Evidence, evidence-based programs and evaluation

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The views expressed in this presentation are those of the presenter and may not necessarily reflect those of the Australian Institute of Family Studies or the Australian Government.
What is evidence?

- Published research?
- Locally gathered data?
- Relevant theory?
- Expert Opinion?
- Practitioner wisdom (including own)?
- Wikipedia?
- Google results?
What is evidence? - Shonkoff

- **Established knowledge**
  - Defined by scientific community against strict criteria
  - What we “know”

- **Reasonable hypotheses**
  - Assertions about what we don’t yet know
  - *Based on* established knowledge

- **Unwarranted assertions**
  - Generated by anyone
  - May be *distortions of* established knowledge
  - Should not guide responsible practice
Evidence in practice

- Evidence based?
- Evidence informed?
- Evidence influenced?
- Evidence aware?

http://www.partnersmn.com
Evidence in practice

- No one definition – largely depends how you define evidence
  - “Evidence-based practice” first used in medicine in early-1990s.
  - “Evidence-informed” is seen as better conveying that decisions are guided or informed by evidence rather than based solely upon it - but this comes from a narrow definition of evidence.

- What evidence takes precedence?
  - Depends what you are trying to do!
  - But - move away from “we know it works because we know it works”.

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Evidence-based practice

- One view - overlap of best (research) evidence, practitioner expertise and client values/expectations (Shlonsky & Ballan, 2011)
- “Optimising the combination”: Strong evidence = give greater weight
- Weak evidence & strong client preferences = act accordingly
“Hierarchies” of evidence

- **Research evidence**
  - Common understanding that different types of evidence allow stronger or weaker conclusions to be drawn.

- **Randomised-controlled trials**
  - Randomised – allocation to a “control” or “experimental” group
  - If no bias in allocation, more reasonable to conclude that program made a difference
“Hierarchies” of evidence - RCTs

● Problems with RCTs in service environments (also relevant to other designs)
  ❖ Drop out of participants, especially if at different rates from the two groups
  ❖ Unexpected differences between groups
  ❖ Ethical issues re: withholding treatment from control group
“Hierarchies” of evidence – quasi-experiments

- Use of naturally occurring comparison groups
  - Participants on a waiting list
  - Offer a different intervention, e.g. a briefer version of program.

- Greater benefits to those in program may mean it is effective – but because not randomised, you can’t say it caused changes.
“Hierarchies” of evidence – pre- and post-test

- No comparison or control group
- Measures before and after program changes
- No real conclusions can be drawn – changes might have happened anyway...
- But...is it better than nothing?
Problems with hierarchies

- Neglect too many important issues, e.g. may have been an RCT but poorly implemented
- Underrate the value of good observational studies
- Can lead to loss of useful evidence
- What counts as “good enough” evidence depends on how we want to use it
- Different uses for different designs
Practitioner use of research evidence

Most likely to happen if it:

- Fits with knowledge they have gained via hands-on experience
- Is easy to implement and use – often overloaded and no time to read and assimilate research.
- Is adaptable to suit agency or practitioner needs, i.e. is contextualised to practice.

“It is...no use producing world-class research if that research is not accessible for busy professionals...” (Sharples, 2013)
Organisational factors

What influences use of research?

- Leadership attitudes
- Staff resources
- Organisational stress or financial pressure
- Management types
- Tolerance for change
- Culture of experimentation and risk taking

http://blog.frontporchforum.com/2012/03/
Developing a culture of evaluation/research

- Organisations with a culture of evaluation and research:
  - deliberately seek evidence in order to better design and deliver programs.
  - can deliver evidence to stakeholders that programs are achieving desired results, enable robust decision-making and support professional development.

Communities for Children Facilitating Partners

30% requirement for evidence-based programs

https://www.flickr.com/photos/demandaj/14012274677/
1. CFCA online profiles of evidence-based programs

- A number of clearinghouses/databases were searched for evidence-based programs relevant to CfC.
  - Clearinghouses/databases use different definitions of “evidence” – may privilege very “scientific” definitions.
  - Relevance to CfC varies – more parenting interventions, fewer community interventions.
  - May meet criteria but don’t appear in clearinghouses/databases – we only know what we know.

