**About the San Francisco Child Abuse Prevention Center**

The mission of the San Francisco Child Abuse Prevention Center (SFCAPC) is to prevent child abuse and reduce its devastating impact. The organization began serving the community of San Francisco in 1973 through both convening likeminded organizations through the Child Abuse Council and directly supporting families via programs that include a 24/7 parenting support hotline, therapy for adults and children, parenting support groups and classes, and other interventions.

Prior to the last five years, SFCAPC’s focus was to serve an ever-expanding client base while maintaining an environment where all families felt known and welcomed. However, no framework was in place for the organization to assess whether it was truly accomplishing its mission of preventing child abuse. Over the last five years, SFCAPC has adopted a framework known as the Six Protective Factors that protect children and support their development:

1. Parental Resilience
2. Knowledge of Parenting and Child Development
3. Social Connections
4. Social and Emotional Competency (of children)
5. Concrete Support in Times of Need
6. Nurturing and Attachment (Note – the sixth protective factor was added more recently, thus certain assessment tools used at SFCAPC do not include Nurturing and Attachment)

*Please refer to the following resources for additional information on the Protective Factors Framework:*



**About SFCAPC’s Integrated Family Services Approach**

One program model in SFCAPC is Integrated Family Services (IFS), which serves roughly 60 of the center’s highest-risk families through providing services that include counseling, case management, educational support, and children’s behavioral therapy in an integrated manner. Integrated Family Services is, as a program, in its infancy - the first families were enrolled into IFS in June 2013, however at this point only one family has graduated from the program. The program is designed as a targeted intervention that increases family’s resilience over a 1-2 year time period, after which a family “graduates” from receiving intensive services. IFS client’s protective factors are routinely assessed by:

* Administering a psychological assessment known as the Protective Factors Survey every 90 days (more information on the PFS [here](http://friendsnrc.org/protective-factors-survey))
* Administering a psychological assessment known as the North Carolina Family Assessment Scale - General every 90 days (more information on the NCFAS-G [here](http://www.nfpn.org/Portals/0/Documents/ncfasg_scale_defs.pdf))
* Asking clients to self-report their status on each of the protective factors via a Client Self Assessment tool every 30 days
* Asking specific “short-term indicator” questions of clinicians immediately after they complete a counseling/case management session (please refer to the IFS Logic Model below, which maps short-term indicator questions to protective factors)

The long-term outcome of IFS is to ensure no instances of abuse occur in the family 6 months post “graduation” from IFS. As no families have been graduated increases in the protective factors over time are currently seen as proxies for success.

*For additional detail on the theorized relationship between the short and intermediate-term outcomes and the long-term outcomes desired for IFS families, please refer to the program’s logic model below.*



**Potential questions to explore within the data:**

Do any demographic groups demonstrate an increased likelihood to improve their protective factors, as measured by the NCFAS-G?

Do any demographic groups demonstrate an increased likelihood to regularly engage SFCAPC, as evidence via regular attendance at sessions (i.e., counseling, case management, etc.)?

Are the protective factors scores correlated (or not correlated) between SFCAPC’s assessment tools in a meaningful way?

Do any behavior patterns seen early in a client’s life-cycle with the IFS program preclude or predict success in increasing protective factors, as measured by the NCFAS-G?

Do any behavior patterns seen early in a client’s life-cycle with the IFS program predict which clients will have a regular, ongoing relationship with SFCAPC as evidenced via regular attendance at sessions (i.e., counseling, case management, etc.)?

Do changes seen in short-term indicators successfully foreshadow changes seen in intermediate term indicators (i.e., changes in protective factors per the NCFAS-G)?

**Datasets**

**NCFAS Scores for IFS Clients**

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**PFS Scores for IFS Clients**

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**Client Self-Assessment Scores for IFS Clients**

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**IFS TouchPoints Data, including Short Term Indicators**

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**IFS Client Demographics, including Program Start Date**

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