

The Protective Factors Survey, 2nd Edition (PFS-2) User Manual



FRIENDS National Center for Community-Based Child Abuse Prevention
A Service of the Children's Bureau

*FRIENDS National Center for Community-Based Child Abuse Prevention • Chapel Hill
Training Outreach Project, Inc. • 800 Eastowne Drive • Suite 105
• Chapel Hill, NC 27514 • (919) 490-5577 • (919) 490-4905 (fax) • www.friendsnrc.org*

The Protective Factors Survey, 2nd Edition (PFS-2)

A guide to administering the Protective Factors Survey, 2nd Edition

Prepared by: University of Kansas Center for Public Partnerships and Research
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Background and Introduction

In 2004, the FRIENDS National Center for Community-Based Child Abuse Prevention began a project to develop a Protective Factors Survey (PFS) for its network of federally-funded Community-Based Child Abuse Prevention (CBCAP) programs. Though there are numerous instruments designed to measure individual protective factors, there was not a single instrument available that assesses *multiple protective factors* to prevent child abuse and neglect. This project was initiated to help programs better assess changes in *family protective factors*, a major focus of prevention work.

Following several years of implementation by practitioners working in the field of child maltreatment prevention, FRIENDS determined that the instrument could be revised to clarify wording and reflect a broader range of attitudes and behaviors within the subscales, especially in the areas of concrete supports and social supports. Beginning in 2014, significant research was conducted to revise and improve the existing PFS in alignment with the most current research. The revisions made on the PFS-2 include clarifying and rewording items, and collapsing the response categories.

The Protective Factors Survey, 2nd Edition, referred to as the PFS-2, is a product of FRIENDS National Center in collaboration with the University of Kansas Center for Public Partnerships and Research. The revised instrument was developed with the advice and assistance of researchers, administrators, workers, and experts specializing in family support and maltreatment and psychological measurement, and has undergone a national field test.

Purpose and Use

The PFS-2 is a 19-item measure designed for use with parents and caregivers participating in child maltreatment prevention services, such as home visiting, parent education, and family support.

The instrument is available as a traditional pre-/post-test tool, and as a retrospective tool (administered at the time a post-test would be given), that measures protective factors in five areas: social supports, concrete supports, nurturing and attachment, family functioning/resilience, and caregiver/practitioner relationship. Staff can administer the survey before, during, or after service provision to measure changes in family protective factors.

The primary purpose of the PFS-2 is to provide feedback to agencies for continuous improvement and evaluation purposes. Agencies may also find the survey results useful in case planning with clients or conducting needs assessments. The survey results are designed to provide agencies with the following information:

- ▶ a snapshot of the families they serve;
- ▶ changes in protective factors;
- ▶ areas where staff can focus on increasing individual family protective factors.

The PFS-2 was neither developed nor tested as a tool for making clinical diagnoses or for making decisions regarding out-of-home placements or legal adjudications. Agencies should rely on other instruments for clinical use.

For help in determining if the PFS-2 is right for your agency, please see the “Checklist for Using the PFS-2” on the next page.

Checklist for Using the PFS-2

	Yes	No
<p>Will the respondent (the parents or caregiver) receive <i>at least</i> 12 hours of direct services from your program before they are given the post-test?</p> <p><i>If you answered "No," the PFS-2 may not be the best survey for measuring outcomes of your services. You do not need to complete the remaining items on this checklist.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Is the respondent the primary caregiver of the child(ren) for whom the parent/guardian is receiving services?</p> <p><i>If you answered "No," the PFS-2 may not be the best survey for measuring Nurturing and Attachment. Consider not using items from that subscale, items 4-7.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Do you provide services or supports that address one or more of each of the following protective factors:</p>		
<p>Family Functioning/Resilience Having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and mobilize to accept, solve, and manage problems.</p> <p><i>If you answered "No," consider not using the Family Functioning/Resilience subscale, items 1-3.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Nurturing and Attachment The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.</p> <p><i>If you answered "No," consider not using the Nurturing and Attachment subscale, items 4-7.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Social Supports Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs.</p> <p><i>If you answered "No," consider not using the Social Supports subscale, items 8-12.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Concrete Supports Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.</p> <p><i>If you answered "No," consider not using the Concrete Supports subscale, items 16-19.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

Description

The PFS-2 is a pencil and paper survey available in two formats: as a traditional pre-/post-test tool, and as a retrospective tool. Agencies should determine which format is most appropriate for their needs. For more information on how to decide which format to use, please see “Choosing Between the Retrospective PFS-2 and Traditional PFS-2 Surveys” on page 11.

The instrument is divided into two sections: the first section to be completed by a staff member, and the second section to be completed by a program participant.

Program Information Form

The purpose of the Program Information form is to gather background information about the participant and program services. Program staff who are knowledgeable about the participant are asked to complete this section. The form contains two sets of questions: 1) participant’s survey experience, including the administration date and supports provided, and 2) program dosage, specifically the participant’s length of involvement and types of services received. The form is followed by a blank page to allow for single-sided printing so that the form can be removed prior to distributing the survey to participants.

The Protective Factors Survey, 2nd Edition (PFS-2)

The PFS-2 contains the core questions of the survey. This part is designed for program participants who have received or are currently receiving prevention services. In the family protective factors section, participants are asked to respond to a series of statements about their family, using a five-point frequency or agreement scale. In the demographic section, participants are asked to provide details about their family composition, income, and involvement in services. The following table provides a brief summary of the multiple protective factors covered in the survey.

Protective Factors

Measured by the PFS-2

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

*While the Caregiver/Practitioner Relationship is not often identified as a protective factor, this subscale can help service providers better assess their ability to effectively engage with caregivers, and support improved service delivery.

While "Knowledge of Parenting and Child Development" is a known protective factor to prevent child maltreatment, it is not included as a subscale in the PFS-2. This factor is a complex construct with many different components. There is reason to believe that respondents' self-reported level of parenting and child development knowledge is not an accurate reflection of true parenting knowledge, but rather captures confidence or tendency toward self-reflection – neither of which are understood to be true protective factors. As such, parents' knowledge and competence is reflected in the attitudes and behaviors addressed in the other subscales. Programs that deliver parent education services that address this construct are encouraged to evaluate this component of their services using a tool specific to their curriculum and content.

SECTION 1

Instructions for Staff

Choosing Between the Retrospective PFS-2 and
Traditional PFS-2 Surveys

Preparing the Survey

Administering the Survey

Choosing Between the Retrospective PFS-2 and Traditional PFS-2 Surveys

The PFS-2 is available as both a traditional pre-/post-test tool and as a retrospective (administered at the time a post-test would be given). Agencies should consider the following points when deciding which version of the survey is most appropriate for their program's needs.

Retrospective Version

The retrospective instrument is designed to be administered only once, at the end of service delivery. Participants are asked to think back and answer how they felt or what they experienced *before* they started the program* (pre-test), and then to answer based on what they feel or experience *now*, after completing the program (post-test).

The retrospective was developed largely in response to practitioner feedback and requests to address several key issues:

- ▶ Due to natural participant drop-off, collecting post-test data is difficult; the retrospective is administered only once, and therefore yields a 100% match between pre- and post-tests.
- ▶ The retrospective reduces the burden on participants by requesting that they only complete one PFS survey as opposed to separate pre- and post-tests. Similarly, this reduces the amount of time staff spend on administration and scoring.
- ▶ Surveys may be administered at any time during service provision (after a minimum of 12 hours of services) since a retrospective pre-test is included.

The retrospective may reduce the likelihood of response shift bias (Howard, 1980; Howard & Ralph, et al., 1979), where participants' knowledge change through the course of service delivery may result in over-rating at pre-test and thus show little to no change at post-test (Cantrell, 2003; Pratt, 2000).

*Staff may replace "program" with the term that makes the most sense for the setting (e.g. curriculum, class, group, etc.)

Considerations in choosing the retrospective PFS-2. The retrospective should only be administered after participants have received a *minimum of 12 hours* of program services. See below for a few points to consider in determining whether the retrospective PFS-2 is right for your agency's needs:

- ▶ Participants' ability to recall their feelings or experiences prior to receiving services may be influenced by the length of services; longer-term or ongoing program services may benefit from using the traditional pre- and post-test PFS-2 to measure change over time.
- ▶ The Concrete Supports subscale is not included as a pre-test in the retrospective version of the PFS-2. Participants are asked to respond to the items in this subscale only at post-test due to the low likelihood that these responses will change over the course of shorter-term service delivery. However, this subscale is valuable in assisting with case planning with clients or conducting needs assessments. Programs using the retrospective are encouraged to administer the Concrete Supports items as a true pre-test to gain insight into participants' needs. The Concrete Supports items can be found as a stand-alone survey in the Appendix.
- ▶ Funders may require that program outcomes are measured using a traditional model rather than a retrospective.

