Using Evidence-Based Programs to Support Children and Families Experiencing Homelessness

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STRENGTHENING
At Risk and Homeless
Young Mothers and Children

Introduction

Program leaders and practitioners hear a lot about the importance of using evidence-based programs (EBPs) especially when funders are urging and often requiring their adoption. Professionals, policy makers, funders and consumers want to know that interventions are likely to yield the sought-after results. Child and family-serving programs use EBPs to increase the likelihood that time and money is well spent and will make a positive difference in the lives of young children and their families.[i]

While program leaders understand and support these goals, it can be hard to know what interventions to select when definitions of "evidence-based" and criteria for "evidence-based programs" vary. Further, when seeking evidence on programs that target homeless populations and families with very young children, the evidence base can be limited or lacking.[ii] The evidence has not always been gathered from families who match the racial, cultural, social or economic factors that are typical of the families programs are targeting for services.[iii] The circumstances under which studies are done may not match the circumstances in communities that wish to replicate evidence-based approaches. These issues can make it difficult to find relevant EBPs and decide which of these to adopt.

How can practitioners and program leaders respond to these dilemmas? How are they to find the best evidence-based programs and implement them successfully? This brief offers a definition of evidence-based programs and provides guidance in selecting EBPs for families with young children. It also discusses issues related to implementing EBPs and addresses some common dilemmas encountered by program leaders. These include approaches to using the best available evidence when relevant evidence-based programs are not available, as well as issues related to costs and adaptations for local populations and communities.

Defining Evidence-Based Programs

A program is judged to be evidence-based if (a) evaluation research shows that the program produces the expected positive results; (b) the results can be attributed to the program itself, rather than to other extraneous factors or events; (c) the evaluation is peer-reviewed by experts in the field; and (d) the program is "endorsed" by a federal agency or respected research organization and included in their list of effective programs.[iv]

Studies using experimental design (quantitative, randomized control trials) are pointed to by many sources as the best form of evidence available, with quasi-experimental designs as the next best approach. Non-experimental designs are considered by some to be questionable due to difficulty in establishing a cause-and-effect relationship between an intervention and outcome.

Among the strengths of experimental and quasi-experimental designs is the ability to study large groups of people, to test cause and effect, and to collect precise, quantitative data. Experimental designs with a control group that is well matched to the group receiving the intervention create a high level of confidence that the outcomes measured resulted directly from the intervention and not from some

other source. Quasi-experimental designs can also address cause and effect questions. However, since they don't use a randomly created control group, there may be less certainty that the outcomes result from the intervention. While experimental and quasi-experimental studies are designed to answer causal questions, depending on the study's goals and the research questions, another approach to gathering evidence may be more appropriate.[v]

When the research questions relate to understanding what is happening and how and why it is happening, a descriptive research design (qualitative) is most useful. Descriptive studies can show how factors co-occur and can aid in understanding how a particular intervention leads to specific outcomes. They are likely to collect data from documents, detailed observations and verbal information, and carefully analyze these for themes. The rigor of qualitative studies is enhanced by using multiple information sources, checking researcher interpretations with participants, exploring rival explanations and searching for disconfirming evidence.[vi] Combining quantitative and qualitative methods can answer a range of descriptive and causal questions and can help study and understand complex phenomenon.[vii]

Combined with research, gathering evidence through reflection on practice builds a basis for sound practice. Fellitti (2004) offers an example of combining reflection on practice and research to build new evidence. Fellitti et al. wondered about the higher drop-out rate among patients most successfully losing weight through an obesity treatment program. Reflecting upon this unexpected observation led to further study. The researchers learned that overeating and obesity were often protective strategies related to early adverse experiences. This finding led to a new theory about the origins of addictive behavior.[viii]

Evidence gathered through reflection on experience can be called "craft knowledge" or "professional wisdom."[ix] Buysse and Wessley (2006) argue for building an evidence base in the early childhood field by integrating a variety of research methods. They define evidence-based practice as "…a decision-making process that integrates the best available

research evidence with family and professional wisdom and values."[x] This definition allows room for programs to select practices whose evidence base consists of a variety of evaluation designs integrated with the knowledge gained through reflecting upon and learning from practice.

