IOWA CHILD ABUSE PREVENTION PROGRAM

Evaluation Report to Iowa Department of Human Services

July 1, 2021–June 30, 2022

Prevent Child Abuse Iowa

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

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Executive Summary

Families Served

Overall, ICAPP-funded programs served 1,326 families, 6,258 children, and 1,647 adults in FY 2022. These people were reached through 50 projects across 44 counties that were funded by $1,720,632. Home Visiting programs specifically served 599 families and 767 children, Parent Development programs served 727 families and 671 children and Sexual Abuse Prevention programs served 4,820 children and 1,647 adults. Families and caregivers participating in ICAPP programing were more diverse than the general Iowa population. ICAPP participants also had less formal education and a lower income than the general population.

Protective Factors Survey

In total, 874 families completed at least one PFS in FY 2022 and 524 pre- and post-survey matches were made, allowing for measurement of changes in scores. *Nurturing and Attachment* was the highest-scoring domain while *Family Functioning and Resilience* was the lowest-scoring one. The domain with the greatest average improvement from pre- to post-survey was *Concrete Support* (0.50 points). This was also the domain with the greatest proportion of improved and greatly improved individual scores. *Nurturing and Attachment* showed the smallest proportion of score change at the individual level.

Life Skills Progression

More than 1,200 caregivers (1,254) had at least one LSP on file during FY 2022. A total of 1,076 matches were made between pre- and post-assessments. The *Health and Medical Care* domain showed the highest average score at post-assessment while *Education and Employment* showed the lowest scores for both the pre- and post-assessment. The *Relationships with Supportive Services* domain had the greatest average score improvement from pre- to post-assessment with a 0.37-point increase. Most domains reported minimal change in individual scores, but *Relationships with Supportive Services* and *Relationships with Families and Friends* domains both reported 17 percent of matched assessment showed improved scores (by 1 or more points).

Demographic Characteristics

Many demographic groups demonstrated statistically significant score improvements in a number of Protective Factor Survey and Life Skills Progression domains. However, not all groups experienced improvement in all domains. Caregivers with an annual household income of $0-10K, English speakers, white caregivers, and married caregivers experienced significant score improvements across all five Protective Factors Survey domains. Across all demographic groups and domains, the greatest score increases were all reported in the Concrete Support domain.

Demographic group sizes varied greatly across the Life Skills Progression domains. There were a number of demographic group score changes that could not be reported due to small sample size, especially in the Education and Employment and Child Development domains. However, caregivers 30-39 years old and married caregivers did report statistically significant improvement across all Life Skills Progression domains. The domains with the greatest score improvements were Relationships with Family and Friends and Relationships with Supportive Services. Asian caregivers, those with a middle school or lower education level, and caregivers that speak a language other than English and Spanish exhibited the highest scores in those domains.

Program Type

Parent Development programs served 727 families and 672 children across 20 counties with an expenditure of $680,575. Home Visiting programs served 599 families and 767 children across 15 counties at a cost of $453,304. Parent Development programs tend to use the Protective Factors Survey more than the Life Skills Progression to measure progression, while Home Visiting programs tend to use the Life Skills Progression more regularly.

A total of 438 PFS matches were completed for Parent Development program participants. Similar to overall PFS results, *Nurturing and Attachment* was the domain with the highest scores; *Family Functioning and Resilience* was the domain with the lowest scores; and the greatest change in scores from pre- to post-survey was observed for the *Concrete Support* domain. For the LSP, there were 275 pre- and post-assessment matches associated with Parent Development program participants. The *Health and Medical Care* domain had the highest scores while *Education and Employment* had the lowest. The most improved score was also in the *Health and Medical Care* domain.

Eighty-six pre- and post-survey PFS matches were associated with Home Visiting programs. The trend continued as *Nurturing and Attachment* was the domain with the highest scores; *Family Functioning and Resilience* was the domain with the lowest scores; and the domain with the greatest change in scores from pre- to post-survey was *Concrete Support*. A total of 527 LSP matches were associated with Home Visiting programs. The lowest score was reported in the *Education and Employment* domain while the highest score was in the *Mental Health and Substance Use* domain, followed closely by the *Health and Medical Care* domain. The largest score increase was in the *Relationships with Family and Friends* domain.

Sexual Abuse Prevention

In FY 2022, 136 adult-focused SAP presentations reached 1,647 adults across 17 counties through a total expenditure of $233,230. *Stewards of Children*, *Nurturing Healthy Sexual Development*, and *Overcoming Barriers to Protecting Children* were all broadly implemented to educate adults about keeping children safe and recognizing concerning behaviors. All trainings had a positive impact on participants.

Grantees also had the option to implement child-focused SAP efforts. Overall, 906 presentations were conducted, reaching 4,820 children across eight counties, at a cost of $123,884. *Think First & Stay Safe* and *Care for Kids* were widely implemented across several counties. Significant improvement was seen in the *Think First & Stay Safe* pre- and post-survey scores, with nearly all counties and all grades reporting perfect scores. The *Care for Kids* training also showed positive outcomes associated with skill-building.

Resilient Communities Demonstration Projects

Resilient Communities Demonstration Projects continue to be implemented in four communities, and all are making meaningful progress toward their goals. There are many collaborative efforts being conducted to engage stakeholders and individuals across these communities.

The Strong Families Community Survey was launched in FY 2022. A wide range of stakeholders responded to the survey, sharing their feedback and concerns related to child maltreatment and risk and protective factors in their communities. Responses demonstrate a need for increased awareness of child maltreatment in the community. Additionally, there is a need for supportive resources such as affordable and dependable childcare, affordable public transportation, parenting programs, community activities, safe and affordable housing, accessible substance use and mental health resources, and financial planning assistance. Overall, most respondents believe their communities are a good place to raise children (90%) and think they do have at least

some connection to their community (83%). Many respondents also agreed that in ten years, their community would be a better place to raise children than it is today (78%).

Recommendations

1	Determine why participants completing the LSP continue to report dramatically low scores in the *Education and Employment* domain and determine why that domain was assessed for the fewest caregivers.
2	Work with Parent Development and Home Visiting programs to gain insight into why *Family Function and Resilience* scores continue to be the lowest of all PFS domains.
3	Discuss how program completion demographics in the report match up with what ICAPP grantees are seeing and how other demographic groups can be encouraged to continue the program to completion.
4	Work with RCDPs to determine how their projects can better improve community awareness of child maltreatment. Additionally, provide interventions to address disparity between perceived and actual stigma for reaching out for help.
5	Engage partners across the state in a discussion about how to improve access to much-needed resources identified in the Strong Families Community Survey (*e.g.,* affordable and dependable childcare, affordable public transportation, parenting programs, community activities, safe and affordable housing).

R e c o m m e n d a t i o n s

Introduction: Iowa Child Abuse Prevention Program

The Iowa Child Abuse Prevention Program (ICAPP) has been administered by Prevent Child Abuse Iowa (PCA Iowa) since 1981. PCA Iowa incorporates its mission to empower community prevention efforts to provide safe and happy childhoods through collaboration with diverse partners, leading to a better future for Iowa as a foundation for implementation of ICAPP. ICAPP continues to be funded through numerous sources, both state and federal. Federal funding sources include 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 include birth certificate fees, state income tax check-off funds, and an annual legislative appropriation specific to sexual abuse prevention. These funds are managed by the Iowa Department of Human Services (IDHS), which contracts individually with grant recipients to administer ICAPP-funded services in communities across the state. Beginning in FY 2022, the Iowa Departments of Human Services and Public Health aligned under the single Iowa Department of Health and Human Services (HHS).

PCA Iowa's role as the ICAPP grant administrator is to:

- Support community agencies in their administration of child maltreatment prevention services by overseeing program operations,
- Provide training and technical assistance to grantees,
- Assist with evaluation of program outcomes, and
- Provide helpful feedback about the successes and challenges of the community agencies' efforts.

PCA Iowa contracted with Public Consulting Group LLC (PCG) to assist in the evaluation of ICAPP-funded programs. This evaluation report describes ICAPP-funded activities, the demographic characteristics of families served, and the impact of the program as measured through the Protective Factors Survey and Life Skills Progression. This report focuses on the findings associated with ICAPP implementation in Fiscal Year 2022 (between July 1, 2021 and June 30, 2022).

ICAPP Overview

ICAPP funds are directed to IDHS, which then contracts with PCA Iowa to administer the program and provide assistance and guidance to direct service organizations that serve Iowa families. A competitive request for proposal (RFP) process is used to award grants to local child abuse prevention councils to support their child maltreatment prevention services and assist with community development and capacity building. The local council applicants are volunteer coalitions which are representative of various sectors including education, public safety, child welfare, service providers, and consumers. Each council assesses its community's service and support needs and submits a proposal for prevention programs in four different categories:

- Home Visitation,
- Parent Development,
- Sexual Abuse Prevention, and
- Resilient Community Demonstration Projects.

Councils may submit project proposals for up to two projects in the categories of Home Visitation, Parent Development, and Sexual Abuse Prevention depending on the need for services in their area. In the RFP process, a risk assessment score was assigned to each county in Iowa based upon child population and community maltreatment risk level. This score determined a county's eligibility for funding under the RFP as well as the maximum application amount allowed. Areas identified as "low risk" were determined to be ineligible for funding under the most recent RFP. Counties with greater risk were identified as a priority to receive more funding to ensure higher-need areas would be well-served. The 17 highest-risk communities were also eligible to apply for one of four Resilient Communities Demonstration Projects that will allow them to identify and support additional child maltreatment prevention needs.

The proposals received from local child abuse prevention councils were evaluated by an independent grant review committee and proposal components were scored. Compiled scores were forwarded to an independent advisory committee, which made funding recommendations. Recommendations were then approved by IDHS. 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

The number of families and children served by each program during Fiscal Year (FY) 2022 as well as the total amount of funding awarded for each program is displayed in Table 1. Overall, $1,730,632 was available for distribution to the four programs. Sexual Abuse Prevention services served the greatest number of children, followed by Home Visitation and Parent Development. Nearly two-thirds (63.9%) of ICAPP funds were used to support Home Visitation and Parent Development programs. The exact reach of the Resilience Communities Demonstrations Projects is unknown, as these projects do not provide direct services to children and families.

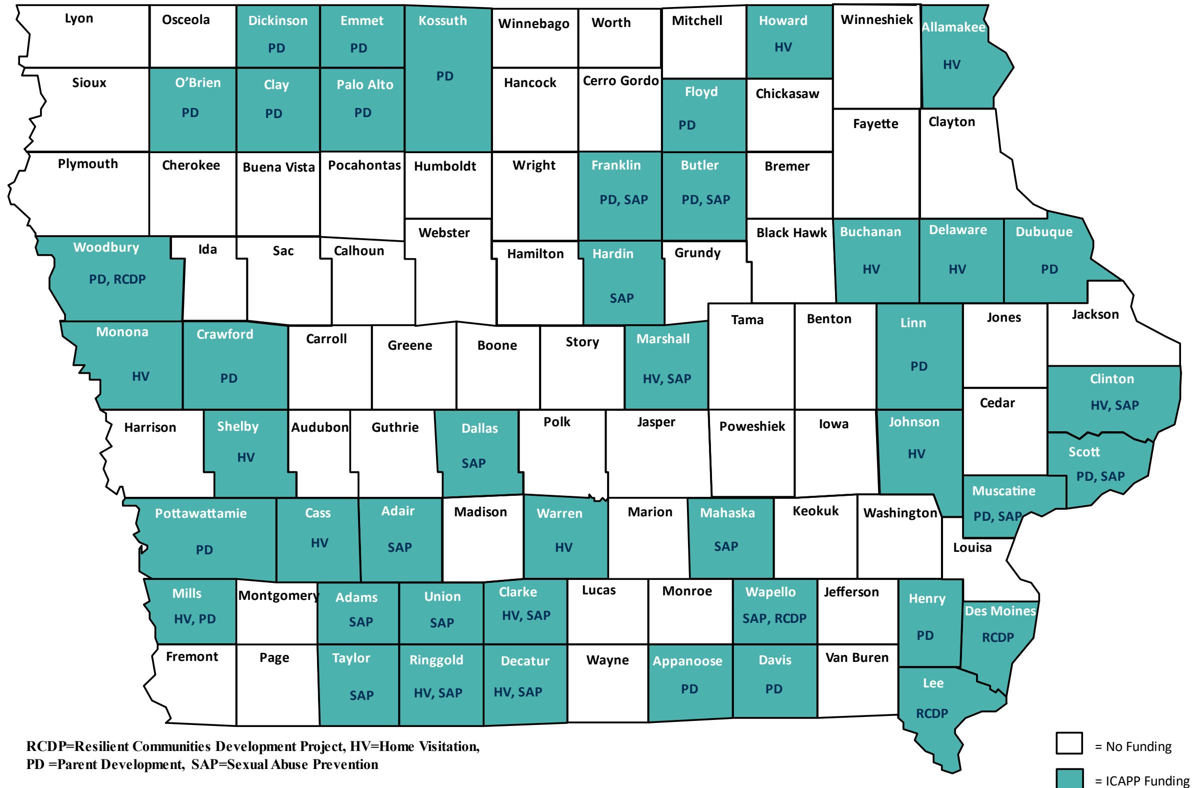
Table 1. Level of Funding and Families Served by ICAPP

Program Type	Funds Awarded	Number of Projects	Families Served	Children Served	Adults Served
Resilient Communities Demonstration Project	$389,000	4			
Home Visitation	$448,834	14	599	767	
Parent Development	$657,281	18	727	671	
Sexual Abuse Prevention	$235,517	14		4,820	1,647
Total	**$1,730,632**	**50**	**1,326**	**6,258**	**1,647**

Location of ICAPP-funded Programs

During this reporting period, ICAPP-funded programs operated in 44 counties across the state of Iowa, as shown in Figure 1.

Figure 1. ICAPP Project Grant Awards Funded During State Fiscal Year 2022



Total Counties Served by ICAPP: 44

This evaluation report describes the programs funded by ICAPP, the characteristics of caregivers served, and the results of the family assessments administered before and after participation in the programs.

Evaluation Methodology

As the evaluator, PCG analyzes quantitative and qualitative data collected from the four ICAPP programs throughout the grant year.

