

The Protective Factors Survey User's Manual

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FRIENDS National Center for Community Based Child Abuse Prevention

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Introduction

Although there are numerous instruments designed to measure individual protective factors, there is not currently a single instrument that assesses *multiple protective factors* against child abuse and neglect. In 2004, The FRIENDS National Resource 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. This project was initiated to help programs better assess changes in *family protective factors*, a major focus of prevention work.

The PFS is a product of the FRIENDS Network in collaboration with the University of Kansas Institute for Educational Research and Public Service. The instrument was developed with the advice and assistance of researchers, administrators, workers, and experts specializing in family support and maltreatment and psychological measurement. The survey has undergone three national field tests.

Purpose and Use

The *Protective Factors Survey (PFS)* is a 20-item measure designed for use with caregivers receiving child maltreatment prevention services such as home visiting, parent education, and family support. It is a pre-post survey completed by the program participants, usually parents or caregivers.

The PFS measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development.

The primary purpose of the Protective Factors Survey is to provide feedback to agencies for continuous improvement and evaluation purposes. 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 workers can focus on increasing individual family protective factors

The PFS is not intended for individual assessment, placement, or diagnostic purposes. Agencies should rely on other instruments for clinical use.

Description The Protective Factors Survey is a pencil and paper survey consisting of three sections. The *Protective Factors Survey* section contains the core questions. The *Staff Use Only Form* and *Page One* of the PFS are *optional sections* and may be used to gather program and demographic information.

Protective Factors Survey – For Staff Use Only Form (optional): The purpose of the Staff Use Only Form is to gather information about the participant. Program staff who are knowledgeable about the participant complete this section. The Staff Use Only Form contains two sets of questions: 1) participant’s survey experience, including the administration date, and types of services provided, and 2) program dosage, specifically participant’s length of involvement and types of services received.

Page one of the PFS—Demographics (optional): In this section, participants are asked to provide details about their family composition, income, and educational level. These items are useful in describing the population served and for better understanding of survey results.

Protective Factors Survey (required): The PFS contains the core questions of the survey. This part is designed for program participants to complete *before* they have received services and again at the conclusion of services or after a prescribed time when program staff believe services should have achieved an effect. In this section, participants are asked to respond to a series of statements about their family, using a seven-point frequency or agreement scale. The following table provides a brief summary of the multiple protective factors covered in the survey.

Protective Factors in the PFS	Definition
Family Functioning / Resiliency	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.
Social Emotional Support	Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs.
Concrete Support	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
Child Development / Knowledge of Parenting	Understanding and using effective child management techniques and having age-appropriate expectations for children’s abilities.
Nurturing and Attachment	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.

Section I: Instructions for Staff

Preparing the Survey

Administering the Survey

Preparing the Survey

The PFS survey manual should contain all the materials that 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. Agencies should prepare the surveys several days prior to survey administration, following the steps listed below:

1. **Prepare the Informed Consent Statement.** Staff will need to create an Informed Consent Statement to fit the consent requirements of their organization. Each agency probably has a protocol or statement for collecting data. Agencies should only use the statement approved by their agency or IRB. If agencies do not have an informed consent statement, an example is included in this manual (see Section IV). Agencies can modify this one or write their own.
2. **Create survey packets.** Using the survey located in the survey kit, staff should make one copy of the survey materials for each program participant. Copies of the Informed Consent Statement should also be made. Staff should staple the survey materials together and double-check the page numbers to make sure survey questions are presented in the order as they appear on the electronic copy given to each agency.
3. **Put participant ID number on surveys.** A participant ID number is required to process the survey data. Agencies should use existing case/client ID numbers. 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 (on the cover sheet of the Protective Factors Survey – For Staff Use Only Form and on the first page of the Protective Factors Survey).

