

CRMT-PF

CULTURALLY RESPONSIVE
MEASUREMENT TOOL:
PROTECTIVE FACTORS

IMPLEMENTATION GUIDE

PREPARED BY:

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*This work was made possible by the
King County Best Starts for Kids Levy*

 King County

Best Starts for
KIDS

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About The Capacity Collective

The Capacity Collective, a woman- and LGBTQIA+-owned consulting group, provides data + evaluation support and technical assistance to nonprofits, government agencies, and community-based organizations. We believe in the power of data to demonstrate impact, celebrate successes, elevate voices, motivate staff and community, and advocate for social change. Learn more about our values and services at www.thecapacitycollective.org.

Introduction to the CRMT-PF

Project Background

In 2020, King County contracted with The Capacity Collective to develop a culturally responsive measurement tool that would measure protective factors in King County families. This project was part of the Best Starts for Kids (BSK) Levy, a voter-approved initiative to improve the health and well-being of King County children by investing in promotion, prevention, and early intervention.

The project team selected the **Protective Factors Survey, 2nd edition (PFS-2)** from the FRIENDS National Resource Center for Community-Based Child Abuse Prevention as the best survey for adaptation. The PFS-2 was selected because it:

1. Measured the most protective factors at once compared to other tools;
2. Was flexible and could be given in its entirety or selectively based on protective factors;
3. Could be used with families with children prenatal through early childhood;
4. Took just 20 minutes to complete;
5. Was proven to be valid and reliable in national tests; and
6. Did not require special training to complete.

From here, the team began exploring how the tool worked for diverse families in King County and changed the survey name to **Culturally Responsive Measurement Tool: Protective Factors (CRMT-PF)**. The survey will be referred to as such throughout this guide.

To ensure community representation and input, the project team assembled an Advisory Council (named the Resilient Families Advisory Council [RFAC]) of early childhood practitioners who serve and/or represent BSK-identified key King County communities. Through the course of individual and group review phases and field pilot tests, the Council shared their experiences and recommendations to modify or change items on the survey that did not resonate with the families and cultures they served. The end result is an instrument that measures four of the five protective factors measured in the PFS-2: **Family Resilience, Social Supports, Concrete Supports, and Parent/Caregiver + Program Staff Relationship**. The fifth, Nurturing and Attachment, was changed into items that measure **Knowledge of Parenting and Child Development**, an important contributor to the protective

Key Communities in King County

- Black and African American
- Indigenous/American Indian/Alaska Native
- Hispanic and Latino/a/x
- Chinese
- Vietnamese
- Somali
- Ethiopian
- Middle Eastern or North African
- Pacific Islander
- Families of children w/ special needs

factors framework. Though the word parenting is used, this protective factor should be understood to encompass a child’s caregivers as well (grandparents, foster parents, etc.).

The CRMT-PF is based on the strong foundation of the PFS-2, with updates and cultural adaptations from the Resilient Families Advisory Council and families in King County, King County staff, researchers, early childhood practitioners, and administrators. In 2022, the CRMT-PF underwent a first round of validity and reliability testing. Subsequent changes were made to the CRMT-PF based on community feedback, process validation, and construct and measurement equivalence findings. In 2023, the CRMT-PF underwent implementation testing and additional validity testing in English, as well as four new languages: Simplified Chinese, Somali, Spanish, and Vietnamese. This implementation guide was based on the PFS-2 user guide (FRIENDS, 2018). In 2025, this guide was reformatted and streamlined for easier use.

Description

The CRMT-PF is a 22-item survey to use as a pre-/post-test or as a single assessment. It is included in this implementation guide as a paper survey, though guidance is offered to adjust the survey for digital and virtual delivery.

The CRMT-PF measures five **protective factors**:

- Family Resilience
- Knowledge of Parenting and Child Development
- Social Supports
- Concrete Supports
- Parent/Caregiver + Program Staff Relationship

The survey asks parents/caregivers to respond to a series of statements about their family and their current living situation. It is designed to be administered to families who are currently enrolled in a program (such as an early learning or parenting program) and receiving services, or to those who have already received services.

In addition to the tool, for organizations who want to administer the CRMT-PF confidentially, you may include background and/or demographic information to inform your analyses. Optional questions can be added based on your organization’s needs and what feels appropriate and respectful for families. This is discussed in more detail throughout this guide.

Purpose and Use

The CRMT-PF survey is designed for use by organizations that serve families with young children and is answered by parents/caregivers. While the original PFS-2 was designed for use within child maltreatment prevention services, the CRMT-PF can be used more broadly by any organization that supports children, families and parents/caregivers to access tools and resources, and build their internal capacity to grow toward healthier and happier lives. CRMT-PF results can help organizations:

- Look at family **protective factors** across program(s);
- Identify patterns of **improvement** or **decline** in protective factors over time;
- Identify areas where staff can **support** individual families as they **build and sustain** protective factors;
- Identify **opportunities** to improve staff-client relationship; and/or
- Build **family confidence** and capacity to deal with challenges.

Organizations can use the CRMT-PF in a few different ways:

- As a **needs assessment tool** at the individual or program level.
- As a **continuous-improvement tool**, tracking individual and program-wide progress on building protective factors over time, and indicating areas where program design changes could better serve clients.
- As a component of **trust-building and case planning** with clients.

The CRMT-PF is modular; each protective factor is a module, or a distinct section, and programs can decide which modules to include based on their needs. Programs should use all the questions from a section, as the questions work together to measure each protective factor.

Like the PFS-2, the CRMT-PF was not developed or tested as a tool for making clinical diagnoses, for making decisions for out-of-home placements or legal adjudications.

Organizations should rely on other instruments for such clinical use.

For help determining if the CRMT-PF is a good fit for your organization, see [Step 1: Exploration](#) step in the [Implementing the CRMT-PF](#) section of this guide.

Protective Factors Measured by the CRMT-PF

The revised definitions of protective factors measured by the CRMT-PF are in [Table 1](#). To see how protective factors definitions in the CRMT-PF shifted from the PFS-2, see [Appendix C](#).

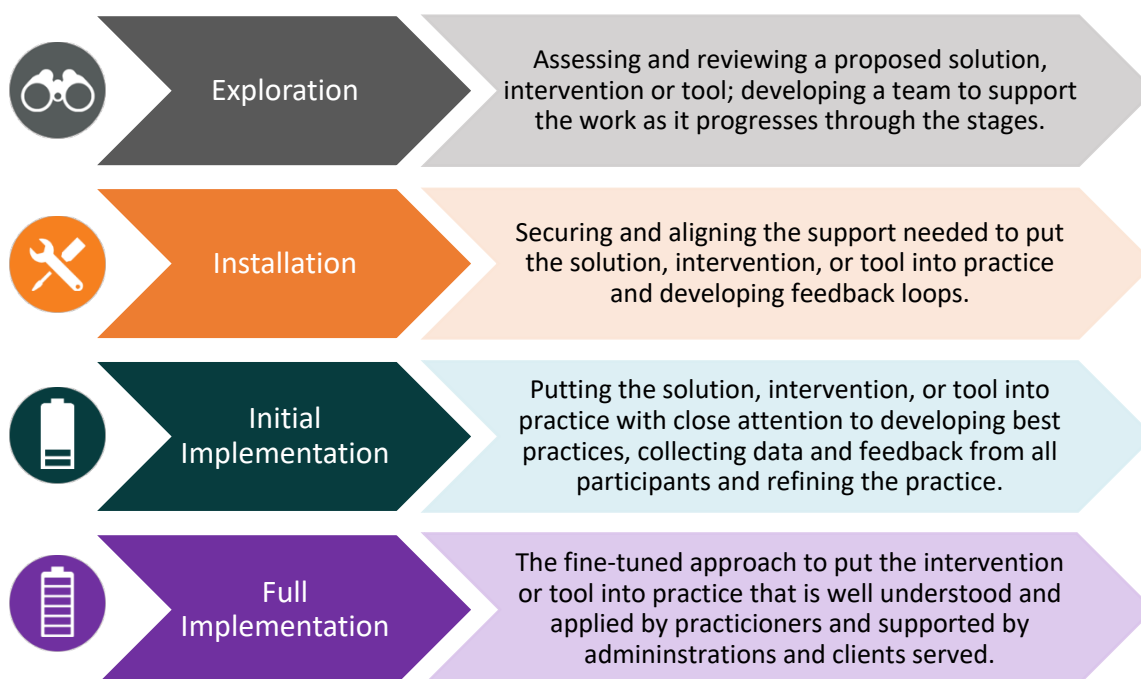
Table 1. CRMT-PF Protective Factor Definitions

Protective Factors	CRMT-PF Protective Factors Definitions
Family Resilience	Families draw on inner strength to learn and use adaptive skills/strategies to persevere when they are faced with challenges, crisis, and trauma.
Knowledge of Parenting and Child Development	Parents/caregivers have age-appropriate expectations for children’s abilities and understand and use consistent, effective child-care techniques.
Social Supports	Parents/caregivers have support from family, friends, neighbors, and community that helps provide for a family’s emotional needs.
Concrete Supports	Parents/caregivers have access to tangible supports and services (including financial supports) that help families cope with stress and provide day-to-day necessities.
Parent/Caregiver + Program Staff Relationship	The supportive, understanding relationship between parents/caregivers and program staff that positively affects parents’/caregivers’ success in participating in services.

Implementing the CRMT-PF

The field of **implementation science** explores what it takes to translate research findings into routine, replicable practice. Implementation science can offer evidence-based methodologies and practices for implementing a survey like the CRMT-PF. We recommend this framework as a guide for implementing the tool in your organization, with these steps (NIRN, 2021):

Chart 1. Stages of Implementation



Step 1: Exploration



The **exploration** stage of implementation starts by assembling a team to evaluate the CRMT-PF and assessing its relevance for your organization. In this stage, you have a few goals:

- Assemble an **Implementation Team** to guide your process
- Assess your **organizational readiness** and if the CRMT-PF **fits** your programs
- Consider **other assessment tools**, if needed
- Consider the **cultural responsiveness** of your data practices

Create an Implementation Team

The ideal team to help vet the tool for your organization will include a mix of program administrative staff and/or program director, direct service staff (like home visitors), and parents/caregivers who participate in the program. The goal of this team is to provide a wide range of perspectives on the use and implementation of the tool, and care should be taken to watch for power dynamics that may prioritize some voices over others. When possible, compensation should be provided to families, and staff if they are working outside of their usual hours and tasks.

Assess Readiness and Fit

Organizations can assess whether the CRMT-PF is a good fit for their programs and families served by completing a short set of organizational self-assessments. The self-assessments ask respondents to rate their program against implementing practices from exemplary programs that support the Strengthening Families protective factors framework. Programs may elect to self-assess on one or a few individual protective factors if they plan to use only specific sections of the CRMT-PF. Along with determining the relevance of the CRMT-PF for an organization, the results may also be a useful tool to identify areas of improvement for the program itself.

Though completing the deeper Organizational Self-Assessment is recommended (see [Appendix D](#)), the Quick Checklist ([Table 2](#)) will help you determine whether your organization is generally ready to use the CRMT-PF, and whether all or only some modules are relevant. After completing the Quick Checklist, the Implementation Team can decide to end, postpone or proceed with the implementation.

If the team decides to continue with the implementation, each member of the team should fill out the self-assessments individually before convening as a group to discuss the results. The organizational self-assessments and further instructions can be found in [Appendix D](#).

Explore Other Relevant Tools

The CRMT-PF focuses on five protective factors (Family Resilience, Knowledge of Parenting and Child Development, Social Supports, Concrete Supports, and the Parent/Caregiver + Program Staff relationship) and is well-suited to capturing family strengths and areas of improvement in these areas. However, programs may wish to assess other family conditions or attributes that are not explicitly captured in the CRMT-PF. See [Appendix E](#) for other tools and assessments for families with young children that can measure parenting/caregiving and childcare, child development, mental health, intimate partner violence, and more.

Table 2. Quick Checklist for Using the CRMT-PF

Are you generally ready to administer the CRMT-PF?	Yes	No
<p>Will parent/caregiver receive at least 12 hours of direct service from your program?</p> <p><i>If you answered no, consider using this tool only one time, such as for assessing needs at the beginning of services. Alternatively, see Other Tools in Appendix E for options.</i></p> <p><i>If you answered yes, consider using the tool at the beginning of services (pre-test) and again after at least 12 hours of direct service as a post-test.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Is the person taking the survey an expectant parent (prenatal) and without other children for whom they are responsible in the home?</p> <p><i>If you answered yes, consider not using the Knowledge of Parenting & Child Development module, items 6 - 9.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Do your programs or services include lessons, support or activities that address the following protective factors?</p>	Yes	No
<p>Family Resilience: Families draw on inner strength to learn and use adaptive skills/strategies to persevere when they are faced with challenges, crisis and trauma.</p> <p><i>If you answered no, consider removing the Family Resilience module, items 1 - 5.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Knowledge of Parenting & Child Development: Parents/caregivers have age-appropriate expectations for children’s abilities and understand and use consistent, effective child-care techniques.</p> <p><i>If you answered no, consider removing the Knowledge of Parenting & Child Development module, items 6 - 9.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Social Supports: Parents/caregivers have support from family, friends, neighbors, and community that helps provide for a family’s emotional needs.</p> <p><i>If you answered no, consider removing the Social Supports module, items 10 - 14.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Concrete Supports: Parents/caregivers have access to tangible supports and services (incl. financial supports) that help families cope with stress and provide day-to-day necessities.</p> <p><i>If you answered no, consider removing the Concrete Supports module, items 15 - 18.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Parent/Caregiver + Program Staff Relationship: The supportive, understanding relationship between parents/caregivers and program staff that positively affects parents’/caregiver’s success in participating in services.</p> <p><i>If you answered no, consider removing the Parent/Caregiver + Program Staff Relationship module, items 19 - 22.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

Culturally Responsive Data Considerations

The CRMT-PF was developed and validated to be culturally responsive. The implementation of the tool should also keep cultural responsiveness in mind as implementation decisions are made. Review possible considerations [Table 3](#), and for further reading, see [Appendix F](#).

