



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

## **Start-Up Guide**

**October, 2009**



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# Introduction

## **What is In-Home Family Education?**

In-Home Family Education is a powerful, proactive strategy to reduce adverse childhood experiences. Programs in West Virginia use community and strength-based program models with evidence of effectiveness. These programs build “protective factors” which enable families to deal more successfully with whatever challenges arise. Protective factors are the safeguards (health screenings or parent education, for instance) that help families avoid or cope with negative experiences that could otherwise lead to poor outcomes for their children (such as medical problems or failing grades). Research has shown the following protective factors are linked to a lower incidence of child abuse and neglect and more positive child outcomes:

- Nurturing and attachment
- Knowledge of parenting and of child and youth development
- Parental resilience
- Social connections
- Concrete supports for parents<sup>1</sup>

In West Virginia, there are currently three program models providing services in local communities: Healthy Families America, Maternal Infant Health Outreach Worker Program (MIHOW), and Parents As Teachers. More detailed information on the specific models can be found in Appendix A.

## **What do In-Home Family Educators do?**

In-Home Family Educators provide voluntary parenting education and support to pregnant women and parents with young children in their homes. They help parents understand their role as their child’s first and most important teacher. They provide information and support in such areas as prenatal care, child health, early learning and literacy, and child development and behavior. They help connect families to resources in their community and help families stay together safely. This is done by emphasizing each family’s strengths and helping them reach their goals.

## **Partners in Community Outreach**

In 1999, In-Home Family Education program leaders in West Virginia met as a result of a technical assistance opportunity sponsored by the Governor’s Cabinet on Children and Families. After several meetings, the leaders sponsored the first conference for In-Home Family Educators and outreach workers from other programs in West Virginia, funded by the Kellogg Foundation. The Partners in Community Outreach, a coalition of In-Home Family Education programs, was launched at the conference. In the early years, meetings provided an opportunity for program leaders to receive mutual support, to learn the similarities and differences of each program model, and to promote the importance of In-Home Family Education services.

Partners in Community Outreach’s current vision is that every West Virginia family from pregnancy until children are at least three years of age has the opportunity to participate in a high quality In-Home Family Education program in their local community.

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<sup>1</sup>For more information on Protective Factors, see The Center for the Study of Social Policy: Strengthening Families through Early Care and Education: Protective Factors Literature Review: Early Care and Education Programs and the Prevention of Child Abuse and Neglect, [www.cssp.org](http://www.cssp.org)

The mission of Partners in Community Outreach is to build a statewide system of In-Home Family Education that assures program quality and accountability helping programs to improve child health; increase school readiness; enhance parenting skills and reduce child maltreatment.

We are committed to:

- 1) Building capacity and sustainability of existing programs.
- 2) Expanding In-Home Family Education to unserved areas of West Virginia.
- 3) Increasing the visibility of In-Home Family Education.
- 4) Strengthening program evaluation and accountability.
- 5) Increasing opportunities for staff development and recognition.
- 6) Strengthening community, state, and federal partnerships.<sup>2</sup>

### Special thanks to...

*The In-Home Family Education Program Start-Up Guide* was developed by Partners in Community Outreach to assist West Virginia communities interested in starting an In-Home Family Education program. This guide is designed to provide a basic framework. It is anticipated that you will use the information as a starting point and make adjustments as needed in order to reflect the way things work in your community. The development of the Guide has been a collaborative effort among In-Home Family Education state leaders in West Virginia. We are indebted to our national sponsoring organizations and have taken much of our information from resources they have available including the following:

Prevent Child Abuse America: *Healthy Families America Site Development Guide*

Vanderbilt University: The Center for Health Services – *The Administrators' Manual: How to Build a MIHOW Program in Your Community*

Parents as Teachers National Center: *Administrator/Supervisor's Manual*

We are hopeful this Guide will help you with the challenging yet rewarding project of developing an In-Home Family Education program in your local community. Beyond this Guide, contact information for West Virginia state leaders can be found in **Appendix A**. Don't hesitate to reach out.

Partners in Community Outreach is indebted to the ongoing support of the Claude Worthington Benedum Foundation and the West Virginia Department of Health and Human Resources.

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<sup>2</sup>For more information on what Partners in Community Outreach is doing in West Virginia go to: [www.wvpartners.org](http://www.wvpartners.org)

# Planning Group

## **Role of the Planning Group**

The planning group is the foundation for developing an In-Home Family Education program in your community. The nature of your planning group may vary depending upon your community. It may have started as a committee of your local Family Resource Network or be a project of your local Starting Points Center. It may be a group of concerned people who have identified a need for supporting young families in your community. Following are the main functions of a Planning Group:

- Lead the planning process for an In-Home Family Education program;
- Serve as the collective representative for In-Home Family Education in the community;
- Develop a shared understanding of the needs of pregnant women and parents of young children and the existing resources to meet those needs;
- Foster collaboration among community members; and
- Develop a shared commitment to working toward implementation of an In-Home Family Education program.

## **Members**

You are encouraged to look beyond the obvious partners and consider those individuals and organizations who can help build the broad foundation necessary for family well-being in your community. The group needs to have a broad range of skills and expertise and represent a cross-section of ethnic, racial and cultural perspectives; however, the group should not become so large that the collaborative process becomes unmanageable.

### *Possible Planning Group Members:*

Birth to Three representatives  
Business leaders  
Child care providers  
Cooperative Extension Service  
Department of Health and Human Resources  
(Income Maintenance and Child Protective Services)  
Domestic violence advocates  
Evaluation experts (Local colleges are excellent resources)  
Faith-based community representatives  
Funders/Foundation representatives  
Family Resource Network Coordinators  
Head Start/Early Head Start  
Housing representatives  
Existing In-Home Family Education program representative  
(programs listed on [www.wvpartners.org](http://www.wvpartners.org) – Contact Us)  
Library representatives  
Local/county government  
Local hospitals  
Local Health Department  
Media representatives  
Mental health providers

Parents  
Right from the Start  
School personnel (Title I, Preschool, Special Education)  
Starting Points Center Coordinators  
Substance abuse counseling/treatment providers  
Workforce WV

*Questions to consider for membership selection:*

Why is it important for this person to be involved with the planning group?  
What skills or strengths does this person bring to the table?  
What role(s) could this person play on the planning group?  
What strategies could be used to engage this person in the planning group?

When asking people and organizations to join the Planning Group, it is important to be clear about the task, their role and the time commitment. Discuss the possible community benefits that the effort will create, such as better awareness of available resources and improved communications between programs. Discuss how this improved awareness and communication will lead to better outcomes for children and families. Tell people why they are being included and what they or their organization or program might gain from the involvement.

**Facilitator and Note Taker**

Once members have been brought together, everyone should share in the responsibility of ensuring that the membership has the needed representation from community stakeholders. Who is missing? Who will take the responsibility to reach out to them?

Two positions are critical to the success of the Planning Group: Facilitator and Notetaker. These should be appointed early in the process. Following are the roles and responsibilities for each position:

*Facilitator:*

Lead effective meetings that ensure participation by all members  
Ensure consensus-building among members toward a unified vision  
Ensure that specific activities are carried out in a timely manner  
Develop the draft agenda for meetings

*Note Taker:*

Send notification of upcoming meetings  
Take notes of all meetings  
Ensure notes are distributed to all members and stakeholders

## Building trust and ownership

Developing and implementing an In-Home Family Education program is about bringing together a cross-section of the community to provide the necessary supports for pregnant women and parents with young children in your community. Taking the step to create a planning group signals that your community is ready to look at your service delivery system from a new angle and to consider the opportunities for improving and expanding this system.

You must take the time to nurture and develop your collaboration. It is about developing the shared vision, trust and ownership that differentiates collaboration from an individual effort. It is about understanding one another's differences and ultimately building common trust.

### **Develop a common base of knowledge**

Partners need to take the time to learn about each others' systems as well as their own and explore their differences. Understanding what each partner has to offer allows the collaboration to build a foundation of information for this effort.

- Build on strengths. Consider resources that are available.
- Learn which population each program serves.
- Learn what services each program offers.
- Ask members to identify what brings them to the group.

### **Pay attention to process**

It's important to plan and talk about how you are going to work together and to take the time to get to know one another.

- Include everyone in the process.
- Focus attention on members who aren't yet sure of their level of commitment to the effort.
- Remember to periodically reflect on how much the group has accomplished.
- Build in rewards and victories along the way.
- Use more than one approach to gather input from the group – remember that everyone has different learning and communication styles.
- Think about rotating your meeting locations – this represents shared leadership.
- As new members join the group, take the time to bring them up to speed on issues, activities, and background.
- Everyone should be treated with common courtesy, despite any ideological or programmatic differences.

### **Disclose self-interests**

A willingness to share self-interests and the goals of individual organizations can help to establish trust and mutual respect among planning group members. The following areas may be considered for this type of discussion:

- Cultural differences – North part of the county vs. the south; Mountain vs. Valley; Haves vs. Have-Nots.



Organization and individual gain.

Common definitions for how to perceive certain actions, for example attendance at meetings.

Power – what does each individual bring to the group?

### **Hold effective meetings**

Effective meetings are important for establishing rituals, the structure, and expectations for the collaboration.

Involve everyone in the meetings.

Establish routines, such as developing agendas, starting and ending on time, etc.

Establish decision-making processes and a governing structure for the group.

Define common terminology and jargon.

Periodically assess the effectiveness of the meetings. Be willing to adjust as necessary.

### **Vital Signs: A Self-Assessment of Early Childhood Collaborative Groups**

Partners in Community Outreach has developed a self-assessment for early childhood collaborative groups to identify what is working well and what they would like to improve in terms of what they do and how they do it. The ultimate goal is to improve the availability, coordination and quality of early childhood programs within communities.

The survey has two sections. The first focuses on key features and outcomes of successful early childhood collaborative groups. The second section focuses specifically on in-home family education programs. The self-assessment can be used to guide your planning efforts to ensure you are focusing on the key features and outcomes for successful collaboration. It can also be used at various points in the planning process to assess your efforts and make needed changes. (See **Appendix B**)

# Thinking strategically and planning

## Developing a vision

Now that you have done some of the hard work to establish relationships and create a planning group focused on ensuring that pregnant women and parents of young children in your community have the support and resources they need, it is time to consider your options for meeting these needs. Members may have very different opinions and viewpoints on the needed services and strategies. A shared vision will enhance trust among your collaboration and establish a common understanding of what your collaboration is about. The vision statement demonstrates what the collaborative intends to accomplish. A vision generates ownership and gives the community a direction rather than a destination. It helps people overcome barriers by showing them the difference between what is and what could be.