Administering the Survey

The survey will take approximately 10-15 minutes to complete. It 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 facilitate understanding, 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) Hand out survey packets. Each participant should receive a survey packet with his/her participant ID number at the top of the survey. Staff should make sure the participant ID number that is written on the packet corresponds with the participant.
- 2) Introduce the survey. Staff should introduce the survey by reading the introductory statement to participants (see “Introducing the Survey” on page 10). After the introduction, staff should give participants a few minutes to read the Informed Consent Statement and sign it if necessary.
- 3) 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.
- 4) Direct participants to the second page of the survey. The survey starts on the second page of the packet for participants. Staff should instruct participants to skip the cover sheet (For Staff Use Only) and proceed to page one of the survey.
- 5) Review general survey instructions with participants. Staff should review general instructions with participants using the script provided in the manual (see “Reviewing Instructions with Participants” on page 12). It is important that staff provide instructions regarding identification of the target child to all participants.

- 6) Start survey. The participant demographic questions start on page one of the survey packet. Staff should instruct participants to begin the survey. If participants have questions about specific items, staff should provide assistance. Staff may use the paraphrasing provided in the manual (Section III) to answer questions.
- 7) 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.
- 8) Complete “For Staff Use Only” Form. The cover sheet of the survey contains the demographic questions that must be completed by a staff member familiar with the program participant. Instructions for completing the demographic questions are provided in the next section.

Section II

Survey Scripts

Introducing the Survey

Reviewing Instructions with 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 and paraphrase the questions as needed.

Suggestions for administrators who plan to translate the PFS into another language:¹

- Please record (in writing) the translation and paraphrasing you would like to use.
- Field test the translation with parents and other 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 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. (By using a translator who is not familiar with the PFS, you can avoid a natural occurring tendency to mentally reference the original version during the translation-back phase),
- Once you are satisfied that the translation accurately reflects the content of the PFS, AND is understandable to the audience taking the survey, then you should plan to use the same wording each time you administer the PFS.

Introducing the Survey

“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 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 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

¹ *The developers of the PFS have only validated the survey in English and Spanish, no other languages have been validated.*

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.” *(make sure informed consent forms are completed before proceeding)*

Reviewing Instructions with Participants

“This survey contains two different sections that you will need to complete. The first 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 today so that our survey information can be as complete as possible.

“The second 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. You should choose the best answer for you and your family.

“You will notice that the answer choices are on a number scale. Please respond by circling the number that best describes your situation. If you do not find an answer that fits perfectly, circle the one that comes closest.

“There is one section in the survey that asks you to focus on the child that you hope will benefit most from your participation in our services. For these questions, it is important that you answer only with that child in mind. Please remember to fill in the space with the child’s age so that we can better understand your responses.

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.”

Section III: Survey Clarifications

Clarifications on the “For Staff Use Only” Form
Paraphrasing Instructions

Clarifications on the “For Staff Use Only” Form

Agency ID (Please provide the name or ID code of your agency.)

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

Date survey completed Provide the month, date and year that the survey was completed. Please use the four-digit year (for example, 2007 instead of 07).

Pretest **Post test** Please indicate whether the survey being administered is a pretest (given at the initiation of services) or a post test (given at the end of services).

Date participant began program (complete for pretest)

Provide the month, date and year that the participant began receiving services from your program. Please use the four-digit year (for example, 2007 instead of 07).

Date participant completed program (complete for post test)

Provide the month, date and year that the participant completed services from your program. Please use the four-digit year (for example, 2007 instead of 07).

1) How was the survey completed? Please check the most appropriate response:

a. Completed in a face to face interview

(select if you met individually with the participant and filled it out together.)

b. Completed by participant with program staff available to explain items as needed.

(Select if the participant filled it out with help from staff.)

c. Completed by participant without program staff present

(Select if the participant had no staff assistance.)

2) How was the participant referred to your program? Please check the most appropriate response:

Self-Referred

Community Program

Child Protective Services

Other

Court

3) Has the participant had any involvement with Child Protective Services? Please check the most appropriate response:

Pretest

Post test

NO if you know the participant has had no involvement.

NO No involvement since Pre-test.

YES if you know the participant has had involvement.

YES Involvement since Pre-test.

- Please mark whether the participant was reported **before** starting the program, **during** the program, or **after** completing the program.

- Please mark whether the participant was reported **before** starting the program, **during** the program, or **after** completing the program.

NOT SURE if you do not know.

NOT SURE Unsure of involvement since Pre-test.