Further reading:

Cantrell, P. (2003). Traditional vs. retrospective pretests for measuring science teaching efficacy beliefs in preservice teachers. *School Science and Mathematics*, 103(4), 177-185.

Howard, G. S. (1980). Response-shift bias. A problem in evaluating interventions with pre/ post self-reports. *Evaluation Review*, 4(1), 93 – 106.

Howard, G. S., Ralph, K. M., Gulanick, N. A., Maxwell, S. E., Nance, S. W., & Gerber, S. K. (1979). Internal invalidity in pre-test-post-test self-report evaluations and a re-evaluation of retrospective pre-tests. *Applied Psychological Measurement*, 3, 1- 23.

Pratt, C. C., McGuigan, W. M., & Katzev, A. R. (2000). Measuring program outcomes: Using retrospective pretest methodology. *American Journal of Evaluation*, 21(3), 341 – 349.

Traditional Version

The traditional instrument is designed to be administered twice, first at the beginning of services to establish a baseline measure (pre-test), and again at the end of service delivery to measure participants' changes in protective factors (post-test).

Considerations in choosing the traditional PFS-2. Programs should consider the following points when determining whether to use the traditional version of the PFS-2:

- ▶ Longer-term programs, such as home visiting programs, may find the pre/post model to be well-suited for ongoing data collection, and may further choose to administer a post-test *during* service provision (for example, as an interim or mid-point measure after 6 months of home visits) to determine participants' service delivery needs and adjust services as necessary.
- ▶ Since the traditional PFS-2 is administered twice, additional staff time is required for administration and scoring. Additionally, ensuring there is sufficient time for participants to complete two surveys should be considered in the context of program or curricula duration.
- ▶ Programs may see a ceiling effect in scores due to the likelihood of participants rating themselves highly at the beginning of services (response shift bias), therefore allowing little to no room for improvement at the end of services.

Preparing the Survey

This User Manual contains all the materials staff will need to prepare the surveys. Although materials can be shared among staff, it is highly recommended that one person be responsible for preparing the survey materials for the agency. After determining which version of the survey is appropriate for program use, agencies should prepare the surveys several days prior to survey administration, following the steps listed below:

- 1. Prepare the Informed Consent Statement (if necessary).** Staff will need to create an Informed Consent Statement to fit the consent requirements of their organization. Agencies should only use the statement approved by their agency or Institutional Review Board. If agencies do not have an informed consent statement, an example is included in Section 5 of this manual. Agencies may modify this one or write their own.
- 2. Assemble survey packets.** Using the appropriate survey version (pre/post or retrospective) located in the User Manual, staff should make one copy of each of the survey materials for each program participant. Copies of the Informed Consent Statement and Program Information form should also be made. Staff should staple the survey materials together in the following order:
 - i.** Program Information form (followed by a blank page);
 - ii.** Informed Consent Statement (if applicable);
 - iii.** Protective Factors Survey, 2nd Edition (items 1-19, child information, and demographic items).

Staff should double-check the page numbers on the printed surveys to ensure the questions are presented in the same order as they appear in the User Manual.

- 3. Put participant ID number on surveys.** A unique participant ID number is required to process the survey data. Agencies should use existing case/client ID numbers without collecting any personally identifying information, such as participant names or birth dates. This number will allow staff to administer the second round of surveys to the same participants. There are two places that the participant ID needs to be provided:
 - i.** At the top of the Program Information form;
 - ii.** On the first page of the survey.

Administering the Survey

The survey will take approximately 10-15 minutes to complete. The survey should be administered in a comfortable setting at a time when participants are not easily distracted and can concentrate on the items. Staff are welcome to provide refreshments to participants as long as access to refreshments is not tied directly to completion of the survey.

The survey is designed to be administered in person. Surveys can be administered in a group setting or in one-on-one interviews. The role of staff in the survey process is to encourage participants to answer the questions completely and honestly, but not to tell participants how to answer. It is critical that staff members present the survey in a consistent way to all participants. We strongly recommend that staff review the manual prior to survey administration so that all participants receive the same instructions.

Below is a list of recommended steps for the survey process to ensure consistent data collection. These steps have been written for staff administering the survey in a group setting. Modifications can be made if a different format (i.e. interviews) is used.

- 1. Complete the Program Information form.** The cover sheet of the survey contains the background questions that must be completed by a staff member familiar with the program participant. Instructions for completing these questions are provided in Section 3.
- 2. Prepare surveys for each participant.** Before distributing the survey to participants, staff should write each participant's ID number at the top of the first page of each survey. Staff should ensure that the participant ID number that is written on the survey corresponds with the participant who will receive the survey.
- 3. Remove the Program Information form.** Once staff has completed this form, it should be removed from the front of the survey prior to distributing the survey to participants. A blank page is included after the form to allow for one-sided printing so that the form can be removed prior to distributing the survey to participants.
- 4. Hand out the survey.** Each participant should receive a survey with his/her participant ID number at the top. Staff should make sure the participant ID number that is written on the survey corresponds with the participant.
- 5. Introduce the survey.** Staff should introduce the survey by reading the introductory statement to participants (see "Introducing the Survey to Participants" on page 19). After the introduction, staff should give participants a few minutes to read and sign the informed consent statement, if necessary.
- 6. Provide alternative arrangements for non-participants.** Alternative arrangements should be provided to participants who decide not to complete the survey. This might include leaving early or providing other activities for them. Staff

should discretely provide instructions to non-participants. If administering the survey during a home visit, staff should ensure any children present are appropriately occupied so as not to disturb the parent completing the survey.

- 7. Review general survey instructions with participants.** Staff should review general instructions with participants using the script provided in the manual (see “Reviewing Retrospective PFS-2 Instructions with Participants” on page 20, or “Reviewing Traditional PFS-2 Instructions with Participants” on page 21).
- 8. Start survey.** Staff should instruct participants to begin the survey. If participants have questions about specific items, staff should provide assistance. Staff should instruct participants to answer the items based on their own understanding of how it relates to them and their family. Staff should avoid rephrasing items so as to minimize any threats to the validity of the responses.
- 9. Collect surveys.** Upon completion, surveys should be collected from participants. If there were any unusual circumstances surrounding the survey administration, staff should note that on the survey.

SECTION 2

Survey Scripts and Instructions for Participants

Survey Scripts

Introducing the Survey to Participants

Reviewing Retrospective PFS-2 Instructions with Participants

Reviewing Traditional PFS-2 Instructions with Participants

Paraphrasing Instructions for Participants

Survey Scripts

It is important to give clear instructions to the participants before administering the survey. Some, especially those with limited skills in reading, may need help in understanding the questions. Administrators of the survey will need to be prepared to further explain the survey questions and answering procedures. The following scripts are provided to help the administrator introduce the survey.

For administrators who plan to translate the PFS-2 into another language:

- ▶ Please write the translation and paraphrasing you would like to use.
- ▶ Field test the translation with parents and staff who are fluent in both English and the second language.
- ▶ Ask someone who is fluent in both English and the other language AND who is not familiar with the English version of the PFS-2 to translate your second language version back into English. This should tell you if your translation is a good representation of the English language PFS-2. (By using a translator who is not familiar with the PFS-2, you can avoid a naturally occurring tendency to mentally reference the original version during the back-translation phase.)
- ▶ Once you are satisfied that the translation accurately reflects the content of the PFS-2 AND that it is understandable to the audience taking the survey, you should plan to use the same wording each time you administer the PFS-2.

Introducing the Survey to Participants

Staff should introduce the survey to participants using the following script.

"I am going to ask you to complete a survey. This survey will help us better understand the needs of the families we serve. We want to provide the best services that we can to all of our parents and families, and this is one way to help us keep on track. The survey contains questions about your experiences as a parent and your outlook on life in general.

You will not lose services or be penalized in any way if you prefer not to complete the survey, or prefer not to answer some of the questions.

All of the information that you share with us will be kept confidential and you do not have to put your name anywhere on the survey. The services you receive will not be negatively affected by any answers that you give us in this survey.

Do you have any questions at this point?" (Answer questions)

For Agencies with Informed Consent Requirements

"On the front page of the survey is an Informed Consent form. This is a document for our records that will be kept separate from the survey. This document tells us whether or not you have agreed to participate in the survey. You do not need to take this survey if you do not want to, and the services you receive will not be taken away or changed if you do not take the survey. Please take a few minutes to read the first page of the survey. When you are finished, please check off the appropriate box and sign the form."

