IOWA CHILD ABUSE PREVENTION PROGRAM

Evaluation Report to Iowa Department of Human Services

July 1, 2020–June 30, 2021

Prevent Child Abuse Iowa

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February 2022

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

Prevent Child Abuse Iowa
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Introduction: Iowa Child Abuse Prevention Program

Prevent Child Abuse Iowa (PCA Iowa) has administered the *Iowa Child Abuse Prevention Program* (ICAPP) since 1981. PCA Iowa's mission is to empower community prevention efforts to provide safe and happy childhoods through collaboration with diverse partners, leading to a better future for Iowa. Given this mission, PCA Iowa is well positioned to oversee ICAPP efforts. ICAPP is funded through numerous sources, both state and federal. The federal sources that fund ICAPP efforts include: *Promoting Safe and Stable Families* (PSSF), *Temporary Assistance to Needy Families* (TANF), *Community Based Child Abuse Prevention* (CBCAP), and *Child Abuse Prevention and Treatment Act* (CAPTA). State funding sources include birth certificate fees, state income tax check-off funds, and an annual legislative appropriation specific to sexual abuse prevention. These funds are managed by the Iowa Department of Human Services (IDHS). IDHS contracts individually with grant recipients to administer ICAPP-funded services in communities across the state.

PCA Iowa's role as the ICAPP grant administrator, as defined by IDHS, is to:

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

PCA Iowa contracted with Public Consulting Group LLC (PCG) to assist in the evaluation of ICAPP-funded programs. This evaluation report describes the activities funded by ICAPP, the demographic characteristics of the families served, and the impact of the program as measured through the *Protective Factors Survey* and *Life Skills Progression*. This report shares the findings from data collected between July 1, 2020 and June 30, 2021 (Fiscal Year 2021) for ICAPP-funded programs.

ICAPP Overview

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

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

Councils can submit project proposals for up to two project proposals in the categories of Home Visitation, Parent Development, and Sexual Abuse Prevention depending on the need for services in their area. The amount requested by the councils is capped based upon child population and community risk. A risk assessment score was assigned to each county in Iowa. This score determined a county's eligibility for funding under the RFP as well as the maximum application amount allowed. Areas identified as "low risk" were determined to be ineligible for funding under the RFP. Counties with greater risk were identified as a priority to receive greater amounts of funding to ensure ample funding would be awarded to higher-need areas. The 17 highest risk communities were eligible to apply for one of four Resilient Communities Demonstration Projects.

The proposals received from local child abuse prevention councils were evaluated by an independent grant review committee and components were scored. Compiled scores were forwarded to an independent advisory committee, which made funding recommendations. Recommendations were then approved by IDHS. Due to limited available funding, most projects supplement their ICAPP grants with additional funding sources and in-kind community support.

Number of Families Served by ICAPP-funded Programs

As previously mentioned, four separate programs are funded with ICAPP funds. Table 1 breaks down the number of families and children served by ICAPP funds during Fiscal Year (FY) 2021 and the total amount of funding awarded for each program. Overall, $1,748,109 was available for distribution to the four programs. Sexual Abuse Prevention services served the greatest number of children, followed by Home Visitation and Parent Development. The only program that specifically served adults was Sexual Abuse Prevention. Roughly two-thirds of the funding was used to support Home Visitation and Parent Development programs. Note that the distinct reach of the Resilience Communities Demonstrations Projects is unknown as these efforts are generally broad.

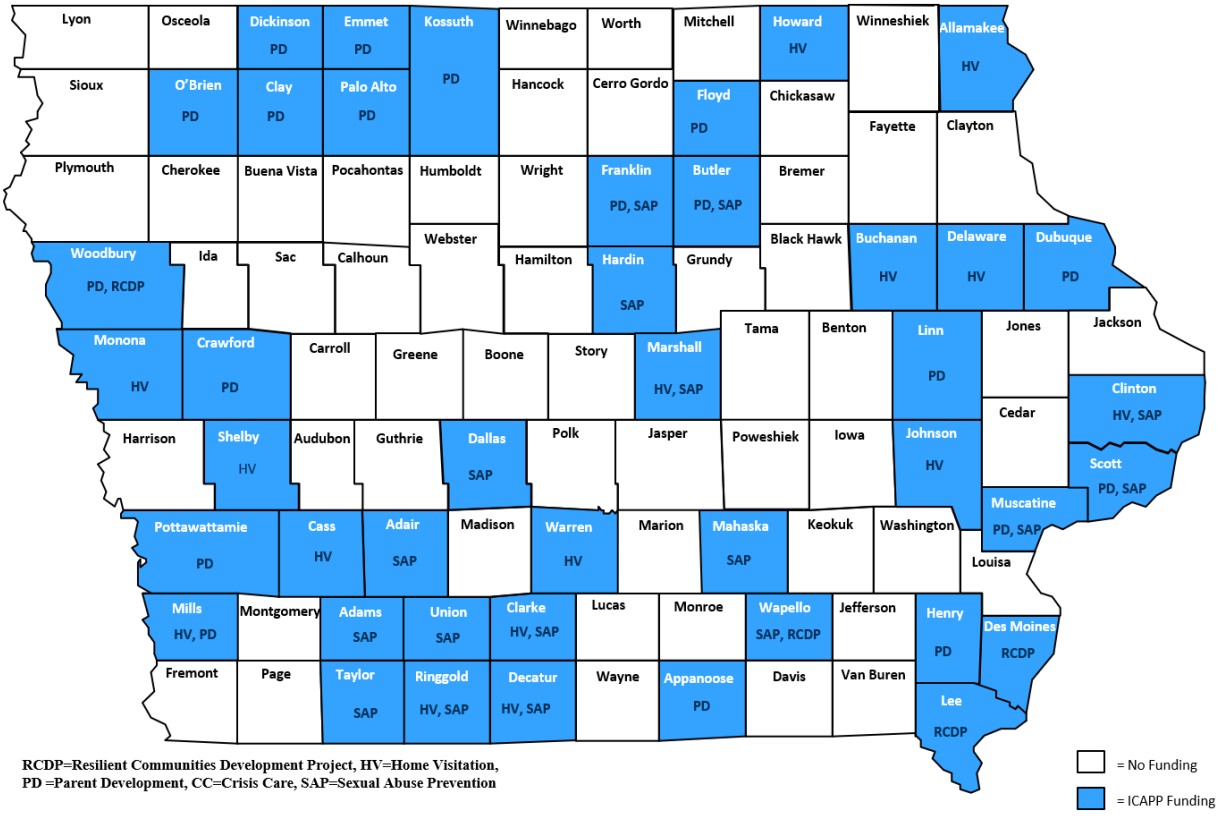
Table 1. Level of Funding and Families Served by ICAPP

Program Type	Funds Awarded	No. of Projects	Families Served	Children Served	Adults Served
Resilient Communities Demonstration Project	$381,000	4			
Home Visitation	$453,304	14	581	736	
Parent Development	$680,575	18	847	733	
Sexual Abuse Prevention	$233,230	14		4,229	758
Total	**$1,748,109**	**50**	**1,428**	**5,698**	**758**

Location of ICAPP-funded Programs

During this reporting period, ICAPP-funded programs operated in 43 counties across the state of Iowa, as shown in Figure 1.

Figure 1. ICAPP Project Grant Awards Funded During State Fiscal Year 2021



Total Counties Served by ICAPP: 43

This evaluation report describes the programs funded, the characteristics of caregivers served, and the results of the Protective Factors Surveys and the Life Skills Progression completed by families for whom support was provided.

Evaluation Methodology

As the ICAPP evaluator, PCG analyzes the demographic characteristics of families who participate in ICAPP-funded programs. PCG also examines changes in protective factors and life skills of families from the beginning of their participation in a program, intermittently throughout the program, and when they exit the program. Finally, PCG provides a webinar to grantees that highlights the annual evaluation results in an effort to inform future program planning and continuous quality improvement efforts.

Information about ICAPP participants is collected using the DAISEY (Data Application and Integration Solutions for the Early Years) Iowa Family Support system, which includes the Protective Factors Survey and the Life Skills Progression and captures demographic characteristics of parents and children served.

These surveys help the state and funded programs to:

1. describe demographic characteristics of program participants,
2. assess changes in targeted protective factors and life skills, and
3. consider protective factors, life skills, and other areas of programming that need a greater focus.

Grantees in the categories of Home Visitation and Parent Development are required to administer the Protective Factors Survey and/or the Life Skills Progression and use the DAISEY system as part of their evaluation and continuous quality improvement process. Grantee proposals detail community need for the proposed program and prioritize the protective factors and/or life skills their programming will improve. Note that the Sexual Abuse Prevention and Resilient Communities Demonstration Project programs do not use the DAISEY system.

Resilient Communities Demonstration Projects seek to increase community awareness and engagement on the issue of child maltreatment. Funded projects are responsible for self-identifying and reporting in their coalition's quarterly reports the impact they intended to make in their communities, as well as how those intentions are measured to demonstrate change. In addition, a new data collection tool was developed in FY 21 that will be completed by community members and stakeholders and gauge the perception of support the community offers to help prevent child maltreatment. This tool will be discussed in detail later in the report.

Programs under the Sexual Abuse Prevention category generally implement the evaluation tool identified by the model developers. These programs may also target policies at the local or regional level that aim to reduce risk to children by limiting one-to-one access, increasing efforts to screen individuals working or volunteering with children, and/or modifying the environments of child-serving organizations.

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

Protective Factors Survey

Strong protective factors in families help to mitigate risk of child maltreatment and reduce the impact of adverse experiences during childhood (Child Welfare Information Gateway, 2014). To measure families' protective factors, the Iowa Family Survey includes the Protective Factors Survey (PFS). This tool was developed by FRIENDS National Center for Community-Based Child Abuse Prevention and the University of Kansas Institute for Educational Research and Public Service through funding provided by the U.S. Department of Health and Human Services. This

instrument is flexible in that it can be used with the majority of prevention programs and can be administered on paper or online (please see https://friendsnrc.org/protective-factors-survey).

The PFS measures five protective factors through a 20-question self-assessment that adult caregivers are asked to complete at program enrollment, periodically while participating in a program, and again at discharge. Using a Likert-style agreement scale, participants rate a series of statements about their family, connection to the community, parenting practices, and perceived relationship with their child(ren). Table 2, created by FRIENDS National Center for CBCAP, provides a summary of the protective factors measured by the survey.

Table 2. Definitions of Protective Factors by FRIENDS, NRC

Protective Factors Domains	Definition
Child Development and Knowledge of Parenting	Understanding and utilizing effective child management techniques and having age-appropriate expectations for children's abilities.
Concrete Support	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
Family Functioning and Resilience	Having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and mobilize to accept, solve, and manage problems.
Nurturing and Attachment	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.
Social Emotional Support	Perceived informal support (from family, friends and neighbors) that helps provide for emotional needs.

This report analyzes average protective factors scores in each of the five domains. To arrive at an average score for each participant, responses to each question receive a score of one to seven based on a participant's response. These scores are summed and then divided by the total number of completed questions in a domain (which range from three to five questions). Scores are not calculated for participants who skip more than one question in a domain. The overall averages presented in this report are calculated by adding all participants' scores together and dividing by the total number of participants for whom a score was calculated. In addition to the average scores of all respondents, each domain's scores are examined within certain demographics to identify differences between families with varying characteristics. Higher average scores indicate that participants are reporting positive behaviors and skills associated with protective factors.

Measuring Changes in Protective Factors Scores Over Time

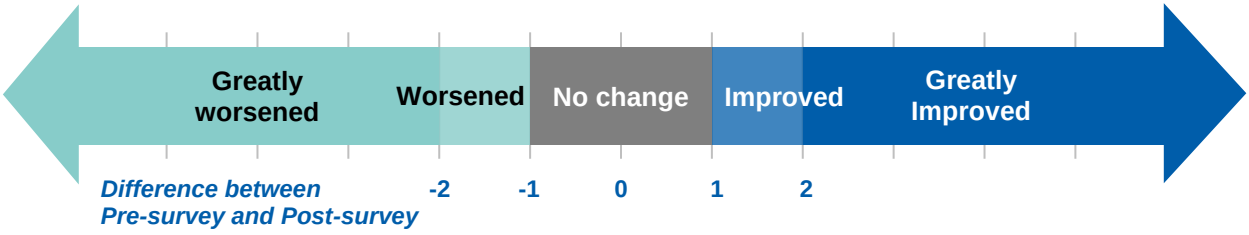
To determine changes in families' protective factors over time, PCG analyzes the average protective factor scores by domain for those participants who completed both an initial and at least one follow-up survey. The difference in participants' scores between the initial (pre-surveys) and follow-up surveys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

for some participants may not require the completion of the Nurturing and Attachment and Child Development and Knowledge of Parenting domain if their child has not yet been born. In this case, there would not be comparison data for these domains.

Over the course of FY 21, 1,055 families completed at least one PFS survey. Demographic results are reported at enrollment. Overall, 722 pairs of pre- and post-surveys were matched, and the protective factors' results presented in this report are drawn from those matched pairs. Follow-up surveys completed during the reporting period were matched to pre-surveys using the DAISEY Caregiver ID. A participant's oldest survey (since FY 19) was matched to their most current survey as long as that survey was completed in FY 21.

In addition to examining changes in average scores, respondents are also identified as having protective factors scores which improved, worsened, or stayed the same. Respondents' scores are considered to have improved or worsened if their post-survey scores are greater or less than, respectively, their pre-survey scores by one to two points. They are considered to have *greatly* improved or worsened if their post-survey scores are two or more points greater or less than, respectively, their pre-score; this ensures that slight fluctuations in scores are not interpreted as meaningful change (Figure 2).

Figure 2. Measuring Improvement in Protective Factors



Life Skills Progression

It is imperative that caregivers have strong life skills that allow them to provide for and take care of their children. A caregiver's life skills can be measured using the Life Skills Progression (LSP) developed by Linda Wollesen and Karen Peifer (Wollesen & Peifer, 2006). This instrument is generally completed on paper following a service provider's meeting or encounter with a caregiver and is entered into a database at a later time.

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

Table 3. Definitions of Protective Factors by FRIENDS, NRC

Life Skill Domains	Definition
Relationships with Family and Friends	This section describes the caregiver's primary support system.
Relationships with Child(ren)	This section describes how the parent relates to all of their children, not just the most recent infant.

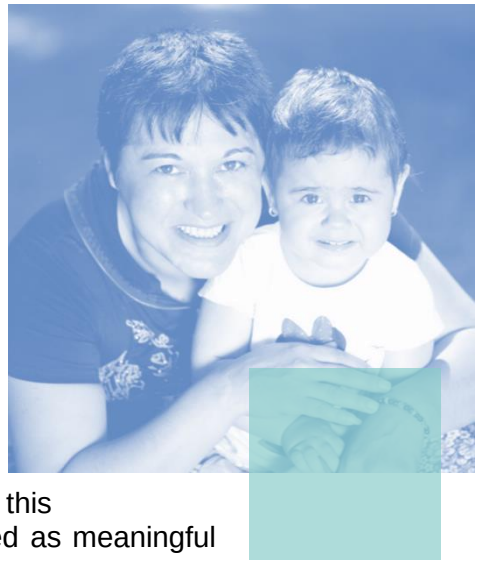
Life Skill Domains	Definition
Relationships with Supportive Services	Support services assessed in this section include home visitors, use of information provided, and resources available.
Education and Employment	This section includes issues related to language, education, employment, and immigration (when applicable).
Health & Medical Care	This section covers parent and child health care issues.
Mental Health & Substance Use/Abuse	Mental health diagnoses and substance use issues experienced by the caregiver are addressed in this section.
Basic Essentials	This section assesses with the caregiver's abilities to provide for the basic needs in life. It contains what are perhaps the most concrete areas of life skills.
Child Development	The LSP child scales summarize developmental data gathered from visit observations, parental report, and use of standardized screening tools such as the ASQ, ASQ:SE, or Denver II.

