

West Virginia Family Survey

Protective Factors in Families Served by
Community-Based Child Abuse Prevention Programs



ANNUAL EVALUATION REPORT

Fiscal Year 2018

Produced by Hornby Zeller Associates, Inc.,
A Public Consulting Group, Inc. Company

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

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INTRODUCTION

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Children and Families and the Office of Maternal, Child, and Family Health work together to coordinate the state's Community-Based Child Abuse Prevention (CBCAP) efforts. Four types of prevention programs are offered to families to ensure children have the best start in life and are free of abuse and neglect: In-Home Family Education (IHFE), Family Resource Centers (FRC), Partners in Prevention (PIP) and Circle of Parents. In addition to funding, the State supports local community agencies through policy and practice guidance as well as training and technical assistance.

A program evaluation is conducted annually to provide feedback about the successes and challenges of CBCAP programs' efforts. DHHR contracts with Hornby Zeller Associates, Inc. (HZA)¹ to conduct the State's evaluation and continuous quality improvement process. To evaluate CBCAP-funded programs, surveys are administered to participants collecting their demographic information, feedback on the programs they received, and information on the families' protective factors. This report describes the state-level findings from survey responses collected during fiscal year 2018, *i.e.*, between October 1, 2017 and September 30, 2018. In addition, HZA produces individual program reports for each grantee organization so that each program is provided with specific information about its own efforts.

West Virginia Family Survey is used to assess prevention programs:

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

ABOUT WEST VIRGINIA'S CBCAP PROGRAMS

Four types of programs are funded through West Virginia's CBCAP program.

In-Home Family Education (IHFE) refers to West Virginia's programs that provide early childhood home visiting services. Each IHFE program delivers a range of support and education services to families with young children following nationally recognized standards. IHFE staff members (called home visitors, parent educators, and family support workers, but referred to as home visitors in this report) begin their work with families by establishing a trusting relationship with them, followed by working with them to identify and address their individual strengths, goals, and needs. This work may include using various educational techniques that focus on the caregiver-child relationship parenting practices and helping caregivers to understand their children's development and behaviors. Home visitors also connect families to social and concrete supports in their communities, such as other parents and service providers.

¹ Acquired by Public Consulting Group, Inc. at the end of February 2018, Hornby Zeller Associates serves as the evaluation team for PCG's Human Services practice.

Each IHFE program offers one of three models: *Parents as Teachers (PAT)*, *Healthy Families America (HFA)* and *Maternal Infant Health Outreach Workers (MIHOW)*. This evaluation examines outcomes of home visiting programs overall, as well as differences between the three program models. Other home-based service providers (such as Early Head Start and Right from the Start/HAPI Project) may have collaborative relationships under CBCAP funding; however, results in this report are not sorted beyond the three primary models.

Family Resource Centers (FRC) are designated agencies or organizations that bring together existing early care, education, and prevention services at one location. This approach increases the accessibility of services, combines resources and content-area expertise, provides family support and education, and works within unique community contexts. FRCs were once designated to serve families with children up to age eight, but current FRC CBCAP grantees work with a broader population of children and families, from the prenatal stage to age 18. Over half of the FRC programs are associated with IHFE and/or Partners in Prevention programs.

Partners in Prevention (PIP) supports local child abuse prevention projects across all of West Virginia. The Partners' work is based on the belief that preventing child abuse and keeping children safe is the responsibility of the entire community. PIP aims to build strong communities that protect children and connect them to form an effective statewide movement. The PIP model is built on collaboration between, and among, State and local organizations. Local teams expand on available prevention services by delivering educational programs, hosting networking opportunities, and facilitating positive community events with mini-grants.

Circle of Parents is a national network of parent-led social support groups where parents and caregivers share ideas, celebrate successes, and address the challenges surrounding parenting. Since West Virginia launched Circle of Parents in 2012, 14 organizations have participated in two-day training workshops. All participating organizations have started, or have plans to start, groups in various parts of the State.

This evaluation report reflects the findings from *West Virginia Family Surveys* collected from October 1, 2017 to September 30, 2018. Surveys were submitted by caregivers who participate in In-Home Family Education, Family Resource Center, and Partners in Prevention programs across the State and funded through CBCAP grants.² The information here can be used by grantees and state administrators to plan programs, identify areas in need of improvement and understand how programs are helping parents.

² No data were submitted for participants from Circle of Parents.

METHODOLOGY

West Virginia's child abuse prevention grantees are required to administer the *West Virginia Family Survey* to families who participate in their programs and use the information as part of their continuous quality improvement processes. The survey helps the State measure the same information across all prevention programs, providing relevant feedback that is immediately applicable. Programs are also expected to examine survey results to understand what changes the families have experienced from program enrollment to discharge. The *West Virginia Family Survey* helps programs to:

- describe the population(s) served;
- examine protective factors across five domains, particularly those domains targeted by the program;
- review and understand families' perceptions of the program and its services; and
- consider the protective factors domains and areas of programming that need more focus.

Families are asked to complete the *West Virginia Family Survey* upon enrollment (pre-surveys), at discharge, or annually for those who continue to participate in a program for longer than one year (follow-up or post-surveys). HZA helped West Virginia develop the tool and assists in administering it in a flexible manner, enabling the programs to offer families the ability to complete surveys on paper or online.

WEST VIRGINIA FAMILY SURVEY COMPONENTS

The *Family Survey* was designed to be as simple as possible for both the programs and the families who are asked to participate. To that end, the instrument incorporates programs' existing assessments and evaluation requirements, and has been integrated into the existing enrollment and ongoing assessment procedures of most programs. Sections of the survey include:

- **Family Information:** This section includes basic demographic information as shared by the participant, including the number and ages of children in the home. This information is collected from all participants on both enrollment and follow-up surveys.
- **Protective Factors Survey:** The Protective Factors Survey (PFS) component includes twenty standard statements, each with a seven-point scale of agreement or frequency (with one being the worst possible score and seven being the best possible score). The questions address each of the five protective factor domains. These questions are completed only by families enrolled in ongoing programs offered through FRC and IHFE programs. The PFS is described in more detail in the next section.
- **Modified Protective Factors:** This survey provides a shortened version of the PFS, asking just ten questions based on the five domains. This modified tool is completed by families participating in short-term or one-time events, generally through PIP programs.

- **Program Satisfaction:** Six statements are included on follow-up surveys to measure program satisfaction and caregivers’ perceptions. Two open-ended questions ask participants what they like most about the programs they were engaged and what they would like to see changed.
- **Playgroup:** On follow-up surveys, eight questions are asked of caregivers who either have a home visitor or attend another program that offers regular playgroups.
- **Home Visiting:** On follow-up surveys, eight questions are asked of caregivers who have had a home visitor.

