



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

**Results and Analysis of Parent Survey Data
*PICOPS Version 2***

Abstract

Findings and conclusions are presented from a survey of parents receiving in-home family education services from eleven programs operating in fourteen counties throughout 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 396 parents or caregivers completed the survey representing 56.9% of all families receiving services through the eleven 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 supports findings that include:

- In-home family education programs are effective in achieving outcomes related to improved health and well-being of young children residing in families served.*
- 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.*
- Parents receiving in-home family education services increase their ability to meet their own needs and tend to rely less on the home visitor as they participate in the program over time.*
- Protective factors known to reduce the incidence of child maltreatment appear to be increased in parents through the services provided by the in-home family education programs.*
- Participation in program activities outside the home appears to have a significant positive impact on acquisition of the Social Connections protective factor.*

Background and Introduction

Partners In Community Outreach (PiCO) is a coalition of research-based, in-home family education programs operating in West Virginia that offers support and training to participating programs in order to increase the overall quality of the programs and services provided. 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 approach and program offerings within 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.

A parent survey was designed and administered in 2007 to gather information across the three program models related to the characteristics of the population being served and the quality and effectiveness of the programs. The on-line survey instrument was designed to measure growth in skills and abilities in parents completing the survey and to provide feedback to home visiting staff that will improve their ability to achieve desired outcomes with the families they serve. The 2007 survey instrument was designated “Partners in Community Outreach Parent Survey” or “*PiCOPS*”. Survey data collected in 2007 was analyzed and a report on survey results and conclusions was developed from the data in September of 2007. The 2007 data was collected from six different family education programs serving seven counties in southern West Virginia.

The *PiCOPS 2nd Edition* was administered within eleven family education programs during June, July, and August of 2008. The *PiCOPS 2nd Edition* is essentially the same survey that was administered in 2007 with some minor changes in the wording of survey statements based on feedback received from parents who completed the first version of the *PiCOPS* survey. The variable being measured by each statement within the *PiCOPS 2nd Edition* remains the same; thus, the 2008 survey responses can be compared to the 2007 responses across the key variables measured by the survey. Since only six of the eleven programs reflected in the 2008 survey data participated in the 2007 survey, a separate report will be prepared comparing survey results in June of 2007 with the data collected during the summer of 2008 within those six programs.

The *PiCOPS 2nd Edition* provides information about participatory and relational practices within the participating programs. These participatory and relational practices have been shown through research to significantly increase positive outcomes in families and promote child development.² Practices measured tend to build strengths and self-reliance within families, and also build positive and trusting relationships between parents and home visiting staff. Twenty five statements are used to measure the participatory and relational factors. The survey focuses on the level of self-efficacy present in parents as a result of program participation and

on parent experiences with home visiting staff. Fifteen statements relate to parent self-efficacy through program participation, and ten statements relate to the parent's perception of the helping relationship with staff.

The parent survey is also designed to measure the prevalence of five “protective factors” that have been linked to strong families. Five of the survey statements are designed to provide information about the level of each of the five protective factors known to mediate 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 in seven states by the Center for the Study of Social Policy (CSSP). The meta-analysis of the research findings conducted by the CSSP 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 protective 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 services; and
- **healthy social and emotional development** in young children.

Methodology

The *PiCOPS 2nd Edition* was administered to families actively enrolled in eleven different in-home family education programs serving fourteen counties throughout West Virginia.⁴ Seven of these programs were Parents As Teachers (PAT) programs, three were Maternal & Infant Health Outreach Worker (MIHOW) programs, and one was a Healthy Families America program. A total of 396 surveys were completed by parents receiving services through these eleven programs. Most of the families served during the summer of 2008 submitted one completed survey although a relatively small number of families completed two surveys (both parents or caregivers submitted a survey). Less than 6% of families submitted more than one survey.

Surveys were completed by a primary parent or caregiver. Surveys were completed by the parent or caregiver either on-line or on paper. Surveys completed on paper were entered into the on-line database 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 – on-line completion by the parent

and completion of a paper survey by the parent. All surveys were completed using one of these two methods. Most parents were given a paper copy of the survey to complete and return to the program office. 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 A.

