

IOWA CHILD ABUSE PREVENTION PROGRAM

Evaluation Report to Iowa Department of Human Services

July 1, 2018–June 30, 2020



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 empower community prevention efforts to provide safe and happy childhoods through collaboration with diverse partners, leading to a better future for Iowa. 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 also help to bolster the program; these include birth certificate fees, state income tax check-off funds, and an annual legislative appropriation specific to sexual abuse prevention.

Child abuse prevention funding was previously administered through two separate statewide programs, ICAPP and CBCAP. Combining these programs was intended to help maximize funding and reduce needless duplication of services in the state of Iowa. The funds continue to be managed by the Iowa Department of Human Services (IDHS). IDHS contracts individually with grant recipients to administer ICAPP-funded services in communities across the state.

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
- **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 Survey and Retrospective Survey completed by participating families. This report presents the results of data collected between July 1, 2018 and June 30, 2020 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 building. These local councils are volunteer coalitions broadly representative of education, public safety, child welfare, service providers, and consumers. 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.**

Councils are welcome to submit project proposals for up to two or three projects depending on the need for services in their area. Amounts of requests were capped based upon child population and community risk.

The proposals received from local child abuse prevention councils are evaluated by an independent grant review committee and components are scored. Compiled scores are forwarded to an independent advisory committee, which makes funding recommendations. Recommendations are then approved by IDHS. Additional funding was made available to the fifteen most high-risk counties that experience substantial rates of abuse. Funding requests overall tripled available ICAPP annual funds, with \$1.5 million awarded for fiscal years (FYs) 2019 and 2020. Due to limited available funding, most projects supplement their ICAPP grants with additional funding sources and in-kind community support.

Number of Families Served by ICAPP-funded Programs

Table 1 shows the number of families and children served during FY 2020 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.

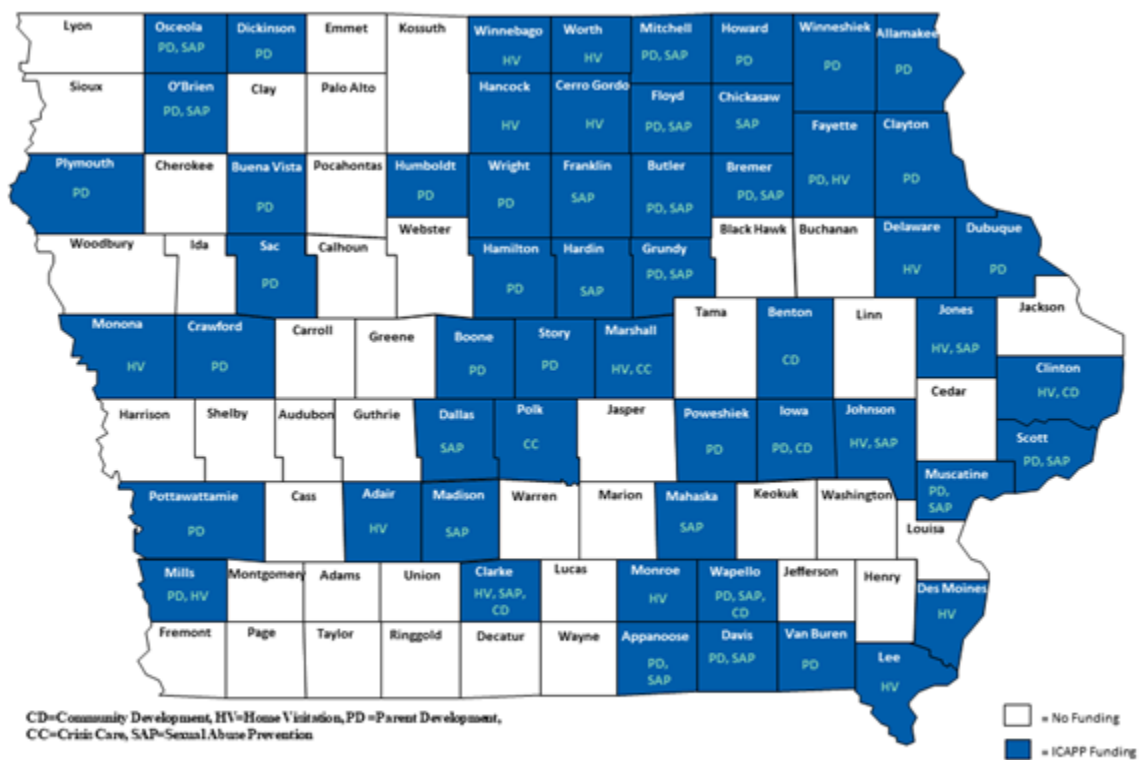
Table 1. Level of Funding and Families Served by ICAPP

Program Type	Funds Awarded	No. of Projects	Families Served	Children Served	Adults Served	Hours of Care
Community Development	\$108,471	4	—	—	—	—
Home Visiting	\$586,167	14	752	988	—	—
Parent Development	\$546,214	23	1,104	1,209	—	—
Crisis Care Services	\$97,512	2	147	191	—	11,287
Sexual Abuse Prevention	\$224,274	13	—	7,543	805	—
Total	\$1,562,638	56	2,003	9,931	805	11,287

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 2020



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, PCG analyzes the demographic characteristics of families who participate in funded programs. PCG also examines changes in protective factors of families from the beginning of their participation in a program, intermittently throughout the program, and when they exit the program. Finally, PCG provides a webinar to grantees that highlights the annual evaluation results in an effort to inform program planning and continuous quality improvement efforts.

Information about ICAPP participants is 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.

The survey helps the state and funded programs to:

- 1) describe demographic characteristics of program participants
- 2) assess changes in targeted protective factors
- 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 for the proposed program 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. **Community Development** projects seek to increase community awareness and engagement on the issue of child abuse prevention. Projects are 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 are 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.

Additional information about the number of families, parents, and children served is collected from all grantees through quarterly reports to PCA Iowa.

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). To measure families' protective factors, the Iowa Family Survey includes the

Protective Factors Survey (PFS). This tool was 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 that 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

Higher average scores indicate that participants are reporting positive behaviors associated with protective factors.

scores of all respondents, each domain's scores are examined within certain demographics to identify differences between families with varying characteristics. Higher average scores indicate that participants are reporting positive behaviors and attributes associated with protective factors.

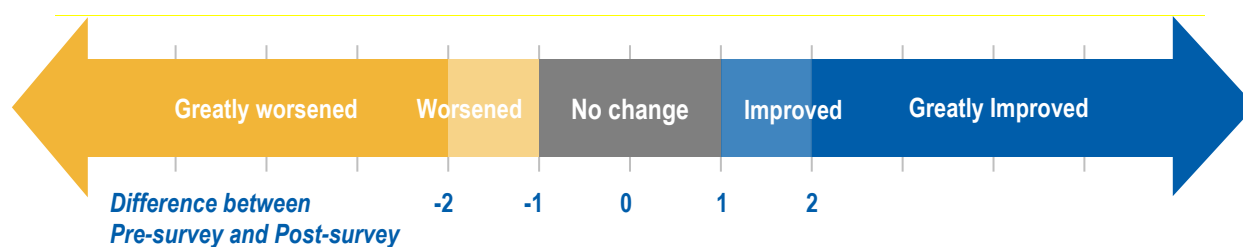
Measuring Changes in Protective Factors Scores Over Time

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 not likely due to chance. T-tests (paired, two-tailed) are used and considered statistically significant at $p < 0.05$.

In total, 2,006 families completed at least one survey during the reporting period. Demographic results are reported at enrollment. The protective factors' results presented in this report are drawn from 1,055 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 analysis of pre- and post-surveys encompassed surveys completed between July 2018 and June 2020, capturing the impact of only currently funded programs.

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, their 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 the 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

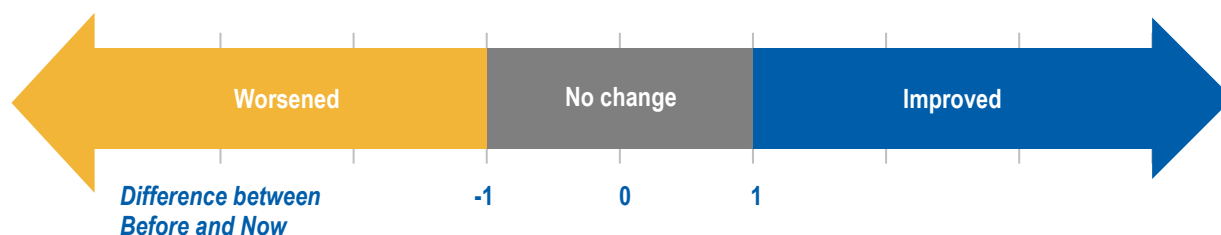
measured by the new survey. The survey asks respondents to answer questions “before” program involvement and “now” (i.e., at the time they take the survey) on the same survey, rather than using a pre-post method. It also simplifies the Likert scale to five options rather than seven.

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.

Between FY19 and FY 20, a total of 258 Retrospective Surveys were collected, with the results for those surveys also presented in this report. Due to the different methodology and survey instrument, results of the retrospective survey are reported 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).

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



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.

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, 2020. Service output data are collected by PCA Iowa via quarterly grantee reports.

Characteristics of Families Served

Protective Factors Survey Characteristics

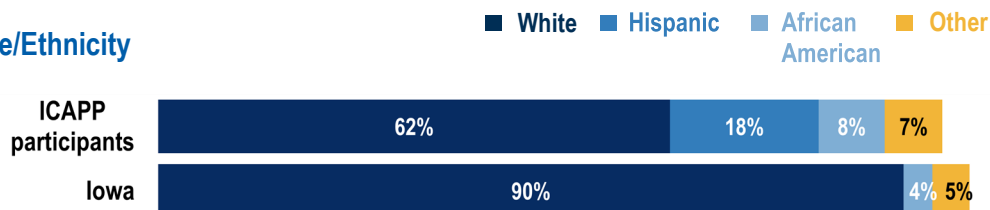
The characteristics of families served by ICAPP-funded programs represent those of the 2,006 families who completed at least one Protective Factors Survey through the DAISEY system between July 1, 2018 and June 30, 2020. Data are limited to the families that participated in Parent Development and/or Home Visiting programs. A typical caregiver was white, female, had a high school diploma or GED, and was around 30 years old.

