IOWA CHILD ABUSE PREVENTION PROGRAM
Evaluation Report to Iowa Department of Human Services
July 1, 2022–June 30, 2023

Prevent Child Abuse Iowa

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Executive Summary

The Iowa Child Abuse Prevention Program (ICAPP), administered by Prevent Child Abuse Iowa, plays a crucial role in the State of Iowa's strategy to address and prevent child maltreatment. The program is wide-reaching, with programing in 44 counties during Fiscal Year (FY) 2023 (July 1, 2022 through June 30, 2023). Programing was offered across four different categories: Home Visitation, Parent Development, Sexual Abuse Prevention (SAP), and Resilient Community Demonstration Projects (RCDPs).

Families Served

In FY 2023, ICAPP efforts were supported by $1,753,177, reaching a total of 1,276 families, 5,622 children, and 1,563 adults. The greatest proportion of funding was allocated to support Parent Development programing, reaching 597 children and 679 families, including expecting parents. SAP programing had the greatest reach, serving 4,380 children and 1,563 adults.

Protective Factors Survey

In FY 2023, 443 families completed at least one Protective Factors Survey (PFS) and 227 pairs of pre- and post-surveys were matched. During the reporting period, 366 PFSs were collected from Parent Development program participants and 77 from Home Visitation participants. On average, statistically significant score improvements among matched pre- and post-surveys were reported in all five PFS domains. The highest scores at both pre- and post-survey were reported in the *Nurturing and Attachment* Domain. The greatest score improvement was in the *Concrete Support* domain (0.86 points).

Life Skills Progression

In total, 604 caregivers had at least one Life Skills Progression (LSP) assessment completed in FY 2023. There were 444 matched pairs of pre- and post-assessments. In FY 2023, 150 LSP assessments were completed for Parent Development program participants and 454 were completed for Home Visitation participants. On average, participants exhibited statistically significant pre- and post-assessment scores across all eight LSP domains. The most significant improvement was 0.31 points in the *Relationships with Supportive Services* domain. The highest scores at both pre- and post-assessment were in the *Mental Health & Substance Use* domain.

Demographic Characteristics

A cluster analysis was performed on the unduplicated ICAPP participant demographic dataset (inclusive of Parent Development and Home Visitation participants) to identify groups of caregivers most likely to complete a program. The demographic groups most likely to complete a program include: white caregivers, Hispanic caregivers, caregivers enrolled prenatally, females, non-first-time moms, married and partnered caregivers, caregivers with less formal education (receiving high school degree/GED or less education), Spanish speaking caregivers, households with an annual income of less than $40K, households of 3 to 5 people, and caregivers who have not previously been incarcerated.

Demographic groups that reported the most significant PFS score improvements were Spanish speakers and Hispanic Caregivers, specifically in the *Concrete Support* domain. On average, these groups reported score increases of more than two points in this domain. LSP scores did not improve as significantly as PFS scores across any of the demographic groups. The groups and domains with the largest score increases were caregivers speaking a language other than English or Spanish in the *Relationships with Supportive Services* and *Relationships with Child(ren)* domains, households of six in the *Relationships with Child(ren)* domain, Asian

caregivers in the *Relationships with Family and Friends* domain, and caregivers with an income of $40K-$50K in the *Relationships with Supportive Services* domain. All these groups improved their scores in the indicated domains by more than half a point.

Sexual Abuse Prevention

In FY 2023, sexual abuse prevention projects received $236,100 to implement programming. The funds supported the implementation of 131 adult-focused SAP presentations reaching 1,563 adults. The greatest number of evaluations (386) were collected from adults who completed the *Overcoming Barriers to Protecting Children Training* compared to other programs during the reporting period. *Stewards of Children*® was also widely implemented during this time. All adult-focused programing evaluations indicated improved knowledge and skills related to SAP among participants.

A total of 984 child-focused SAP presentations reached 4,380 children in FY 2023. Several different child-focused trainings and curricula were implemented during the reporting period. As in previous years, *Think First & Stay Safe* and *Care for Kids* were widely implemented. Improved scores were reported for both trainings. Remarkably, all participants in the *Think First & Stay Safe* training reported perfect scores at post-test related to students' knowledge of who could abuse children.

Resilient Communities Demonstration Projects

RCDPs are ongoing in Des Moines, Lee, Wapello, and Woodbury counties. The goal of the RCDP initiative is to improve alignment of community-based supports, build capacity to meet the needs of families, and positively impact policies and community norms that support families. The four communities were awarded an annual total of $389,000 in FY 2023 to support these efforts. Progress continues to be made across the four RCDPs. Efforts include information sharing through various communication strategies, implementation of family and community events, training opportunities, and promotion of valuable community resources.

Recommendations

1	Investigate why far fewer PFSs and LSPs were completed in FY 2023 than in previous years.
2	Consider why select demographic groups are having greater success completing Parent Development and Home Visiting programs than others.
3	Assess why ICAPP participants continue to show the greatest score improvements in the Concrete Support domain and evaluate how those successes could be leveraged to strengthen other protective factors.
4	Continue to assess why the Education and Employment domain scores remain so low compared to other LSP domains.
5	Continue offering *Think First & Stay Safe* curriculum to Pre-K through fifth graders in the implementing communities to ensure consistent delivery of valuable information to help protect children against sexual abuse. Encourage implementers to collect pre- and post-evaluations to measure progress and assess methodology to ensure educator and/or peer conformity is not biasing evaluation responses.

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)* plays a crucial role in the State of Iowa's strategy to address and prevent child maltreatment. This program has been administered by Prevent Child Abuse Iowa (PCA Iowa) since 1981. PCA Iowa's mission-- to empower community prevention efforts to provide safe and happy childhoods through collaboration with diverse partners, leading to a better future for Iowa--remains at the heart of their ICAPP efforts. ICAPP is funded through both state and federal sources. Federal funding sources that support this program 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. Iowa Department of Health and Human Services (HHS) manages these funds and contracts individually with grant recipients to administer ICAPP-funded services in communities across the state.

As the grant administrator, PCA Iowa's role includes:

- Supporting community agencies in their administration of child maltreatment prevention services by overseeing program operations,

- Providing training and technical assistance to grantees,

- Assisting with evaluation of program outcomes, and

- Providing helpful feedback about the successes and challenges of the community agencies' efforts.

Public Consulting Group LLC (PCG) was contracted by PCA Iowa to support the evaluation of ICAPP-funded programs and activities. The following report describes ICAPP-funded activities, the demographic characteristics of families served, and the impact of family support programs as measured through the Protective Factors Survey (PFS) and Life Skills Progression (LSP). Findings from the ICAPP implementation in Fiscal Year (FY) 2023 (July 1, 2022–June 30, 2023) are shared in this report.

ICAPP Overview

State and federal funds intended to support ICAPP are allocated to HHS, which then contracts with PCA Iowa to oversee the program and offer support and guidance to direct service organizations across the state that serve Iowa families. In accordance with Iowa law, a competitive Request for Proposal (RFP) process is used to award grants to local child abuse prevention council. These funds support local child maltreatment prevention programs and services and assist with community development and capacity building. These local applicants are volunteer coalitions representing diverse sectors such as education, public safety, child welfare, service providers, and consumers. The councils assess their community's service and support needs and submit a proposal for prevention programs in four different categories:

- Home Visitation,

- Parent Development,

- Sexual Abuse Prevention (SAP), and

- Resilient Community Demonstration Projects (RCDP).

Councils are permitted to submit proposals for a maximum of two projects in the categories of *Home Visitation*, *Parent Development*, and *Sexual Abuse Prevention*, depending on the service needs of their community. In the development of the RFP, a risk assessment score was assigned to each county in Iowa, taking into consideration the child population and the community's level of maltreatment risk. 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 counties were also eligible to apply for one of four Resilient Communities Demonstration Projects (RCDPs), allowing for the identification and support of additional child maltreatment prevention needs.

An independent grant review committee reviewed and scored proposals submitted by the local child abuse prevention councils. Compiled scores were then forwarded to an independent advisory committee, which made funding recommendations. These recommendations were shared with HHS who made final approvals. Due to limited available funding through ICAPP, most projects supplement these dollars with additional funding sources and in-kind community support.

Families and Individuals Served by ICAPP Programs

Table 1 provides a detailed breakdown of the efforts supported by ICAPP funds and the individuals and families served in FY 2023. In total, $1,753,177 was used to fund the four ICAPP programs. The greatest proportion of this funding was allocated to support *Parent Development* programing, reaching 597 children and 679 families, including expecting parents, through 18 projects. The program with the widest impact was *Sexual Abuse Prevention*, which reached 4,380 children and 1,562 adults. These individuals were reached through 14 different projects funded by a total of $236,100. Reach could not be reported for RCDPs because the 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	$450,370	14	531	645	
Parent Development	$677,707	18	679	597	
Sexual Abuse Prevention	$236,100	14		4,380	1,563
Total	**$1,753,177**	**50**	**1,276**	**5,622**	**1,563**

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. This is consistent with FY 2022.

**Figure 1. ICAPP Project Grant Awards Funded During State Fiscal Year 2023**

RCDP=Resilient Communities Development Project, HV=Home Visitation,
PD =Parent Development, SAP=Sexual Abuse Prevention

☐ = No Funding

🟦 = ICAPP Funding
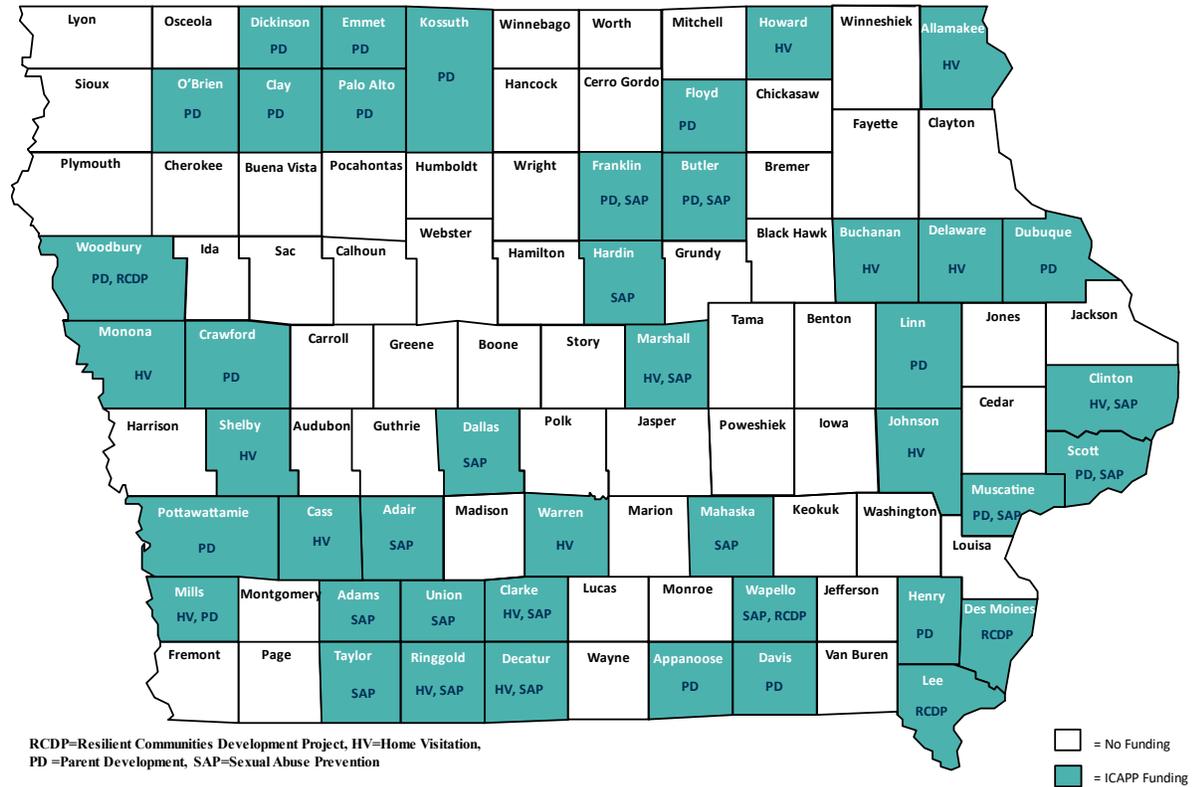
Total Counties Served by ICAPP: 44

Evaluation Methodology

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

ICAPP Parent Development and Home Visiting data is collected through the *DAISEY (Data Application and Integration Solutions for the Early Years) Iowa Family Support* system. Specific data collected in this system includes the PFS and the LSP family assessment instruments and demographic characteristics of parents and children served by the program.

