

**2021-2022**  
**THE ALABAMA**  
**DEPARTMENT OF CHILD ABUSE**  
**& NEGLECT PREVENTION**

# Evaluation Report


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The Children's Trust Fund of Alabama  
Sallye R. Longshore, M.S., Ed.S., Director




# 2021-2022 By the Numbers


The Alabama Department of Child Abuse and Neglect Prevention under the leadership of Sallye R. Longshore, Director, has documented a **broad distribution of resources and outreach** to the citizens of Alabama through a large number of community-based agencies and organizations. These efforts have **enhanced protective factors** that are associated with the **reduction of risks** and the significant human and economic cost of child abuse and neglect in our state.




ADCANP has a **39 year history** of collaborating with community-based agencies and organizations that serve children and families in Alabama.

**Over \$11 million** has been awarded through a competitive grant process to community-based agencies to support prevention programs.






**63,403 total adults and youth** were served by ADCANP/CTF funded programs





**\$9,117,500** was awarded for programs serving parents.



**\$2,316,000** was awarded for programs serving youth.


**19,114 adults** participated in multi-session programs.






**44,289 youth** participated in multi-session programs.


**463,629 individuals** impacted by public awareness activities.




**1,243,588 citizens** viewed prevention information through various media outlets.




**171 prevention programs** for youth and parents were provided across the state of Alabama.




**250+ grantee agency staff** are involved annually around the state in providing prevention programs and services.



**All 7 districts** and **100% of counties** in Alabama were directly impacted by prevention program resources provided by ADCANP.




**Over 150 different agencies** around the state have been funded to provide prevention programs in their communities.



**4 primary funding streams**

1. Community Based Child Abuse Prevention (CBCAP)
2. Children First Trust Fund (CFTF)
3. Education Trust Fund (ETF)
4. Department of Human Resources/Temporary Assistance for Needy Families (DHR/TANF)



## Potential Costs vs. Investment in Prevention

**\$368,416**  
Average cost of intervention in Alabama after abuse occurs\*

\* Report from the University of Alabama released in 2021. [aub.ie/uastudy](http://aub.ie/uastudy)

**\$27**  
Average cost of prevention program per ADULT\*\*

\*\*Based on amounts of grants awarded and number of adult participants.

**\$19**  
Average cost of prevention program per YOUTH\*\*\*

\*\*\*Based on amounts of grants awarded and number of youth participants.

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# The Five Protective Factors: The Foundation of the Strengthening Families™ Framework

ADCANP/CTF is explicitly focused on educating Alabama communities in the Strengthening Families™ framework – a vital component in **preventing child maltreatment**. The Protective Factors Framework emphasizes key, research-based factors for strengthening families and reducing risks for children and prescribes prevention program target outcomes and objectives.

## What are the Five Protective Factors?

The Five Protective Factors are the foundation of the Strengthening Families™ approach. Extensive evidence supports the commonsense notion that when these Protective Factors are present and robust in a family, the likelihood of abuse and neglect diminishes. Research also shows that these are the factors that create healthy environments for the optimal development of all children.



### Parental Resilience

No one can eliminate stress from parenting but building parental resilience can affect how a parent deals with stress. Parental resilience is the ability to constructively cope with and bounce back from all types of challenges. It is about creatively solving problems, building trusting relationships, maintaining a positive attitude, and seeking help when it is needed.



### Knowledge of Parenting and Child Development

Having accurate information about raising young children and appropriate expectations for their behavior help parents better understand and care for children. It is important that information is available when parents need it, that is, when it is relevant to their life and their child. Parents whose own families used harsh discipline techniques or parents of children with developmental or behavior problems or special needs require extra support in building this Protective Factor.



### Social and Emotional Competence of Children

A child's ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotions has a great impact on the parent-child relationship. Children with challenging behaviors are more likely to be abused, so early identification and working with them helps keep their development on track and keeps them safe. Also, children who have experienced or witness violence need a safe environment that offers opportunities to develop normally.



### Social Connections

Friends, family members, neighbors, and other members of a community provide emotional support and concrete assistance to parents. Social connections help parents build networks of support that serve multiple purposes: they can help parents develop and reinforce community norms around childrearing, provide assistance in times of need, and serve as a resource for parenting information or help solving problems. Because isolation is a common risk factor for abuse and neglect, parents who are isolated need support in building positive friendships.



### Concrete Support in Times of Need

Parents need access to the types of concrete supports and services that can minimize the stress of difficult situations, such as a family crisis, a condition such as substance abuse, or stress associated with lack of resources. Building this Protective Factor is about helping to ensure the basic needs of a family, such as food, clothing, and shelter, are met and connecting parents and children to services, especially those that have a stigma associated with them, like domestic violence shelter or substance abuse counseling, in times of crisis.

Information provided by: Strengthening Families™, a project of the Center for the Study of Social Policy: [www.strengtheningfamilies.net](http://www.strengtheningfamilies.net)

US Department of Health and Human Services Administration for Children and Families/Strengthening Families™ and Communities 2009 Resource Guide: [www.acf.hhs.gov/programs/cb](http://www.acf.hhs.gov/programs/cb)



# 2021-2022 Evaluation Report

## History

The Alabama Department of Child Abuse and Neglect Prevention – The Children’s Trust Fund – was established in 1983 to address the state’s problem of child neglect and maltreatment. While several state agencies addressed the consequences of child abuse, none ***focused on combatting the issue, raising awareness, and educating communities*** before it occurred.

ADCANP/CTF remains the only state agency actively engaged in providing community-based prevention programs focused on promoting protective factors in families. As a member of the National Alliance of Children’s Trust and Prevention Funds, as well as Prevent Child Abuse America, the ADCANP/CTF works to strengthen ALL families and to surround them with supportive communities, services, and systems. **ADCANP/CTF is the only state agency designated to prevent child maltreatment by building family strengths.**

## Outreach and Impact

As evidenced through hard work, strong collaboration, and effective leadership, the ADCANP/CTF continues to be at the forefront in the nation for supporting and evaluating prevention and family strengthening programs.

ADCANP/CTF is consistently recognized for its partnerships, outreach, and evaluation efforts by federal partners. In the last project year, Director Longshore and the evaluation team have presented at the following national conferences and webinars:

- the Alabama Department of Human Resources TANF and Family Assistance Conference- October 2021
- the National Council on Family Relations Annual Conference – November 2021
- Alabama Child Support Association meeting – December 2021
- Doing What Matters for Alabama’s Children – January 2022
- International Symposium of National Children’s Advocacy Council – March 2022
- Women in Government presentation on opioid prevention campaign – April 2022
- American Professional Society on Child Abuse national colloquium presentation – June 2022
- Community Based Child Abuse Prevention regional meeting presentation – June 2022
- SDE Mega Conference on Mandatory Reporting presentation on responsibilities of educators and building protective factors – July 2022.

## Evaluation Methods

Research suggests several key activities as useful for the prevention of child maltreatment: raising public awareness, providing education and supports for parents – particularly those facing special challenges (e.g., low resources, special needs children), facilitating positive father involvement, and promoting youth’s own awareness, knowledge, and skills related to resilience. Therefore, the types of programs ADCANP/CTF funded include **Parent Education and Support, Home Visiting Parent Programs, Fatherhood Programs, Respite Care Programs, Youth School-Based, Non School-Based/ After-School, Mentoring Programs, and Public Awareness and Training Programs.**

Although each program varies in approach, curriculum, and delivery method, common objectives are shared by programs in each area of emphasis. All programs have objectives that center on reducing risk factors for child maltreatment and **promoting protective factors** outlined at the beginning of this report.

Data were collected between October 2021 and September 2022 from program participants, using uniform surveys within each program type. This allows for the aggregation of data within program

categories and results in meaningful information regarding the experiences of the average participant in each program area. **This systematic empirical assessment of prevention programs throughout the state is one of few such efforts in the United States.**

Because of the large number of citizens served, survey research methods were utilized for those participating in multi-session programs. Adult and youth participants responded to questions regarding their background and demographics at program entry. The post-program questionnaire used a validated and efficient method of gathering baseline and post-program levels of skills, knowledge, and attitudes by asking each participant to reflect on a score for each target outcome at program start and after completion. Paired sample t-tests were conducted on each measure (some are global, singular items; some are multi-item scores) to identify **statistically significant changes from pre-program mean levels to post-program mean levels.** Effect sizes that assess the magnitude of the changes were calculated using the appropriate formula for paired data.



