

Strengthening Families

The Impact of Family Support Programs in NH

Who Receives Services, and What Are the Results?



Funded under contract with the
NH Department of Health and Human Services,
Division for Children, Youth and Families

2010



Prevent Child Abuse
New Hampshire

 **New Hampshire
Children's Trust Fund**
Keeping children safe and families strong

Table of Contents

Acknowledgements.....	3
Executive Director’s Message.....	4
Executive Summary.....	5
Background.....	6
Methodology	6
Survey Administration.....	6
Materials.....	7
Procedure	7
Data Collection.....	8
Analysis.....	8
Participating Agencies.....	9
Types of Programs	10
Participant Demographic Data	11
Gender.....	11
Ethnicity.....	11
Marital Status	12
Child Demographics	12
Family Income.....	13
Housing.....	13
Education.....	14
Changes in Protective Factors, General	15
Changes in Protective Factors in Vulnerable Populations.....	16
Income Level.....	16
Marital Status	16
Referral by Division for Children, Youth and Families (DCYF)	18
Trends in Child Welfare Involvement.....	18
Length of Program Involvement.....	19
Shift toward Shorter Program Involvement in 2009.....	19
Longer Program Involvement Linked to Lower Participant Self-Assessment at Entry.....	20
Gains in Protective Factors in Relation to Length of Program Involvement	21
Participant Satisfaction	22
Discussion.....	23
Appendices	24
Appendix A – Family Support Outcomes Survey	24
Appendix B – Risk and Protective Factors for Child Abuse and Neglect	29
Risk Factors Associated with Child Abuse and Neglect	29
Protective Factors Associated with the Prevention of Child Abuse and Neglect	30
Appendix C - Principles of Family Support.....	32

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Twenty-eight family resource centers and family support programs administered surveys to their participants; without their willingness and commitment to collecting data and evaluating the impact of their programs, this report would not have been possible. The full list of participating agencies appears on page 8 of the report.

The New Hampshire Children's Trust is a public charity responsible for creating, implementing and evaluating New Hampshire's child abuse and neglect prevention plan. Donations to support this work can be made online at www.NHCTF.org or by sending a check to NH Children's Trust, The Concord Center, 10 Ferry St., Suite 315, Concord, NH 03301. Contributions are fully tax deductible as allowed by law.

For more information, to donate or to volunteer, visit the New Hampshire Children's Trust at www.NHCTF.org or call (603) 224-1279.

Executive Director's Message

New Hampshire's Family Resource Centers

Family Resource Centers and Family Support Programs were first established as part of a nationwide movement in the 1980s to strengthen families and communities and prevent child abuse and neglect. The past few decades have brought significant changes in socio-economic, labor and employment markets along with changing family structures and social services environments. These have resulted in profound changes in the conditions under which families are trying to raise children.

A Family Resource Center is a non-profit, community-based setting with services and programs that are designed to meet the needs of all families in that community. Individuals may access services not only in times of need, but as a regular part of day-to-day life. Family Resource Centers offer a welcoming atmosphere for family-oriented programs, resources, activities and classes to strengthen families and promote positive parenting. Families work in collaboration with staff and volunteers to create positive social change and build supportive community networks.

Family Resource Centers are focused on primary and secondary prevention services, including:

- Parenting Support and Education programs for parents and caregivers
- Playgroups and Opportunities for social interaction for young children, parents and caregivers
- Early Childhood Development Education
- Information, Referral and Care Coordination Services
- Home Visiting
- Family Mentoring and Advocacy
- Life Skills Training/Employment Counseling
- Short-term Child Placement/Respite Care
- Assistance with financial management, tax preparation and eligibility for public benefits

A growing body of research indicates that providing support and resources for children and families has a positive impact on the quality of life in communities. Communities with a strong social network have families and children who are better prepared to meet the social, educational and economic challenges of the future. Family Support programs have been administering the Family Support Program Outcomes Survey for five years. As you will see in this 2010 report, we have substantial evidence that family support is working to strengthen families in NH. Services offered by Family Resource Centers are ongoing, evidence and outcome-based, effective, and measurable through participants' voluntary engagement in program evaluation.

You are a key part of the larger community working together to make sure all of our children are given the opportunity to live in safe, stable, nurturing homes and communities. As the leading Child Abuse and Neglect Prevention agency in the state, we invite you to offer a helping hand or lend a supportive ear to a stressed parent, to let families know about their local family support program, and to make a donation of time, treasure or talent to the New Hampshire Children's Trust Fund. If you are unfamiliar with the family support program that serves your area, you can find more information through our website and we'd be happy to arrange an introduction for you. Please join us in strengthening families and keeping every child in New Hampshire safe.

Keryn Bernard-Kriegl, MS
Executive Director

Executive Summary

The mission of the New Hampshire Children's Trust Fund is to prevent child abuse and neglect in the state. One of the most effective strategies to prevent such abuse and neglect is to strengthen families, including those at high risk, through services and supports that build protective factors. These factors serve to connect parents with services, reduce stress, reduce social isolation, increase confidence and competence in parenting, and foster healthy relationships between children and parents. As a statewide agency dedicated to prevention, the NHCTF plays a leading role evaluating the collective and individual impact of family resource centers and family support programs in strengthening families.

This report summarizes the results and analysis of 862 Family Support Outcomes surveys administered by 28 family support programs to program participants statewide between July 1, 2009 and June 30, 2010. In some cases data from previous years is also presented for comparative purposes. The survey instrument is a retrospective tool designed to collect demographic data and to assess the change in eight protective factors that help to strengthen families and reduce the likelihood of child abuse and neglect occurring.

Although family resource centers and family support programs are generally universally accessible to all families, the survey results clearly demonstrate that these centers and programs are successfully reaching a disproportionate share of vulnerable populations with higher risk factors. The percentages of families accessing services who are low or very low income, single, less well educated and less stable with respect to housing are significantly higher than these populations in the state as a whole. The data also suggests that middle income families began seeking the services of family resource centers in greater numbers in 2010, a likely response to the stress and financial difficulties that such families may be encountering in this recession.

The data also clearly indicates that a substantially higher percentage of families with risk factors demonstrate improvement. A higher percentage of families referred by DCYF for preventive services demonstrated improvement than the survey sample as a whole. Single parents also benefited more than married parents and low income parents showed greater improvement than parents in higher income brackets, although all populations demonstrated some growth in protective factors. Although child abuse and neglect can occur in any type of household, those families with fewer resources, greater stress levels and less social capital are statistically more likely to abuse or neglect their children.

Finally, a broad analysis of length of program involvement suggests that the minimum effective involvement in a program is no less than three months and up to one year. Although additional gains in protective factors may be realized with some families in services lasting more than one year, the bulk of improvement occurs within the 3 month to 12 month time frame.

Some limitations in the survey analysis are discussed, including the fact that a retrospective survey does not capture information about participants who may start a program but drop out before the survey is administered. Thus, we do not know enough about those people who may have a need for the program but decide not to continue for some reason.

Future work will include consideration of a different survey instrument called the Protective Factors Survey. This is a validated instrument which uses different questions to measure five broad protective factors supported by a substantial research base. Although its use as a pre/post instrument has been validated, current research is underway to determine its validity for use as a retrospective survey. NHCTF will use a deliberate process over the next several months to engage stakeholders in the review and decision-making process about transitioning to the new instrument, and whether the challenges of administering a pre/post instrument are outweighed by the benefits of collecting a broader set of data.

Background

Prior to 2002, family support programs across the state developed their own site-specific evaluation tools, typically customer satisfaction surveys, to gather information about their programs. Such an approach resulted in discrete data sets that could not then be translated into cohesive statewide outcomes for children and families. The New Hampshire Children’s Trust Fund (NHCTF) recognized the need to coordinate and streamline evaluation efforts, improve the quality of data collection, and increase the value of outcome data for continuous quality improvement of programs and as an indicator of statewide impact. Although family support programs are unique to the communities that they serve, they all share common principles of family support and child abuse prevention through family strengthening.

In 2002, NHCTF united key stakeholders, including the NH Division for Children, Youth and Families, the FRIENDS National Resource Center, and NH family support programs, to formalize a commitment to outcomes evaluation and an approach to measuring common outcomes for prevention programs. A strength-based evaluation tool was developed with leadership from NHCTF, evaluation expertise from the FRIENDS National Resource Center, and input from community-based family support program staff and consumers. The tool, a retrospective survey called the Family Support Program Outcome Survey, measured key protective factors for families identified by the federal Children’s Bureau as preventing child abuse and neglect. Field tested and revised in New Hampshire in 2004 and 2005, the instrument was finalized, implemented and supported for statewide data collection beginning in 2006 and annually every year since. This report is based on the collection, compilation and analysis of Family Support Outcomes surveys collected between July 1, 2009 and June 30, 2010 with some comparative data from previous years. A summary of the numbers of surveys collected from participating agencies since 2007 is presented below.

	2007	2008	2009	2010
# of Completed Surveys	904	861	817	862
# of Family Support Programs Administering Surveys	27	26	27	28

The work of NH Children’s Trust Fund in developing, supporting, analyzing and reporting the results of this outcome survey has been funded since 2004 by the NH Department of Health and Human Services, Division for Children, Youth and Families. We gratefully acknowledge their commitment to and support for the evaluation of our collective work in building strong and stable families.

Methodology

Survey Administration

Participating family support programs and family resource centers received initial Outcome Survey training and, to the extent possible, training was provided on-site for agencies. Trainings generally included a review of the prior year’s data, providing opportunities to address program-specific questions and concerns and to develop a survey protocol with staff to ensure uniform survey administration. Agencies funded by NHCTF to provide primary and secondary prevention programs for parents and/or caregivers are required to receive training and offer the Outcome Survey to program participants. Other agencies not receiving NHCTF funds have nevertheless participated in the administration and collection of survey data. NHCTF provides all participating agencies with individualized reports and includes their

collected data in the statewide analysis and reporting. Programs were not required to return a minimum number of surveys, but were asked to survey as many participants as possible in a “point in time” sampling and return completed surveys to NHCTF by July 1 for data entry and analysis. Outcome Survey participants include individuals from NH family support programs and family resource centers in every county across the state. Completion of the surveys was voluntary for participants, and participant names were kept confidential through the assignment of identification numbers.

