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Welfare Evaluation
Summit

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**AN EVIDENCE-BASED
CHILD WELFARE
PROGRAM: WHAT
DOES IT MEAN AND
HOW DO WE GET
THERE?**

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EVIDENCE-BASED: WHAT DOES IT MEAN?

- No consensus in child welfare field regarding the definition of an “evidence-based” program or practice.
- Loose definition: An intervention, practice, or service model for which substantial evidence of effectiveness exists based on empirical data from a systematic and rigorous evaluation.
- Different definitions of what constitutes a “systematic and rigorous” evaluation.

Summary Table of Evidence-Based Program Rating Systems

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	California Evidence-Based Clearinghouse for Child Welfare	Coalition for Evidence-Based Policy Top Tier Evidence Initiative	OJJDP Model Programs Guide	Promising Practices Network	U.S. Dept. of Education What Works Clearinghouse	National Registry of Evidence-Based Programs and Practices (NREPP)
Rating/Ranking Scales	1 = Well Supported 2 = Supported by Evidence 3 = Promising Evidence 4 = Fails to Demonstrate Effect 5 = Concerning Practice NR = Not Rated	"Top Tier" (at least 2 well designed and implemented RTCs in typical community settings w/ sizable & sustained benefits) "Near Top Tier" (meets all standards except replication)	Exemplary Effective Promising	Proven Promising Unlisted (does not meet standards for "Proven" or "Promising")	Positive Potentially Positive Mixed No Discernable Effects Potentially Negative Negative	4 = High evidence/ quality 3 = Good evidence/ quality 2 = Acceptable evidence/ quality 1 = Low evidence/ quality 0 = No evidence
RTC required for highest rating?	Y	Y	Y	N	N	N
Peer-reviewed publication required?	Y	N	N	N	N	N
Replication required?	Y	Y	N	N	Y	N

EVIDENCE-BASED PROGRAM RATING SYSTEMS: ADDITIONAL INFORMATION

- Promising Practices Network: Highest rating requires at least one outcome to change by at least 20% or 0.25 standard deviations, and statistical significance of at least $p < .05$.
- NREPP: Does not provide an overall rating, but rates quality of research study in several domains (e.g., reliability of measures, validity of measures). Also assigns a "readiness for dissemination" rating based on general quality of resources available to support adoption of the intervention.
- Model Programs Guide: Overall rating derived from four summary dimensions of program effectiveness: Conceptual framework of program; program fidelity; quality of evaluation design; and empirical evidence of impact.
- What Works Clearinghouse: "High" rating reserved for random assignment designs with low sample attrition and no reassignment of sample members, and some single case and regression discontinuity designs.

GUIDING QUESTIONS FOR PANEL DISCUSSION

- What does it mean to be an evidenced-based or evidence-informed program/practice in the context of child welfare services?
- Do existing EBP classification systems provide valid and meaningful frameworks for understanding what it means to be evidence-based? Are some schemes more valid and appropriate than others?
- What is the state of research on EBPs in child welfare? Should a uniform definition/classification system be established?
- How can grantees design evaluations that strengthen the case for classifying their programs as evidence based?

Question 1: What does it mean to be an evidenced-based or evidence-informed program/practice in the context of child welfare?

Crystal Collins-Camargo, MSW, Ph.D.

University of Louisville, Kent School of Social Work

Alice Lieberman, Ph.D.

University of Kansas School of Social Welfare

AN ARRAY OF INTER-RELATED TERMS

- ◉ Evidence-based programs or interventions
- ◉ Empirically-supported programs
- ◉ Evidence-based practice
- ◉ Evidence-informed practice
- ◉ Promising practice
- ◉ Research-based practice and Practice-based research

What's the difference and how do they relate to each other?

An Important Distinction

**Programs/Interventions with
Empirical Support**



An Approach to Practice



EVIDENCE-BASED PROGRAMS OR INTERVENTIONS: SUPPORTED BY RIGOROUS RESEARCH

- Systematic reviews of evidence
- Rating or classification systems weigh the level of evidence related to interventions
 - Such as the California Evidence-Based Clearinghouse for child welfare rates programs across 22 topical areas
- Research focusing on implementation of evidence-based programs once they have reached that “distinction”

USING EVIDENCE IN PRACTICE

- There is a lack of consensus in the field on what EBP is but it is often seen as using empirically supported interventions with a specific level of evidence
- Growing literature supporting the use of an array of types of evidence in practice (e.g. Angel, 2003; Hall, 2008; Fielding et al., 2009)
 - Quantitative and qualitative data
 - Internally focused practice research and external findings related to EBPs
 - Value-critical analysis of best practices within agency-driven performance improvement efforts (Petr, 2009)
- This may be referred to as *evidence-informed practice* (Epstein, 2009)

TO WHAT EXTENT IS EIP OCCURRING IN CHILD WELFARE?

