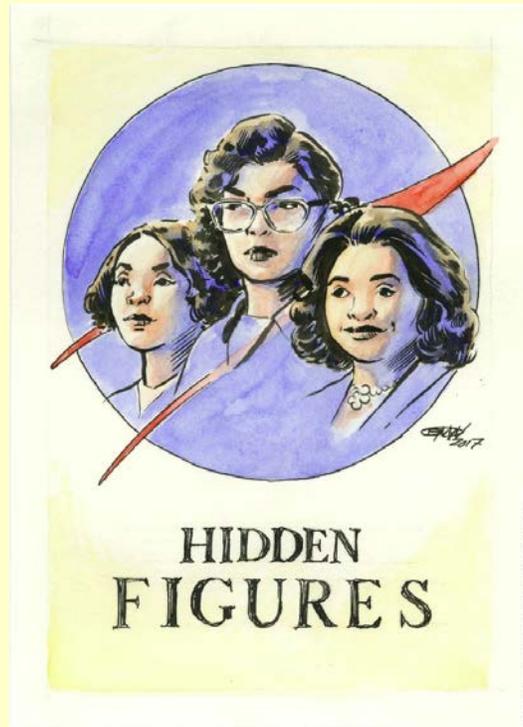


Don't let your data become hidden figures!

Plan and Conduct Meaningful Evaluation to tell your Respite Story





DATA IN THE REAL WORLD:
Planning, Implementing, and Learning from Evaluation.

FRIENDS National Center for CBCAP
A Service of the Children's Bureau



Why Do We Evaluate?





So – do we evaluate
because we *have* to?

Yes, but there's more
to it than that...





We evaluate because we have an obligation:



-  To learn if our services result in the positive changes they are designed to achieve.
-  To learn what we are doing that works and what doesn't.
-  To adjust and improve services based on data. This is called Continuous Quality Improvement (CQI)
-  To tell our story and advocate for our program.

- 
- ✓ Evaluation is a necessary part of program accountability.
 - ✓ It helps us “***tell our story***” and justify the work we do.

Imagine some possible answers to the question,

“***Is your program working?***”



The peer-reviewed journals agree—
this program is supposed to work!

Our services are evidence based—
Of course they're working!



We've been doing it for years and it's
what families need. Just ask me!

We're funded to provide this program.
Who'd fund something that didn't work?



It feels right. It has that
good vibe about it.



The families love it!

