



CRMT-PF

CULTURALLY RESPONSIVE
MEASUREMENT TOOL:
PROTECTIVE FACTORS

IMPLEMENTATION GUIDE

PREPARED BY:

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 King County

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Project Background & Introduction

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 Levy (BSK), 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.

Key King County Communities:

- Black and African American
- Indigenous/American Indian/Alaska Native
- Hispanic and Latino/a/x
- Chinese
- Vietnamese
- Somali
- Ethiopian

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 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, and other relatives).

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). The implementation guide was first developed by The Capacity Collective, who maintained the guide with feedback and support from Best Starts for Kids during the project years of 2021-2024. Subsequently, Best Starts for Kids took over maintenance and updating of the Implementation Guide.

Description

The CRMT-PF is a 22-item survey to use in 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. See the Survey Implementation Decisions topic in Section 1 to help determine which version and mode of surveying will work best in your organization. There are **three parts** of the survey:

1. Program Information Form

This form gathers basic information for the organization. The form gathers important information about the administration of the survey like participant ID, method of test (pre-/post or single), date of survey, and the level of support administered, including hours of services received.

2. The Culturally Responsive Measurement Tool: Protective Factors (CRMT-PF)

The main section is the survey that measures five protective factors (Family Resilience, Knowledge of Parenting and Child Development, Social Supports, Concrete Supports, and Parent/Caregiver + Program Staff Relationship). The 22-item survey asks parents/caregivers to respond to a series of statements about their family. It is designed to be administered to

families who are currently enrolled in a program and receiving services, or to those who have already received services.

3. Participant Information / Demographics

Background information about each respondent is collected in this section to include gender identity, age, primary language, family structure, whether children in the household have a disability, and race/ethnicity. Optional questions can be added based on your organization's needs and what feels appropriate and respectful for families.

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 access tools and resources and builds 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. The survey can be a needs **assessment tool** at the individual or program level to gauge client protective factors. As a continuous-improvement tool, it can track individual and program-wide progress on building protective factors over time, and can indicate areas where program design changes could better serve clients. It can also be a component of **trust-building and case planning** with clients. 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.

From a family perspective, the CRMT-PF instrument can reinforce a sense of strength and capacity to solve problems and articulate areas where more support is needed. It can also open doors to access new services. Especially when administered by program staff, it can be part of a

trust-building process between the family and practitioner. For help determining if the CRMT-PF is a good fit for your organization, see the [Checklist for Using the CRMT-PF](#) topic in this section.

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 B](#).

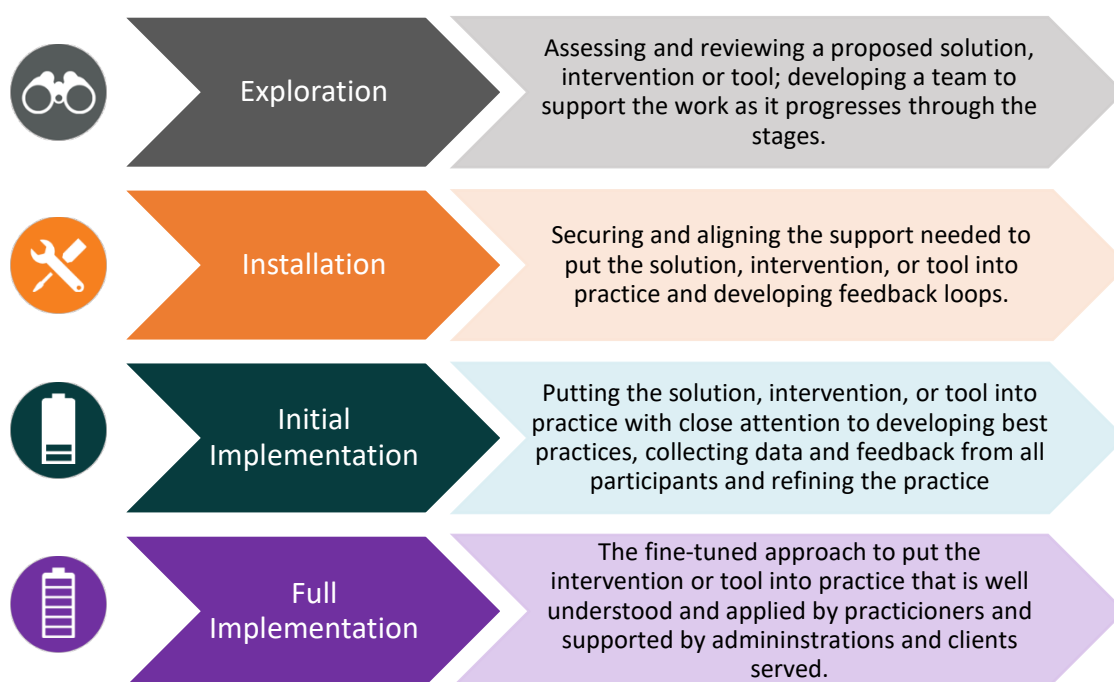
Table 1. CRMT-PF Protective Factors Definitions

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.

Implementation Recommendations

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.

There are four key stages in implementation science which we will reference in this implementation guide (NIRN, 2021):



Checklist for Using the CRMT-PF



The **exploration** stage of implementation starts by assembling a team to evaluate the CRMT-PF and assessing its relevance for your organization. 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 subscales are relevant. 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 of children who participate in the program.

Table 2. Checklist for Using the CRMT-PF

Are you generally ready to administer the CRMT-PF?	Yes	No
<p>Will the parent/caregiver taking the survey receive at least 12 hours of direct services from your program before they are given the post-test or single assessment?</p> <p><i>If you answered no, it may be best to wait until the client has received at least 12 hours of service before using the tool. If the client will not eventually receive 12+ hours of service, consider using this tool only for assessing needs, or see Other Tools in Appendix E for options.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Is the parent/caregiver taking the survey either able to take the survey unassisted, or does staff have time to support the family?</p> <p><i>If you answered no, wait until a time when staff have bandwidth to support. If translations are needed see the Translations topic in Section 1 for guidance.</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 and Child Development subscale, items 4-7.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
Do your programs or services include lessons, support or activities that address the following protective factors?	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 subscale, 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 subscale, 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 subscale, 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 subscale, 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 subscale, items 19 - 22.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

Organizational Self-Assessment

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.

It is recommended that the self-assessment team include members of administrative staff and/or program director, home visitors or direct service staff and parents/caregivers whose children participate in the program. Each member of the team should fill out the organizational self-assessment individually before convening as a group to discuss the results. The organizational self-assessments and further instructions can be found in Appendix D.

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 child care, child development, mental health, intimate partner violence, and more.

Culturally Responsive Surveying

All organizations, especially those that serve families with diverse cultural identities, are encouraged to review these guidelines on culturally responsive surveying practices.

Key Definitions

Cultural Competency: The ability to effectively engage and communicate with people from other cultures.

Cultural Humility: Critically evaluating one's own beliefs, practices, biases and assumptions to maintain a lifelong commitment to readdressing societal power imbalances.

Cultural Responsiveness: A practice of both cultural competence and cultural humility where there is genuine partnership with communities to co-create new knowledge.

Decolonizing Data: Stemming from Indigenous ways of knowing, this concept centers research priorities that collect, analyze and share data in a way that reflects their community's ways of knowing.

Intersectionality: A framework that recognizes all individuals have multiple identities that contribute to societal oppression or privileges. Some examples of intersectionalities include but are not limited to: race, ethnicity, citizenship, gender, class, sexual orientation, ability, and age.

