



Some Thoughts about Data



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- Did **it** make a difference?
- What kind of a difference did **it** make?
- How much of a difference did **it** make?
- Was **it** worth it?

What is **it** ?

Assumption 1. You've defined **it**.

- Services are identified that reflect assets, needs and priorities of the population served.
- You have good reason to believe that your services will result in positive outcomes (the strategies are evidence-based or evidence-informed)
- The strategies are documented well enough to pass the circus test.

Circus Test?



☀ If key staff left to join the circus, others could pick up the manual and have a clear, comprehensive manual for providing services.

- the manual should describe the program's key components. (this program **only** if the following things happen in this way at this time and to this degree . . .

Assumption 2. You are doing **it**.

- You are providing services as intended.
- You serve the population identified
- Staff are trained to provide services according to your standards (identified in your manual)
- There are fidelity measures or quality assurance plans in place.
- You document deviations from the model



“The horror of that moment,” the King went on, “I shall never, NEVER forget!”

“You will, though,” the Queen said, “if you don’t make a memorandum of it.”

Lewis Carroll,
Through the Looking Glass

Okay, we know what **it** is. We know we are doing **it**.

Now we want to know . . .

• Is ***it effective?***

What is ***effective*** ?

Evaluation Assumption 3

- Effectiveness is defined
- Outcomes and indicators of success are clearly articulated
- The outcomes are worth the resources needed to achieve them

So. . . ***it is effective*** if families who receive the services also achieve positive outcomes?

So far, so good.

But how do I ***really*** know that the services resulted in positive outcomes?

Evaluation Assumption 4. You have an evaluation plan

- Appropriate strategies for measuring outcomes are in place
 - You **KNOW** what you are looking for and have the right tools and resources to use them
- Evaluation is treated as part of service delivery
 - Staff are trained and comfortable with evaluation activities
 - Families are prepared and understand the purpose of evaluation activities

Evaluation Tool Annotations:

www.friendsnrc.org , <http://friendsnrc.org/evaluation-toolkit/compendium-of-annotated-tools>

Example of an annotation:

Health and Well-Being Index, Author Dunst, C. J.

Date:	1986
Construct:	Family Resiliency, Child and Family Health
Standardized:	Yes
Instrument Type(s):	Parent Self-Report
Uses of Information:	The Health and Well-Being Index (HWI) was designed for parents raising a child with a developmental delay or disability. It is a brief (five-item) survey that provides a broad measure of parents' perceptions of their physical and emotional well-being (physical health, emotional and psychological health, coping with day-to-day demands, coping with rearing a child with a disability or delay, and stress management).
Environment:	The parent completes the tool in a center or home setting with staff available to answer questions.
Description:	Paper and pencil instrument. Five items are rated using a 5-point Likert scale.
References:	Dunst, C. J., & Leet, H. E. (1987). Measuring the adequacy of resources in households with young children. <i>Child: Care, Health and Development</i> , 13, 111-125. Dunst, C. J., Leet, H. E., & Trivette, C. M. (1988). Family resources, personal well-being, and early intervention. <i>Journal of Special Education</i> , 22, 108-116.
Cost:	\$3.00 for a single-unit license or \$13.00 for a 25-unit license download. Printed versions are available for order.
Availability of Test Manual:	Unspecified. Contact Winterberry Press for technical information regarding the use of the Health and Well-Being Index: info@wbpress.com or 1-800-824-1182.
Contact Information:	Please visit the author's website at www.wbpress.com and follow links to item #8620.
Instructions:	Parents or caregivers rate items according to how they have felt during the <i>past several months</i> . Administrators may assist respondents in completing the scale in an interview format as needed.
Administrator:	Home visitors, parent educators, family support program staff
Qualification:	Unspecified

Training Required:	No training requirement is specified by the developers. Some training support may be found in <i>Supporting and Strengthening Families: Methods, Strategies, and Practices</i> , published by Brookline Publishing.
Administration Time:	The scale takes less than a minute to complete.
Respondents:	Parents or caregivers of children with a disability or developmental delay
Scales/ Item Options:	How would you say you feel about: <ul style="list-style-type: none"> • Your ability to deal with day-to-day demands • Your ability to handle stressful situations
Scoring:	After the parent or caregiver has completed the scale, the administrator sums the responses on all five items to provide a global measure of parental health and well-being.
Languages:	English: www.wbpress.com .
Psychometric Properties:	The reliability and validity of the scale were established in a study of 45 mothers of preschool-aged children with disabilities or delays and children at risk for poor developmental outcomes. The Health and Well-Being Index scores were significantly related to overall adequacy of family resources ($r = 0.56, p < .001$) and both intrafamily ($r = 0.68, p < .001$) and extrafamily ($r = 0.75, p < .001$) support. Details of the scale's psychometric properties are available with purchase of the scale.