56.9% of all families receiving services from one of the eleven participating programs at the time of the survey (June, July, and August of 2008) submitted a completed survey. 52.3% of the survey respondents receive services through PAT, 41.9% through MIHOW, and 5.8% through Healthy Families America. These percentages generally reflect the degree to which each of the program models is available within West Virginia. PAT is the most prevalent model followed by MIHOW. There is only one Healthy Families America program operating in the state. Since all three program models are proportionally represented in the survey data and nearly 60% of all families served by the eleven programs are represented in the survey responses, the results and conclusions are considered to be reasonably representative of the overall population served by the in-home family education programs operating in West Virginia counties.

The *PiCOPS 2nd Edition* is designed to collect several types of data including:

- Socio-demographic characteristics that define the population being served through the family education programs,
- Data that defines “key indicators” of the health and well-being of the young children (prenatal to age five) served by the programs,
- Self-efficacy of the parent as a result of program participation,
- The quality of the relationship between the home visitor and the parent, and
- The prevalence of attributes (protective factors) 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 *PiCOPS 2nd Edition* 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.

Findings from the Survey Data

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

Information about families receiving in-home family education services was collected through the survey that allows us to define the socio-demographic characteristics of families served through these programs and compare these characteristics to the general statewide population. Most respondents are female (mothers or expectant mothers) - female respondents make up 92.3% of the total. Survey respondents are also predominately White (93.1%) and relatively young (65.8% under the age of 30). Nearly 20% (19.2%) of the adults completing a survey have less than a high school education while 11.0% have completed college.

Low income families are served by the in-home family education programs. Two-thirds (66.1%) of the families referred to and enrolled in the programs participating in the survey have annual household income under \$25,000 per year and nearly two of every five families served (36.8%) have an annual household income under \$15,000. Less than one in five households served have annual incomes over \$35,000.

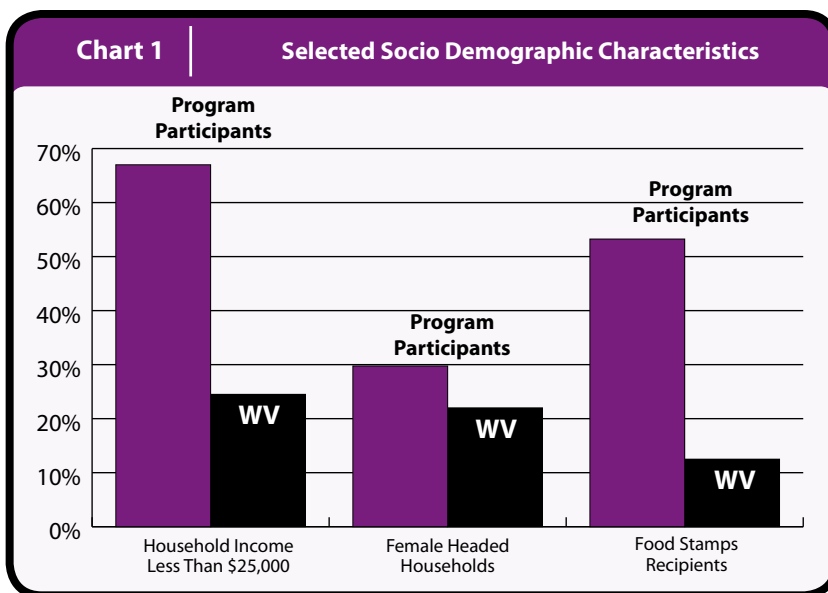
60.7% of the survey respondents are married and 19.4% are single parents who have never been married. Only about one in ten of the families receive public assistance (TANF); however, over half (53.1%) receive Food Stamps and nearly three-quarters (73.8%) are enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

The in-home family education programs serve families who 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 is the case for most West Virginia families. See Chart 1.

