

IOWA CHILD ABUSE PREVENTION PROGRAM

Evaluation Report to Iowa Department of Human Services

July 1, 2018–June 30, 2019



Prevent Child Abuse Iowa

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THIS REPORT WAS PREPARED FOR
THE IOWA DEPARTMENT OF HUMAN SERVICES BY



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Introduction: Iowa Child Abuse Prevention Program

The mission of Prevent Child Abuse Iowa (PCA Iowa) is to create happy, safe childhoods for all children, empowering them to reach their full potential as adults and thus leading to a better future for Iowa. As part of its work, PCA Iowa has administered the *Iowa Child Abuse Prevention Program* (ICAPP) since 1982. ICAPP is funded through a variety of sources, including the following federal sources: *Promoting Safe and Stable Families* (PSSF), *Temporary Assistance to Needy Families* (TANF), *Community Based Child Abuse Prevention* (CBCAP), and *Child Abuse Prevention and Treatment Act* (CAPTA). State funding sources are also used to support the program; these include birth certificate fees, state income tax check-off funds, and an annual legislative appropriation specific to sexual abuse prevention.

Prior to the current funding cycle, child abuse prevention funding was administered through two separate statewide programs, ICAPP and CBCAP. Combining these programs is intended to help maximize funding and reduce service duplication in the state of Iowa. The funds are managed by the Iowa Department of Human Services (IDHS). IDHS also contracts individually with grant recipients to administer ICAPP-funded services in Iowa communities.

PCA Iowa's role as the ICAPP grant administrator, as defined by IDHS, is to:

- **support community agencies administration of child maltreatment prevention services** by overseeing program operations,
- provide **training and technical assistance** to grantees,
- assist with **evaluation** of program outcomes, and
- **provide helpful feedback** about the successes and challenges of the community agencies' efforts.



PCA Iowa contracted with Public Consulting Group, Inc. (PCG) to assist in the evaluation of ICAPP-funded programs. This evaluation report describes the activities funded by ICAPP, the demographic characteristics of the families served, and the impact of the program as measured through the Protective Factors Surveys completed by participating families. This report presents the results of data collected between July 1, 2018 and June 30, 2019 for ICAPP-funded programs.

ICAPP Overview

Funds appropriated for ICAPP are directed to IDHS, which then contracts with PCA Iowa to administer the program and provide assistance and guidance to organizations that engage directly with families. A competitive request for proposal (RFP) process is used to award grants to local child abuse prevention councils to provide prevention services and assist with community development and capacity expansion. These local councils are volunteer coalitions broadly representative of governmental, business, service provider, consumer, and civic sectors operating within communities across Iowa. Each

council assesses its community’s service and support needs and submits a proposal for funding of prevention programs in five different categories:

- **Crisis Care**
- **Home Visiting**
- **Parent Development**
- **Sexual Abuse Prevention**
- **Community Development.**

Council requests have funding caps to ensure that available funds reach as many Iowa communities as possible.

The RFPs received from local child abuse prevention councils are evaluated by an independent grant review committee which recommends fund distribution. Proposals are scored based on a rubric with values assigned to each component. Compiled scores are forwarded to an independent advisory committee, which makes funding recommendations. Recommendations are then approved by IDHS. Beginning in state fiscal year 2016, additional funding was made available to the fifteen most high-risk counties which experience high rates of abuse. Funding requests exceed available ICAPP funds with a total of \$4,661,712 requested and approximately \$1.5 million available to award. Requests averaged \$33,537 for fiscal year 2019 with awards averaging \$27,972 per project. Due to limited available funding, most projects supplement their ICAPP grants with other funding sources and in-kind community support.

Number of Families Served by ICAPP-funded Programs

In total, 1,956 families, 765 adults, and 10,929 children were served by ICAPP-funded programs during fiscal year 2019. Table 1 shows the number of families and children served and the total amount of funding awarded for each type of program. Overall, Sexual Abuse Prevention services served the most children, followed by Parent Development. More than two-thirds of the funds were used to support Home Visiting and Parent Development programs.

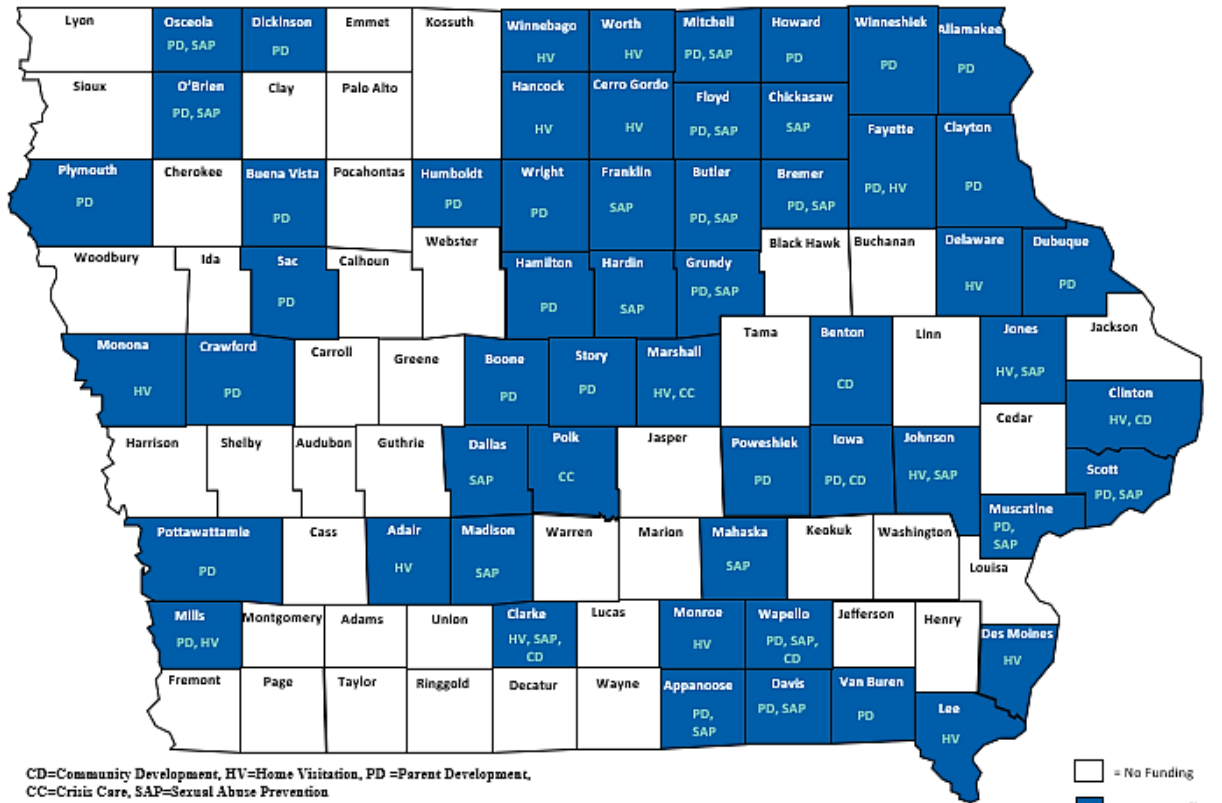
Table 1. Level of Funding and Families Served by ICAPP

Program Type	Funds Awarded	No. of Projects	Families Served	Children Served	Adults Served	Hours of Care
Community Development	\$109,568	4	—	—	—	—
Home Visiting	\$585,306	14	749	987	—	—
Parent Development	\$547,653	23	1,044	1,102	—	—
Crisis Care Services	\$97,512	2	163	205	—	10,929
Sexual Abuse Prevention	\$226,378	13	—	8,635	765	—
Total	\$1,566,417	56	1,956	10,929	765	10,929

Location of ICAPP-funded Programs

During this reporting period, ICAPP-funded programs operated in 56 counties in the state of Iowa, yielding coverage to more than half of the state as shown in Figure 1.

Figure 1. ICAPP Project Grant Awards Funded During State Fiscal Year 2019



Total Counties Served by ICAPP: 56

This evaluation report describes the programs funded, the characteristics of parents served, and the results of the Protective Factors Surveys completed by the families for whom support was provided.

Evaluation Methodology

As the evaluator of ICAPP, Public Consulting Group reviews the demographic characteristics of families who participate in funded programs. PCG also analyzes changes in protective factors of families between the time they start a program and when they exit. Finally, PCG provides a webinar to grantees that breaks down the annual evaluation results to inform program planning and continuous quality improvement efforts.

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

Evaluation Data Sources

Protective Factors Survey

- Retrospective Protective Factors Survey
- Service output data
 - Number of families, parents and children served
 - Funding received

The survey helps the state and funded programs to:

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

Grantees in the categories of **Home Visitation** and **Parent Development** are required to administer the Protective Factors Survey and use the DAISEY system as part of their evaluation and continuous quality improvement process. Grantee proposals detail community need and prioritize the protective factors their programming will improve. Crisis Care, Sexual Abuse Prevention, and Community Development programs do not use DAISEY.

Crisis Care implements the retrospective protective factor self-assessment with families involved in these services. Additional information about the number of families, parents, and children served is collected from all grantees through quarterly reports to PCA Iowa. **Community Development** projects seek to increase community awareness and engagement on the issue of child abuse prevention. Projects were responsible for self-identifying and reporting in their quarterly reports the impact they intended to make in their communities, as well as how those intentions would be measured to demonstrate change. Programs under the **Child Sexual Abuse Prevention** category are required to implement the evaluation tool identified by the model developers. These programs may also target policies at the local or regional level that help to reduce risk to children by limiting one-to-one access, increasing efforts to screen individuals working or volunteering with children, and/or modifying environments of child-serving organizations.