Information about ICAPP Parent Development and Home Visiting participants is collected using the DAISEY (Data Application and Integration Solutions for the Early Years) Iowa Family Support system. This includes the Protective Factors Survey and the Life Skills Progression family assessment instruments and demographic characteristics of parents and children served.

These data collection tools help the state and funded programs to:

1. describe demographic characteristics of program participants,
2. assess changes in targeted protective factors and life skills over time, and
3. implement Continuous Quality Improvement strategies at the program, administrative, and state levels.

Grantees in the categories of Home Visitation and Parent Development are required to administer the Protective Factors Survey and/or the Life Skills Progression 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 and/or life skills their programming will improve. Note that the Sexual Abuse Prevention and Resilient Communities Demonstration Project programs do not use the DAISEY system.

Resilient Communities Demonstration Projects seek to increase community awareness and engagement on the issue of child maltreatment. Funded projects are responsible for self-identifying and reporting their activities and community impact on a quarterly basis. In addition, projects report how their goals are measured to demonstrate change. A new data collection tool, a community survey, was also launched in FY 2022. This online survey asks community members to describe their perceptions of community attitudes, norms, and available supports related to parenting and child maltreatment.

Programs under the Sexual Abuse Prevention category generally implement the evaluation tool identified by the model developers. Evaluation data is completed via an online survey tool or email.

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

In addition to this report, PCG provides a webinar to grantees that summarizes the annual evaluation results. These results are intended to inform future program planning and continuous quality improvement efforts.

Protective Factors Survey

Protective factors such as community support, parenting skills, and employment opportunities are crucial to mitigating risk of child maltreatment in families and reduce the impact of adverse experiences during childhood and later in life (Child Welfare Information Gateway, 2014). To measure ICAPP 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 as it can be used with most 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, every six months during program participation, and again at discharge if the program extend beyond six months. 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 was created by FRIENDS National Center for CBCAP and 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 describes average ICAPP participant protective factors scores in each of the five domains. To arrive at an average score for each participant, responses to each question receive a score of one to seven based on a participant's response. These scores are summed and then divided by the total number of completed questions in a domain (which range from three to five questions). Scores are not calculated for participants who skip more than one question in a domain. The overall averages presented in this report are calculated by adding all participants' scores together and dividing by the total number of participants for whom a score was calculated. In addition to the average scores of all respondents, each domain's scores are examined within certain demographics to identify differences between families with varying characteristics. Higher average scores indicate that participants are reporting positive behaviors and skills associated with protective factors.

Measuring Changes in Protective Factors Scores Over Time

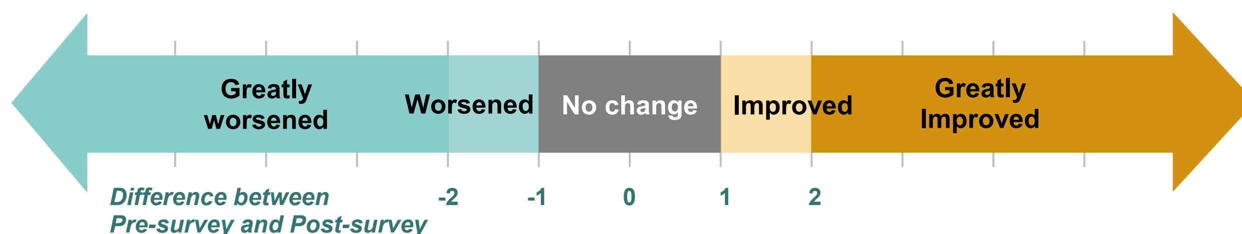
To determine changes in families' protective factors over time, PCG analyzes the average protective factor scores by domain for those participants who completed both an initial and at least one follow-up survey. The difference in participants' scores between the initial (pre-surveys) and follow-up surveys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

Development and Knowledge of Parenting domains if their child has not yet been born. In this case, there would not be comparison data for these domains.

Over the course of FY 2022, 874 families completed at least one PFS survey. Demographic results are reported at program enrollment. Overall, 524 pairs of pre- and post-surveys were matched. The results presented in this report are drawn from those matched pairs. Follow-up surveys completed during the reporting period were matched to pre-surveys using the DAISEY Caregiver ID. A participant's oldest survey (going back no earlier than FY 2019) was matched to those completed in FY 2022.

In addition to examining changes in average scores, respondents' protective factors scores are assessed to determine whether they improved, worsened, or stayed the same during their time in the program. 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 1.99 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



Life Skills Progression

Caregivers need life skills such as problem-solving, relationship-building, and accessing basic needs to provide for and take care of their children. These skills can be measured using the Life Skills Progression (LSP) developed by Linda Wollesen and Karen Peifer (Wollesen & Peifer, 2006). This assessment is generally completed by the service provider on paper, following a meeting or visit, and is entered into a database at a later time.

The LSP measures eight domains through a 43-question assessment that service providers complete at program enrollment and every six months so long as a caregiver is participating in the program. Not all domains are addressed by all programs, meaning that not all 43 questions are answered for all caregivers. An LSP is completed after the visit for each parent or caregiver that was present. Using a Likert-style agreement scale, service providers rate a series of statements about the caregiver's relationships with family, friends, and their children; and they and their child(ren)'s health care, basic needs, and other skills. Table 3 provides an overview of the life skills measured by the assessment.

Table 3. Definitions of Protective Factors by FRIENDS, NRC

Life Skill Domains	Definition
Relationships with Family and Friends	This section describes the caregiver's primary support system.
Relationships with Child(ren)	This section describes how the parent relates to all their children, not just the most recent infant.
Relationships with Supportive Services	Support services assessed in this section include home visitors, use of information provided, and resources available.
Education and Employment	This section includes issues related to language, education, employment, and immigration (when applicable).
Health & Medical Care	This section covers parent and child health care issues.
Mental Health & Substance Use/Abuse	Mental health diagnoses and substance use issues experienced by the caregiver are addressed in this section.
Basic Essentials	This section assesses the caregiver's abilities to provide for the basic needs in life. It contains what are perhaps the most concrete areas of life skills.
Child Development	The LSP child scales summarize developmental data gathered from visit observations, parental report, and use of standardized screening tools such as the ASQ, ASQ:SE, or Denver II.

This report analyzes average life skill scores in each of the eight domains. The same process used to analyze the PFS data is applied to LSP data. For these data, to arrive at an average score for each caregiver, responses to each question receive a score of one to five based on the response. These scores are summed and then divided by the total number of completed questions in a domain (which range from three to eight questions). Scores are not calculated for responses missing more than one question in a domain. The overall averages presented in this report are calculated by adding all caregivers' scores together and dividing by the total number of caregivers for whom a score was calculated.

In addition to the average scores of all caregivers, each domain's scores are assessed by demographic characteristics to identify differences between families with varying traits. Higher average scores indicate that caregivers are showing positive life skills and behaviors.

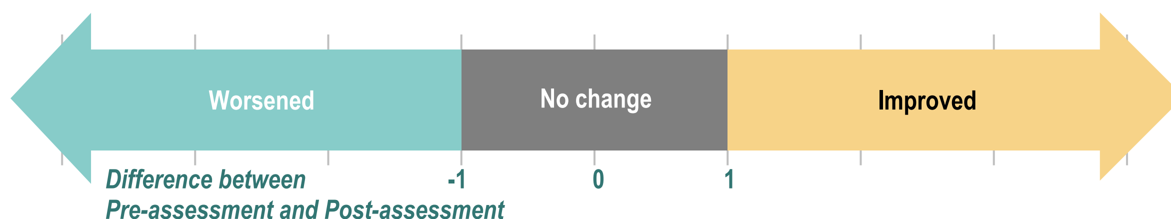
Measuring Changes in Life Skills Scores Over Time

PCG analyzes the average life skills scores by domain for those caregivers that have both an initial and at least one follow-up LSP to measure change in a caregiver's life skills over time. As with the PFS, the difference in participants' scores between the initial (pre-assessment) and follow-up tools (post-assessment) is examined for direction (whether scores went up or down) and are tested for statistical significance.

In total, 1,254 caregivers had at least one LSP assessment on file during the reporting period (FY 2022). Demographic results are also collected at enrollment using this tool. The life skills results presented in this report are drawn from 1,076 matched pairs of pre- and post-assessments. Whenever possible, assessments completed during the reporting period were matched to assessments administered prior to the current grant year using the DAISEY Caregiver ID. Pre-assessments were matched to post-assessments completed in FY 2022.

Caregiver life skill scores are identified as having improved, worsened, or stayed the same. Respondents' scores are considered to have improved or worsened if their post-assessment scores are greater or less than, respectively, their pre-assessment scores by one or more points. Again, this ensures that slight fluctuations in scores are not interpreted as meaningful change (Figure 3).

Figure 3. Measuring Improvement in Life Skills

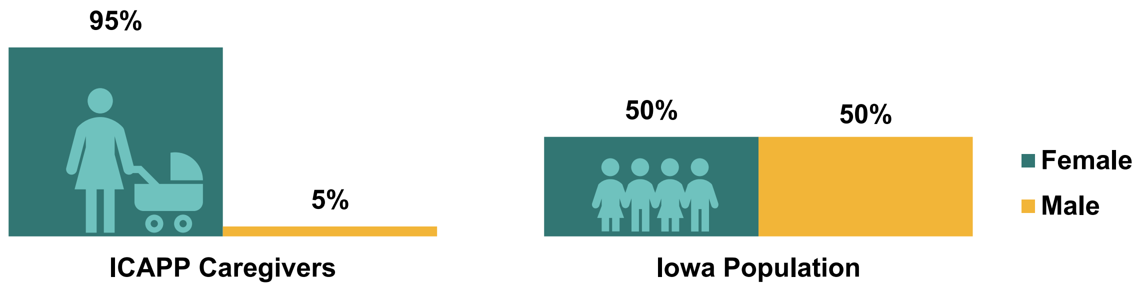


Grantee Quarterly Reports

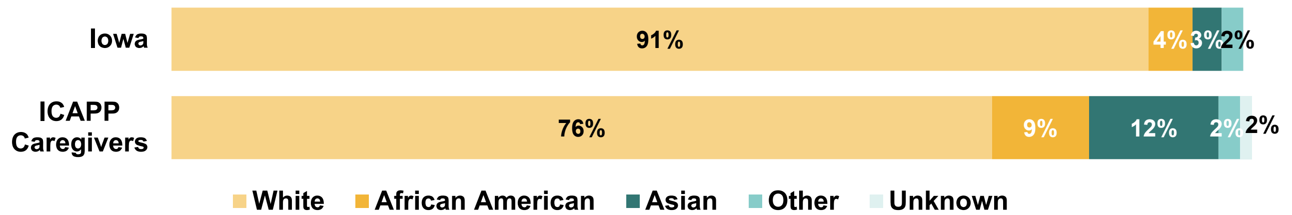
In addition to the data collected above, this report provides details about the number of families served, and the amount of funding received by ICAPP grantees from July 1, 2021 to June 30, 2022. Service output data are collected by PCA Iowa via quarterly grantee reports.

Characteristics of Families Served[1]

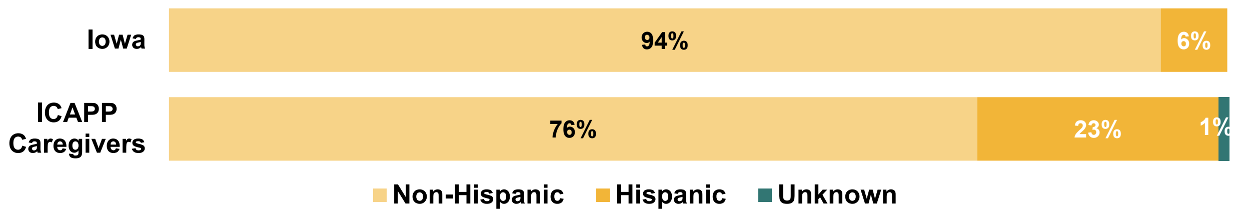
Gender



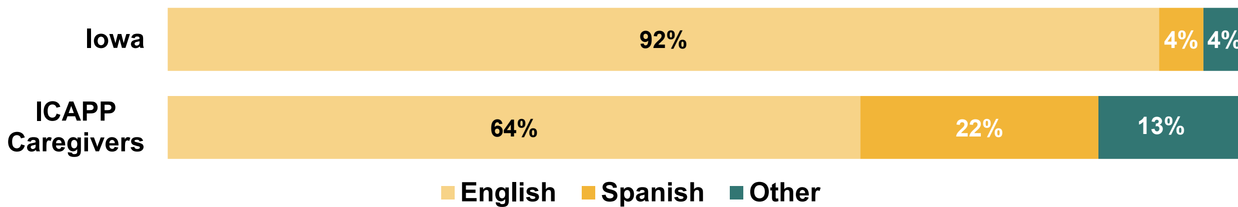
Race



Ethnicity

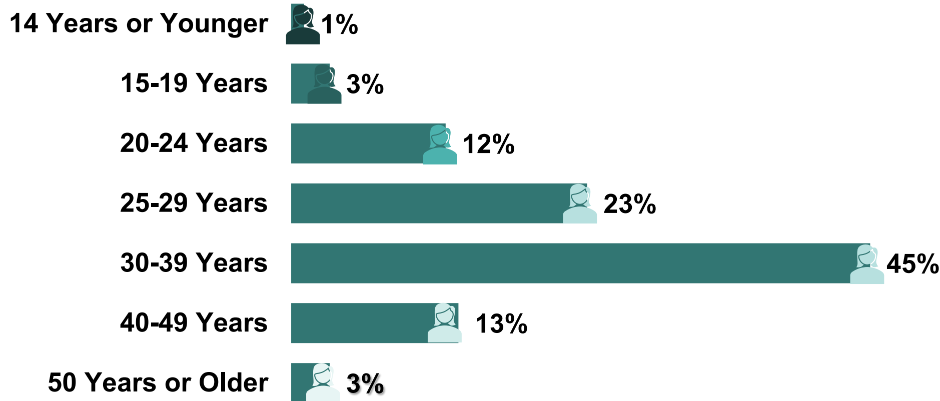


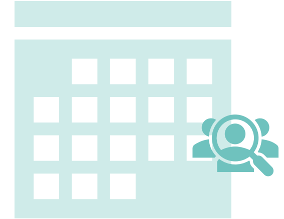
Primary Language Spoken in the Home



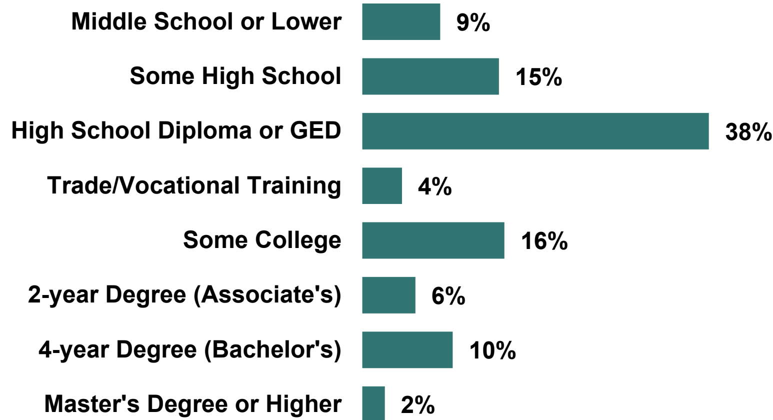
[1] Statewide data comes from the U.S, Census Bureau American Community Survey.