1. CFCA online profiles of evidence-based programs

- Criteria for inclusion
  - Objectives of program are in line with CfC FP model.
  - Targets children aged 0-12 years and their families.
  - Documented information on program is available:
    - Aims, objectives and theoretical basis;
    - Program logic or similar;
    - Target group for program; and
    - Activities of the program and why they are important.
1. CFCA online profiles of evidence-based programs

● Criteria for inclusion
  - Training manual or documentation that allows for replication in Australia is available.
  - A good quality evaluation with at least 20 participants.
  - Evaluation shows positive outcomes (and no negative effects reported).

  “Is there a reasonable assumption that the program itself changed people’s knowledge, attitudes or behaviours?”

  - Program has been replicated (or has potential for replication).
Choosing the right program

- Three factors to consider:
  - Program quality (covered by the criteria)
  - Program match
  - Organisational resources

Image: Flickr – Rebecca Wong
Choosing the right program

● Program match
  ◆ How well do the goals and objectives of the program reflect those of the organisation?
  ◆ How well do the program’s goals match those of participants?
    ● E.g. a short prevention program doesn’t suit a family with many risk factors
  ◆ How long is the program?
    ● Likelihood of participants committing to full program
    ● Longer duration more likely to produce lasting behaviour.
Choosing the right program

- **Program match**
  - Has the program been effective with a similar target group?
    - May be designed for a particular group or “general” audiences.
  - Rare to find a program that suits all groups/situations
    - Carefully read program materials or talk to program developers re: adaptation. Some developers may be willing to help.
  - Does program complement other programs in organisation and community in general?
Choosing the right program

- **Organisational resources**
  - Does the organisation delivering the program have:
    - Expertise
    - Staff
    - Financial support
    - Time
  
  - If human and financial resources are inadequate, chances of success are limited.
Choosing the right program

Organisational resources

- Which programs have the best chance of being continued in the future?
- Does the program have a good chance of being integrated into the “base programming” of the organisation?
- Can organisations collaborate with others in the community to deliver and evaluate the program?
Fidelity

- Program fidelity = staying true to the original program design
- Higher the fidelity, greater the likelihood of positive outcomes
- Fidelity depends on
  - Well trained professionals who receive accredited training
  - Supportive infrastructure
  - Adequate resources
  - Managerial support
  - Regular process evaluations
Adaptation

- Practitioners will often change or adapt programs, intentionally or not
- Unintentional – program “drift” – use fidelity tools/process evaluation
- Intentional changes to content, duration, or delivery style may diminish the programs effects - seek advice from the developer

http://fyi.uwex.edu/whatworkswisconsin/research-to-practice-briefs/
2. Assessment process – 30% requirement

- In recognition of the programs already being delivered (or proposed) that meet five “rigorous enough” criteria
- Programs MUST be submitted by a Facilitating Partner after conversation with their Grant Agreement Manager
- Community Partner details can be included if applicable
2. Assessment of “other” programs

Criteria for inclusion - *must be documented*

- A theoretical and/or research background to the program.
- A program logic (or theory of change, or logic model).
- Activities in the program which generally match good practice in meeting the needs of the target group.
- An evaluation (with at least 20 participants) has established that the program has positive benefits for the target group.
- Staff members are qualified and/or trained to run the program.

Also must have logical and coherent links between these elements.
Assessment process – 30% requirement

● CFCA researchers will assess the program and provide detailed feedback (4-6 weeks)

● Four possible outcomes:
  - Eligible to be included in the 30% requirement
  - Eligible to be included in the 30% requirement AND evidence based program profiles (must meet the additional criteria)
  - Eligible for Provisional Approval
  - The programme cannot at this stage be included in the 30% requirement
Assessment process – 30% requirement

- CFCA researchers will also suggest how the “Industry List” may help with the feedback
  - The Industry List is a version of the Expert Panel that is available to sector organisations to purchase assistance
  - The Expert Panel is composed of organisations/sole traders who are highly competent in:
    - Program planning and/or
    - Program implementation and/or
    - Program evaluation/outcomes measurement
  - You do not have to use the Industry List, but it may help.
3. Provisional assessment

- In recognition of when more time is needed to meet criteria.
- Must be able to:
  - Articulate research and/or theoretical background of the programme;
  - show that some form of evaluation has been conducted in the past (may not meet the more rigorous evaluation criteria yet); and
  - outline your plan for meeting the criteria in the online guide by 30 June 2016 – submit by **30 June 2015**.
Program logic