(Check to make sure informed consent forms are completed before proceeding)

Reviewing Retrospective PFS-2

Instructions with Participants

Staff should use the following script when administering the retrospective survey to participants.

“This survey contains two different sections that you will need to complete. The first section asks about your parenting experiences and your general outlook on life. Please remember that this is not a test, so there are no right or wrong answers, and your responses are confidential. You should choose the answer that makes the most sense for you and your family.

The second section asks for background information about you and your family. You may have already given us some of this information, and we thank you for giving it to us again so that our survey information can be as complete as possible.

You will notice that each question asks you to answer ‘Before’ and ‘Now.’ Please think back to when you started this program and answer the questions based on how you felt or what you experienced before you started the program. Then, answer the same question for how you feel or what you experience now.

The questions will ask you to think about how much or how little each item reflects your life, or about how often you experience something. Please respond by marking the circle that best describes your situation. If you do not find an answer that fits perfectly, mark the one that comes closest.

When you are finished with the survey, you can pass it back to me. If at any time you have questions about the survey, just let me know and I can help you.”

Reviewing Traditional PFS-2

Instructions with Participants

Staff should use the following script when administering the traditional pre/post survey to participants.

“This survey contains two different sections that you will need to complete. The first section asks about your parenting experiences and your general outlook on life. Please remember that this is not a test, so there are no right or wrong answers, and your responses are confidential. You should choose the answer that makes the most sense for you and your family.

The second section asks for background information about you and your family. You may have already given us some of this information, and we thank you for giving it to us again so that our survey information can be as complete as possible.

You will notice that each question asks you to think about how much or how little each item reflects your life, or about how often you experience something. Please respond by marking the circle that best describes your situation. If you do not find an answer that fits perfectly, mark the one that comes closest.

When you are finished with the survey, you can pass it back to me. If at any time you have questions about the survey, just let me know and I can help you.”

Paraphrasing Instructions for Participants

Occasionally participants will need further clarification to answer the survey questions. It is important that staff provide the same explanations to all participants so survey administration is consistent.

Staff should encourage participants to answer the survey questions in the way that makes the most sense for them or their family. It is not recommended that staff reword or rephrase questions, as this may influence participants' responses. If participants need assistance in clarifying questions, it is recommended that staff use the following script to respond:

"I don't have any additional information. Just respond in a way that makes the most sense for you/your family/your life. There are no right or wrong answers."

If the participant continues to have difficulty in responding, they are permitted to skip the item in question.

SECTION 3

Survey Clarifications

Clarifications for the Program Information Form

Clarifying Demographic Items for Participants

Clarifications for the Program Information Form

This information collected with this form is for staff use only and should be completed by a staff member who is familiar with the program participant. The Program Information form is followed by a blank page to allow for one-sided printing so that the form can be removed prior to distributing the survey. Please remove this form prior to giving the survey to the participant to complete.

Agency ID#

Please provide the name of your agency/program/organization.

Participant ID#

Participants do not need to give their names, however a unique participant identification (ID) number is necessary to process the survey. The participant ID number should be the case/client ID number that the agency uses to track the participant.

Check here if this is a pre-test/post-test:

Please indicate whether the survey being administered is a pre-test (given at the initiation of services) or a post-test (given at the end of services) by checking the appropriate box. This option does not appear on the retrospective PFS-2.

Date Survey Completed: ___/___/___

Please provide the month, day, and year that the survey was completed. Please use the four-digit year (e.g. 2018 instead of 18).

Program Start Date: ___/___/___

Please provide the month, day, and year that the participant began receiving services (e.g. began attending support groups or classes) from your program. Please use the four-digit year (e.g. 2018 instead of 18).

Program Completion Date: ___/___/___

Please provide the month, day, and year that the participant completed services (e.g. stopped attending support groups, or completed a curriculum) with your program. Please use the four-digit year (e.g. 2018 instead of 18).

1. How was the survey completed? (Select one)

Please check the most appropriate response:

- "Completed in face-to-face interview" if you met individually with the participant and filled out the survey together
- "Completed by participant with program staff available to explain items as needed" if the participant filled out the survey with help from staff
- "Completed by participant without program staff present" if the participant had no staff assistance

2. How was the participant referred to your program?

Please check the most appropriate response:

- "Self-referred" if the participant voluntarily chose to receive services
- "Child Protective Services" if the participant was referred by CPS to receive services
- "Court" if the participant was court-referred to receive services
- "Community program" if another program/agency/organization referred the participant to you
- "Other" if the participant was referred by another source, or the referral source is unknown

3. Has the participant been reported to Child Protective Services (CPS)?

Please check the most appropriate response:

- "NO" if you know that the participant has not been reported
- "YES" if you know that the participant has been reported
 - "Before starting the program" if the participant was reported to CPS prior to receiving services from your program
 - "During the program" if the participant was reported to CPS while receiving services from your program
 - "After completing the program" if the participant was reported to CPS at any point after having finished receiving services from your program
- "NOT SURE" if you do not know whether the participant has been reported

4. If yes, was the report substantiated?

If you responded YES above, please check the most appropriate response:

- "NO" if you know that the CPS report was not substantiated
- "YES" if you know that the CPS report was substantiated
- "NOT SURE" if you do not know whether or not the CPS report was substantiated
- "NO, REFERRED TO DIFFERENTIAL RESPONSE" if the CPS report was not substantiated and the participant was referred to an alternative program for reported child maltreatment
- "YES, REFERRED TO DIFFERENTIAL RESPONSE" if the CPS report was substantiated and the participant was referred to an alternative program for reported child maltreatment
- "NOT APPLICABLE" if there was no report to CPS

5. Identify the type of program that most accurately describes the services the participant is receiving from your program/agency. (Select all that apply)

Identify all of the services that the participant is currently receiving from your program/agency. If you do not find one that matches your program's services, select "Other" and provide a two- to four-word description of the program, or write the name of the curriculum you are using.

6. Participant's Attendance: (Estimate if necessary)

At Pre-Test:

Please estimate the number of hours of service that are being offered to participants at the beginning of services. For example, a 12-week curriculum that meets weekly for a one-hour class would be offering 12 hours of service.

At Post-Test:

Please estimate the number of hours of service that were received by participants at the completion of services. For example, if a participant attended only 9 of the 12 hour-long classes offered, they would have received 9 hours of services.

Recording participant attendance may be useful for agencies that wish to conduct a cost analysis, or for measuring program impact by service dosage received.

Clarifying Demographic Items for Participants

The clarifications provided below are intended for use by staff to answer participant questions related to the items in the demographics section of the survey.

20 – 35. Please tell us about the children living in your household.

List all of the children for whom you are the parent or caregiver. Include all children for whom you are the parent or for whom you parent, including foster or adopted children, step-children, grandchildren, etc. For each child you list, identify the child's sex and age in years (if under 1 year, write 0). Then answer whether or not that child primarily lives in your home, and your relationship to that child. If you have more than four children, you can continue the list on the back of the page.

CHILD #1	<input type="radio"/> Male	<input type="radio"/> Female
Age (in years):	_____	
This child lives in my house:	<input type="radio"/> Yes	<input type="radio"/> No
What is your relationship to this child?		
<input type="radio"/> Birth parent	<input type="radio"/> Foster parent	<input type="radio"/> Other relative
<input type="radio"/> Step-parent	<input type="radio"/> Grand/Great-grandparent	<input type="radio"/> Other
<input type="radio"/> Adoptive parent	<input type="radio"/> Sibling	

36. Sex:

What sex [gender] do you identify as? Male, female, gender non-conforming or non-binary, or something else? You can also mark that you prefer not to answer.

37. Age (in years):

How many years old are you? Write your current age.

38. Primary Language Spoken at Home:

What language do you or your family most often speak at home? If you do not see the language you speak listed, select "Other" and write the name of the language.

39. Race/Ethnicity:

What race or ethnicity are you? You can select as many categories as you think best describe you. If the categories do not describe your race or ethnicity, select "Other" and write how you describe your race or ethnicity.

40. Relationship Status:

Select the box that best describes your current relationship status.

41. Family Housing:

Select the box that best describes what type of home you and your family currently live in. "Temporary" means that you have a place to stay for now, but that you do not have ongoing residency in one place.

42. Total Family Income:

Your total family income refers to the combined annual income of all the family members in your household. This could include income earned through employment, but can also include child support received, and Social Security payments, among other sources.