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.

Home Visitation and Parent Development program grantees are required to administer the PFS and/or the LSP and use the DAISEY system as part of the evaluation and continuous quality improvement process. As a component of their proposal, grantees explain their community's need for the proposed program and prioritize the protective factors and/or life skills their programing will target.

RCDPs aim to enhance community awareness and engagement to address the issue of child maltreatment. Funded projects are required to report their activities and community impact on a quarterly basis. Project administrators also report on the metrics used to assess progress toward their goals and demonstrate measurable changes.

SAP program grantees often utilize the evaluation tool created by the model developers. Evaluation data is collected through an online survey tool or reported directly to the administrator.

Quarterly reports are also utilized by PCA Iowa to collect additional information about the number of families, adults, and children served by all grantees.

Protective Factors Survey

To lower the risk of child maltreatment and diminish the effects of adverse experiences during childhood and later in life, it is critical to strengthen protective factors such as community support, parenting skills, and employment opportunities.[1] The Iowa Family Survey includes the PFS to measure the protective factors reported by ICAPP families. 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 (see Protective Factors Survey for more information).[2]

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 extends beyond six months. Using a Likert-

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[1] Child Welfare Information Gateway. (2020). Protective Factors Approaches in Child Welfare. Washington, D.C.: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Retrieved from Protective Factors Approaches in Child Welfare.

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

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 the 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.

The report provides the average scores of ICAPP participants' protective factors for 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 questions the participant completed 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 the participants' scores together and dividing them 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 caregivers 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 caregivers' 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 (that is, 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 the 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.

In FY 2023, 443 families completed at least one PFS survey, compared to 874 in FY 2022. Demographic results are reported at program enrollment. Overall, 227 pairs of pre- and post-surveys were matched. The protective factors findings highlighted 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 2023.

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

To adequately support and care for their children, caregivers must be able to meet their basic needs, problem-solve, and build and maintain relationships. These skills can be measured using the LSP developed by Linda Wollesen and Karen Peifer.[3] This assessment is generally completed by the service provider on paper, following a meeting or visit with the caregiver(s), 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.

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[3] Wollesen, L. and Peifer, K. (2006). Life Skills Progression™ (LSP): An Outcome and Intervention Planning Instrument for Use with Families at Risk. Retrieved from Wollesen and Peifer: Life Skills Progression. An Outcome and Intervention Planning Instrument for Use.

Table 3. Definitions of Life Skills

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 reports, 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 the 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.

As with the PFS, each domain's scores are assessed by the parents' demographic characteristics to identify differences between families with varying traits. Here too, higher average scores indicate that caregivers are showing more 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 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, 604 caregivers had at least one LSP assessment on file during the reporting period (FY 2023) compared to 1,254 in FY 2022. Demographic results are also collected at enrollment using this tool. The life skills results presented in this report are drawn from 444 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 2023.

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

Worsened	No change	Improved

Difference between Pre-assessment and Post-assessment   -1   0   1
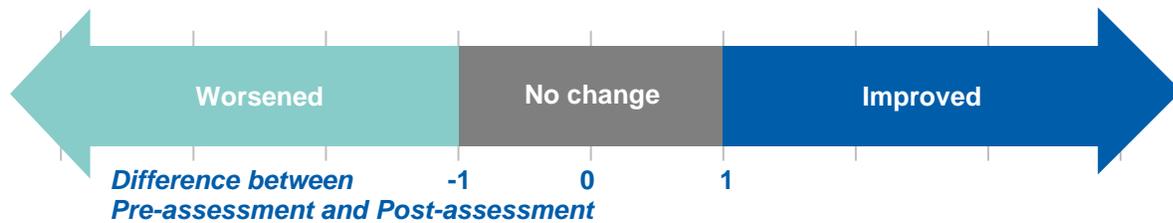
Grantee Quarterly Reports

This report also provides details about the number of children, adults, and families served, and the amount of funding received by ICAPP grantees in FY 2023. As noted previously, service output data are collected by PCA Iowa via quarterly grantee reports.

Characteristics of Families Served[4]

Gender

91%

4%   **6%**

ICAPP Caregivers

50%   **50%**

Iowa Population

- ■ **Female**
- ■ **Male**
- ■ **Unknown/ Something Else**

Race

Iowa	90% · 4% · 3% · 3%
ICAPP Caregivers	78% · 6% · 5% · 4% · 8%

■ **White** ■ **African American/Black** ■ **Asian** ■ **Other** ■ **Unknown**

Ethnicity

Iowa	93% · 7%
ICAPP Caregivers	70% · 22% · 8%

■ **Non-Hispanic** ■ **Hispanic** ■ **Unknown**

Primary Language Spoken in the Home

Iowa	91% · 4% · 4%
ICAPP Caregivers	71% · 17% · 12%

■ **English** ■ **Spanish** ■ **Other**

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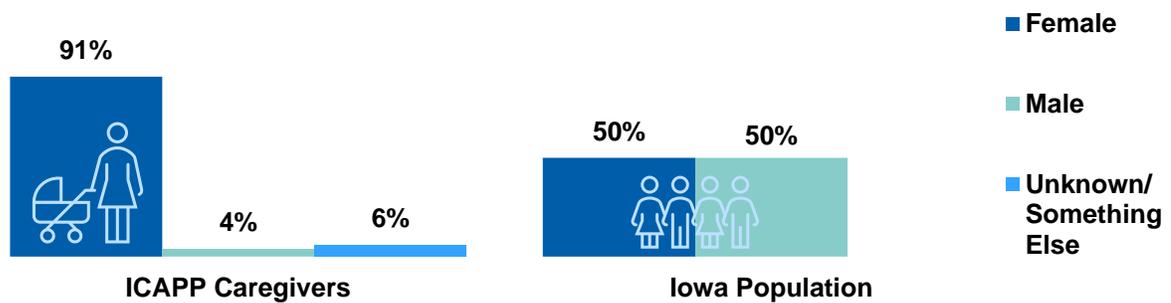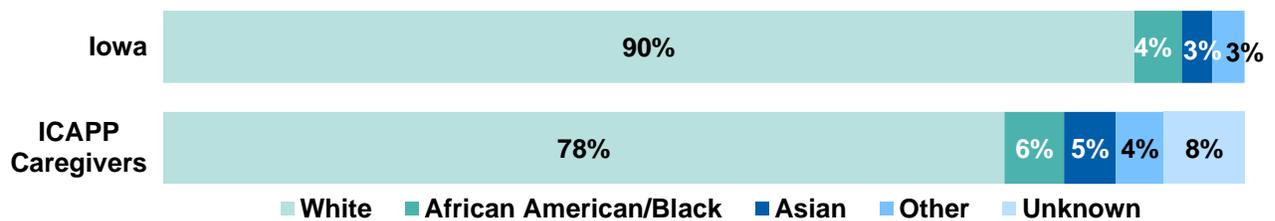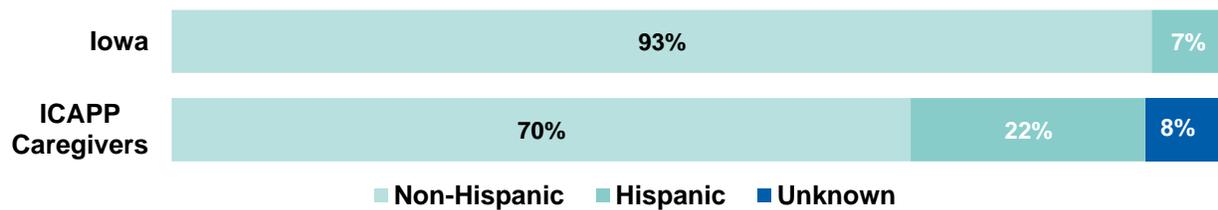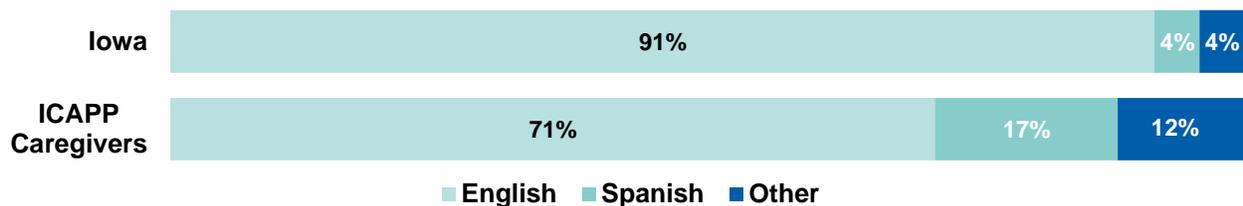
[4] U.S. Census Bureau (2021). 2021: American Community Survey 5-Year Estimates Data Profiles. Retrieved from U.S. Census Bureau: 2021 American Community Survey 5-Year Estimates.

Age of Participant Caregivers

- **14 Years or Younger** 1%
- **15-19 Years** 9%
- **20-24 Years** 16%
- **25-29 Years** 26%
- **30-39 Years** 36%
- **40-49 Years** 7%
- **50 Years or Older** 1%
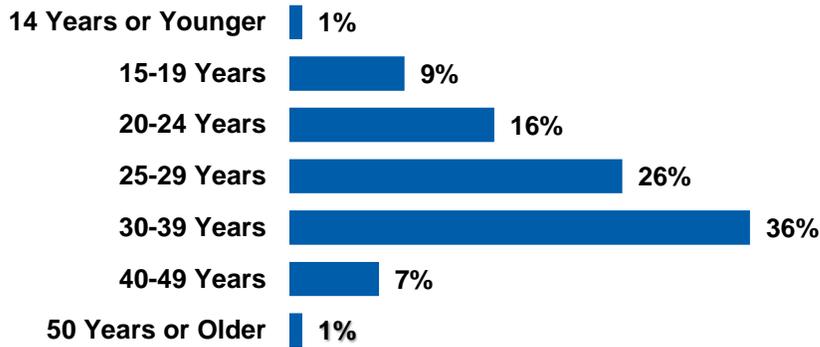
The average maternal age in Iowa is 28.9 years old

