



*Partners in Community Outreach
In-Home Family Education Programs*

**Report of Results and Analysis of Parent Survey
Data Collected in Southern West Virginia**

September 2007

Abstract

Findings and conclusions are presented from a survey of parents receiving In-Home Family Education services from six programs operating in seven counties located in southern West Virginia. Families receiving services were enrolled at the time of the survey in one of three research-based home visiting programs – Parents as Teachers, Healthy Families America, or the Maternal and Infant Health Outreach Worker program. A total of 266 families completed the survey representing 71.5% of all families receiving services through the six participating programs.

Socio-demographic data collected indicates that the families served by these programs are primarily high-risk, low income families with very young children present in the household.

Survey data indicates the In-Home Family Education programs are effective in achieving outcomes related to improved health and well being of young children residing in families served, and home visitors are able to establish strong and supportive relationships with the families they serve that lead to enhanced parenting skills and knowledge over the time they are involved with the programs. Protective factors known to reduce the incidence of child maltreatment also appear to be increased in parents through the services provided by these In-Home Family Education programs.

Background and Introduction

Partners in Community Outreach (PiCO) is a coalition of research-based, In-Home Family Education programs operating in West Virginia that provides support, training, and quality enhancement to participating programs. Program models represented in the coalition include: Healthy Families America, the Maternal Infant Health Outreach Worker Program, and Parents As Teachers. Each of these three program models are carried out within the framework of nationally recognized standards and each has been shown to be effective in delivering a range of supportive services to families with young children.¹ Although there are some differences in these In-Home Family Education models, all three rely on home visiting staff to establish a supportive relationship with families, provide a range of educational services, and link families to needed support services in the community.

Partners in Community Outreach contracted an independent study in the fall of 2006 to:

- 1. Review data collection instruments being used by the three different program models,*
- 2. Identify common outcomes across all three models,*
- 3. Identify key indicators of program effectiveness,*
- 4. Make recommendations for data collection instruments that could be used by all three types of programs to monitor indicators on a periodic basis.*

Program representatives from all three program models worked with the consultant to define four primary outcomes for families receiving services. These outcomes are common to all three program models and include:

- Improved parent skills, knowledge, and behaviors,
- Improved health status of young children,
- Improved school readiness, and
- Reduced child maltreatment.

This work resulted in the development of a parent survey that was designed to gather information across the three program models related to the characteristics of population being served and the quality and effectiveness of the programs. The online survey instrument was designed to measure growth in families and to provide feedback to home visiting staff that will improve their ability to achieve desired outcomes with the families they serve. The survey instrument is included as Appendix A.

The PiCO Parent Survey provides information about participatory and relational practices within these programs that:

- (1) Build strengths within families, and
- (2) Build positive and trusting relationships between parents and home visiting staff.

These practices have been shown through research to significantly increase positive outcomes in families and promote child development.²

The sections of the survey focused on program participation and parent experience with staff are also designed to measure the prevalence of five “protective factors” that have been linked to strong families. The presence of these factors in families mediates against negative outcomes such as child maltreatment, poor health, and deficits in early childhood development. The link between these protective factors and family well-being was established through a scan of existing research about conditions that produce a lower incidence of child abuse and neglect conducted for the *Strengthening Families Initiative* being carried out nationally by the Center for the Study of Social Policy. This meta-analysis of research findings identified these five key “protective factors” or attributes that serve as buffers, helping parents who might otherwise be at risk for abuse and neglect to find resources, supports or coping strategies that allow them to parent effectively, even under stress.³

The five factors supported by the research are:

- **parental resilience;**
- an array of **social connections;**
- adequate **knowledge of parenting and child development;**
- **concrete support in times of need**, including access to necessary social and health service; and
- **healthy social and emotional development** in young children.

Methodology:

The *PiCO Parent Survey* was administered to families actively enrolled in six different In-Home Family Education programs serving seven counties in southern West Virginia.⁴ Three of these programs were Parents As Teachers (PAT) programs, two were Maternal & Infant Health Outreach Worker (MIHOW) programs, and one was a Healthy Families America program. A total of 266

surveys were completed by parents receiving services through these six programs. Surveys were completed by a primary parent or caretaker. Surveys were completed by the parent or caretaker on paper and each completed survey was then entered on-line by the participating programs.

Completion of a parent survey was voluntary; thus, survey respondents were not selected randomly. Staff from participating programs received training on how the survey should be administered to parents using two methods of administration. All surveys were completed using one of two methods. Most parents were given a paper copy of the survey to complete and return to the program office. In some cases (when specifically requested by the parent due to a low reading level), program staff solicited survey responses from parents through an interview format during a regular visit to the home and recorded their responses on the paper survey. All completed surveys were then entered into an on-line database by program staff. After survey data was entered on-line, the data could only be accessed by the evaluator. The written instructions provided to program staff as to how to collect survey responses are included as Appendix B.

