Culturally Responsive Measurement Tool Project Final Report

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Table of Contents

Special thanks to:

Executive Summary

Conclusions

- The Protective Factors Survey, 2nd edition (PFS-2) resonated with King County families and practitioners, but significant adaptations were needed in Family Resilience and Nurturing and Attachment protective factor subscales.

- Culturally responsive measurement tools should be flexible, easy to administer, simply designed and worded, available in different languages, supported with implementation guidance, and vetted and tested within communities.

- Culturally responsive implementation practices are essential accompaniment to any measurement tool to collect high quality data.

The *Culturally Responsive Measurement Tool* (CRMT) project is one in a portfolio of projects from the voter approved *Best Starts for Kids* levy that works to improve health, well-being, and advance equity for children, youth, families, and communities in King County. The goal of the CRMT project was to develop a culturally relevant multilingual tool for measuring protective factors for families with children under the age of five in King County. The protective factors were those identified by the Center for the Study of Social Policy's Strengthening Families framework (Family Resilience, Knowledge of Parenting and Child Development, Social Supports, Concrete Supports, and Social and Emotional Competence of Children). From this goal emerged three primary scientific questions:

1. In what ways can culturally responsive research practices strengthen and improve protective factor measurement tools for families with children under the age of five?
2. How does the Strengthening Families Protective Factors framework and measurement tool resonate with diverse children, youth, families and communities in King County?
3. In what ways can culturally responsive implementation improve programs' ability to survey clients?

Methods

To ensure a community-driven process, an Advisory Council representing key King County populations was established at the outset to guide the CRMT adaptation. The resulting 15-member BIPOC **Resilient Families Advisory Council** were early childhood practitioners who were reflective of, and embedded in, King County communities. Input from **two literature reviews** (culturally responsive research and the state of protective factors measurement), Advisory Council members, and **informational interviews** with subject-matter experts and community-based organization practitioners helped guide CRMT adaptations and indicated the need for supporting survey documentation. Council members then **field tested** the revised survey with key populations to gather survey data and participant reflections on each item. The final adapted CRMT was named the **Protective Factors - King County Survey (PF-KCS)** to honor the King County families for whom it was developed and is supported by the PF-KCS Implementation Guide.

Results

Key Culturally Responsive Research (CRR) definitions and best practices in research design and measurement emerged from the CRR literature review that helped the team design Advisory Council and family engagement to establish communication, build trust and transparency.

The Protective Factor Measurement literature review guided the selection of the PFS-2 for adaptation (from the FRIENDS National Resource Center for Community-Based Child Abuse Prevention) based on its alignment with the Strengthening Families framework, ease of use, self-report format, and intention to measure "universal" family strengths. Practitioner and Advisory Council feedback suggested other CRR practices like offering translations, simplifying survey design, building trust with families, flexible accommodations, and open and transparent communication.

When vetted with King County families and practitioners, the PFS-2 survey, and Strengthening Families Protective Factors framework were found to be relevant but needed adaptations. The **Family Resilience** protective factor shifted toward concepts of self-efficacy and systems navigation yet preserved the importance of family traditions. The **Nurturing and Attachment** items did not resonate with some Advisory Council members and families, and subject matter experts suggested that it is best measured using observational tools. As a result, this section shifted to measure **Knowledge of Parenting and Child Development** instead. The remaining protective factors - **Concrete Supports**, **Social Supports**, and **Parent/Caregiver + Program Staff Relationship** - needed only minor updates to the survey language and conceptually did not change. The overall instrument design preserved varying item directions, standardized answer scales, added a 'prefer not to answer' option and official prompt language, and modified the demographic form. It also preserved both retrospective and traditional survey formats for maximum flexibility.

> Results
> - Culturally Responsive definitions and best practices
> - Adoption and adaptations of Protective Factors Survey-2
> - Implementation Guide to accompany CRMT

Both Advisory Council and community-based organization leaders highlighted the importance of thoughtful implementation to accompany a culturally responsive measurement tool. In lieu of an additional tool testing period, the project team developed an Implementation Guide that provides detailed, systematic advice that follows stages of implementation science and answers key questions like how, when, how often, and why a program would use the PF-KCS.

Next Steps

Broader testing is needed across key populations to continue to culturally adapt and confirm that the PF-KCS resonates and is easily understood, delivers consistent results, and is valid/reliable. **Translating** and testing the survey in other languages should also be explored. **Validity** in culturally responsive research can be determined through community-driven process that is informed by the literature and established academic practice. Finally, **implementation guidance** should evolve based on program experiences and lessons learned, how to apply survey scores and insights to program services and family outcomes.

Introduction

The *Culturally Responsive Measurement Tool (CRMT)* project is one in a portfolio of projects from the voter approved *Best Starts for Kids* levy that works to improve health, well-being, and advance equity for children, youth, families and communities in King County, Washington. From October 2020 to December 2021, The Capacity Collective, a data and capacity building consultancy, worked to develop a culturally relevant tool related to the Center for the Study of Social Policy's Strengthening Families Protective Factors framework for community-designed promotion, prevention, and early intervention programs for families with children under the age of five.

Central to the project design was the formation of an Advisory Council comprised of early childhood practitioners who assessed the relevance of the protective factor's framework, guided the adaptation of the Protective Factors Survey, 2nd edition (PFS-2) from the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, and tested it within their communities. The resulting Protective Factors King County Survey (PF-KCS) and its supporting Implementation Guide were products of this community-driven testing process, two literature reviews, and informational interviews with subject-matter experts and community-based organization practitioners.

Goals & Objectives

The goal of this CRMT project was to develop a culturally relevant, multilingual tool for measuring protective factors for families with children under the age of five served by community-designed promotion, prevention, and early intervention programs.

The following overarching scientific question framed the project work:

"To what extent and in what ways has the BSK initiative improved health and well-being and advanced equity for children, youth, families and communities in King County?"

Key Populations per King County:

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

This broader scientific question guided project-specific scientific questions. The goals were to explore how culturally responsive practices could help a measurement tool better serve key populations in King County and enable programs to provide strengths-based family support; additionally, to gather feedback on how well the Strengthening Families Protective Factors framework from the Center for the Study of Social Policy (CSSP) resonated with those populations. The Strengthening Families Protective Factors framework is a strengths-based framework that includes five factors: Family Resilience, Knowledge of

Parenting and Child Development, Concrete Supports, Social Supports, and Social and Emotional Competence of Children (CSSP, n.d.). Strengths-based approaches have proven less stigmatizing and more inclusive of families (Counts et al., 2010). The following CRMT project-specific scientific questions arose from these goals:

- In what ways can culturally responsive research practices strengthen and improve Strengthening Families measurement tools for families with children under the age of five?
- How does the Strengthening Families Protective Factors framework and measurement tool resonate with diverse children, youth, families and communities in King County?
- In what ways can culturally responsive implementation improve programs' ability to survey clients?

Methods

The project team gathered both qualitative and quantitative data during this project. Qualitative data were gathered via literature reviews, one-on-one interviews, intake form analysis, Advisory Council meetings, and during the survey testing phase. Quantitative data were gathered primarily during the survey testing phase, as families responded to the survey items.

The project began with **two literature reviews:** one that collected best practices for Culturally Responsive Research (CRR) across fields and practitioners, and another that reviewed instruments measuring the CSSP's Strengthening Families Protective Factors framework and the survey implementation practices.

Prioritizing both academic and gray literature, searches took place on Google Scholar, the University of Washington library catalog, publications from government agencies, non- and for-profit sources, plus practitioner sources like subject matter expert blogs and multicultural blogs and e-newsletters. Primary criteria were sources published within the last 30 years and based in the U.S. and Canada. The search terms for the CRR review included: "culturally responsive research," "culturally relevant OR humility OR adaptations OR grounded" and "decoloniz* data" whereas the primary search terms for the protective factors review were: "measuring protective factors", "culturally OR diverse ~responsive OR relevant AND 'protective factor' tool" and "Protective Factors Survey 2nd Edition." Overall, 359 articles were selected and narrowed to 198. Insights from two Advisory Council meetings and 13 one-on-one individual interviews with RFAC members also informed each review.