PROTECTIVE FACTORS

An important component of the *West Virginia Family Survey* is the Protective Factors Survey, developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention and the University of Kansas Institute for Educational Research and Public Service. Protective factors refer to families’ strengths and the supports available to them which mitigate risk factors of child abuse and neglect. Child abuse prevention programs work to build on families’ individual protective factors and provide programming and education in areas where families’ capacities could be improved. The PFS helps service providers identify areas where families need additional support, i.e., where they may be scoring lower on the tool. Table 1, created by the FRIENDS National Resource Center, summarizes the protective factors covered in the survey.³

Table 1: Protective Factors

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

This report analyzes the average protective factors scores which are calculated for each of the five domains. The first step is to calculate an average score using each participant’s responses to each question in a domain which are scored on a scale of one to seven by the participant. These scores are added and then divided by the total number of questions in a domain (which range

³ See <https://friendsnrc.org/protective-factors-survey>

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 all participants' scores and dividing by the total number of participants with a score. Higher average scores indicate that participants are reporting 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 domain of those participants who have completed both an enrollment and a follow-up survey. Caregivers' pre- and post-surveys were matched and used to examine the differences in families' protective factors between their enrollment and most recent survey. The differences are examined for direction (whether scores went up or down) and tested for statistical significance. The differences are considered statistically significant if the probability they are due to random chance is less than 5 percent. In addition to the average scores of all respondents, scores are examined based on families' characteristics to determine if the programs are more effective with some types of families than others.

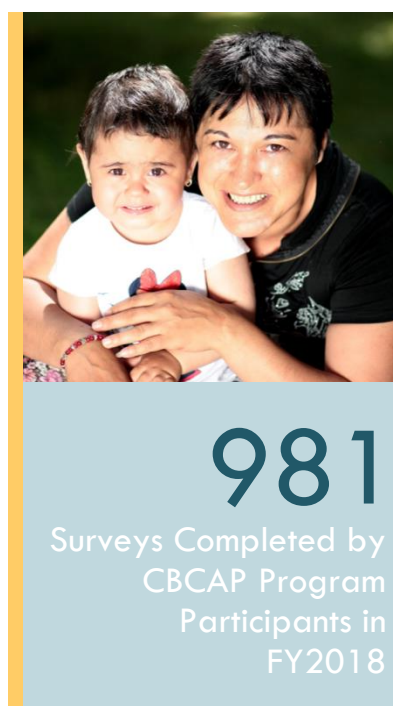
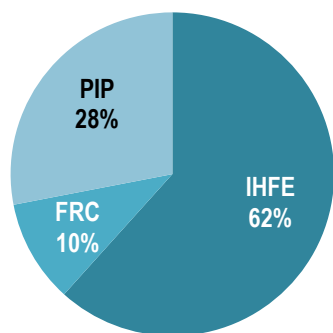
Respondents are also identified as having protective factors scores which improved, worsened, or stayed about the same from enrollment to follow-up. Respondents' scores are considered to have improved or worsened if their post-test protective factor score is greater than or less than their pre-test score by at least 1.0; this ensures that slight fluctuations in scores are not interpreted as meaningful change. If a post-test score is at least 2.0 greater than or less than the pre-test score then this is categorized as greatly improved or greatly worsened, respectively.

When families participate in more than one program within an organization, caregivers complete a single survey at service enrollment, follow-up, and discharge, and are instructed to complete it as if they are receiving services from a single program. This is to reduce confusion and the burden of completing multiple surveys.

2018 SURVEYS

In total, *West Virginia Family Surveys* were collected from 981 CBCAP participants between October 1, 2017 and September 30, 2018. As shown in Figure 1, the majority of surveys were completed by IHFE participants (62%). In comparison, fewer surveys were completed by FRC (10%) and PIP (28%) participants.

Figure 1. Surveys Completed by Program Type





100% OF CBCAP FAMILIES HAVE CHILDREN IN THEIR HOUSEHOLD

FAMILY CHARACTERISTICS

All caregivers who complete the *West Virginia Family Survey* respond to a series of questions about themselves and their family. Prevention providers and administrators can use this information to describe who their programs serve, target services to specific populations, and identify new service needs. In addition, the characteristics of the families served during the year are compared to West Virginia's overall population using data from the 2011–2015 American Community Survey estimates collected by the U.S. Census (2016) to determine if certain groups use these services more than others.

In some ways, the demographics of program participants are similar to the State's overall population. Nearly all identified as white (94% among CBCAP participants and 94% in the state), most had at least a high school diploma or GED (88% versus 85% statewide), and about half were married in both groups. In contrast, CBCAP serves mostly women (97%) and more than two-thirds have incomes below \$30,000, while the median income in the state is \$41,751. A more detailed breakdown of the demographics of CBCAP families is presented in Table 2.⁴

Table 2. About CBCAP Caregivers

Gender	%	Education Level	%	Marital Status	%
Female	97%	Elementary/Junior High/ middle school	1%	Married	50%
Male	3%	Some High School	11%	Single	25%
Race/Ethnicity		High School Diploma or GED	34%	Partnering	19%
White	94%	Some College/ Vocational training	24%	Divorced	4%
African American	3%	2-year college degree	8%	Separated	2%
Asian	1%	4-year college degree (Bachelor's)	8%	Widowed	1%
Hispanic	1%	Master's Degree or higher	3%	Family Income	
Native American/ Alaska Native	<1%	Currently a Student	11%	\$0-\$10,000	37%
Native Hawaiian/ Pacific Islander	<1%	Employment Status		\$10,001-\$20,000	18%
Other	<1%	Not employed	58%	\$20,001-\$30,000	15%
Housing		Employed full-time	22%	\$30,001-\$40,000	7%
Own	44%	Employed part-time	18%	\$40,001-\$50,000	6%
Rent	36%	Seasonal/temporary work	2%	More than \$50,001	18%
Share w/ relatives/friends	18%				
Temporary/Homeless	2%				

⁴ Note that due to rounding and some questions that ask to “check all that apply,” percentages may not sum to 100 percent.

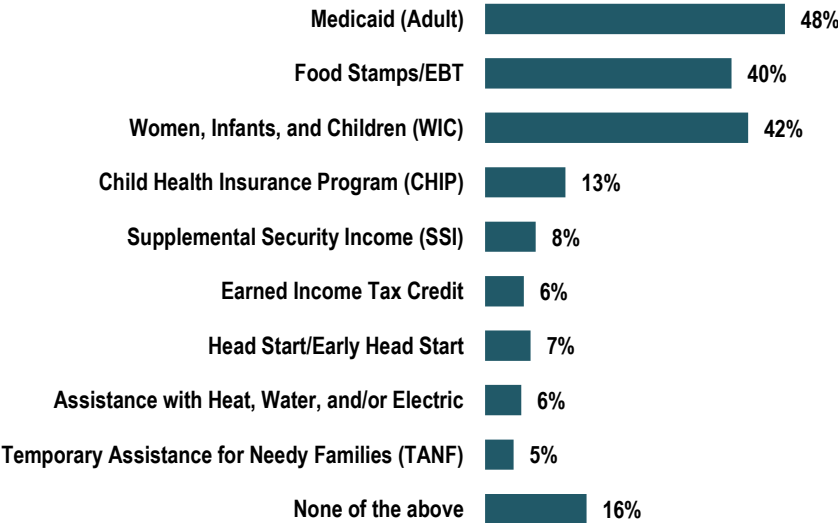
CHILDREN SERVED BY CBCAP

Overall, 100 percent of CBCAP families have children in their household (compared to 86% in fiscal year 2017). Families reported children in their homes range from being newborn to age 21. Sixty-nine percent of the children were five years or younger and 10 percent of caregivers were pregnant.