A vision describes how the world would be improved, changed, or different if your group is successful in achieving its purpose. Vision focuses on possibilities, not problems. A vision statement leads us toward desired results, generating energy and motivation. With a clear vision, we will be better prepared to know what actions to take.<sup>3</sup>

*A vision is:*

- Realistic – reflects what is attainable in the future.
- Credible.
- Unleashes and orients the energies of the organization.
- Well-articulated and easily understood.
- Dynamic and flexible.

Sample vision statements:

A healthy community built on strong families and individuals.

All children enter school ready to learn by age six.

Families are free from violence.

## Conducting a Community Needs and Resources Assessment

Assessing the challenges and strengths of a community is an important step in laying the foundation on which to build an In-Home Family Education program in your community. To provide effective services, you must first find out what services are wanted, what families need and how a program can be integrated into your community's service delivery system. This assessment will help the planning group to:

- Understand the current condition of all families in the community and specifically pregnant women and parents of young children;
- Evaluate the current system's capacity or incapacity to support healthy child growth and development;
- Build community support and ownership of In-Home Family Education;

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<sup>3</sup>For more information on vision, see *Collaboration Handbook: Creating, Sustaining and Enjoying the Journey* by Michael Winer and Karen Ray, Amherst H. Wilder Foundation.

- Determine how families and providers view the family support system; and
- Learn whether reform initiatives that focus on child and family issues are already underway in the community and, if so, how these efforts can be linked to the planning group's vision.

Following are the main components of a Community Needs and Resources Assessment:

- Defining community or neighborhood boundaries;
- Developing a community/neighborhood profile;
- Collecting information and data;
- Identifying available community resources; and
- Analyzing the information collected.

One resource the Planning Group can consider is the *Early Childhood Needs and Resources Community Assessment Tool* developed by the National League of Cities. The tool includes three sections:

Conditions of Young Children: A set of ten data measures aimed at giving an overall summary of the well-being of children ages 0-5.

Inventory of Local Resources to Promote Early Childhood Success: A check-off list of programs, activities or other resources available for young children and their families.

Open-Ended questions: A list of questions that can be used to help focus discussions with various community stakeholders, including parents, early childhood service providers, and other stakeholders.<sup>4</sup>

(See **Appendix C**)

### **Defining community or neighborhood boundaries**

It is important to start the community assessment process by defining the community or neighborhood that you are assessing. States, counties and cities often define community areas or boundaries differently. These assignments don't always account for the historical, cultural or economic barriers that may also exist. Community agencies, parents and other residents generally have a good idea of their own community's boundaries, which do not always correspond to school attendance areas, census tracts, or other defined boundaries.

### **Developing a community/neighborhood profile**

Your community/neighborhood profile will provide a baseline understanding of the current community conditions, strengths and areas of concern in your community. The most comprehensive assessment will look at indicators related to the status of children prenatally through adulthood. The profile can serve as an internal planning document to help set priorities and establish accountability for improving selected outcomes. It can also be useful for documenting the need to use in funding proposals. The following are excellent sources to gather community information:

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<sup>4</sup>Retrieved August 15, 2009 from the Child Welfare Information Gateway,  
<http://www.childwelfare.gov/preventing/developing/assessing.cfm>

Census data  
Child Protective Services  
Children's Defense Fund  
Department of Education  
Department of Maternal, Child and Family Health  
Other local programs, such as Head Start/Early Head Start  
United Way  
West Virginia KIDS COUNT

A very valuable resource for the community/neighborhood profile is the West Virginia Service Array. The West Virginia Department of Health and Human Resources undertook this process to evaluate the current child welfare system in the state and in local communities. The Service Array teams in local communities put together a Community Snapshot, which can serve as a foundation for the Planning Group to build on. For more information, contact the Community Services Manager at your local Department of Health and Human Resources office.<sup>5</sup>

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<sup>5</sup>To locate your county office, go to <http://www.wvdhhr.org/bcf/county>

## Sample Indicators of Community Conditions

### Overview of the Community

- number of individuals, families, households, and children by age group;
- number of single parent homes;
- ethnic make-up of the community;
- median per-capita income;
- percentage of children living below the poverty line;
- percentage of substandard housing;

### Education

- Head Start-eligible population;
- high school graduation rate;
- number and percentage of students identified for special education services;
- educational attainment for persons 18 and older;
- number and percentage of children three and older enrolled in school;
- literacy or basic skill levels of adults.

### Health

- birth rate; rate of low birth weight babies;
- rate of attainment of prenatal care;
- immunization rates for young children;
- median age of women giving birth;
- infant mortality rate;
- number of children with developmental delays at entry into school;
- number of residents enrolled in Medicaid;
- Children's Health Insurance Program (CHIP); Supplemental Nutrition Assistance Program (SNAP); and Women, Infants, and Children (WIC) Program.

### Child and Family Welfare

- percentage of children who live with one parent/two parents/grandparents;
- numbers of homeless or migrant children/families;
- percentage of families in which both parents are in the labor force;
- percentage of teen parents;
- rate of reported and substantiated cases of child abuse and neglect;
- rate of reported and substantiated deaths, due to child abuse and neglect;
- rate of out-of-home placements for children;
- number of people on child care waiting lists;
- availability of child care providers.

## Collecting information and data:

It is important to get feedback and input from parents and other community residents when conducting your Assessment. This will enhance the quality and comprehensiveness of the community profile you are developing and will provide critical direction for enhancing your existing family support system.

There are a variety of effective methods for gathering information from parents, community residents and others including surveys, focus groups, and site visits. Using a combination of strategies will enable you to collect information from a range of sources. The planning group will need to decide the most cost-effective and efficient approach. Consider the following questions before you begin gathering information.

Who will conduct the surveys, focus groups, or site visits?

How will the information benefit the families who participate in the process?

Who will document the process?

## Surveys

The Planning Group could conduct a survey with various groups, such as parents, community residents and/or providers. The group can develop their own survey or use existing resources. If the group decides to develop their own survey it is important to consider the following questions:

What is the purpose of the survey?

What do we want to learn?

Does the survey include question(s) that allow participants to make comments?

Are there any questions that might be misunderstood?

Is the answer to any question likely to be influenced by preceding questions?

Who will compile and analyze the results?

If the group decides to develop a survey, we have included additional information in **Appendix E**. A representative from a local college can be a very valuable resource to have on the Planning Group at this time.

One option the Planning Group could consider is The Center for Health Services at Vanderbilt University's Community Needs Survey. It was developed over twenty-five years ago for communities interested in starting a MIHOW program. The survey should be conducted with at least 60 women, at least twenty-five of whom are pregnant and the rest having at least one child two years of age or younger. Conducting the survey with community residents helps to identify potential outreach workers, potential participants and helps to get the word out about the program. The results can also illustrate the current well-being of families in the identified geographic area. The Center for Health Services has granted West Virginia communities planning an In-Home Family Education program permission to use the Community Needs Survey. Communities have two options:

1. You can make copies of the Community Needs Survey that is included in Appendix D. After conducting the survey with the community residents, you would have to compile and analyze the data collected.
2. You can contact Vanderbilt University Center for Health Services and inquire about getting copies of the survey that allow for computer scanning. The completed surveys would then be

sent to The Center for Health Services, who would then compile and analyze the data. There would be associated fees. (Contact Tonya Elkins, the MIHOW Program Director at 615-322-4184)

## Focus groups

Focus groups are relatively easy to arrange and are an efficient method for gathering information. They are also an excellent way to introduce In-Home Family Education to the community. Select participants with common traits for each focus group, such as teen mothers, service providers, etc. A typical focus group includes a small number of participants (8-10). Following are some tips for a successful focus group:

- Have a facilitator moderate the group and another individual record the discussion in as much detail as possible.

- Plan focus groups during convenient times for participants and host them at accessible and neutral locations, such as schools, libraries, community centers, etc.

- Provide incentives for participants like food, transportation and gift certificates.

- Prepare a list of open-ended discussion questions beforehand

- Create a climate that is open and comfortable.

Sample questions for family focus groups:

- What are some good things about living in your community?

- Describe your most positive encounter with a service provider after the birth of your child.

- What problems or barriers do you experience when you attempt to obtain services?

- If you could change one thing about the available services, what would it be?

Sample questions for service provider focus groups:

- What activities, policies and procedures are working well at your agency?

- Why do pregnant women and parents of young children need the support services our agency provides?

- Describe the barriers that families may encounter when they attempt to obtain services from your agency.

- What barriers does your agency experience that keep it from effectively providing support services to pregnant women and parents of young children?

- If you could change one specific policy or procedure in your agency to improve services for families, what would it be?

- How would an In-Home Family Education program benefit you or your agency?

## Site visits

Site visits are a good way for the planning group to learn first-hand about existing services and agencies in the community. It will be important to meet with key individuals at each agency who can talk about the services they provide, the population they reach, gaps in services they have identified for pregnant women and parents of young children, as well as the strengths of the agency. This information will help the planning group avoid duplication of services and will provide an understanding of the existing family support system and how In-Home Family Education might fit into this system.

## **Identifying available community resources and existing collaborations**

By determining existing resources in your community, you are better able to identify the strengths of your family support system. Knowing what resources are available enables you to match existing resources with identified needs and to develop strategies to meet unfilled needs.

Your assessment should include both formal and informal resources. If you have a local Information and Referral Agency, they can be invaluable in locating the formal resources in your community. WV 211 and Beehive are two state resources that can assist with this task. (Information in **Appendix E**) Informal resources are a critical support for families in West Virginia and include the faith community, the local farmer who gives away his/her harvest, the Rotary Club, or the motorcycle club who holds a fundraiser for local charities. It is important to document the resources that are critical in your community no matter how unconventional they may be. As you identify the resources in your community, think about the following questions:

What is the resource?

What services are provided by this resource?

What community/family need is being met by this resource?

Is more information needed about this resource? If so, who will collect this information?