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

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

Measuring Changes in Life Skills Scores Over Time

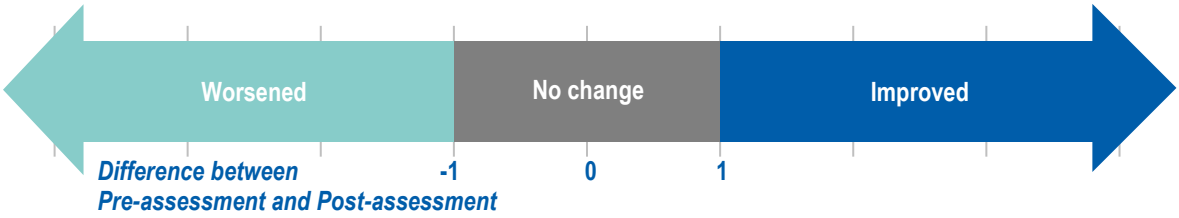
PCG analyzes the average life skills scores by domain for those caregivers that have both an initial and at least one follow-up LSP to measure change in a caregiver's life skills over time. As with the PFS, the difference in participants' scores between the initial (pre-assessment) and follow-up tools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



In total, 1,414 caregivers had at least one LSP assessment on file during the reporting period (FY 21). Here too, demographic results are reported at enrollment. The life skills results presented in this report are drawn from 1,005 matched pairs of pre- and post-surveys. Whenever possible, assessments completed during the reporting period were matched to assessments administered prior to start of the program using the DAISEY Caregiver ID. Pre-assessments were matched to post-assessments completed between July 2020 and June 2021.

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

Figure 3. Measuring Improvement in Life Skills

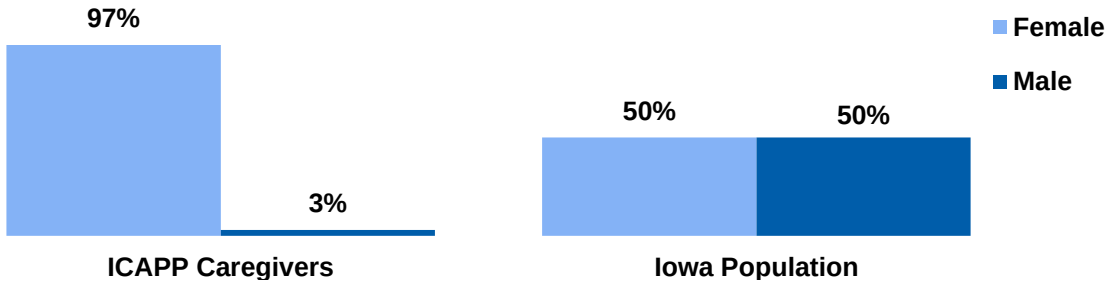


Grantee Quarterly Reports

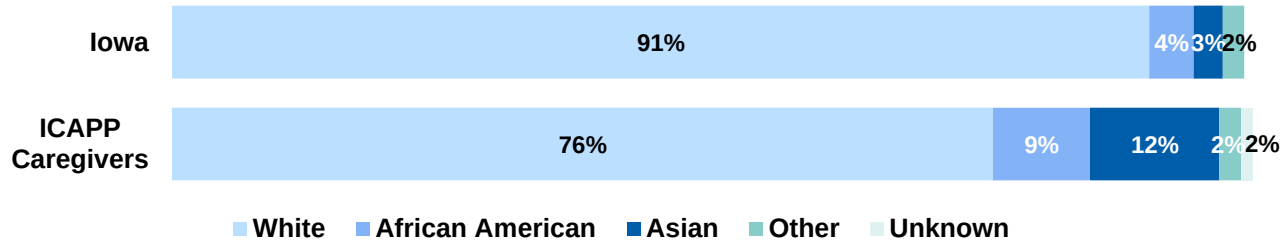
In addition to the data collected above, this report includes information on the number of families served and the amount of funding received by ICAPP grantees from July 1, 2020 to June 30, 2021. Service output data are collected by PCA Iowa via quarterly grantee reports.

Characteristics of Families Served

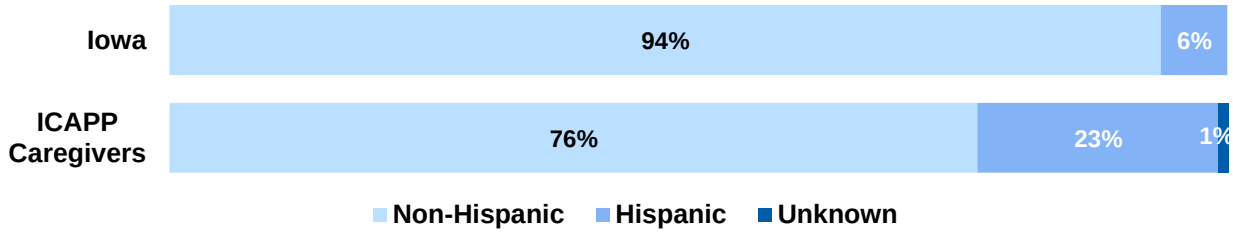
Gender



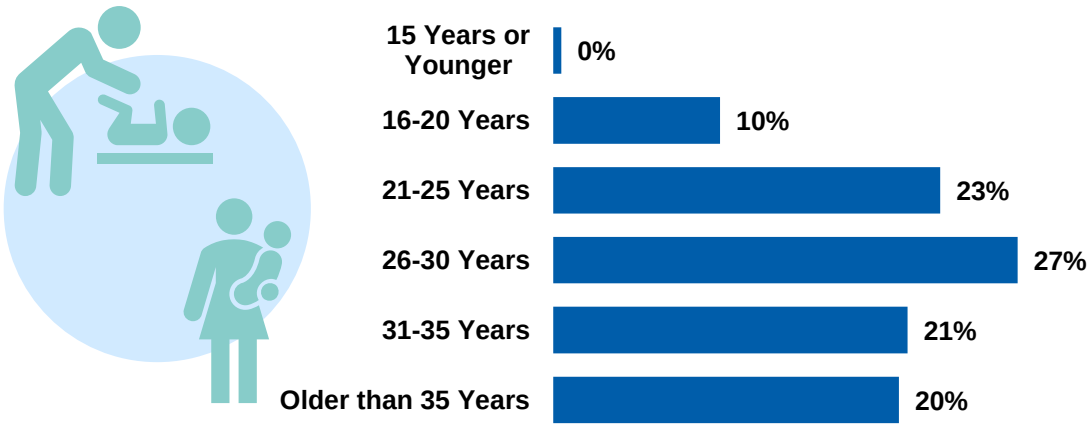
Race



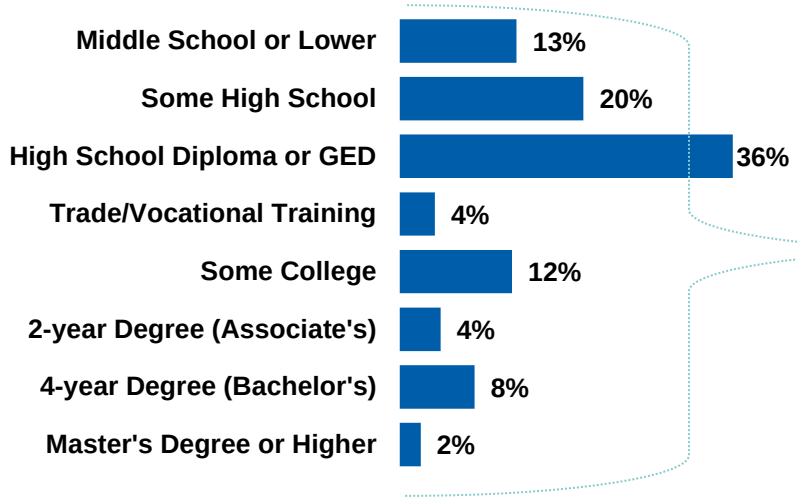
Ethnicity



Age of Participant Caregivers



Participant Caregiver Education

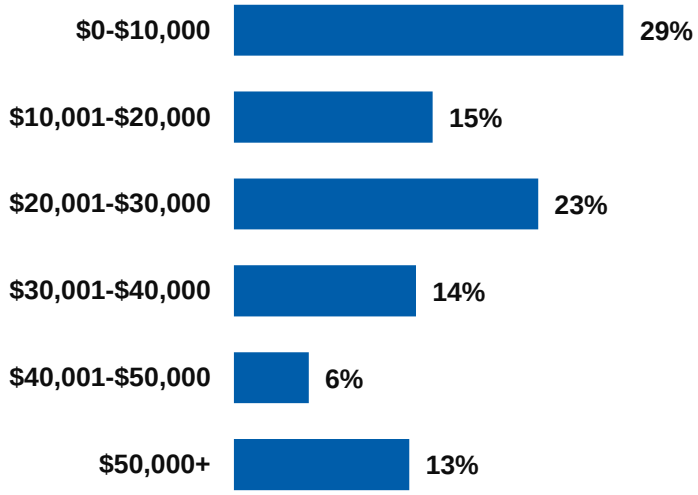


92%
of Iowans have *at least* a high school diploma or equivalent

compared to

67%
of ICAPP Caregivers

Income and Financial Assistance Utilization



54% **of all Iowans earn $50,000 or more**

compared to

13% **ICAPP families**

Survey Completion by Program

Table 4 depicts the number of caregivers participating in each program that completed at least one PFS and/or LSP survey. The PFS is used by Parent Development projects providing group-based services or short-term in-home services. The LSP is used by programs providing in-home parent support in which service duration is more than 6 months. This is consistent with other statewide family support programs.

Table 4. Survey Completion by ICAPP Program

Program	Tool	Number of Participating Caregivers
Parent Development	PFS	820
Parent Development	LSP	284
Home Visitation	PFS	235
Home Visitation	LSP	739

As noted previously, the Protective Factors Survey collects data across five domains: *Family Functioning and Resilience*, *Social Emotional Support*, *Concrete Support*, *Nurturing and Attachment*, and *Child Development and Knowledge of Parenting*. Table 5 breaks down each domain by the number of families for whom a pre- and post-survey were matched. The number of pre/post score matches may vary by domain because caregivers do not necessarily answer all questions on the survey. Families served prenatally are not asked to respond to questions in the domains of Nurturing and Attachment or Child Development and Knowledge of Parenting.

Table 5. PFS Survey Pre/Post Matches

Protective Factor	Tool	Number of Matches
Family Functioning and Resilience	PFS	722
Social Emotional Support	PFS	722
Concrete Support	PFS	721
Nurturing and Attachment	PFS	594
Child Development and Knowledge of Parenting	PFS	598

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

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

There were a greater number of assessment matches for the Life Skills Progression tool than the Protective Factors Survey. Table 6 identifies the number of families for whom a pre- and post-assessment were matched. The number of pre/post score matches may vary by domain because programs, as noted earlier, do not necessarily use all domains of the LSP. There was a large range in the number of assessment matches across the domains. The domain with the greatest number of matches was *Relationships with Family and Friends* (1,005) and the domain with the fewest was *Education and Employment* (181). This is likely because this domain has a few questions that only apply to specific populations (*e.g.,* non-English speakers, immigrants).

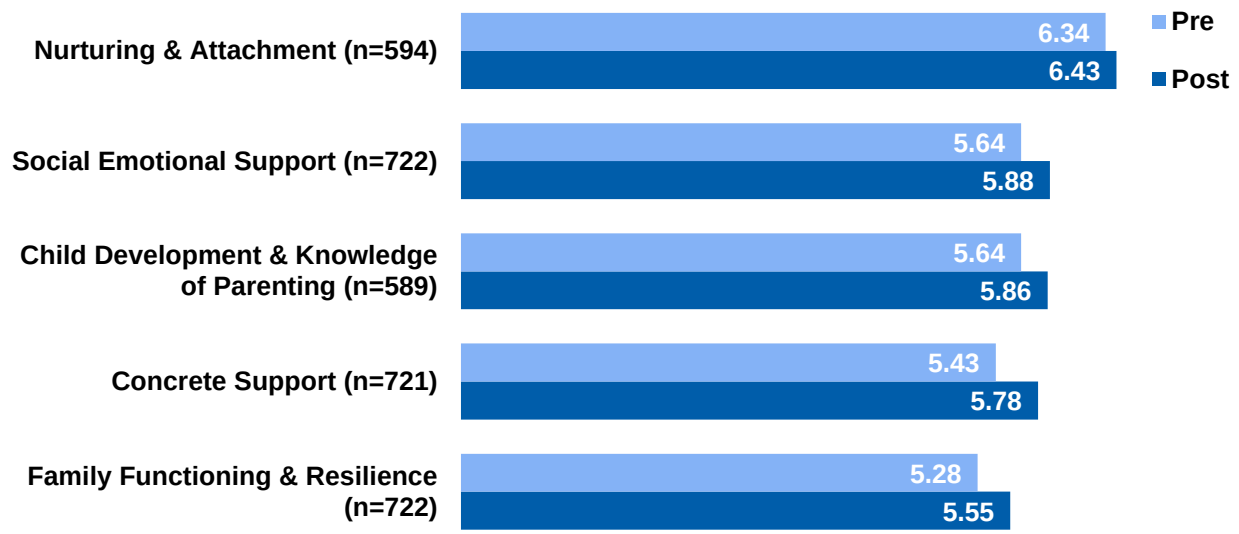
Table 6. LSP Survey Pre/Post Matches

Domain	Tool	Number of Matches
Relationships with Family and Friends	LSP	1,005
Relationships with Child(ren)	LSP	658
Relationships with Supportive Services	LSP	795
Education and Employment	LSP	181
Health & Medical Care	LSP	473
Mental Health & Substance Use/Abuse	LSP	740
Basic Essentials	LSP	758
Child Development	LSP	354

Overall Protective Factors Survey Results

The goal of the Protective Factors Survey analyses is to assess change in participants' protective capacities to care for their children. The survey tracks improvement and development of caregivers' protective factors over the course of a Parent Development or Home Visitation program. As depicted in Figure 4, there was statistically significant improvement reported in all domains, with the greatest improvement being seen in *Concrete Support* (0.35 points).

Figure 4. Average Pre- and Post- Protective Factors Scores by Domain Among Matched Surveys (n=722)*

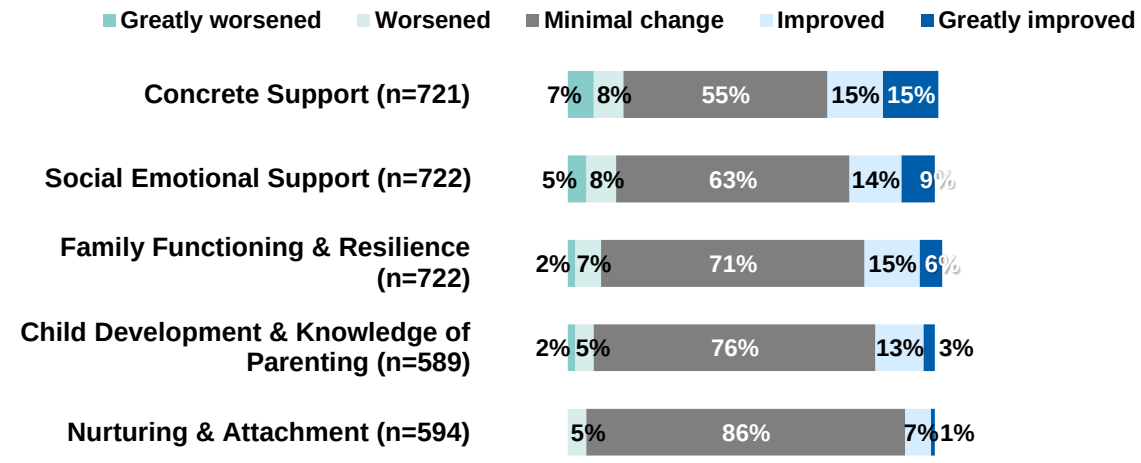


***All improvements between pre- and post-surveys are statistically significant (p<0.05).**

Figure 5 shows the amount of change reported from pre- to post-program survey. *Concrete Support* saw the greatest percent of caregivers with improved scores; 15 percent of respondents improved their scores by one point and 15 percent improved their scores by two or more points. Interestingly, this was also the domain where the greatest percentage of respondents showed worsened scores (by one or more points) as well.