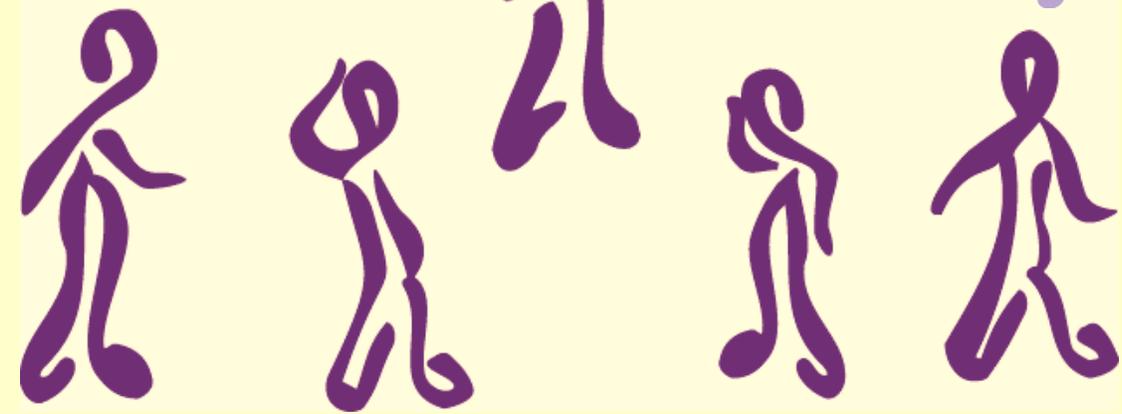


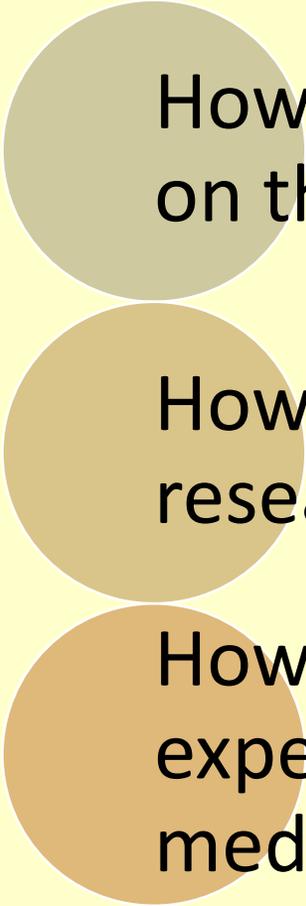
Show me your data.

Data?

What data?

?#!@





How many of you are responsible for reporting on the activities of your program?

How many of you have advanced degrees in research and evaluation?

How many of you have training, degrees or expertise in communications, marketing or media?

What types of Data do you currently collect?



What Data Should We Collect? *

- Demographic information: “how many participants are enrolled and who are they?”
- Services: “what are we offering to participants and how often?”
- Fidelity: “what is our approach / model and how are we sure we are doing our program as intended?”
- Cost Analysis: “how much does it cost, what’s our cost benefit and is there a return on investment?”
- Outcome data / Impact
 - Quantitative
 - Qualitative

**Any data collected should be consistent with your overall logic model & evaluation plan*

Collect **ONLY** What You Need



What type of Evaluation / Data Tool(s) do you / should you use?





Mural, McDonald's Queensbury NY

Monitoring Fidelity



TakeFIVE Core Component Checklist

Overall Description: Pennsylvania families and their children with special healthcare needs between the ages of 0-21 years receive quality respite care from screened and trained adult volunteer caregivers.



Standard	Element(s)/ Requirements	Measures	Notes
1. Volunteer Recruitment	<ol style="list-style-type: none"> Program engages in recruitment strategies that proactively portray the benefits, processes and challenges of volunteering in the program. Program engages in strategies that employ person first language 	<ul style="list-style-type: none"> ☐ Program outreach & recruitment materials ☐ Respector Pitch ☐ Volunteer Job Description ☐ Completed listing / recruitment tracking indicating potential volunteer usage <ul style="list-style-type: none"> - a minimum of 18 years of age - demographic information / ability in fulfilling volunteer responsibilities identified by the program 	
2. Volunteer Screening	<ol style="list-style-type: none"> Volunteer completes an application. Volunteer agrees to minimum commitment for the volunteering relationship. Program conducts at least one face-to-face or telephone interview with volunteer. Program conducts reference checks (personal and/or professional) on volunteer. Program conducts comprehensive criminal and/or civil background check on volunteer. 	<p>Volunteer file for each applicant indicating the volunteer meets the minimum of 18 years of age and containing:</p> <ul style="list-style-type: none"> ☐ Completed volunteer application ☐ Completed volunteer policy ☐ Completed volunteer interview form ☐ Completed / verified reference checks ☐ Required criminal background check that includes at minimum: <ul style="list-style-type: none"> - Child Abuse Clearance - State Police Criminal Background check 	
3. Volunteer Training	<ol style="list-style-type: none"> Program provides a minimum of two hours of pre-match or pre-visit, in-person training. Training includes evidence-based materials and topics provided in the TakeFIVE Curriculum, includes topics such as: <ul style="list-style-type: none"> ☐ Person first language 	<ul style="list-style-type: none"> ☐ Program has a 3-hour minimum training TakeFIVE that is used to train ALL volunteers in this program. ☐ Curriculum includes activities, print materials and resources specific to the topics of: <ul style="list-style-type: none"> • person first language • Program Form and Function • Volunteer rights and responsibilities 	