A high percentage of the families receiving services through one of the six participating programs completed a survey. 71.5% of all families receiving services from one of the six participating programs at the time of the survey (June, 2007) submitted survey responses. Further, all three program models were well represented. 44.5% of the survey respondents receive services through PAT, 36.5% through MIHOW, and 19% through Healthy Families America. Since all three program models are represented in the survey data and a high percentage (71.5%) of the families served are also represented, the results and conclusions are considered to be representative of the overall population served by the In-Home Family Education programs operating in the seven West Virginia counties.

The *PiCO Parent Survey* is designed to collect several types of data including:

- Socio-demographic characteristics that define the population being served through these programs,
- Data that defines “key indicators” related to the health and well being of the young children (prenatal to age five),
- The quality of the relationship between the home visitor and the parent, and
- The prevalence of attributes within the parent and young child that are known to strengthen families.

Socio-demographic factors and data related to “key indicators” can be compared to available data for the general population of similar age children in order to draw conclusions about the extent to which participation in one of the three program models improves child well being within the at-risk families served. Survey responses can also be analyzed to assess how well the In-Home Family Education programs build desired attributes within parents and young children participating in program activities and the quality of the relationship between the home visitor and the parent.

The *PiCO Parent Survey* contains fifteen statements related to the effectiveness of program offerings in engaging parents and ten statements related to the relationship between the parent and the home visitor. Parents respond to each statement using a five point Likert scale. Since the desired outcome is represented by choosing the response at the highest end of the scale, it is the percentage of responses at the highest end of the scale that is used to analyze the survey responses.⁵

The total of twenty-five statements included in the survey (fifteen participatory and ten relational) are also constructed to measure the prevalence of the five protective factors (or attributes) known

to enhance coping mechanisms and strengthen desired parenting skills. Five of the statements are related to each of the protective factors. Thus, parent responses can also be analyzed to determine if the protective factors are present and whether or not these attributes increase over time as families become more involved with the In-Home Family Education services.

The project was not designed as a formal research study; however, the data collected can be analyzed in a variety of ways to reach conclusions about the types of families served and the effectiveness of In-Home Family Education programs in achieving the primary outcomes identified.

Findings from the Survey Data

Characteristics of the Families Served Through In-Home Family Education Programs

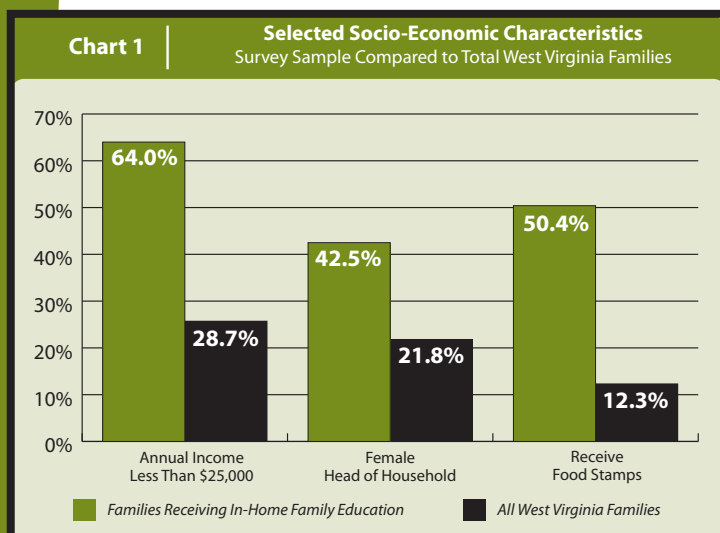
Information gathered from survey respondents provides a portrait of the types of families receiving In-Home Family Education services through the three research-based models. Almost all of the survey respondents are mothers or expectant mothers (98.4%). Survey respondents are also predominately white (92.4%) and relatively young (71.8% under the age of 30). 80.6% of the parents completing a survey have completed high school but only 12.2% have completed college.

64% of the families referred to and enrolled in the programs participating in the survey have annual household income under \$25,000 per year and two of every five families served (39.3%) have an annual household income under \$15,000. 42.5% of the families represented in the survey are headed by unmarried mothers. Only about one in ten of the families receive public assistance (TANF); however, over half (50.4%) receive Food Stamps and nearly three-quarters (73.2%) are enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

The socio-demographic characteristics of the parents described above reflect a group of families that are much more “at-risk” than the typical West Virginia family.⁶

Families represented in the survey have less household income, are more frequently headed by single women, and are more reliant on supplemental food programs than the average West Virginia family.