Microaggression: Inadvertent or subconscious actions or words that convey negative attitudes toward disenfranchised groups or perpetuate stereotypes and historical power dynamics.

Culturally Responsive Considerations

The following list (Table 3) is a starting point for programs and their staff to integrate cultural responsiveness into work with families. Programs are encouraged to add to and adapt this list to best serve the needs of their communities. For further reading, see [Appendix G](#).

Table 3: Culturally Responsive Considerations

Acknowledge Historical Context	<ul style="list-style-type: none"> 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. 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.
Informed Consent	<ul style="list-style-type: none"> 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.
Build Trust	<ul style="list-style-type: none"> 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.

Power Structures	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Be mindful that immigrant or refugee families participating in the survey will 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	<ul style="list-style-type: none"> 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 such as informed consent documents. Interpreters should be provided for in-person and virtual meetings as needed. Symbols, pictures, and directions should also be analyzed for their cultural relevance. Consider a system of translation and backtranslation to improve the accuracy and relevance, and/or create a team of two experts, one handling adaptations and one translations. For more on translations, see the Survey Translations topic in Section 1.
Clarity	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.
Welcoming Setting	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.



Section 1: Instructions for Staff

This section provides guidance for the **installation** stage of implementation. To prepare an organization to use the CRMT-PF, staff should review program and personal competencies needed to successfully deploy the survey, potentially translate materials and train staff to effectively deliver the CRMT-PF. Guidelines for the **initial implementation** stage follow in the Prepare to Survey topic.

Survey Implementation Decisions

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

- Selecting a **survey version** (Pre-/Post-Test or Single Assessment)
- Determining how to **support families in survey completion**
- Choosing a **delivery method** (in-person or virtual)
- Selecting **demographic questions** (standard or extended)
- Developing a **survey plan**
- Choosing whether or not to provide **protective factors materials** to families

Choosing Pre-/Post-Test or Single Assessment Methods

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 factors like organizational bandwidth, existing organizational surveying patterns, client population, funder and staff preferences.

Pre-/Post-Test Method

Pre-/post-tests are meant to be used at 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. Due to the importance of trust-building, and the nature of some subscales like the Parent/Caregiver + Program Staff subscale, it is recommended that the pre-test occur after at least one client meeting. 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 (see Appendix A for an explanation of response-shift bias). If this happens, a program might see lower or unchanged CRMT-PF survey scores from pre-test to post-test, which might suggest that a program did not or even adversely affected a family's protective factors. Usually, this phenomena does not reflect a failure on the part of a program to build protective factors, but instead that the program helped educate and deepen parents' knowledge and understanding of parenting, causing them to rate themselves more realistically (lower) based on this new knowledge.

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

- 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.
- Programs or service providers that interact with families long-term might find this format particularly useful as it might be difficult to ask participants to think back to a time period long ago (i.e. over a multi-year period).
- Funders require a pre-/post-test version for their requirements or model fidelity.

Single Assessment Method

Alternately, the survey can be administered as a single, stand-alone assessment without a pre- or post-test. It is recommended to administer the survey after a **minimum of 12 service hours**.

This **single assessment** method may be helpful if:

- Your staff has a short, limited amount of time to complete a new assessment.
- Families have challenging schedules and you would like to collect data from them at one time as opposed to two.
- Some of the topics are particularly sensitive to ask participants, so asking them once rather than multiple times may be preferable. However, if some questions are particularly difficult, they can and should be skipped by selecting the “Prefer not to answer” option.
- Participants enter your program for too short of a time to be able to adequately space out a pre-/post-test version.
- Your organization is concerned about response shift bias.

Supporting Families in Survey Completion

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 4*).

This information can be tracked on the program information page during survey administration (see the Optional Program Forms in Section 4).

Table 4. 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.

In-Person vs. Virtual Considerations

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 5*.

Table 5. 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 surveys). • 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 shared. 	<ul style="list-style-type: none"> • Your organization may need to create a virtual 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 (such as brick walls 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 subscale 	<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).

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 + Program Staff relationship subscale if the family needs support, or suggest that the family fill out that subscale 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. | <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 PDF? A survey in an existing database, or new platform? How easy is it to complete on a phone or tablet, if participants do not have access to a computer? |
|--|---|

Selecting Demographic Questions

The participant demographic information part of the survey collects core data that can help you understand how families may have different levels or changes in protective factors. The core data includes questions on: gender identity, age, primary language, disability, race and ethnicity, tribal identity, and relationship to children in the household. Your organization may wish to add some additional optional demographic questions depending on your program design, clients served, and desired outcomes. For example, perhaps your program wished to understand protective factors by housing status (see *Table 6*). If appropriate, adding a question to understand housing status to your demographic form would allow you to calculate protective factors scores by housed versus unhoused families.

Table 6. Housed vs. Unhoused Families Protective Factors Subscale Scores

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

Potential benefits and drawbacks of including such questions are discussed in *Table 7*. Potential questions that are formatted for survey use are in the [Additional Participant Information Questions](#) topic of Section 5.

Broadly, potential questions address:

- How parents were referred to the programs
- Types of services received
- Child information
- Highest level of education
- Employment status
- Family housing
- Total annual family income
- Types of assistance programs used

Table 7. Benefits & Drawbacks of Additional Demographic Questions

Benefits	
<ul style="list-style-type: none"> Increased opportunities for family resources and program access. 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 from Black, Indigenous, and other communities of color by White researchers. 	<ul style="list-style-type: none"> Significant relationship and trust building should be established before asking families these questions in order to avoid upsetting families. 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?

Writing a Survey Plan

Writing a **survey plan** can help you organize your survey delivery activities. It can clarify responsibilities for team members and ensure that no details are missed.

In *Table 8*, an example survey plan is outlined for an organization that will use the CRMT-PF and wishes to administer the Parent/Caregiver + Program Staff Relationship subscale separately.

Table 8. Example Implementation Outline for Pre-/Post-Test Method

Timing	Pre-/Post-Test	Notes
After first family visit	Staff confirms that family can be given the pre-survey at the next meeting	Staff: Primary Staff Contact If the family is in serious crisis or if trust is tenuous, consider waiting at least one more visit before administering the pre-test.
3 days before family visit	Print and/or prepare electronic versions of the program information form, and CRMT-PF survey.	Staff: Program Admin <ul style="list-style-type: none"> • If <u>self-administered</u>, also prepare survey introduction and prompts • If <u>partially or fully supported</u>, ensure that survey scripts and prompts are available
Second family visit	Introduce pre-test survey and collect family data (program information forms and CRMT-PF forms needed).	Staff: Primary Staff Contact Data should be promptly entered into a central database (if collected on paper), and/or checked in the electronic data storage location to confirm accuracy.
Second-to-last family visit (or > 12 service hours)	Introduce post-test survey and collect family data (program information forms and CRMT-PF forms needed).	Staff: Primary Staff Contact
	Separately present the Caregiver + Program Staff survey subscale in one of these ways: <ul style="list-style-type: none"> • If in person and <u>self-administered</u>, offer a separate paper with these items and a privacy envelope; • If virtual and <u>self-administered</u>, send a text or email survey with only that subscale; • If a <u>supported</u> survey, either call another staff member to administer, or call the family after the visit to collect their answers. 	Staff: Primary Staff Contact or Program Admin Ensure that the separate survey section includes the family or individual's client ID, so it can be matched to that family member. Select the delivery method that balances genuine family feedback with feasibility for staff.
Within 1 week	Data quality: Enter data to database/spreadsheet (if using paper copies) or cross-check data quality in electronic database.	Staff: Program Admin
Every 6 months	Analyze: Calculate protective factor subscale scores and compare: <ul style="list-style-type: none"> • Pre- to post- change • Scores by race, country of origin, family size 	Staff: Program Admin & Service Staff Program admin crunch numbers and discuss outcomes with service staff to understand what drives patterns in bi-annual meetings. Can feed into program design changes and program /funder reports.