4) If yes, was the report substantiated? Please check the most appropriate response:

a. No

d. No, referred to Differential Response

b. Yes

e. Yes, referred to Differential Response

c. Not Sure

f. Not Applicable

5) Type of Services

Identify all of the services that the participant is currently receiving. You may check more than one box. 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.

6) Participant's Attendance:

A. (COMPLETE AT PRETEST) Estimate the number of hours of service the participant will be offered during the program. You should add up the hours across all services that the participant receives.

B. (COMPLETE AT POST TEST) Estimate the number of hours of service the participant has received since he/she started the program. You should add up the hours across all services that the participant receives.



PROTECTIVE FACTORS SURVEY

(Program Information-- For Staff Use Only)

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.

This survey was developed by the FRIENDS National Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research & Public Service through funding provided by the US Department of Health and Human Services.

Paraphrasing Instructions for the Participant Form

Occasionally participants need further clarification in order to answer the questions. It is important that staff provide the same explanations to participants so that the survey administration is consistent. The paraphrasing provided below is intended for use by staff during the survey process. If a question arises, staff should rely on the paraphrasing to assist participants.

Demographic Information, Questions 1 - 10

- 1) Sex** Are you a male, female, Gender non-conforming/non-binary, or do you prefer not to answer? (this is for the adult's sex, not the child's)
- 2) Age (in years)** Write your current age.
- 3) Primary language spoken at home** Select the language that best describes what is most often spoken in your home.
- 4) Race/Ethnicity** Select the race/ethnicity that best describes you. If the categories do not describe your race/ethnicity, select "other" and provide a description.
- 5) Relationship Status** Select the box that best describes your current marital status.
- 6) Family Housing** Select the box the best describes what type of home your family current lives in. "Temporary" means that you have places to stay, but that you do not have an on-going residency in a household.
- 7) Total Family Income** The family income refers to the combined annual income of all family members in the household and could include earned income, child support, and Social Security payments among other sources.
- 8) Highest Level of Education** Select the box that best describes the highest level of education that you completed.
- 9) Which of the following do you currently receive?** Select all categories of assistance that you or anyone in your household currently receives.
- 10) Children in Your Household** List all of the children that are a part of your household. For each child, identify the child's gender, date of birth, whether they reside in your household, and *your* relationship to that child. If you have more than four children, continue the list on the back of the sheet.

These next 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.

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

2. Age (in years): _____

3. Primary Language Spoken at Home:

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

4. 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. Black or African American G. Native Hawaiian/Pacific Islander
 D. African National/ Caribbean Islander H. White (Non-Hispanic/ European American)

5. Relationship Status:

- A. Married C. Single-never married E. Widowed
 B. Partnered D. Divorced F. Separated

6. Family Housing:

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

7. 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

8. Highest Level of Education:

- A. No formal education E. High school diploma or GED I. 4-year college degree (Bachelor's)
 B. Elementary F. Trade/Vocational training J. Advanced degree
 C. Junior highschool G. Some college
 D. Some high school H. 2-year college degree (Associate's)

9. 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

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Please tell us about the children living in your household.

10. CHILD #1 A. Male B. Female C. Gender non-conforming/ non-binary D. Prefer not to answer

11. Date of Birth: _____

12. This child lives in my house: Yes No

13. 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

14. CHILD #2 A. Male B. Female C. Gender non-conforming/ non-binary D. Prefer not to answer

15. Date of Birth: _____

16. This child lives in my house: Yes No

17. 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

18. CHILD #3 A. Male B. Female C. Gender non-conforming/ non-binary D. Prefer not to answer

19. Date of Birth: _____

20. This child lives in my house: Yes No

21. What is your relationship to this child?

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

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

C. Adoptive parent F. Sibling

22. CHILD #4 A. Male B. Female C. Gender non-conforming/ non-binary D. Prefer not to answer

23. Date of Birth: _____

24. This child lives in my house: Yes No

25. 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

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Paraphrasing Instructions for the Participant Form, PFS, page 1 Questions 1-11

Questions 1, 2, 3, 4, 5 and 6 asks how often the statements are true about you. If a statement *always* true about you, select a 7. If it is *never* true about you, select a 1. The numbers in-between should be used depending on how often the item is true about you.

1) In my family, we talk about problems. When your family has a problem, how often do you take the time talk about it? How often do you discuss problems that your family is facing?