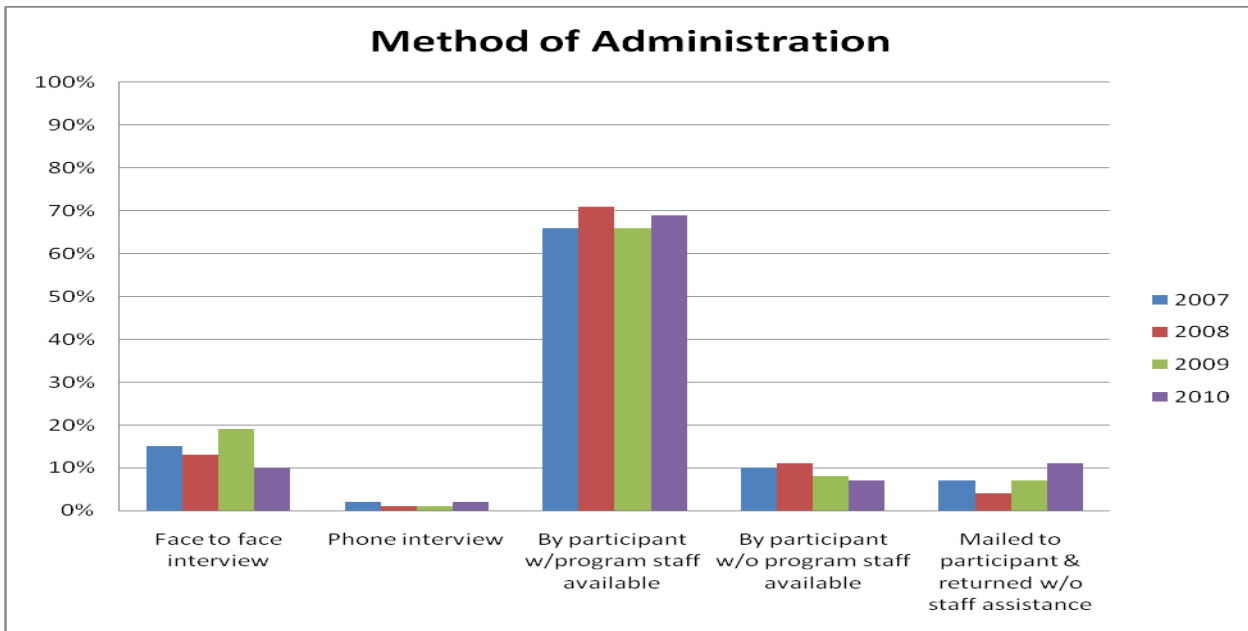
Materials

The Outcome Survey is a four-page survey with 32 participant questions gathering demographic data and answers to quantitative and qualitative self-assessment questions. Participants provide demographic information, report on change across key protective factors, satisfaction with programs provided, and suggestions for program improvement. The Outcome Survey reports on eight protective factors. Seven protective factors are measured with one question each. The eighth protective factor – nurturing and attachment – was added as an assessment area in 2009, and four questions are averaged for an overall score on this factor. Survey questions include multiple choice, open-ended, and rating formats; the latter is scaled along a seven-point Likert scale ranging from one (Strongly Disagree) to seven (Strongly Agree). This retrospective survey tool asks for two responses to protective factor statements; once for “before” participating in a program and another for “today” after participation. The Outcome Survey measures participant perception of change. This protects against the response shift bias that may occur with pre and post surveys, where participants inaccurately rate themselves prior to attending a class or program due to a lack of knowledge of, or exposure to, the topic area.

Procedure

Survey administrators complete a coversheet that provides information about how the survey was administered and what type of programs participants engaged in. The survey is retrospective and is administered once, asking parents to respond to statements based on how they felt before engaging in the program and today, after engagement. Survey administration was between July 1st and June 30th, each year. Most programs administered the survey to all program participants at a “point in time” during the year. In 2010, one hundred percent of surveys were suitable for data entry, although some individual responses were subsequently filtered out of the analysis due to incomplete data. The Outcome Survey is available in both English and Spanish. Programs were also encouraged to utilize translators for participants who did not speak either English or Spanish. The following table displays how the Outcome Surveys were administered. The most significant shift in 2010 was a decreased reliance on face to face interviews to complete surveys and increased reliance on mailed responses, although most surveys were still gathered through on-site completion with program staff available to provide assistance when necessary.

How Surveys Were Completed	2007	2008	2009	2010
By face to face interview	15%	13%	19%	10%
By phone interview	2%	1%	1%	2%
By participant w/program staff available to explain items	66%	71%	66%	69%
By participant w/o program staff present for assistance	10%	11%	8%	7%
Mailed to participant, completed, & returned w/o program staff assistance	7%	4%	7%	11%



Data Collection

Programs were assigned codes by NHCTF prior to administering the survey to program participants. These program codes were then provided to survey administrators so that “batches” of surveys could be returned to NHCTF, correctly entered into the system and attributed to the correct program. Survey administrators assigned participant identification numbers to each survey respondent in order to prevent duplicate surveys, provide participant anonymity, and to ensure complete information on cover sheets. Survey administrators completed a cover sheet to ensure consistency in data reporting for program type. All original Outcome Surveys were “batched” and mailed to NHCTF for data entry and analysis.

	2007	2008	2009	2010
# of Completed Surveys	904	861	817	862
# of Family Support Programs	27	26	27	28

Analysis

All survey data was entered into a central database by NHCTF staff. Data were then sorted and segregated by independent variables such as income level, marital status, referral by DCYF and length of program involvement. Since not all respondents answered every question, the N varied for each level of analysis. For each question, the original data set was filtered to remove respondents who 1) had not answered a particular question at all, 2) had not answered a question with both “Before” and “Today” scores, making a calculation of change impossible, and 3) had assessed themselves at the highest level (7 on the Likert scale) before services had even started. The third filter was to correct for the fact that these participants could not demonstrate any improvement because they started at the highest level of the scale. The analysis was designed to demonstrate the extent of improvement where improvement was possible. Because the analysis was done in discrete data sets, a respondent could have been filtered out of the analysis for one question or variable and yet included in the analysis on a different question or variable.

Participating Agencies

Participating Program	Region	Years of participation in survey administration			
		2007	2008	2009	2010
Child and Family Services	Concord	X	X*	X	X
The Children's Place and Parent Education Center	Concord	X		X	X
Community Child Care of Portsmouth	Portsmouth				X
Community Health and Hospice	Laconia	X	X	X	X
Concord Heights Neighborhood Family Center	Concord	X	X	X	X
Derry Family Outreach	Derry	X			
Diana Love Center for Children and Families (aka Good Beginnings of Sullivan County)	Claremont	X	X*	X	X
Early Childhood Adventures Program (Adult Learning Center)	Nashua	X	X	X	X
Families First Health and Support Center	Portsmouth	X	X*	X	X
Family Connection at Children Unlimited	Conway	X		X	
Family Connections Center (Department of Corrections)	Concord & Berlin prisons	X	X	X	X
Family Resource Center of Central NH (Lakes Region Community Services)	Laconia	X	X*	X	X
Family Resource Center Berlin/Gorham	Gorham/Berlin	X	X*	X	X
The River Center (formerly The Family Center of Greater Peterborough)	Peterborough	X	X	X	X
FamilyStrength	Concord	X	X		
Good Beginnings of the Upper Valley	Lebanon	X	X	X	X
Gorham Community Learning Center	Gorham	X	X		
The Grapevine Family and Community Resource Center	Antrim	X	X*	X	X
HUB Family Resource Center	Dover	X	X*	X	X
Manchester Family Education Collaborative	Manchester				X
Milford CAST	Milford				X

Monadnock Family Resource Center	Keene	X	X*	X	X
Monadnock Region Child Advocacy Center					X
New Generation	Greenland	X			
NH Minority Health Coalition	Manchester	X	X	X	X
Ozanam Place	Laconia	X			
Prevention Makes Cents					
Riverbend Parent Child Centers	Concord	X	X*	X	X
Rochester Child Care Center	Rochester				X
The Upper Room Family Resource Center	Derry	X	X*	X	X
VNA of NH and VT	Lebanon	X	X*	X	
VNA Parent Baby Adventure	Manchester	X	X	X	X
VNA-Hospice of Southern Carroll County	Wolfeboro	X		X	
Weeks Medical Center	Lancaster	X	X	X	
Whole Village Family Resource Center	Plymouth				X
The Youth Council	Nashua	X	X*	X	X

* Indicates that this agency also participated in the field-testing of an alternate retrospective survey instrument called the Protective Factors Survey in 2008.

Types of Programs

Family resource centers work with families, children, parents and caregivers through a variety of programs. The table below summarizes the types of programs that survey respondents participated in over each of the last four years. The sum of percentages exceeds 100% because many people participate in more than one type of program.

Type of Program*	2007 N=904	2008 N=861**	2009 N=817	2010 N=862
Parent Education	66%	72%	69%	53%
Parent Support Group	37%	41%	29%	19%
Parent/Child Interaction	37%	36%	38%	34%
Home Visiting	36%	34%	31%	26%
Family Resource Center	27%	37%	40%	31%
Resource and Referral	22%	31%	24%	21%
Advocacy (self, community)	15%	14%	8%	10%
Other	7%	5%	7%	11%
Skill Building/Ed. for children	11%	14%	18%	11%
Literacy Program	3%	8%	4%	2%
School-based Skills/Readiness	3%	2%	2%	4%
Parenting Teens	9%	7%	7%	6%
Fatherhood Program	4%	5%	10%	2%

Type of Program*	2007 N=904	2008 N=861**	2009 N=817	2010 N=862
Teen Parent Support Group	5%	4%	2%	2%
Adult Ed/GED Preparation	2%	2%	1%	1%
Homeless/Transitional Housing	2%	2%	1%	1%
Planned and/or Crisis Respite	1%	<1%	1%	2%
Grandparents Raising Grandchildren Services	2%	2%	1%	0%
Pre-Natal Class	1%	1%	0%	0%
Employment	2%	2%	1%	0%
Couples Group	4%	<1%	1%	0%

* Note: Participants may engage in more than one type of program or service at the same time.

** Note: Combines 532 Family Support Outcome Survey and 329 Protective Factor Surveys

Participant Demographic Data

Gender

The Outcome Survey results tell us that programs are serving women, birthparents, and families without involvement with DCYF at a higher rate than men, other caregivers, and DCYF-involved families. The following table compares gender distribution for the three years, showing an increase in male participants. This may be a result of the general increase in outreach to fathers, as well as programs which specifically target fathers and incarcerated parents. Nationally, more attention has been focused in recent years on the role of fathers and male caregivers in parenting, particularly with the accelerating trend of women serving as primary breadwinners in the current recession.

Gender	2007 N=831	2008 N=803	2009 N= 742	2010 N=803
Male	17%	18%	22%	22%
Female	83%	82%	78%	78%

Ethnicity

The 2009 American Community Survey identifies 93.2% of the NH population with an ethnicity of white non-Hispanic. In 2010, 82% of participants identified themselves this way, meaning that programs are reaching more diverse populations.