- The literature reveals limited research
 - Resources to support it are underdeveloped in child and family-serving agencies (Barratt, 2003)
 - Family-serving agencies don't consistently use MIS data despite training (Carrilio et al., 2003)
- One state study on use of data in public and private CW agencies (Collins-Camargo, Sullivan & Murphy, 2011)
 - Only 18% agreed data collected is adequate to understand the impact of their work on permanency achievement
 - 32% reported their team does not collect, review, and use information pertaining to permanency achievement routinely or at all
 - 28% reported team rarely comes together to evaluate its effectiveness in permanency achievement
 - Respondents rated the effectiveness of an array of EIP activities in improving practice and outcomes (i.e. 29% peer record review; 33% consumer input; 34% review of CFSR data; 36% outcomes mgmt.; 39% program evaluation; 55% supervisory review)
 - Low ratings of skill, time and agency support for use of data

IMPORTANT CONSIDERATIONS IN PROMOTION OF EBP AND EIP

- Aarons, Hurlburt & Horowitz (2001) proposed focus on outer (inter-organizational environment and consumer support) and inner (intra-organizational support and individual adopter characteristics) contexts as well:
 - The status of the evidence base in the field
 - The performance indicators valued by stakeholders
 - The quality and user-friendly nature of the data available to practitioners—both internal and external
 - The organizational culture and climate: To what extent is an evidence-informed and outcomes-focused approach to practice valued and supported?
 - The extent to which practitioners value and know how to use data in their practice appropriately

SIMPLEST DEFINITION:

Evidence-based practice exists at the intersection of:

- ⦿ Best research evidence
- ⦿ Best clinical experience of the practitioner
- ⦿ Consistent with family/client values

BARRIERS TO EVIDENCE-BASED PRACTICE: PRODUCTION AND IMPLEMENTATION

- ◉ Debates within the profession about whether there is ANY evidence, or if it is necessary, and whether WHAT we are teaching is relevant to practice (Fischer v. Wakefield/Witkin argument) (the education/practitioner context).
- ◉ Length of time it takes to acquire and disseminate evidence: Even with the tools we have now it takes a long time (the production of knowledge/research evidence context).
- ◉ "We cured the disease, but the patient died." (the organizational/value context).

Levels of Evidence

- ① 1 (Most rigor):

Meta-analysis or replicated randomized controlled trials (RCT) that include a placebo condition/control; OR are from well-designed cohort or case control analytic study, preferably from more than one center or research group; OR national consensus panel recommendations based on controlled randomized studies that are systematically reviewed.