43. Highest Level of Education:

Select the box that best describes the highest level of education that you have completed.

44. Which, if any, of the following do you or your family currently receive?

Select all the categories of assistance that you or anyone in your household currently receives.

SECTION 4

Scoring Instructions

Technical Data

Scoring the PFS-2

Technical Data

The reliability of the PFS-2 is estimated using an internal-consistency measure, Cronbach's coefficient alpha, and all five subscales demonstrate acceptable levels of internal consistency. Content validity, construct validity, and criterion validity were also examined and provide evidence that the PFS-2 is a valid measure of multiple protective factors against child maltreatment. For further information about the psychometric properties of the PFS-2, please contact the Center for Public Partnerships and Research at the University of Kansas (cppr@ku.edu).

Subscale	Reliability
Family Functioning/Resilience	0.82
Nurturing and Attachment	0.77
Social Supports	0.75
Caregiver/Practitioner Relationship	0.59
Concrete Supports	0.82

Scoring the PFS-2

Manually Calculating Individual Mean Subscale Scores

The following are instructions for calculating individual respondents' subscale scores by hand. For each subscale, mean (average) subscale scores should not be calculated if two or fewer items were answered. To be considered a subscale, a minimum of three items is required – calculating the mean for two or fewer items violates the validity of the subscale.

1. Write the appropriate numeric response for each item using the associated conversions to create individual item scores in the box to the right of the corresponding item.
2. Sum the score for each item in the subscale to calculate the total score.
3. Divide the total score by the number of subscale items completed (if more than two items were answered) to calculate the mean subscale score.

Family Functioning/Resilience	Item Score
1. <i>The future looks good for our family.</i> A = 0 B = 1 C = 2 D = 3 E = 4	
2. <i>In my family, we take time to listen to each other.</i> A = 0 B = 1 C = 2 D = 3 E = 4	
3. <i>There are things we do as a family that are special just to us.</i> A = 0 B = 1 C = 2 D = 3 E = 4	
Total Score	
Mean FF/R Subscale Score (Total score, divided by 3)	

Nurturing & Attachment	Item Score
4. <i>My child misbehaves just to upset me.</i> A = 4 B = 3 C = 2 D = 1 E = 0	
5. <i>I feel like I'm always telling my kids "no" or "stop."</i> A = 4 B = 3 C = 2 D = 1 E = 0	
6. <i>I have frequent power struggles with my kids.</i> A = 4 B = 3 C = 2 D = 1 E = 0	
7. <i>How I respond to my child depends on how I'm feeling.</i> A = 4 B = 3 C = 2 D = 1 E = 0	

					Total Score	
					Mean NA Subscale Score (Total score, divided by 4)	
Social Supports					Item Score	
8. <i>I have people who believe in me.</i> A = 0 B = 1 C = 2 D = 3 E = 4						
9. <i>I have someone in my life who gives me advice, even when it's hard to hear.</i> A = 0 B = 1 C = 2 D = 3 E = 4						
10. <i>When I am trying to work on achieving a goal, I have friends who will support me.</i> A = 0 B = 1 C = 2 D = 3 E = 4						
11. <i>When I need someone to look after my kids on short notice, I can find someone I trust.</i> A = 0 B = 1 C = 2 D = 3 E = 4						
12. <i>I have people I trust to ask for advice about...:</i> 0 boxes checked or None of the above = 0 1 box checked = 1 2 boxes checked = 2 3 boxes checked = 3 4 or more boxes checked = 4						
					Total Score	
					Mean SS Subscale Score (Total score, divided by 5)	

Caregiver/Practitioner Relationship					Item Score	
13. <i>I feel like staff here understand me.</i> A = 4 B = 3 C = 2 D = 1 E = 0						
14. <i>No one here seems to believe that I can change.</i> A = 0 B = 1 C = 2 D = 3 E = 4						
15. <i>When I talk to people here about my problems, they just don't seem to understand.</i> A = 0 B = 1 C = 2 D = 3 E = 4						
					Total Score	
					Mean C/PR Subscale Score (Total score, divided by 3)	

Concrete Supports	Item Score
<p>16. <i>In the past month, were you unable to pay for...</i></p> <p>0 boxes checked or I was able to pay for all of these = 4 1 box checked = 3 2 boxes checked = 2 3 boxes checked = 1 4 or more boxes checked = 0</p>	
<p>17. <i>In the past year, have you...</i></p> <p>0 boxes checked or None of these apply to me = 4 1 box checked = 3 2 boxes checked = 2 3 boxes checked = 1 4 or more boxes checked = 0</p>	
<p>18. <i>I have trouble affording what I need each month.</i></p> <p>A = 4 B = 3 C = 2 D = 1 E = 0</p>	
<p>19. <i>I am able to afford the food I want to feed my family.</i></p> <p>A = 0 B = 1 C = 2 D = 3 E = 4</p>	
Total Score	
Mean CS Subscale Score (Total score, divided by 4)	

Manually Calculating Group Mean Subscale Scores

The following are instructions for calculating the mean subscale scores for a group (e.g. class), based on the previously calculated scores for individuals. An example is used to demonstrate the steps staff should follow when calculating group scores by hand.

Example: 5 parents (Parents A, B, C, D, and E) each responded to all five of the items in the Social Supports subscale (items #8-12).

	Converted Item Scores					Subscale Total	Mean Subscale Score
	Item 8	Item 9	Item 10	Item 11	Item 12		
Parent A	4	4	3	4	1	= 16	$(16 \div 5) = 3.2$
Parent B	2	1	1	2	1	= 7	$(7 \div 5) = 1.4$
Parent C	4	4	2	3	2	= 15	$(15 \div 5) = 3$
Parent D	3	3	1	2	1	= 10	$(10 \div 5) = 2$
Parent E	4	3	3	3	1	= 14	$(14 \div 5) = 2.8$
Summed total group score							12.4
Divide by total number of respondents (e.g. 5 parents)							$(12.4 \div 5)$
Group Mean Subscale Score							2.48

1. Using the scoring conversions for each item, sum each parent's item scores to calculate their individual subscale total.
2. Divide each parent's subscale total by the number of subscale items completed to calculate the subscale mean score.
3. Sum the subscale mean scores for all parents in the group to calculate the summed total group score.
4. Divide the summed total group score by the number of respondents in the group to calculate the group mean subscale score.

In the above example, we can see that the group's mean score for the Social Supports subscale ranges from 1.4 to 3.2, and the overall group mean subscale score is 2.48. Looking at the range of individual mean subscale scores can help to better understand and contextualize the group mean subscale score.

Manually Calculating Change in Subscale Scores from Pre-test to Post-test

The following instructions are for calculating the percentage change from pre-test to post-test using the calculated mean scores for each subscale. To examine change in subscale scores, staff can use either the individual or the group mean subscale scores that were calculated using the instructions on the previous pages. The figures shown in the table below are provided as an example for calculating an individual participant's change in subscale score from pre-test to post-test.

	<i>Mean Pre</i>	<i>Mean Post</i>	<i>Raw Difference</i>	<i>Change</i>	<i>Percent Change</i>
<i>Social Supports</i>	3.28	3.71	0.43	0.13	13%

1. Calculate the raw difference by subtracting the mean pre-test score from the mean post-test score:

$$3.71 - 3.28 = 0.43$$

2. Divide the raw difference by the mean pre-test score:

$$0.43 \div 3.28 = 0.13$$

3. Multiply by 100 to calculate percent change:

$$0.13 \times 100 = 13\%$$

In this example, the participant showed a 13% increase in the Social Supports subscale from pre-test to post-test.

Considerations in Data Interpretation

Programs should take theoretical (e.g. expected program impact) and practical considerations (e.g. participant attendance) into account when interpreting what this change in score means. For example, a participant attending 2-hour classes weekly for three months (high-intensity, high-frequency) may understandably show a greater percentage change from pre-test to post-test than does a participant in a parent support group that meets every other month (low-intensity, low-frequency).

SECTION 5

Survey Materials – Program Information

Traditional Program Information Form

Concrete Supports Program Information Form

Protective Factors Survey, 2nd Edition (PFS-2)

Retrospective (Program Information-Optional)

Agency ID # _____

Participant ID # _____

Program Start Date: ___/___/___

Date Survey
Completed: ___/___/___

Program Completion Date: ___/___/___

This form is for staff use only and should be completed by a staff member who is familiar with the program participant. Please remove this form prior to giving the survey to the participant to complete.

