

Beyond Designing Evidence Based Programs

Replicating “What Works” with Consistency

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Policy research that benefits children, families, and their communities

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



NEW DIRECTIONS IN CHILD ABUSE
AND NEGLECT RESEARCH

INSTITUTE OF MEDICINE AND
NATIONAL RESEARCH COUNCIL
OF THE NATIONAL ACADEMIES

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:

Build on the review of literature and findings from the evaluation of research on child abuse and neglect;

Identify research that provides knowledge relevant to the programmatic, research, and policy fields; and

Recommend 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

Deborah Daro, PhD – Chapin Hall at the University of Chicago

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Desmond Runyan, DrPH, MD, MPH – Kempe Center, University of Colorado

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

- **The sponsoring agencies**
 - **Children’s Bureau (CB), Administration for Children and Families, U.S. Department of Health and Human Services**
 - **Maternal Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services**
 - **Office of Behavioral and Social Science Research, National Institutes of Health, U.S. Department of Health and Human Services**
 - **Doris Duke Charitable Foundation**
 - **Casey Family Programs**
- **Mathematica/Chapin Hall Team**
 - **Kimberly Boller, Deborah Daro, Andrew Burwick, Heather Zaveri, Russell Cole, Diane Paulsell, Bonnie Hart, Brandon Coffee- Borden, Debra Strong, Margaret Hargreaves**
- **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)
<ul style="list-style-type: none">• Hiring qualified staff/providing sufficient training and supervision• Engaging the target population• Achieving recommended dosage and duration• Maintaining caseload levels	<ul style="list-style-type: none">• 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.



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

UNDERSTANDING CHILD ABUSE & NEGLECT

Child abuse and neglect is an important societal concern in the United States that is affecting the health and well-being of the children and families involved. A better understanding of the problem can provide the public, child abuse and neglect experts, and the youth and many of the children and families involved.

6 MILLION CHILDREN ARE INVOLVED IN REPORTS TO CHILD PROTECTIVE SERVICES, AND MANY MORE GO UNDETECTED.

DEFINING CHILD ABUSE & NEGLECT

Child abuse and neglect is defined as an act or failure to act that causes, or has the potential to cause, harm to a child that results in physical abuse, neglect, mental neglect, sexual abuse, emotional abuse, or exposure to violence that places the child at risk.

KEY FACTORS INVOLVED IN ABUSE:

- AGE
- CULTURE
- ADVERSE ENVIRONMENT
- ADVERSE HOME ENVIRONMENT
- DISCREPANCY IN CARE
- EDUCATION
- NEGLECT
- MENTAL HEALTH

RISK FACTORS

A number of factors, including those associated with the parent or caregiver, as well as contextual factors, may contribute to child abuse and neglect.

PARENTAL/CAREGIVER	CONTEXTUAL
<input checked="" type="checkbox"/> STRESS <input checked="" type="checkbox"/> FEEL OVERWHELMED <input checked="" type="checkbox"/> SUBSTANCE USE <input checked="" type="checkbox"/> LACK OF SOCIAL SUPPORT <input checked="" type="checkbox"/> MENTAL HEALTH ISSUES	<input checked="" type="checkbox"/> SINGLE PARENT HOUSEHOLD <input checked="" type="checkbox"/> STRESSFUL ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL ISOLATION <input checked="" type="checkbox"/> POVERTY <input checked="" type="checkbox"/> VIOLENCE

THE BIG PICTURE

More than 6 million children in the United States are identified as victims of child abuse and neglect.

CHILDREN AGE 3 & UNDER ARE MORE LIKELY TO EXPERIENCE CHILD ABUSE AND NEGLECT

THE LASTING IMPACT

Child abuse and neglect may affect the long-term health and well-being of not only the children, but also the adults they become. They experience a higher risk of mental and physical health problems and may be more likely to experience violence, including child abuse and neglect in other contexts.