Simultaneous to the literature reviews, recruitment began for an **Advisory Council** that was reflective of and embedded within key King County communities. Later named the Resilient Families Advisory Council (RFAC), the Council would be an essential knowledge source for understanding key King County populations, culturally responsive practices, and for adapting and testing the revised survey.

RFAC members were recruited through Community-Based Organizations (CBOs) who work with families with children under five in King County. From a pool of 32 organizations, all 15 individuals who expressed interest were invited to participate. All members were Black, Indigenous and People of Color (BIPOC) and represented 10 different organizations reflecting a variety of program designs. Most RFAC members were part of BSK-funded programs, but we also solicited input from outside BSK to broaden perspectives in King County, hence the addition of a Primary Care Physician:

- (8) Home-Based Services programs
  - (4) Community-Designed Programs;
  - (4) Evidence-Based/Evidence-Informed
- (1) Parent/Caregiver Information and Supports – PCIS
- (1) Primary Care Physician

Each RFAC member was compensated $2000 for the year plus a babysitter/caregiver stipend of $25 per hour as needed. Compensation was contingent on attending five virtual Council meetings (each held at two different times to accommodate member schedules), a one-on-one interview and survey testing with three families. In addition to compensation, Council members received professional development training integrated within scheduled meetings on survey design and testing including think-aloud protocols.

Meeting documents were translated into Spanish and translation was available via the chat function during the meetings to help a Spanish-speaking Council member. Some Council members offered their translation services to translate the survey so non-native English-speaking families could participate. A combination of five Council members and two professional translators assisted the project to create survey translations in Arabic, French, Spanish, Vietnamese, Chinese, Dari and were compensated at $50 per hour.

RFAC Meeting Timeline

FEBRUARY, '21
Meet & greet; go over literature review findings (Mtg. #1)

MARCH-APRIL '21
1:1 Council interviews to collect feedback on PFS-2

MAY, '21
Review interview findings, present survey changes, collect feedback (Mtg. #2)

JULY '21
Train Council in think-aloud & survey testing process (Mtg. #3)

OCTOBER '21
Review survey results; make lingering item changes (Mtg. #4)

DECEMBER '21
Review project; collect reflections; share next steps (Mtg. #5)

The **survey adaptation process** began with individual RFAC member interviews to discuss the relevance of the Strengthening Families Protective Factors Framework and the Protective Factors Survey (2nd ed.) in their work and to their communities. The project team organized and coded interview feedback according to themes. Additionally, eight unique organizational intake forms were collected from nine RFAC members (two of whom shared the same form) to audit community-based organization approaches for demographic data collection. The interview findings and demographic practices were presented to Council members during the May 2021 meetings. Given differing opinions across RFAC members, the project team followed up with an online survey so Council members could select their
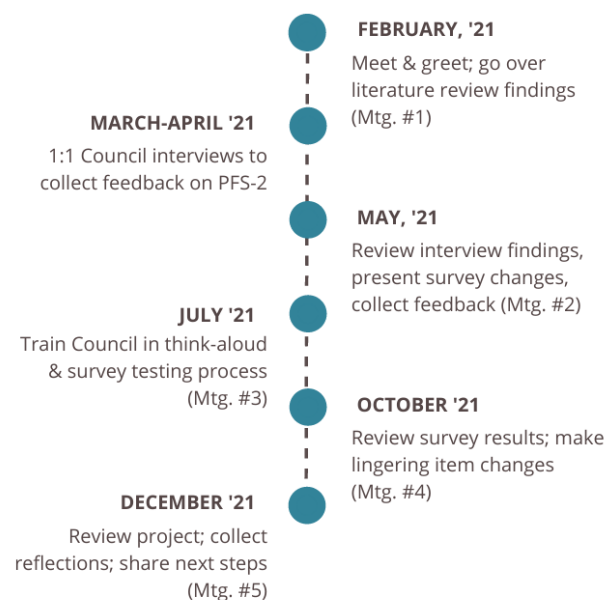
preferred adaptation to protective factors definitions and individual survey and demographic form items.

To augment the practical experience and cultural knowledge of RFAC members, **informational interviews** with key subject matter experts also helped guide the survey adaptation. Given deeper RFAC scrutiny on the Nurturing and Attachment protective factor in particular, the team sought subject matter expertise from Drs. Monica Oxford and Susan Spieker, two researchers affiliated with the University of Washington Barnard Center for Infant and Early Childhood Mental Health whose "Promoting First Relationships" curriculum focuses on nurturing and attachment. Additionally, the team spoke with Debbie Peterson, a member of the CSSP Strengthening Families Protective Factors taskforce in Washington to understand the practical challenges of framework implementation within early childhood organizations. Based on RFAC survey feedback and guidance from informational interviews, the team produced a newly revised survey version to test with families.

The **survey testing phase** was led by Advisory Council members who each identified three families served by their Community-Based Organizations with whom to pilot the adapted retrospective version of the survey. Since each Council member represented or served a different key population, the resulting sample met our key population criteria, with the exception of families of children with special needs. Families were each offered a $50 gift card for their participation. Survey testing took place both in-person and virtually, and Council members delivered each item using think-aloud protocols to gather both item answers and participant reflections on how they understood each item. Surveys were scored according to PFS-2 guidance to calculate protective factors scores and to understand whether change was seen from the "before" to "now." The team reviewed and coded qualitative responses to identify survey issues, and the adaptations still needed. Advisory Council meetings in October collected the necessary member feedback on remaining adaptations. The final survey version was renamed the Protective Factors - King County Survey, or PF-KCS in honor of the King County practitioners and families who guided its development.

The team also conducted **semi-structured interviews** with program leaders at Community-Based Organizations in October 2021 to complement Council insights and to discuss survey implementation concerns. Individuals were sent a pre-interview survey to share what measurement tools they currently used, their considerations to adopt a new tool, and familiarity with protective factors. Interview questions focused on the

CBO Program Leaders Interviewed

Director (4)

Program Manager/ Administrator (3)

Chief Program Officer (1)

relevance of the Strengthening Families Protective Factors framework to their organization, strengths and weaknesses of the assessment tools currently used, tool implementation practices and desires for tool documentation. The project team interviewed eight staff at six different organizations whose identities were kept anonymous to prompt candid conversations and compensated them with $50 gift cards. These interviews combined with RFAC member feedback confirmed the need for a supporting

implementation guide. The Protective Factor Survey, 2nd edition user guide from the FRIENDS National Resource Center for Community-Based Child Abuse Prevention formed the basis for the development of the implementation guide that accompanies this project's adapted survey (FRIENDS, 2018).

Results

The information gathering phase of the project answered the first scientific question through literature reviews, consulting the Advisory Council, and speaking to subject matter experts.

Q1. In what ways can culturally responsive research practices strengthen and improve protective factor measurement tools for families with children under the age of five?

The process of writing the Culturally Responsive Research Literature Review (The Capacity Collective, 2021a), yielded insights on how culturally responsive research practices can redress power imbalances (Meleis, 1996; Tervalon & Murray-Garcia, 1998), increase the relevance of the data for both researchers and the community (Hage et al., 2007; Ninomiya & Pollock, 2017), and foster collective healing and empowerment (Baker, 2007; Castellano, 2014; RFAC, February 2017, 2021). In doing so, the research has greater power and potential to improve the quality of services and outcomes (Matos et al., 2006; Burnette, 2018). Though still an evolving field, the review showed that culturally responsive research works best as a holistic practice that is incorporated throughout the research process of design, implementation, analysis and dissemination (Berryman et al., 2013; Ninomiya & Pollock, 2017, Viswanathan et al., 2004).

The CRR review also helped develop working definitions of key terms. **Culture** encompasses values, beliefs and practices held by groups of people and offers a framework for interpreting life events. To honor culture and **intersectionality** - the understanding that different identities (gender, class, sexuality, race, immigrant status, etc.) interact to create unique experiences of oppression or opportunity - researchers must effectively engage and communicate with people from other cultures as they continue to grow their **cultural competence**. However, mere cultural competence can still reinforce the power dynamic that favors the researcher, so it is best linked with the idea of **cultural humility** in which the researcher evaluates their own beliefs, practices, biases and assumptions and remains open to others and to addressing power imbalances. Research is **culturally responsive** when both cultural competence and cultural humility are prioritized and is best led by the researched community through **culturally grounded** techniques or through **adaptations** suggested by that community. In Indigenous communities, culturally grounded practices can also be described as **decolonizing data,** when rigorous research practices are situated within Indigenous ways of knowing, and when those communities have agency and ownership out of the resulting knowledge.