Prepare to Survey

The **installation** stage also requires that materials are prepared and staff are trained to deliver the CRMT-PF. Tasks include:

- Survey **document preparation**;
- Developing **survey translations**;
- Consider **supporting materials**;
- **Training staff**;
- **Writing a survey plan**;
- **Data management**.

Document Preparation

Once a method of the survey administration has been selected, documentation should be prepared a few days before the family takes the survey. The person preparing the materials could be central program staff who prepare documents for all direct service staff, or it could be the responsibility of direct service staff themselves. If the survey will be given virtually or taken electronically, the following components will still be relevant, but preparing them will depend on the platform or tool used. After determining which method (Pre-/Post or Single Assessment) the organization will use, follow the steps below:

1. Method of Administration

Before administering the survey, the program must decide where to store the data, and how to administer the survey.

2. 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 this guide (Section 5) that can be used or adapted to meet the needs of the organization.

3. Survey Packets

Assemble survey packets for each participant to include (in the following order):

- a. Copies of optional program information documents;
- b. The CRMT-PF survey itself (single assessment or pre-/post-test version);
- c. Survey scripts and prompts (for use by surveyor, if fully or partially supported, or to share with those families who will self-administer the survey).

Double check the order by reviewing the page numbers of the documents. These forms are all available in [Section 5](#).

4. Participant ID Number

Organizations should use the same client ID numbers across all CRMT-PF surveys collected. This will allow staff to give the survey to the same participants in the future if using a pre-/post-test version, and will make data analysis easier. The ID number is added to:

- a. The top of the program information form;
- b. The top of the first page of the survey.

5. Survey Script and Prompts

Staff should have a copy of the survey script and prompts when they administer the survey in fully or partially supported family scenarios. Staff may have one copy of the prompts per survey packet or they can use a single copy for multiple families. For self-administered surveys, staff should share the survey script and prompts with families for 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 virtual form (emailed or sent electronically beforehand).

6. Parent/Caregiver + Program Staff Relationship

Programs may decide to administer this survey subscale in a different way than other subscale to get the most accurate answers. Some approaches include:

- a. A staff member from a separate department asking the family these questions (could be via phone call in-person);
- b. Administering the survey via tablet or computer and turning the screen away from staff when completing this subscale;
- c. Sending the survey subscale via email or text (if the family can fill it out themselves).

Survey Translation

The instructions in *Table 9* provides suggestions for translating the survey into different languages. Though translating the survey in advance and with a team approach is recommended, guidance is offered on how organizations might translate materials in real time.

Table 9. Translation Guidance for Survey Instrument

In Advance (Programmatic)	In Real Time (Individual)
1. When first translating the survey, form a team of native language speakers either in or outside of the organization to take a first pass at translating. If possible, translate the prompts and scripts as well.	1. Families may only need the translation of one or two words during the survey taking process. Staff can offer those short translations in real time.
2. Translate the document once more through the lens of cultural norms and tone . For example, avoid metaphors, similes, or other figures of speech to prevent confusion. Review text for politeness and adjust for relevance (formal/informal language).	2. Note which words are commonly translated and write them down. These words can be paired with images or symbols to improve accessibility.
3. Test the new written translations with families and staff who are bilingual in the new language and English.	3. If patterns develop in certain communities, consider adding a list of translated words to your prompt pages for quicker translations.
4. Once the translation is ready, a third party translator should translate the survey back into English. The translation team can compare it to the original for inconsistencies. This back-translation process will ensure the consistency and quality of the translation.	4. Staff can compare notes to create these helpful translated words documents.
5. Prompts should be prioritized for translation before scripts. However, it is ideal to have both available.	5. Ideally staff would be paired with families that are similar linguistically and culturally , but if that is not possible, other staff who do not speak the translated language may benefit from these translated word documents when administering the survey.
6. Plan to use these translations in a standardized way across all programs to maintain consistency.	

Closing the Loop – 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 ahead of implementing it with families in the program. Ideally any materials should be translated to match the needs of families in the program.

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 that they have difficulty paying their rent will help strengthen the caregiver-program relationship and build trust.

Training Staff

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 Surveying Practices](#) topic in the Project Background and Introduction Section.

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.

Data Management Practices

Whether your organization collects survey data on paper or electronically, your team likely stores the data in a central location, like a spreadsheet or database. This can help keep data easily accessible and ready for analysis.

However, 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.

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. 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.

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. 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. Working with a data consultant could be helpful.



Section 2: Survey Scripts & Instructions for Participants

The **initial implementation** is when the new practice is put into place and deployed in your organization. This section provides an overview of the instructions needed for surveyors and families to participate and generate quality data, including:

- **Survey scripts** to introduce and explain the survey;
- Explanations of the **program information** and **demographic** forms.

Survey Scripts

Scripts are important to make sure all families are receiving the same instructions. 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 surveyors 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 (see the [Survey Scripts & Prompts](#) handouts in Section 5).

The following scripts are offered in detail:

- **Introducing the survey**
- Explanation about **informed consent**
- Survey **instructions** (single assessment and pre-/post-test)

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 fill in the circle 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.

Program Information Form

This page should only be filled out by program staff, not the participants. Programs and staff can decide which information is relevant and which information can be skipped on the program information form, and should make these decisions at the programmatic level. However, it may be helpful to track all of the program information suggested to find patterns in the data and ensure the survey is delivered to families at approximately the same number of service hours.

Table 10: Program Information Form

Interviewer Name	The name of the staff member surveying the family
Type of Interview	“Virtual” should be selected if the survey was completed online via a video conferencing platform. “In-Person” should be selected if the participant and staff member physically met face-to-face to complete the survey either on paper or on a computer.
Pre- or Post-Test	If delivering the pre-/post-test survey, indicate using the checkbox whether the survey is completed at the start of services (pre-test) or after receiving services (post-test).
Organization	Fill out the name of the organization where the family has been receiving services or has been enrolled in a program. This section could also be modified to include the name of a school, program, or other type of service providers for families.
Participant ID#	Programs may choose to use a client ID to track a client's progress through their program, or they can leave it blank if they don't want to connect a survey to a client if they are using the single assessment version exclusively. For example, if they are only using it to assess program performance and not a specific family's progress. If the pre-test/post-test version is being used, a participant ID is always necessary to match up the families and their surveys.
Program Start Date	Indicate the date (month, day, year) a family began receiving services.
Program End Date	Indicate the date (month, day, year) a family completed or stopped receiving services (if applicable).
Date Survey Completed	The date (month, day, year) the survey was completed with the family.
Survey Start Time	Write the time staff begins to administer the survey (hours, minutes).
Survey End Time	Write the time the staff finishes the survey with the family (hours, minutes).

How was the survey completed?

Select one option to reflect how much help staff provided the family when administering the survey.

- If most or all questions required some help from staff, select option A: “Fully Supported.”
- If staff only helped the participant with 3-4 questions, select option B: “Partially Supported.”
- If the participant did not receive help filling out the survey, select option C: “Self-Administered.”