Participant Caregiver Education

- **Middle School or Lower** 8%
- **Some High School** 18%
- **High School Diploma or GED** 38%
- **Trade/Vocational Training** 4%
- **Some College** 15%
- **2-year Degree (Associate's)** 8%
- **4-year Degree (Bachelor's)** 9%
- **Master's Degree or Higher** 2%
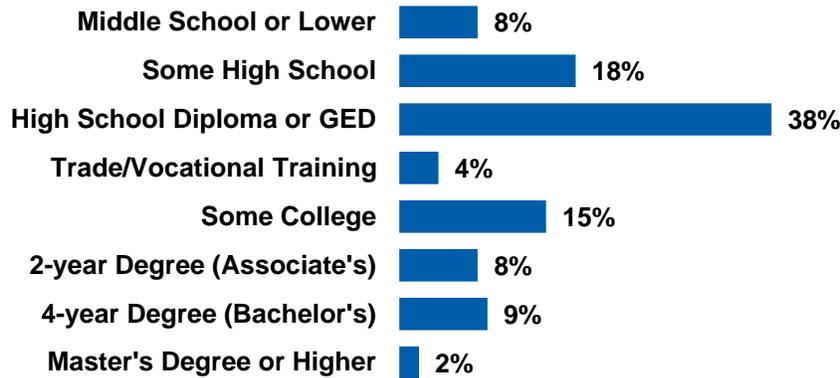
93% of Iowans have *at least* a high school diploma or equivalent

compared to

76% of ICAPP Caregivers

Income and Financial Assistance Utilization

- **$0-$10,000** 30%
- **$10,001-$20,000** 14%
- **$20,001-$30,000** 19%
- **$30,001-$40,000** 13%
- **$40,001-$50,000** 9%
- **$50,000+** 15%
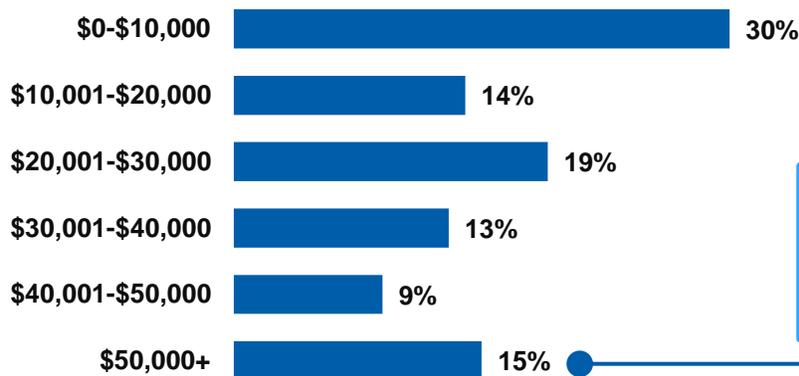
65% of all Iowa families earn $50,000 or more

compared to only

15% of ICAPP families

Survey Completion by Program

Family support programs (*i.e.,* Home Visiting and Parent Development) utilize the PFS and LSP tools to assess change in family well-being over time. Table 4 illustrates the number of caregivers engaged in each program who have completed at least one PFS and/or LSP assessment. Parent Development initiatives, offering group-based services or short-term in-home services, predominantly employ the PFS. Programs delivering in-home parent support with a service duration exceeding six months typically utilize the LSP. 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	366
	LSP	150
Home Visitation	PFS	77
	LSP	454

As noted previously, the PFS 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 provides a breakdown of each domain, indicating the number of families for whom pre- and post-surveys were matched. Discrepancies in the number of matches across domains may occur as caregivers do not necessarily answer all survey questions. Domains such as *Nurturing and Attachment* or *Child Development and Knowledge of Parenting* show fewer matches, as 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	227
Social Emotional Support		227
Concrete Support		227
Nurturing and Attachment		162
Child Development and Knowledge of Parenting		161

The LSP Tool collects data on skills grouped into 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.**

The number of pre- and post-assessment matches associated with each domain is shown in Table 6. The *Education and Employment* and *Child Development* domains have fewer matches because they are not always addressed by or pertinent 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	444
Relationships with Child(ren)		237
Relationships with Supportive Services		360
Education and Employment		59
Health & Medical Care		189
Mental Health & Substance Use/Abuse		331
Basic Essentials		350
Child Development		112

Overall Protective Factors Survey Results

On average, ICAPP participants exhibited statistically significantly improved scores across all five protective factors domains from pre- to post-survey in FY 2023 (Figure 4). The domain with the largest improvement was *Concrete Support* with an increase of 0.86 points. The *Nurturing and Attachment* domain had the highest scores at both pre- and post-survey. However, this domain showed the smallest improvement (0.16 points).

Figure 4. Average Pre- and Post- Protective Factors Scores by Domain Among Matched Surveys (n=227)

Legend: ■ Pre ■ Post

- Nurturing & Attachment (n=162): Pre 6.28, Post 6.44*
- Social Emotional Support (n=227): Pre 5.56, Post 6.03*
- Concrete Support (n=227): Pre 5.16, Post 6.02*
- Child Development & Knowledge of Parenting (n=161): Pre 5.59, Post 5.96*
- Family Functioning & Resilience (n=227): Pre 5.19, Post 5.63*
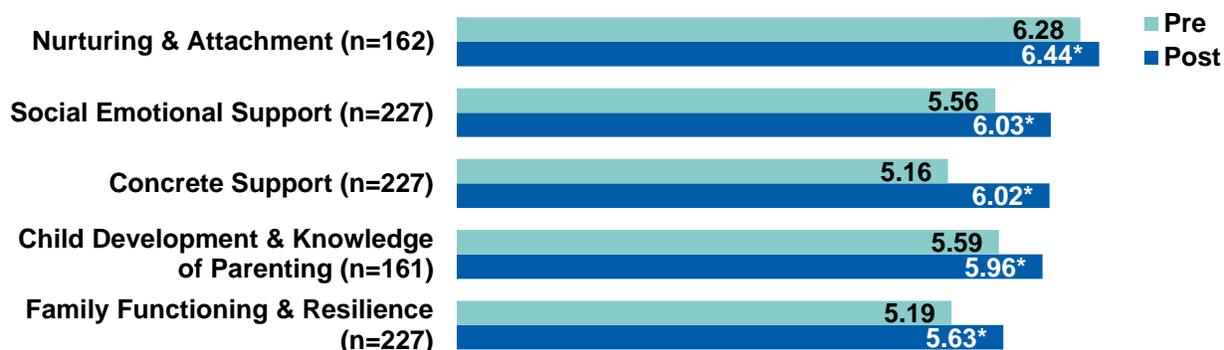
*Statistically significant difference between pre- and post-survey ($p<0.05$).

Overall score changes across the PFS domains are shown in Figure 5. Most participants across the *Social Emotional Support, Child Development & Knowledge of Parenting, Family Functioning & Resilience*, and *Nurturing and Attachment* domains reported 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 (82%). Participants reported more change in scores for the *Concrete Support* domain than for the others. Overall, 45 percent of participants reported improved or greatly improved scores in this domain. Both *Concrete Support* and *Social and Emotional Support* domains had 11 percent of participants report worsened or greatly worsened scores.

**Figure 5. Changes in Protective Factors Scores Among Matched Surveys**

Legend: ■ Greatly worsened ■ Worsened

- Concrete Support (n=227): 5% 6% 45% 21% 24%
- Social Emotional Support (n=227): 4% 7% 55% 21% 13%
- Child Development & Knowledge of Parenting (n=161): 0% 9% 61% 29% 2%
- Family Functioning & Resilience (n=227): 2% 4% 62% 24% 7%
- Nurturing & Attachment (n=162): 1% 2% 82% 14% 1%
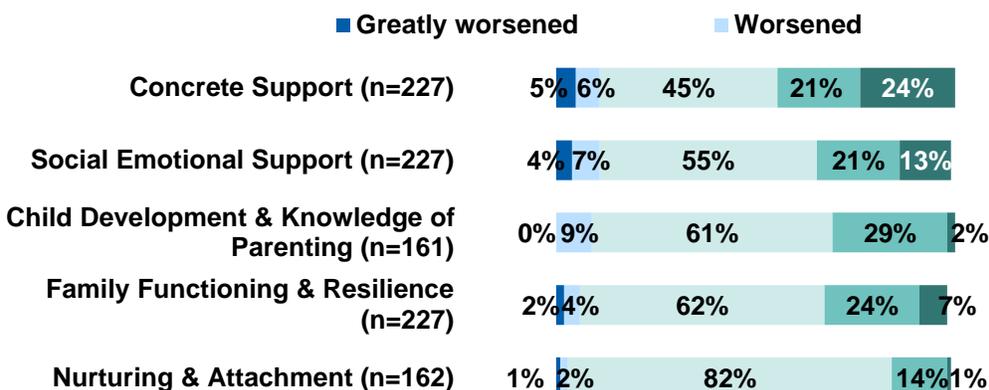
Overall Life Skills Progression Results

The LSP measures eight different domains on a scale of one to five. Participants showed statistically significant improvement across all domains in FY 2023 (Figure 6). *Mental Health & Substance Use* was the domain with the highest average score at both pre- and post-assessment (3.85 points and 3.91 points, respectively). The lowest average scores at both pre- and post-assessment were in the *Education and Employment* domain. The domain with the greatest improvement from pre- to post-assessment was *Relationships with Supportive Services,* with a 0.31-point increase.

Figure 6. Average Pre- and Post- Life Skills Scores by Domain Among Matched Assessments (n=444)

Domain	Pre	Post
Mental Health & Substance Use/Abuse (n=331)	3.85	3.91*
Health and Medical Care (n=189)	3.50	3.79*
Relationships with Child(ren) (n=237)	3.34	3.65*
Relationships with Supportive Services (n=360)	3.24	3.61*
Child Development (n=112)	3.33	3.52*
Basic Essentials (n=350)	3.10	3.23*
Relationships with Family and Friends (n=444)	2.97	3.20*
Education and Employment (n=59)	1.66	1.87*
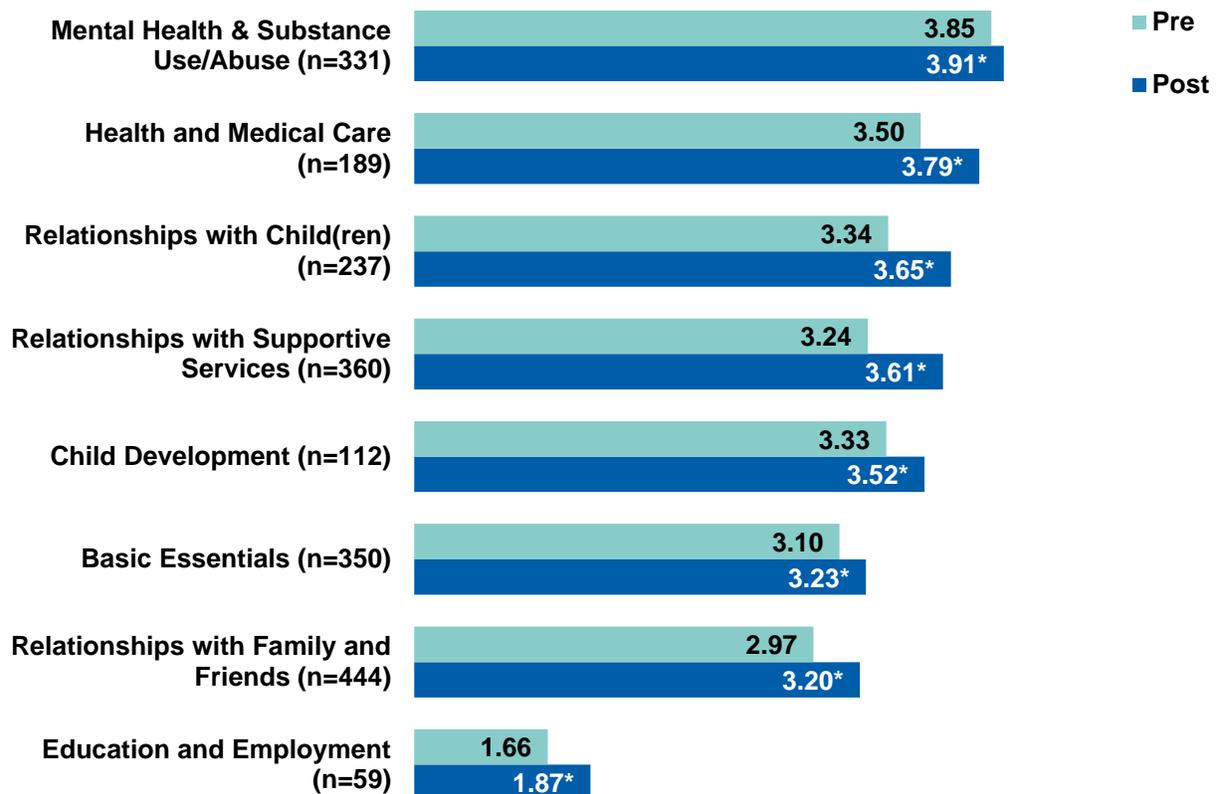
*Statistically significant difference between pre- and post-survey (p<0.05).

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 *Education and Employment* domain indicated the greatest proportion of participants with minimal score changes (95%). *Relationships with Supportive Services* illustrated the greatest proportion of improved scores (21%). This domain and the *Relationships with Family and Friends* domain demonstrated the greatest proportion of worsened scores (3%).