- Or theory of change...
- Or logic model...
- Or program theory...
- Or intervention logic..

http://slashdot.org/
Program logic

- Visually represents what is going on in a program
- Two important things
  - Relationships – logical links between each stage of program logic model (if...then...)
  - Intention – a roadmap for the program
Program logic

**Families and Children Expert Panel - Program Logic**

**Inputs**
- AIFS manager and researchers
- DSS managers and staff
- Expert Panel
- Steering Committee
- Communications staff
- Web, library & publications staff
- Other external partnerships

**Outputs**

**Activities**
- Support and Resources
  - Expert Panel
  - Steering Committee
  - Training and support tools and resources
  - Inquiry desk
- Expert Panel
  - Establishment
  - Work Allocation
  - Guidance & support
- Dissemination
  - Resource Sheets
  - Practice Guides
  - Webinars
  - Podcasts
  - Other events
- Sector programs and evaluations

**Participation**

**Stakeholder groups**
- High focus
  - FaC organisations, DSS (FaC policy)
- Regular focus
  - Expert Panel
  - Steering Committee
  - AIFS staff
- Low focus
  - e.g., media, advocacy groups, non-FAC services

**Short-term**
- Increased understanding of evidence, measuring outcomes and evaluation
- CFCA and panel offer useful support to build sector capacity
- Increased engagement in activities supporting evidence-based programs and practices

**Medium-term**
- Increased implementation of evidence-based programs
- Increased capacity to plan, implement and evaluate programs and practices
- Increased use of prevention and early intervention activities
- Increased use of outcomes reporting and evaluations
- CFCA is increasingly used and considered a primary and useful source of information and dissemination

**Long-term**
- Increased use of evidence-based programs and practices designed to improve outcomes for children and families

**Assumptions**, e.g.
- Evidence-based practice remains valued, sufficient applications are received from suitable organisations for Panel, Panel perceived by the sector as good quality and useful, the Steering Committee provides timely and useful advice.

**External factors**, e.g.
- Policy and funding environment, pool of existing services with relevant expertise for panel, organisational culture around evidence-based practice, individual beliefs around measuring outcomes, other factors influencing outcomes for disadvantaged families and children.

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Why evaluation?

- Quality assurance – **systematic** checking of program/service meeting standards
- Were participants satisfied? Did they benefit?
- Did they benefit **because of** the program?
- How can the program be improved/refined?
- Justify requests for further support/funding
- Was implementation true to program design?

http://chronicle.com/blognetwork/lesboprof/2012/05/31/evaluation/
Broad types of evaluation

- Needs assessment
  - Before an initiative or when reviewing program if needs have changed

- Process/implementation
  - Is the program being implemented in the way it is intended?
  - Is it reaching the people for whom it is designed?

- Outcome/impact evaluation
  - Does my program help my clients?
  - Has there been any unintended outcomes?

- Economic evaluation
  - Benefits and costs of program
Assessment of “other” program

- For the purposes of the evaluation requirement:
  - The type of evaluation undertaken is less important than the results of the evaluation.
  - Shows a positive outcome of the programme as indicated by:
    - pre- AND post-testing of participant outcomes; or
    - comparison of outcomes for those who did/didn’t receive the program; or
    - a comparison of two types of service interventions
Evaluation approaches

- Collect new data from key informants (qualitative, quantitative)
- Make use of internal administrative data including program data
- Use of external administrative data
- Use of existing representative datasets (e.g. Australian Early Development Census, Longitudinal Study of Australian Children)
- Multiple data sources allow for greater validity and also greater depth
Evaluation approaches

- BUT need to balance quantity of data with quality and ability to analyse
  - What resources do you have?
  - Who is conducting the evaluation? What are the skill sets available to you?
  - How much time do you have?
  - Is this a one off or an ongoing process?
  - DO YOU NEED IT ALL?
Evaluation resources for family support

- Evaluation and innovation
- Evidence-based practice & service-based evaluation
- Ethics in evaluation
- Preparing for evaluation
- Dissemination of findings

Contact us

- Child Family Community Australia (CFCA) information exchange

- Expert Panel

- Industry list and CfC queries
  - fac-expert-panel@aifs.gov.au