Participant’s Program Hours for Post-Test or Single Assessment Surveys

If staff already track service hours received, they can fill in that number here, or they can use the following equation to calculate the program/service hours received:

First, it will be necessary to know:

- The number of hours per visit or interaction with the family (on average)
- The number of times per week or month the family interacts with your program
- The number of total weeks or months the family has been in the program

Then multiply A, B, and C to calculate the total number of service hours received.



For example: The Teodoro Family has been receiving home visiting services for 10 weeks. The home visitor comes twice a week for 90 minutes (1.5 hours) each visit.

Service Hours: 1.5 Hours/Visit x 2 Visits/Week x 10 weeks in program = **30 hours**

Note: For pre-test surveys, the number of hours does not need to be filled out. For post-test surveys, families should have received a minimum of 12 service hours from the surveying program or organization in order to detect change.

Participant Demographic Items

Just like the other items in the survey the participant has the option to skip questions by selecting “Prefer not to answer” to the following questions. The prompts in *Table 11* can also be used if necessary.

Table 11: Demographic Items

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 uncle as caretaker), foster care, multigenerational household or teen parent.
Primary Language	What language do you most speak at home? Write in 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 the “Unsure” checkbox.
Age(s) of Children	Think of your children, or the children in your care. Select all of the age categories that apply to these children, including adult children. Five and under, age 6 to 12, age 13 to 17, and 18 and older.
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 the categories do not describe your race or ethnicity, you also have the option to select “Other” and write in how you describe your race or ethnicity.
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.



Section 3: Scoring Instructions

This section describes how to manually calculate individual and program-wide CRMT-PF scores, how to calculate change from pre- to post-test (traditional), and how to interpret and apply the scores in practice. Scores are calculated for four of five protective factors, referred to as “subscales.” The Knowledge of Parenting and Child Development protective factor does not function as a subscale, and different scoring instructions are provided for that section.

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

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 the surveyors 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)

CRMT-PF Items	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Family Resilience					
1. In general, my family knows we are strong enough to solve problems in our lives.	4	3	2	1	0
2. Our family traditions are important to us.	4	3	2	1	0
3. In general, my family works together to solve problems.	4	3	2	1	0
4. In general, my family stays hopeful even in difficult times.	4	3	2	1	0
5. My family is able to find time for things that matter to us.	4	3	2	1	0
Knowledge of Parenting & Child Development					
6. I feel like I'm always telling my child(ren) "no" or "stop."	0	1	2	3	4
7. How I respond to my child(ren) depends on how I'm feeling.	0	1	2	3	4
8. It is important to show that you understand your child(ren)'s feelings when they misbehave.	4	3	2	1	0
9. Parents/caregivers have a big impact on how their child(ren) turn out.	4	3	2	1	0
Social Supports					
10. I have someone in my life who encourages me.	4	3	2	1	0
11. I have someone in my life who is honest with me about difficult topics	4	3	2	1	0
12. When I am trying to work on achieving a goal, I have someone in my life who will support me.	4	3	2	1	0
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
14. I have people I trust to ask for advice about (check all that apply):	None of the above = 0 1 box checked = 1 2 boxes checked = 2 3 boxes checked = 3 4 or more boxes checked = 4				
<input type="radio"/> A) Money / Bills / Budgeting <input type="radio"/> B) Relationships <input type="radio"/> C) Food / Nutrition					
<input type="radio"/> D) Stress / Worries <input type="radio"/> E) Caring for My Child / My Child(ren) <input type="radio"/> F) None of the above					

CRMT-PF Items	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Concrete Supports					
15. I have trouble affording what I need each month.	0	1	2	3	4
16. I am able to afford the food I want to feed my family.	4	3	2	1	0
17. In the past month, were you unable to pay for (select all that apply): <input type="checkbox"/> A) Rent or mortgage <input type="checkbox"/> B) Childcare/daycare <input type="checkbox"/> C) Groceries/food (including baby formula/diapers) <input type="checkbox"/> D) Utilities or bills (electricity/gas/heat/cellphone/internet, etc.) <input type="checkbox"/> E) Medicine, medical expenses, mental health services, or co-pays <input type="checkbox"/> F) Basic household or personal hygiene items (including clothes/shoes) <input type="checkbox"/> G) Transportation (including gas, bus passes, shared rides) <input type="checkbox"/> H) Other (<i>specify</i>): <input type="checkbox"/> I) I was able to pay for all these.	I was able to pay for all of these = 4 1 box checked = 3 2 boxes checked = 2 3 boxes checked = 1 4 or more boxes checked = 0				
18. In the past year, have you (select all that apply): <input type="checkbox"/> A) Delayed or not gotten medical or dental care for your family <input type="checkbox"/> B) Been evicted from your home or apartment <input type="checkbox"/> C) Lived at a shelter, in a hotel/motel, in an abandoned building or vehicle <input type="checkbox"/> D) Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage, or bills <input type="checkbox"/> E) Lost access to your regular transportation (e.g., vehicle totaled or repossessed) <input type="checkbox"/> F) Been unemployed when you really needed and wanted a job <input type="checkbox"/> G) None of these apply to me	None of these apply to me = 4 1 box checked = 3 2 boxes checked = 2 3 boxes checked = 1 4 or more boxes checked = 0				
Parent/Caregiver + Program Staff Relationship					
19. When I talk to staff from this program about my problems, they seem to understand.	4	3	2	1	0
20. The staff from this program genuinely care about me.	4	3	2	1	0
21. The staff from this program have respect for me.	4	3	2	1	0
22. The staff from this program help me when I need it.	4	3	2	1	0

Calculating Individual Family Subscale Scores

These instructions will help staff calculate individual family protective factors subscale 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 subscale contains at least three items, which is the minimum number of items to be considered a subscale. To get a subscale score, calculate the mean (average) for the answered items. For each subscale with at least three answers, the scores are summed, then divided by the total number of subscale items completed to get the mean subscale 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 - 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. NOTE: An individual scoring template for each protective factor subscale is available in [Appendix F](#).

Table 13. Calculating Individual Family Subscale for Family Resilience

Family Resilience Subscale	Scoring					
Family Resilience Items	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Item Score
1. In general, my family knows we are strong enough to solve problems in our lives.	4	3	2	1	0	3
2. Our family traditions are important to us	4	3	2	1	0	4
3. In general, my family works together to solve problems.	4	3	2	1	0	2
4. In general, my family stays hopeful even in difficult times.	4	3	2	1	0	3
5. My family is able to find time for things that matter to us.	4	3	2	1	0	3
Subscale Total						15
Mean Family Resilience Score (Subscale Total, divided by 5 [minimum 3])						3

Steps for Table 13:

Complete for each subscale:

- *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 "subscale total."*
- *Divide the subscale total by the number of subscale items completed (if more than two items were answered) to calculate the mean subscale score.*

Calculating Group/Program-Wide Subscale Scores

In order to calculate group or program-wide subscale scores, you will first need to calculate individual subscale 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 subscale (removing families who did not answer at least 3 items).