We encourage you to reach out to existing collaborations or planning efforts that already exist in your community. There is never a need to reinvent the wheel. As you are doing your research, look for your local Pre-Kindergarten Planning Team, Success by Six initiative through the United Way, Tadpole Team, Family Resource Networks, Community Collaborative/Service Array Teams and/or Strategic Prevention Framework State Incentive Grant (SPF SIG).

## **Analyzing the information collected**

Now that you have gathered all of this information about your community, what are you going to do with it? The following questions can help guide your process:

What are the gaps between what exists and what is needed?

Do families in your community think that there are enough resources in your community? Do they feel that these resources meet the needs?

Are the support services in your community accessible?

What do families and the community want to see happen?

How does the vision developed by your planning group compare with the information you've gathered through your community assessment? Does the original vision statement need to be revisited?

Your assessment will most likely reveal several priorities for pregnant women and parents of young children. Your planning group won't necessarily tackle all of these priorities at once. You should spend some time reviewing these priorities and discussing them among the planning group. You may find that several will be addressed by developing and implementing an In-Home Family Education Program. You may find that others will be addressed by other groups or organizations in your community.



# Designing your program

## Choosing a program model

At this stage, your collaboration will have continued to grow and develop and you will have completed an assessment of your community. You've learned and confirmed that an In-Home Family Education program will meet some of the needs of pregnant women and parents of young children in the community and you are ready to begin designing it. It is time for the Planning Group to identify which program model is going to best meet the identified needs and strengths of the community. The three models currently operating in WV have many similarities; however, each has a slightly different focus. Each has varying costs to implement. If more information on each specific model is needed, Partners in Community Outreach can guide you to West Virginia leaders in each program model and national websites.

After deciding on a program model, you can better define your target population, identify outcomes and goals for the program, and decide who will administer the program. This is also the time when you will learn about the accreditation process, technical assistance and training, and how you will fund and support the program.

## Writing the Plan

Start by celebrating the success that you have already achieved – creating and establishing an In-Home Family Education Planning Group and conducting a Community Needs and Resources Assessment. Now get organized. Make sure your community needs assessment and related research results are in order. After this is completed, you are ready to write your Plan. Careful program planning helps to clarify and integrate the information to develop a program that will best meet the needs of families in your community. Documenting your plan will ensure that everyone involved is on the same page and will also serve as a guide as you move forward. Some questions to consider before you begin the process:

Who is going to develop the plan?

Is your entire planning group developing the plan or are you going to use a sub-committee?

Are you going to assign certain tasks among the group?

The important thing is to communicate a clear process. Keep the process as simple as possible and be sure that everyone knows who's assigned to do what. Let the assigned Notetaker record action steps, or establish a rotation system for sharing note taking duties.

## Assembling an Advisory Board

This is a good time to think about forming an advisory group for your program. Depending on your community, you may decide to continue working as a full planning group and assign or create a smaller group that provides advice on implementation, oversight and support of your local program. The function of the Advisory Board is to meet regularly to help further the goals and objectives of the program. The suggested members of an Advisory Board are very similar to the Planning Group with the addition of the In-Home Family Education Program Manager.

## Organizational readiness

It is important to understand how an In-Home Family Education program will fit into your existing community. Consider the following questions:

Who will be the host organization?

Where will the In-Home Family Education program be housed?

How can other programs within the host organization support the work of the In-Home Family Education program? (job training, child care services, health care, etc.)

How can other programs within your community support the work of the in-Home Family Education program?

Does the In-Home Family Education program help the host organization achieve its mission?

Where will the new program fit into the host organization's structure? Is there support from the organization's executive level? Will there be senior-level support for the program for ongoing development, administration, advocacy, fundraising and marketing?

If this will be the host organization's first home visiting program, will changes be required in policies related to staff work hours, safety, and contact with supervisors?

### **Developing a Logic Model**

You may find it helpful to develop a logic model. A logic model is a visual way to present and share your understanding of the relationships between the resources you have to operate your program, the activities you plan, and the results you hope to achieve. A logic model can help planners decide what their program is supposed to do, who they are going to work with and why the program is being developed. The model can also be very helpful for evaluation planning. Logic models vary widely in how they look, from flow-charts to outlines. There are no rules – they just need to be easily understood by the members of the planning group. Logic models have the following benefits:

- Clearly identify program goals, objectives, activities, and desired results.
- Clarify assumptions and relationships between program efforts and expected outcomes.
- Communicate key elements of the program.
- Help specify what to measure in an evaluation.

We have included a number of resources in Appendix E to assist your planning group in the development of a logic model. We have also included the Parents As Teachers Logic Model from the National Center in **Appendix F**.

### **Program Plan**

As the Planning Group works through the next steps of planning their In-Home Family Education program, many of the components discussed in the following chart are dependent upon the chosen program model. All of the information gathered during the Community Needs and Resources Assessment should be considered as the following decisions are made. We offer the following information to serve as a guide for the items that need to be decided by the group. The accreditation standards for each specific model will also need to be consulted for specific guidance.

Components	Things to consider:
Target Population	<p>Are there particular groups of parents who have greater need than others? (i.e., teens, first-time parents)</p> <p>What community agencies will you be partnering with that may have an impact on the target population, for example the hospital or education?</p> <p>Have particular funders indicated they want to serve a particular population?</p> <p>Does your organization have the capacity to meet the demands or number of your potential target population?</p> <p>Your target population can be determined by socio-economic factors and/or geographic boundaries.</p>
Program goals, objectives and outcomes	<p>Goals are broad statements of what a program hopes to accomplish. For example: <i>Promote healthy child growth and development</i></p> <p>Objectives are statements specifying the activities necessary to reach a goal. They make it possible to determine to what degree goals have been met. They should include timelines and who is responsible. For example: <i>In-Home Family Educators will ensure all children are linked to a medical provider for preventive health care within six months of enrolling in the program.</i></p> <p>Objectives can be developed using the <b>DART</b> method:</p> <ul style="list-style-type: none"> <li><b>Deliverables</b> – The major services and activities the staff will have to deliver.</li> <li><b>Agency Staff</b> – Identify what position(s) will provide these services and activities.</li> <li><b>Resources</b> – Identify the resources or equipment needed to effectively deliver these services.</li> <li><b>Target Population</b> – How many participants will receive services or participate in activities?</li> </ul> <p>Outcomes are the changes the program expects within the target population. For example: <i>98% of all participating children will have a medical home for preventive care.</i></p> <p>There can be short-term, intermediate, and long-term outcomes.</p> <p>Outcomes can be written using the <b>SMART</b> method:</p> <ul style="list-style-type: none"> <li><b>Specific</b> – describe the specific change in knowledge, attitude, or behavior</li> <li><b>Measurable</b> – describe how will it be measured</li> <li><b>Achievement</b> of the participant that is</li> <li><b>Related</b> to goal achievement and is</li> <li><b>Time-limited.</b></li> </ul>

Components	Things to consider:
Working with partners	<p>Partnering with other agencies is important to ensure that the needs of families are being met.</p> <p>It can also be helpful in promoting your program, recruiting staff, and referring participants.</p>
Staffing	<p>One of the most critical staff positions is the In-Home Family Educator. They are the face of your program in the community. Work/life experiences and personal characteristics should be considered in the decision-making process. Characteristics such as a non-judgmental attitude, compassion, the ability to develop trusting relationships, family-centeredness and cultural competence are important. The Core Knowledge and Core Competencies required of In-Home Family Education staff can be found at <a href="http://www.wvearlychildhood.org/CoreCompetencies.pdf">http://www.wvearlychildhood.org/CoreCompetencies.pdf</a></p> <p>Other staff positions may include Program Manager, Supervisor and Assessment Worker depending on the program model your community has selected. These positions may require more formal education.</p> <p>How many staff will the program need based on the number of families you plan to serve?</p> <p>How will the staff be recruited?</p> <p>How will staff be supervised and by whom?</p>
Training	<p>The In-Home Family Education models all require specific initial training for staff before they provide services to families. Training is also required on an ongoing basis. The sessions should be strength-based and family-centered. In-Home Family Education programs participate in West Virginia STARS (State Training and Registry System) by staff enrolling and having training approved for staff to receive STARS credit. More information can be found at: <a href="http://www.wvearlychildhood.org/stars.asp">http://www.wvearlychildhood.org/stars.asp</a>.</p>
Quality assurance and accreditation	<p>Each of the In-Home Family Education programs in WV is associated with Regional/National organizations that require programs to adhere to high standards of quality. Each site is required to participate in the accreditation process. Ongoing quality assurance is an integral part of accreditation. Each process is different and the specific standards/indicators need to be explored.</p>
Data management	<p>The critical importance of documenting each aspect of your program should now be apparent. Data is used by In-Home Family Educators to track the progress of their families and by Program Managers and Supervisors to provide support and guidance to their staff. Program Managers use data to assess the impact the program is having on participants and to substantiate the efforts of the program to funders. Specific guidance is provided dependent on the chosen model.</p>

# Budgeting and funding

## **Preparing a budget**

Preparing a budget is a necessary aspect of program management. Budgets provide a framework to enable Program Managers to make decisions about how much money is available to support the services. They also help programs keep track of expenses and resources, such as grants and in-kind donations. Consulting with the Host Organization on specific requirements of budgeting and financial reporting can help guide the budget process.

The first step in developing your budget is to review the services your program will provide, as this will help you determine the minimum staff requirements. The specific program models have different staffing requirements and the standards of your chosen model should be consulted. Personnel costs are typically the largest single part of a program budget.

Following are budget line items that need to be considered:

### *Personnel*

Salary Expenses – Salaries can vary on a local and regional level. You will need to consider the cost of living in your community; the professional status of the employee; the employee's prior work experience; and salary ranges for this type of work in your community. Staff retention is critical in this type of relationship-based work and it is important to fairly compensate In-Home-Family Educators. Include taxes, such as worker's compensation and unemployment.

Salary Benefits – Consult with the Host Organization as to the benefits they provide their employees. This category could include health insurance, disability insurance, retirement, educational benefits, annual leave and sick leave.

### *Training Expenses*

Fees, travel, lodging, materials.

### *Rent and Utilities*

Some programs have In-Home Family Educators working out of their homes and others have a traditional office setting. Space can be provided by the Host Organization or a partnering agency. Whatever costs are involved need to be included in the budget.

### *Equipment*

Programs operate much more efficiently if they are equipped with technology, such as computers, internet access, printers, copiers, fax machines, and telephones, including cell phones.