Age of Participant Caregivers





Participant Caregiver Education

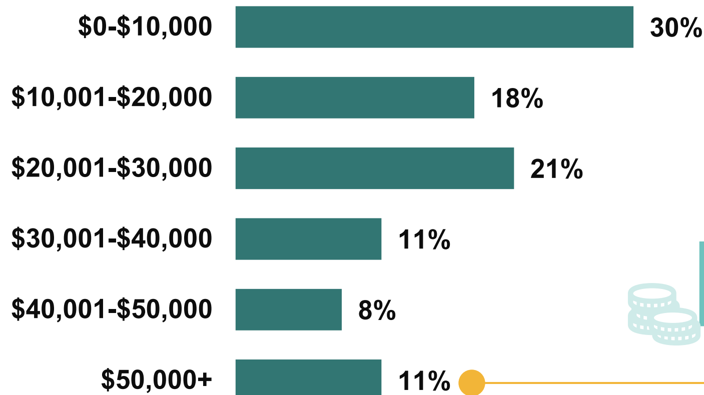


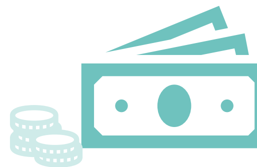
93% of Iowans have *at least* a high school diploma or equivalent

compared to

76% of ICAPP Caregivers

Income and Financial Assistance Utilization





60% of all Iowa families earn $50,000 or more

compared to

11% ICAPP families

Survey Completion by Program

The PFS and LSP tools are implemented by Home Visiting and Parent Development programs. Table 4 depicts the number of caregivers participating in each program that have at least one completed PFS and/or LSP assessment. The PFS is most often used by Parent Development projects providing group-based services or short-term in-home services. The LSP is generally used by programs providing in-home parent support in which service duration is more than six months. This is consistent with other statewide family support programs.

Table 4. Survey Completion by ICAPP Program

Program	Tool	Number of Participating Caregivers
Parent Development	PFS	762
	LSP	290
Home Visitation	PFS	112
	LSP	632

As noted previously, the Protective Factors Survey collects data across 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 always answer all questions on the survey. The domains of *Nurturing and Attachment* or *Child Development and Knowledge of Parenting* have fewer matches because they are not administered to families served prenatally.

Table 5. PFS Survey Pre/Post Matches

Protective Factor	Tool	Number of Matches
Family Functioning and Resilience	PFS	523
Social Emotional Support		524
Concrete Support		523
Nurturing and Attachment		420
Child Development and Knowledge of Parenting		410

The Life Skills Progression Tool collects data on eight different domains:

- Relationships with Family and Friends,
- Relationships with Child(ren),
- Relationships with Supportive Services,
- Education and Employment,
- Health & Medical Care,
- Mental Health & Substance Use/Abuse,
- Basic Essentials, and
- Child Development.

Table 6 shows the number of pre- and post-assessment matches associated with each domain. The *Education and Employment* and *Child Development* domains have fewer matches as they are not always addressed by or relevant to ICAPP programing and are therefore not always completed.

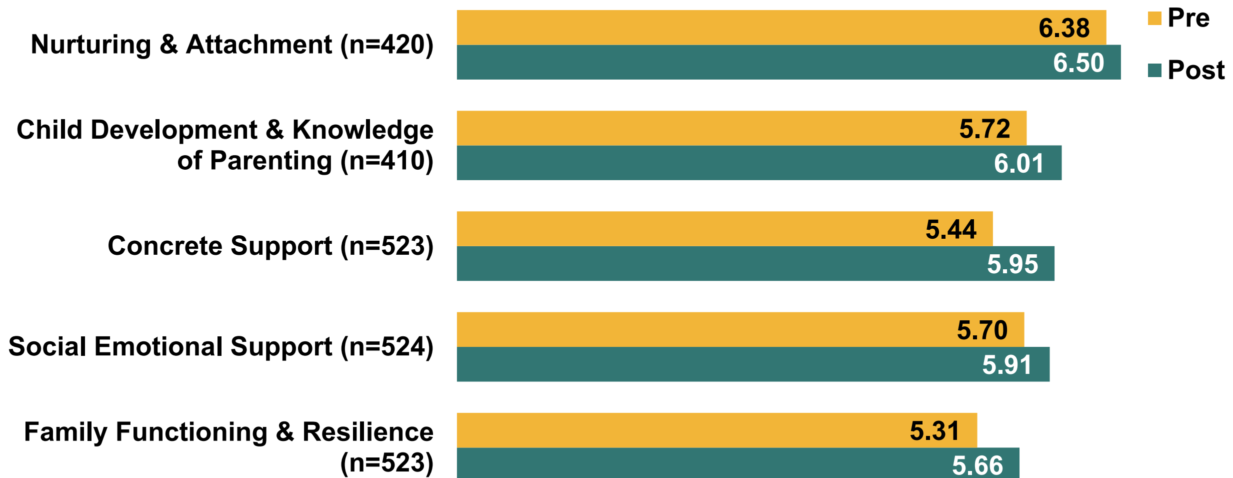
Table 6. LSP Assessment Pre/Post Matches

Domain	Tool	Number of Matches
Relationships with Family and Friends	LSP	1,076
Relationships with Child(ren)		652
Relationships with Supportive Services		837
Education and Employment		159
Health & Medical Care		477
Mental Health & Substance Use/Abuse		779
Basic Essentials		819
Child Development		296

Overall Protective Factors Survey Results

In FY 2022, all five Protective Factors Survey domains showed a statistically significant improvement from pre- to post-survey (Figure 4). As in previous years, the *Nurturing and Attachment* domain had the highest scores at both pre- and post-surveys. This was also the domain with the smallest improvement (0.12 points). The greatest improvement from pre- to post-survey was experienced in the *Concrete Support* domain (0.50 points).

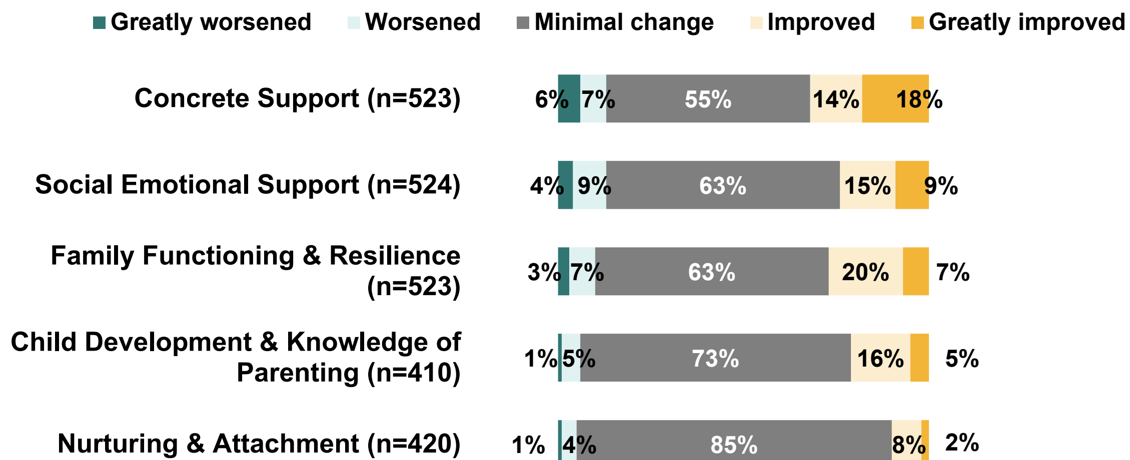
Figure 4. Average Pre- and Post- Protective Factors Scores by Domain Among Matched Surveys (n=524)*



*All improvements between pre- and post-surveys are statistically significant ($p<0.05$).

Figure 5 displays the overall score changes across the Protective Factors Survey domains. Across all domains, most participants report minimal change, defined as less than one point change in scores from pre- to post-survey. *Nurturing and Attachment* was the domain with the greatest proportion of participants reporting minimal change (85%). The *Concrete Support* domain showed the greatest amount of change with 13 percent of participants reporting worsened or greatly worsened scores and 32 percent of participants reporting improved or greatly improved scores.

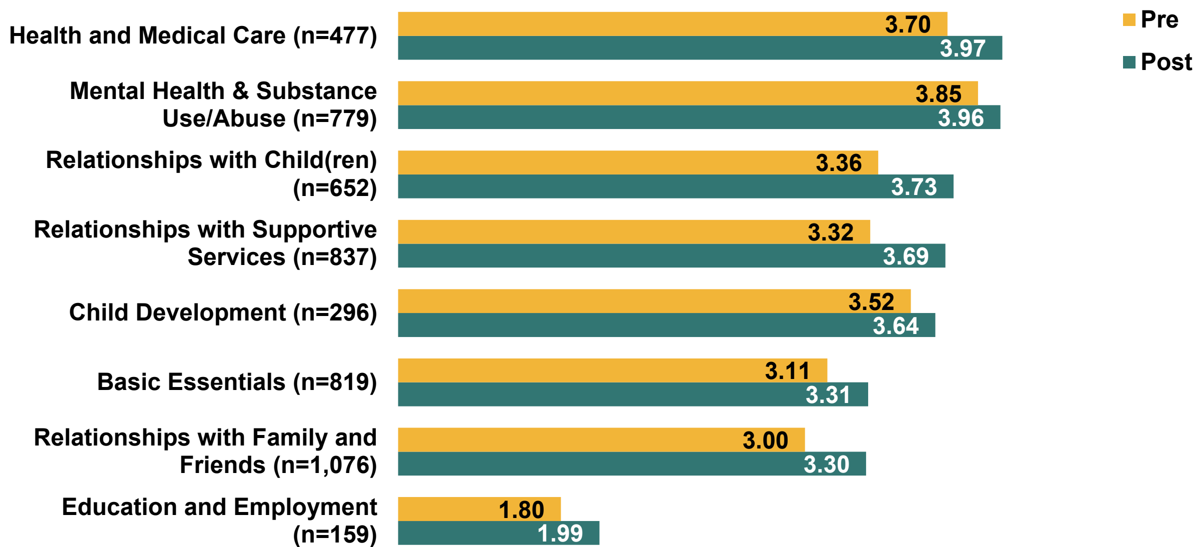
Figure 5. Changes in Protective Factors Scores Among Matched Surveys



Overall Life Skills Progression Results

The Life Skills Progression measures eight different domains on a scale of one to five. The domain with the highest average score at pre-assessment was *Mental Health & Substance Use* (3.85) and the domain with the highest score at post-assessment was *Health and Medical Care* (3.97). *Education and Employment* showed the lowest average scores at both pre- and post-assessment. The domains with the greatest improvement from pre- to post-assessment were *Relationships with Supportive Services* and *Relationships with Child(ren)* with a 0.37-point increase. All domains showed statistically significant improvement.

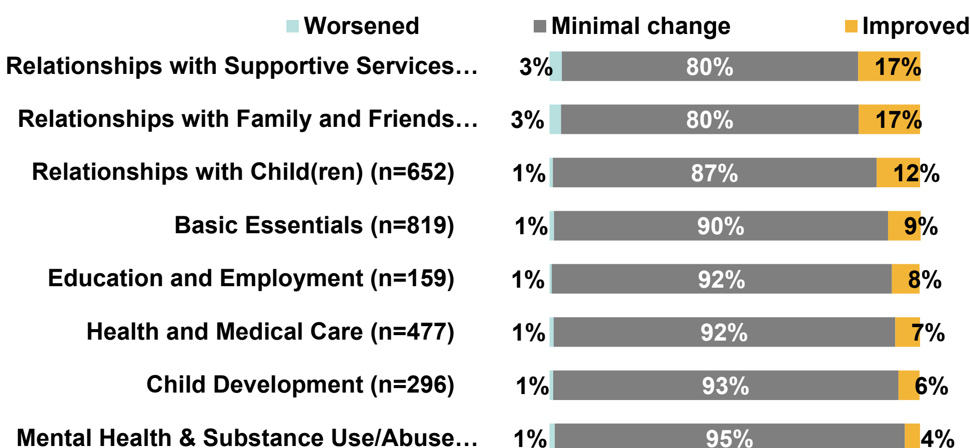
Figure 6. Average Pre- and Post- Life Skills Scores by Domain Among Matched Assessments (n=1,076)*



***All improvements between pre- and post-tests are statistically significant (p<0.05).**

As shown in Figure 7, the vast majority of participants showed minimal change in scores (less than one point) from pre- to post-assessment. The *Mental Health and Substance Use* domain reported the greatest proportion of participants with minimal score changes. *Relationships with Supportive Services* and *Relationships with Family and Friends* showed both the greatest proportion of improved scores (17%) and worsened scores (3%).

Figure 7. Changes in Life Skills Scores Among Matched Assessments



Impacts of Discharge Reason

Protective Factors Survey scores often vary by discharge status, meaning that those that complete the program may report different scores than those that exit but do not complete the program for any reason. Participants who completed the program, those whose child aged out, and active clients demonstrated statistically significant increases (Table 7). Clients who discharged for all other reasons experienced score decreases in some domains. However, those score decreases were not statistically significant.

