

LITERATURE REVIEW

MEASURING PROTECTIVE FACTORS *with* KING COUNTY FAMILIES

PREPARED BY

THE CAPACITY
COLLECTIVE



MEASURING PROTECTIVE FACTORS WITH KING COUNTY FAMILIES

TWO LITERATURE REVIEWS

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REVIEW 1: CULTURALLY RESPONSIVE RESEARCH

INTRODUCTION

An important aspect of King County's Best Starts for Kids initiative is to promote resilience and protective factors among diverse families (King County, 2019a). The purpose of this paper is to inform two important aspects of this goal: conducting research that is responsive to King County's diverse families and using a valid research instrument to measure protective factors. First, the Culturally Responsive Research review offers broad insight across a variety of fields and practitioners and is therefore applicable to a wide variety of research efforts. Second, the Protective Factors Tools and Implementation review focuses more narrowly on the protective factors literature, with a dedicated focus to the Strengthening Families framework from the Center for Social Policy. The findings together may inform a culturally responsive approach to measuring protective factors in families with children 0-5, with a particular relevance to communities in King County.

OUR APPROACH

Methods

We conducted these literature reviews with two goals: (1) to explore best practices for conducting culturally responsive research, and (2) to explore how best to measure protective factors for families with children ages 0-5. We used Google Scholar, the University of Washington library, as well as "grey literature" (publications from government agencies, academic institutions, and the non- and for-profit sector) and practitioner sources (e.g. subject matter expert and multicultural blogs, newsletters). We selected 349 articles, and narrowed the list to 198, which informed this review. We also use data and insights from two Resilient Families Advisory Council meetings and 13 interviews with council members.

Inclusion & Exclusion Criteria

Our inclusion criteria for both literature reviews encompassed several categories. We sought out sources that were published in the last 20 years (2000 to present) to center the most up to date information, unless the source was a seminal or notable work. The research designs and source types we searched for included empirical research, meta-analyses, reports, guides, systematic reviews of literature, and non-systematic reviews. We only included studies that were conducted in the United States and a few based in Canada. We reviewed sources from various areas of knowledge from the medical, mental health, education, and evaluation fields. We prioritized sources that were either written by communities of color or centered the voices of communities of color directly when possible. We focused on but were not limited to the following populations outlined in the contract with King County: Asian, American Indian/Alaska Native, Black and African American, Hispanic and Latinx/e, Middle Eastern or North African, East African, and families of children with special needs. Research with families with children ages 0-5 were prioritized above research with children of other ages, and we sought research that considered the Center for the Study of Social Policy's Strengthening Families protective factors. Our search terms for the culturally responsive research literature review included: "culturally responsive research", "culturally relevant", "cultural humility", "cultural adaptations", "culturally grounded" and "decolonize data" whereas our topics for our protective factors literature review were: "measuring protective factors", "culturally relevant protective factor tool" and "how to identify protective factors" among many others.

Resilient Families Advisory Council

The Resilient Families Advisory Council (RFAC) is composed of 15 members from diverse cultural and/or racial backgrounds. They hail from 10 different agencies and were recruited from 32 Community-Based Organizations (CBOs) in King County. Over the course of 2021, the Council will join five planned group RFAC meetings and one individual interview each. These meetings and interviews are cited in this literature reviews to reflect their perspectives and insights, though individual names will be withheld for privacy. Together with the RFAC, we will develop a culturally relevant instrument to measure protective factors for King County families through an instrument review and revision process, instrument pilot in various King County communities, and an extensive feedback process. We would like to thank the RFAC for their feedback and support for both the literature reviews and the development of the instrument.

Language

The way we talk and the words we use have a powerful impact on individuals and the community. Language and preferences are continually evolving, and we aim to use inclusive language that acknowledges diversity, honors identity and conveys respect. Language is a tool that can make communities feel safe, comfortable, informed, respected and valued (Bekes et al., 2017). However, terminology and preferences may vary between community members (RFAC, February 17, 2021). To guide humility with language practices, some researchers employ Culturally Responsive Relational Reflexive Ethics (CRRRE), which acknowledge the limits of any one individual to understand varied cultures and pushes researchers to adapt their approach in partnership with communities, all in pursuit of doing good (Lahman et al., 2011).

The word *minority* has been historically used to describe non-white communities. However, as the National Association of Hispanic Journalists (NAHJ, 2020) articulates, this phrase is neither accurate nor particularly descriptive. In this paper, we will use the word *marginalized* when referring broadly to groups who have been harmed by historic underinvestment, opportunity, and white supremacy. Yet whenever possible, we will specify the group to avoid generalization. Researchers should be in dialogue with participants to identify the most inclusive terminology possible and could include:

- specifying the racial, ethnic or cultural group;
- Black Indigenous People Of Color (BIPOC) or People of Color (POC);
- marginalized communities;
- systemically minoritized groups;
- underprivileged, underinvested or underrepresented groups;
- or underserved groups (Utah Department of Heritage & Arts, 2019; NAHJ, 2020)

People of Color (POC) and more recently *Black, Indigenous and People of Color* (BIPOC) have emerged as popular broad terms within many communities (Cunneen & Starr, n.d.). In the *African American* population, *Black* is a popular term, though some community members feel it erases ancestral ties to Africa (Eligon, 2020). *Indigenous*, or *First Peoples* are a common term within Native communities, who typically avoid using the word *Indian*. Some Indigenous communities avoid the term *American* (e.g., *Native American*) due to the historical context between Native peoples and the United States. Many prefer to explicitly mention their tribal affiliation (RFAC, February 18, 2021). *LGBTQIA+* (Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual and/or Ally +) is often preferred over the shorter *LGBT*

abbreviation which has historically narrowly referenced white communities, and is considered an erasive term for queer people of color. The longer LGBTQIA+ term represents a sense of inclusion (Ridolfo et al. 2012; Ward, 2008; Gold, 2018). *People with disabilities* or *disabled people* are terms to describe individuals with visible or invisible conditions or functions that are judged to significantly impair the individual's life relative to the usual standard of an individual or group (Disabled World, 2019).

The *Hispanic* and *Latino/a/x* population is described as those who can trace their roots to Latin America, South America, or Spain, which colonized most of Latin America (Noe-Bustamante, 2020; Seaman, 2020). *Hispanic* is a term that describes people with ties to Spain or from a country that Spain colonized such as Mexico, countries in Latin American, and South America (excluding Brazil, Guyana, French Guyana, and Suriname as they were colonized by other countries). The term *Latino/a* includes all people with ties to Mexico, Latin America, and South America, but excludes Spain (Seaman, 2020). When possible, language that specifies an individual or group's country of origins (e.g. *Mexican American*) may be preferred.

Latinx has recently become popular in the United States, as has "*Latine*" (Garcia, 2017). "*Latinx*" is an intersectional identity term used by gender fluid and gender nonconforming people, LGBTQIA+ persons, cisgender men and women, and those taking a political stance that ethnicity and gender exist on a spectrum and are not dichotomous. The conceptualization of the "x" is rooted in the decolonization of the terms *Latina/Latino* by challenging the gender binary and rejecting the silencing and erasure of *AfroLatinx* and indigenous languages by standard Spanish, the language of the colonizer of much of Latin America and the Southwestern United States. The term "*Latinx*" has since entered mainstream use, and, as an emergent term, it continues to be defined and contested (Garcia, 2017). Because Spanish-speakers were having difficulty incorporating "*Latinx*" into the Spanish language, the term "*Latine*" has gained popularity. Spanish is a gendered language and like other romance languages it classifies nouns as masculine and feminine, so the "e" makes it easier to conjugate (Blas, 2019). Although some people choose to use "*Latine*", others pick "*Latinx*", and others choose different ways to identify themselves all together, all options should be considered when conducting research.

CULTURALLY RESPONSIVE RESEARCH TODAY

It may be first helpful to consider what it meant by *culture*. Broadly, culture is a group's collection of belief systems, meanings and values that influence customs, norms, practices, and social institutions or organizations and inform the meaning of life and interpretation of life events (Christopher et al., 2014; Al'Uqdah et al., 2019). Culture can include processes and systems, from language and communication, to caretaking practices, media, and educational systems (APA, 2003; Cross et al., 1989). Although originally envisioned as a mutually exclusive concept, whereby groups of people were associated with one or two predominant cultures, our understanding has narrowed to the individual, and recognizes that individuals hold and are influenced by many different cultures at once.

Intersectionality is a framework for understanding the experiences of an individual who belongs to multiple cultures and/or with multiple identities with social relations like discrimination, oppression and privilege (@blairimani, 2021; Crenshaw, 1991; McCall, 2005). First theorized in reference to the experiences of Black women, intersectionality includes but is not limited to race, ethnicity, citizenship, gender, class, sexual orientation, ability, religion and age (Al'Uqdah et al., 2019; Crenshaw, 1991; Lahman et al., 2011; Nadal et al., 2012; Nash, 2008). Considering intersectional identities is important in culturally responsive research, as persons with multiple identities may "struggle to be recognized, represented, heard, or

understood relative to other members of society” (Thomas et al., 2014). By making a conscious effort to recognize that every person is multifaceted and has a multitude of intersectionalities, researchers can begin to dismantle their own biases surrounding social categories.

Historically, Western-style research operated under the assumption that the scientific method is free of researcher bias. This has led to outsider researchers—scholars who are not members of the community/ies being studied—entering communities with little notice, conducting surveys without informed consent, and leaving abruptly once in possession of the desired information (Simonds & Christopher, 2019; Ninomiya & Pollock, 2017). Accordingly, this research has missed opportunities for transparent, inclusive and coequal processes in partnership with communities and access to different interpretations and ways of knowing (Berryman et al., 2013).

One of the first ways researchers attempted to integrate culture into research processes was through the idea of *cultural competence*, or the ability to effectively engage and communicate with people from other cultures (Rasmussen, 2020). On its own, cultural competence can reinforce the power of the researcher and there is no exact consensus on the definition of the term across professional sectors (Alizadeh, 2015; Watt et al., 2016; Cai, 2016). Therefore, it is best linked with the complementary concept of *cultural humility*, in which the researcher critically evaluates their own beliefs, practices, biases and assumptions and maintains “an interpersonal stance that is other-oriented (or open to the other)” (Hook et al., 2013, p. 354). In their seminal work, Tervalon & Murray-Garcia (1998, p. 123) explain that cultural humility is “a lifelong commitment to self-evaluation and critique, to redressing power imbalances...and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations.” Both practices in tandem provide the framework to challenge the dominant culture status quo. Cultural humility can be thought of as an ideology and process of self-critique, whereas cultural competence is a practice of deliberate engagement in cultural knowledge transfer (Greene-Moton & Minkler, 2019; Bekes et al., 2017).

When researchers assess and acknowledge their own frames and perspectives, they are less likely to inadvertently convey negative attitudes toward disenfranchised groups or perpetuate stereotypes and historical power dynamics, also termed *microaggressions*. (Nadal, 2011; Nadal et al., 2012; Sue, 2010). Microaggressions may be unintentional or unconscious, but still impact respondents. Driven by a historical legacy of visible and invisible systems of oppression in the U.S. and societal conditioning, microaggressions are likely to occur (Nadal et al., 2012). In line with principles of cultural humility, the priority should be how those incidents are resolved as opposed to focusing on the microaggressions themselves (Sue, 2010).

Healthcare organizations have been leaders in operationalizing cultural competency at an organizational level, since cultural misunderstandings can have catastrophic consequences. Healthcare scholars and practitioners have developed practices and policies that can support healthcare professionals in providing care that is respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients (Lopez et al., 2017). Strategies in this field have included service delivery in participants' primary language, matching participants and providers on the basis of community affiliation and incorporating traditional child rearing practices into a program's curriculum (Daro et al., 2009; RFAC Individual interview, March 19, 2021). Such adaptations may be surface-level efforts if the researchers themselves do not reflect on their own practice of cultural humility (Waters & Asbill, 2013).

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Research is understood as *culturally responsive* when both cultural competence and cultural humility are put into practice. This happens through genuine partnership with communities who define--in their own ways--the terms for engaging, relating and interacting in the co-creation of the new knowledge (Berryman et al., 2013). Culturally responsive research intentionally considers culture intentionally through *culturally grounded* techniques or through *adaptations*. Culturally grounded techniques develop research agendas from the cultural values and beliefs specific to each culture (Okamoto et al., 2014), whereas cultural adaptations are the systematic modifications of an existing treatment or intervention to consider language, culture, and context in a way that is compatible with participants' culture and ways of knowing (Bernal et al., 2009).

Culturally grounded approaches are likely to have the best "fit" for specific cultures, but they are also time- and resource-intensive, and may not be feasible for every project. Cultural adaptations are the most accessible way to tailor existing methods and approaches to better fit the community. Though a continuum exists, cultural adaptations sit closer to surface-structure adaptations, while culturally grounded approaches are closer to the idea of deep-structure adaptations. Surface structure adaptations may involve changes to images or phrases throughout content or curriculum, whereas deep structure adaptations infuse the unique cultural worldviews, beliefs and values of a population into an intervention (Okamoto et al., 2014).

