Evidence-Based Practices Overview

Home Visitation

2010

The Larry King Center for Building Children's Futures

Council for Children's Rights

Community Standards for Evidence-Based Practices

•In 2007, over 100 professionals representing child welfare, children's mental health, education, and juvenile justice participated in a conference sponsored by the Institute for Social Capital, Council for Children's Rights, and the Children's Alliance to enhance the use of best practices across the community

• Participants were charged with articulating a definition of "best practice," including core, objective criteria, to be used in Charlotte-Mecklenburg across the juvenile justice, child welfare, mental health, and education systems

• Through a series of group discussions, participants identified a list of potential criteria to inform the identification and assessment of best practices; each participant was then given the opportunity to vote for five criteria to be included in the community definition of best practices

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Criteria for Evidence-Based Practices

As agreed upon by the participants, the following five criteria should be applied in determining whether a particular program or practice constitutes “best practice:”

- Research supports positive outcomes from the program/practice
- Fidelity (i.e., evidence that the program/practice remains true to the model as designed)
- Culturally and developmentally appropriate design and implementation
- Feasibility
- Clear, measurable objectives

Levels of Effectiveness

Increasing level of proof

Traditional Outcomes	Promising Practice	Evidence-Based Practice
A program at this level should be able to answer the following questions:		
• **Who** is accessing your services? • **What programs** do they participate in? • **What outcomes** do they achieve?	• Do participants **experience better outcomes** than comparable people who are not in the program?	• Are there **statistically significant differences** in outcomes for our program participants versus people in a randomized control group?
Key characteristics of data collection and evaluation activities:		
• Every program participant is given a **unique identifier** • The organization collects **basic demographic data** from program participants • **Initial data** about program participants serve as **baseline** data for measuring changes over time (outcomes). • The **outcomes** that the organization intends for program participants to achieve are **specified**. • **Outcomes** are **tracked** for all program participants (or at least for a sample).	• An **independent, external evaluator** carefully **reviews** the program and services, target population, desired outcomes and indicators measuring success. • Outcome data for program participants is **compared to information and data** with similar people who are **not program participants**, and/or to **external sources** • Participants' outcomes are **measured against the outcomes of a carefully chosen comparison group**.	• An **independent, external evaluator** creates and conducts an **evaluation** of program outcomes. • Participants in an outcomes evaluation are **randomly assigned to one of two groups**- one in which they receive program services, and one in which they do not. Outcome data for both groups are collected and compared. • The **sample is sufficiently large** to conclude statistically that the program is responsible for the difference in outcomes achieved by its participants versus the control group.

Sources: "Assessing the Impact of Programming: Three Levels of Effectiveness," The Edna McConnell Clark Foundation; Bridgespan analysis; Laura Clark , Director of Research & Evaluation, Council for Children's Rights

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Nine evidence based practices profiled

Program	Focus	Status	Scale	Length/ Age	Cost*	Year
Chicago Child-Parent Center	Half/full day preschool program; Parents participate twice a month; Incl. outreach, health services, and occasional home visits	EBP	Scaled; 24 sites	1-2 yrs/ 3-4 yr	$5.2K *(p. yr.; 2005$)*	1983-now
Tulsa Pre-K	Universal school-based pre-K program with college-educated, early childhood certified, well paid teachers	*TBD*	Small	1 yr/ 4 yr	$3.2K *(p. yr.; 2001$)*	1998-now
Head start	Focus on helping preschoolers develop the early reading and math skills they need to be successful in school; Site- and home-based	Mixed Results	Nation-wide	1-2 yrs/ 3-4 yr	$7.1K *(program; 2007$)*	1965-now
Perry pre-school	Part day educational services; Weekly home visits; Highly educated teachers	EBP	Small (123)	1-2 yrs/ 3-4 yr	$15.2K *(program; 2000$)*	1962-1967
Abecedarian	Full day care; High quality health care, social services and nutrition; Individualized educational activities	EBP	Small (111)	5 yrs/ 0-5 yr	$13.9K *(p. yr.; 2002$)*	1972-1977
Nurse-family partnership	Nurse home visiting program focused on health, well-being and self-sufficiency of parents and their children; Home-based	EBP	Nation-wide	2½ yrs/ 0-2 yr	$10.6K *(program; 2007$)*	1977-now
Early head start	Promotes healthy prenatal outcomes, enhance the development of very young children, promote healthy family functioning; Site- and home-based	EBP	Nation-wide	3 yrs/ 0-3 yr	$10.6K *(program; 2007$)*	1994-now
Reach out & read	At every well-child check-up, physicians encourage parents to read to their children and receive free books; Site-based	EBP	Nation-wide	5 yrs/ 0-5 yr	$40 *(program; 2008$)*	1991-now
HABLA	Bi-weekly home-based visits over the course of 2 years. Mentors as coaches /role models for parents.	Not Evidence-based	Small	2 yrs/ 2-4 yr	$2K *(p. yr.; 2007$)*	*~2002-now*