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=138)	5.73	6.09*	5.40	6.05*	5.37	5.76*	6.55	6.61	5.72	6.12*
Moved out of service area (n=14)	5.70	6.25*	4.60	5.93*	4.39	4.91	6.24	6.33	4.43	5.10
No contact or could not locate (n=8)	5.69	5.34	4.83	4.25	4.58	4.63	5.50	5.34	4.96	5.54
Did not complete (discharged early) (n=48)	5.58	5.78	5.37	5.51	4.78	5.13	6.02	6.07	5.28	5.47
Active client (n=337)	5.73	6.01*	5.47	5.97*	5.36	5.69*	6.34	6.50*	5.74	5.89*

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

[2] The Ns for Discharge Reason represent the lowest response across domains. Discharge reasons with responses from fewer than 10 individuals have been excluded.

Life Skills Progression scores also varied by discharge reason (Table 7). Three groups of discharged clients demonstrated decreased scores: *moved out of service area*, *no contact or could not locate*, and *no longer interested*. Clients discharged for *no contact or could not be located* showed a statistically significant decrease in scores in the *Relationships with Supportive Services* domain. Statistically significant score improvements were seen across domains among active clients and those who completed/child aged out of the program.

Table 7. LSP Scores by Discharge Status

Discharge Reason[3]	Relationships with Family and Friends		Relationships with Child(ren)		Relationships with Supportive Services		Education and Employment		Health & Medical Care		Mental Health & Substance Use/Abuse		Basic Essentials		Child Development	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Completed/ child aged out (n=70)	3.03	3.45*	3.55	4.18*	3.57	4.24*	-	-	3.94	4.35*	3.91	4.13*	3.51	3.76*	3.64	3.97*
Moved out of service area (n=42)	2.76	3.05*	3.13	3.60*	3.03	3.53*	-	-	3.48	3.76	3.48	3.73*	2.94	3.05	3.48	3.43
No contact or could not locate (n=34)	2.94	3.06	3.11	3.47*	3.20	2.84*	-	-	3.54	3.80*	3.78	3.74	3.02	3.11	3.63	3.60
No longer interested in services (n=22)	3.00	3.05	3.40	3.54	3.23	3.34	-	-	3.94	3.96	3.98	4.00	3.60	3.59	3.63	3.65
Too busy (n=19)	3.17	3.44	3.69	3.97*	3.48	3.50	-	-	3.64	3.81	4.08	4.21*	3.42	3.69*	3.43	3.58
Did not complete (discharged early) (n=175)	3.02	3.20*	3.33	3.67*	3.32	3.47*	1.98	2.31*	3.67	3.86*	3.85	3.91	3.16	3.34*	3.51	3.63
Active client (n=831)	2.99	3.31*	3.36	3.71*	3.31	3.70*	1.74	1.91*	3.69	3.95*	3.85	3.96*	3.07	3.27*	3.51	3.61*

***Statistically significant difference between pre- and post-assessments ($p<0.05$).**
Red text indicates a decrease in scores.
- Sample size not large enough to report

[3] The Ns for Discharge Reason represent the lowest response across domains. Discharge reasons with responses from fewer than 10 individuals have been excluded.

ICAPP Program Completion

PCG conducted a cluster analysis of unduplicated ICAPP participant demographics to better understand factors that led to successful completion of the program. Demographic data collected through DAISEY were used to complete this analysis. The following demographic characteristics were more likely to be associated with program completion.

- Hispanic ethnicity
- Married
- Larger households (between 4 and 8 household members)
- Income greater than $10K
- Less formal education (receiving high school degree/GED or less education)
- Caregivers who primarily speak Spanish in the home
- Non-first-time moms

Protective Factor Survey Scores by Demographic Characteristics

This section of the report describes the demographic groups that reported statistically significant changes in their protective factor scores from pre- to post-survey. Only demographic groups with a sufficient sample size ($n \geq 50$) are reported. In this section, shaded cells indicate a demographic group for which score changes from pre- to post-survey were not statistically significant.

Annual Household Income

Across household income groups, the domains that experienced statistically significant change were Family Functioning and Resilience, Concrete Support, and Child Development and Knowledge of Parenting. As shown in Table 8, the domain with the smallest amount of statistically significant change was Nurturing and Attachment. Only those with an annual income of $0-10K reported statistically significant change in this domain. This was also the only income group that reported statistically significant change across all domains. The sample size for households with an annual income of $30K-40K and $40K-50K were too small to reliably assess statistically significant change across all domains.

Table 8. Statistically Significant Protective Factor Score Change Across Household Income

Domain	$0-10K	$10K-20K	$20K-30K	More than $50K
Family Functioning and Resilience	0.37	0.35	0.43	0.28
Social Emotional Support	0.29		0.28	
Concrete Support	0.53	0.64	0.38	0.49
Nurturing and Attachment	0.09			
Child Development and Knowledge of Parenting	0.25	0.30	0.44	0.21

Primary Language Spoken in the Home

Only English and Spanish speakers had a sufficient sample size to report pre- to post-survey score changes; all other language groups (*e.g.,* Burmese, Karen, Chin) were too small. English speakers reported statistically significant score improvements across all domains, while Spanish speakers reported improvements in all but the Nurturing and Attachment domain (Table 9). Score changes experienced by the two groups were similar across the other four domains.

Table 9. Statistically Significant Protective Factor Score Change Across Primary Language Spoken

Domain	English	Spanish
Family Functioning and Resilience	0.36	0.37
Social Emotional Support	0.20	0.29
Concrete Support	0.40	0.53
Nurturing and Attachment	0.14	
Child Development and Knowledge of Parenting	0.28	0.25

Race/Ethnicity

Many race and ethnicity groups were relatively small. Only white and Hispanic groups were large enough to report statistically significant changes. White participants reported statistically significant score improvements across all domains, as is displayed in Table 10. Hispanic participants reported score improvements across all domains except Nurturing and Attachment.

Hispanic participants reported the greatest overall improvement (0.81 points) in the Concrete Support domain compared to all other demographic groups.

Table 10. Statistically Significant Protective Factor Score Change Across Race/Ethnicity

Domain	Hispanic	White
Family Functioning and Resilience	0.27	0.38
Social Emotional Support	0.20	0.17
Concrete Support	0.81	0.37
Nurturing and Attachment		0.15
Child Development and Knowledge of Parenting	0.32	0.28

Caregiver Relationship Status

Table 11 shows the statistically significant score improvements reported by participants with different relationship statuses; married, single, and partnered. Other relationship status groups (*e.g.,* divorced, widowed) did not have a sufficient sample size to report score changes. Married participants reported improved scores in all five domains while single participants reported score improvement in four domains and partnered participants in three. Score changes in the Nurturing and Attachment domain were not significant for single and partnered participants.

Table 11. Statistically Significant Protective Factor Score Change Across Caregiver Relationships Status

Domain	Married	Single	Partnered
Family Functioning and Resilience	0.26	0.43	0.35
Social Emotional Support	0.26	0.29	
Concrete Support	0.48	0.56	0.55
Nurturing and Attachment	0.11		
Child Development and Knowledge of Parenting	0.23	0.32	0.38

Caregiver Age

Only caregiver age groups between 20 and 39 were large enough for protective factor score changes to be reported. Caregivers between the age of 20 and 24 reported statistically significant improvement in all domains except for Social Emotional Support (Table 12). Caregivers between 25 and 29 and 30 and 39 reported score improvements in all domains but Nurturing and Attachment. Participants ages 20 to 24 reported the largest score improvement in the Family Functioning and Resilience (0.51 points) and Child Development and Knowledge of Parenting (0.34) domains. The largest score increase in the Concrete Support domain was in caregivers 25 to 29 (0.72 points).

Table 12. Statistically Significant Protective Factor Score Change Across Caregiver Age

Domain	20-24 Years	25-29 Years	30-39 Years
Family Functioning and Resilience	0.51	0.31	0.37

Domain	20-24 Years	25-29 Years	30-39 Years
Social Emotional Support		0.30	0.26
Concrete Support	0.41	0.72	0.47
Nurturing and Attachment	0.24		
Child Development and Knowledge of Parenting	0.34	0.24	0.31

Caregiver Level of Formal Education

Three formal education level groups could be reported on as the sample size for other education level groups were too small. Table 13 shows that participants with some high school education did not report statistically significant change in the Family Functioning and Resilience and Nurturing and Attachment domains. However, they did report large score improvements in the Concrete Support (0.57 points) and Child Development and Knowledge of Parenting (0.43 points) domains compared to the other groups. Those with a high school diploma or GED or some college education did not report statistically significant changes in the Social Emotional Support domain. Participants with some college education also did not report statistically significant score changes in the Nurturing and Attachment domain.

Table 13. Statistically Significant Protective Factor Score Change Across Caregiver Level of Formal Education

Domain	Some High School	High School Diploma or GED	Some College
Family Functioning and Resilience		0.31	0.43
Social Emotional Support	0.44		
Concrete Support	0.57	0.40	0.56
Nurturing and Attachment		0.15	
Child Development and Knowledge of Parenting	0.43	0.28	0.33

Household Size

Only household sizes between two and five were able to be analyzed due to small sample size of the other household size groups. None of the groups shown in Table 14 reported statistically significantly improved scores across all domains, but households of two and three reported improvement in four domains. Only households of two reported improvement in the Social Emotional Support domain. All household sizes reported improvement in Family Functioning and Resilience and Child Development and Knowledge of Parenting scores.

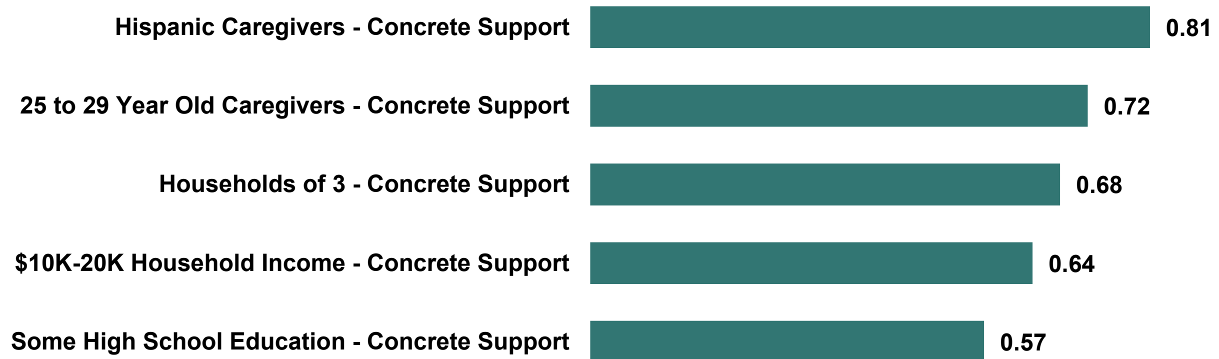
Table 14. Statistically Significant Protective Factor Score Change Across Household Size

Domain	Households of 2	Households of 3	Households of 4	Households of 5
Family Functioning and Resilience	0.49	0.21	0.35	0.43
Social Emotional Support	0.37			
Concrete Support	0.48	0.68	0.46	

Domain	Households of 2	Households of 3	Households of 4	Households of 5
Nurturing and Attachment		0.15		0.23
Child Development and Knowledge of Parenting	0.21	0.32	0.24	0.42

Across all demographic groups and domains, the top five greatest score improvements were all reported in the Concrete Support domain, as shown in Figure 8. Specifically, Hispanic caregivers, those 25 to 29 years old, households of three, households with an annual income of $10K-20K, and caregivers with some high school education reported the largest score improvements. All score increases were more than half a point.

Figure 8. Largest Protective Factors Score Improvements Across All Demographic Groups



Life Skills Progression Scores by Demographic Characteristics

Life Skills Progression data were also analyzed by demographic group. This section presents the groups that showed statistically significant improvements from pre- to post-assessment across the eight domains. Only demographic groups with at least 50 respondents were included in this section. A larger number of caregiver demographic groups demonstrated statistically significant improvements on the LPS than the Protective Factors Survey. In this section, shaded cells indicate a demographic group for which score changes from pre- to post-assessment were not statistically significant.

Annual Household Income

All income groups showed statistically significant improvement in more than one domain. Households with an income of $0-10K displayed the highest score increase of all income groups for the Basic Essentials domain, as shown in Table 15. Higher income groups ($40K-50K and more than $50K) did not show statistically significant improvement in the Basic Essentials domain. In fact, scores decreased as household income increased for this domain. Those with an income of $10K-20K exhibited the greatest score improvements in the Relationship with Child(ren) and Relationships with Services domains. The sample size was too small to reliable assess statistically significant change across the Education and Employment domain for all income groups. In addition, the caregiver groups that made more than $30K annually did not have a sufficient sample size to report on the Child Development domain.

Table 15. Statistically Significant Life Skills Score Change Across Household Income

Domain	$0-10K	$10K-20K	$20K-30K	$30K-40K	$40K-50K	More than $50K
Relationships with Family and Friends	0.31	0.32	0.38	0.25	0.18	0.25
Relationships with Child(ren)	0.36	0.50	0.36	0.25	-	0.35
Relationships with Supportive Services	0.28	0.47	0.38	0.36	0.32	0.34
Education and Employment	-	-	-	-	-	-
Health & Medical Care	0.28	0.29	0.30	0.28	-	0.20
Mental Health & Substance Use	0.13	0.11	0.17	0.07		0.06
Basic Essentials	0.31	0.26	0.22	0.12		
Child Development		0.16		-	-	-

- **Sample size not large enough to report**

Primary Language Spoken in the Home

English and Spanish speaking groups were the only language groups large enough to report on. All other languages (*e.g.,* Burmese, Karen, Arabic) were combined into an "other" category to assess how being non-English and non-Spanish speaking may impact program results. Caregivers speaking a language other than English or Spanish exhibited statistically significantly improved scores in the Education and Employment domain while Spanish speakers did not report statistically significant change in this domain. English speakers did not have a sufficient sample size to report scores in the Education and Employment domain. Caregivers speaking another language demonstrated higher score improvements than English and Spanish speakers in the

Relationships with Family and Friends, Relationships with Child(ren), Relationships with Supportive Service, and Mental Health & Substance Use domains.