Figure 7. Changes in Life Skills Scores Among Matched Assessments

■ Worsened   ■ Minimal change   ■ Improved

Category	Worsened	Minimal change	Improved
Relationships with Supportive Services (n=360)	3%	77%	21%
Relationships with Family and Friends (n=444)	3%	80%	17%
Relationships with Child(ren) (n=237)	2%	84%	14%
Health and Medical Care (n=189)	2%	86%	12%
Child Development (n=112)	2%	88%	11%
Basic Essentials (n=350)	1%	93%	7%
Mental Health & Substance Use/Abuse (n=331)	2%	94%	4%
Education and Employment (n=59)	2%	95%	3%

Impacts of Program Completion Status and Discharge Reason

PFS scores often differ by program completion status and discharge reason, with individuals who complete the program potentially reporting different scores than those who exit without completing for various reasons. Table 7 provides data for discharge status groups with a sufficient sample size, including participants who completed the program or whose child aged out, those who discharged early, and active clients.

Participants who completed the program or had their child age out, along with active clients, demonstrated statistically significant increases in scores in several domains. Clients who discharged early did not exhibit statistically significant score changes in any of the domains. This group experienced a decrease in scores in the *Social Support* domain, but this decrease was not statistically significant.

Table 7. Protective Factors Scores by Program Completion Status and Discharge Reason

Program Completion Status/Discharge Reason[5]	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=87)	5.49	5.86*	5.10	5.85	5.29	5.73*	6.31	6.54*	5.62	6.29*
Did not complete (discharged early) (n=30)	5.89	6.21	5.86	5.97	5.71	5.80	6.49	6.58	5.92	5.89
Active client (n=110)	5.60	5.99*	5.02	6.17*	4.98	5.51*	6.18	6.29	5.41	5.85*

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

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[5] The n (sample size) for Program Completion Status and Discharge Reason represent the highest response across domains. Domains with responses from fewer than 10 individuals have been excluded.

LSP scores also varied by program completion status and discharge reason (Table 8). Statistically significant score improvements were exhibited in at least one domain by active clients, those who completed or whose child aged out of the program, those who discharged early, and those who moved out of the service area. Only active clients reported statistically significantly improved scores across all domains. Clients for whom contact had been lost were found to have decreased scores in the *Relationships with Supportive Services* domain; this finding was not statistically significant.

Table 8. LSP Scores by Discharge Status

Program Completion Status/Discharge Reason[6]	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=27)	2.81	2.94	3.37	3.83	3.23	3.85*	–	–	3.37	3.68*	3.78	3.93	2.82	2.89	3.55	3.58
Moved out of service area (n=24)	2.89	2.89	3.17	3.69	3.06	3.39*	–	–	3.21	3.46	3.90	3.91	2.61	2.63	–	–
No contact or could not locate (n=24)	3.02	3.10	3.51	3.64	3.21	3.12	–	–	3.56	3.62	4.01	4.05	2.97	3.10	–	–
No longer interested in services (n=22)	2.94	3.04	3.22	3.35	2.96	3.21	–	–	3.29	3.49	3.87	3.89	3.08	3.21	–	–
Did not complete (discharged early) (n=95)	2.96	3.05	3.26	3.52*	3.07	3.22*	1.66	1.79	3.24	3.54*	3.88	3.91	2.87	2.95	3.35	3.40
Active client (n=322)	2.99	3.27*	3.36	3.66*	3.30	3.71*	1.71	1.97*	3.61	3.91*	3.85	3.91*	3.20	3.35*	3.27	3.54*

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

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[6] The n (sample size) for Program Completion Status and Discharge Reason represent the highest response across domains. Domains with responses from fewer than 10 individuals have been excluded.

ICAPP Program Completion

A cluster analysis was performed on the unduplicated ICAPP participant demographic dataset with the goal of identifying groups of caregivers most likely to complete the program. Demographic data collected through DAISEY were used to complete this analysis. The ICAPP program had an overall completion rate of 53 percent in FY23. While the cluster analysis was limited in its ability to form well-defined clusters, clusters with the highest completion rates can be used as a starting point to observe positive outcomes among demographic characteristics.[7] The best performing cluster had a completion rate of 61 percent and was representative of the following characteristics.

- White caregivers

- Hispanic caregivers

- Caregivers enrolled prenatally

- Females

- Non-first-time moms

- Married and partnered caregivers

- Less formal education (receiving high school degree/GED or less education)

- Spanish speaking

- Households with an annual income of less than $40K

- Households of 3 to 5 people

- Caregivers who have not previously been incarcerated

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[7] Note that caregiver age was not included in the cluster analysis for FY 2023.

Protective Factors Survey Scores by Demographic Characteristics

This section of the report explores the results of the PFS by the demographic characteristics of the participants, focusing on statistically significant changes in self-reported protective factor scores from pre- to post-survey. As mentioned previously, protective factors are categorized by five different domains: *Family Functioning and Resilience; Social Emotional Support; Concrete Support; Nurturing and Attachment;* and *Child Development and Knowledge of Parenting*. The survey results are aggregated by demographic characteristics such as household income, primary language, and race and ethnicity. Results are only reported for demographic characteristics with a sufficient sample size (n≥ 30). In this section, color-blocked cells indicate a demographic group for which score changes from pre- to post-survey were not statistically significant. Cells with dashes indicate that there was not a sufficient sample size to report findings.

Annual Household Income

Statistically significant change was experienced in nearly all domains for households with an income of $10,000 or less. However, only two domains, *Family Functioning and Resilience* and *Concrete Support*, demonstrated a statistically significant change for those families with a household income between $20,000 and $30,000 (Table 9). For both household income levels, *Concrete Support* experienced the largest score increase. *Child Development and Knowledge of Parenting* demonstrated the smallest change among those with a household income between $0 and $10,000.

Table 9. Statistically Significant Protective Factor Score Change Across Household Income

Domain	$0–10K	$20K–30K
Family Functioning and Resilience	0.55	0.58
Social Emotional Support	0.63	
Concrete Support	0.94	1.04
Nurturing and Attachment		–
Child Development and Knowledge of Parenting	0.41	–

– Indicates sample size not large enough to report.

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.,* Karen, "Other") were too small. English speakers reported statistically significant score improvements across all domains except *Nurturing and Attachment*. Spanish speakers reported improvements in all domains with a large enough sample size to report (*Family Functioning and Resilience; Social Emotional Support,* and *Concrete Support*). The largest change for both language groups was in *Concrete Support* (Table 10). Spanish speakers reported the most significant score improvement of all demographic groups across all domains in the *Concrete Support* domain (2.36 points).

Table 10. Statistically Significant Protective Factor Score Change Across Primary Language Spoken

Domain	English	Spanish
Family Functioning and Resilience	0.38	0.57
Social Emotional Support	0.40	0.56
Concrete Support	0.52	2.36
Nurturing and Attachment		–
Child Development and Knowledge of Parenting	0.33	–

– Indicates sample size not large enough to report.

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 except *Nurturing and Attachment*, as is displayed in Table 11. Hispanic participants reported score improvements across the three domains for which there was a sufficient sample size. The largest score improvements were reported in the *Concrete Support* domain for both white and Hispanic caregivers.

Table 11. Statistically Significant Protective Factor Score Change Across Race/Ethnicity

Domain	Hispanic	White
Family Functioning and Resilience	0.62	0.39
Social Emotional Support	0.67	0.26
Concrete Support	2.15	0.44
Nurturing and Attachment	–	
Child Development and Knowledge of Parenting	–	0.29

– Indicates sample size not large enough to report.

Caregiver Relationship Status

When broken down by caregiver relationship status, married and single respondents experienced a statistically significant change in all domains except *Nurturing and Attachment*, with both groups experiencing the largest change in *Concrete Support* (Table 12). For partnered respondents, only two domains had both a large enough sample size to report and experienced a statistically significant change: *Family Functioning and Resilience* and *Concrete Support*. For this group, survey responses did not result in a statistically significant change in *Social Emotional Support*.

Table 12. Statistically Significant Protective Factor Score Change Across Caregiver Relationships Status

Domain	Married	Single	Partnered
Family Functioning and Resilience	0.23	0.42	0.65
Social Emotional Support	0.28	0.57	
Concrete Support	0.55	0.87	1.20
Nurturing and Attachment			–
Child Development and Knowledge of Parenting	0.35	0.30	–

– Indicates sample size not large enough to report.

Caregiver Age

Respondents between the ages of 20 and 24 experienced a statistically significant change in just one domain: *Concrete Support* (Table 13). This is the only domain for which there was a large enough sample size for this age group. The 25–29 age group demonstrated a statistically significant change in a single domain as well: *Child Development and Knowledge of Parenting*. Conversely, the oldest age group—those 30 to 39 years old—experienced statistically significant changes in all but one domain (*Nurturing and Attachment*).

Table 13. 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
Social Emotional Support			0.66
Concrete Support	1.30		0.78
Nurturing and Attachment	–		
Child Development and Knowledge of Parenting	–	0.26	0.44

– Indicates sample size not large enough to report.

Caregiver Level of Formal Education

Three formal education level groups had a sufficient sample size to explore the statistical significance across the domains. Table 14 shows that participants with a high school diploma or GED experienced a statistically significant change in all five domains. Those with some high school education demonstrated a statistically significant change in *Family Functioning and Resilience, Social Emotional Support,* and *Concrete Support* domains. However, those respondents with some college education demonstrated a significant change in only one domain: *Concrete Support*. Respondents with some high school education experienced the largest improvement in scores for all three domains with a large enough sample size to analyze.

Table 14. 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	0.65	0.56	
Social Emotional Support	1.01	0.43	
Concrete Support	1.33	0.52	0.56
Nurturing and Attachment	–	0.27	
Child Development and Knowledge of Parenting	–	0.38	

– Indicates Sample size not large enough to report

Household Size

When broken down by household size, households of four experienced statistically significant improvement in most domains, with only *Nurturing and Attachment* not achieving a significant change (Table 15). All household sizes experienced statistically significant change in the *Concrete Support* domain. This was the domain with the largest score increase for all groups as well.

Table 15. 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		0.48	0.73	
Social Emotional Support			0.52	
Concrete Support	0.96	0.73	0.82	0.73
Nurturing and Attachment	–			–
Child Development and Knowledge of Parenting	–	0.45	0.35	–

– Indicates sample size not large enough to report.

Groups with the Greatest Improvement

Across the demographic groups and domains, the top five greatest score improvements were all reported in the *Concrete Support* domain, as shown in Figure 8. This finding is consistent with previous years. More specifically, Spanish Speaking caregivers, and Hispanic Caregivers reported the largest score improvements. All score increases were more than one point.

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

Demographic Group	Score
Spanish Speaking Caregivers - Concrete Support	2.36
Hispanic Caregivers - Concrete Support	2.15
Some High School Education - Concrete Support	1.33
Partnered Caregivers - Concrete Support	1.20
Caregivers with Income of $20K-30K - Concrete Support	1.04
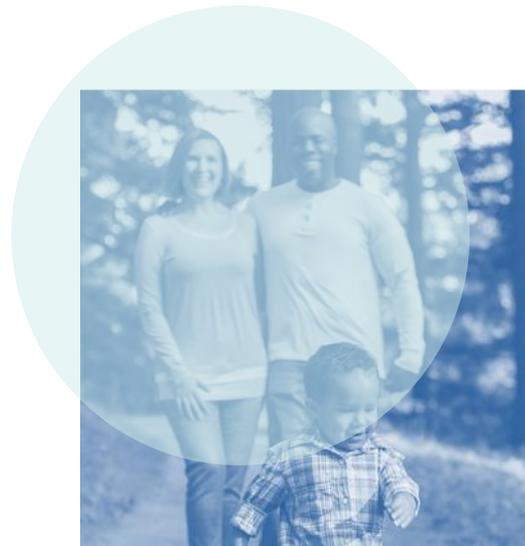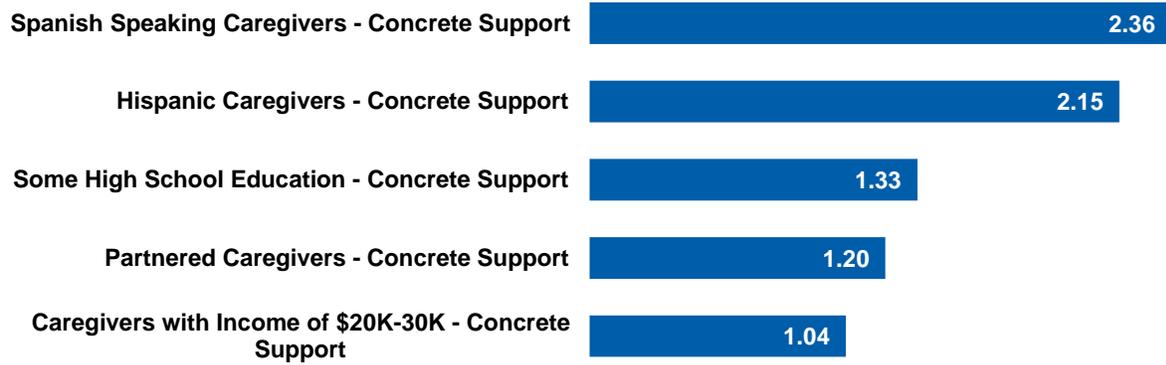
Life Skills Progression Scores by Demographic Characteristics

A demographic analysis was also conducted on the LSP data. In the following section, groups with statistically significant score improvements from pre- to post-assessment are highlighted across the eight LSP domains. Only demographic groups with at least 30 respondents were included in this section. More caregiver demographic groups demonstrated statistically significant improvements on the LSP than the PFS. Note that shaded cells indicate a demographic group for which score changes from pre- to post-assessment were not statistically significant. A dash indicates there was not a sufficient sample size to report score changes.