As culturally responsive practices have gained attention over the last few decades, so has the idea of *decolonizing data*, particularly in Indigenous communities. One of the earliest scholars to present this idea was Indigenous Māori scholar Linda Tuhiwai Smith, who critiqued the legacy of Western research and questioned whether such research truly benefits the "greater good of mankind" (Cultural Survival, Inc., 2000). Further, Smith (2003) questions the "decolonization" term itself since it puts the colonizer at the forefront, preferring to center the Māori community and its prerogative to decide research priorities and collect, analyze and share data in a way that reflects their community's ways of knowing. Tuck & Yang (2012) caution researchers against using decolonization language casually to describe partial attempts at inclusion; the authors caution it should not be used as a metaphor to soothe white guilt and requires real action to promote equality.

When communities gain control over research processes, it does not mean less scientific rigor, or necessarily cutting out external researchers (Ninomiya & Pollock, 2017). Abigail Echo-Hawk, chief research officer at the Seattle Indian Health Board, clarifies that the act of decolonizing data simply situates rigorous practices within Indigenous ways of knowing, and away from Western concepts of knowledge-making (Secaira, 2019). Though decolonizing data is discussed most often by Native American communities who are sovereign nations and have the legal right to self-determination, the colonial legacy of data inequality is present for many marginalized communities. These principles could be extended with likely positive benefit to other cultures or groups that have been portrayed as the 'other' by Western researchers or been disenfranchised by research processes. The idea of decolonizing data and research can also be complemented by *community-based participatory research*, described below (Simonds, 2013).

The move toward decolonizing data also embodies a shift toward *strength-based approaches*. Historically, predominantly white social science researchers have often been socialized to view marginalized communities from a deficit-based perspective (Hamby, 2020). This approach has communicated low

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expectations to communities, ignored their assets, and biased those who implement them, resulting in programs and practices that are punitive and stigmatizing (Harper Browne, 2008). Flipping the perspective from a deficit to strengths-based approach also acknowledges the persistence, power and resilience that are inherent in many marginalized communities. For example, despite hundreds of years of genocide and assimilation, Native Americans have persevered to sustain generational knowledge, extended family and kinship ties, a shared sense of collective community responsibility and traditional language and cultural practices (CultureCard, 2009; Secaira, 2019). Focusing on strengths within marginalized communities is an opportunity to honor the generations of people who have overcome the effects of oppressive systems.

This shift has been supported by communities themselves and in practices like decolonizing data, but also from growing evidence in the positive psychology field that building positive traits and experiences can be effective in prevention efforts (Walsh et al., 2015). Far from minimizing the real adversities that individuals, families and communities may face, a strengths-based approach identifies their unique assets as they simultaneously acknowledge barriers (Grant & Cadell, 2009). Strengths-based approaches can reach broader audiences than sometimes stigmatizing risk-based programs which require participants to admit their deficits as a prerequisite to participate (Counts et al., 2010). One example is the Strengthening Families Initiative protective factors framework that identifies attributes or conditions in individuals, families and communities that increase the health and well-being of children and mitigate the risk for child maltreatment (CSSP, n.d.-1). See our complementary literature review, “Protective Factors: Tools & Implementation” for greater detail (The Capacity Collective 2021b).

INITIATING CULTURALLY RESPONSIVE RESEARCH

Researchers who practice cultural competence and humility understand that establishing community rapport and trust is foundational to conducting culturally responsive research and realizing quality, meaningful data. They make space for cross-cultural relationship-building, acknowledge historical context, levels of acculturation and cultural norms including communication styles, elders, perception of time, religion, spirituality, power structures, and tendencies toward collectivist or individualist values. Thus informed, researchers and communities can determine the right level of inclusive engagement, co-create research processes and as they practice open and transparent communication.

Build Trust

Involving members of key cultures from the outset of the research project respects the community members’ experiences, ways of knowing, and ensures the project is sensitive to the priorities of the community as well as cultural nuances such as roles, communication patterns and traditions. It can also reveal more holistic insights on the research question. Greater involvement also emphasizes a learning mindset in which the researcher learns from the community and vice versa, elevating local voices and valuing the contributions of both (Minkler, 2012; Small & Uttal, 2005).

“Because entry is not automatic, researchers must frame their research with a more respectful, less powerful, and more deferential stance” (Berryman et al., 2013, p. 14).

To realize a trusting and productive relationship, researchers should build in time for conversations, ceremonies and other cultural processes. Doing so may “slow down” the research, but is critical to

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establishing authentic relationships, building trust, and ensuring data quality and validity (RFAC, February 17, 2021). This can manifest in different ways, depending on the community.

For example, in some Spanish-speaking communities, “confianza”, or interpersonal trust is crucial to work with families and more important than affiliation with a respected institution (Albert, 1996). More formal language (using the formal “usted” instead of the familiar “tú”) has also been found to bolster researcher credibility (Skaff et al., 2002). In a different study with Latinx families, Lieberman (1989) encouraged finding balance between the formality required to demonstrate respect, and demonstrating warmth simultaneously. Engaging in “la platica” or catch-up talk before launching into research protocols was an important part of establishing a relationship with families.

One pathway to connecting with communities is through bicultural key informants or cultural facilitators (Acree & Chouinard, 2019). Such contacts can offer cultural insights to inform research design, build trust for the research study within their community, recruit, reach and retain underrepresented populations (Andrews et al., 2004; Gabb & Allen, 2020; Lee, 2007). While often insightful and valuable contacts, researchers should be aware of asking too much of an informant who is already busy, or potentially perpetuating unseen dynamics that exclude some community members based on the informant’s own standing and relationships in the community (Gabb & Allen, 2020).

Acknowledge Historical Context

History is a crucial component of culture and should be considered, respected, and acknowledged during the research process. The continuing legacy of inequality and oppression in U.S. history, and particularly that of problematic research practices, continues to influence communities' perception of research today.

The Tuskegee syphilis study that denied African American male participants treatment for syphilis for almost 30 years without their knowledge or consent is one of the most infamous examples (Briggs et al., 2014; Robeznieks, 2020; Gamble, 1997; Centers for Disease Control and Prevention, n.d.), but there are many lesser-known studies that have also caused harm. In 1989, white researchers in Arizona utilized blood samples from Havasupai people to publish work about inbreeding, alcoholism, and the origin and migration of the tribe from Asia when they had only told the participants they would use the samples to identify the genetic link to diabetes (Sterling, 2011). In a different study, researchers profited from the body of Henrietta Lacks, a Black woman, using her cells without consent or compensation for her or her family. Decades after her death, doctors and scientists again failed to ask her family for consent as they revealed Lacks’s name publicly, gave her medical records to the media, and even published her cells’ genome online (Nature, 2020). In Indigenous communities, historical trauma and grief events, such as the removal of children from their families, forced enrollment in boarding schools, stolen land, ignored treaties, forced sterilization, and adoption outside of the tribe continue to shape attitudes, senses of identity, and levels of trust in researchers’ motives today (CultureCard, 2009; RFAC, February 18, 2021; Hunt & Riegelman, 2021).

Such events have contributed to a sense of resentment and skepticism among African Americans and other communities of color toward receiving mental health and other medical services (Briggs et al., 2014; Scharff et al., 2010; Hernandez et al., 2009; O’Brien et al., 2021), and the legacy still impacts BIPOC study participation. Beyond educating themselves on the history of research within populations of interest, researchers can also look to ethnographic practices that aim to develop ongoing relationships with

communities in order to better understand activities, interactions, relationships and experiences (Emerson et al., 2011). Developing friendships with members of the community outside of the research study can offer a genuine channel for understanding that flows both ways (de Leeuw, 2012). Principles of autoethnography, in which researchers grapple with how their lived experience has led them to their research interests, can also reveal biases and judgements that limit understanding (Adams & Manning, 2015; Allen, 2019; Gabb, 2018).

Respect the Fluidity of Acculturation

Given the historical and current rates of migration across the world, including the U.S., some communities may have an additional layer of *acculturation*. Acculturation occurs when a person from one culture modifies their attitudes and behaviors as a result of contact with a different culture and is most often used to describe the experiences of individuals who live in countries or regions other than where they were born (Schwartz et al., 2010). The process of acculturation involves simultaneously acquiring, retaining, and relinquishing elements of both the original and dominant cultures, and is deeply nuanced per person and across cultures (Anderson et al., 1993; Sodowsky & Plake, 1992). Conversely, retaining aspects of one's first culture, including the salient values, ideas, and concepts reflects *enculturation*, a concept that resists acculturation (Kim & Abreu, 2001). Acculturation can be a continuum, and may happen unevenly, reflecting interethnic and intracultural diversity (Pachter & Weller, 1993). It can also feel stressful as individuals learn to "live between two worlds."

Such stress can occur within families when parents remain attached to the cultural values and traditions of their countries of origin, while their children are strongly influenced by the U.S. cultural context, which for them may be their primary culture (Parra Cardona et al., 2012). It is important for researchers to account for acculturation when working with individuals from different cultures but be wary against generalizing any one person's experience.

Understand Cultural Norms

In order to design research that meets the needs of communities, we must also examine the norms, values, attitudes, expectations, and beliefs of those with whom we plan to work (IDVAAC, 2016). Many researchers use an *asset-based perspective*, which focuses on strengths already present in the individual or community (NYU Steinhardt, 2020). This perspective emphasizes that dominant white, male, middle class, adult, heterosexual, able-bodied, Christian values are not inherently superior, or the only values that should be included in the research process (Tatum, 1997). Cultural customs and values vary significantly even within one community and researchers should avoid overly generalizing. Still, key cultural themes can be a starting point for reflection and understanding how to work alongside diverse communities.

Honor Elder Involvement & Permission

Across many cultures, elders play a special and central role in their communities and hold deep cultural insight and historical knowledge. With thoughtful design that honors elders, culturally responsive research demonstrates respect for communities and benefits from the wisdom and experience of elders (RFAC, February 17, 2021). In Indigenous communities, elders are the most knowledgeable about physical and spiritual realities, the teaching and practice of ceremonies, and the nuances of the meanings in their languages. In many cases, elders have been educated in oral traditions, apart from the colonizing influence of traditional school systems (Castellano, 2014). Elders are often asked to offer such opening

and closing words and given a small gift as a sign of respect for sharing this offering (CultureCard, 2009). In some Indigenous and Asian communities, it is customary to allow elders to speak first without interruption (CultureCard, 2009; Chun et al., 2003). However, tribal elders in some Washington state Indigenous communities do not speak until others have spoken (Strickland, 1999). Many Somali communities defer to male elders, so it is advisable to ask for permission to begin a study in Somali communities to respect the elders' role (Wolf et al., 2016). These differences are a reminder that communities are not homogenous, and researchers should take time to learn about the norms of any group under study, including nuances between members.

Respect Communication Styles

According to Meleis' (1996) criteria for culturally competent scholarship, researchers should seek the preferred communication styles of research participants and note the subtleties and variations across communities. Preferences should be noticed, and not judged. In some cultures, individuals use words to convey meaning overtly and explicitly, whereas others show their reactions through facial expressions, gestures, posture, and body language (Krumrey-Fulks, 2019). It could be too simplistic to regard different communication styles as passive aggressive or too forward. For example, researchers may see participants avoid calls and miss meetings as a way to exit a study (Tidwell, n.d.). Participants may consider this more polite than explicitly sharing their reasons for leaving, and it should be accepted rather than judged.

Preferred body language, posture, eye contact, and personal space depend on community norms and the nature of the personal relationship with the research participant (RFAC, February 18, 2021). In many Indigenous cultures, members look down to show deference to elders, ignore an individual to show disagreement or displeasure, or demonstrate respect with a weak instead of a firm handshake. Pointing with fingers, frequently looking at a watch, or touching sacred items should be avoided as it could be interpreted as rude (CultureCard, 2009). In some Chinese cultures, members use “Hanxu,” a mode of verbal and nonverbal communication that is reserved and often considered desirable over more explicit forms of communication (Kwan et al., 2011). Awareness of nonverbal cues from participants with a disability (e.g., body language, eye contact, and behavioral indicators such as yawning, fidgeting, and distractibility) are also crucial in effective communication with individuals with expressive language difficulties (Wilkenfeld, 2015).

Participants may also benefit from alternative research methods that draw on preferred communication styles like collecting data from journals, drawings, photos, video, or enactments. One example is the Photovoice methodology (Wang & Burris, 1997) where researchers use photos to prompt engagement from participants or provide cameras to directly document their experience. Overall, researchers should observe community preferences, accept and adapt to the manners in which their participants prefer to communicate.

Recognize Perceptions of Time

Another consideration in research design is the perception of time and timeliness, which can vary significantly across cultures and individuals. A flexible approach to time in the research process in terms of quantity and quality of time spent can be important (Meleis, 1996). Failure to account for this in research design and implementation can result in misunderstandings. For example, some people who

identify with Black culture have a present time orientation, where living in the moment is more important than the past or future. One cannot be “late” because the future will arrive in its own time (Cunneen & Starr, n.d.). Similarly, some members of Latinx culture prioritize the quality of the social interactions between people above clocks and appointments (Marin & Marin, 1991). Conceptions of time also differ with a less linear view of time, or monochronic time orientation (Krumrey-Fulks, 2019). Many East African community members often have a polychronic approach to their calendar that involves doing multiple tasks at the same time and centers people rather than the task (Darley et al., 2013). A person from a monochronic culture like the U.S. may need to expand their understanding of time in order to work effectively with East African communities.

Researchers should learn about time-related norms of the populations in their study, and plan to schedule breaks and flexible start/end times to accommodate different conceptions of time. This may include allocating extra resources, including money for extra staff time, transportation, childcare and mileage expenses (Skaff et al, 2002). They should also note that different cultures expect to attend events at different times depending on their cultural norms (i.e. an event starts at 8:00pm but some may arrive at 9:00pm, others 8:30pm, and others at 8:00pm), and should clarify expectations about arrival times with participants beforehand (Krumrey-Fulks, 2019).