FAMILIES' NEEDS

The *Family Survey* also looks at the types of financial assistance that families receive (Figure 2). This information can help the State and its community partners better understand the challenges that families face and other supports in which they participate. Nearly half of caregivers (48%) said they received Medicaid, compared to 29 percent of the general population receiving health insurance through the program (Kaiser Family Foundation, 2017). The second most common form of assistance was food assistance, with just under half of those surveyed participating in food stamps or the Women, Infant and Children (WIC) supplemental nutrition program. About one in five West Virginia residents receive benefits through these two food programs monthly (USDA, 2017; West Virginia WIC, 2017), indicating that CBCAP participants are more likely to receive one of the benefits compared to the population overall. Sixteen percent of caregivers said they had not received any financial assistance.

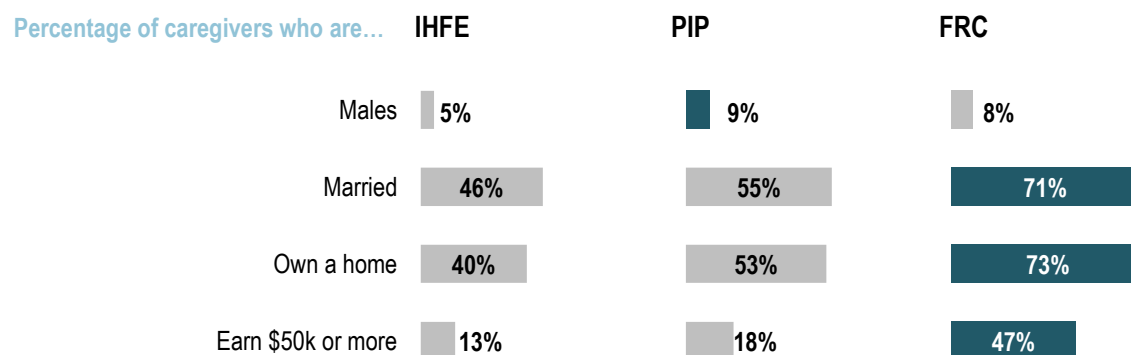
Figure 2. Financial Assistance Participation



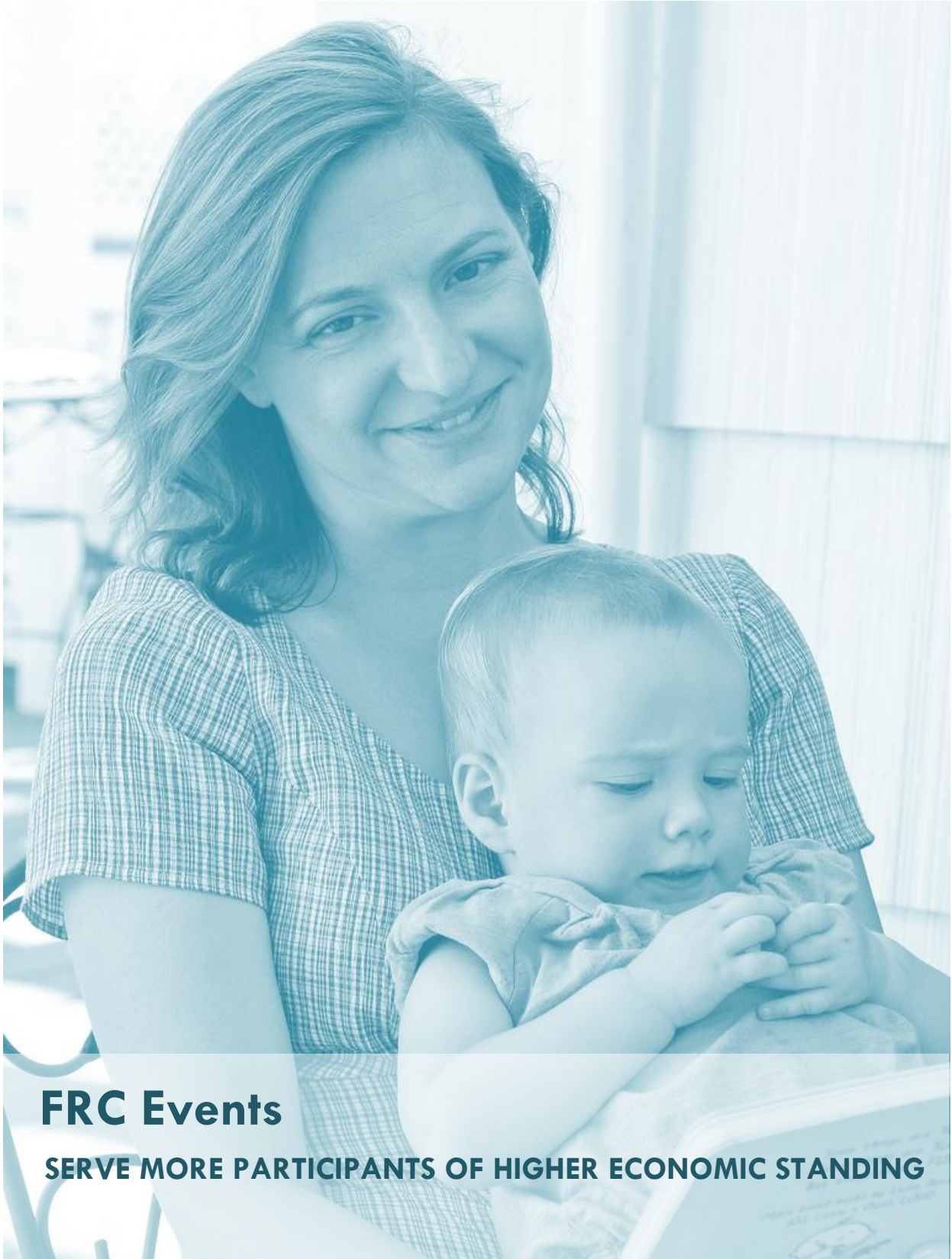
COMPARING PIP, IHFE AND FRC PARTICIPANTS

Looking at the different demographic characteristics of PIP, IHFE and FRC programs' participants, there is some variation, indicating that there may be differences in who is reached by each type of program. PIP events appear to have more male participants than do the other programs. This is of particular interest because fathers are one of the target groups for CBCAP-funded programs. It may be beneficial for PIP programs to share information about how they are engaging parents so that other programs can determine if they can adopt similar strategies to engage targeted populations. A much higher proportion of FRC participants are married, own a home and have incomes above \$50,000 than families in the other two types of programs. See Figure 3 for more detail.