The domain with the greatest percentage of minimal score changes was *Nurturing and Attachment*. This is likely because scores were already quite high prior to program involvement, meaning there is less room for improvement after program involvement.

Figure 5. Changes in Protective Factors Scores Among Matched Surveys



Protective Factors Survey results were analyzed by participant discharge status and are reported in Table 7. Those that completed the program, or their child aged out of it, saw statistically significant improvement across all domains. This could not be said about other discharge statuses. Those who reported discharging because they were too busy for ICAPP programming reported decreased scores in three of the five domains, although the changes were not statistically significant. Discharge status groups that did not demonstrate decreased scores from pre- to post-survey were those that completed programming, or their child aged out; those that moved out of service area; or those that did not complete programming (discharged early).

On average, no discharge status group demonstrated a decrease of scores in the *Concrete Support* domain. The domain with the greatest number of families with decreasing scores was *Nurturing and Attachment* (4) although those score changes were not statistically significant.

Table 7. Protective Factors Scores by Discharge Status

Discharge Reason[1]	Child Development		Concrete Support		Family Functioning		Nurturing & Attachment		Social Support	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Completed/child aged out (n=338)	5.65	5.94*	5.56	5.99*	5.24	5.60*	6.33	6.50*	5.67	5.97*
Moved out of service area (n=22)	5.56	5.78	5.00	5.54	5.02	5.36	6.29	6.48	5.37	5.84*
No contact or could not locate (n=17)	5.34	5.64	5.42	6.05	5.16	4.99	6.07	5.94	5.70	5.75

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

Discharge Reason[1]	Child Development		Concrete Support		Family Functioning		Nurturing & Attachment		Social Support	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
No longer interested in services (n=11)	6.04	6.11	4.67	5.67*	5.51	5.74	6.48	6.41	5.92	5.83
Too busy (n=15)	5.43	5.40	5.79	5.90	5.76	5.69	6.42	5.67	5.92	6.02
Did not complete (discharged early) (n=95)	5.53	5.65	5.12	5.59*	5.27	5.38	6.26	6.28	5.58	5.77
Active client (n=156)	5.70	5.83	5.39	5.51	5.36	5.57*	6.41	6.40	5.64	5.81

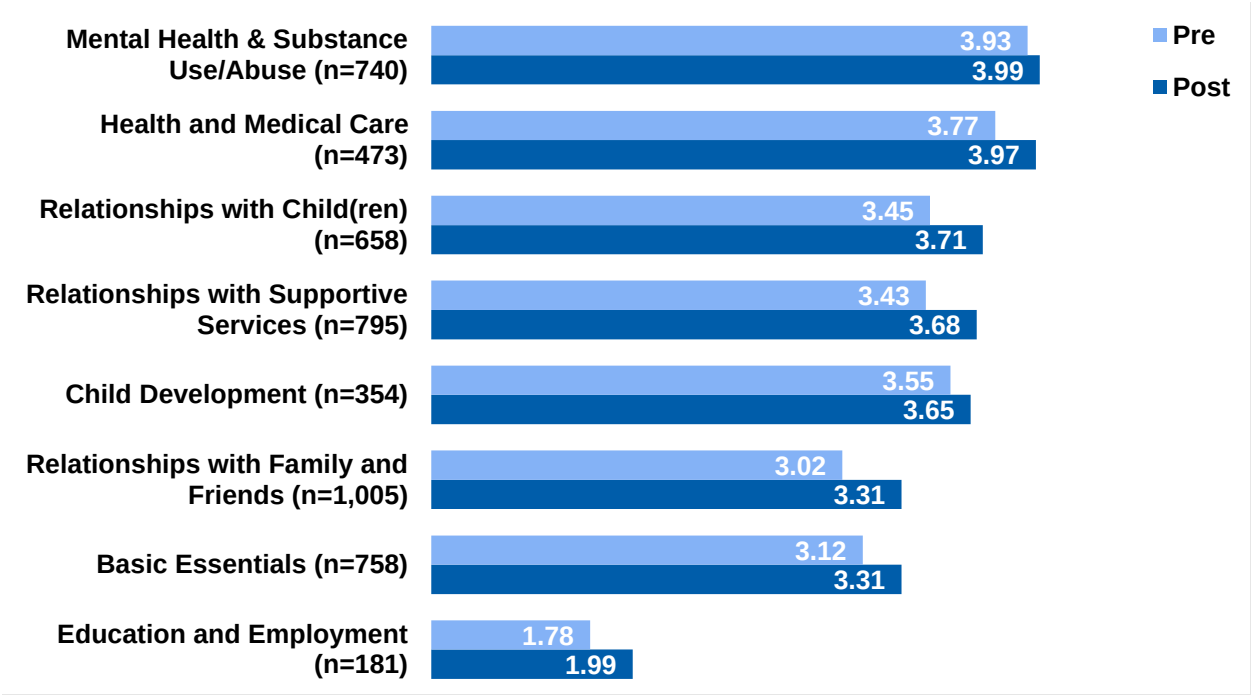
***Statistically significant difference between pre- and post-surveys ($p<0.05$).**
Red text indicates a *decrease* in scores.

Overall Life Skills Progression Results

Life Skills Progression analyses assessed changes in program participants' life skills and accomplishments. The assessment tracks development in caregivers' identified life skills over the course of participating in a Parent Development or Home Visitation program.

As was seen in the Protective Factors Survey scores, statistically significant improvement in scores was reported across all domains (Figure 6). The largest score improvement, on average, was in the *Relationships with Family and Friends* domain (0.29 points). In comparison to the other domains, the *Education and Employment* scores reported were quite low at both pre- and post-survey, but there was still an average improvement of 0.21 points.

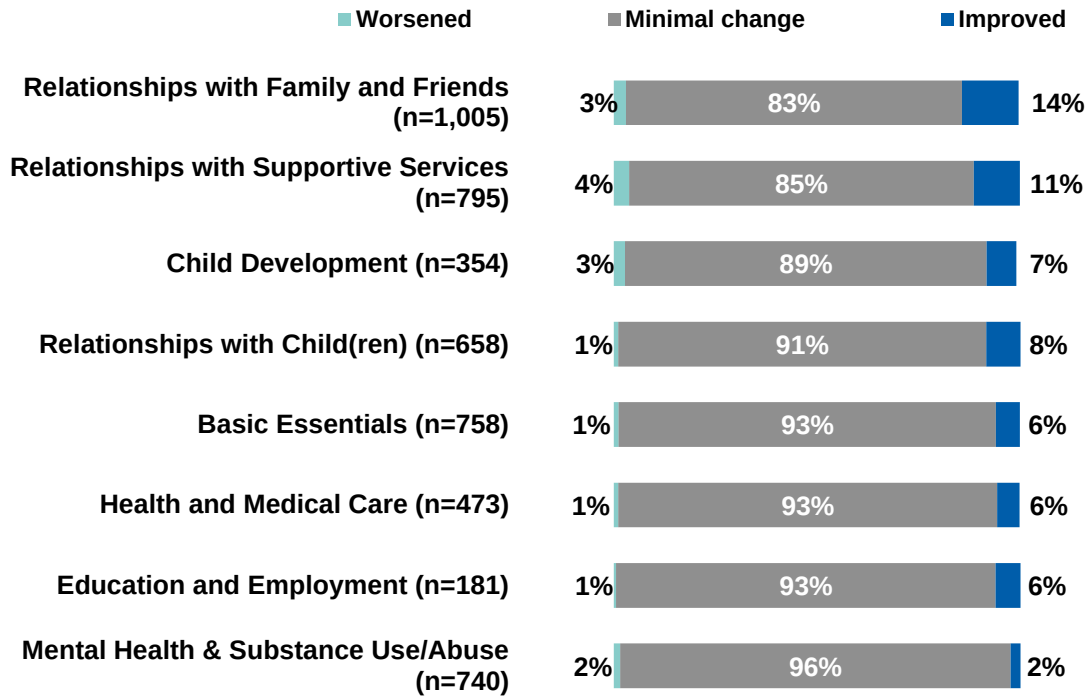
Figure 6. Average Pre- and Post- Life Skills Scores by Domain Among Matched Surveys (n=1,005)*



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

Figure 7 shows the average changes in life skills scores from pre- to post-assessment. Overall, the *Relationships with Family and Friends* domain shows the greatest improvement, with 14 percent of caregivers improving their scores by one point or more. The vast majority of caregivers showed minimal change (less than one point) from pre- to post-assessment in all domains.

Figure 7. Changes in Life Skills Scores Among Matched Surveys



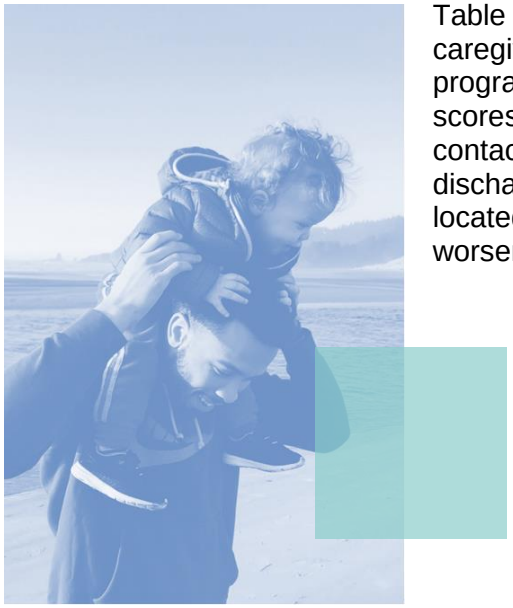


Table 7 displays the average Life Skills Progression scores by caregiver discharge status. Generally, those that completed a program, or their child aged out, reported some of the highest scores at post-assessment and those that could not be contacted or located reported the lowest scores of all discharge statuses. Caregivers that could not be contacted or located also reported the greatest number of domains with worsening scores (2).

Table 7. LSP Scores by Discharge Status

Discharge Reason[2]	Relationships with Family and Friends		Relationships with Child(ren)		Relationships with Supportive Services		Education and Employment		Health & Medical Care		Mental Health & Substance Use/Abuse		Basic Essentials		Child Development	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Completed/ child aged out (n=200)	3.19	3.54*	3.63	4.02*	3.68	4.12*	1.98	2.27*	3.82	4.15*	4.03	4.17*	3.31	3.58*	3.51	3.64
Moved out of service area (n=102)	2.72	3.18*	3.30	3.72*	3.26	3.76*	2.53	2.89*	3.74	3.87	3.89	3.97*	2.88	3.04*	3.47	3.44
No contact or could not locate (n=92)	2.76	2.99*	3.25	3.39*	3.15	3.11	N/A	N/A	3.71	3.84*	3.74	3.70	3.01	3.03	3.44	3.66*
No longer interested in services (n=56)	3.25	3.56*	3.34	3.72*	3.18	3.15	1.19	1.52	3.53	3.86*	3.93	4.07*	3.07	3.42*	3.53	3.94*
Too busy (n=50)	3.08	3.46*	3.41	3.83*	3.42	3.61*	N/A	N/A	3.77	4.05*	4.07	4.01	3.30	3.51*	3.76	3.78
Did not complete (discharged early) (n=411)	2.92	3.22*	3.35	3.61*	3.29	3.47*	1.82	2.06*	3.73	3.91*	3.86	3.88	3.04	3.21*	3.50	3.63*
Active client (n=394)	3.04	3.30*	3.48	3.65*	3.48	3.74*	1.68	1.83*	3.79	3.93*	3.97	4.04*	3.13	3.28*	3.61	3.66

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

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

Protective Factor Survey Scores by Demographic Characteristics

Participant Protective Factor Survey scores were interpreted to identify distinctions by various demographic characteristics. Demographic groups that reported statistically significant changes in their protective factor scores from pre- to post-survey are reported by domain in this section. Please note that only demographic groups with a sufficient sample size ($n \geq 50$) are included.

Child Development and Knowledge of Parenting

A wide variety of demographic groups reported statistically significant changes in the *Child Development and Knowledge of Parenting* domain. Families with annual incomes up to $50,000 generally showed improved scores. Both English- and Spanish-speaking caregivers showed improvement in scores in this domain. *Child Development and Knowledge of Parenting* was one of only two domains that male caregivers reported a statistically significant increase in their scores.

Protective factor scores in Child Development and Knowledge of Parenting *increased* among respondents who reported the following characteristics…

- **Male and Female**
- **Hispanic and White**
- **Married, Single, and Partnered**
- **Households of 2, 3, 5, and 6**
- **Annual household income of $0–10k, $10–20k, $20–30k, $30–40k, and $40–$50k**
- **Education levels of Middle school or lower, Some high school, High school diploma or GED, and Some college**
- **English and Spanish Speakers**
- **Caregivers 25–29 years of age and 30–39 years of age**

The demographic groups with the greatest score improvements are depicted in Figure 8. Spanish speakers and those with an annual income between $30,000 and $40,000 reported the greatest improvement in scores, 0.49 and 0.48 points respectively.

Figure 8. Characteristics of Families with Largest *Child Development and Knowledge of Parenting* Score Improvements*

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

Concrete Support

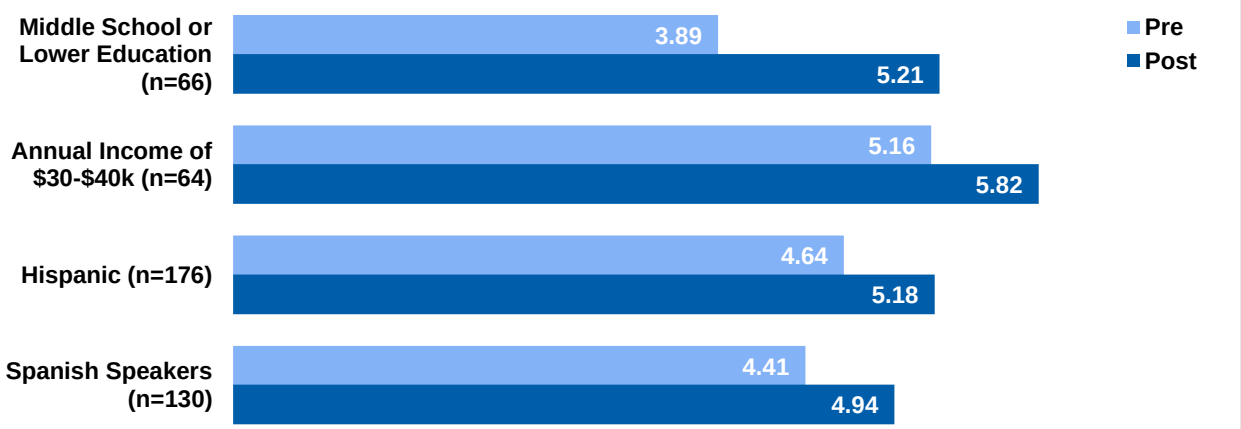
Concrete Support domain scores also improved across many demographic groups. Households of two to five people improved their scores in this domain. Females reported a statistically significant increase in their scores, while male caregivers did not.