The Protective Factors Survey

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

The PFS measures five protective factors through a 20-question self-assessment which adult caregivers are asked to complete at program enrollment, periodically while participating in a program, and again at discharge. Using a Likert-style agreement scale, participants rate a series of statements about their family, connection to the community, parenting practices, and perceived relationship with their child(ren). Table 2, created by FRIENDS National Center for CBCAP, provides a summary of the protective factors measured by the survey.

Table 2. Definitions of Protective Factors by FRIENDS, NRC

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



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

all participants' scores together and dividing by the total number of participants for whom a score was calculated. In addition to the average scores of all respondents, each domain's scores are examined within certain demographics to look for differences between families with varying characteristics. Higher average scores indicate that participants are reporting positive behaviors associated with protective factors.



Measuring Changes in Protective Factors Scores Over Time

To determine changes in families' protective factors over time, PCG analyzes the average protective factor scores by domain for those participants who completed both an initial and at least one follow-up survey. The difference in participants' scores between the initial (pre-surveys) and follow-up surveys (post-surveys) is examined for direction (whether scores went up or down) and are tested for statistical significance. If the difference between average pre- and post- survey scores is statistically significant, it means the change is unlikely due to chance. T-tests (paired, two-tailed) are used and considered statistically significant at $p < 0.05$.

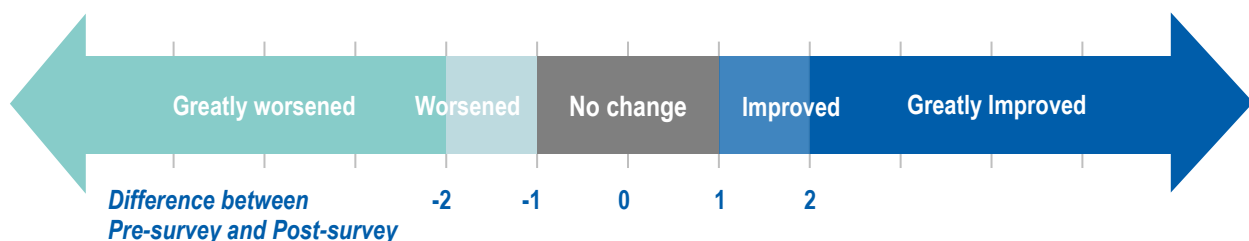
In total, 1,269 families completed at least one survey during the reporting period. Demographic results are reported using data from the most recent survey submitted for each family. The protective factors' results presented in this report are drawn from 421 matched pairs of pre- and post-surveys. Follow-up surveys completed during the reporting period were matched to a survey administered prior to start of the program using the DAISEY Caregiver ID. The number of matched surveys identified this year is smaller than in previous years because the analysis was limited to surveys completed between July 2018 and June 2019, capturing the impact of only currently funded programs.

1,296 families
completed at least one survey

421 families
completed a pre- and post-survey

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

Figure 2. Measuring Improvement in Protective Factors



Retrospective Protective Factors Survey

In 2017, FRIENDS National Center began piloting a new, retrospective version of the PFS, known as PFS-2. To differentiate between the PFS and PFS-2, this report will refer to the PFS-2 as the Retrospective Survey. This survey has been developed to offer more sensitivity to changes in protective factors, simplify administration, and improve cultural competence. Table 3, developed by FRIENDS, shows the protective factor domains measured by the new survey. The survey asks respondents to answer questions “before” program involvement and “now” (*i.e.*, at the time they take the survey) on the same survey, rather than using a pre-post method. It also simplifies the Likert scale to five options rather than seven.

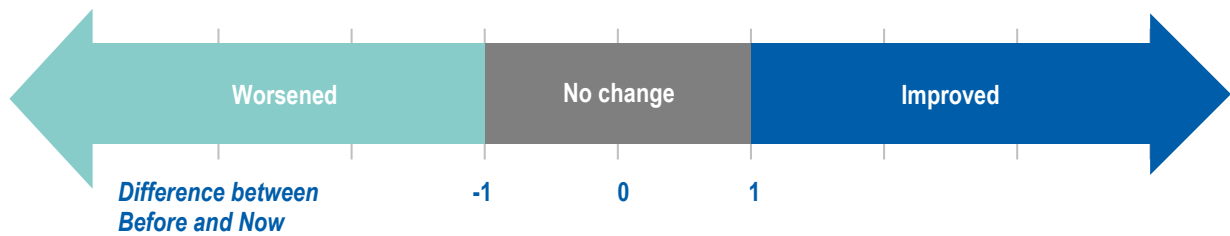
Table 3. Retrospective Survey Protective Factors Domains

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

As of July 1, 2017, Crisis Care grantees began using the Retrospective Survey. For the 2019 fiscal year a total of 125 Retrospective Surveys were collected, and the results for those surveys are also presented in this report. Due to the different methodology and survey instrument, results of the retrospective survey are kept separate from the other survey results. *As with the PFS, average “before” and “now” scores, by domain, are calculated and compared using t-tests and individual scores are examined to see if they improved, worsened, or stayed the same.* Since the Retrospective Survey uses a five-point scale, scores are categorized as improved if they increased by at least one point from before program involvement and worsened if they decreased by at least one point (Figure 3).

¹ While the caregiver/practitioner relationship is not often identified as a protective factor, this subscale can help program providers better assess their ability to effectively engage with caregivers and support improved service delivery. From *The Protective Factors Survey, 2nd Edition (PFS-2) User Manual*, FRIENDS National Center for Community Based Child Abuse Prevention, 2018.

Figure 3. Measuring Improvement in Protective Factors on the Retrospective Survey



Grantee Quarterly Reports

This report also includes information on the number of families served and the amount of funding received by ICAPP grantees from July 1, 2018 to June 30, 2019. Service output data are collected by PCA Iowa via quarterly grantee reports.

Characteristics of Families Served

Protective Factors Survey Characteristics

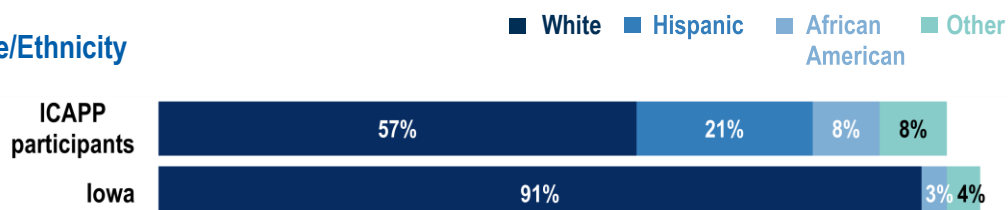
The characteristics of families served by ICAPP-funded programs represent those of the 1,269 families who completed at least one Protective Factors Survey between July 1, 2018 and June 30, 2019 through the DAISEY system. Data are limited to the families that participated in Parent Development and/or Home Visiting programs. A typical caregiver was female, had completed high school, and was around 30 years old.

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

Gender

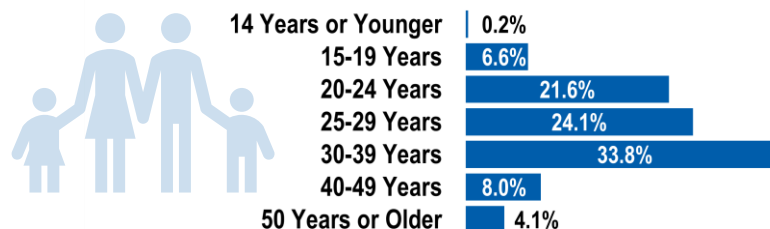
88% of participant caregivers were female compared to **50%** of all Iowans

Race/Ethnicity

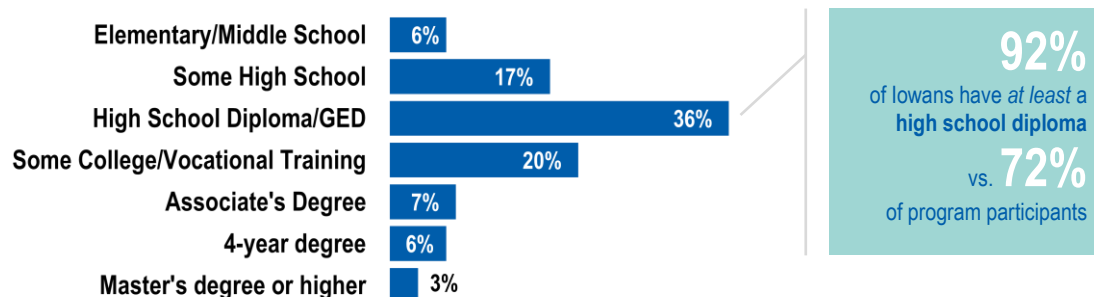


*Hispanic/Latino is captured separately on the ACS. Approximately 6% of Iowans are Hispanic or Latino.

Age of Participant Caregivers



Participant Caregiver Education



A closer look at families' other demographic characteristics and comparisons to all Iowa residents, based on data from the U.S. Census' 2013–2017 American Community Survey (ACS) estimates is presented in this section (U.S. Census Bureau, 2018).