	<ul style="list-style-type: none"> ☐ Program form and function ☐ Volunteer rights and responsibilities ☐ Volunteer goals and expectations for respite relationship from start to closure ☐ Ethical issues related to the position of volunteer respite ☐ Confidentiality 	<ul style="list-style-type: none"> • Volunteer goals and expectations • Ethical issues • Confidentiality • Volunteer file for each volunteer contains: <ul style="list-style-type: none"> • Completed confidentiality policy • Completed volunteer policy and Form and Function agreement 	
4. Family Outreach and Inclusion	<ol style="list-style-type: none"> Program has an organizational and community outreach & enrollment plan that is consistent with TakeFIVE criteria The plan reflects person first language The plan is sensitive to culture and community 	<ul style="list-style-type: none"> ☐ Program outreach & recruitment materials ☐ Respector Pitch ☐ Additional public relations content ☐ Completed enrollment family applications of appropriate families in the targeted community caring for a child between the ages of 0-21 years with special healthcare needs 	
5. Monitoring and Support	<ol style="list-style-type: none"> Program documents information about each volunteer respite contact, including, at minimum, date, length and type of respite of contact in a format required by TakeFIVE. Program utilizes TakeFIVE and other supports to provide volunteer self-access to at least two types of resources (e.g., expert advice from program staff or other) publications, Web-based resources, support (trained volunteers), available (in-person or remote) to promote successful volunteerism. Program provides on-site or remote opportunities (e.g., pre-visit or respite) training, refreshers or respite calls 	<ul style="list-style-type: none"> ☐ Program maintains records of respite services provided including numbers of children, volunteers, respite opportunities and service hours which may include sign in sheets and volunteer records ☐ Program completes an accurate monthly TakeFIVE data collection form by the identified due date throughout their participation in the effort ☐ Program identifies other resources and supports through monthly T/Us check in calls ☐ Program documents a minimum of one annual activity to recognize volunteers serving through the TakeFIVE respite. 	
6. Closure	<ol style="list-style-type: none"> Program has procedure to manage anticipated closures, including a sign-out for volunteers and family re-visit 	<ul style="list-style-type: none"> ☐ Volunteer Policy and / or Form and Function and Family Enrollment specify a closure procedure ☐ Volunteer and or Family files of closed participants indicate a closure system has been followed 	

Tracking Participant Changes

Impact of Respite Retrospective Outcomes Survey – CareBreak

(For use with current families matched with a volunteer for approximately 6 months or less)

A. (To be filled in by surveyor prior to speaking with caregiver)

1. Family Name: _____
2. Child's Name: _____
3. Child's Age: _____
4. Child's Gender: M / F
5. Child's Disability: _____ Mild Moderate Severe
6. Level of Disability/Care: _____
7. Length of time using CareBreak (with current volunteer): _____

B. (Information to gather from the caregiver during phone survey)

1. What is your relationship to (____): _____
2. Are you (____)'s primary caregiver? Y / N
3. Do you share the care giving responsibility of (____) with another adult? Y / N
(If specified, record here) _____
4. If yes, does that adult reside in your home? Y / N
(If specified, record here) _____
5. Do you have other children you are responsible to care for under the age of 21 living in your home? Y / N (How many: #____)
6. Do you have a defined support network? (i.e. extended family, friends, a partner): Y / N
(If specified, record here) _____
7. Before you were matched with your CareBreak volunteer, how "stressed" would you say there someone you can think of that might be able to help you
(If specified, record here) _____

1 Not at All Stressed
2 Stressed sometimes
3 Moderately Stressed
4 Stressed Very Often
5 Extremely Stressed

8. Prior to starting CareBreak, how did you anticipate spending your time during the respite provision (record below): _____

9. When (____) is with their CareBreak volunteer, what types of activities do you do during that time? (i.e. do you find yourself running errands, staying at home, finding time for other family members/yourself) _____

10. Do you receive any other respite resource in addition to CareBreak? Y / N
(i.e. are there any other ways you get a break from caring for your child with a disability – can be any resource the care giver identifies as a 'relief') _____

Please identify: _____

11. (Review conversationally to the care giver) Families caring for a child with a disability often experience life style changes that are additional to or magnified as compared to families of children without a disability. There can include financial changes, caregiver health issues, modifications to housing, marital or familial changes, and resilience in themselves and the child's siblings that they didn't know existed.