Figure 3. Demographic Differences between IHFE, PIP and FRC Participants



While the race and ethnicity, level of education and marital status of CBCAP participants are similar to the overall population, CBCAP programs appear to be reaching families who are more economically vulnerable, as observed in the high proportion of families with incomes below \$30,000 and families who receive state or federal financial assistance. In addition, there is variation in the characteristics of families reached by the three types of programs (IHFE, PIP and FRC), with PIP and FRC reporting more male participants than IHFE and FRCs serving more caregivers that are married, own a home, and earn \$50,000 or more. As we move into the examination of how caregivers' protective factors changed, the report will look at which groups of families had greater improvements.



FRC Events

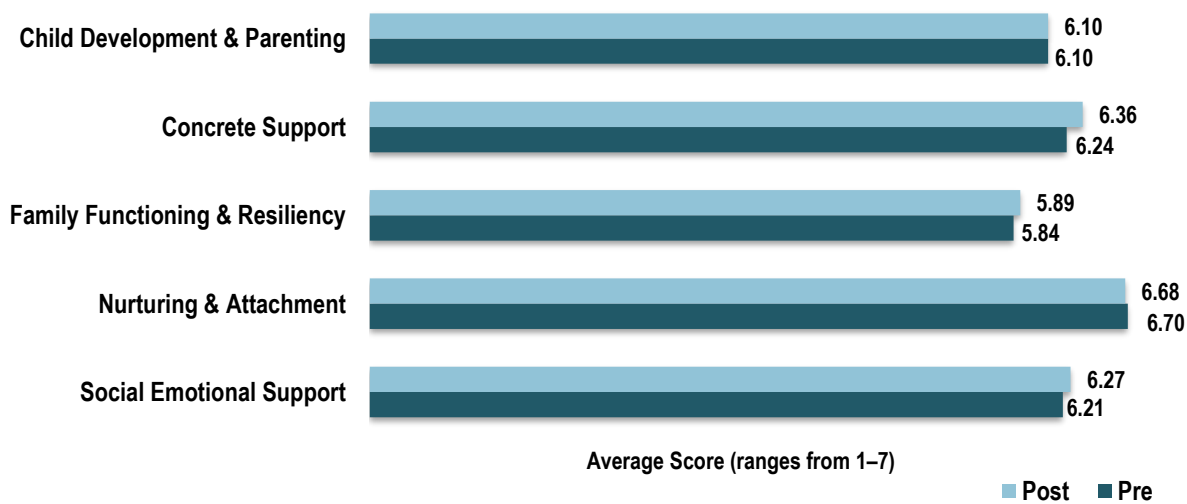
SERVE MORE PARTICIPANTS OF HIGHER ECONOMIC STANDING

OVERALL PROTECTIVE FACTORS RESULTS

The goal of the protective factors analysis is to describe changes in families' protective factors that have resulted since they began participating in a CBCAP funded program. Average scores among those who completed both a pre- and post-survey are compared along with the proportion of families whose scores improved, worsened, or stayed the same. A total of 344 families had a survey completed during fiscal year 2018 that could be matched to an enrollment survey. In later sections, protective factors scores will also be examined by program type.

Figure 4 shows the average domain scores for all participants with matched surveys. The domain with the highest scores overall was Nurturing and Attachment, while the Family Functioning and Resiliency domain had the lowest scores on pre- and post-surveys. Family Functioning and Resiliency questions ask caregivers how they cope with stress and communicate with other family members when issues arise. These are important skill sets to be used in challenging situations that can help reduce the risk of child abuse and neglect.

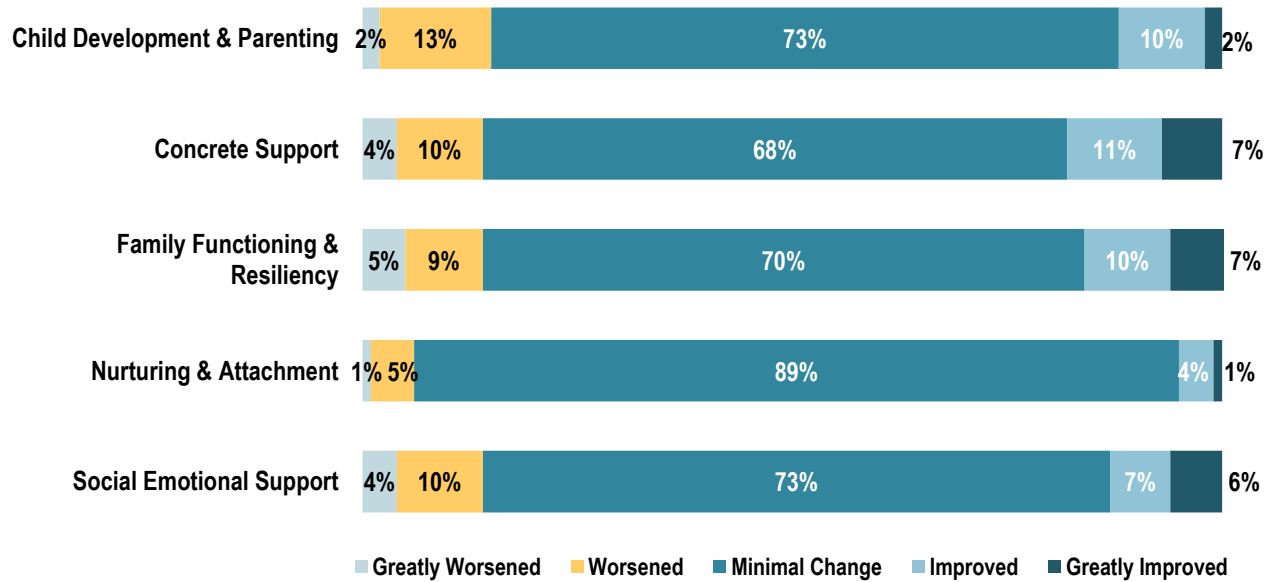
Figure 4: Average Scores Before and After Involvement (n=344)



Moving from an examination of change in average protective factor scores to the number of participants whose scores changed, Figure 5 shows the proportion of families whose scores improved, worsened and stayed the same in each domain.

The domains with the highest proportions of families demonstrating improvement were Concrete Support (18% improved) and Family Functioning and Resiliency (17% improved). Interestingly, these two domains also had higher proportions of families whose scores worsened (both at 14%). Enrollment scores for the Nurturing and Attachment domain are historically very high, which is likely why the majority of families did not show improvement in that domain. CBCAP programs can use this information to examine how they are working with families and the strategies they are using to build particular protective factors and family strengths.