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

Gender

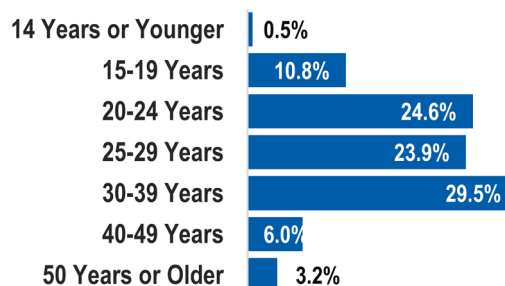
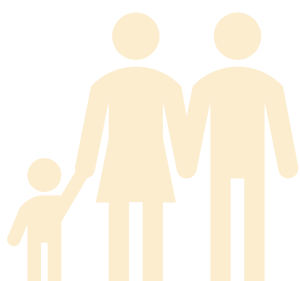
88% of participant caregivers were female compared to **50%** of all Iowans

Race/Ethnicity

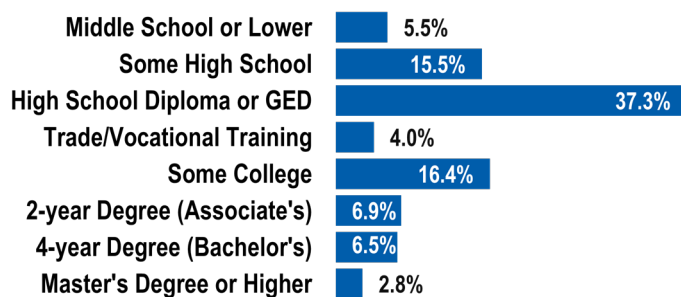


*Hispanic/Latino is captured separately on the ACS. Approximately 6% of Iowans are Hispanic or Latino.

Age of Participant Caregivers



Participant Caregiver Education



92%
of Iowans have *at least* a
high school diploma
vs. **79%**
of program participants

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 (18% of participating families, compared to 6% statewide). The vast majority of caregivers (88%) involved in ICAPP programs were females, which is much greater than the proportion of females in the state population (50% female). While most caregivers had at least a high school diploma, 21 percent of caregivers did have a lower level of education. For reference, only eight percent of the state population has an education level lower than a high school diploma. Statewide data were captured from the U.S. Census' 2014–2018 American Community Survey (ACS) estimates as reported in the U.S. Census Report data for 2019.

Income and Financial Assistance Utilization

There is a striking difference in annual household income for ICAPP participants when compared to the state average. Just over eight percent of ICAPP families had a household income over \$50,000 per year, while 57 percent of Iowans report a household income of \$50,000 or more. Figure 4 shows a breakdown of household incomes reported by ICAPP participants. The majority of participants (52.1%) had an annual income of \$20,000 or less.

Figure 4. Reported Household Income of Survey Respondents



Retrospective Protective Factor Survey Characteristics

An analysis of the demographic breakdown of Crisis Care participants helps to identify who is being reached by this program. Crisis Care participants identified as mostly white and female, similar to those receiving Parent Development and Home Visiting services. The majority of caregivers with youth involved in Crisis Care programs were over the age of 30 (85.9%). As shown in Figures 5 and 6, most caregivers were either single (41.4%) or married (35.3%). Statewide, 31.0 percent of households with children under the age of 18 were headed by a single parent, while 69.0 percent had two parental figures in the home (U.S. Census Bureau, 2019). More than half of participants lived in rental housing (51.5%). Nearly four percent of Crisis Care participants reported being homeless. The annual household income of participating families ranges; 23.7 percent of participants earned \$10,000 or less annually while 19.6 percent earned more than \$50,000 annually. This indicates that Crisis Care services are utilized by a wide range of families regardless of income.

Figure 5. Marital Status of Participants

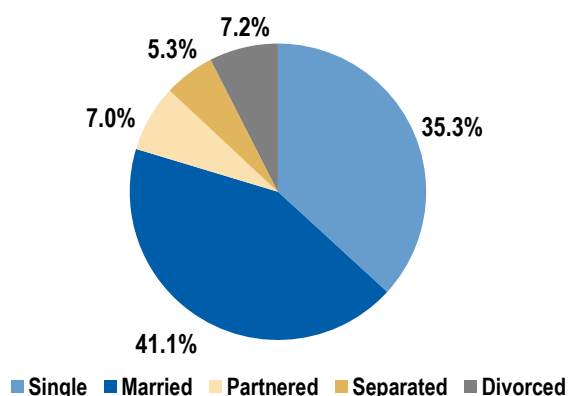
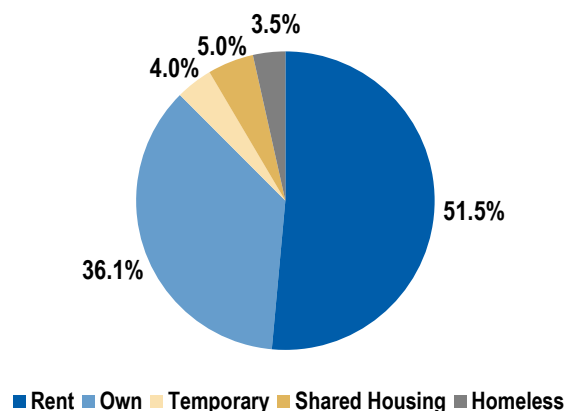
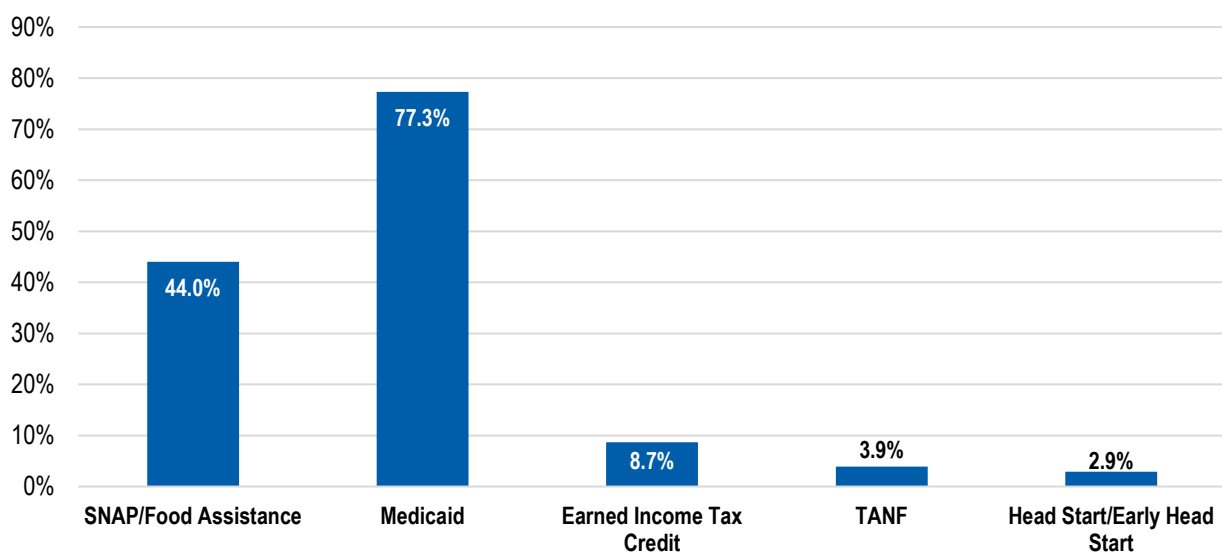


Figure 6. Housing Status of Participants



Many Crisis Care participants also utilize public service programs (Figure 7). More than three-quarters of participants received Medicaid and just under half collected food assistance. Fewer participants received Earned Income Tax Credit, TANF, or Head Start services (8.7%, 3.9%, and 2.9% respectively).

Figure 7. Participation in Public Service Programs



PFS and Retrospective Survey Participation

Parent Development and Home Visiting programs administered the Protective Factors Survey, which includes a pre- and post-survey. Crisis care programs utilize the PFS-2 retrospective version. Table 4 display reflects the survey tool and number collected for each project type. Overall, surveys were collected from a total of 2,264 families.

Table 4. PFS and Retrospective Survey Participation

Program	Survey	Number of Participating Families
Parent Development	PFS	1,203
Home Visiting	PFS	803
PAT	PFS	479
HFA	PFS	324
Crisis Care	Retrospective Survey	258

As noted previously, 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 breaks down each domain by the number of families for whom a pre- and post-survey were matched. The number of pre/post score matches 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	1,054
Social Emotional Support	PFS	1,055
Concrete Support	PFS	1,054
Nurturing and Attachment	PFS	933
Child Development and Knowledge of Parenting	PFS	928

The retrospective survey incorporates four domains also seen in the Protective Factors Survey: Family Functioning and Resilience, Social Support, Concrete Support, and Nurturing and Attachment. The Caregiver/Practitioner Relationship domain is introduced in this survey and replaces the Child Development and Knowledge of Parenting domain from the PFS. As shown in Table 6, the Social Support domain has the greatest number of survey matches. A total of 152 surveys included Concrete Support data, which is not reflected in Table 6 as it is only collected once. Again, score comparison counts vary by domain because caregivers do not necessarily answer all questions on the survey.