I'd like you to take a minute to think about your own life prior to CareBreak and now today. (Pause to allow care giver a moment to think) How has your life changed since you were matched with your CareBreak volunteer? (Place a checkmark in corresponding box as it pertains to care giver's response, record any additional information below; if needed, make notes next to checked boxes)

- School Changes
- Child leaving home
- Change in living conditions/arrangements
- Change in financial state
- Change in eating habits
- Change in health of family member
- Personal injury or illness
- Change in recreation/social activities
- Change in sleeping habits
- Death of a loved one
- Divorce or Separation
- Marriage/New Intimate Relationship
- Gain a new family member
- Pregnancy
- Increased arguments/fighting
- Involvement with the law
- Job Loss
- New Job/Change in responsibilities at work
- Spouse starts or stops working
- Outstanding personal achievement
- Vacation

12. Now that you have a CareBreak volunteer, how would you rate your stress level:
1 Not at All Stressed
2 Stressed sometimes
3 Moderately Stressed
4 Stressed Very Often
5 Extremely Stressed

13. We want to ensure that the CareBreak program is in fact both meaningful to your child with a disability and providing relief to you as the caregiver(s). This final question will continue to help us help you.
If the CareBreak program was to end, how would your life change or be different: (record below)

anything else you would like to share about respite, your child, or the CareBreak program?
(record below)

Satisfaction

Children's Questionnaire
 Service Quality - Please help me to improve my service

Child's Full Name: _____ Age: _____
 Start Date: _____ Survey Date: _____

I hope that you have fun when you come to my house and like playing with the toys and enjoy the activities that we do.
 It is very important to me that you feel safe and comfortable in my care and make the most of our time together. It would really help me if you could fill out this questionnaire to let me know the things you like best or things you do not like when you come to my house. Ask a grown up to help if you want. Your thoughts and ideas will allow me to make our time together the most enjoyable. Thank you for your help!

TOYS & ACTIVITIES
 I LIKE  FAVOURITES  I DO NOT LIKE

BOOKS / STORIES / RHYMES / SONGS
 I LIKE  FAVOURITES  I DO NOT LIKE

www.mindnursery.co.uk
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Parent Survey

We are conducting a parent survey about your visit today to help us improve the care we provide. **All responses will be completely confidential and will not be shared with any of the medical providers you saw today.** Thank you for your participation!

Visit Today: D.O. Standard

1. How would you describe your overall satisfaction with your visit today?

1	2	3	4	5
Excellent/Very Satisfied	Good/Satisfied	Average	Below Average/Unsatisfied	Poor/Very Unsatisfied

2. How would you rate the healthcare provided by your doctor(s) today?

1	2	3	4	5
Excellent/Very Satisfied	Good/Satisfied	Average	Below Average/Unsatisfied	Poor/Very Unsatisfied

3. Were you happy with the amount of time the doctor spent in the room with you today?

1	2	3	4	5
Excellent/Very Satisfied	Good/Satisfied	Average	Below Average/Unsatisfied	Poor/Very Unsatisfied

4. How important is it that you see the same doctor each time you come to this clinic?

1	2	3	4	5
Very Important	Somewhat Important	Not Important	Below Average/Unsatisfied	Poor/Very Unsatisfied

