

Evidence-Based Practices Overview

Home Visitation Workgroup

10/7/10

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

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:

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| <ul style="list-style-type: none"> • Who is accessing your services? • What programs do they participate in? • What outcomes do they achieve? | <ul style="list-style-type: none"> • Do participants experience better outcomes than comparable people who are not in the program? | <ul style="list-style-type: none"> • Are there statistically significant differences in outcomes for our program participants versus people in a randomized control group? |
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Key characteristics of data collection and evaluation activities:

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| <ul style="list-style-type: none"> • 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). | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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. |
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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

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