*Research suggests several key activities as useful for the prevention of child maltreatment: raising public awareness, providing education and supports for parents, facilitating positive father involvement, and promoting youth’s own awareness, knowledge, and skills related to resilience.*



# Parent Education & Home Visiting Programs

During project year 2021-2022, a total of 75 programs provided parent education/home visiting through hospital visits, group education, and home visits. Common goals of these programs noted in their proposals center on participant improvement in:

- **stress management skills**
- **skills to manage maltreatment risk**
- **understanding various forms of child maltreatment**
- **medical care commitment**
- **positive parenting skills and child development knowledge**
- **knowledge and use of support services**
- **use of informal support networks**

*These goals promote elements of several protective factors emphasized by the “Strengthening Families™” framework (see results for this information).*

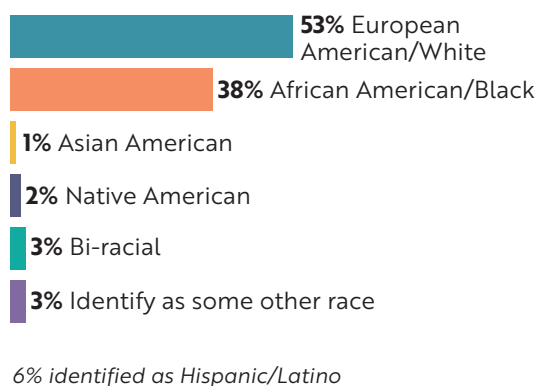
## Parent Education & Home Visiting Program Demographics

Parents in Parent Education classes and Home Visiting programs are predominantly European American/White or African American/Black and predominantly of lower socio-economic status, based on work status, education level, and income reported. Participants are predominantly women.

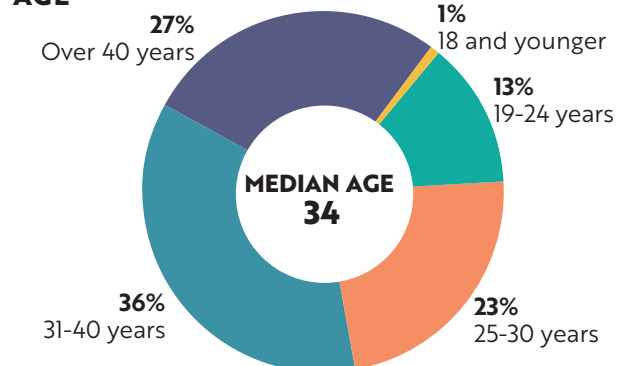
### GENDER



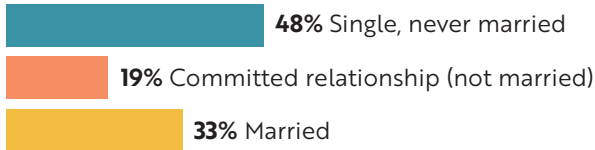
### RACE & ETHNICITY



### AGE



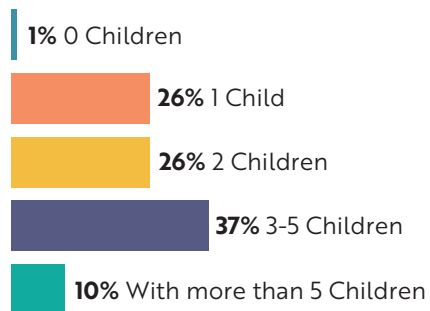
## RELATIONSHIP STATUS



### ADDITIONALLY:

31% Have been separated  
25% Have been divorced  
4% Have been widowed

## NUMBER OF CHILDREN\*

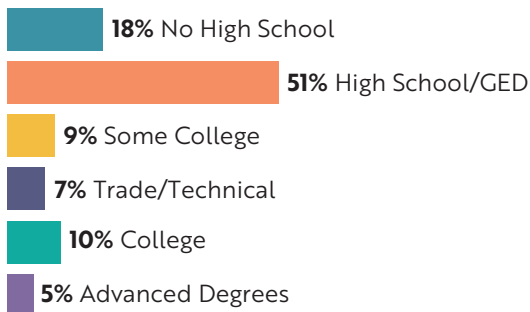


\*Includes biological, step, adopted, foster, and grandchildren

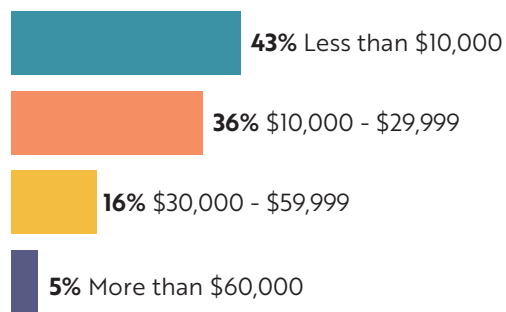
## WORK STATUS PRE-PROGRAM\*\*



## EDUCATION LEVEL PRE-PROGRAM\*\*



## ANNUAL INCOME LEVEL PRE-PROGRAM\*\*



\*\* For participants (excluding students) over the age of 18.



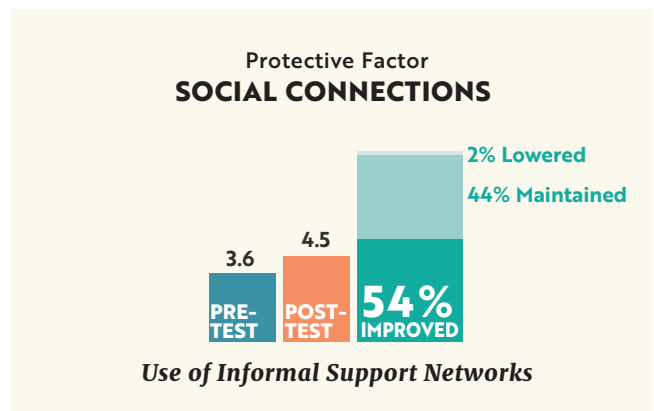
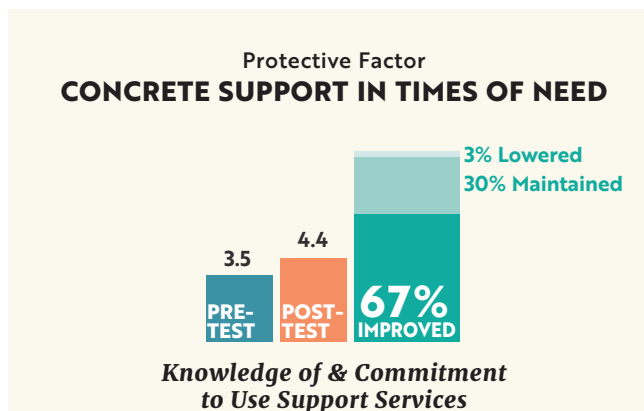
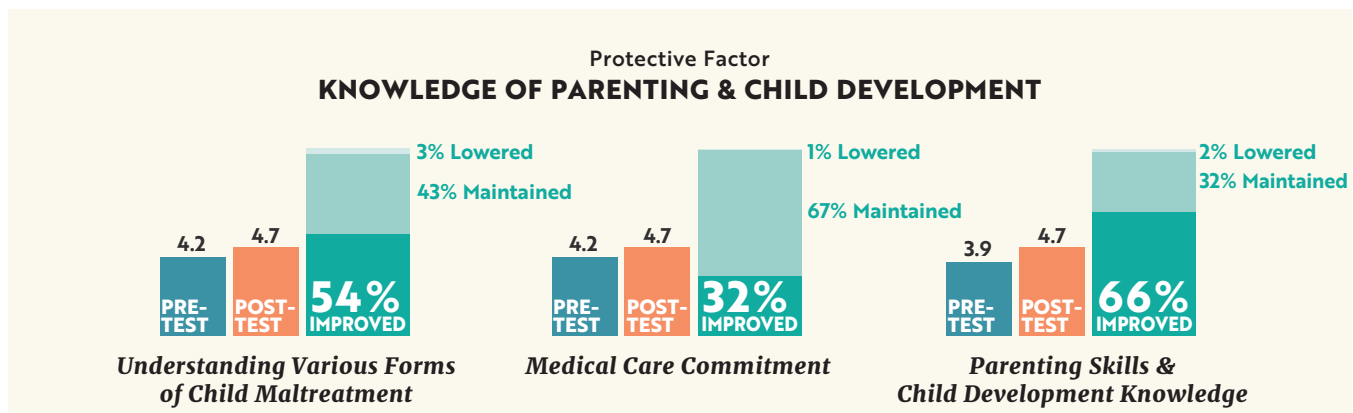
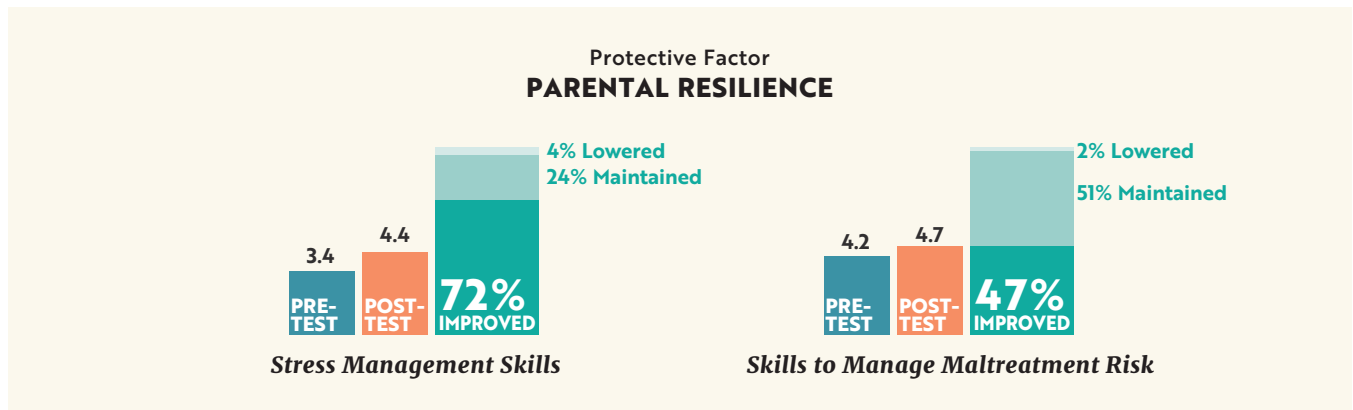
**//** *The realization that there is trauma from my childhood that I was passing on to my child without even knowing. When starting this class, I didn't think I needed it... I came out of this class very knowledgeable in how I should handle situations better as a mother."*