2) When we argue, my family listens to “both sides of the story”. When there are disagreements in your family, does each person get to share their side in an argument? How often?

3) In my family, we take time to listen to each other. How often do members of your family take the time to listen to one another?

4) My family pulls together when things are stressful. When your family is facing a hard time, how often do you work together to get through the tough time?

5) My family is able to solve our problems. When your family has a problem, how often are you able to come up with solutions to those problems?

6) I have others who will listen when I need to talk about my problems. How often do you have family, friends, neighbors or professionals who you can tell your problems to?

Questions 7, 8, 9, 10 and 11 ask how much you agree with a statement. For example, If you strongly agree with a statement—that is, the statement is *very* true about you—select a 7. If you *strongly disagree* that the statement describes you or your situation, you would select a 1. The numbers in-between should be used depending on how much you agree or disagree with the item.

7) When I am lonely, there are several people I can talk to. Do you have many friends, neighbors, or professionals you can talk to when you are lonely? If you strongly agree that is true about you, select a 7. If you *strongly disagree* that the statement describes you, select a 1. The numbers in-between should be used depending on how much you agree or disagree with the item.

8) I would have no idea where to turn if my family needed food or housing. Is it true that if your family needed food or housing you *wouldn't* know where to get help? If you strongly agree that is true about you, select a 7. If you *strongly disagree* that the statement describes you, select a 1. The numbers in-between should be used depending on how much you agree with or disagree with the item.

9) I wouldn't know where to go for help if I had trouble making ends meet. Is it true that you wouldn't know where to get assistance if you needed help paying your bills? If you strongly agree that is true about you, select a 7. If you *strongly disagree* that the statement describes you, select a 1. The numbers in-between should be used depending on how much you agree or disagree with the item.

10) If there is a crisis, I have others I can talk to. Is it true that when you are faced with an emergency or an urgent situation, you have others to talk with? If you strongly agree that is true about you, select a 7. If you *strongly disagree* that the statement describes you or your situation, select a 1. The numbers in-between should be used depending on how much you agree or disagree with the item.

11) If I needed help finding a job, I wouldn't know where to go for help. Is it true that you wouldn't know where to get help if you needed work? If you strongly agree that this is true about you, select a 7. If you *strongly disagree* that the statement describes you, select a 1. The numbers in-between should be used depending on how much you agree or disagree with the item.



PROTECTIVE FACTORS SURVEY

Part I. Please *circle* the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

Part II. Please *circle* the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9. I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7

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Paraphrasing Instructions for the Participant Form, PFS, questions 12-20

NOTE: Questions 12-20 ask participants to focus on the child they hope will benefit most from your participation in our services. You can help participants identify the target child by asking, “What child do you think will benefit most from you being here?” or “Which child were you referred for services?” Remind them that they need to provide the child’s age first before they answer the questions.

Child’s Age or DOB. What is the age and date of birth of the child you hope will benefit most from your involvement in our services?

Questions 12, 13, and 14 ask how much you agree with a statement. If you strongly agree with a statement—that is, the statement is *very* true about you—select a 7. If you *strongly disagree* that the statement is true, select a 1. The numbers in-between are used depending on how much you agree or disagree with the item.

12) There are many times when I don’t know what to do as a parent. Is it true that you are often unsure about what to do to be a good parent to mychild? If you strongly agree that the statement is true about you select a 7. If you *strongly disagree* that the statement is true, select a 1. The numbers in-between are used depending on how much you agree or disagree with the item.

13) I know how to help my child learn. Is it true that you know how you can help your child learn? If you strongly agree, select a 7. If you *strongly disagree* that the statement is true, select a 1. Select one of the numbers in-between depending on how much you agree or disagree with the item.

14) My child misbehaves just to upset me. Is it true that your child acts up just to make you angry, sad, or some other negative feeling? If you strongly agree that is true about you, select a 7. If you *strongly disagree* that the statement is true, select a 1. The numbers in-between are used depending on how much you agree or disagree with the item.

Questions 15, 16, 17, 18, 19 and 20 ask how often the statements are true about you. If a statement always true about you, select a 7. If it is never true about you, select a 1. The numbers in-between should be used depending on how often the item is true about you.