Table 6. Retrospective Survey Matches

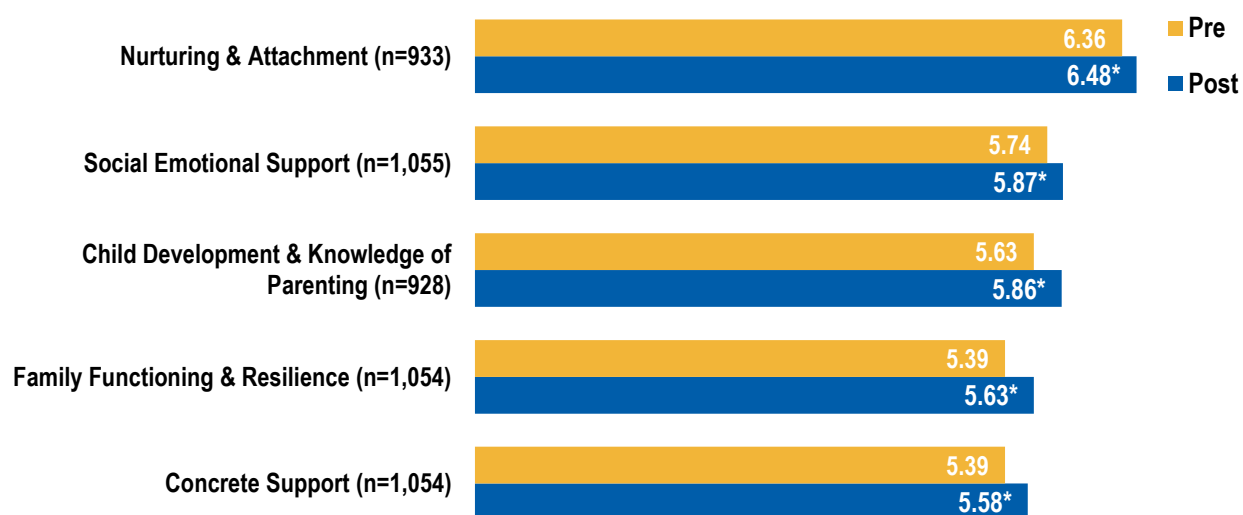
Protective Factor	Survey	Number of Matches
Family Functioning and Resilience	Retrospective Survey	141
Social Support	Retrospective Survey	146
Nurturing and Attachment	Retrospective Survey	141
Caregiver/Practitioner Relationship	Retrospective Survey	139

Overall Protective Factors Survey Results

The goal of the Protective Factors Survey analysis is to assess changes in participants' protective capacities to care for their children. The survey tracks growth and development in caregivers' protective factors over the course of a Parent Development or Home Visiting program. Survey responses were collected from 2,006 participants and 1,055 post-surveys were matched to pre-surveys. As noted in the Methodology section, the evaluation examined changes in protective factors scores among pre- and post-surveys; specifically, whether the respondents scores improved, worsened, or stayed the same from the beginning of their involvement in ICAPP-funded programs to their most recent survey.

Matched surveys for all domains showed a positive statistically significant change in protective factor scores from pre- to post-survey (Figure 8). This finding indicates that a participant's protective factors may be improved after participating in ICAPP-funded prevention programs. The largest change, when looking at all the domains, was seen in Family Functioning and Resilience, which had an increase of 0.24 points. The smallest change in pre- to post-survey scores, although still statistically significant, was seen in Nurturing and Attachment (0.12 points). This domain had the highest score after the pre-survey, which means there was less room for improvement in this domain from pre- to post-survey. This may be why there was a smaller overall change in this domain than in others.

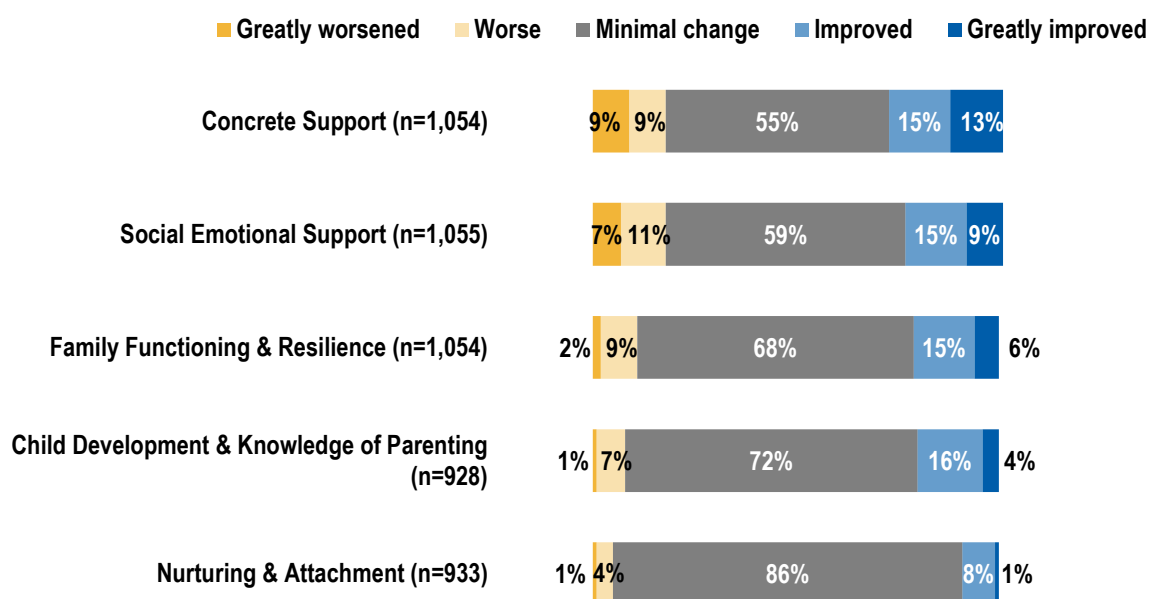
Figure 8. Average Pre- and Post- Protective Factors Scores by Domain Among Matched Surveys (n=1,054)



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

The amount of change in participant scores ranged from greatly worsened to greatly improved. When looking at all domains in Figure 9, more than half of participant scores showed minimal change (less than one point in change from pre- to post-survey). The domain that saw the greatest change in both worsened and improved scores was Concrete Support. More than one-quarter of participants (28%) reported improved or greatly improved scores, while nearly one-fifth (18%) saw worsened or greatly worsened scores. The Social Emotional Support domain showed similar worsening and improving scores as the Concrete Support domain. The domain with the smallest degree of changed scores was Nurturing and Attachment with 86 percent of participant scores changing by less than one point from pre- to post-survey.

Figure 9. Changes in Protective Factors Scores Among Matched Surveys



Analyzing the protective factor score changes by discharge status and domain helps to identify how program completion impacts the improvement of protective skills. All domains saw positive statistically significant improvement for participants who completed the program or whose child aged out of the program (Table 7). The Child Development and Knowledge of Parenting, Family Functioning and Resilience, and Nurturing and Attachment domains also saw statistically significant increases in scores from pre- to post-survey among active participants. The only other statistically significant increase in scores was seen in the Child Development and Knowledge of Parenting domain among those who discharged early from the program.

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=335)	5.38	5.78*	5.36	5.73*	5.23	5.60*	6.18	6.38*	5.56	5.85*
Moved out of service area (n=54)	5.81	5.86	5.60	5.51	5.29	5.21	6.38	6.48	5.49	5.60
No contact or could not locate (N=40)	5.57	5.83	5.30	5.12	5.54	5.58	6.40	6.37	5.80	5.74
No longer interested in services (n=24)	5.72	5.96	5.40	5.96	5.15	5.23	6.40	6.59	5.99	5.64
Did not complete (discharged early) (n=205)	5.80	5.97*	5.63	5.69	5.35	5.47	6.47	6.54	5.83	5.81
Active (n=514)	5.72	5.87*	5.32	5.44	5.51	5.73*	6.44	6.52*	5.82	5.90

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

Red text indicates a decrease in scores.

All reasons for discharge, with the exception of active participants and those who completed the program or whose child aged, saw a decrease in scores in at least one domain. While none of the score decreases were statistically significant, these decreases show that those who were not active in or did not complete the programs may not demonstrate the same improvement in protective factors as those who were. These results indicate that greater improvement of protective factors was seen in those who complete a program than in other discharge statuses. For this reason, participants should be encouraged to engage in services through completion of the program.

Greater improvement of protective factors was seen in those who complete a program than in other discharge statuses.

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

Participant protective factor scores were also interpreted to identify distinctions by various demographic characteristics. Statistically significant differences in scores were found in each of the domains for a variety of demographic groups. Scores are not reported in this section if there were less than 50 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 and Knowledge of Parenting

The Child Development and Knowledge of Parenting domain showed improvement among many different demographic groups. Asian, Hispanic, and White participants as well as those who speak English reported improved scores that were statistically significant. Most individuals who completed at least some high school or higher education saw improved scores. Households of three, four, five, or more than six people and those with an income of \$40,000 or less also improved, with those improvements found to be statistically significant. The Child Development and Knowledge of Parenting domain had the second greatest overall improvement from pre- to post-survey (0.23 points). There were no statistically significant decreases in scores among the protective factors in this domain.