The survey data indicates that In-Home Family Education programs provide supportive services to mothers of young children and pregnant women. A high percentage of the families served through the six participating programs are recent or expectant parents – 62.5% of the mothers surveyed had given birth within the past year and an additional 20.7% were pregnant at the time of the survey. We can safely assume that over 80% of these families are caring for very young children (under age 2 yrs.). About half



of the survey respondents (48.1%) report no children in the household five years of age or older. One consequence of the presence of very young children in the home is that parents receiving In-Home Family Education services are less likely to be employed than are other parents in West Virginia. 55.1% of families with preschool age children (under 6 yrs. of age) in West Virginia have all parents in the workforce; however, this is true in only 37.6% of the families represented in the survey.

Findings Related to Program Effectiveness in Achieving Desired Outcomes

Survey data collected allows for some assessment of program effectiveness in reaching the primary family-related outcomes identified by the In-Home Family Education programs.

Improved Parenting Skills, Knowledge and Behavior

Several statements included in the survey directly relate to this expected outcome. Improved parenting skills, knowledge, and behavior can be assessed by looking at the responses of parents served by the programs over time. In order to assess the degree to which parents feel more confident in their parenting activities as a result of participation in an In-Home Family Education program, responses from parents participating in the program for less than six months (40 parents) were compared to the responses from parents who had participated in the program for more than one year (172 parents).

Five statements related to parenting skills, knowledge and behavior are listed in Table 1 below with the percentage of the two groups of parents who responded “definitely true” or “all of the time” to each of the statements.

Table 1	Program Participation	
	6 months or less Sample size = 40	1 year or longer Sample size = 172
Survey Statement		
As a result of my participation in the home visiting program, I feel I am better prepared to be a good parent.	57.9%	84.5%
Participating in this program has helped me better understand what my child needs from me.	70.3%	85.4%
My home visitor has helped me better understand how my child grows and develops	82.5%	94.1%
My home visitor has helped me discover new ways to help my child learn new skills.	75.8%	95.9%
My home visitor helps me recognize the good things I do as a parent.	82.4%	96.5%

For each of the statements related to improvement in parenting, the percentage of responses at the highest end of the scale is significantly higher for parents who have participated for one year or more.

Improved Health Status of Young Children

Data related to key indicators of health status in young children was collected through the survey and includes:

- Health insurance status
- Immunizations up to date
- Prenatal care during first trimester

In order to assess this outcome area, all children represented in the *PiCO Parent Survey* responses (total of 266 responses) are compared to similar statistics for all children in West Virginia across the three key indicators (variables) above. Table 2 summarizes the results of this comparative analysis.

Table 2		
Key Indicator	Children Receiving In-Home Family Education Services Sample size = 266	All Children in West Virginia
Percent With Health Insurance Coverage	100% ⁷	92.4% ⁸
Percent Up To Date With All Recommended Immunizations	97.2%	68.4% ⁹
Percent Mothers Receiving Prenatal Care During First Trimester of Pregnancy	98.2%	81.5% ¹⁰

Data collected through the *PiCO Parent Survey* is compared to the most recent available statewide percentages for each of the three key indicators considered (see end notes for sources of data). Families receiving In-Home Family Education services report significantly higher percentages of children with health insurance, children up to date with all recommended immunizations, and mothers receiving pre-natal care than is the case in the overall statewide population.

Improved School Readiness

Three statements included in the *PiCO Parent Survey* provide some indication of school readiness in children served. Parent responses at the highest end of the Likert scale to these statements tend to indicate young children are gaining in developmental and social skills. In order to assess the degree to which young children gain in developmental and social skills as a result of participation in an In-Home Family Education program, responses from parents participating in the program for less than one year (91 parents) were compared to the responses from parents who had participated in the program for more than one year (172 parents).

Table 3 summarizes the results of this comparison over time for the three statements that serve as indicators of school readiness. The percentage of the two groups of parents who responded “definitely true” or “all of the time” to each of the statements is listed in Table 3 for families receiving services less than one year and families receiving services more than one year.

Table 3	Program Participation	
	Less than 1 year Sample size = 91	1 year or longer Sample size = 172
Survey Statement		
Program activities seem to bring out the best in my child(ren).	59.5%	72.8%
My home visitor has helped me discover new ways to help my child learn new skills.	84.3%	95.9%
My home visitor supports me in my efforts to teach my child(ren).	88.8%	98.3%

Each of the three variables serving as indicators of school readiness is seen more positively by parents who have participated in an In-Home Family Education program for one year or more. Although these are indirect measures of school readiness, the observed change in perception of these variables by parents tends to indicate some increased levels of developmental and social skills in children served by the programs.¹¹