When the demographic characteristics of families who participated in a Parent Development and/or Home Visiting program are compared to all Iowa residents, a higher proportion of Hispanic households were represented among program participants compared to the state (21 percent of participating families, compared to six percent in Iowa statewide). ICAPP participants were also less likely than the state population to have a high school diploma and/or higher education. Statewide data were captured from the U.S. Census' 2013–2017 American Community Survey (ACS) estimates as reported in the U.S. Census Report data for 2018. ICAPP-funded programs served a higher proportion of females and fewer white families compared to the state population.

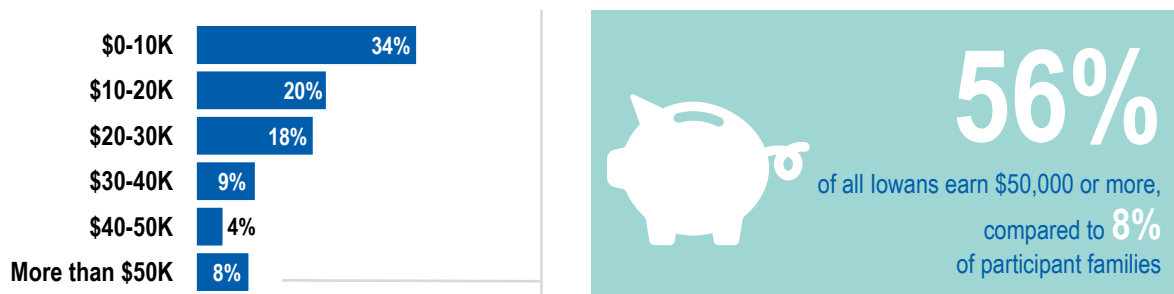


Demographic Highlight
 A higher proportion of Hispanic households were represented among program participants compared to the state

Income and Financial Assistance Utilization

Families served by ICAPP-funded programs reported lower incomes compared to the state overall. Those with a household income below \$10,000 accounted for 34 percent of participants, compared to six percent of Iowa residents. More than half of Iowa families earn more than \$50,000 annually, while fewer than ten percent of survey respondents did. Figure 4 shows the income ranges reported by program participants.

Figure 4. Reported Household Income of Survey Respondents



Retrospective Protective Factor Survey Characteristics

A demographic breakdown of the Retrospective Survey results provides an idea of what the typical Crisis Care service participant looks like. The majority of those who participated in Crisis Care programs were white, single or married women, who either rented or owned their own home. A little over a third have a high school diploma or GED, nearly three-quarters were Medicaid eligible, and slightly more than half were between the ages of 31 and 40 years of age. Although not shown in the graphics that follow, the largest proportion of Crisis Care participants had an annual income of less than \$10,000 (27.1% of participants). About eleven percent of participants identified as Hispanic, which is a greater proportion than the general Iowa population.

Figure 5. Marital Status of Participants

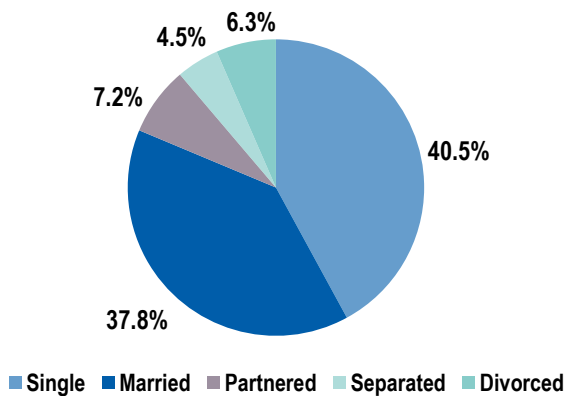
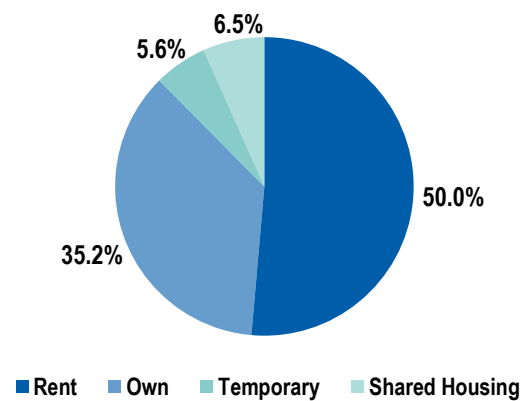


Figure 6. Housing Status of Participants



Crisis Care participants were more likely to receive support from Medicaid than other public service programs (Figure 7). The public service programs least used by those receiving Crisis Care services were TANF and Head Start/Early Head Start at 3.60% and 1.80%, respectively.



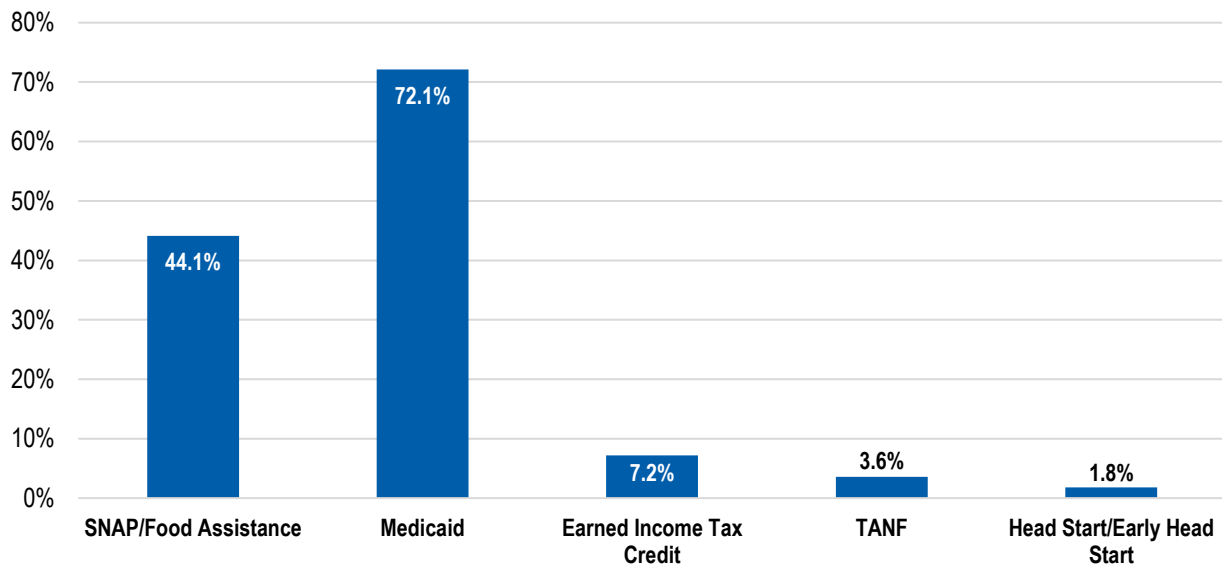
Demographic Highlight

In FY18, most participants were married

The rate of single participants almost doubled from FY18 to FY19

Fewer respondents owned a home and more rented in FY18

Figure 7. Participation in Public Service Programs



PFS and Retrospective Survey Participation

Parent Development and Home Visiting programs administer the Protective Factors Survey, which includes a pre- and post-survey. As shown in Table 4, Parent Development programs collected surveys from 817 families and Home Visiting programs collected surveys from 452 families, 263 of which came from Parents as Teachers and 189 from Healthy Families of America participants. Crisis Care programs collected 125 retrospective surveys.

Overall, survey respondents were a demographically diverse group. While the majority identified as white and female, a higher proportion of participant caregivers were of Hispanic origin compared to the general Iowa population. **Participant caregivers reported lower levels of education and lower household income** than the general population.

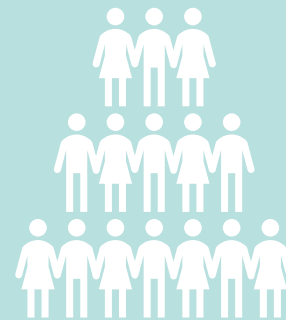


Table 4. PFS and Retrospective Survey Participation

Program	Survey	Number of Participating Families
Parent Development	PFS	817
Home Visiting	PFS	452
PAT	PFS	263
HFA	PFS	189
Crisis Care	Retrospective Survey	125

Noted earlier, the Protective Factors Survey collects data on five domains: [Family Functioning and Resilience](#), [Social Emotional Support](#), [Concrete Support](#), [Nurturing and Attachment](#), and [Child Development and Knowledge of Parenting](#). Table 5 shows the number of families for whom a pre- and post-survey was matched by domain. The number of pre/post score comparisons may vary by domain because caregivers do not necessarily answer all questions on the survey.

Table 5. PFS Survey Pre/Post Matches

Protective Factor	Survey	Number of Matches
Family Functioning and Resilience	PFS	419
Social Emotional Support	PFS	421
Concrete Support	PFS	420
Nurturing and Attachment	PFS	379
Child Development and Knowledge of Parenting	PFS	378

The Retrospective Survey collects data for four of the same domains as the original PFS, specifically Family Functioning and Resilience, Social Support, Concrete Support, and Nurturing and Attachment. The Child Development and Knowledge of Parenting domain has been replaced with the Caregiver/Practitioner Relationship in this survey. As seen in Table 6, the Concrete Support domain has the most completed pre/post-survey matches. Again, score comparison counts vary by domain because caregivers do not necessarily answer all questions on the survey.

