/or living together. \*\*Single or Separated indicates participants who are single, divorced, widowed, and separated.

# **The Spanish Protective Factors Survey**



Encuesta sobre los factores de protección en Español (Spanish Protective Factors Survey)

## Previa o posterior (Información del programa - Opcional)

Identificación de la agencia  
N.º \_\_\_\_\_

Identificación del participante  
N.º \_\_\_\_\_

Fecha en que se llevó a cabo la encuesta: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marque aquí si se trata de una prueba previa

Fecha de inicio del programa:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Marque aquí si se trata de una prueba posterior

Fecha de finalización del programa:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

*Este formulario es para uso exclusivo del personal y debe ser completado un miembro del este que esté familiarizado con el participante del programa. Elimine este formulario antes de entregar la encuesta al participante para que la realice.*

1. ¿Cómo se realizó la encuesta? (Seleccione uno)

- A. En una entrevista en persona     B. Por el participante, con la ayuda disponible del personal del programa para explicar los temas según fuera necesario     C. Por el participante sin personal del programa presente

2. ¿Cómo fue referido el participante a su programa?

- A. Por cuenta propia     C. Tribunal/Juez     E. Otro  
 B. Servicios de Protección Infantil     D. Programa comunitario

3. ¿Se ha denunciado al participante a los Servicios de Protección Infantil?

- A. No     C. No estoy seguro  
 B. Sí...     **Antes de** iniciar el programa     **Durante** el programa     **Después de** completar el programa

4. En caso afirmativo, ¿el informe fue fundamentado?

- A. No     C. No estoy seguro     E. Sí, referido a la respuesta diferencial  
 B. Sí     D. No, referido a la respuesta diferencial     F. No aplica

5. Identifique el tipo de programa que describe con mayor precisión los servicios que el participante está recibiendo de su programa/agencia. (Seleccione todas las que correspondan)

- A. Defensa (propia, de la comunidad)     E. Educación para los padres    I. Recursos y referencias  
 B. Relaciones saludables     F. Interacción entre padres e hijo    J. Desarrollo de habilidades/educación para niños  
 C. Visitas a domicilio     G. Grupo de apoyo para padres    K. Otro (si está utilizando un indique el nombre) \_\_\_\_\_  
 D. Sin hogar/en viviendas transitorias para personas sin hogar     H. Relevo planificado o en casos críticos    \_\_\_\_\_

6. Asistencia del participante:

**Respuesta en la prueba previa:**

Número de horas de servicio ofrecidas al participante  
\_\_\_\_\_

**Respuesta en la prueba posterior:**

Número de horas de servicio recibidas por el participante \_\_\_\_\_

*Elimine este formulario antes de entregar la encuesta al participante para que la realice.*

***Esta página se dejó en blanco intencionalmente.***

*Estas siguientes preguntas son sobre usted y su hogar. El personal del programa las utilizará para entender las necesidades de las personas y familias a las que atienden y mejorar la prestación de servicios.*

*Recuerde, sus respuestas a esta encuesta son confidenciales.*

1. Sexo:  A. Masculino  B. Femenino  C. Prefiero no responder

2. Edad (en años): \_\_\_\_\_

3. Idioma principal que se habla en casa:

- A. Inglés  C. Creole  E. Árabe  G. Otro: \_\_\_\_\_  
 B. Español  D. Mandarín  F. Ruso

4. Raza/etnia (marque todas las que correspondan):

- A. Nativo americano o nativo de Alaska  E. Hispano o latino  I. Mestizo  
 B. Asiático  F. Oriente Medio  J. Otro \_\_\_\_\_  
 C. Negro o afroamericano  G. Nativo de Hawái o de las Islas del Pacífico  
 D. Nacional africano/Isleño del Caribe  H. Blanco (no hispano/europeo americano)

5. Estado civil:

- A. Casado(a)  C. Soltero(a) - nunca se ha casado  E. Viudo(a)  
 B. En concubinato/Unión libre  D. Divorciado(a)  F. Separado(a)

6. Vivienda familiar:

- A. Propia  C. Vivienda compartida con familiares o amigos  E. Temporal (refugio, temporal con amigos o familiares)  
 B. Alquilado  D. Sin hogar

7. Total de Ingreso Familiar:

- A. \$0 - \$10,000  D. \$30,001 - \$40,000  G. Más de \$ 60,001  
 B. \$10,001 - \$20,000  E. \$40,001 - \$50,000  
 C. \$20,001 - \$30,000  F. \$50,001 - \$60,000

8. Grado de educación más alto logrado:

- A. Sin educación formal  E. Diploma de escuela secundaria o de educación general  I. Título universitario de cuatro años (licenciatura)  
 B. Primaria  F. Profesión u oficio  J. Título de posgrado  
 C. Secundaria  G. Algunos estudios universitarios  
 D. Algunos estudios de educación secundaria  H. Título universitario de dos años (técnico superior)

9. ¿Cuál de los siguientes, si es que hay alguno, recibe usted o su familia actualmente? (Marque todo lo que corresponda)

- A. Programa de asistencia nutricional suplementaria (Supplemental Nutrition Assistance Program [SNAP] o cupones de alimentación)  E. Asistencia temporal para familias necesitadas (Temporary Assistance for Needy Families, TANF)  H. Seguro médico estatal (incluido el seguro médico para niños)  
 B. Seguro Social por discapacidad (Social Security Disability Income, SSDI)  F. Servicios de Head Start/Early Head Start  I. Seguridad de Ingreso Suplementario (Supplemental Security Income, SSI)  
 C. Medicaid  G. Beneficios de desempleo  J. Ninguna de las anteriores  
 D. Deducción en el impuesto sobre la renta (Earned Income Tax Credit, EITC)  K. Otro

*Cuéntenos sobre los niños que viven en su hogar.*

10. NIÑO N.º 1  A. Masculino  B. Femenino  C. Prefiero no responder

11. Fecha de nacimiento: \_\_\_\_\_

12. Este niño vive en mi casa:  Sí  No

13. ¿Cuál es su parentesco con este niño?