Annual Household Income

Statistically significant improvement occurred across all income groups in at least one domain (Table 16). Households with an income of $20K–30K exhibited improvement across the greatest number of domains (6). The largest score improvement was experienced by those with income in the $40K–50K range for the *Relationships with Supportive Services* domain (0.55 points). Households with an income of $20K–30K were the only income group to show statistically significant score improvement in the *Mental Health & Substance Use* domain. Across all income groups, the sample size was insufficient to report on scores in the *Education and Employment* and *Child Development* domains.

Table 16. 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	0.32	0.26	0.32			0.13
Relationships with Child(ren)	0.25	0.38	0.41		–	0.29
Relationships with Supportive Services	0.22	0.34	0.47	0.31	0.55	0.39
Education and Employment	–	–	–	–	–	–
Health & Medical Care	0.34	–	0.31		–	0.22
Mental Health & Substance Use			0.13			
Basic Essentials	0.25	0.30	0.13			
Child Development	–	–	–	–	–	–

– Indicates sample size not large enough to report.

Primary Language Spoken in the Home

The only caregiver languages with a sufficient size to report on were English and Spanish (Table 17). 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. Spanish-speaking caregivers displayed the most widespread score improvements with statistically significant scores found in seven of the eight domains. The largest score improvements were exhibited in the *Relations with Family and Friends* and *Relationships with Supportive Services* domains among caregivers that speak a language other than English or Spanish.

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

Domain	English	Spanish	Other
Relationships with Family and Friends	0.17	0.25	0.61
Relationships with Child(ren)	0.23	0.37	–
Relationships with Supportive Services	0.27	0.53	0.69
Education and Employment	–	0.19	–
Health & Medical Care	0.19	0.50	–
Mental Health & Substance Use		0.10	0.11
Basic Essentials	0.12	0.25	
Child Development	0.22	–	–

– Indicates sample size not large enough to report.

Race/Ethnicity

Asian, Hispanic, and white caregivers were the only races and ethnicities who had a sufficient sample size to reliably assess a statistically significant change in scores (Table 18). Asian caregivers only had a sufficient sample size to report on the *Relationships with Family and Friends* domain, but this was the largest score improvement across races, ethnicity, and domains (0.60 points). Hispanic caregivers displayed score increases across seven domains, more than any other race or ethnicity. For all domains in which comparisons could be made, Hispanic caregivers experienced larger score increases than white caregivers. Both Hispanic and white caregivers showed the largest score improvement in the *Relationships with Supportive Services* domain.

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

Domain	Asian	Hispanic	White
Relationships with Family and Friends	0.60	0.25	0.16
Relationships with Child(ren)	–	0.39	0.24
Relationships with Supportive Services	–	0.54	0.27
Education and Employment	–	0.18	–
Health & Medical Care	–	0.49	0.22
Mental Health & Substance Use	–	0.12	
Basic Essentials	–	0.24	0.13
Child Development	–	–	0.23

– Indicates sample size not large enough to report.

Caregiver Relationship Status

Statistically significant score improvements were reported among three caregiver relationship statuses: married, single, and partnered (Table 19). Married and partnered caregivers showed the greatest improvement in the *Relationships with Supportive Services* domain, while single

caregivers most improved their scores in the *Relationships with Family and Friends* domain. Only partnered caregivers displayed statistically significant change in the *Mental Health & Substance Use* domain. Single and partnered caregiver groups were too small to report scores in the *Education and Employment* and *Child Development* domains.

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

Domain	Married	Single	Partnered
Relationships with Family and Friends	0.21	0.38	
Relationships with Child(ren)	0.33	0.31	0.30
Relationships with Supportive Services	0.44	0.26	0.41
Education and Employment	0.19	–	–
Health & Medical Care	0.30	0.28	0.36
Mental Health & Substance Use			0.11
Basic Essentials	0.06	0.18	0.19
Child Development	0.18	–	–

– Indicates sample size not large enough to report.

Caregiver Age

Caregiver age groups 15 to 19, 20 to 24, 25 to 29, and 30 to 39 all exhibited improved scores across at least one domain (Table 20). Caregivers 15 to 19 years of age showed the greatest score improvement of all age groups in the *Relationships with Family and Friends* domain, but the sample size was too small to report score changes in other domains. Caregivers ages 25–29 and 30–39 displayed improvement in the *Relationships with Supportive Service*s domain, while caregivers ages 20-24 did not. Caregivers ages 30–39 had statistically significant change in scores across the seven domains for which there was a sufficient sample size.

Table 20. Statistically Significant Life Skills Score Change Across Caregiver Age

Domain	15-19 Years	20–24 Years	25–29 Years	30–39 Years
Relationships with Family and Friends	0.33	0.19	0.29	0.21
Relationships with Child(ren)	–	0.33	0.27	0.32
Relationships with Supportive Services	–	0.36	0.42	0.38
Education and Employment	–	–	–	–
Health & Medical Care	–		0.37	0.29
Mental Health & Substance Use	–	–	–	0.10
Basic Essentials	–	0.16	–	0.11
Child Development	–	–	–	0.15

– Indicates sample size not large enough to report.

Caregiver Level of Formal Education

A diverse range of levels of formal education exhibited statistically significant improvement in LSP scores (Table 21). All formal education groups were too small to reliably report on the *Education and Employment* domain. Caregivers of the formal education levels that had a sufficient size to report scores generally showed the most improvement in the *Relationships with Supportive Services* domain.

The exception to this is caregivers with a high school diploma or GED, who showed the most improvement in the *Health & Medical Care* domain. No other formal education level had a sufficient sample size to report scores in this domain. Caregivers with a two-year degree were not found to have any statistically significant score changes in domains for which there was a sufficient sample size.

Table 21. Statistically Significant Life Skills Score Change Across Caregiver Level of Formal Education

Domain	Middle School	Some High School	High School Diploma or GED	Some College	2-Year Degree	4-Year Degree
Relationships with Family and Friends	0.42	0.27	0.20	0.20		
Relationships with Child(ren)	–	0.22	0.32	0.37	–	–
Relationships with Supportive Services	–	0.30	0.35	0.38	–	0.51
Education and Employment	–	–	–	–	–	–
Health & Medical Care	–	–	0.38	–	–	–
Mental Health & Substance Use	–				–	–
Basic Essentials	–	0.21		0.30		0.18
Child Development	–	–	0.20	–	–	–

– Indicates sample size not large enough to report.

Household Size

Households of various sizes experienced score increases across many domains, as shown in Table 22. Households between the sizes of two and six displayed statistically significant score increases in the *Relationships with Child(ren)* domain. Households of six experienced the greatest score increase in this domain. This may suggest that caregivers with older children are receiving the greatest benefit to relationships from the interventions.

Statistically significant scores were only reported in the *Relationships with Family and Friends* domain for households of two and three. Sample sizes were not sufficient to report for any household size in the *Education and Employment* domain.

Table 22. 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	0.38	0.28			
Relationships with Child(ren)	0.30	0.17	0.36	0.32	0.63
Relationships with Supportive Services	0.26	0.37	0.42	0.35	–
Education and Employment	–	–	–	–	–
Health & Medical Care	–	0.22	0.31	0.36	–
Mental Health & Substance Use			0.11		–
Basic Essentials	0.22	0.14			–
Child Development	–			–	–

– Indicates sample size not large enough to report.

Groups with the Greatest Improvement

The largest score improvements on the LSP were observed in a greater number of domains than on the PFS (Figure 9). The most significant score improvement was exhibited by caregivers speaking a language other than English or Spanish in the *Relationships with Supportive Services* domain (0.69 points). This group also experienced a large improvement in the *Relationships with Child(ren)* domain. Households of six also exhibited a large score increase in this domain. Asian caregivers showed an average score improvement of 0.60 points in the *Relationships with Family and Friends* domain. Rounding out the five largest score improvements were caregivers with an annual income of $40K–50K in the *Relationships with Supportive Services* domain, with a more than half-point improvement (0.55 points).

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

Group	Score
Other Primary Language - Relationships with Supportive Services	0.69
Households of 6 - Relationships with Child(ren)	0.63
Other Primary Language - Relationships with Child(ren)	0.61
Asian Caregivers - Relationships with Family and Friends	0.60
Caregivers with Income of $40K-50K - Relationships with Supportive Services	0.55
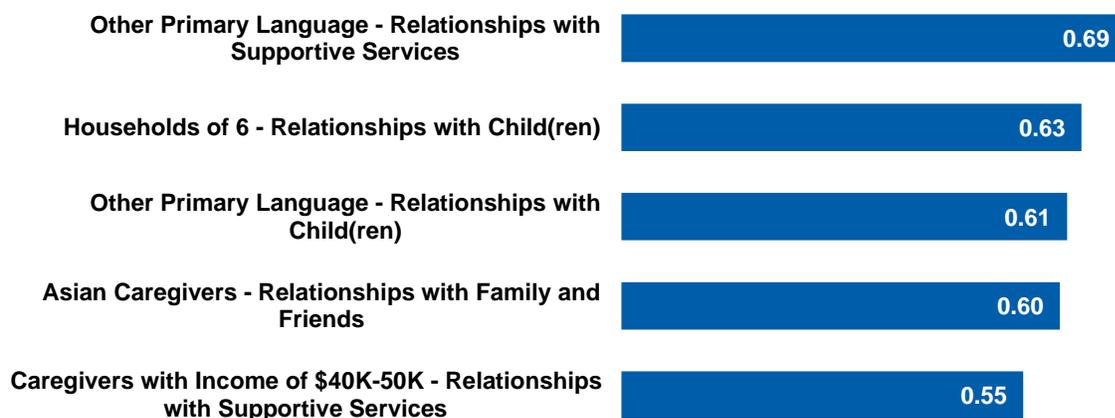
Survey Scores by Program

To measure impact on parenting skills, the Parent Development and Home Visiting Programs use the PFS and LSP tool. This section provides an overview of the impact of these programs, based on the results of these two measurement instruments. Parent Development programs tend to use the PFS more than the LSP to measure impact, while Home Visiting programs tend to use the LSP more regularly.

Parent Development Programs

Table 23 displays the counties served by Parent Development programing, as well as the associated funding, families and children served, and quantity of services provided. In total, over 600 families across 20 counties received in-home or group Parent Development sessions through the provision of more than $600,000 in funding. More than 2,500 in-home sessions and nearly 900 group sessions were provided to families. In total, about 600 children were reached by these services. Woodbury County experienced the largest family reach, serving over 200 families, followed by Crawford County (103 families served), and Muscatine County (101 families served). Projects typically receive funding from other sources (not listed). Reporting for project includes all funding sources.