Table 6. Retrospective Survey Matches

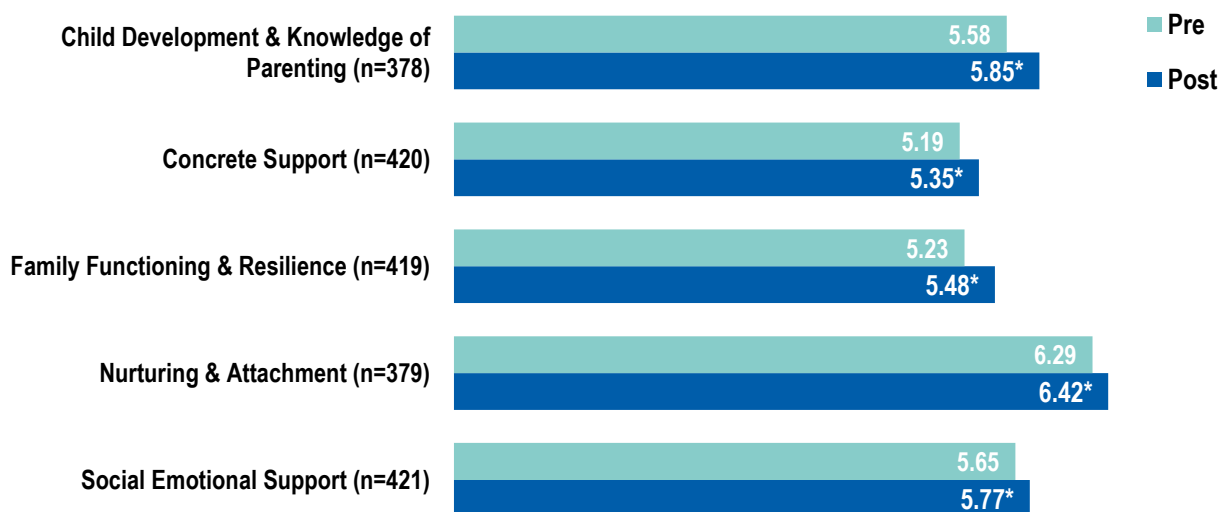
Protective Factor	Survey	Number of Matches
Family Functioning and Resilience	Retrospective Survey	65
Social Support	Retrospective Survey	67
Concrete Support	Retrospective Survey	75
Nurturing and Attachment	Retrospective Survey	63
Caregiver/Practitioner Relationship	Retrospective Survey	62

Overall Protective Factors Survey Results

The goal of the Protective Factors Survey analysis is to describe changes in participants' protective capacities to care for their children. The survey tracks growth and development in caregivers. Responses to the survey were collected from 1,269 participants and 421 post-surveys were matched to pre-surveys. As described in the Methodology section, the evaluation examined changes in protective factors scores among pre- and post-test surveys and whether the respondents scores improved, worsened, or stayed the same from the beginning of their involvement to their most recent survey.

Statistically significant changes in protective factors scores were observed in every domain this year, indicating that families may be using more behaviors and skills associated with those protective factors after participating in ICAPP-funded prevention programs. Figure 8 displays the average scores in each domain among those with matched surveys. The largest changes in scores were in the Family Functioning and Child Development and Knowledge of Parenting domains.

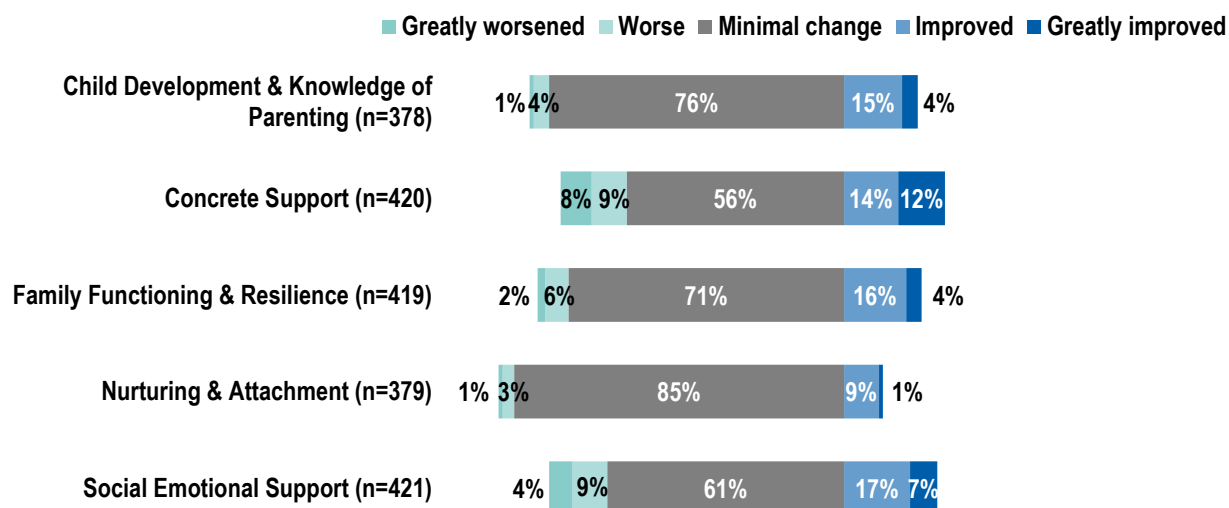
Figure 8. Average Pre- and Post- Protective Factors Scores by Domain Among Matched Surveys (n=421)



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

Shifting from an examination of change in average protective factor scores to that of the percentage of participants whose scores changed, Figure 9 shows that the largest proportion of families with a positive change in scores is in the Concrete Support domain, with 14 percent of families showing improvement and 12 percent showing greater improvement. In addition, the Concrete Support domain also showed the most negative change in scores with nine percent of participants showing worsened scores and eight percent showing greatly worsened scores.

Figure 9. Changes in Protective Factors Scores Among Matched Surveys



Across domains, half or more participants had minimal change in scores, meaning scores changed less than one point from pre- to post-surveys. The highest proportion of families with no change in pre- to post-survey scores was in the Nurturing and Attachment domain, which is also the domain that had the highest average scores, leaving little room for improvement. In FY18, the domain with the highest proportion of participants whose scores worsened as well as improved was the Child Development domain. More participants greatly improved their scores in the Concrete Support domain in FY18 than FY19. Scores remained consistent from FY18 to FY19 in all other domains.

Those who successfully completed the program (or whose child aged out of services) had greater statistically significant improvement in scores across nearly all domains than those who did not complete the program (Table 7). Participants who successfully completed the program had lower scores on the pre-survey, indicating that they reported fewer protective factors early after enrollment. This may mean that parents are more likely to stay engaged if they have more needs or it may mean that programs do a better job of engaging parents who have fewer protective factors.

In comparison, those who discharged early, regardless of reason, showed a decrease in scores in the Concrete Support and Social Emotional Support domains, implying that leaving the program before successful completion of the program may have a negative impact on their ability to build their protective capacities, at least in these two domains.

This further indicates a potential need to prioritize engagement efforts to increase retention and rate of program completion. Some improvements among non-completers were statistically significant, but smaller in magnitude when compared to completers.



Table 7. Protective Factors Scores by Discharge Status

Discharge Reason ²	Child Development		Concrete Support		Family Functioning		Nurturing & Attachment		Social Support	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Completed/child aged out (n=126)	5.37	5.82*	5.07	5.40*	5.19	5.53*	6.22	6.44*	5.49	5.80*
Moved out of service area (n=12)	5.83	6.07	6.36	5.42	5.50	5.53	6.46	6.69*	6.11	5.67
No longer interested in services (n=8)	6.30	6.50	5.50	5.83	4.65	5.28	6.69	6.94	6.12	6.25
Did not complete (discharged early) (n=29)	6.03	6.25*	6.03	5.67	5.19	5.48	6.47	6.66*	6.11	6.03
Active (n=254)	5.65	5.83*	5.15	5.29	5.25	5.45*	6.31	6.39	5.68	5.72

*Statistically significant difference between pre- and post-surveys (p<0.05).
Red text indicates a decrease in scores.

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

Protective Factor Scores by Demographic Characteristics

An analysis of the scores was also completed to identify distinctions by the demographic characteristics of participants. Statistically significant differences in scores were found in all domains for a variety of demographic groups. Scores are not reported if there were less than 35 participants in a demographic group to assure a sufficient sample size and valid results. Despite all domains seeing a statistically significant change in scores, not all demographic categories experienced statistically significant changes in pre- and post-survey scores.

Child Development

When the protective factors scores for the Child Development and Knowledge of Parenting domain were examined for differences among demographic groups, scores increased significantly among a number of different groups.

Those who reported they were white; completed the program or their child aged out or those who were still active in the program had statistically significant increases in scores. Statistically significant increases were also seen in participants aged 25 to 39, English speakers, and caregivers with at least a high school degree or GED or some college.

The Child Development and Knowledge of Parenting domain showed the greatest improvement in scores from pre- to post-surveys when compared to other domains. There were no statistically significant negative changes in pre- to post-survey scores.



Demographic Highlight

Child Development is the only domain where Karen speakers saw statistically significant improvement

Protective factor scores in **Child Development** and **Knowledge of Parenting** increased among respondents who reported the following characteristics...

- White
- Households of three, four, or five
- Program completion or child aged out, or active participants
- High school diploma or GED, or some college
- English speaking
- Parents between the ages of 25–39

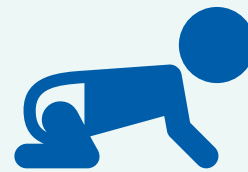


Figure 10 displays the family characteristics with the largest score improvements in the Child Development and Knowledge of Parenting domain. These improvements range from 0.29 to 0.50 points. The largest improvement in scores from pre- to post-survey was seen in 25- to 29-year-old caregivers.