1. How was the survey completed? (Select one)

- A. In a face-to-face interview B. By the participant with assistance available from program staff to explain items as needed C. By the participant without program staff present

2. How was the participant referred to your program?

- A. Self-Referred C. Court E. Other
 B. Child Protective Services D. Community Program

3. Has the participant been reported to Child Protective Services?

- A. No C. Not Sure
 B. Yes..... **Before** starting the program **During** the program **After** completing the program

4. If yes, was the report substantiated?

- A. No C. Not Sure E. Yes, referred to Differential Response
 B. Yes D. No, referred to Differential Response F. Not Applicable

5. Identify the type of program that most accurately describes the services the participant is receiving from your program/agency. (Select all that apply)

- A. Advocacy (self, community) E. Parent Education I. Resource and Referral
 B. Healthy Relationships F. Parent/Child Interaction J. Skill Building/Ed for Children
 C. Home Visiting G. Parent Support Group K. Other (If you are using a specific curriculum, please write the name) _____
 D. Homeless/Transitional Housing H. Planned and/or Crisis Respite

6. Participant's Attendance:

Number of hours of service **offered** to the participant _____

Number of hours of service **received** by the participant _____

Please remove this form prior to giving the survey to the participant to complete.



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Protective Factors Survey, 2nd Edition (PFS-2)

Pre/Post (Program Information - Optional)

Agency ID # _____ Participant ID # _____ Date Survey Completed: ___/___/___

Check here if this is a Pre-test

Program Start Date: ___/___/___

Check here if this is a Post-test

Program Completion Date: ___/___/___

This form is for staff use only and should be completed by a staff member who is familiar with the program participant. Please remove this form prior to giving the survey to the participant to complete.

1. How was the survey completed? (Select one)

- A. In a face-to-face interview B. By the participant with assistance available from program staff to explain items as needed C. By the participant without program staff present

2. How was the participant referred to your program?

- A. Self-Referred C. Court E. Other
 B. Child Protective Services D. Community Program

3. Has the participant been reported to Child Protective Services?

- A. No C. Not Sure
 B. Yes..... **Before** starting the program **During** the program **After** completing the program

4. If yes, was the report substantiated?

- A. No C. Not Sure E. Yes, referred to Differential Response
 B. Yes D. No, referred to Differential Response F. Not Applicable

5. Identify the type of program that most accurately describes the services the participant is receiving from your program/agency. (Select all that apply)

- A. Advocacy (self, community) E. Parent Education I. Resource and Referral
 B. Healthy Relationships F. Parent/Child Interaction J. Skill Building/Ed for Children
 C. Home Visiting G. Parent Support Group K. Other (If you are using a specific curriculum, please write the name) _____
 D. Homeless/Transitional Housing H. Planned and/or Crisis Respite

6. Participant's Attendance:

Answer at Pre-test:

Number of hours of service offered to the participant

Answer at Post-test:

Number of hours of service received by the participant

Please remove this form prior to giving the survey to the participant to complete.



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Protective Factors Survey, 2nd Edition (PFS-2)

Concrete Supports Pre/Post (Program Information - Optional)

Agency ID # _____ Participant ID # _____ Date Survey Completed: ___/___/___

Check here if this is a Pre-test

Program Start Date: ___/___/___

Check here if this is a Post-test

Program Completion Date: ___/___/___

This form is for staff use only and should be completed by a staff member who is familiar with the program participant. Please remove this form prior to giving the survey to the participant to complete.

1. How was the survey completed? (Select one)

- A. In a face-to-face interview B. By the participant with assistance available from program staff to explain items as needed C. By the participant without program staff present

2. How was the participant referred to your program?

- A. Self-Referred C. Court E. Other
 B. Child Protective Services D. Community Program

3. Has the participant been reported to Child Protective Services?

- A. No C. Not Sure
 B. Yes..... **Before** starting the program **During** the program **After** completing the program

4. If yes, was the report substantiated?

- A. No C. Not Sure E. Yes, referred to Differential Response
 B. Yes D. No, referred to Differential Response F. Not Applicable

5. Identify the type of program that most accurately describes the services the participant is receiving from your program/agency. (Select all that apply)

- A. Advocacy (self, community) E. Parent Education I. Resource and Referral
 B. Healthy Relationships F. Parent/Child Interaction J. Skill Building/Ed for Children
 C. Home Visiting G. Parent Support Group K. Other (If you are using a specific curriculum, please write the name) _____
 D. Homeless/Transitional Housing H. Planned and/or Crisis Respite

6. Participant's Attendance:

Answer at Pre-test:

Number of hours of service offered to the participant

Answer at Post-test:

Number of hours of service received by the participant

Please remove this form prior to giving the survey to the participant to complete.



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SECTION 6

Survey Materials –Instrument

Traditional PFS-2 Instrument

Concrete Supports Pre/Post Instrument

Protective Factors Survey, 2nd Edition (PFS-2)

Retrospective

Agency ID # _____ Participant ID # _____ Date Survey Completed: ___/___/___

Your responses to this survey are confidential. If you need assistance completing the form, please ask a member of the staff. Please think back to when you started this program. For each of the following items, mark the first row based on how you felt or what you experienced BEFORE you started the program. On the second row, respond based on how you feel or what you experience NOW.

		A. Not at all like my life	B. Not much like my life	C. Somewhat like my life	D. Quite a lot like my life	E. Just like my life
1. The future looks good for our family.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In my family, we take time to listen to each other.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are things we do as a family that are special just to us.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My child misbehaves just to upset me.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel like I'm always telling my kids "no" or "stop."	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have frequent power struggles with my kids.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How I respond to my child depends on how I'm feeling.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have people who believe in me.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have someone in my life who gives me advice, even when it's hard to hear.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. When I am trying to work on achieving a goal, I have friends who will support me.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. When I need someone to look after my kids on short notice, I can find someone I trust.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



12. I have people I trust to ask for advice about (check all that apply):

- | Before | Now | |
|--------------------------|--------------------------|------------------------------------|
| <input type="radio"/> A. | <input type="radio"/> A. | Money/Bills/Budgeting |
| <input type="radio"/> B. | <input type="radio"/> B. | Relationships and/or My Love Life |
| <input type="radio"/> C. | <input type="radio"/> C. | Food/Nutrition |
| <input type="radio"/> D. | <input type="radio"/> D. | Stress, Anxiety, and/or Depression |
| <input type="radio"/> E. | <input type="radio"/> E. | Parenting/My Kids |
| <input type="radio"/> F. | <input type="radio"/> F. | None of the above |

The following questions are about your experiences so far in this program or organization. Your answers to these questions can help staff improve services for you and others like you, so it's important you answer honestly. For each of the following items, mark the first row based on how you felt or what you experienced BEFORE you started the program. On the second row, respond based on how you feel or what you experience NOW.

		A. Strongly agree	B. Agree	C. Neither agree nor disagree	D. Disagree	E. Strongly disagree
13. I feel like staff here understand me.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. No one here seems to believe that I can change.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When I talk to people here about my problems, they just don't seem to understand.	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue answering the questions on the next page.



Sometimes it's hard for families to afford everything they need. For each of the following, check all that apply.

16. In the past month, were you unable to pay for:

- A. Rent or mortgage
- B. Utilities or bills (electricity/gas/heat, cell phone, etc.)
- C. Groceries/food (including baby formula, diapers)
- D. Child care/daycare
- E. Medicine, medical expenses, or co-pays
- F. Basic household or personal hygiene items
- G. Transportation (including gas, bus passes, shared rides)
- H. I was able to pay for all of these

17. In the past year, have you:

- A. Delayed or not gotten medical or dental care
- B. Been evicted from your home or apartment
- C. Lived at a shelter, in a hotel/motel, in an abandoned building, or in a vehicle
- D. Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage, or bills
- E. Lost access to your regular transportation (e.g. vehicle totaled or repossessed)
- F. Been unemployed when you really needed and wanted a job
- G. None of these apply to me

A. Never B. Rarely C. Sometimes D. Often E. Almost always

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 18. I have trouble affording what I need each month. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. I am able to afford the food I want to feed my family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please turn the page to answer questions about the children for whom you are the parent or caregiver.



Protective Factors Survey, 2nd Edition (PFS-2)

Pre/Post

Agency ID # _____ Participant ID # _____ Date Survey Completed: ___/___/___

Your responses to this survey are confidential. If you need assistance completing the form, please ask a member of the staff.

For each of the following, mark the response that most closely matches how you feel.