It may also be necessary to build in time for reflection. Some Indigenous communities believe that “true” learning takes time and when working with elders in particular, engaging participants in conversation and allowing them time to reflect before asking their opinion is seen to be more effective and respectful than having someone complete a survey questionnaire (LaFrance & Nichols, 2008).

Consider Religion & Spirituality

From Islam to Christianity to Confucianism, religion or spirituality can shape many aspects of culture and should be considered when planning and conducting research. Religious holidays may impact recruitment and data collection, and care should be made to schedule research activities around these times (Aroian et al., 2006; Khan, 2006). Korean ethnic churches provide an opportunity for some Korean immigrants to stay close to their culture (Chong, 2018), and some studies utilize this connection as a recruitment strategy to engage with the community through attending church, bible studies or other religious events (Lee & Joshi, 2000). The International Institute for Islamic Thought recommends consulting and communicating with local elders and respected community members; in one of their studies they sent measures to a group of religious scholars to elicit feedback and compare focal constructs to their understandings of Quranic values and teachings (Miller-Idriss, 2019). Cultural traditions in Indigenous communities should be acknowledged and respected, as they promote the protective factor of enculturation and ethnic identity (Burnette, 2018; Kirmayer et al., 2011; Wexler, 2014). For example, at the start and close of meetings, it is common practice for some Native cultures to start with a prayer or short ceremony (Gowen et al., 2012).

Providing alternative lunch arrangements for fasting participants during Ramadan, plus space and time for prayer, can make research participation more accessible for Muslim participants (Wilhelm et al., 2018). A study with Muslim Somalis specifically listed foods recommended by the Prophet Mohammed (e.g. garlic and honey) on its survey since these were likely to resonate with participants (Wolf et al., 2016).

Researchers should also listen and reflect on whether research topics can be more or less appropriate, given cultural beliefs. In some Latinx cultures, members believe that talking about bad things may cause or make them more likely to happen. To adapt to this norm, one study prefaced questions about negative future events with statements like *Dios no lo permita* (God forbid) prior to the question, which appeared to make participants more comfortable (Skaff et al., 2002). Islam prohibits alcohol, recreational drug use, and pre- and extramarital sex, and they can bring shame on the entire family. Asking about these behaviors in research studies could be insulting (Aroian et al., 2006; RFAC Individual Interview, March 25, 2021; RFAC Individual Interview, March 23, 2021; RFAC Individual Interview, March 24, 2021). Acknowledging participant belief systems and researching related traditions and holidays demonstrates respect, can build trust, and likely leads to a better experience for both researcher and participant.

Be Mindful of Power Structures

Culturally responsive researchers should have an awareness of potential power dynamics, including a cognizance of researcher–participant power differences, and should aim for more horizontal relationships (Meleis, 1996). Potential power dynamics may also arise between participants. For example, while most cultures have a patriarchal structure where men in society hold more power than women, they differ in their tolerance of subversion of gender norms. Researchers may have to adopt a more traditional sense of gender than they are accustomed to in order to avoid offending the participants. Although it varies by region, some communities center males' domination, power, and influence (Beitin & Aprahamian, 2014; Haboush & Alyan, 2013; Nydell, 2012), and it may be considered rude if a woman disagrees with a man publicly (Davies, 1999). There may be additional dynamics, such as perceived positions in the community's social hierarchy (i.e. class, age, gender, family role). The social hierarchies within a culture or between cultures may mean that participants adjust what they reveal, how they present themselves, or how they interact with each other (Park & Chesla, 2007; Ray, 2019). Although social hierarchies may be personal to the individual and the identities they hold, researchers should be aware of potential dynamics when choosing data collection tools or implementing specific frameworks that require facilitation.

With power structures in mind, researchers can adapt their processes to increase participation among participants. Recruitment strategies should consider gender sensitivities, as potential participants may feel more comfortable interacting with a researcher of the same perceived gender, particularly in private interview settings. Some researchers have hired assistants or research partners to allow for same-gender pairings with participants (Abu Raiya et al., 2007; Abu-Ras & Suarez, 2009), and some have provided separate administrations of surveys at the female and male areas of mosques or community centers (Asamarai et al., 2008). Researchers may hold separate focus groups for females and males, or based on age (Rippy & Newman, 2008; Chun et al., 2007). In a study with Somali participants, researchers collaborated with two members of the community and two researchers, one female and one male, for recruitment (Wolf et al., 2016). Some scholars have found Arab Muslim women appreciate the opportunity to seek their husbands' permission before committing to participating (Aroian et al., 2006; Timraz et al., 2017). There are many invisible structures at play in any given group that researchers should take into consideration, especially if the research involves group settings.

Consider Collectivism and Individualism

Many researchers come from individualistic cultures (Western, predominantly white countries), which value personal independence including privacy, direct communication, competitiveness and self-teaching. In contrast, many communities of color tend toward collectivism, which embodies a strong sense of duty to the group, and seeks advice, harmony, and relating to others (Shulruf et al., 2011; Hofstede, 2011). For example, many East African individuals tend toward collectivism and have a strong sense of obligation to be “good neighbors” to their community, and show care and respect (Ghong et al., 2007).

The differences between collectivist and individualist cultures can impact data collection. For example, members of individualistic cultures express more extreme responses to Likert-type questions (Johnson et al., 2011; Shulruf et al., 2011), while responses from members of collectivist cultures are often more neutral, with respondents selecting options from the middle of the scale (Lee et al., 2002). When researchers recognize these potential differences and consult with members from specific cultures, they can design research processes that meld Western-style methods of inquiry with practices that make participants comfortable, build trust with communities, and result in more relevant data (RFAC, February 17, 2021). As we explore in more depth in the Data Collection tools section, these norms should be considered in research design.

Explore Inclusive Engagement Approaches

Participatory Action Research (PAR), also known as Community-Based Participatory Research (CBPR) is a well-known, culturally responsive research approach commonly used in the health and environmental science fields to reduce disparities (Viswanathan et al., 2004). This style of research engages individuals and their communities throughout the research process to identify research questions, co-design, co-create and co-learn along with investigators, share in decision-making power and ultimately, achieve the sustainability of evidence-based interventions (Baum et al., 2006; Fish & Russell, 2018; Viswanathan et al., 2004). If time and resources allow, CBPR can result in culturally grounded interventions that are tailored for specific populations (Okamoto et al., 2014). CBPR may or may not involve an intervention and can use multiple research designs, but it generally employs many culturally responsive research practices like open and transparent communication, trust-building, and invested and patient participants and funders. Different from academic research, CBPR is undertaken to provide tangible benefits to the community, while building evidence-based knowledge (Zimmerman et al., 2013).

Community Advisory Panels can be helpful features of CBPR. Such groups can serve many different functions during a research project, and can involve the community without burdening any one individual to represent an entire community (Amer & Bagasra, 2013). Advisory panels may review documents, advise on informed consent processes, or evaluate data (Asselin & Basile, 2018). In our work with King County, we assembled the Resilient Families Advisory Council (RFAC) to support our research processes. Funded by the County’s Best Starts for Kids levy, the Council’s expertise and experience is essential to ensure the needs of King County’s diverse communities are reflected in each step of our work, including the evaluation of a data collection tool. This is detailed in our complementary paper, “Protective Factors: Tools & Implementation.” Commensurate with CBPR best practices, RFAC members are compensated financially for their time and energy, with additional options for caregiver stipends. King County also has a Children and Youth Advisory Board that is composed of 35 King County residents and stakeholders with

geographically and culturally diverse perspectives that make recommendations and monitor distribution of levy proceeds (King County, 2019b).

For researchers wanting to engage with CBPR, the project should be framed and articulated by the level of community involvement, which may vary, depending on aspects of the project. For example, a detailed CBPR project on medication administrative practices took two years and significant time commitments from members (Zimmerman et al., 2013), whereas another project may simply involve consulting members of a key community through focus groups and surveys. Factors like program goals, time constraints, community capacity and resources, and levels of program and community readiness should inform which engagement approach is taken, with the consistent goal to promote community participation and building trust (King County, 2011).

Co-Create Research Processes & Knowledge

Central to CBPR and other culturally responsive methods is to encourage and value Indigenous and culturally specific ways of knowing. Incorporating other ways of knowing such as traditional teaching and storytelling may feel slower to Western researchers who are used to fast-paced studies and processes (CultureCard, 2009), and it is important that researchers not demean these methods as “folklore” or “myth” (Simonds, 2013). One approach to the creation of knowledge, from Quechua-descendant scholar Andrea Milagros Vásquez-Fernández et al. (2018), presents an Indigenist methodology grounded in intercultural collaboration. Control of the research is shared by Indigenous and non-Indigenous partners, and co-created knowledge is continuously validated (Asselin & Basile, 2018). Starting with the research design, collaborators can co-construct methodologies such as informed consent processes (Asselin & Basile, 2018), recruitment strategies, research question formation, and inclusion of qualitative approaches like interviews or photo documentation that align well with cultural norms (Allen, 2006; Lahman et al., 2011).

Education and co-learning have been incorporated into several agencies and sectors. In therapeutic settings with Muslim Americans, researchers have suggested that along with seeking knowledge outside of the client-counselor interaction processes, using an approach that allows the client to be the expert and the counselor the learner (Cashwell & Young, 2011; Graham et al., 2010). Focus groups allow participants and researchers to co-create knowledge together within the focus group context rather than uncovering a singular truth about a research question (Rodriguez et al., 2011). As education is important in many cultures, researchers should invest in learning processes before and during research projects with marginalized communities and build in opportunities to co-create knowledge in collaboration with the communities.

Employ Transparency & Clarity

Throughout the research process, clear and transparent communication with participants can rebalance the power dynamic and foster respect. At the outset, transparency about the purpose of the study and how data will be used can help individuals make informed decisions about whether or not they would like to participate in research. In one study on Arab Muslims, researchers assured participants they could withdraw consent even after data was collected and analyzed. This was in response to community fears that study findings might negatively stereotype their community (Aroian et al., 2006). In another, researchers elected to present the research purpose and procedures at a public venue to clarify

community suspicions about the true research intent behind its government funding (Amer & Bagasra, 2013).

Reluctance to participate in research is expected, but for certain groups, the stakes are higher. Undocumented communities have a vulnerable status in the U.S. and may be wary of research that could threaten their lives, jobs, and/or families. Researchers should engage with potential or known undocumented communities with great care to protect their privacy and confidentiality and should be prepared to respond to concerns as well as employing best practices for anonymizing data (Timraz et al., 2017). From the early initiation phases through the analysis and dissemination phases, transparent and clear communication helps keep community members informed, builds trust, and signals respect.

PLANNING & IMPLEMENTATION

Once a trusting, inclusive, culturally responsive groundwork has been laid, and the goals of the project and engagement level between researchers and community established, the planning and implementation processes can begin.

Design

The design of a research study and building rapport should be done intentionally and authentically (Wolf et al., 2016). Respondents should be connected with the research team by cultural affiliation, gender or other important identities (Timraz et al., 2017), and/or bicultural research assistants or consultants should be recruited when possible (Strickland 1999; Huer & Saenz, 2003). As explored above, participants and/or community members should be included in all aspects of the research design (Aroian et al. 2006, Kwan et al., 2011).

Be Inclusive for All Abilities

People with disabilities are underrepresented in many areas of research, reproducing disparities between able-bodied and disabled communities. A person with a disability may not consider their condition as a disability, but still may fall into this category based on current social and medical definitions. Given the many complex ways people experience ability and disability (e.g. physical, emotional, learning), along with other intersecting identities, researchers often overlook or minimize opportunities to include people with disabilities in their studies. Among disability scholars there has been a call for a Universal Design of Research (UDR), including the use of multi-sensory formats for recruitment, data collection, and the presentation of instruments and interventions (Williams & Moore, 2011). Many aspects of UDR align with recommendations for Culturally Responsive Research, providing opportunities for researchers to design projects and processes that are more universally inclusive. One example is the Protective Factors Surveys that aim to measure universal family protective factors and apply cross-culturally (The Capacity Collective, 2021b).

Building on the research reviewed above, we provide recommendations for more universally inclusive research design. However, it is important to note that each disability has its own culture and set of norms that should not be generalized into a single monolith. Culture impacts how families define and experience disability, how families interact with formal service providers, and how parental child rearing values develop (Neely-Barnes & Dia, 2008). These differences manifest in the amount of stigma a child with a disability may face (Neely-Barnes & Dia, 2008; McCabe, 2007). Researchers should consider the

interaction between other intersectional identities with disability when designing their research project and directly consult with cultural liaisons about their perceptions of disability, as well as disability experts for developing research that is accessible to people with disabilities and, when applicable, their caretakers. As we note in the complementary Protective Factors: Tools & Implementation review, researchers should consider tools explicitly designed for families with children with disabilities.