Chart 1

Selected Socio Demographic Characteristics



The 2008 survey data includes fewer respondents who have had a birth in the household during the past year than was the case in 2007. Nearly 30% (29.2%) of the households responding in 2008 report the birth of a child during the past year - in 2007 twice as many households (62.5%) reported a new birth within the year prior to completing the survey. The 2008 data also reflects fewer persons who were pregnant at the time of the survey. This survey includes responses from 47 pregnant women (12% of the respondents). In 2007, more than one in every five respondents was pregnant (20.7% of the total respondents). The lower percentage of pregnant women reflected in the 2008 data may be due to the different mix of programs participating in the 2008 survey. The 2008 data reflects fewer families enrolled in *Healthy Families America* and more families enrolled in *Parents As Teachers*. In any case, families enrolled in these programs have young children in the household. 93.4% of the respondents report at least one child in the household under age 5 years and an additional 5% of the remaining respondents were pregnant at the time of the survey.

Parents receiving in-home family education services are often not employed. 60.1% of respondents were unemployed at the time of the survey. 17% of the respondents represent households where there are no employed adults.

Findings Related to Program Effectiveness in Achieving Desired Outcomes

In-home family education programs are designed to achieve four primary outcomes for the families served. These outcomes are:

- **Improved Parenting Skills, Knowledge and Behavior**
- **Improved Health Status of Young Children**
- **Improved School Readiness**
- **Reduced Child Maltreatment**

Survey data collected provides a measure of program effectiveness in reaching these primary family-related outcomes across all eleven participating programs.

Improved Parenting Skills, Knowledge and Behavior

Several specific statements included in the survey can be used to measure progress toward this expected outcome through program participation. 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 (65 parents) were compared to the responses from parents who had participated in the program for more than one year (243 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 Survey Statement	Program Participants	
	6 months or less Sample size = 65	1 year or longer Sample size = 243
	% Responding “Definitely True” or “All of the Time”	
As a result of my participation in the home visiting program, I feel I am better prepared to be a good parent.	62.5%	82.2%
Participating in this program has helped me better understand what my child needs from me.	64.5%	83.5%
Participating in this program has helped me enjoy being with my children.	62.3%	87.2%
I understand more about how my child grows and develops since I have been seeing my home visitor.	77.8%	88.4%
I have discovered new ways to help my child learn new skills since I have been seeing my home visitor.	78.3%	90.5%

For each of the statements related to improvement in parenting skills, knowledge, and behavior, the percentage of responses at the highest end of the scale is significantly higher for parents who have participated in program activities for one year or more as contrasted to those parents that have been participating for less than six months. These findings indicate parents have acquired additional parenting skills and feel better about their parenting as a result of program participation over time.

Improved Health Status of Young Children

Three key indicators of health status in young children were collected through the survey.

These indicators are:

- Health insurance status
- All recommended immunizations are up-to-date
- Prenatal care during the first trimester

In order to assess this outcome area, children residing in households represented in the *PiCOPS 2nd Edition* responses (total of 396 responses) are compared to similar statistics for children in West Virginia across the three key indicators (variables) listed above. Table 2 summarizes the results of this comparative analysis.

Key Indicator	Children in Households Receiving In-Home Family Education Services	All Children in West Virginia
Percent with health insurance coverage	99.0% ⁷	92.4% ⁸
Percent up-to-date with all recommended immunizations	97.9%	68.4% ⁹
Percent mothers receiving early pre-natal care during the first trimester of pregnancy	88.5%	81.5% ¹⁰

Data collected through the *PiCOPS 2nd Edition* 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

Four statements included in the *PiCOPS* provide some indication of school readiness in children served. Parent responses to these statements at the highest end of the Likert scale 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 six months (65 parents) were compared to the responses from parents who had participated in the program for more than one year (243 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.