	A. Not at all like my life	B. Not much like my life	C. Somewhat like my life	D. Quite a lot like my life	E. Just like my life
1. The future looks good for our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In my family, we take time to listen to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are things we do as a family that are special just to us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My child misbehaves just to upset me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel like I'm always telling my kids "no" or "stop."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have frequent power struggles with my kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How I respond to my child depends on how I'm feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have people who believe in me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have someone in my life who gives me advice, even when it's hard to hear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. When I am trying to work on achieving a goal, I have friends who will support me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. When I need someone to look after my kids on short notice, I can find someone I trust.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I have people I trust to ask for advice about (check all that apply):					
<input type="radio"/> A. Money/Bills/Budgeting	<input type="radio"/> C. Food/Nutrition	<input type="radio"/> E. Parenting/My Kids			
<input type="radio"/> B. Relationships and/or My Love Life	<input type="radio"/> D. Stress, Anxiety, and/or Depression	<input type="radio"/> F. None of the above			



The following questions are about your experiences so far in this program or organization. Your answers to these questions can help staff improve services for you and others like you, so it's important you answer honestly. For each of the following, mark the response that most closely matches how you feel.

	A. Strongly agree	B. Agree	C. Neither agree nor disagree	D. Disagree	E. Strongly disagree
13. I feel like staff here understand me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. No one here seems to believe that I can change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When I talk to people here about my problems, they just don't seem to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sometimes it's hard for families to afford everything they need. For each of the following, check all that apply.

16. In the past month, were you unable to pay for:

- A. Rent or mortgage
- B. Utilities or bills (electricity/gas/heat, cell phone, etc.)
- C. Groceries/food (including baby formula, diapers)
- D. Child care/daycare
- E. Medicine, medical expenses, or co-pays
- F. Basic household or personal hygiene items
- G. Transportation (including gas, bus passes, shared rides)
- H. I was able to pay for all of these

17. In the past year, have you:

- A. Delayed or not gotten medical or dental care
- B. Been evicted from your home or apartment
- C. Lived at a shelter, in a hotel/motel, in an abandoned building, or in a vehicle
- D. Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage, or bills
- E. Lost access to your regular transportation (e.g. vehicle totaled or repossessed)
- F. Been unemployed when you really needed and wanted a job
- G. None of these apply to me

	A. Never	B. Rarely	C. Sometimes	D. Often	E. Almost always
18. I have trouble affording what I need each month.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I am able to afford the food I want to feed my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Protective Factors Survey, 2nd Edition (PFS-2)

Concrete Supports Pre/Post

Agency ID # _____ Participant ID # _____ Date Survey Completed: ___/___/___

Your responses to this survey are confidential. If you need assistance completing the form, please ask a member of the staff.

Sometimes it's hard for families to afford everything they need. For each of the following, check all that apply.

1. In the past month, were you unable to pay for:

- | | | |
|--|--|---|
| <input type="radio"/> A. Rent or mortgage | <input type="radio"/> D. Child care/daycare | <input type="radio"/> G. Transportation (including gas, bus passes, shared rides) |
| <input type="radio"/> B. Utilities or bills (electricity/gas/heat, cell phone, etc.) | <input type="radio"/> E. Medicine, medical expenses, or co-pays | <input type="radio"/> H. I was able to pay for all of these |
| <input type="radio"/> C. Groceries/food (including baby formula, diapers) | <input type="radio"/> F. Basic household or personal hygiene items | |

2. In the past year, have you:

- | | | |
|---|---|--|
| <input type="radio"/> A. Delayed or not gotten medical or dental care | <input type="radio"/> D. Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage, or bills | <input type="radio"/> G. None of these apply to me |
| <input type="radio"/> B. Been evicted from your home or apartment | <input type="radio"/> E. Lost access to your regular transportation (e.g. vehicle totaled or repossessed) | |
| <input type="radio"/> C. Lived at a shelter, in a hotel/motel, in an abandoned building, or a vehicle | <input type="radio"/> F. Been unemployed when you really needed and wanted a job | |

For each of the following, mark the response that most closely matches how you feel.

	A. Never	B. Rarely	C. Sometimes	D. Often	E. Almost Always
3. I have trouble affording what I need each month.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am able to afford the food I want to feed my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION 7

Survey Materials – Demographics

Retrospective PFS-2 Demographics

Traditional PFS-2 Demographics

Concrete Supports Pre/Post PFS-2 Demographics

Please tell us about the children living in your household.

20. CHILD #1 A. Male B. Female

21. Age (in years): _____

22. This child lives in my house: Yes No

23. What is your relationship to this child?

A. Birth parent D. Foster parent G. Other relative

B. Step-parent E. Grand/Great-grandparent H. Other

C. Adoptive parent F. Sibling

24. CHILD #2 A. Male B. Female

25. Age (in years): _____

26. This child lives in my house: Yes No

27. What is your relationship to this child?

A. Birth parent D. Foster parent G. Other relative

B. Step-parent E. Grand/Great-grandparent H. Other

C. Adoptive parent F. Sibling

28. CHILD #3 A. Male B. Female

29. Age (in years): _____

30. This child lives in my house: Yes No

31. What is your relationship to this child?

A. Birth parent D. Foster parent G. Other relative

B. Step-parent E. Grand/Great-grandparent H. Other

C. Adoptive parent F. Sibling

32. CHILD #4 A. Male B. Female

33. Age (in years): _____

34. This child lives in my house: Yes No

35. What is your relationship to this child?

A. Birth parent D. Foster parent G. Other relative

B. Step-parent E. Grand/Great-grandparent H. Other

C. Adoptive parent F. Sibling



These last few questions are about you and your household. They will be used to help program staff understand the needs of people and families they are serving, and improve service provision. Remember, your responses to this survey are confidential.

36. Sex: A. Male B. Female C. Gender non-conforming/non-binary D. Prefer not to answer

37. Age (in years): _____

38. Primary Language Spoken at Home:

- A. English D. Mandarin G. Other: _____
 B. Spanish E. Arabic
 C. Creole F. Russian

39. Race/Ethnicity (Please choose as many as apply):

- A. Native American or Alaskan Native E. Hispanic or Latino I. Multi-racial
 B. Asian F. Middle Eastern J. Other _____
 C. African American G. Native Hawaiian/Pacific Islander
 D. African National/ Caribbean Islander H. White (Non-Hispanic/ European American)

40. Relationship Status:

- A. Married C. Single E. Widowed
 B. Partnered D. Divorced F. Separated

41. Family Housing:

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

42. Total Family Income:

- A. \$0 - \$10,000 D. \$30,001 - \$40,000 G. More than \$60,001
 B. \$10,001 - \$20,000 E. \$40,001 - \$50,000
 C. \$20,001 - \$30,000 F. \$50,001 - \$60,000

43. Highest Level of Education:

- A. Elementary D. High school diploma or GED G. 2-year college degree (Associate's)
 B. Junior high school E. Trade/Vocational training H. 4-year college degree (Bachelor's)
 C. Some high school F. Some college I. Advanced degree

44. Which, if any, of the following do you or your family currently receive? (Check all that apply)

- A. Supplemental Nutrition Assistance Program (SNAP/ foodstamps) E. Temporary Assistance for Needy Families (TANF) H. State Health Insurance (including children's health insurance)
 B. Social Security Disability Income (SSDI) F. Head Start/Early Head Start Services I. Supplemental Security Income (SSI)
 C. Medicaid G. Unemployment Benefits J. None of the above
 D. Earned Income Tax Credit (EITC) K. Other



Please tell us about the children living in your household.

20. CHILD #1 A. Male B. Female

21. Age (in years): _____

22. This child lives in my house: Yes No

23. What is your relationship to this child?

- A. Birth parent D. Foster parent G. Other relative
 B. Step-parent E. Grand/Great-grandparent H. Other
 C. Adoptive parent F. Sibling

24. CHILD #2 A. Male B. Female

25. Age (in years): _____

26. This child lives in my house: Yes No

27. What is your relationship to this child?

- A. Birth parent D. Foster parent G. Other relative
 B. Step-parent E. Grand/Great-grandparent H. Other
 C. Adoptive parent F. Sibling

28. CHILD #3 A. Male B. Female

29. Age (in years): _____

30. This child lives in my house: Yes No

31. What is your relationship to this child?

- A. Birth parent D. Foster parent G. Other relative
 B. Step-parent E. Grand/Great-grandparent H. Other
 C. Adoptive parent F. Sibling

32. CHILD #4 A. Male B. Female

33. Age (in years): _____

34. This child lives in my house: Yes No

35. What is your relationship to this child?

- A. Birth parent D. Foster parent G. Other relative
 B. Step-parent E. Grand/Great-grandparent H. Other
 C. Adoptive parent F. Sibling



These last few questions are about you and your household. They will be used to help program staff understand the needs of people and families they are serving, and improve service provision. Remember, your responses to this survey are confidential.