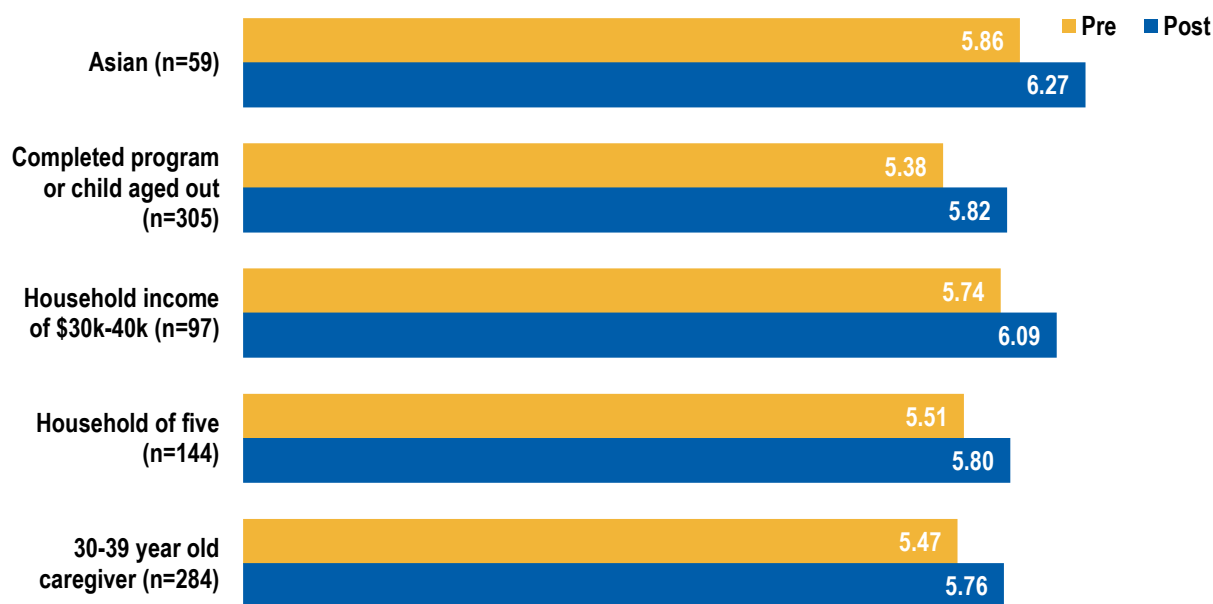
Protective factor scores in **Child Development and Knowledge of Parenting** *increased* among respondents who reported the following characteristics...

- Asian, Hispanic, or White
- Completed some high school, received high school diploma or GED, Some college, 2-year degree, or 4-year degree
- Households of three, four, five, or more than six
- Married, Partnered, or Single
- Household income of \$40k or less
- English speaking
- Parents between the ages of 20–39



The demographic groups that saw the greatest improvement in the Child Development and Knowledge of Parenting domain were Asian caregivers, participants with an annual household income of \$30,000 to \$40,000, households of five, and caregivers between 30 and 39 years old (Figure 10). These increases in scores range from 0.29 to 0.41 points. The greatest pre- to post-survey score improvement was seen in Asian 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

Various groups of participants in the Parent Development and Home Visiting programs saw statistically significant improvement in the Concrete Support domain. Females saw improvement, while males' improvement was not statistically significant. Asian participants were the only racial group that reported statistically significant changes. Single and married caregivers as well as first time moms also saw improvement. Additionally, households of two or four and families with annual incomes of \$40,000 or more improved their scores in this domain significantly.

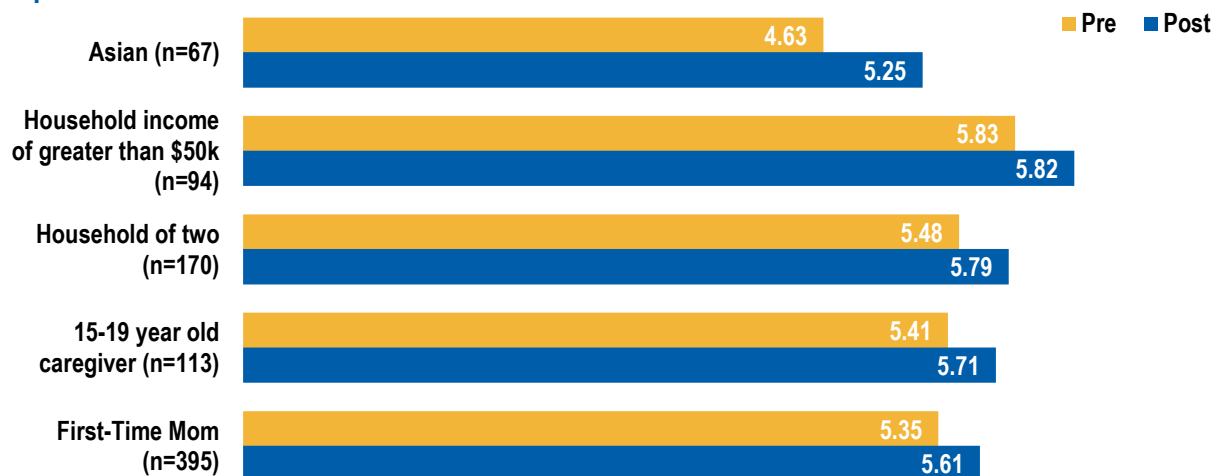
Protective factor scores in **Concrete Support** *increased* among respondents who reported the following characteristics...

- Females
- Asian
- Single or married
- Households of two or four
- Household income of \$40k or more
- Middle school or lower education level
- First-time moms
- English speakers
- Caregivers between the ages of 15–24



Demographic groups who experienced the greatest increases in scores in the Concrete Support domain were Asian caregivers, those with an annual household income of more than \$50,000, households of two, 15- to 19-year old caregivers, and first-time moms. Similar to what was seen in the Child Development and Knowledge of Parenting domain, Asian caregivers saw the largest statistically significant improvement of all demographic groups (0.62 points). Although not shown, Crawford County had the largest statistically significant change compared to all other counties with at least 50 respondents having an increase of 0.52 points. There were no statistically significant decreases in scores among the protective factors in this domain.

Figure 11. Characteristics of Families with Largest Positive Concrete Support Score Improvements*



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

Family Functioning and Resilience

Family Functioning and Resilience reported the largest improvement of all domains with an increase of 0.24 points. This domain also captured the widest range of change in terms of the number of demographic groups that saw positive change. Several race/ethnicities showed statistically significant improvement, including African American/black, Asian, Hispanic, and white participants. This was the

only domain that reported significant improvement in Spanish speakers. Single, married, or partnered individuals saw improvement in Family Functioning and Resilience scores. Parents with varying levels of education also increased their scores significantly: those with some high school, a high school diploma or GED, some college, a two-year degree, and those with a four-year degree all saw increased scores. In addition, caregivers between 15 and 39 saw a statistically significant increase in scores. No statistically significant decreases from pre- to post-survey scores were observed in demographic groups in this domain.

Family Functioning and Resilience reported the largest improvement of all domains with an increase of 0.24 points.

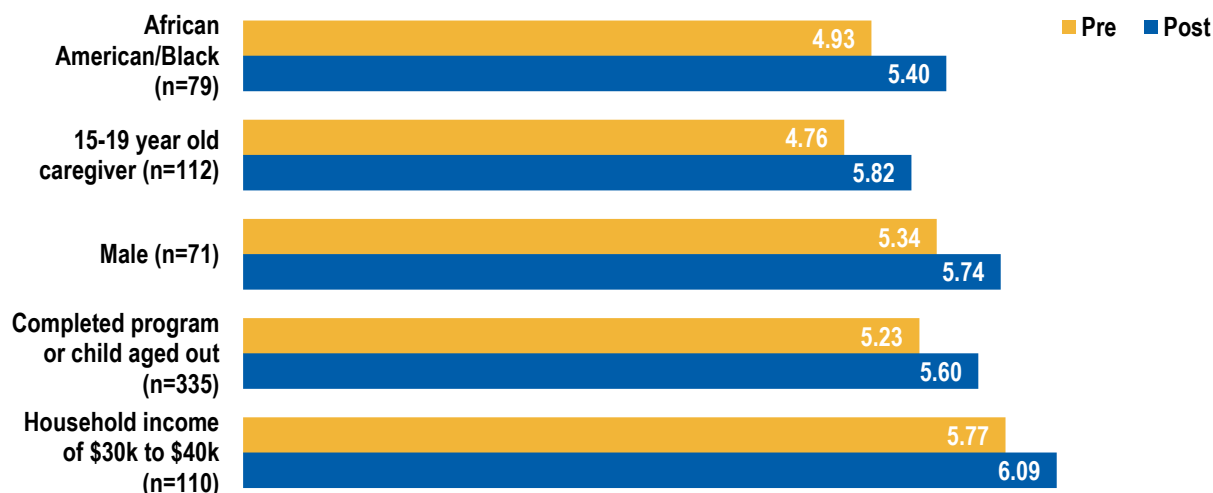
Protective factor scores in **Family Functioning and Resilience** *increased* among respondents who reported the following characteristics...

- African American/Black, Asian, Hispanic, and White
- Single, Married, or Partnered
- Households of 2 to 5 people
- Households with annual incomes of \$0–20K, \$30–\$40K, and more than \$50K
- English or Spanish speaking
- Some high school, High school diploma or GED, Some college, 2-year or 4-year degree
- Between the ages of 15–39



African American/Black participants reported the largest score improvement of all demographic groups in the Family Functioning and Resilience domain, with a 0.47-point increase. Caregivers between the ages of 15 and 19, males, and those with a household income between \$30,000 and \$40,000 also reported substantial growth from pre- and post- survey scores.

Figure 12. Characteristics of Families with Largest Positive Family Functioning and Resilience Score Improvements*



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

Nurturing and Attachment

Nurturing and Attachment was the domain with the smallest overall change in protective scores (0.11 points). However, this increase was still statistically significant. Female caregivers saw an improvement in scores. African American/Black, Asian, and white participants also saw significant increases in their scores from pre- to post-survey. Improved scores were also seen in single and married participants and those between the ages of 15 and 39. Again, no demographic groups showed statistically significant decreases in scores in this domain.

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

- Female
- African American/Black, Asian, or White
- Single or Married
- Households of 3 to 5 people
- Annual household incomes of \$20K–40K or more than \$50K
- Some high school and a 2-year or 4-year degree
- English speaking
- Between the ages of 15–39



The most substantial changes in Nurturing and Attachment scores were seen in caregivers with a household income between \$30,000 and \$40,000 and those with an income higher than \$50,000, and individuals with a two-year or four-year degree. As displayed in Figure 13, the group with the largest change was those with an annual household income of more than \$50,000, which increased by 0.30 points.