*- Home Visiting Program Participant*



A sample of Parenting Program participants ( $n = 4,295$ ) responded to an assessment of 7 goals (i.e., target outcomes) using a scale of 1 – 5. Analyses of measures (some using multi-item scores; reliabilities [Cronbach’s  $\alpha$ ] range from .81 - .86) using paired sample  $t$ -tests revealed statistically significant ( $p < .001$ ) improvements for the average participant in ALL targeted areas from pre-program to post-program. The effect sizes ranged from .56 to .93. The average magnitude of the effect sizes for these improvements was .77 and can be considered large (i.e., .25 small effect, .50 moderate effect, .75 large effect).

Descriptive analyses also were examined to provide a clearer picture of the numbers of participants who experienced changes. We calculated the percentage of participants who reported improvement in their individual scores from pre-program to post-program, maintained their score, or declined. Consistently, a large portion rated themselves as improved in each area assessed. The graphs below reflect the average scores of all measures at baseline and at program completion, as well as the percentages of people who had higher, lower, or the same score from pre-program to post-program.



Paired sample  $t$ -test tables with results for testing mean score differences from pre-program to post-program are located on page 24 in the appendix.



# Respite Care Programs

During project year 2021-2022, a total of 7 programs provided respite care services and parent information for parents and children with special needs. Common goals of these programs noted in their proposals center on participant improvement in:

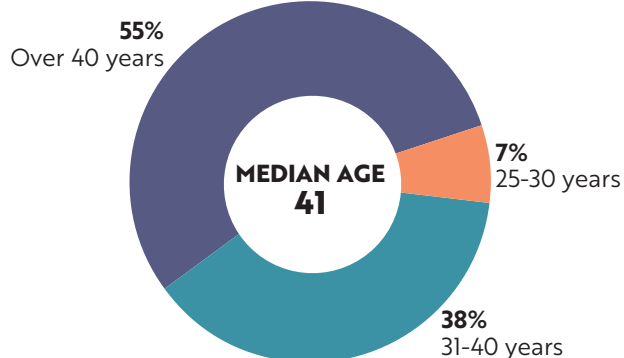
- **stress level**
- **positive view of the child**
- **knowledge and use of support services**
- **use of informal supportive social networks**

*These goals promote elements of several protective factors emphasized by the “Strengthening Families™” framework (see results for this information).*

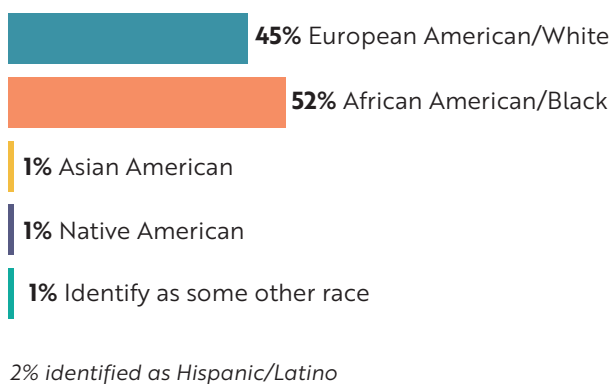
## Respite Care Program Demographics

Parents in Respite Care programs are predominantly African American/Black or European American/White and predominantly of lower socio-economic status, based on work status, education level, and income reported. Participants are predominantly women.

### AGE



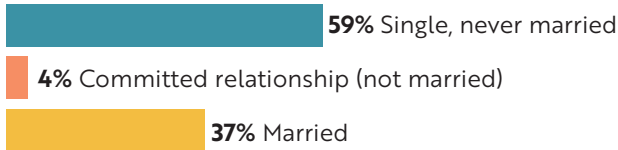
### RACE & ETHNICITY



### GENDER



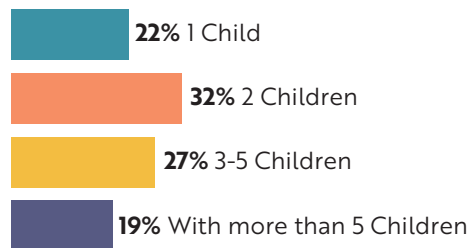
## RELATIONSHIP STATUS



### ADDITIONALLY:

- 37% Have been separated
- 34% Have been divorced
- 7% Have been widowed

## NUMBER OF CHILDREN\*

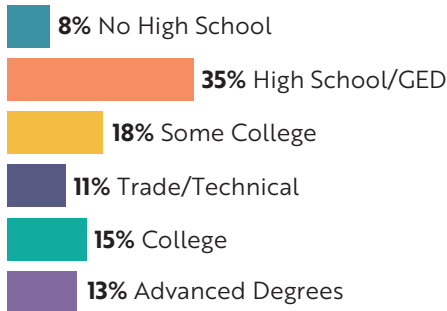


\*Includes biological, step, adopted, foster, and grandchildren

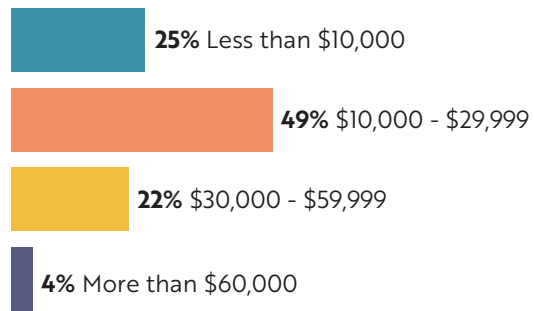
## WORK STATUS PRE-PROGRAM\*\*



## EDUCATION LEVEL PRE-PROGRAM\*\*



## ANNUAL INCOME LEVEL PRE-PROGRAM\*\*



\*\* For participants (excluding students) over the age of 18.

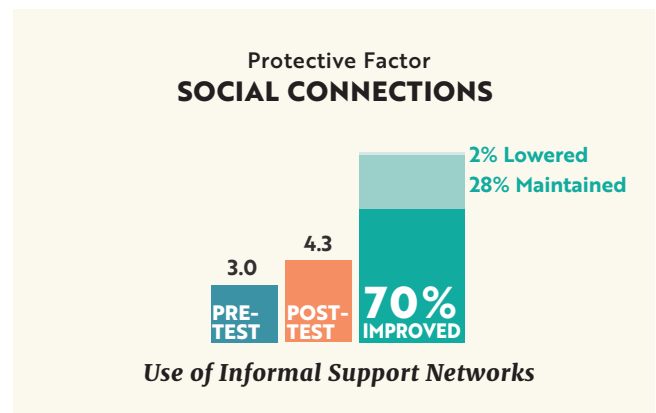
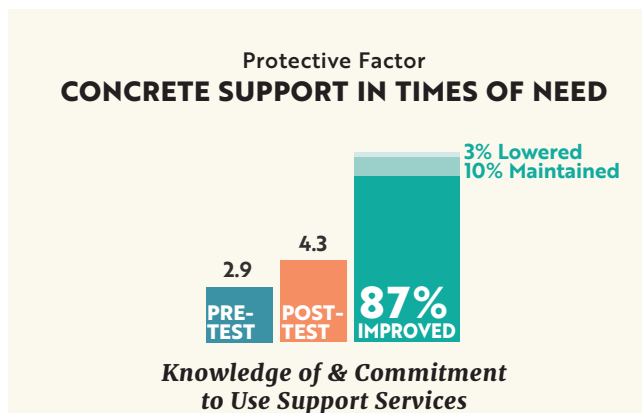
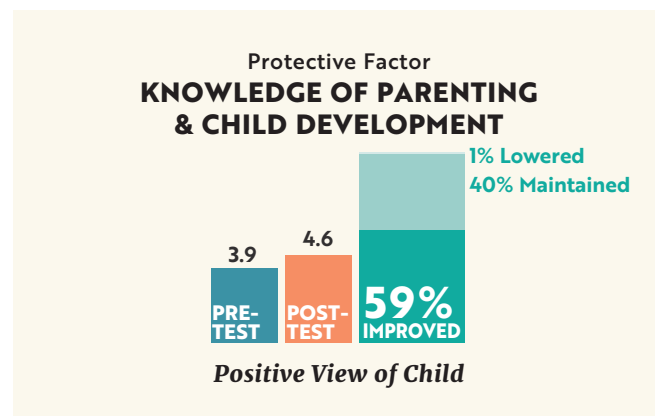
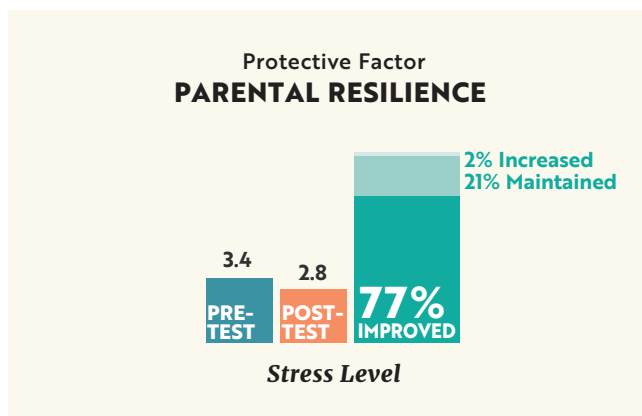


“ Being able to hire a helping hand for family outings has given us a sense of normalcy so we can spend more time as a family outside our home.”