Protective factor scores in Concrete Support *increased* among respondents who reported the following characteristics…

- **Female**
- **Hispanic and White**
- **Married, Single, and Partnered**
- **Households of 2, 3, 4, and 5**
- **Annual household income of $0–10k, $20–30k, and $30–40k**
- **Education levels of Middle school or lower, High school diploma or GED, and Some college**
- **English and Spanish Speakers**
- **Caregivers 25–29 years of age and 30–39 years of age**

Significant improvement in *Concrete Support* scores was reported by the demographic groups shown in Figure 9. The largest improvement was seen for those with a middle school or lower education, with an average improvement of 1.32 points.

Figure 9. Characteristics of Families with Largest *Concrete Support* Score Improvements*



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

Family Functioning and Resilience

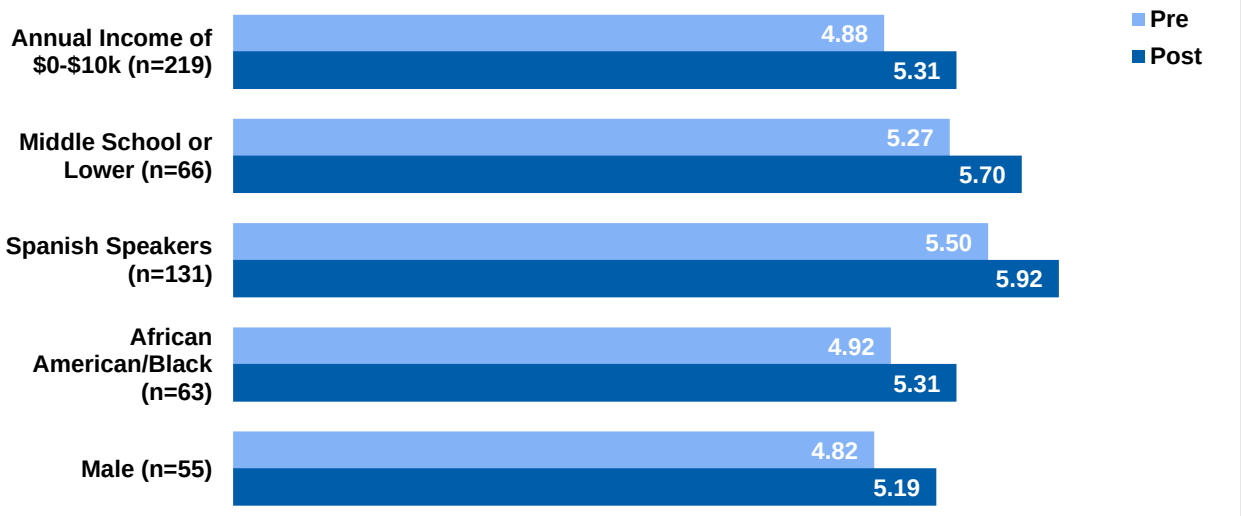
Family Functioning and Resilience is the only domain in which African-American/Black caregivers reported a statistically significant improvement in scores. Similar to the *Concrete Support* domain, households of various sizes showed improvement in *Family Functioning and Resilience* scores (households of 2–6). This is the only domain in which younger caregivers (22–24 years old) increased their scores.

Protective factor scores in Family Functioning and Resilience *increased* among respondents who reported the following characteristics…

- Female and Male
- African American/Black, Hispanic, and White
- Married, Single, Partnered
- Households of 2, 3, 4, 5, and more than 6
- Annual Household Income of $0–10k, $10–20k, $20–30k, and $30–40k
- Education levels of Middle school or lower, Some high school, High school diploma or GED, and a 4-year degree
- English and Spanish Speakers
- Caregivers 20-24 years of age, 25–29 years of age, and 30–39 years of age

The two demographic groups that reported the largest improvements were those with an annual income of $0-$10,000 and those with a middle school or lower education (0.43 points). Figure 10 includes the top five demographic groups with the largest score improvements in the *Family Functioning and Resilience* domain.

Figure 10. Characteristics of Families with Largest *Family Functioning and Resilience* Score Improvements*



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

Nurturing and Attachment

While *Nurturing and Attachment* scores showed the smallest statistically significant improvement of all domains overall, many demographic groups reported improvement. Larger households reported statistically significant improvement in the *Nurturing and Attachment* domain (households of five or more). This is the only domain where 40 to 49-year-old caregivers showed statistically significant improvement.

Protective factor scores in Nurturing and Attachment *increased* among respondents who reported the following characteristics…

- **Female**
- **Hispanic and White**
- **Married, Partnered, Separated, and Divorced**
- **Households of 5, 6, and more than 6**
- **Annual household income of $10–20k, $30–40k, and more than $50k**
- **Education levels of Some high school, High school diploma or GED, and 4-year Degree**
- **English and Spanish Speakers**
- **Caregivers 25–29 years of age, 30–39 years of age, and 40–49 years of age**

Figure 11 highlights the demographic groups with the greatest *Nurturing and Attachment* score improvements. The largest improvement was seen in those with an annual income of $30,000 to $40,000 (0.26 points).

Figure 11. Characteristics of Families with Largest *Nurturing and Attachment* Score Improvements*

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

Social Emotional Support

The *Social Emotional Support* domain reported the second-highest post-survey scores overall. Many demographic groups reported statistically significantly improved scores. Caregivers with an annual income of up to $40,000 increased their scores. Caregivers between 25 and 39 improved their scores in this domain.

Protective factor scores in Social Emotional Support *increased* among respondents who reported the following characteristics…

- **Female**
- **Hispanic and White**
- **Married, Single, and Partnered**
- **Households of 2, 3, 5, and 6**
- **Annual household income of $0-10k, $10–20k, $20–30k, and $30–40k**
- **Education levels of Middle school or lower, High school diploma or GED, and Some college**
- **English and Spanish Speakers**
- **Caregivers 25–29 years of age and 30–39 years of age**

Demographic groups that reported the largest improvement in scores in the *Social Emotional Support* domain are shown in Figure 12. Participants with some college education reported a 0.53-point increase, which is the largest increase reported for all demographic groups in this domain.

Figure 12. Characteristics of Families with Largest *Social Emotional Support* Score Improvements*

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

Life Skills Progression Scores by Demographic Characteristics

The results of the Life Skills Progression were analyzed by demographic group. This section presents the groups that reported statistically significant improvements from pre- to post-assessment by domain. Only demographic groups with at least 50 respondents were included in this section. A larger number of caregiver demographic groups demonstrated statistically significant improvements on the LPS than the Protective Factors Survey.

Relationships with Family and Friends

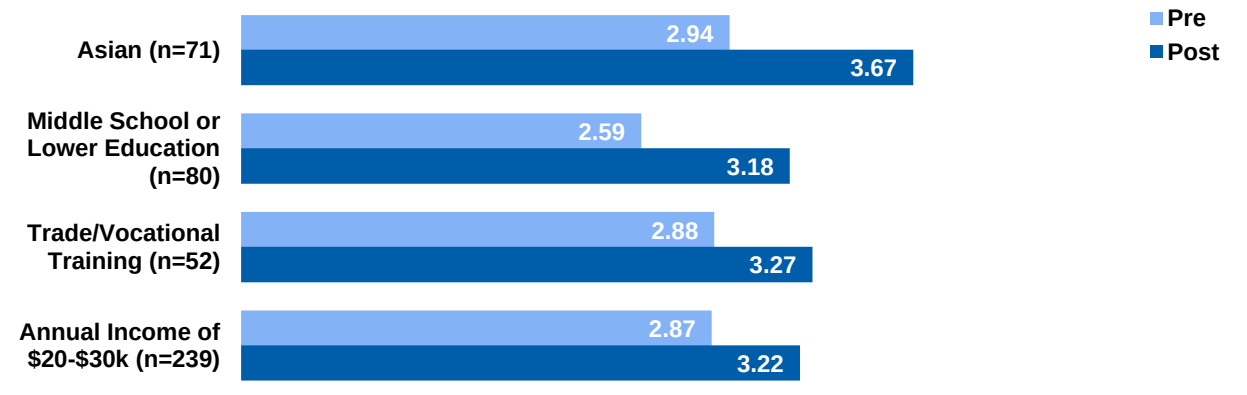
Participants from all income levels showed a statistically significant improvement from pre- to post-assessment in the *Relationships with Family and Friends* domain, on average. Caregivers with all education levels of sufficient sample size showed improved scores. This is the only domain that Asian caregivers had a sufficient sample size for inclusion in this section of the report.

Life Skills Progression scores in Relationships with Family and Friends *increased* among caregivers with the following characteristics…

- **Female**
- **Asian, Hispanic, White**
- **Married, Single, Partnered**
- **Households of 2, 3, 4, 5, and 6**
- **Annual Incomes of $0–10k, $10–$20k, $20k–$30k, $30k–$40k, and More than $50k**
- **Education Levels of Middle School or Lower, Some High School, High School Diploma or GED, Trade/Vocational Training, Some College, 2-year Degree, 4-year Degree**
- **English and Spanish Speakers**
- **Caregivers 20–24 Years of Age, 25–29 Years of Age, and 30–39 Years of Age**

As shown in Figure 13, the demographic group with the greatest increase in *Relationships with Family and Friends* scores was Asian caregivers, with an average increase of 0.73 points. This is the greatest increase in scores across all demographic groups in all domains.

Figure 13. Characteristics of Caregivers with Largest *Relationships with Family and Friends* Score Improvements*



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

Relationships with Children

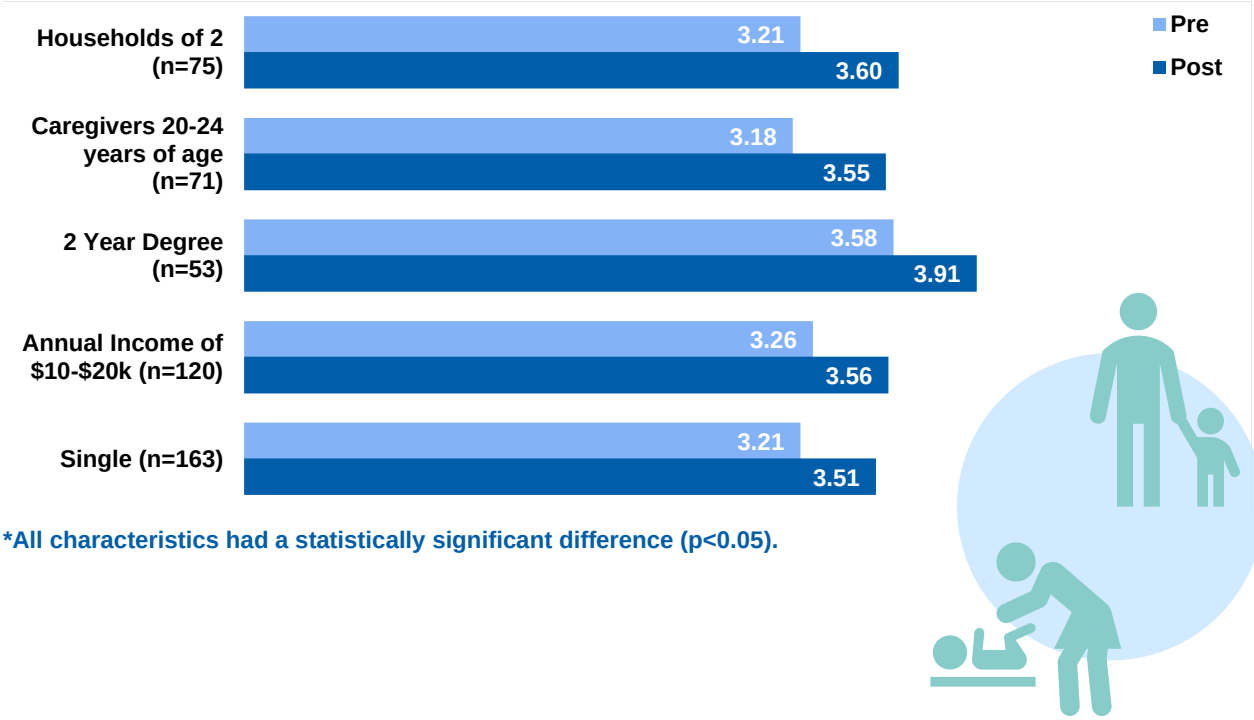
As with the previous domain, the *Relationships with Children* domain showed statistically significant improvement in caregivers regardless of income. English- and Spanish-speaking, Hispanic, and White caregivers displayed statistically significant improvement.

Life Skills Progression scores in Relationships with Children *increased* among caregivers with the following characteristics…

- **Female**
- **Hispanic and White**
- **Married, Single, Partnered**
- **Households of 2, 3, 4, and 5**
- **Annual Incomes of $0–10k, $10–$20k, $20k–$30k, $30k–$40k, and More than $50k**
- **Education Levels of Some High School, High School Diploma or GED, Some College, 2-year Degree, 4-year Degree**
- **English and Spanish Speakers**
- **Caregivers 20–24 Years of Age, 25–29 Years of Age, and 30–39 Years of Age**

The largest improvement in the *Relationships with Children* domain occurred in households of two, with an increase of 0.39 points. Figure 14 shows the demographic groups that reported the greatest improvement in this domain.

Figure 14. Characteristics of Caregivers with Largest *Relationships with Children* Score Improvements*



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

Relationships with Supportive Services

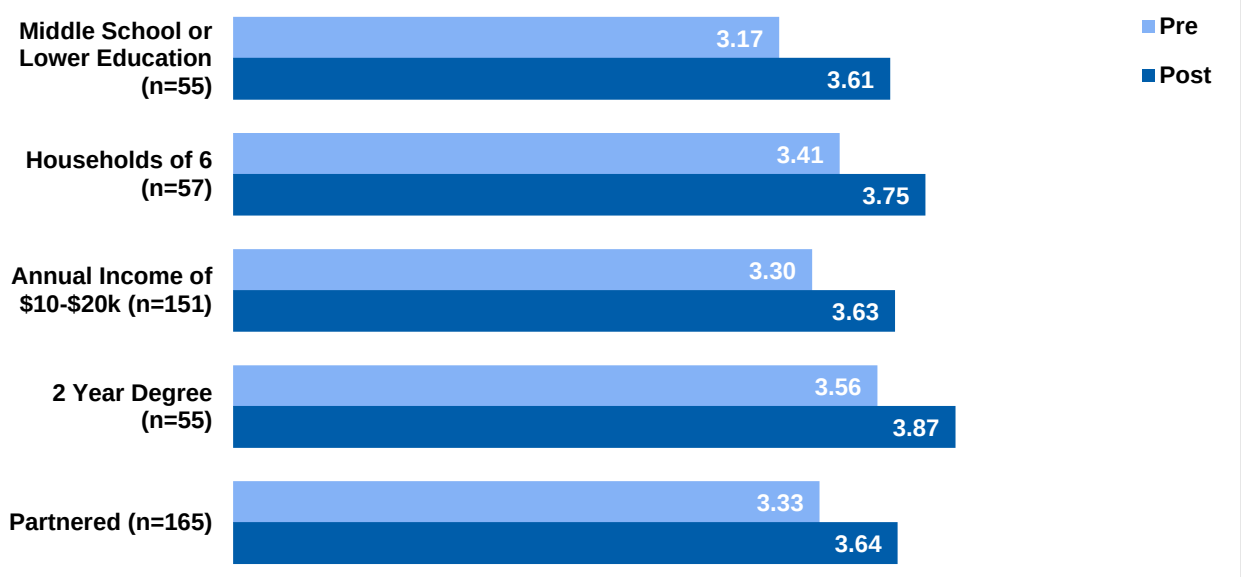
Households with two to six people showed significant improvement in the *Relationships with Supportive Services* domain. Only two domains–this domain, and *Basic Essentials*–showed significant score increases among a wide age group of caregivers (20 through 49 years of age).