The Protective Factors Literature Review (The Capacity Collective, 2021b) explored how best to measure the Strengthening Families Protective Factors framework. Though the framework was chosen before the project began, identifying a related measurement tool was part of the project scope. The PFS-2 emerged as the best tool measuring the Strengthening Families framework to adapt due to its:

- intention to measure "universal" family strengths,
- ability to address multiple protective factors at once (3 of the 5 CSSP protective factors),
- flexibility to be given in its entirety or more narrowly to measure only relevant protective factors,
- use of a self-report format,
- ability to be self-administered or assisted dependent on family needs or program design,
- applicability for families with children under five,
- duration of just 20 minutes, and
- no need for special staff training to administer it.

The PFS-2 was adapted from the original protective factors survey (PFS). It was developed in alignment with CRR practices in how it sought input from practitioners in the field and its aim to create "universal" cross-culturally relevant family-level protective factors. It directly measures three of five CSSP protective factors: Family Resilience, Concrete Supports and Social Supports. It measures Nurturing and Attachment in lieu of the Knowledge of Parenting and Child Development protective factor measured in the PFS and added an important protective factor support termed the Caregiver and Practitioner Relationship. The survey authors suggested that measuring the Knowledge of Parenting & Child Development protective factor would measure knowledge, not behaviors, which have greater bearing on child outcomes, and shifted to nurturing and attachment as a remedy. They also argue that the Social and Emotional Competence of Children protective factor is best measured using developmental assessments, making it a poor fit for the PFS-2 (Sprague-Jones et al., 2019).

Practitioner and Advisory Council feedback suggested reducing complexity by simplifying answer choices or reducing Likert-scale options (Johnson et al., 2011; RFAC Interviews, March 2021; Sprague-Jones et al., 2019). Additionally, Community-Based Organizations (CBO) sources spoke more broadly about culturally responsive measurement, mentioning "translations" as a key practice to ensure responses from their diverse client base (CBO Leaders, October 2021). Most of the 15 RFAC members interviewed mentioned how data collection practices, as much as the measurement tool, affect data quality (RFAC Interviews, March-April 2021). Data collection practices included building trust with families, explaining the data collection rationale, flexibility when scheduling data collection, offering translations or interpreters, and offering options for survey administration (e.g., orally, virtual).

Answering the first scientific question resulted in a broader understanding of how culturally responsive research practices can enhance measurement and how the Strengthening Families protective factor framework relates to these ideas. The second scientific question looks more specifically at the Strengthening Families framework and the PFS-2, the chosen tool for adaptation.

Q2. How does the Strengthening Families Protective Factors framework and measurement tool resonate with diverse families in King County?

To answer the second scientific question, the project team sought to understand how well the framework and PFS-2 survey matched with the needs of practitioners and King County families. One-on-one interviews with RFAC members and group Council meetings helped identify which protective factors and related survey items needed adaptation and offered suggestions on overall instrument design.

Protective Factors Adaptations

Conceptually, the understanding of Family Resilience and Nurturing and Attachment needed the most work, whereas Concrete Supports, Social Supports and Caregiver and Practitioner Relationship needed fewer changes. Unsurprisingly, the individual item subscales that measured those concepts needed the most work as well. The evolution from PFS-2 items to the PF-KCS items can be found in Appendix A.

Family Resilience

The family resilience subscale in the original PFS-2 survey aimed to measure its component parts as defined by the survey authors: hope for the future; supportive family interactions; and the importance of family rituals (Sprague-Jones et al., 2019).

However, the Advisory Council questioned this understanding of resilience during one-on-one interviews that was also reflected in family feedback from survey testing. For instance, the "hope for the future" item conflicted with some families' perception of a higher power being responsible for a person's destiny or life outcomes.

The "supportive family interactions" item seemed to suggest a certain family arrangement and way of interacting that did not resonate with single parents and some other families, especially those with limited free time and financial constraints, or those families with a different understanding of the role of family members. The "importance of family rituals" item generally made sense to RFAC and families.

Based on RFAC and family insights and an additional informal review of the literature on family resilience, the PF-KCS shifted away from hope for the future and supportive family interactions but preserved the concept of family traditions (see item evolution in *Table 1*).

The following concepts are measured in the PF-KCS family resilience protective factor subscale:
- Self-efficacy: drawing on inner strengths to meet personal challenges;
- Celebrating family traditions: acknowledging family assets, attributes and strengths; and
- Systems navigation: the ability to understand how to find and secure support/aid.

Table 1: Family Resilience concept and item adaptations

PFS-2 Concept	PFS-2 Item	PF-KCS Concept	PF-KCS Item
Hope for the future	The future looks good for our family.	Self-efficacy	My family has the strength to solve problems that happen in our lives.
Family celebration & ritual	There are things we do as a family that are special just to us.	Celebrating family traditions	Our family traditions are important to us.
Supportive family interactions	In my family, we take time to listen to each other.	Systems navigation	Even though it may not be easy, I find ways to help my family through challenges

Knowledge of Parenting and Child Development

This section was originally the survey subscale "Nurturing and Attachment." However, RFAC members questioned the wording of many items out of concern they might offend families and indicated that they already had tools like the PICCOLO that measure Nurturing and Attachment concepts. RFAC members also emphasized the importance of non-verbal cues to assess attachment between parent and child (RFAC interviews, March-April 2021). Additionally, University of Washington, Barnard Center researchers - Drs. Susan Spieker and Monica Oxford - advised that nurturing and attachment is best measured observationally (as in their Center's Promoting First Relationships training program) and suggested that measuring caregiver knowledge and responsiveness could be related but more tangible concepts to measure using a self-response format (Oxford & Spieker, 2021). The view that observational methods are better at measuring nurturing and attachment was also supported by select attachment literature (Zeanah, Berlin & Boris, 2011).

Given these perspectives, it was decided that Knowledge of Parenting and Child Development - one of the five original protective factors in the Strengthening Families framework - could function as the overarching category within which to understand caregiver attitudes, knowledge, and behaviors related to caring for children. The component parts of the Knowledge of Parenting and Child Development protective factors subscale were rewritten as (see item evolution in *Table 2)*:
- Role of caregiver/parental behavior and its impact on children;
- Discipline and how to positively impact child behavior; and
- Caregiver/parental attitudes toward children.

Two of the items from the PFS-2 Nurturing and Attachment subscale were preserved, including "I feel like I'm always telling my kids 'no' or 'stop,'" and "How I respond to my child depends on how I'm feeling." Since the Nurturing and Attachment subscale attempts to measure the bi-directional relationship between parent or caregiver and child, yet the survey format can only capture the parental

perspective, the project team believed that these items could stay in this newly reframed Knowledge of Parenting and Child Development section to gauge parental behavior and attitudes. Also, RFAC members strongly advocated to preserve these items as valuable, particularly from a conversational and relationship-building standpoint (RFAC Meeting, May 2021).

However, reverting to this original protective factor means that it will function differently than other subscales. There is no theoretical basis for knowledge of parenting items to act as a subscale since items are formative metrics for knowledge instead of reflective, unlike the other subscales (Counts et al., 2010). As in the original PFS, practitioners should not calculate a subscale average for any individual, but simply note each person's score. Instead, practitioners calculate group averages per item, which means that only programmatic or cohort comparisons can be made with this protective factor (Counts et al., 2010; FRIENDS, 2018).

Table 2: Item and Concept Adaptation from Nurturing & Attachment to Knowledge of Parenting and Child Development

PFS-2 Concept	PFS-2 Item	PF-KCS Concept	PF-KCS Item
Routine interactions with children	I feel like I'm always telling my kids "no" or "stop."	Role of caregiver/ parental behavior	I feel like I'm always telling my child(ren) "no" or "stop."
Caregiver attitudes toward child behavior	How I respond to my child depends on how I'm feeling.	Role of caregiver/ parental behavior	How I respond to my child(ren) depends on how I'm feeling.
Discipline	I have frequent power struggles with my kids.	Discipline	It is important to show that you understand your child's feelings when they misbehave.
Caregiver attitudes toward child behavior	My child misbehaves just to upset me.	Caregiver / parental attitudes toward children	Parents have a big impact on how their child(ren) turn out.