Some concepts or ideas that can promote inclusivity include:

- Having a clear understanding of the characteristics of the disability and how it may present in participants or their families prior to starting a research project (Cridland et al., 2015).
- An awareness of participants' vulnerability to coercion, and clarity with the researcher's role (data collector as opposed to a friend or clinician) (Wilkenfeld, 2015; Cridland et al., 2015).
- Some participants may benefit from introductory statements that provide details about what to expect, a warning for difficult questions, and alternating between difficult and easier topics (Cridland et al., 2015).
- Provide introductory information to the participants beforehand such as photos of the researchers, why researchers are interested in the particular area of research being studied, and the perceived impacts of the research (Gowen et al., 2019).
- Acquire and employ active listening skills such as frequent summarization and reclarification to ensure understanding. Use various communication systems such as augmentative communication devices, voice output systems, picture symbols, and manipulatives (Wilkenfeld, 2015).
- Organizing interviews at an appropriate time of day for participants, allowing ample time to travel to scheduled interviews, and offering flexible breaks (Cridland et al., 2015).

Overall, culturally responsive research ensures that the process is mutually beneficial for the researcher and the participants. For some people with disabilities, as with other communities, this may include being heard, having the opportunity to help others, and enjoying the process of being involved in research (Wilkenfeld, 2015).

Affirm Participants' Identities

Culturally responsive research practices can affirm identities and senses of self for members of communities who may feel devalued and overlooked by the legacy of research practices (Pratt, n.d.). One way to affirm identities is enabling the self-definition of gender, race or ethnicity through expansive multiple-choice options in quantitative research. In interviews and other qualitative methods, researchers can use open ended, narrative-based questions for participants to describe, define, and elaborate on their identities (Blackwell et al., 2016; RFAC, February 17, 2021). It can also be affirming to allow participants to specify their preferred pronouns, and researchers should take care to use the preferred pronouns when referring to a respondent, such as in a focus group, or in a quote. Though it can be tempting to minimize options for the ease of later analysis, the complexity of intersecting identities means these efforts can result in more meaningful data (RFAC, February 18, 2021). Current recommendations for quantitatively measuring sexual and gender identity involve a multipronged measure:

- Sexual identity (Williams Institute, 2009)
 - sexual orientation (cognitive label of sexual identity),
 - sexual attraction (attraction toward opposite- or same-sex individuals); and

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- sexual behavior (past and present sexual activity)
- Gender identity (Williams Institute, 2014; Hart et al., 2019)
 - sex assigned at birth; and
 - current self-reported gender identity, with options for nonbinary or gradational categories

In some communities, it might be relevant to include the option of "Two Spirit" (RFAC Individual Interview, March 23, 2021). People who identify as Two Spirit may identify as having both a masculine and a feminine spirit; the term is used by some Indigenous individuals as an umbrella term to describe their sexual, gender and/or spiritual identity (Ross, 2021).

At the same time, researchers should be aware that some communities may find questions about gender and sexual orientation to be inappropriate, especially if children are involved in the research process (RFAC Individual Interview, March 23, 2021; RFAC Individual Interview, March 24, 2021; RFAC Individual Interview, March 25, 2021). Researchers should listen to participants and allow space for them to choose the best ways to affirm their identities. Attention to these details for other elements of culture are powerful in validating participant's experiences.

Create a Welcoming Research Setting

Consider times, settings and locations that are both convenient and appropriate, minimizing travel time (Vissandjee et al., 2002, Willgerodt 2003). Consider familiar places in participants' neighborhoods, like places of worship, workplaces, or community centers (Parra Cardona et al., 2012; Wolf et al., 2016). Provide accommodations like transportation and childcare (Arean & Gallagher-Thompson, 1996). When appropriate, consider meeting in participants' homes, especially if there are cultural norms around accessing public spaces (Huer & Sanz, 2003, Aroian et al., 2006).

Secure Informed Consent

Participants should be fully informed, understanding the aims and methods of the research project, and voluntarily consent to participate. They should be able to withdraw at any time without consequence. Carefully disclosing potential risk and strategies to prevent privacy breaches may especially important for populations who have been harmed by unethical practices and people who are undocumented (Kwan et al., 2011; Smith, 2008). Researchers should be attuned to verbal and non-verbal messages that may indicate that a participant wishes to exit the project (Wilkenfeld, 2015).

The format of gaining informed consent depends on the population. For populations with lower literacy, consent forms may need to be read aloud (RFAC, February 18, 2021); or structured in a checklist format for easier understanding (Cridland et al., 2015). Consider limiting the amount of personally identifiable information in questionnaires to anticipate discomfort or suspicion, even if it limits what one can do with the data (Amer & Bagasra, 2013; Asamarai et al., 2008). In the U.S., persons under the age of 18 cannot give legal consent (see Note on Consent on p. 27).

Provide Accurate Translations

If a research project is planned with communities who speak one or more languages other than English, a thoughtful translation process should be part of the plan. This includes American Sign Language (ASL) as needed. Translations should cover research instruments, recruitment materials, and informed consent

documents, and interpreters should be provided for in-person and virtual meetings (RFAC, February 18, 2021).

For research materials that originate in English, one method is to first translate the document into the second language. Then, the document should be translated back (or “backtranslated”) into English to ensure accuracy and relevancy (Beaton et al., 2000; Mohler et al., 2016). Some studies review translated instruments more widely by assembling a bilingual review committee to assess the accuracy and relevance, as was done in the creation of the Spanish Protective Factors Survey (Cruz et al., 2000; Conrad-Hiebner et al., 2015; The Capacity Collective, 2021b). Community Advisory Boards can also conduct or support this sort of review.

Verbatim translations may be accurate, but not culturally meaningful, so cultural adaptations may be needed. For example, one widely-used assessment of child development asks parents whether the child can use a fork. A surface level cultural adaptation could change the question to ask about the use of tortillas, chopsticks or injera instead, depending on the key communities in the study (CQfluency, 2016; RFAC February 18, 2021). Symbols, pictures, and directions should also be analyzed for their cultural relevance (Huer & Saenz, 2003). To handle different types of adaptations, projects could also create a team of two experts, one handling adaptations and one handling translations (Mohler et al., 2016). The developers of the Spanish Protective Factors Survey employed this two-committee approach (Conrad-Hiebner et al., 2015).

Recruitment & Retention Strategies

Snowball sampling is a word-of-mouth approach to recruit participants through social networks. This is especially useful when studying small or hardly reached populations, though it risks producing more homogenous samples (van Eeden-Moorefield et al., 2018; Panozzo, 2015; Amer & Bagasra, 2013; Domenech-Rodriguez, 2006; Cridland et al., 2015; RFAC, February 18, 2021). Use community announcements and events for recruitment and to share results with a community. Consider cultural gathering spaces such as English language classes, community fairs and events, restaurants, stores, parks, community centers, social service agencies, and religious holidays and gatherings (Allen, 2010; Guenther et al., 2011; Sarsour et al., 2010; Khan, 2006; Amer & Bagasra, 2013; Lee & Joshi, 2000).

To recruit people of all abilities, recruitment materials should be available in large print, using plain language, and also use audible recruitments (e.g. announcements on radio or television, or in person). Internet recruitment should have information that is accessible to screen readers (Williams & Moore, 2011). Be prepared to receive responses in various formats, and include contact information for requesting accommodations (Williams & Moore, 2011). Social media use (including Facebook, Twitter and Instagram) is becoming more prevalent and can be used to recruit participants, to share information about a study (e.g. informed consent, online surveys, eligibility screenings) (Kosinski et al., 2015), and to share data with the participants (Potter & Potter, 2020). Other forms of social media that can be helpful during a research project include forums, reviews, less mainstream social media platforms and blogs that can provide access to individuals based on their interests (Pulsar, 2021).

Researchers should design recruitment processes in consultation with communities to ensure that cultural norms are respected and that the desired demographics are achieved. Social media recruitment may produce better response rates than other methods, but also may result in more educated and

technology savvy samples of the marginalized population (Alshugairi, 2010; Bjorck & Maslim, 2011; Maslim & Bjorck, 2009). A multimodal approach can help minimize this concern (Amer & Bagasra, 2013).

Studies of community-based programs have found cultural adaptations improve recruitment, retention, and the effectiveness of interventions (Reese & Vera, 2007). Generally, matching practitioners and clients by community membership has been identified as a precursor to engagement in research with diverse populations (Baumann et al., 2011; Castro et al., 2006). For example, in a study with Latinx populations, surveyors were matched on immigration, acculturation, and general stressors to the participants with whom they interacted, which built trust and resulted in high participant satisfaction and retention (Baumann et al., 2011).

Recruiting study members is one part of a researcher's task but retaining them is just as important. One study with Latinx parents reported high engagement and retention after making some cultural adaptations, with high reported levels of satisfaction and 91 percent of participants attending at least nine of the twelve weekly sessions (Parra Cardona et al., 2012). In a study of attitudes toward mental health, Khan (2006) integrated participation from Black, South Asian, and Arab American Muslim participants in all stages of her research, from initial conceptualization to implementation. Despite the stigma of the subject matter, she was able to obtain and retain a large sample of 459 participants. An investment in cultural knowledge and adaptations can result in stronger recruitment, better retention, and higher levels of engagement during research processes.

Data Collection Approaches

The best methods for collecting data should consider the preferences of the researched community, their patterns of knowledge-making, and the insights sought. For example, qualitative methods may match well with a culture's oral traditions and be comfortable and familiar for participants. Qualitative approaches also help center lived experiences and validate communities. Such approaches can enhance the relationship and build dialogue between researchers and participants, address historical omission of such perspectives, and frame knowledge and research outcomes in ways that are immediately useful to communities (Fisher & Ball, 2003; Poupart et al., 2009). These methods may also limit the familiar feelings of "research fatigue" that many communities experience as subjects of quantitative studies (Balahadia, 2016).

Quantitative methods can more ably measure cause-and-effect relationships between constructs, provide representative samples of cultural communities and summarize data in a way that is clear and persuasive to leaders and policy-makers. The combination of qualitative and quantitative methods, or *mixed-methods* approaches can offer more flexibility for researchers and communities and complementary insight (Fassinger & Morrow, 2013).

Quantitative Research & Instrument Design

If instruments are culturally grounded, they will be created for and relevant for their intended community at the outset. If existing tools are used, then cultural adaptations are likely needed. If the researchers are working cross-culturally to measure universal concepts (as in the Protective Factors Surveys), they will need to consider a multitude of cultural values at once (Sprague-Jones et al., 2019). Consider units of measurement, which differ across countries (e.g. length, area, dry volume, weight, mass or currency). Cultural conventions for visuals, including color symbolism, and representational preferences, like power

dynamics should also be considered. Ideally, questionnaires should be understood by a 12- year-old, roughly at a Grade 6 level of reading (Beaton et al., 2000).

Consider life experiences of respondents to reflect cultural norms, language, polite imperatives, acknowledgment of power dynamics between interviewer and respondent, and appropriate reverence (Mohler et al. 2016). The design and structure of surveys, questionnaires, focus groups or respondent interviews can themselves support or disenfranchise respondents, so should be designed with care and ideally vetted with community representatives.

Surveys can build or take away trust; researchers need to balance participant comfort against any need to obtain demographic information (Amer & Bagasra, 2013). As discussed above, Likert and Likert-type scales work differently for different communities; researchers should consult with the intended community on how best to phrase these questions, and how best to shape responses (Johnson, et al., 2011; Lee et al., 2002; Heine, 2002; Hui & Triandis, 1989).

Qualitative Research

Qualitative research involves non-numerical data to understand concepts, opinions or experiences, and is typically gathered via focus groups or interviews. *Culturally Responsive Focus Groups (CRFGs)* incorporate participants' cultural references, values, and social identities and allow researchers to observe interactions between community members. Researchers acknowledge power structures, and honor participants' lived experiences, intersectionality, and role as co-creators of knowledge, (Rodriguez et al., 2011). If researchers do not speak the primary language of focus group participants, they should arrange for simultaneous translation in which a translator conveys the conversation in real-time to someone who transcribes it, or a post-focus group translation, in which a transcript is translated (Willgerodt, 2003).

For events lasting two or more hours, have planned breaks or rest periods. For in-person meetings, consider the needs of non-drivers and building accessibility. If you need to provide written materials, make sure information is in all the appropriate languages, use large fonts and plain language, and ensure that all needed information can also be communicated to participants with visual impairments (e.g., digital formats for screen readers, Braille) (Williams & Moore, 2011). Meals, refreshments, and stipends (for transportation, childcare, etc.) can be offered in addition to financial compensation (via cash or gift card) to value participants' time and energy (Family Run Executive Director Leadership Association, 2016; Pollard et al., 2015). However, gifts or compensation may be unnecessary in some cultures who feel like their participation is a way to give back to their communities (Willgerodt, 2003; Halcomb et al., 2007). The presence of onlookers, the seating arrangement, and the formality of the prompt questions may also need to be adapted to a particular culture (Halcomb et al., 2007).

In contrast to focus groups, *interviews* are a good fit when the presence of other participants may prohibit disclosure through a fear of lack of confidentiality (Halcomb et al., 2007). Interview questions should have open-ended questions, specifically a question that allows participants to share any other comments/questions at the end of the session and provide contact information for follow up questions (York & Stark, 2018).

If possible, researchers should test pilot the method in similar conditions to the final study to receive feedback from key informants and revisions should be documented for future work (Lee, 2007).

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Whatever the qualitative method chosen, researchers should plan to capture non-verbal and culturally specific cues by tasking a bicultural note-taker to record nonverbal communication and participant reaction, in addition to audio recording (Krueger & Casey, 2000; Vissandjee et al., 2002; Willgerodt, 2003).