Table 3. Culturally Responsive Data Considerations

Acknowledge Historical Context	<p>A legacy of harmful research practices has adversely affected Black, Indigenous and other communities of color, people with disabilities, LGBTQIA+ communities, and others through a lack of transparency, discriminatory practices, and emotional and bodily harm; this history can influence perceptions of research today. At a minimum, programs and organizations should consider the historical context of different communities’ experience with research and seek to address any concerns as they prepare to engage families.</p> <p>History is a crucial component of culture that should be considered and respected during the survey process. As history is complex, the same events can be experienced differently by different groups of people, especially Black, Indigenous and other people of color, people with disabilities, and the LGBTQIA+ communities. At a minimum, programs and organizations should look into the history of their work with the communities they are serving.</p>
Informed Consent	<p>For data collection to be ethical, there must be transparency and informed consent. Participants should be fully informed, understanding the aims and methods of the survey, and voluntarily consent to participate. They should be able to withdraw from participation at any time without consequence. Participants should understand why the data is being collected and who it will be shared with. Carefully disclosing potential risk and strategies to prevent privacy breaches may especially be important for populations who have been harmed by unethical practices and people who are undocumented.</p>
Build Trust	<p>Establish rapport or connection with families throughout the survey process. Take time to get to know the family and let them get to know you. This is important to do before the first survey, given the potentially sensitive information collected.</p>

Table 3. Culturally Responsive Data Considerations (continued)

Power Structures	Recognize the inherent power structures between the program and the family that exist despite relationship building. Families may feel they are required to answer the survey to continue to receive high quality services. Programs should remind and assure families that participation in surveys is in no way connected to services received. Despite assurances, be aware that it still may feel uncomfortable for families to refuse the survey or answer some survey questions due to perceived power differences.
Acculturation	Be mindful that immigrant or refugee families participating in the survey may also be dealing with stresses as they adapt to the dominant culture in which they live. Programs should be prepared to accommodate different literacy levels, prepare for translation requests and/or provide high-quality interpreters, respect and honor culture-specific holidays, and facilitate institution and resource navigation, among other strategies.
Translations	If the survey is conducted with communities who speak a language other than English, a thoughtful translation process should be included in the plan. This includes American Sign Language (ASL) as needed. Translations should cover all other materials in addition to the survey the program plans to use. Interpreters should be provided for in-person and virtual meetings as needed. Symbols, pictures, and directions should also be analyzed for their cultural relevance. <i>For more on translations, see the Community Translation Toolkit (Appendix G).</i>
Clarity	Communicate with families in ways that make the most sense to them. Transparent and clear communication helps keep community members informed, builds trust, and signals respect.
Cultural Norms	Make an effort to learn the preferred cultural norms of families and their communities. In some cultures, individuals use words to convey meaning overtly and explicitly, whereas others show their reactions through facial expressions, gestures, posture, and body language.
Flexible Engagement	Given different family constraints, comfort levels, and perception of time, programs should be prepared to make accommodations like virtual meetings, flexible start/end times, and stipends for transportation or childcare to ensure all families are willing and able to participate.

Table 3. Culturally Responsive Data Considerations (continued)

Welcoming Setting	Choose settings and locations for survey administration that are both convenient and appropriate for families to minimize travel time and maximize comfort . Places of worship, workplaces, or community centers are good options. When appropriate, consider meeting in participants’ homes, especially if suggested by cultural norms, and if transportation/childcare cannot be offered.
Accessibility	Disabilities are often not considered during a survey administration process. Accessibility can be addressed by making an effort to understand client disabilities, providing clear introductory statements explaining the nature of the survey, employing active listening skills such as frequent summarization, offering flexibility for survey times and mode of surveying, and using various communication systems if necessary, like augmentative communication devices, voice output systems, or picture symbols.
Sharing Results	Sharing results with the community is another way to give back or reciprocate and acknowledge that data ultimately belongs to the communities from which it comes. Sharing findings enhances the community’s knowledge and capacity, avoids exploitation, strengthens interpretation of results, and demonstrates respect.

Step 2: Installation



Once the implementation team has decided to move forward with the CRMT-PF, the team will need to work on creating the structure for the tool to be successful. That includes:

- Determining the organization’s **goals** for using the data collected,
- Making **implementation decisions** to set your organization up for success in collecting the data you need to achieve those goals, and
- Making a **data management plan** for how to securely handle the data.

Determine Your Data Goals

What you plan to do with your data once it is collected will impact the rest of the decisions you need to make about how you will implement the tool. Your implementation team, in conversation with anyone needed for these types of decisions, like your grant writer or development team, should consider how you may want to use the data in the future, and plan your implementation accordingly. In [Table 4](#), below, you can explore possible data goals, and what that would mean for your implementation. In [Table 5](#) are some considerations of how to use the CRMT-PF data within several data goal areas (created by The Capacity Collective), and how you set yourself up for success collecting the data you’ll need.

Table 4. Data Goals and Implementation Considerations

Data Goal	Survey Version		When to Administer	
	Pre/Post	Single	Intake	12+ Hours
Needs assessment only		✓	✓	
Monitoring family needs over time	✓		✓	✓
Monitoring change in family protective factors over time	✓		✓	✓
Measuring impact of program on protective factors	✓		✓	
Feedback ONLY		✓		✓

Table 5. Data Goal Areas and Data Considerations

Data Goal Areas	Data Considerations
<i>In order to...</i>	<i>You will need to...</i>
<p>Demonstrate the depth, breadth, and impacts of the great work you do</p>	<p>Select the modules that measure protective factors that your programming should be impacting.</p> <p>Compare how a caregiver scores at the start of services to how they score after at least 12 hours of service.</p> <p>Have a way to connect the pre- and post-test scores, such as using a Client ID on both versions.</p>
<p>Celebrate your successes, big and small, in your own terms</p>	<p>Define success, according to your program, centering the values, strengths, and needs of the families you serve. Include bigger milestones, but also the smaller steps along the way.</p> <p>Weave opportunities to collect successes into your data practices. In your version of the CRMT-PF, consider adding a question to the post-test for caregivers to provide an example of a success they have experienced in their work with you.</p>
<p>Motivate your staff, clients, and community to stay invested</p>	<p>Share the data you collect back to the staff who collect it, and to the communities from which you collect it.</p> <p>Share impacts and successes, and regularly solicit feedback from staff, clients, and communities on the findings.</p>
<p>Advocate for your community; break down barriers and fill in gaps</p>	<p>Select the modules that measure protective factors that you want to include in your advocacy work.</p> <p>Collect supplemental data (e.g. demographics) that can help you identify gaps, barriers, and other issues needing advocacy.</p> <p>Collect in a way that enables comparisons to other data (e.g., state data) and is accessible to your advocacy audience (e.g., legislators).</p>
<p>Innovate your programs and services to respond to emerging needs</p>	<p>Assemble (or convert from the Implementation Team) a Data Team that meets periodically, reviews the data, and provides recommendations for programming changes. See the section on Continuous Quality Improvement in Step 4: Full Implementation.</p>

Make Your Implementation Decisions

The **installation** stage requires making decisions that will align with staff competencies and organizational infrastructure to support the survey rollout and sustainability. Decisions include:

1. Choosing a **survey version** (Pre-/Post-Test or Single Assessment)
2. Choosing a **survey format** (paper or electronic)
3. Determining your **language needs**, including translation considerations
4. Determining how to **support families in survey completion**
5. Choosing a **delivery method** (in-person or virtual)
6. Selecting the **modules** you will use
7. Selecting **demographic questions** as needed (optional)

1. Choose a Survey Version

The CRMT-PF can be used as a pre-/post-test or a single assessment. Technically, the same data is collected either way; only the number of times the tool is used changes. The best method to use will depend on organizational needs, and your goals for using the data you collect.

Pre-/Post-Test Version

Pre-/post-tests are meant to be used at (at least) two different times with the same participant. The pre-test should be administered around the start of services or programs, and the post-test should be administered after the minimum number of service hours (≈ 12) have been reached, and/or toward the end of the services or programs. If the program has a long duration or if the organization wishes to track client progress more closely, the survey can be administered at regular intervals between the beginning and end of services, for example, every six months or yearly for multi-year programs.

The pre-/post-test version may show **response-shift bias** in scores. If this happens, a program might see lower or unchanged CRMT-PF survey scores from pre- to post-test, which may suggest that a program did not affect, or even adversely affected, a family's protective factors. Usually, this does not reflect a failure of a program to build protective factors, but that the program helped educate and deepen parents' knowledge of parenting, causing them to rate themselves more realistically (lower).

The **pre-/post-test** method may be helpful if:

- Organizations want to monitor changes in family protective factors over time.
- Organizations want to demonstrate the impacts they are having on families.
- There is time for families and staff to complete the survey twice (or more, as determined by the program) and for the staff to score the survey twice (or more).
- There are low dropout rates for the families you work with, or if your program doesn't mind that it may be missing post-survey data for some families.
- Funders require a pre-/post-test version for their requirements or model fidelity.

Single Assessment Version

Alternatively, the survey can be administered as a single, stand-alone assessment without a pre- or post-test. It is recommended to administer the survey as part of intake, or after a minimum of 12 service hours. This **single assessment** method may be helpful if:

- You would like to use the tool as a part of your intake process, as a needs assessment or a conversation starter.
- You would like to use the tool as part of your exit process, or after at least 12 hours of service.
- Participants enter your program for too short of a time to be able to adequately space out a pre-/post-test version.
- You would like to give the assessment confidentially, without connecting responses to specific individuals.

2. Choose a Survey Format

Based on your other data processes, you will need to decide if you want to implement the CRMT-PF as a paper survey, an electronic survey that people can complete online, or both. Each option will require planning, including a structure for data collection and secure storage.

Explore the pros and cons of both routes in [Table 6](#), below.

Table 6. Paper vs. Electronic Survey Administration

Paper	Electronic
Pros	
<ul style="list-style-type: none"> ● You do not need internet access to be able to administer the survey, or for the family to take the survey. ● Many people are more comfortable with paper surveys. ● If paper surveys are given in person, with time to complete the survey, there will likely be a higher response rate vs. mailed to a client's home or sent via an electronic link. 	<ul style="list-style-type: none"> ● You can send a link to the survey quickly via email or text. ● If your systems allow, you could set up automatic emails to send the links, with less management from staff. ● Clients can take the survey with staff in the room, or on their own. ● No additional data entry needed, other than linking data to client information. ● No printing costs.
Cons	
<ul style="list-style-type: none"> ● Printing costs and coordination. ● You will need a process for entering the data into your database, which is additional staff labor. ● You will need a process for storing the completed surveys securely, and for when they can be destroyed. ● You will need a process for connecting the responses to client information, or include a separate page of demographic questions. 	<ul style="list-style-type: none"> ● Not every client will have email or a way to take the survey online (i.e., access to phone/computer, and WIFI). ● If your data system does not have the ability to create and share surveys, you may need to use another platform, like Google Forms or MS Forms. ● Survey fatigue (people feeling saturated by survey requests) may lead to a lower response rate without staff on hand to support taking the survey.

3. Determine Language Needs

Knowing the families and communities you serve, determine which languages you will want to use. You can use the languages that align with those you provide your services in, choose languages based on the demographics of the communities from which your clients are drawn, and/or look at any data you are collecting on language. The CRMT-PF is currently available in English, Simplified Chinese, Somali, Spanish, and Vietnamese. If you need any additional languages, you could consider a translation process to develop a version of the tool. This should

be done with great care to maintain cultural responsiveness and the integrity of the tool. We have developed a Community Translation Toolkit to support a translation process ([Appendix G](#)).

4. Determine Your Level of Survey Support

Some families may require more assistance or explanations when completing the survey. For example, families may be bilingual, unfamiliar with technology, distracted by caring for children while completing the survey, among many reasons. Program staff can decide how best to support families based on the family's comfort level and the mode of delivery (see [Table 7](#)).

Table 7. Levels of Support for Survey Completion

Fully Supported	Staff asks each survey question and provides prompts. Families answer and staff records their response on the survey.
Partially Supported	Staff clarifies questions and offers prompts when needed. Families may answer verbally or by filling out the survey themselves, based on their preference.
Self-Administered	Families fill out the survey themselves and may refer to the prompts page or survey instructions for clarification. Staff may or may not be present. If administered online, the organization will need to build the survey into a new or existing platform.

5. Choose a Delivery Method

Whether your organization conducts CRMT-PF surveys virtually and/or in-person will depend on your organization's model, health considerations, accessibility reasons, and the needs of the family. In-person administration may happen at the family's home, in a community gathering space, or at your organization's facilities. Virtual meetings can take place over video-conferencing services or over the phone. Considerations for both modes are detailed in [Table 8](#).

Table 8. In-Person vs. Virtual Survey Administration

In-Person	Virtual
Before Administering the Survey	
<ul style="list-style-type: none"> ● Prepare and bring all survey documents, either printed (if using paper - don't forget pencils!) or prepared (e.g. tablets loaded with the survey). ● If children or other family members are present during the survey administration, some responses may be affected (specifically the social support questions). ● If the survey is completed outside of the family home, special care should be taken to make sure the space is private and away from others outside the family due to the sensitive nature of the information. 	<ul style="list-style-type: none"> ● Your organization may need to create an electronic version of the survey for you to fill out with the participant. ● Adequate WIFI connection is needed for both yourself and the participant, unless a survey is administered over the phone. Consider that weather and/or housing materials (e.g. brick and concrete) may impact WIFI signals. ● The participant will need a WIFI-enabled computer, tablet or phone available to participate. ● If the participant has an email address, it may be helpful to email the participant the survey ahead of time.
Fully Supported	
<ul style="list-style-type: none"> ● Consider offering printed survey scripts and prompts for participants to follow along. ● Families may prefer that the surveyor sit next to, or across from them during survey administration. Ask the family explicitly about their preferences. ● Consider calling in a different staff person to complete the Caregiver + Program Staff relationship module. 	<ul style="list-style-type: none"> ● Test how you will display survey materials during video-conferencing (if you will do so) and have these materials ready to screen share prior to the start of the session. ● Make sure the survey is easy to read for the participant by zooming in on the survey and making sure they know how to adjust the size of the survey on their screen. ● If using the phone, send the materials in advance to the participant (email or printed and mailed).

Table 8. In-Person vs. Virtual Survey Administration (continued)

In-Person	Virtual
Partially Supported	
<ul style="list-style-type: none"> • Wait for the family to ask for clarifications on specific questions before explaining the prompts. • Consider calling in a different staff person to complete the Caregiver/Parent + Program Staff relationship module if the family needs support, or suggest that the family fill out that module on their own. 	<ul style="list-style-type: none"> • On video-conferencing, mention tools like the chat, hand-raise, or muting/unmuting functions as ways the family can communicate, and monitor those functions. • If you are unable to see the participant and cannot read nonverbal cues (video is off or you are using the phone), make sure to ask participants more frequently if they have questions, or if they are ready to continue.
Self-Administered	
<ul style="list-style-type: none"> • Hand the documents (survey, script, and prompts as necessary) to the family. • Ask them to hand you the survey when complete (either in paper or electronically on a computer or tablet). • If completing on paper, consider bringing an envelope to have the participant seal up their responses. Then have the staff person give the sealed envelope to the person who will be doing the data entry. • Remind participants you are available to answer any questions while giving privacy to complete the survey without feeling pressure to answer in any particular way. 	<ul style="list-style-type: none"> • Survey scripts and prompts are especially important to share for those participants filling out the survey themselves. • Based on participant comfort and ability, it may work to email the survey for participants to complete on their own time. • Give a deadline by which the family should complete the survey (ideally in the next two weeks), and set reminders to check in with participants if your organization has not received survey data in a timely manner. • Consider the method of administration – are you sending families a paper form? A survey in an existing database, or new platform? How easy is it to complete on a phone/tablet if participants do not have a computer?

6. Select the Modules You Will Use

The CRMT-PF is meant to be used modularly, in that you can use any or all of the modules, depending on how they fit in with your programming and goals. Once your Implementation Team has explored the Organizational Self-Assessments ([Appendix D](#)), you can decide which modules you want to include, and design your paper/electronic surveys to include them.

7. Select Demographic Questions

The data collected with the CRMT-PF becomes much more meaningful if you have contextual information to support your analyses. This is especially important if you are wanting to use the data to demonstrate the impacts of your program, and/or to make programmatic changes based on the data.