– Respite Program Participant

A sample of Respite Care program participants ( $n = 346$ ) responded to an assessment of 4 goals (i.e., target outcomes) using a scale of 1 – 5. Analyses of measures (some using multi-item scores; reliabilities [Cronbach's  $\alpha$ ] range from .61 - .82) using paired sample  $t$ -tests revealed statistically significant ( $p < .001$ ) improvements for the average participant in ALL targeted areas from pre-program to post-program. The effect sizes ranged from .87 to 1.35. The average magnitude of the effect sizes for these improvements was 1.15 and can be considered large (i.e., .25 small effect, .50 moderate effect, .75 large effect).

Descriptive analyses also were examined to provide a clearer picture of the numbers of participants who experienced changes. We calculated the percentage of participants who reported improvement in their individual scores from pre-program to post-program, maintained their score, or declined. Consistently, a large portion rated themselves as improved in each area assessed. The graphs below reflect the average scores of all measures at baseline and at program completion, as well as the percentages of people who had higher, lower, or the same score from pre-program to post-program.



Paired sample  $t$ -test tables with results for testing mean score differences from pre-program to post-program are located on page 24 in the appendix.



# Fatherhood Programs

DHR/TANF (Alabama Department of Human Resources, Family Assistance Division, which oversees Temporary Assistance for Needy Families; TANF funds) provided funding for 20 Fatherhood programs. Fatherhood programs provide case management and classes. They focus on enhancing employability through education and job skills training. They also provide educational information on child development and positive parenting strategies and emphasize the value of positive involvement with children and child support obligation compliance. Mothers are invited to participate in classes as well.

Common goals of fatherhood programs noted in their proposals center on participant outcomes in:

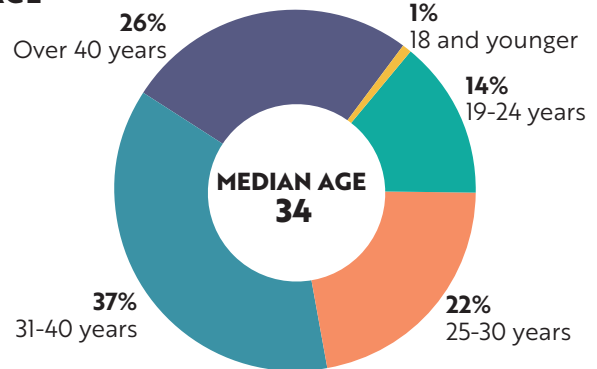
- **positive relationship skills**
- **enhanced coparenting quality**
- **dating abuse prevention skills**
- **cooperation with child support enforcement (CSE) & commitment to pay child support**
- **greater work and education commitment**
- **greater use of support services**
- **positive parenting skills**
- **enhanced parent involvement & relationship quality with child**
- **enhanced child adjustment**

*These goals promote elements of several protective factors emphasized by the “Strengthening Families™” framework (see results for this information).*

## Fatherhood Program Demographics

Individuals who participated in Fatherhood programs are predominantly African American/Black or European-American/White and predominantly of lower socio-economic status, based on work status, education level, and income reported. Participants are predominantly men.