15) I praise my child when he/she behaves well. Do you praise your child for good behavior? If your child behaves well, do you tell him/her how happy you are? If this is always true about you, select a 7. If it is never true about you, select a 1. The numbers in-between should be used depending on how often the item is true about you.

16) When I discipline my child, I lose control. Do you have a hard time controlling your temper when you discipline your child? If this is *always* true about you, select a 7. If it is *never* true about you, select a 1. The numbers in-between should be used depending on how often the item is true about you.

17) I am happy being with my child. How much of the time do you enjoy being with your child? If the answer is *always*, select a 7. If *never*, select a 1. The numbers in-between should be used depending on how often the item is true about you.

18) My child and I are very close to each other. How much of the time do you feel that your relationship with your child is strong? If the answer is *always*, select a 7. If *never*, select a 1. The numbers in-between should be used depending on how often the item is true about you.

19) I am able to soothe my child when he/she is upset. How much of the time are you able to calm your child down when he or she is upset? If the answer is *always*, select a 7. If *never*, select a 1. The numbers in-between should be used depending on how often the item is true about you.

20) I spend time with my child doing what he/she likes to do. How often do you do activities with your child that he or she enjoys? If the answer is *always*, select a 7. If *never*, select a 1. The numbers in-between should be used depending on how often the item is true about you.



PROTECTIVE FACTORS SURVEY

Part III. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

Child's Age _____ **or** **DOB** ___/___/___

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
13. I know how to help my child learn.	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	1	2	3	4	5	6	7

Part IV. Please tell us how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when he/she behaves well.	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	1	2	3	4	5	6	7
17. I am happy being with my child.	1	2	3	4	5	6	7
18. My child and I are very close to each other.	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

This survey was developed by the FRIENDS National Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research & Public Service through funding provided by the US Department of Health and Human Services. 4

Section IV

Sample Informed Consent

Computing Subscale Scores

Frequently asked Questions & Answers

The Protective Factors Survey

Sample Informed Consent Statement

Purpose of Evaluation

(Name of Program) is conducting an evaluation to make sure that our program is meeting the needs of families in our community. It is 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 families and this is one way to keep us on track.

Your Participation

Part of the evaluation involves asking program participants to complete a survey about how our services are affecting them and their families. If you decide to participate, you will be asked to spend approximately 10-15 minutes answering questions about you and your family.

Your participation is voluntary. Your services will not be affected by your decision about participating or your responses on the survey.

Confidentiality

If you choose to participate in this evaluation, your identity will be kept confidential. No identifying information will be shared with anyone outside of this program. Your name will not appear on the survey. Once you have completed the survey, the information will be transferred to a database and the survey will be destroyed.

You may find some of the questions uncomfortable or embarrassing to answer. Your privacy will be protected. Your information will be combined with all other participants and will never be shared or identified individually. Your honest answers help us improve services for all families, including yours.

Questions?

If you have any questions or concerns about this evaluation, please call (insert name) at (insert phone number).

We hope you will help us by participating in this evaluation. Your participation will allow us to offer and improve services for all families.

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

Participant's Signature

Date

Program Staff Signature

Date

Computing Subscale Scores

Computing Subscale Scores

The following are directions for calculating the scores by hand.

Step #1: Reverse score selected items

Before subscales can be calculated, all items need to be scored in the same direction such that a higher score reflects a higher level of protective factors. The following items require reverse-scoring: 8, 9, 11, 12, 14, and 16.

To reverse-score the items listed above, use the following scoring transformation: A score of 1 is rescored 7, a score of 2 is rescored 6, a score of 3 is rescored 5, a score of 5 is rescored 3, a score of 6 is rescored 2, a score of 7 is rescored 1.

Step #2: Calculate the subscale scores

Family Functioning/Resiliency

The FFPSC subscale is composed of items 1 through 5. If fewer than 4 of items 1 through 5 were completed don't compute a score. If 4 or more items were completed sum the items responses and divide by the number of items completed.

Social Support

The SS subscale is composed of items 6, 7, and 10. If fewer than 2 of these items were completed don't compute a score. If 2 or more items were completed sum the items responses and divide by the number of items completed.