Concrete and Social Supports

The Concrete Supports protective factor is the family's ability to access financial and tangible supports and services, while Social Supports captures the level of emotional support received from family, friends, neighbors, and community. Overall, there were few concerns or questions about these two protective factors from RFAC or families surveyed, and item language adjustments were minor. These protective factors are much more tangible and less culturally differentiated (e.g., everyone needs to afford life necessities, and everyone needs some form of support from others).

Descriptions of how different cultures perceive and describe Social Supports were adapted accordingly. For example, instead of "I have people who believe in me," the item changed to "I have people in my life who encourage me." There was also a shift away from sensitive ideas like getting social support on matters related to your "love life," and movement towards the more general idea of social support on matters related to your "relationship."

Minor adjustments in the Concrete Supports protective factor included the addition of details to survey items that match with an evolving sense of daily norms in American life (e.g., adding mental health services to healthcare expenses; internet to the list of utility bills, etc.).

Parent/Caregiver + Program Staff Relationship

Originally termed the "Caregiver and Practitioner Relationship" subscale, this protective factor was renamed "The Parent/Caregiver + Program Staff Relationship" for clarity and to include caregivers who may not identify as parents. Though it is not an original protective factor from the Strengthening Families protective factors framework, it emerged as a separate concept during PFS-2 testing and was backed up in the literature as a critical component of retaining clients and achieving family outcomes (Garcia & Weisz, 2002; Ingoldsby, 2010; Sprague-Jones et al., 2019). RFAC members and CBO leaders confirmed the value of this concept in their programs and noted that they lack tools to measure it (RFAC interviews, March-April 2021; CBO interviews, October 2021). The main concern with this section is how social desirability response bias could affect family responses, since the main relationship being evaluated is likely the one with the person delivering the survey. This concern is addressed in the implementation guide with recommendations for survey implementation like administering the section with a separate staff member or following up via email or text to collect responses.

The primary change to item language was to identify program staff differently as "staff from this program." The PFS-2 survey described staff as "people here," though PFS-2 survey authors acknowledge that families found this phrasing confusing (Sprague-Jones et al., 2019). Item language also shifted from asking whether families felt generally supported to more specific types of support (e.g., being helped, cared about, and respected).

Instrument Design Updates

In addition to adjustments to protective factors constructs and item-by-item wording changes, there were other changes to the broader survey design.

Varying Direction of Items

The PFS-2 included both positive and negatively framed (or reverse-worded) items, despite concerns from practitioners and families that negative framing did not feel strengths-based and could be discouraging (Sprague-Jones et al., 2019). RFAC members shared the same concern about negatively framed items and argued that they could confuse participants (RFAC interviews, March-April 2021). The

primary reason to vary the directionality of items is to limit acquiescence response bias, which is the tendency of participants to follow the survey pattern regardless of the question (Sprague-Jones et al., 2019). Since this pattern was observed in PF-KCS survey pilot data, the decision was made to vary the direction of four items and to place them frequently enough, so participants read each item critically, but not so frequently to discourage engagement.

Standardizing Answer Scales

The PFS-2 survey used three different response scales: a five-point Likert-type response scale ranging from "Not at all like my life" to "Just like my life," a frequency Likert-type response scale ranging from "Never" to "Almost always," and an agreement-based Likert-type response scale ranging from "Strongly agree" to "Strongly disagree." Given the consistent emphasis from RFAC members to simplify the survey and the preference to use response scales that families would have already seen, the "Strongly Agree" to "Strongly Disagree" five-point response scale was used throughout the survey. Using the same response scale limits survey complexity, which was especially important for the retrospective survey that requires two answers for each question (one for "before" and one for "now").

Prefer Not to Answer Option

An option of "prefer not to answer" was added to both the survey and demographic questions to match implementation guidance and to increase respondent comfort. The original PFS-2 and revised PF-KCS survey scripts remind families that they can skip any questions, but without an explicit answer choice on the survey itself, it was not clear in the survey pilot testing whether an item was specifically skipped, or accidentally missed. Additionally, families feeling pressured to answer survey questions due to perceived power dynamics was a recurrent theme in RFAC and CBO interviews and in the CRR literature reviews. Adding "prefer not to answer" as an explicit answer option offers a reminder to the survey participant that they can skip questions which helps create a more equitable survey experience.

Retrospective and Traditional Pre/Post Options

Though practitioners consulted in this project seemed most familiar with the traditional (pre/post) survey design, there was interest in the retrospective version which could cut survey collection time in half and address response-shift bias. Response-shift bias is seen in traditional pre-/post-surveys when participants may over-rate their skills or knowledge in a pre-test, then grow their knowledge during the intervention and rate themselves more realistically, which often presents as static or even declining post-test scores (FRIENDS, 2020). The limitation of the retrospective version noted by RFAC members is the increased complexity of the survey for families who tested it. Given the potential for confusion and the reality that some programs must defer to funder or model requirements, both the retrospective and traditional options are offered as viable options for programs, and both explained in detail in the implementation guide.

Official Prompt Language

To support more consistent and quality data, official prompt language was written to match revised PF-KCS items and embedded in the survey itself (see the PF-KCS survey in Appendix B). RFAC survey training made the need for prompts clear, particularly since many council members serve non-native English speakers who often need survey questions clarified or reframed. Embedding prompts within the survey itself ensures that regardless of survey delivery format (self-administered or partially/fully supported), all respondents receive the same explanations for each survey item. Additional prompts were not offered with the PFS-2.

Demographic Form

The demographic form is the last page of the protective factors survey and provides valuable information about family identities and backgrounds. This section was audited by comparing the PFS-2 demographic form with demographic intake forms from RFAC member organizations. Based on this comparison, new questions were added about languages spoken at home, whether there is a child with a disability in the home, and to describe the relationship of the caregiver with the child. Based on RFAC and family feedback during the testing period, an additional 26 race categories were added to the demographic form. Though it made this section longer, families valued seeing their identities represented rather than being "othered" in a catch-all checkbox that required them to fill-in their race.

Optional questions were also offered to include:
- how the participant was referred,
- other programs or services the family receives,
- information on the child's gender identity and whether the child lives with the caregiver,
- and caregiver data like education status, employment, housing family income, and government assistance received.

Since personal questions can feel invasive to participants, guidance was offered in the implementation guide on how to balance the benefits versus drawbacks of adding additional demographic questions.

Answering the second scientific question was a chance to pressure-test the relevance of the Strengthening Factors protective factors framework to King County families and the survey instrument itself. However, RFAC and family feedback made clear that a framework and adapted instrument are only part of the puzzle. Culturally responsive implementation practices are key to surveying and serving clients and answering the final scientific question helped articulate those needs.

Q3. In what ways can culturally responsive implementation improve programs' ability to survey clients?

The need for implementation guidance to accompany the PF-KCS was a common theme heard in RFAC and CBO interviews. The project team decided that developing a supporting implementation guide based on the PFS-2 user guide and augmented with culturally responsive practices could help support time-strapped organizations and families by providing detailed, systematic advice through the four stages of implementation science: exploration, installation, initial implementation and full implementation (NIRN, 2021). The guide also clearly answers key questions like how, when, how often and why a program would use the PF-KCS.

Interviews with eight CBO leaders offered the greatest detail on implementation support needed. First, they shared what mattered when evaluating a new tool, with the top considerations being affordability and cultural responsiveness (see *Table 3*).