5. Do you remember the name of your child's doctor today? YES NO

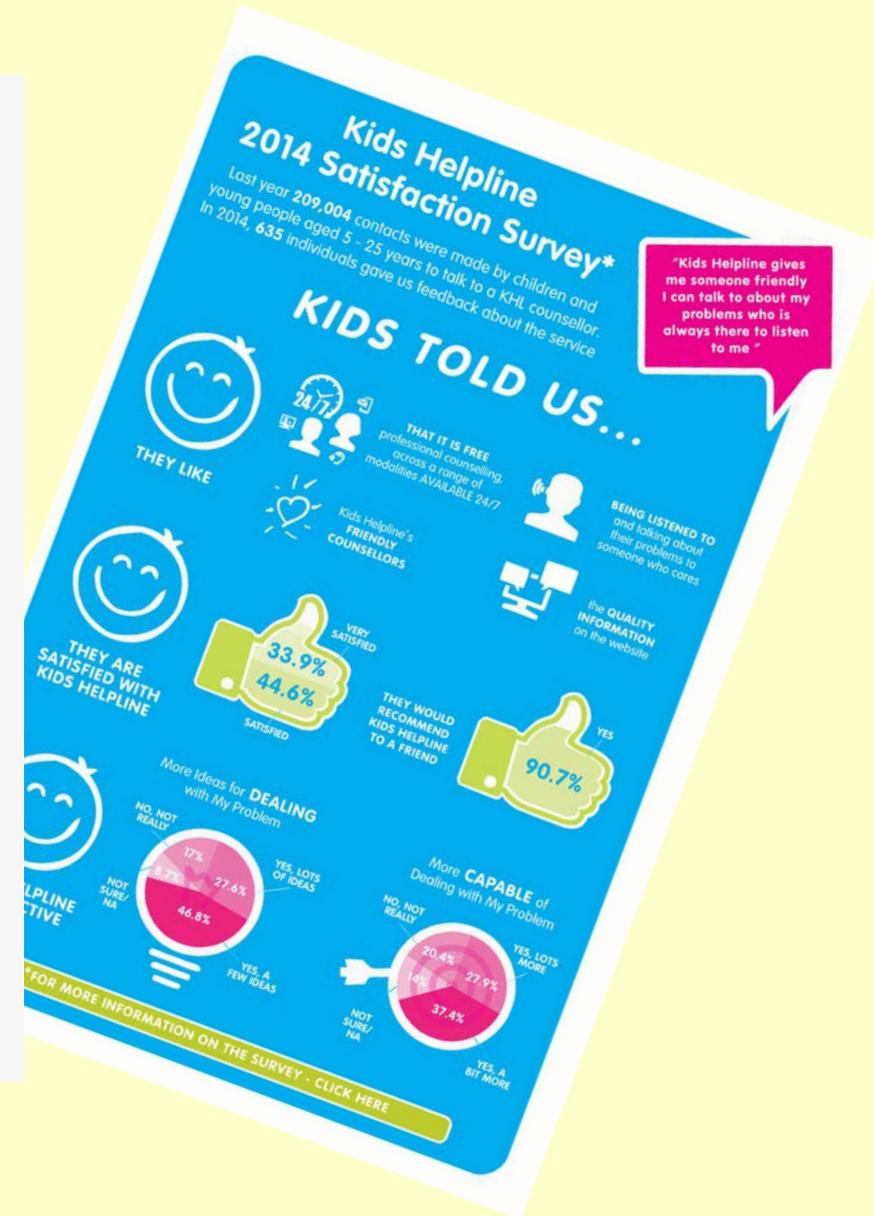
6. Has your child received care from this physician on prior visits? YES NO

For those parents who are undergoing direct observations

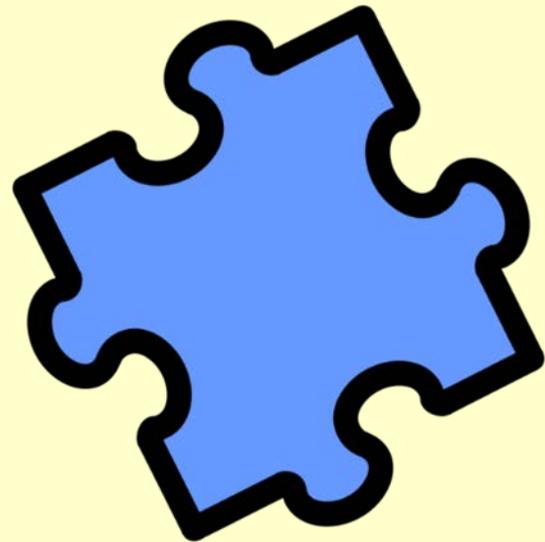
Today in clinic, another doctor observed your child's doctor providing care during the visit. For each statement below please indicate your level of agreement on the scale provided.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor disagree	Somewhat Agree	Strongly Agree
7. My child got better care today because there was an extra doctor in the room					
8. Our visit was longer today because there was an extra doctor in the room.					
9. Having an extra doctor go in the room to observe might improve the care in the clinic.					
10. I did not like having an extra doctor observing the visit with my doctor today.					