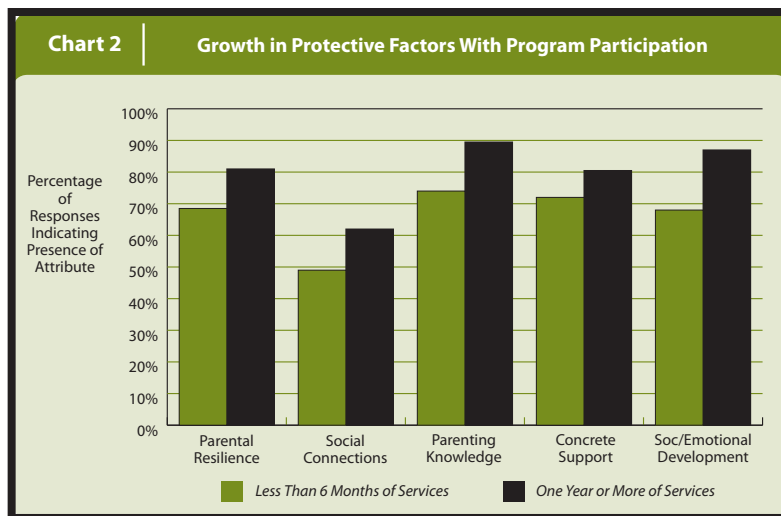
Reduced Child Maltreatment

Findings Related to Enhancing Protective Factors in Families

Many families referred to one of the three program models have some history of child abuse or neglect. In fact, a substantial number of referrals are made to these programs by the Child Protective Services (CPS) agency. Based on all survey responses (total of 266), 14.6% of the families responding to the survey have had some history of referral to CPS. It should be noted that a referral to child protective services does not indicate that abuse or neglect has been present in the household or that the household was investigated for abuse or neglect. Referral may indicate only that some supportive services appear to be needed.

The *PiCO Parent Survey* instrument was designed to measure parent response related to the acquisition of five attributes (protective factors) that better equip them to cope with parenting issues and stressors encountered by families with low levels of socio-economic resources. These five protective factors were listed earlier (see *Background and Introduction* section of report). By increasing these protective factors in families, In-Home Family Education programs build skills and abilities that mediate against child maltreatment and promote the competency of parents.

Analysis of survey responses to the twenty-five statements included in the *PiCO Parent Survey* is based on the percentage of responses at the highest level of agreement on the Likert scale. Five statements are associated with each protective factor. Therefore, the percentage of responses for each of the five questions at the highest end of the scale was averaged to obtain a “score” for that protective factor. For analysis of all survey responses this reflects 266 responses to five questions or a total of 1,330 responses related to each protective factor.



Survey responses support a finding that desired attributes are enhanced in parents through their participation in an In-Home Family Education program. In order to determine if the protective factors are enhanced as parents receive services over time, survey responses of parents who had been involved in a program for less than six months were compared to those that had been involved for a year or more. A response by the parent of “Definitely True” or “All of the Time” to the particular statements associated with the protective factor is the measure used as evidence of the presence of the desired attribute (protective factor) in that parent.

The average percentage of responses associated with each protective factor at the highest level of agreement for the response group receiving services for one year or more (N=172) is notably higher than the responses observed from the group who have received services for less than six months (N=40). This finding appears to indicate that the desired protective factors are enhanced during the time the parent participates in one of the three In-Home Family Education programs.

Social Connections is a protective factor that appears to be present at lower levels than the other four protective factors. This finding may indicate a need for In-Home Family Education programs to provide more program offerings that create opportunities for parents to interact with other program participants and/or community members.

Findings Related to Participatory and Relational Practices

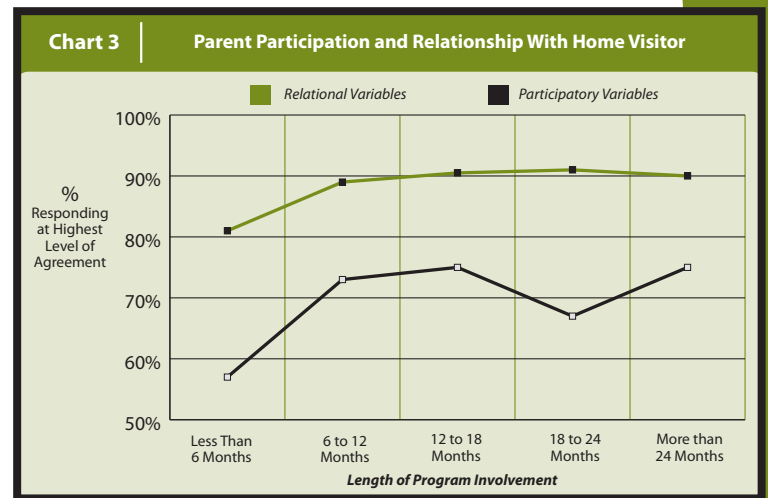
Effective participatory and relational practices by home visiting staff are extremely important in achieving desired outcomes with families.¹² Participatory practices include learning and using skills to achieve desired support. Relational practices include active listening, empathy, respect, and responsiveness to family concerns. The *PiCO Parent Survey* instrument was designed to assess how home visiting staff are perceived by parents in regard to such practices. Fifteen of the statements included in the survey are related to participatory practices and 10 are related to relational practices. When parent responses are analyzed based on the percentage of responses at the highest end of the Likert scale, home visiting staff are seen as effective in engaging parents in using their existing capacities to meet their needs (participatory involvement).