Table 3: New Tool Considerations

• Affordability • Culturally reponsive	✓✓✓✓✓✓✓○
• Easy to roll out • Potentially available in other languages • Meet funder and/or program model requirements	✓✓✓✓✓✓○○
• Evidence-based • Staff bandwidth to complete • Feasible to train staff • Delivers valuable information	✓✓✓✓✓○○○
• Vetted by staff and/or senior leadership?	✓✓✓○○○○○

Then, CBO leaders shared which culturally responsive implementation practices were important at their organizations, with top practices including flexibility when scheduling surveys, matching cultures between surveyor & family, and quality translations (see *Table 4).*

Table 4: Culturally Responsive Implementation Practices

• Flexibility when scheduling surveys • Attempt to match family and surveyer culture • Availability of quality translations	✓✓✓✓✓✓✓✓
• Deliver survey orally instead of in writing • Explain data collection rationale	✓✓✓✓✓✓✓○
• Conduct family research prior to implementation to understand their background, family structure, and concerns	✓✓✓✓✓✓○○

• Acknowledge discomfort with sharing personal data • Find common ground by sharing personal stories	✓✓✓✓✓○○○
• Consider the impact of demographic question framing (like gender identity and tribal affiliation options)	✓✓✓○○○○○
• Accept food or drink offerings • Match client communication style	✓✓○○○○○○

These considerations were incorporated into the PF-KCS Implementation Guide, along with background information on the tool, training resources, tool prompts, cultural adaptations, data collection instructions and tips on how to analyze and apply data.

Implementation findings from the CRR and Protective Factors literature reviews also revealed key implementation guidance to improve data collection processes. For example, the importance of building trust with clients prior to data collection (Escalante, 2016; Harper-Browne, 2014); offering adequate training for surveyors (Kumpfer et al., 2018; Oxfam GB, 2018); being flexible and accommodating in survey settings (Aroian et al., 2006; Willgerodt, 2003); accommodating all abilities (Williams & Moore, 2011); and serving participants in their preferred language (Conrad-Hiebner et al., 2015).

Finally, a common theme throughout CBO interviews was the overall sense of survey fatigue from staff (see CBO Interview quotes). Given the critical role that direct service and program staff play in building trust with clients and collecting their data, the extent to which implementation guidance can inform them and simplify survey administration may well determine whether adopting the tool is worthwhile.

CBO Interview Quotes

> **"[Program staff] aren't going to want to do another assessment..."**

> **"I'm always wary about adding [tools] because it is pretty loaded, and it barely leaves room for family crises which are frequent."**

> **"Even prior to COVID we were thinking about what it takes for our team to add a new assessment."**

Discussion

A consideration of strengths and challenges of this CRMT project point to some next steps.

Strengths

Resilient Families Advisory Council Engagement

Twelve of 15 RFAC members were consistent meeting attendees and represented diverse program models and client families. They aided tool development by identifying issues in protective factors definitions and measurement approaches which improved relevance for BIPOC and refugee communities. RFAC members helped direct activities by providing feedback that led to the shift from the second testing round to focus on implementation guide and CBO interviews. The Council shared their experiences openly and were willing to be recorded during each virtual meeting and their 1:1 interview. They also willingly sent intake documents via email, conducted a testing period in their communities, and answered polls to make survey adaptations, among other tasks.

During the final RFAC meeting in December, members agreed that compensation was sufficient and appreciated for themselves and for the families who participated in the testing phase. They also valued the opportunity to learn about survey design and testing protocols (RFAC 5th Meeting, December 2021).

Documenting Progress & Methods

Researching and writing the two literature reviews offered important context for the rest of the project. The CRR literature review guided the project research design, and RFAC and family engagement. The Protective Factors literature review helped select the PFS-2 for adaptation and identify best implementation practices. It also offered a deeper look into protective factors that led to conversations with other experts (like Drs. Susan Spieker and Monica Oxford) that helped adapt and hone each subscale.

Additionally, the rhythm of frequent internal meetings and the quarterly reporting and reflection process helped document the evolution of the tool and collective decisions over the course of the year. These touchpoints also helped identify the need to pivot activities to create an implementation guide.

Ground-truthing Insights through Secondary Sources

While literature reviews and RFAC engagement formed the basis for the CRMT adaptation, talking to subject-matter experts helped confirm project direction.

During framework exploration, conversations with Drs. Susan Spieker and Monica Oxford at the University of Washington's Barnard Center for Infant and Early Childhood Mental Health offered a compelling rationale for moving away from measuring Nurturing and Attachment for this self-report tool format. As the project moved into implementation considerations, Debbie Peterson, a CSSP Strengthening Families Protective Factors expert and Child Early Learning Practitioner, offered more context on how the protective factors framework is understood and applied in the field.

Intake forms were gathered from the RFAC to inform the demographics page and additional program information page (potential demographic questions) of the survey. The CBO interviews revealed important themes to include in the implementation guide.

Challenges

RFAC Attrition

Two members suspended their Council participation for family-related leave, and one RFAC member became unresponsive during the testing phase. One member who took family-related leave served the key population of families of children with special needs, and as a result, this was the only key population not directly represented during the testing phase. Assembling a larger Advisory Council for the duration of the project was advantageous, as there were still 12 active members engaged in the process at project end.

Uneven Survey Pilot Process

A total of 12 RFAC members participated in the two-hour July 2021 meeting that covered the testing and think-aloud process, but it was challenging to adequately train the Council in such a short amount of time. This issue was apparent in the amount of time taken to complete each survey, and in the variable pilot data quality. It took Council members from 13 minutes to three hours to complete the survey and think-aloud process. Some members followed the guidance closely and completed the think-aloud process for every item on the CRMT, while others left responses blank, which was likely those for whom the survey took less time. Since each Council member served a distinct subset of key King County communities, this means that think-aloud results may skew toward family identities served by Council members who completed this section more thoroughly. For example, less detail was received on families who were Hispanic, Latino/a/x or Mexican, African American, and Middle Eastern or North African.

In addition, although the results encompassed a diverse variety of families, the results were missing families with children with disabilities, due to the absence of the RFAC member serving that community. Finally, given the small sample of completed surveys (36) across diverse communities, survey results should be interpreted with caution.

Unresolved Survey Concerns

Some RFAC members expressed concerns about the complexity of answer scales despite efforts to simplify and use only one answer scale in the survey. Those members suggested that a simpler, three response option (Yes, No, Sometimes) might be better understood or more straightforward than a five-answer scale.

Another unresolved question is the role of the Knowledge of Parenting and Child Development section of the survey as it is not currently scorable by subscale, only by items. It is not clear in practice how helpful it will be to compare individual item scores. The scoring format of each protective factor should be made as helpful and easy to use as possible in future work. If this protective factor cannot be made

into a subscale, it should at least be better supported with guidance on how to apply results within programs.

Translation Timeline

Translations were not explicitly included in the project scope, but were emphasized in literature reviews, RFAC feedback and CBO interviews as an important component of culturally responsive research. Given the number of key communities in this project scope, the number of languages needed (7) was challenging to translate in this timeframe. That said, the team was able to coordinate the forward translations of the following languages: Spanish, French, Arabic, Vietnamese, Chinese, and Dari. A Somali translator was not found. Given the timeline and project budget, the recommended process of conducting both forward and back translations was not possible to complete.

Despite the effort to translate surveys, only five of 36 surveys were tested in translated formats and two languages were not tested at all (Spanish and Dari). The low testing incidence is likely due to delays in receiving translated versions, and the inability due to budget and time to translate the prompts and testing manual.

Survey Fatigue

Though RFAC members and CBO leaders expressed enthusiasm for a culturally responsive tool like the PF-KCS, they also communicated a sense of survey fatigue from both staff and families. Families are often asked for the same information over and over while receiving services while staff are overwhelmed with the amount of paperwork necessary to do their jobs. The implementation guide aimed to alleviate the burden on staff, as well as suggest practices like developing protective factors handouts to help families feel like the survey process offers value to them, not just to the organization requesting their responses.

Impact of Virtual Surveying

Due to the COVID-19 pandemic, all RFAC Council meetings, CBO interviews, and many family survey pilot tests had to be done virtually. While most participants have adapted to virtual meetings, there are still shortcomings with this format. Group meetings meant that interactions between members were limited, and Council members shared that testing the survey virtually felt more challenging to establish a rapport with families.

Next Steps

This project created a community and practitioner-vetted CRMT that measures family-level protective factors and engages community-based organizations and families in conversation.