Table 17. Statistically Significant Life Skills Score Change Across Primary Language Spoken

Domain	English	Spanish	Other
Relationships with Family and Friends	0.23	0.36	0.66
Relationships with Child(ren)	0.34	0.36	0.50
Relationships with Supportive Services	0.30	0.40	0.67
Education and Employment	-		0.29
Health & Medical Care	0.21	0.43	0.36
Mental Health & Substance Use	0.09	0.13	0.17
Basic Essentials	0.17	0.26	0.26
Child Development	0.13	-	-

- **Sample size not large enough to report**

Race/Ethnicity

Only four races and ethnicities had a sufficient sample size to reliably assess statistically significant change in scores (Table 18). Participants identifying as African American or Black showed statistically significant improvement in the Relationships with Family and Friends domain, but the sample size was too small to report on all other domains. White caregivers had improved scores in all domains with the exception of Education and Employment where the sample size was too small to report. Asian participants showed the greatest score improvements of all racial and ethnic groups in all domains for which the sample size was sufficient (Relationships with Family and Friends, Relationships with Supportive Services, Mental Health & Substance Use, and Basic Essentials). Hispanic caregivers generally exhibited greater improvement of scores than white participants in all domains except Education and Employment and Child Development where score changes were not statistically significant.

Table 18. Statistically Significant Life Skills Score Change Across Race/Ethnicity

Domain	African American/ Black	Asian	Hispanic	White
Relationships with Family and Friends	0.22	0.82	0.34	0.23
Relationships with Child(ren)	-	-	0.40	0.33
Relationships with Supportive Services	-	0.75	0.44	0.29
Education and Employment	-	-		-
Health & Medical Care	-	-	0.42	0.20
Mental Health & Substance Use	-	0.21	0.16	0.09
Basic Essentials	-	0.32	0.27	0.16
Child Development	-	-		0.14

- **Sample size not large enough to report**

Caregiver Relationship Status

Three relationship statuses had a sufficient sample size for reliable reporting: married caregivers, single caregivers, and partnered caregivers. Married caregivers are the only relationship status that showed statistically significant improvement in all domains (Table 19). Single and partnered caregivers did not indicate statistically significant change in the Child Development domain and did not have a sufficient sample size to allow for analysis of Education and Employment scores.

Table 19. Statistically Significant Life Skills Score Change Across Caregiver Relationship Status

Domain	Married	Single	Partnered
Relationships with Family and Friends	0.29	0.32	0.25
Relationships with Child(ren)	0.31	0.40	0.41
Relationships with Supportive Services	0.38	0.31	0.39
Education and Employment	0.21	-	-
Health & Medical Care	0.25	0.23	0.32
Mental Health & Substance Use	0.10	0.10	0.14
Basic Essentials	0.15	0.24	0.24
Child Development	0.15		

- **Sample size not large enough to report**

Caregiver Age

The sample size was too small to reliable assess statistically significant change across the 14 years or younger, 15 to 19 years, and 50 years or older age groups. The 30- to 39-year-old age group showed statistically significant improvement in scores across all domains. This is the only age group with a sufficient sample size in the Education & Employment domain. No statistically significant change was demonstrated by the 25- to 29-year-old age group in the Mental Health & Substance Use or Child Development domains. Of all age groups, caregivers 20 to 24 experienced the greatest improvement in the Relationships with Child(ren) domain.

Table 16. Statistically Significant Life Skills Score Change Across Caregiver Age

Domain	20-24 Years	25-29 Years	30-39 Years	40-49 Years
Relationships with Family and Friends	0.23	0.30	0.32	0.39
Relationships with Child(ren)	0.49	0.30	0.35	0.43
Relationships with Supportive Services	0.36	0.32	0.38	0.36
Education and Employment	-	-	0.17	-
Health & Medical Care	0.26	0.24	0.28	-
Mental Health & Substance Use	0.17		0.11	0.10
Basic Essentials	0.22	0.22	0.16	0.21
Child Development	-		0.13	-

- **Sample size not large enough to report**

Caregiver Level of Formal Education

Most levels of formal education had a sufficient sample size to allow reporting of statistically significant changes. However, all education groups were too small to reliably report on the Education and Employment domain. Only the Relationships with Supportive Services domain showed statistically significant improvement across all education groups. Caregivers with a middle school or lower education level demonstrated the greatest score improvements in the Relationships with Family and Friends and Relationships with Supportive Services domains. Those with a two-year degree only showed statistically significant improvement in the Relationships with Supportive Services domain.

Table 20. Statistically Significant Life Skills Score Change Across Caregiver Level of Formal Education

Domain	Middle School	Some High School	High School Diploma or GED	Trade/ Vocational School	Some College	2-Year Degree	4-Year Degree
Relationships with Family and Friends	0.66	0.37	0.24	0.35	0.30		0.25
Relationships with Child(ren)	-	0.41	0.34	-	0.36		0.35
Relationships with Supportive Services	0.68	0.33	0.31	0.40	0.38	0.25	0.36
Education and Employment	-	-	-	-	-	-	-
Health & Medical Care	-	0.31	0.26	-	0.15	-	0.29
Mental Health & Substance Use	0.20		0.15	-	0.08		0.09
Basic Essentials	0.26	0.24	0.17		0.28		0.18
Child Development	-	-	0.12	-	-	-	-

- **Sample size not large enough to report**

Household Size

Household size groups between two and six were large enough to report statistically significant changes. However, households of six only had a sufficient sample size to report on changes in the Relationships with Family and domain, for which they reported the greatest score improvement of all household sizes. This was also the only domain that showed improved scores for all household sizes. Households of two had the largest increase in the Relationships with Children and Basic Essentials domains. Households of three demonstrated the most significant improvement in scores in the Relationships with Supportive Services domain. Group sample sizes were not large enough for any household size to report on Education and Employment score changes.

Table 21. Statistically Significant Life Skills Score Change Across Household Size

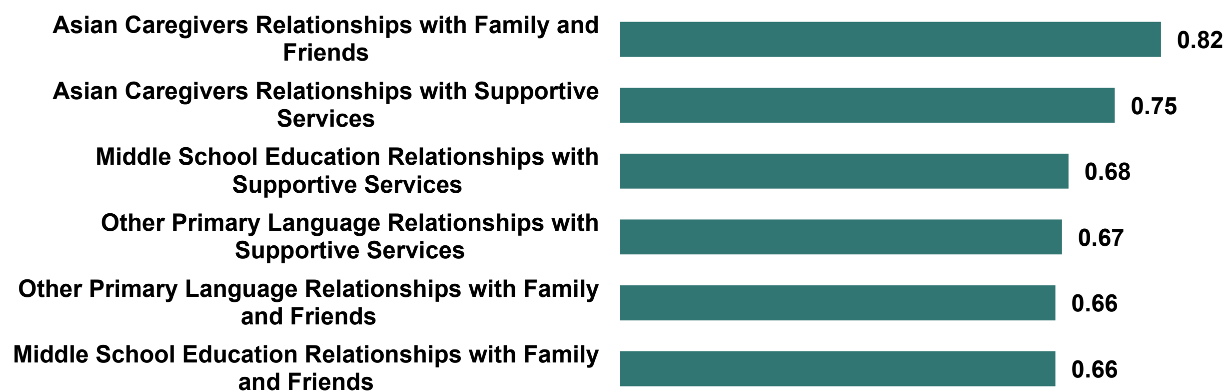
Domain	Households of 2	Households of 3	Households of 4	Households of 5	Households of 6
Relationships with Family and Friends	0.36	0.24	0.25	0.34	0.44
Relationships with Child(ren)	0.43	0.34	0.33	0.36	-
Relationships with Supportive Services	0.28	0.41	0.32	0.32	-

Domain	Households of 2	Households of 3	Households of 4	Households of 5	Households of 6
Education and Employment	-	-	-	-	-
Health & Medical Care	0.27	0.26	0.27	0.27	-
Mental Health & Substance Use	0.11	0.11	0.08	-	-
Basic Essentials	0.28	0.19	0.22	0.12	-
Child Development	-	0.14	0.13	-	-

- **Sample size not large enough to report**

Figure 9 shows the greatest score improvements among all demographic groups and life skills domains. The Relationships with Family and Friends and Relationships with Supportive Services domains exhibited the largest score increases. Asian caregivers, those with a middle school or lower education, and those speaking a primary language other than Spanish and English had the greatest improvement in scores, all increasing by two-thirds of a point or more in the identified domains.

Figure 9. Largest Life Skills Score Improvements Across All Demographic Groups



Survey Scores by Program

The Parent Development and Home Visiting Programs use the Protective Factors Survey and Life Skills Progression to measure the impact of the programs on their parenting skills. This section specifically breaks down the Parent Development and Home Visiting programs and the impact they had on participants. Parent Development programs tend to use the Protective Factors Survey more than the Life Skills Progression to measure progression, while Home Visiting programs tend to use the Life Skills Progression more regularly.

Parent Development Programs

Table 22 displays the counties served by Parent Development programing. The funding amount for each county or area is listed as well as the number of children and families served, and the number of in-home sessions and group sessions offered through this programing. In total, $680,757 allowed 727 families and 671 children to be served across 20 counties.

Table 22. Level of Funding and Number Served by ICAPP Parent Development Programs

Counties Served	Funding	Families Served	Children Served	In-Home Sessions	Group Sessions
Appanoose, Davis	$85,769	99	121	9	288
Clay	$18,571	18	20	98	5
Crawford	$35,000	102	58	511	39
Dickinson	$30,000	13	14	52	0
Dubuque	$29,413	31	41	451	0
Emmet	$59,315	1	1	6	3
Floyd	$28,500	23	29	0	52
Franklin, Butler	$34,200	12	14	163	54
Henry	$38,430	17	25	0	34
Kossuth	$28,500	5	7	40	3
Linn	$46,963	18	2	262	0
Mills	$13,500	23	30	75	17
Muscatine	$34,728	70	35	0	194
O’Brien	$19,000	15	21	118	3
Palo Alto	$45,000	5	10	65	3
Pottawattamie	$23,513	13	15	0	24
Scott	$58,873	46	33	446	23
Woodbury	$51,300	216	195	528	31
Total	**$680,575**	**727**	**671**	**2,824**	**773**

Parent Development Protective Factors Survey and Life Skill Progression Results

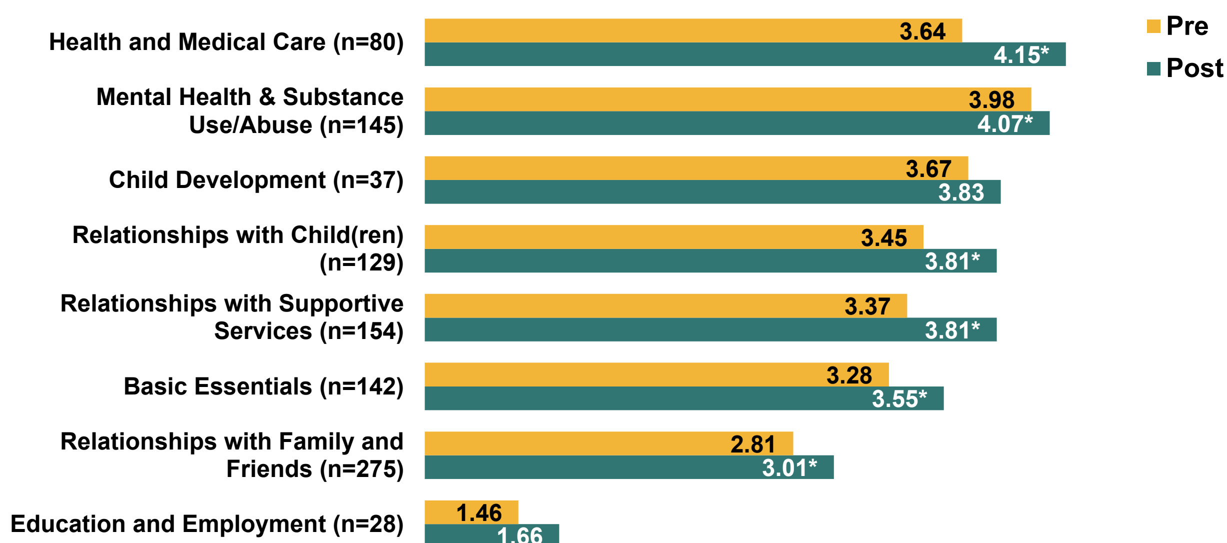
All Protective Factor Survey domains showed statistically significant improvement in scores from pre- to post-survey. *Nurturing and Attachment* was the domain with the highest pre- and post-survey scores, while *Family Functioning and Resilience* was the domain with the lowest pre- and post- survey scores. The greatest improvement in scores was seen in the *Concrete Support* domain (0.46 points).

Figure 10. Average Pre- and Post- Protective Factors Scores by Domain Among Parent Development Matched Surveys*

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

Statistically significant score improvement was shown in most Life Skills Progression domains with the exceptions of *Education and Employment* and *Child Development*, as shown in Figure 11. The highest score at pre-assessment was in *Mental Health and Substance Use* (3.98), while the highest score at post-assessment was in *Health and Medical Care* (4.15). The *Health and Medical Care* domain also showed the greatest improvement from pre- to post-assessment with a 0.51-point increase.

Figure 11. Average Pre- and Post- LSP Scores by Domain Among Parent Development Matched Assessments*



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

Home Visitation Programs

In FY 2022, 15 counties (14 projects) implemented Home Visitation programing. In total, $453,304 supported 14 projects serving 599 families and 767 children through 7,062 in-home sessions and 273 group sessions.