Figure 10. Characteristics of Families with Largest Positive Child Development and Knowledge of Parenting Score Improvements*



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

Protective factor scores for the Child Development and Knowledge of Parenting domain increased across a wide variety of demographic groups indicating that overall ICAPP-funded programs had an impact on the protective capacities of a broad cross-section of participants.

Concrete Support

The statistical differences in the protective factor scores for the Concrete Support domain from pre- to post-surveys were less prominent across demographic categories than was seen in the Child Development and Knowledge of Parenting domain.

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

- Households of two or five
- Families with incomes between \$10–\$20k
- Program completion or child aged out
- First-time moms



Looking specifically at the risk factors of abuse and neglect, households with an annual income between \$10,000 and \$20,000 had scores that increased from 4.93 to 5.31 (n=81). Significant increases in Concrete Support scores were demonstrable for households of two or five and first-time moms. In the Concrete Support domain, Crawford County (n=38) saw the only statistically significant increase in scores across the state, increasing from 5.37 to 5.87. There were no statistically significant decreases in scores among the protective factors in this domain. However, seven percent of participants who did not complete their program or discharged early had worsened scores, while 21 percent of this group saw greatly worsened scores.

Family Functioning and Resilience

Improvement in protective factors scores in Family Functioning and Resilience were seen among a number of categories of participants. No statistically significant decreases in pre-to post-survey scores were observed in this domain.

Participants with the greatest amount of improvement were those whose marital status was partnered. The pre- and post-tests scores for this population improved by 0.39 points. Other populations whose scores improved significantly in the Family Functioning and Resilience domain are those who reported being white, married, and receiving some college education. In addition, those who speak English, caregivers between the ages of 25 and 39, and non-first-time moms also saw improved scores.

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

- White
- Married or Partnered
- Some college
- English speaking
- Between ages 25–39 years old
- Non-first-time moms



Nurturing and Attachment

As noted earlier, Nurturing and Attachment is the domain in which families reported the highest overall scores both on the pre- and post-surveys. No demographic groups showed statistically significant decreases in scores. Scores for white respondents improved significantly, as did those for married participants, those living in households with five members, English speakers, caregivers ages 25 to 39, and non-first-time moms.

Statistically significant increases in scores in this domain ranged from 0.13 (non-first-time moms) to 0.26 (caregivers ages 25 to 29).

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

- White
- Married
- Households of five
- Program completion or child aged out
- English speaking
- Between ages 25–39 years old
- Non-first-time moms



Figure 11. Characteristics of Families with Largest Positive Nurturing and Attachment Score Improvements*



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

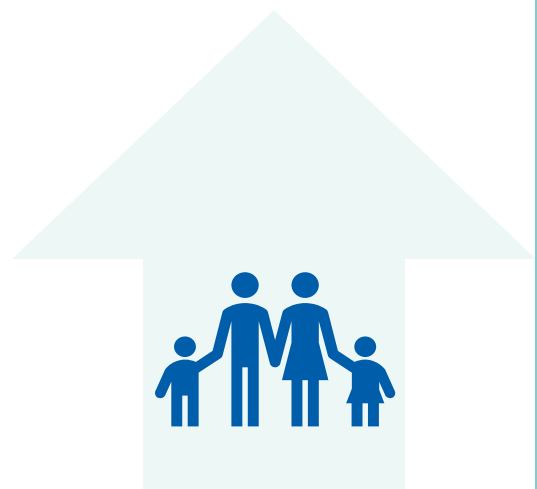
Social Emotional Support

Social Emotional Support scores did not increase to the extent observed for other domains. In fact, the smallest improvement in scores was seen in this domain. The largest increase was observed among those who attended some college, with scores increasing from 5.42 to 5.77.

In the Social Emotional Support domain, 19 percent of caregivers with a middle school or lower education saw worsening scores and eight percent saw greatly worsening scores.

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

- White
- Households of four
- Program completion or child aged out
- Some college
- English speaking
- Between ages 25–29
- Non-first-time moms



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

In every domain, most demographic variables had at least some families whose scores changed significantly which indicates that **ICAPP-funded programs are effective among broad swaths of target populations.**

These results can be used to determine which prevention program participants are experiencing improvements in their protective factors. The results also help programs to identify populations in which improvement was not seen and new strategies may be necessary.



Protective Factors Survey Scores by Program

In this section of the report, the evaluation findings of Home Visiting and Parent Development programs are presented. The number of families served is described as well as the results of the analysis of the PFS surveys.

Parent Development Programs

Parent Development programs make up the majority of projects funded by ICAPP. These programs teach parents about typical child development and effective behavior management techniques. Most focus on effective communication, problem-solving, stress management and foster peer support among participants. Parent Development services are offered both in group settings and in participant homes. ICAPP funds 23 Parent Development programs. Overall, 1,044 families received services through funded Parent Development programs. ICAPP awards ranged from \$6,061 to \$65,601 per program. Table 8 provides details on funding for the Parent Development program, how many families were served, and what types of sessions were provided to families.

Table 8. Level of Funding and Number Served by ICAPP Parent Development Programs

Counties Served	Funding	Families Served	Children Served	In-Home Sessions	Group Sessions
Allamakee, Howard, Winneshiek, Clayton	\$16,188	45	32	0	13
Appanoose, Davis	\$28,563	93	119	0	300
Boone, Story	\$11,575	100	92	13	116
Bremer, Butler, Grundy	\$37,762	34	42	346	15
Buena Vista	\$28,000	53	75	490	0
Crawford	\$43,977	76	102	751	47
Dickinson	\$7,718	48	0	12	9
Dubuque	\$21,000	28	39	377	0
Fayette**	\$10,500	68	96	749	24
Floyd-Mitchell	\$20,693	34	62	0	70
Hamilton, Humboldt, Wright	\$25,408	16	11	0	63
Johnson	\$19,408	11	0	11	47
Mills	\$12,000	50	62	124	16
Muscatine	\$23,621	146	101	0	140
Osceola, O'Brien	\$42,250	44	62	453	0
Plymouth	\$34,320	6	6	36	73
Pottawattamie	\$19,800	31	47	0	24
Poweshiek	\$6,279	16	16	1	23
Sac (In-Home)	\$13,565	25	37	387	0
Sac (Love and Logic)	\$6,061	13	0	0	12
Scott	\$65,601	37	24	277	8
Van Buren	\$31,227	43	69	756	18
Wapello	\$22,137	95	104	0	148
Total	\$547,653	1,044	1,102	4,034	1,142

**Fayette home visitation and parent development projects are funded as two separate project components but tracked as one program in the DAISEY system; therefore, duplication exists in reporting tables.

Parent Development Protective Factors Scores Results

A total of 817 surveys were completed by Parent Development program participants, with 304 matches identified between pre- and post-surveys which were used in the protective factors score analysis. The results of the analysis are displayed in Figure 12.

Figure 12. Average Pre- and Post- Protective Factors Scores by Domain Among Parent Development Matched Surveys



*Statistically significant difference ($p < 0.05$).

All domains saw a statistically significant increase in scores for Parent Development survey respondents. Child Development and Knowledge of Parenting had the largest increase between pre- and post-survey scores with a 0.31 increase. The results of this analysis indicate that the program is having a favorable impact on participants across all five domains.

Home Visiting Programs

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

A total of 749 families were served by Home Visiting programs receiving ICAPP funding. Table 9 shows the level of funding received by each county or group of counties. ICAPP Home Visiting grants ranged from \$13,358 to \$169,651 per provider, and funded group and in-home sessions between caregivers and home visitors.

Table 9. Level of Funding and Number Served by Home Visiting Programs by ICAPP

Counties Served	Funding	Families Served	Children Served	In-Home Sessions	Group Sessions
Adair	\$22,445	23	35	269	12
Cerro Gordo, Hancock, Winnebago, Worth	\$169,651	78	82	431	0
Clarke	\$38,084	39	55	299	15
Clinton	\$27,000	41	47	678	0
Delaware	\$29,687	55	79	700	11
Des Moines	\$43,800	21	25	234	12
Fayette**	\$37,500	68	96	749	24
Johnson	\$32,133	80	106	878	72
Jones	\$16,230	16	13	406	12
Lee	\$62,561	68	101	796	43
Marshall	\$24,286	151	192	855	17
Mills	\$13,358	49	68	486	12
Monona	\$46,878	42	69	470	7
Monroe	\$21,693	18	19	326	7
Total	\$585,306	749	987	7,577	244

**Fayette home visitation and parent development projects are funded as two separate project components, but tracked as one program in the DAISEY system, therefore duplication exists in reporting tables

Home Visiting Protective Factors Scores Results

Of 452 surveys submitted by Home Visiting program participants, 117 families completed both pre- and post-surveys. Figure 13 displays the average protective factor scores for Home Visiting participants in each of the five domains. Participants had the highest scores in Nurturing and Attachment, both on pre- and post-surveys, while the lowest scores were found in the Concrete Support domain. Statistically significant increases were found in protective factors scores in the Child Development and Knowledge of Parenting and Family Functioning and Resilience domains. Last year (FY18), Child Development, Concrete Support, and Nurturing and Attachment has significant improvement in scores.