Table 14. Family Resilience Group Mean Calculation

Family Resilience	Item Scores					Subscale Total	Mean Subscale Score
Family Resilience Items	Item 1	Item 2	Item 3	Item 4	Item 5		
Family A	4	5	4	4	3	= 20	$(20 \div 5) = 4$
Family B	2	2	1	3	2	= 10	$(10 \div 5) = 2$
Family C	3	3	0	-	3	= 9	$(8 \div 4) = 2.3$
Family D	5	4	4	4	4	= 21	$(20 \div 5) = 4.2$
Family E	3	4	3	3	0	= 13	$(13 \div 5) = 2.6$
Total Group Score							15.1
							$(15.1 \div 5) = 3.02$
Group Mean Score							3.0

Steps in Table 14:

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

In this example, the Family Resilience group mean subscore is 3.0 (rounded down from 3.02), and scores range from 2 to 4.2. Looking at the range of scores can help contextualize the average, identify varied experiences across the program, and perhaps indicate where more analysis is necessary.

Change in Subscale 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 subscale scores (refer to previous sections for instruction on how to calculate mean subscale scores).

Table 15. Individual Change in Family Resilience Subscale

	Mean Pre (Pre- or “Before”)	Mean Post (Post- or “Now”)	Raw Difference	Change	Percent Change
Family A	4.13	4.61	0.48	0.12	+ 12%
Family B	2.94	3.47	0.53	0.18	+ 18%

Steps to Calculate Scores in Table 16:

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 subscale) changed significantly from pre-test to post-test. T-tests can be conducted using Excel, a statistical software program (like SPSS or Stat) 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.

Interpreting and Applying 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 subscale 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*).

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

	Mean Pre (Pre- or "Before")	Mean Post (Post- or "Now")	Raw Difference	Change	Percent 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 ("now") scores for your program. Your starting data may look like *Table 17*.

Table 17. Program Pretest Subscale Scores

	Pretest ("Now") Subscale Scores			
	Family Resilience	Social Supports	Concrete Supports	Parent/Caregiver + Program Staff Relationship
Program	3.7	3.9	3.4	3.1

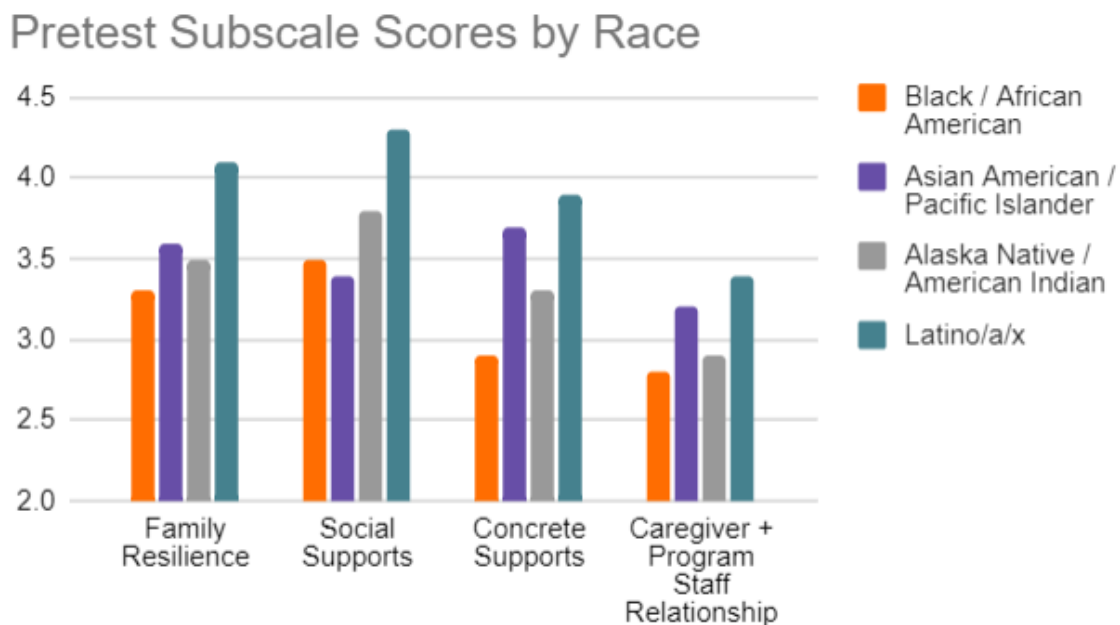
When you break down the subscales by race, a different story emerges (*Table 18*).

Table 18. Program Pretest Subscale Scores by Race

	Pretest Subscale 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 subscale 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 1*) the differences are made clear.

Chart 1: Pretest Subscale Scores by Race



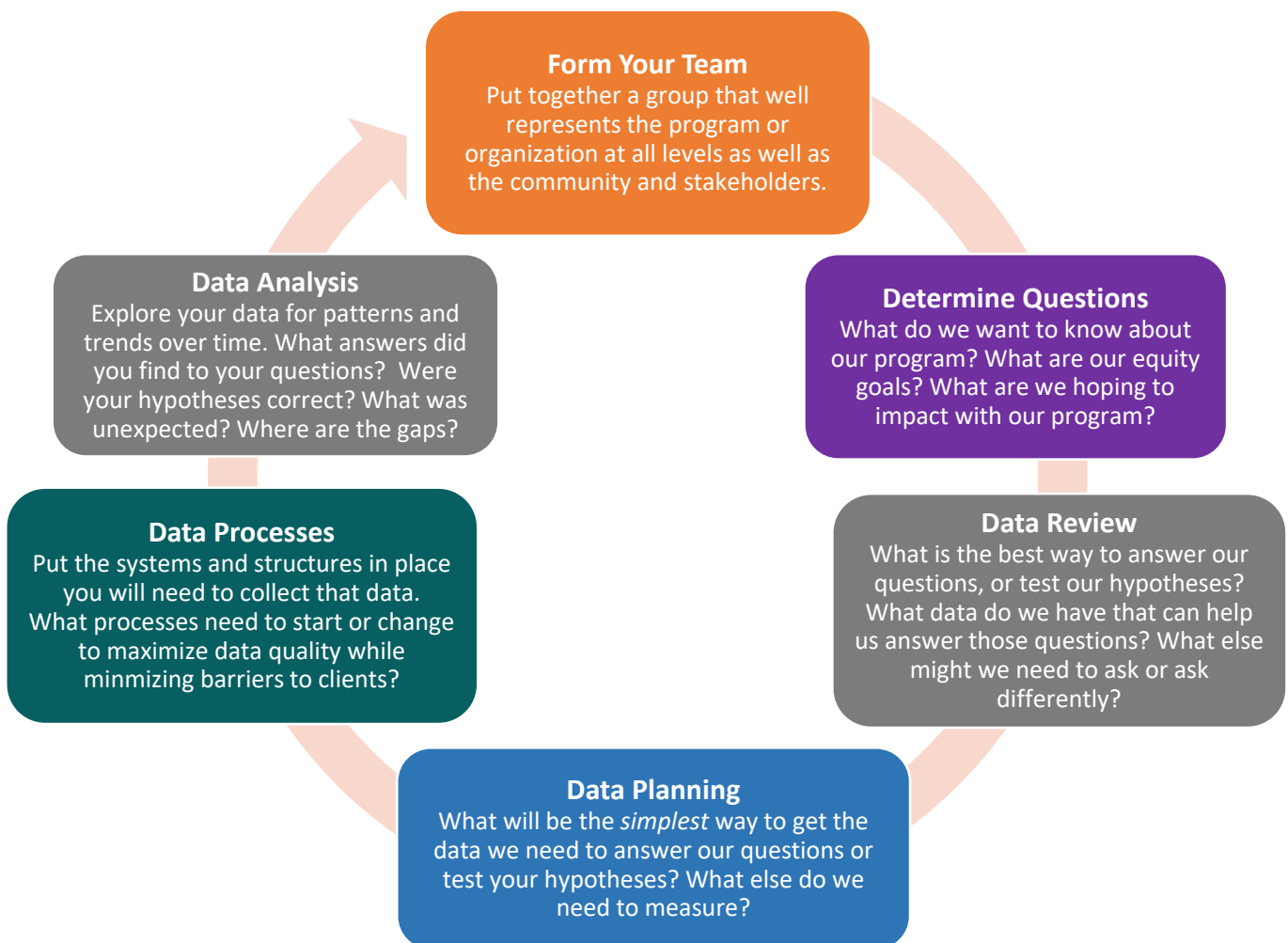
As a set of pretest results, *Chart 1* indicates that clients with different racial and ethnic identities may need a tailored supports to address their needs. Perhaps other differences would

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 or “before” and “now” scores. Ideally, your program will see positive change between pre-test and post-test that should indicate your program is positively impacting clients.