Concrete Support

The CS subscale is composed of items 8, 9, and 11. If fewer than 2 of these items were completed don't compute a score. If 2 or more items were completed sum the items responses and divide by the number of items completed.

Nurturing and Attachment

The NA subscale is composed of items 17, 18, 19, and 20. If fewer than 3 of these items were completed don't compute a score. If 3 or more items were completed sum the items responses and divide by the number of items completed.

Child Development/Knowledge of Parenting

The knowledge of parenting and child development factor is composed of five unique items (12, 13, 14, 15, and 16). Because of the nature of these items, calculation of a subscale score is not recommended. Means, standard deviations, and percentages should be used to assess an agency's progress in this area.

Protective Factors Survey Frequently Asked Questions & Answers

What is the cost of the PFS?

You may download and use the PFS free of charge. It is accessible on this page of the FRIENDS website: <https://friendsnrc.org/evaluation/protective-factors-survey/>.

What is the purpose of the list of services on the Staff Only portion of the PFS?

The items about services were included so programs could track whether services offered were actually received. This information may be useful to programs that want to track that information. It may not be useful for others to use that section of the survey. The program specific or demographic items are not required for validity of the scale. They are optional. The survey items that are answered on the 1-7 pt. scale are the actual items that measure the protective factors and comprise the subscales.

Why did you choose a 7-point response scale?

The team that developed the PFS had many discussions about the scale and reviewed studies related to odd and even numbered scales and scale length. We made decisions about scaling (and item selection, etc.) only after extensive field testing and discussions with parent focus groups. Our experience was that neither administrators nor respondents reported any awkwardness in using the scale. The primary purpose of the PFS was to measure change in protective factors. It was critical to select a response scale that was sensitive to small amounts of change. The seven-point response scale was selected over the five-point response scale because it provided additional measurement points, thus increasing the sensitivity of the measure.

How was the reliability of the PFS tested?

The reliability of each subscale of the PFS has been estimated using an internal-consistency measure of reliability, Cronbach's coefficient alpha. Reliabilities for each subscale are provided below. For further information about the psychometric properties of the PFS, please refer to the technical report, available upon request from the University of Kansas Institute for Educational Research and Public Service.

Technical Data

Subscale	Reliability
Family Functioning/Resiliency	.89
Social Support	.89
Concrete Support	.76
Nurturing and Attachment	.81

Why is there no subscale score for Knowledge of Parenting?

Knowledge of parenting is a complex construct with different components that don't necessarily correlate. For example, knowledge of good disciplinary practices may not correlate with helping your child learn, therefore there is no theoretical reason to expect them to conform to any particular subscale structure. Calculation of a subscale score is not recommended. Means, standard deviations, and percentages at the individual item level should be used to assess an agency's progress in this area.

What instruments were used in the validation studies?

The following instruments were used in the validation studies:

- *Brief Child Abuse Potential Inventory*. (BCAPI; Ondersma, Chaffin, Simpson, & LeBreton, 2005)
- *Brief Cope*. (Carver, 1997)
- *PRIME-MD Patient Health Questionnaire (PHQ)*. (Spitzer, Kroenke, & Williams, 1999)
- *Perceived Stress Scale*. (PSS; Cohen, Karmarck, & Mermelstein, 1983)
- *Physical Health and Functioning*.

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

Agencies should take theoretical considerations (estimated time for program impact) as well as logistical details (accessibility of clients) to determine the optimal time for survey administration.

Which items are appropriate for first time parents in a prenatal program?

Three of the PFS subscales (Concrete Support, Emotional Support, Family Functioning and Resiliency) refer to the family and could be answered by first time parents with no children in the home.

If parents are receiving services between the time they are pregnant and after the child is born, it would be appropriate to complete questions 1-11 before the child is born and then questions 1-20 after the child is born. The reason for repeating questions 1-11 is that protective factors may change when the child is born and it's important to understand how the protective factors are affected as a system. In terms of analysis, questions 1-11 could be examined using a time-series design, where prenatal serves as time point one, after birth is time point two, and end of program is time point three.

What age should a child be before a first-time parent should complete the form?

The instrument was validated for use with parents of children of all ages.