Other Comments: _____



**Do you have the data you need
to tell your story:**



What information do you need in order to convey your message?

What hard data do you need to collect?

- Are you using the tools to get the data you need?

What kinds of stories / supporting documentation would help?

How is your information best presented to engage in CQI make an impact?

Who needs to know about what you do?

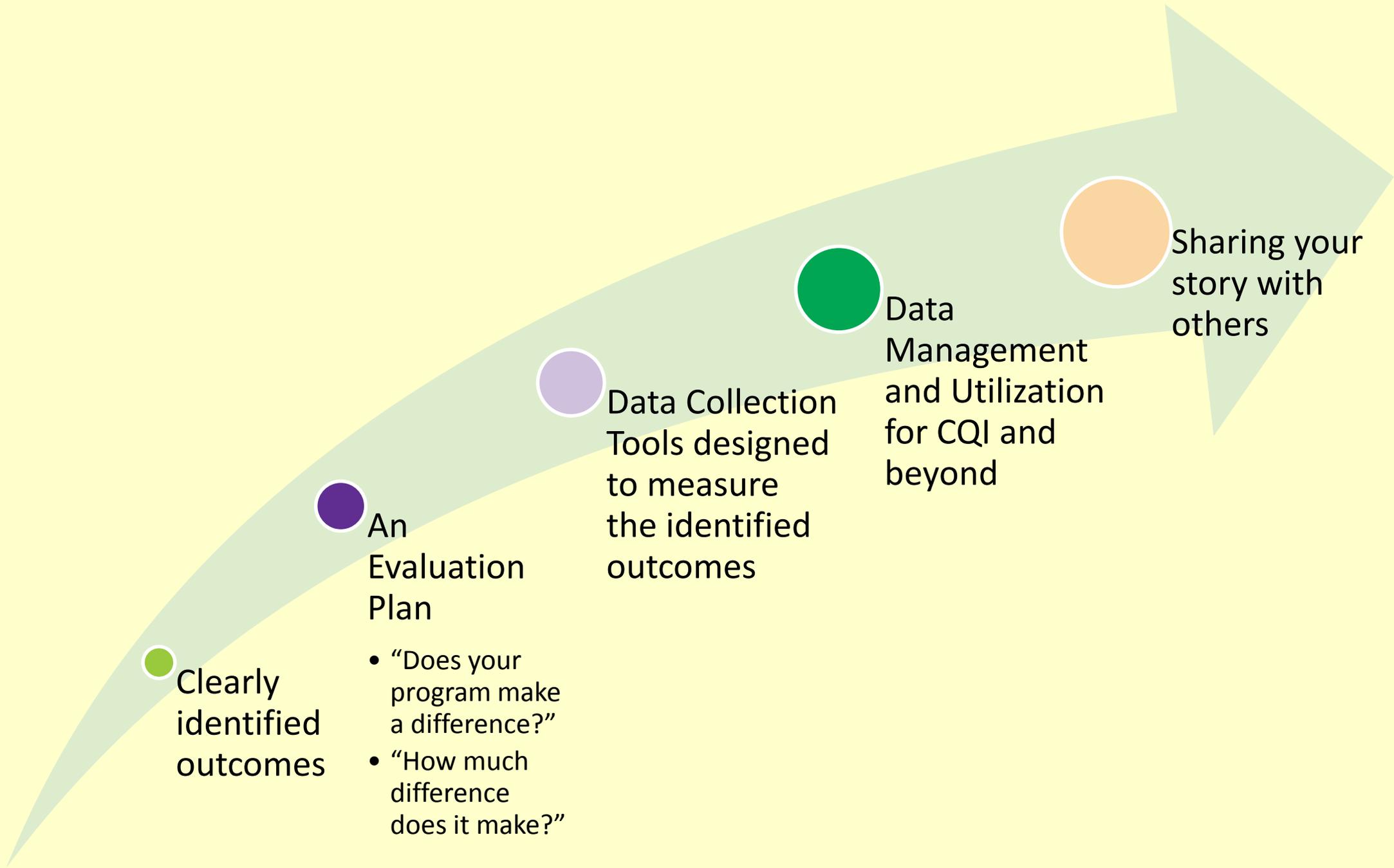
Why do we want to tell people about your program?