For example, if you are concerned with equity, you will want to determine if your program has more benefits for some families than others. You will need to determine what aspects of equity matter for your organizational and data goals, and collect the data in a way that will help you make those comparisons. In the example below ([Table 9](#)), collecting information about a family's housing situation allows you to compare scores between housed and unhoused families. In this example, the unhoused families, on average, score lower than housed families in all 4 of the modules measured. This knowledge gives the example program an opportunity to think about their programming specifically to unhoused families. The lowest score is for Concrete Supports; if your program does not offer services specific to increasing concrete supports, you may want to gather information about local programs that do address these needs, and strengthen your referral network, or provide a handout of resources to families.

Table 9. Housed vs. Unhoused Families Module Scores (Example Data)

Protective Factor Module	Housed	Unhoused
Family Resilience	4.1	2.2
Social Supports	4.3	2.5
Concrete Supports	3.9	1.9
Parent/Caregiver + Program Staff Relationship	3.4	2.7

As an implementation team, you will want to look at the demographic questions you are already collecting, what else you may need, and how you want to be able to use the additional data. If you are already collecting all of the demographics you need, AND you are connecting the survey data to that demographic data, you may not need to add any additional

demographic questions. If you do need more, you can decide if you want to collect those data points only from people who take the survey, or if you want to add additional measures to your intake process, or wherever you collect demographics. If you are NOT connecting survey responses to demographic data you are already collecting, consider adding a section of demographics to your version of the CRMT-PF. An Example Demographic Page can be found in [Appendix B](#), and more demographic considerations are outlined in [Appendix H](#).

Table 10. Benefits and Drawbacks of Additional Demographic Questions

Benefits	
<ul style="list-style-type: none"> Survey questions could be a conversation starter into family service needs and goal setting. Deliver the data to funders to provide more money for families in regards to these specific protective factors. Ensure resources allocated to certain aspects of your program are reaching the desired outcome. Measure which services and service combinations are the most useful or interesting to families. 	<ul style="list-style-type: none"> Track the average number of children and their demographics to learn the full impact of your program (not just on the parents answering the survey). Have the data to advocate for your families in different settings (board meetings, funding applications, management meetings, etc.). Greater client knowledge can inspire partnerships with other organizations who serve similar populations for shared advocacy, referrals, and other forms of collaboration.
Drawbacks	
<ul style="list-style-type: none"> Participants may feel skeptical about answering questions that do not connect directly to the services they receive due to historical mishandling of data. Significant relationship and trust building should be established before asking families these questions to avoid upsetting families. 	<ul style="list-style-type: none"> Consider which demographics your organization already collects; if you are not administering the survey anonymously, can you reduce question fatigue by referencing existing data, such as for the demographic questions?

Develop a Data Management Plan

Whether your organization collects survey data on paper or electronically, your team likely stores the data in a centralized location, like a spreadsheet or database. This can help keep data easily accessible and ready for analysis. At the same time, storing data safely is important to protect confidential client information and in accordance with other relevant guidelines (e.g., HIPAA). Below is a list of best practices to consider:

- Anonymize client data where possible. Identifying clients using a unique client ID instead of a name is one way to do this.
- Restrict access to client data to only those who need access.
- Create permissions or lock areas in your database and/or Excel sheets with passwords to ensure that only necessary additions or edits are made to client data.
- Get client/family consent to share data with funders (for example, a consent form).

To most easily connect the data from the CRMT-PF to the other data you are collecting about your clients, consider adding the CRMT-PF as a form in your current database or data collection system (e.g., Apricot or Airtable). This will best prepare you to look at changes in your clients' scores over time, to evaluate your program's impacts on the protective factors, and to view your clients' data in comparison to each other to see if your impacts vary by attributes of the client (such as racial identity or age). Your database may also be able to score the instrument for you automatically, alleviating the need to use the Scoring Workbook. *NOTE: Not all databases will allow for you to add the CRMT-PF, especially if it is associated with a particular model or funder. Other databases (e.g., Salesforce) may require a consultant to make revisions.*

If it is not possible to add a form to your database, or if you do not have a database, there are several free or low-cost solutions for creating an online version of the CRMT-PF. Those include Google Forms, Jotform or Typeform. Note that the data will be kept separately from your other data, so you may want to ask the demographic questions or find a way to combine the data with your client data in some way. For example, you could put a Client ID on both a pre- and a post-test. Working with a data consultant could be helpful.

Using [Table 11](#), and considering your Data Goals, create a Data Management Plan that incorporates all of the other implementation decisions.

Table 11. CRMT-PF Implementation Decision Checklist

Decision Area	Decision Considerations	Action Items
Survey Version	<input type="checkbox"/> Pre/Post (P/P) <input type="checkbox"/> Single Assessment (SA)	<input type="checkbox"/> P/P: Include a Client ID to link surveys <input type="checkbox"/> P/P: Be sure Data Management and Data Analysis plans make it easy to compare pre- and post-tests
Survey Format	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic	<input type="checkbox"/> Paper: Decide where to store blanks and completed, data entry plan, etc. <input type="checkbox"/> Electronic: Build into current database or select survey platform
Language Needs	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Somali <input type="checkbox"/> Simplified Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Languages	<input type="checkbox"/> All: Create the versions of the modules you need in each language into paper/platform <input type="checkbox"/> Other: Do a Community Translation process (Community Translation Toolkit)
Level of Support	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Self-Administration	<input type="checkbox"/> Develop scripts, prompts, and processes for each of the support levels you plan to use
Delivery Method	<input type="checkbox"/> In-Person <input type="checkbox"/> Virtual	<input type="checkbox"/> Develop scripts, prompts, and processes for each of the delivery methods you plan to use
Select Modules	<input type="checkbox"/> Family Resilience <input type="checkbox"/> Knowledge of Parenting + Child Development <input type="checkbox"/> Social Supports <input type="checkbox"/> Concrete Supports <input type="checkbox"/> Parent/Caregiver + Program Staff Relationship	<input type="checkbox"/> Create the versions of the modules you need in each language into paper/chosen electronic platform <input type="checkbox"/> Include scripts and prompts for selected modules
Demographic Questions	<input type="checkbox"/> Link to demographics collected elsewhere <input type="checkbox"/> Add demographics to survey	<input type="checkbox"/> Link: Include linkage in your Data Management and Data Analysis plans <input type="checkbox"/> Add: Select which demographic questions you need for Data Analysis plan

Step 3: Initial Implementation



The **initial implementation** is when the new practices for using the CRMT-PF are put into place and deployed in your organization. You could think of it as a “soft launch” or period of testing before full implementation. This stage requires that materials are prepared, and staff are trained to deliver the CRMT-PF. Tasks include:

- **Preparing** survey materials;
- Developing **supporting materials**, if needed;
- **Training staff** in survey processes; and
- **Testing the tool** with your communities.

Prepare Survey Materials

Once the Implementation Team has made the survey administration decisions, documentation should be prepared to train staff, and later to begin testing the instrument with families. Based on the format chosen, you will need to prepare either paper or electronic versions of each aspect of the tool you plan to use, including each module you’ve chosen to use, and any additional questions you want to include, such as demographics.

Informed Consent

Obtaining informed consent from clients respects their agency to participate (or not), builds trust, and is a foundation of ethical data collection practices. Informed consent language can help guide and keep record of the process of obtaining consent from your clients. A guide to creating an Informed Consent section of your intake forms is included in [Appendix J](#).

Print/Prepare Survey

Print (ideally in color) a paper version of the tool or bring up an electronic version on a laptop or tablet to be easily completed.

- a. The CRMT-PF survey, including survey scripts and prompts and demographics page;
- b. If supporting the family in taking the survey, have an extra copy of the survey handy for easy reference.

Note: Some programs may find it helpful to give an additional copy to families for reference when staff reviews the materials out loud or over video conferencing. Staff would then need to provide an extra copy for each family either in paper or electronic form sent electronically beforehand).

Parent/Caregiver + Program Staff Relationship

Programs may decide to administer this survey module in a different way than other modules to avoid putting pressure on the survey taker. Some approaches include:

- A staff member from a separate department asking the family these questions (via phone call, virtually, or in person);
- Administering the survey via tablet or computer and turning the screen away from staff when completing this module;
- Providing a self-addressed, stamped envelope for families to return the survey, or that section, after completing it on their own;
- Sending the survey module via email or text (if the family can fill it out themselves).

Prepare Supporting Materials

Some community-based organizations find it helpful when conducting surveys or assessments to provide families with educational materials to balance the survey dynamic of data collection, which can feel one-sided. Though materials have not yet been developed for this survey specifically, future projects or organizations could do so to restore a feeling of balance to the survey experience, offer tangible next steps for families, and build trust.

Some programs already give families informational flyers about topics in the survey or home visitors a set of questions to facilitate conversation with families (CSSP, 2018; Be Strong Families, 2021). Organizations may wish to consider creating and distributing educational materials about the CRMT-PF, or protective factors generally, ahead of implementing the survey with families in the program. Ideally any materials should be translated to match the needs of families in the program, following the same translation guidelines as the tool itself.

Additionally, programs may want to consider having on hand supporting materials and referral materials for any unmet needs that families express during the survey. Though the survey script makes clear that the survey is not a promise of services, having resources such as a list of local agencies that provide rental assistance if the caregiver expresses they have difficulty paying their rent will help strengthen the caregiver-program relationship and build trust.

Survey Scripts and Prompts

Scripts are important to make sure all families are receiving the same instructions, and for helping the family understand why they are taking the assessment. Some participants may need more explanations or clarifications, and scripts are a helpful way to have some answers prepared ahead of time. Instructions that are consistent across staff helps ensure that all

families understand the survey in the same way and ensures comparable, high-quality data. Staff should review the scripts in advance of meeting with families and remember to bring a copy to fully or partially supported surveys. Sample scripts and prompts are in [Appendix K](#).

Train Staff

Your organization's data quality will also be better if time is set aside for staff to review the CRMT-PF and to become more familiar with the Strengthening Families protective factors framework (CSSP, 2021). After staff has had a chance to review, it may be helpful to talk through the survey and prompts together, to clarify any questions or to address any concerns. Finally, role-playing the survey process, with staff members alternating who plays the family and staff member, can increase staff comfort in delivering the survey.

Before using the CRMT-PF, staff should establish trust with their families. Trust is built explicitly when staff verbalize their respect for families and their cultures and also through actions, as staff deliver services to families. Many staff members are in this field because they intuitively understand how to do this, and are empathetic and talented in connecting with people. Even so, staff can build their skills in culturally responsive research and cultural humility through training, and by reviewing the Culturally Responsive Considerations in [Appendix F](#).

Test the Tool in Your Communities

Once you have created the version of the CRMT-PF you intend to use in your program, test the tool with your families. We suggest testing the tool with at least 20 families before full implementation. If you make substantial adjustments after that, you will want to run another round of testing to ensure the tool is working how you hope. We suggest two strategies for your testing: using a think-aloud protocol, and asking for feedback about the tool. Learn more about testing the tool in the Community Translation Toolkit ([Appendix G](#)). Among other best practices, we suggest providing compensation to families for their time.

Use a think-aloud protocol, where the caregiver narrates their experience of completing the tool out loud, with you taking notes. Have the caregivers verbalize their thought process so you can hear how they understand each question or component.

After completing the tool, have the caregiver provide feedback about the experience of using the tool, keeping in mind how you will be administering the tool in the future (virtually, paper, etc.). Have each caregiver answer the same set of questions, which may include asking about the readability of the tool, how challenging it is to take it, how long it takes to complete, etc.

Step 4: Full Implementation



The **full implementation** stage requires that all materials are prepared, a data management plan is in place, and staff are trained to deliver the CRMT-PF. Tasks include:

- Creating a **Data Team** to support creating a data management plan;
- Developing an **Analysis Plan** for how you will use the data; and
- Integrate **Continuous Quality Improvement** into your data management plan

Create a Data Team

This team may be the same group that served as your Implementation Team, or it can be a new group of people with the availability to have a longer-term engagement with the data work.

As with the Implementation Team, the ideal team will include a mix of program administrative staff and/or program director, direct service staff (like home visitors), and parents/caregivers who participate in the program. The goal of this team is to provide a wide range of perspectives on the analyses, interpretation, sharing and decision-making of the data that is being collected. The team should meet regularly, and provide recommendations based on the results coming in, as discussed in the rest of this section. Two tasks for the Data Team would be to make the program's analysis plan, and to integrate continuous quality improvement into your program's data practices.

Develop an Analysis Plan

Use the CRMT-PF's scoring, and your Data Goals, to create a plan for your analysis. Having an analysis plan can also help you think about how you want to collect your data so that it is in the format you need to achieve your data goals. For example, if you want to demonstrate that your program is even more effective for multigenerational families¹ than families with other structures, you will want to make sure are collecting each family's structure, and including an option for people who live in multigenerational family situations.

Along with *what* you will want to analyze, you will need a plan for *how* the analysis will happen. This will also be informed by your data goals. Consider the timing, such as when reports are due, and the frequency (e.g., continuous, monthly, quarterly, and/or annually) of your analysis. Look at the capabilities of your data system to both store *and* perform the analysis. In some cases, you may need to store the data in one place, then use another tool (like Excel or Google

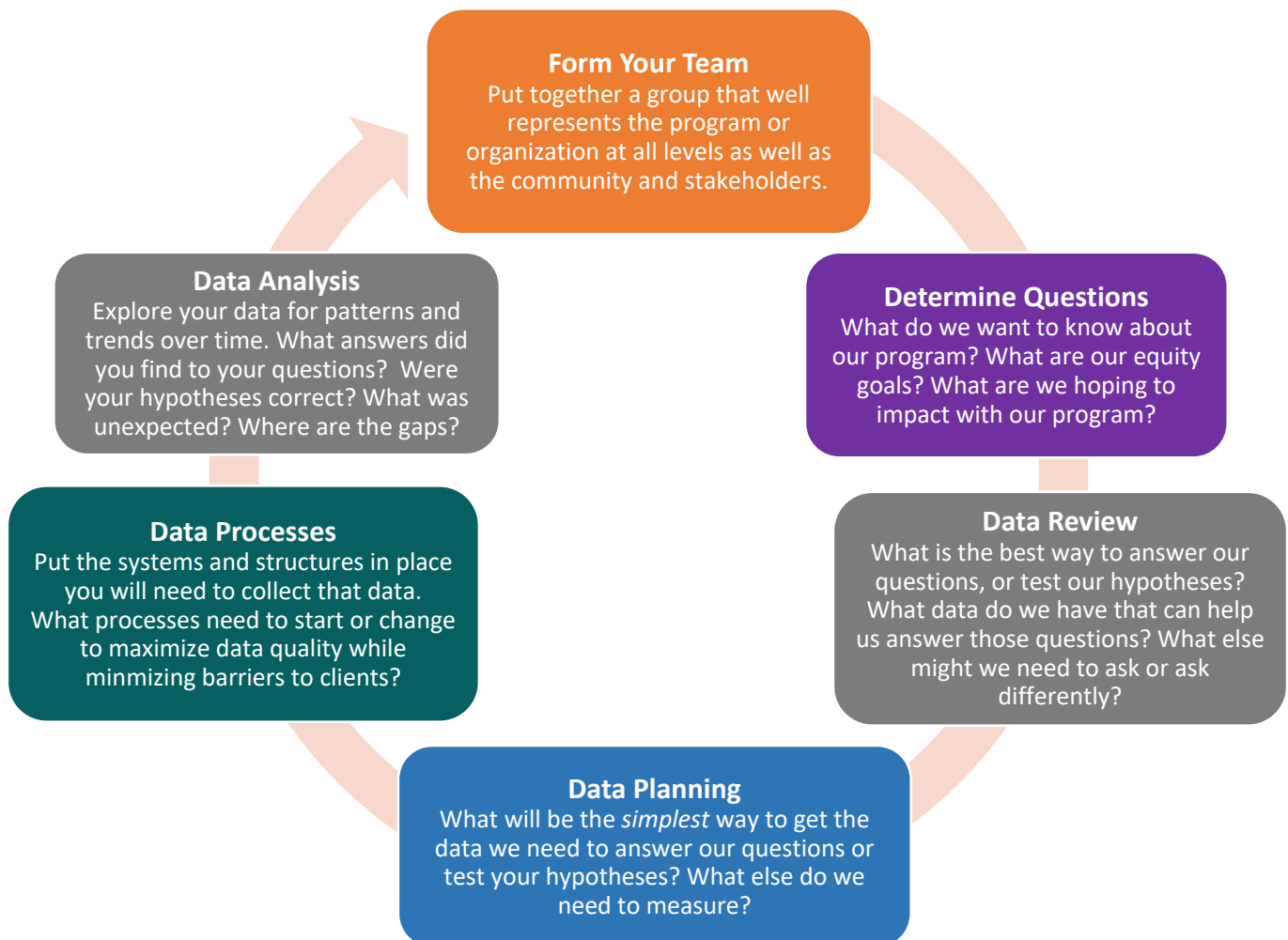
¹ A household with members spanning multiple generations, such as a having children, parents, and grandparents.