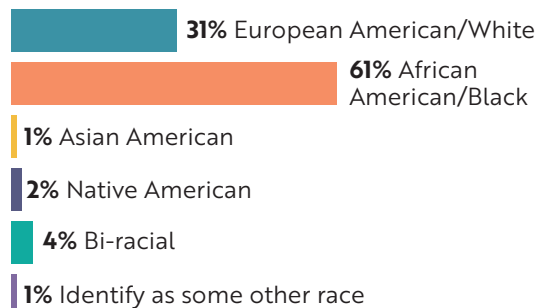
### AGE



### GENDER

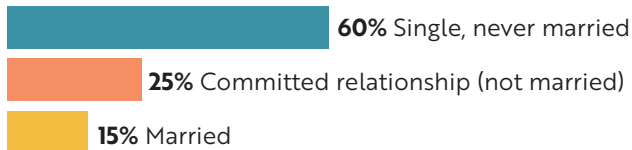


### RACE & ETHNICITY



2% identified as Hispanic/Latino

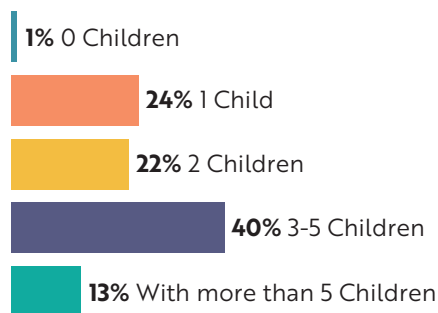
## RELATIONSHIP STATUS



### ADDITIONALLY:

33% Have been separated  
24% Have been divorced  
3% Have been widowed

## NUMBER OF CHILDREN\*



\*Includes biological, step, adopted, foster, and grandchildren

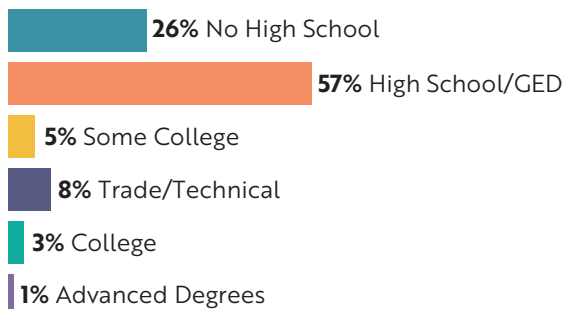
## WORK STATUS PRE-PROGRAM\*\*



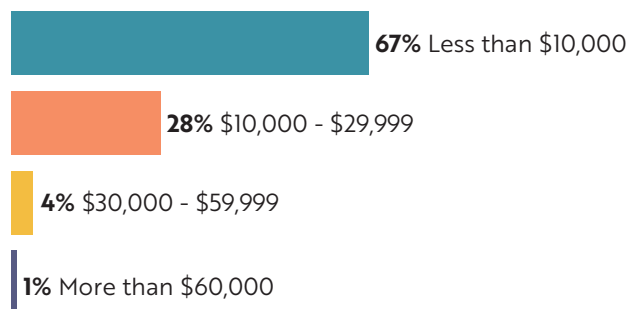
## WORK STATUS POST-PROGRAM\*\*



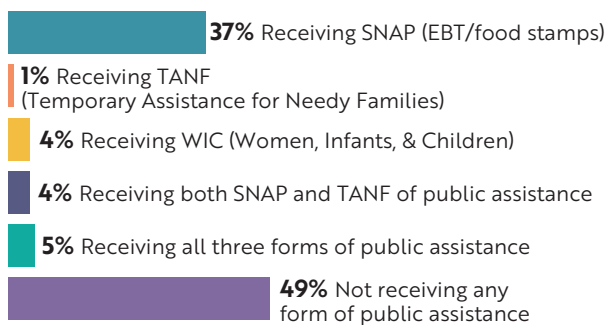
## EDUCATION LEVEL PRE-PROGRAM\*\*



## ANNUAL INCOME LEVEL PRE-PROGRAM\*\*



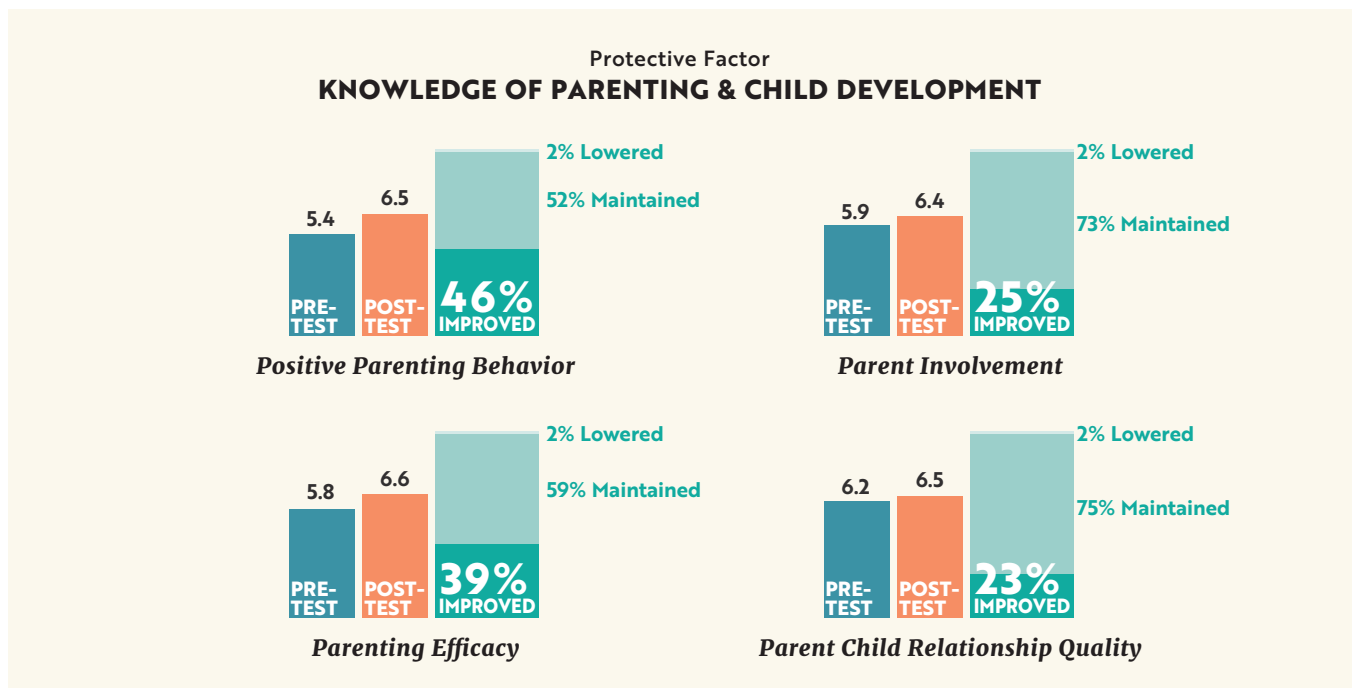
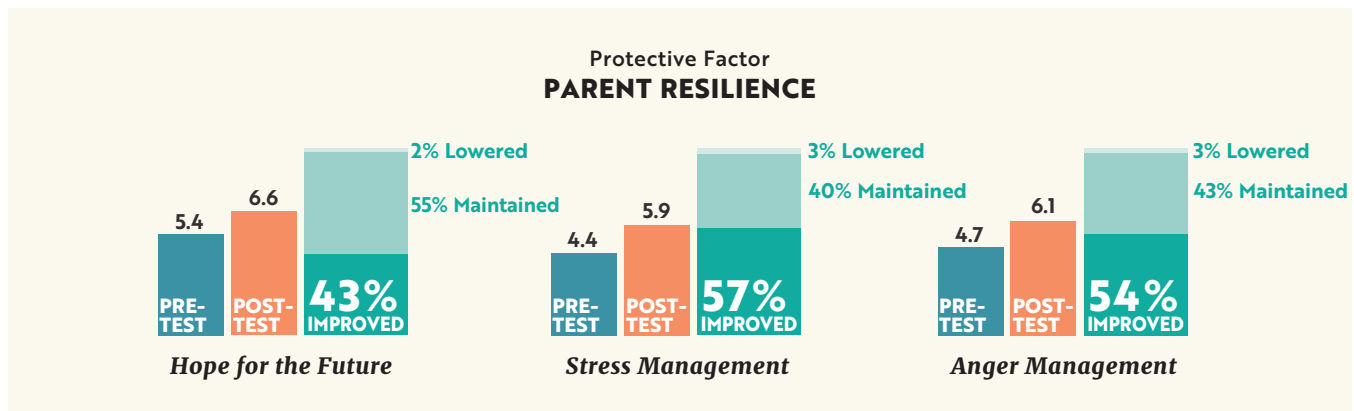
## PUBLIC ASSISTANCE\*\*



\*\* For participants (excluding students) over the age of 18.

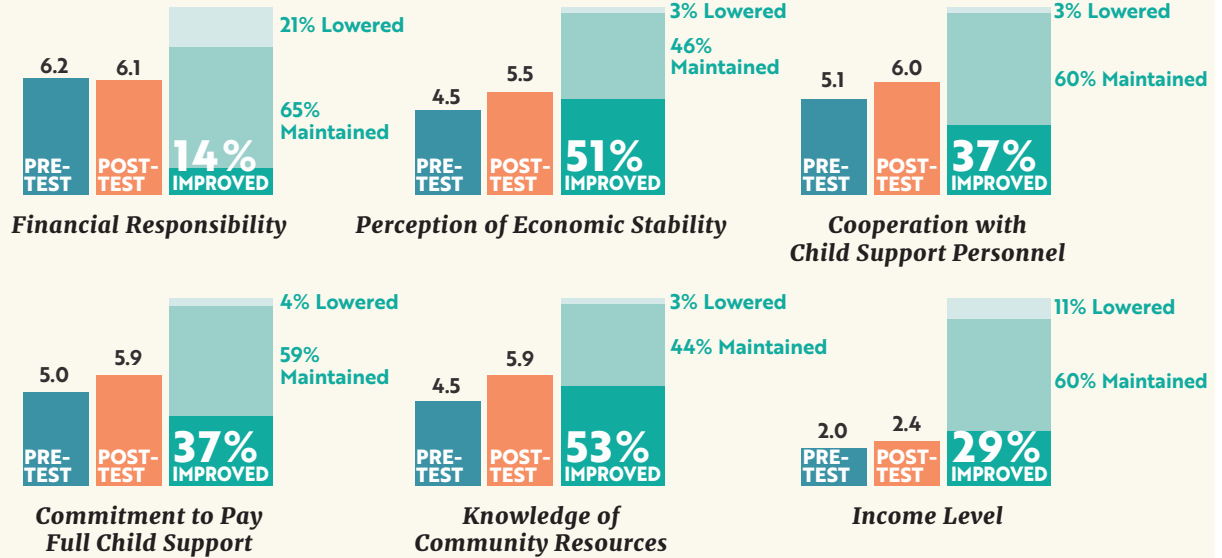
A sample of Fatherhood program participants ( $n = 911$ ) responded to an assessment of 19 goals (i.e., target outcomes) common across programs using a scale of 1 – 7. Analyses of measures (some using multi-item scores; reliabilities [Cronbach’s  $\alpha$ ] range from .46 to .78) using paired sample  $t$ -tests revealed statistically significant ( $p < .01$ ) improvements for the average participant in all but one targeted area (i.e., financial responsibility) from pre-program to post-program. The effect sizes ranged from .12 to .77. The average magnitude of the effect sizes for these improvements was .50 and can be considered moderate (i.e., .25 small effect, .50 moderate effect, .75 large effect).

Descriptive analyses also were examined to provide a clearer picture of the numbers of participants who experienced changes. We calculated the percentage of participants who reported improvement in their individual scores from pre-program to post-program, maintained their score, or declined. Consistently, a large portion rated themselves as improved in all but one targeted area (i.e., financial responsibility) assessed. The graphs below reflect the average scores of all measures at baseline and at program completion, as well as the percentages of people who had higher, lower, or the same score from pre-program to post-program.

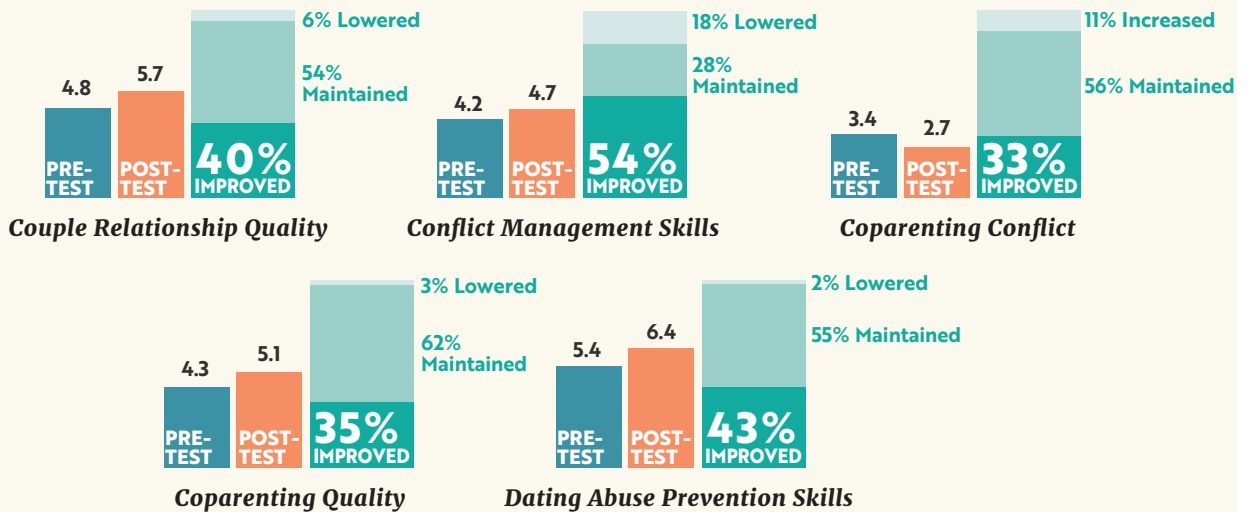


Paired sample  $t$ -test tables with results for testing mean score differences from pre-program to post-program are located on page 25 in the appendix.