What do you want to tell them?



PREPARING TO TELL THE STORY





3 Simple Questions

Courtesy of the University of Pittsburgh Office of Child Development Communication Alliance

1. Does the Communication Express and Evoke Care?

1,500

150,000

GiveMeFIVE Volunteer Respite Data Summary

- FY 2014: **165,988 volunteer hours** provided by GiveMeFIVE sub grantees
- FY 2015: **492,167 volunteer hours** provided by GiveMeFIVE sub grantees
- FY 2016 YTD: **013,903 volunteer hours** provided by GiveMeFIVE sub grantees
-
- **TOTAL # OF T5 VOLUNTEER RESPITE HOURS: 672,058**
-
- From the information above, in the 2 ½ years since the start of GiveMeFIVE, the funded organizations have provided 672,058 total volunteer hours.
-
- If 1 volunteer hour is worth \$14.63, in order to see the TOTAL impact of ALL programs since the start of GiveMeFIVE, we must multiply the total number of volunteer hours by the value of 1 hour.
-
- **672,058 HOURS X \$14.63 per hour (according to comparable value in PA as per the US dept. of L&I job description) =**
- **\$10.5 million worth of volunteer respite provided by GiveMeFIVE volunteers to date.**

GiveMeFIVE Volunteer Respite Makes a Difference!

720,000 hours: the number of hours GiveMeFIVE volunteers have provided to PA families of children with special needs

\$14.63: The value of one hour of respite in Pennsylvania determined by Labor & Industry (cost equivalent for Home Health aide)

\$10.5 million: the value of the volunteer respite provided by GiveMeFIVE volunteers over 2.5 years



“As a parent, this time is meaningful to me. I can reconnect with my husband and my church family and feel hopeful instead of helpless”

“As a respite volunteer, I can’t imagine a better use of my gift of time. I’m prepared and feel confident and competent to serve the children in our program!”

“This program has made our family stronger and better. There is something very gratifying about having someone volunteer to spend time with your child, and seeing by the look on their face that they are having just as much fun as my child is. “

3 Simple Questions

Courtesy of the University of Pittsburgh Office of Child Development Communication Alliance

2. Does the Communication Inspire Hope?



HUFFPOST LIVE

Sarah McLachlan: 'I Change The Channel' When My ASPCA Commercials Come On

🕒 05/05/2014 02:42 pm ET | Updated May 05, 2014



3 Simple Questions

Courtesy of the University of Pittsburgh Office of Child Development Communication Alliance

