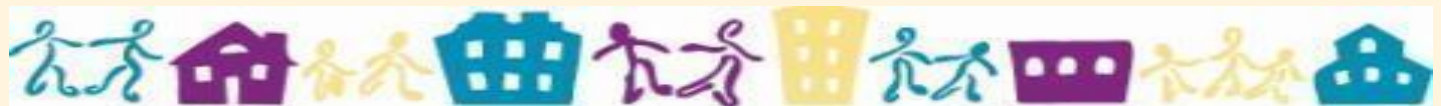


But Does it Work?

Evidence-Informed & Evidence-Based Programs & Practices



FRIENDS National Resource Center for Community Based Child Abuse Prevention
A Service of the Children's Bureau

A National Trend

Movement towards applying the limited dollars available the most efficient & effective way possible.

How will we get the most bang for our buck?



Evidence-Informed & Evidence-Based Programs & Practices (EI/EB)

Evidence-Informed Practices: Approaches to practice that are validated by some form of documented scientific evidence.

Evidence-Based Programs: Programs using a defined curriculum or set of services that has been validated by a form of documented evidence. For many funding sources, documented evidence must be gathered through Randomized Control Trials.



The Push is on...

Federal Office of Management & Budget (OMB) “Efficiency Measure” requires a 3% annual increase in federally funded Community Based Child Abuse Prevention (CBCAP*) programs that are EI/EB. (FRIENDS, 2009)

AOA Grant Opportunity**, announced in May '09:
“Enabling older people to live healthier lives through the use of Evidence-Based Disease & Disability Prevention Programs; and, Empowering Older People to Take More Control of Their Health Through Evidence-Based Prevention Programs”

•many respite programs for children are funded through CBCAP

•** http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Evidence_Based/index.aspx#evidence

The Children's Bureau of The Administration of Children & Families (ACF) expects federally-funded Child Abuse Prevention Programs to be moving into "*the EI/EB house*"



Huh?

To be in "the house", programs need:

- *A logic model that clearly states outcomes, services and rationale for services*
- *A manual that passes the "circus test"*
- *Routine outcome evaluation*



To be
in the EI/EB House
you must have: a Logic Model
A Manual/Set of Instructions & Ongoing Evaluation



Evidence-Informed

Can be a “home-grown” program. Must evaluate and document all activities

Supported

At least two randomized controlled trials (RCTs) with 1-year sustained positive results. Must be implemented with fidelity

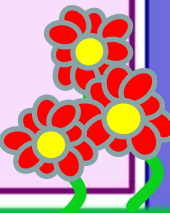
Promising

Program has been tested with at least 1 study, quasi-experimental design with control or comparison group, demonstrating positive effects

Program implemented with fidelity

Well Supported

All elements of *supported*, plus the program must have been replicated at 2 sites with similar positive results & implemented with fidelity



Information on what works: (to name a few...)

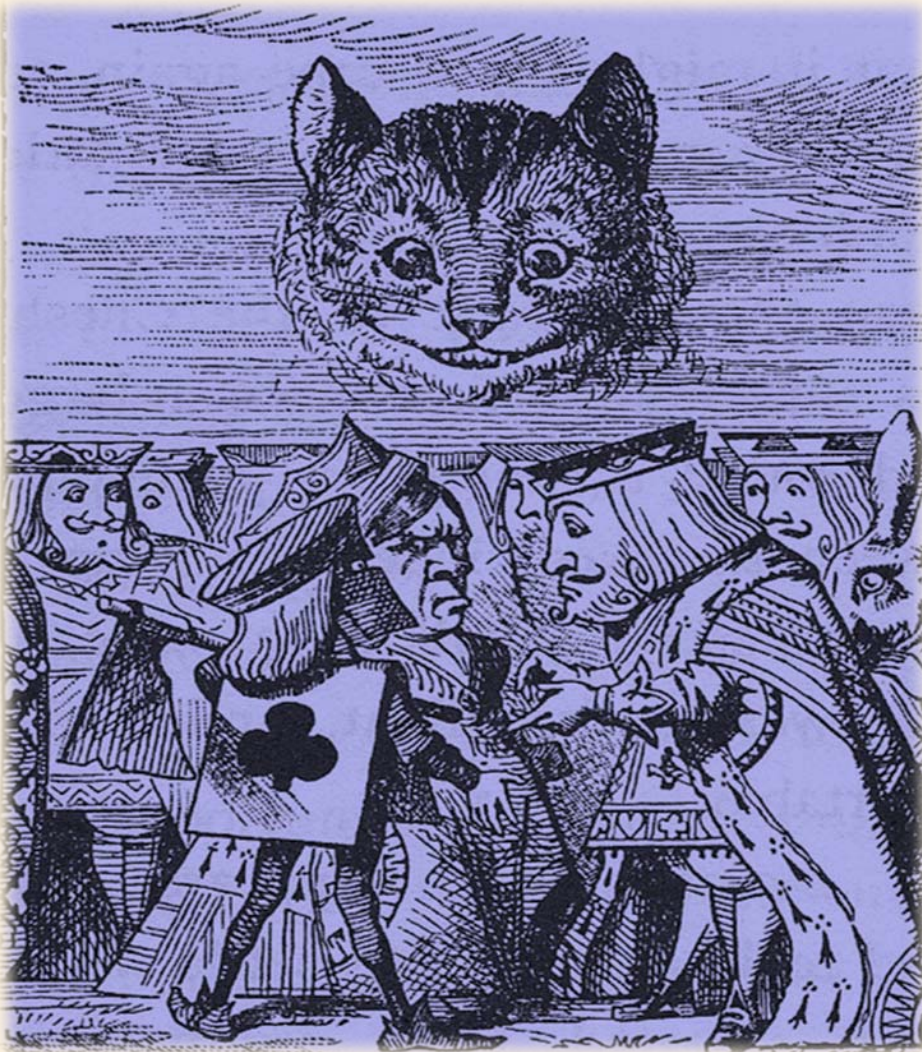
- Child Welfare Information Gateway,
www.childwelfare.gov
- California Evidence Based Clearinghouse for Child Welfare <http://www.cachildwelfareclearinghouse.org/>
- Dept of Health and Human Services, Agency for Healthcare Research and Quality
<http://www.ahrq.gov/clinic/epc/>
- Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence Based Programs & Practices
<http://www.nrepp.samhsa.gov/about-evidence.asp>