LONG TERM EFFECTS:

- PROFOUND TRAUMA: Mental health issues, substance use, and self-harm.
- ADVERSE HOME ENVIRONMENT: Child abuse and neglect can lead to a cycle of abuse.
- ADVERSE SOCIAL ENVIRONMENT: Child abuse and neglect can lead to social isolation.
- ADVERSE HEALTH OUTCOMES: Child abuse and neglect can lead to chronic health conditions.

KEY FINDINGS FROM RESEARCH

1. CREATE A NATIONAL STRATEGIC SYSTEM
2. DEVELOP A NATIONAL STRATEGIC RESEARCH PLAN
3. DEVELOP CAPACITIES NEEDED TO IMPLEMENT RESEARCH
4. CREATE INCENTIVES TO SUPPORT RESEARCH

FOR MORE INFORMATION, VISIT WWW.IOM.EDU/CHILDABUSEANDNEGLECT

INSTITUTE OF MEDICINE AND NATIONAL RESEARCH COUNCIL OF THE NATIONAL ACADEMIES

NEW DIRECTIONS: QUESTIONS TO GUIDE FUTURE CHILD ABUSE AND NEGLECT RESEARCH

INSTITUTE OF MEDICINE AND NATIONAL RESEARCH COUNCIL OF THE NATIONAL ACADEMIES

New Directions in Child Abuse and Neglect Research, a report by the Institute of Medicine (IOM) and National Research Council (NRC), emphasizes that child abuse and neglect are serious public health issues. Building on research findings gleaned during the past 20 years, the report calls for a systems approach to child abuse and neglect research.

Addressing these public health problems that is grounded in the complex environment in which child abuse and neglect occur (see figure pg. 2). The report highlights the importance of addressing the impact of social and economic factors.

TRENDS

Research has revealed strong evidence in past two decades, as well as a decline in forms. There is no evidence, however, that causes currently are not well understood questions.

- What accounts for the declines in the physical abuse (areas for study might include prevention interventions, the decline awareness campaigns)?
- What explains the inconsistent trends?
- What explains significantly different rates among data sources used (availability of resources)?

1. Stratification involves the ranking of people based on...

NEW DIRECTIONS: WHAT WE'VE LEARNED ABOUT STRATEGIES AND INTERVENTIONS FOR CHILD ABUSE AND NEGLECT

INSTITUTE OF MEDICINE AND NATIONAL RESEARCH COUNCIL OF THE NATIONAL ACADEMIES

New Directions in Child Abuse and Neglect Research, a report from the Institute of Medicine (IOM) and National Research Council (NRC), regards child abuse and neglect as serious public health issues involving 6 million children in the United States every year. Building on research findings gleaned during the past 20 years, the report highlights the significant progress that has been achieved in developing and testing strategies and interventions to reduce child abuse and neglect, ameliorate its consequences, and improve parental capacity.

The potential public health benefits of these strategies and interventions will be severely limited or unrealized if they are not implemented and sustained effectively in usual care practice settings. Currently, a wide gap exists between available strategies and interventions and effective methods for their dissemination, implementation, and sustainability. The availability of model programs is uneven across communities and populations, leaving many of the most vulnerable children and families without adequate services. Improving outcomes for a greater proportion of victims and those at risk of child abuse and neglect will require a greater focus on issues such as cultural relevance, replication fidelity, and how proven models can be taken to scale in the complex environments and systems within which children and families receive care.