Figure 13. Average Pre- and Post- Protective Factors Scores by Domain Among Home Visiting Matched Surveys

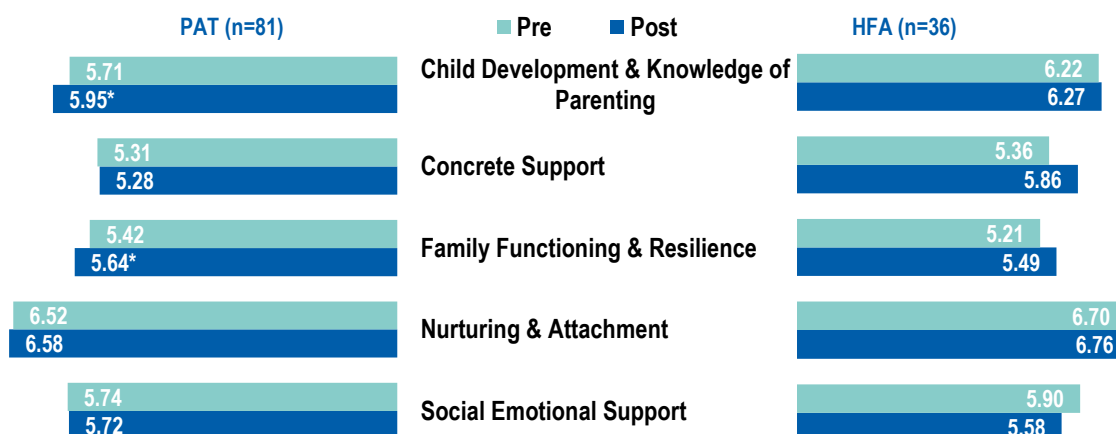


*Statistically significant difference (p<0.05).

Home Visiting Scores by Evidence-Based Model

In addition to examining Home Visiting results overall, protective factors scores were analyzed for each model, PAT and HFA. A total of 81 PAT program participants completed both pre- and post-surveys, while 36 participants of HFA completed at least two surveys. Figure 14 displays the protective factors scores of both models, comparing pre- and post-survey results.

Figure 14. Pre- and Post- Protective Factors Scores Among PAT and HFA Home Visiting Models



*Statistically significant difference (p<0.05).

PAT participants showed minimal change in the scores between the pre- and post-surveys in all domains with the exception of Family Functioning and Resilience and Child Development and Knowledge of Parenting domains, both of which showed statistically significant improvement. Among caregivers participating in HFA, none of the scores increased or decreased significantly, even for the Concrete Support domain where the greatest degree of change is found.

Retrospective Protective Factors Survey: Crisis Care Services

Crisis Care provides a short-term childcare alternative to families in high-stress situations. Domestic violence, death or illness of a family member, or emergency housing transitions are some examples of potential circumstances that cause parents to seek crisis care services. These services are available 24 hours a day, seven days a week at the providers' offices and may be used for up to 72 hours. The goal is to provide a safe environment for children so that parents can address whatever circumstance led to their need for care. Crisis Care services offer licensed and/or registered childcare to families in need of these services. Providers may make referrals to other service providers based on a family's needs, and provide caregivers with parenting information, support, and positive role modeling.

From July 1, 2018 to June 30, 2019, 163 families encompassing 205 children received Crisis Care services. [Nearly 11,000 hours of care were provided during that time.](#) Table 10 shows the funding amounts awarded to each program and the number of people who received assistance.

Table 10. Level of Funding and Number Served by ICAPP Crisis Care Programs

Counties Served	Funding	Families Served	Children Served	Hours of Care
Marshall	\$20,800	51	87	4,377
Polk	\$76,712	112	118	6,552
Total	\$97,512	163	205	10,929

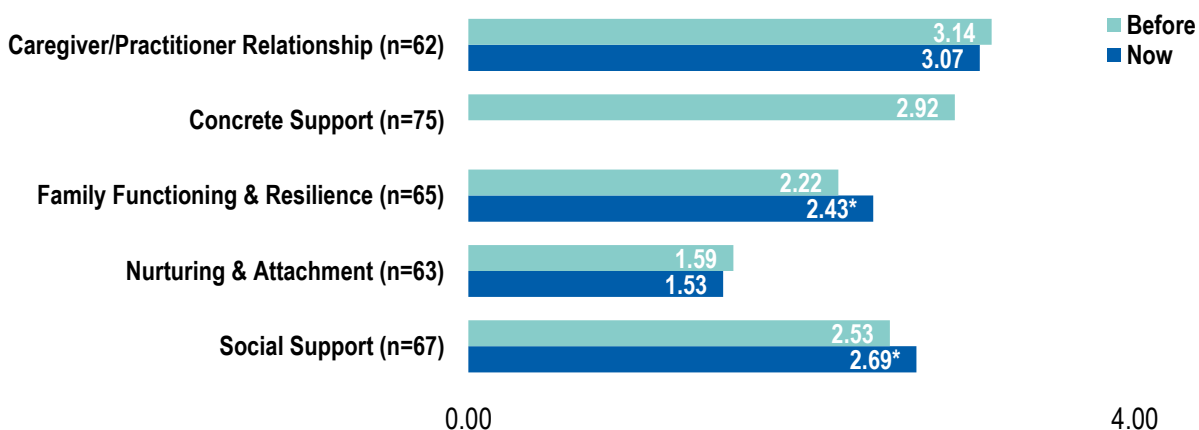
Crisis Care Protective Factors Scores Results

Caregivers utilizing Crisis Care programs completed 125 retrospective protective factors surveys between July 1, 2018 and June 31, 2019. It is often a challenge for organizations to collect surveys from participants in Crisis Care, which is part of the reason the retrospective pilot was implemented. Due to the nature of the circumstances surrounding families' utilization of Crisis Care services (*i.e.*, emergencies and other high-stress situations), caregivers may be unavailable or unwilling to complete the Iowa Family Survey after accessing services. Although the number of surveys is great enough to test for statistically significant changes in pre- and post-survey scores, the protective factors scores results, given the limited number, should be considered with caution as they are unlikely to be representative of all families participating in Crisis Care. Nonetheless, the results may help organizations identify questions or areas of their program to examine in greater detail.

The goal of the Retrospective Survey analysis is to describe changes in participants' protective factors through their participation in crisis care. Retrospective survey responses were collected from 125 participants and 67 "before" and "now" scores were matched. Figure 15 displays the protective factors survey results among Crisis Care participants. Scores among participants increased at a statistically significant level in the

Family Functioning and Resilience and Social Support domains. No post-survey scores are shown for Concrete Support because, on the retrospective survey, caregivers are only asked questions about this domain before enrollment. On average, families scored 2.92 in that domain. It is important to note that the scale for this survey is zero to four. Scores were highest in the Caregiver/Practitioner Relationship domain and improved the most in Family Functioning, increasing from 2.22 to 2.43.

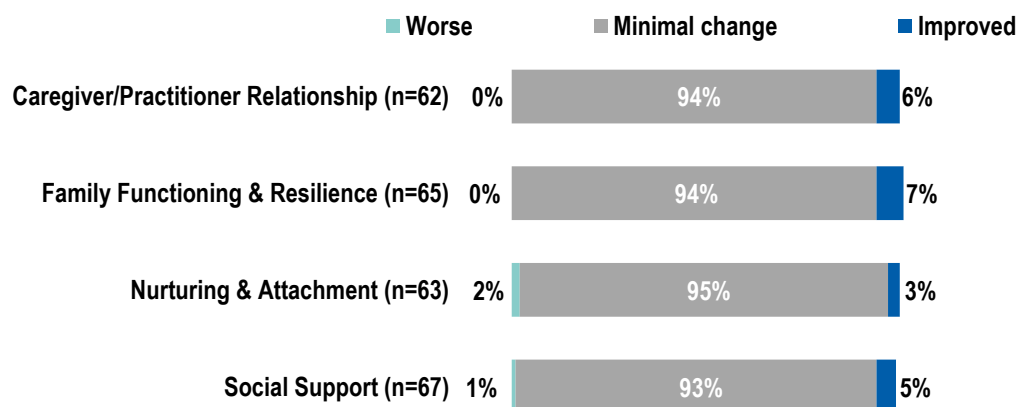
Figure 15. Average Protective Factors Scores by Domain Among Retrospective Surveys



*Statistically significant difference (p<0.05)

Figure 16 shows the percentage of participants whose scores worsened, minimally changed, and improved from “before” to “now.” The largest proportion of families had changes in scores in the Family Functioning and Resilience domain, with seven percent showing improvement. Across domains, the vast majority of participants had minimal change in scores, meaning scores changed less than one point from before receiving crisis care services to the time the survey was taken. In FY18, all domains (with the exception of concrete support) showed statistically significant improvement.

Figure 16. Changes in Protective Factors Scores Among Matched Retrospective Surveys



Sexual Abuse Prevention

Sexual Abuse Prevention (SAP) projects may have different approaches, including projects providing programming to children and projects focusing on adults and adult-serving organizations. All grantees are required to include an adult-focused component.

The majority of ICAPP-funded SAP child-focused programming addresses children from preschool through the sixth grade. Efforts include teaching children proper names of body parts, touching behaviors that are not safe, and telling a trusted adult if someone breaks a touching rule. Some counties purchase specific sexual abuse prevention curricula, while others design their own. A few counties offer programming designed specifically for children with special needs, due to the greater risk of victimization that these children face.

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

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

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

Adult-focused interventions

- Developing knowledge of child sexual abuse and increasing knowledge of prevention.
- Increasing skills for adults to talk to children and adults about child sexual abuse.
- Promoting protective behaviors.
- Recognizing and responding to signs of grooming, abuse, or disclosures.
- Understanding sexual development.

