

# Parent Satisfaction & Child Success:

## An Assessment of Client/Provider Rapport-Building in a School-Readiness Intervention Program



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### About CHIP of Roanoke Valley

CHIP stands for Child Health Investment Partnership. Although frequently confused with SCHIP (the State's Children's Health Insurance Programs), CHIP is not affiliated with these programs.

CHIP of Roanoke Valley is an early childhood home visiting program. They pair low-income children, ages birth to 6, with a Community Health Nurse and Family Case Manager for health care coordination (includes help accessing needed medical services, assistance with the management of chronic conditions, and preventive services like fluoride dental varnish), developmental education, kindergarten preparation and regular child assessment and monitoring.

CHIP families receive services like anticipatory child development guidance, employment and education support, parent meetings and transportation. These services work to help build parenting capacity and to provide support to families as they set and reach goals and move toward self-sufficiency.

CHIP offers mental health counseling services, including play therapy for children. Supplemental case management services that target specific needs (i.e., prenatal case management and asthma case management) is also provided.

### Who We Serve

CHIP's intervention program provides medical home visits, health supervision, family support and parent education services to families below 200% of the poverty line with at least one expectant or dependent child aged 0-5 years.

From 2013-2015, the program served 5 communities, 1993 children and 199 pregnant women in 1396 families.

Approximately 42% of clients served identified as African American, 42% as White, and 12% as Hispanic. Staff work with families for an average of 2.4 years.

### Theoretical Background and Research Question

Family researchers have documented the advantages of building rapport with low-income or otherwise marginalized families, as longer-term, longitudinal engagements with such families may produce deeper and more accurate information about families' hardships and obstacles to care (e.g., Burton, Purvin & Garrett-Peters, 2009) and may increase intervention programs' success with clients (e.g., ChildTrends 2013).

Through analysis of the results of a client satisfaction survey, this research evaluates the role of client/provider rapport-building for successful program intervention among families currently and previously receiving services from an intervention program focused on impoverished families in Southwestern Virginia.

### Method of Analysis

Qualitative analyses identified dominant themes across clients' responses to a satisfaction survey. Anonymous surveys were mailed annually with postage paid envelopes to all families who participated in the intervention program. Data was analyzed from n=94 clients participating from years 2013-2015 (a response rate of 10%).