APPROACHES, PRACTICES, AND STRATEGIES WITH EVIDENCE FOR EFFECTIVENESS

Interventions, regardless of their target populations or primary outcomes, appear to benefit from a set of "core ingredients." These generally include:

- BUILDING ON A STRONG THEORETICAL FOUNDATION THAT LINKS INTENDED OUTCOMES TO A CLEARLY ARTICULATED THEORY OF CHANGE
- ENTERING THE PROGRAM AT A SUFFICIENT DOSAGE AND DURATION TO MAKE IT POSSIBLE TO ACHIEVE THE INTENDED OUTCOMES
- STARTING THE PROGRAM WITH INDIVIDUALS WHO HAVE THE KNOWLEDGE AND COMPETENCIES TO WORK WITH PARTICIPANTS TO ACHIEVE THE DESIRED OUTCOMES
- OPERATING WITHIN A SYSTEM OF QUALITY ASSURANCE TO ENSURE THAT THE PROGRAM IS DELIVERED PROPERLY AND THE DESIRED OUTCOMES ARE ACHIEVED

The IOM/NRC report describes the current evidence base for many widely used and evaluated programs. It is important to note that none of the approaches has been evaluated across all communities or populations, and approaches often do not reach, engage, or retain their full target population. However, the report finds the progress in child abuse and neglect interventions to be impressive. Strategies and interventions discussed in the report include the following:

DIFFERENTIAL RESPONSE

Differential response systems offer multiple pathways for addressing the needs of children and families referred to child welfare services. These strategies have been shown to be effective with a range of outcomes, including improvements in child safety, fewer removals from home, increased access to services, and higher levels of family satisfaction.

FAMILY AND PARENT ENGAGEMENT

Child welfare systems have expanded their efforts to engage families, especially parents, more fully as part of the service planning and intervention process. Evidence suggests that family and parent engagement models contribute to reductions in child abuse and neglect.

New Directions in Child Abuse and Neglect Research

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NEW DIRECTIONS IN CHILD ABUSE AND NEGLECT RESEARCH

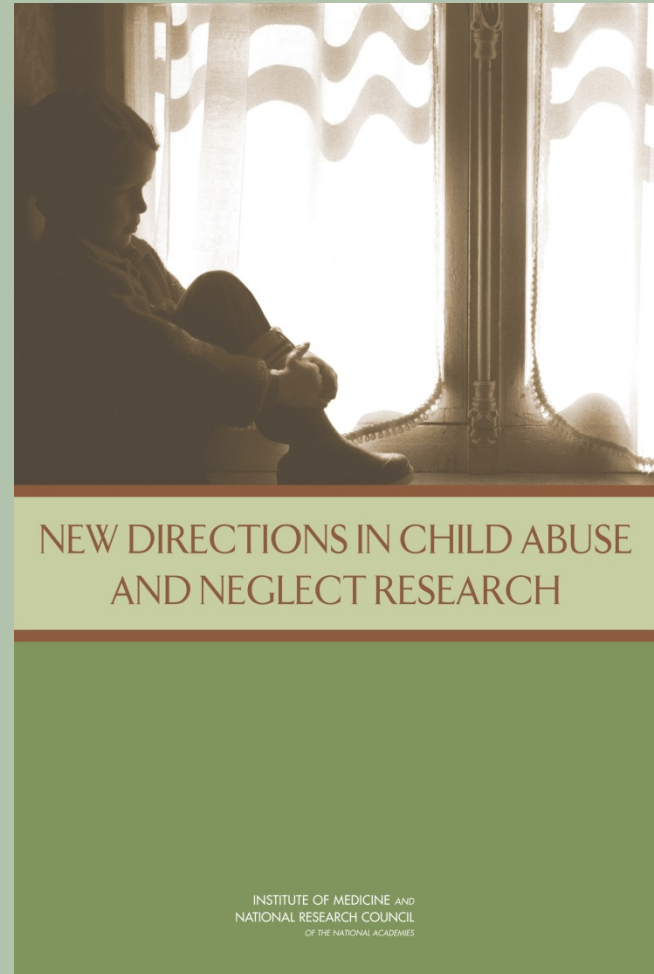
REPORT RESOURCES

INSTITUTE OF MEDICINE AND NATIONAL RESEARCH COUNCIL OF THE NATIONAL ACADEMIES

New Directions In Child Abuse and Neglect Research

For more information and to
download the report,
please visit

www.iom.edu/childmaltreatment





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