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Evaluation of the BEST Program

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Evaluation of the BEST Program

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BEST Background

The Building and Empowering Students Together (BEST) program is a multi-disciplinary team comprised of various professionals and community members. The program serves at-risk youth and their families in Martin and Faribault counties. BEST teams meet with families once a month to provide services to children and families with challenging family needs, including issues related to academia, behavior, parenting, family functioning, mental health, and substance use/abuse. The main focus of the BEST program is to provide early intervention. The purpose is to collaborate with the families and achieve the following goals – listen to the family’s needs, support the family and encourage empowerment, assist in brainstorming solutions to resolve the current issue(s), and discuss potential resources for the family.

Purpose

The purpose of this project was to analyze the effectiveness of the BEST program. Parents/caregivers of youth involved in the BEST program were surveyed to evaluate to what extent the BEST program is achieving their goals. It was hypothesized that participation in the BEST program would result in positive family outcomes, as defined by – needs being met, increased family empowerment, and improved access to resources.

Literature Review

Lack of early intervention typically results in higher numbers of youth entering the juvenile justice system or out-of-home placements, higher drop-out rates, and the need for mental health services (Murray & Belenko, 2005). The BEST program and other similar service programs have based their goals and values off of the Wraparound programs. Bruns et al. (2011) define wraparound as “...a team-based process to develop and implement individualized service and support plans for children with serious emotional and behavioral problems and their families” (p. 728). There is accumulating evidence of Wraparound’s effectiveness thus supporting the idea that well-implemented Wraparound services can promote positive outcomes for youth with complex needs and help them live successfully in their communities (Walker & Matarese, 2011).

Methodology

This study utilized a cross-sectional survey and a convenience sampling method. The sample consisted of parents and caregivers of youth involved in the BEST program during the 2011-2012 school year. The survey was conducted between April 15 – June 15, 2012. All thirteen individuals asked to participate in the study completed the survey; resulting in a response rate of 100%.

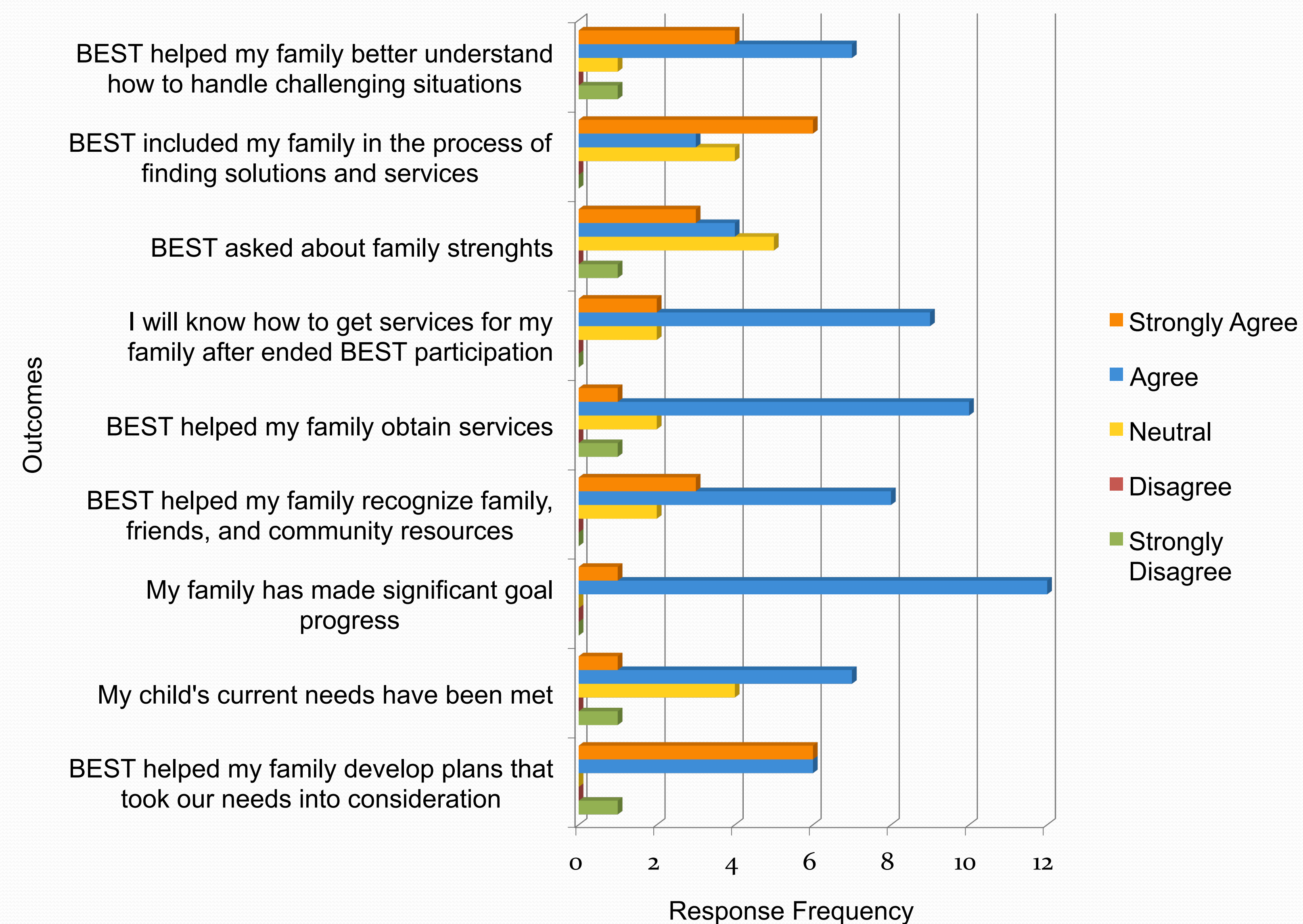
The measure used for this study was a self-report survey developed based on how the relevant research defined positive family outcomes. The survey consisted of six demographic questions, nine quantitative Likert-type scale questions ranging from strongly disagree to strongly agree, and two qualitative questions. Quantitative questions were grouped into three categories of positive family outcomes (family needs met, improved access to resources, and increased empowerment).