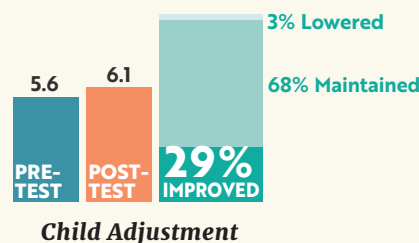
Protective Factor  
**CONCRETE SUPPORT IN TIMES OF NEED**



Protective Factor  
**SOCIAL CONNECTIONS**



Protective Factor  
**SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN**

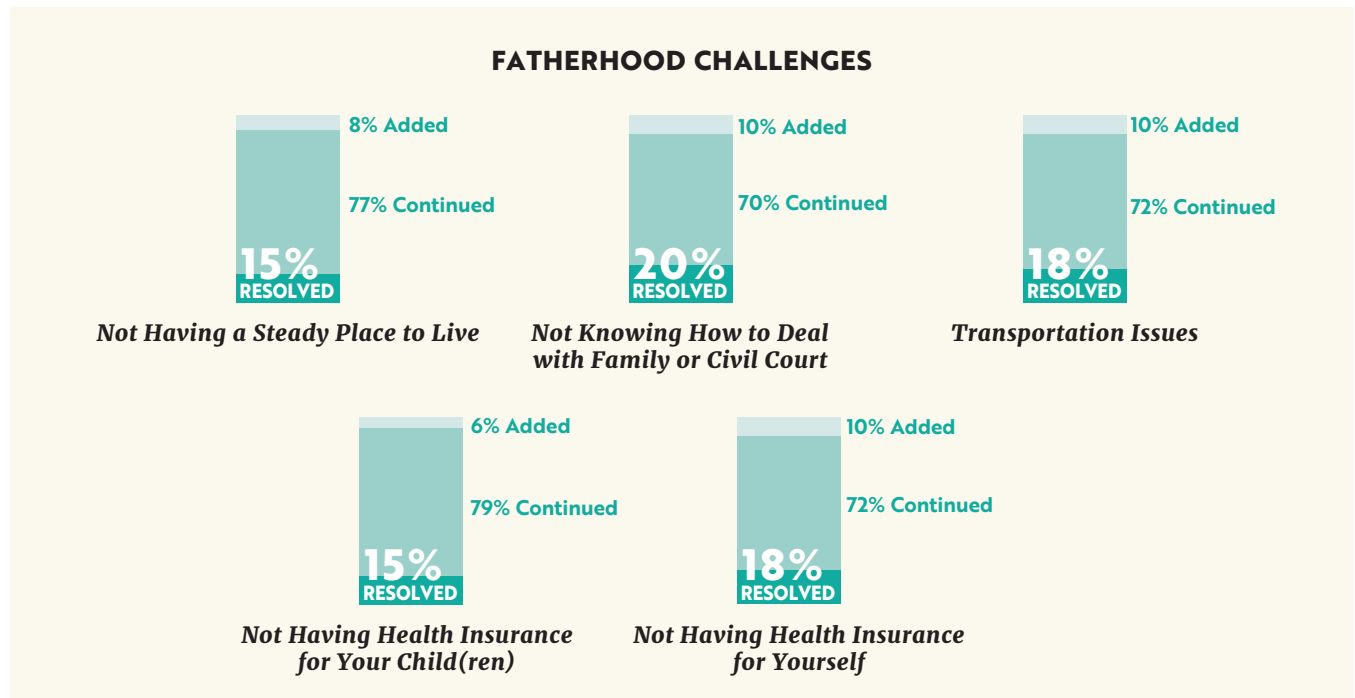


Paired sample t-test tables with results for testing mean score differences from pre-program to post-program are located on page 25 in the appendix.



# Fatherhood Challenges

Fathers also indicated improvements in some challenges. Below we detail the proportion of fathers who indicated that an area of challenge prior to the program was now no longer a problem or challenge after participation. These improvements are notable given that many of these areas represent systemic and structural challenges and barriers that are more difficult to address by local agencies offering individually focused programs.



*I made a commitment to improve my relationship with my son's mother. I learned that research has shown that the way parents treat each other has more impact on a child to develop self-regulation than the way the parent treats the child. I also learned about safe sleep for infant and Shaken Baby Syndrome.*

*After I finished the classes, I felt more equipped to be alone with the baby and I told my child's mother about what I learned. She felt more confident in leaving our child alone with me. We now have joint custody."*

*– Fatherhood Program Participant*



## Youth Programs 3<sup>rd</sup> – 5<sup>th</sup> Grade

Youth in 3rd-12th grade around the state were served through 46 programs that included a variety of school-based, non-school-based/after school, and mentoring programs. These programs varied in their emphasis, but all were focused on reducing risks for children and enhancing their well-being by promoting the protective factor: social and emotional competence of children.

Common goals of programs noted in their proposals for youth in 3rd-5th grade center on participant improvement in:

- **social skill development**
- **improved abuse awareness**
- **self confidence**
- **emotion identification and regulation**
- **enhanced assertiveness**
- **cooperative behavior**

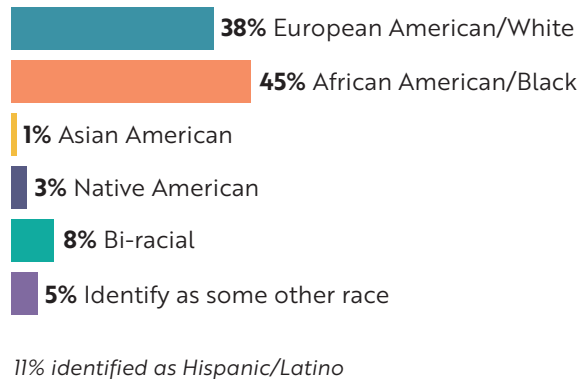
### 3<sup>rd</sup> – 5<sup>th</sup> Grade Demographics

Data on youth demographics from school-based, non-school based/after school, and mentoring programs offered to children in 3rd – 5th grade indicate that participants are predominantly African American/Black or European American/White and balanced in gender. Note: Youth who participated only in community awareness programs did not provide demographic information.

#### GENDER

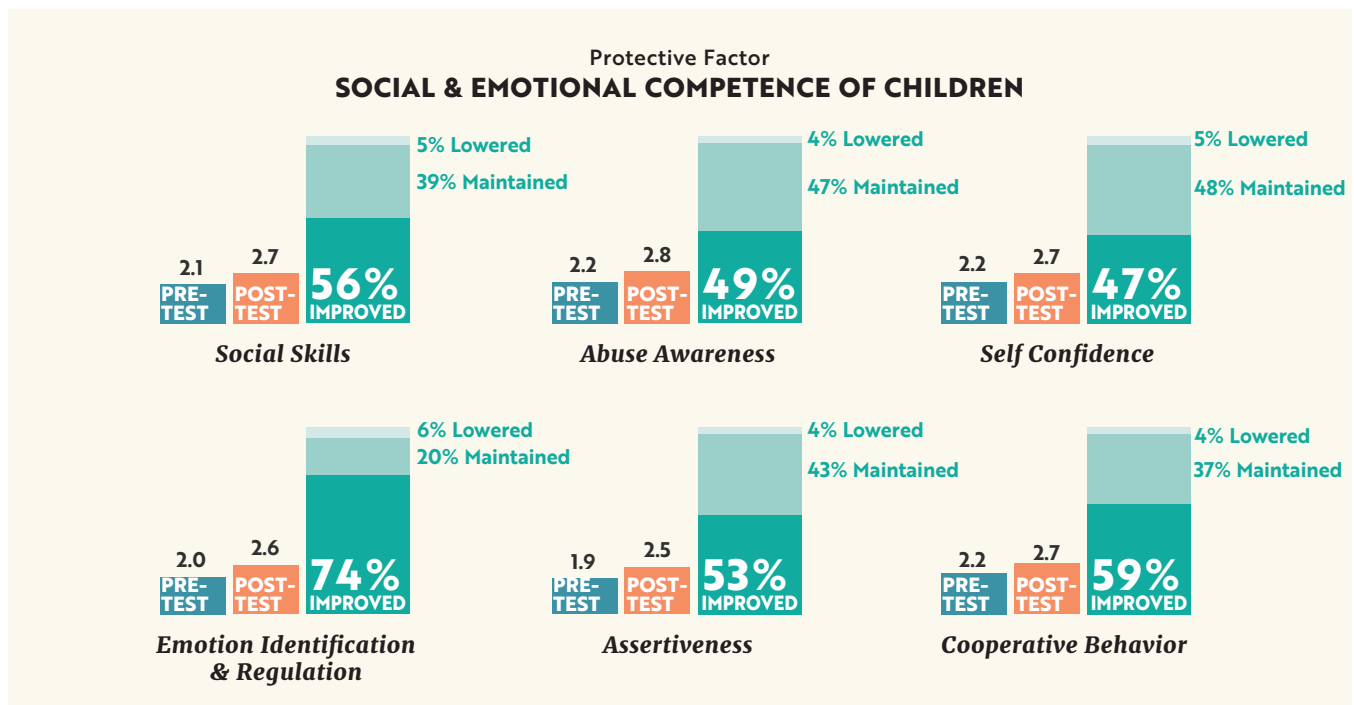


#### RACE & ETHNICITY



A sample of 3rd – 5th grade participants ( $n = 2,865$ ) responded to an assessment of 6 goals (i.e., target outcomes) using a scale of 1 – 3. Analyses of measures (some using multi-item scores; reliabilities [Cronbach’s  $\alpha$ ] range from .64 – .67) using paired sample  $t$ -tests revealed statistically significant ( $p < .001$ ) improvements for the average participant in ALL targeted areas from pre-program to post-program. The effect sizes ranged from .66 to .93. The average magnitude of the effect sizes for these improvements was .78 and can be considered large (i.e., .25 small effect, .50 moderate effect, .75 large effect).