Sheets) to perform your analyses. If this is the case, you will want to set up a report that provides you the data you need to export, and a calendar of when the data should be exported at a regular cadence to support your analysis needs. Find ideas for possible reports or dashboards to support your analysis in [Appendix K: Possible CRMT-PF Dashboards](#).

Integrate Continuous Quality Improvement

Having a tool like the CRMT-PF provides an opportunity for your organization to use your data to make improvements in your programming and approach. Rather than a one-time adjustment, a more sustainable approach to program improvement is to use a Continuous Quality Improvement approach, which is outlined in *Chart 2*, below.

Chart 2. The CQI Cycle



Scoring the CRMT-PF

This section describes how to manually calculate individual and program-wide CRMT-PF scores, how to calculate change from pre- to post-test, and how to interpret and apply the scores in practice. Scores are calculated for each of the five protective factors in sections, referred to as “modules.”

An important component of the **initial implementation** stage of implementation, the scoring process can help indicate whether the timing of survey administration needs to be changed, generally identify areas where the program is helping clients most, and where it needs to improve. Along with continuous feedback from staff, the scoring and analysis will also be an important component of the **full implementation** stage, when your organization has wholly integrated the CRMT-PF into operations.

Scoring will likely take place in an analysis phase rather than directly after a family takes the survey, though exactly who calculates survey scores will depend on the organization implementing it. The organization will also need to decide how and when to share survey results with families.

Scoring Legend

Table 12 outlines the scoring for each of the CRMT-PF questions. Note that some items are reverse-scored, where answering “strongly agree” may correspond to a score of “0” instead of “4.” This is because three of the 22 questions are worded in reverse (see items 6, 7, and 15, lightly shaded in *Table 12*). This is especially important for any organizations that request staff to complete scores by hand (missing reverse-scoring items is less likely if the scoring process is automated - e.g., using formulas in a spreadsheet like Microsoft Excel).

If families select “Prefer not to answer,” for any question, *those answers are not scored.*

Table 12: Scoring Legend (Note: Shaded Rows are Reverse Scored)

FR FAMILY RESILIENCE	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
1. In general, my family knows we are strong enough to solve problems in our lives.	4	3	2	1	0	N/A
2. Our family traditions are important to us.	4	3	2	1	0	N/A
3. In general, my family works together to solve problems.	4	3	2	1	0	N/A
4. In general, my family stays hopeful even in difficult times.	4	3	2	1	0	N/A
5. My family is able to find time for things that matter to us.	4	3	2	1	0	N/A

KPCD KNOWLEDGE OF PARENTING & CHILD DEVELOPMENT	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
6. I feel like I'm always telling my child(ren) "no" or "stop."	0	1	2	3	4	N/A
7. How I respond to my child(ren) depends on how I'm feeling.	0	1	2	3	4	N/A
8. It is important to show that you understand your child(ren)'s feelings when they misbehave.	4	3	2	1	0	N/A
9. Parents/caregivers have a big impact on how their child(ren) turn out.	4	3	2	1	0	N/A

SS SOCIAL SUPPORTS	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
10. I have someone in my life who encourages me.	4	3	2	1	0	N/A
11. I have someone in my life who is honest with me about difficult topics.	4	3	2	1	0	N/A
12. When I'm trying to work on achieving a goal, I have someone in my life who will support me.	4	3	2	1	0	N/A
13. When I need someone to look after my child(ren) on short notice, I can find someone I trust.	4	3	2	1	0	N/A

14. I have people I trust to ask for advice about: <i>(select all that apply)</i>	4 4+ checked	3 3 checked	2 2 checked	1 1 checked	0 0 checked	N/A
<input type="checkbox"/> Money / Bills / Budgeting <input type="checkbox"/> Relationships <input type="checkbox"/> Food / Nutrition	<input type="checkbox"/> Stress / Worries <input type="checkbox"/> Caring for my Child / My Children <input type="checkbox"/> None of the above (= 0)					

CS CONCRETE SUPPORTS	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
15. I have trouble affording what I need each month.	0	1	2	3	4	N/A
16. I am able to afford the food I want to feed my family.	4	3	2	1	0	N/A
17. In the past <u>month</u> , were you unable to pay for: <i>(select all that apply)</i>	4 0 checked	3 1 checked	2 2 checked	1 3 checked	0 4+ checked	N/A
<input type="checkbox"/> Rent or mortgage <input type="checkbox"/> Utilities or bills (electricity/gas/heat/phone/internet, etc.) <input type="checkbox"/> Groceries/food (including baby formula/diapers) <input type="checkbox"/> Transportation (including gas, bus passes, shared rides) <input type="checkbox"/> Childcare/daycare	<input type="checkbox"/> Basic household or personal hygiene items (including clothes/shoes) <input type="checkbox"/> Medicine, medical expenses, mental health services, co-pays <input type="checkbox"/> Other (<i>specify</i>): <input type="checkbox"/> I was able to pay for all of these (= 4)					
18. In the past <u>year</u> , have you: <i>(select all that apply)</i>	4 0 checked	3 1 checked	2 2 checked	1 3 checked	0 4+ checked	N/A
<input type="checkbox"/> Delayed or not gotten medical or dental care for you or your family <input type="checkbox"/> Lived at a shelter, in a hotel/motel, or in an abandoned building or vehicle <input type="checkbox"/> Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage, or bills	<input type="checkbox"/> Been evicted from your home or apartment <input type="checkbox"/> Lost access to your regular transportation (e.g., vehicle totaled or repossessed) <input type="checkbox"/> Been unemployed when you really needed or wanted a job <input type="checkbox"/> None of these apply to me (= 4)					

CPSR PARENT/CAREGIVER + PROGRAM STAFF RELATIONSHIP	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
1. When I talk to staff from this program about my problems, they seem to understand.	4	3	2	1	0	N/A
2. The staff from this program genuinely care about me.	4	3	2	1	0	N/A
3. The staff from this program have respect for me.	4	3	2	1	0	N/A
4. The staff from this program help me when I need it.	4	3	2	1	0	N/A

FR Total Score: <i>Section scores added up</i>	DIVIDED BY	# of Questions Answered: <i>Out of 5</i>	EQUALS	Average FR Score:	
KPCD Total Score: <i>Section scores added up</i>	DIVIDED BY	# of Questions Answered: <i>Out of 4</i>	EQUALS	Average KPCD Score:	
SS Total Score: <i>Section scores added up</i>	DIVIDED BY	# of Questions Answered: <i>Out of 5</i>	EQUALS	Average SS Score:	
CS Total Score: <i>Section scores added up</i>	DIVIDED BY	# of Questions Answered: <i>Out of 4</i>	EQUALS	Average CS Score:	
CPSR Total Score: <i>Section scores added up</i>	DIVIDED BY	# of Questions Answered: <i>Out of 4</i>	EQUALS	Average FR Score:	

	+		+		+		+		=	
Average FR Score	PLUS	Average KPCD Score	PLUS	Average SS Score	PLUS	Average CS Score	PLUS	Average CPSR Score	EQUALS	Total of Averages <i>Enter below</i>

	+		=		Scoring Note: <i>Higher numbers = higher rate of protective factor</i>
Total of Averages <i>From above</i>	DIVIDED BY	# of Sections Completed <i>Out of 5</i>	EQUALS	OVERALL AVERAGE SCORE	

Calculate Individual Family Module Scores

These instructions will help staff calculate individual family protective factors module scores by hand. If the program is using electronic survey collection and/or data storage tools, calculations can be programmed according to this guidance.

Note that each module contains at least three items, which is the minimum number of items to be considered a module. To get a module score, calculate the mean (average) for the answered items. For each module with at least three answers, the scores are summed, then divided by the total number of module items completed to get the mean module score.

Though families are permitted to skip any question by selecting “Prefer not to answer” those responses do not count toward the three-item minimum. If two or fewer items are answered using the “Strongly Agree to Strongly Disagree” scale, *the scores should not be calculated*.

The following example in *Table 13* demonstrates how to calculate the mean Family Resilience score for an individual family.

Table 13. Calculating Individual Family Module for Family Resilience

FR FAMILY RESILIENCE	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer	Item Score
1. In general, my family knows we are strong enough to solve problems in our lives.	4	3	2	1	0	N/A	3
2. Our family traditions are important to us.	4	3	2	1	0	N/A	4
3. In general, my family works together to solve problems.	4	3	2	1	0	N/A	2
4. In general, my family stays hopeful even in difficult times.	4	3	2	1	0	N/A	3
5. My family is able to find time for things that matter to us.	4	3	2	1	0	N/A	3
Module Total Score							15
Mean Family Resilience Score	Module Total Score divided by			5	# of questions answered =		3

Steps for Calculating Scores in Table 13

Complete for each module:

- Write the numeric score associated with the family’s response to each item in the “item score” column.
- Add all items scores together and put the total under that column next to “module total.”
- Divide the module total by the number of module items completed (if more than two items were answered) to calculate the mean module score.

Calculate Group/Program-Wide Module Scores

In order to calculate group or program-wide module scores, you will first need to calculate individual module means using the methods detailed in the previous section.

In the following example (*Table 14*), imagine you want to calculate a group mean for a five-family cohort, starting with the Family Resilience module (removing families who did not answer at least 3 items).

Table 14. Family Resilience Group Mean Calculation

FR FAMILY RESILIENCE	Q1	Q2	Q3	Q4	Q5	Module Total	Number of Qs	Mean Module Score
Family A	4	5	4	4	3	20	5	4
Family B	2	2	1	3	2	10	5	2
Family C	3	3	1	-	3	10	4	2.5
Family D	5	4	4	4	4	21	5	4.2
Family E	3	4	3	3	0	13	5	2.6
Total Group Score								15.3
Mean Group Family Resilience Score	Group Total divided by		5	# of families in group =			3.1	

Steps for Calculating Scores in Table 14:

1. Sum (add) each family's score to calculate their individual module total.
2. Divide each family's module total by the number of items answered to calculate their mean (average) module score (remove all families who did not answer at least 3 items).
3. Calculate the total group score by adding each family's mean module score.
4. Divide the mean module score by the total number of families who answered this module to end with the group mean score.

In this example, the Family Resilience group mean score is 3.1 (rounded up from 3.06), and scores range from 2 to 4.2. Looking at the range can help contextualize the average, identify varied experiences across the program, and indicate where more analysis may be necessary.

Change in Module Scores

Observing change in family-level protective factors can help reveal the impact of your program and where additional family supports may still be needed. Programs can consider change at individual or group levels by analyzing change in the mean module scores (refer to previous sections for instruction on how to calculate mean module scores).

Table 15. Individual Changes in Family Resilience Module

Participant	Mean Pre	Mean Post	Difference	Change #	Change %
Family A	4.13	4.61	0.48	0.12	+ 12%
Family B	2.94	3.47	0.53	0.18	+ 18%

Steps for Calculating Scores in Table 15:

1. Calculate the raw difference by subtracting the mean pre-test score from the Mean post-test score. (e.g. $4.61 - 4.13 = 0.48$)
2. Divide the raw difference by the mean pre-test score (e.g. $0.48 \div 4.13 = 0.12$)
3. Multiply by 100 to calculate percent change (e.g. $0.12 \times 100 = 12\%$)
4. Note if the change is an increase (+) or a decrease (-).

Taking it one step further, an organization can also conduct **t-tests** to determine whether the change is statistically significant. A t-test determines whether the means between two groups are significantly different from one another. In other words, using a paired sample t-test, you

could determine if a family's mean score (overall or on a particular module) changed significantly from pre-test to post-test. T-tests can be conducted using Excel, a statistical software program (like SPSS or Stata) or an online t-test calculator. By entering mean scores for a family into one of the programs, a t-score and p-value will be calculated.

The larger the t-score, the more different the groups (or the pre- and post-tests) are. The p-value represents the probability that your results occurred by chance, with lower p-values indicating significant differences. Typically, a p-value of 5% (written as 0.05) or smaller is considered significant.

Interpret and Apply the Results

Calculating family scores helps distill your survey results, but deeper analysis can help you make meaning from them. At a minimum, you will likely want to look at module scores at a program level, and over time (from pre-test to post-test). Considering other groups within your data can reveal other patterns that may not be observable when looking at program-wide scores and can be an opportunity to address equity concerns. For example, you could consider changes in family resilience by race and ethnicity ([Table 16](#)) to see if your program has different impacts on different families.

Table 16. Group Change in Family Resilience Module by Race/Ethnicity

Participant	Mean Pre	Mean Post	Difference	Change #	Change %
Black/African American	3.33	3.71	0.38	0.11	+ 11%
Asian American/Pacific Islander	3.89	4.12	0.23	0.06	+ 6%
Alaska Native/American Indian	3.66	3.96	0.30	0.08	+ 8%
Latino/a/x	4.23	4.40	0.17	0.04	+ 4%

You could also analyze data by:

- Cohorts or programs (if more than one program uses the CRMT-PF)
- Families who speak English as a primary language vs. those who do not
- Other considerations that matter to your organization and the communities served

In another example, imagine that you want to analyze pre-test scores for your program. Your starting data may look like [Table 17](#).