- ② 2

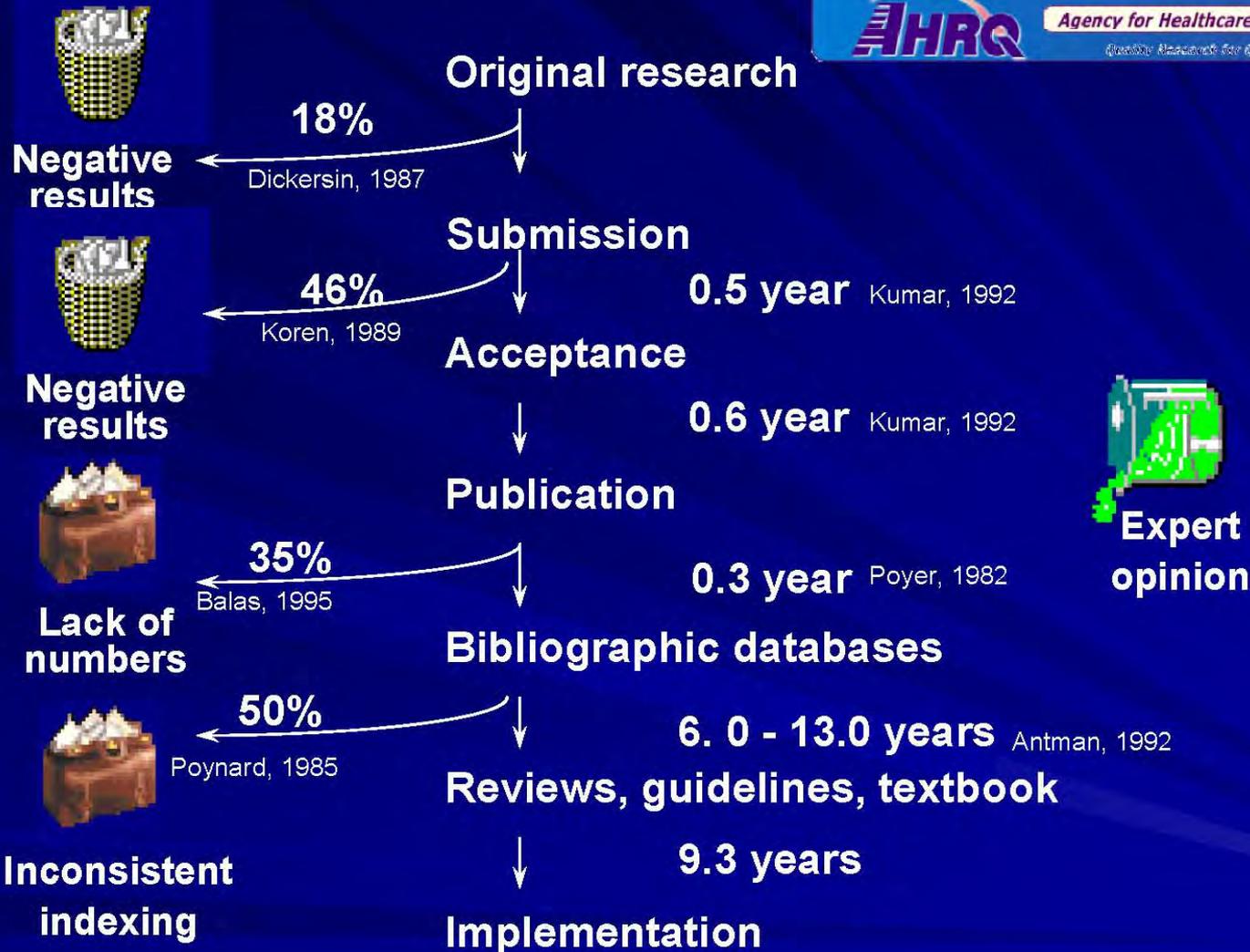
At least one RCT with placebo or active comparison condition, evidence obtained from multiple time series with or without intervention, or national consensus panel recommendations based on uncontrolled studies with positive outcomes or based on studies showing dramatic effects of interventions.

- ③ 3

Uncontrolled trial/observational study with 10 or more subjects, or opinions of respected authorities based on clinical experiences, descriptive studies, or reports of expert consensus.

- ④ 4 (Least rigor)

Anecdotal case reports, unsystematic clinical observation, descriptive reports, case studies, and/or single-subject designs.



It takes **17 years** to turn **14 per cent** of original research to the benefit of patient care