To gather information from a wider range of participants, the Outcome Survey was provided to programs in both English and Spanish. While this is helpful, some programs are also serving participants who require materials in Arabic, Kirundi, Russian, and Somali. All programs were encouraged to utilize translators in order to survey the widest range of participants possible, but the extent to which this was possible and practical is not clear.

Marital Status

The 2009 American Community Survey One-Year Estimate for New Hampshire identifies 55% of NH males and 52% of NH females as married. Fifty percent of 2010 Outcome Survey participants identified themselves as married. Further analysis of change in protective factors by marital status is provided later in this report.

Marital Status	2007 N=891	2008 N=838	2009 N=809	2010 N=851
Married	49%	50%	46%	50%
Partnered	11%	10%	11%	8%
Single	24%	24%	27%	25%
Divorced	13%	10%	11%	12%
Widowed	< 1%	<1%	1%	1%
Separated	3%	4%	4%	5%

Child Demographics

Demographics were gathered for children, including the gender of the children, the minimum and maximum number of children in the household, and the percentage of participants living with two or more children. Although the average number of children per household has hovered at two for the past four years, the maximum reported number of children in a household was an astonishing fifteen. This follows a three-year upward trend and may reflect an increase in shared housing arrangements. The age distribution of children in 2010 suggests that more families with children under the age of 3 and in the early teen years accessed services more often while the percent of families with preschool and elementary age children dropped.

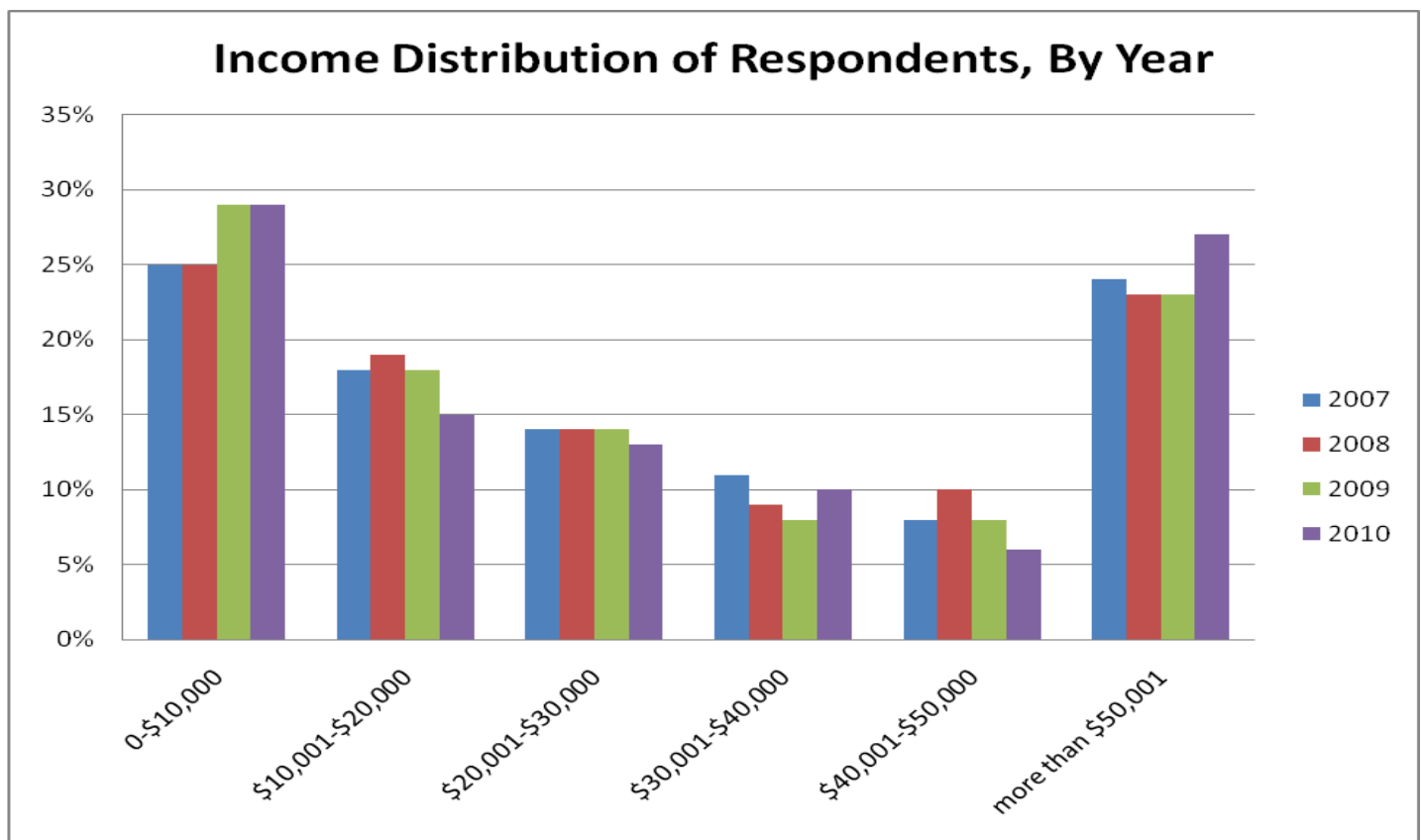
Children in Household	2007 N=1642	2008 N=850	2009 N=1457	2010 N=1584
Female Children	46%	46%	47%	48%
Male Children	54%	54%	53%	52%
Minimum # of Children	0	1	1	1
Maximum # of Children	7	6	9	15
Participants Living with 2 or more Children	60%	58%	59%	

Ages of Children	2007 N=1576	2008 N=850	2009 N=1369	2010 N=1584
Under 1 yr	14%	13%	14%	15%
1 – 2	19%	19%	21%	24%
3 – 5	23%	28%	25%	21%
6 – 10	24%	23%	26%	16%
11 – 15	14%	10%	10%	12%
16 – 20	4%	4%	3%	4%
21+	1%	1%	1%	0%

Family Income

Statewide in 2010, 779 out of 841 survey respondents provided family income information. Out of this data, 58% reported earning an estimated family income of \$30,000 or less per year with a median range of \$20,000-\$30,000. The 2009 American Community Survey reports that the median family income for NH, adjusted for inflation, is \$73,856. Thus, the majority of people served through family support programs earn less than half of the median family income in the state, and 29% report family income of less than \$10,000. Poverty is an indicator of risk for children's development. Some NH family support programs are offering financial literacy classes, assisting families with tax returns and determining eligibility for the Earned Income Tax Credit (EITC) and helping families to determine which employer, town/city and state benefits that they are eligible to receive.

The following graph shows income levels reported by family support participants over the last four years. In 2010 the percent of respondents who fall in the bottom three income tiers held steady or declined slightly while the percent of respondents in the highest income bracket (\$50,000 or more) increased. This seems to confirm the anecdotal evidence from agencies that more middle income families have been seeking the services of family resource centers due to the stresses of the current economic downturn.



Housing

Statistics from the U.S. Census Bureau report a homeownership rate of 73% for the state of NH, yet only 35% of survey respondents indicated that they own their home. More than half are renters, and the percentage of respondents who share housing with friends or relatives has been increasing over the past three years, as has the percentage in temporary housing or shelters. Parents and children in these families are often subject to the stresses of frequent moves, overcrowded conditions and instability.

Housing	2007 N=885	2008 N=834	2009 N=806	2010 N=843
Own	40%	35%	35%	35%
Rent	49%	55%	53%	51%
Shared Housing w/friends/relatives	7%	7%	9%	10%
Temporary (shelter)	2%	2%	3%	4%
Homeless	< 1%	<1%	1%	<1%

Education

Although child abuse and neglect occurs in every educational and income bracket, the risks decrease with greater levels of education and income. For the purposes of this survey, participants were instructed that a GED or high school equivalency were equal to 12 years of education. Outcome Survey participants provided information on the highest grade in school completed, reporting a range from zero (no schooling) to PhD and above. However, the distribution of educational levels of respondents indicated that only 50% had any schooling above high school, and that 17% had less than a high school education.

This compares to the 2009 American Community Survey estimate that 9% of the NH population aged 25 and over have less than a high school education, 30% have a high school diploma or equivalency, and 61% have more than 12 years of education. Thus, family support programs serve a disproportionate share of people with less than 12 years of education. However, a slight shift in percentages indicates that more respondents than previous years had higher levels of education, perhaps another indication that middle class families are encountering difficulties and needing to access services.

Distribution of Education Levels	2007 N=840	2008 N=815	2009 N=770	2010 N=796
Less than 12 Yrs	14%	15%	20%	17%
12 Yrs	34%	32%	31%	33%
More than 12 Yrs	52%	51%	48%	50%

Changes in Protective Factors, General

The following protective factors were assessed for change, i.e. whether participant self-ratings declined, stayed the same or improved between “Before” and “Today”.

Supportive Relationships – “I have relationships with people who provide me with support when I need it.”

Accessing Community Resources – “I know who to contact in the community when I need help.”

Parenting Confidence - “I have confidence in my ability to parent and take care of my children.”

Social Supports – “When I am worried about my child I have someone to talk to.”