### *Supplies*

Programs will need supplies such as curricula for staff and materials for families. These might be educational brochures, books, and/or children's toys. There will be a need for group socialization supplies and office supplies.

### *Postage*

### *Transportation Expenses*

In-Home Family Educators provide service in families' homes, which requires reimbursement for mileage expenses. The geographic area needs to be considered, as some counties require considerable travel from one home to another.

### *Credentialing/Information Management Fees*

Each model has varying affiliation and accreditation fees for each program. Data information management systems are also available depending on the model and also vary in cost.

### *Evaluation*

You may want to include some money to allow your program to conduct evaluation. Partnering with local universities can be a valuable asset.

### *Promotion*

This item would include materials to educate the community about your services and to recruit participants, such as program flyers, business cards, posters, billboards, etc.

### *Insurance*

Basic liability insurance to cover employees or automobile insurance for In-Home Family Educators are going to transport families.

## **Identifying funding sources**

Now that you have accounted for all the program expenses, you will need to consider gathering the necessary resources. These can include monies raised through grants, matched dollars, fundraisers, gifts and in-kind donations.

## **Federal funding**

There are a number of federal programs that might generate resources either through direct application to the federal government or as a source of funding that is distributed through state governments. Some potential sources include:

United States Department of Health and Human Services:

*Head Start/Early Head Start*

*Promoting Safe and Stable Families*

*Community-Based Child Abuse Prevention Grant*

United States Department of Justice: Office of Juvenile Justice and Delinquency Programs:

*Title V Community Prevention Grants*

United States Department of Education:

*Early Reading First Program – No Child Left Behind Act, Title I, Part B, Subpart 2  
Even Start*

*Individuals with Disabilities Education Act, Part C*

*Parental Information Resource Centers*

*21st Century Community Learning Centers, No Child Left Behind Act, Title IV, Part B  
Title I, Part A – Education for the Disadvantaged*

## State funding

There are also a number of state programs that might generate resources. Some of the potential sources include:

West Virginia Department of Health and Human Resources, Bureau of Children and Families:  
Division of Early Care and Education

West Virginia Department of Education

## Private funding sources

It is important to seek out private funding resources in addition to public dollars. Challenge yourself to think creatively and remember that this will take time and research. These may require face-to-face solicitations and can involve building a relationship with a key person in the organization. Some potential sources include:

Private or family foundations  
Corporate giving programs or foundations  
United Way  
Individual donors  
Small businesses  
Civic groups  
Volunteer organizations  
Hospitals  
Faith-based groups

## In-kind support

Organizations may not always be able to offer cash support. Many programs have developed partnerships with organizations for in-kind support and to build awareness for the program. Listed below is only a small sampling of potential in-kind supports to consider:

Office space  
Shared office equipment (copiers, fax machine, telephone)  
Volunteers  
Space and/or food for group socializations  
Joint trainings  
Referrals  
Public awareness of your program

## Conclusion

Congratulations! You have successfully formed your planning group and developed strong relationships based on a common knowledge base and guided by a common vision. You have conducted a very thorough community profile and mapped out community needs and resources, based on all the information you gathered. The group has designed your In-Home Family Education Program and written a program plan. You have thoughtfully considered the necessary funding to implement your program and brainstormed possible sources of funding. We again congratulate you and wish you the best as you embark on implementing your In-Home Family Education program.





	PARENTS AS TEACHERS	MIHOW (Maternal Infant Health Outreach Workers)	HEALTHY FAMILIES AMERICA
Eligibility Criteria	Free and voluntary to any and all families prenatal through age 5.	Available to any pregnant woman who chooses to participate with no cost to participants. Participants enter the program prenatally and continue with home visiting services through the child's third year of life. Caregivers and children birth to kindergarten can participate in Parent/Child Play Groups or Family Group Activities without participating in the Home Visiting program.	Services must be initiated prenatally or no later than 2 weeks after the baby is born. Communities have different target populations based on fiscal constraints.
Curriculum	Parents as Teachers curriculum was developed through the National Center based in St. Louis with consultants Dr. T. Berry Brazelton, Burton White, Dr. Edward Zigler, and Dr. Stanley Greenspan teaming with Washington University Neuroscience Program.	MIHOW Home Visit Guides – 4 comprehensive guides covering health, child development and parenting issues from pregnancy through the third year of life - developed by the Center for Health Services at Vanderbilt University in Tennessee.	Each community is encouraged to review existing curricula and materials and select what best meets the needs of the population being served. <i>Little Bits</i> , <i>Growing Great Kids</i> , and <i>Partners for a Healthy Baby</i> curricula are the primary ones used by the Cabell-Wayne site.
Staff Training	Certified Parent Educators are required to attend competency-based trainings. The prenatal to three-year-olds training is one week. A second training for three-year-olds to kindergarten entry is three day training. The Denver II training is two days. 20 hours of in-service is required during the first year of certification, 15 hours the second year, and 10 hours for each of the following years.	MIHOW Initial Training, an intensive forty-hour training, is required before employees begin services to families. On-going required training includes monthly on-site trainings, an annual conference, and MIHOW statewide trainings. MIHOW staff also participate in Partners in Community Outreach statewide training for In-Home Family Education programs.	Initial four-day training conducted by certified Prevent Child Abuse America (PCAA) Healthy Families America trainers – one track for Assessment Workers and one for Family Support Workers. All home visitors receive two hours a week of supervision and ongoing training on topics necessary to work effectively with families.
Services Provided	Certified Parent Educators conduct home visits to provide information about stages of development. This includes general guidance, tips on home safety, effective discipline, and constructive play activities. Also offered are monthly group meetings, weekly play groups, periodic monitoring and formal screenings of overall development, language, hearing and vision. Resource networks are provided to help families link with providers of special services beyond the scope of Parents As Teachers.	MIHOW Home Visitors provide: prenatal information including healthy pregnancy information, preparation for labor and delivery, preparing for a baby, health and child development education, child development screenings, support for healthy lifestyles, positive parenting guidance, a non-judgmental listening ear, and advocacy with health and social service systems. Parent/Child Play groups are also a strong component of MIHOW and are open to any family with a preschool age child.	Family Support Workers visit the family and individualize each family's services focusing on the following goals: <ul style="list-style-type: none"> <li>To promote healthy childhood growth and development</li> <li>To promote positive parent-child interaction</li> <li>To systematically assess for families' strengths and needs and refer as needed</li> <li>And to enhance family functioning by: building trusting relationships, teaching problem solving skills, and improving the family's support systems.</li> </ul>

	PARENTS AS TEACHERS	MIHOW (Maternal Infant Health Outreach Workers)	HEALTHY FAMILIES AMERICA
Level of Intensity	<ul style="list-style-type: none"> <li>Participants receive monthly home visits (or weekly based on need)</li> <li>Developmental screenings</li> <li>Prenatal through age 5</li> <li>Voluntary</li> <li>Family support through information and referral</li> </ul>	<ul style="list-style-type: none"> <li>Participants receive at least monthly home visits with follow-up contact between visits as needed</li> <li>Prenatal through age 3 for home visiting services</li> <li>Voluntary</li> <li>MIHOW Parent/Child Play Groups – Prenatal to Kindergarten</li> <li>Family Group Activities</li> </ul>	<ul style="list-style-type: none"> <li>Participants receive weekly home visits with the intensity decreasing over time as the family needs warrant it.</li> <li>Prenatal to age 5</li> <li>Voluntary</li> </ul>
	<ul style="list-style-type: none"> <li>West Virginia Estimated Cost per Family \$1,000</li> <li>Programs agree to meet the Parents as Teachers national accreditation standards.</li> </ul>	<ul style="list-style-type: none"> <li>Estimated Cost per Family \$1,200</li> <li>Programs are required to meet MIHOW accreditation standards through Vanderbilt University Center for Health Services.</li> </ul>	<ul style="list-style-type: none"> <li>Estimated National Average Cost per Family \$3,348</li> <li>Programs agree to meet PCAA Accreditation standards.</li> </ul>
West Virginia Contact Person (s)	<p>WV Parent Connections at Edvantia</p> <p>Anita Deck, Director</p> <p>Parents as Teachers State Leader</p> <p>(304) 347-0400</p> <p>anita.deck@edvantia.org</p> <p>Beverly Davis, State Supervisor</p> <p>(304) 346-3620</p> <p>bdavis@tgkvf.org</p>	<p>MIHOW Program</p> <p>RR 1, Box 298H</p> <p>Fayetteville, WV 25840</p> <p>Debbie Withrow, MIHOW WV Consultant</p> <p>(304) 469-2415</p> <p>debbiewithrow@suddenlink.net</p> <p>Nonie Roberts, MIHOW WV Consultant</p> <p>(304) 877-6342</p> <p>nonieroberts@suddenlink.net</p>	<p>TEAM for West Virginia Children</p> <p>P.O. Box 1653</p> <p>Huntington, WV 25717-1653</p> <p>(304) 523-9587</p> <p>Laurie McKeown</p> <p>laurie@teamwv.org</p>

Compiled by *Partners in Community Outreach* [www.wvpartners.org](http://www.wvpartners.org)

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# Healthy Families

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## Program Facts and Features

**What is the Healthy Families America Initiative?** Healthy Families America (HFA) is a national initiative to help parents of newborns get their children off to a healthy start. Participation in HFA services is *strictly voluntary*. HFA offers home visiting and other services to families in over 450 communities, with a ninety percent acceptance rate.

In 1992, Prevent Child Abuse America, formerly known as the National Committee to Prevent Child Abuse, launched Healthy Families America in partnership with Ronald McDonald House Charities. The initiative promotes positive parenting and child health and development, thereby preventing child abuse, neglect and other poor childhood outcomes.

**Why is Healthy Families America Needed?** Each year an estimated three million cases of suspected child abuse and neglect are reported to Child Protective Service (CPS) agencies, yet more than half of child abuse fatalities are typically unknown to CPS. Almost three children die from child abuse and neglect each day.

At the same time, according to a report released by the Carnegie Corporation of New York, “the earliest years of a child’s life are society’s most neglected age group, yet new evidence confirms that these years lay the foundation for all that follows.”<sup>1</sup> Programs that begin working with parents right after birth stand the greatest chance of reducing the risk of child abuse for several reasons:

1. new parents are eager and excited to learn about caring for their babies;
2. positive parenting practices are supported before patterns are established;
3. most physical abuse and neglect occurs among children under the age of two;
4. forty-four percent of fatalities due to child maltreatment occur before the first birthday;
5. children need to be immunized from childhood disease during the first two years of life; and
6. the most critical brain development occurs during the first few years of life.