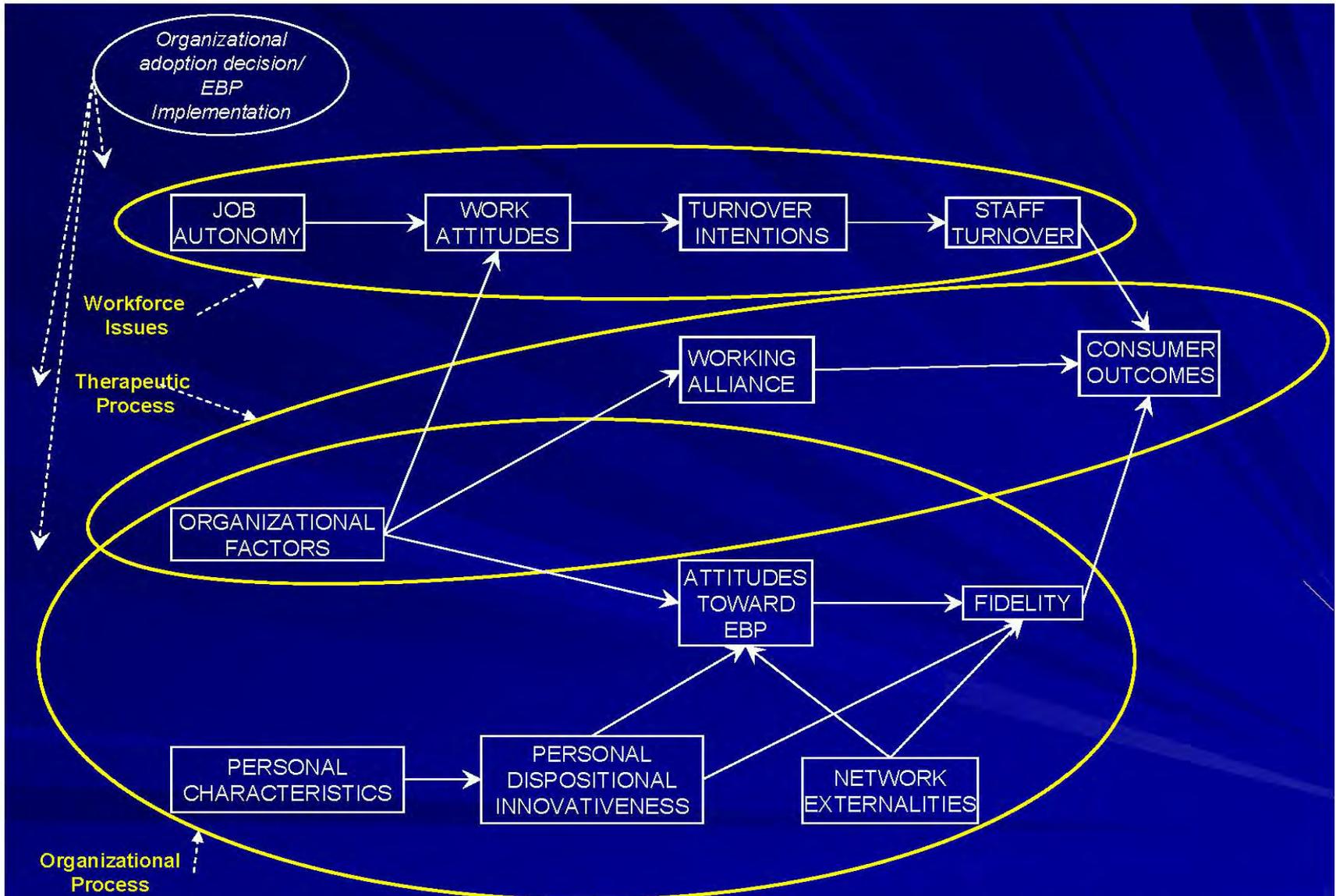


Figure 1. Integrative Model for Study of Implementation of EBP in Human Service Organizations. (Adapted from Aarons, Woodbridge, & Carmazzi, 2003; Frambach & Schillewaert, 2002; Knudsen, Johnson, & Roman, 2002); Note: SC-ES=SafeCare Effectiveness Study

INTERVENTIONS NOT APPROPRIATE FOR EXPERIMENTAL EVALUATION (SMYTH AND SCHORR, 2009)

- Emphasis on relationships and trust
- Orientation to working in partnership with program participants
- Emphasis on front-line staff flexibility
- Programs adapt to respond to specific community situations, changes in context and events
- Accountability is dynamic
- Accountability to individuals and to specific outcomes may diverge
- Measures of programmatic success are broad

Question 2: Do existing EBP classification systems provide valid and meaningful frameworks for understanding what it means to be evidence based? Are some schemes more valid and appropriate than others?

Jamie Brennan, MBA
Child and Family Tennessee

AN EVIDENCE-BASED PROGRAM RATING SYSTEM

- What works best for child welfare agencies
- Overview of the Nurse Family Partnership Model

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) Rating System

- Utilizes the *Scientific Rating Scale* to determine the level of research evidence and the *Child Welfare Rating Scale* to determine relevance to child welfare.
- More valid and reliable for child welfare programs because it uses a rating system that is specifically aligned with key child welfare outcomes:
 1. Safety
 2. Permanency
 3. Child & Family well being

OTHER RATING SYSTEMS ARE NOT AS VALID AND USEFUL FOR CHILD WELFARE AGENCIES

- Target specific populations such as A&D populations and delinquent youth.
- Do not align specifically with child welfare outcomes.
- Promising Practices Network on Children, Families and Communities does align with two child welfare outcomes but doesn't provide as much reliability as CEBC.

Nurse Family Partnership: An evidence-based community health program



- *Begun in 1977.*
- *Three decades of extensive research.*
- Program has three primary goals:
 - Improve pregnancy outcomes by promoting health-related behaviors.
 - Improve child health, development, and safety by promoting competent care-giving.
 - Enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment.

CEBC Rating of Nurse Family Partnership

- *Scientific Rating* = 1 (Well-supported)
- *Child Welfare Relevance* =2 (Medium)
- Child Welfare Outcomes addressed:
 1. Safety
 2. Well-being

Question 3: What is the state of research on evidence-based programs & practices in child welfare? Should a uniform definition/classification system be established?