Survey Statement	Program Participants	
	6 months or less Sample size = 65	1 year or longer Sample size = 243
	% Responding “Definitely True” or “All of the Time”	
Program activities seem to bring out the best in my child(ren).	49.2%	72.1%
I have discovered new ways to help my child(ren) learn new skills since I have been seeing my home visitor.	78.3%	90.5%
My home visitor supports me in my efforts to teach my child(ren).	88.1%	95.8%
My child(ren) seems to enjoy participating in program activities.	64.9%	88.0%

Each of the four 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 increasing levels of developmental and social skills in children served by the programs as they participate in program activities over time.¹¹

Reduced Child Maltreatment

Many families referred to one of the three program models have some history of child abuse or neglect. A number of referrals are made to these programs by the Child Protective Services (CPS) agency. Based on all survey responses (total of 396), 16.7% of the respondents reported some history of referral to CPS. When asked if anyone in the household had been referred to the Child Protective Services agency since participating in an in-home family education program, 9.0% of the respondents reported such a referral.¹² Thus, referrals to child protective services declined by 7.7% among this population after they started participating in an in-home family education program.

Findings Related to Enhancing Protective Factors in Families:

The *PiCOPS 2nd Edition* instrument was designed to measure parent response related to the acquisition of five attributes (protective factors) that better equip them to cope with parenting

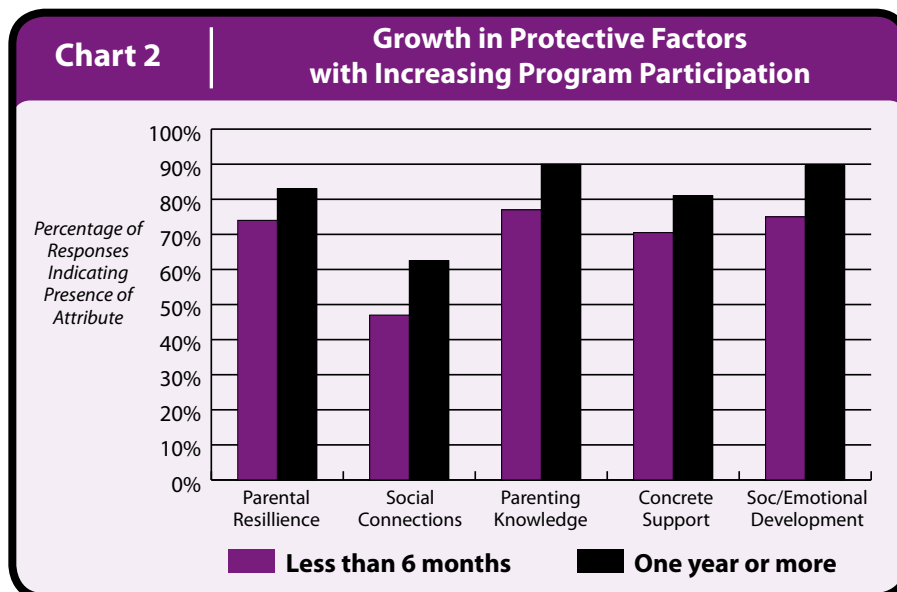
issues and stressors encountered by families with low levels of socio-economic resources. These five protective factors were listed earlier (see *Background and Introduction* section of report). By increasing these protective factors in families, in-home family education programs build skills and abilities that mediate against child maltreatment and promote the competency of parents.

Analysis of survey responses to the twenty-five statements included in the *PiCOPS* 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 396 responses to five questions or a total of 1,980 total responses related to each protective factor.

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.

Survey responses support a finding that desired attributes are enhanced in parents through participation in an in-home family education program.



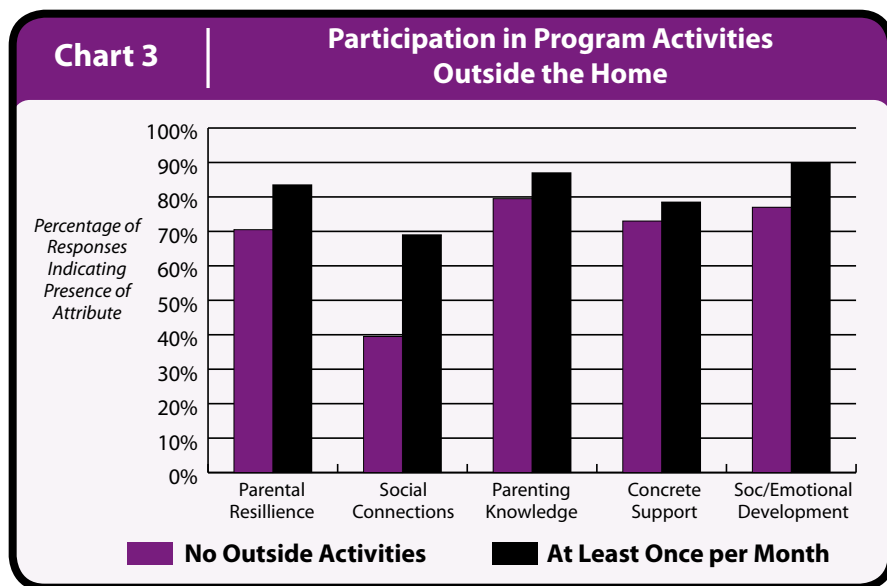
The average percentage of responses associated with each protective factor at the highest level of agreement for the response group receiving services for one year or more (N=243) is notably higher than the responses observed from the group who have received services for less than six months

