Beyond Designing Evidence Based Programs
Replicating "What Works" with Consistency

Deborah Daro
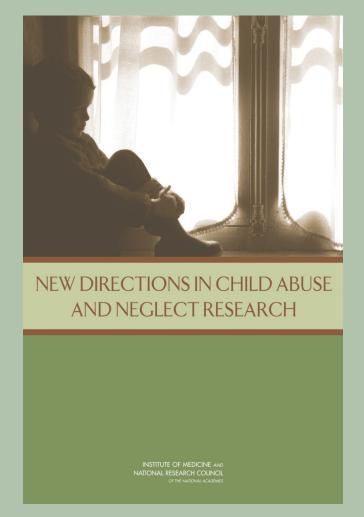
Main Points

- Significant progress has been made in developing effective strategies to treat and prevent child maltreatment.

- Significant challenges exist in insuring consistency and quality as programs scale-up.

- And such challenges are not fully resolved even when program models are highly specified and well researched.

Data Sources

- *New Directions in Child Abuse and Neglect Research* -- Institute of Medicine and National Research Council Report

- *Making Replication Work: Building Infrastructure to Implement, Scale-Up, and Sustain Evidence-Based Early Childhood Home Visiting Programs* – Final report of the Federal Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Initiative

Institute of Medicine and National Research Council Report

Intervention Findings

IOM/NRC Consensus Study:
New Directions in Child Abuse and Neglect Research

The Committee was tasked to*:*

*B*uild on the review of literature and findings from the evaluation of research on child abuse and neglect;

*I*dentify research that provides knowledge relevant to the programmatic, research, and policy fields; and

*R*ecommend research priorities for the next decade, including new areas of research that should be funded by public and private agencies and suggestions regarding fields that are no longer a priority for funding.

Expert Committee

Anne Petersen, PhD (Chair) – University of Michigan
Lucy Berliner, MSW – University of Washington
Linda Burton, PhD – Duke University
Phaedra Corso, PhD – University of Georgia
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Cathy Spatz Widom, PhD – John Jay College
Joan Levy Zlotnik, PhD, ACSW – National Association of Social Workers

Interventions and Service Delivery Systems
Report Findings

Significant advances have been made in the development of effective programs to prevent and treat child abuse and neglect

- *Prevention:*
    - Early home visiting programs
    - Public awareness campaigns
    - Parenting programs
    - Professional practice reforms

- *Treatment:*
    - Trauma-focused therapies
    - Parent training programs applied to child abuse and neglect

Interventions and Service Delivery Systems Research Priorities

- Dissemination and Implementation
  - Implementing in communities with fidelity
  - Taking interventions to scale
  - Sustaining over time

- Infrastructure Development
  - Strengthening the workforce
  - Crafting data management systems to support CQI
  - Fostering system integration and collective impact

Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment

Findings Related to Implementation Fidelity

Acknowledgments

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- **17 subcontractors, partners, local evaluators**
- **National model representatives**

Subcontractors Selected One or More Home Visiting Models

Home Visiting Program Model	Target Population	Number of Subcontractors Selecting Model
Nurse-Family Partnership (NFP)	First-time pregnant women < 28 weeks gestation	11
Healthy Families America (HFA)	Pregnant women or new parents within two weeks of infant's birth	5
Parents as Teachers (PAT)	Birth or prenatal to age 5	3
SafeCare	Birth to age 5	3
Triple P	Birth to age 12	1

A Multicomponent Evaluation

- **Fidelity**
  - **Were home visiting programs implemented and delivered with fidelity?**

- **Cost**
  - **How much does home visiting cost?**

- **Infrastructure-Building**
  - **What infrastructure capacity did subcontractors build to implement with fidelity, scale up, and sustain home visiting programs?**

- **Goal Attainment**
  - **Did building infrastructure and factors related to collaboration among partners influence subcontractors' progress toward goals?**

Assessed Two Aspects of Fidelity

Structural (implementation fidelity)	Dynamic (intervention fidelity)
• Hiring qualified staff/providing sufficient training and supervision • Engaging the target population • Achieving recommended dosage and duration • Maintaining caseload levels	• Nature of the provider-participant relationship • Manner of service delivery

Sample Sizes

HV Model	Participants	Staff	Home Visits
HFA	575	117	11,907
NFP	2,960	120	58,475
PAT	601	79	9,519
SafeCare	491	72	6,617
Triple P	194	17	2,215
Total	**4,821**	**392**	**88,733**
# IAs represented	**36**	**47**	**36**

Source: EBHV Cross-Site Fidelity Database, October 1, 2009, through June 2012.