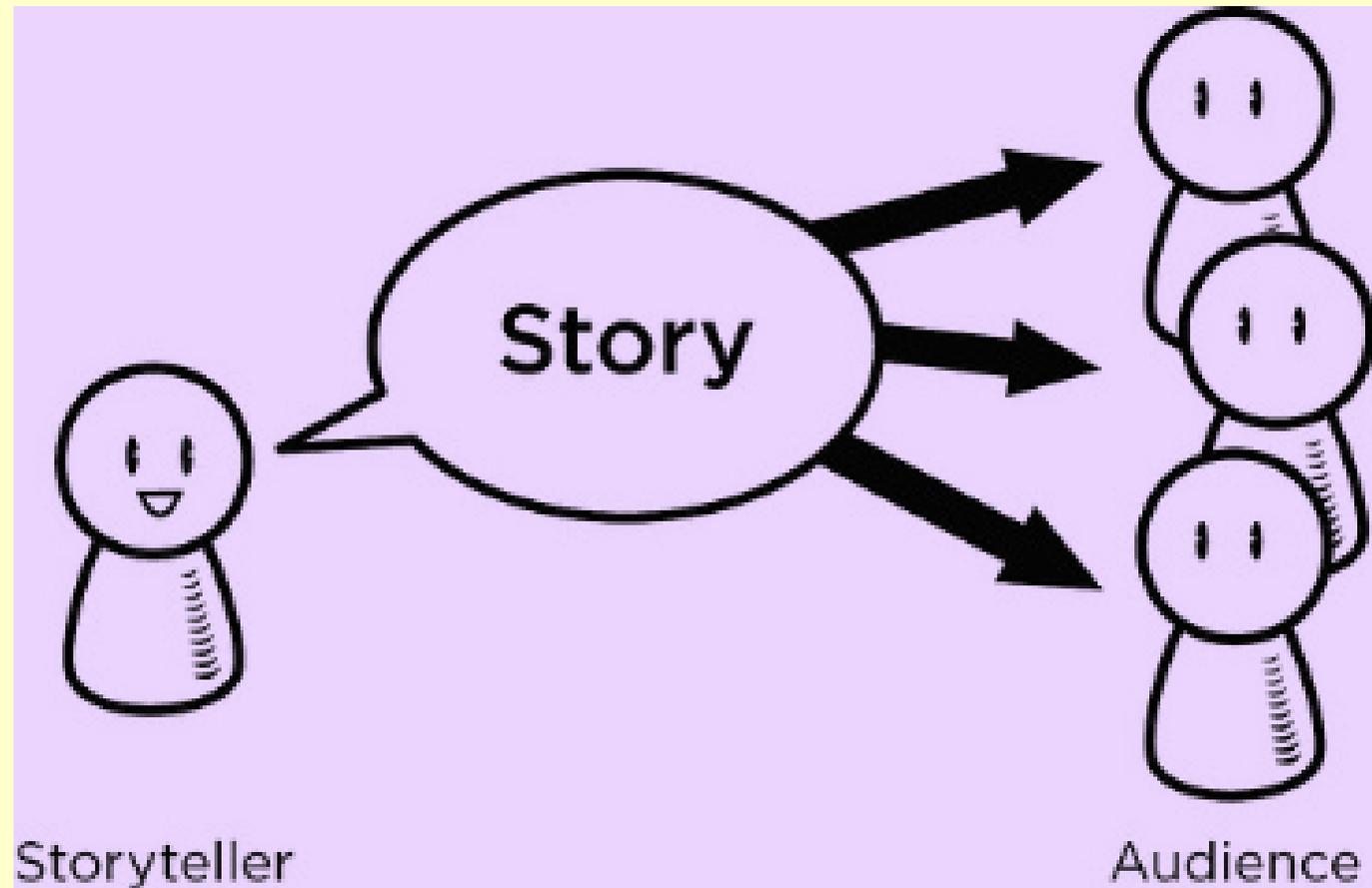
3. Does it help you to find something worth giving within yourself?



YOU CAN HELP!

- \$50 supports the background screening of 1 GiveMeFIVE volunteer
- \$350 provides the resources to train 5 GiveMeFIVE volunteers
- \$3000 supports a GiveMeFIVE match to provide 3 years / 750 hours of respite
- 2-4 hours of time per week provides a meaningful break to a family caring for a child with special needs
- Space in your organization's newsletter can recruit volunteers and families to participate in GiveMeFIVE

Make sure you have data tied to your outcomes and that help tell your story...and you can tell it less than 90 seconds



A Message Worth Sharing:

**“What is the MOST important message
you want to share about your
Program or Services*
”**

*** 5-6 key points**

Want more information?

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