Table 23. 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	56	72	0	292
Clay	$18,571	11	13	85	6
Crawford	$35,000	103	62	385	12
Dickinson	$30,000	6	7	37	8
Dubuque	$29,414	29	31	392	0
Emmet	$63,000	3	4	12	6
Floyd	$28,500	19	26	0	39
Franklin, Butler	$34,200	11	16	107	81
Henry	$38,430	27	34	339	17
Kossuth	$28,500	9	16	40	6
Linn	$46,963	14	3	208	10
Mills	$13,500	23	25	100	22
Muscatine	$34,728	101	59	0	273
O'Brien	$19,000	9	14	75	6
Palo Alto	$45,000	7	11	50	6
Pottawattamie	$23,513	14	16	0	24
Scott	$58,873	33	28	321	24
Woodbury	$43,700	204	180	433	51
Total	**$677,707**	**679**	**597**	**2,584**	**883**

*Note: Only children 0–5 are reflected in DAISEY system quarterly reports. Children 5–17 are not reflected; thus percentages may reflect artificially low progress.

Parent Development Protective Factors Survey and Life Skill Progression Results

All five PFS domains demonstrated statistically significant improvement in scores from pre- to post-survey for Parent Development participants (Figure 10). The largest score improvement from pre- to post-survey scores was experienced in *Concrete Support*, while the smallest score change occurred in *Nurturing and Attachment*. However, the *Nurturing and Attachment* domain had the highest average score at both the pre- and post-survey overall. *Family Functioning and Resilience* showed the lowest overall score at post-survey (5.56).

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

Nurturing & Attachment (n=141)
Pre: 6.25
Post: 6.40*

Concrete Support (n=202)
Pre: 5.08
Post: 6.03*

Social Emotional Support (n=202)
Pre: 5.49
Post: 6.00*

Child Development & Knowledge of Parenting (n=140)
Pre: 5.55
Post: 5.93*

Family Functioning & Resilience (n=202)
Pre: 5.10
Post: 5.56*
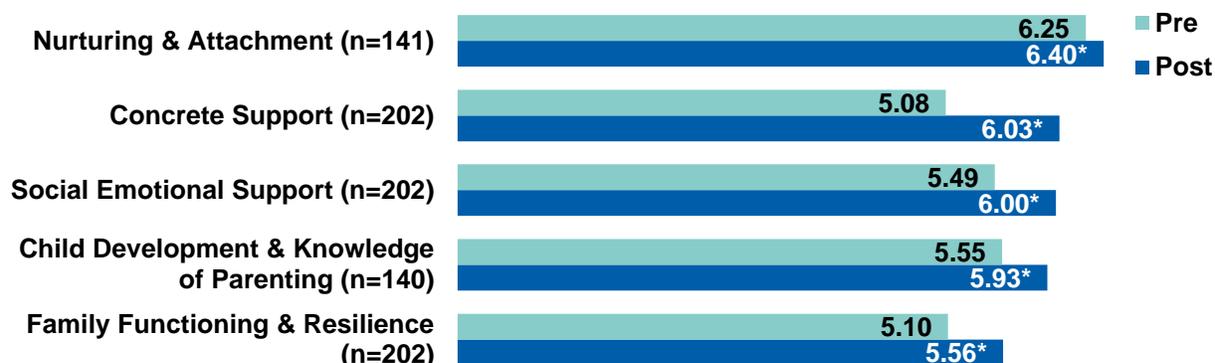
*Statistically significant difference between pre- and post-survey ($p<0.05$).

Statistically significant score improvement was shown for Parent Development participants in most LSP domains with the exceptions of *Mental Health and Substance Use/Abuse* and *Child Development*, as shown in Figure 11. *Mental Health and Substance Use/Abuse* demonstrated the smallest change from pre- to post-assessment with a change of 0.02 points. However, this domain demonstrated the highest score at both pre- and post-assessment. The *Relationships with Supportive Services* domain showed the greatest improvement from pre- to post-assessment with a 0.55-point increase.

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

Mental Health & Substance Use/Abuse (n=69)
Pre: 3.94
Post: 3.96

Health and Medical Care (n=33)
Pre: 3.49
Post: 3.89*

Relationships with Child(ren) (n=48)
Pre: 3.47
Post: 3.78*

Relationships with Supportive Services (n=70)
Pre: 3.15
Post: 3.70*

Child Development (n=18)
Pre: 3.42
Post: 3.63

Basic Essentials (n=67)
Pre: 3.12
Post: 3.30*

Relationships with Family and Friends (n=99)
Pre: 2.78
Post: 2.96*

Education and Employment (n=21)
Pre: 1.63
Post: 1.88*
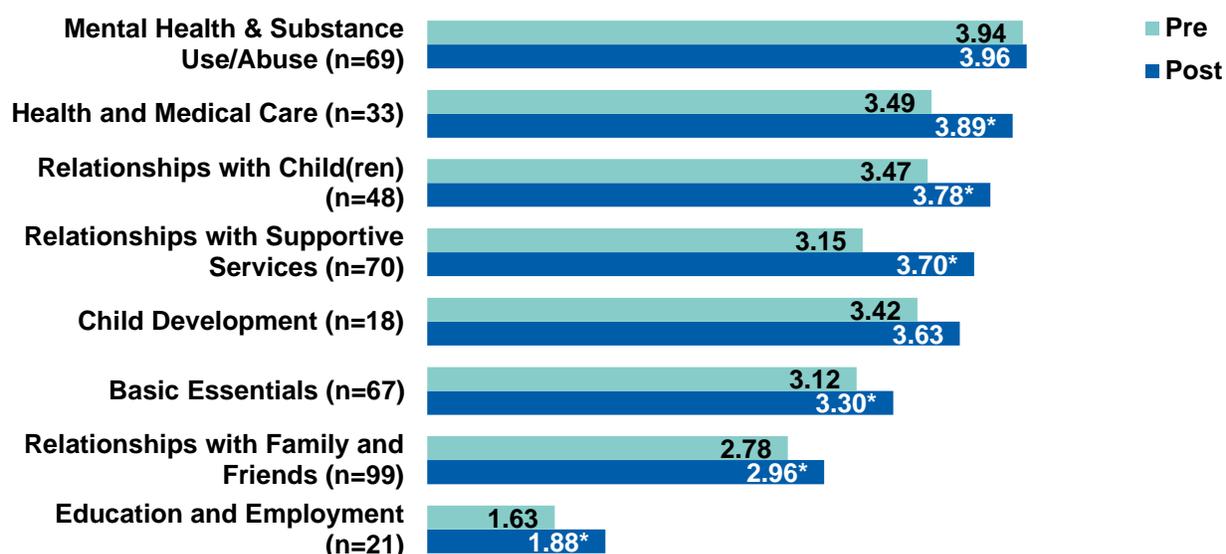
*Statistically significant difference between pre- and post-assessments ($p<0.05$).

Home Visitation Programs

In FY 2023, 15 counties implemented Home Visitation programing, with more than $450,000 dispersed to provide greater than 6,600 in-home sessions and nearly 300 group sessions. In total, more than 500 families and nearly 650 children were reached through this programing (Table 24). The largest number of families (122) and children (126) were served in Marshall County. Projects typically receive funding from other sources (not listed). Reporting for project includes all funding sources.

Table 24. 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	$51,982	9	14	106	54
Buchanan	$27,000	29	36	525	81
Cass	$13,500	31	37	284	3
Clarke	$55,570	33	46	318	17
Clinton	$33,300	30	31	465	10
Decatur	$52,646	12	13	26	14
Delaware	$28,495	60	78	702	17
Johnson	$27,000	46	41	645	23
Marshall	$41,733	122	126	1,703	18
Mills	$13,500	27	37	308	11
Monona	$28,499	42	57	451	12
Ringgold	$17,148	21	33	183	17
Shelby	$29,997	41	53	603	13
Warren	$30,000	28	43	302	7
Total	**$450,370**	**531**	**645**	**6,621**	**297**

Home Visitation Protective Factors Survey and Life Skill Progression Results

None of the Protective Factor domains showed statistically significant score improvement for Home Visiting program participants (Figure 12). The largest increase was seen in *Family Functioning and Resilience* (0.21 points). The highest scores were reported in the *Nurturing and Attachment* domain at both pre- and post-survey. Pre- and post-survey scores were similar for the Home Visiting program and the Parent Development program.

Figure 12. Average Pre- and Post- Protective Factors Scores by Domain Among Home Visitation Matched Surveys
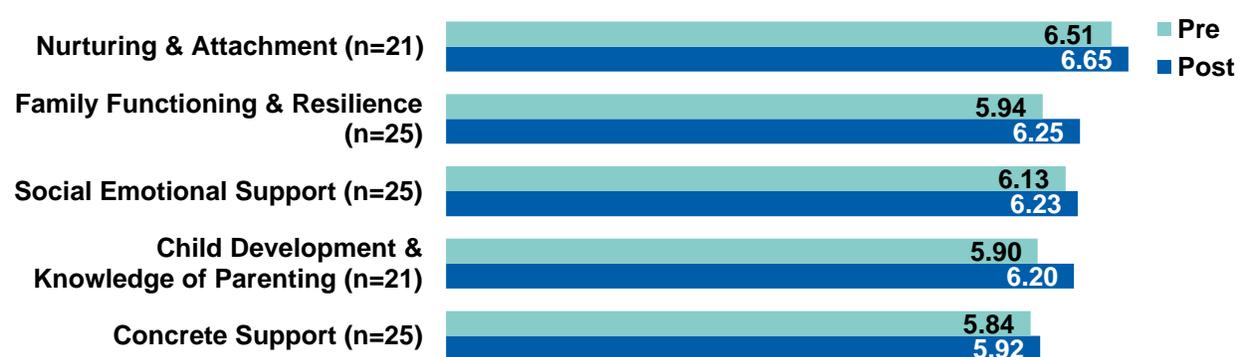
For Home Visiting participants, all LSP domains experienced a statistically significant increase from pre- to post-assessment (Figure 13). At both pre- and post-assessment, the highest scores were seen in the *Mental Health and Substance Use* domain. However, this domain also experienced the smallest change (0.07 points). The greatest overall score improvement was in the *Relationships with Supportive Services* domain (0.33 points).

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

Domain	Pre	Post
Mental Health & Substance Use/Abuse (n=262)	3.83	3.90*
Health and Medical Care (n=156)	3.50	3.77*
Relationships with Child(ren) (n=189)	3.31	3.61*
Relationships with Supportive Services (n=290)	3.26	3.59*
Child Development (n=94)	3.31	3.49*
Relationships with Family and Friends (n=345)	3.02	3.27*
Basic Essentials (n=283)	3.09	3.21*
Education and Employment (n=38)	1.68	1.86*
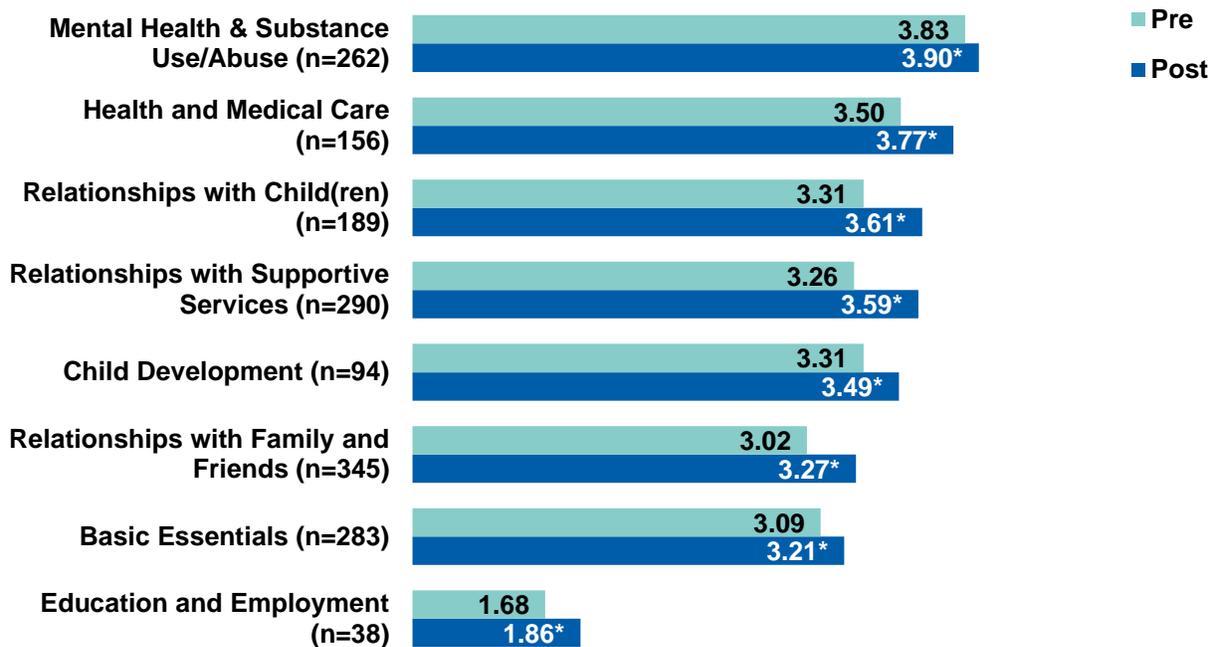
*Statistically significant difference between pre- and post-assessments (p<0.05).