Table 23. Level of Funding and Number Served by Home Visitation Programs by ICAPP

Counties Served	Funding	Families Served	Children Served	In-Home Sessions	Group Sessions
Allamakee, Howard	$56,079	28	39	125	11
Buchanan	$27,000	26	33	593	72
Cass	$13,500	26	37	211	31
Clarke	$55,570	35	50	181	18
Clinton	$33,300	38	40	802	0
Decatur	$52,646	11	17	23	3
Delaware	$28,495	67	93	810	13
Johnson	$27,000	67	81	697	36
Marshall	$41,733	157	180	1,963	25
Mills	$13,500	28	32	268	13
Monona	$28,499	34	48	485	11
Ringgold	$17,088	21	29	131	16
Shelby	$28,894	27	35	475	19
Warren	$30,000	34	53	298	5
Total	**$453,304**	**599**	**767**	**7,062**	**273**

Home Visitation Protective Factors Survey and Life Skill Progression Results

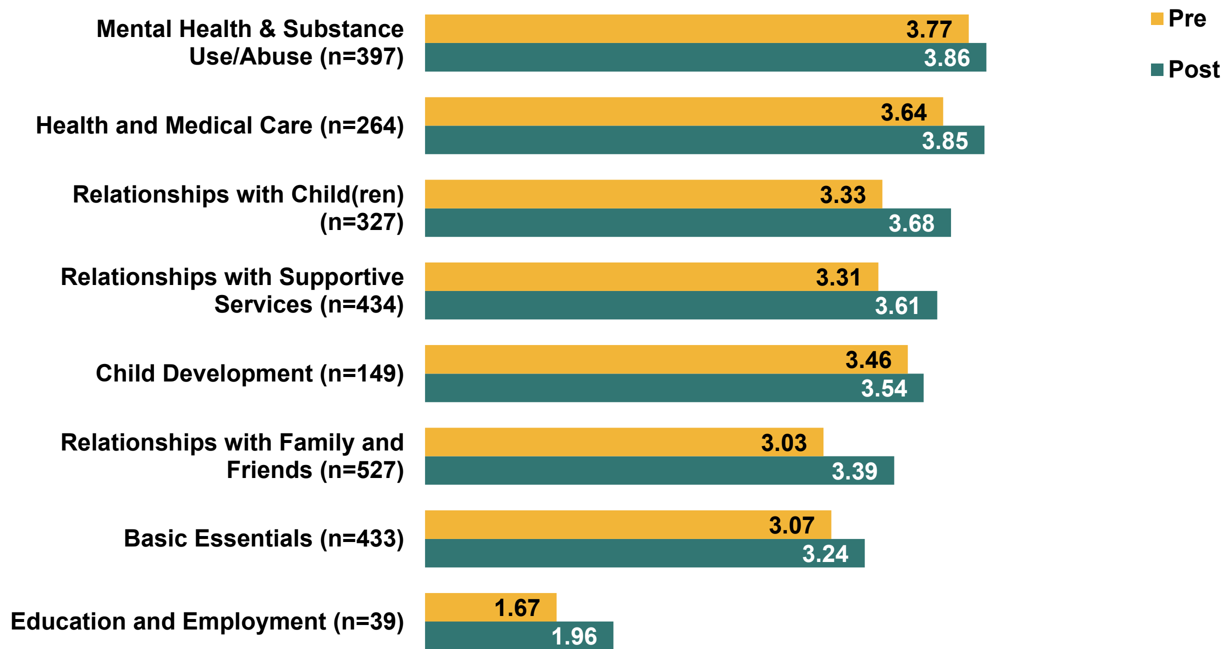
As shown in Figure 12, all Protective Factors domains showed statistically significant score improvement for Home Visiting program participants. The most notable increase was seen in *Concrete Support* (0.75 points). The highest scores were reported in the *Nurturing and Attachment* domain at both pre- and post-survey. Post-survey scores were higher for the Home Visiting program than the Parent Development program, while pre-survey scores were similar.

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

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

Average scores in all Life Skills Progression domains for Home Visiting participants increased to a statistically significant extent from pre- to post-assessment. At both pre- and post-assessment, the highest scores were seen in the *Mental Health and Substance Use* domain. The greatest overall score improvement was in the *Relationships with Family and Friends* domain (0.36 points).

Figure 13. Average Pre- and Post- Life Skills Progression Scores by Domain Among Home Visitation Matched Assessments



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

Sexual Abuse Prevention

ICAPP-funded Sexual Abuse Prevention (SAP) projects employ both child- and adult-focused approaches. Child-focused programing aims to provide children with skills to protect themselves. In contrast, adult-focused programing equips adults and child-serving organizations with the skills to protect children. It is a requirement that all ICAPP grantees include an adult-focused component in their programing.

Grantees provide adult-focused SAP education through child sexual abuse prevention training opportunities and awareness activities. The program with the widest reach in FY 2022 was *Stewards of Children®*, which teaches participants the scope and impact of sexual abuse, and how it is ultimately an adult's responsibility to keep children safe. Another curriculum commonly implemented by ICAPP grantees is a nationally recognized, adult-focused program called *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. In addition to these programs, the *Overcoming Barriers to Protecting Children Training*, focusing on healthy and unhealthy behaviors and how to address concerning behaviors, was widely implemented in FY 2022.

Most ICAPP-funded SAP child-focused programing serves children starting in preschool and through the fifth grade. Programs teach 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 grantees utilize existing sexual abuse prevention curricula, while others design their own.

Two child-focused curricula that continue to be used by ICAPP grantees include *Think First & Stay Safe* (a curriculum designed to support children in recognizing and reporting harassment, abduction, bullying, physical abuse, sexual abuse, and emotional abuse) and *Care for Kids* (a comprehensive program that provides content on communication, nurturing/empathy, body parts, developing healthy attitudes toward sexuality, and boundaries). These programs generally include supplemental training or information for adults prior to child instruction.

Sexual abuse prevention research 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
- Discussing concepts related to communication and healthy relationships
- 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 children on how to disclose unsafe touch or uncomfortable situations to a trusted adult

These programs may also target policies at the local or regional level that aim to reduce risk to children by limiting one-to-one access, increasing efforts to screen individuals working or volunteering with children, and/or modifying the environments of child-serving organizations.

Adult-Focused Efforts

Fiscal Year 2022 funding distributed to ICAPP grantees for adult-focused SAP efforts is outlined in Table 24. Fourteen projects, spanning 17 counties, received funding for these efforts. These projects reached 1,647 adults through 136 presentations with the allotted $233,230. It should be noted that the Adair County attendee reported in the table virtually attended a presentation offered by another county. Additionally, although Clinton County offered two presentations, there were no attendees for these presentations.

Table 24. ICAPP-funded Sexual Abuse Prevention Services for Adults, Fiscal Year 2022

Counties Served	Funding	Number of Presentations	Adults Attending
Adair	$9,580	0	1
Adam, Taylor	$20,709	11	107
Butler, Franklin	$20,400	16	151
Clarke	$10,930	5	50
Clinton	$23,750	2	0
Dallas	$24,047	11	68
Decatur	$10,930	7	71
Hardin	$25,500	8	163
Marshall	$19,276	13	83
Muscatine	$11,290	6	47
Ringgold	$10,930	5	44
Scott	$9,458	25	547
Union	$10,930	11	70
Wapello, Mahaska	$25,500	16	245
Total	**$233,230**	**136**	1,647

Adult-Focused Intervention Data

Stewards of Children

Stewards of Children consists of a single two-hour training focused on educating participants about practical actions that can be taken to prevent child sexual abuse and methods to intervene if they suspect abuse is occurring. Participants were asked to complete a survey at the conclusion

of the training to assess their knowledge and skills related to the training content. A total of 257 participants completed a survey at the conclusion of the training in FY 2022.

As shown in Table 25, participants indicate the *Stewards of Children* training positively improved the growth in knowledge about prevention of child sexual abuse. Each item was scored on a five-point Likert scale, where one represents *strongly disagree* and five represents *strongly agree*. The average score for each statement ranged from 4.82 to 4.98. This suggests that participants generally agree or strongly agree that their understanding of child sexual abuse increased as a result of their participation and completion of the *Stewards of Children* training.

Table 25. Stewards of Children Training Impact

Question	Average Score	Participants responding "Agree" or "Strongly Agree"
Learned new skills to protect children	4.93	257
Training changed my attitude about child sexual abuse	4.82	247
I am more willing to report suspicion of child sexual abuse after taking	4.91	255
Training will help me better recognize the signs of sexual abuse	4.93	257
I am more willing to talk to a child about sexual abuse after taking Stewards of Children	4.90	255
I am more willing to intervene if I see someone engage in risky behaviors with a child	4.89	254
I would recommend this training to a friend, family member or colleague	4.98	255

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

Nurturing Healthy Sexual Development

The *Nurturing Healthy Sexual Development* program equips adults with knowledge and skills to recognize healthy and unhealthy sexual behaviors in children and empowers them to open the lines of communication about these behaviors, ultimately helping to protect children from sexual abuse. Participants evaluated their growth of knowledge and skills of healthy sexual development communication with children before and upon completion of the *Nurturing Healthy Sexual Development* workshop. The survey sample size for the program was 231 respondents.

Table 26 presents the pre- and post-workshop average scores, and the average change in scores among the participants. The average change was found to have an increase of more than a full point in each category. This increase indicates that participants believed their level of knowledge about nurturing healthy sexual development improved in every category from below average to above average after completion of the program.

Table 26. Nurturing Healthy Sexual Development-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.	2.02	3.40	+1.38
My knowledge of what I can do to nurture healthy sexual development in children.	1.85	3.35	+1.85
My knowledge of how to communicate with children about healthy sexuality.	1.83	3.39	+1.56

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

Table 27 depicts self-reported survey results of the level of comfort and preparedness to communicate with children about healthy sexual development from participants that completed the *Nurturing Healthy Sexual Development* training. Results showed an increased score by almost a full point (+0.95) or more in each category. This increase in scores shows that participants experienced a positive impact on their knowledge and skills resulting in an improved comfortability and preparedness to address healthy sexual development with children upon completion of the workshop. On average, participants reportedly agree or strongly agree they are comfortable and prepared for these conversations.

Table 27. Nurturing Healthy Sexual Development-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.	2.33	3.57	+1.24
I feel comfortable using anatomically correct names for body parts.	2.72	3.67	+0.95
I feel prepared to answer children's questions about sexuality.	2.35	3.61	+1.26

1=Strongly Disagree; 2= Disagree; 3= Agree; 4=Strongly Agree

Overcoming Barriers to Protecting Children Training

The *Overcoming Barriers to Protecting Children* Training prepares participants with the skills to distinguish healthy behaviors from behaviors that cross or violate boundaries and identify pre-offending behaviors. The interactive workshop allows participants to practice addressing concerning behaviors and describes how they can assist the community in developing safe spaces through a trauma-informed initiative. Overall, 207 participants completed a survey for the training.

Table 28 features the results of participants' self-reported knowledge about boundary crossing before and after completion of the *Overcoming Barriers to Protecting Children* training. Prior to the training, participants reported an average overall level of knowledge and ability to understand and respond to adult behaviors. After engaging in the training, participants reported their knowledge increased to above average knowledge about boundary crossing.

Table 28. Overcoming Barriers-Knowledge About Boundary Crossing

Question	Average "Before Training"	Average "After Training"	Average Change
My knowledge of the range of adult behaviors.	2.17	3.46	+1.29
My knowledge of the possible responses to boundary crossing or abusive adult behaviors.	2.00	3.47	+1.47
My knowledge of strategies to have an effective conversation with someone who crosses boundaries.	1.92	3.51	+1.59

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

Table 29 highlights participants' self-reported comfort with addressing boundary-crossing after completion of *Overcoming Barriers to Protecting Children* training. Participants indicated an increase in responsibility, preparedness, and support in communicating with adults about boundary crossing behaviors with children. Survey results indicate an increase of more than half a point from pre- to post-training in each of the three skill sets. On average, participants expressed agreement that after engaging in the training they feel more responsible for confronting boundary crossing, more prepared to speak with someone about boundary crossing, and more able to support others who are confronting boundary crossing behaviors.

Table 29. Overcoming Barriers-Comfort Level Addressing Boundary Crossing

Question	Average "Before Training"	Average "After Training"	Average Change
I feel responsible for confronting boundary crossing behaviors.	2.94	3.68	+0.74
I feel prepared to speak with someone who has crossed a boundary.	2.51	3.36	+0.85
I feel supportive of other adults who are confronting boundary crossing behaviors.	2.93	3.72	+0.79

1=Strongly Disagree; 2= Disagree; 3= Agree; 4=Strongly Agree

Child-Focused Efforts

Table 30 details the ICAPP-funding dedicated to child-focused SAP projects. In total, $123,884 was divided between six projects (serving eight counties), which funded 906 presentations that reached 4,820 children in FY 2022.

Table 30. ICAPP-funded Sexual Abuse Prevention Services for Children, Fiscal Year 2022

Counties Served	Funding	Number of Presentations	Children Attending
Butler, Franklin	$20,400	229	1,142
Clinton	$23,750	13	104
Hardin	$25,500	150	721
Marshall	$19,276	415	1,945
Scott	$9,458	32	16

Counties Served	Funding	Number of Presentations	Children Attending
Wapello, Mahaska	$25,500	67	892
Total	**$123,884**	**906**	**4,820**

Child-Focused Intervention Data

Think First & Stay Safe

Think First & Stay Safe is a research-based sexual abuse awareness and prevention curriculum implemented nationally. This curriculum employs a trauma-informed approach and is focused on providing age-appropriate information about personal safety for children, youth, and adults. *Think First & Stay Safe* is committed to preventing victimization of children and teen students by teaching students, parents/guardians, educators, administrators, and community members how to identify, interrupt, and report inappropriate behavior and situations. Moreover, this curriculum is designed to support children and youth to play an active role in understanding how to protect themselves from harassment, abduction, bullying, physical abuse, sexual abuse, and emotional abuse.

Table 31 presents Butler County survey results related to participant knowledge about potential abusers of children, specifically the percentage of children reporting correct responses. Data were collected from youth in Pre-K through fifth grade. The results indicate that all age groups increased their overall knowledge that children can be abused by someone they know. The largest increase in knowledge was found among Pre-K and kindergarteners, first and second graders, and fourth graders with an increase from pre-survey to post-survey of 90 percentage points or more.

Similarly, the number of third graders correctly responding that children can be sexually abused by someone they know increased by 88 percentage points. The smallest improvement in knowledge was with the fifth-grade participants, showing an improvement of 73 percentage points. It should be noted that fifth grade participants had the highest pre-survey score indicating that 27 percent of fifth graders already had the understanding that children can be sexually abused by some they know.