Broader testing is needed within each of King County's key communities to ensure that both the framework and the PF-KCS connects to the protective factors framework, delivers consistent results, and truly resonates with each community. In an academic sense, the obvious next step for this tool is to test it for validity and reliability. This will entail a formal testing period where the protective factors framing is discussed with each community of interest, further survey adaptations or edits are made as needed, and the PF-KCS English version is tested and then analyzed to ensure that responses are consistent.

Yet, culturally responsive research suggests that validity is subjective. While it is important to confirm validity and reliability according to documented, rigorous academic practices, it is also important that validity criteria be determined by communities themselves. Community-driven validity practices are an emergent field that needs further exploration but are nonetheless important for the next phase of culturally responsive research. RFAC members shared their own understanding of validity in the final December 2021 meeting:

- "When you test the survey with hundreds of people and get similar responses."
- "A survey should change over time based on ongoing feedback from the community."
- "A survey will need some flexibility in order to measure abstract and subjective topics from culture to culture."
- "A survey is valid when it goes to the people with the power and resources to make legislative and systemic changes to create better outcomes and a more equitable distribution of resources for the communities we serve."

Though the validity process should be done on a per-language basis (starting with English), future work should also prioritize a rigorous translation process. Ideally this work would begin with a group translation process (first for direct translation of the content, then through a cultural lens for symbolism and other figurative language). A third party would then be needed to translate the survey back into English (back-translation). Ideally, the back translated survey would then be tested more broadly to account for dialects and culture-specific vocabulary (e.g., Spanish is spoken in many countries like Mexico, Spain, and even in the U.S. where certain words and cultural norms do not translate).

Finally, implementation guidance should be regularly updated based on program experience and lessons learned. Guidance on how to make meaning out of survey scores and how to apply them to improve services and outcomes is needed.

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Appendices

Appendix A: PF-KCS Protective Factors Definitions and Items

Table 7: PF-KCS Protective Factors Definitions and Items

Factor	Definition	Key Components	Adapted Item in PF-KCS	Items in PFS-2
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.	Self-efficacy - draw on inner strength to meet personal challenges	**My family has the strength to solve problems that happen in our lives.**	The future looks good for our family.
		Family assets - Celebrating family strengths / traditions	**Our family traditions are important to us.**	There are things we do as a family that are special just to us.
		Systems navigation - ability to understand how to find and secure support/aid	**Even though it may not be easy, I find ways to help my family through challenges.**	In my family, we take time to listen to each other.
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.	The role of parental behavior and its impact on children	I feel like I'm always telling my child**(ren)** "no" or "stop."	I feel like I'm always telling my kids "no" or "stop."
		The role of parental behavior and its impact on children	How I respond to my child**(ren)** depends on how I'm feeling.	How I respond to my child depends on how I'm feeling.
		Discipline and how to positively impact child behavior (e.g., predictable, reliable expectations)	**It is important to show that you understand your child's feelings when they misbehave.**	I have frequent power struggles with my kids.
		Parent attitudes toward children	**Parents have a big impact on how**	My child misbehaves just to upset

			their child(ren) turn out.	me.
Social Supports	Parents / caregivers have support from family, friends, neighbors, and community that helps provide for a family's emotional needs.	Perception of support - feeling that others encourage and support the family	I have **someone in my life** who **encourages me.**	I have people who believe in me.
		Willing to receive feedback - ability to reflect on advice or observations from trusted people	I have someone in my life who is **honest with me about difficult topics.**	I have someone in my life who gives me advice, even when it's hard to hear.
		Perception of support - feeling that others encourage and support the family	When I am trying to work on achieving a goal, I have **someone in my life** who will support me.	When I am trying to work on achieving a goal, I have friends who will support me.
		Ability to tap family/friends/ community to get personal or professional help	When I need someone to look after my **child(ren)** on short notice, I can find someone I trust.	When I need someone to look after my kids on short notice, I can find someone I trust.
		Perception of support - feeling that others encourage and support the family	I have people I trust to ask for advice about: (check all that apply) Money/Bills/Budgeting; Relationships; Food / Nutrition; **Stress/Worries; Caring for my Child** / My **Children;** None of the above	I have people I trust to ask for advice about (check all that apply): Money/Bills/Budgeting Relationships and/or my Love Life Food/Nutrition Stress, Anxiety and/or Depression Parenting/My Kids None of the above
Concrete Supports	Parents / caregivers have access to tangible supports and services (including financial	Level of financial hardship	I have trouble affording what I need each month.	I have trouble affording what I need each month.
			I am able to afford the food I want to feed my family.	I am able to afford the food I want to feed my family.

supports) that help families cope with stress and provide day-to-day necessities.		In the past month, were you unable to pay for: • Rent or mortgage • Utilities or bills (electricity/gas/heat, cell phone, **internet** etc.) • Groceries/food (including baby formula, diapers) • Childcare/daycare • Medicine, medical expenses, **mental health services** or copays • Basic household or personal hygiene items **(including clothes/shoes)** • Transportation (including gas, bus passes, shared rides) • I was able to pay for all of these	In the past month, were you unable to pay for: • Rent or mortgage • Utilities or bills (electricity/gas/heat, cell phone, etc.) • Groceries/food (including baby formula, diapers) • Childcare/daycare • Medicine, medical expenses, or copays • Basic household or personal hygiene items • Transportation (including gas, bus passes, shared rides) • I was able to pay for all of these
		In the past year, have you: • Delayed or not gotten medical or dental care **for you or your family** • Been evicted from your home or apartment • Lived at a shelter, in a hotel/motel, in an abandoned building or in a vehicle • Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage or bills	In the past year, have you: • Delayed or not gotten medical or dental care • Been evicted from your home or apartment • Lived at a shelter, in a hotel/motel, in an abandoned building or in a vehicle • Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage or bills • Lost access to your regular

			• Lost access to your regular transportation (e.g., vehicle totaled or repossessed) • Been unemployed when you really needed and wanted a job • None of these apply to me	transportation (e.g., vehicle totaled or repossessed) • Been unemployed when you really needed and wanted a job • None of these apply to me
Parent / Caregiver + Program Staff Relationship	The supportive, understanding relationship between parents/caregivers and program staff that positively affects parents' success in participating in services.	Level of perceived trust and respect between family and program staff	When I talk to **staff from this program** about my problems, they just don't seem to understand.	I feel like staff here understand me.
			The staff from this program genuinely care about me.	No one here seems to believe that I can change.
			The staff from this program have respect for me.	When I talk to people here about my problems, they just don't seem to understand.
			The staff from this program help me when I need it.	

Appendix B – PF-KCS Retrospective Survey

Protective Factors Survey, Best Starts for Kids Edition (PFS-BSK)
Program Information Form – Retrospective

Interviewer Name: Enter your name	Type of Interview: ☐ Virtual (online) ☐ In-person

Client receives services from (organization):
Enter organization serving the client

Participant ID#: Click to enter

Program Start Date: DD/MM/YYYY

Program End Date: DD/MM/YYYY

Date Survey Completed: DD/MM/YYYY

Survey Start Time: Enter start time

Survey End Time: Enter end time

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

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

   ☐ **A. Fully supported**
   - Staff ask the questions that families answer while also providing prompts

   ☐ **B. Partially supported**
   - Staff clarifies questions and offers prompts when needed

   ☐ **C. Independent**
   - Family fills out the survey themselves and only require minor clarifications and/or only a couple prompts

2. Participant's program hours (Not necessary to fill out for pre-test)

   Approximately how many **hours** of service has the client received since beginning the program? Click to enter hours from calculation below

   To Calculate

   Click to enter (A) hours per visit/session/attendance

   Click to enter (B) times per week / month

   Click to enter (C) weeks /months

   (A) x (B) x (C) = Enter # (hours of service)