Child-focused interventions

- Including an adult component with the responsibility of child safety firmly placed on adults and not children.
- Educating using multiple sessions, over the course of more than one day.
- Emphasizing that abuse is never the child's fault.
- Promoting protective behaviors and assertiveness.
- Presenting information in a variety of formats with an opportunity for skills practice.
- Providing information about abuse, bullying, and safe vs. unsafe touch.
- Providing guidance to disclose unsafe touch or uncomfortable situations to a trusted adult.

ICAPP funds supported 13 SAP projects, with some projects providing services in multiple counties. The following tables present the data reported in fiscal year 2019 (July 1, 2018 to June 30, 2019). Table 11 provides information on councils' child-focused instruction, and Table 12 summarizes adult-focused instruction service data. A total of 851 child-focused presentations were provided, serving 8,635 children, while 69 adult-focused presentations reached 765 adults.

Table 11. ICAPP-funded Sexual Abuse Prevention Services for Children, Fiscal Year 2019

Counties Served	Funding	Number of Presentations	Children Attending
Appanoose, Davis	\$8,700	2	7
Bremer, Butler, Franklin, Grundy	\$66,584	112	1,497
Clarke	\$12,634	43	183
Dallas	\$9,240	50	352
Floyd-Mitchell, Chickasaw	\$34,114	338	4,353
Hardin	\$15,751	57	639
Johnson	\$4,800	0	0
Jones	\$12,088	42	97
Madison	\$13,000	50	241
Muscatine	\$9,778	0	0
Osceola, O'Brien	\$12,358	17	314
Scott	\$9,331	48	29
Wapello, Mahaska	\$18,000	92	923
Total	\$226,378	851	8,635

Table 12. ICAPP-funded Sexual Abuse Prevention Services for Adults, Fiscal Year 2019

Counties Served	Funding	Number of Presentations	Adults Attending
Appanoose, Davis	\$8,700	2	12
Bremer, Butler, Franklin, Grundy	\$66,584	7	97
Clarke	\$12,634	4	30
Dallas	\$9,240	10	74
Floyd-Mitchell, Chickasaw	\$34,114	6	38
Hardin	\$15,751	2	45
Johnson	\$4,800	7	130
Jones	\$12,088	0	0
Madison	\$13,000	9	75
Muscatine	\$9,778	5	41
Osceola, O'Brien	\$12,358	0	0
Scott	\$9,331	11	178
Wapello, Mahaska	\$18,000	6	45
Total	\$226,378	69	765

Evaluation results were collected from 83 adults who participated in two projects that offer the Stewards of Children curriculum. Participants represented different domains, which include sports (48%), faith (2%), education (6%), preschool (22%), law enforcement (13%), child-serving organizations (5%), and other (5%). The following tables summarize participant agreement or disagreement with ten statements that were used to measure the impact of and their satisfaction with the programming, doing so on a five-point Likert scale ranging from Strongly Agree to Strongly Disagree.

Table 13 summarizes responses related to learning new skills, changing attitudes about sexual abuse, and addressing critical issues for individuals and organizations.

Table 13. Stewards of Children Training Impact, Fiscal Year 2019

County	Responses	Learned new skills to protect children					Training changed my attitude about child sexual abuse					Addresses critical issues for organizations and individuals				
		SA	A	N	D	SD	SA	A	N	D	SD	SA	A	N	D	SD
Muscatine	20	16	4	0	0	0	6	5	8	0	0	11	9	0	0	0
Scott	63	34	26	3	0	0	24	21	1	1	1	33	29	1	0	0
Total	83	51	28	9	1	0	35	29	17	1	0	53	27	2	1	0

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

Tables 14 and 15 summarize participant responses related to the Stewards of Children curriculum and supporting materials. While the majority of participants felt positively about the curriculum, about one-fifth of the participants did not indicate that the curriculum workbook helped them to understand the concepts, and also did not agree that the length of the video was suitable and effective.

Table 14. Stewards of Children Curriculum (A)

County	Responses	<i>Curriculum is interesting and kept my attention</i>					<i>Interactive workbook questions helped me understand concepts</i>					<i>I was impacted by survivor stories in the video</i>				
		SA	A	N	D	SD	SA	A	N	D	SD	SA	A	N	D	SD
Muscatine	20	16	4	0	0	0	6	5	8	0	0	11	9	0	0	0
Scott	63	35	24	4	0	0	29	24	9	1	0	42	18	2	1	0
Total	83	51	28	9	1	0	35	29	17	1	0	53	27	2	1	0

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

Table 15. Stewards of Children Curriculum (B)

County	Responses	<i>Video was appropriate for different roles in wide range of organizations</i>					<i>Length was suitable and effective</i>				
		SA	A	N	D	SD	SA	A	N	D	SD
Muscatine	20	16	4	0	0	0	6	5	8	0	0
Scott	63	40	22	1	0	0	35	21	7	0	0
Total	83	51	28	9	1	0	35	29	17	1	0

Participant responses related to trainer preparedness and effectiveness when facilitating discussion are depicted in Table 16. Most participants indicated positive responses toward the trainer’s preparedness and stimulation of discussion.

Table 16. Stewards of Children Trainer Effectiveness

County	Responses	<i>Trainer was well-organized and prepared</i>					<i>Trainer stimulated and supported discussion</i>				
		SA	A	N	D	SD	SA	A	N	D	SD
Muscatine	20	16	4	0	0	0	6	5	8	0	0
Scott	63	39	23	1	0	0	37	20	5	0	0
Total	83	51	28	9	1	0	35	29	17	1	0

Individuals attending adult-focused child sexual abuse prevention training were asked to share whether the instruction improved their abilities in several areas. Table 17 reflects the attendee responses to questions related to identifying appropriate and inappropriate sexual behaviors of children. Of the 107 total surveys collected, no participants indicated they disagreed or strongly disagreed with any of the statements. Most attendees strongly agreed that they were able to identify appropriate and inappropriate behaviors.



Table 17. Improvement in Ability to Identify Sexual Behaviors

Counties Served	Identify appropriate sexual behaviors of children				Identify inappropriate sexual behaviors of children			
	SA	A	D	SD	SA	A	D	SD
Bremer, Butler, Franklin, Grundy	16	5	0	0	16	5	0	0
Chickasaw, Floyd, Mitchell	75	11	0	0	66	20	0	0
Total	91	16	0	0	82	25	0	0

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

Table 18 reflects participant responses to questions related to recognizing potential grooming behaviors and protecting children from sexual abuse. Of the survey items, the fewest number of participants strongly agreed with the statement “This training improved my ability to protect children from abuse” with 61 percent of participants indicating “strongly agree” and 39 percent of participants indicating “agree.”

Table 18. Grooming Recognition and Protecting Child(ren)

Counties Served	Recognize the grooming behaviors of potential perpetrators				Protect children from sexual abuse			
	SA	A	D	SD	SA	A	D	SD
Bremer, Butler, Franklin, Grundy	16	5	0	0	17	4	0	0
Chickasaw, Floyd, Mitchell	59	27	0	0	48	38	0	0
Total	75	32	0	0	65	42	0	0

Table 19 summarizes participant responses about talking with children and other adults about sexual abuse. All individuals surveyed indicate they either “strongly agree” or “agree” that the training improved their abilities to talk to their child about risks of sexual abuse as well as talk to other adults about protecting children from sexual abuse.

Table 19. Talking to Children and Adults About Sexual Abuse

Counties Served	Talk to my child about the risks of sexual abuse				Talk to other adults about protecting children from sexual abuse			
	SA	A	D	SD	SA	A	D	SD
Bremer, Butler, Franklin, Grundy	18	2	0	0	16	5	0	0
Chickasaw, Floyd, Mitchell	55	29	0	0	51	35	0	0
Total	73	31	0	0	67	40	0	0

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

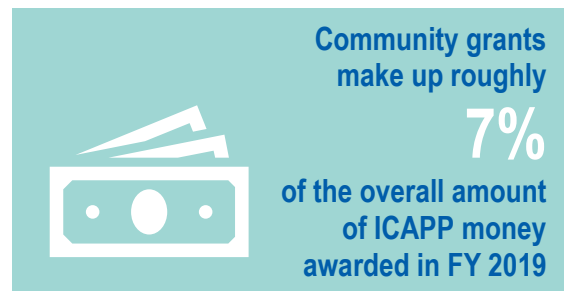
As indicated in Table 20, approximately two-thirds of participants “strongly agree” and one-third of participants “agree” that the training improved their ability to get help if they suspect a child is being sexually abused.

Table 20. Getting Help for Suspected Sexual Abuse

Counties Served	Get help for suspected sexual abuse			
	SA	A	D	SD
Bremer, Butler, Franklin, Grundy	20	1	0	0
Chickasaw, Floyd, Mitchell	51	35	0	0
Total	71	36	0	0

Community Development

Community Development (CD) grants assist councils in generating awareness and action toward child abuse prevention goals in their communities. Grants can be used for impacting awareness and attitudes related to child abuse prevention. These grants make up roughly seven percent of the overall amount of ICAPP money awarded in FY 2019.



Four councils received CD grants in FY 2019. A brief description of their goals and activities follows:

Benton/Iowa Activities include hosting community presentations and Parent Cafes. Participants also receive home visits and supportive referrals as needed.



Progress: Through the fiscal year, 23 Parent Cafes were held for 34 participants, with four five-week series completed. A total of 113 community presentations were offered. The project has made 12 referrals and completed nine one-on-one visits with families.