In-Home Family Education programs are also seen by the parents responding to the survey as effective in establishing supportive and helping relationships with families. Further, parents tend to increase their ability to use their skills as they participate in program activities over time.

Parents that have received services for less than 6 months indicate strong agreement with participatory variables in 56.2% of responses. For parents who have been involved for between 12 and 18 months this response increases to over 75%. Parent relationships also increase with the length of time the family receives services. Strong agreement with the relational variables increases from 81.5% in those families served for less than 6 months to 91.1% for families who have received services for 12 to 18 months.

Survey responses tend to indicate that parents make the most gains in learning and using new skills (participatory variables) during the first 18 months of services. Supportive relationships between the home visitor and parent also tend to develop most rapidly during the first 18 months of services. Survey responses for both participatory and relational factors appear to be maintained at a fairly stable level within families who have received services for more than 18 months.

Based on the responses from parents, a supportive and helping relationship is developed and maintained at a high level between the home visitor and parent. Learning and using new skills that the parent can rely on independently (the participatory practices) is also a result of the services provided by In-Home Family Education programs. Home visitors are somewhat less effective in skill building with parents than in establishing a supportive and helping relationship. This is true regardless of the length of time services are provided. Nevertheless, the learning and use of new skills by parents to achieve desired resources and other family outcomes appear to be quite significant and these skills increase with program involvement.



Conclusions

- In-Home Family Education programs participating in the *PiCO Parent Survey* data collection serve primarily high-risk, low income families with very young children present in the household.
- A high percentage of female headed households are served through these programs.
- Survey responses provide evidence that In-Home Family Education programs are effective in achieving the primary outcomes these programs are designed to address including:
 - Improved parent skills, knowledge, and behaviors,
 - Improved health status of young children,
 - Improved school readiness, and
 - Reduced child maltreatment.

- Home visitors working for In-Home Family Education programs are effective in working with families. Home visiting staff are seen by parents very positively in relation to both participatory (parent learning and using new skills) and relational (building supportive relationships with parents) factors.
- Acquisition of new skills and knowledge by parents increases as they receive In-Home Family Education services over time.
- Practices by the home visitor to support parents are enhanced as parents receive In-Home Family Education services over time.
- The greatest gains in support, knowledge and skills among parents take place during the first 18 months of service.
- All five attributes (protective factors) known to reduce the incidence of child maltreatment are enhanced in parents through services provided by In-Home Family Education programs.

This research was conducted by Steven Heasley, M.A.
Heasley Consulting Services

Survey tools, methodology, and the findings and conclusions reported from the survey data have been independently reviewed by professionals familiar with the subject matter including:

Nilofer Ahsan, Ph.D., Strengthening Families Initiative
Center for the Study of Social Policy
and
David Diehl, Ph.D., Assistant Professor
University of Florida.

Appendix A

Partners in Community Outreach Parent Survey



Partners in Community Outreach Parent Survey

Section 1. Program Information

1. Name of In-Home Family Education Program _____
2. This program is:
 - Healthy Families America
 - Maternal Infant Health Outreach Worker Program (MIHOW)
 - Parents As Teachers
3. Name of home visitor assigned to this parent: _____
4. Date survey is completed: _____

Section 2. Information About You and Your Family

Please tell us about yourself and your family. This basic information helps us know more about the parents we see in our programs.