Protective Factors Survey, Best Starts for Kids Edition (PFS-BSK)
Retrospective

Your responses to this survey are confidential. If you need assistance completing the form, please ask program staff. Select the extent to which you agree or disagree with each of the following statements about your life. Mark the first row based on how you felt or what you experienced BEFORE you started the program. On the second row, respond based on how you feel or what you experience NOW.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
1. My family has the strength to solve problems that happen in our lives. *(I believe my family is strong, and can overcome challenges)*	Before	☐	☐	☐	☐	☐	☐
	Now	☐	☐	☐	☐	☐	☐
2. Our family traditions are important to us. *(Family traditions can be cultural, religious, or more specific to your family, like enjoying certain foods or playing games together)*	Before	☐	☐	☐	☐	☐	☐
	Now	☐	☐	☐	☐	☐	☐
3. Even though it may not be easy, I find ways to help my family through challenges. *(You/your family's ability to find resources, services, and solutions to problems)*	Before	☐	☐	☐	☐	☐	☐
	Now	☐	☐	☐	☐	☐	☐
4. I feel like I'm always telling my child(ren) "no" or "stop." *(You may not actually be telling them "no" or "stop" but simply feel like you are doing it very often)*	Before	☐	☐	☐	☐	☐	☐
	Now	☐	☐	☐	☐	☐	☐
5. How I respond to my child(ren) depends on how I'm feeling. *(You react differently to your child(ren) even if they are doing the same thing, based on how you are feeling, like when you are happy or sad)*	Before	☐	☐	☐	☐	☐	☐
	Now	☐	☐	☐	☐	☐	☐
6. It is important to show that you understand your child's feelings when they misbehave. *(You acknowledge your child's feelings, even if they are acting out or not behaving well)*	Before	☐	☐	☐	☐	☐	☐
	Now	☐	☐	☐	☐	☐	☐
7. Parents/caregivers have a big impact on how their child(ren) turn out. *(In general, parents/caregivers have a big influence on how their child(ren) end up as adults)*	Before	☐	☐	☐	☐	☐	☐
	Now	☐	☐	☐	☐	☐	☐
8. I have someone in my life who encourages me. *(Having a person or people in your life (family, friends, teachers, religious leaders, etc.) who support(s) you)*	Before	☐	☐	☐	☐	☐	☐
	Now	☐	☐	☐	☐	☐	☐
9. I have someone in my life who is honest with me about difficult topics. *(Having a person or people in your life who are honest with you, even about difficult topics)*	Before	☐	☐	☐	☐	☐	☐
	Now	☐	☐	☐	☐	☐	☐
10. When I am trying to work on achieving a goal, I have someone in my life who will support me. *(Having a person or people in your who help you achieve what you want to. Support can be physical, emotional, spiritual, financial, etc.)*	Before	☐	☐	☐	☐	☐	☐
	Now	☐	☐	☐	☐	☐	☐
11. When I need someone to look after my child(ren) on short notice, I can find someone I trust. *(Having a responsible person or people in your life who will take your child(ren) on short notice and who you can count on to keep your child(ren) safe)*	Before	☐	☐	☐	☐	☐	☐
	Now	☐	☐	☐	☐	☐	☐

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 (BSK) levy and the Resilient Families Advisory Council.

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

Before	Now
☐ A. Money / Bills / Budgeting	☐ A. Money / Bills / Budgeting
☐ B. Relationships	☐ B. Relationships
☐ C. Food / Nutrition	☐ C. Food / Nutrition
☐ D. Stress / Worries	☐ D. Stress / Worries
☐ E. Caring for my Child / My Children	☐ E. Caring for my Child / My Children
☐ F. None of the above	☐ F. None of the above

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

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Answer
13. I have trouble affording what I need each month. *(For example, "needs" can include food, clothing, gas, utilities, rent, internet, etc.)*	Now	☐	☐	☐	☐	☐	☐
14. I am able to afford the food I want to feed my family. *(The food you feel best providing for your family; this may be traditional to your culture or may include dietary restrictions like Halal, kosher, gluten-free or dairy-free)*	Now	☐	☐	☐	☐	☐	☐

15. In the past **month**, were you unable to pay for: *(check all that apply)*
(Unable to pay could mean a partial payment and working out a payment plan for the rest, trading resources and not money to get one of the items on the list, selling items to afford a bill, or not having enough money required for the resource)

☐ A. Rent or mortgage

☐ B. Childcare / daycare

☐ C. Groceries/food (including baby formula/diapers)

☐ D. Utilities or bills (electricity/ gas/heat/phone/internet, etc.)

☐ E. Medicine, medical expenses, mental health services, co-pays

☐ F. Basic household or personal hygiene items (including clothes/shoes)

☐ G. Transportation (including gas, bus passes, shared rides)

☐ H. I was able to pay for all of these

16. In the past **year**, have you: *(check all that apply)*
(The past year is the previous 12 months or 365 days from the day the survey is taken. If it is challenging to remember a year ago, it may be helpful to find a milestone close to when this survey is being taken (such as a holiday or birthday) that can help you jog your memory.)

☐ A. Delayed or not gotten medical or dental care for you or your family

☐ B. Been evicted from your home or apartment

☐ C. Lived at a shelter, in a hotel/motel, in an abandoned building or vehicle

☐ D. Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage, or bills

☐ E. Lost access to your regular transportation (e.g., vehicle totaled or repossessed)

☐ F. Been unemployed when you really needed and wanted a job

☐ G. None of these apply to me

The following section focuses on your experiences so far in this program or organization. Your answers to these questions can help staff improve services for you and others like you, so it's important that you answer honestly.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer Not to Say
17. When I talk to staff from this program about my problems, they just don't seem to understand. *(Examples of not understanding could be having to repeat yourself often or being ignored when you share your problems)*	Now	☐	☐	☐	☐	☐	☐
18. The staff from this program genuinely care about me. *(You feel valued and like you matter to the people from this program)*	Now	☐	☐	☐	☐	☐	☐
19. The staff from this program have respect for me. *(The people from this program respect your life and life choices)*	Now	☐	☐	☐	☐	☐	☐
20. The staff from this program help me when I need it. *(Examples of "help" could include sharing resources, listening to or understanding your needs, helping your child(ren) attend school or helping you get items like diapers or toys)*	Now	☐	☐	☐	☐	☐	☐

Brief participant information section begins on the next page.

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.

21. **Gender identity**
    ☐ A. Male
    ☐ B. Female
    ☐ C. Non-binary or non-conforming
    ☐ D. Prefer not to answer
    ☐ E. Other (fill in): Type gender identity here

22. **Age (in years):** Type age here ☐ Prefer not to answer

23. **Primary language spoken at home:** Type language here ☐ Prefer not to answer

24. **Child with a disability in your care?** ☐ Yes ☐ No ☐ Unsure ☐ Prefer not to answer

25. **How do you self-identify your race or ethnicity?** Type race or ethnicity here ☐ Prefer not to answer

26. **Additional race/ethnicity details (please choose as many as apply):**

    ☐ A. <u>AMERICAN INDIAN/ALASKA NATIVE</u>   Tribal Affiliation (fill in): Type tribal affiliation here

    ☐ B. <u>ASIAN</u> *(select details if applicable)*
    ☐ Asian Indian   ☐ Japanese
    ☐ Pakistani   ☐ Bangladeshi
    ☐ Chinese   ☐ Vietnamese   ☐ Korean
    ☐ Indonesian   ☐ Thai   ☐ Sri Lankan
    ☐ Filipino
    ☐ Nepalese   ☐ Other (fill in): Type here

    ☐ C. <u>BLACK, AFRICAN, OR AFRICAN AMERICAN</u>
    (select details if applicable)
    ☐ Ethiopian   ☐ Senegalese   ☐ South African
    ☐ Tanzanian   ☐ Haitian   ☐ Mali
    ☐ Ugandan   ☐ Jamaican   ☐ Ghanaian
    ☐ Kenyan   ☐ Eritrean
    ☐ Sudanese   ☐ Nigerian
    ☐ Somali   ☐ Congolese
    ☐ Other (fill in): Type here

    ☐ D. <u>HISPANIC, LATINX, OR SPANISH</u>
    (select details if applicable)
    ☐ Mexican or Mexican American
    ☐ Peruvian
    ☐ Puerto Rican   ☐ Panamanian   ☐ Guatemalan
    ☐ Argentinian   ☐ Cuban   ☐ Brazilian
    ☐ Colombian   ☐ Chilean   ☐ Dominican
    ☐ Spanish
    ☐ Salvadoran   ☐ Other (fill in): Type here