ANALYZE, DISSEMINATE & REFLECT

Culturally responsive research incorporates local communities in all stages of the project including the analysis phase (Miller-Idriss, 2019). Researchers who operate without community input may misinterpret their findings, especially in qualitative research (Casado et al., 2012) and may raise the suspicions. Transparent processes to involve the community in the analysis phase can build trust and validate findings (Berryman et al., 2013).

The community is more likely to be involved in qualitative analysis as it is more subjective and must be grouped into themes for coding that resonate with that community. It is especially important to involve the community in analysis when translations are involved (Tsai et al., 2004). Bilingual community members can analyze both the source data, translation, and identify inconsistencies, rather than relying solely on translated findings (Casado et al., 2012). This can reduce the potential for interpreter bias (Brislin, 1980). During analysis, disaggregating results by cultural groups can ensure that differences per cultural groups do not distort the overall mean and can allow more useful exploration of within-group differences (Heine, 2002). Other considerations include:

- Evaluating the results for disparities through a structural lens,
- Involving all stakeholders in defining what “success” looks like for participants,
- Considering the implications of the research through unintentionally perpetuating structural inequities, cultural bias, or stereotypes; and
- Adding context and nuance to the analysis and/or exploring alternate findings (Learning for Action, 2018; Equal Measure, 2015).

Share Results

Sharing results with the community is another way to “give back,” and acknowledge data ultimately belongs to the communities from which it comes. Sharing findings enhances the community’s knowledge and capacity, avoids exploitation, and ensures findings are disseminated respectfully. This is especially important in reviewing qualitative research results to ensure voices were accurately captured and culturally specific insights were not lost (Zaal et al., 2007). Researchers in Indigenous communities urge scholars to specifically report on the ways ethical research principles are operationalized and discuss challenges for both the researchers and Indigenous stakeholders (Ninomiya & Pollock, 2017).

Lack of data on people of color has resulted in invisibility in research, which leads to the exclusion of this population’s needs and problems in the development of policy, programs, and treatments (Casado et al., 2012). The way results are shared matters as well; rather than sending results via email, researchers should consider sharing results via town hall or small group meetings to give the community a chance to communicate with the researchers directly (Amer & Bagasra, 2013). Researchers could also use various dissemination strategies, such as press releases, summary reports, research brief brochures, policy briefs, study newsletters, community agency publications and websites, in addition to local events and meetings

(Community Alliance for Research and Engagement, 2009). Researchers should review where they recruited to follow up with the results of their research. Respectful dissemination fosters a collaborative relationship, can build capacity for new community-directed research, and protects the possibility of future collaborative projects (Roberts et al., 2017). Presenting research in a way that resonates with the community also matters. This does not necessarily mean simplifying research findings, but perhaps using graphs or visuals instead of lengthy text or data tables.

Sharing research results includes more community members and takes the pressure off community leaders who often have multiple responsibilities and little time to spare. Offering the chance to review draft papers is also recommended but must be balanced with an understanding of the time burden and that papers themselves may primarily benefit researchers, not the community (Ninomiya & Pollock, 2017). Sharing the results of a research project should not be overlooked, as it would be a missed opportunity to build rapport and align with the values of the people who have devoted time and energy to the project. Offering the opportunity to share results continues to build trust between researchers and the community which allows for future research and opportunities for collaboration (Casado et al., 2012).

Data Relevance & Validity

Validity is “the precision in which research findings accurately reflect the data” (Noble & Smith 2015). Validity, like all components of research, is subjective. Therefore, in a culturally responsive research context, the community of interest should play an active role in determining whether or not concept validity has been or even can be achieved. The matter is further complicated by the different objectives of quantitative versus qualitative research methods. People unfamiliar with qualitative methods often mistake research findings with “opinions” and suggest that qualitative research is plagued by researcher bias. Because it inherently rejects the assumption that the scientific method is free of researcher bias, culturally responsive research often falls prey to the same types of critiques.

Rather than insist on findings that “accurately reflect the data,” culturally responsive research projects should instead hold up a standard of *Truth Value*. Truth Value recognizes that multiple realities exist, encourages researcher reflexivity of personal experiences and viewpoints to provide transparency about bias, and through collaboration, shows the findings clearly and accurately present the participants’ perspectives (Noble & Smith, 2015). Alternatively, researchers should consider different definitions of validity; for example:

- Outcome validity: whether the study leads to resolutions of a problem
- Dialogic validity: measuring the goodness of a study by peer review
- Process validity: measuring the goodness of a study by reflective cycle of participants
- Democratic validity: the degree to which the study was conducted in collaboration with key informants
- Catalytic validity: the degree to which the research project contributed to transformation of conditions (Berryman et al., 2013).

Culturally responsive research can also ensure that communities like American Indian and Alaska Native populations are more accurately represented, rather than rendered invisible in data. This happens when groups are lumped together in a category of “other” because of the relatively small sizes of the population (The Urban Indian Health Institute, 2020). More expansively, culturally responsive research can build

trust with communities, so they feel invested in the research aims and the accuracy of data, interested and opinionated in how it is used, and motivated to continue engaging (Ninomiya & Pollock, 2017; de Leeuw, 2012). When culturally responsive research integrates the participant’s culture throughout the process, the resulting data is more relevant to both researchers and the community. For example, for a collection of best practices for psychologists, researchers included clients and other relevant informants in all aspects of developing prevention, planning, and programming, allowing clients to suggest healthy ways to adapt service delivery protocols (Hage et al. 2007).

Improve Quality of Care or Outcome

As research becomes more relevant to the community, so does the potential to improve the quality of services and outcomes that result from research. Incorporating cultural values and beliefs in interventions has resulted in more effective parenting programs, including reduced stress for parents and children (Matos et al., 2006), and higher reported levels of healing for Indigenous women who have experienced violence (Burnette, 2018). Cultural responsiveness in the education sector is connected to improved test scores and students reporting better learning experiences (Grimberg & Gummer, 2013). It has also been connected to reduced health disparities and improvements in health outcomes (Watt et al., 2016). Note that “quality” should be considered from the perspectives of participants and whether they perceive and experience services or interventions as valuable (Seponski et al., 2013).

Self-Determination and Collective Healing

When researchers create space to affirm participant identities, participants may gain a sense of self-determination and empowerment. Meleis (1996) emphasizes the importance of *reciprocation*, or research that meets mutual goals and objectives of the researcher and the study population, and *empowerment*, a research process that contributes to empowering the study population. Fundamental to the exercise of self determination is the right of peoples to construct knowledge in accordance with self-determined definitions of what is real and what is valuable (Castellano, 2014). Participants may feel empowered by:

- being involved in projects they feel will make a difference (Krueger & Casey 2000);
- the opportunity to be involved in decision making processes;
- being valued as experts; and
- being given the chance to work collaboratively with researchers (Chun et al., 2007).

Culturally responsive research is an opportunity for collective healing both within and between communities. The process of including the community in the research process helps to combat misinformation while also healing communities through building collaborative relationships (Baker, 2007). This can create opportunities for marginalized people who may not regularly interact to find healing in sharing similar experiences in the face of racism and other forms of discrimination (RFAC, February 17, 2021).

LIMITATIONS

Culturally responsive research is a wide-ranging, constantly evolving topic that connects with many different domains and disciplines. Though we attempted to consult as many relevant sources as possible, it is likely that certain sources or subcategories of research were missed, particularly emergent, nonacademic sources. It is also important to note that published academic research does not adequately represent nonwhite perspectives. We aimed to address this through our grey literature search and via the perspectives of Resilient Families Advisory Council members. The Council helped us vet academic findings, identify knowledge gaps, and center practitioner experience and culturally responsive practices into this review. It is important to note that although members of the council are from a diverse set of cultural communities, their personal experiences cannot speak for an entire community of people; these insights are a starting point for both white researchers and researchers of color. Similarly, the strategies mentioned from specific studies in this work that highlighted specific cultures may not be generalizable across all members of that particular culture in future studies. This review is the beginning or a part of a researcher's personal journey toward cultural humility.

Finding relevant research studies on key King County populations was especially challenging, particularly since we prioritized research done with communities who live in the United States and not in their home countries. In particular, there was a dearth of research with Middle Eastern, North African and East African participants in the U.S. Even then, many of the tools used with such populations were often those designed for white American participants. It was also challenging to find studies that elaborated on cultural adaptation of multilingual and multicultural tools, beyond a mere mention that they were translated. Many of the sources were not written from a strengths-based perspective and the content was then filtered to reframe the information away from a deficit focus. Overall, the academic and grey literature we found reflect the need for more researchers of color to better represent the current population in the United States. Ideally, researchers of color would already be a part of the communities involved in a research project which would facilitate that the work would benefit the community as a whole as opposed to only the outside researcher.

CONCLUSION

Culturally responsive research requires researchers to constantly modify their practices to adapt to culturally and linguistically diverse communities. It is an inquisitive mindset that strives to include marginalized communities at all stages of the research process and remains open to learning from inevitable mistakes. Centering marginalized communities could challenge researchers to consider once-unconventional and more inclusive data collection practices, challenge and reframe goals of cross-cultural instrument validity, and hopefully, result in more relevant and actionable findings for researchers and communities. Future studies should focus on issues that arise from the community itself as opposed to outside researchers coming into a new community. Ideally, the researchers would be people of color from the same community as the participants as opposed to white researchers with participants of color to avoid perpetuating colonialization and strive towards anti-racist principles. There is no right way to serve any particular community as it depends on context, content, and the community themselves. This literature review supports all researchers' evolving journey to infuse equity and anti-racism into their practice.

Note on Consent

The two options researchers have when conducting research with minors is to get the informed consent of the minor's parent or legal guardian or to get informed assent directly from the minor, which resembles consent in its efforts to be transparent and inform participants of their rights but is not legally binding. If there are no reasonable barriers to getting parental consent, this should always be the default, but in some cases, this is not an option (U.S. Department of Health and Human Services, 2009). For example, youth experiencing homelessness or unaccompanied immigrant minors may not be in contact with parents or guardians. For relevant study areas, it is important to note that youth in WA who are 13 years or older can provide consent for some health services without the consent of the parent (Division of Behavioral Health and Recovery, 2018). For some youth, the identity that is part of the research goals might not be safe to disclose to a parent or guardian, like LGBTQIA+ identities. Similarly, assent may be necessary in the case of some adults who lack capacity to provide informed consent for themselves (Forster et al., 2018).

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REVIEW 2: PROTECTIVE FACTORS: TOOLS & IMPLEMENTATION

INTRODUCTION

In this literature review we explore best practices for measuring protective factors in families that bolster their strengths and reduce the likelihood of child abuse and neglect. The Center for the Study of Social Policy's Strengthening Families Initiative (SFI) serves as our guiding framework, due to its basis in years of research and expertise, national adoption, and broad application to a variety of community-based programs and initiatives that support families. It has been incorporated as a framework of reference for many national centers and programs, including in King County's Best Starts for Kids program. The Protective Factors Surveys from FRIENDS National Center for Community-Based Child Abuse Prevention (FRIENDS, 2018) serves as the primary measurement tool for this review. With a recently released 2nd edition (PFS-2) that builds on lessons learned from its first edition survey (PFS), the PFS-2 is one of the only nationally tested, valid and reliable instruments that measures multiple protective factors at once and explicitly maps to the SFI protective factors framework (Sprague-Jones et al., 2020).

PROTECTIVE FACTORS FRAMEWORK

Protective factors are attributes or conditions in individuals, families, communities and larger society that mitigate risk and increase the health and well-being of children (Child Welfare Information Gateway, 2015). The emerging focus on protective factors in human services is a response to decades of focus on risk factors. Both risk factors and protective factors are typically correlated and cumulative (SAHMSA, 2019), but are not simply the inverse of each other, because protective factors "predict future outcomes and modify or buffer risk factors" (Rutter, 1987, p.317). Therefore, protective factors are more useful to monitor and track, since risk factors themselves are not predictive. A protective factors approach can also reach broader audiences than risk-based programs which may be stigmatizing as they require families to admit their deficits (Counts et al., 2010).

With a focus on children and families, The Center for the Study of Social Policy (CSSP) has been central in synthesizing decades of research and expertise into an approach that measures protective factors of families with children under five. Since the early 2000s, CSSP has led the shift from harm reduction and tracking risk factors to a strengths-based protective factors approach (Counts et al., 2010). CSSP based their Strengthening Families Initiative (SFI) framework on the academic literature that highlights factors known to reduce child maltreatment. Today, the SFI framework is implemented in all 50 states, and it was the approach most frequently mentioned in searches for existing protective factors frameworks.

Though other frameworks and measurement tools exist, the Strengthening Families framework is the only one that intends to assess "universal" family strengths, and it measures multiple protective factors at once. It is also easy to administer and track over time. Acknowledging that a universal framework might erase particular client experiences, it may be helpful to augment program assessment strategies with other frameworks and tools. Many of these are profiled in the FRIENDS (2021) compendium of protective factors tools, all of which informed the development of the

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Protective Factors Survey. The Center for Community Health and Development at the University of Kansas has resources on how to identify specific protective factors that may be relevant for a particular program or community, including recommendations (Center for Community Health and Development, n.d.).