Figure 13. Characteristics of Families with Largest Positive Nurturing and Attachment Score Improvements*



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

Social Emotional Support

Next to Nurturing and Attachment, Social Emotional Support is the domain with the least overall change in scores (0.12 points). Fewer demographic groups saw change in this domain compared to the others. African American/Black participants and White participants saw statistically significant changes from pre- to post-survey scores. Married individuals and non-first-time moms also saw improved scores. Additionally, caregivers between the age of 30 and 39 saw improved scores, as did English speaking individuals. There were no statistically significant decreases in scores in this domain.

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

- African American/Black and White
- Married
- 4-year Degree
- English speaking
- Between the ages of 30–39
- Non-first-time moms



As seen in Figure 14, males were the demographic group with the greatest change in scores from pre- to post-survey (increase of 0.33 points). Other demographic groups that saw the largest changes were individuals with a 4-year degree, participants who identify as African American/Black, and caregivers between the ages of 30 and 39.

Figure 14. Characteristics of Families with Largest Positive Social Emotional Support Score Improvements*



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

Protective Factors Survey Scores by Program

The evaluation findings of the Home Visiting and Parent Development programs are highlighted separately in this section of the report. The number of families served by each program, in addition to program specific PFS survey results are presented below.

Parent Development Programs

Parent Development programs make up the largest category 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 funded 23 Parent Development programs in FY 2020. Overall, 1,104 families received services through funded Parent Development programs. ICAPP awards for FY 2020 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

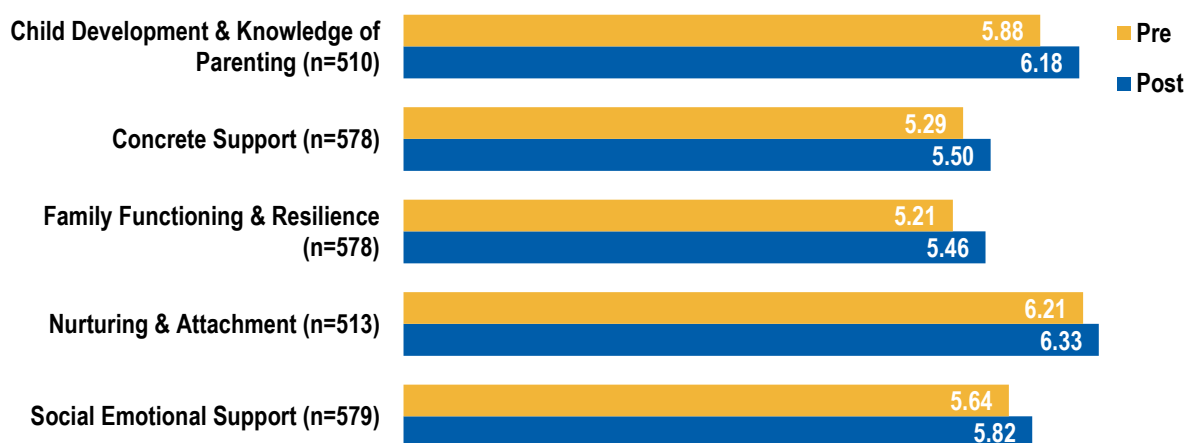
Counties Served	Funding	Families Served	Children Served	In-Home Sessions	Group Sessions
Allamakee, Howard, Winneshiek, Clayton	\$29,055	25	23	0	10
Appanoose, Davis	\$28,563	103	130	0	224
Boone, Story	\$11,575	68	65	0	66
Bremer, Butler, Grundy	\$37,762	30	35	558	35
Buena Vista	\$28,000	49	75	574	0
Crawford	\$43,977	78	96	658	28
Dickinson	\$6,206	43	16	0	7
Dubuque	\$21,000	27	37	414	0
Fayette**	\$10,500	52	87	582	22
Floyd-Mitchell	\$20,693	52	75	0	41
Hamilton, Humboldt, Wright	\$25,408	58	51	70	37
Johnson	\$19,408	10	0	11	43
Mills	\$12,000	47	63	101	14
Muscatine	\$24,232	176	127	0	92
Osceola, O'Brien	\$42,250	38	59	393	0
Plymouth	\$35,286	9	9	45	90
Pottawattamie	\$19,800	37	29	0	24
Poweshiek	\$6,279	16	18	0	16
Sac (In-Home)	\$13,916	26	43	342	0
Sac (Love and Logic)	\$6,112	6	0	0	8
Scott	\$65,601	36	27	213	26
Van Buren	\$31,227	46	67	927	36
Wapello	\$19,739	72	77	0	138
Total	\$546,214	1,104	1,209	4,888	957

**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

Over the course of FY 2019 and FY 2020, a total of 1,203 surveys were completed by Parent Development program participants, and 579 pre- and post-surveys were matched and used in the protective factors score analysis. The results of the analysis are displayed in Figure 15.

Figure 15. Average Pre- and Post- Protective Factors Scores by Domain Among Parent Development Matched Surveys*



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

Each domain saw an overall statistically significant improvement in protective factors scores from pre- to post-survey. The domain with the largest positive change in scores from pre- to post-survey was Family Functioning and Resilience with a 0.25-point improvement. Nurturing and Attachment is the domain with the smallest change in scores, but the change (0.11 points) was still statistically significant. The results of this two-year analysis indicate that the Parent Development program is having a favorable impact on participants across all five domains.

Home Visiting Programs

The Home Visiting category includes programs that offer in-home parent education that follows an evidence-based model. Home Visiting programs provide individualized support for parents and caregivers in the home, which allows for services to be more accessible and individualized. In-home services are occasionally available to any family, regardless of their circumstances. Although, the 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 prenatal services for families who are expecting. 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 752 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	\$22,690	24	35	264	11
Cerro Gordo, Hancock, Winnebago, Worth	\$169,651	76	74	834	0
Clarke	\$41,264	35	51	289	10
Clinton	\$27,000	51	59	884	0
Delaware	\$29,687	60	79	705	10
Des Moines	\$41,645	5	5	132	0
Fayette**	\$37,500	52	87	582	22
Johnson	\$32,026	72	102	768	60
Jones	\$16,230	40	44	802	13
Lee	\$62,259	63	90	780	37
Marshall	\$24,286	173	225	2,144	12
Mills	\$13,358	40	49	403	10
Monona	\$46,878	42	68	535	10
Monroe	\$21,693	19	20	305	4
Total	\$586,167	752	988	9,427	199

**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

Over the two-year period that data was collected, 803 surveys were collected from the Home Visiting program and 476 pre- and post-surveys were matched. As shown in Figure 16, the domain with the highest score both pre- and post-survey was Nurturing and Attachment, which is similar to the Parent Development program. The domain with the lowest scores both pre- and post-survey was Concrete Support. All domains had statistically significant improvement in scores with the exception of the Social Emotional Support domain. The largest improvement in scores was seen in the Child Development and Knowledge of Parenting domain with an overall increase of 0.26 points.

Figure 16. Average Pre- and Post- Protective Factors Scores by Domain Among Home Visiting Matched Surveys

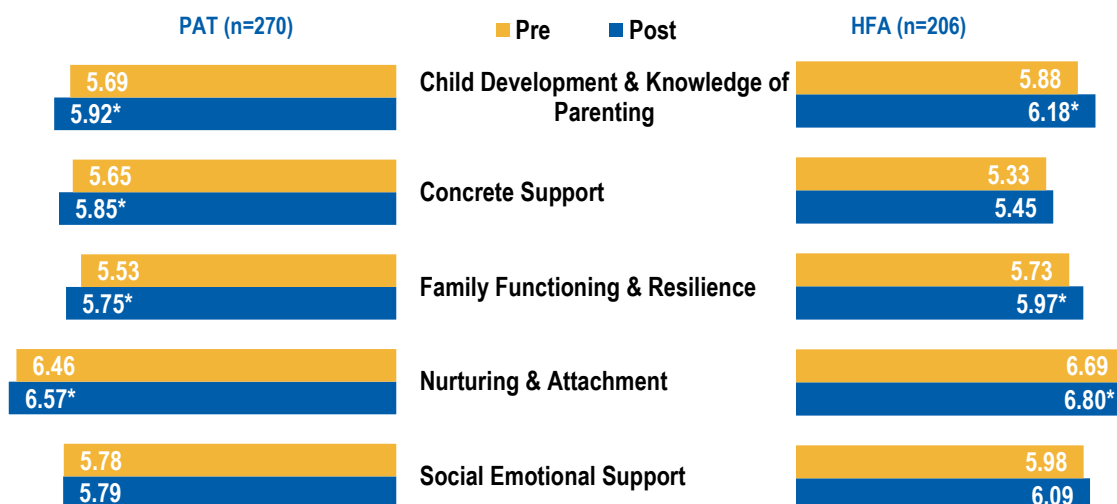


*Statistically significant difference (p<0.05).

Home Visiting Scores by Evidence-Based Model

Home Visiting results were analyzed for the two different programs: PAT and HFA. PAT had 270 sets of matched surveys and HFA matched 206 (Figure 17). For both PAT and HFA participants, Child Development and Knowledge of Parenting was the domain with the largest improvement in scores (0.23 and 0.30 points, respectively).

Figure 17. Pre- and Post-Protective Factors Scores Among PAT and HFA Home Visiting Models



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

PAT and HFA both saw statistically significant improvement in scores in the Child Development and Knowledge of Parenting, Family Functioning and Resilience, and Nurturing and Attachment domains. Only PAT participants experienced significant improvement in scores in the Concrete Support domain. Neither program reported statistically significant improvement in the Social Support domain. These results indicate that more emphasis should be placed on identifying and cultivating a support system for those enrolled in Home Visiting programs.



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 and are generally used for up to 72 hours at a time. 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.