Some items refer to a relationship with a specific child (e.g., when I discipline my child, I lose control). Our program will serve multiple children from a single household. Is it legitimate to answer these questions repeatedly, once for each child in our program?

The survey asks respondents to select one child – the child they are receiving services for or the child they think will benefit most from their participation in services. If participants have several children for whom they are receiving services, instruct them to pick one (it doesn't matter which one) and keep that same child in mind when responding to the questions. Although the questions could be asked repeatedly, the instrument has not been validated for this use. Moreover, the database is limited to one set of responses per question.

Are any subscales invalidated if a respondent lists a different child on the posttest from the one listed on the pretest?

The question about the target child's age is intended as a PROMPT for participants to encourage them to think about only one child when responding to the items. Its primary purpose is to help participants respond to the items in a consistent way by thinking about only one child. In our validity studies, we did not examine whether or not participants used the same target child at pretest and posttest. The survey functioned well without looking at this variable.

If the agency has the time, they can look at each participant's pretest and posttest data to ensure that the target child is the same (and retain only the responses for which the target child is the same). This will strengthen the rigor of the survey findings. However, our validity studies suggest it is appropriate to analyze the data without taking this variable into consideration.

How are the questions answered if the child does not live with the respondent?

The survey is intended to be given to caregivers. Some parents involved in services may have had their children removed from their care (either through CPS intervention or a divorce/custody situation). If it is probable they will care for their children sometime in the future—even if they never actually reside with that caregiver—and they are involved in prevention services, it is appropriate to give them the survey.

Is the PFS an appropriate tool for parents of teenagers?

The PFS appears to be an appropriate tool for use with parents of teenagers. The Nurturing and Attachment subscale and individual Knowledge of Parenting and Child Development items (with the exception of Item 13, "I know how to help my child learn") appear to be the most impacted by the age of the identified child (located between Items 11 and 12). In general, caregivers of younger children tend to respond higher on all subscales/items of the PFS than do caregivers of older children.

A possible explanation for these differences might be that the challenges of having an older child slightly lower the Nurturing and Attachment subscale and Knowledge of Parenting and Child Development items; alternatively, it might be that caregivers with older children have more parenting experience (and are older in age) and better recognize their areas for growth as caregivers and are more willing to report those. Agencies might keep these differences in mind when collapsing scores across identified children from birth to age 18.

Some items refer to “family”. Is there a rule about the definition of family? Who constitutes a family?

Respondents are encouraged to construct their own definition of family. If they want to include children living in the household that are not directly related to them, or close relatives that may or may not live with them, that is fine.

Are there cutoff scores identified in the technical material?

No, there are no cutoff scores for the PFS.

Could this survey be used along with other parenting surveys effectively as a type of check & balance tool?

Yes. The PFS can be used with other measures to validate other instruments and/or increase the validity of the evaluation findings.

Is there a Spanish version of the PFS?

Yes, a Spanish adaptation of the PFS has been tested and found to be valid and reliable. It can be downloaded free of cost from the FRIENDS website.

Is there a retrospective version of the PFS?

Yes, a retrospective version of the PFS has been tested and found to be valid and reliable. It can be downloaded free of cost from the FRIENDS website.

What are the Psychometric Properties of the PFS?

The four scales of the PFS demonstrate high internal consistency (.76 - .89). Temporal stability estimates are also adequate (.52 - .75). Content validity, construct validity, and criterion validity were also examined and provide evidence that the PFS is a valid measure of multiple protective factors against child maltreatment. In two separate studies, the PFS subscales were found to be negatively related to stress, depression, and risk for child maltreatment, and positively related to adaptive coping and caregiver health.

References

Counts, J.M., et al. The development and validation of the protective factors survey: A self-report measure of protective factors against child maltreatment. *Child Abuse & Neglect* (2010), Child Abuse & Neglect Volume 34, Issue 10, October 2010, Pages 762-772

What were the demographics of the population used in the PFS field trials?