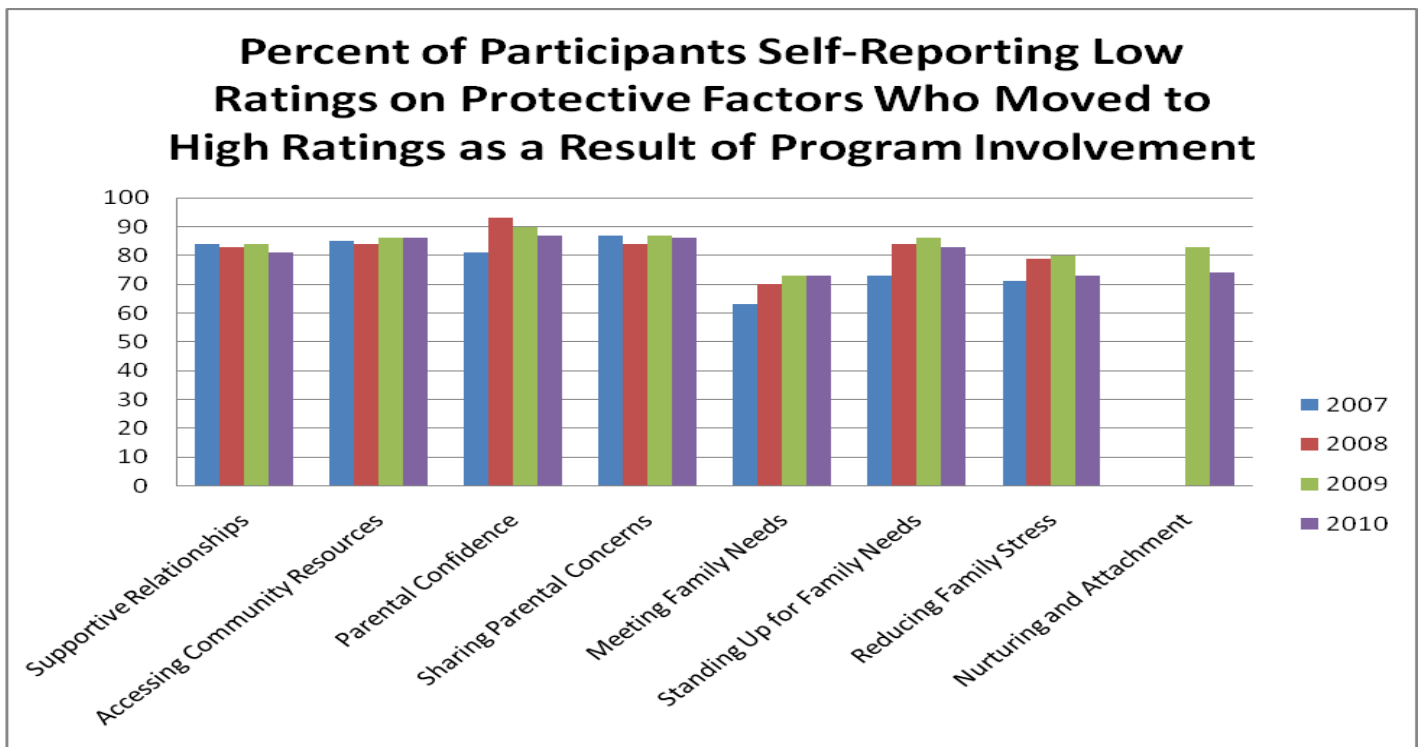
Meeting Family Needs – “I know how to meet my family’s needs with the money and resources I have.”

Family Advocacy – “I can stand up for what my family and children need.”

Reducing Family Stress – “I make choices about family schedules and activities that reduce family stress.”

Nurturing and Attachment – “I am happy being with my child. My child and I are very close to each other. I am able to soothe my child when he/she is upset. I spend time with my child doing what he/she likes to do.”

The chart below shows the percentage of respondents who rated themselves as “Low” before services (scores of 1, 2 or 3) and then “High” (scores of 4, 5 or 6) after services. Four years of data are presented, showing consistently high percentages of respondents moving from low to high ratings. The percentage of families moving low to high in *Meeting Family Needs* showed growth over the first three years before leveling out in 2010. Overall in 2010 the percentages of respondents moving from low to high stayed the same or showed slight declines in every protective factor assessed, particularly in *Reducing Family Stress* and *Nurturing and Attachment*. Reducing family stress would be more difficult in a difficult economy when financial pressures are higher on families, so this decline is not unexpected. The decline in the *Nurturing and Attachment* protective factor is less easily interpreted.

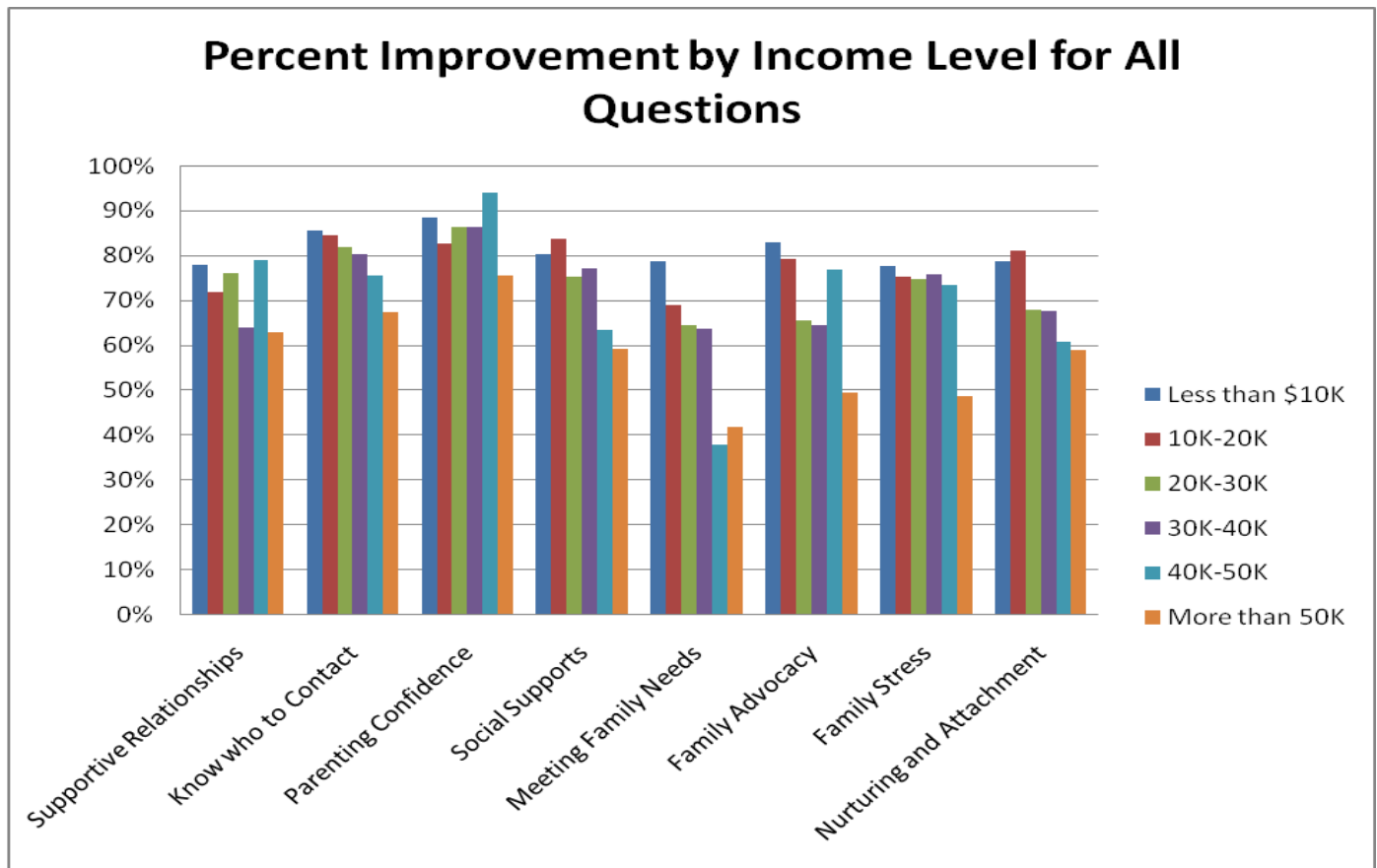


Changes in Protective Factors in Vulnerable Populations

Income Level

The chart below indicates that respondents in the two lowest income brackets in 2010 realized the greatest percent improvement for most protective factors, particularly for *Know Who to Contact*, *Social Supports*, *Meeting Family Needs*, *Family Advocacy* and *Nurturing and Attachment*. Between 75% and 95% of respondents with incomes of less than \$10K reported improvements in every protective factor. By contrast, between 42% and 75% of respondents with incomes of \$50K or more showed improvement - the lowest percentages of any income bracket on all questions, with the exception of *Meeting Family Needs*. Although the general pattern across all questions is a decline in improvement with increasing income levels, the \$40-50K income level appears to break this pattern by showing an unexpectedly high percent of improvement, specifically in *Supportive Relationships*, *Parenting Confidence* and *Family Advocacy*. As might be expected, the greatest disparity in percent improvement between high and low income levels occurred in *Meeting Family Needs*, presumably because the necessity of meeting family needs is much greater for very low income parents.

All Parents Benefit, But Low Income Parents Generally Benefit More

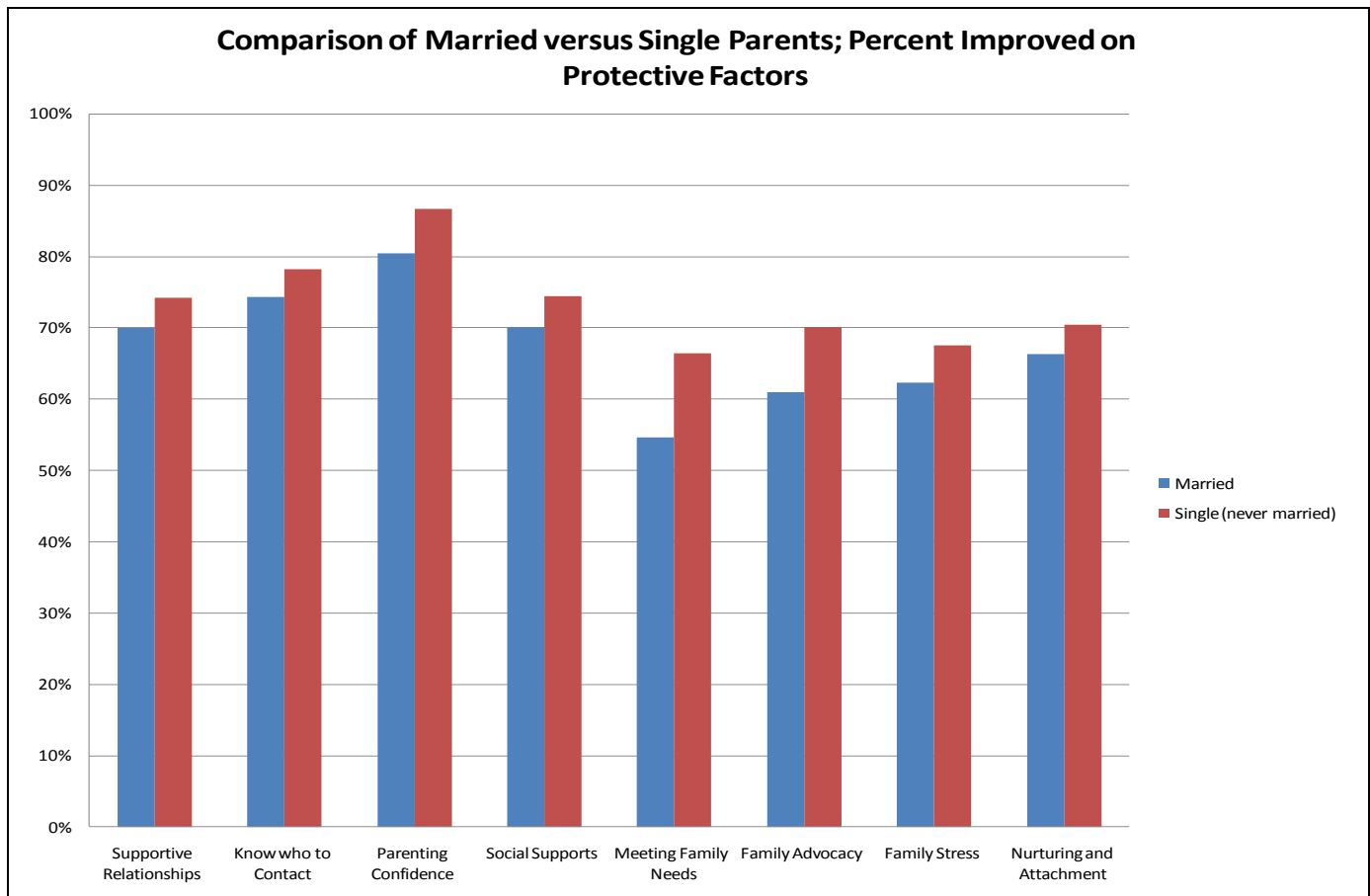


Marital Status

The survey asked respondents to indicate their marital status as married, partnered, single, divorced, widowed or separated. In 2010, 50% of respondents were married while 25% were single (never married). The remaining 25% were