**What is the Relationship between HFA and Prevent Child Abuse America?** Prevent Child Abuse America is the nation’s leading child abuse prevention organization. Founded in 1972, Prevent Child Abuse America is committed to preventing child abuse in all its forms by working at national, state and local levels. Prevent Child Abuse America, in collaboration with its Chapter Network in most states, is improving quality of life for at-risk children and families.

Prevent Child Abuse America/Healthy Families America has nationally recognized strengths in public awareness, research, training, quality assurance, and a system to provide technical assistance to state HFA leadership teams. This combination of strengths enables HFA to put research into practice, and assures the consistent provision of quality services as programs grow and expand.

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1. Starting Points: Meeting the Needs of our Youngest Children. (New York: Carnegie Corporation of New York) April, 1994.

**Who are HFA's Partners?** HFA programs collaborate with other family support organizations to most effectively utilize scarce resources, provide a comprehensive array of services to families, and avoid duplication of services. Prevent Child Abuse America and national partners such as the American Academy of Pediatrics, the National Association of Children's Hospitals and Related Institutions, the National Head Start Association and the Cooperative Extension Service of the U.S. Department of Agriculture, have been collaborating to facilitate partnerships among state and local affiliates so that services will be available for families with young children.

**What are Healthy Families America's Critical Elements?** All HFA programs adhere to a series of Critical Elements, which represent the field's most current knowledge about implementing successful home visitation programs. Critical Elements serve as the framework for program development and implementation. Only those programs that apply for affiliation and promise to adhere to all the elements, as determined through the HFA credentialing system, may be referred to as HFA sites. In addition to helping assure quality, these basic elements allow for flexibility in service implementation to permit integration into a wide range of communities and provide opportunities for innovation.

The following are brief descriptions of each element.

#### **Service Initiation**

- Initiate services prenatally or at birth.
- Use a standardized assessment tool to systematically identify families who are most in need of services.
- Offer services voluntarily and use positive outreach efforts to build family trust.

#### **Service Content**

- Offer services to participating families over the long term (i.e., three to five years), using well-defined criteria for increasing or decreasing frequency of services.
- Services should be culturally competent; materials used should reflect the diversity of the population served.
- Services are comprehensive, focusing on supporting the parent as well as supporting parent-child interaction and child development.
- All families should be linked to a medical provider; they may also be linked to additional services.
- Staff members should have limited caseloads.

#### **Staff Characteristics**

- Service providers are selected based on their ability to establish a trusting relationship.
- All service providers should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.
- Service providers should receive thorough training specific to their role to understand the essential components of family assessment and home visitation.





## Maternal Infant Health Outreach Worker Program MIHOW

# FACT SHEET

### **What is MIHOW?**

MIHOW is a community-based In Home Family Education (home visiting) program that focuses on positive healthy and child development outcomes in families. Each grassroots agency that selects, trains, and supervises local women to provide MIHOW services to pregnant women and families with young children. After comprehensive training, MIHOW Home visitors provide these services to families:

- ~ support to families with young children;
- ~ information & education to assure healthy pregnancies;
- ~ health and child development information;
- ~ developmental screenings;
- ~ support for healthy lifestyles;
- ~ support for positive parenting practices;
- ~ referral and advocacy with health and social service agencies;
- ~ Parent/Child Groups;
- ~ family group activities.

### **Who is Eligible?**

Expectant mothers are entered into the MIHOW Program at anytime and a limited number of families are entered after the birth of a baby before the child's first birthday. There are no income restrictions.

### **How are participants connected to MIHOW?**

MIHOW referrals are received from anyone - including healthy care professionals, school personnel, DHHR, Head Start, community members, and MIHOW participants. Participation is voluntary.

#### **MIHOW WV Regional Consultants:**

Nonie Roberts  
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### **MIHOW Services**

#### **Prenatal Home visits:**

- ~ answer questions;
- ~ help participants understand prenatal health;
- ~ help parents understand baby's development;
- ~ promote healthy lifestyles;
- ~ help participants prepare for labor & delivery;
- ~ link families to appropriate resources;
- ~ provide support.

#### **Postnatal Home visits:**

- ~ help with postnatal health issues;
- ~ help with parenting concerns;
- ~ provide child development screenings and help parents understand child development;
- ~ provide information about and share joys & challenges of parenting;
- ~ share joy of watching baby's development;
- ~ provide ideas for appropriate activities to promote parent/child interaction;
- ~ encourage positive parenting practices;
- ~ help families understand appropriate use of medical and social services;
- ~ link families to appropriate resources;
- ~ provide support for families to set goals.

#### **Parent/Child Groups provide:**

- ~ opportunities for parents of young children to meet and build relationships;
- ~ discussion of parenting issues and concerns guided by a trained Home Visitor;
- ~ socialization of preschool children with their peers;
- ~ parent/child interaction through activities;
- ~ opportunities for community involvement;
- ~ reduction of social isolation;
- ~ nutrition education;
- ~ family support.

MIHOW Family Group Activities provide families throughout the county to come together to expand their social and support networks, and to participate in activities together that they would not typically have the resources for.

MIHOW Resource and Referral services provide information about and connection to local services and resources.

## The Parents as Teachers Story

The concept for Parents as Teachers was developed in the 1970s when Missouri educators noted that children were beginning kindergarten with varying levels of learning readiness. Research showed that greater family involvement in children's learning is a critical link in the child's development of academic skills, including reading and writing. Early childhood professionals suggested that a program to help parents understand their role in encouraging their child's development right from birth could help prepare children for school and life success. Such a program, available to all families, would help level the playing field for all children.

With funding from the Missouri Department of Elementary and Secondary Education and The Danforth Foundation, Parents as Teachers began in 1981 in Missouri as a pilot project for first-time parents of newborns. Convinced of the program's benefits and cost effectiveness, state funding was provided in 1985 to implement the PAT program in all Missouri school districts. Since 1985, Parents as Teachers has expanded to all 50 states and to other countries.

### Our numbers

**GROWTH:** From four Missouri pilot sites in 1981 to more than 3,000 sites today located across all 50 states, in U.S. territories and in other countries, including Australia, Canada, China, Germany, New Zealand and the United Kingdom.

**SIZE:** Parents as Teachers National Center is the backbone of the largest parent education program in the nation. Its Born to Learn curriculum and training are used by a wide range of organizations including federal programs such as Head Start/Early Head Start and the Bureau of Indian Affairs, family literacy programs such as Even Start, school districts, child care centers, faith-based programs, social service agencies, public health departments, family resource centers, military bases and even correctional institutions.

**REACH:** There are now nearly 12,000 trained and certified Parents as Teachers parent educators working in programs almost evenly split between rural and non-rural communities. Nearly three million children have been served by Parents as Teachers since 1985, including more than one-third million children in 2008 alone. Over the years, two million children have been screened for developmental delays and speech and hearing problems.

**SPECIAL POPULATIONS:** Last year, more than 60 percent of Parents as Teachers Born to Learn families were characterized by high needs; 35 percent represented minority populations; 48 percent of programs offering Parents as Teachers services served some families whose primary language is Spanish.

**EVALUATIONS:** More than a dozen independent studies over 25 years have verified the effectiveness of the Parents as Teachers Born to Learn model. Studies show that Parents as Teachers children have higher levels of school readiness and continue to outperform their peers in first through fourth grades.





## Vital Signs: A Self-Assessment of Early Childhood Collaborative Groups

Just as well-child visits help prevent or detect health problems early on, an annual “check-up” can help early childhood collaborative groups become more effective in meeting the needs of young children and their families. The purpose of this survey is to help group members identify what’s working well and what they would like to improve in terms of what they do and how they do it. The ultimate goal is to improve the availability, coordination and quality of early childhood programs within communities.

An “early childhood collaborative group” is defined broadly to include any community-based, interagency group that regularly works together to coordinate services for pregnant women, infants, children and families. In West Virginia, these include child care providers, Family Resource Networks, Head Start and Early Head Start, Healthy Families America, health care providers, Maternal Infant Health Outreach Workers (MIHOW), Parents as Teachers, public schools, Right from the Start, West Virginia Birth to Three, Women, Infants and Children (WIC), and other local programs.

The survey items were designed to solicit both individual responses and group discussion. Everyone’s participation is important. While veterans of the group offer a long-term perspective of the group’s purpose and work, newcomers often bring fresh insights that can further the group’s growth. No one should feel pressured to speak, but all should feel welcome to share their observations and ideas.

The survey was developed and tested with early childhood collaborative groups in West Virginia that have been meeting for five or more years. Groups using this survey are encouraged to adapt or add to the items as needed to address their particular circumstances. It works best if the group allows at least two hours for the process and has a neutral facilitator to lead the discussion. Instructions are as follows:

- **Introduction (5 minutes):** Why we’re doing this and what we hope to gain from it.
- **Individual responses (20 minutes):** Ask members to complete the survey individually. All responses are valuable, whether they come from a newcomer or veteran of the group. People should rate each item from 1-5 (1 = strongly disagree, and 5 = strongly agree), or NS if they’re not sure. They may also note what’s working well and what could be improved in each area. The notes are for discussion and will not be turned in to anyone.
- **Group discussion (75 minutes):** For each item, ask for a hand count of people who rated the item 4 or 5, and list the item and number giving a 4 or 5 rating on a flip chart. This serves as a litmus test for how well the group feels it’s doing in that area. Then ask for comments on what’s working well and what could be improved, and record on flip chart. Repeat this process for each question.
- **Next steps (20 minutes):** Sum up the areas most in need of improvement and identify actions that the group is willing to take during the next year. This discussion can be continued at the next meeting if needed.
- **Summary:** Summarize and send the ratings and notes to all group members.

*Based on your experience, rate each item from 1-5 (1 = strongly disagree, and 5 = strongly agree), or NS if you're not sure. Note what's working well and what could be improved in each area. All responses are valuable, regardless of how long you've been a member of the group.*

**Our early childhood collaborative group:**

- \_\_\_\_\_ **(1) Has a shared purpose and goals:** The group has an agreed-upon purpose and goals that reflect a commitment to the health, safety and well-being of pregnant women, infants, children and families.
  