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.

Chart 2: The CQI Cycle



Section 4: Optional Program Form

Program Information Form

Protective Factors – King County Survey (PF-KCS)				
Program Information Form				
<i>This form is for staff use only and should be completed by a staff member who is familiar with the program participant. Please remove this form prior to giving the survey to the participant to complete.</i>				
Interviewer Name:	Type of Interview:	<input type="checkbox"/> Virtual (online) <input type="checkbox"/> In-person	Level of Support Given:	<input type="checkbox"/> A. Fully Supported <input type="checkbox"/> B. Partially Supported <input type="checkbox"/> C. Self-Administered
Date Client Started Services:	Date Client Stopped Services (if applicable):	Estimated Service Hours in Program*:		
Date Survey Completed:	Survey Start Time:	Survey End Time:		
Is English the participant's first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what is the participant's first language?		
*Est. Hours (Post-Test or Single Assessment) Calculation: # of hours per contact x # of times per week/month of contacts x # of weeks/month in program				

Section 5: Survey Instrument & Demographics

Culturally Responsive Measurement Tool – Protective Factors (CRMT-PF)

☐ Pre-Test ☐ Single
☐ Post-Test ☐ Assessment

*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!***

Thinking about your life right now, select the extent to which you agree or disagree with the following statements.

	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Our family traditions are important to us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In general, my family works together to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In general, my family stays hopeful even in difficult times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My family is able to find time for things that matter to us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel like I'm always telling my child(ren) "no" or "stop."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How I respond to my child(ren) depends on how I'm feeling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. It is important to show that you understand your child(ren)'s feelings when they misbehave.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Parents/caregivers have a big impact on how their child(ren) turn out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions help us understand your current support system. Thinking about your life right now...

10. I have someone in my life who encourages me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have someone in my life who is honest with me about difficult topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. When I'm trying to work on achieving a goal, I have someone in my life who will support me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When I need someone to look after my child(ren) on short notice, I can find someone I trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I have people I trust to ask for advice about: <i>(select all that apply)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Money / Bills / Budgeting <input type="checkbox"/> Food / Nutrition <input type="checkbox"/> Caring for my Child / My Children <input type="checkbox"/> Relationships <input type="checkbox"/> Stress / Worries <input type="checkbox"/> None of the above						

This survey was adapted from the Protective Factors Survey, 2nd edition (PFS-2) by the FRIENDS National Center for Community-Based Child Abuse Prevention. This work was made possible by King County's Best Starts for Kids levy and the Resilient Families Advisory Council.

Sometimes it is hard for families to pay for things they need. This is not a judgement or a promise of services, but will help us understand what families need to thrive. Answer based on your life right now, even if some of your expenses are paid through social benefits (such as rental assistance or food stamps). We appreciate your honest responses.

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

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)

	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The staff from this program genuinely care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. The staff from this program have respect for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The staff from this program help me when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant Information				
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 this survey are confidential.				
23. 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 (fill in):	
24. Age in years	<input type="checkbox"/> Prefer not to answer	25. Primary Language(s) spoken at home:	<input type="checkbox"/> Prefer not to answer	
26. 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	*Living with extended family; grandparents, aunts & uncles, cousins, etc
27. Is there a child with a disability in your care? <small>(physical, developmental or emotional)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unsure <input type="checkbox"/> Prefer not to answer	28. Age(s) of Children <i>Select all that apply</i>	<input type="checkbox"/> 5 and Under <input type="checkbox"/> 6 to 12 <input type="checkbox"/> 13 to 17 <input type="checkbox"/> 18 and Over
29. How do you self-identify your race or ethnicity?			<input type="checkbox"/> Prefer not to answer	
30. Race/ethnicity details: (please select as many as apply)			<input type="checkbox"/> Prefer not to answer	
<input type="checkbox"/> American Indian/Alaska Native Tribal Affiliation/Indigenous Identity (fill in):				
<input type="checkbox"/> Asian (select details if applicable)				
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Malay	<input type="checkbox"/> Mongolian	<input type="checkbox"/> Nepalese
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Sri Lankan	<input type="checkbox"/> Taiwanese	<input type="checkbox"/> Thai	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Indigenous Identity (fill in):		<input type="checkbox"/> Other (fill in):		
<input type="checkbox"/> Black, African or African American (select details if applicable)				
<input type="checkbox"/> Batswana	<input type="checkbox"/> Cameroonian	<input type="checkbox"/> Congolese	<input type="checkbox"/> Algerian	<input type="checkbox"/> Angolan
<input type="checkbox"/> Gambian	<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Haitian	<input type="checkbox"/> Eritrean	<input type="checkbox"/> Ethiopian
<input type="checkbox"/> Liberian	<input type="checkbox"/> Mali	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Kenyan
<input type="checkbox"/> Somali	<input type="checkbox"/> South African	<input type="checkbox"/> Sudanese	<input type="checkbox"/> Rwandan	<input type="checkbox"/> Senegalese
<input type="checkbox"/> Indigenous Identity (fill in):		<input type="checkbox"/> Other (fill in):		
<input type="checkbox"/> Hispanic, Latinx, or Spanish (select details if applicable)				
<input type="checkbox"/> Bolivian	<input type="checkbox"/> Brazilian	<input type="checkbox"/> Chilean	<input type="checkbox"/> Argentinian	<input type="checkbox"/> Belizean
<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Colombian	<input type="checkbox"/> Costa Rican
<input type="checkbox"/> Peruvian	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadorian	<input type="checkbox"/> Mexican	<input type="checkbox"/> Panamanian
<input type="checkbox"/> Indigenous Identity (fill in):		<input type="checkbox"/> Other (fill in):		
<input type="checkbox"/> Middle Eastern or North African (select details if applicable)				
<input type="checkbox"/> Armenian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Iranian	<input type="checkbox"/> Afghan	<input type="checkbox"/> Algerian
<input type="checkbox"/> Kuwaiti	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Libyan	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli
<input type="checkbox"/> Saudi Arabian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Tunisian	<input type="checkbox"/> Moroccan	<input type="checkbox"/> Palestinian
<input type="checkbox"/> Indigenous Identity (fill in):		<input type="checkbox"/> Other (fill in):		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (select details if applicable)				
<input type="checkbox"/> Mariana Islander	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Fijian
<input type="checkbox"/> Samoan	<input type="checkbox"/> Solomon Islander	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Palauan	<input type="checkbox"/> Saipanese
<input type="checkbox"/> Indigenous Identity (fill in):		<input type="checkbox"/> Other (fill in):		
<input type="checkbox"/> White (select details if applicable)				
<input type="checkbox"/> Dutch	<input type="checkbox"/> English	<input type="checkbox"/> Finnish	<input type="checkbox"/> Belgian	<input type="checkbox"/> Bosnian
<input type="checkbox"/> Greek	<input type="checkbox"/> Icelandic	<input type="checkbox"/> Irish	<input type="checkbox"/> French	<input type="checkbox"/> Croatian
<input type="checkbox"/> Polish	<input type="checkbox"/> Russian	<input type="checkbox"/> Swedish	<input type="checkbox"/> Italian	<input type="checkbox"/> German
<input type="checkbox"/> Indigenous Identity (fill in):		<input type="checkbox"/> Other (fill in):		

This survey was adapted from the Protective Factors Survey, 2nd edition (PFS-2) by the FRIENDS National Center for Community-Based Child Abuse Prevention. This work was made possible by King County's Best Starts for Kids levy and the Resilient Families Advisory Council.