Descriptive analyses also were examined to provide a clearer picture of the numbers of participants who experienced changes. We calculated the percentage of participants who reported improvement in their individual scores from pre-program to post-program, maintained their score, or declined. Consistently, a large portion rated themselves as improved in each area assessed. The graphs below reflect the average scores of all measures at baseline and at program completion, as well as the percentages of people who had higher, lower, or the same score from pre-program to post-program.



Paired sample  $t$ -test tables with results for testing mean score differences from pre-program to post-program are located on page 26 in the appendix.



//

*I love our sessions and just think of it as advice of how to live easier. It honestly made my week so much better. I wasn't ready for them to end."*

– Youth After-School Program Participant



# Youth Programs 6<sup>th</sup> – 12<sup>th</sup> Grade

Youth in 3rd-12th grade around the state were served through 46 programs that included a variety of school-based, non-school-based/after school, and mentoring programs. These programs varied in their emphasis, but all were focused on reducing risks for children and enhancing their well-being by promoting the protective factor: social and emotional competence of children.

Common goals of programs noted in their proposals for youth in 6th-12th grade center on participant improvement in:

- **emotion knowledge**
- **self confidence**
- **social competence**
- **commitment to avoid risky & delinquent behavior**
- **cooperative behavior**
- **abuse awareness & resourcefulness**

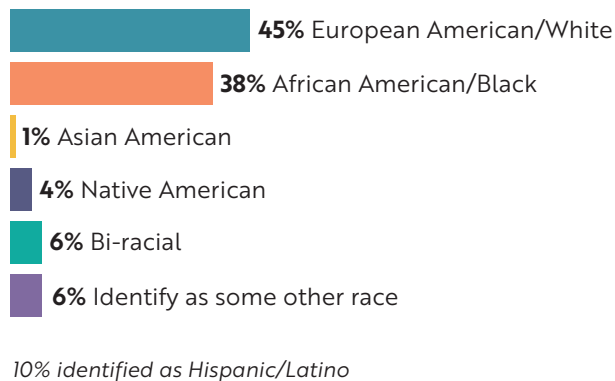
## 6<sup>th</sup> – 12<sup>th</sup> Grade Demographics

Youth demographics from in school-based, non-school based/after school, and mentoring programs offered to children in 6th-12th grade indicate that participants are predominantly European American/White or African American/Black and balanced in gender. Note: Youth who participated only in community awareness programs did not provide demographic information.

### GENDER



### RACE & ETHNICITY

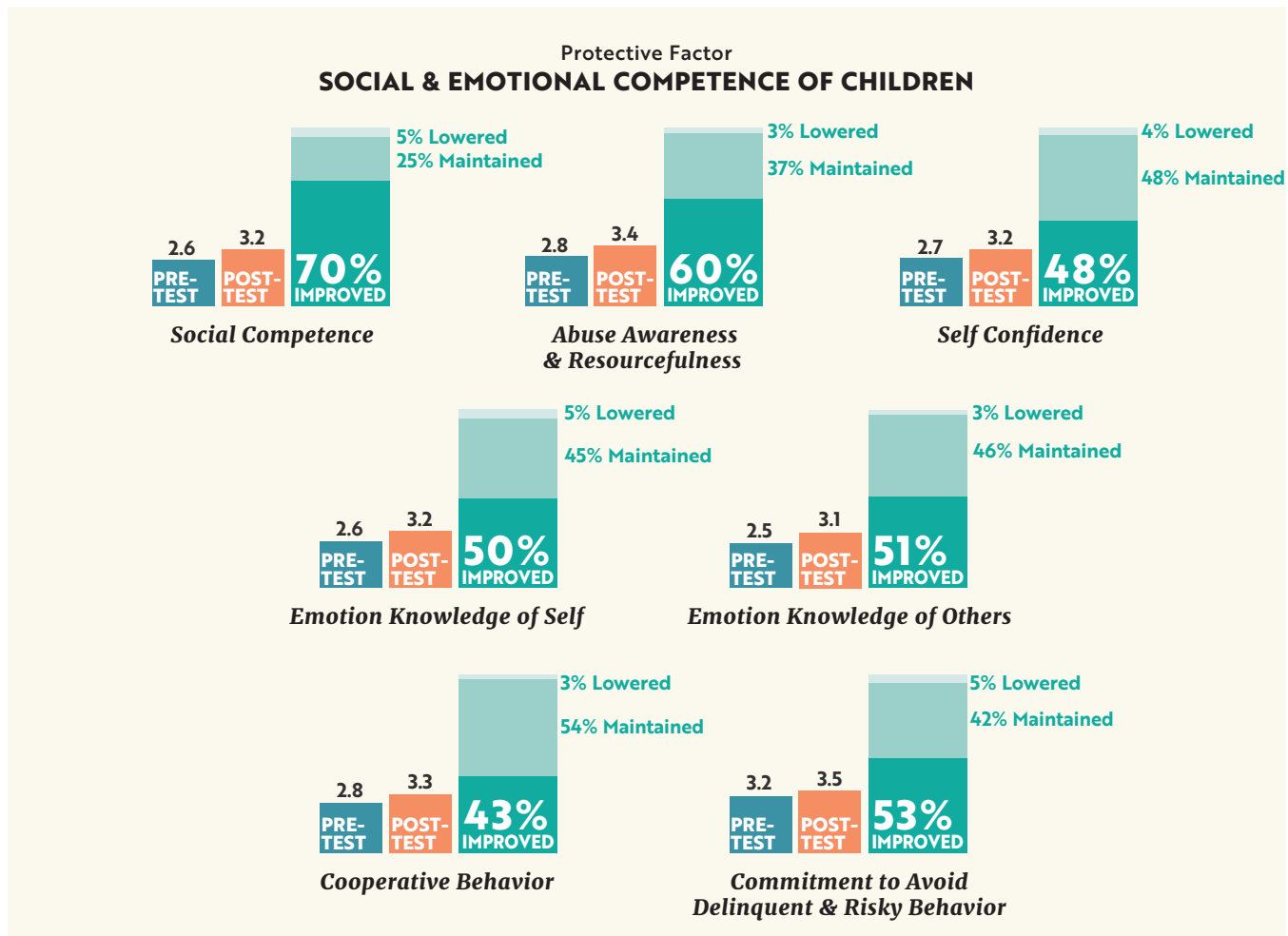


*This program helped me with my social and emotional skills. It also helps me with my homework, which helps me improve my GPA.”*

*– Youth After-School Program Participant*

A sample of 6th-12th grade participants ( $n = 4,489$ ) responded to an assessment of 7 goals (i.e., target outcomes) using a scale of 1 – 4. Analyses of measures (some using multi-item scores; reliabilities [Cronbach’s  $\alpha$ ] range from .68 - .77) using paired sample  $t$ -tests revealed statistically significant ( $p < .001$ ) improvements for the average participant in ALL targeted areas from pre-program to post-program. The effect sizes ranged from .49 to .87. The average magnitude of the effect sizes for these improvements was .70 and can be considered moderate to large (i.e., .25 small effect, .50 moderate effect, .75 large effect).

Descriptive analyses also were examined to provide a clearer picture of the numbers of participants who experienced changes. We calculated the percentage of participants who reported improvement in their individual scores from pre-program to post-program, maintained their score, or declined. Consistently, a large portion rated themselves as improved in each area assessed. The graphs below reflect the average scores of all measures at baseline and at program completion, as well as the percentages of people who had higher, lower, or the same score from pre-program to post-program.



Paired sample  $t$ -test tables with results for testing mean score differences from pre-program to post-program are located on page 26 in the appendix.