1. What is your county of residence? _____
2. How many children under age five live in your household?
 - One
 - Two
 - Three
 - There are currently no children under age five years in my household
 - Other (please specify) _____
3. How many children age five years or older live in your household?
 - One
 - Two
 - Three
 - Four
 - There are currently no children five years or older in my household
 - Other (please specify) _____

4. Are You currently pregnant?

- Yes
- No

5. How many adults (age eighteen years or older) live in your household?

- One
- Two
- Three or more

6. What is your relationship to the child(ren) participating in our program?

- Parent
- Foster Parent
- Grandparent
- Other Relative
- Other (please specify) _____

7. What is your age?

- Under 18
- 18-21
- 22-30
- 31-40
- 41-50
- 51-60
- over 60

8. What is your gender?

- Female
- Male

9. How many years of school have you completed?

- Elementary School
- Middle School
- Some High School
- High School Graduate or GED
- Some College
- College Graduate
- Completed Graduate School

10. Are you currently a student?

- Yes
- No

11. Are you?

- Married
- Single-Never Married
- Separated
- Divorced
- Widowed
- Living with a Partner

12. What is your race or ethnicity?

- White
- African American
- Asian
- Latino
- American Indian
- Biracial/Multiracial
- Other (please specify) _____

13. Are you currently employed?

- No, I am not employed
- Yes, I am employed full time
- Yes, I am employed part time
- Yes, I am employed in seasonal work

14. If another adult lives in the household is he/she currently employed?

- There are no other adults in the household
- Another adult lives in the household but is not currently employed
- Yes, another adult is employed full time
- Yes, another adult is employed part time
- Yes, another adult is employed in seasonal work

15. What is your approximate annual household income?

(Include all income from work and from other sources such as child support, SSI, TANF, etc.)

- Less than \$10,000
- \$10,001 to \$15,000
- \$15,001 to \$20,000
- \$20,001 to \$25,000
- \$25,001 to \$30,000
- \$30,001 to \$35,000
- \$35,001 to \$40,000
- \$40,001 to \$45,000
- \$45,001 to \$50,000
- Over \$50,000

16. Do you have health insurance coverage for yourself?

- Yes
- No

17. Are your children currently covered by some type of health insurance?

- My children are enrolled in Medicaid or CHIP
- My children are covered through an employer based plan
- My children are covered through insurance I purchase - not through my employer
- None of my children have any type of health insurance coverage

18. Do any of your children have a developmental delay or disability?

- Yes
- No

19. Are your children up to date with all recommended immunizations against childhood diseases?

- Yes
- No
- Not sure

20. Has your household ever been referred to Child Protective Services due to a complaint about child abuse or neglect?

- Yes
- No

21. Since participating in your In-Home Family Education program, has anyone in your household been referred to Child Protective Services?

- Yes
- No

22. What programs or outside sources of income currently assist you and your family? (Check all that apply)

- Temporary Assistance for Needy Families (TANF)/West Virginia Works
- Food Stamps
- WIC
- SSI
- Unemployment Compensation
- Child Support
- Assistance in paying utility bills (LIEAP)
- My family and I do not receive services from any of the above listed programs
- Other (please specify) _____

23. Has anyone in your household given birth to a new baby since you began participating in your In-Home Family Education program?

- Yes
- No

Section 3. Information About Newborns in the Household

These questions are only for those families that have had one or more children born since participating in the In-Home Family Education program.

1. During the most recent pregnancy, did the mother see a health care professional for prenatal care during the first three months of the pregnancy?

- Yes
- No

2. Has anyone in the household given birth to a baby born at low birth weight (less than 5.5 pounds) since you have been participating in your In-Home Family Education program?

- Yes
- No

Section 4. Program Participation

These questions let us know how often you and/or your child(ren) participate in your home visiting program activities.

1. How long has your family been involved in our home visiting program?
 - Less than 3 months
 - 3 to 6 months
 - 6 months to 12 months
 - 12 months to 18 months
 - 18 months to 24 months
 - More than 24 months

2. How many times has a home visitor met with you in your home?
 - Never
 - 1 to 5 times
 - 6 to 10 times
 - 11 to 20 times
 - More than 20 times

3. How often do you attend home visiting program activities outside your home with other parents and children?
 - I have not yet attended any program activities outside my home
 - I attend program activities outside my home at least once a week
 - I usually attend about one activity each month
 - I attend an activity about once every three months
 - I attend a program activity outside my home less than once every three months

Section 5. Experiences With the Program

Please tell us about your experiences in our home visiting program.

Choose the response for each statement that best reflects your experience in the program so far. If the statement is about your child(ren) and you do not yet have any children (first pregnancy) you may just skip that statement.

1. In the past month I have asked my home visitor for suggestions about how to handle a specific concern I have about my child or pregnancy.
 - Definitely not true
 - Mostly not true
 - Not sure
 - Somewhat true
 - Definitely true

2. I have made new friends with other parents I have met through program activities.
 - Definitely not true
 - Mostly not true
 - Not sure
 - Somewhat true
 - Definitely true

3. Participating in the program has helped me to enjoy being with my children more.
 - Definitely not true
 - Mostly not true
 - Not sure
 - Somewhat true
 - Definitely true

4. My home visitor has helped me sign up for other services in the community that help my family.
 - Definitely not true
 - Mostly not true
 - Not sure
 - Somewhat true
 - Definitely true