spread through the other categories and did not represent significant sample sizes for analysis. According to the American Community Survey (2009), 67% of New Hampshire households with children under the age of 18 are headed by a married couple, so family resource centers appear to serve a larger proportion of non-traditional households. Single parenting can be a risk factor for child abuse and neglect due to increased stress and responsibility on the lone parent. In addition, the results of the Fragile Families and Child Wellbeing Study (*The Future of Children*; vol. 20:2, Fall 2010) indicate that children born to unwed parents have significantly poorer academic and social outcomes, that one-third of unwed fathers see their children less than once a month within five years of the child’s birth, that conditions of poverty, instability and unemployment were more prevalent and persistent for unwed parents, and that incarceration of the father occurred at much higher rates among unwed families. These poor outcomes occurred despite that fact that a large majority of these unwed parents have close and loving relationships at the time of their child’s birth. The improvements in protective factors between married and single (never married) respondents were examined. As indicated in the chart below, a greater percentage of single parents benefited from services more than married respondents in building every protective factor, particularly in Meeting Family Needs and in Family Advocacy.

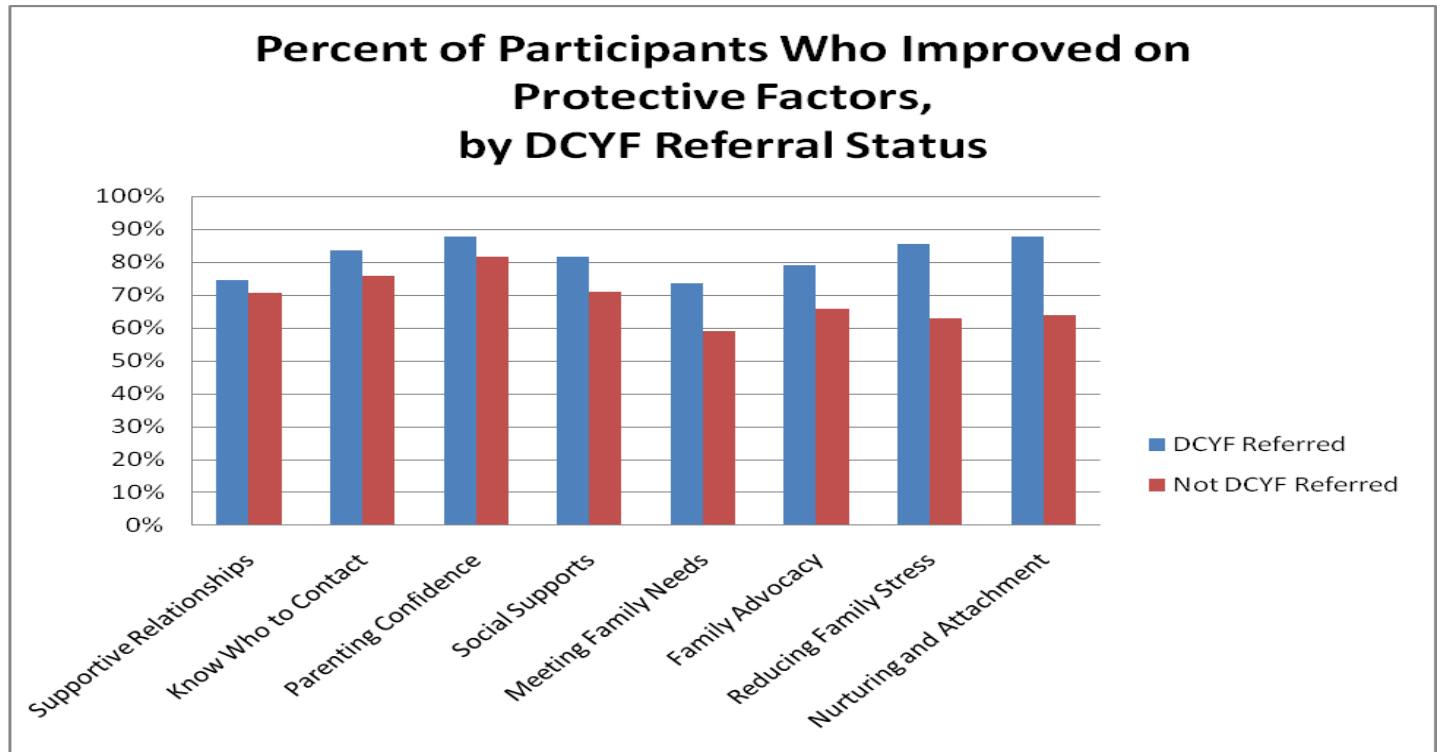
All Parents Benefit from Programs, But Single Parents Benefit More



Referral by Division for Children, Youth and Families (DCYF)

Families may come to the attention of DCYF because of a report of suspected abuse or neglect or because families seek services themselves before a crisis spirals out of control. In cases where child abuse and neglect have not occurred but concern exists about the stability, security or safety of a family and their children, DCYF may refer these families to a local family resource center or family support program for assistance. As indicated by the chart below, a higher percentage of DCYF-referred families self-assessed a greater improvement in protective factors than non-referred families did. This was true for all protective factors, but particularly in Reducing Family Stress and Nurturing and Attachment.

All Parents Benefit from Programs, but Parents Referred by DCYF Benefit More



Trends in Child Welfare Involvement

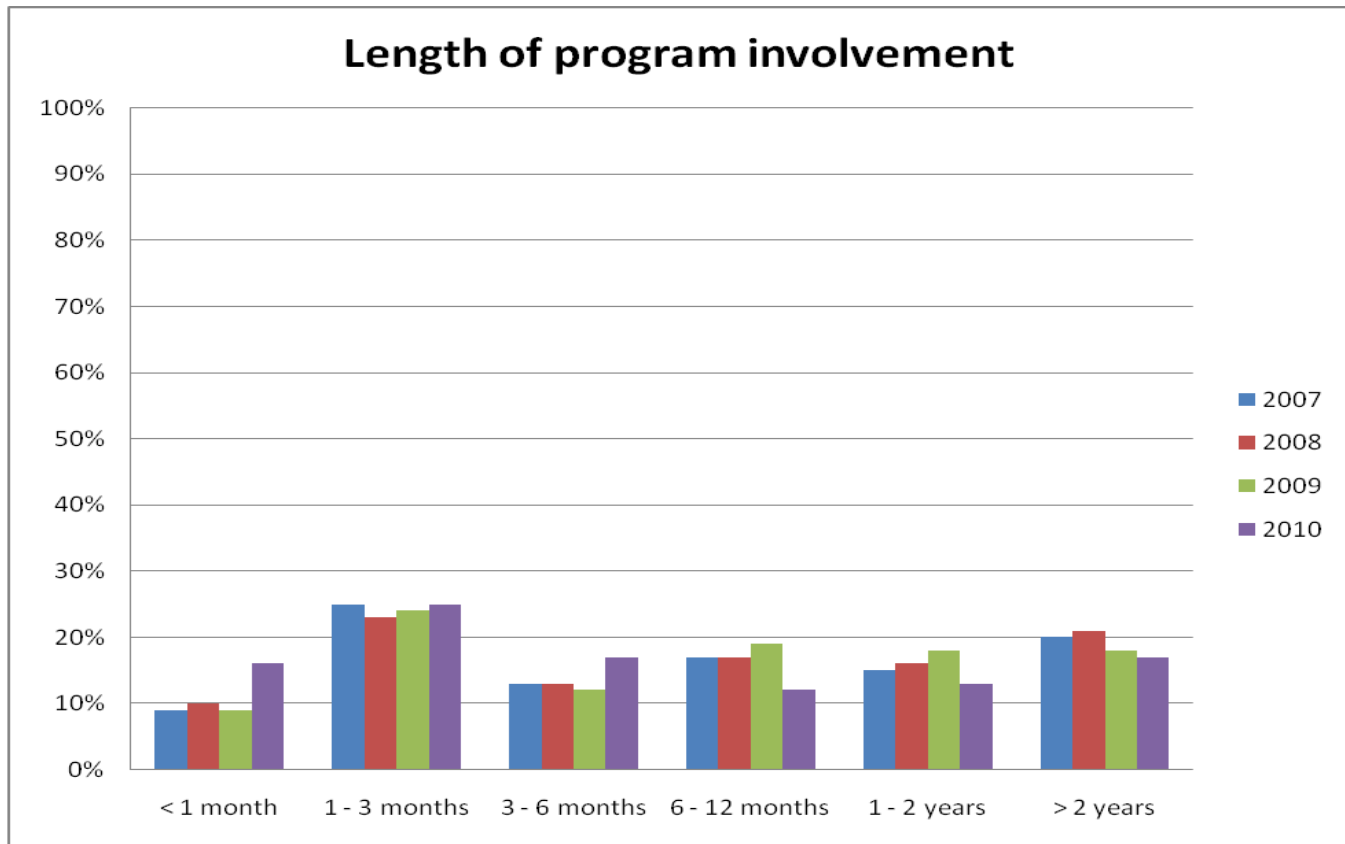
Programs reach out to all families, including those who may have had involvement with the child welfare agency. Survey administrators were asked to provide information about whether or not participants had been referred by or involved with the New Hampshire Division for Children, Youth, and Families (DCYF). The following table depicts participant involvement with DCYF for each year of survey administration. It should be noted that not all survey administrators regularly collect this information from program participants, meaning that it is possible that some of the participants designated as “Not Sure” may in fact have had involvement or a referral from DCYF. The percentage of confirmed referrals has increased steadily over the last three years.