Continuous Quality Improvement (CQI)

The Program Administrator received a summary of participant feedback data for 22 programs providing family support services. Parent feedback was collected via survey (electronic or hard copies) and results were utilized to provide guidance related to what participants found to be most valuable, as well as areas in which programs could improve services for families. Feedback noted the following:

- Overall, participant feedback was generally positive
- Several programs noted highest feedback related to positive interactions/relationships with family support providers
- Participants also provided positive feedback related to their improved understanding of child development
- Desire for additional opportunities to connect with other families
- Preference for in-person services as opposed to meeting virtually
- Requests for specific topics for group connections and/or during home visits
- Handout information helpful but some parents reported getting too many resources to read.

Several programs listed specific topics/parent education activities they would address as a result of the feedback. Several programs also implemented plans to increase outreach and enhance social connection opportunities. Additional plans included staff development to address needs identified by caregiver feedback.

Sexual Abuse Prevention

ICAPP funds both child- and adult-focused SAP programing. Programing for children aims to equip them with the skills needed for self-protection, while programming for adults focuses on individuals and organizations with the necessary skills to protect children. All ICAPP SAP grantees are required to include an adult-focused component in their programing.

Adult-focused SAP education is offered through training opportunities and awareness activities. *Overcoming Barriers to Protecting Children Training*, which focuses on healthy and unhealthy behaviors and how to address concerning behaviors, was the most widely implemented curriculum in FY 2023. Of all trainings implemented during the reporting period, the greatest number of evaluations were completed for this one (386). Other highly utilized adult-focused programs include *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 and *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.

Child-focused programing typically serves children from preschool through fifth grade. Programs teach children about appropriate names of body parts, unsafe touching behaviors, healthy boundaries, and how and when to tell a trusted adult if someone breaks a touching rule. Some grantees utilize existing SAP curricula, while others design and implement their own.

As in previous years, *Think First & Stay Safe* and *Care for* Kids were the most commonly-used child-focused *curricula. Think First & Stay Safe* is designed to support children in recognizing and reporting harassment, abduction, bullying, physical abuse, sexual abuse, and emotional *abuse. Care for Kids* is a comprehensive program that provides content on communication, nurturing/empathy, body parts, developing healthy attitudes toward sexuality, and boundaries. These programs include supplemental training or information for adults prior to child instruction. In addition to these programs, *TECHNICOOL: Keeping Kids Safe on the Internet* and *MBF-Child Safety Matters* were also implemented by grantees in FY 2023.

Research has identified the following components as essential for the success of SAP programming.

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

SAP programs may also address organizational policies designed to minimize risks to children. This could involve restricting one-to-one access, heightening screening procedures for individuals involved in child-related work or volunteering, and/or modifying the environments within child-serving organizations.

Adult-Focused Efforts

Table 25 depicts the FY 2023 funding distributed to ICAPP grantees for adult-focused SAP efforts. Fourteen projects, spanning 17 counties, received funding for these efforts. These projects implemented 131 presentations, reaching more than 1,500 adults with the allotted $236,100.

Table 25. ICAPP-funded Sexual Abuse Prevention Services for Adults, Fiscal Year 2023

Counties Served	Funding	Number of Presentations	Adults Attending
Adair	$9,841	6	36
Adam, Taylor	$21,651	12	115
Butler, Franklin	$20,400	9	68
Clarke	$11,119	5	57
Clinton	$23,750	4	12
Dallas	$24,621	9	269
Decatur	$11,119	4	68
Hardin	$25,500	6	110
Marshall	$19,276	12	56
Muscatine	$11,627	6	96
Ringgold	$11,119	5	38
Scott	$9,458	26	191
Union	$11,119	7	70
Wapello, Mahaska	$25,500	20	377
Total	**$236,100**	**131**	**1,563**

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. As shown in Table 26, participants reported growth in their knowledge about prevention of sexual abuse in children at the conclusion of the *Stewards of Children* training. Each question 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 4.47 to 4.79. This indicates that participants generally agree or strongly agree that their comprehension of child sexual abuse increased as a result of their involvement and completion of the *Stewards of Children* training.

Table 26. Stewards of Children Training Impact (n=211)

Question	Average Score	Percentage of Participants responding "Agree" or "Strongly Agree"
Learned new skills to protect children	4.73	96%
Training changed my attitude about child sexual abuse	4.47	85%
I am more willing to report suspicion of child sexual abuse after taking	4.68	93%
Training will help me better recognize the signs of sexual abuse	4.74	96%
I am more willing to talk to a child about sexual abuse after taking Stewards of Children	4.67	94%
I am more willing to intervene if I see someone engage in risky behaviors with a child	4.78	98%
I would recommend this training to a friend, family member or colleague	4.79	96%

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

Talking with Children About Safety from Sexual Abuse

The *Talking with Children About Safety from Sexual Abuse* training builds on the education provided in the *Stewards of Children* training. This training encourages age-appropriate, open conversations about our bodies, sex, and boundaries. Additionally, it shares survivor and expert stories that help participants to understand how having these conversations with kids can help prevent sexual abuse. A post-training test was completed by participants following completion of the training, however analysis is limited by the small sample size

Table 27 presents the average post-training scores for seven items that focus on the participants' training experience. The average score for each statement ranged from 4.38 to 4.69, suggesting that participants generally agree or strongly agree that the *Talking with Children About Safety from Sexual Abuse* training had a positive impact. Participants most agreed that they learned new skills they will use to keep the children in their life safe from sexual abuse because of this training.

Table 27. Talking with Children About Safety from Sexual Abuse Training Impact (n=13)

Question	Average Score	Percentage of Participants responding "Agree" or "Strongly Agree"
Learned new skills that I will use to keep the children in my life safe from sexual abuse	4.69	100%
The additional training is interesting and kept my attention	4.46	100%
The additional training addresses the most critical issues for organizations and individuals concerned about the protection of children	4.38	100%
Interactive questions throughout the worksheet helped me understand concepts	4.62	100%
The additional training video is appropriate for different roles (e.g., staff member, volunteer, parents) in a wide range of organizations that serve youth and children	4.46	92%
The trainer was well organized and well-prepared for the training session	4.54	92%
The trainer stimulated and supported discussion to create a community atmosphere	4.46	92%

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 pre- and post-workshop average scores and the average change in scores among participants are shown in Table 28. Each statement had an increase in average score by at least one full point after the training was completed. Prior to the training, participants indicated their knowledge was average or below average for each of the topics but was above average or excellent following the training. The greatest increase in knowledge change was related to knowing what participants can do to nurture healthy sexual development in children (1.38 points).

Table 28. Nurturing Healthy Sexual Development-Knowledge Related to Nurturing Healthy Sexual Development (n=191)

Question	Average "Before Training"	Average "After Training"	Average Change
My knowledge of developmentally expected and concerning sexual behaviors in children.	2.02	3.27	+1.25
My knowledge of what I can do to nurture healthy sexual development in children.	1.83	3.21	+1.38
My knowledge of how to communicate with children about healthy sexuality.	1.95	3.25	+1.30

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

Table 29 presents the self-reported survey results as to the comfort level and preparedness to communicate with children about healthy sexual development from participants who completed the *Nurturing Healthy Sexual Development* training. Results after the training indicated that on average participants believed they were prepared to talk with children and answer their questions about health sexuality and felt comfortable using anatomically correct names for body parts. The most notable improvement in scores (1.09 points) from pre- to post-training was in feeling prepared to talk to children about healthy sexuality.

Table 29. Nurturing Healthy Sexual Development-Comfort and Preparedness Communicating about Sexuality (n=191)

Question	Average "Before Training"	Average "After Training"	Average Change
I feel prepared to talk to children about healthy sexuality.	2.39	3.48	+1.09
I feel comfortable using anatomically correct names for body parts.	2.91	3.61	+0.70
I feel prepared to answer children's questions about sexuality.	2.47	3.41	+0.94

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. The outcomes of participants' self-reported knowledge of boundary crossing, both before and after they completed the *Overcoming Barriers to Protecting Children* training, are highlighted in Table 30. Before the training, participants reported an average to slightly above average level of knowledge in understanding and responding to adult behaviors. On average, following their participation in the training, participants reported more than one full point increase in each of the statements, indicating that their knowledge had improved to an above average to excellent level of understanding and responding to boundary crossing.

Table 30. Overcoming Barriers-Knowledge About Boundary Crossing (=386)

Question	Average "Before Training"	Average "After Training"	Average Change
My knowledge of the range of adult behaviors.	2.24	3.30	+1.06
My knowledge of the possible responses to boundary crossing or abusive adult behaviors.	2.10	3.27	+1.17
My knowledge of strategies to have an effective conversation with someone who crosses boundaries.	1.99	3.25	+1.26

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

Table 31 presents participants' self-reported comfort with addressing boundary crossing after completing the *Overcoming Barriers to Protecting Children* training. Participants reported an increase in responsibility, preparedness, and support in communicating with adults about boundary crossing with children. Survey results indicate an increase of more than half a point from pre- to post training in each of the three categories. On average, participants indicated their agreement that, following the training, they feel a greater sense of responsibility in addressing boundary crossing, better prepared to speak with someone who has crossed a boundary, and more capable of supporting others who find themselves in situations involving boundary crossing behaviors.

Table 31. Overcoming Barriers-Comfort Level Addressing Boundary Crossing (n=386)

Question	Average "Before Training"	Average "After Training"	Average Change
I feel responsible for confronting boundary crossing behaviors.	2.85	3.49	+0.64
I feel prepared to speak with someone who has crossed a boundary.	2.59	3.43	+0.84
I feel supportive of other adults who are confronting boundary crossing behaviors.	3.02	3.61	+0.59

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

TECHNICOOL: Keeping Kids Safe on the Internet

The *TECHNICOOL* workshop provides accurate and informative materials to caregivers and teachers regarding digital risks children may be exposed to (*e.g.,* internet pornography, online groomers, sexting). In this workshop, participants learn strategies to help keep children and youth safe from concerning digital environments they may encounter.

Table 33 depicts participants' self-reported knowledge of digital risks and ways they can help keep children and youth safe from them before and after completing the *TECHNICOOL* workshop. Before completing the training, participants reported an average knowledge of digital risks; however, after completing the training, respondents reported an above average knowledge of digital risks and ways to keep children safe in digital environments.

Table 32. TECHNICOOL – Knowledge of Digital Risks (n=43)

Question	Average "Before Training"	Average "After Training"	Average Change
My knowledge of online digital risks to children.	2.29	3.24	+0.95
My knowledge of digital communication as a grooming behavior and online grooming behaviors.	2.10	3.12	+1.02
My knowledge of ways to keep children safe in digital environments.	2.17	3.19	+1.02

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

Additionally, participants of the *TECHNICOOL* training were asked to share their level of comfort, confidence, and preparedness to address digital safety with adults and children. After the training, on average participants reported more than a half point increase across the three items, agreeing that they felt comfortable, confident, and prepared to address digital safety with adults and children (Table 34).