Figure 5: Changes in Families' Protective Factors Scores

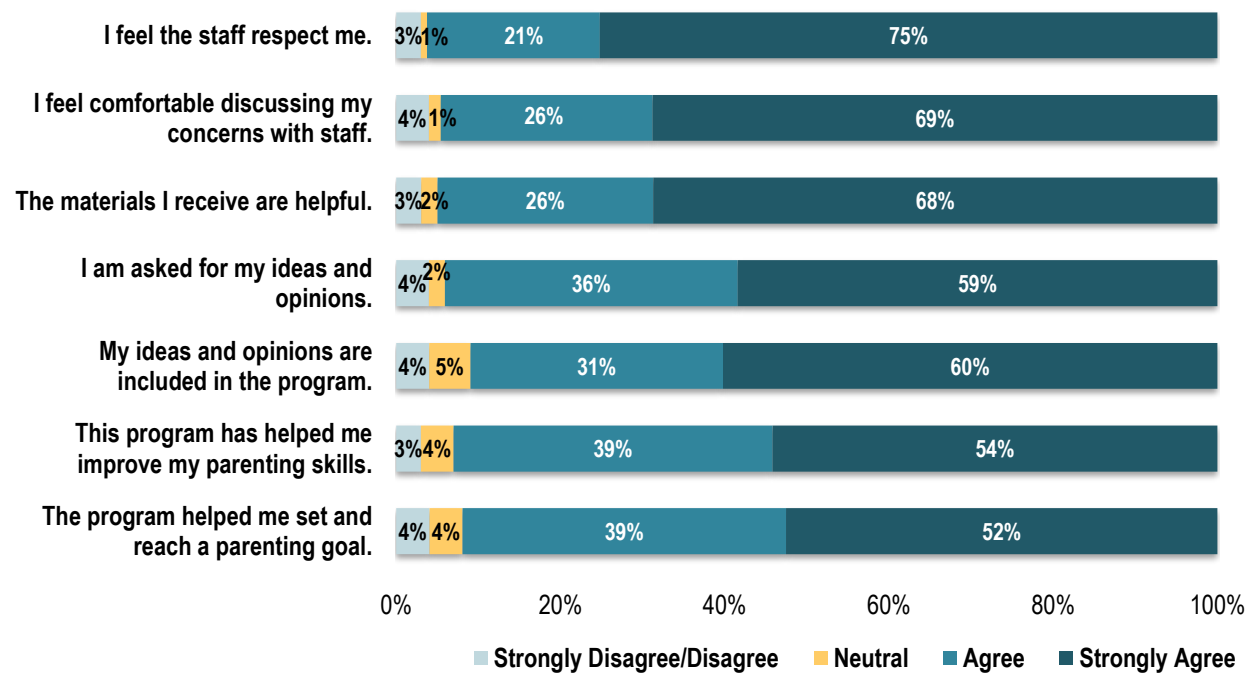


PROGRAM PERCEPTIONS

The *West Virginia Family Survey* offers the opportunity to get useful feedback from participants about their experience in CBCAP-funded programs. Program administrators can use this information to inform efforts to improve the quality of the services that are offered. On follow-up surveys, caregivers are asked a series of questions aimed to capture the extent to which they feel staff treat them with respect, programs provide the help they need, and families are included in the planning and implementation of programming. In addition, more specific questions are asked of those families that participate in ongoing playgroups.

Overall, CBCAP participants view the funded programs positively. As shown in Figure 6, the vast majority agreed that staff respected them, that they were comfortable expressing their problems, and that program materials were helpful.

Figure 6. Participants' Perceptions of CBCAP Programs (n=419)

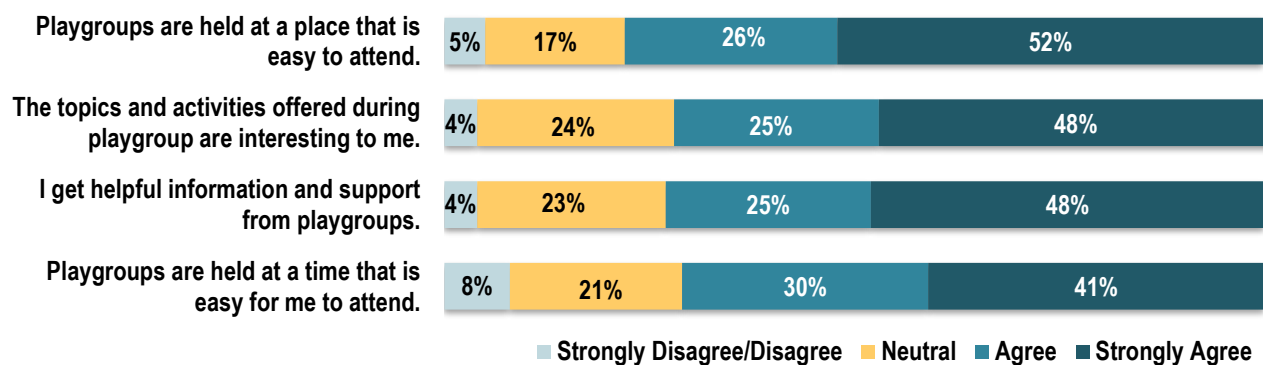


Nine percent of clients disagreed or were neutral about whether their ideas and opinions were included. A similar percentage (8%) of participants were neutral on or disagreed that programs helped them set and reach a parenting goal. While programs overall appear to be doing well on these measures among most participants, there is room for improvement. Staff at CBCAP-funded programs can use their internal continuous quality improvement processes to explore ways in which they are involving parents in activities, determine if there is a need to strengthen those efforts, and get additional feedback from clients about what additional parenting support they may need.

PLAY GROUPS

Playgroups are facilitated through IHFE and FRC programs in West Virginia. Just over half of the participants who completed a follow-up survey (59%) attended at least one playgroup, most often through a home visiting program. The *West Virginia Family Survey* asks parents about the groups' accessibility and helpfulness, the results of which are found in Figure 7. Over three-quarters of the parents reported that playgroups are held in places that are easy to attend. Seventy-three percent of participants also agreed that the topics were interesting and that the information and support provided in playgroups was useful.

Figure 7. Participants' Perceptions of Playgroups (n=348)



While the majority of participants perceive playgroups positively, 29 percent responded that they disagreed or were neutral toward the statement “Playgroups are held at a time that is easy for me to attend.” This shows that while the groups are held in locations that are easy to attend and helpful for most participants, there is room for improvement around ensuring the timing is convenient for parents.

Overall West Virginia’s CBCAP programs are perceived positively by most parents. Nearly all respondents said that staff treated them with respect and that they trusted staff members. In addition, the majority of playgroup participants said they enjoy the activities offered and that the information shared was helpful.

Areas in which programs may look to improve include using participant feedback in programs and helping parents improve their parenting skills and setting parenting goals. The data represented a small but noticeable proportion of families which did not endorse those statements on surveys. At the program level, community programs which offer playgroups might consider changing the times in which they are held which may yield greater participation.

IN-HOME FAMILY EDUCATION EVALUATION RESULTS

In-Home Family Education (IHFE) programs provide early childhood home visiting services. Each IHFE program solicits feedback from families to identify what changes might be needed and the areas in which programs are helping families. Three home visiting models are used by IHFE programs in West Virginia: Healthy Families America, Parents as Teachers, and Maternal Infant Health Outreach Workers. The *Family Survey* captures information on caregivers' protective factors, assessment tools used during home visits and impressions of home visitors. Protective factors results are broken out by model to examine the differences in changes in each domain by curriculum and to identify areas in which program participants may need more support.

A total of 305 surveys were completed by participants from home visiting programs this year which could be matched to a previous enrollment survey. These surveys were thus included in the protective factors analysis. Table 4 shows the total number of valid surveys returned by curriculum model.