Life Skills Progression scores in Relationships with Supportive Services *increased* among caregivers with the following characteristics…

- **Female**
- **Hispanic and White**
- **Married, Single, Partnered**
- **Households of 2, 3, 4, 5, and 6**
- **Annual Incomes of $0–10k, $10–$20k, $20k–$30k, $30k–$40k, and More than $50k**
- **Education Levels of Middle School or Lower, Some High School, High School Diploma or GED, Some College, 2-year Degree, 4-year Degree**
- **English and Spanish Speakers**
- **Caregivers 20–24 Years of Age, 25–29 Years of Age, 30–39 Years of Age, and 40–49 Years of Age**

The group with the largest score increase from pre- to post-assessment in the *Relationships with Supportive Services* domain was those with a middle school or lower education. Other demographic groups with greatly improved scores are also shown in Figure 15.

Figure 15. Characteristics of Caregivers with Largest *Relationships with Supportive Services* Score Improvements*



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

Education and Employment

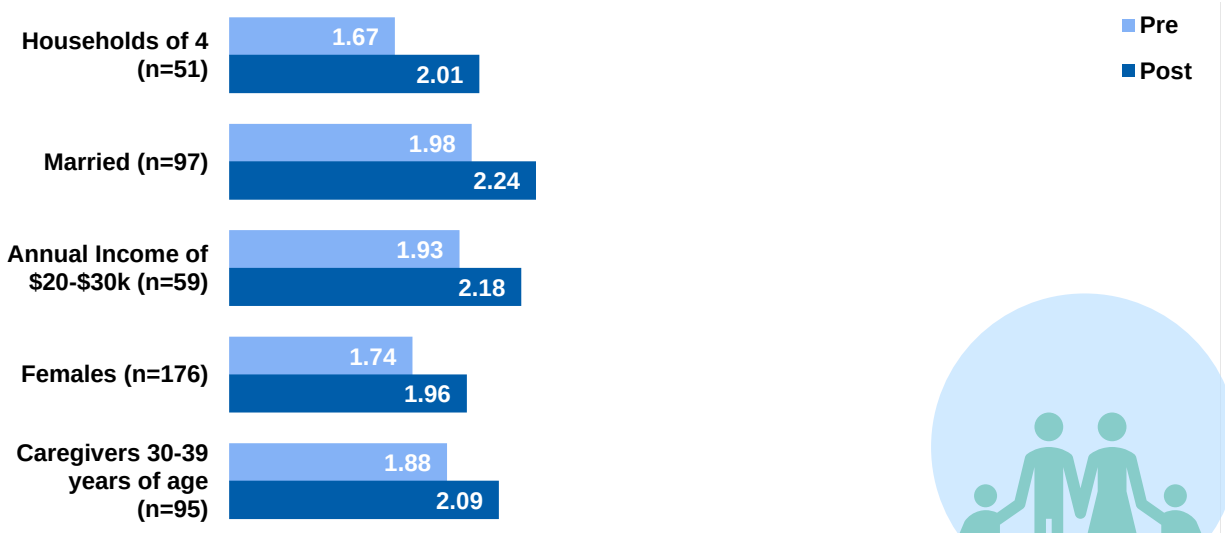
The *Education and Employment* domain reported the lowest scores at pre- and post- assessment. The number of caregivers that this domain was completed for was quite low, as a number of the items did not apply to many caregivers in ICAPP programming. This domain had the fewest demographic groups that reported statistically significant improvement.

Life Skills Progression scores in Education and Employment *increased* among caregivers with the following characteristics…

- **Female**
- **Hispanic**
- **Married**
- **Households of 4**
- **Annual Incomes of $20k–30k**
- **Education Level of High School Diploma or GED**
- **Spanish Speakers**
- **Caregivers 30–39 Years of Age**

While the *Education and Employment* domain scores were the lowest of all domains, there were still improvements made from pre-to post-assessment. As shown in Figure 16, households of four reported the greatest score improvement with an average of 0.34 points.

Figure 16. Characteristics of Caregivers with Largest *Education and Employment* Score Improvements*



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

Health and Medical Care

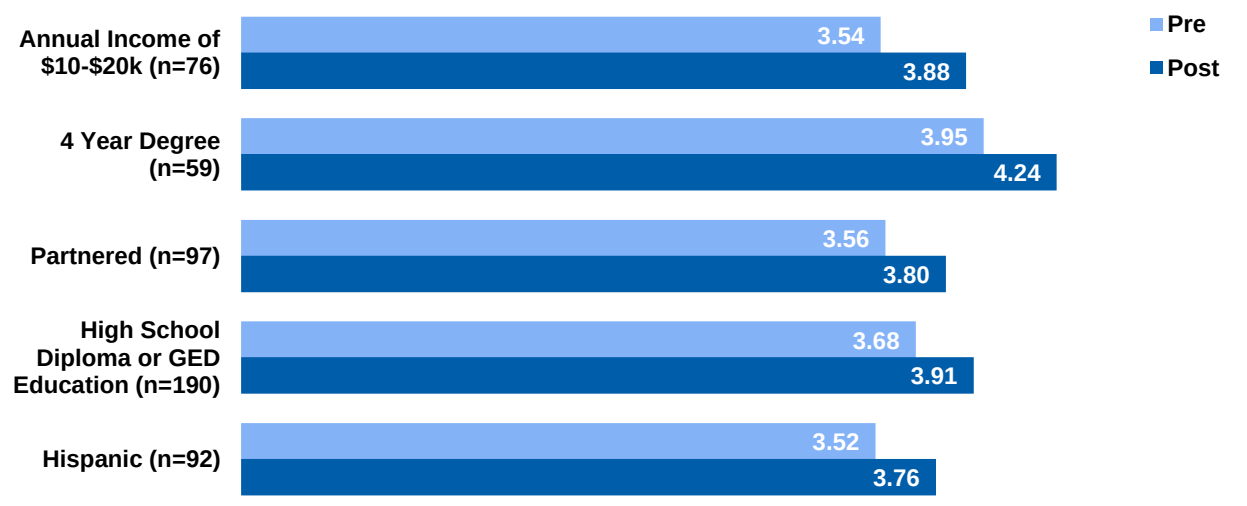
Participants from a variety of income and education levels reported statistically significant improvement in scores in the *Health and Medical Care* domain. Only household sizes between three and five showed significant improvement in this domain; this was the only characteristic with a sufficient sample size to measure significance.

Life Skills Progression scores in Health and Medical Care *increased* among caregivers with the following characteristics…

- **Female**
- **Hispanic and White**
- **Married, Single, Partnered**
- **Households 3, 4, and 5**
- **Annual Incomes of $0–10k, $10–$20k, $20k–$30k, $30k–$40k, and More than $50k**
- **Education Levels of Middle School or Lower, Some High School, High School Diploma or GED, Some College, 2-year Degree, 4-year Degree**
- **English and Spanish Speakers**
- **Caregivers 25–29 Years of Age and 30–39 Years of Age**

Health and Medical Care domain scores improved most among caregivers with an annual income of $10,000 to $20,000 (0.34 points) followed by those with a four-year degree (0.29 points). Figure 17 shows the top five demographic groups with the greatest improvements in *Health and Medical Care* domain scores.

Figure 17. Characteristics of Caregivers with Largest *Health and Medical Care* Score Improvements*



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

Mental Health and Substance Use/Abuse

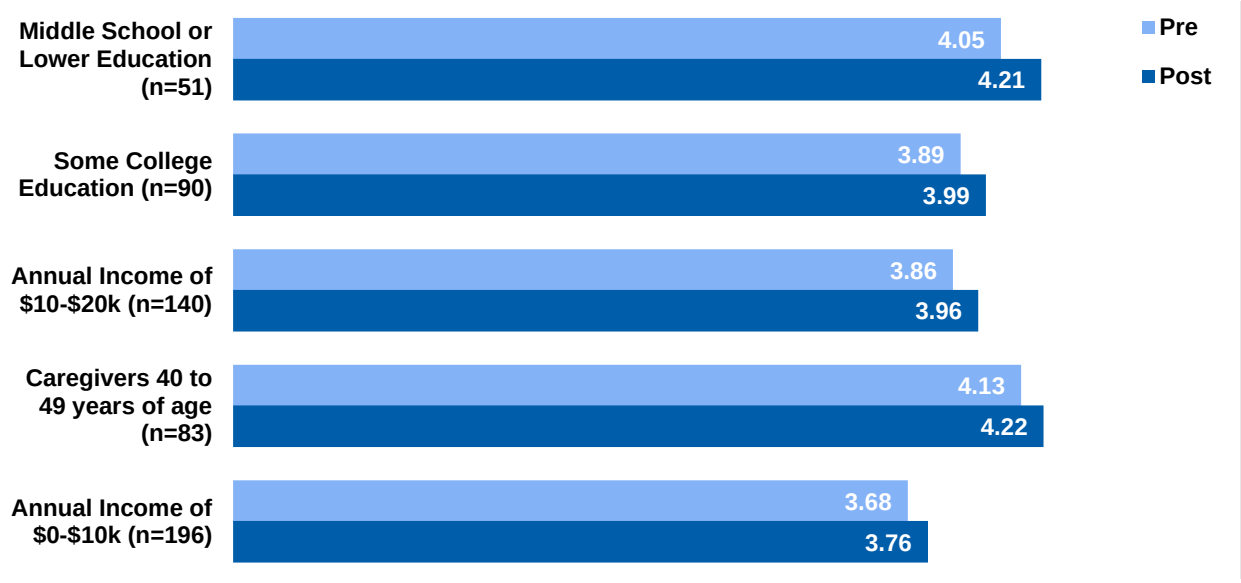
Given the high scores reported at pre-assessment, there was not a great deal of room for improvement for many caregivers in the *Mental Health and Substance Use/Abuse* domain. However, there were still significant improvements reported in caregivers between the ages of 30 and 49. Lower-income individuals ($0–$20,000) reported statistically significant improvement in this domain as well.

Life Skills Progression scores in Mental Health and Substance Use/Abuse *increased* among caregivers with the following characteristics…

- **Female**
- **Hispanic**
- **Married**
- **Households of 3 and 4**
- **Annual Incomes of $0–10k and $10–$20k**
- **Education Levels of Middle School or Lower, Some College, and 4-year Degree**
- **English and Spanish Speakers**
- **Caregivers 30–39 Years of Age and 40–49 Years of Age**

The *Mental Health and Substance Use/Abuse* domain reported the highest pre- and post-survey scores of all domains. The group with the greatest score improvement was caregivers with a middle school or lower education, with an average increase of 0.16 points as is shown in Figure 18.

Figure 18. Characteristics of Caregivers with Largest *Mental Health and Substance Use/Abuse* Score Improvements*



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

Basic Essentials

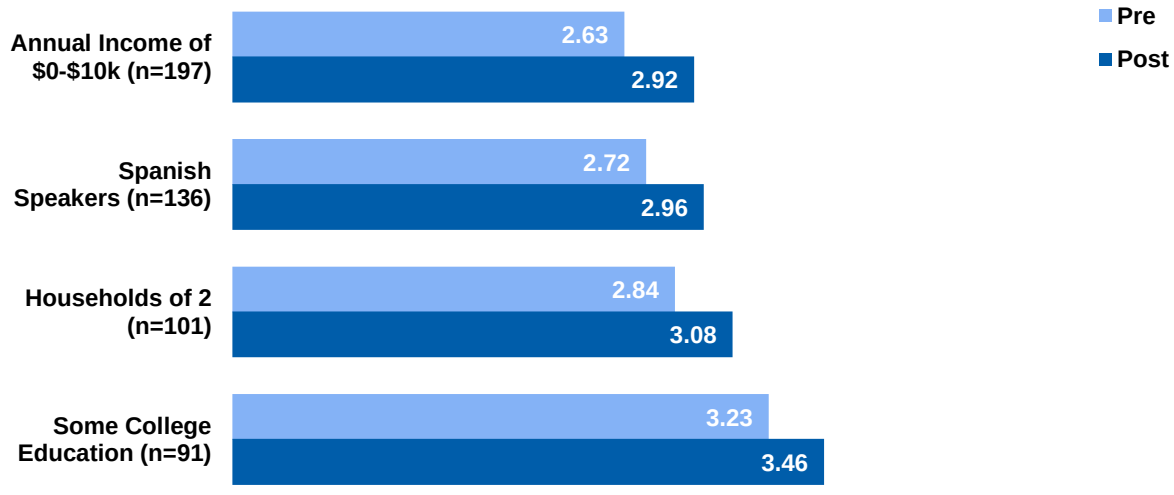
Basic Essentials is the second domain where significant improvement in scores was seen in the widest range of caregiver ages. Score increases were reported in a variety of household sizes and annual incomes as well.

Life Skills Progression scores in Basic Essentials *increased* among caregivers with the following characteristics…

- **Female**
- **Hispanic and White**
- **Married, Single, Partnered**
- **Households of 2, 3, 4, 5, and 6**
- **Annual Incomes of $0–10k, $10–$20k, $20k–$30k, $30k–$40k, and More than $50k**
- **Education Levels of Some High School, High School Diploma or GED, Some College and 4-year Degree**
- **English and Spanish Speakers**
- **Caregivers 20–24 Years of Age, 25–29 Years of Age, 30–39 Years of Age, and 40–49 Years of Age**

As shown in Figure 14, caregivers with an annual income of $0 to $10,000 showed the largest score increase (0.29 points) in the *Basic Essentials* domain. Demographic groups that also reported large score increases in this domain include Spanish speakers (0.24), Households of two (0.24), and those with some college education (0.23 points).

Figure 19. Characteristics of Caregivers with Largest *Basic Essentials* Score Improvements*



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

Child Development

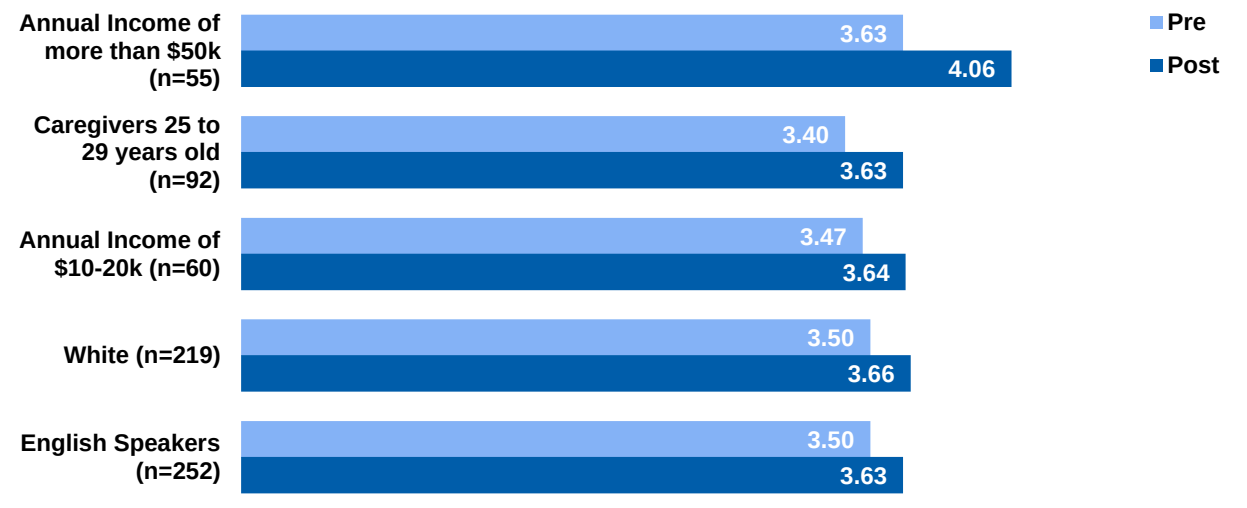
Fewer assessments were completed in the *Child Development* domain than in others, so statistically significant score changes can be measured for a small group of demographic populations. Lower-income ($10,000–$20,000) and higher-income (more than $50,000) caregivers showed improvements in this domain. Households with four people displayed improvements in *Child Development* as well.