Table 31. Think First & Stay Safe Survey Results Butler County

Question	Pre-survey % correct	Post-survey % correct	% Improved
Can kids be abused by someone they know? (PreK-K)	0%	100%	+100%
Can kids be lured into abuse by someone they know? (1st/2nd grade)	3%	99%	+96%
When children are sexually abused, is it usually by someone they know? (3rd grade)	12%	100%	+88%
When children are sexually abused, are they usually abused by someone they know, like a relative or family friend? (4th grade)	10%	100%	+90%
When children are sexually abuse, are they usually abused by someone they know? (5th grade)	27%	100%	+73%

Table 32 depicts the growth in Franklin County participant knowledge that someone they know has the potential to be a child abuser as a result of the *Think First & Stay Safe* program. The participants from Franklin County showed similar survey outcomes to Butler County participants. After completion of the program, all grades showed improved scores and knowledge of who can abuse children.

From pre- to post-survey, Pre-K and kindergarteners and first and second graders reported the greatest increase of knowledge with an improvement of 97 percentage points or more. This was followed by third and fourth grade participants who had an increase in knowledge that children can be abused or lured into abuse by someone they know, with an improvement of at least 85 percentage points. Fifth graders had the greatest amount of knowledge at the pre-survey with a score of 70 percent, which resulted in the fifth graders having the smallest amount of knowledge gain about who can abuse children.

Table 32. Think First & Stay Safe Survey Results Franklin County

Question	Pre-survey % correct	Post-survey % correct	% Improved
Can kids be abused by someone they know? (PreK-K)	1%	100%	+99%
Can kids be lured into abuse by someone they know? (1st/2nd grade)	3%	100%	+97%
When children are sexually abused, is it usually by someone they know? (3rd grade)	13%	100%	+87%
When children are sexually abused, are they usually abused by someone they know, like a relative or family friend? (4th grade)	15%	100%	+85%
When children are sexually abuse, are they usually abused by someone they know? (5th grade)	70%	100%	+30%

Harding County survey results related to participant growth in knowledge after the completion of *Think First & Stay Safe* program are depicted in Table 33. The participants in fourth and fifth grade indicated a 100-percentage point improvement of growth in knowledge about who can abuse children, meaning that none of the children were aware of this prior to the program but all students answered correctly after the program. After completion of the program, participants in Pre-K and kindergarten and first and second grade reported an increase of knowledge of 95 percentage points or more. Prior to the program, between one and five percent of students knew kids could be abused by someone they know but nearly all students reported knowing this at the conclusion of the program.

In contrast, children in third grade reported the lowest increase of knowledge that children can be abused or lured into abuse by someone they know. However, this was because all the students reported knowing this prior to participating in the program. In the post-survey, all participants still reported having this knowledge, resulting in a zero-percentage point increase.

Table 33. Think First & Stay Safe Survey Results Hardin County

Question	Pre-survey % correct	Post-survey % correct	% Improved
Can kids be abused by someone they know? (PreK-K)	5%	100%	+95%
Can kids be lured into abuse by someone they know? (1st/2nd grade)	1%	99%	+98%
When children are sexually abused, is it usually by someone they know? (3rd grade)	0%	100%	+100%
When children are sexually abused, are they usually abused by someone they know, like a relative or family friend? (4th grade)	0%	100%	+100%
When children are sexually abuse, are they usually abused by someone they know? (5th grade)	0%	100%	+100%

Care for Kids

The *Care for Kids* program is implemented among children in Pre-K through second grade, typically in a school setting. The multi-session program features lessons on bodies, babies, feelings, asking for help, and asking for permission. The program seeks to boost knowledge of healthy boundaries and empathy, and support positive attitudes related to sexual development. It is paired with an adult-focused component providing handouts and an in-person information session for caregivers.

Table 34 depicts the impacts of the Care for Kids implementation in FY 2022. Before and after children participated in this training, their teacher assessed their skill level using a Likert style scale of one to five, one being *almost never* and five being *always.* The table highlights the teacher's assessment of the children's skills compiled in aggregate from before completing the training, after completing the training, and the total average change.

Results show growth across all categories of skills. The category with the greatest increase of 0.91 points was "Uses correct names for genitals (penis, vulva, or vagina)". However, this was still the lowest-scoring skill. The skill with the smallest increase was, "Communicates need/wants with words." The highest score was associated with the skill, "Says 'No' when they do not want to be touched."

Table 34. Care for Kids Training Impact

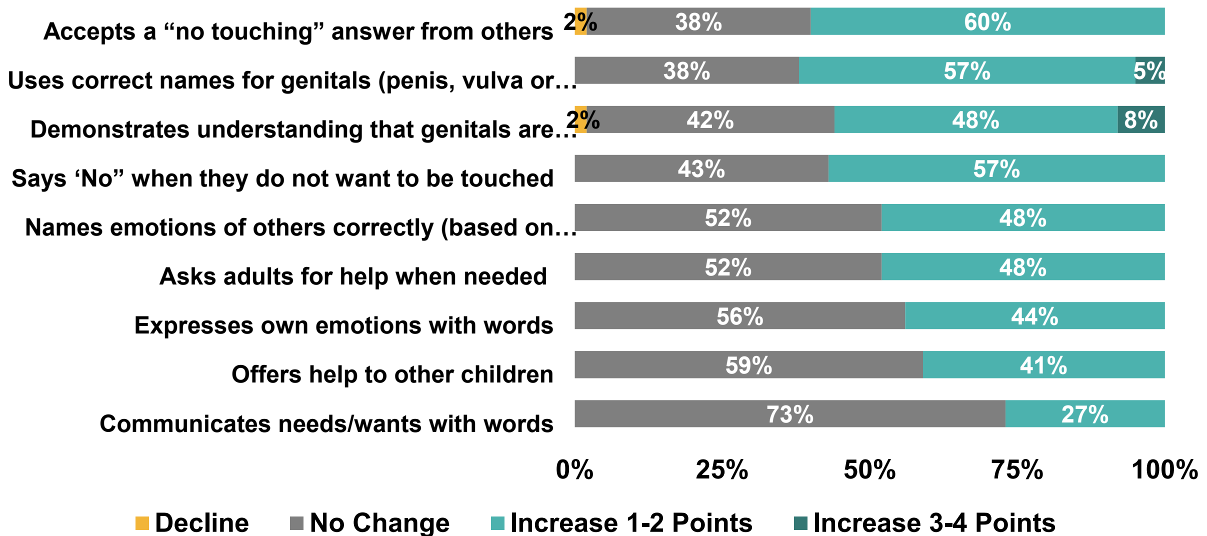
Skill	N (students)	Average Before	Average After	Average Change
Expresses own emotions with words	964	2.97	3.40	+0.43
Communicates needs/wants with words	964	3.33	3.59	+0.26
Asks adults for help when needed	964	3.25	3.73	+0.48
Names emotions of others correctly (based on facial expression/body language	964	3.03	3.51	+0.48
Offers help to other children	964	3.28	3.70	+0.42
Uses correct names for genitals (penis, vulva or vagina)	964	1.58	2.49	+0.91
Demonstrates understanding that genitals are private	964	3.27	3.92	+0.65

Skill	N (students)	Average Before	Average After	Average Change
Says 'No" when they do not want to be touched	964	3.13	3.75	+0.62
Accepts a "no touching" answer from others	964	3.06	3.67	+0.61

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

Figure 14 illustrates the average improvement, decline, or stagnation in children's skills. All children that participated in the *Care for Kids* program reside in Marshall, Mahaska, and Wapello Counties. A two percent decline in children's reported skills was seen in two skill categories, "Accepts a 'no touching' answer from others," and "Demonstrates understanding that genitals are private." Four of the nine skill categories showed more than half of the children that participated reported positive changes in skills with an increase of one to four points each. The skills with the greatest improvement overall were, "Accepts a 'no touching' answer from others," and "Uses correct names for genitals."

Figure 14. *Care for Kids* Average Skill Improvement



Resilient Communities Demonstration Project

The Resilient Communities Demonstration Project (RCDP) is an initiative designed to support communities to evaluate strengths and needs and support a comprehensive planning process. RCDPs are being implemented in Des Moines, Lee, Wapello, and Woodbury counties. The goal of the RCDP is to increase alignment of community-based supports, build capacity to meet needs of families, and effect policies and community norms that positively support families. In FY 2022, these four communities were awarded an annual total of $389,000 to support these efforts.

Des Moines

The Burlington Community School District provides leadership and administrative support for the Des Moines County RCDP. The community identified housing instability as a critical issue, so this project engages various community groups to focus on homelessness prevention. Collaborative planning efforts were conducted for organization and dissemination of resource information, including resource cards, for families as well as planning for a resource fair. One-on-one meetings were held to discuss strategies for targeted one-on-one prevention efforts. Members also discussed how to best utilize new digital tools for prevention and how to address the needs of homeless students in the community.

Lee

Lee County efforts included Child Abuse Prevention Month promotion and other awareness activities such as organizing family reconnection kits for libraries, distributing safety supplies, checking car seats, working with schools to build youth coalitions, and supporting life skill curriculum development. Efforts to build out a media campaign, including logo/branding and campaign material development, were ongoing. A childcare market study is also underway. Interagency coordination continues for referral and resource information system development. Supports for unhoused individuals continue to be developed, including a funding/sustainability plan, a warming center, and development of a "one stop shop" for resources. Youth and adult focus groups were held. Additional planning efforts continue for Parent Cafes, *Bridges Out of Poverty*, community movie night, family support program promotion, and Childcare Provider Appreciation Month. Project staff collected data on social media engagement, event attendance, and community partnerships and meeting attendance.

Wapello

The Wapello County RCDP continued to meet with the full group of required representatives as well as the executive committee. Recent efforts include numerous Child Abuse Prevention Month activities, community movie night, Parent Cafes, participation in the annual Ottumwa Pride event, and implementation of a media campaign. Successes include:

- A local school hired a mental health counselor for the 2023–2024 school year,
- 35 parents were served by Parent Cafes, and
- Ottumwa Leadership Academy graduates won a $500 award to go towards Resilient Neighbors, a program developed to support Resilient Communities efforts.

Woodbury

The Woodbury RCDP worked to revise the strategic plan and the media plan to respond to requests from the administrator for clarification of goals and performance measurement. The final strategic plan was approved, including an action plan with benchmarks and goals. The key

messaging campaign was finalized and launched. Marketing activities included t-shirts, billboards, a new website for the Urban Native Center, and Urban Native Center planners. The group's core members and committees continue to meet regularly to make decisions and discuss action items and progress with plan.

Strong Families Community Survey Findings

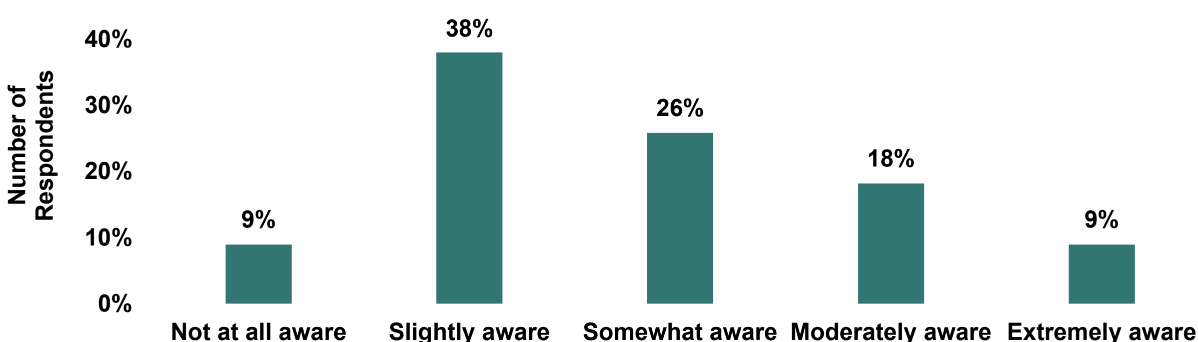
A new community assessment tool, The Strong Families Community Survey, launched in FY 2022. In total, 622 individuals completed the survey. Respondents represented 83 counties and a range of sectors, as shown in Table 35. Note that respondents could identify with more than one sector. Respondents listed as "Other" included public health, childcare consultants, legal, and law enforcement, among others.

Table 35. Sector Representation

Sector	Sector
Business (124 respondents)	**Mental Health Worker** (47 respondents)
Community Member (246 respondents)	**Parent/Caregiver** (172 respondents)
Faith Community (142 respondents)	**Human Services** (126 respondents)
Family Support-Direct Services (121 respondents)	**Sexual/Domestic Violence Worker** (46 respondents)
Family Support-Supervisor/Administrator (98 respondents)	**Substance Abuse Worker** (27 respondents)
Government Employee (80 respondents)	**Teacher/Education** (74 respondents)
Medical Personnel (45 respondents)	**Other** (41 respondents)
Mental Health Worker (47 respondents)	Strong Families Community Survey

When asked about community awareness of the issue of child maltreatment, there was mixed feedback from respondents. As shown in Figure 15, more than one-third of respondents think the community is only slightly aware of this problem. Less than 10 percent of respondents think the community is extremely aware.

Figure 15. Awareness of the Issue of Child Maltreatment



More than 80 percent (81.9%) of survey respondents reported that their community feels a moderate or significant sense of responsibility for the well-being of children in the community.

The most commonly identified parenting practices in the community, as reported by over 50 percent of respondents, were non-physical methods such as time outs, taking away privileges,

rewarding/praising good behavior, and grounding. However, 35 percent of respondents also identified spanking as a common parenting behavior. **Nearly half (44.5%) of respondents agreed or strongly agreed that spanking is an acceptable parenting practice in their community.**

As shown in Table 36, parents that also identified with another role were more likely than non-parents or parents that did not identify with another role to identify spanking as a common practice in their community. This group was also the least likely to find spanking to be an acceptable practice (38.5%). Non-parents were most likely to identify spanking as an acceptable practice in the community. Respondents that identified as parents only were least likely to believe spanking was a common practice in their community (23.8%).

