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 is 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*

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

Now we want to know . . .

- **Is it effective?**

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**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

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**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?

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**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

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**Evaluation Tool Annotations:**

### Example of an annotation:

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

<table>
<thead>
<tr>
<th>Date:</th>
<th>1986</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construct:</td>
<td>Family Resiliency, Child and Family Health</td>
</tr>
<tr>
<td>Standardized:</td>
<td>Yes</td>
</tr>
<tr>
<td>Instrument Type(s):</td>
<td>Parent Self-Report</td>
</tr>
<tr>
<td>Uses of Information:</td>
<td>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).</td>
</tr>
<tr>
<td>Environment:</td>
<td>The parent completes the tool in a center or home setting with staff available to answer questions.</td>
</tr>
<tr>
<td>Description:</td>
<td>Paper and pencil instrument. Five items are rated using a 5-point Likert scale.</td>
</tr>
<tr>
<td>Cost:</td>
<td>$3.00 for a single-unit license or $13.00 for a 25-unit license download. Printed versions are available for order.</td>
</tr>
<tr>
<td>Availability of Test Manual:</td>
<td>Unspecified. Contact Winterberry Press for technical information regarding the use of the Health and Well-Being Index: <a href="mailto:info@wbpress.com">info@wbpress.com</a> or 1-800-824-1182.</td>
</tr>
<tr>
<td>Contact Information:</td>
<td>Please visit the author’s website at <a href="http://www.wbpress.com">www.wbpress.com</a> and follow links to item #8620.</td>
</tr>
<tr>
<td>Instructions:</td>
<td>Parents or caregivers rate items according to how they have felt during the past several months. Administrators may assist respondents in completing the scale in an interview format as needed.</td>
</tr>
<tr>
<td>Administrator:</td>
<td>Home visitors, parent educators, family support program staff</td>
</tr>
<tr>
<td>Qualification:</td>
<td>Unspecified</td>
</tr>
</tbody>
</table>
No training requirement is specified by the developers. Some training support may be found in *Supporting and Strengthening Families: Methods, Strategies, and Practices*, published by Brookline Publishing.

The scale takes less than a minute to complete.

Parents or caregivers of children with a disability or developmental delay

- Your ability to deal with day-to-day demands
- Your ability to handle stressful situations

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.

English: [www.wbpress.com](http://www.wbpress.com).

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.