Disclaimer: not much about respite here. Let's fix that ...

What do we mean by “Works”?

- **Achieves identified outcomes**
 - Outcomes that promote the well-being of families
 - Outcomes that contribute to general population well-being
 - Outcomes that satisfy funders as being worthy
- **To Study outcomes, the field needs**
 - Clear evaluation questions (derived from outcome statements)
 - Reliable data sources
 - A commitment to gathering data and reporting results
 - Careful documentation of practices—how they are provided, who receives them, dosage and intensity of services, staff/care provider training. Services should be documented so they can be replicated.—a manual that passes the circus test.

Document your practices ! What contributed to the outcomes achieved?



“The horror of that moment,” the King went on, “I shall never, NEVER forget!”

“You will, though,” the Queen said, “if you don’t make a memorandum of it.”

Lewis Carroll,
Through the Looking Glass

Practice-Based Evidence

“Practice Based Evidence services are accepted as effective by the local community, through community consensus, & address the therapeutic & healing needs of individuals & families from a culturally-specific framework.”

(Isaacs, Huang, Hernandez, Echo-Hawk, 2006)

Some Findings from Crisis Respite Evaluations

- Link between crisis respite services and fewer substantiated CPS referrals (ARCH, 2006)
- Link between crisis respite care and fewer days in CPS out-of-home care placements (ARCH, 2006, Bruns, E, 1999, Leek-Nelson & Schiemann, 2009; Cowen 1998)
- Significant cost savings in offsets to foster care (Leek-Nelson & Schiemann, 2009).

Some Findings . . . (continued)

- Caregiver reports of improvements in areas related to family well-being and relationships (ARCH, 2006; Bruns, E. 1999; Child Welfare Information Gateway, 2002; Cole, Wehrmann, Dewar & Swinford, 2005; Cowen 1998; Leek-Nelson & Schiemann, 2009).
- Caregiver reports of reductions in caregiver stress, risk of child maltreatment (ARCH, 2006; Bruns, E. 1999; Child Welfare Information Gateway, 2002; Cole, Wehrmann & Dewar and Laura Swinford, 2005; Cowen 1998; Leek-Nelson & Schiemann, 2009).

Remember. . .

Lack of evidence is not evidence of lack

But. . . .we need evidence

References

ARCH National Respite Network, (last edited, September 2009). *Crisis Respite: Evaluating Outcomes for Children and Families Receiving Crisis Nursery Services* . Retrieved 9-15-2009 from http://www.archrespite.org/CN_Final_Revised.pdf,)

Bruns, E.J.& Bujrchar, J.D. (2000) Impact of Respite Care Services for Families With Children Experiencing Emotional and Behavioral Problems. *Children's Services: Social Policy, Research, and Practice*, 3(1), 39-61.

Child Welfare Information Gateway, (last edited, 2002) Respite Care Services for Families Who Adopt Children with Special Needs: Synthesis of Demonstration Program Final Reports Grantee Lessons Learned. Retrieved 9-17-2009 from http://www.childwelfare.gov/pubs/h_respite.cfm

References, Cont.

Cole, S.A., Wehrmann, Ginny Dewar and Laura Swinford, 2005 *Crisis nurseries: Important services in a system of care for families and children*, Children and Youth Services Review Volume 27, Issue 9, September 2005, Pages 995-1010.

Cowen, P.S. (1998). Crisis childcare: An intervention for at-risk families. *Issues in Comprehensive Pediatric Nursing*, 21, 147-158.

Friends National Resource Center, (last edited, August, 2009). Integrating Evidence-Based Practices into CBCAP Programs: A Tool for Critical Discussions. Retrieved 9-17-2009 from <http://www.friendsnrc.org/download/dtexcerpt1.pdf>.

References, Cont.

Friends National Resource Center, (last edited, August, 2009). Integrating Evidence-Based Practices into CBCAP Programs: A Tool for Critical Discussions. *Retrieved 9-17-2009 from <http://www.friendsnrc.org/download/dtexcerpt1.pdf>.*

Leek-Nelson, N.A., & Schiemann, S. (2009). *Crisis Nursery “Days of Care”: An Alternative for the Prevention of Child Maltreatment and Preservation of Families in Crisis*. Providence House Report to the Community West Foundation, Cleveland, OH.

Contact Information

Casandra Firman

Training and Technical Assistance Coordinator

FRIENDS National Resource Center for

Community Based Child Abuse Prevention

(360) 769-7167 Fax (360)769-6722

cfirman@wavecable.com



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