- \_\_\_\_\_ **(2) Is broad-based and inclusive:** The group includes representatives from all the local programs that families who are expecting or have young children rely on most.
  
- \_\_\_\_\_ **(3) Has active participation of members:** Members regularly attend meetings and contribute to the group's work. Participation in the group is recognized as an essential part of one's job, rather than viewed as an optional activity.
  
- \_\_\_\_\_ **(4) Enhances information-sharing among members:** The group helps members stay informed about each other's activities and news from the larger community. Members share advice and information about best practices and financial and other resources.
  
- \_\_\_\_\_ **(5) Facilitates referrals and linkages:** The group facilitates referrals and linkages of families to needed services that are provided by member agencies.

- \_\_\_\_\_ **(6) Improves service coordination:** The group facilitates service coordination when multiple agencies are working with a family, with the permission of that family.
  
- \_\_\_\_\_ **(7) Maximizes in-home services:** Members that regularly provide services in the family's home collaborate with each other on service planning and delivery so as to maximize the benefit to the family and prevent confusion or duplication.
  
- \_\_\_\_\_ **(8) Supports joint planning and funding of projects/programs:** The group helps members plan, fund and implement joint projects and programs that involve all or multiple members.
  
- \_\_\_\_\_ **(9) Improves efficiency:** The group helps members use their time and resources more efficiently, and may consolidate and reduce the number of meetings they attend.
  
- \_\_\_\_\_ **(10) Expands and strengthens relationships:** The group is a source of long-term, supportive relationships with others involved in early childhood field.
  
- \_\_\_\_\_ **(11) Utilizes effective, respectful communication:** Members are informed of and involved in the group's work through meetings, e-mails, phone calls and other activities. Members respect each other's views and resolve conflicts constructively.

\_\_\_\_\_ **(12) Has adequate resources:** The members of the group have sufficient time, expertise, money and other resources to carry out the group's activities and reach its goals.

\_\_\_\_\_ **(13) Engages the larger community:** The group increases awareness of early childhood issues and programs in the larger community in order to reach out to families in need and to gain public support.

Additional comments:





*National League of Cities*

***EARLY CHILDHOOD NEEDS AND RESOURCES***  
**COMMUNITY ASSESSMENT TOOL**

**National League of Cities**  
*Institute for Youth, Education, and Families*  
1301 Pennsylvania Avenue, NW  
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[www.nlc.org](http://www.nlc.org)



## COMMUNITY ASSESSMENT OF EARLY CHILDHOOD NEEDS AND RESOURCES

NLC's Early Childhood Needs and Resources Community Assessment tool is designed to help city officials and other community leaders gain a better understanding of how young children (ages 0-5) and their families are faring and where assistance is needed. It can be used as the first step in developing a local agenda around early childhood; to evaluate the success of current initiatives; or to focus future strategies to help improve outcomes for young children.

The community assessment is not a survey to be submitted to NLC, and there are no right and wrong answers. It is meant to be a flexible guide for city leaders to investigate the state of early childhood in their community. Therefore, cities should feel free to adapt the tool to their specific goals. For example, a mayor or city councilmember could ask a staff member to spend just a few hours completing the inventory of local resources for children ages 0-5. Cities interested in more intensive review could use the tool to collect baseline data to track over time, guide community consultations, and serve as a starting point for a local early childhood task force charged with making policy recommendations.

### **The community assessment has three sections:**

- 1) **Conditions of Young Children:** A set of ten data measures aimed at giving an overall summary of the well-being of children ages 0-5. A Data Guide provides assistance with data sources and alternate measures.
  - *Use the indicators listed as a guide.* If your locality does not collect some of these data, or does not have it broken down at the city-level, do not be overly concerned. Use alternate measures or add other available data that will help provide a picture of the conditions of young children in the community.
  - *Work with local colleges* or child care resource and referral agencies (CCR&Rs) to locate or analyze data.
  - *Save time* by having staff from "data collecting agencies" work together to complete this section.
- 2) **Inventory of Local Resources to Promote Early Childhood Success:** A check-off list of programs, activities or other resources available for young children and their families.
  - *Create a more comprehensive inventory* by using the blanks under each category to record specific program names, services, or other activities that are not listed. Identifying key contacts at these organizations or programs can also be helpful.
  - *Consider collecting detailed information* about each program in the community. For example, in Louisville, KY, the city used the inventory process as an opportunity to create a central catalog of written information (pamphlets, publications etc) about community programs.
- 3) **Open-Ended questions:** A list of questions that can be used to help focus discussions with various community stakeholders, including parents, early childhood service providers, and other stakeholders.
  - *View as an opportunity for engaging constituents* in a meaningful way around early childhood issues. For example, staff from Richmond, VA's Department of Human Resources, met with parents at a local family resource center to solicit feedback on the needs of families with young children in the city.

Listed below are some general suggestions about the community assessment process:

- **Consider using a team approach** to the assessment. Since data and other information about local resources will most likely come from a variety of sources, it may be helpful to bring key experts (both within and outside city government), data suppliers and other knowledgeable partners together to work on the assessment as a group, rather than requiring one person to track down all the information
- **High-level leadership** from a mayor or city/town councilmember can help secure buy-in from the agencies and partners needed to collect data and other important information for the assessment. For example, in Houston, TX, a city councilmember convened a group of key community leaders to work on the assessment.
- **Provide opportunities to reflect on the information gathered.** After completing the community assessment, do not just file it away! Instead, set aside time to discuss the results with other municipal leaders, staff from key city agencies, and stakeholders. Use these sessions to determine priorities, develop strategies, and build support for taking the next steps to address early childhood needs identified by the assessment.

**PART I: CONDITION OF YOUNG CHILDREN**

*For each measure, it will be most helpful to locate city-level data on children ages 0 to 5 years old (under age 6.) However, when this is not possible, data may be available for a different age range or at the county level. Refer to the Data Guide at the end for assistance with data sources and alternate or additional measures.*

	<i>City</i>	<i>- OR -</i>	<i>County</i>
<b>Number of children under age 6</b> (or under age ____)	_____		_____
<b>Percent of families with children under age 6</b> (or under age ____)	_____%		_____%
<b>Percent of children under age 6 living in poverty</b> (or under age ____)	_____%		_____%
<b>Percent of infants born with low-birth weight</b>	_____%		_____%
<b>Percent of children immunized by age 2</b>	_____%		_____%
<b>Child abuse and neglect rate for children (0-5 or ages: ____ to ____)</b> (reported cases per 1,000 children)	_____		_____
<b>Percent of children covered by health insurance (0-5 or ages: ____ to ____)</b>	_____%		_____%
<b>Total number of children served in:</b>			
• Head Start	_____		_____
• School-based Pre-School	_____		_____
• Private Profit or Non-Profit Child Care	_____		_____
• Family Child Care	_____		_____
<b>Total number of children receiving subsidies for child care</b>	_____		_____
<b>Percentage of first graders promoted to next grade</b> (Indicator of school readiness)	_____%		_____%



**PART II: INVENTORY OF LOCAL RESOURCES TO PROMOTE EARLY CHILDHOOD SUCCESS**

*Under each category, use the space provided to specify the type of activity, the name of the program(s), or additional activities. For each activity that is available in your city or town, check all entities that are engaged or provide this service.*

	City	County	For-Profit	Nonprofit	Not Available
<b>Planning/Public Awareness</b>					
▪ Task force/coalition	_____	_____	_____	_____	_____
▪ Public awareness campaign	_____	_____	_____	_____	_____
▪ City-wide needs assessment	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Parent Education/Support</b>					
(Specify, e.g. family resource centers, home visiting, parenting classes, family literacy programs, etc).					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Early Care and Education</b>					
▪ Quality Initiatives (Specify, e.g. provider training, programs to enhance provider wages/benefits, etc.)					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
▪ Child Care Access/Supply (Specify, e.g. resource & referral, facility development, transportation, direct provision of early childhood programming, etc.)					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PART II: INVENTORY OF LOCAL RESOURCES (continued)**

	City	County	For-Profit	Nonprofit	Not Available
<b>Early Care and Education</b> (continued)					
▪ Affordability (Specify, e.g. child care benefits for city employees)					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Child Health and Safety</b>					
▪ Health Outreach (immunizations, information about low-cost health insurance, food stamps, or WIC)					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
▪ Safety Programs (safety seat program, smoke detector distribution, lead abatement)					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
▪ Child abuse prevention	_____	_____	_____	_____	_____
<b>Other</b>					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PART III: OPEN-ENDED QUESTIONS**

*These questions are provided to help you gain a deeper understanding of the local context through discussions with parents and other community stakeholders.*

***General:***

1. How would you assess your community's readiness to tackle early childhood issues? What is the evidence of this?
2. Is there a general awareness of the importance of successful early childhood in your community? How do you know this?
3. What types of people/organizations in your community are important to have "at the table" when designing an early childhood agenda?
4. Do you anticipate sources of resistance to municipal action to promote early childhood success? What is the nature of the anticipated resistance?
5. What are some potential barriers to, and opportunities for, reaching out to parents of young children in your community?

***For Meetings with Parents:***

- What are the most important sources of information and support for you as a parent? (i.e. extended family, church, pediatrician, family resource center, etc.)
- What programs/services in the city/town have been most helpful to you, if any, in raising your young children?
- What do you find to be the hardest part of raising a child in this city/town?
- If you could make one suggestion to help make the system work better to support families of young children, what would it be?

***For Meetings with Early Childhood Providers and Other Stakeholders:***

- What services do each of you offer? Do all of these services function as a cohesive system? If not, why?
- Is there an existing coalition or other mechanism that promotes communication and coordination among providers of early care and education, health services, and parent support programs in the city/town? If so, what is it? How does it work?
- What is the nature of your linkage with the schools?
- What are the biggest unmet needs for young children and families? How do these relate to the data on the condition of young children in our city that we've collected?
- What roles could the city/town play in order to improve outcomes for young children?