DCYF Referral	2007	2008	2009	2010
Yes	18%	16%	21%	25%
No	59%	73%	63%	61%
Not Sure	23%	11%	15%	13%

Length of Program Involvement

Shift toward Shorter Program Involvement in 2009

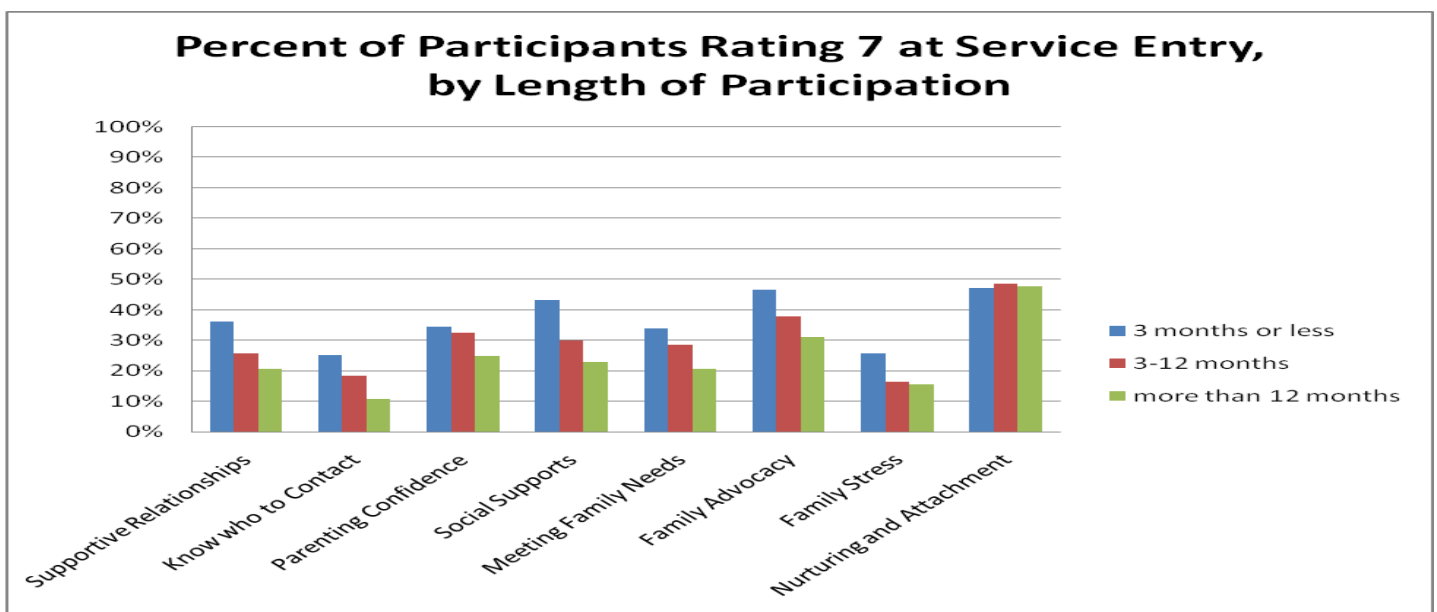
Most community-based agencies offer universal access to families, although individual programs are often targeted to specific populations with risk factors (secondary prevention). Survey participants came from a wide range of community-based programs, with some participants receiving more than one type of service from their local agency. The following chart and table display multiple years of data for program type and the length of involvement. In 2010, the percentage of participants reporting a shorter length of program involvement (6 months or less) increased while the percentage reporting program involvement for more than 6 months declined. This is an important shift that has implications for program delivery and impact. Further analysis of length of program involvement is provided below.



Longer Program Involvement Linked to Lower Participant Self-Assessment at Entry

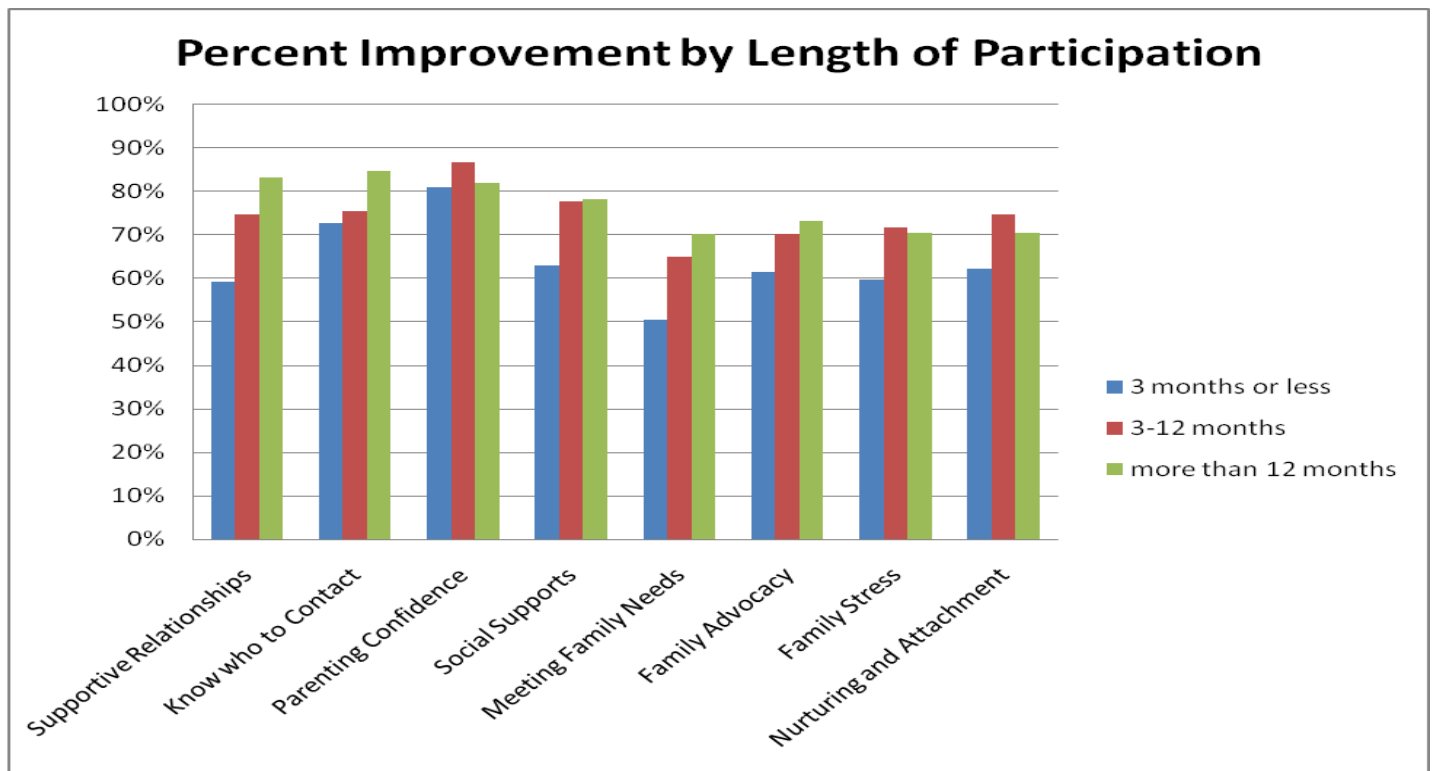
The charts below tell a very interesting story, one with implications for program delivery and length of participant retention in services. A central question in any evaluation of social services hinges on the best “dosage” of services to achieve a desired result. The frequency, intensity and duration of services can vary widely from program to program, and the type of program itself may be quite different depending on the target audience and the desired outcomes. Notwithstanding these limitations, for the purposes of this survey the defining question was length of involvement (duration) in family support services, without consideration to the variability in frequency and intensity of participation within that time frame. The analysis was separated into three main groupings to assure adequate sample size, including duration of 3 months or less, between 3 months and 12 months, and longer than one year. A preliminary filtering of data was performed to remove respondents who self-assessed themselves at the highest rating even before services were provided. As explained in the methodology section, this was done to provide a truer gauge of improvement - people who self-assess at the highest level “Before” cannot register any improvement to “Today”.

However, a very interesting pattern emerged for the responses that were filtered out in this way. Specifically, people who were engaged in services for shorter periods of time were more likely to self-assess at the highest level before services were even offered than were people who were engaged in services for a longer time period. This pattern held true for every protective factor except for Nurturing and Attachment. One interpretation is that this provides clear evidence of response-shift bias that can occur with exposure to new knowledge and services. In other words, people don’t know what they don’t know. People who have just begun accessing a service may self-assess high because they believe they know a lot already. It is only with longer exposure to new information and ways of parenting that people realize they knew relatively little at the beginning of services, and this is reflected in the diminishing percentages of people who self-assess high before services were offered. This interpretation is tempered by the understanding that the survey is retrospective and therefore does not capture the perceptions of people who may have started a program but dropped out before the survey was administered.