Guide to Creating Informed Consent Language

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.

Table 20: Informed Consent Checklist

Component of Informed Consent	Included?
What is the purpose of the survey (or other data you are collecting)? <i>For example, are you collecting it to understand the impacts of your program? To report to funders? Any other reasons?</i>	<input type="checkbox"/>
Is the survey required? In what ways can participants choose not to engage? (e.g., refusing the survey, or responding “Prefer Not to Answer”)	<input type="checkbox"/>
What kind of data will you be collecting? <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>	<input type="checkbox"/>
How will the data be stored? Who will have access to it? <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>	<input type="checkbox"/>
How will the data be used? Who will it be shared with? <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>	<input type="checkbox"/>

Section 6: Appendices

Appendix A: Definition of Terms

Table 21: Definition of Terms

Agency	This refers to the program or organization that provides services to families.
Anonymous	Staff are not able to identify a participant of the survey as personal data like names or birthdates are not linked to the participant's answers.
Child	People under the age of 18 years old that a program participant cares for. Children can be living with the participant or not. Some examples include: biological children, step-children, adoptive children, foster children, grandchildren, siblings, cousins, nieces/nephews etc.
Confidential	A participant number is recommended to identify each participant that is kept separate from other personal information.
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, children), a chosen family (individuals who are not biologically related treat each other as family members), 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 <i>at least two people who care for one another</i> .
Organization	This refers to the agency or program that provides services to families.
Pre-/Post-Test	One version of the survey where participants are asked the same set of questions on two separate occasions: once at the beginning of services and another at the end of service delivery.
Program	This refers to the agency or organization that provides services to families.
Protective Factors	These characteristics can increase the wellbeing of individuals or families when present. This is a strengths-based approach to prevention work. This survey focuses on the protective factors of Family Resilience, Knowledge of Parenting and Child Development, Social Supports, Concrete Supports, and the Parent/Caregiver + Program Staff Relationship.

Referred	Families may interact with agencies like the court, child protective services or other local nonprofits who provide them with information about certain mandatory or voluntary services. Participants may also find the resources on their own and self-refer.
Resilient Families Advisory Council (RFAC)	The Resilient Families Advisory Council (RFAC) was composed of early learning staff and other individuals who work with families and children from diverse cultural and/or racial backgrounds. They hail from a wide variety of agencies from around King County. Through focus groups, individual interviews, and a testing period this survey was developed as a culturally relevant instrument to measure protective factors for King County families.
Response-Shift Bias	A phenomenon in self-reported assessments where scores may reflect a change in the participant's understanding of the construct due to the intervention itself (often an educational program), rather than a true change in their standing. For example, a participant may rate themselves higher at the beginning of an educational intervention, then lower at the end, after they deepen their knowledge about the subject and are better able to rate their own ability. This issue may be addressed by choosing a retrospective design.

Appendix B: Protective Factors Defined (PFS-2 to CRMT-PF)

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

Table 22. 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 C: Frequently Asked Questions (FAQs)

What is the cost of this survey?

This survey and associated materials are free.

Is the survey available in other languages?

Currently the survey is available in English, Spanish, and Simplified Chinese and is in the process of being developed in other languages.

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 findings.

What is the purpose of the optional program information form?

The optional program information form is meant to help programs connect program outcome data from the survey to general program data. This information could aid the analysis process in identifying key trends and future programmatic improvements.

What is the purpose of additional potential measures?

Some programs may elect to add additional questions to their demographic section of the survey or to their current intake forms.

Why is there a single assessment and pre-/post-test method for the survey?

Programs may find the pre-/post-test (traditional) method more helpful for their communities than the single assessment or vice versa. Depending on the program model and background of the families receiving services, one version may be easier to fill out or make more sense of than the other. See the [Choosing Single Assessment CRMT-PF & Traditional Pre/Post](#) topic in Section 1 for further guidance.

How long after a family begins a program and 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 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. See also the [Organizational Self-Assessment](#) topic in the Background and Introduction section.

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 approach to caring for children
- 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

Organizational Self-Assessment: Family Resilience

Key Components	Concept to Measure	Score	Comments
Self Efficacy: draw on inner strength to meet personal challenges	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 tap 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, child care, 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

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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

Child Development

Assessments measuring children’s physical, emotional, or social milestones at different ages to identify potential developmental delays (prices as of December 2021).

	Ages and Stages Questionnaire Social-Emotional, 2nd Edition (ASQ-SE2)	Ages and Stages Questionnaire, 3rd Edition (ASQ-3)
Average Duration	10 - 15 minutes	10 - 15 minutes
Completed By	Parent/Caregiver	Parent/Caregiver
Areas Measured	Self-Regulation Communication Autonomy Coping Relationship	Language Personal-Social Fine & Gross Motor Skills Problem Solving Skills
Cost (2021)	\$295 English or Spanish \$175 Arabic or French	\$1,269.75 English (complete package plus annual screening charges and training) \$1,589.70 Spanish materials
Training Options	In Person, Virtual, Train the Trainer	In Person, Virtual, Train the Trainer
Languages Available	English Spanish French Arabic	English Spanish French Arabic Vietnamese Chinese
Traditionally Validated?	Yes	Yes
Community Validated?	No	No

Parenting/Caregiving

These assessments measure parenting/caregiving skills such as quality of parent-child interactions in affection, responsiveness, encouragement, and teaching (prices as of December 2021).

	Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)	Life Skills Progression (LSP)	Protective Factors Survey 2 (PFS-2)
Average Duration	10	5 - 10 minutes	10 - 15 minutes
Completed By	Program Staff	Program Staff	Parent/Caregiver
Purpose	To support children's development through talking and play	For home visiting programs to demonstrate effectiveness	To prevent child abuse and neglect
Areas Measured	Measures quality of parent-child interactions in: Affection Responsiveness, Encouragement Teaching	Assesses Parent/Caregiver and Children: Behaviors Attitudes Skills	Protective Factors: Family Resilience Social Supports Concrete Supports Parent/Caregiver + Program Staff Relationship
Cost (2021)	\$60 Starter Kit	\$49.95	Free
Training Options	\$155 Training DVD	Free online webinar; seminar \$3,000 for up to 40 participants	Free user manual
Languages Available	English Spanish	English	English Spanish
Statistically Validated?	Yes	Yes	Yes
Community Validated?	No	No	No

Self-Efficacy

Assessments measuring how much a parent/caregiver believes in their abilities to be a good parent/caregiver to their child or children and/or how effective they are as a parent/caregiver (prices as of December 2021).