Table 4. Matched Surveys Submitted by Home Visiting Model

Curriculum/Model	Matched Surveys
Healthy Families America	50
Maternal Infant Health Outreach Workers	66
Parents as Teachers	189
TOTAL	305

PROTECTIVE FACTORS RESULTS

Looking first at average protective factors scores by domain, results are similar to those seen statewide (Table 5). Scores were high on both pre- and post-surveys, averaging close to 6.0 in all domains. The domain with consistently lower scores was Family Functioning and Resiliency. However, overall home visiting participants' scores showed minimal change at follow-up. Slight increases in average scores were seen in all domains except Nurturing and Attachment, which was rated highest on both the pre- and post-surveys.

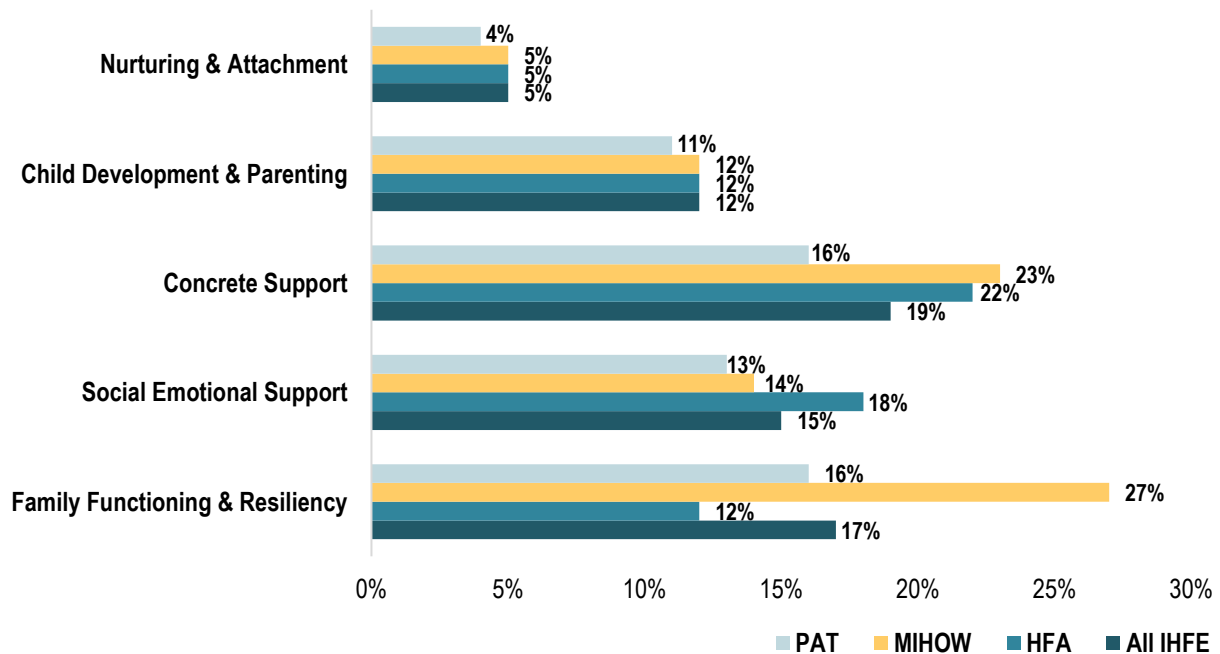
Looking more specifically at the surveys among those who participated in HFA, MIHOW and PAT, changes were not substantial, and slight decreases were even present for some domains across the home visiting program models.

Table 5. Average Scores for IHFE Programs

Domain	Protective Factors Scores (Ranges for 1–7)							
	All IHFE		HFA		MIHOW		PAT	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Child Development & Parenting	6.1	6.2	6.4	6.3	6.0	5.9	6.1	6.2
Concrete Support	6.3	6.4	6.2	6.4	6.0	6.2	6.3	6.5
Family Functioning & Resiliency	5.8	5.9	6.0	5.6**	5.4	5.7	5.8	5.9
Nurturing & Attachment	6.7	6.7	6.8	6.8	6.6	6.5	6.7	6.7
Social & Emotional Support	6.2	6.3	6.3	6.5	5.8	5.9	6.2	6.3

Figure 8 shows the proportion of families who participated in an IHFE program overall and by model whose protective factors scores improved. When the specific IHFE models are examined, a relatively small proportion of families showed improvement. The domain with the most IHFE participants improving was Concrete Support, where 19 percent of the families overall either improved or greatly improved. There was, however, variation across domains with specific home visiting models. For instance, 27 percent of the families who participated in a MIHOW program either improved or greatly improved in the Family Functioning and Resiliency domain compared to only 12 percent who participated in an HFA program. However, MIHOW and HFA both did well in the Concrete Support domain, with improvement shown respectively in 23 and 22 percent of participants. The variation suggests that different IFHE program models excel at addressing specific needs and improvement may be warranted in addressing other needs.

Figure 8. Percent of IHFE Participants whose Protective Factors Scores Improved by Domain



Overall the analysis of the protective factors scores among caregivers receiving home visiting services showed mixed results. Nonetheless, scores were generally high to start, with families typically averaging close to 6.0 on the 7.0 scale in almost all domains. Starting with such high scores makes it difficult to show improvement over time. Across the three models, MIHOW participants appear to have benefitted the most, with higher proportions of caregivers who improved in almost all domains compared to families in HFA or PAT.

SCREENING AND ASSESSMENT

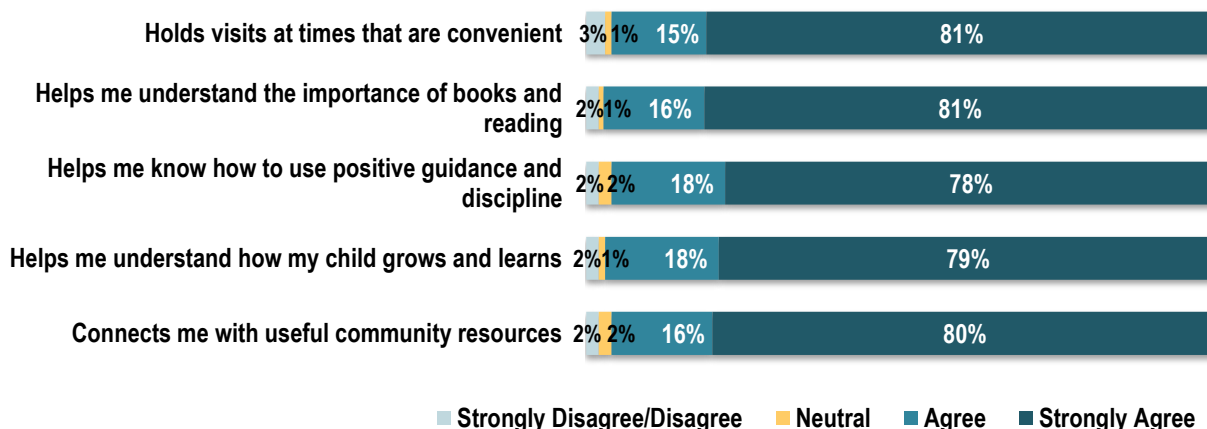
Providing child development information and screening is an important component of the home visitor’s work. Almost all home visiting participants (96%) reported that their home visitor used a screening tool to help them understand their child’s strengths and abilities. Nearly three-quarters (74%) said that the screening process helped them address areas of concern for their child’s development.