High-Fidelity Performance Areas

Fidelity Indicator	Percentage Across All Models	Number of IAs Reporting
Home Visitors with at Least a B.A.	75.5	45
Staff Receiving Initial Model Training	99.5	47
Total Referrals that Met Model Standards	82.1	47
Planned Home Visits Completed	82.1	36
Planned Content Covered During Visits	96.7	29

Source: EBHV Cross-Site Fidelity Data, October 1, 2009, through June 30, 2012.

Lower Fidelity Performance Areas: Caseloads

	Consistently Below Model Expectations	Consistently Over Model Expectations	Consistently At Model Expectations	Number of IAs
Home Visitor Caseloads	48.8	16.6	0.4	47
Supervisor Caseloads	35.0	28.6	0.0	48

Source: EBHV Cross-Site Fidelity Data, October 1, 2009, through June 30, 2012.

Lower-Fidelity Performance Areas: Dosage and Duration

Indicator	HFA	NFP	PAT	SafeCare	Triple P
Retention					
% Retained 3 Months	91.5	90.1	89.4	76.6	80.7
% Retained 6 Months	82.3	77.7	76.5	39.5	44.6
% Retained 12 Months	73.0	57.6	61.1	16.4	3.9
Number of IAs	8	16	4	6	1
Dosage – 12 Months					
Full Dosage (%)	19.6	5.3	26.4	n.a.	n.a.
80% Dosage	42.8	41.2	51.6	n.a.	n.a
60% Dosage	65.4	78.5	64.0	n.a.	n.a
Number of IAs	8	16	4	n.a	n.a

Source: EBHV Cross-Site Fidelity Data, October 1, 2009, through June 30, 2012.

Participants' Characteristics Related to Dosage and Duration

- **Hispanic participants more likely than white or African American participants to remain enrolled longer and receive a greater number of visits**

- **Younger, more economically disadvantaged and socially isolated participants often leave multiyear home visiting programs before 12 months or, if enrolling in short-term programs, do not successfully complete them**

- **Among those who remain in multiyear programs at least 6 months, however, socioeconomic risk level is not a predictor of service dosage**

Fidelity: Implications

- **Wide variability in structural fidelity within each model; multiple contextual factors contributed to how a model was replicated in a given community**

- **Findings raise questions about appropriate caseload levels, service dosage, and service duration**

- **Fidelity framework identified both common as well as distinct service elements across models, underscoring important differences in each model's intent and theory of change**

- **Just directing investments to evidence-based models does not guarantee consistent program replication; continuous attention to implementation is critical**
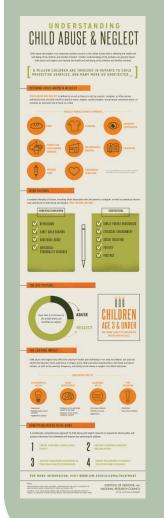
Recommendations for Future Research

- **Future studies should examine:**
  - **Implications of varying levels of service delivery on the ability of programs to achieve targeted outcomes with families and children**
  - **Relationship quality, including the role of relationship quality in take-up and engagement in services**
  - **Leadership qualities, including the degree to which administrators create an organizational culture and climate that reduce barriers to implementation**
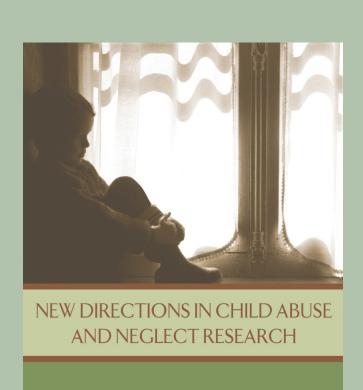
Additional Resources

Report Dissemination Products

New Directions In Child Abuse and Neglect Research

For more information and to
download the report,
please visit
www.iom.edu/childmaltreatment

NEW DIRECTIONS IN CHILD ABUSE
AND NEGLECT RESEARCH

INSTITUTE OF MEDICINE AND
NATIONAL RESEARCH COUNCIL
OF THE NATIONAL ACADEMIES

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- **Final Reports and briefs posted at:**
  http://www.supportingebhv.org/crossite