Table 17. Program Pre-Test Module Scores

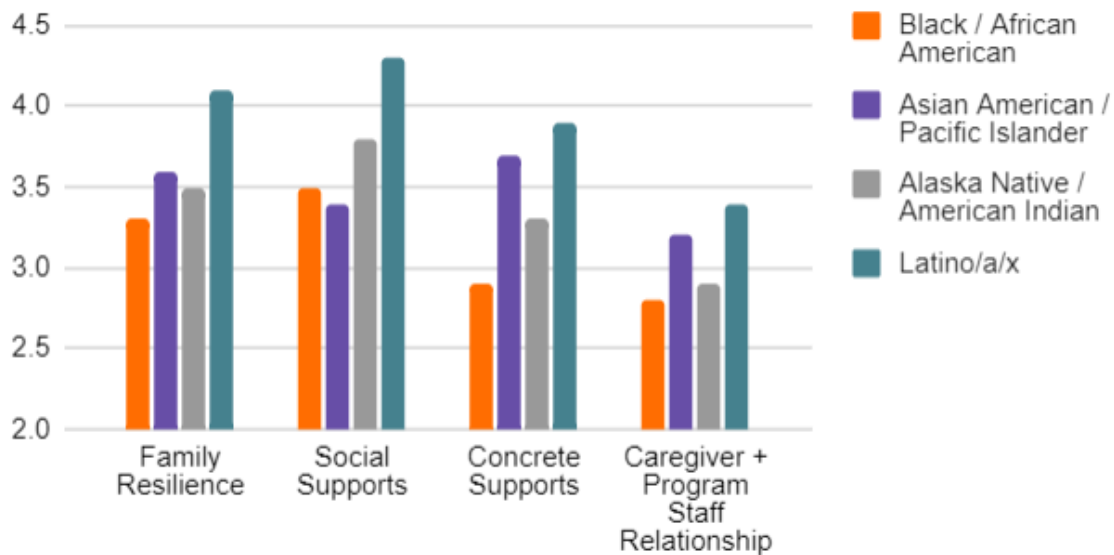
	Pre-Test Module Scores			
	Family Resilience	Social Supports	Concrete Supports	Parent/Caregiver + Program Staff Relationship
Program	3.7	3.9	3.4	3.1

When you break down the modules by race, a different story emerges ([Table 18](#)).

Table 18. Program Pre-Test Module Scores by Race

	Pre-Test Module Scores			
	Family Resilience	Social Supports	Concrete Supports	Parent/ Caregiver + Program Staff Relationship
Black/African American	3.3	3.5	2.9	3.2
Asian American/Pacific Islander	3.6	3.4	3.7	2.8
Alaska Native/American Indian	3.5	3.8	3.3	2.9
Latino/a/x	4.1	4.3	3.9	3.4

When you break down the module scores by race, differences between racial and ethnic groups become apparent. Recognizing that a goal of racial equity is that race no longer predicts outcomes, this disparity could help set priorities for the program to address these concerns. When displayed as a bar chart ([Chart 3](#)) the differences are made clear.

Chart 3: Pre-Test *Module Scores by Race*

As a set of pre-test results, *Chart 3* indicates that clients with different racial and ethnic identities may need a tailored supports to address their needs. Perhaps other differences would emerge with additional analysis that could help recommend program design changes, staffing choices, or advocacy priorities.

Other likely analyses are between the pre-test and post-test. Ideally, your program will see positive change between pre-test and post-test that should indicate your program is positively impacting clients in those protective factor areas.

The data you analyze can help you make improvements to your programming. For example, if you see that your program is having more of an impact over time on one protective factor, but not another, you could consider adjusting your programming to provide more focus on that protective factor. Ideally, data should be part of a Continuous Quality Improvement (CQI) strategy, where you are regularly using data you are collecting to make programming decisions. Learn more about CQI in the ***Step 4: Full Implementation*** section.

Determining a “Good” Score

Programs often want to know how to understand a score—to know if it is a “good” or “bad” score. Rather than labeling scores in this way, the scores from the CRMT-PF should be considered in the context of the program.

All of the modules are scored the same—along a scale of 0 to 4. For most of the questions, 0 = Strongly Disagree and 4 = Strongly Agree. For the **reverse coded** questions (6, 7 and 15), 0 = Strongly Agree and 4 = Strongly Disagree. A higher score means a higher level of a particular protective factor.

As a program, you should decide a **threshold** or “cutoff” score—the score that triggers additional services, resources, and/or referrals to families whose scores come in under the threshold. Programs should have a plan for what it will mean when a family scores under the threshold.

During [*Step 3: Initial Implementation*](#), programs may want to analyze the data collected during testing phase to calculate for program-level averages. Knowing the average family score for the program may help select the initial threshold score. Programs will want to revisit that average as part of the Continuous Quality Improvement activities to ensure it remains representative of current participant experiences.

Supporting the CRMT-PF: Appendices

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Appendix A: CRMT-PF Survey Instrument

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Note: The CRMT-PF is available in other languages at the [Best Starts for Kids CRMT-PF website](#).

CULTURALLY RESPONSIVE MEASUREMENT TOOL: PROTECTIVE FACTORS (CRMT-PF)

For program staff use only	
<input type="checkbox"/> Pre-Test	<input type="checkbox"/> Single Assessment
<input type="checkbox"/> Post-Test	

This survey is being conducted for two reasons: to understand your strengths and needs as a family, and-- more broadly--to understand what families in King County (of all structures) need to thrive. In this survey we will ask you some questions that relate to the work you do with our program, but there will also be questions that may not seem to relate. For example, we ask questions to understand what families can and cannot afford with their current financial situations. This is not a judgment, nor is it a promise of services.

Your responses are confidential and will not be used against you in any way. If there are questions you do not feel comfortable answering, feel free to select "Prefer Not to Answer" when applicable. Your responses will help us understand where we may need to provide/connect resources to families in the future. **Thank you for your honest responses!**

Family Name/ID:	Date:
-----------------	-------

INSTRUCTIONS: Thinking about your life right now, select the extent to which you agree or disagree with the following statements. Use a ✓ or ✗ in the box to mark your response.

FR FAMILY RESILIENCE	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
1. In general, my family knows we are strong enough to solve problems in our lives.						
2. Our family traditions are important to us.						
3. In general, my family works together to solve problems.						
4. In general, my family stays hopeful even in difficult times.						
5. My family is able to find time for things that matter to us.						

KPCD KNOWLEDGE OF PARENTING & CHILD DEVELOPMENT	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
6. I feel like I'm always telling my child(ren) "no" or "stop."						
7. How I respond to my child(ren) depends on how I'm feeling.						
8. It is important to show that you understand your child(ren)'s feelings when they misbehave.						
9. Parents/caregivers have a big impact on how their child(ren) turn out.						

CULTURALLY RESPONSIVE MEASUREMENT TOOL: PROTECTIVE FACTORS (CRMT-PF)

INSTRUCTIONS: These questions help us understand your current support system. Thinking about your life right now, select the extent to which you agree or disagree with the following statements.

SS SOCIAL SUPPORTS	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
10. I have someone in my life who encourages me.						
11. I have someone in my life who is honest with me about difficult topics.						
12. When I'm trying to work on achieving a goal, I have someone in my life who will support me.						
13. When I need someone to look after my child(ren) on short notice, I can find someone I trust.						
14. I have people I trust to ask for advice about: <i>(select all that apply)</i>						
<input type="checkbox"/> Money / Bills / Budgeting <input type="checkbox"/> Relationships	<input type="checkbox"/> Food / Nutrition <input type="checkbox"/> Stress / Worries		<input type="checkbox"/> Caring for my Child / My Children <input type="checkbox"/> None of the above (= 0)			

INSTRUCTIONS: These questions help us understand your current financial situation. Thinking about your life right now, select the extent to which you agree or disagree with the following statements.

CS CONCRETE SUPPORTS	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
15. I have trouble affording what I need each month.						
16. I am able to afford the food I want to feed my family.						
17. In the past <u>month</u> , were you unable to pay for: <i>(select all that apply)</i>						
<input type="checkbox"/> Rent or mortgage <input type="checkbox"/> Childcare/daycare <input type="checkbox"/> Groceries/food (including baby formula/diapers)	<input type="checkbox"/> Utilities or bills (electricity/gas/heat/phone/internet, etc.) <input type="checkbox"/> Medicine, medical expenses, mental health services, co-pays <input type="checkbox"/> Basic household or personal hygiene items (including clothes/shoes)		<input type="checkbox"/> Transportation (including gas, bus passes, shared rides) <input type="checkbox"/> Other (<i>specify</i>): <input type="checkbox"/> I was able to pay for all of these (= 4)			
18. In the past <u>year</u> , have you: <i>(select all that apply)</i>						
<input type="checkbox"/> Delayed or not gotten medical or dental care for you or your family <input type="checkbox"/> Been evicted from your home or apartment <input type="checkbox"/> Lived at a shelter, in a hotel/motel, or in an abandoned building or vehicle	<input type="checkbox"/> Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage, or bills <input type="checkbox"/> Lost access to your regular transportation (e.g., vehicle totaled or repossessed)		<input type="checkbox"/> Been unemployed when you really needed or wanted a job <input type="checkbox"/> None of these apply to me (= 4)			

CULTURALLY RESPONSIVE MEASUREMENT TOOL: PROTECTIVE FACTORS (CRMT-PF)

***INSTRUCTIONS:** The following section focuses on your experiences so far with our organization. Your answers to these questions can help staff improve services for you and others like you, so your honest feedback is appreciated.*

NOTE: SKIP THIS SECTION IF YOU ARE TAKING THIS AS A PRE-TEST (see top of Page 1)

CPSR PARENT/CAREGIVER + PROGRAM STAFF RELATIONSHIP	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
19. When I talk to staff from this program about my problems, they seem to understand.						
20. The staff from this program genuinely care about me.						
21. The staff from this program have respect for me.						
22. The staff from this program help me when I need it.						

Appendix B: CRMT-PF Example Demographic Page

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Note: The CRMT-PF Example Demographics Page is available in other languages at the [Best Starts for Kids CRMT-PF website](#)

CULTURALLY RESPONSIVE MEASUREMENT TOOL: PROTECTIVE FACTORS (CRMT-PF)

Participant Demographics

INSTRUCTIONS: *These last few questions are about you. They will be used to help us understand the needs of people and families we serve. Remember, your responses to these questions are confidential.*

Gender Identity	<input type="checkbox"/> Woman <input type="checkbox"/> Man	<input type="checkbox"/> Non-Binary <input type="checkbox"/> Two-Spirit	<input type="checkbox"/> Prefer to Self-Identify (<i>fill in</i>):		<input type="checkbox"/> Prefer not to answer	
Identifies as LGBTQ+	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Sure <input type="checkbox"/> Prefer not to answer	Disabling Barrier or Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Sure <input type="checkbox"/> Prefer not to answer	
Age: in years	<input type="checkbox"/> Prefer not to answer		Family Structure <i>Select all that apply</i>	<input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent	<input type="checkbox"/> Kinship Care <input type="checkbox"/> Foster Care	<input type="checkbox"/> Multigeneration <input type="checkbox"/> Teen Parent
Age(s) of Child(ren) <i>Select all that apply</i>	<input type="checkbox"/> Age 0 to 5 <input type="checkbox"/> Age 6 to 12	<input type="checkbox"/> Age 12 to 17 <input type="checkbox"/> 18 +	Is there a child with a disability in your care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer	
Current Living Situation	<input type="checkbox"/> Own/Rent <input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Living with Friend/Family <input type="checkbox"/> Motel/Hotel	<input type="checkbox"/> Transitional Housing <input type="checkbox"/> Unsheltered/Staying in Car/Camper			
Primary language(s) spoken at home:					<input type="checkbox"/> Prefer not to answer	
How do you self-identify your race or ethnicity? (<i>fill in</i>)					<input type="checkbox"/> Prefer not to answer	
Race/ethnicity details: (<i>please select as many as apply, and enter Country of Origin or Indigenous Identity, if applicable</i>)					<input type="checkbox"/> Prefer not to answer	
<input type="checkbox"/> American Indian/Alaska Native	Country of Origin/Indigenous Identity (<i>fill in</i>):					
<input type="checkbox"/> Asian or Asian American	Country of Origin/Indigenous Identity (<i>fill in</i>):					
<input type="checkbox"/> Black, African or African American	Country of Origin/Indigenous Identity (<i>fill in</i>):					
<input type="checkbox"/> Hispanic, Latinx, or Spanish	Country of Origin/Indigenous Identity (<i>fill in</i>):					
<input type="checkbox"/> Middle Eastern or North African	Country of Origin/Indigenous Identity (<i>fill in</i>):					
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Country of Origin/Indigenous Identity (<i>fill in</i>):					
<input type="checkbox"/> White	Country of Origin/Indigenous Identity (<i>fill in</i>):					

Appendix C: Protective Factors Defined

The CRMT-PF protective factors were adapted based on feedback from King County communities and the Resilient Families Advisory Council.

Table 19. Protective Factors from PFS-2 to CRMT-PF

Protective Factors	PF/PFS-2 Definitions		CRMT-PF Definitions
Family 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.	→	Families draw on inner strength to learn and use adaptive skills/strategies to persevere when they are faced with challenges, crisis and trauma.
Knowledge of Parenting & Child Development	Understanding and using effective child management techniques and having age-appropriate expectations for children's abilities.	→	Parents / caregivers have age-appropriate expectations for children's abilities and understand and use consistent, effective child-care techniques.
Social Supports	Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs.	→	Parents / caregivers have support from family, friends, neighbors, and community that helps provide for a family's emotional needs.
Concrete Supports	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.	→	Parents / caregivers have access to tangible supports and services (including financial supports) that help families cope with stress and provide day-to-day necessities.
Parent/ Caregiver + Program Staff Relationship	The supportive, understanding relationship between caregivers and practitioners that positively affects parents' success in participating in services.	→	The supportive, understanding relationship between parents/caregivers and program staff that positively affects parents'/caregiver's success in participating in services.

Appendix D: Organizational Self-Assessments

The organizational assessments can help programs assess how well they are implementing strategies to strengthen families, and whether the whole CRMT-PF or only parts of it are relevant to its organization. This is discussed in ***Step 1: Exploration*** in the *Implementing the CRMT-PF* Section of this guide.

The organizational self-assessments for each protective factor should be filled out by each member of the self-assessment team individually, before results are brought to the group. Respondents should indicate their level of agreement on how well their program or organization matches each statement. Each protective factor section includes a definition and actions programs can take to build that protective factor. Remember that the protective factors in the CRMT-PF have been modified from the original Strengthening Families framework.

Filling Out the Organizational Self-Assessment

For each section, choose an option between Strongly Disagree (0) to Strongly Agree (4) for each self-assessment item. If the self-assessment item is not relevant for the program, programs may select “N/A” for not applicable. The comment section is meant to allow for discussion if more than one person is filling out the self-assessment.

Evaluating Organizational Self-Assessment Responses

When all of the desired self-assessment protective factor sections are filled out, the group will convene for discussion about how they rated each item and why. This process will help team members from different parts of the organization understand each other’s perspective as they decide whether to implement parts or all of the CRMT-PF. Areas where “N/A” has been marked are also important as this may indicate lack of relevance of that particular protective factor.

Scoring can be a faster if less comprehensive way to evaluate the tool. If the total scores across all protective factors sections are between 120 and 176, the measurement tool as a whole may be broadly beneficial for your program. Per protective factor, scores above 20 indicate alignment with the tool. Lower scores for the whole tool or per protective factor suggest the need for deeper evaluation on the applicability of the tool.

Note: This set of self-assessments have been adapted from the [Center for the Study of Social Policy’s Strengthening Families Self-Assessment](#) for community-based programs and their assessment for home visiting programs (Center for the Studies of Social Policy, n.d.-1; n.d.-2). For a more detailed and in-depth assessment, programs can review their tools as well.