## Public Awareness and Training Programs

There were 23 programs funded to specifically conduct Public Awareness activities. These programs provided information to professionals and community members on child abuse and neglect to raise awareness and increase 1) the likelihood of reporting suspected child abuse and neglect and 2) the use of services provided for family support and child abuse and neglect situations. Public Awareness and Training activities also address common risks identified as barriers to health and success (i.e., preventing tobacco use and/or tobacco cessation for youth).

Additionally, many of the Youth, Parent Education and Home Visiting, Respite, and Fatherhood programs also made efforts to raise community awareness about community resources and child abuse and neglect and documented their efforts.

Due to the large numbers attending public awareness and training programs, individual surveys were not administered to these participants. Staff tracked the number of face-to-face encounters and reported these to the evaluation team monthly and quarterly.



**Public Awareness and Training programs/presentations directly served a total of 463,629 individuals.**

Staff also tracked exposures to other community and public awareness efforts implemented within communities through various media outlets, such as billboards, radio and newspaper ads, agency websites, and social media (Facebook, Instagram, and Snapchat).



**1,243,588 exposures/impressions were documented.**

# Reflections

As we complete another successful year of program evaluation, we, the Auburn University Evaluation Team, reflect on the hundreds of people throughout the State of Alabama who are working with the programs funded by the Alabama Department of Child Abuse and Neglect Prevention- the Children's Trust Fund. We have sincere appreciation for Sallye R. Longshore, the committed and devoted ADCANP Director, for entrusting us with this important responsibility. We also appreciate the ADCANP Board members, all the administrative staff, field directors, and division directors- their unwavering support and continued investment in the evaluation of prevention programs is a model for all of Alabama, and the rest of the country. It is our pleasure and privilege to work for you and with you, as well as with the hundreds of programs across Alabama.

We also would like to acknowledge the hard work and dedication of the community agency staff all around the state reflected in this report. Clearly, the story in this evaluation report belongs to them. We are privileged to give voice to the citizens in our communities that benefit from these programs. While our job centers on reporting the numbers and analytic results of program effectiveness assessments, we never lose sight of the powerful, collective story we witness every day. The work is truly awe-inspiring. Lives are changed every day – and the evidence

continues to mount to validate the investments in these programs. Youth and adults in the programs are learning, growing, and feeling more connected and hopeful about ensuring a strong and loving family, thus strengthening families and ensuring reduced risks for children. As researchers in human development and family sciences, we have no doubt that the benefits we are seeing will have positive ripple effects for generations to come. As Desmond Tutu said:

***“Do your little bit of good where you are; it’s those little bits of good put together that overwhelm the world.”***

We, the Auburn University Evaluation Team, have no doubt that the impact made in each community is an extraordinary one. While we are scientists when collecting, analyzing, and reporting the data, we are fellow community members, first and foremost, who are encouraged and inspired when we see the value of this work. We believe strongly in the promise of prevention programming and are excited to see these successful efforts in reducing the risk of child maltreatment across Alabama. We are grateful to be part of an effort to overwhelm our great state with resources that strengthen families and children.

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## **PY 2021-2022 Report submitted in November 2022 by:**

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# Appendix

## Parent Education & Home Visiting Programs

**TABLE 1.** Paired Sample *t*-test for mean change over time.

	Pre-Test		Post-Test				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	Cohen's <i>d</i>
<b>PARENTAL RESILIENCE</b>							
Stress Management Skills	3.41	1.15	4.43	.74	4226	-60.07***	.92
Skills to Manage Maltreatment Risk	4.17	1.06	4.74	.56	4214	-38.76***	.60
<b>KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT</b>							
Understanding of Various Forms of Child Maltreatment	4.16	.99	4.73	.59	4213	-43.91***	.68
Medical Care Commitment	4.24	1.01	4.69	.66	3913	-34.71***	.56
Parenting Skills & Child Development Knowledge	3.86	1.00	4.74	.50	3655	-56.29***	.93
<b>CONCRETE SUPPORT IN TIMES OF NEED</b>							
Knowledge of & Use of Support Services	3.46	1.13	4.43	.77	4209	-58.76***	.91
<b>SOCIAL CONNECTIONS</b>							
Use of Informal Supportive Networks	3.62	1.18	4.47	.01	4163	-51.40***	.80

\*\*\**p*<.001. Cohen's *d* reported in absolute values.

## Respite Care Programs

**TABLE 2.** Paired Sample *t*-test for mean change over time.

	Pre-Test		Post-Test				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	Cohen's <i>d</i>
<b>PARENTAL RESILIENCE</b>							
Stress Level ^	3.37	.87	2.77	.75	345	23.10***	1.29
Positive View of Child	3.87	.95	4.63	.60	343	-16.09***	.87
Knowledge of & Use of Support Services	2.88	.82	4.25	.67	344	-25.05***	1.35
Use of Informal Supportive Networks	2.99	1.02	4.25	.83	343	-20.29***	1.09

\*\*\**p*<.001. Cohen's *d* reported in absolute values. ^reductions are desired for these measures.



## Fatherhood Programs

**TABLE 3.** Paired Sample *t*-test for mean change over time.

	Pre-Test		Post-Test				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	Cohen's <i>d</i>
<b>PARENTAL RESILIENCE</b>							
Hope for the Future	5.43	1.95	6.57	.95	630	-14.91***	.59
Stress Management	4.41	2.02	5.92	1.40	672	-20.03***	.77
Anger Management	4.66	2.04	6.07	1.32	674	-18.53***	.71
<b>KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT</b>							
Positive Parenting Behavior	5.42	1.76	6.51	.89	627	-16.35***	.65
Parent Involvement	5.92	1.64	6.40	1.23	615	-9.52***	.38
Parenting Efficacy	5.76	1.62	6.61	.82	627	-14.06***	.56
Parent Child Relationship Quality	6.15	2.72	6.46	1.12	673	-3.13**	.12
<b>CONCRETE SUPPORT IN TIMES OF NEED</b>							
Financial Responsibility ~	6.20	1.09	6.10	1.15	693	3.01**	.11
Perception of Economic Stability	4.46	1.95	5.47	1.55	639	-15.99***	.63
Cooperation with Child Support Personnel	5.07	1.94	5.98	1.49	384	-9.88***	.50
Commitment to Pay Full Child Support	5.04	1.98	5.90	1.57	304	-8.25***	.47
Knowledge of Community Resources	4.52	1.94	5.89	1.46	651	-17.99***	.71
Income Level	2.01	1.28	2.35	1.40	611	-6.41***	.26
<b>SOCIAL CONNECTIONS</b>							
Couple Relationship Quality	4.80	2.04	5.68	1.64	486	-11.13***	.50
Conflict Management Skills	4.19	1.21	4.69	1.14	582	-9.46***	.39
Coparenting Conflict ^	3.42	2.16	2.70	1.96	552	8.18***	.35
Coparenting Quality	4.31	2.14	5.13	1.95	553	-11.63***	.49
Dating Abuse Prevention Skills	5.37	1.87	6.39	1.17	656	-15.65***	.61
<b>SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN</b>							
Child Adjustment	5.63	1.59	6.08	1.30	654	-9.97***	.39

\*\*\**p*<.001; \*\**p*<.01. Cohen's *d* reported in absolute values. ^reductions are desired for these measures.

~the statistically significant change is in the undesired direction.

## Youth Programs 3rd–5th Grade

**TABLE 4.** Paired Sample *t*-test for mean change over time.

	Pre-Test		Post-Test				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	Cohen's <i>d</i>
<b>SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN</b>							
Social Skills	2.08	.72	2.69	.54	2652	-41.32***	.80
Abuse Awareness	2.19	.79	2.77	.50	2642	-37.13***	.72
Self Confidence	2.18	.75	2.69	.55	2641	-34.13***	.66
Emotion Identification & Regulation	2.03	.54	2.59	.43	2708	-48.50***	.93
Assertiveness	1.94	.76	2.54	.66	2574	-38.84***	.77
Cooperative Behavior	2.22	.64	2.75	.44	2613	-41.40***	.81

\*\*\**p*<.001. Cohen's *d* reported in absolute values.

## Youth Programs 6th–12th Grade

**TABLE 5.** Paired Sample *t*-test for mean change over time.

	Pre-Test		Post-Test				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	Cohen's <i>d</i>
<b>SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN</b>							
Emotion Knowledge of Self	2.55	.90	3.15	.85	4212	-45.36***	.70
Emotion Knowledge of Others	2.48	.87	3.09	.83	4200	-48.34***	.75
Self Confidence	2.65	.91	3.22	.85	4171	-44.34***	.69
Social Competence	2.65	.66	3.2	.65	4240	-56.82***	.87
Commitment to Avoid Delinquent & Risky Behavior	3.16	.76	3.52	.64	4249	-40.60***	.62
Cooperative Behavior	2.77	1.0	3.27	.95	4100	-31.53***	.49
Abuse Awareness & Resourcefulness	2.83	.81	3.37	.71	4141	-49.68***	.77

\*\*\**p*<.001. Cohen's *d* reported in absolute values.



**//** *Children do better when their families are healthy; and families do better when they have thriving, supportive communities. We do better, when we do better.”*

*– Sallye R. Longshore*



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