One way to achieve this is by creating communities of practice to integrate the varied approaches to building evidence. Communities of practice can bring together researchers and practitioners to reflect on issues, as well as questions and dilemmas that arise in professional practice. Research questions that are relevant to practitioners' concerns can be identified, and researchers and practitioners can together select acceptable and practical ways of gathering the needed evidence.[xi]

Understanding Sources of Evidence

Research-based and non-research based literature provide different types of information. Each contributes to the base of evidence for what works in serving young children and their families.

- Quantitative research provides a foundation for evaluating outcomes, determining efficacy and discussing readiness for dissemination.

- Qualitative research and non-research literature can provide in-depth descriptions of a practice, the context in which the services are provided, participants' perspectives, and tools for implementation.

- Mixed methods research brings together qualitative and quantitative data, often with information that helps interpret outcomes and understand their context.[xii]

Finding Evidence-Based Programs

A number of clearinghouses offer information on evidence-based programs. These generally focus on evidence developed through studies using experimental and quasi-experimental designs. Some also identify promising practices for which the evidence base is limited. Clearinghouses generally identify levels of evidence to aid in selecting an EBP. While level of evidence guidelines vary, they identify the strength of the evidence supporting a particular program or intervention, and clarify the clearinghouse's decision making rules in rating an EBP. Using various scales, they identify those EBPs with strong support, those that are promising, those not demonstrating positive effects, and those that cannot be rated. Some identify programs that could not be rated or are not recommended.

As you consider programs to meet the needs of the families and communities you serve, these clearinghouses are among those where you can seek out EBPs.:

- ED/IES What Works Clearinghouse http://ies.ed.gov/ncee/wwc
- RAND Corporation's Promising Practices Network http://www.promisingpractices.net
- Coalition for Evidence-Based Policy http://coalition4evidence.org/wordpress
- California Evidence Based Clearinghouse on Child Welfare http://www.cebc4cw.org
- Home Visiting Evidence of Effectiveness (HomVEE) Project http://homvee.acf.hhs.gov
- National Registry of Evidence-Based Programs (SAMHSA) http://www.nrepp.samhsa.gov
- Early Head Start Research to Practice Guidance (Administration for Children and Families) http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/index.html
- Research and Training Center on Early Childhood Development. http://www.researchtopractice.info/products.php

Benefits and Challenges of Using Evidence-Based Programs

Selecting an evidence-based approach to working with young children and their families can help assure that they receive the best available services. Staff members receive guidance in delivering services as intended by the model developer, helping to assure that no matter where families receive services and who is providing them, families have access to the same quality of care. Using the most effective services can help with family recruitment and retention, with raising needed funds to support services, and can support systems and cross systems initiatives to target the right outcomes.[xiii] While there are a number of benefits to adopting EBPs, there can be some challenges too. These include:

Lack of evidence-based models: It may appear as though there are only a few programs meeting the highest standards of evidence that focus on very young children and their families.[xiv] This is especially true when seeking evidence-based practices in the homelessness field.[xv] Yet in reality it is likely that there are additional effective programs which due to a lack of resources (or because of the program's stage of development) have not yet been rigorously evaluated.[xvi] In addition to challenges related to timing or funding, conducting randomized control trials may raise ethical concerns and pose difficulties in tracking outcomes for the control group (which is the group that is matched to the treatment group but does not get services).[xvii] Newly developed programs will not immediately be ready for randomized control studies. Allowing time for new programs to conduct descriptive studies and to improve as

a result supports innovations and can build readiness for later quasi-experimental and experimental studies. For these reasons grantees receiving funding from the federal Affordable Care Act Maternal, Infant and Early Childhood Home Visiting program are permitted to use up to one-quarter of their award for promising approaches that do not yet have a strong evidence base.[xviii]

Expense: It can be expensive to purchase the right to use an evidence-based program. The developer may require the purchase of materials, a curriculum and specialized training in order to implement it. Staff may need to have certain degrees or credentials.[xix]

Fidelity to the Model: A program developer may require that a program is implemented exactly the way it was designed, limiting the ability to adapt it to local conditions, cultural values and needs.[xx]

Recognizing these challenges, program leaders can develop strategies to successfully address them. The sections below discuss selecting and successfully implementing EBPs.