(N=65). See Chart 2. 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 for both comparison groups. Although the social connections protective factor tends to increase among those parents that have participated in an in-home family education program for a longer period of time, the level of social connections is consistently lower than the level of the other four desired 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 the larger community.

When survey results for all those respondents who have participated in some program activity outside the home at least once each month (total of 134 respondents) are compared to the results for those that have not participated in any activities outside the home (total of 124 respondents) the percentage of desired responses related to the social connections protective factor increased by 29.2 percentage points. Survey results also indicate that other desired protective factors are strengthened when parents participate in activities outside the home. See Chart 3.

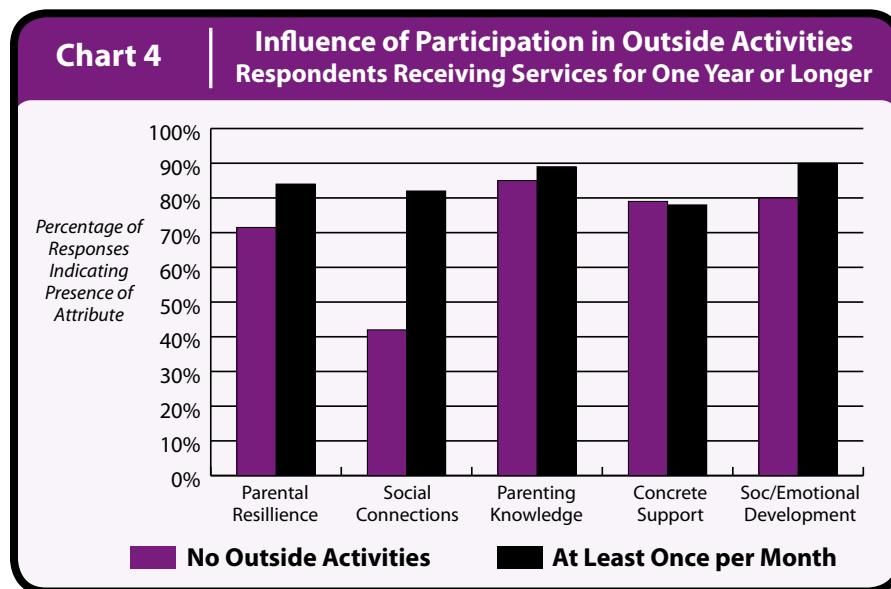


Some of the observed effect related to participation in activities outside the home may be due to the length of service. A somewhat higher percentage of respondents who report participating in program activities outside the home have received services for one year or more (64.3% vs. 46.8%).

As was previously stated, the level of protective factors does tend to increase as the length of program participation increases. In order to explore this question more closely, participation in

program activities outside the home was examined only for those respondents who had received services for one year or longer.

When the effect of participating in outside activities was limited to those respondents who have received services for one year or more, the percentage of responses indicating acquisition of the social connections protective factor was still 29.3 percentage points higher when there is participation in program activities outside the home. *See Chart 4.*



Thus, the length of program participation does not account for the increase in protective factors observed in those parents that participate in activities outside the home. The survey data indicates that both variables – (1) length of program participation and (2) program activities outside the home – are important in increasing protective factors in the population served by the in-home family education programs.