	Parental Sense of Competence (PSOC)	Tool to Measure Parental Self-Efficacy (TOPSE)
Average Duration	5 - 10 minutes	15 - 20 minutes
Completed By	Parent/Caregiver	Parent/Caregiver
Areas Measured	Parent/Caregiver Satisfaction Parent/Caregiver Self-Efficacy	Parent/Caregiver Effectiveness through: Emotion and Affection Play and Enjoyment Empathy and Understanding Control, Discipline and Boundary Setting Pressures of Parenting Self-Acceptance Learning and Knowledge
Cost (2021)	Free	Free
Training Options	None	None
Languages Available	English	English
Statistically Validated?	Yes	Yes
Community Validated?	No	No

Intimate Partner Violence

Measuring the level of danger a person is in with their partner (price as of December 2021).

	Relationship Assessment Tool (RAT)
Average Duration	5 - 10 minutes
Areas Measured	Intimate Partner Violence Risk
Cost (2021)	Free
Training Options	Free slideshow and webinar
Languages Available	English Spanish
Statistically Validated?	Yes, but not with same-sex partners
Community Validated?	No

Depression Screenings

Assessing depression for either a parent/caregiver or children age 12+ (price as of December 2021).

	Patient Health Questionnaire - 2 (PHQ-2)	Patient Health Questionnaire - 9 (PHQ-9)
Average Duration	3 minutes	3 minutes
Completed By	Person aged 12 or older	Person aged 12 or older
Areas Measured	Depression	Depression
Cost (2021)	Free	Free
Training Options	Instructional manual and video demonstrations online	Instructional manual and video demonstrations online
Languages Available	Czech Danish Dutch English Finnish French (Canada & France) German Hebrew Hungarian Italian Korean Malay Mandarin Norwegian Polish Portuguese Spanish (USA & Spain) Swedish Chinese (Hong Kong & Taiwan)	Arabic Assamese Chinese (Cantonese, Mandarin) Czech Dutch Danish English Finnish French / French Canadian German Greek Gujarati Hindi Hebrew Hungarian Italian Malay Malayalam Norwegian Oriya Polish Portuguese Russian Spanish Swedish Telugu
Statistically Validated?	Yes, selected languages	Yes, selected languages
Community Validated?	No	No

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: Individual Subscale Scoring Template

Protective Factor: Family Resilience

Family Resilience Subscale	Scoring					
Family Resilience Items	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Item Score
1. In general, my family knows we are strong enough to solve problems in our lives.	4	3	2	1	0	
2. Our family traditions are important to us	4	3	2	1	0	
3. In general, my family works together to solve problems.	4	3	2	1	0	
4. In general, my family stays hopeful even in difficult times.	4	3	2	1	0	
5. My family is able to find time for things that matter to us.	4	3	2	1	0	
Subscale Total						
Mean Family Resilience Score (Subscale Total, divided by (minimum) 3)						

Protective Factor: Knowledge of Parenting & Child Development

Knowledge of Parenting & Child Development Subscale	Scoring					
Family Resilience Items	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Item Score
6. I feel like I'm always telling my child(ren) "no" or "stop."	0	1	2	3	4	
7. How I respond to my child(ren) depends on how I'm feeling.	4	3	2	1	0	
8. It is important to show that you understand your child(ren)'s feelings when they misbehave.	4	3	2	1	0	
9. Parents/caregivers have a big impact on how their child(ren) turn out.	4	3	2	1	0	
Subscale Total						
Mean Family Resilience Score (Subscale Total, divided by (minimum) 3)						

Protective Factor: Social Supports

Social Supports Subscale	Scoring					
Social Supports Items	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Item Score
10. I have someone in my life who encourages me.	4	3	2	1	0	
11. I have someone in my life who is honest with me about difficult topics.	4	3	2	1	0	
12. When I am trying to work on achieving a goal, I have someone in my life who will support me	4	3	2	1	0	
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	
14. I have people I trust to ask for advice about (check all that apply): <input type="checkbox"/> A) Money / Bills / Budgeting <input type="checkbox"/> B) Relationships <input type="checkbox"/> C) Food / Nutrition <input type="checkbox"/> D) Stress / Worries <input type="checkbox"/> E) Parenting / My Child(ren) <input type="checkbox"/> F) None of the above			None of the above = 0 1 box checked = 1 2 boxes checked = 2 3 boxes checked = 3 4 or more boxes checked = 4			
Subscale Total						
Mean Social Supports Score (Subscale Total, divided by (minimum) 3)						

Protective Factor: Concrete Supports

Concrete Supports Subscale	Scoring					
Concrete Supports Items	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Item Score
15. I have someone in my life who encourages me.	4	3	2	1	0	
16. I have someone in my life who is honest with me about difficult topics.	4	3	2	1	0	
17. I have people I trust to ask for advice about (check all that apply): <input type="checkbox"/> A) Money / Bills / Budgeting <input type="checkbox"/> B) Relationships <input type="checkbox"/> C) Food / Nutrition <input type="checkbox"/> D) Stress / Worries <input type="checkbox"/> E) Parenting / My Child(ren) <input type="checkbox"/> F) None of the above	None of the above = 0 1 box checked = 1 2 boxes checked = 2 3 boxes checked = 3 4 or more boxes checked = 4					
18. In the past year, have you (check all that apply): <input type="checkbox"/> A) Delayed or not gotten medical or dental care for your family <input type="checkbox"/> B) Been evicted from your home or apartment <input type="checkbox"/> C) Lived at a shelter, in a hotel/motel, in an abandoned building or vehicle <input type="checkbox"/> D) Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage, or bills <input type="checkbox"/> E) Lost access to your regular transportation (e.g., vehicle totaled or repossessed) <input type="checkbox"/> F) Been unemployed when you really needed and wanted a job <input type="checkbox"/> G) None of these apply to me	None of the above = 0 1 box checked = 1 2 boxes checked = 2 3 boxes checked = 3 4 or more boxes checked = 4					
Subscale Total						
Mean Concrete Supports Score (Subscale Total, divided by (minimum) 3)						

Protective Factor: Parent/Caregiver + Program Staff Relationship

Parent/Caregiver + Program Staff Relationship Subscale	Scoring					
Parent/Caregiver + Program Staff Relationship Items	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Item Score
19. When I talk to staff from this program about my problems, they seem to understand.	4	3	2	1	0	
20. The staff from this program genuinely care about me.	4	3	2	1	0	
21. The staff from this program have respect for me.	4	3	2	1	0	
22. The staff from this program help me when I need it.	4	3	2	1	0	
Subscale Total						
Mean Parent/Caregiver + Program Staff Relationship Score (Subscale Total, divided by (minimum) 3)						

Appendix G: 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 H: Sources Cited

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Kumpfer, K.L., Scheier, L.M., & Brown, J. (2018). Strategies to avoid replication failure with evidence-based prevention interventions: case examples from the strengthening families program. *Evaluation & the Health Professions*, 43(2), 75-89.

National Implementation Research Network (NIRN). (2021). Active Implementation Hub: Module 4: Implementation Stages. National Implementation Research Network: Frank Porter Graham Child Development Institute. <https://nirn.fpg.unc.edu/module-4>

Permanency Innovations Initiative Training and Technical Assistance Project. (2016). The development, implementation, and assessment approach. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.acf.hhs.gov/media/9709>

The Annie E. Casey Foundation. (2018). A Blueprint for Embedding Evidence-Based Practices in Child Welfare. Baltimore, MD. <https://www.aecf.org/resources/a-blueprint-for-embedding-evidence-based-programs-in-child-welfare#summary>