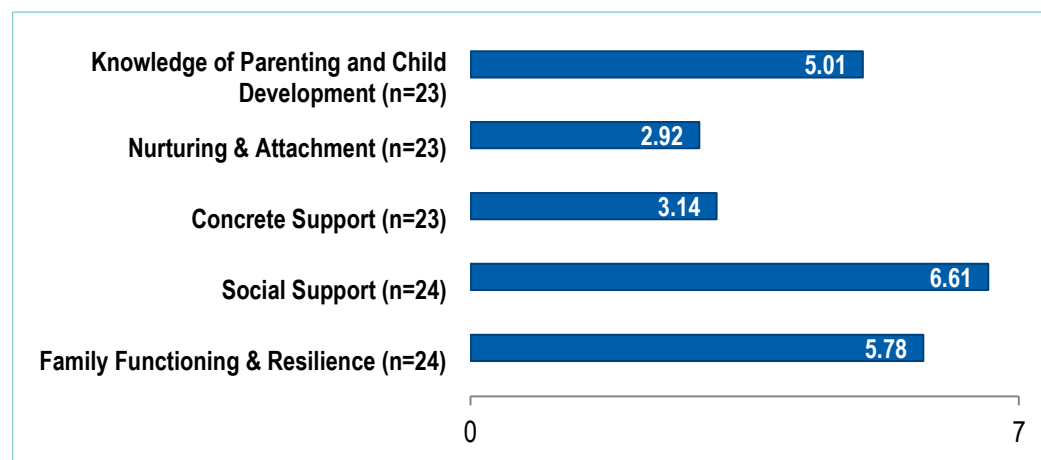
Evaluation: Data were collected using pre- and post-Protective Factor Surveys from Parent Café participants.

Clarke Goals include hosting Connections Matter workshops for community members and Parent Cafes for parents.



Progress: The program hosted five Parent Cafe sessions (two in English, three in Spanish) which were attended by a total of 29 caregivers. The program also hosted two Connections Matter workshops with 14 in attendance.

Evaluation: The program collected protective factors surveys from participants. Results reflect the following average Protective Factor Survey Scores at pretest:



Clinton This program aims to educate the community on ACEs and resilience building through ACE Interface and Connections Matter presentations as well as provide early childhood training toolkits, disseminate publications and hosted a social media campaign.



Progress: The program made progress towards its goals by hosting an Implicit Bias training, De-escalation training, and disseminating 1,000 Connections Matter publications. A total of 23 individuals attended a training to become a facilitator for the Connections Matter curricula, with 25 sessions held which were attended by a total of 338 participants. The program also provided 25 early childhood toolkits to day care centers and placed a Connections Matter billboard along Highway 30 that was present for eight weeks and accessible to an estimated 273,040 motorists. The program has been stalled this fiscal year with providing ACE Interface training due to issues with curriculum licensing. An ACE Interface training is scheduled for the first quarter of FY 2020.

Evaluation: Community readiness surveys were collected, with a composite score of 4.38 (preplanning level) being generated for the dimensions of: 1) Community Knowledge of Issue; 2) Community Knowledge of Efforts; 3) Community Climate; 4) Leadership; and 5) Resources. Based on the scores, the council will determine a plan of action with a goal to move from a readiness level of 4 to 5.

Wapello Program activities include providing a variety of community presentations such as Connections Matter, Stewards of Children, NetSmartz, Parent Cafes and Community Cafes. The program has also proposed a media campaign to engage community support and build awareness for child abuse prevention and reduce stigma for parents reaching out for help.



Progress: The progress made by this program included provision of two NetSmartz presentations attended by 103 students, two Stewards of Children workshops with 20 in attendance, four Connections Matter presentations attended by eight participants, and two Parent & Community Cafe trainings attended by 24 individuals. The council has updated correspondence templates, marketing and informational materials with a new logo and tagline, which reached circulation of an estimated audience of over 4,000 persons through a variety of mediums.

Evaluation: Baseline data were collected for eight Connections Matter and 12 Parent Café participants to be analyzed at the completion of the projects. Baseline social media activity was at 90 followers, which increased to 125 in April, reflecting increased social media engagement.

Summary and Conclusions

This evaluation report summarizes data collected through the Protective Factors Surveys, Retrospective Survey, SAP evaluation, and ICAPP-grantee quarterly report data. The data are used to describe the number of people served by grant-funded child maltreatment prevention programs, families' demographic characteristics and the impact that programs had on families' protective factors. In total, 1,956 families were served by ICAPP between July 1, 2018 and June 30, 2019 across 56 Iowa counties.

Families Served

The majority of PFS respondents identified as white (57%) and female (88%). Women represented a much higher proportion of the grantee participant population compared to the overall population of Iowa (50%). Participant caregivers also had lower levels of education, with many having no more than a high school education or GED. Most participants also had annual household incomes of no more than \$30,000.

Retrospective Survey participants who engage in Crisis Care services most often identified as white (83.9%) and female (86.8%). Fifty percent of participants rent their homes and 27.1 percent have an annual household income of \$10,000 or less. Crisis Care services typically serve families with caregivers over the age of 31 (84%).

Protective Factors Survey

Statistically significant increases in protective factors scores were observed in every domain this year (*i.e.*, Child Development and Parenting, Concrete Support, Family Functioning and Resilience, Nurturing and Attachment, and Social Emotional Support). The largest change in scores were in the Family Functioning and Child Development and Knowledge of Parenting domains, which went from 5.23 to 5.48 and 5.58 to 5.85, respectively. The results indicate that overall, families may be using more behaviors and skills associated with protective factors following participation in ICAPP-funded programs.

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

Demographic Characteristics

Respondents with a wide range of demographic characteristics across all domains saw significant increases in scores, indicating that programs have done well in engaging participants from diverse backgrounds. There are, however, opportunities for improvement. In all domains, there were no substantial increases observed in participants with middle school or lower education. Upon further inspection of this subset, only seven percent of respondents speak English and they are predominantly people of color. 82

percent of middle school or lower educated respondents are Spanish speaking, which should be considered when implementing programs in this population.

No significant change in scores was seen in families below the poverty line in any domain. Score increases were not substantial for the Nurturing and Attachment domain because scores started high at pre-test and continued to remain high at post-survey. In the Social Support domain, a statistically significant decrease in scores was seen in caregivers who have a disability. Results indicate that Parent Development and Home Visiting programs may be effective among broad populations, but not all populations.

Program Type

Looking at protective factors by the specific program types funded by ICAPP, participants in Parenting Development programs saw the greatest breadth of score increases, with the changes in each domain statistically significant. Crisis Care participant scores increased at a statistically significant rate in the Family Functioning and Social Support domains.

Looking at Home Visiting programs overall, analysis of the surveys showed statistically significant increases in protective factors scores in Child Development and Parenting and Family Functioning. PAT Home Visiting participants showed minimal increases between pre- and post-survey protective factors scores in every domain except for Family Functioning and Child Development and Knowledge of Parenting. Among caregivers participating in HFA, none of the scores increased significantly.

Retrospective Survey

Over the reporting period, 125 Crisis Care surveys were collected. The typical Retrospective Survey respondent who participated in Crisis Care services was a single, white women, who rents a home and holds a high school diploma or GED. Within those 125 surveys, 67 “before” and “now” scores were matched. Protective scores for these matches were found to have improved statistically significantly in the Family Functioning and Resilience and Social Support domains. Concrete Support is only measured at enrollment, so no “now” scores are collected for that domain.

Sexual Abuse Prevention

Thirteen programs received funds for Sexual Abuse Prevention services in Fiscal Year 2019. Programs provided training to build skills to talk to children and adults about sexual abuse, develop understanding of child sexual development, recognize situations that could put children at risk of sexual abuse and improve safety for children. Programs also provided instruction to children to build knowledge and safety skills. Survey responses reflected favorable results in building skills and awareness to increase adult protective capacity.

Community Development

Four councils in Iowa received Community Development grant funding in Fiscal Year 2019. These grants made up about seven percent of ICAPP-awarded funding in FY2019. Common activities implemented with this funding source include: Parent Cafes, Connections Matter workshops and billboards, providing childcare centers with early childhood training toolkits, community presentations, and more.

During this reporting period, ICAPP-funded programs have been successful in improving protective factors across various domains among the families they served. **Focus should be placed on the populations where improvement was minimal, or no improvement was seen.** Prevention programs should use these results for **program planning, evaluation, and continuous quality improvement** as they continue working to prevent child maltreatment.



Recommendations

- 1) Investigate methods to **retain Parent Development and Home Visiting participants** in programs. Consider looking at other state's processes and best practices to improve retention.
- 2) Explore variables that are inhibiting statistically significant improvement in protective factors in **Healthy Families America participants**.
- 3) Implement culturally competent, language-appropriate evidence-based programs targeting **caregivers with a middle school education or lower** that aim to strengthen protective factors.
- 4) **Train practitioners** to better engage with caregivers to improve caregiver/practitioner relationships.
- 5) Identify best practices for **improving Nurturing and Attachment in Crisis Care participants** and their children.



References

Child Welfare Information Gateway. (2014). Protective Factors Approaches in Child Welfare. Washington, D.C.: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from

https://www.childwelfare.gov/pubPDFs/protective_factors.pdf

FRIENDS National Center for Community-Based Child Abuse Prevention. (2018). The Protective Factors Survey, 2nd Edition (PFS-2) User Manual. Chapel Hill, NC.

Retrieved from <https://friendsnrc.org/protective-factors-survey>

U.S. Census Bureau (2018). 2013–2017 American Community Survey Five-year Estimates. Available at <https://factfinder.census.gov/>