## DATA GUIDE: SOURCES AND ALTERNATE MEASURES

### ❖ Number of children under age 6

**Sources:** State/City Department of Human Services/Planning or US Census Bureau

For Census 2000 data:

- 1) Go to [www.census.gov](http://www.census.gov) and click on "American Fact Finder" on the left-hand side.
- 2) In the "Basic Facts" box, choose "Tables."
- 3) In the "Show Me" drop-down menu, choose "General Characteristics: Population & Housing" under "Census 2000 Quick Tables (QT)." Wait for page to re-load.
- 4) In the "For" drop-down menu, choose "City or Town." Wait for page to re-load.
- 5) Next, select your state from the drop-down menu. Wait for page to re-load.
- 6) Finally, select a place (your town/city) from the drop-down menu that appears after the page re-loads and click the: "GO!" button
- 7) Population figures are at the top of the table. *Note: Data are for children under age 5.*

### ❖ Percent of households with children under age 6

**Sources:** City/State Department of Human Service/Planning or US Census Bureau.

For Census 2000 data:

1. Go to [www.census.gov](http://www.census.gov) and click on "American Fact Finder."
2. Under the "Data Sets Menu," box choose "Summary File 1."
3. Choose "Quick Tables" from the list on the right-hand side of the page.
4. On the next screen, make sure "List" is indicated for "Choose a Selection Method."
5. Choose County or Place (city) from the drop-down menu for "Select a Geographic Type." Wait for the page to re-load.
6. Next, choose your state from the "Select a State" drop-down menu. Wait for the page to re-load.
7. Choose the area(s) you wish to see data for under "Select one or more geographic areas" and click "Add" button and then click "Next" button.
8. Make sure "Show All Tables" is selected under Search.
9. Scroll down the "Select one or more tables" drop-down menu and choose "QT:P10 Households and Families 2000", then click the "Add" button and the "Show Table" button.
10. On the table, look for the "Family Type and Presence of Own Children" category. To capture all families with children under age 6 you must add together the percentages for "Under 6 years only" and "Under 6 & 6-17 years."

### ❖ Percent of children under age 6 living in poverty

**Sources:** *City/State Department of Health/Human Services may calculate or estimate this figure. The US Census Bureau is also a main source for poverty statistics and 2000 Census data (the most recent) have been released.*

For Census 2000 data:

1. Go to US Census Bureau at [www.census.gov](http://www.census.gov) and click on "American Fact Finder."
2. Under the Data Sets Menu, choose "Summary File 3."
3. Choose "Quick Tables" from list on the right-hand side of page.
4. On the next screen make sure "List" is indicated for "Choose a Selection Method."
5. Choose County or Place (city) from the drop-down menu for "Geographic Type." - Wait for the page to re-load.
6. Next choose a State from the drop-down menu - Wait for the page to re-load.
7. Choose the area(s) you wish to see data for under "Select one or more geographic areas." Then click the "Add" button and the "Next" button. - Wait for page to load.
8. Make sure "Show all tables" is selected under "Search."



9. Scroll down the "Select one or more tables" drop-down menu and choose "QT-P34 Poverty Status in 1999 of Individuals: 2000" Then click the "Add" button and the "Show Table" button.
10. On the table, look for "Related children under 6 years." The percentage below poverty level will be listed in the far right column.

▪ *Alternate measure: Percent of families with children under age 5 living in poverty*  
Follow directions 1-8 above. When asked to select a table, choose "QT-P35 Poverty Status in 1999 of Families and Nonfamily Householders: 2000" and continue from there. *Note: The data for families in poverty uses a different child age range. It will have families "with related children under 5."*

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- ❖ **Percent of infants born with low-birth weight** *[Alternate measures: Percentage of women receiving prenatal care in the first trimester; Infant mortality rate (deaths per 1,000 births)]*
- ❖ **Percent of children immunized by age 2**
- ❖ **Child abuse and neglect rate for children ages 0-5 (reported cases per 1,000 children)**
- ❖ **Percent of children covered by health insurance** *[Alternate measure: Uninsured children]*

**Sources:** City or State Department of Health and Human Services

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- ❖ **Total number of Children Served in:**  
    Head Start  
    School-based Pre-K  
    Private child care
- ❖ **Total number of children receiving subsidies for child care**

**Sources:** If not collected by a Health and Human Services agency in your city, the local Child Care Resource and Referral (CCR&R) should have this information. To find the CCR&R that serves your city, you can contact Child Care Aware at 1-800-424-2246 or on-line at [www.childcareaware.org](http://www.childcareaware.org).

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- ❖ **Percent of first graders promoted to next grade**

**Source:** Local school district

**Alternate measure:** Percent of children held back in first grade

- ❖ For questions about the Community Assessment Tool or for more information about NLC's work to support municipal leadership on early education, please contact:

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- ❖ To download the Community Assessment Tool, go to: [www.nlc.org/iyef](http://www.nlc.org/iyef)

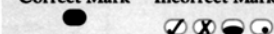




# Community Needs Survey

## MARKING INSTRUCTIONS

Correct Mark      Incorrect Marks



- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the oval completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.
- Do not fold, tear, or mutilate this form.

Name of Surveyor: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Organization: \_\_\_\_\_

Hello, my name is \_\_\_\_\_  
your name

I work with \_\_\_\_\_  
organization's name and  
Vanderbilt University in Nashville, Tennessee.

Soon we will be starting a program to improve the health of infants, young children and mothers in our community. The Maternal Infant Health Outreach Worker program, or MIHOW for short, will serve pregnant women and families with children under age three. Part of our work requires that we learn more about the health needs of the people in our community so that we can help MIHOW workers do the best job they can. That's why we are conducting a survey of women who are pregnant or have had a baby within the last two years.

Are there any women living here who have had a child within the last two years or are now pregnant?

☐ yes    ☐ no    ➔ If the answer is no, go to question #45 at the end.

➔ If yes: I have a few questions I would like to ask you. Your answers will help our program be more useful. The survey will take about 30 minutes. We will not tell anyone your answers, and your name will not be used. If there is a question you don't want to answer, or if you want to stop the interview at any time, just let me know and we will stop.

Would you be willing to do the interview?

☐ yes    ☐ no    ➔ If no, go to question #45 near the end.

➔ If yes, either talk to the woman now, or arrange a time when she can be interviewed.

The information you give me about yourself and about pregnancy and birth and other opinions you have is very valuable to our work. *Thank you for helping us.*

## FIRST, I'M GOING TO ASK YOU ABOUT YOUR PERSONAL CHARACTERISTICS, THINGS LIKE RACE AND AGE.

1. What do you consider your race to be?

(Don't read the responses below to her. Just mark the oval that fits best. If other, fill in what she says.)

- ☐ African American/Black    ☐ Hispanic/Latina  
☐ Caucasian/White    ☐ Other \_\_\_\_\_

2. How old are you?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

3. Are you living with your husband?

☐ No    ☐ Yes    If no:

3a. Are you living with your boyfriend?

☐ No    ☐ Yes

4. Are you employed full-time?

☐ No    ☐ Yes    If no:

4a. Are you employed part-time?

☐ No    ☐ Yes

5. How many grades of school have you completed? \_\_\_\_\_

6. How many people live in your house, including you? \_\_\_\_\_

7. Do you have a telephone in your home?

☐ No    ☐ Yes

8. Do you have a cell phone?

☐ No    ☐ Yes

9. Do you have a car or truck that you can use?

☐ No    ☐ Yes

10. Do you or your children currently get:

WIC? ☐ No    ☐ Yes

Food Stamps? ☐ No    ☐ Yes

Medicaid/TennCare? ☐ No    ☐ Yes

CHIP? ☐ No    ☐ Yes

TANF? ☐ No    ☐ Yes

Page 1.

PLEASE DO NOT WRITE IN THIS AREA



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**FOR MOST OF THE REST OF THE SURVEY, I'M GOING TO ASK YOU QUESTIONS ABOUT YOUR PREGNANCIES AND BIRTHS.**

11. Are you pregnant now? ☐ No ☐ Yes

12. How many pregnancies have you had? →

0	0
1	1
2	
3	
4	
5	
6	
7	
8	
9	

13. Did you take a multi-vitamin supplement before you got pregnant?

☐ No ☐ Yes

14. Were you using anything to keep you from getting pregnant when you got pregnant?

☐ No ☐ Yes If yes:

14a. What were you using?

(If not pregnant)

15. Are you trying to keep from becoming pregnant now?

☐ No ☐ Yes If yes:

15a. What are you using to keep yourself from getting pregnant now? (Mark all that apply.)

- |  |   |
|--|---|
| <input type="radio"/> abstinence         | <input type="radio"/> Norplant (the sticks in your arm) |
| <input type="radio"/> condom             | <input type="radio"/> the pill                          |
| <input type="radio"/> Depo-provera shots | <input type="radio"/> rhythm method                     |
| <input type="radio"/> diaphragm          | <input type="radio"/> sterilization (tubal/vasectomy)   |
| <input type="radio"/> foam or jelly      | <input type="radio"/> other _____                       |
| <input type="radio"/> IUD                |   |

**NOW I'M GOING TO ASK YOU ABOUT YOUR LAST PREGNANCY.**

(If the woman is now pregnant, ask her to talk about the pregnancy before this one.)

**FOR YOUR LAST PREGNANCY:**

16. Did you receive prenatal care? ☐ No ☐ Yes If yes:

16a. Did you go to one of the following for prenatal care?

- |              |  |
|--------------|--|
| Doctor       | <input type="radio"/> No <input type="radio"/> Yes |
| Nurse        | <input type="radio"/> No <input type="radio"/> Yes |
| Midwife      | <input type="radio"/> No <input type="radio"/> Yes |
| Health Dept. | <input type="radio"/> No <input type="radio"/> Yes |

16b. In what month of your pregnancy was your first visit?

- |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> Month 1 | <input type="radio"/> Month 2 | <input type="radio"/> Month 3 |
| <input type="radio"/> Month 4 | <input type="radio"/> Month 5 | <input type="radio"/> Month 6 |
| <input type="radio"/> Month 7 | <input type="radio"/> Month 8 | <input type="radio"/> Month 9 |

16c. How many times did you go during your pregnancy? (If she has trouble remembering, ask her to estimate.)

0	0
1	1
2	2
3	3
4	
5	
6	
7	
8	
9	

Page 2

17. What happened with your last pregnancy? Did you have the baby? (Don't read these out loud. Just mark one.)

- |             |  |
|-------------|--|
| Live birth  | <input type="radio"/> No <input type="radio"/> Yes |
| Abortion    | <input type="radio"/> No <input type="radio"/> Yes |
| Stillbirth  | <input type="radio"/> No <input type="radio"/> Yes |
| Miscarriage | <input type="radio"/> No <input type="radio"/> Yes |

18. If a live birth, how many weeks was your last pregnancy?

(You can help figure out weeks by asking: How close to your due date was your baby born? Then add to or subtract from 40 weeks.)