- A. Madre/padre biológico  D. Madre/padre sustituto  G. Otro pariente  
 B. Padrastro o madrastra  E. Abuelo(a) o bisabuelo(a)  H. Otro  
 C. Madre/padre adoptivo  F. Hermanos

14. NIÑO N.º 2  A. Masculino  B. Femenino  C. Prefiero no responder

15. Fecha de nacimiento: \_\_\_\_\_

16. Este niño vive en mi casa:  Sí  No

17. ¿Cuál es su parentesco con este niño?

- A. Madre/padre biológico  D. Madre/padre sustituto  G. Otro pariente  
 B. Padrastro o madrastra  E. Abuelo(a) o bisabuelo(a)  H. Otro  
 C. Madre/padre adoptivo  F. Hermanos

18. NIÑO N.º 1  A. Masculino  B. Femenino  C. Prefiero no responder

19. Fecha de nacimiento: \_\_\_\_\_

20. Este niño vive en mi casa:  Sí  No

21. ¿Cuál es su parentesco con este niño?

- A. Madre/padre biológico  D. Madre/padre sustituto  G. Otro pariente  
 B. Padrastro o madrastra  E. Abuelo(a) o bisabuelo(a)  H. Otro  
 C. Madre/padre adoptivo  F. Hermanos

22. NIÑO N.º 4  A. Masculino  B. Femenino  C. Prefiero no responder

23. Fecha de nacimiento: \_\_\_\_\_

24. Este niño vive en mi casa:  Sí  No

25. ¿Cuál es su parentesco con este niño?

- A. Madre/padre biológico  D. Madre/padre sustituto  G. Otro pariente  
 B. Padrastro o madrastra  E. Abuelo(a) o bisabuelo(a)  H. Otro  
 C. Madre/padre adoptivo  F. Hermanos



# Encuesta sobre los factores de protección en Español (Spanish Protective Factors Survey)

**Parte I:** Por favor **encierra en círculo** el número que describa cuán a menudo estas afirmaciones son verdaderas para ti o para tu familia. Los números representan una escala de 1 a 7 en la que cada uno de los números representa una cantidad de tiempo distinta. El número 4 significa que la afirmación es verdadera más o menos la mitad del tiempo.

|   | Nunca | Casi Nunca | Pocas Veces | A Veces | Muchas Veces | Casi Siempre | Siempre |
|---|-------|------------|-------------|---------|--------------|--------------|---------|
| 1. En mi familia, hablamos acerca de los problemas.   | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 2. Cuando discutimos, mi familia escucha ambas partes de la historia.                       | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 3. En mi familia, tomamos tiempo para escucharnos los unos a los otros.                     | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 4. Mi familia se apoya en momentos de estrés.   | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 5. Mi familia soluciona todos nuestros problemas.   | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 6. Tengo personas que me escuchan cuando necesito hablar de mis problemas.                  | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 7. Cuando me siento solo/a, tengo a varias personas con las que puedo hablar.               | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 8. Yo sé a dónde ir si mi familia llegara a necesitar comida o alojamiento provisional.     | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 9. Yo sé a dónde (o con quién) ir para conseguir ayuda si tuviera dificultades financieras. | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 10. Si existe una crisis, tengo personas con quienes contar.                                | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 11. Yo sé a dónde ir para recibir ayuda si necesito conseguir un trabajo.                   | 1     | 2          | 3           | 4       | 5            | 6            | 7       |



## Encuesta sobre los factores de protección en Español (Spanish Protective Factors Survey)

**Parte II.** Esta parte de la encuesta pregunta sobre crianza y tu relacionamiento con tu niño/a. en esta sección, por favor enfócate en el niño/a que esperas que más se beneficie de tu participación en nuestros servicios. Por favor escribe la edad o fecha de nacimiento del niño/a y luego responde a las preguntas con este niño/a en mente.

Edad del Niño \_\_\_\_\_ or Fecha de Nacimiento \_\_\_\_/\_\_\_\_/\_\_\_\_

|  | Nunca | Casi Nunca | Pocas Veces | A Veces | Muchas Veces | Casi Siempre | Siempre |
|--|-------|------------|-------------|---------|--------------|--------------|---------|
| 12. Me siento segura/o en mi papel como madre/padre.       | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 13. Sé cómo ayudarle a mi hijo/a a aprender.               | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 14. Mi niño/a se porta mal sólo para hacerme enojar.       | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 15. Yo elogio a mi niño/a cuando se porta bien.            | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 16. Cuando disciplino a mi niño/a pierdo el control.       | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 17. Soy feliz cuando estoy con mi niño/a.                  | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 18. Mi niño/a y yo somos muy unidos.                       | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 19. Puedo tranquilizar a mi niño/a cuando está enojado/a.  | 1     | 2          | 3           | 4       | 5            | 6            | 7       |
| 20. Yo paso tiempo con mi niño/a haciendo lo que le gusta. | 1     | 2          | 3           | 4       | 5            | 6            | 7       |

# Gracias!!