Race/ethnicity:	Pilot Study N=349	Study II N=249	Study III N=291
Hispanic/Latino	52.1%	5.60%	8.90%
White (non-Hispanic)	28.7%	61.80%	62.20%
African American	12.0%	9.20%	15.80%
Black (African Nationals/Caribbean Islanders)		5.60%	8.20%
Native American (American Indian/Alaskan Native)		12%	1.40%
Asian/Native Hawaiian/Pacific Islanders		< 1%	0.30%
Multi-Racial		2.80%	2.40%
Marital Status	N=330	N=248	N=291
Married	31.8%	39%	39.5%
Partnered	7.6%	9.2%	9.6%
Single	43.9%	36.1%	34.7%
Divorced	7.3%	7.6%	7.2%
Widowed	0.9%	0.8%	0.7%
Separated	8.5%	6.8%	6.9%
Education	Pilot Study N=324	Study II N = 248	Study III N=291
Elementary or junior high school	14.8 %	0.4 %	3.8%
Some high school	32.4 %	2.8 %	17.2%
High school diploma or GED	7.8 %	21.3%	29.6%
Trade/vocation school	6.8 %	6 %	6.9%
Some college	4.9 %	18.9%	22%
Housing	N=72	N=247	N=291
Own	12.5 %	24.5 %	32%
Rent	61.1 %	53.8 %	52.6%
Shared housing	22.2 %	18.1 %	12.4%
Temporary	4.2 %	2.8 %	2.1%
Services	N/A	N = 248	N=291
Food stamps	N/A	47.8 %	42.3%
Medicaid	N/A	65.9 %	52.6%
Earned income tax credit	N/A	23.3 %	14.4%
TANF	N/A	6.4 %	10.3%
Head start/Early Head Start	N/A	10.8 %	10%

Income Level	N=70	N=245	N=291
\$0-10,000	40 %	41 %	32%
\$10,001-\$20,000	28.6%	22.5%	19.6%
\$20,001-30,000	25.7 %	16.9 %	14.8
\$30,001-40,000	2.9 %	7.2 %	9.3%
\$40,001-50,000	2.9 %	5.2 %	8.6%
More than \$50,000	0%	5.6 5	13.4%

The Protective Factors Survey



PROTECTIVE FACTORS SURVEY (Program Information-- For Staff Use Only)

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-Referral

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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These next 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.

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

2. Age (in years): _____

3. Primary Language Spoken at Home:

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

4. 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. Black or African American G. Native Hawaiian/Pacific Islander
 D. African National/ Caribbean Islander H. White (Non-Hispanic/ European American)

5. Relationship Status:

- A. Married C. Single-never married E. Widowed
 B. Partnered D. Divorced F. Separated

6. Family Housing:

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

7. 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

8. Highest Level of Education:

- A. No formal education E. High school diploma or GED I. 4-year college degree (Bachelor's)
 B. Elementary F. Trade/Vocational training J. Advanced degree
 C. Junior highschool G. Some college
 D. Some high school H. 2-year college degree (Associate's)

9. 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

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Please tell us about the children living in your household.

10. CHILD #1 A. Male B. Female C. Gender non-conforming/ non-binary D. Prefer not to answer

11. Date of Birth: _____

12. This child lives in my house: Yes No

13. 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

14. CHILD #2 A. Male B. Female C. Gender non-conforming/ non-binary D. Prefer not to answer

15. Date of Birth: _____

16. This child lives in my house: Yes No

17. 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

18. CHILD #3 A. Male B. Female C. Gender non-conforming/ non-binary D. Prefer not to answer

19. Date of Birth: _____

20. This child lives in my house: Yes No

21. What is your relationship to this child?

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

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

C. Adoptive parent F. Sibling

22. CHILD #4 A. Male B. Female C. Gender non-conforming/ non-binary D. Prefer not to answer

23. Date of Birth: _____

24. This child lives in my house: Yes No

25. 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

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PROTECTIVE FACTORS SURVEY

Part I. Please *circle* the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

Part II. Please *circle* the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9. I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7

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PROTECTIVE FACTORS SURVEY

Part III. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

Child's Age _____ or DOB ___/___/___

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
13. I know how to help my child learn.	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	1	2	3	4	5	6	7

Part IV. Please tell us how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when he/she behaves well.	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	1	2	3	4	5	6	7
17. I am happy being with my child.	1	2	3	4	5	6	7
18. My child and I are very close to each other.	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

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