The five Strengthening Families protective factors broadly support universal family strengths, child development, and reduce the likelihood of child abuse and neglect (CSSP, n.d.-1). CSSP asserts that its protective factors are universal in that they “apply to all families yet may be understood (deep structure) and manifest (surface structure) in culturally specific ways” (Harper Browne, 2014, p.9). The framework’s broad focus on universal protective factors, strong evidence base use, and national use, including within King County’s Best Starts for Kids Program are all reasons why it forms the basis for this review. The five protective factors from CSSP’s (2018) Strengthening Families framework are:

- Parental Resilience: Managing stress and functioning well when faced with challenges, adversity and trauma
- Social Connections: Positive relationships that provide emotional, informational, instrumental and spiritual support
- Knowledge of Parenting and Child Development: Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development
- Concrete Support in Times of Need: Access to concrete support and services that address a family’s needs and help minimize stress caused by challenges
- Social & Emotional Competence of Children: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships

The Strengthening Families framework is a flexible, evidence-informed approach, and is relevant in a multitude of settings. Any organization from which young children and their families receive frequent services that helps them feel comfortable and matches their language, culture and traditions likely supports the family’s protective factors (CSSP, 2018). Organizations that wish to design programming using the Strengthening Families framework are encouraged to take the Strengthening Families self-assessment to support implementation and identify what “small but significant changes” could be made in program practice (CSSP, n.d.-2).

PROTECTIVE FACTORS MEASUREMENT

Though many instruments have been designed to measure protective factors, the Protective Factors Surveys (1st and 2nd editions - PFS & PFS-2) from FRIENDS is a leading tool given its proven validity and reliability in national field tests (Sprague-Jones et al., 2020; Counts et al., 2010) and direct relation to the protective factors in the Strengthening Families framework. The reliability of both versions is estimated using an internal-consistency measure, Cronbach’s coefficient alpha, and four of five subscales demonstrate acceptable levels of internal consistency, with the fifth (Caregiver / Practitioner Relationship) approaching adequacy. All PFS subscales were compared with other child abuse and neglect risk measures and shown to associate as predicted, thus confirming PFS content validity, construct validity, and criterion validity (Counts et al., 2010; FRIENDS, 2018; FRIENDS, 2020b).

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In this review, we found examples of PFS-2 use within programs in Iowa, Florida, Texas, Connecticut, New York, Kansas, and California (Pandey et al., 2019; Faulkner et al., 2019; Prevent Child Abuse Iowa, 2020; Escalante, 2016; Hughes et al., 2016; Rohrer et al., 2019; University of Kansas Center for Public Partnerships and Research, 2019; Youth Studies Inc., 2020). Since it was released 10 years prior to the PFS-2, the original PFS has been used much more broadly across prevention programs including parent education, parent support, home visiting and case management. In their 2019 paper, Sprague-Jones and colleagues cite that by 2014, the original PFS was being used in 40 states.

Broadly, the primary purpose of the PFS surveys is to offer a snapshot of the families served, changes in family level protective factors, and areas where staff can focus to increase protective factors (FRIENDS, 2018). The PFS and PFS-2 come with a helpful checklist to indicate whether these surveys are right for an organization. If an organization were to use the PFS /PFS-2 and a risk-assessment survey (such as those that assess depression, child abuse potential, or stress) they should see that strong PFS scores would contrast with low-risk scores, in other words, that they would see negative correlation (Counts et al., 2010).

Table 1. Comparing PFS Surveys with Strengthening Families Protective Factors Framework

Strengthening Families Protective Factors	PFS (1st ed.) measures	PFS-2 (2nd ed.) measures
Parental resilience	Family functioning / resilience	Family functioning / resilience
Social connections	Social supports	Social supports
Concrete support in times of need	Concrete supports	Concrete supports
Knowledge of parenting and child development	Knowledge of parenting	<i>Folded into other subscales</i>
Social and emotional competence of children	<i>Not measured</i>	<i>Not measured</i>
-	Nurturing and attachment	Nurturing and attachment
-	-	Caregiver / practitioner relationship

The PFS-2 has 19 items and takes an average of 10 to 15 minutes to complete (see survey questions in *Appendix B*). It can measure multiple protective factors at once, or individual protective factor subscales can be used as standalone surveys. Specifically, the PFS intends to measure malleable protective factors, or those that can be changed by programming (Sprague-Jones et al., 2019). Both

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PFS survey editions track closely to the Strengthening Families frameworks with several notable exceptions (see Table 1).

Development of the PFS Surveys

The process to select items to measure protective factors for the original PFS survey involved a workgroup of program staff, researchers, and technical assistance providers using a mixed methods approach of survey research and focus groups. Each survey item was vetted through the workgroup according to four criteria: participants' interpretation of the meaning of the question, the cultural appropriateness/offensiveness of the items, necessary revisions, and appropriateness of answer options. Focus groups reviewed and selected the final items, which were then field tested with Healthy Families Programs in Texas and Nebraska (Counts et al., 2010).

The PFS-2 survey items were re-assessed in 2018 by a team of researchers at FRIENDS and CPPR who represented a range of disciplinary backgrounds including education, social work, psychology, and sociology. They reviewed research on protective factors since the original PFS was created and additional instruments, and considered social change that occurred in that time, like the rise of social networking sites that provide a sense of social support that did not previously exist (social media has also become an important way to reach communities as we discuss in the accompanying Culturally Responsive Research paper (The Capacity Collective, 2021a)). New items were drafted to capture the state of the research and society, and was vetted with FRIENDS technical assistance coordinators, service providers, and researchers and evaluators with experience analyzing the PFS. Any items that had statistically significant responses ($p < .05$) by race or ethnicity were removed to ensure that the instrument was as universally relevant for all families as possible and did not display cultural bias for any group (Sprague-Jones et al., 2019; Center for Public Partnerships and Research, n.d).

Differences Between the SF Framework, PFS & PFS-2

The original PFS survey corresponds neatly to four of the five protective factors of the Strengthening Families framework: Parental resilience (narrowed to measure family functioning); social supports; concrete supports; and knowledge of parenting and child development. It also adds "nurturing and attachment" which the FRIENDS Center (2018, p.9) describes as "the emotional tie along with a pattern of positive interaction between the parent and child that develops over time." Quality attachment is well-proven in literature to correspond to lower rates of maltreatment (Morton & Browne, 1998; Olds et al., 2002; Shonkoff & Phillips, 2004). The final protective factor, "social and emotional competence of children" was not included since it is difficult for parents to effectively gauge their children's relative competence; such measures are best left to developmental screening tools (FRIENDS, 2020d).

Due to the fact that "knowledge of parenting" items "captured confidence or tendency toward self-reflection - neither of which are understood to be true protective factors," in the PFS-2, they were folded into other subscales (FRIENDS, 2018, p.9). Should programs wish to measure parenting knowledge, the authors recommend choosing a tool specific to their curriculum and content. The Parenting Skills Ladder (PSL), Adult Adolescent Parenting Inventory (AAPI-2), and the Parental Sense of Competence Scale (PSOC) are three such possible tools (FRIENDS, 2021a; Child Welfare Information Gateway, 2021).

The “caregiver and practitioner relationship” items emerged from statistically significant items originally characterized as social supports yet seemed to “convey a distinct and coherent set of feelings and experiences” and was made into its own subset (Sprague-Jones et al., 2019, p. 129). While not a protective factor itself, nor envisioned to have a direct effect on reducing child maltreatment, the authors felt that the standalone subscale could help program providers assess their ability to engage and retain caregivers, which is critical to achieving family outcomes. Research has shown that a good relationship between caregiver and practitioner can improve retention rates (Garcia & Weisz, 2002; Thompson et al., 2007), data quality (Cao et al., 2019), and family retention (Ingoldsby, 2010) which should all influence program efficacy and maltreatment. Though the rationale for this subset appears supported, the three items measuring this construct had reliability measures that only approached adequacy (Cronbach’s α : .59). The authors suggest that these items may need to be tested and modified to focus on the family’s interactions with a specific provider rather than “staff” in general (Sprague-Jones et al., 2020).

The PFS-2 was created in response to extensive feedback from the field. For example, practitioners lament the lack of sensitivity of the instrument from pre- to post-test, which is consistent with our review of the literature (Faulkner, Gerlach, et al., 2016; Faulkner, Nulu, et al., 2019; Kumpfer et al., 2018; Rohrer et al., 2019). This was addressed through “reducing social desirability bias (through item wording and introductions); capturing a broader range of attitudes and behaviors within the subscales; clarifying wording; collapsing and rewording (Likert-type) response categories; and introducing a retrospective instrument” (Sprague-Jones, 2019, p.125). Collapsing response categories and changing them from bipolar to unipolar has been proven to be less cognitively difficult to process (Krosnick, 1991) and has been found to produce better-quality data, with improved reliability and validity (Alwin et al., 2018). Greater detail on specific instrument changes are available in *Appendix C* of this paper. Of particular note are improvements to the “family functioning and resilience” protective factor that encompasses a broader variety of familial cohesion by removing culturally biased assumptions that verbal communication is the best and only measure of positive family function. The PFS-2 now leans less heavily on communication and encompasses “feelings of hope for the future, collaborative efforts, celebration and ritual” (Sprague-Jones et al., 2019, p.126).

Other Tools

The original PFS survey was designed with the help of a national network early childhood experts from researcher to practitioners consulted over 70 instruments measuring protective factors in the FRIENDS compendium of annotated measurement tools. When the authors reviewed the tools in 2008, there were no instruments that measured all five Strengthening Families protective factors that prevent child maltreatment, though today, some instruments have evolved to directly or loosely map to all five. To build on the original instrument vetting process of Counts et al. (2010), we reviewed the updated FRIENDS Compendium (2021) and included all assessments that measured three or more protective factors, and whose reliability and validity could be confirmed (available in *Appendix A*).

While it is not necessary for an instrument to map directly to SFI Protective Factors, it is more straightforward for programs that wish to relate their performance to the framework. It can be confusing to correctly match measures to protective factors because of the variation of operational definitions across instruments (Counts et al., 2010). Another consideration is whether an instrument

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measures the parental perception of social support, rather than the measuring frequency of services they receive, or worker observation, since *perception of support* has been shown in the research to be an important protective factor in and of itself (Cohen & Wills, 1985; Rodriguez & Cohen, 1998).

The only other tool that matched every survey item to four of five SFI protective factors was the PAF which was distributed by the CSSP (Kiplinger & Harper Browne, 2018) and appears not to be actively distributed today. The next three instruments map loosely to all five SFI protective factors were the Family Assessment Form - FAF (Children's Bureau of Southern California, 2020), North Carolina Family Assessment Scale (NCFAS), Parent-Child Relationship Inventory (PCRI), Adult Adolescent Parenting Inventory (AAPI-2).

- The FAF is only available as part of a broader case management technology platform. Counts and colleagues (2010) found that the FAF instrument took one hour of survey time and three to four family visits, and subsequent research identified at least 13 of 59 questions with little value from a psychometric perspective, which lengthens the survey (Franke et al., 2013). Data is gathered primarily through observation or interview, with little to no parental self-assessment. It is more narrowly used in case management settings that are closely connected to active child maltreatment cases and reporting. Experience in the field and detailed training recommended.
- The North Carolina Family Assessment Scale (NCFAS) is primarily observation-based and requires enumerators who know the family well to collect data. The instrument creator posits this a strength in family casework and child maltreatment settings to contrast deficits-based family data like Child Protective Services reports (Kirk, 2012). Like the FAF, it is primarily observation based and more narrowly used in case management settings that are closely connected to active child maltreatment cases and reporting. Social work training and experience is necessary to complete the assessment.
- The Parent-Child Relationship Inventory (PCRI) - Validated for children ages 3+, this tool may have limited utility for families with children from birth through three years. Though instrument creators suggest only 15-20 minutes to complete, the survey is among the longer instruments reviewed (78 items) and could cause respondent fatigue as parents self-assess and complete the questionnaire. Recommended for use in cases of child custody evaluation, family therapy & child abuse assessment (Gerard, 1994).

The Coping Health Inventory for Parents (CHIP) assessment and The Family Crisis Oriented Personal Evaluation Scales (F-COPES) are two other options measuring three protective factors and focusing more narrowly on families in crisis. The CHIP assessment focuses on families with children facing special medical conditions or chronic disease, and F-COPES is relevant for families facing distressing or stressful situations.

There could be reasons to consider any of the aforementioned instruments, but the PFS is the most compelling. It is flexible in that it can be done as a self-assessment or interview, can be given in its entirety or more narrowly to measure only relevant protective factors, uses a self-report format, applies for families with children prenatal to age five, takes just 20 minutes to complete, is proven to be valid and reliable in national tests, directly measures the most protective factors, and does not require special training to complete.

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PFS and PFS-2 Survey Implementation Recommendations

Both survey designers and practitioners offer valuable insight into the PFS and PFS-2 survey implementation from study design through analysis. The FRIENDS Center keeps survey documentation and other resources like FAQs and training manuals continuously updated. Though the PFS-2 is an improved instrument and the recommended version to use, the FRIENDS Center also keeps user manuals for the original PFS updated (most recently in September 2020) for organizations that still wish to use it. They also offer an online database program for data storage and pre-programmed digital surveys that can be administered via interview, or sent to clients via text, email, or QR code for completion at a separate time (FRIENDS, 2020b). Practitioner sources also offered valuable insight. At this writing, most practitioner reflection is based on their experience with the original PFS, much of which was improved upon in the PFS-2. The similarity between the two instruments still means that much of the guidance is relevant.