Choosing an Evidence-Based Program

Each clearinghouse on evidence-based practice has its own way of categorizing evidence-based practices and its own criteria for organizing them from the most highly supported to least well- supported by available evidence. Standards for what can be considered evidence-based are evolving quickly, and new studies are continuously being published, so revisiting these clearinghouses regularly will be helpful.[xxi] These clearinghouses typically emphasize outcome-based, generalizable studies while excluding other types of evidence.[xxii]

The following questions can assist in making selection decisions. They are adapted from the *What Works, Wisconsin's Research to Practice* series.[xxiii] The authors suggest asking questions related to program match, program quality, and organizational resources.

In considering program match, one critical issue is the match between the EBP, the organization and the community to be served. A team representing administrators, program directors, supervisors, staff and parents can be convened to discuss these questions:

- How well do the program's goals and objectives reflect what your organization hopes to achieve?
- How well do the program's goals match those of your intended participants?
- Is the program of sufficient length and intensity (i.e., "strong enough") to be effective with this particular group of participants?
- Does the program require potential participants that are willing and able to make a time commitment?
- Has the program demonstrated effectiveness with a target population similar to yours?
- To what extent might you need to adapt this program to fit the needs of your community? How might such adaptations affect the effectiveness of the program?
- Does the program allow for adaptation?
- How well does the program complement current programming both in your organization and in the community?

Program quality is also a critical component. If a program ranks high on an established evidence-based clearinghouse's ranking, it likely has a strong body of randomized control trial and other quantitative research evidence supporting its effectiveness. The review team may also wish to seek out additional evidence about the programs as discussed in the pull out box on understanding sources of evidence and the sections above about evidence. If there are no highly ranked evidence-based programs to meet the needs of the target population it may be necessary to select a program supported by the best available evidence. This may include programs supported by a small number of experimental studies or by descriptive studies. Some questions to consider about program quality include:

- What is the quality of this evidence?
- Is the level of evidence sufficient for your organization?
- Is the program listed on any respected evidence based program registries? What rating has it received on those registries?

- For what audiences has the program been found to work?

- Is there information available about what adaptations are acceptable if you do not implement this program exactly as designed? Is adaptation assistance available from the program developer?

- What is the extent and quality of training offered by the program developers?

- Do the program's designers offer technical assistance? Is there a charge for this assistance?

- What is the opinion and experience of others who have used the program?[xxiv]

Having selected an EBP to use, program leaders have a critical role in successfully integrating the new program into their organizations and in supporting staff in implementing the model as intended by its developer.

Leaders' Role in Implementing an Evidence-Based Program

A program's quality rests on the capacities of its staff members. Program leaders play a key role in supporting staff in its implementation. A Child Trends study noted that program managers that successfully implemented effective out-of-school time programs addressed a range of issues including: selecting, supporting and training qualified staff members; orienting new staff to program goals and mission; communicating information about program changes, and enlisting the support of key stakeholders, including staff, participants, funders, community partners and policy makers. Successful program managers developed systems for collecting data about the program's progress and used that information to collaboratively establish goals and improve the program's strategies. They also create a positive organizational climate by supporting staff members and responding to their concerns so that they were able to establish positive relationships with participants.[xxv]

Program leaders may also need to address existing staff members' concerns about adopting a new EBP.