PERCEPTIONS OF HOME VISITING

Figure 9 summarizes feedback from the families about their home visiting experiences. Overall, families agreed that home visits were held at convenient times and that home visitors helped share information about parenting, community resources, the importance of reading, and how to use positive discipline.

Figure 9. Caregivers’ Perceptions of Home Visiting

My home visitor...



Families clearly value IHFE programs and the use of assessments shows that home visitors are using the identified tools to determine families’ needs and provide targeted services. The PFS results show that families have high levels of skills and behaviors associated with protective factors at both enrollment and follow-up.

Providing IHFE professionals with opportunities to explore and compare the strategies they use to help families improve functioning and resiliency may help them identify what is working or where practice can be improved to support families in all programs and models.



THE VAST MAJORITY OF PROGRAM PARTICIPANTS FIND HOME VISITS
CONVENIENT AND HELPFUL

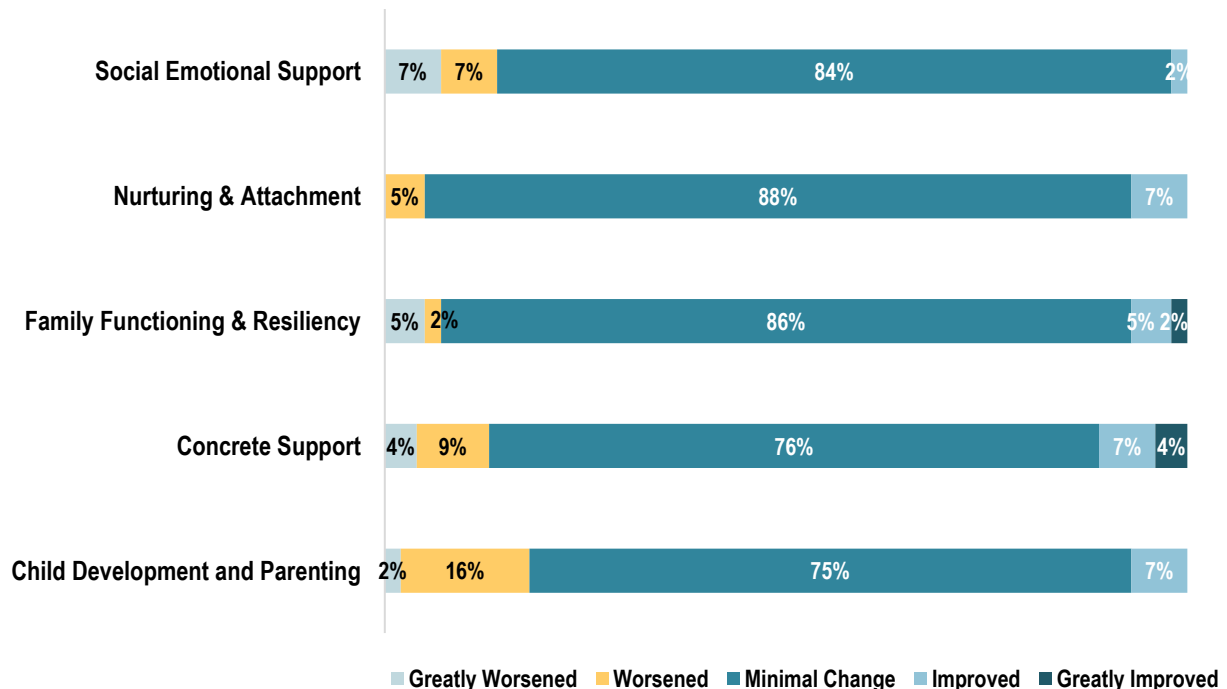
FAMILY RESOURCE CENTERS

Family Resource Centers are organizations that bring together existing early care and education, and prevention services at one location. They increase the accessibility of services, combine resources and content-area expertise, and provide family support and education within each community’s unique context. While FRCs do not have program-specific questions on the *West Virginia Family Survey*, this section describes the results of the analysis of caregivers’ protective factors. This information can be used by statewide and local program staff to identify areas where families may need additional support and domains in which there have been improvements.

Among FRC participants, average scores increased in Concrete Support and Nurturing and Attachment, two out of the five protective factors domains. On both enrollment and follow-up surveys, scores were highest in the Nurturing and Attachment domain (from 6.5 at enrollment to 6.6 at follow-up).

While average scores generally showed minimal change, some families participating in FRCs did see improvements. Figure 10 shows the proportion of families whose scores improved by domain. The domain with the largest proportion of families who improved was Concrete Support (11%). Child Development and Parenting had the most parents whose scores worsened (18%).

Figure 10. Changes in Families’ Protective Factors Scores



Programming staff at FRCs should look at the ways in which they are trying to promote families' protective factors and gather feedback from participants on how the programs are, or are not, helping them. This will help them identify ways that programs can be strengthened to promote protective factors and reduce risk factors of abuse and neglect. This will be critical since, overall, the results of the protective factors analysis among families who participated in FRC programs showed little change in scores.



**IMPROVEMENT WAS SHOWN IN
CONCRETE SUPPORT
FOR 11 PERCENT OF FAMILIES WHO PARTICIPATED IN FRC PROGRAMS**

PARTNERS IN PREVENTION PROGRAMS

Programs that receive funding from PIP organize community-building and local prevention activities. Some offer multi-day workshops or parenting groups, while others host community baby showers or other special events focused on literacy or early learning experiences. While caregivers who participate in multi-day PIP events complete pre- and post- surveys, only 12 such surveys were collected this year, none of which could be matched to a previous survey to examine changes in protective factors. For families attending one-time events, a modified PFS is used to gather information about the degree to which the event helped them understand an area or skill within each protective factor domain. This section describes the results of surveys collected through PIP one-time event surveys. See Appendix B for an example of the modified protective factors questions.

The modified PFS asks ten questions which correspond to each of the five protective factors domains and two additional questions regarding the events' helpfulness. Responses to the PIP surveys were positive, with most caregivers agreeing that the sessions helped them understand how to help their children learn (76%) and make good decisions for their children (69%).