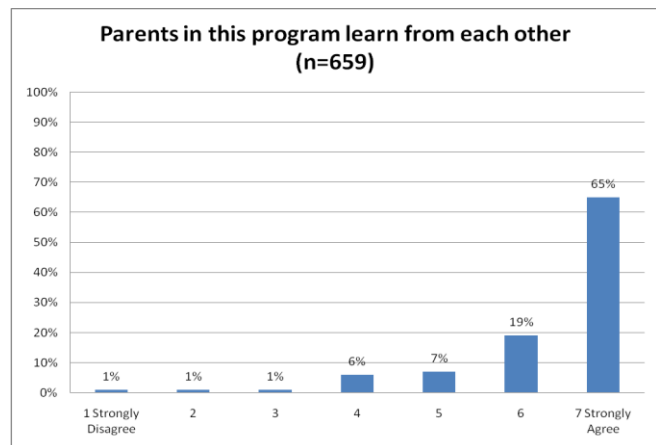
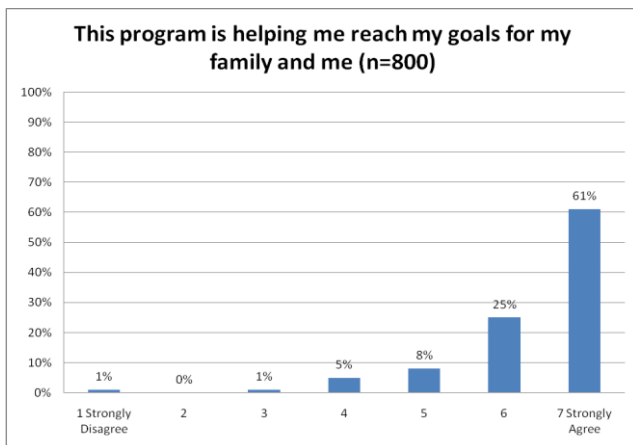
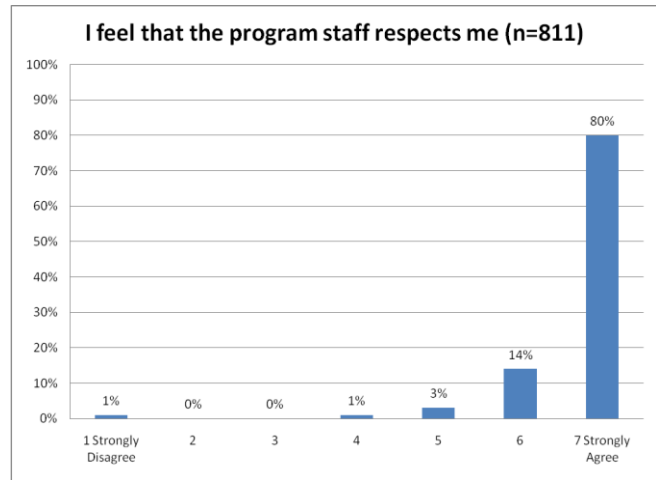
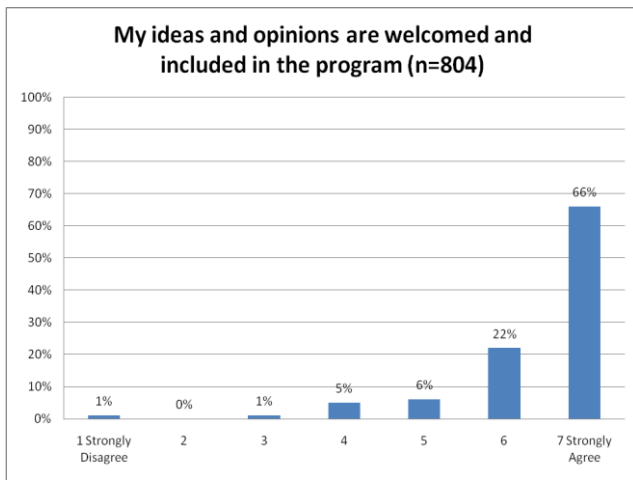
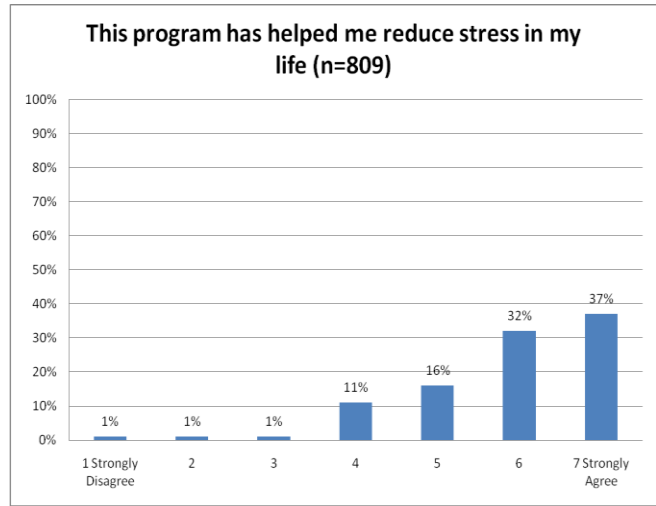
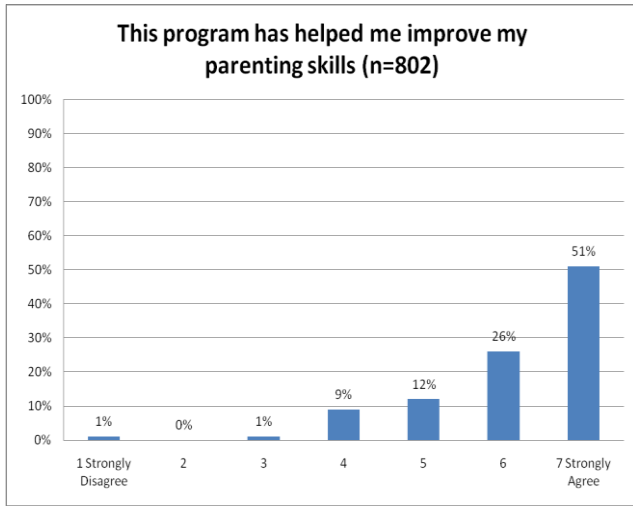
Gains in Protective Factors in Relation to Length of Program Involvement

An examination of the data after filtering out those respondents who had no room to improve provides clear evidence that participants who accessed programs longer showed greater improvement. Further, the most significant improvements were noted in the time frame of three months to one year. After one year of service, participants still improved on most protective factors, but the extent of the gain was less pronounced and in some cases declined. Although the data must be used cautiously given the limitations noted above, it appears that families could benefit if programs retain participants between three months and one year of services and evaluate whether families continue to benefit from services after one year. Anecdotal information from agencies suggests that in some cases families become very comfortable with agency staff and with fellow participants and may continue to access services long after improvements have leveled off. In such cases, established parent groups may be less welcoming to newcomers and may discourage new participation by families who could benefit more, and families may become too dependent on individualized supports. While such ongoing services may be highly important to parents, many agencies have procedures to transfer established social connections back to neighborhoods and to community settings and to discharge families from more intensive individualized supports when appropriate.



Participant Satisfaction

Six general questions on participant satisfaction with the program were asked with response choices on a 7-point Likert scale. A rating of 4 on the scale was neutral. Strong ratings at 5, 6 and 7 on all questions reflect participant agreement and positive feedback on programs. Staff respect for, and inclusion of, participants received the highest mean scores.



Discussion

A major challenge in the field of prevention is proving a negative – in this case, that family support programs are preventing child maltreatment from occurring in the first place. A number of major studies, however, have broadly correlated the likelihood of child abuse and neglect with the degree to which risk factors and protective factors are present in the individual, family and community. The New Hampshire Children’s Trust Fund takes a strength-based approach to this challenge and measures participant report of change across key protective factors that the Children’s Bureau has identified with a reduction in the occurrence of maltreatment.

The Family Support Outcomes Survey, administered to program participants across a broad cross-section of family strengthening and primary prevention program partners, is designed to collect demographic characteristics of participants, participant perception of change with respect to protective factors and customer satisfaction. Such data yield a wealth of information on the degree to which risk factors are present among program participants and, more importantly, the degree to which programs are successful in building protective factors. Family support programs are designed to build upon unique family strengths and skills to enhance protective factors and reduce risks for families.

The analysis of the 2010 survey data clearly demonstrates a) that family resource centers and family support programs are reaching a wide array of families, particularly a disproportionate number of those with higher risk factors such as low income, single parent and DCYF-referral, b) that the majority of families demonstrate significant improvement in protective factors, c) that higher percentages of families at risk benefit from services than the survey sample as a whole and d) that participants are very satisfied with the services they receive through these agencies and programs.

2010-2011 will mark the last year for data collection using the Family Support Outcomes survey, but much of what we have learned about survey administration, data collection and analysis protocols will be utilized as we transition to the Protective Factors survey. The Protective Factors survey, a research-validated, widely used tool across the country, measures two key protective factors that the Family Support Outcomes survey omits – namely, social-emotional development of children and knowledge of child development. The administration of the survey instrument and the collection of survey data will be decentralized by necessity. Continued training and technical assistance to the participating agencies is therefore essential to ensure fidelity to the survey administration protocol and the consistency and comparability of data. The principal decision in its use will be whether to administer the survey retrospectively or in a pre/post format. The former helps to minimize response-shift bias and is generally easier for agencies to administer, while the latter collects data about all the people entering the program, even if they subsequently drop out. Retention in services in some cases is the first and most significant hurdle that agencies encounter in working with high risk families, so understanding who drops services and why will be important in outreach and engagement efforts. The timing of survey administration will also need to be clearly defined, since some agencies choose to administer the survey at a point in time while others administer the survey at the end of various program cycles.

In addition to understanding the extent to which at-risk families are served and helped by family support programs, the use of the data in the future can be deepened and extended to determine a) the specific programmatic approaches that result in the greatest improvements in protective factors and b) any geographic or demographic gaps in effective, preventive services that can be identified and addressed. Continued work in action research and outcomes analysis will result in better policy and practice in strengthening families and preventing child abuse and neglect.

Appendices

Appendix A – Family Support Outcomes Survey

Family Support Program Outcome Survey Cover Sheet Program Code _____

(Assigned to your organization by NHCTF)

FOR STAFF USE ONLY

1. Date survey completed: ___/___/___ 2. Date participant began program ___/___/___

3. Participant ID # _____
(Organization staff to create these)

4. Participant referred by or has had involvement with child protection system (DCYF).

NO YES NOT SURE

5. How was the survey completed? Check One:

- A Questionnaire completed by face to face interview (interviewer: _____)
- B Questionnaire completed by phone interview (interviewer: _____)
- C Questionnaire completed by participant with program staff available to explain items as needed
- D Questionnaire completed by participant without program staff present for assistance
- E Questionnaire was mailed to participant, completed, and returned without program staff assistance

5a. If survey was not administered in English, which language was used? N/A _____

6. Type of program: (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> A Parent Education | <input type="checkbox"/> B Parent Support Group | <input type="checkbox"/> C Adult Ed/GED Preparation |
| <input type="checkbox"/> D Planned and/or Crisis Respite | <input type="checkbox"/> E Home Visiting | <input type="checkbox"/> F Fatherhood Program |
| <input type="checkbox"/> G School-based Skills/Readiness | <input type="checkbox"/> H Couples Group | <input type="checkbox"/> I Teen Parent Support Group |
| <input type="checkbox"/> J Parent/Child Interaction | <input type="checkbox"/> K Literacy Program | <input type="checkbox"/> L Parenting Teens |
| <input type="checkbox"/> M Homeless/Transitional Housing | <input type="checkbox"/> N Family Resource Center | <input type="checkbox"/> O Pre-Natal Class |
| <input type="checkbox"/> P Advocacy (self, community) | <input type="checkbox"/> Q Resource and Referral | <input type="checkbox"/> R Employment |
| <input type="checkbox"/> S Skill Building/Ed. for Children | <input type="checkbox"/> T Grandparents Raising Grandchildren Services | |

U Other _____

Family Support Program Outcome Survey, Page 1

1. Participant ID (optional): _____ 2. Sex: Male Female 2(a). Age: _____

3. I have participated in this program for (check one)

- A less than 1 month B between 1 & 3 months C between 3 & 6 months
D between 6 & 12 months E between 1 & 2 years F over 2 years

4. How many children live in your household? _____

4. a Please tell us about each of the children for whom you have primary or shared caregiving responsibility. (If more than 5 children, please use a second form. If your spouse or co-parent is also completing this survey, only one form should contain the child information)