    ☐ E. <u>MIDDLE EASTERN OR NORTH AFRICAN</u> *(select details if applicable)*
    ☐ Moroccan   ☐ Israeli   ☐ Lebanese
    ☐ Algerian   ☐ Tunisian   ☐ Saudi Arabian
    ☐ Iranian   ☐ Egyptian
    ☐ Iraqi   ☐ Afghan
    ☐ Syrian
    ☐ Other (fill in): Type here

    ☐ F. <u>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</u>
    (select details if applicable)
    ☐ Native Hawaiian   ☐ Fijian   ☐ Marshallese
    ☐ Samoan   ☐ Tongan
    ☐ Chamorro
    ☐ Other (fill in): Type here

    ☐ G. <u>WHITE</u>
    (select details if applicable)
    ☐ German   ☐ French   ☐ English
    ☐ Italian   ☐ Polish   ☐ Irish
    ☐ Other (fill in): Type here

    ☐ H. <u>OTHER RACE OR ETHNICITY</u>   ☐ Other (fill in): Type here

    ☐ I. Prefer not to answer

27. **What is your relationship to the child/children in your household?** *(select all that apply)*
    ☐ Birth Parent   ☐ Adoptive Parent
    ☐ Stepparent   ☐ Grandparent/Great-Grandparent
    ☐ Sibling   ☐ Other Relative
    ☐ Foster Parent   ☐ Prefer not to answer
    ☐ Other (fill in): Type here

End of Survey # #

Appendix C - Evaluation Team Structure & Budget

Team Structure

- Two staff and one subcontractor were hired to support this project with the Director:
  - **Director:** Meredith Williams
  - **Staff:** Audrey Royston (0.5 FTE Program Manager) (new hire)
  - **Staff:** Araceli Efigenio (0.5 FTE Program Analyst) (new hire)
  - **Subcontractor:** Hannah Williams (Office Manager and other supports as needed)
    - Transitioned from a subcontractor completing administrative tasks to a staff person, Emilie Carr (0.25 FTE Administrative Coordinator)
- **Monthly Meetings:** Scheduled with King County Social Research Scientist Mohit Nair on the first Thursday of each month starting January 2021 and continued through November 2021.

Budget

- There were a few minor changes to the budget over the course of the contract, as the project evolved. The changes are reflected in Table 8 and are explained in more detail below.
- The original budget included $10,000 for meeting expenses, including $1500 for focus groups and $2000 for training workshops, and $6500 for individual meetings to cover food and space rentals as needed.
  - Because of the continued COVID-19 restrictions, meetings were held virtually, which decreased the cost of gathering. Gatherings were restructured to virtual eliminating the need for meeting expenses.
  - With the displaced funds, Resilient Families Advisory Council (RFAC) members received $250 to compensate community members who agreed to participate in instrument testing ($50 x 5 participants x 15 RFAC members) ($3750). To reduce the burden on RFAC members, we asked for each person to test with three community members. The compensation was provided in the form of Visa Cash Cards, which cost $4 each to purchase. These were mailed, along with paper copies of the survey to each RFAC member. Twelve RFAC members completed the instrument testing (three community members each), for a total of $2000 spent on compensation for instrument testing (with postage).
  - Additionally, compensation was provided to eight program leaders from various King County community-based organizations focused on early learning. Each agreed to be interviewed regarding assessments and best practices for implementing a culturally responsive measurement tool. The compensation was provided in cash cards at a cost of $4 each. Data from those interviews was used to shape the Implementation Guide. One respondent declined payment; the total cost for this compensation was $378.
- Originally, $15,000 was budgeted for 10 Advisory Council members to be compensated $1500 for a total of $15,000.
  - Knowing attrition was likely, 15 Advisory Council members were recruited to ensure consistent representation across the key communities for the duration of the year.

- o   With the restructuring of meetings and decreased costs, compensation for Advisory Council members increased to $2000 each, for a total of $30,000. Payment was divided up into "touch points" --$250 for each meeting or other type of touch point with the council; there were a total of eight touch points over the course of 2021.
- o   To reduce barriers to attendance for Advisory Council members, an additional $50 caregiver stipend was made available to members. Seven Advisory Council members asked for the stipend for one or more meetings.
- o   After attrition, and with the caregiver stipends, the total amount spent on Advisory Council stipends was $28,000.
- To prepare for costs to translate the instrument into multiple languages, $2500 in the budget was dedicated for translation services. The instrument was translated into six languages for the testing phase, at a total cost of $3,800.

Table 8: Budget Expenses

Expense	Original Budget	Revised Budget (In Person)	Revised Budget (Virtual)	Actual Budget
Meeting Expenses	$10,000	$5,000	$0	$0
Advisory Council stipends (*with Caregiver Stipend)	$15,000	$36,000	$36,000	$28,000*
Instrument Testing Compensation	-	-	$2,500	$2,000
CBO Program Leadership Compensation	-	-	-	$378
Translation Services	$2,500	$2,500	$2,500	$3,800
Transcription Services	-	-	$2,500	$0
Total	$27,500	$43,500	$43,500	$34,178

Appendix D - List of Abbreviations & Definitions

Abbreviations

- **BIPOC** – Black, Indigenous, and People of Color
- **CBO** - Community-Based Organization
- **CRMT** - Culturally Responsive Measurement Tool
- **CRR** - Culturally Responsive Research
- **CSSP** – Center for the Study of Social Policy
- **PF-KCS** - Protective Factors - King County Survey
- **PFS** - Protective Factors Survey
- **PFS-2** - Protective Factors Survey 2
- **RFAC** - Resilient Families Advisory Council

Definitions

1. **"Data"** means records, files, forms, data, information, and other documents in electronic or hard copy form, including but not limited to Converted Data.

2. **"Culturally Relevant"** refers to the ability of a tool to reflect the perspectives of program participants accurately and respectfully from diverse communities for the purposes of measuring outcomes related to protective factors for community designed promotion, prevention, and early intervention programs. The term "culture" is broadly inclusive of race, ethnicity, gender, age, sexual orientation, disability, language, and other characteristics, and may refer to both individual and group characteristics.

3. **"Protective Factors"** refer to the Center for the Study of Social Policy's Strengthening Families Protective Factor Framework. This framework identifies five protective factors: Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Times of Need, and Social Emotional Competence of Children.

4. **"Literature Review"** refers to a thorough and detailed synthesis of research on existing measurement tools that utilize a variety of sources, particularly from different cultural contexts.

Appendix E - Logic Model

INPUTS	OUTPUTS		OUTCOMES		
	Activities	Participants	Short-term	Medium-term	Long-term
• King County • BSK funding • 12 months • Zoom • Technology • Research databases • 10 key communities • Program director • Program manager • Project manager • 15 RFAC members • Protective Factors Survey-2 • Strengthening Families Framework	• Facilitate 5 group meetings with RFAC • Conduct 1:1 interviews with RFAC • Complete of 2 literature reviews • Deliver a revised and tested culturally responsive instrument • Facilitate translations of surveys • Monthly BSK meetings	• 3 CC members • 15 RFAC members • UW researchers • Brazelton touchpoint facilitators • ASQ facilitator	• Aligning the Strengthening Families framework to program measurements and requirements • Development of a single culturally responsive protective factors survey	• Accurately and respectfully reflect perspectives of program participants from diverse communities • Emphasize and tailor strengths-based frameworks for hardly reached populations • Improve tools for community designed promotion, prevention, and early intervention programs	• Improved health and well-being and advanced equity for children, youth, families and communities in King County • Families with children ages 0-5 in King County strengthen their protective factors through the assessment of an instrument. • Develop a way to quantify and operationalize a "strong family" across cultural communities.

ASSUMPTIONS	EXTERNAL FACTORS
1. Current tools measuring protective factors in King County are not culturally responsive. 2. There is a need for a culturally responsive instrument across the 7 selected communities. 3. A culturally responsive tool for 7 different communities can be developed in one year with the relevant translations. 4. A single instrument can effectively measure multiple protective factors in a relatively short amount of time.	1. Inherent biases of racism, colorism, sexism, homophobia, transphobia, colonialism, capitalism etc. 2. COVID-19 3. Internet and technology access 4. Maternity and paternity leave 5. Non-profit industrial complex 6. Gentrification: Lack of affordable housing