5. Program activities seem to bring out the best in my child(ren).
 - Definitely not true
 - Mostly not true
 - Not sure
 - Somewhat true
 - Definitely true

6. As a result of my participation in the home visiting program I feel like I am better prepared to be a good parent.
 - Definitely not true
 - Mostly not true
 - Not sure
 - Somewhat true
 - Definitely true

7. Through this program I have shared my thoughts and experiences with other parents and home visiting staff.
 - Definitely not true
 - Mostly not true
 - Not sure
 - Somewhat true
 - Definitely true

8. Participating in the program has helped me better understand what my child needs from me.
 - Definitely not true
 - Mostly not true
 - Not sure
 - Somewhat true
 - Definitely true

9. My home visitor has helped me deal with a family emergency or a personal problem.
 - Definitely not true
 - Mostly not true
 - Not sure
 - Somewhat true
 - Definitely true

10. My child(ren) seems to be happier since we have been participating in the program.

- Definitely not true
- Mostly not true
- Not sure
- Somewhat true
- Definitely true

11. When I participate in the home visiting program activities outside my home I always feel welcome.

- Definitely not true
- Mostly not true
- Not sure
- Somewhat true
- Definitely true

12. Since I have been involved with this program I feel like I am more a part of my local community.

- Definitely not true
- Mostly not true
- Not sure
- Somewhat true
- Definitely true

13. My home visitor has helped me better understand how my child grows and develops.

- Definitely not true
- Mostly not true
- Not sure
- Somewhat true
- Definitely true

14. If I had a personal problem my home visitor would link me to an appropriate resource to meet my need.

- Definitely not true
- Mostly not true
- Not sure
- Somewhat true
- Definitely true

15. My home visitor has helped me discover new ways to help my child(ren) learn new skills.

- Definitely not true
- Mostly not true
- Not sure
- Somewhat true
- Definitely true

Section 6. Experiences With Program Staff

Please tell us about your experience thus far with your home visitor. Choose the response that best describes your experience related to each statement.

1. My home visitor really listens to my concerns or requests.
 - Has Never Done
 - Has Done Once or Twice
 - Does Some of the Time
 - Does Most of the Time
 - Does All of the Time

2. My home visitor encourages me and my child(ren) to meet other parents and their child(ren).
 - Has Never Done
 - Has Done Once or Twice
 - Does Some of the Time
 - Does Most of the Time
 - Does All of the Time

3. My home visitor provides me with information I need to make good choices.
 - Has Never Done
 - Has Done Once or Twice
 - Does Some of the Time
 - Does Most of the Time
 - Does All of the Time

4. My home visitor helps me get the resources and support I need to provide for my family.
 - Has Never Done
 - Has Done Once or Twice
 - Does Some of the Time
 - Does Most of the Time
 - Does All of the Time

5. My home visitor supports me in my efforts to teach my child(ren).
 - Has Never Done
 - Has Done Once or Twice
 - Does Some of the Time
 - Does Most of the Time
 - Does All of the Time

6. My home visitor helps me recognize the good things I do as a parent.
 - Has Never Done
 - Has Done Once or Twice
 - Does Some of the Time
 - Does Most of the Time
 - Does All of the Time

7. My home visitor helps me learn about things in the community I may be interested in.

- Has Never Done
- Has Done Once or Twice
- Does Some of the Time
- Does Most of the Time
- Does All of the Time

8. My home visitor responds to my needs for advice or assistance.

- Has Never Done
- Has Done Once or Twice
- Does Some of the Time
- Does Most of the Time
- Does All of the Time

9. My home visitor understands my family's situation.

- Has Never Done
- Has Done Once or Twice
- Does Some of the Time
- Does Most of the Time
- Does All of the Time

10. My home visitor sees my child in a positive, healthy way.

- Has Never Done
- Has Done Once or Twice
- Does Some of the Time
- Does Most of the Time
- Does All of the Time

Thank you very much for completing this survey.

Your assistance is greatly appreciated!

Appendix B

Instructions for Completing the Parent Survey

Instructions for Completing a Paper Survey

The survey should be hand delivered or mailed to the primary parental figure in the home who is most involved with the home visitor and program activities. This will most often be the mother but could be the father, a grandparent, or another household member.

Surveys should be mailed or delivered with a stamped, addressed envelope to return the survey to your office. When a completed survey is returned, someone at your program office should enter the data from the survey on-line by going to the following web address:

<http://www.surveymonkey.com/s.asp?u=885413355133>

Each completed survey should be entered only once.

The following instructions should be included with a paper copy of the survey.

“We would like you to answer some questions and give us your opinion based on statements about your experience with our in home family education (home visiting) program. The enclosed survey will help us to improve the services we provide and also give us information we need to provide to members of the legislature, the Governor and other state officials to let them know how In-Home Family Education programs such as *the name of your program* help families with young children in West Virginia.