Table 33. TECHNICOOL-Comfort Level Addressing Digital Safety (n=43)

Question	Average "Before Training"	Average "After Training"	Average Change
I feel comfortable discouraging the unsupervised use of technology for young children.	2.93	3.57	+0.64
I feel confident about talking to adults and children about digital safety.	3.05	3.62	+0.57
I am prepared to speak to children who have exposure to unsafe digital content.	2.81	3.45	+0.64

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

Child-Focused Efforts

The breakdown of ICAPP-funding allocated to child-focused SAP projects is shown in Table 32. In total, $123,884 funded six projects (serving eight counties) in FY 2023. This funding supported nearly 1,000 presentations that reached 4,380 children.

Table 34. ICAPP-funded Sexual Abuse Prevention Services for Children, Fiscal Year 2023

Counties Served	Funding	Number of Presentations	Children Attending
Butler, Franklin	$20,400	365	1,366
Clinton	$23,750	42	74
Hardin	$25,500	90	375
Marshall	$19,276	403	1,978
Scott	$9,458	48	50
Wapello, Mahaska	$25,500	36	538
Total	**$123,884**	**984**	**4,380**

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 35 depicts the survey results related to Butler County participants' knowledge about potential child abusers, specifically the percentage of children who reported correct responses. Data were collected from children in Pre-K through fifth grade. The results show that all grades in Butler County increased their overall knowledge that children can be abused by someone they know. In fact, at the conclusion of the curriculum, all children in all grades reported correct responses. The greatest increase in knowledge was shown among Pre-K and kindergarteners as well as third graders, followed by first and second graders and fourth graders all indicating an increase from pre-survey to post-survey of 90 percentage points or more. The smallest increase in knowledge was with the fifth graders, showing an improvement of 76 percentage points. It is important to note that fifth-grade participants received the highest pre-survey score indicating that nearly one-quarter (24%) of fifth graders had prior knowledge that when children are sexually abused, they are usually abused by someone they know.

Table 35. 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)	1%	100%	+99%
Can kids be lured into abuse by someone they know? (1st/2nd grade)	6%	100%	+94%
When children are sexually abused, is it usually by someone they know? (3rd grade)	1%	100%	+99%
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 abused, are they usually abused by someone they know? (5th grade)	24%	100%	+76%

Table 36 presents the change in Franklin County participant knowledge that children can be abused by someone they know from before and after the *Think First and Stay Safe* program. Similar to those from Butler County, all students in all grades reported knowing that children can be abused by someone they know at the conclusion of the program. All grades showed score improvement of 78 percentage points or more. Pre-K and kindergarten students are the only age group in which none of the students reported having knowledge that children can be abused by someone they know prior to completing the program.

Table 36. 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)	0%	100%	+100%
Can kids be lured into abuse by someone they know? (1st/2nd grade)	7%	100%	+93%
When children are sexually abused, is it usually by someone they know? (3rd grade)	7%	100%	+93%
When children are sexually abused, are they usually abused by someone they know, like a relative or family friend? (4th grade)	22%	100%	+78%
When children are sexually abuse, are they usually abused by someone they know? (5th grade)	18%	100%	+82%

Hardin County *Think First and Stay Safe* score changes are shown in Table 37. The pre- and post-surveys were only completed for fourth and fifth graders in Hardin County. As seen in Butler and Franklin Counties, at the conclusion of the program all fourth and fifth graders reported having the knowledge that when children are sexually abused, it is usually by someone they know. Both groups saw increased scores by 94 or more percentage points.

Table 37. 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)		*	
Can kids be lured into abuse by someone they know? (1st/2nd grade)		*	
When children are sexually abused, is it usually by someone they know? (3rd grade)		*	
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)	6%	100%	+94%

*Survey data are not available for this group

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 38 shows the number of students participating in the *Care for Kids* training, students' average scores before and after participating in the training, and the average change in scores.

In total, 1,563 students completed the training in FY 23. Assessments of student's skills are reported by classroom educators in a retrospective pre/post evaluation.

On average, students showed increased scores associated with all targeted skills. The most significant score increase occurred in "Uses correct names for genitals (penis, vulva or vagina)," with more than one point increase from before to after program participation. The highest scoring skill was "Demonstrating genitals are private," for which the average score was 4.12, indicating students usually demonstrate understanding that genitals are private after program participation.

Table 38. Care for Kids Training Impact

Skill	n (students)	Average Before	Average After	Average Change
Expresses own emotions with words	1,563	3.11	3.39	+0.28
Communicates needs/wants with words	1,563	3.23	3.56	+0.33
Asks adults for help when needed	1,563	3.29	3.73	+0.44
Names emotions of others correctly (based on facial expression/body language	1,563	3.04	3.47	+0.43
Offers help to other children	1,563	3.12	3.59	+0.47
Uses correct names for genitals (penis, vulva or vagina)	1,563	1.99	3.08	+1.09
Demonstrates understanding that genitals are private	1,563	3.25	4.12	+0.87
Says 'No" when they do not want to be touched	1,563	3.18	3.85	+0.67
Accepts a "no touching" answer from others	1,563	3.09	3.68	+0.59

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

Figure 14 displays the proportions of students who showed changed scores from pre- to post-program. The greatest amount of change was seen in "Says 'No' when they do not want to be touched," with 75 percent of students increasing their scores by one to two points and five percent increasing by three to four points. The skill with the least amount of change was, "Communicates needs/wants with words," in which 28 percent of students showed an increase of one or two points. There were no reported score decreases from pre- to post-program.

Figure 14. *Care for Kids* Average Skill Improvement

Skill	No Change	Increase 1-2 Points	Increase 3-4 Points
Accepts a "no touching" answer from others	49%	49%	3%
Uses correct names for genitals (penis, vulva or…	43%	54%	3%
Demonstrates understanding that genitals are…	30%	64%	5%
Says 'No" when they do not want to be touched	20%	75%	5%
Names emotions of others correctly (based on…	59%	39%	1%
Asks adults for help when needed	58%	42%	
Expresses own emotions with words	59%	41%	
Offers help to other children	70%	30%	
Communicates needs/wants with words	72%	28%	

■ Decline ▢ No Change ■ Increase 1-2 Points ■ Increase 3-4 Points

MBF Child Safety Matters

Monique Burr Foundation Child Safety Matters is an evidence-based program implemented in elementary school classrooms in grades kindergarten through five. The program provides youth and adults in the classroom with information and strategies to prevent, recognize, and respond to bullying, cyber bullying, abuse, and digital abuse dangers through two lessons instructed by trained facilitators.

Participants complete both a pretest and posttest of knowledge related to safety rules taught in the Child Safety Matters curriculum such as abuse occurring from people children know, and a safety rule around "talking it up". Pretests and posttests have five one-point questions, with posttests having a "bonus" for kids who shared take home information with a trusted adult. Several posttests scored a point for this task, thus awarding up to 6 points for the post test, which indicates growth in scores is inflated up to one full point. Table 39 reflects changes in scores from 48 participants in MBF programming.

Table 39. MBF Child Safety Matters Impact

Grade	N (students)	Average Pre	Average Post	Average Change
Kindergarten	6	3.50	4.83	+1.33
First Grade	3	3.33	4.33	+1.00
Second Grade	11	3.18	4.85	+1.64
Third Grade	11	3.64	4.09	+0.45
Fourth Grade	9	3.44	3.88	+0.44
Fifth Grade	8	4.00	4.13	+0.13

Resilient Communities Demonstration Project

RCDP was created in an effort to support communities in comprehensive change. RCDPs are active in Des Moines, Lee, Wapello, and Woodbury counties. The goal of the RCDP initiative is to improve alignment of community-based supports, build capacity to meet the needs of families, and positively impact policies and community norms that support families. The four communities were awarded an annual total of $389,000 in FY 2023 to support these efforts. FY 2023 efforts for each RCDP are outlined in the following section.

Des Moines

The Burlington Community School District continues to provide referrals for students who are at risk of, or experiencing, housing insecurity. Examples include assisting a family with a bus pass and connecting families to resources over the summer. School staff are working with the Iowa Balance of State to utilize the Coordinated Entry Program to become an access point for families experiencing homelessness, allowing them to enter the statewide system that facilitates access to housing services.

The coordinator attended the Southeast Iowa Court Appointed Special Advocated for Children (CASA) summit, the Community Partnerships for Protecting Children (CPPC) Spring Convening, the Child Abuse Prevention Conference, and completed Youth Mental Health First Aid training. A YouthNet conference, held on April 21, was attended by 183 registrants from 76 partners and 21 school districts. Eligible students and families continue to receive services and referrals for educational support and available community resources. A total of 221 students were reached throughout the school year, with 95 receiving interventions through the Panorama tracking system. In total, 47 percent of these students improved attendance and 77 percent showed a decrease in negative behaviors. A total of 31 students received a math intervention, 30 had at least one behavioral intervention, and four had at least one additional social emotional learning intervention. The YouthNet program had an end of school year party to celebrate mentors and mentees.

Lee

Activities included planning resources for families such as educational activities, collaborations with local conservation groups (*e.g.,* youth summer camps), partnering with YMCA for Family Fun Day, handing out bags at free swim days, plans for community scavenger hunt, highlighting free/low-cost family activities, and literacy bags. The project continues to partner with the University of Iowa College of Public Health for assistance with social media campaigns. The project awarded eight child champions and promoted stories on Facebook. Feedback from Early Childhood providers indicated most impactful/helpful initiatives were shared staff training and a shared substitute pool (childcare).

A Drug Free Communities (DFC) grant was submitted early in the quarter to acquire additional funding to support the County's initiatives. A *Stewards of Children* training was held in May. The group discussed partnering with Early Childhood Iowa (ECI), the council, Early Childhood Task Force (ECTF), and CPPC to coordinate meeting times. The group also reviewed available data related to prenatal care and maternal/infant mortality and brainstormed ideas to promote prenatal care.

Wapello

The Wapello County Resilient Communities project continued regular community planning meetings. In April the project supported the CASA Summit held in Ottumwa that was attended by more than 200 professionals and 575 youth. During the June meeting the committee discussed a

health campaign to support a pilot program of Cope Notes and transition of billboard contracts, plan the *Be the Light* Suicide Prevention Walk, and partner with Ottumwa school to host eight Parent Cafes in the coming year. A total of 45 individuals participated in three Parent Cafes during Q4.

The group also supported the local Ottumwa Pride event in June through advertising and sharing information, and partnered with the United Way and Wapello County Coalition Against Human Trafficking to provide *Set Me Free* training by sharing information and buying advertisements. The project maintains three billboards in the community that share messages such as: *"All Children Deserve a Happy Childhood," "Growing a Better Tomorrow," "Together/What is Your role?"* and *"Different People, One Community."* The group continues to support message sharing on social media and share ACEs information and other community initiatives on the website. The group planted pinwheels and supported events in April to promote Child Abuse Prevention (CAP) month awareness.

Woodbury

The Woodbury Resilient Communities project continues to support advocacy for native youth and families by representing them at community meetings and at schools. The program manager and community partners attended the Child Abuse Prevention Conference. The program manager and two subcontractors presented information about the project at a National Indian Child Welfare Association (NICWA) conference. The group continues capacity-building efforts to support culturally responsive services for the urban Native American community. Additionally, efforts to promote the Urban Native Center's community center as the resource hub in Sioux City/surrounding area for the Native community were implemented.

Recommendations

1	**Investigate why far fewer PFSs and LSPs were completed in FY 2023 than in previous years.**
2	**Consider why select demographic groups are having greater success completing Parent Development and Home Visiting programs than others.**
3	**Assess why ICAPP participants continue to show the greatest score improvements in the Concrete Support domain and evaluate how those successes could be leveraged to strengthen other protective factors.**
4	**Continue to assess why the Education and Employment domain scores remain so low compared to other LSP domains.**
5	**Continue offering *Think First & Stay Safe* curriculum to Pre-K through fifth graders in the implementing communities to ensure consistent delivery of valuable information to help protect children against sexual abuse. Encourage implementers to collect pre- and post-evaluations to measure progress and assess methodology to ensure educator and/or peer conformity is not biasing evaluation responses.**

Recommendations