Table 36. Approval of Spanking by Role

	N	% identifying spanking as a common practice in the community	% identifying spanking as acceptable practice in community
Parent only	21	23.8%	42.9%
Parent + other group	151	43.0%	38.5%
Other group only (not parent)	453	33.3%	46.5%

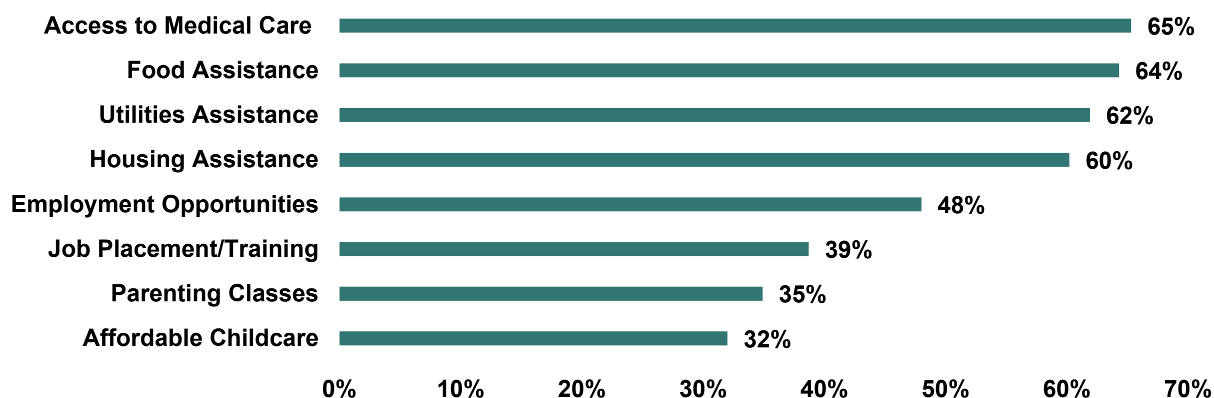
When reviewing spanking by county size, respondents from midsize counties (populations of 20,000 to 90,000 people) were most likely to identify spanking as an acceptable practice in their community with half of respondents agreeing there was community acceptance. However, midsize county respondents were also least likely to identify spanking as a common practice in the community (32.6%). Smaller, more rural counties were most likely to report spanking was a common practice in their community (40.6%).

Table 37. Approval of Spanking by County Size

	N	% identifying spanking as a common practice in the community	% identifying spanking as acceptable practice in community
Counties with population >90k (10)	112	37.5%	31.5%
Counties with population 20-90k (22)	138	32.6%	50.0%
Counties <20k (67)	320	40.6%	41.5%

Figure 16 outlines the resources available in respondent communities. The most commonly available resources include access to medical care, food assistance, utilities assistance, and housing assistance. Respondents also identified resource gaps in their communities. Commonly mentioned needs include affordable and dependable childcare, affordable public transportation, parenting programs, community activities, safe and affordable housing, accessible substance use and mental health resources, and financial planning assistance.

Figure 16. Resource Availability



Survey respondents were asked to share their level of judgement of those that access food assistance, mental health treatment, and treatment for substance use disorder as well as how stigmatized they feel they would be if they accessed those resources. As shown in Figure 17, the perception of judgement associated with these resources greatly outweighs the actual judgement of those that do access food assistance. Nearly three-quarters of respondents indicated they would not judge people that accessed these services at all and only four percent indicated they would judge others quite a bit. Meanwhile, 16 percent of respondents felt they would be judged quite a bit for accessing food assistance.

Figure 17. Attitude Around Accessing Food Assistance

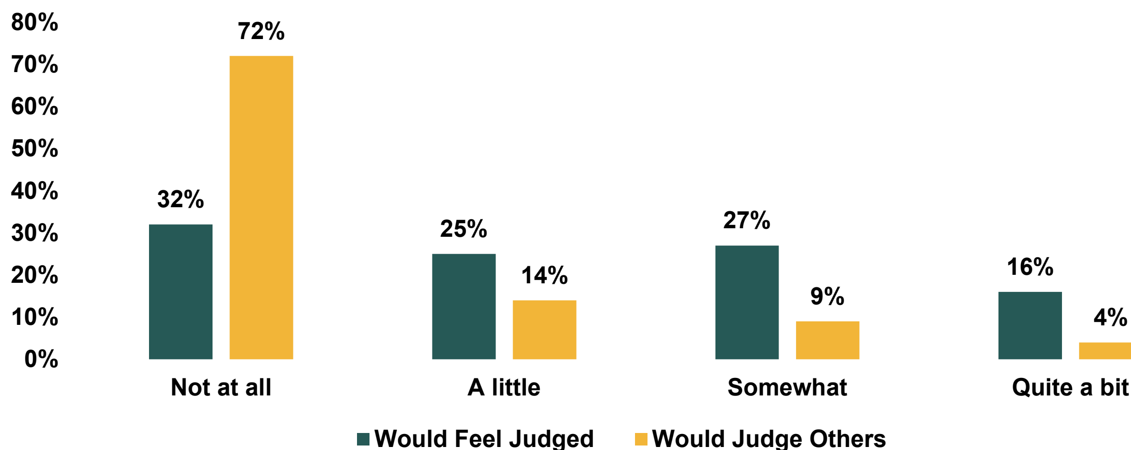
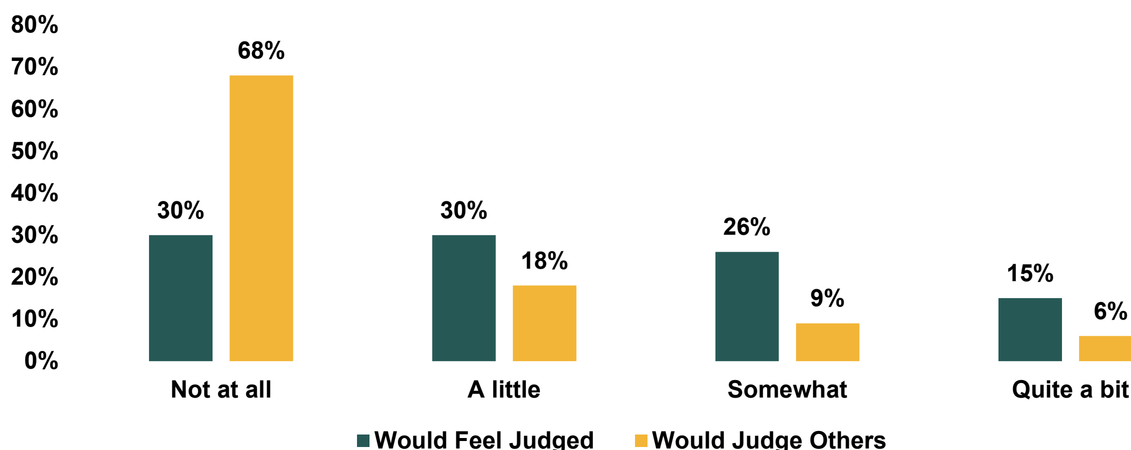


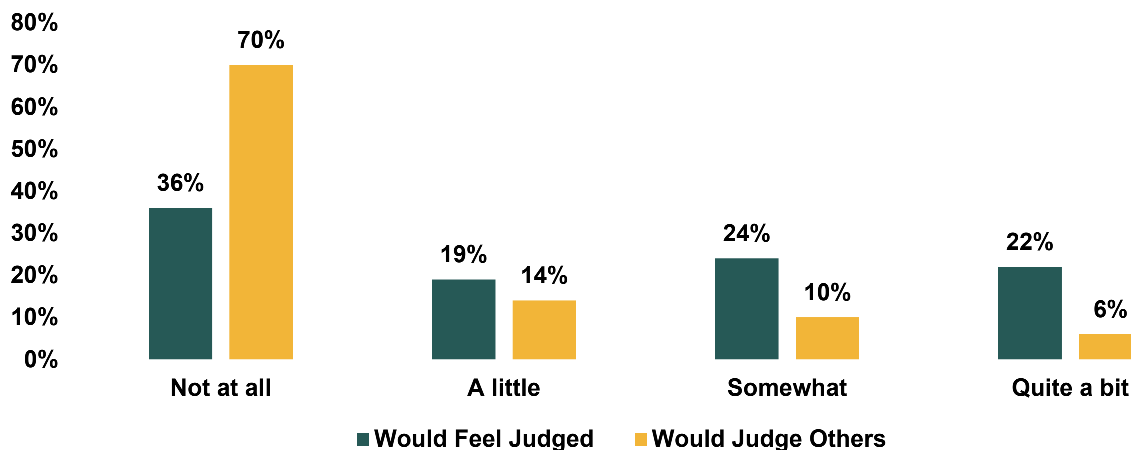
Figure 18 shows the difference between perceptions of judgment for accessing mental health treatment compared to actual judgement of those that access this resource. Six percent of respondents claimed they would judge someone quite a bit for using these services, but 15 percent of respondents were concerned they would be judged for accessing them. However, more than two-thirds of respondents indicated they would not at all judge someone for using mental health treatment services.

Figure 18. Attitude Around Accessing Mental Health Treatment



Similar to the other resources, the perception of judgement around substance use disorder is greater than the actual judgment (Figure 19). Of the three services, this was the one that people were most concerned about being judged for using. However, only six percent of respondents reported they would judge someone quite a bit for seeking treatment for substance use disorder. Seven out of 10 respondents indicated they would not at all judge someone for using this resource.

Figure 19. Attitude Around Accessing Treatment for Substance Use Disorder



Overall, there is more concern about perceived stigma and judgement for using these services than there is true judgement of those that access the services.

Respondents were asked to rate their level of agreement with a number of statements about their community. These statements are outlined in Table 38. Overall, most respondents tended to agree with all statements. The most agreeable statements were that parents/caregivers in the community care about their children and work hard to meet their needs and that their community is a good place to raise children; ninety percent or more respondents agreed with these statements. The statements with the lowest levels of agreement were that the community offers affordable opportunities for families to spend time together and the community has services available that teach parenting skills, with 69 percent agreement.

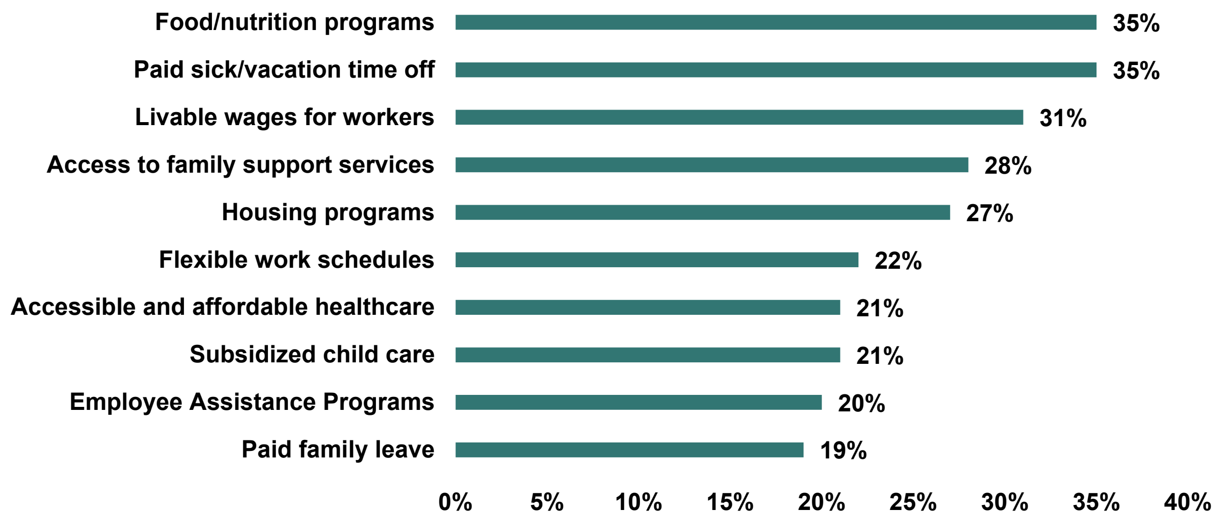
Table 38. Community Support Statements

Statement	Percentage of Respondents indicating "Agree" or "Strongly Agree"
Parents/caregivers in my home community care about their children.	95%
Parents/caregivers in my home community work hard to meet the needs of their children.	92%
My community is a good place to raise children.	90%
People in my home community pull together to help families in need.	84%
My community creates a supportive environment for children and parents/caregivers.	82%
There are people in my community to talk to for social support	79%
Families in my home community are able to overcome challenges effectively.	75%
My community offers affordable opportunities for families to spend time together.	69%
My community has services available that teach parenting skills.	69%

The survey asked about connection to the community as well as the future of the community. Respondents reported being at least somewhat or very connected to their community (47% somewhat, 36% very) and think that most people in their community would agree (57% somewhat, 27% very). When asked about their level of agreement that in ten years, their community would be a better place to raise children than it is today, more than three-quarters (78%) of respondents said they somewhat or strongly agree.

Finally, respondents were asked how supportive the leaders in their community are about a list of programs or policies that impact families. Figure 20 breaks down responses to this question. In general, respondents didn't feel leaders were overwhelmingly supportive of any of the programs or policies. Those that were best supported were food/nutrition programs and paid sick/vacation time off. Respondents felt the least supported program was paid family leave. When comparing the responses about paid family leave to affordable childcare, 72 percent of those that indicate their community does not have affordable childcare available for families also indicated their leaders were not supportive of paid family leave.

Figure 20. Perception of Community Leader Support



Overall, respondents indicated a need for additional resources, especially related to childcare. There was also mention of the stigma that people feel accessing some essential resources and services (*e.g.,* mental health treatment, parenting programs, food assistance). People indicated there is a lot of work still to be done, but also recognized there are businesses, coalitions, and other partners in the community that are committed to this work.

Recommendations

1	Determine why participants completing the LSP continue to report dramatically low scores in the *Education and Employment* domain and determine why that domain was assessed for the fewest caregivers.
2	Work with Parent Development and Home Visiting programs to gain insight into why *Family Function and Resilience* scores continue to be the lowest of all PFS domains.
3	Discuss how program completion demographics in the report match up with what ICAPP grantees are seeing and how other demographic groups can be encouraged to continue the program to completion.
4	Work with RCDPs to determine how their projects can better improve community awareness of child maltreatment. Additionally, provide interventions to address disparity between perceived and actual stigma for reaching out for help.
5	Engage partners across the state in a discussion about how to improve access to much-needed resources identified in the Strong Families Community Survey (*e.g.,* affordable and dependable childcare, affordable public transportation, parenting programs, community activities, safe and affordable housing).

R e c o m m e n d a t i o n s

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