36. Sex: A. Male B. Female C. Gender non-conforming/non-binary D. Prefer not to answer

37. Age (in years): _____

38. Primary Language Spoken at Home:

- A. English D. Mandarin G. Other: _____
 B. Spanish E. Arabic
 C. Creole F. Russian

39. Race/Ethnicity (Please choose as many as apply):

- A. Native American or Alaskan Native E. Hispanic or Latino I. Multi-racial
 B. Asian F. Middle Eastern J. Other _____
 C. African American G. Native Hawaiian/Pacific Islander
 D. African National/Caribbean Islander H. White (Non-Hispanic/European American)

40. Relationship Status:

- A. Married C. Single E. Widowed
 B. Partnered D. Divorced F. Separated

41. Family Housing:

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

42. Total Family Income:

- A. \$0 - \$10,000 D. \$30,001 - \$40,000 G. More than \$60,001
 B. \$10,001 - \$20,000 E. \$40,001 - \$50,000
 C. \$20,001 - \$30,000 F. \$50,001 - \$60,000

43. Highest Level of Education:

- A. Elementary D. High school diploma or GED G. 2-year college degree (Associate's)
 B. Junior high school E. Trade/Vocational training H. 4-year college degree (Bachelor's)
 C. Some high school F. Some college I. Advanced degree

44. Which, if any, of the following do you or your family currently receive? (Check all that apply)

- A. Supplemental Nutrition Assistance Program (SNAP/foodstamps) E. Temporary Assistance for Needy Families (TANF) H. State Health Insurance (including children's health insurance)
 B. Social Security Disability Income (SSDI) F. Head Start/Early Head Start Services I. Supplemental Security Income (SSI)
 C. Medicaid G. Unemployment Benefits J. None of the above
 D. Earned Income Tax Credit (EITC) K. Other



Please tell us about the children living in your household.

5. CHILD #1 A. Male B. Female

6. Age (in years): _____

7. This child lives in my house: Yes No

8. What is your relationship to this child?

A. Birth parent D. Foster parent G. Other relative

B. Step-parent E. Grand/Great-grandparent H. Other

C. Adoptive parent F. Sibling

9. CHILD #2 A. Male B. Female

10. Age (in years): _____

11. This child lives in my house: Yes No

12. What is your relationship to this child?

A. Birth parent D. Foster parent G. Other relative

B. Step-parent E. Grand/Great-grandparent H. Other

C. Adoptive parent F. Sibling

13. CHILD #3 A. Male B. Female

14. Age (in years): _____

15. This child lives in my house: Yes No

16. What is your relationship to this child?

A. Birth parent D. Foster parent G. Other relative

B. Step-parent E. Grand/Great-grandparent H. Other

C. Adoptive parent F. Sibling

17. CHILD #4 A. Male B. Female

18. Age (in years): _____

19. This child lives in my house: Yes No

20. What is your relationship to this child?

A. Birth parent D. Foster parent G. Other relative

B. Step-parent E. Grand/Great-grandparent H. Other

C. Adoptive parent F. Sibling



These last few questions are about you and your household. They will be used to help program staff understand the needs of people and families they are serving, and improve service provision. Remember, your responses to this survey are confidential.

21. Sex: A. Male B. Female C. Gender non-conforming/non-binary D. Prefer not to answer

22. Age (in years): _____

23. Primary Language Spoken at Home:

- A. English D. Mandarin G. Other: _____
 B. Spanish E. Arabic
 C. Creole F. Russian

24. Race/Ethnicity (Please choose as many as apply):

- A. Native American or Alaskan Native E. Hispanic or Latino I. Multi-racial
 B. Asian F. Middle Eastern J. Other _____
 C. African American G. Native Hawaiian/Pacific Islander
 D. African National/ Caribbean Islander H. White (Non-Hispanic/ European American)

25. Relationship Status:

- A. Married C. Single E. Widowed
 B. Partnered D. Divorced F. Separated

26. Family Housing:

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

27. Total Family Income:

- A. \$0 - \$10,000 D. \$30,001 - \$40,000 G. More than \$60,001
 B. \$10,001 - \$20,000 E. \$40,001 - \$50,000
 C. \$20,001 - \$30,000 F. \$50,001 - \$60,000

28. Highest Level of Education:

- A. Elementary D. High school diploma or GED G. 2-year college degree (Associate's)
 B. Junior high school E. Trade/Vocational training H. 4-year college degree (Bachelor's)
 C. Some high school F. Some college I. Advanced degree

29. Which, if any, of the following do you or your family currently receive? (Check all that apply)

- A. Supplemental Nutrition Assistance Program (SNAP/ foodstamps) E. Temporary Assistance for Needy Families (TANF) H. State Health Insurance (including children's health insurance)
 B. Social Security Disability Income (SSDI) F. Head Start/Early Head Start Services I. Supplemental Security Income (SSI)
 C. Medicaid G. Unemployment Benefits J. None of the above
 D. Earned Income Tax Credit (EITC) K. Other



SECTION 8

Appendix

Sample Informed Consent Statement

Definition of Terms

Frequently Asked Questions (FAQs)

Sample

Informed Consent Statement

[Name of Program] is conducting an evaluation to make sure that the families we serve are benefiting from our program. It is also a way for us to see what we are doing well and if there are areas in which we can improve. We want to provide the best possible services to our families and this is one way to keep us on track.

Part of the evaluation involves asking program participants to complete a survey about how our services affect them and their families. If you choose to participate in this evaluation, your identity and responses will be kept confidential. No identifying information will be shared with anyone outside of this program.

Other information about the evaluation

Your participation is voluntary. The services you receive will not be negatively affected by your participation, or lack of participation.

Your privacy will be protected. Your name will not appear on the survey. If you are given a case or client ID number, only authorized program personnel will know it and it will not be shared with anyone. Once you have completed the survey, the information on it will be transferred to an electronic database and the paper survey will be destroyed.

We hope you will help us by participating in this evaluation. Your participation will help us to improve services to all families who may need it. Please indicate your decision below.

- I agree to participate in the evaluation by responding to the PFS-2.
- I choose not to participate at this time.

Participant Signature

Date

Program Staff Signature

Date

Definition of Terms

Agency	Refers to the program or organization that is providing services.
Anonymous	No personal data (e.g. names, birthdates, social security numbers) are collected that could link a participant to the information; staff are unable to identify a participant.
Child	Any individual under 18 years old for whom a program participant provides care, including children not living at home. Examples include but are not limited to biological/birth children, step-children, foster or adopted children, grandchildren, nieces/nephews, brothers/sisters, etc.
Confidential	Staff are able to identify a participant by using a code (i.e. client/case ID number) that is kept separate from the personally identifiable data collected (e.g. names, birthdates, social security numbers). Participant responses to the PFS-2 are confidential since staff administering the survey in-person will know who provided the data, and data are linked using a Participant ID number.
Family	Programs are encouraged to instruct participants to define family in whatever way makes the most sense for them. For example, including children in the household who may not be directly related to the participant, or close relatives who may or may not live with the participant.
Pre-/Post-test	A way to evaluate the effectiveness of program services by administering the survey at two times: once at the beginning of service delivery (pre-test), and once at the end of service delivery (post-test). See "Choosing Between the Retrospective PFS-2 and Traditional PFS-2 Surveys" on page 11.
Program	Refers to the program providing services to participants that is expected to increase family protective factors. This term can be interchanged with curriculum, group, class, etc. as appropriate.

Protective factors These are characteristics or attributes in individuals and families that, when present, increase the well-being of children and families. Prevention program efforts typically work towards building family and environmental strengths by increasing protective factors. The PFS-2 measures protective factors in five areas: social supports, nurturing and attachment, family functioning/resilience, concrete supports, and caregiver/practitioner relationship. See the “Checklist for Using the PFS-2” on page 7 to determine if the PFS-2 is appropriate for your program’s service delivery needs.

Referred Participants may be instructed or directed to receive services by court order, by child protective services, and or by another community program or agency. Participants may also self-refer, meaning that the participant has voluntarily elected to receive services.