Similar to what was seen with Parent Development, the description of funding and participation in Crisis Care programs is provided for only FY 2020. From July 1, 2019 to June 30, 2020, 147 families received Crisis Care services for 191 children. **Over 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	39	65	3,343
Polk	\$76,712	108	126	7,944
Total	\$97,512	147	191	11,287

Crisis Care Protective Factors Scores Results

Caregivers utilizing Crisis Care programs completed 258 retrospective protective factors surveys between July 1, 2018 and June 31, 2020. It is often difficult for organizations to collect surveys from participants at the start of care as caregivers are often in crisis. Due to the short duration of services and 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.

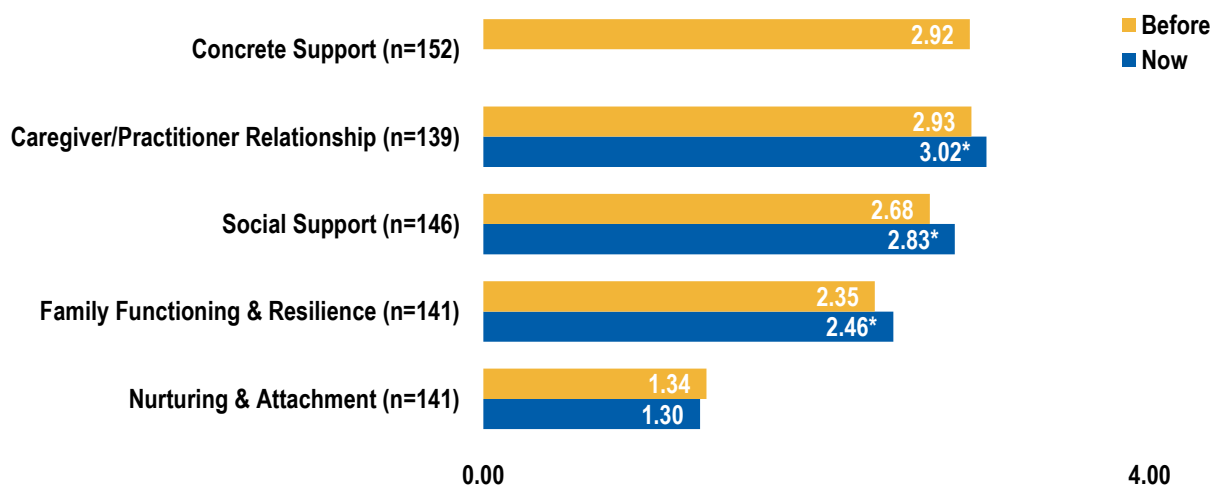
Although the number of surveys is great enough to test for statistically significant changes in “before” and “now” scores, the protective factors scores results should be considered with caution as they are unlikely to be representative of all families participating in Crisis Care. Nonetheless, the results 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 258 participants and 146 “before” and “now” scores were

matched. Some collected surveys only included demographic data and no “before” or “now” scores could be matched for those surveys.

Figure 18 displays the protective factors survey results among Crisis Care participants. Questions in the Concrete Support domain are only asked for the past year, so results from “before” and “now” cannot be compared for this domain. The Retrospective Survey uses a five points scale, from zero to four, compared to the one to seven scale used in the Protective Factors Survey. In addition, the Child Development and Knowledge of Parenting domain is replaced by the Caregiver and Practitioner Relationship domain in this survey.

Figure 18. Average Protective Factors Scores by Domain Among Retrospective Surveys



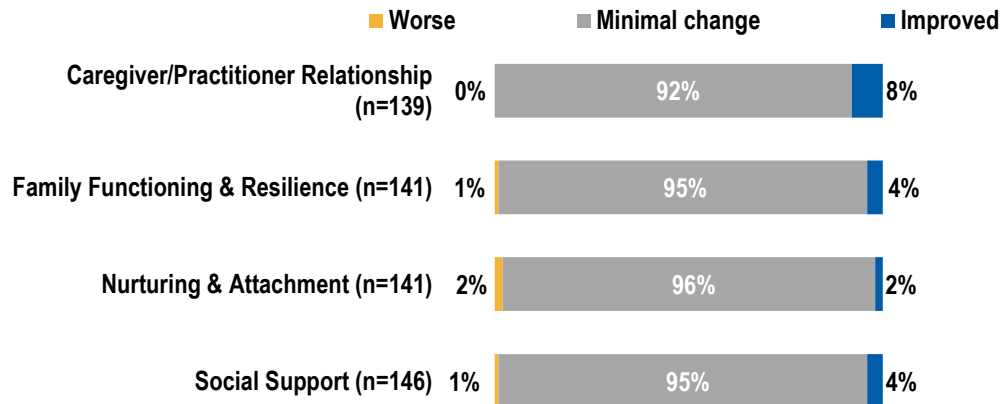
***Statistically significant difference (p<0.05)**

Statistically significant score improvements were seen in the Caregiver and Practitioner Relationship, Social Support, Family Functioning and Resilience domains. The domain with the highest reported scores was Caregiver and Practitioner Relationship. The largest improvement from “before” to “now” was seen in the Social Support domain, which had an increase from 2.68 to 2.83. An overall decrease from pre- to post-survey was seen in the Nurturing and Attachment domain. However, this decrease was not statistically significant.

The largest improvement from “before” to “now” was seen in the Social Support domain.

For each of the domains in which “before” and “now” responses were matched, mostly minimal change (less than one point of fluctuation) was reported (Figure 19). The domain with the greatest improvement in scores was the Caregiver and Practitioner Relationship, with eight percent of participants reporting improved scores. The domain with the greatest percentage of worsening scores was Nurturing and Attachment, with two percent reporting worsened scores.

Figure 19. Changes in Protective Factors Scores Among Matched Retrospective Surveys



The already low and worsening scores in the Nurturing and Attachment domain highlight a need for Crisis Care families. There is a lack of attachment among caregivers and children that is not being addressed or improved through utilization of the Crisis Care services.

Sexual Abuse Prevention

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

The majority of ICAPP-funded SAP child-focused programming serves children from preschool through sixth grade. Programs include teaching children proper names of body parts, touching behaviors that are not safe, healthy boundaries, and how and when to tell a trusted adult if someone breaks a touching rule. Some counties purchase specific sexual abuse prevention curricula, while others design their own.

An example of two curricula used by ICAPP programs include *Second Step* (a multi-session program that 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 content on communication, nurturing/empathy, body parts, developing healthy attitudes toward sexuality, and boundaries). Often there is supplemental training or information for adults that accompanies child instruction. Additional programming includes *Think First Stay Safe* and *Netsmartz*.

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*, which 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 a frequently used program.

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 covering 21 counties in FY 2020. The following tables present the data reported for the latest fiscal year (July 1, 2019 to June 30, 2020). Table 13 summarizes adult-focused program service data and Table 14 provides information on councils' child-focused programming. A total of 142 adult-focused presentations reached 805 adults, while 976 child-focused presentations were provided, serving 7,543 children.

Table 13. ICAPP-funded Sexual Abuse Prevention Services for Adults, Fiscal Year 2020

Counties Served	Funding	Number of Presentations	Adults Attending
Appanoose, Davis	\$8,700	4	64
Bremer, Butler, Franklin, Grundy	\$66,584	13	118
Clarke	\$12,254	7	44
Dallas	\$9,680	4	32
Floyd-Mitchell, Chickasaw	\$34,114	6	79
Hardin	\$15,751	3	35
Johnson	\$4,800	10	103
Jones	\$9,700	2	12
Madison	\$13,000	13	73
Muscatine	\$10,002	3	29
Osceola, O'Brien	\$12,358	0	23
Scott	\$9,331	70	119
Wapello, Mahaska	\$18,000	7	74
Total	\$224,274	142	805

Table 14. ICAPP-funded Sexual Abuse Prevention Services for Children, Fiscal Year 2020

Counties Served	Funding	Number of Presentations	Children Attending
Appanoose, Davis	\$8,700	47	198
Bremer, Butler, Franklin, Grundy	\$66,584	217	2,100
Clarke	\$12,254	50	199
Dallas	\$9,680	204	709
Floyd-Mitchell, Chickasaw	\$34,114	124	1,343
Hardin	\$15,751	70	580
Johnson	\$4,800	0	0
Jones	\$9,700	2	29
Madison	\$13,000	30	115
Muscatine	\$10,002	0	0
Osceola, O'Brien	\$12,358	36	435
Scott	\$9,331	48	38
Wapello, Mahaska	\$18,000	148	1,797
Total	\$224,274	976	7,543

Evaluation results were collected from 104 adults who participated in three projects that offer the *Stewards of Children* curriculum. Participants represented different domains, which include faith (6%), education (17%), preschool (32%), child welfare (10%), child-serving organizations (19%), and other/didn't answer (17%). 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 Disagree (1) to Strongly Agree (5).

Table 15 summarizes average responses related to learning new skills, changing attitudes about sexual abuse, and addressing critical issues for individuals and organizations. The highest rated question related to the trainer being well-organized and prepared, which 100% of respondents indicated "agree" or "strongly agree."

Table 15. Stewards of Children Training Impact, Fiscal Year 2020

Question	Average Score	Participants responding "Agree" or "Strongly Agree"
Training changed my attitude about child sexual abuse	3.94	65%
Addresses critical issues for organizations and individuals	4.54	95%
Curriculum is interesting and kept my attention	4.42	94%

Question	Average Score	Participants responding “Agree” or “Strongly Agree”
Interactive workbook questions helped me understand concepts	4.07	79%
I was impacted by survivor stories in the video	4.73	97%
Learned new skills to protect children	4.59	95%
Video was appropriate for different roles in wide range of organizations	4.75	99%
Length was suitable and effective	4.46	95%
Trainer was well-organized and prepared	4.72	100%
Trainer stimulated and supported discussion	4.55	94%

1=Strongly disagree; 2=Disagree; 3=Neutral; 4=Agree; 5=Strongly agree

Table 16 summarizes responses from *Stewards of Children*, which was offered to Spanish-speaking participants (N=13). These responses indicate the participant’s level of knowledge ranging from no understanding (1) to good understanding (4) for each topic area. The question with the largest positive pre- to post-survey change related to learning about mandatory reporting requirements.