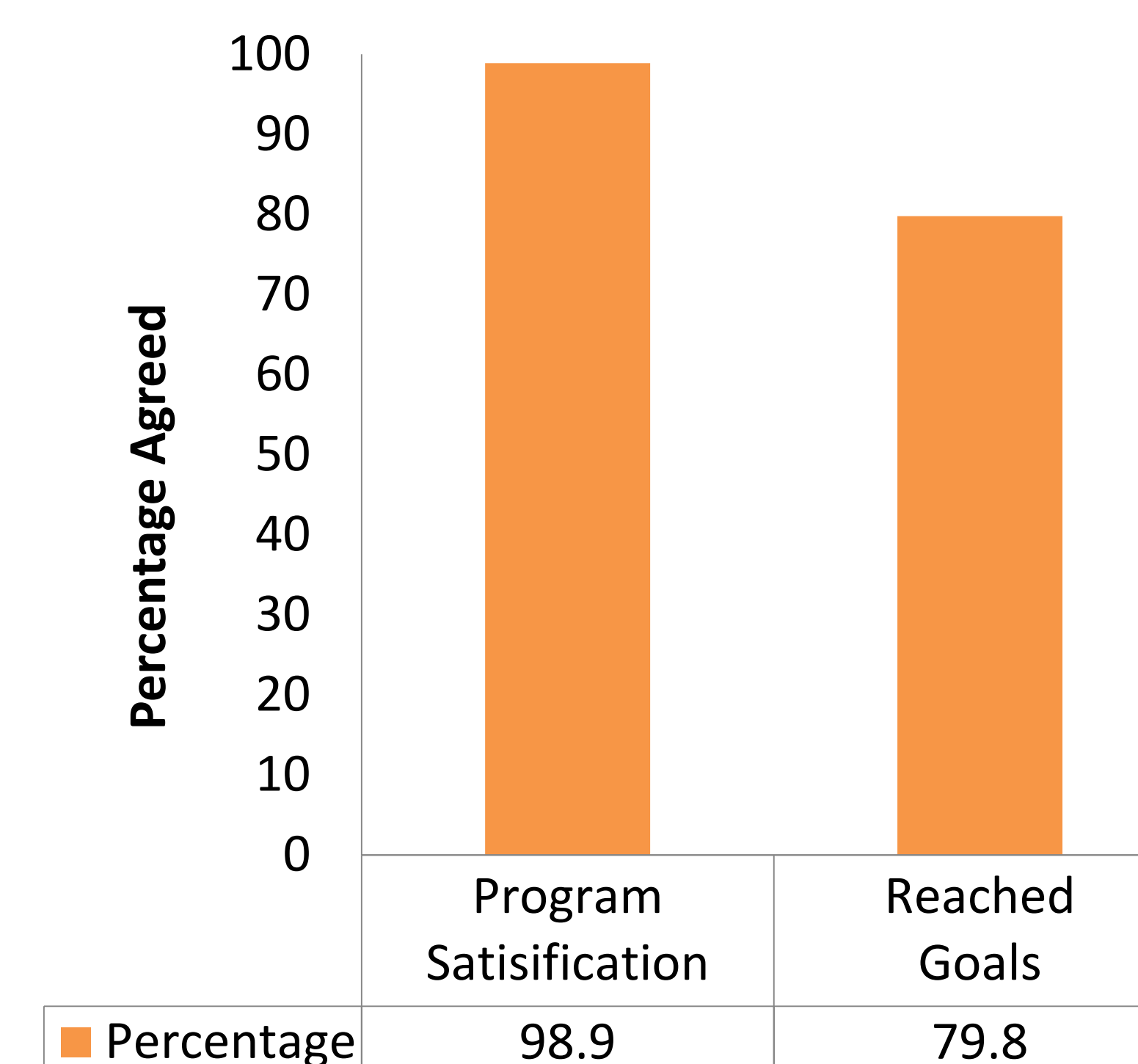
### Results & Implications

On an 18-item, 3-point agreement Likert scale, guardians' most frequent response to program satisfaction statements was **agree**, ranging from **92.6%-98.9%**.

Items included perception that child health was improved, family culture was respected, the family benefited from the program and parent confidence was built.

Additionally, over **95%** felt better about managing parenting responsibilities, protecting their child(ren) from accidents, doing things to help their child(ren) learn, and addressing their child(ren)'s health, development, and behavioral concerns.

Demographics	
Mom completed survey	76.6%
Received monthly visit	77.7%
Reported nurse at visit	48%
Time in program ≥ 4 years	33%



### Results & Implications Continued

**Selected Statements: Evidence of Rapport-Building**  
“[I appreciate] the close friendship that has evolved over the years of trust and encouragement...”

“I feel like they care about me and my family individually and we are not just ‘another case’”.

“I have built a great relationship with my family case manager. I trust what she has to share...”

### Discussion

Clients were asked to discuss what they dis/liked about CHIP's services and offer feedback for program improvement. Rapport with service providers was a prevalent theme, the presence of which may offer insight regarding CHIP's success and longevity with families. Future research will include analysis of both qualitative and quantitative data to determine the potential impact of rapport-building for families' longer-term economic stability and their children's scholastic success.

### Collaborators



### References

Chip of Roanoke Valley “About Us” <http://www.chiprv.org/about-us> Burton, LM; Purvin, D; Garrett-Peters, R (2009). “Longitudinal ethnography: Uncovering domestic abuse in low-income women’s lives.” In *The Craft of Life Course Studies*, eds. Elder, G. and JZ Giele. Child Trends (2013). “Reducing Teen Childbearing Among Latinos: An Innovative Anti-Poverty Strategy” Retrieved from <https://www.childtrends.org/wp-content/uploads/2013/12/2013-55Reducing-Teen-Childbearing-Among-Latinos1.pdf>