Child A Birth date: Child B, Birth date: Child C Birth date: Child D Birth date: Child E Birth date:

_____/_____/_____/ _____/_____/_____/ _____/_____/_____/ _____/_____/_____/ _____/_____/_____/

Male Female Male Female Male Female Male Female Male Female

5. Your relationship to children: (Check all that apply)

- A Birth Parent B Step parent C Grandparent /Great Grandparent
D Foster Parent E Adoptive Parent F Other relative G Non-relative

6. Ethnicity: (Check one)

- A Hispanic or Latino B Black or African American
C White (Non Hispanic) D Native Hawaiian other Pacific Islander
E American Indian or Alaskan Native F Asian
G Multi-racial H Other

7. Marital Status: (Check one)

- A Married B Partnered C Single (have never been married)
D Divorced E Widowed F Separated

8. Family Housing

- A Own B Rent C Shared housing with relatives/friends
D Temporary (shelter, temporarily with friends/relatives) E Homeless

9. Family Income

- A \$0-\$10,000 B \$10,001-\$20,000 C \$20,001-\$30,000 D \$30,001-\$40,000
E \$40,001-\$50,000 F more than \$50,001

10. Highest grade in school completed _____ (1 yr. of college, answer "13", 2 yrs, answer 14, etc.)

(PLEASE ANSWER THIS QUESTION W/ A NUMBER)

Family Support Program Outcome Survey, Page 2

On a scale from 1-7, with 1 as 'strongly disagree' and 7 as 'strongly agree,' please rate how much you agree with the following statements.

Rate each statement twice: how you felt ***before*** this program and how you feel ***today***.

		Strongly Disagree		Neutral			Strongly Agree		
1) I have relationships with people who provide me with support when I need it.	Before	1	2	3	4	5	6	7	Does not Apply
	Today	1	2	3	4	5	6	7	<input type="checkbox"/>
2) I know who to contact in the community when I need help.	Before	1	2	3	4	5	6	7	Does not Apply
	Today	1	2	3	4	5	6	7	<input type="checkbox"/>
3) I have confidence in my ability to parent and take care of my children.	Before	1	2	3	4	5	6	7	Does not Apply
	Today	1	2	3	4	5	6	7	<input type="checkbox"/>

3a) If your level of confidence as a parent has improved since you started this program, what helped the most?

3b) If your level of confidence as a parent has stayed the same or decreased since you started this program, please let us know what we can do differently to help you feel more confident as a parent.

		Strongly Disagree		Neutral			Strongly Agree		
4) When I am worried about my child I have someone to talk to.	Before	1	2	3	4	5	6	7	Does not Apply
	Today	1	2	3	4	5	6	7	<input type="checkbox"/>
5) I know how to meet my family's needs with the money and resources I have.	Before	1	2	3	4	5	6	7	Does not Apply
	Today	1	2	3	4	5	6	7	<input type="checkbox"/>
6) I can stand up for what my family and children need.	Before	1	2	3	4	5	6	7	Does not Apply
	Today	1	2	3	4	5	6	7	<input type="checkbox"/>
7) I make choices about family schedules and activities that reduce family stress.	Before	1	2	3	4	5	6	7	Does not Apply
	Today	1	2	3	4	5	6	7	<input type="checkbox"/>

On a scale from 1-7, with 1 as 'strongly disagree' and 7 as 'strongly agree,' please rate how much you agree with the following statements.

Rate each statement twice: how you felt before this program and how you feel today.

8. Nurturing and Attachment— The following four questions factor for this protective factor.

		Strongly Disagree	1	2	3	4	5	About Half the Time	6	7	Strongly Agree	
8(a) I am happy being with my child.	Before	1	2	3	4	5	6	7	Does not Apply			
	Today	1	2	3	4	5	6	7	<input type="checkbox"/>			
8(b) My child and I are very close to each other.	Before	1	2	3	4	5	6	7	Does not Apply			
	Today	1	2	3	4	5	6	7	<input type="checkbox"/>			
8(c) I am able to soothe my child when he/she is upset.	Before	1	2	3	4	5	6	7	Does not Apply			
	Today	1	2	3	4	5	6	7	<input type="checkbox"/>			
8(d) I spend time with my child doing what he/she likes to do.	Before	1	2	3	4	5	6	7	Does not Apply			
	Today	1	2	3	4	5	6	7	<input type="checkbox"/>			

Family Support Program Outcome Survey, Page 4

On a scale from 1-7, with 1 as 'strongly disagree' and 7 as 'strongly agree', please rate how much you agree with the following statements. Please rate each statement just once.

Strongly
Disagree Neutral Strongly
Agree

9) This program has helped me improve my parenting skills.

1 2 3 4 5 6 7

10) This program has helped me reduce stress in my life.

1 2 3 4 5 6 7

11) My ideas and opinions are welcomed and included in the program.

1 2 3 4 5 6 7

12) I feel that the program staff respects me.

1 2 3 4 5 6 7

13) This program is helping me reach my goals for my family and me.

1 2 3 4 5 6 7

14) Parents in this program learn from each other.

1 2 3 4 5 6 7

Does not
Apply

15) What do you like most about this program?

16) What suggestions do you have for program improvement?

Appendix B – Risk and Protective Factors for Child Abuse and Neglect

Risk factors increase the likelihood of negative outcomes occurring. Risk factors may be short-term, such as physical illness, or long-term, such as chronic poverty.

Protective factors are those characteristics that buffer individuals or families from stress and other negative influences, supporting parents' efforts to raise children in a healthy, nurturing, and protective manner and increase the likelihood of positive outcomes occurring. Protective factors may be short-term, such as having health insurance, or long-term, such as a child with an easy-going temperament.

Individuals, families, communities, and societies have both risk and protective factors. When risk factors outweigh protective factors, negative outcomes occur. Many effective prevention and intervention programs focus on simultaneously reducing risk factors and increasing protective factors.

Risk Factors Associated with Child Abuse and Neglect

Child Risk Factors

- Premature Birth
- Difficult Temperament
- Behavior Disorders
- Disabilities
- Chronic or Serious Illness
- Young Age
- Childhood Trauma
- Anti-Social Peer Group

Parent Risk Factors

- Demographic Factors
 - Single Parent
 - Adolescent Parent
 - Low Educational Level
- Childhood History of Abuse
- Cognitive Factors
 - Negative Perception of Children/Negative Attributions
 - Inaccurate or Unrealistic Expectations of Child Development
 - Information Processing Deficits
- Psychological Factors
 - Negative Affect (e.g., depression or anxiety)
 - Lack of Empathy
 - Personal Stress/Distress
 - Substance Abuse
 - Feelings of Insecurity
 - Lack of Trust
 - Insecure Attachment With Own Parents
- Behavioral Problems
 - Isolation
 - Problematic Parent-Child Interactions

Family Risk Factors

- Family Stressors
 - Lack of Resources (e.g., lack of support, childcare)
 - Instability/Disruptions (e.g., divorce, frequent moves)
 - Large Number of Children
- Poor Family Relationships
 - Family Conflict
 - Lack of Cohesion
 - Domestic Violence

Social/Environmental Risk Factors

- Concentrated Poverty
- Low Socio-Economic Status
- Lack of Access to Medical Care, Health Insurance, Adequate Child Care, and Social Services
- Parental Unemployment
- Homelessness
- Secondary Status of Children
- Individualism, Family Privacy, and Parental Rights
- Social Isolation/Lack of Social Support
- Exposure to Racism/Discrimination
- Dangerous/Violent Neighborhood
- Community Violence
- Societal Norm of Violence
 - Media Portrayal of Violence
 - Sexualization of Children
 - Sanctioned Violence Against Children (e.g., corporal punishment)
- Social Impoverishment
 - Social Disconnection
 - Distrust and Despair
 - High Population Turnover/Mobility

Protective Factors Associated with the Prevention of Child Abuse and Neglect

Child Characteristics

- Easy Temperament/Positive Disposition
- High Cognitive Ability
- Active Coping Style
- Positive Self-Esteem
- Internal Locus of Control
- Good Health
- Hobbies and Interests
- Good Peer Relationships
- Balance Between Help-Seeking and Autonomy
- Social & Emotional Competence

Parental Characteristics

- Psychological Well-Being
- Childhood History of Good Parenting
- Secure Attachment: Positive and Warm Parent-Child Relationship
- High Parental Education
- Knowledge of Parenting and Child Development

Family Characteristics

- Parental Resilience
- Social Connections
 - Reducing social isolation and increasing social capital
- Social Support
 - Extended Family Support and Involvement Including Care-giving Help
- Family Strength
 - Regular and Consistent Household Routines
 - Shared Parent-Child Activities
 - Respectful and Trusting Communication
 - Monitoring, Supervision, and Involvement
 - Good Quality Relationship Between Parents
 - Child Participation in Extracurricular School Activities
 - Parents' Involvement in Religious and Volunteer Activities

Social/Environmental Characteristics

- Mid to High Socio-Economic Status
- Access to Health Care, Social Services and Good Schools
- Consistent Parental Employment
- Adequate Housing
- Family Religious Faith Participation
- Supportive Adults Outside of the Family to serve as Mentors/Role Models
- Concrete Support in Times of Need

References:

- Prevent Child Abuse North Carolina Program Advisory Series Issue 3: *Understanding Child Maltreatment: An Introduction to Definitions, Incidence, and Risk/Protective Factors*
- National Clearinghouse on Child Abuse and Neglect Information: *Risk and Protective Factors Associated with Child Abuse and Neglect*
- Kagan, Sharon L. (2003). *Advancing Child Abuse and Neglect Protective Factors: The Role of Early Care and Education Infrastructure* Strengthening Families Through Early Care & Education, Teachers College, Columbia University.

Appendix C - Principles of Family Support

1. Staff and families work together in relationships based on equality and respect
2. Staff enhance families' capacity to support the growth and development of all family members – adults, youth, and children.
3. Families are resources to their own members, to other families, to programs, and to communities.
4. Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
5. Programs are embedded in their communities and contribute to the community-building process.
6. Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
7. Practitioners work with families to mobilize formal and informal resources to support family development.
8. Programs are flexible and continually responsive to emerging family and community issues.
9. Principles of family support are modeled in all program activities, including planning, governance, and administration.

From Family Support America (1996) *Guidelines for Family Support Practice*. Chicago.



Strengthening Families

Many thanks to the people, organizations and communities across New Hampshire who value prevention, invest in families, and dedicate themselves to the healthy development and well-being of the next generation.



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Prevent Child Abuse
New Hampshire



New Hampshire
Children's Trust fund

Keeping children safe and families strong