Protective Factor: Family Resilience

Family Resilience is drawing on inner strength to learn and use adaptive skills and strategies to persevere when facing challenges, crisis, and trauma. Parents and caregivers take the lead on deploying and modeling these strengths as they provide supportive and nurturing care for children. Programs can build family resilience in many ways:

- Honor each family’s race, ethnicity, language, culture, history and parenting approach
- Demonstrate how parents/caregivers are valued
- Support parents/caregivers as decision-makers and help build their leadership skills
- Offer tips and resources for parents/caregivers to practice self-care
- Help parents/caregivers understand how to reduce stress for their child during difficult times

Self-Assessment Scoring

4: Strongly Agree
 3: Agree
 2: Neither Agree nor Disagree
 1: Disagree
 0: Strongly Disagree
 N/A: Not Applicable

Organizational Self-Assessment: Family Resilience

Key Components	Concept to Measure	Score	Comments
<p>Self-Efficacy: draw on inner strength to meet personal challenges</p>	When common signs of stress occur, home visitors reach out to families proactively and supportively. Common signs of stress include: <ul style="list-style-type: none"> • Parents’ acknowledgement of stress or problems • Unusual parental behavior • Repeated missed appointments • Divorce, separation, military deployment, job loss or other family crises • Changes in a child’s emotional state, acting out, distress, challenging/inappropriate behavior, signs of abuse or neglect, etc. 		
	Staff or programming offers guidance on how to appropriately respond to family crises (e.g., serious illness, death, divorce, military deployment, job loss, incarceration).		
	Staff receive training and support on how to respond appropriately to family crises that come to their attention.		

Family Assets: celebrating family strengths/traditions	Staff are trained to be knowledgeable about the parenting practices and approaches to family decision-making of different cultural and ethnic groups, and seek to partner with families to incorporate those approaches into services.		
	Staff encourage parents/caregivers to share their skills, talents, and cultural traditions with their children.		
	Program displays diverse families and family structures in books and program materials.		
Systems Navigation: ability to understand how to find and secure support/aid	The program supports parent/caregiver personal education, learning and/or career goals.		
	Program information and outreach materials are translated when possible and reviewed by parent committees for relevance and linguistically accessible to all families in the program.		
	Staff provide information and guidance to families to know their rights in accessing services, gain knowledge of relevant services and learn how to navigate through service systems.		
	Staff encourage parental decision-making about their children’s education.		
			TOTAL

Protective Factor: Knowledge of Parenting & Child Development

Parents/caregivers have age-appropriate expectations for children’s abilities and understand and use consistent, effective child-care techniques. Early childhood is the period in which children’s foundations for cognitive, language, social, emotional and moral development are established. Gaining a deeper understanding about child development can help parents know what is reasonable to expect from their child at different ages and stages. Programs can help parents increase their knowledge of parenting and child development in areas like:

- The role of parental/caregiver behavior and its impact on children
- How to positively impact child behavior, and disciplinary strategies
- Emphasize parental/caregiver roles and children’s first and best teachers
- Address parenting issues from a strengths-based perspective

Organizational Self-Assessment: Knowledge of Parenting & Child Development

Key Components	Concept to Measure	Score	Comments
The role of parental/caregiver behavior and its impact on children	Staff model developmentally appropriate responses to children’s behavior, interests, temperaments and need for exploration and learning.		
	Parents are encouraged to reflect on their own parenting history and culture.		
	Staff are responsive to parent / caregiver issues like child behavior, when caregivers appear frustrated, or are having difficulty relating to or communicating with their child.		
Discipline and how to positively impact child behavior	Staff share their observations of children with caregivers to help parents recognize their children’s unique assets, temperament, personality, communication styles and behavioral cues.		
	Staff reinforce positive parent-child interactions by noticing or acknowledging when caregivers are attuned to their child’s needs, or are communicating effectively with their children.		
	Information is provided to parents/caregivers on stages of child development and what to expect of their children at each stage.		
Parents/ caregiver roles as children’s first and best teachers	Staff can explain to parents/caregivers how their activities and interactions support their child’s development		
	Caregivers and staff work together to organize opportunities for parent-led discussions to explore caregiving topics.		
	Staff help caregivers feel confident about their ability to support their children.		
			TOTAL

Protective Factor: Social Supports

Parents / caregivers have support from family, friends, neighbors, and community that helps provide for a family’s emotional needs. These connections help buffer parents and caregivers from stressors, and help support nurturing caregiving behaviors that promote secure attachments in young children. Programs can encourage caregivers and provide opportunities for them to connect by:

- Increasing the caregiver’s perception of support
- Creating an inclusive environment
- Encouraging mutual support networks
- Promoting engagement in the community and participation in community activities

Organizational Self-Assessment: Social Supports

Key Components	Concept to Measure	Score	Comments
Perception of Support: feeling that others encourage and support the family	Staff help families assess their level of social connections and examine their support system.		
	Programs provide or refer families to opportunities to socialize and foster a sense of community.		
	Staff model inclusive, community-minded behaviors.		
Willingness to Receive Feedback: ability to reflect on advice or observations from trusted people	The program connects families to resources to strengthen relationships between adults (e.g. healthy marriage skills, communication skills, conflict resolution, co-parenting).		
	Staff respond in a constructive manner to prejudicial statements and/or incidents that occur during home visits.		
	Staff encourage caregivers to share caregiving/parenting information with each other.		

Ability to ask family/friends/ community to get personal or professional help	Staff work with caregivers to identify friends and family members who are able to lend support or help in times of need.		
	Staff help parents identify and overcome barriers to participating in social activities by offering information on available resources (e.g. support with transportation, childcare, translation services).		
	The program encourages caregivers to set up mutual support mechanisms like carpools, babysitting co-ops, playgroups, social media groups, etc. where they can communicate and support each other.		
			TOTAL

Protective Factor: Concrete Supports

Parents / caregivers have access to tangible supports and services (including financial supports) that help families cope with stress and provide day-to-day necessities. Programs can help parents/caregivers to identify, find and receive concrete supports in time of need. Programs should:

- Respond immediately when families are in crisis
- Provide information and connection to services in the community
- Help families to develop skills and tools to identify their needs and connect to supports

Organizational Self-Assessment: Concrete Supports

Key Component	Concept to Measure	Score	Comments
Level of financial hardship	Staff show up as trusted contacts for families so that when a crisis occurs, families feel comfortable to ask for help.		
	Staff proactively respond to signs of parents / caregivers in crisis or distress by expressing concern and making themselves available when parents / caregivers are ready to talk.		

	If families bring up issues beyond the expertise of program staff, they can quickly and easily tap supervisors, other specialists / programs or community members to support.		
	Staff are sensitive and responsive to the impact of family stress on children.		
	Staff help families identify short and long-term supports and develop long-term strategies so they are better able to weather hardships.		
	The program maintains up-to-date information about services and resources in the community that could support families like food pantries, health providers, domestic violence services, shelters, respite care for children, alcohol and substance abuse services, mental health services, economic supports, legal assistance, etc.		
	Staff continue to support the family during difficulties and monitor the situation until it is resolved.		
	Staff support and encourage family leadership in navigating services from other providers.		
			TOTAL

Protective Factor: Parent/Caregiver + Program Staff Relationship

The supportive, understanding relationship between parents/caregivers and program staff that positively affects parents’ success in participating in services.

- Respond immediately when families are in crisis
- Provide information and connection to services in the community
- Help families to develop skills and tools to identify their needs and connect to supports

Organizational Self-Assessment: Parent/Caregiver + Program Staff Relationship

Key Component	Concept to Measure	Score	Comments
Level of perceived trust and respect between family and program staff	Staff use a variety of methods (e.g. new family orientations, individual conversations, written questionnaires), to provide information and gather input from families about activities throughout the year.		
	Staff spend adequate time listening and learning about families interests and needs, hopes and expectations.		
	Staff show no preference toward any family type, equally valuing biological, blended, single father/mother, or guardian caregivers and encouraging their engagement.		
	Staff welcomes and affirms the cultures of families it serves by inviting families to define and express their ethnicity or culture.		
	Staff develop mutually respectful relationships with all family members by taking time to understand the complex needs of individual family members.		
	Families are encouraged to lead conversations about their needs, and staff support their decisions about what will best serve them.		
	The program provides opportunities for families to serve as leaders and offer input on services and programming.		
	Staff keep family issues confidential unless given explicit permission to share information (except when potential abuse or neglect is at issue and a report is mandated).		
			TOTAL

Appendix E: Other Relevant Tools & Assessments

The table below outlines several of the assessments on the market that measure some or all of the same areas as the CRMT-PF. Based on your organization’s Self-Assessment results, one or more of these tools may be a better fit. Follow the link on each tool to get more information about the pricing, languages available, and additional details about each assessment. Note that as of 2021, some of the tools have been statistically validated, but none other than the CRMT-PF have been community validated.

Child Development Children’s physical, emotional, or social milestones at different ages to identify potential developmental delays.		
Tool	Completed by + Average Duration	Areas Measured
Ages + Stages Questionnaire Social-Emotional, 2nd Edition (ASQ-SE2)	Parent/Caregiver 10 – 15 minutes	Self-Regulation, Communication, Autonomy, Coping, Relationship
Ages + Stages Questionnaire, 3rd Edition (ASQ-3)	Parent/Caregiver 10 – 15 minutes	Language, Personal-Social, Fine & Gross Motor, Problem Solving Skills
Parenting/Caregiving Quality of parent-child interactions in affection, responsiveness, encouragement, and teaching.		
Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)	Program Staff 10 minutes	Quality of parent-child interactions: Affection, Responsiveness, Encouragement, Teaching
Life Skills Progression (LSP)	Program Staff 5 – 10 minutes	Parent/Caregiver and Children: Behaviors, Attitudes, Skills
Protective Factors Survey 2 (PFS-2)	Parent/Caregiver 10 – 15 minutes	Protective Factors: Family Resilience, Social Supports, Concrete Supports, Parent/Caregiver + Program Staff Relationship
Self-Efficacy How much a parent/caregiver believes in their abilities to be a good caregiver to their child or children and/or how effective they are as a caregiver		
Tool	Completed by + Average Duration	Areas Measured
Parental Sense of Competence (PSC)	Parent/Caregiver 5 – 10 minutes	Parent/Caregiver Satisfaction, Parent/Caregiver Self-Efficacy
Tool to Measure Parental Self-Efficacy (TOPSE)	Parent/Caregiver 15 – 20 minutes	Effectiveness through: Emotion and Affection, Play and Enjoyment, Empathy and Understanding, Control, Discipline and Boundary Setting, Pressures of Parenting, Self-Acceptance, Learning and Knowledge

Intimate Partner Violence The level of danger a person is in with their partner		
Relationship Assessment Tool (RAT)	Parent/Caregiver 5 – 10 minutes	Intimate Partner Violence Risk
Depression The level of depression for a parent/caregiver or children age 12+		
Patient Health Questionnaire – 2 (PHQ-2)	Parent/Caregiver or Children age 12+ 3 minutes	Depression
Patient Health Questionnaire – 9 (PHQ-9)	Parent/Caregiver or Children age 12+ 3 minutes	Depression

Other Tools and Assessments

For broader compilations of the assessments listed above and more, check out the following resources.

Name of List (# of Assessments)	Compiled By	Types of Assessments
Evaluation Instruments for Fatherhood (6)	National Fatherhood Initiative	Father-Child Relationship Quality for Fatherhood Programs, Coparenting Relationship Scale, Fathers' Engagement
Developmental and Social-Emotional Screening Instruments for Young Children in Minnesota (8)	Minnesota Interagency Developmental Screening Task Force	Developmental, Socio-Emotional
Family Home Visiting Screening and Assessment Recommendations (18)	Minnesota Department of Health	Child Development and Social-Emotional, Depression, Home Safety Checklist and Safe Sleep, Intimate Partner Violence, Parenting/Caregiving, Parent-Child Interaction
Compendium of Annotated Measurement Tools (75)	FRIENDS National Resource Center for Child Abuse Prevention	Family Self-Assessments, Depression, Cultural Competence, Social Supports, Stress
Developmental Screening and Assessment Instruments with an Emphasis on Social and Emotional Development for Young Children Ages Birth through Five (38)	Sharon Ringwalt, The National Early Childhood Technical Assistance Center	Family Self-Assessments, Assessments Completed by Professionals, Socio-Emotional Screenings, Multi-Domain Assessments
Well-Being Instruments for Early Childhood (14)	U.S. Department of Health & Human Services, Administration for Children & Families	Behavioral/Emotional, Social, Cognitive, Physical

Appendix F: Further Reading on Culturally Responsive Research

Acree, J., & Chouinard, J. (2020). Exploring Use and Influence in Culturally Responsive Approaches to Evaluation: A Review of the Empirical Literature. *The American Journal of Evaluation*, 41(2), 201-215.

- An overview of the history of culturally responsive research and why it remains important.

Amer, M.M., & Bagasra, A. (2013). Psychological research with Muslim Americans in the age of Islamophobia: Trends, challenges, and recommendations. *The American Psychologist*, 68(3), 134-144.

- Helpful recommendations for Muslim American populations and examples of culturally responsive research.

Balahadia, A. (2016). *Voices of Seattle's East African Communities: An Overview of Community Issues and Opportunities*. Aileen Balahadia Consultation.

http://www.seattle.gov/documents/Departments/OIRA/2016_OIRA_09_EastAfricanReport_FINAL.pdf

- A quality example of culturally responsive research in Seattle, WA in East African communities.

Baumann, A., Domenech Rodriguez, M., Parra-Cardona, J. (2011) Community-based applied research with Latino immigrant families: Practice and research according to ethical and social justice principles. *Family Process*. 2011; 50:132–148.

- A practical example of culturally responsive research from a Latinx perspective.

Beaton, D. E., Bombardier, C., Guillemin, F., & Ferraz, M. B. (2000). Guidelines for the process of cross-cultural adaptation of self-report measures. *Spine*, 25(24), 3186-3191.

- A helpful outline of how to conduct a translation process for a measurement tool.

Bekes, L., Garcia, E., García, J., & Illing, S. (2017). Practical Tools for Designing and Implementing Culturally Responsive and Inclusive Evaluations. *Learning for Action*.

<http://learningforaction.com/lfa-blogpost/culturally-responsive-evaluation>

- A checklist with reflection questions to guide culturally responsive community work.

Casado, B., Negi, N., & Hong, M. (2012). Culturally Competent Social Work Research: Methodological Considerations for Research with Language Minorities. *Social Work*.

<https://academic.oup.com/sw/article/57/1/1/1931813>

- A well-detailed and in-depth overview of culturally responsive research with many examples of bilingual populations.

Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241-1299.

- A classic text necessary for learning the fundamental term "intersectionality" before properly conducting culturally responsive research.

Cridland, E., Jones, S., Caputi, P., & Magee, C. (2015). Qualitative research with families living with autism spectrum disorder: Recommendations for conducting semi structured interviews. *Journal of Intellectual & Developmental Disability*, 40(1), 78-91.

- Culturally responsive research through an accessibility and disability lens.