Table 16. Stewards of Children Training Impact, Fiscal Year 2020*

Topic*	Average Before	Average After	Change Pre/Post
The definition of child sexual abuse	3.46	3.85	+0.39
Adult responsibility to prevent, [recognize], and react to sexual abuse	3.15	3.85	+0.70
The probability that sexually abused children know and trust abusers	3.23	3.31	+0.08
The probability that child sexual abuse occurs in situations with 1 adult and 1 child	3.62	3.77	+0.15
Short-term and long-term child sexual abuse	3.23	3.69	+0.46
The behavioral indicators of child sexual abuse	2.92	3.85	+0.93
The physical symptoms of child sexual abuse	2.46	3.23	+0.77
The Code commandment ordering some professionals to report children who suspect they may be abused or neglected.	2.23	3.38	+1.15
The agencies and organizations that support victims and their families	2.54	3.54	+1.00
Prevention of child sexual abuse occurs because of our individual decisions	2.62	3.15	+0.53

1= No understanding; 2=Little understanding; 3=Some understanding; 4=Good understanding

*Translated from Spanish

Individuals attending adult-focused child sexual abuse prevention training using the *Nurturing Healthy Sexual Development* curricula were asked to assess their knowledge and preparedness in a number of areas both before and after the training using a four-point Likert scale. Table 17 reflects the attendee responses to questions of knowledge

both before and after the training. Table 18 reflects attendee responses related to questions about communicating about healthy sexual development. In addition to the before and after training questions, participants were asked if they were satisfied with the training. Sixty of the 131 participants identified “yes” they were satisfied, while the remaining 71 left the question blank.

Table 17. Knowledge Related to Nurturing Healthy Sexual Development

Question	Average “Before Training”	Average “After Training”	Average Change
My knowledge of developmentally expected and concerning sexual behaviors in children.	2.09	3.27	+1.18
My knowledge of what I can do to nurture healthy sexual development in children.	3.00	3.28	+0.28
My knowledge of how to communicate with children about healthy sexuality.	2.00	3.26	+1.26

1=Below Average; 2= Average; 3= Above Average; 4=Excellent

Table 18. Comfort and Preparedness Communicating about Sexuality

Question	Average “Before Training”	Average “After Training”	Average Change
I feel prepared to talk to children about healthy sexuality.	2.34	3.38	+1.04
I feel comfortable using anatomically correct names for body parts.	2.84	3.50	+0.66
I feel prepared to answer children’s questions about sexuality.	2.33	3.45	+1.12

1=Below Average; 2= Average; 3= Above Average; 4=Excellent

Youth attending the *Think First Stay Safe* program reported positive score changes as well. Tables 19 through 21 reflect the percentage of participants who answered questions correctly prior to and following programming.

Table 19. *Think First Stay Safe* Survey Results Bremer

Question	Pre-survey	Post-survey	% Improved
Are people who sexually abuse children usually strangers? (1st/2nd grade)	37%	54%	17%
Are people who sexually abuse children usually strangers? (3rd/4th grade)	41%	82%	41%
When kids are abused, is it usually done by someone they know? (5th/6th grade)	35%	74%	39%

Table 20. *Think First Stay Safe* Survey Results Butler

Question	Pretest	Post Test	% Improved
Are people who sexually abuse children usually strangers? (1st/2nd grade)	71%	73%	5%
Are people who sexually abuse children usually strangers? (3rd/4th grade)	21%	50%	29%
When kids are abused, is it usually done by someone they know? (5th/6th grade)	16%	56%	40%

Table 21. *Think First Stay Safe* Survey Results Chickasaw

Question	Pretest	Post Test	% Improved
Are people who sexually abuse children usually strangers? (1st/2nd grade)	42%	75%	33%
Are people who sexually abuse children usually strangers? (3rd/4th grade)	9%	65%	56%
When kids are abused, is it usually done by someone they know? (5th/6th grade)	25%	75%	40%

Teachers assessed children's skills before and after the children participated in *Care for Kids* programming; the results are summarized in Table 22. Following completion of services, adults were asked to assess children's skills and behavior before and after participation. Responses are collected and scored as follows: Almost Never (1), Will Do if Prompted (2), Sometimes (3), Usually (4) and Almost Always (5). Positive changes were reported for all skills.

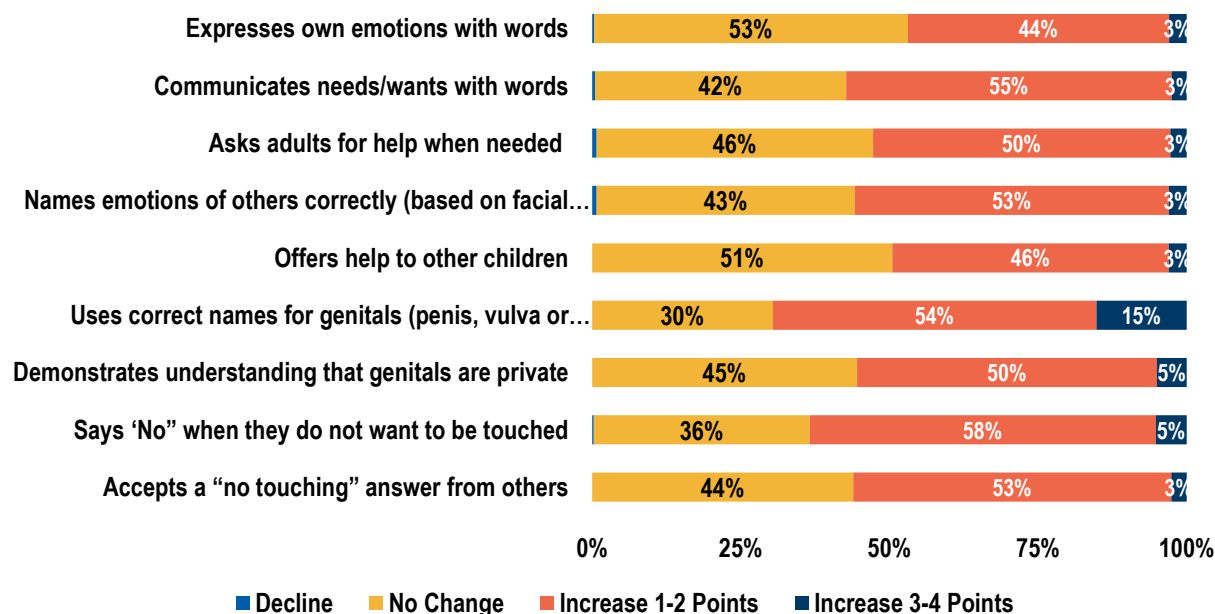
Table 22. *Care for Kids* training impact, Fiscal Year 2020

Skill	N	Average Before	Average After	Average Change
Expresses own emotions with words	398	3.10	3.90	+0.81
Communicates needs/wants with words	398	3.23	4.01	+0.78
Asks adults for help when needed	398	3.37	4.09	+0.72
Names emotions of others correctly (based on facial expression/body language)	397	3.15	3.99	+0.84
Offers help to other children	398	3.33	4.02	+0.69
Uses correct names for genitals (penis, vulva or vagina)	283	2.00	3.22	+1.22
Demonstrates understanding that genitals are private	341	3.18	4.00	+0.82
Says 'No' when they do not want to be touched	347	3.00	3.98	+0.98
Accepts a "no touching" answer from others	346	3.16	3.98	+0.83

1=Almost Never; 2=If Prompted; 3=Sometimes; 4=Usually; 5=Almost Always

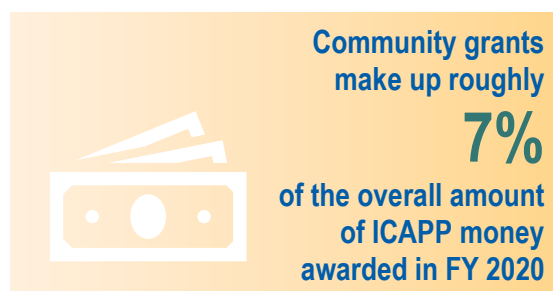
In Figure 20, the amount of improvement in the children's skills is shown. This scale uses a range that identifies a decline in skills to a 3- to 4-point increase. Very few children showed a decline in skills. The skill with the greatest improvement was using the correct name for genitals.

Figure 20. Care for Kids Average Skill Improvement



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 to impact 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 2020.



Four councils received CD grants in FY 2020. A brief description of their goals and activities follows:

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



Progress: Through the fiscal year, 15 Parent Cafes were attended by 33 participants. A total of 20 community presentations were delivered. The project made 30 referrals and completed 24 one-on-one visits with families.

Evaluation: Survey data collected from 33 Parent Café participants is shown in Table 23 below. Overall participant feedback was favorable for the services as related to satisfaction, building connection, increasing self-care and learning new skills. Satisfaction related to practitioners (not featured in table) reflected 100% of participants agreed or strongly agreed that the host was prepared, welcoming, and available for 1:1 discussion.