Findings Related to Participatory and Relational Practices

Effective participatory and relational practices exhibited by parents and home visiting staff are extremely important in achieving desired outcomes with families.¹³ Participatory practices include those related to parental learning and using skills to achieve desired support. Relational practices include active listening, empathy, respect, and responsiveness to family concerns by staff. The *PiCOPS 2nd Edition* survey instrument was designed to assess how well parents can achieve desired effects for themselves through participation in the program (self-efficacy), and also the degree to which the relationship with home visiting staff is perceived by parents as helpful and supportive. Fifteen of the statements included in the survey are indicators of participatory practices and 10 are indicators of relational practices.

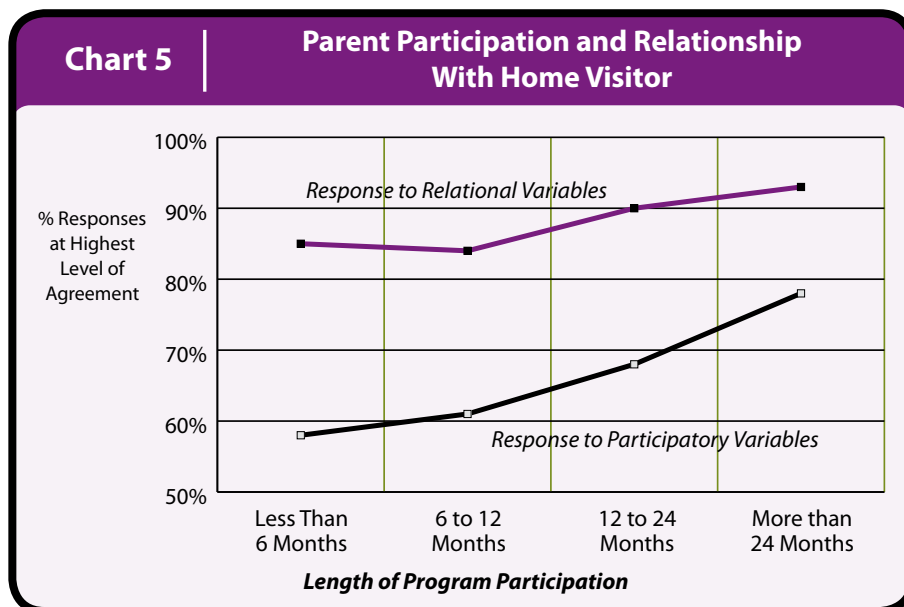
When parent responses are analyzed based on the percentage of responses at the highest end of the Likert scale, home visiting staff appear to be effective in engaging parents in using their existing capacities to meet their needs (participatory involvement). In-home family education programs are also seen by the parents responding to the survey as effective in establishing supportive and helping relationships with families.

Survey respondents generally tend to see the help and support they receive through the relationship with the home visitor more positively than they see their own abilities. Parents do, however, appear to become somewhat less reliant on the home visitor and survey responses indicate they increase their ability to use their own skills to meet their needs 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 57.0% of responses. For parents who have been involved for at least 12 months but less than 24 months this response increases to over 67.6%. The strength of the relationship with the home visitors also increases with the length of time the family receives services. Strong agreement with the relational variables increases from 85.3% in those families served for less than 6 months to 90.4% for families who have received services for 12 to 24 months.

Survey responses indicate that parents make consistent and steady gains in learning and using new skills (participatory variables) as they participate in program offerings over time. There appears to be a direct relationship between length of service and increased self-efficacy among service recipients.

The supportive relationships between the home visitor and parent (measured by relational variables) tend to develop most rapidly between one and two years of service. Although strong



agreement with the statements associated with the relational variables continue to increase after two years of service, survey responses appear to indicate that the relationship with the home visitor becomes somewhat less important as the parent gains skills and abilities to meet their own needs. For respondents who have received services for less than six months, strong agreement with relational variables is nearly 30 percentage points higher (28.3) than strong agreement with the participatory variables indicating high reliance on the home visitor. This gap is significantly reduced for those respondents who have received services more than two years to 16.9 percentage points. These findings appear to indicate that parents become somewhat less dependent on the home visitor to do for them and somewhat more confident in their own abilities to do for themselves as they participate in the family education program over time.