Survey Uses

The PFS instrument creators envision both formative and summative uses for the survey. Administered at the outset as an individual or community-level needs-assessment tool, staff gain a snapshot of the current state of client protective factors and can plan program implementation to meet clients where they are (Counts et al., 2010). For example, clients reporting low levels of family functioning could be referred to home visitors at the outset of receiving services. Items in the “concrete supports” subscale can also be effective as a stand-alone community needs assessment to unearth trending issues like homelessness, unemployment and food insecurity (Sprague-Jones et al., 2020). The PFS and PFS-2 can also be used as a continuous improvement tool in tandem with program implementation data to identify effective practices or those that could be improved (Counts et al., 2010).

As a summative tool, PFS results can be used to assess the effectiveness of the program by measuring the change of protective factors and to calculate effect sizes (Counts et al., 2010). Programs can analyze subscale score changes program-wide and also disaggregate scores by program participation, income level, education level, previous participation in child protective services, and certain demographic characteristics like race and gender. Analyzing different groups can reveal patterns related to specific program design or disparities in client subsets that could be improved upon (Sprague-Jones et al., 2020; Prevent Child Abuse Iowa, 2020).

Build Trust

Whichever survey version programs use, recommendations are broadly the same. To start, survey authors and implementers recommend building trust with communities before launching the survey (Escalante, 2016; Huer & Saenz 2003). In a white paper connected to the Strengthening Families Initiative, Harper Browne (2014) recommended providers practice cultural competence and encourage parents to articulate how protective factors are understood from their cultural and family perspective. Cultural humility is also highlighted, in which providers are encouraged to actively reflect on their own assumptions, biases, and values, and how that may impact the services they deliver (Harper Browne, 2014).

Another practice called “Parent Cafés” brings parents together to promote healthy outcomes for children and families in their community. Along with building trust, the practice promotes protective factors and leadership among parents (Walsh et al., 2015). Additionally, implementing a community-based participatory action approach, in which service providers, parents, and researchers collaborate to learn, set research agendas, implement programs and surveys, can expand participant knowledge, grow respect for the contributions of each participant, and improve data quality (Gerwitz, 2007; Walsh et al., 2015). Additional detail on this approach is discussed in the Culturally Responsive Research Review (The Capacity Collective, 2021a).

The Protective Factors Surveys (PFS and PFS-2) also include an informed consent sample form that programs can easily adapt. Depending on the populations, programs should anticipate modifications, like oral explanations, simplifying to a checklist format, or leaving extra time to review, particularly for populations who have been harmed by past unethical research (RFAC, February 18, 2021; Smith, 2008).

Helpfully, both PFS surveys are constructed thoughtfully with explanatory prompts in the surveyor manual that aim to consistently clarify common questions from participants (FRIENDS, 2018; FRIENDS 2020b). In both, participants are encouraged to choose as many race and ethnicity categories that apply to them, and also have the option to self-identify. There is also a gender non-conforming/ non-binary answer choice. For both racial/ethnic identity and gender, offering participants the choice to self-identify and select multiple answers affirms their identity and acknowledges intersectionality (Blackwell et al., 2016; RFAC, February 17, 2021). It may help build trust in some populations if the exact age (in years) question is exchanged with an age-band question (Amer & Bagasra, 2013). Since this question is in the demographic section, it will not affect construct validity, but will limit the fidelity at which programs can assess their clients.

Retrospective or Pre-/Post-Test Survey

There are two common ways to measure change over time:

- collecting data before and after the intervention (pre- and post-tests); or
- in a retrospective model, collecting the pre- and post-test data in one survey after the intervention.

Programs may wish to stick to pre- and post-test models, particularly if they operate a longer-term or ongoing program where participant recall may be an issue, or if funders require a traditional pre- and post-test survey methods. Retrospective surveys take less time to implement since only one survey is necessary and are guaranteed to have 100 percent pre- and post-test data matches, since the respondent answers for both periods in one sitting. They are best when client recall periods are not too long, perhaps 6 months at most (FRIENDS, 2018). Though still relatively new, practitioners frequently recommend the retrospective approach with the PFS, since they see scores trend downward from pre- to post-test (response-shift bias) when parents become more aware of their challenges during the course of the intervention and rate themselves lower at the end (Kumpfer et al., 2018; FRIENDS, 2020c).

Survey Translation

During the course of national instrument testing and implementation, many programs identified the need for a Spanish Protective Factors survey (Bailey et al., 2015; Conrad-Hiebner et al., 2015). The Spanish version of the original PFS (abbreviated to S-PFS) was revised with support from a national bilingual committee of parents and an internal advisory panel and confirmed to be valid and reliable (Conrad-Hiebner et al., 2015). Translation for the S-PFS-2 survey is forthcoming (FRIENDS, 2020c), and will be the preferred version moving forward due to its simplified language, removal of idioms, and broader cultural applicability in the family functioning subscale.

The creation of the S-PFS was an in-depth yet still surface-level effort to adapt the survey for Spanish speakers. In addition to clarified translations, questions were added to the concrete supports subscale to reflect common experiences for Spanish-speaking families (e.g. “I go to the emergency room for routine medical care”; “My utilities (phone, electric) at home are shut off because I cannot pay my bill” (Conrad-Hiebner et al., 2015). However, more foundational adaptations may be necessary for different cultures. The creators of the S-PFS cite the lack of published research that validates every protective factor for Latino families, for example. They find evidence for social supports, and family functioning or resiliency, with scant research on concrete supports and nurturing and attachment. A different protective factor, “familismo” is a cultural value where family is placed at the center of an individual’s life and is closely connected to coping skills (Bailey et al., 2015). Such foundational adaptations may be beyond the reach of many organizations who wish to use the PFS surveys, but they are still worth consideration.

If a program wants to translate the PFS-2 into Spanish before the official translation is available, or to translate the survey into another language, the recommendations closely match those mentioned in our complementary Culturally Responsive Research paper (The Capacity Collective, 2021a). First, program representatives should field-test the translation with parents and staff who are familiar in both English and the second language. Then, a different bilingual person who is not familiar with the survey should translate the script back to English. This backtranslation process enables comparison with the original survey and ensures that the backtranslator does not mentally reference the original script in their translation (FRIENDS, 2020b). Once the translation is reviewed for accuracy, the organization should plan to use the same wording for every survey given in the second language. The process of forward and backward translation techniques are recommended practice no matter the application (Beaton et al., 2000), but also mentioned by other practitioners who implemented the PFS (Conrad-Hiebner et al., 2015; Counts et al., 2010).

Survey Components & Modifications

Aside from translations, study authors do not recommend modifying the questions in any way due to validity and reliability concerns (FRIENDS, 2020a). However, the survey is made to administer separate protective factors, which is helpful, particularly if a protective factor does not relate to the program services. For example, prenatal programs may not wish to measure “nurturing and attachment” protective factors. One parent-to-parent support program chose only to measure concrete supports and social supports as the only protective factors that aligned with their program (January et al., 2016).

Even though survey instrument authors do not recommend changing questions, we found an example where they were modified. In one evaluation conducted by Youth Studies, Inc. (2020), the researchers modified PFS-2 questions in positive terms (see Table 2).

Table 2: Youth Studies, Inc. (2020) PFS-2 survey language modifications

Original Survey Question (PFS-2)	Modified survey question (Youth Studies, Inc.)
No one here seems to believe that I can change.	The staff here believe that I can change and make my life better.
I have frequent power struggles with my kids.	In my family, children and caregivers have respect for one another.

Though positively worded questions are logically aligned with a strengths-based approach, they do not make for good survey design. According to the instrument creators, even though negative items may feel dispiriting, responses that are all worded positively are susceptible to acquiescence response bias, in which respondents tend to agree with a statement regardless of its context (Sprague-Jones et al., 2019; RFAC, February 18, 2021). Data can thus reflect respondents' general mood about the program, rather than offering question-by-question insight that occurs when respondents engage critically with each question. Therefore, the Youth Studies, Inc. (2020) results should be compared to other PFS-2 results with caution.

Youth Studies, Inc. (2020) also modified the "concrete supports" questions to align better with their service area. The original question asks whether the respondent has trouble affording six of seven categories of items (the seventh being "I was able to pay for all of these.") Youth Studies Inc. (2020) added "Metro Card" to the list of generalized transportation options, since many of its members use that mode of transportation. As long as the general list of items does not change in quantity or type, it is unlikely such minor changes affect the validity or reliability of the instrument and may in fact result in greater relevance for the families it assesses.

Train Surveyors & Technical Assistance

A tested, valid instrument like the PFS or PFS-2 is important, but a competent surveyor is also key to collecting meaningful data (Oxfam GB, 2018). Familiarizing surveyors and staff with the Strengthening Families protective factors framework will not only result in better quality data but is likely to result in better program results. In an analysis, Kumpfer et al. (2017) discovered that facilitator enthusiasm for the Strengthening Family Program correlated with better family outcomes. Kumpfer et al. (2018) also recommend the use of role-playing to practice building rapport between facilitators and families.

One study offered ongoing technical assistance to help programs who ran into questions or problems mid-data collection (Conrad-Hiebner et al., 2015). Helpfully, the FRIENDS Center maintains FAQ and video training guides on their website, and welcomes emails if programs have questions or problems. Before data collection begins, a training session will help familiarize surveyors with the script and explanatory prompts, and to practice collecting data via roleplaying (Oxfam GB, 2018).

Program Dosage & Timing

Programs should administer the post-survey or retrospective survey after a client has received the theorized quantity of program services required to affect protective factors change (taking frequency and intensity of services into account) with 12 hours as the recommended minimum (FRIENDS Center, 2020c; Sprague-Jones et al. 2020). Programs should also select intervals that match well with client accessibility and convenience. However, Sprague-Jones et al., (2020) explain that a precise measurement interval recommendation may need refinement due to the varying service hour definitions used by agencies piloting the PFS-2, for example: number of hours offered vs. number of hours received.

Programs may fail to see consistent results if measurement occurs at random times along the service delivery journey, so careful tracking and timing the survey is important (Kumpfer et al., 2018; Prevent Child Abuse Iowa, 2020; Faulkner, Gerlach et al., 2016). Two sequential studies suggested standardizing program dosage tracking by service type and by hours or visits (Faulkner, Gerlach et al., 2016; Faulkner, Nulu et al., 2019). These recommendations would standardize their measurement intervals and solve the problem of results that corresponded to a wide variety of dosage levels and irregular and variable PFS survey results.

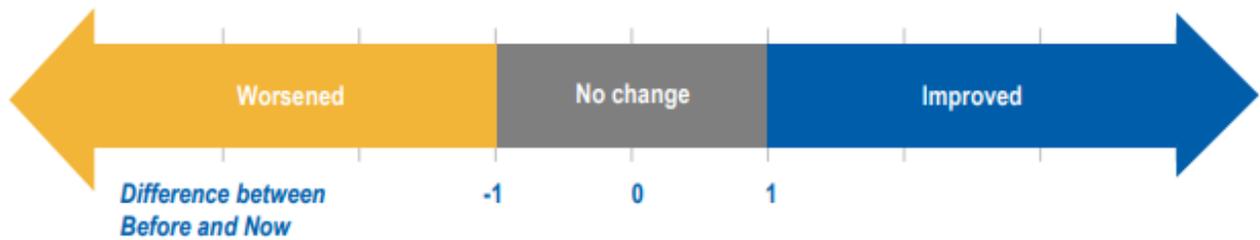
Due to attrition, Pandey et al. (2019) recommended that programs do not wait to survey until the last service hour is delivered due to potential client negative response bias and disengagement. Rather, clients should be given the post-test or retrospective survey at least a few sessions before the end of the program (FRIENDS, 2020c). Frequent survey timeframes include three to six months from baseline (Pandey et al., 2019; Saathoff-Wells et al., 2017) and the usual final follow-ups after the intervention for long-running programs (Pandey et al., 2019).

Survey Scores & Interpretation

To calculate and analyze survey scores practitioners can follow the scoring protocol prescribed in the PFS and PFS-2 user manuals and PFS-2 Scoring Instructions handout (FRIENDS, 2018; FRIENDS, 2020b; FRIENDS 2020e), collect data and calculate scores in the Protective Factors Survey Online Data System hosted by Brand New Box, or in the free Excel data collection download (FRIENDS, 2021b). Each answer gets the numerical score in the PFS manual, and the average of all subscale questions yield the mean subscale score (as long as at least three items were answered). Group scores (for an entire client cohort, or for a subpopulation) are then calculated by finding the group mean of each subscale. Programs can compare the individual or group mean from pre- and post-test to see the direction of any change.

For interpreting the scores, Sprague-Jones et al. (2020) notes that most programs report the percent of participants who report an increase in protective factors scores. Prevent Child Abuse Iowa (2020) created a simplistic graphic to indicate whether individuals saw protective factors change or not, using the PFS-2 (see Figure 1). A negative change in means would be concerning, but could potentially reflect response-shift bias if pre- and post-test surveys were used, other shocks (e.g. pandemics), and more unlikely, a harmful program.

Figure 1: Evaluating individual change in protective factors (Prevent Child Abuse Iowa, 2020)



There is strong interest from practitioners in knowing what constitutes a “good” score on the PFS or PFS-2. Sprague-Jones et al. (2020) have suggested that future research employ a standardization sample that would create a normal distribution for comparison purposes, though this could still be of limited utility since program models and service dosages vary so broadly across the United States. Several PFS implementers tested the statistical significance of their results using paired or two-tailed t-tests (Youth Studies Inc., 2020; Prevent Child Abuse Iowa, 2020; Escalante, 2016; January, et al., 2016). In other words, they examined the change in protective factors scores to understand whether the difference was mere coincidence (e.g. occurred more than, say, 5 percent of the time) or significant (occurred less than 5 percent of the time; $p < .05$). Helpfully, Excel has a free “data analysis” add-in that can help organizations run t-tests without needing complex software or statistical background (Frost, 2016).

