

Evaluating your Outcomes for D/HH Adult Involvement Programs

It is important to evaluate D/HH Adult Involvement Programs and have evidence that they are making a difference in the lives of children and families. This is critical to support financial security of programs and guide quality improvement. Here is a graphic depiction of an evaluation framework. A discussion of these components follows:

Evaluating your Outcomes for D/HH Adult Involvement Programs

Why is your program important?

- 95% of children who are D/HH are born to hearing parents with little exposure to persons who are D/HH
- Families of newly diagnosed D/HH infants desire connecting with other families as a priority
- Many Families use social media to connect to others
- Families of C/HH children, esp. those learning ASL, require access to competent, fluent language models

Over-arching Guiding Principles

- Families are in the driver's seat and we need to promote their empowerment
- Programs are respectful of family's culture, decisions, and fit their services within the family's lifestyle.
- Families receive information about all communication options in a nonbiased manner.
- Adults who are D/HH provide D/HH children with unique perspectives that their hearing parents cannot.

Step 1: Gather information that describes your program

- Characteristics of providers (degree, certificates)
- Provider training
- Characteristics of children/families served
- Frequency of prescribed visits (weekly, monthly, etc)
- Communication modality
- How services delivered (in person/ virtual)

Step 2: Describe your services

- D/HH adults share personal experiences, demonstrate independence
- Education re: D/HH culture
- Education re: Rights/advocacy
- How to foster child development
- Sign Lang. instruction (if chosen)
- Support child's inclusion with family, community activities
- Network with other families of D/HH children
- Coordinate services w/providers on child's IFSP/IEP

Step 3: Document services received

- Frequency of services (1/wk? 1/mo?)
- Duration of services (1 year? 2 years?)
- Caseload of providers
- Number meetings/interactions w/child team members
- Number of group opportunities families attended

Step 4: Measure Family Outcomes

- Increased knowledge re: resources
- Increased knowledge about rights/deaf culture
- Increased awareness of everyday life for D/HH person
- Increased confidence & competence in nurturing child's development
- Reduced stress re: child's future & caregiving
- Greater social supports
- Increased competence in sign lang. (if chosen)
- Satisfaction with provider and program services

Step 4: Measure Child Outcomes

- Greater inclusion in family and community activities
- Increased communication skills and overall development
- Increased social skills
- Increased self esteem and sense of belonging

Outcome Measures

- Family self report tools
- Ski Hi Tools
- Others?

Step 1: What are the principles that guide your D/HH Adult Involvement program?

Identifying your principles or values is important in helping you consider what you provide and how you provide it. Agreement on principles among administration, staff, and families helps support consistent service provision. These principles also should relate to your desired outcomes. Here are some examples of guiding principles:

- Families are in the driver's seat and we need to promote their empowerment.
- Programs are respectful of family's culture, decisions, and this guides their services.
- Families receive information about all communication options in a nonbiased manner.
- 95% of children who are D/HH are born to hearing parents with little exposure to persons who are D/HH. Adults who are D/HH provide D/HH children with unique perspectives that their hearing parents cannot.
- Families of D/HH children, require access to competent, fluent language models.
- A priority of families of newly diagnosed D/HH infants is to connect with other families.
- All families want to help their children to grow into confident, competent adults.
- Many Families like to use social media to connect to others.

Step 2: Compile information that describes your program.

The outcomes you achieve for families have a lot to do with the characteristics of your staff, the type of families you serve, and service delivery model. For example, do your D/HH adult role models receive extensive training and as a result do a better job of serving families? Is your program designed to serve families virtually over the internet versus in-person visits? Here are some important characteristics to write about in a program description:

- Provider training
- Qualifications of D/HH role models (education level, language competence)
- Characteristics of children/families served (Race/ethnicity, urban/rural)
- Frequency of prescribed visits (weekly, monthly, etc)
- Communication models (ASL? Listening and Spoken Lang.? Cued Speech?)
- How services delivered (in person/virtual)
- Caseload of D/HH role models

Step 3: Document services that are actually received by each family.

Most programs have attendance or participation logs that record the amount of services families receive. This information is important to help determine the intensity of intervention required to achieve your desired outcomes. For example, using this information in conjunction with outcome data can help a program decide if the intensity of the services is sufficient to meet family needs – are outcomes for families who receive monthly services for 12 months better than families who only

met with their D/HH adult role model 4 times over a year? Here is a list of what basic information should be collected for each family:

- Frequency of services received each month
- Duration of services (1 year? 2 years?)
- Number meetings/interactions w/child team members conducted per year
- Number of group opportunities family attended

Step 4: Measure Family and Child Outcomes.

Family outcomes can be measured in a variety of ways, but family self-report surveys are a practical approach for programs to use. Although hiring external evaluators can yield good results, programs can also measure outcomes in-house by employing a few strategies. First, surveys that are used at the start of the intervention (pretest) and administered again at the end of the intervention period (post-test) allow programs to assess family needs and the extent to which these needs were met. Administering the surveys in a way that allows families to remain anonymous (using an ID number, returning the survey in a pre-addressed envelope rather than handing it to a provider), can make families feel like they can provide honest responses. Here is a list of things to measure in a survey for families:

- Increased knowledge re: resources
- Increased knowledge about rights/deaf culture
- Increased awareness of everyday life for D/HH person
- Increased confidence & competence in nurturing child's development
- Reduced stress re: child's future & caregiving
- Greater social supports
- Increased competence in supporting child's language
- Satisfaction with provider and program services

Child outcomes also can be measured via caregiver self-report. Another option is to use a tool that the D/HH Adult Role Model can complete based on child observation. Here are some outcomes that are important for D/HH adult role model programs:

- Greater inclusion in family and community activities
- Increased communication skills and overall development
- Increased social skills
- Increased self esteem and sense of belonging