Survey responses support a finding that a supportive and helping relationship is developed and maintained at a high level between the home visitor and parent. Survey responses also indicate home visitors are generally less effective in skill building with parents than they are in establishing a supportive and helping relationship with parents. This is true regardless of the length of time services are provided. Nevertheless, the acquisition and use of new skills by parents to achieve desired outcomes with their young children and secure needed resources for their families appear to be significant and these skills and abilities tend to increase with program involvement.

Conclusions From the 2008 Survey Data

- In-home family education programs participating in the *PiCOPS 2nd Edition* data collection serve primarily high-risk, low income families with 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 moving families toward 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 are generally seen by parents positively and parents tend to value the relationship with their home visitor.
- Acquisition and use of new skills and knowledge by parents steadily increases as they participate in program offerings over time.
- 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.
- The Social Connections protective factor is notably strengthened through participation in program activities outside the home.

This report was developed from the analysis of the PICOPS 2nd Edition by:
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Appendix A

Instructions for Completing a Paper Survey

Paper copies of the survey can be reproduced by printing the PDF version of the survey provided and then making as many copies as you need. 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. Additional copies of the survey can be provided to the family if more than one adult in the home participates in the program and more than one person wishes to complete a survey.

Surveys should be mailed or delivered with a stamped, self-addressed envelope to return the survey to your office. The home visitor should encourage the parent to complete the survey and return it to your program office in the stamped and addressed envelope provided. The home visitor should not assist the parent in completing the survey. If the parent needs assistance due to a low reading level or other reason, it is OK if a family member or friend helps them.

When a completed survey is returned, someone at your program office will need to enter the data from the survey on-line by going to the following web address:

http://www.surveymonkey.com/s.aspx?sm=JC90fQLIWm6LW58euZ5q0w_3d_3d

Only surveys that are entered on-line will be included in the analysis; therefore it is important that each program make arrangements to enter paper surveys they receive through the above web link.

Each completed survey should be entered only once.

The following instructions should be included with a paper copy of the survey. You may want to cut and paste these instructions into your own message or cover letter that you provide with any paper surveys.

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 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 as soon as possible. Thank you for helping us to improve the services we provide.

Instructions for Completing the Survey On-Line

The survey should be completed by 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.

Additional surveys may also be completed by other adults in the home who have participated in program activities. Thus, more than one survey may be submitted from each family if appropriate.

The program should provide the following instructions. The instructions below should be provided by e-mail if the respondent uses e-mail and has an e-mail address or in writing if the respondent does not have an e-mail address. Program staff should also discuss the instructions with each person completing the survey during a home visit or by phone to encourage them to complete the survey.

“We would like you to complete a survey that you can access through the Internet. 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 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. 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 there is no way to tell which particular family is described by any specific survey. 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.

To complete the survey you will need to have access to the Internet. You can complete the survey from any computer that is connected to the Internet. If you have a home computer with Internet access you may complete the survey at home or you may use a computer at our office, a local library, or some other location. Please complete the survey only one time.

To access the survey click on this link or cut and paste the following link into the internet browser:

http://www.surveymonkey.com/s.aspx?sm=JC90fQLlWm6LW58euZ5q0w_3d_3d

Just follow the survey instructions and click on “Next” when you complete each section. At the end of the survey you will click on “Done” and your survey responses will be submitted.

It will probably take you about half an hour or less to complete the survey.

That’s it - Thank You for your help!

End Notes

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 fourteen West Virginia counties served by the participating programs are: Braxton, Cabell, Clay, Fayette, Greenbrier, Hancock, Kanawha, Marshall, Mingo, Monongalia, Ohio, Pocahontas, 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 2007 American Communities Survey conducted by the US Bureau of the Census.

⁷ Data reflects children (under age 18 years) in families participating in the *PiCOPS 2nd Edition* survey during June, July, and August of 2008.

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 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.

¹³ *Measuring and Evaluating Family Support Program Quality*, Dunst, C. J. & Trivette, C. M.



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