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**WHEN YOU'RE PREGNANT, LOTS OF PEOPLE GIVE YOU SUPPORT OR ADVICE ABOUT HOW TO HAVE A HEALTHY BABY. I WANT TO ASK YOU SOME QUESTIONS ABOUT THE HELP YOU MAY HAVE RECEIVED.**

19. Did you receive any of the following types of support during your last pregnancy? (Read these out loud and mark all that apply.)

- |   |  |
|---|--|
| Medicaid/TennCare   | <input type="radio"/> No <input type="radio"/> Yes |
| Private health insurance or insurance through your employer | <input type="radio"/> No <input type="radio"/> Yes |
| Home visits   | <input type="radio"/> No <input type="radio"/> Yes |
| Reduced-fee medical visits                                  | <input type="radio"/> No <input type="radio"/> Yes |
| Free medical visits   | <input type="radio"/> No <input type="radio"/> Yes |
| Food Stamps   | <input type="radio"/> No <input type="radio"/> Yes |
| WIC   | <input type="radio"/> No <input type="radio"/> Yes |

20. What other kinds of support did you have during your last pregnancy?

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21. What was the most useful source of information to you during your last pregnancy?

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22. What was the least useful source of information to you during your last pregnancy?

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23. What kinds of support—financial, professional, or from friends or family—would you have liked to receive during your last pregnancy that you didn't?

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24. How many children have you given birth to? →

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

25. How old were you at the time of your first live birth? →

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**NOW I'M GOING TO ASK YOU SOME QUESTIONS  
ABOUT YOUR LAST LIVE BIRTH.  
FOR YOUR LAST LIVE BIRTH:**

26. How many weeks was the pregnancy? →

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

27. Did you have any medical complications during this pregnancy?

☐ No ☐ Yes If yes:

- 27a. What were they?

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28. Did you attend childbirth preparation classes?

☐ No ☐ Yes

29. Did you have pain medication during your delivery?

☐ No ☐ Yes

30. Did you have a caesarean birth? ☐ No ☐ Yes

31. Was the delivery induced? ☐ No ☐ Yes

32. Did you have any medical complications during this delivery?

☐ No ☐ Yes If yes:

- 32a. What were they?

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33. How much did this baby weigh when born? →

lbs.		oz.	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

34. Did you breastfeed? ☐ No ☐ Yes If yes:

- 34a. About how long did you breastfeed? →

weeks	months	years
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

- 34b. Who helped you breastfeed?

---

35. Is the baby still alive? ☐ No ☐ Yes If yes:

- 35a. At what age, in months, did your baby start drinking cow's milk? →

months
0
1
2
3
4
5
6
7
8
9

- 35b. At what age, in months, did your baby start eating solid foods? →  
(Explain that solid foods are anything other than milk, juice or other fluids.)

months
0
1
2
3
4
5
6
7
8
9

- 35c. Is your baby up to date on shots?

☐ No ☐ Yes ☐ Don't Know

**I HAVE A FEW MORE PERSONAL QUESTIONS  
TO ASK YOU.**

36. How much income does your household get regularly each month? Include things like paycheck, unemployment compensation, social security/disability/SSI, TANF, food stamps, other public assistance, regular child support or alimony, or any other regular support. (Ask the mother to choose a category.)

☐ Under \$250 ☐ \$251–500 ☐ \$501–750  
☐ \$751–1,000 ☐ \$1,001–1,250 ☐ \$1,251–1,500  
☐ \$1,501–1,750 ☐ \$1,751–2,000 ☐ \$2,001 or more

37. Do you have enough food for your family all of the time, most of the time, some of the time, hardly ever, or never? (Mark one.)

☐ all of the time ☐ some of the time ☐ never  
☐ most of the time ☐ hardly ever

38. Do you have one or more friends or family members you feel at ease talking with about private matters?

☐ No ☐ Yes

39. Do you have one or more friends or family members you can call on for help on a regular basis?

☐ No ☐ Yes

**THIS SURVEY HAS TEN MORE QUESTIONS.  
THEY ASK FOR SOME OF YOUR OPINIONS ABOUT THIS COMMUNITY.**

40. What programs or resources are available in this area that are helpful to mothers, children or families? (You may need to explain what you mean by programs or resources.)

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41. What programs or resources available for mothers, children, or families in this area need improvement?

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42. What programs or resources not available right now for mothers, children, or families in this community would be good to have?

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43. What are the major problems facing mothers, children, or families in your community?

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44. What would you be willing to do in this community to help solve the problems facing mothers, children, or families?

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45. Tell me three good things about this community that you like.

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46. Tell me three things about this community that you don't like.

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*(If your program has decided to ask additional questions, ask them now. Then ask the following.)*

47. We would be happy to provide you with a report about the answers we get to these questions. Would you like a copy?

☐ No ☐ Yes If yes:

47a. I need your name and address and for you to sign the statement below saying that you want the report. Your name and address are strictly confidential and will be kept separate from your answers.

*I would like to receive a report on this survey. I understand that my name and address will be kept strictly confidential.*

Signature \_\_\_\_\_

Name (printed) \_\_\_\_\_

Address \_\_\_\_\_

48. Do you know any other women who are pregnant, or have had a child within the last two years, and might be willing to participate in this survey.

☐ No ☐ Yes (Get names and how to locate them.)

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*(Thank the woman and end the interview. Then interview any other women in the home who are pregnant or have had a child in the last two years who would like to be interviewed, or arrange another time.)*



## Additional Resources

### **Child Abuse Prevention:**

More general information on child abuse prevention programs can be found at:  
<http://www.childwelfare.gov/preventing/overview>

### **Protective Factors:**

An excellent pre-/post tool to use with participants can be found at: FRIENDS: National Resource Center for Community-Based Child Abuse Prevention, Protective Factors Survey,  
<http://www.friendsnrc.org/outcome/pfs.htm>

### **West Virginia Resources:**

West Virginia 211: Get Connected, Get Answers - <http://www.wv211.org>  
The Beehive: Make it easy – <http://wv.thebeehive.org/>

### **Surveys:**

If the Planning Group decides to design and implement a survey, an excellent resource is The Community Toolbox. Information can be found at:  
[http://ctb.ku.edu/en/tablecontents/sub\\_section\\_main\\_1048.htm](http://ctb.ku.edu/en/tablecontents/sub_section_main_1048.htm)

### **Logic Models:**

A Logic Model Builder can be found at the Friends National Resource Center at:  
<http://www.friends.nrc.org/outcome/toolkit/index.htm>

Another resource for Logic Model building:  
<http://www.uwex.edu/ces/lmcourse/#>



## Parents as Teachers Born to Learn Logic Model

### What is the Parents as Teachers Born to Learn logic model?

The logic model provides a simplified, visual description of the Parents as Teachers program. The logic model summarizes the program's theory of change—the way in which services are intended to change the lives of children and families. It shows how the Parents as Teachers vision and mission, core values, and assumptions are translated into Parents as Teachers program services which then result in specific changes or outcomes for families.

The logic model provides a general picture of how the Parents as Teachers Born to Learn model is intended to work. To ensure fidelity, programs provide services in all four major model components. However, in particular cases, additional implementation strategies or minor modifications to the model may be necessary to best address families' needs at the local level. Implementation may be modified to be culturally responsive, directed to special populations, or offered in conjunction with other early childhood programs, as determined by community need.

### How does the logic model help my program?

The logic model can help create a shared understanding of Parents as Teachers. By demonstrating that activities are not an end to themselves, parent educators can be increasingly motivated as they work with families to create change. The logic model also provides a focused conceptual model that can be used in program planning, training and professional development, and the allocation of personnel and resources. Additionally, the logic model can become the basis of an evaluation plan to measure the effectiveness of Parents as Teachers services.

### How do I read the logic model?

The logic model represents a sequence of events. The model flows from left to right, as depicted by arrows, and shows how change occurs over time. The logic model does not show all possible links, only those most important to creating change. Each arrow represents a link from one element of the logic model to another. Reading the logic model is similar to a series of "if...then" statements.

### What are the major elements of the logic model?

The logic model is presented as a series of elements. Change over time is expected in the model moves from one element to the next, starting with basic beliefs about children and families and ending with long-term change for children, families, and communities. The major elements are:

- **Vision, Mission, Core Values:** the guiding philosophy and beliefs that are the foundation of the Parents as Teachers Born to Learn model.

All children will  
learn, grow and  
develop to realize  
their full potential.

## Parents as Teachers Born to Learn<sup>SM</sup> logic model



### Parents as Teachers national center

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St. Louis, MO 63104  
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- **Assumptions:** key principles of high quality programming as they relate to the needs of children and families.
- **Model Components:** summary of services that directly address the needs of children and families listed in the assumptions.
- **Activities:** specific statements of program services provided as part of the model.
- **Short-term Outcomes:** changes that result directly from program services.
- **Intermediate Outcomes:** changes that result due to program implementation indirectly or from short-term outcomes and that are measurable at a later time point.
- **Long-term Outcomes:** changes that often have a community impact and require greater time to measure.

### How do the outcomes relate to the goals of Parents as Teachers?

The goals of Parents as Teachers describe the impact of the programs on children, parents, and the community. The outcomes have been color coded to illustrate that the four goals of Parents as Teachers are met throughout program implementation, in short-term, intermediate, and long-term outcomes. The colors appearing on the logic model and their corresponding goals are as follows:

- Blue: increase parent knowledge of early childhood development and improve parenting practices
- Pink: provide early detection of developmental delays and health issues
- Green: prevent child abuse and neglect
- Yellow: increase children's school readiness and school success

### How was the logic model developed?

Using a collaborative process, Parents as Teachers National Center and EMT Associates, Inc. drew information from Parents as Teachers practices, materials, and current literature on child development and parenting practice as the foundation of the logic model. Special attention was placed on developing a sound framework for how the program will create change for children and families over time. The logic model was reviewed and revised based upon comments from Parents as Teachers National Center staff, national trainers, and state systems leaders, as well as representatives from other national home visitation models.

# Parents as Teachers Born to Learn Logic Model