CultureCard. (2009, January). A Guide to Build Cultural Awareness: American Indian and Alaska Native. SAMHSA. <https://store.samhsa.gov/sites/default/files/d7/priv/sma08-4354.pdf>

- Tangible applications for decolonizing data and aligning with indigenous ways of knowing.

Gabb, J., & Allen, K. (2020). Qualitative Research on LGBTQ-Parent Families. In LGBTQ-Parent Families (pp. 471-489). Cham: Springer International Publishing.

- A qualitative data and LGBTQIA+ lens on culturally responsive research.

Huer, M.B., & Saenz, T.I. (2003). Challenges and Strategies for Conducting Survey and Focus Group Research With Culturally Diverse Groups. *American Journal of Speech-Language Pathology*, 12(2), 209-220.

- A great example of adapting surveys and focus groups in a culturally responsive way with helpful applications.

Hunt, S. & Riegelman, A. (2021). Conducting research through an anti-racism lens. University of Minnesota. <https://libguides.umn.edu/c.php?g=1096139&p=7993780#s-lg-box-wrapper-29851521>

- An explanation of anti-racism in research with helpful visuals and definitions.

López, M., Hofer, K., Bumgarner, E., & Taylor, D. (2017). Developing culturally responsive approaches to serving diverse populations: A resource guide for community-based organizations. National Research Center on Hispanic Children and Families. Retrieved online at www.hispanicresearchcenter.org/wp-content/uploads/2018/04/Cultural-Competence-Guide-V2. Pdf.

- A resource specifically for community-based organizations with helpful tables and decision charts.

Appendix G: Community Translation Toolkit

Pages 63 - 76

CRMT-PF

COMMUNITY TRANSLATION
TOOLKIT

PREPARED BY:

the **CAPACITY COLLECTIVE**

WWW.CAPACITYCOLLECTIVE.ORG

AUGUST 2025

*This work was made possible by the
King County Best Starts for Kids Levy*

 King County

Best Starts for
KIDS

CRMT-PF Community Translation

Culturally Responsive Measurement Tool: Protective Factors

INTRODUCTION TO THE CRMT-PF

Since 2020, Best Starts for Kids has worked in partnership with The Capacity Collective, community-based early learning service providers, and families to develop a culturally responsive measurement tool to measure protective factors in King County families. Measuring protective factors is a strengths-based way of measuring supports and health in families and communities.

The Culturally Responsive Measurement Tool: Protective Factors (CRMT-PF) was originally published in June 2023. It is a survey with 22 questions measuring five protective factors: family resilience, knowledge of parenting & child development, social supports, concrete support, and caregiver/practitioner relationships.

INTRODUCTION TO THE TOOLKIT

This Community Translation Toolkit was created to support organizations who would like to use the CRMT-PF in a language other than the ones currently available through King County. The aims of this toolkit are to increase the accessibility of the tool, make it available to more programs and practitioners, and to make the tool more community-centered by providing resources to support a meaningful translation process without needing to work with King County or The Capacity Collective to complete the process.

In the following pages, this toolkit provides checklists and considerations for translating the tool to ensure it maintains its integrity. It includes definitions for all the concepts being measured in the tool, and a short bibliography of additional resources to support your translation efforts.

The CRMT-PF went through a rigorous Community Validation process for the English, Spanish, Simplified Chinese, Somali and Vietnamese versions; a high level of care should be applied as much as possible to ensure the tool is an effective and reliable measure of protective factors in your communities. While the tool was initially tested in families with children age 5 and under, it may also be used with families who have children older than the age of 5.

NOTE: The CRMT-PF was adapted from the Protective Factors Survey, 2nd Edition from the FRIENDS National Center for Community-Based Child Abuse Prevention.

For more information on the original concepts and how those concepts have been measured and tested, see the FRIENDS website: <https://friendsnrc.org/evaluation/protective-factors-survey/>

CRMT-PF Community Translation

Culturally Responsive Measurement Tool: Protective Factors

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TRANSLATION CHECKLIST

Considerations for producing a translation that is culturally-responsive, linguistically appropriate, and reliable for measuring protective factors.

- Establish a **translation team** to work together to support a well-tested translation of the tool. The team should include direct service staff (those who work most closely with families), program decision makers, and ideally community members.
- Give the project **time** and an adequate **budget** that will fairly compensate translators, staff and the families with whom the tool is tested ([see Testing Checklist, page 3](#)).
- A reliable, responsive translated tool should:
 - Capture the **concept**, rather than a word-by-word duplication ([see pages 5-9](#)).
 - Ensure the concepts, words, and phrases work well for people from the culture(s) represented by your key communities (**cultural applicability**).
 - Be simple, clear, and concise.
 - Avoid **jargon**, including technical terms or idioms that cannot be understood by most people in everyday life.
 - Consider the **real people** who will use the tool--does the language apply across age, gender, religion, social norms, ability, etc.?
 - Have an appropriate **language and formality level** for the key communities.
 - Use correct **grammar**, punctuation, tense, etc. for the target language.
 - Be **complete**, with no information omitted, added, or clarified in the translation.

CRMT-PF Community Translation

Culturally Responsive Measurement Tool: Protective Factors

TRANSLATION CHECKLIST, CONTINUED

- Consider using the TRAPD Methodology:
 - **T**ranslation: Tool is translated and back-translated (see below).
 - **R**eview: Team reviews translations and notes concerns/observations.
 - **A**djudication: Team makes the final decisions on word and phrase choices, including translators in the discussion if possible.
 - **P**re-Testing: Translated tool is tested with wide variety of families (paid), soliciting feedback on translation and cultural applicability (see [Testing Checklist, below](#))
 - **D**ocumentation: Document decision making, pre-testing feedback, etc.
- Complete at least one **translation** and at least one **back translation**.
 - *Translation*: From source language (English) to target language.
 - *Back-translation*: Translating from target language to source language (English) without being exposed to the original instrument.
- Use **translators** with extensive translation experience and cultural contexts.
- Note when statements, when translated, have a **meaning** that is narrower or broader than the original concept. Be mindful of connotations.
- Unless your local testing demonstrates otherwise, translated **likert scale** and **scripts** should be kept, as they were rigorously tested with a wide variety of communities.

TESTING CHECKLIST

Considerations for thoroughly testing a translation with ample opportunities for feedback from a wide variety of perspectives.

- Test the translated tool** with at least 10 families, ideally at least 30 families.
- Sufficiently **compensate** families, honoring their time, feedback and insights.
- Select a **wide variety of families** (e.g., differences in caregiver age, children's ages, racial/ethnic identities, urban/rural locations, income levels, family structures, etc.).
- Use a **think-aloud protocol**, where the caregiver narrates their experience of completing the tool out loud, with you taking notes. Have the caregivers verbalize their thought process so you can hear how they understand each component.
- Solicit **consistent feedback** so you can identify themes, asking questions such as:
 - Were any questions difficult to answer? If so, which ones, and why?
 - Were there any questions we should not have asked? If so, which ones, and why?
 - Were there any questions we did not ask, but should have? What are they?
 - What other comments do you have about using this tool in your community?

CRMT-PF Community Translation

Culturally Responsive Measurement Tool: Protective Factors

CULTURALLY-RESPONSIVE RESEARCH PRACTICES

These practices informed the creation of the CRMT-PF and how it is framed. Keep these concepts in mind when planning your translation, and how the tool will be implemented in the key communities for which you are translating.

Acknowledge Historical Context

A legacy of harmful research practices has adversely affected BIPOC communities, people with disabilities, LGBTQIA+ communities, etc. Be aware of this history and the potential impacts on trust, as well as the impacts of how you will use the data. Educate yourself, build trust, be accountable, and center community autonomy.

Get Informed Consent

Participants should be fully informed before the tool is used with them, understanding the aims of the data collection, how the data will be used, who will have access to the data. Be sure to translate all of the scripts on the tool to provide framing for the questions.

Acculturation

If working with immigrant/refugee populations, be mindful that families may also be dealing with stresses as they adapt to the dominant culture in which they live. Be prepared to accommodate different literacy levels, respect and honor culture-

Power Structures

Recognize the inherent power structures between the program and the client that exist, even when there is a relationship. Clients may feel they are required to answer the questions to continue to receive quality services; it should be clear that answering each question is optional. Programs should remind and assure clients that sharing data is in no way connected to services received.

Cultural Norms

Make an effort to learn the preferred cultural norms of families and their communities. In some cultures, individuals use words to convey meaning overtly and explicitly, whereas others show their reactions through facial expressions, gestures, and body language.

Flexible Engagement

Given different family constraints, comfort levels, and perceptions of time, programs should be prepared to make accommodations like virtual meetings, flexible start/end times, and stipends for transportation or childcare so all families are able to participate.

Welcoming Setting

Choose settings and locations for data collection that are both convenient and appropriate for families to minimize travel time and maximize comfort. Places of worship, workplaces, or community centers are good options.

CRMT-PF Definitions + Concepts

Culturally Responsive Measurement Tool: Protective Factors

DEFINITIONS + CONCEPTS INTRODUCTION

Each question in the CRMT-PF has been carefully selected and adapted to measure a particular concept. Use the tables below to ensure that your translation is capturing not just the words, but the concepts being measured.

FAMILY RESILIENCE

Families draw on inner strength to learn and use adaptive skills/strategies to persevere when they are faced with challenges, crisis and trauma.

Concept	Question (English)
Self-efficacy: drawing on inner strength to meet personal challenges	1. In general, my family knows we are strong enough to solve problems in our lives.
Family assets: Having shared family strengths and traditions	2. Our family traditions are important to us.
Family works together as a team to handle challenges	3. In general, my family works together to solve problems.
Family maintains feelings of hope during challenging times	4. In general, my family stays hopeful even in difficult times.
Prioritizing the family assets (shared strengths and traditions)	5. My family is able to find time for things that matter to us.

CRMT–PF Definitions + Concepts

Culturally Responsive Measurement Tool: Protective Factors

KNOWLEDGE OF PARENTING + CHILD DEVELOPMENT

Parents/Caregivers have age-appropriate expectations for children’s abilities and understand and use consistent, effective child-care techniques.

Concept	Question (English)
Discipline and how to positively impact child behavior (e.g., having age appropriate, predictable, reliable expectations)	6. I feel like I’m always telling my child(ren) “no” or “stop.”
	7. How I respond to my child(ren) depends on how I’m feeling.
	8. It is important to show that you understand your child(ren)’s feelings when they misbehave.
Parent attitudes toward children	9. Parents/caregivers have a big impact on how their child(ren) turn out.

REVERSE CODING

Note that questions 6 and 7 are reverse coded. While other questions are scored with Strongly Disagree = 0 up to Strongly Agree = 4, several questions are coded in reverse, with Strongly Disagree = 4 and Strongly Agree = 0. This is done as a best practice in survey methodology to ensure people are actually reading the questions before they respond. These questions should be translated as to keep the reverse coding.

Reverse Coded Questions: Q6, Q7, and Q15.

CRMT–PF Definitions + Concepts

Culturally Responsive Measurement Tool: Protective Factors

SOCIAL SUPPORTS

Parents/Caregivers have support from family, friends, neighbors, and community that helps provide for a family's emotional needs.

Concept	Question (English)
Perception of Support: Feeling that at least one person encourages and supports the family	10. I have someone in my life who encourages me.
Willing to Receive Feedback: Ability to reflect on advice or observations from trusted people	11. I have someone in my life who is honest with me about difficult topics.
Perception of Support: Feeling that others encourage and support the family to achieve goals	12. When I'm trying to work on achieving a goal, I have someone in my life who will support me.
Ability to utilize family, friends and/or community to get personal or professional help	13. When I need someone to look after my child(ren) on short notice, I can find someone I trust.
	14. I have people I trust to ask for advice about: (select all that apply)*

** Question involves multiple response options that should also be translated and culturally adapted to ensure they make sense for your key communities.*

CRMT–PF Definitions + Concepts

Culturally Responsive Measurement Tool: Protective Factors

CONCRETE SUPPORTS

Parents/Caregivers have access to tangible supports and services (including financial supports) that help families cope with stress and provide day-to-day necessities.

Concept	Question (English)
Level of financial hardship	15. I have trouble affording what I need each month.
Ability to afford food the caregiver/parents wants the family to eat (e.g., for cultural or health reasons)	16. I am able to afford the food I want to feed my family.
Impacts of financial hardship - past MONTH	17. In the past month, were you unable to pay for: (select all that apply)*
Impacts of financial hardship - past YEAR	18. In the past year, have you: (select all that apply)*

** Question involves multiple response options that should also be translated and culturally adapted to ensure they make sense for your key communities.*

CRMT-PF Definitions + Concepts

Culturally Responsive Measurement Tool: Protective Factors

PARENT/CAREGIVER + PROGRAM STAFF RELATIONSHIP

The supportive, understanding relationship between parents/caregivers and program staff that positively affects parents' success in participating in services.

Concept	Question (English)
Level of perceived understanding between family and program staff (not just listening, but empathizing)	19. When I talk to staff from this program about my problems, they seem to understand.
Level of perceived care (not because they have to care in their job role, or not just acting like they care)	20. The staff from this program genuinely care about me.
Level of perceived respect between family and program staff (not just listening but respecting family wishes and autonomy)	21. The staff from this program have respect for me.
Level of perceived trust and reliability between family and program staff (knowing they can count on staff)	22. The staff from this program help me when I need it.

TRANSLATION NOTE

This section is needed only when families have received at least 12 hours of programming. If using the tool at intake only, this section can be skipped.

CRMT-PF Definitions + Concepts

Culturally Responsive Measurement Tool: Protective Factors

OTHER CRMT-PF ELEMENTS

Along with the Protective Factors measures in the tool, the CRMT-PF includes other elements and measures to consider. More on each below.

Element	Details
Scripts	<p>All of the scripts (introduction text for the overall tool and for sections) were developed closely with community, and should be included in your translations. Because of the sensitivity of some topics, the scripts increase the likelihood of getting accurate responses, and help maintain trusting relationships. Adapt the scripts as needed to make sense for the communities you support.</p>
Demographic Information <ul style="list-style-type: none">• Gender Identity• Age• Language• Family Structure• Race/Ethnicity	<p>Choose whether or not your program needs the demographic questions, and which one are appropriate for your key audiences.</p> <p>If you plan to link a family's responses to demographics you have collected elsewhere, such as an intake form, you do not need to include these additional questions in your instrument. If the tool is being used anonymously, you may want to collect demographic information with the tool.</p> <p>Look through each measure to see what you collect, and what might be worth including in your version of the instrument as context for understanding responses. Knowing the communities you support, use the measures you need, and adapt options as appropriate (e.g. the number of gender options).</p>

CRMT-PF Definitions + Concepts

Culturally Responsive Measurement Tool: Protective Factors

OTHER CRMT-PF MEASURES

Measure	Details
<p>Program Info</p> <ul style="list-style-type: none"> • Time in Program • Language 	<p>Depending on whether you link responses to information about the family (as with demographics), determine what program information would be helpful for understanding the responses. Translate what you need to fully understand the responses.</p>
<p>Response Options</p>	<p>The CRMT-PF uses a 5-point likert option for most questions, ranging from Strongly Disagree to Strongly Agree. For some groups, depending on cultural norms, a 3-point scale may be more appropriate (Disagree - Neutral - Agree). Decide what is most functional for your organization and adapt accordingly, noting that you will need to adapt your scoring as well.</p>
<p>Pre/Post vs. One-Time Use</p>	<p>There are four ways to use the tool that may impact the way it is translated:</p> <ul style="list-style-type: none"> • One time at program start <ul style="list-style-type: none"> ◦ Do not include the section on Parent/Caregiver + Provider Relationship • One time at program end (or after some services) <ul style="list-style-type: none"> ◦ Ideal: After at least 12 hours of services • Pre-Test at program start <ul style="list-style-type: none"> ◦ Will want to connect to a person/family profile so that scores can be compared over time • Post-Test after some services and/or program exit <ul style="list-style-type: none"> ◦ Will want to connect to a person/family profile so that scores can be compared over time

CRMT-PF Community Translation

Culturally Responsive Measurement Tool: Protective Factors

MAKING YOUR OWN TRANSLATION

Bringing it all together, this is a checklist of “next steps” for getting a translation project up and going, and sharing your efforts back with community.