If organizations were to significantly modify survey questions like the Youth Studies Inc. (2020) example, they may wish to test the survey reliability, or internal consistency, using Cronbach’s coefficient alpha, and may also wish to compare their survey to other known risk measures to confirm survey validity. This may present a level of complexity that exceeds program capability, so if reliability and validity are desired, it is recommended to use the survey as written.

LIMITATIONS

The body of protective factors literature is broad, and this literature review did not evaluate other survey instruments that measure individual protective factors. As far as we know, the PFS and PFS-2 are the only instruments that measure multiple protective factors for families with children five years old and under. However, there may be cases where an instrument measuring a single protective factor may be more applicable and relevant for a particular program or population; that is beyond the scope of this review.

Additionally, the PFS-2 survey was created in 2018 to address feedback from the field in improved survey design and is the preferred version for measuring protective factors. However, a majority of sources that cited PFS survey flaws referenced the original PFS survey, and the flaws they cite were largely addressed during PFS-2 development. While the PFS-2 seems to be a superior tool, limited reporting and documentation is available as of this writing.

Many of the PFS-2 survey improvements were made to enhance measurement of universal protective factors across diverse families, and to remove questions that demonstrated statistically significant differences by race or ethnicity. This may result in a more broadly relevant and nationally comparable

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instrument but remains to be seen whether it truly does not need adaptation to measure protective factors within different populations and cultures. The authors will explore that question in partnership with diverse communities in King County, Washington state, over the course of 2021. For example, the changes to the “family functioning and resilience” scales that adopt a broader interpretation of family cohesion from the narrower verbal communication emphasis in the original PFS appears in line with the culturally responsive research, as described in this paper. However, other adjustments to reduce the Likert-type questions from seven to five questions from PFS to PFS-2 may not present enough nuance for some cultures, while offering too many options for others (RFAC, February 17, 2021).

CONCLUSION

Overall, the Protective Factors Survey (PFS and PFS-2) are valid and reliable instruments that are well-supported by the FRIENDS National Center for Community-Based Child Abuse Prevention, are easy to implement, analyze and understand protective factors for families with children ages 0-5. It offers the flexibility of either a pre- and post-test or retrospective model and enables organizations to select only the subscales that are relevant for its program. Due to its recent release, there are limited sources that reference the newer PFS-2 survey but considering that it builds on the strengths of the original PFS and that most edits addressed constructive feedback from the field, it is a promising tool for organizations that support family-level protective factors.

REVIEW 2: WORKS CITED

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Appendix A: Family-Level Protective Factors Instrument Review

Counts et al., (2010), p. 765

Instrument or Assessment	Instrument Type O = Observation I = Interview S = Self-Assess	Child Age	Time to Complete	Psychometric Properties	Protective Factors* Measured & Cost *(Including 5 SFI protective factors + Nurturing & Attachment)	Considerations
Protective Factors Survey 2 - (PFS-2)	I, S (19 items)	Birth-adolescence	10-15 min	Internal consistency using Cronbach's $\alpha = .78 - .88$	PF (6) Family Resilience, Concrete Supports, Social Supports, Knowledge of Parenting & Child Development, Social & Emotional Competence of Children, Nurturing & Attachment, & Caregiver/Practitioner Relationship (not a protective factor)	Broadly applicable across practice and program types; maps directly to 3 of 5 SFI protective factors + incorporates Social & Emotional Competence of Children / Knowledge of Parenting in other subscales; no special training required for surveyors
Protective Factors Survey (PFS)	I, S (20 items)	Birth-adolescence	10-15 min	Internal consistency using Cronbach's $\alpha = .76-.89$ Except Caregiver/Practitioner Relationship $\alpha = .59$	PF (4): Family Resilience, Concrete Supports, Social Supports, Knowledge of Parenting & Child Development, Nurturing & Attachment	Broadly applicable across practice and program types; maps directly to 4 of 5 SFI protective factors + incorporates Social & Emotional Competence of Children in other subscales; no special training required for surveyors
North Carolina Family Assessment Scale (NCFAS-G)	O, I	NS	30-40 min	Internal reliability of the General version using Cronbach's $\alpha = .83$	PF (6): Family Resilience, Concrete Supports, Social Supports, Knowledge of Parenting & Child Development, Social & Emotional Competence of Children, Nurturing & Attachment Price: \$850 for up to 10 users	Social work training and experience is necessary; loosely maps to protective factor framework; most relevant in a family case mgmt. related to active child maltreatment concerns
Family Assessment Form - (FAF)	O, I (59 items; 33 align with protective factors)	NS	1 hr	Construct validity = .63; inter-item reliability: .68-.90	PF (5): Family Resilience, Concrete Supports, Social Supports, Knowledge of Parenting & Child Development, Social & Emotional Competence of Children Price depends on organizational size	Requires opting into the entire case-management platform; 33 of 59 items loosely map to protective factors; most relevant in a family case mgmt. related to active child maltreatment concerns

Parent-Child Relationship Inventory (PCRI)	I, S (78 items)	3-15 y.o.	15-20 min.	Internal consistency using Cronbach's α = .70-.88 on subscales Test-retest = .44-.89	PF (5): Family Resilience, Social Supports, Knowledge of Parenting & Child Development, Social & Emotional Competence of Children, Nurturing & Attachment \$5.50 per test (paper-based)	Loosely maps to Requires bachelor degree + license/certification, designed for child custody evaluation, parent education & child abuse assessment; does not apply to children ages 0-3
Parental Assessment of Protective Factors (PAPF)	I, S (36 items)	0-8 y.o.	15-20 min.	Internal reliability with subscale scores ranging from .87 to .93; composite reliability from .90-.95.	PF (4): Family Resilience, Concrete Supports, Social Supports, Social & Emotional Competence of Children	Maps directly to 4 or 5 protective factors and distributed by CSSP, but appears to be no longer actively promoted or updated
Coping Health Inventory for Parents - (CHIP)	S (45 items)	NS	30 min.	Internal consistency- subscale 1 = .79; subscale 2 = .79; subscale 3 = .71	PF (3): Family Resilience, Social Supports, Concrete Supports Specifically for families with children facing serious disease or medical conditions	Narrowly focused on families with children facing chronic medical conditions or diseases.
The Family Crisis Oriented Personal Evaluation Scales (E-COPES)	S (30 items)	All ages	15 min.	Internal reliability using Cronbach's α = .77-.86;	PF (3): Family Resilience, Social Supports, Concrete Supports Specifically for families facing a time of stress or crisis; available in many languages	Not targeted toward young children; more narrowly relevant for families in crisis; easy and fast to administer

Appendix B: Protective Factors Survey 2 (PFS-2) Questions

Full Survey available for download from the FRIENDS Center:

<https://friendsnrc.org/evaluation/protective-factors-survey/>

	Not at all like my life	Not much like my life	Somewhat like my life	Quite a lot like my life	Just like my life
1. The future looks good for our family.	•	•	•	•	•
2. In my family we take time to listen to each other.	•	•	•	•	•
3. There are things we do as a family that are special just to us.	•	•	•	•	•
4. My child misbehaves just to upset me.	•	•	•	•	•
5. I feel like I'm always telling my kids "no" or "stop."	•	•	•	•	•
6. I have frequent power struggles with my kids.	•	•	•	•	•
7. How I respond to my child depends on how I'm feeling.	•	•	•	•	•
8. I have people who believe in me.	•	•	•	•	•
1. I have someone in my life who gives me advice, even when it's hard to hear.	•	•	•	•	•
2. When I am trying to work on achieving a goal, I have friends who will support me.	•	•	•	•	•
3. When I need someone to look after my kids on short notice, I can find someone I trust.	•	•	•	•	•

4. I have people I trust to ask for advice about (check all that apply)	<ul style="list-style-type: none"> • Money / bills /budgeting • Relationships and/or my love life • Food / Nutrition 	<ul style="list-style-type: none"> • Stress, Anxiety, and/or Depression • Parenting / My Kids • None of the above
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	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
5. I feel like staff here understand me.	•	•	•	•	•
6. No one here seems to believe that I can change.	•	•	•	•	•
7. When I talk to people here about my problems, they just don't seem to understand.	•	•	•	•	•

8. In the past month were you unable to pay for:	<ul style="list-style-type: none"> • Rent or mortgage • Utilities or bills (electricity, gas/heat, cell phone, etc.) • Groceries/food (including baby formula, diapers) 	<ul style="list-style-type: none"> • Child care / daycare • Medicine, medical expenses, or co-pays • Basic household or personal hygiene items 	<ul style="list-style-type: none"> • Transportation (including gas, bus passes, shared rides) • I was able to pay for all of these
9. In the past year, have you:	<ul style="list-style-type: none"> • Delayed or not gotten medical or dental care • Been evicted from your home or apartment 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

	Never	Rarely	Sometimes	Often	Almost always
10. I have trouble affording what I need each month	•	•	•	•	•
11. I am able to afford the food I want to feed my family	•	•	•	•	•

Appendix C: Changes from PFS-1 to PFS-2

(Sprague-Jones, et al., 2019)

Summarized Changes from PFS-1 to PFS-2 (Sprague-Jones, et al., 2019)

Protective Factors	PFS	PFS-2
Family functioning and resilience	Focuses on talking as the primary mode of family engagement	New items lean less heavily on communication and include feelings of hope for the future, collaborative efforts, and celebration and ritual
Social support	Limited questions on having someone to talk to	Includes a broader range of relationships and behaviors including advice, information, encouragement and personal and professional help
Concrete support	Items are negatively worded and in the conditional tense (e.g. "I would have no idea where to go for help if I had trouble making ends meet")	Avoids hypotheticals & focuses on the individual's concrete living conditions - housing, income insufficiency, etc. Focuses only on immediate concerns (e.g. the last 30 days) - not a retrospective question.
Nurturing and attachment	Items focus on feelings toward the child that could trigger social norms around mothering and thus introduce social desirability bias.	Focuses on attitudes toward child behavior and discipline, and routine interactions with children.
Child development/Knowledge of parenting	Stand-alone grouping of items in PFS	Folded into PFS-2 subscales, because the concepts do not capture a coherent construct; also not feasible to test parent knowledge, and self-assessment is notoriously subjective. Also, knowledge does not automatically transfer into behavior.
Other changes		
Response categories	7 response categories	5 response categories
Direction of items	Varied - positively and negatively worded items	Varied - positively and negatively worded items
Item polarity	Bipolar likert-type questions from "Never, Very rarely, Rarely, about half the time, frequently, very frequently, always"	Mostly unipolar questions: "Not at all like my life, not much like my life, Somewhat like my life, Quite a lot like my life, Just like my life"

Question by Question Changes from PFS to PFS-2 *Note - Only one question is listed verbatim in both PFS versions; for full answer options, please consult the full PFS surveys.

Protective Factor	PFS	PFS-2
Family functioning and resilience	<ol style="list-style-type: none"> 1. In my family we talk about problems 2. When we argue, my family listens to “both sides of the story” 3. In my family, we take time to listen to each other 4. My family pulls together when things are stressful 5. My family is able to solve our problems 	<ol style="list-style-type: none"> 1. The future looks good for our family. 2. In my family we take time to listen to each other. 3. There are things we do as a family that are special just to us.
Nurturing & Attachment	<ol style="list-style-type: none"> 17. I am happy being with my child. 18. My child and I are very close to each other. 19. I am able to soothe my child when he/she is upset. 20. I spend time with my child doing what he/she likes to do. 	<ol style="list-style-type: none"> 4. My child misbehaves just to upset me. 5. I feel like I’m always telling my kids “no” or “Stop.” 6. I have frequent power struggles with my kids 7. How I respond to my child depends on how I’m feeling
Social Supports	<ol style="list-style-type: none"> 6. I have others who will listen when I need to talk about my problems 7. When I am lonely there are several people I can talk to. 10. If there is a crisis, I have others I can talk to. 	<ol style="list-style-type: none"> 8. I have people who believe in me. 9. I have someone in my life who gives me advice, even when it’s hard to hear. 10. When I am trying to work on achieving a goal, I have friends who will support me. 11. When I need someone to look after my kids on short notice, I can find someone I trust. 12. I have people I trust to ask for advice about (check all that apply - see Appendix B for full list)
Caregiver / Practitioner Relationship	<i>Not included</i>	<ol style="list-style-type: none"> 13. I feel like staff here understand me. 14. No one here seems to believe that I can change. 15. When I talk to people here about my problems, they just don’t seem to understand.
Concrete Supports	<ol style="list-style-type: none"> 8. I would have no idea where to turn if my family needed food or housing. 9. I wouldn’t know where to go for help if I had trouble making ends meet. 11. If I needed help finding a job, I wouldn’t know where to go for help. 	<ol style="list-style-type: none"> 16. In the past month, were you unable to pay for: (see Appendix B for full list) 17. In the past year, have you: (see Appendix B for full list) 18. I have trouble affording what I need each month 19. I am able to afford the food I want to feed my family.

Child Development / Knowledge of Parenting	<ul style="list-style-type: none">• There are many times when I don't know what to do as a parent.• I know how to help my child learn.• My child misbehaves just to upset me.• I praise my child when he/she behaves well.• 16. When I discipline my child, I lose control.	
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