Life Skills Progression scores in Child Development *increased* among caregivers with the following characteristics…

- **Female**
- **White**
- **Married and Single**
- **Households of 4**
- **Annual Incomes of $0–10k and More than $50k**
- **English Speakers**
- **Caregivers 25–29 Years of Age and 30–39 Years of Age**

Caregivers with an annual income of more than $50,000 showed the largest score increase in the *Child Development* domain with an improvement of 0.43 points. Figure 20 shows the demographic groups with the top five largest score improvements in the *Child Development* domain.

Figure 20. Characteristics of Caregivers with Largest *Child Development* Score Improvements*



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

Survey Scores by Program

The evaluation findings of the Home Visitation and Parent Development programs are highlighted separately in this section of the report. The number of families served by each program, in addition to program specific PFS and LSP results, are presented below.

Parent Development Programs

Parent Development programs were provided by 18 coalitions' projects, reaching 20 counties in FY 21. These projects served a total of 847 families and 733 children. Overall, 3,503 in-home sessions were offered along with 804 group sessions. Table 8 shows a breakdown of services by county.

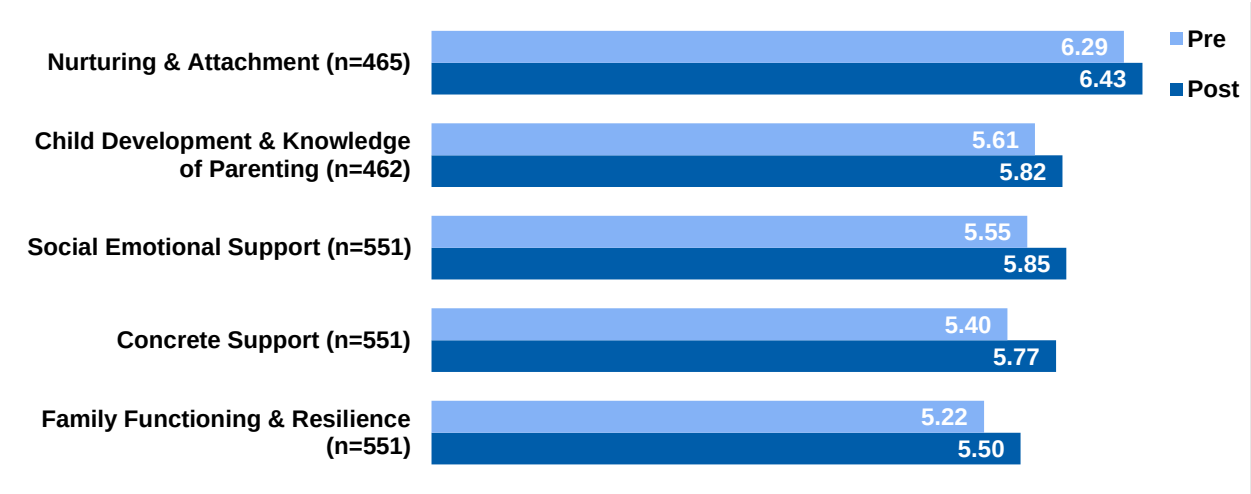
Table 8. Level of Funding and Number Served by ICAPP Parent Development Programs

Counties Served	Funding	Families Served	Children Served	In-Home Sessions	Group Sessions
Appanoose, Davis	$85,769	99	106	0	257
Clay	$18,571	18	11	89	8
Crawford	$35,000	124	89	748	35
Dickinson	$30,000	46	27	56	8
Dubuque	$29,413	31	45	550	0
Emmet	$59,315	12	7	63	8
Floyd	$28,500	12	18	0	54
Franklin, Butler	$34,200	7	9	113	72
Henry	$38,430	12	24	0	24
Kossuth	$28,500	3	5	30	8
Linn	$46,963	17	3	258	0
Mills	$13,500	34	44	83	18
Muscatine	$34,728	93	51	0	192
O'Brien	$19,000	22	32	173	8
Palo Alto	$45,000	9	15	88	8
Pottawattamie	$23,513	19	15	0	24
Scott	$58,873	32	14	230	24
Woodbury	$51,300	257	218	1,022	56
Total	**$680,575**	**847**	**733**	**3,503**	**804**

Parent Development Protective Factors Scores Results

Parent Development participants displayed statistically significant score improvements across all Protective Factors Survey domains (Figure 21). The greatest increase was seen in *Concrete Support* (0.37 points) and the smallest was seen in *Nurturing and Attachment* (0.14 points).

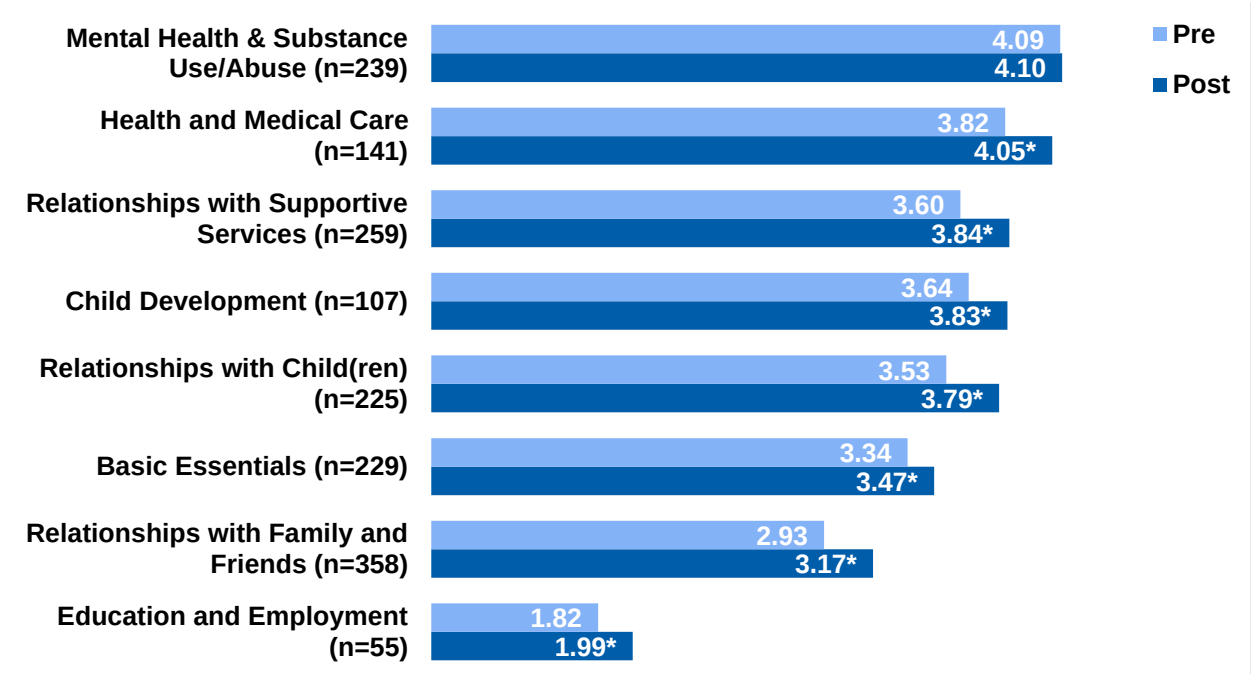
Figure 21. Average Pre- and Post- Protective Factors Scores by Domain Among Parent Development Matched Surveys*



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

Participants in Parent Development programs also showed statistically significant improvements in Life Skills Progression scores across all domains, with the exception of *Mental Health and Substance Use/Abuse* (Figure 22). The largest improvement in scores was reported in the *Relationships with Children* domain (0.26 points).

Figure 22. Average Pre- and Post- LSP Scores by Domain Among Parent Development Matched Surveys*



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

Home Visitation Programs

Table 9 depicts the ICAPP Home Visiting funding allocations by county. In total, $453,304 were distributed to 14 coalitions, reaching 15 counties in Iowa. These funds serviced 581 families and 786 children through 7,600 in-home sessions and 282 group sessions.

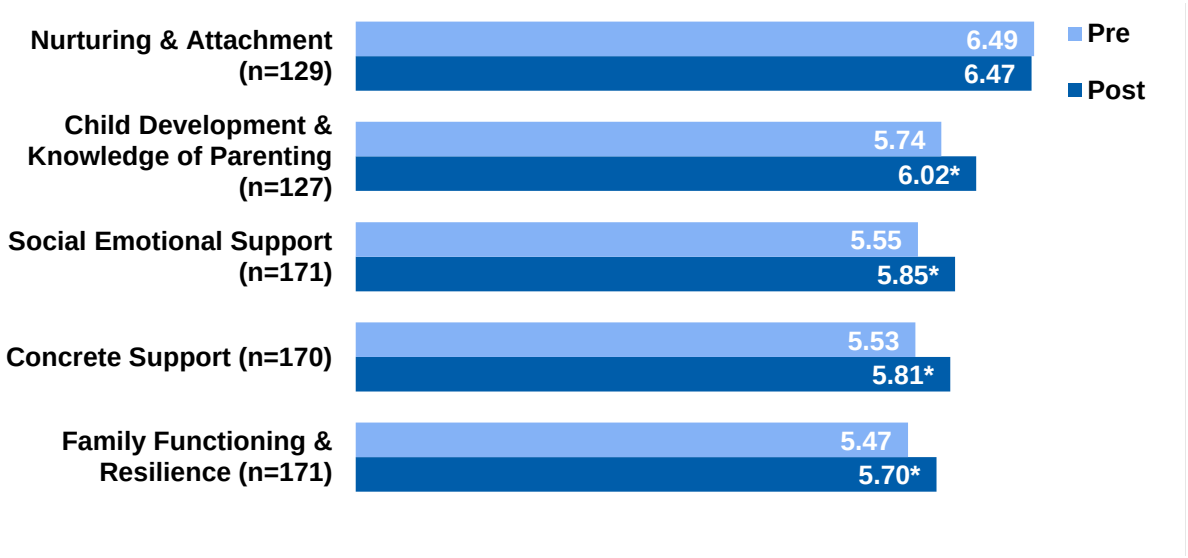
Table 9. Level of Funding and Number Served by Home Visitation Programs by ICAPP

Counties Served	Funding	Families Served	Children Served	In-Home Sessions	Group Sessions
Allamakee, Howard	$56,079	32	49	326	5
Buchanan	$27,000	29	37	448	72
Cass	$13,500	27	39	208	18
Clarke	$55,570	30	48	229	16
Clinton	$33,300	43	48	902	0
Decatur	$52,646	14	27	84	5
Delaware	$28,495	68	96	862	12
Johnson	$27,000	56	80	684	63
Marshall	$41,733	146	171	2,033	31
Mills	$13,500	33	38	257	17
Monona	$28,499	37	61	678	8
Ringgold	$17,088	20	23	99	12
Shelby	$28,894	22	30	513	11
Warren	$30,000	24	39	277	12
Total	**$453,304**	**581**	**786**	**7,600**	**282**

Home Visitation Protective Factors Scores Results

Home Visiting participants showed statistically significant score improvements in all protective factors domains except *Nurturing and Attachment*. The scores in this domain were so high at pre-survey that it would have been difficult to significantly improve them at post-survey. This domain, in fact, had a slight decrease on average from pre- to post-survey scores. As shown in Figure 23, the *Social Emotional Support* domain showed the largest score improvement (0.30 points).

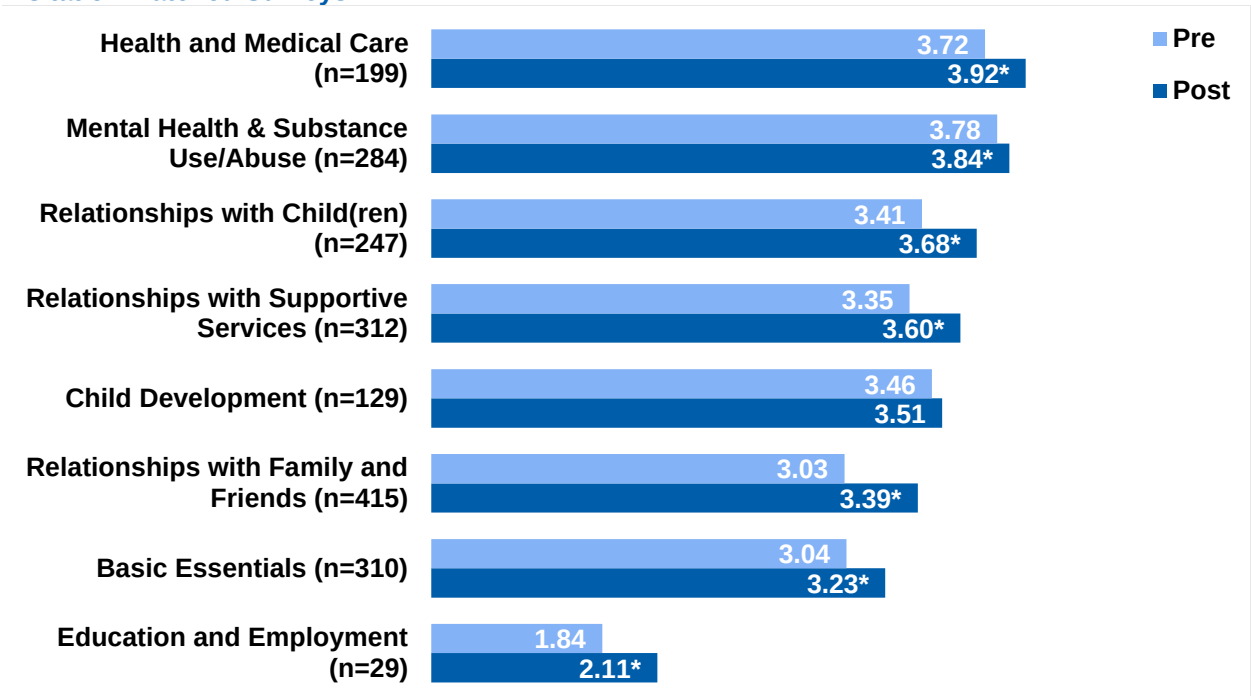
Figure 23. Average Pre- and Post- Protective Factors Scores by Domain Among Home Visitation Matched Surveys



***Statistically significant difference (p<0.05).**

Among Home Visiting program participants that were assessed using the Life Skills Progression tool, all domains except *Child Development* showed statistically significant improvements in scores. The highest average score at pre-survey was seen in the *Mental Health and Substance Use/Abuse* domain, but at post-survey the *Health and Medical Care* domain showed the highest score. The domain with the greatest improvement in scores was *Relationships with Family and Friends* (0.36 points).

Figure 24. Average Pre- and Post- Life Skills Progression Scores by Domain Among Home Visitation Matched Surveys



***Statistically significant difference (p<0.05).**

Sexual Abuse Prevention

Sexual Abuse Prevention (SAP) projects funded by ICAPP employ various approaches. Some projects offer programming to children to provide them with skills to protect themselves, while others focus on adults and child-serving organizations to equip adults with the skills to protect children. All ICAPP grantees are required to include an adult-focused component in their programming.