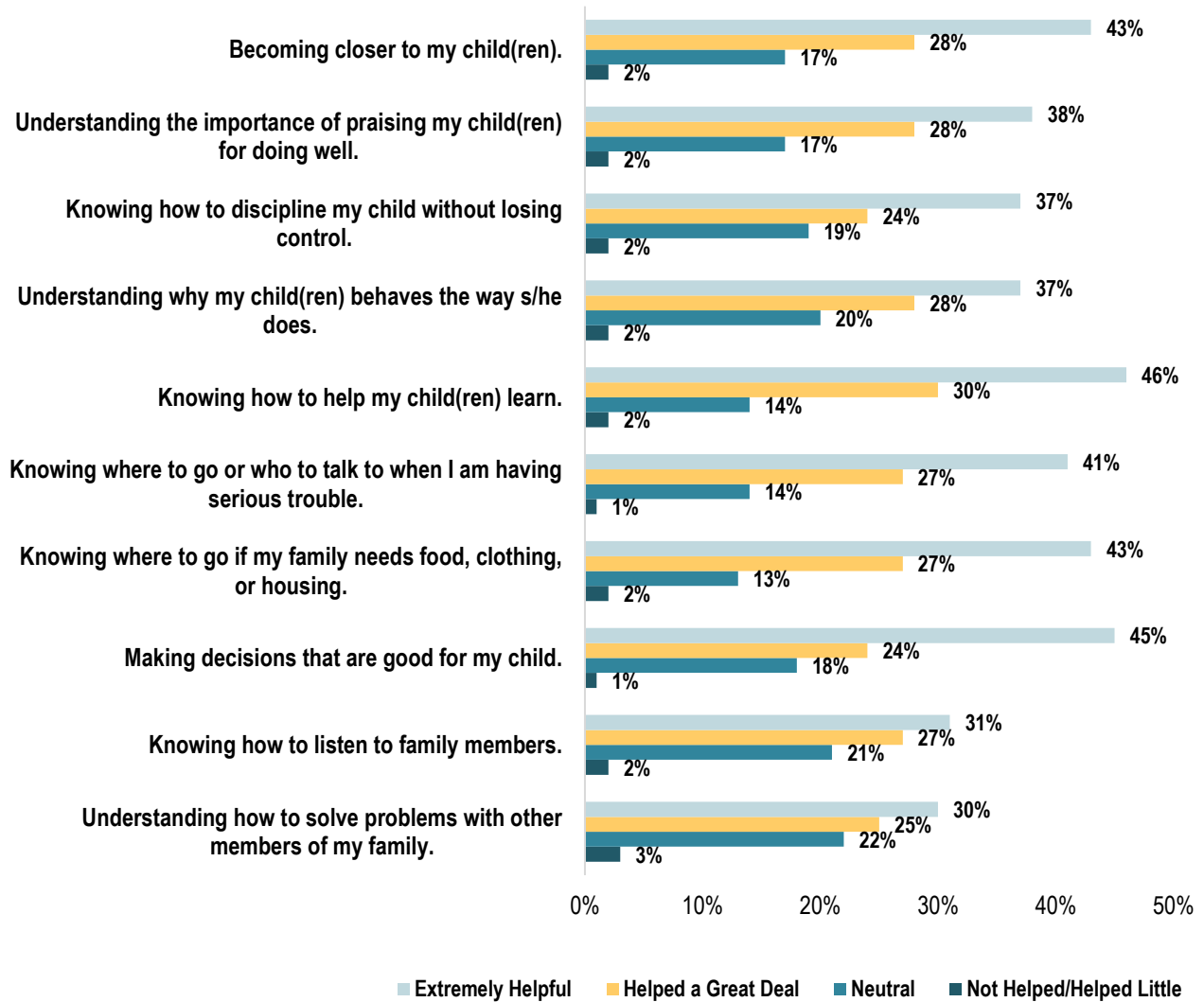
74%
said a PIP program
will help improve
parenting skills

76%
said PIP materials
were helpful

Looking more closely at the protective factors questions, caregivers are first asked what topics are covered at events. Sessions appear to help most parents build a variety of skills. The most commonly reported skill areas of focus at PIP events were *understanding how to help children learn, becoming closer to children, and making decisions that are good for children*; these topics stretch into the Child Development and Parenting, Concrete Support, and Nurturing and Attachment domains.

Figure 11 shows the extent to which caregivers said PIP events provided help in each of the ten skills on the modified PFS, broken out by the five protective factors domains. The majority of caregivers said the events helped them a great deal or were extremely helpful across all of the domains.

Figure 11. Types of Skills Developed Through PIP Events (n=272)



The items that appeared to be least helpful were, “Understanding how to solve problems with other members of my family” and “Knowing how to listen to family members.” The opposite was true for the statements, “Knowing how to help my children learn” and “Becoming closer to my child(ren),” where participants found the event to be helpful regarding these topics.

Overall, PIP events appear to be helpful to families and provide opportunities for them to build new skills in parenting, coping and providing for their families. Future efforts to improve activities could look at how PIP events address Family Functioning and Resiliency, which was the domain where most concern lies.

CONCLUSIONS

This evaluation report describes the families served by West Virginia's CBCAP-funded in-home family education, family resource center, and PIP programs during fiscal year 2018; examines families' protective factors and reviews caregivers' perceptions of the services provided. West Virginia's child abuse prevention grantees administer the *West Virginia Family Survey* to collect this information from participating caregivers and to inform local programs' continuous quality improvement processes.

The majority of families served by CBCAP-funded programs are white, married, and have at least a high school diploma or GED. Most are unemployed and have household incomes below \$30,000. Nearly half of the caregivers reported they receive assistance through at least one federal- or state-funded program such as Medicaid, food stamps, or TANF. Looking at participants within IHFE, PIP, and FRC programs, FRC served higher proportions of married caregivers, those who own a home, and earn \$50,000 or more.

To assess CBCAP-funded programs' impact on families, information about their protective factors and caregivers' perceptions of the services were examined. Participants regard programs positively across measures, including these highlights:

- 96 percent of caregivers said **staff respect them** and 95 percent feel comfortable discussing concerns with them.
- **Playgroups** offered through IHFE and FRC programs are accessible to most participants and nearly three in four said the topics are interesting and agree they receive helpful information and support.
- **Home Visiting** participants strongly agreed that visits are held at convenient times (81%), helps them understand the importance of books (81%), how to use positive guidance and discipline (78%), and how children grow and learn (79%).
- Approximately 75 percent of **PIP single events'** participants said PIP materials are helpful and that programs help improve parenting skills.

West Virginia's CBCAP programs are committed to families across the State and provide accessible, well-liked opportunities for learning and social support. While programs are well regarded, analysis of the protective factors of participants showed few changes in scores. Scores were generally high on both pre- and post-surveys, leaving little room for improvement overall. However, as part of their continuous quality improvement strategy, programs can use this information to identify opportunities to improve programs and share what is working for families.

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APPENDICES

APPENDIX A: West Virginia Family Survey Protective Factors Questions

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

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

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

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent							
13. I know how to help my children learn.							
14. My child misbehaves just to upset me.							
	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when s/he behaves well.							
16. I can discipline my child without losing control.							
17. I am happy being with my child.							
18. My child and I are very close to each other.							
19. I am able to soothe my child when s/he is upset.							
20. I spend time with my child doing what s/he likes to do.							
21. I make decisions that are good for my child and family. ⁵							

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

⁵ Question 21 is specifically for WV CBCAP; it is in addition to the original Protective Factors Survey questions.

APPENDIX B: West Virginia Family Modified Protective Factors Questions

To what degree did this activity help you in the following areas?
If the topic was not addressed, select "Not Addressed."

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