- Step 1: Assemble your Translation Team**
As discussed on page 2, you will want to bring together a team to manage the translation process. For the tool to remain community-centered, it will be beneficial to have the perspectives of the people with whom families work most closely, such as your direct service staff or doulas. You will also want to involve decision makers, and if possible, community members. Staff + community should ideally be fairly compensated.
- Step 2: Make Implementation Decisions**
Decide how you will use the tool so you will know which sections, questions, options and scripts will need translation. You can use the [CRMT-PF Implementation Checklist](#) (available through BSK) to work through this decision-making process with your team.
- Step 3: Coordinate your Translations**
Using the best practices outlined in the [Translation Checklist \(pages 2 and 3\)](#), find experienced translators to provide forward and backward translations. Provide them with guidance on the translation, including providing the concepts and definitions included in this Toolkit to support their work.
- Step 4: Test Your Translated Tool**
Use the [Testing Checklist \(page 3\)](#) to test your translated version of the tool. Systematically collect feedback so that you can analyze it for trends, and adjust your tool as needed. If testing leads to extensive revisions of the tool, you may need to run a second round of testing to ensure the updated version is well vetted by community. Gather feedback from families, as well as the staff who used the tool with the families.
- Step 5: Acknowledge the CRMT-PF**
To honor the hundreds of families and practitioners who have created this tool, we ask you to please include an acknowledgement in your tool. For example: This tool is based on the Best Starts for Kids Culturally Responsive Measurement Tool: Protective Factors (CRMT-PF). [Language] translation and adaptation were provided by [Organization].
- Step 6: Implement Your Tool**
Make sure you have all of the pieces you need: the tool, a place to store the data, a way to connect responses to demographic information, etc. Once ready, consider a “soft launch” approach to implementing the tool, and document the best practices you learn.
- Step 7: Share Your Tool**
Once you have translated the tool, we would love to hear from you for two reasons: first, to share your experience and provide suggestions for improvement. Second, to make your translated tool available for programs who need that access to that language. Please reach out to us at BSK.Data@kingcounty.gov to share!

CRMT-PF Community Translation

Culturally Responsive Measurement Tool: Protective Factors

FURTHER TRANSLATION READING + RESOURCES

- **European Social Survey (ESS):** Extensive translation resources to support translating their tool across many languages and cultural contexts.
- **Gudmundsson, Einar.** "Guidelines for translating and adapting psychological instruments." *Nordic Psychology* 61.2 (2009): 29-45. APA.
- **Responsive Translation:** White papers and reports on translation best practices.
- **Sprager and Martinez:** "Beyond Translation: Promotion a New National Standard for Equity in Health Materials Translated from English." *National Academy of Medicine*.
- **Washington Group on Disability Statistics:** Guidance on best practices for translating assessments while maintaining high data quality.

CRMT-PF INFORMATION + CONTACTS

More info on the CRMT-PF: Includes an implementation guide, training materials, and reports outlining the various testing processes used to create and translate the tool.



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About The Capacity Collective

The Capacity Collective, a woman- and LGBTQ-owned consulting group, provides data + evaluation support and technical assistance to nonprofits, government agencies, and community-based organizations. We believe in the power of data to demonstrate impact, celebrate successes, elevate voices, motivate staff and community, and advocate for social change. Learn more about our values and services at www.thecapacitycollective.org.



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About the Best Starts for Kids Initiative

Best Starts for Kids is a King County voter-approved initiative to support every baby born or child raised in King County to reach adulthood happy, healthy, safe, and thriving. Through comprehensive supports from prenatal development to adulthood, Best Starts for Kids catalyzes strong starts in early childhood and sustains those gains as kids progress to adulthood, launching King County's kids on a path to lifelong health and well-being.

Appendix H: Demographic Question Considerations

Below are some possible demographic measures that can be included in a program’s version of the CRMT-PF, based on a program’s data goals. Just like the other items in the survey the participant should have the option to skip questions by selecting “Prefer not to answer”. The prompts in the table can also be used to help explain why the questions are included.

Gender Identity	How do you identify your gender? Gender identity is the personal sense of one's own gender. Gender identity can correlate with a person's assigned sex at birth or can differ from it. Respondents can choose between male, female, non-binary or two-spirit, or fill in the blank to self-identify.
Age	How many years old are you? If you are more comfortable, an age range of 5 years may be used (i.e., 14 and younger; 15-19; 20-24; 25-29; 30-34 etc.).
Family Structure	Which of these family structures best represents your current family situation? Select all that apply. Single parent, two parent, kinship care (like an aunt as caretaker), foster care, multigenerational household or teen parent.
Primary Language	What language do you most speak at home? Write your answer on the blank line.
Disability	Do you have a child with a disability in your care? Disabilities can include any physical, cognitive, visual, hearing, and/or mental impairment that substantially limits one or more major life activity. If not sure, you can select “Not Sure”.
Disabling Barrier or Condition	Do you have a disability or condition that substantially limits one or more of your major life activities? This can include any physical, cognitive, visual, hearing, and/or mental impairment or chronic condition.
Age(s) of Children	Think of your children, or the children in your care. Select all age categories that apply to these children, including adult children.
Race & Ethnicity	What race and ethnicity are you? Start by describing your race/ethnicity in your own words on the blank line, then select as many identities from the categories that describe you. If you’d like, you can also include information like your country of origin or indigenous identity.
Tribal Affiliation	There is no need to be officially enrolled in the tribe you associate or identify with to fill in this section.
Indigenous Identity	There are indigenous people and communities from all over the world. Do you identify with a particular indigenous group or groups? If so, you can add your specific indigenous identity in any of the racial categories, if applicable.
Identifies as LGBTQ+	Do you identify as a member of the LGBTQ community? This stands for the lesbian, gay, bisexual, transgender or queer community. Even if you do not identify with those particular terms, do you identify as part of the community?
Current Living Situation	What is your current living situation? Do you own or rent your place? If not, are you living in an emergency shelter, living with friends, staying in a motel or hotel, or living in transitional housing? If not, are you staying in a car or camper, or staying somewhere outdoors?

Appendix I: Informed Consent Guide

For data collection to be ethical, there must be transparency and informed consent. Participants should be fully informed, understanding the aims and methods of the survey, and **voluntarily consent** to participate. They should be able to **withdraw from participation at any time without consequence**.

There is a chance that you are already collecting consent for collecting data; perhaps as part of your intake process. It is worth looking at your current language to ensure it sufficiently covers how your clients' data will be used once the survey is implemented. Below is a guide to the elements of informed consent language. Whatever form your organization uses for this process, be sure to have it translated so that participants can read it in their own language.

Component of Informed Consent	Included?
<p>What is the purpose of the survey (or other data you are collecting)?</p> <p><i>For example, are you collecting it to understand the impacts of your program? To report to funders? Any other reasons?</i></p>	<input type="checkbox"/>
<p>Is the survey required? In what ways can participants choose not to engage? (e.g., refusing the survey, or responding “Prefer Not to Answer”)</p>	<input type="checkbox"/>
<p>What kind of data will you be collecting?</p> <p><i>Be clear what types of data you will be collecting, and why. For the CRMT-PF, maybe you'd mention you are collecting data on the client's current family strengths and challenges, including information about their family interactions, their parenting, and their current support systems.</i></p>	<input type="checkbox"/>
<p>How will the data be stored? Who will have access to it?</p> <p><i>Ensure clients their data will be stored securely (if that is applicable) and be transparent about who will have access to the data, including program leadership. If data will be reported to funders, be clear if data is shared with identifiable information (such as names) or aggregated.</i></p>	<input type="checkbox"/>
<p>How will the data be used? Who will it be shared with?</p> <p><i>Be transparent about all of the ways the data will be used, for program reasons (to improve programming), organizational reasons (marketing and outreach), and/or external reasons (to report to funders or in fundraising activities).</i></p>	<input type="checkbox"/>

Appendix J: Sample Survey Script and Prompts

Introducing the Survey to Participants

Staff should introduce the survey using this script, or a script modified to include any other relevant organizational details.

“Today I will be asking you to complete a survey to help us understand the needs of the families receiving services from organizations in King County. The survey has questions about your experiences as a parent/caregiver. There are no “right” or “wrong” answers. At any time, you can choose to skip the whole survey, part of the survey, or any question on the survey. You and your family will not lose services or be penalized in any way if you do not finish the survey.

Your information will be confidential and we will not put your name on the survey. The answers you provide will not negatively change the services you receive.

Please feel free to stop me at any time to ask questions or if you feel uncomfortable. Do you have any questions right now?”

If the participant has any questions, answer each one at this time.

Pre-/Post-Test Instructions

Staff should only use this script if they are administering the pre-/post- method with the survey:

“Thank you for choosing to take this survey today. Please remember your answers are confidential and that there are no right or wrong answers. Choose the answer that makes the most sense for your family, and remember that you can skip any question that makes you feel uncomfortable.

[Pre-Test Only] You can skip Questions 19 to 22. That is the purple (or otherwise differentiated) section on Page 2.

The questions will either ask you how much you agree or disagree with the statement or whether or not your family has had an experience. Please mark the square that best

describes you and your family. If the answer choices do not match exactly with how you want to answer, please choose the answer closest to how you're feeling.

Optional language about the demographics page:

“The last section asks for more information about you and your family. We thank you for giving us this information again if we have already asked for it. We appreciate your help in making sure our survey information is as complete as possible which will help other families like yours that come through our program.”

How to Skip Questions

As described in the prompts, families may skip any question, for any reason. Families self-administering the survey can select the “Prefer not to answer” option for any question, and those helping families in fully or partially supported scenarios can select that option for any question that families don’t wish to answer.

Adapting the Survey for Your Families

This survey has been broadly tested with a variety of communities and families in King County. However, every family, community, and program is different, and programs may find that certain questions do not resonate for the families that they work with. In that case, programs may want to consider adapting the survey to better fit their needs. For example, programs that work primarily with kinship care or foster care families may want to use the phrasing, “the children in your care,” rather than “your children.” If you are surveying members of a culture that finds some questions taboo, you could also make an adaptation, such as asking for an age range rather than a specific birthdate. While it is important to keep as much of the language the same as possible to ensure the integrity of the instrument, slight adaptations to make the instrument more inclusive of your program participants in this way can be helpful, and support maintaining relationships with clients.

Appendix K: Possible CRMT-PF Dashboards

Depending on your data system, you may be able to set up reports or dashboards to make the results of the CRMT-PF visible, and help you use the data for decision making and program improvement. Individual-level analyses can help programs to support individual families, while group-level analyses can inform program changes. Here are some ideas to get started.

Individual-Level Analyses	
Needs Assessment: Social Supports	Display each family's responses to the Social Support questions, which will show the social needs of the family, including last-minute childcare (Q13) and people who can support with issues like money and budgeting, food and nutrition, etc. (Q14). This can show if a family is experiencing isolation, and may need connection to other members of their community.
Needs Assessment: Concrete Supports	Display each family's responses for the Concrete Support questions, which will show expenses the family is having trouble affording (Q17), and what decisions they are making to cut costs over the past year (Q18). This can provide a checklist of resources/referrals to support each family.
Longitudinal Analyses	Show pre- and post-test scores, with the ability to filter by individual families to see if/how that family's score has changed during their time in the program. You can choose to show individual questions, and/or average scores by module.
Group-Level Analyses	
Needs Assessment	Display all program participants' responses to the Social Support and Concrete Support questions aggregated. Look for <i>patterns</i> (e.g., questions with the lowest scores) for opportunities for making changes in programming or developing a deeper resource list, and for <i>trends</i> (e.g., question scores increasing or decreasing over time) to be responsive to emerging needs.
Longitudinal Analyses	Show pre-test and post-test scores, aggregated, to see if scores are increasing or decreasing in each of the sections. For example, if your program specifically addresses things like parenting classes, or teaching child development milestones to caregivers, look to see if the scores in that particular module are increasing over time, as a group.
Program Improvement	Look at your pre-test scores when they come in, aggregated. Look for patterns (e.g., questions with the lowest scores) to find opportunities to build up programming. For example, if families seem to be coming in with low scores in "Family Resilience", you could consider offering programming, or strengthening your program offerings, around building resilience in families.
Program Feedback	Display responses to the Parent/Caregiver + Program Staff Relationship section, aggregated, to see how caregivers are scoring their experiences working with staff. These questions can help you understand if your participants feel understood (Q19), cared for (Q20), respected (Q21) and/or helpful, when needed (Q22).
Equity Analyses	It is very important to understand if an organization's programming is working well for <i>all</i> participants, not for some groups better than others. Determine which caregiver/family attributes you want to track and break down the aggregated data by those attributes. For example, break down scores, and changes in scores, by race and ethnicity, housing situation, and/or age, etc., based on program's equity goals and key demographics.

Appendix L: Frequently Asked Questions (FAQs)

What is the cost of this survey?

This survey and associated materials are free. While you are welcome to make your own version of the tool, we ask you to credit our work by acknowledging the original tool. For example, including language like “Tool adapted from the Culturally Responsive Measurement Tool: Protective Factors (CRMT-PF) from King County’s Best Starts for Kids Initiative.”

Is the survey available in other languages?

Currently the survey is available in English, Spanish, Simplified Chinese, Somali and Vietnamese. If you need other languages, consider a Community Translation process (see the [Community Translation Toolkit](#) in [Appendix G](#)).

Is this survey reliable and valid?

The survey was developed through community-based methods, and has been community validated. The survey also went through testing for reliability and validity using traditional scientific methods. To adhere to culturally responsive research best practices, the community validation process was weighted more heavily, and the survey adapted based on the findings.

How long after a family takes the pre-test, should they take the post-test?

Participant families should take the pre-test or parts of the pre-test as close to the entry date of the participant as possible. This is dependent on the trust building between the family and program staff. The pre-test is recommended at least after the first visit and after trust has been built with the family. The post-test is recommended to be administered after a minimum of 12 service hours and/or at the end of services for the family. This depends on the number of data points the program is looking for and the average attrition rates of the families in the program.

How should we approach the definition of family?

Family should be interpreted by each participant, and definitions can vary wildly between participants. There are many different examples of family, but some examples include: a nuclear family (mother, father, son, daughter), a chosen family where individuals who are not biologically related treat each other as traditional family members do, a single mother/father/non-binary person caring for one child, or a grandparent caring for their grandchild. If needed, the participant can be provided with the definition of family as at least two people who care for one another.

Appendix M: Sources Cited

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