The majority of ICAPP-funded SAP child-focused programming serves children from preschool through fifth grade. Programs teach children proper names of body parts, touching behaviors that are not safe, healthy boundaries, and how and when to tell a trusted adult if someone breaks a touching rule. Some grantees utilize existing sexual abuse prevention curricula, while others design their own.

Two curricula used by ICAPP grantees in FY 21 include *Think First & Stay Safe* (a curriculum designed to support children in recognizing and reporting harassment, abduction, bullying, physical abuse, sexual abuse, and emotional abuse) and *Care for Kids* (a comprehensive program that provides content on communication, nurturing/empathy, body parts, developing healthy attitudes toward sexuality, and boundaries). These programs generally include supplemental training or information for adults prior to child instruction.

In addition to child-focused programming, grantees provide training to adults through awareness activities and child sexual abuse prevention education. The curriculum most often used is a nationally recognized, adult-focused program called *Nurturing Healthy Sexual Development,* which focuses on children's normal (and abnormal) sexual behaviors, how to talk to children about these behaviors, and how to recognize potential warning signs. Another frequently used program is *Stewards of Children*®, which teaches participants the scope of sexual abuse, the impact of sexual abuse, and how it is ultimately an adult's responsibility to keep children safe. In addition to these programs, trainings and webinars with similar topics were provided in FY 21.

Sexual abuse prevention research indicates the following components are critical for effective programs:

Child-focused interventions

- Including an adult component, with the responsibility of child safety firmly placed on adults and not children
- Educating using multiple sessions, over the course of more than one day
- Emphasizing that abuse is never the child's fault
- Promoting protective behaviors and assertiveness
- Presenting information in a variety of formats with an opportunity for skills practice
- Providing information about abuse, bullying, and safe vs. unsafe touch
- Providing guidance to disclose unsafe touch or uncomfortable situations to a trusted adult

Adult-focused interventions

- Developing knowledge of child sexual abuse and increasing knowledge of prevention
- Increasing skills for adults to talk to children and adults about child sexual abuse
- Promoting protective behaviors
- Recognizing and responding to signs of grooming, abuse, or disclosures
- Understanding sexual development

Child-Focused Efforts

The funding allocated to child-focused SAP efforts is broken down in Table 10. In total, $123,884 was divided between six coalitions (serving eight counties), which allowed for 631 presentations that reached 4,229 children in FY 21.

Table 10. ICAPP-funded Sexual Abuse Prevention Services for Children, Fiscal Year 2021

Counties Served	Funding	Number of Presentations	Children Attending
Butler, Franklin	$20,400	216	1,560
Clinton	$23,750	5	38
Hardin	$25,500	97	719
Marshall	$19,276	290	1,521
Scott	$9,458	0	0
Wapello, Mahaska	$25,000	23	391
Total	**$123,884**	**631**	**4,229**

Child-Focused Intervention Data

Think First & Stay Safe

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

Table 11 provides a depiction of Butler County participants' knowledge about potential child abusers between the academic grade's Pre-K to fifth grade. The results indicate that, on average, the participants improved their knowledge that an abuser can be someone the child knows. The largest increase of knowledge was seen in fourth graders, where an additional 39 percent of respondents correctly answered the question from pre- to post-survey. By contrast, Pre-K students demonstrated the smallest improvement in knowledge in response to this item, with just 3% more students answering this item correctly on the post-survey. It should be noted that this

group also had the highest initial pre-survey score of 76 percent, and that the relatively small sample size of the Butler County post-survey limits the reliability of these results.

Table 11. Think First & Stay Safe Survey Results Butler County

Question	Pre-survey	Post-survey	% Improved
Can kids be abused by someone they know? (PreK-K)	76%	79%	+3%
Can kids be lured into abuse by someone they know? (1st/2nd grade)	67%	78%	+11%
When children are sexually abused, is it usually by someone they know? (3rd grade)	49%	63%	+14%
When children are sexually abused, are they usually abused by someone they know, like a relative or family friend? (4th grade)	32%	71%	+39%
When children are sexually abuse, are they usually abused by someone they know? (5th grade)	61%	77%	+16%

Table 12 presents the participant survey results from *the Think First & Stay Safe* implementation in Franklin County. This table indicates that participants in all grades improved their scores, with the average increase varying from nine percent to 45 percent. Children in Pre-K through second grade reported the greatest increase in the knowledge that children can be abused or lured into abuse by someone they know, with more than a 40-percentage point increase from pre- to post-survey. Overall, the total post-survey results for Franklin County averaged 90 percent or higher, making it the county with the highest post-survey results.

Table 12. Think First & Stay Safe Survey Results Franklin County

Question	Pre-survey	Post-survey	% Improved
Can kids be abused by someone they know? (PreK-K)	51%	96%	+45%
Can kids be lured into abuse by someone they know? (1st/2nd grade)	55%	96%	+41%
When children are sexually abused, is it usually by someone they know? (3rd grade)	81%	90%	+9%
When children are sexually abused, are they usually abused by someone they know, like a relative or family friend? (4th grade)	60%	92%	+32%
When children are sexually abuse, are they usually abused by someone they know? (5th grade)	84%	95%	+11%

A depiction of participant growth in knowledge due to the *Think First & Stay Safe* curricula in Hardin County is seen in Table 13. Hardin County participants showed somewhat limited overall growth in knowledge of understanding who can abuse children compared to other counties. The average score change reported for Hardin County ranged from negative six percentage points to 28 percentage points. After completion of the program, at least 70 percent of participants in grades

Pre-K through two and five indicated increased knowledge. Third and fourth grade students reported somewhat lower knowledge.

Table 13. Think First & Stay Safe Survey Results Hardin County

Question	Pre-survey	Post-survey	% Improved
Can kids be abused by someone they know? (PreK-K)	42%	70%	+28%
Can kids be lured into abuse by someone they know? (1st/2nd grade)	60%	76%	+16%
When children are sexually abused, is it usually by someone they know? (3rd grade)	54%	59%	+5%
When children are sexually abused, are they usually abused by someone they know, like a relative or family friend? (4th grade)	48%	42%	-6%
When children are sexually abuse, are they usually abused by someone they know? (5th grade)	55%	74%	+19%

The three participating counties (Butler, Franklin, and Hardin) show a range of post-survey knowledge that children are usually abused by someone they know. Although the majority of post-survey results indicate positive change, there is a wide range of overall growth among the three counties. Hardin County presents the lowest total average range of knowledge (42% to 76%), followed by Butler County (69% to 79%). Franklin County demonstrated the highest average range of knowledge (90% to 96%).

Care for Kids

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

The *Care for Kids* training impact from FY 2021 results are found in Table 14, which examine the average increase of children's reported skills from before and after participating in the program. Children were rated by their teacher on a Likert style scale of one to five, one being *almost never* and five being *always*. This table outlines growth in skills across all areas. The areas of greatest skill increase were "Uses correct names for genitals," with a 0.71 point increase, and "Demonstrates understanding that genitals are private," with a 0.68 point increase. The areas of least skill increase were, "Communicates needs/wants with words" (+0.22), and, "Expresses own emotions with words" (+0.29).

Table 14. Care for Kids Training Impact

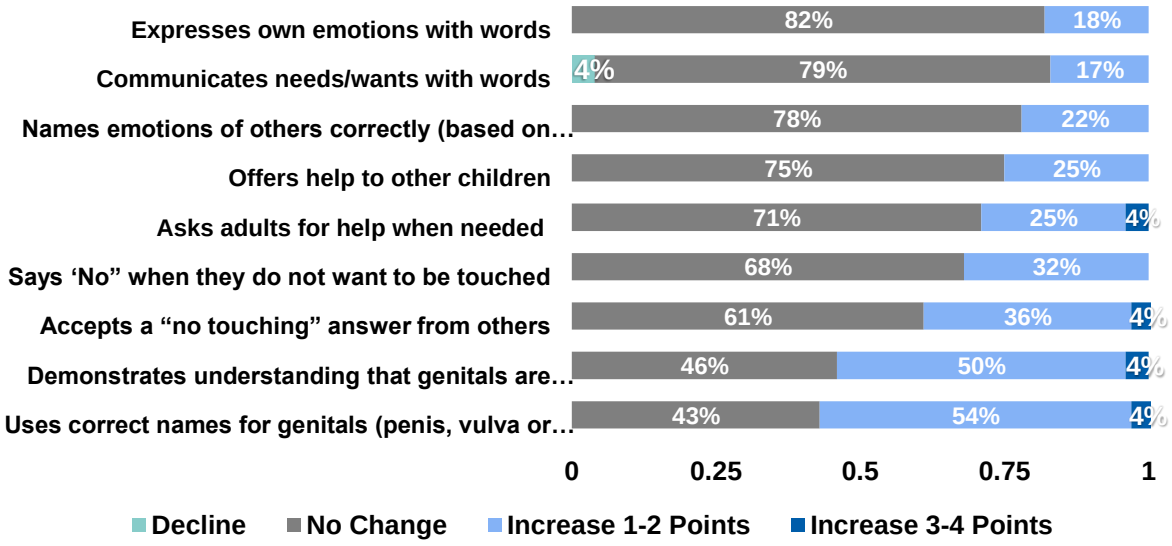
Skill	N (classes)	Average Before	Average After	Average Change
Expresses own emotions with words	28	3.50	3.79	+0.29
Communicates needs/wants with words	28	3.64	3.86	+0.22
Asks adults for help when needed	28	3.71	4.07	+0.36

Skill	N (classes)	Average Before	Average After	Average Change
Names emotions of others correctly (based on facial expression/body language	27	3.63	3.93	+0.30
Offers help to other children	28	3.79	4.11	+0.32
Uses correct names for genitals (penis, vulva or vagina)	28	2.61	3.32	+0.71
Demonstrates understanding that genitals are private	28	3.68	4.36	+0.68
Says 'No" when they do not want to be touched	28	3.82	4.25	+0.43
Accepts a "no touching" answer from others	28	3.39	3.96	+0.57

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

Figure 27 depicts the average skill improvement identified in children for each of the post-survey questions. All children that participated in the *Care for Kids* program reside in Marshall and Mahaska Counties. Percentages reported represent the level of decrease, stagnation, or increase in scores for each of the skills. Many children showed no change in skills. The skills with greatest improvement were *Uses correct names for genitals, Demonstrates understanding that genitals are private, and Accepts a "no touching" answer from others.* These three skills, in addition to *Asks adults for help when needed,* showed increases of three to four points.

Figure 27. *Care for Kids* Average Skill Improvement



Adult-Focused Efforts

Table 15 shows the breakdown of funding for adult-focused SAP efforts in FY 21. Fourteen coalitions, spanning 17 counties, were provided funding for these efforts. These coalitions' projects reached 758 adults through 94 presentations with the allotted $233,230.

Table 15. ICAPP-funded Sexual Abuse Prevention Services for Adults, Fiscal Year 2021

Counties Served	Funding	Number of Presentations	Adults Attending
Adair	$9,580	*	6
Adam, Taylor	$20,709	*	3
Butler, Franklin	$20,400	8	41
Clarke	$10,930	*	20
Clinton	$23,750	2	18
Dallas	$24,047	1*	54
Decatur	$10,930	5*	62
Hardin	$25,500	7	100
Marshall	$19,276	24	95
Muscatine	$11,290	5	40
Ringgold	$10,930	3*	28
Scott	$9,458	10	109
Union	$10,930	2*	20
Wapello, Mahaska	$25,500	16	162
Total	**$233,230**	**94**	**758**

***Note: Participants for Adair, Adams, Taylor, Clarke, Dallas, Decatur and Union counties include one in-person session in Decatur County and eight virtual sessions offered to all communities. Totals met include 22 total sessions (31%) of 72 projected sessions and 193 (34%) of the total projected 570 participants for these counties.**

Adult-Focused Intervention Data

Stewards of Children

Stewards of Children consists of a single two-hour training focused on educating participants about practical actions that can be used to prevent child sexual abuse and methods to intervene if they suspect abuse is occurring. Participants were asked to complete a survey at the conclusion of the training to assess their knowledge and skills related to the training content. The survey sample size for this program is 126 participants.

Table 16 presents the impact of *Stewards of Children* training. This post-survey examined participants' growth in knowledge about prevention of child sexual abuse. These items were scored on a 5-point Likert scale, where one represents *strongly disagree* and five represents *strongly agree.* The average score for each question was 4.25 or greater. This indicates participants generally agreed or strongly agreed that their skills had grown as a result of *Stewards of Children.*

Table 16. Stewards of Children Training Impact

Question	Average Score	Participants responding "Agree" or "Strongly Agree"
Learned new skills to protect children	4.75	123
Training changed my attitude about child sexual abuse	4.25	97
I am more willing to report suspicion of child sexual abuse after taking	4.63	119
Training will help me better recognize the signs of sexual abuse	4.78	124
I am more willing to talk to a child about sexual abuse after taking Stewards of Children	4.62	120
I am more willing to intervene if I see someone engage in risky behaviors with a child	4.76	123
I would recommend this training to a friend, family member or colleague	4.83	124

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

Nurturing Healthy Sexual Development

The *Nurturing Healthy Sexual Development* program equips adults with knowledge and skills to recognize healthy and unhealthy sexual behaviors in children and empowers them to open the lines of communication about these behaviors, ultimately helping to protect children from sexual abuse.

The change in participants' self-reported knowledge of healthy sexual development communication with children before and after participating in this workshop is displayed in Table 17. On average, participants indicated increased knowledge in each category by a full point or more. This translates into participants thinking their knowledge level on nurturing healthy sexual development to be above average at the conclusion of the program. The survey sample size for the program was 156 respondents.

Table 17. Nurturing Healthy Sexual Development-Knowledge Related to Nurturing Healthy Sexual Development

Question	Average "Before Training"	Average "After Training"	Average Change
My knowledge of developmentally expected and concerning sexual behaviors in children.	2.31	3.31	+1.00
My knowledge of what I can do to nurture healthy sexual development in children.	2.17	3.25	+1.08
My knowledge of how to communicate with children about healthy sexuality.	2.22	3.31	+1.09

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

Table 18 highlights self-reported survey results from the *Nurturing Healthy Sexual Development* training. This table specifically highlights results related to comfort and preparedness to communicate with children about healthy sexual development. These results indicate that, on average, participants experienced an increase of comfortability and preparedness to address healthy sexual development with children after participation in the training. Participants reported increasing their scores by more than half a point for each of the skills.

Table 18. Nurturing Healthy Sexual Development-Comfort and Preparedness Communicating about Sexuality

Question	Average "Before Training"	Average "After Training"	Average Change
I feel prepared to talk to children about healthy sexuality.	2.62	3.45	+0.83
I feel comfortable using anatomically correct names for body parts.	3.01	3.62	+0.61
I feel prepared to answer children's questions about sexuality.	2.65	3.48	+0.83

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

TECHNICOOL: Keeping Kids Safe on the Internet

The *TECHNICOOL* workshop provides accurate and informative materials to caregivers and teachers regarding digital risks children may be exposed to (*e.g.,* internet pornography, online groomers, sexting). In this workshop, participants learn strategies to help keep children and youth safe from concerning digital environments they may encounter. The survey consists of a small sample size of 11 participants, which limits the significance of the results.

Participants' self-reported knowledge about an array of digital risks to children, which are detailed in Table 19. From pre- to post-workshop, there was an average increase of more than half a point in all three questions. Overall, after the workshop participants felt they had above-average knowledge about digital risks for children.

Table 19. TECHNICOOL-Knowledge of Digital Risks

Question	Average "Before Training"	Average "After Training"	Average Change
My knowledge of online digital risks to children.	2.50	3.10	+0.60
My knowledge of digital communication as a grooming behavior and online grooming behaviors.	2.40	3.10	+0.70
My knowledge of ways to keep children safe in digital environments.	2.40	3.00	+0.60

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

Table 20 presents participants self-reported knowledge of comfort, confidence, and preparedness related to communicating with children about digital risks before and after participating in the *TECHNICOOL* workshop. Participants indicated growth in all three areas, with an average increase of more than half a point after having participated in the workshop. After the workshop,

all participants agreed or strongly agreed they felt more comfortable, confident, and prepared to communicate with children about digital risks.