They may need to help staff members recognize the benefits of the EBP for children and families. They can provide information on the relationship between the costs involved in the EBP and reaching the desired outcomes for families that may have intensive service needs. Program leaders can address concerns of those who may fear their work is undervalued or is at risk of being discontinued. Some specific strategies that can help in addressing possible concerns for existing staff include: sharing funds, training, tools and knowledge among all organizational programs; encourage teamwork and collaboration across organizational programs; developing a clear process for recruitment and referral of families that matches need to intervention; identifying and valuing the unique contributions of each program in the organization.[xxvi]

Working with young children and their families, particularly with those in difficult life circumstances, challenges staff members' intellectual, emotional and physical capacities. If left on their own to manage this stress, quality of services can be affected, particularly if staff members experience burnout. Signs that staff members may be suffering burnout can include fear of taking needed time off, failure to use vacation time, persistent negative thoughts, overreaction to minor issues, loss of motivation for the work, decreased work performance, not sleeping enough or not getting restful sleep, increased arguments with family and decreased social life. [xxvii] Burnout can ultimately lead to staff turnover. Turnover is detrimental to program outcomes when young children and their families lose relationships with staff members they have come to trust. A powerful way to combat these challenges is through reflective supervision which allows staff members to step back from the pressure of providing services to think carefully, deeply and with support and to learn from their work. Assuring that staff members have access to support from well-trained supervisors who themselves have access to supervision is essential to program quality. Such supervision enhances staff members' sense of support in their close and demanding work with young children and families. It helps reduce frustration and stress, which is likely to improve staff retention and quality of services.

Close oversight by supervisors also aids in quality control, improves record keeping and fidelity of implementation of the EBP. Supervision provides an opportunity for teaching and for practicing interventions before trying them with families.[xxviii]

Conclusion

Participants, policy makers, funders and program leaders all have a stake in assuring the best outcomes for young children and their families. This interest has promoted an increasing emphasis on the adoption of EBPs. While recognizing the importance of using EBPs, program leaders are challenged to find evidence-based programs that meet the needs of very young children and of families affected by homelessness. Expanding the definition of evidence to include experimental, quasi-experimental and descriptive research, as well as professional and family wisdom, and guiding program leaders to select programs supported by the best available evidence can increase the array of programs to consider. Program leaders play a key role in the selection and successful implementation of EBPs. Information gathered through their experiences in implementing EBPs can help to expand the existing knowledge base for successfully serving very young children and their families, including those at risk of or experiencing homelessness.

STRong: Strengthening Our New Generation: Adopting an Evidence-Based Practice

Minneapolis, MN

Part of the Conrad N. Hilton Foundation's *Strengthening At-Risk and Homeless Young Mothers and Children Initiative (the Initiative)*, STRong is a partnership between The Family Partnership[1] and St. Stephen's Human Services, both located in Minneapolis, MN.

One of STRong's key components is parenting education. When the program began, the staff used a variety of parent education techniques and strategies. However, the STRong team noted that they lacked some direction and consistency in their work. They shared that services would be strengthened and outcomes would be improved by standardizing and enhancing their parenting education practices. To address these goals, the program team identified and evaluated several home visiting models. Based on their analysis, the evidence-based Parents As Teachers (PAT) program was consistent with STRong's values, vision and goals. It was well matched to clients' needs and program staff felt it was well-aligned with their approach to working with families.

PAT is one of the 9 home visiting models rated as evidence-based by the federally funded Home Visiting Evidence of Effectiveness study (HomVEE). The Department of Health and Human Services defines an evidence-based early childhood home visiting program one for which

"… there are at least 2 high or moderate quality impact studies using different samples with 1 or more favorable, statistically significant impacts in the same domain. At least 1 of these impacts is from a randomized controlled trial and has been published in a peer-reviewed journal. At least 1 of the favorable impacts from a randomized controlled trial was sustained for at least a year after program enrollment."

More information about the HomVEE study is available at http://homvee.acf.hhs.gov/.

In using PAT, STRong staff reported that they were able to better serve their families and that they were experiencing improved outcomes. Kate Fay, STRong Family worker, stated, "Introducing PAT into our work made a huge difference. I felt that I had a guide for performing my job. As a result, my stress levels were reduced and I was better able to help my clients." Other staff members had similar comments. Since funders are now more focused on the use of evidence-based practices, as an agency, The Family Partnership is now better positioned to access new funding sources.

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1   Reuben Lindh Family Services merged with The Family Partnership on January 1, 2010.

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Strengthening At Risk and Homeless Young Mothers and Children is generating knowledge on improving the housing, health and development of young homeless and at-risk young mothers and their children.

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