The researcher administered the survey to parents and caregivers one time at the end of a BEST meeting. In order to be eligible to complete the survey, participants had to attend at least three BEST meetings. The data was coded and entered into SPSS. A frequency analysis was run for the demographic information. The nine quantitative questions were collapsed to create the three categories: needs met, improved access to resources, and increased empowerment. The three questions for each category were summed to calculate a mean score. The Likert-type scale rating for each category ranged from 3-15 with a score of 3 being the lowest possible (strongly disagree) and a score of 15 being the highest possible (strongly agree). The qualitative questions were grouped into themes that emerged from the completed surveys.

Participant Demographics

A total of 13 participants (N = 13) completed the survey. Ten participants were female (n=10) and three were male (n=3). The majority of participants (n=7) were between the ages of 30-39 and the majority of parents/caregivers (n=9) had a child in the BEST program between the ages of 12-15. Twelve participants reported identifying as Caucasian (n=12) and one participant reported identifying as Asian (n=1). The majority of participants (n=7) reported being married.

Figure 1: BEST Parent/Caregiver Perception of Positive Family Outcomes



Quantitative Results

Five participants (n=5) reported a neutral rating on whether or not BEST asked about family strengths, four participants agreed (n=4) and three participants (n=3) reported strongly agree (see Figure 1). The question related to the family making goal progress received a high rating of agree (n=12) and strongly agree (n=1). The question regarding developing plans that took family needs into consideration also received a high rating with 92% of respondents reporting agree (n=6) or strongly agree (n=6).

After collapsing the Likert-type scale questions all three categories had mean scores in the agree/strongly agree range (see Table 1). The Likert-type scale rating for each category ranged from 3-15 with a score of 3 being the lowest possible (strongly disagree) and a score of 15 being the highest possible (strongly agree). The mean score for needs being met equaled 11.85. The mean score for improved access to resources equaled 12 and the mean score for increased empowerment equaled 11.77.

Table 1. Mean Scores of Positive Family Outcomes

Categories	Mean Score
Family Needs Met	11.85
Improved Access to Resources	12
Increased Empowerment	11.77

Note: N=13. Range of 3-15 (3 = strongly disagree, 9 = neutral, 15 = strongly agree).

Qualitative Results

The themes that emerged from the first qualitative question, how was the BEST team most helpful to your family, included helping families find resources and coordinate services for their child, serving as a support system and providing help, and not being helpful so far (see Table 2). The themes that emerged from the second qualitative question, how can the BEST team improve to better meet your family’s needs, included nothing, focusing more on child goals, and having longer appointments (see Table 3).

Table 2. How was the BEST team most helpful to your family?

Themes	Number	Percent
Helped find resources and coordinate services for child	2	18%
Served as a support system and provided help	8	73%
Not helpful so far	1	9%

Note: n=11.

Table 3. How can the BEST team improve to better meet your family’s needs?

Themes	Number	Percent
Nothing	5	45%
Focus more on goals for child	4	36%
Have longer appointments	2	18%

Note: n=11.

Implications for Practice, Strengths and Limitations

One of the main strengths of this research was the 100% response rate. Even though the sample size was small, it is notable that all participants asked to participate were willing to do so. The relatively quick, easy, and practically risk-free survey was another strength. The main limits of this study is the small sample size and lack of generalizability to similar populations. There may have been respondent bias as the participants may have been afraid to opt out of the study.

Implications for practice pertain to the researcher as a BEST team member. Perhaps this persuaded participants to agree to be a part of the study and future recommendations would be to have the researcher as a neutral person not involved in the BEST program. Another implication for practice came out of the theme that emerged from the qualitative questions related to parents wanting there to be more focus on the child goals and not on what the parents were doing or not doing. Future practice should center more on child goals or at least more of an equal focus on all family members. In relation to not focusing on what parents are doing/not doing, it is important that all members of the multi-disciplinary BEST team take a strength-based approach.

Conclusions and Recommendations

This project indicated that many participants agree that the BEST program is resulting in positive family outcomes. The category of improved access to resources received a mean score of 12 on a 3-15 range, which implies the BEST team is achieving their goal in helping families find resources. The mean scores for family needs being met (11.85) and increased empowerment (11.77) were close behind in the agree range. Due to the small sample size (N=13) the results of this study should not be overemphasized or over-generalized to similar populations. Recommendations for the future include improving on the themes that emerged from the qualitative questions, such as making the BEST meetings longer and focusing more on goals for the child, rather than placing attention on what the parents are doing or not doing. It would also be recommended for the BEST team to consider spending more time asking about family strengths since that question received a mostly neutral rating (n=5). Suggestions for similar future studies include having a larger sample size for the generalizability of findings and to conduct research on multiple BEST programs in various locations to compare outcomes.

References

References available upon request