Beth Green, Ph.D., Portland State University
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EXISTING RESEARCH SUPPORTING EBPs

- In “clearinghouses” few child welfare programs have the highest level of evidence.
- California Clearinghouse (CEBC):
 - 26 programs are “highly relevant” to CW
 - 88 programs are “moderately relevant”
 - 0 are “low” relevance
- Of the 26 “highly relevant”:
 - Only 1 is rated at the highest level of evidence
 - 6 fall into the next category
 - Most are considered “promising”

IMPLICATIONS: WHAT IS NEEDED?

- Given CEBC criteria:
 - More rigorous designs (esp. RCTs)
 - More replication studies
 - Long-term outcome studies
 - More programs with strong fidelity components
- What else is needed for child welfare?
 - More programs tested with CW populations
 - More programs tested with culturally diverse populations
 - More research on *Evidence-Informed Practices* & how to accommodate EIP in evidence base
 - Change in criteria or definition of what is “evidence based”?

WHAT ARE THE BARRIERS TO CONDUCTING RESEARCH TO SUPPORT EBPs IN CHILD WELFARE?

- ◉ Buy-in for randomized studies (high stakes)
- ◉ Access to child welfare clients
- ◉ Accessing/using CW administrative data
- ◉ Specifying the counterfactual (“practice as usual”)
- ◉ No clear funding source
- ◉ Political environment & time span of research

WHAT ARE THE BARRIERS TO DEVELOPING “RATEABLE” EBPs IN CHILD WELFARE?

- Complexity, diversity of family constellations & issues
 - Who is the target?
 - What is the focus of intervention?
- Multi-determined pathways to permanency
- “Competing” outcomes of reunification vs. safety/alternative permanency outcomes
- Broad array of interventions needed
- Challenges of small-scale projects needed for initial development
- Lack of resources for solid implementation support for larger-scale programs

DO WE NEED A CW-SPECIFIC DEFINITION OR FRAMEWORK FOR EBPs?

- Benefits:
 - Clarity on whether program works in CW setting
 - Allow modification of criteria to better fit CW practice context, incorporate EIP
 - Increase “buy-in” from child welfare practitioners re: implementing EBPs
- Drawbacks:
 - Confusion from adding to existing multiple frameworks
 - Danger in suggesting “lower” standard for child welfare research/programs
- Can we build on/adapt existing frameworks?
 - Refine “relevance” criteria
 - Clarify child welfare-relevant outcomes
 - Better define program targets (Who? What outcomes?)

Question 4: How can agencies design evaluations that strengthen the case for classifying their programs as evidence-based?

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Social Work

DEFINE THE PROGRAM OR PRACTICE

- Are you implementing a new or existing evidence-based program/practice?
 - Is your program or intervention well defined?
 - What is the theory of change?
 - Has a logic model been developed?
 - What are the criteria for acceptable fidelity?

SELECT A RESEARCH DESIGN

- Gather information
 - Review the literature
 - Review EBP criteria utilized by CEBC and/or others
 - Assess evaluation approaches employed by other researchers
 - Confer with other practitioners and researchers

SELECT A RESEARCH DESIGN

- Randomized Controlled Trials (RCT)
 - Participants randomly assigned to two or more study conditions
 - Control group
 - Advantages
 - Disadvantages



SELECT A RESEARCH DESIGN

- Quasi-experimental designs
 - Non-equivalent-groups designs
 - For example, matched pairs design
 - Examine intervention outcomes over time
- Under some existing EBP classification systems quasi-experimental designs will not yield the highest ratings or are not considered at all

ENSURE HIGH STUDY QUALITY

- Sufficient number of participants
- Low attrition at all time points
- Intervention and control group should share similar characteristics, ideally at all time points
- Outcomes are assessed using reliable and valid measures
- Aim to demonstrate sustained effects

DEMONSTRATE FIDELITY

- Plan to demonstrate that the program or practice was implemented with acceptable fidelity:
 - Incorporate fidelity measurement-related evaluation activities
 - Plan process evaluation activities to understand factors that facilitate or hinder implementation and fidelity

FOCUS ON FEASIBILITY

- What is the best evaluation we can do given staff and time constraints?
- Is the agency ready to implement the program/practice and the evaluation activities?
 - Has a readiness assessment been conducted?
 - Is there buy-in throughout the organization
 - Are funding and staff resources sufficient?
- Plan opportunities for data driven assessments of the evaluation

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