The survey is anonymous and confidential. There is no place on the survey where you will be asked your name, address, or other identifiable information. Your responses will be combined with the responses of other families we see in our program. There are questions about your family and services you receive so we can better describe the types of families we see through our program but the information about any particular family will not be identifiable. We will use the responses to the survey from all the families we serve to help us improve our program.

Please answer each question as honestly as you can. The survey will not be used to make judgments about your home visitor or to evaluate how well your home visitor does their job. We will be using the information from the survey to identify how we can better support your family through our program. Your answer to each question and your honest opinion about each statement in the survey will help us do that.

The survey should take you about 30 minutes or less to complete. Please place your completed survey in the stamped, addressed envelope and mail it back to us prior to date when all surveys are to be returned. Thank you for helping us to improve the services we provide.”

Instructions for Completing the Survey - Face to Face Interview

The survey should be completed with the primary parental figure in the home who is most involved with the home visitor and program activities. This will most often be the mother but could be the father, a grandparent, or another household member.

The home visitor or another program staff person should read each question to the parent and record the response to each question or statement. Responses can be recorded using a paper survey and then entered on line at the office or another location where internet access is available.

The following instructions should be read to the parent prior to completing the survey.

“We would like you to answer some questions and give us your opinion based on statements about your experience with our in home family education (home visiting) program. The survey will help us to improve the services we provide and also give us information we need to provide to members of the legislature, the Governor and other state officials to let them know how In-Home Family Education programs such as the name of your program help families with young children in West Virginia.

The survey is confidential. There is no place on the survey where you will be asked your name, address, or other identifiable information. Your responses will be combined with the responses of other families we see in our program. There are questions about your family and services you receive so we can better describe the types of families we see through our program but the information about any particular family will not be identifiable. We will use the responses to the survey from all the families we serve to help us improve our program.

Please answer each question as honestly as you can. The survey will not be used to make judgments about your home visitor or to evaluate how well your home visitor does their job. We will be using the information from the survey to identify how we might better support the families we see. Your honest opinions about each statement in the survey will help us do that.

OK, do you have any questions?

I will read the survey questions and record your answers so we can enter your responses into the larger database with other parents we see when I get back to the office. We should be able to complete the survey in about 30 minutes or less.”

¹ Parents As Teachers research evidence may be found at: <http://www.parentsasteachers.org/site/pp.asp?c=ekIRLcMZJxE&b=1511141>

Healthy Families America research evidence may be found at:

<http://www.healthyfamiliesamerica.org/research/index.shtml>

Maternal and Infant Health Outreach Workers research evidence may be found at:

<http://www.mihow.org/effectiveness.html>

² Trivette, C. & Dunst, C., Parent Ability Scale: A Tool to Determine Our Effectiveness, Orelena Hawks Puckett Institute, 2002

³ Protective Factors Literature Review - Early Care and Education Programs and the Prevention of Child Abuse and Neglect; Center for the Study of Social Policy, http://www.cssp.org/doris_duke/evidence.html

⁴ The seven West Virginia counties served by the participating programs are: Cabell, Clay, Fayette, Greenbrier, Mingo, Summers, and Wayne.

⁵ For statements related to participation in program offerings, the Likert scale ranges from “Definitely not true” to “Definitely True”. For questions related to the relationship between the home visitor and the parent the scale ranges from “Has never done” to “Does all the time”. It is the percentage of responses that are: “Definitely true” and “Does all the time” that is used as the measure of desired participation and relationship.

⁶ Statistics cited for West Virginia are from the 2006 American Communities Survey conducted by the US Bureau of the Census.

⁷ Data reflects all children (under age 18 years) in families participating in the PiCOPS survey during June, 2007.

⁸ 2003 survey results -West Virginia University Institute for Health Policy Research. Data reflects those children insured at the time of the survey (point in time).

⁹ Data from the 2006 U.S. National Immunization Survey - Centers for Disease Control and Prevention. Data is for children 19 to 35 months of age.

¹⁰ West Virginia Vital Statistics 2005 Annual Report, WV Bureau for Public Health.

¹¹ More direct measures of school readiness could be obtained if children in families receiving In-Home Family Education services could be monitored over time as they enter the public school system; however, such a longitudinal study is beyond the scope of the data collected through the current survey.

¹² *Measuring and Evaluating Family Support Program Quality*, Dunst, C. J. & Trivette, C. M.



For more information, contact:

**Laurie McKeown, Executive Director
TEAM for West Virginia Children**

**P.O. Box 1653
Huntington, WV 25717**

(304) 523-9587, ext. 308

www.wvpartners.org