Table 23. Benton/Iowa County Parent Café Results

Question	Agree or Strongly Agree	Disagree or Strongly Disagree	N/A
General Feedback:			
I found the Parent Cafes to be valuable/helpful	97%	3%	0
The days and times of the Parent Cafes worked with my schedule.	97%	3%	0
The childcare offered along with the Parent Café met my family's needs.	85%	3%	12%
I would recommend Parent Cafes to my friends and family members.	94%	3%	3%
I felt comfortable and safe to speak what was on my mind during Parent Café sessions.	97%	3%	0%
As a result of participating in this Parent Café:			
I plan to try a different way, or I learned a new way to handle stress or challenges in my life	97%	0%	3%
I learned something that will help me as a parent.	97%	0%	3%

Question	Agree or Strongly Agree	Disagree or Strongly Disagree	N/A
I plan to change something about my parenting.	94%	6%	0%
I met a person (or people) I plan to stay in touch with.	94%	0%	6%
I plan to make sure I understand my children's feelings.	94%	3%	3%
I plan to take better care of myself.	100%	0%	0%
I will be more willing to ask for help when I or my family needs it.	97%	0%	3%

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



Progress: The program hosted six Parent Café sessions (three in English, three in Spanish), which were attended by a total of 42 caregivers. The program also hosted two Connections Matter workshops with 11 attendees.

Evaluation: Parent Cafés collected protective factors surveys from 30 participants. The change from pre- to post-survey scores can be seen in the figure below. It should be noted that post-surveys were only collected from a small group of individuals. Table 24 that follows Figure 21 summarizes participant responses related to the knowledge of ACEs at pre-survey as well as increases in knowledge and understanding of ACEs and importance of connections at post-survey.

Figure 20. Clarke County Protective Factors Survey Scores

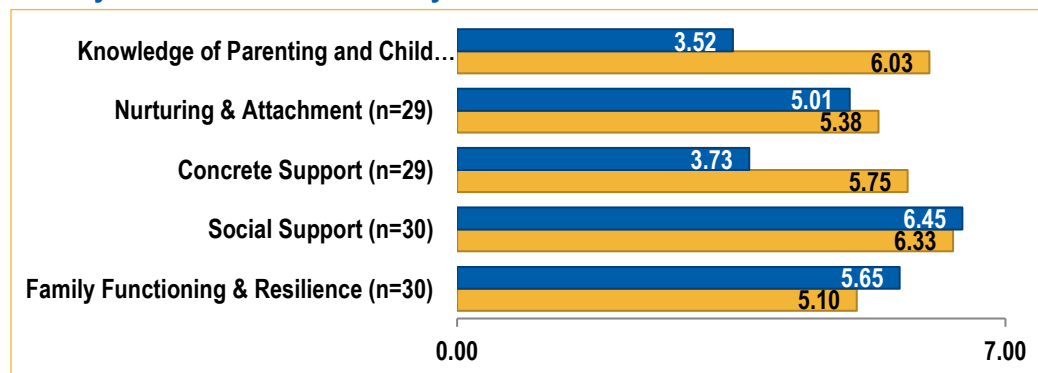


Table 24. Clarke County Parent Café ACEs Knowledge

Question	Score
Baseline-What is your understanding of ACEs?	2.61
Do you feel your understanding of ACES increased from the material shared from Connections Matter?	4.03
Do you feel your knowledge and the importance of community connections increased from the material shared from Connections Matter?	4.52

0=no change/knowledge to 5=increased greatly/full understanding

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



Progress: The project completed training for ACE Interface, with 13 local leaders completing facilitator training. A total of 21 ACE trainings were held reaching 280 participants, and 72 participants were reached through four Connections Matter presentations. A total of 1,400 Connections Matter publications were distributed. The project also distributed Early Childhood education toolkits to 25 providers across the county.

Evaluation: Community readiness surveys were collected, with a composite score of 4.38 (pre-planning 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. Scores in this range reflect a community climate in which some members believe that this is a concern in the community and that some type of effort is needed to address it. The project aimed to improve community readiness by one point. When reassessed, the composite score was 4.56. The highest component was leadership, which scored 6.3. This demonstrates strength with leadership playing a role in developing, improving, and/or implementing efforts.

Wapello Program activities included providing a variety of community presentations such as Connections Matter, *Stewards of Children*, NetSmartz, Parent Cafés and Community Cafés. The program 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 providing 12 community presentations utilizing Connections Matter, *Stewards of Children*, Parent Cafés, and Community Cafés reaching 279 participants. Due to COVID, scheduled NetSmartz presentations were not able to be completed. The messaging campaign was integrated into nine types of materials with 11,700 items circulated.

Evaluation: All *Stewards of Children* presentation attendees reported that the curriculum changed their attitudes about child sexual abuse and that they learned new skills to keep the children in their lives safe (Table 25). An increase in both Facebook followers and page hits was seen from FY 2019 to 2020 (Table 26).

Table 25. Wapello County Program Outcomes

Activity	Outcome Indicators
<i>Stewards of Children</i> presentations	100% Attendees (N=34) reported that the curriculum: Changed my attitude about child sexual abuse; and They learned new skills to better protect the children in their lives.

Activity	Outcome Indicators
Parent Cafés	100% of participants (N=218) identified protective factors and resilience builders following participation

Table 26. Wapello County Outcomes

Activity	Outcome Indicators
Facebook Hits	39% increase (From 90 to 125)
Facebook Followers	10% increase (From 135 to 148)
Prevention Leadership	25% increase from 60 (2019) to 80 (2020)

Summary and Conclusions

The ICAPP evaluation report highlights the findings from the Protective Factors Survey and Retrospective factors survey as well as Community Development Grant activities, Sexual Abuse Prevention programs, and grantee quarterly report data. Through this data, ICAPP participants can be better identified and understood. Improvements or changes in protective skills that may have resulted from ICAPP-funded programming are also made transparent through analysis of this data. Overall, 2,003 different families were served by ICAPP between July 1, 2019 and June 30, 2020 across 56 Iowa Counties. Only FY 2020 reach is reported in this report to avoid duplication, but protective factors scores are reported for FY 2019 and 2020.

Families Served

The majority of PFS respondents identified as white (62%) and female (88%). Women represented a much higher proportion of the grantee participant population compared to the overall population of Iowa (50%). Participant caregivers reported less formal education than the state population, with many having no more than a high school education or GED. More than two-thirds also had annual household incomes of no more than \$30,000.

Retrospective Survey participants who engage in Crisis Care services were generally over the age of 30 (85.9%). About half of participants rent their homes and nearly one quarter (23.7%) have an annual household income of \$10,000 or less. Crisis Care services appear to be accessed by families with varying incomes as nearly one-fifth (19.6%) of participants reported a household income of greater than \$50,000.

Protective Factors Survey

The Protective Factors Survey was completed by 2,006 different participants and 1,055 post-surveys were matched to a pre-survey. All domains saw a statistically significant increase in scores (*i.e.*, Child Development and Parenting, Concrete Support, Family Functioning and Resilience, Nurturing and Attachment, and Social Emotional Support). The largest improvement in overall scores was seen in Family Functioning and Resilience with an improvement of 0.24 points.

In terms of participant score improvement, the domain with the largest proportion of most improved or greatly improved scores was Concrete Support. Concrete Support was also the domain with the greatest percentage of worsened or greatly worsened scores. Nurturing and Attachment had the most minimally improved scores (improved or worsened by less than one point). Participants who completed the program or their child aged out saw statistically significant improvement across all domains. This is the only discharge status that saw significantly improved scores in all domains. This finding indicates that program providers should encourage completion of Parent Development and Home Visiting programs to get the most out of the programs.

Demographic Characteristics

Across all domains, there were many demographic groups that saw statistically significant improvement. Out of all demographic groups, Asian participants saw the greatest improvement in both the Child Development and Knowledge of Parenting and Concrete Support domains. African American/Black participants saw the greatest improvement in Family Functioning and Resilience scores. Participants with a household income greater than \$50,000 improved their Nurturing and Attachment scores more than any other demographic group. Male participants reported the greatest improvement in the Social Emotional Support domain. Improvement was seen across various demographic groups indicating that Parent Development and Home Visiting programs have been successful in engaging and having an impact on families with diverse backgrounds. Although many different demographic groups have seen significant improvement in each domain, not all demographic groups saw improvement in all domains.

Program Type

Parent Development programs served 1,104 families over the course of FY20 and 579 survey matches were paired. All domains in the Parent Development program showed significant improvement. The Family Functioning and Resilience domain saw the largest improvement from pre- to post-survey.

The Home Visiting programs using the Healthy Families America (HFA) and Parents as Teachers (PAT) models served 752 families. Both programs had statistically significant changes in the Child Development and Knowledge of Parenting, Family Functioning, and Nurturing and Attachment domains. PAT saw a significant increase in Concrete Support scores as well. The Social Emotional Support domain did not see significant improvement for either program.

Retrospective Survey

Crisis Care Programs serve families going through high-stress situations and provide short-term childcare until the situation has been diffused. In FY 2020 147 families with 191 children were served through two programs. Crisis Care participants complete the Retrospective Survey at the end of the service. The survey touches on “before” the service and “now” in the same survey instead of using the pre- post-survey method the PFS does. Concrete Support is only measured at enrollment, so no “now” scores are collected for that domain. Statistically significant improvement was seen in the Caregiver/Practitioner Relationship, Social Support, and Family Functioning and Resilience domains. Nurturing and Attachment was the domain with the lowest scores and a decrease from “before” to “now” scores was seen, but this decrease was not statistically significant. This indicates a need for Crisis Care families that is not being fulfilled.

Sexual Abuse Prevention

Thirteen programs received funds for Sexual Abuse Prevention services in Fiscal Year 2020. 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 2020. These grants made up about seven percent of ICAPP-awarded funds during the time period. Common activities implemented with this funding source include: Parent Cafes, Connections Matter workshops and billboards, providing training toolkits, awareness efforts, and more.

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 Social Emotional Support protective factors in **Home Visiting program participants**.
- 3) Consider why **non-English speakers** in Parent Development and Home Visiting programs are **not showing improved protective factor scores** across most domains.
- 4) **Investigate** why Concrete Support, Social Emotional Support, and Family Functioning and Resilience are seeing **worsening Parent Development and Home Visiting scores**.
- 5) Capture a **larger Spanish-speaking adult audience** with the *Stewards of Children* sexual abuse prevention program.



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