Retrospective In contrast to the traditional pre-test/post-test approach to evaluating program effectiveness, a retrospective survey design is administered only once, at the end of service delivery. Participants are asked to respond to how they feel/what they experience now that they have completed services, and then to think back and respond to how they felt/what they experienced before they began receiving services. See “Choosing Between the Retrospective PFS-2 and Traditional PFS-2 Surveys” on page 11.

Frequently Asked Questions

(FAQs)

What is the cost of the PFS-2?

You may download and use the PFS-2 free of charge. The survey and associated materials can be found on this page of the FRIENDS website: <https://friendsnrc.org/protective-factors-survey>.

Is the PFS-2 available in other languages?

The PFS-2 has only been validated for use in English at this time. A culturally relevant adaptation of the PFS-2 for Spanish-speaking audiences is forthcoming. A validated¹ Spanish adaptation (S-PFS) of the original PFS is available on the FRIENDS website: <https://friendsnrc.org/protective-factors-survey>.

Can the original PFS continue to be used?

Yes – the original PFS continues to be a reliable and valid² peer-reviewed instrument that assesses multiple protective factors to prevent child abuse and neglect, and can continue to be used.

Why was the Protective Factors Survey (PFS) revised?

Following several years of implementation by practitioners working in the field of child maltreatment prevention, FRIENDS determined that the instrument could be revised to clarify wording and reflect a broader range of attitudes and behaviors within the subscales, especially in the areas of concrete supports and social supports. Beginning in 2014, significant research was conducted to revise and improve the existing PFS in alignment with the most current research.

¹ Conrad-Hiebner, A., Schoemann, A. M., Counts, J. M., & Chang, K. (2015). The development and validation of the Spanish adaptation of the Protective Factors Survey. *Children and Youth Services Review, 52*, 45-53.

² Counts, J. M., Buffington, E. S., Chang-Rios, K., Rasmussen, H. N., & Preacher, K. J. (2010). The development and validation of the protective factors survey: A self-report measure of protective factors against child maltreatment. *Child Abuse & Neglect, 34*(10), 762-772.

The revisions made on the PFS-2 include clarifying and rewording items, minimizing cultural bias, and collapsing the response categories. In addition to the traditional version of the PFS-2, a retrospective version of the survey is available (see *Why is there a retrospective version of the PFS-2?* below for more information).

What is the purpose of the list of services on the Program Information form of the PFS-2?

The items about services are included so programs can track which services a participant is currently receiving through the program/agency. The program-specific and demographic items are not required for the validity of the scale; they are optional. However, we strongly recommend that the PFS-2 data be analyzed in reference to demographic data (e.g. race/ethnicity) and program data (e.g. hours of services received, types of services received). The survey items that are answered on the 5-point scale are the actual items that measure the protective factors and comprise the subscales.

Why is there a retrospective version of the PFS-2?

Simply put, when we don't know something, we tend to think we know more about that topic than we actually do – we don't know what we don't know. This means that it is likely that a participant may over-rate themselves when they first begin receiving services, which results in a ceiling effect at pre-test where scores are all very high and have no room for improvement.

After receiving services, changes in respondents' knowledge or beliefs about an issue can lead them to score themselves lower on the post-test than they had on the pre-test, which can inadvertently make it appear that program services had little to no effect (response shift bias). Using a retrospective model reduces the likelihood of respondents over-rating themselves at the beginning of services, and may show more change.

This model also saves staff and participants time by administering the survey at one sitting, rather than two, and yields a 100% match between pre- and post-tests. Finally, the retrospective version offers a better solution for short-term, low-intensity services that may find collecting post-tests from participants difficult due to natural drop-off and attrition.

Due to the low likelihood that responses to the Concrete Supports subscale items will change over the course of shorter-term service delivery, the retrospective PFS-2 only measures these items at post-test. However, this subscale is valuable in assisting with case planning with clients or conducting needs assessments. Programs are encouraged to administer the Concrete Supports items as a true pre-test to gain insight into participants' needs. The Concrete Supports items are available as a stand-alone pre/post survey and can be found on page 49 and on the FRIENDS website: <https://friendsnrc.org/protective-factors-survey>.

How long after a parent begins a program should they be given the post-test? We are an open-ended parent support program; parents sometimes participate in our program for many years.

Agencies should take theoretical considerations (e.g. estimated time for program impact) as well as logistical details (e.g. accessibility of clients) to determine the optimal time for survey administration. Additionally, programs should bear in mind the likelihood of participant drop-off, particularly towards the end of service delivery, in determining when to administer the post-test. For example, a program that is delivering a 12-week-long parent education curriculum may choose to administer a post-test in Week 10 or 11.

Programs should also be aware that participants' abilities to recall their feelings or experiences prior to receiving services may be influenced by the length of services; longer-term or ongoing program services may benefit from using the traditional pre- and post-test version of the PFS-2 rather than the retrospective version to measure changes in family protective factors over time.

The retrospective version of the survey should only be administered after participants have received a minimum of 12 hours of services; administering the retrospective survey with fewer than 12 hours of service delivery will likely not show change.

Some items refer to “family” – is there a rule about the definition of family?

Programs are encouraged to instruct participants to construct their own definition of family based on their personal circumstances. For example, participants may include children in the household who may not be directly related to the participant, or close relatives who may or may not live with the participant.

Why is there no subscale to measure Knowledge of Parenting and Child Development on the PFS-2?

Knowledge of parenting and child development is a complex construct with many different components. There is reason to believe that respondents' self-reported level of parenting and child development knowledge is not an accurate reflection of true parenting knowledge, but rather captures confidence or tendency toward self-reflection – neither of which are understood to be true protective factors. Therefore, we believe that parents' knowledge and competence can be reflected in the attitudes and behaviors addressed in the other subscales. We recommend programs that deliver parent education services evaluate this component of their services using a tool specific to their curriculum and content.

What are the psychometric properties of the PFS-2?

The reliability of the PFS-2 is estimated using an internal-consistency measure, Cronbach's coefficient alpha, and all five subscales demonstrate acceptable internal consistency (0.59 – 0.82). Content validity, construct validity, and criterion validity were also examined and provide evidence that the PFS-2 is a valid measure of multiple protective factors against child maltreatment. For further information about the psychometric properties of the PFS-2, please contact the University of Kansas Center for Public Partnerships and Research (cppr@ku.edu).

Are there cutoff scores identified in the technical material?

No, there are no cutoff scores for the PFS-2.

What were the demographics of the populations used in the PFS-2 field tests?

	Frequency	Percentage
Sex (Female, N=902)	744	82.5%
Race/Ethnicity (N=939)		
Native American or Alaskan Native	38	4.0%
Asian	17	1.8%
African-American	180	19.2%
Hispanic or Latino	195	20.8%
Native Hawaiian/Pacific Islander	3	0.3%
White	409	43.6%
African Nationals/Caribbean Islanders	4	0.4%
Middle Eastern	3	0.3%
Multi-racial	75	8.0%
Other	9	1.0%
Prefer not to answer	6	0.6%
Family Income (N=864)		
\$0 - \$10,000	252	29.2%
\$10,001 - \$20,000	127	14.7%
\$20,001 - \$30,000	122	14.1%
\$30,001 - \$40,000	86	9.9%
\$40,001 - \$50,000	74	8.6%
More than \$50,001	197	22.8%
Prefer not to answer	6	0.7%
Highest Level of Education (N=890)*		
Elementary or junior high school	22	2.5%
Some high school	151	17.0%
High school diploma or GED	256	28.8%
Trade/Vocational training	28	3.2%
Some college	198	22.2%
Associate's degree	63	7.1%
Bachelor's degree	112	12.6%
Master's degree	48	5.4%
PhD or advanced degree	11	1.2%
Marital Status (N=891)*		
Married	348	39.1%
Partnered	123	13.8%
Single	306	34.4%
Divorced	71	8.0%
Widowed	11	1.2%
Separated	31	3.5%
Housing (N=*892)		
Own	288	32.3%
Rent	460	51.6%
Shared housing with relatives/friends	90	10.1%
Temporary	40	4.5%
Homeless	13	1.5%

*Less than 1%: Prefer not to answer **Totals may not equal 100% due to rounding

Thank you for your interest in the Protective Factors Survey, 2nd Edition. We would like to thank the many individuals and organizations that assisted us as we developed and tested the PFS-2, including the prevention program staff and parents who field-tested the tools and the CBCAP leads and parent leaders who reviewed and advised us as the tools were being developed. If you have any questions not covered in this User Manual, please contact FRIENDS National Center for CBCAP (FRIENDS@friendsnrc.org).

Permission to copy, disseminate, or otherwise use information from this User Manual is granted with appropriate acknowledgement.

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