Table 20. TECHNICOOL-Comfort Level Addressing Digital Safety

Question	Average "Before Training"	Average "After Training"	Average Change
I feel comfortable discouraging the unsupervised use of technology for young children.	3.10	3.70	+0.60
I feel confident about talking to adults and children about digital safety.	3.10	3.70	+0.60
I am prepared to speak to children who have exposure to unsafe digital content.	2.90	3.70	+0.80

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

Plugged In: The Viewing of Pornography by Children

The *Plugged In* workshop aims to improve participants' knowledge of the potential impacts of pornography on a child's sexual development and share information about what a healthy response looks like after a child has viewed pornography. This workshop is intended for caregivers, teachers, and families to help protect children and support healthy sexual development. The survey sample size is quite small, consisting of six participants, so caution should be used in the interpretation of these results.

Table 21 highlights participants knowledge about how children access pornography, the types of pornography children may be accessing, and the potential impacts of pornography on healthy sexual development for children before and after participating in the *Plugged In* workshop. Knowledge items displayed an average increase of one half to one point. After the workshop, participants reported above-average knowledge about access children may have to pornography, types of pornography they may be accessing, and potential impacts pornography might have on healthy sexual development.

Table 21. Plugged In-Knowledge of Pornography Risks

Question	Average "Before Training"	Average "After Training"	Average Change
My knowledge of how children access pornography.	2.33	3.17	+0.84
My knowledge of the types of pornography children may be accessing.	2.50	3.50	+1.00
My knowledge of the potential impacts of pornography on healthy sexual development.	2.83	3.33	+0.50

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

Table 22 shows participants' level of agreement about specific skills before and after participating in the *Plugged In* workshop. Participants indicated relatively minimal growth of their skills in *Talking to children about sexuality* and *Feeling comfortable discouraging unsupervised use of technology for young children*, with average increases of 0.16 points on each item. Participants indicated greater increases in *I feel confident about common goals adults share in responding to*

the viewing of pornography, with an average increase of half a point. It should be noted that although improvement appears to be small, participants generally reported agreeing or strongly agreeing that they possessed these skills prior to their participation in the workshop.

Table 22. Plugged In-Comfort Level Addressing Pornography Use

Question	Average "Before Training"	Average "After Training"	Average Change
I feel confident about the common goals adults share in responding to the viewing of pornography by children.	3.33	3.83	+0.50
I feel knowledgeable about talking to children about sexuality.	3.67	3.83	+0.16
I feel comfortable discouraging the unsupervised use of technology for young children.	3.67	3.83	+0.16

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

Overcoming Barriers to Protecting Children Training

The *Overcoming Barriers to Protecting Children* Training teaches participants how to distinguish healthy behaviors from behaviors that cross or violate boundaries and identify pre-offending behaviors. The interactive workshop allows participants to practice addressing concerning behaviors and describes ways they can assist the community in developing safe spaces through a trauma-informed initiative. The data consists of a relatively small sample size of 28 participants, again limiting statistical power of the results.

Table 23 shows participants self-reported knowledge before and after participating in this training. Participants indicated growth of their knowledge in identifying healthy and abusive adult behaviors, appropriate possible responses to adult to child boundary crossing, and strategies to engaging in effective conversation with adults who have crossed boundaries. On average, there was an increase of knowledge indicated by participants ranging from nearly a full point to more than a full point after having participated in the workshop. After the training, participants reported above average knowledge about how to overcome barriers.

Table 23. Overcoming Barriers-Knowledge About Boundary-Crossing

Question	Average "Before Training"	Average "After Training"	Average Change
My knowledge of the range of adult behaviors.	2.39	3.36	+0.97
My knowledge of the possible responses to boundary crossing or abusive adult behaviors.	2.32	3.43	+1.11
My knowledge of strategies to have an effective conversation with someone who crosses boundaries.	2.14	3.57	+1.43

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

Table 24 features participants' self-reported level of agreement about feeling responsible, prepared, and supportive in communicating with adults about boundary crossing after participating in the *Overcoming Barriers to Protecting Children* training. More than a half-point increase in scores for all three skills was reported by participants who completed the workshop. After the training, participants agreed they are more responsible for confronting boundary crossing, more prepared to speak with someone about boundary crossing, and more able to support someone else who would be speaking to another about boundary crossing.

Table 24. Overcoming Barriers-Comfort Level Addressing Boundary-Crossing

Question	Average "Before Training"	Average "After Training"	Average Change
I feel responsible for confronting boundary crossing behaviors.	2.93	3.64	+0.71
I feel prepared to speak with someone who has crossed a boundary.	2.68	3.64	+0.96
I feel supportive of other adults who are confronting boundary crossing behaviors.	2.93	3.70	+0.77

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

Resilient Communities Demonstration Project

The Resilient Communities Demonstration Project (RCDP) is an initiative designed to support communities to evaluate strengths and needs and support a comprehensive planning process. The goal of the RCDP is to increase alignment of community-based supports, build capacity to meet needs of families, and impact policies and community norms that positively support families. In FY 2021, four communities were awarded a total of $381,000 to support these efforts.

The primary objectives for the first year of the project included:

- Building a broad-based community coalition to provide input to the project
- Develop a workplan to outline activities
- Engagement of families from within each community
- Gather data from a variety of sources
- Assess data and compile into a comprehensive community needs assessment
- Develop a plan for awareness and begin distribution of media/awareness materials

All projects were timely with initial workplan which assisted in setting timelines and benchmarks. Community-coalition-building was ongoing, in particular efforts to engage family leadership. All projects completed a draft needs assessment by the end of FY 21. The following summarizes findings and coalition progress for each community served through this initiative.

Des Moines County

Project summary: This project is housed within the Burlington Community School District (BCSD), with a focus on the needs of students affected by housing instability. The group seeks to address immediate needs, raise awareness of available resources, and impact community-level factors contributing to homelessness. The coalition consisted of 34 members representing law enforcement, human services, family support, government, child welfare, substance abuse treatment, education, parents, business, mental health, faith sector, and community (general). (100% of required sectors.)

Needs Assessment: The needs assessment analyzed a variety of public data sources for the community to provide an in-depth picture of the demographics of Des Moines County and enrollment within BCSD. Due to the specialized focus of the project, data related to income and housing were highlighted as were data related to school performance. An online community survey was administered, and responses were collected from 264 respondents. One finding reflected most (71%) respondents believe homelessness is an issue affecting the community. Another question showed that many respondents (nearly 30%) did not seek help because they didn't know help existed. A huge disparity existed in awareness of particular community resources from 97% of awareness of library/library services to only 15% being aware of City Hope. Other themes that emerged included lack of economic opportunity, insufficient income, substance use, mental health concerns, and domestic violence.

Awareness/Media: The media campaign plan for Des Moines County includes a video media campaign aimed at increasing knowledge of resources within school systems' families. Other print and promotional materials aim to increase resource and information sharing, promote before/after school programming and activities, including school and community clubs and mentoring, and promote collaboration within BCSD and community partners.

Lee County

Project summary: This project is housed within the Burlington Community School District (BCSD), with a focus on the needs of students affected by housing instability. The group seeks to address

immediate needs, raise awareness of available resources, and impact community-level factors contributing to homelessness. The coalition consisted of 34 members representing law enforcement, human services, family support, government, child welfare, substance abuse treatment, education, parents, business, medical/mental health, and faith community. (100% of required sectors.)

Needs Assessment: The Needs Assessment for Lee County was developed utilizing evaluating local data related to risk and protective factors and mapping available community resources. The committee also evaluated data collected through surveys and interviews of parents and caregivers. Survey data was helpful in understanding community priorities and awareness of available services. Focus areas included addressing risk and protective factors, promoting prevention efforts using the social-ecological model, removing barriers to accessing services, and increasing opportunities to promote ACEs, cultural humility and trauma-informed practices among community partners.

Awareness/Media: Media campaigns for Lee County will center around providing education/awareness about child abuse and neglect, risk and protective factors and community resources. Additional efforts seek to promote messaging around positive parenting norms, promoting parent-child bond, and building resiliency and protective capacity. Implementation is planned to occur through community meetings, social media, outreach events, print media, and communication through schools.

Wapello County

Project summary: This project has focused on assessing Wapello County needs and resources and identified priority areas of addressing poverty, structural and systemic racism, sexism, and prejudice, housing, violence, mental health, substance use, opportunity and economic mobility, community & neighborhood disruption & trauma, and child care. The coalition is comprised of 17 members representing law enforcement, human services, family support, government, child welfare, substance abuse treatment, education, parents, business, medical/mental health, philanthropic, childcare, early childhood and faith community. (100% of required sectors.)

Needs Assessment: A variety of public and survey data was reviewed for members to gain an understanding of the issues contributing to high risk for maltreatment in Wapello County. Four separate online surveys were developed to gather feedback which had the following responses:

- 612 Youth
- 317 Parent/Caregiver
- 41 Business
- 103 Community members

Awareness/Media: Priority areas identified in the needs assessment included addressing prejudice and racism, improving community connectedness, reducing stigma related to poverty, and increasing awareness of available resource.

Woodbury County

Project summary: The project is focusing on the Native American community in Woodbury County and partnering closely with the Urban Native Center. Data was collected and analyzed to better understand factors contributing to disparate outcomes in the child welfare system in regard to native families. A community survey was administered which gathered information about priority issues from members of the Native community. Additional survey data was collected from community members and service providers, identifying as mostly (77%) as White or Caucasian. The workgroup is comprised of 21 individuals from a variety of sectors including early childhood,

law enforcement, local government, education, child welfare, substance use treatment, domestic violence, faith community, medical/mental health, and practice partners. (All required sectors are represented.

Needs Assessment: Numerous data sources were utilized to compile the needs assessment, including local and national data as well as survey data from the Native community. Key findings reflected housing, culturally affirming services, poverty, addiction support, and increased support for Native families were common priorities.

Awareness/Media: Media plan identified two primary messaging goals: 1) Revitalization of Native culture and heritage and 2) the Urban Native Center is a go-to resource and community hub for Natives in Siouxland

During FY 21, a survey was developed to gauge community member and stakeholder perceptions of community support to prevent child maltreatment via services, programs, and other supports. Data is expected to be collected through this survey during FY 22 and provide insight into communities across the state.

Summary and Conclusions

ICAPP funding has prevented and addressed child maltreatment across Iowa for more than 30 years. This funding continues to reach communities with the greatest need. Four specific programs were provided in FY 2021 through ICAPP funding; Home Visitation, Parent Development, Sexual Abuse Prevention, and Resilient Communities Demonstration Projects. These programs reached 43 counties across Iowa.

Families Served

In total, 1,428 families, 5,698 children, and 758 adults were served by ICAPP programming. In comparison to the Iowa population, a greater number of females were served by Home Visiting and Parent Development programs, as reported through the PFS and LSP tools. A more diverse population participated in this programming compared to the general Iowa population. In particular, a greater proportion of Hispanic, African American/Black, and Asian individuals were served. In addition, this ICAPP population was made up of individuals with a lower level of education and a lower annual income than the general Iowa population.

Protective Factors Survey

Overall, 1,055 families completed at least one PFS in FY 21 and a total of 722 pairs of surveys were matched. The PFS was generally provided to families participating in Parent Development programs, as well as some families involved in Home Visiting. All domains reported statistically significant improvement from pre- to post-survey. *Nurturing and Attachment* was the domain with the highest reported score (6.43) at post-survey and *Family Functioning and Resilience* reported the lowest score (5.55). The domain with the greatest proportion of families with reported improvement was *Concrete Support*. Those that completed the program, or their child aged out of the program, showed the most statistically significant improvement in scores among all discharge statuses.

Life Skills Progression

In FY 21, 1,414 caregivers had at least one assessment, and 1,005 pairs of pre- and post-assessments were matched. Generally, caregivers with short-term involvement (approximately six months) were assessed using the LSP. Most often, the LSP was used in Home Visiting programs. All domains reported statistically significant improvement from pre- to post-assessment. The domain with the highest score at post-assessment was *Mental Health and Substance Use/Abuse* (3.99), followed closely by *Health and Medical Care* (3.97). The domain with the lowest score was *Education and Employment* (1.99). The domain with the greatest proportion of improved caregiver scores was *Relationships with Family and Friends*. In general, families that completed the program or their child aged out reported the highest scores at post-assessment.

Demographic Characteristics

For both the PFS and the LSP, caregivers with a wide variety of demographic characteristics reported statistically significant improvements in their scores. Across all PFS domains, with the exception of *Nurturing and Attachment*, Spanish speakers' scores were among the top five most improved. Across five of the eight LSP domains, caregivers with an annual income of $10,000 to $20,000 had scores in the top five most improved of all demographic groups. Although many different demographic groups have seen significant improvement in each domain, not all demographic groups saw improvement in all domains.

Program Type

In FY 21, 847 families and 733 children were served by Parent Development programs. Among Parent Development PFS results, all domains showed statistically significant improvements from pre- to post-survey. The *Nurturing and Attachment* domain showed the highest scores after post-test (6.43), and *Family Functioning and Resilience* showed the lowest scores (5.50). All LSP domains, with the exception of *Mental Health and Substance Use/Abuse*, showed statistically significant improvement. This was the domain with the highest score at post-assessment (4.10) while *Education and Employment* reported the lowest score (1.99)

Overall, 581 families and 786 children were served by Home Visiting programming. All PFS domains, except for *Nurturing and Attachment*, showed statistically significant improvement. This domain had a very slight decrease in scores, but it was not statistically significant. *Nurturing and Attachment* again had the highest score (6.47) and *Family Functioning and Resilience* had the lowest (5.70). All LSP domains, aside from *Child Development,* had statistically significant increases in scores; *Health and Medical Care* was the highest (3.92) and *Education and Employment* was once again lowest (2.11).

Sexual Abuse Prevention

Six child-focused SAP projects were funded, which allowed for 631 presentations reaching 4,229 children. While results varied from county to county, child-focused efforts generally increased children's knowledge and skills related to sexual abuse prevention.

Fourteen adult-focused SAP projects were implemented in FY 21, which reached 758 adults through 94 separate presentations. Improvement in participant knowledge and skills related to child safety and sexual abuse prevention was reported across each of the different presentations, workshops, and trainings.

Resilient Communities Demonstration Projects

The Resilient Communities Demonstration Projects span four of Iowa's highest risk communities and seek to use a data-informed approach to strengthening families and addressing risk factors at the community level. The strategic plans developed in in FY 2022 will provide details related to specific community issues and actions to address priority areas. Included in the plans will be measurable goals to track progress over time in both quantifying services provided as well as identifying practices, and measuring norms, attitudes, and indicators of change. Statewide survey data will also provide insight related to community member risk and protective factors. It is the intention to periodically administer surveys to continue to gather data related to these community norms and attitudes.

Recommendations

1. Explore why African American/Black participants are not reporting the same levels of statistically significant score improvement as compared to other demographic groups.

2. Assess implementation of child-focused SAP programs to determine why counties are reporting inconsistent levels of success (*e.g.,* Think First & Stay Safe).

3. Discuss with case managers and service providers why Education and Employment LSP scores, although generally increasing, remain so low at post-assessment.

4. Determine why Family Functioning and Resilience is consistently the lowest scoring PFS domain regardless of program participation.

5. Consider why older caregivers (ages 40-49) that participated in the PFS showed statistically significant improvement in the Nurturing and Attachment domain, but no other domains.

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