Beyond Designing Evidence Based Programs
Replicating “What Works” with Consistency

Deborah Daro

Chapin Hall at the University of Chicago
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
Institute of Medicine and National Research Council Report

Intervention Findings
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
Howard Davidson, JD – American Bar Association
Angela Diaz, MD, MPH – Mount Sinai School of Medicine
Mary Dozier, PhD – University of Delaware
Fernando Guerra, MD, MPH – University of Texas
Carol Hafford, PhD – NORC at the University of Chicago
Charles Nelson, PhD – Harvard University
Ellen Pinderhughes, PhD – Tufts University
Frank Putnam Jr., MD – Cincinatti Children’s Hospital Medical Center
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
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
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

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

<table>
<thead>
<tr>
<th>Structural (implementation fidelity)</th>
<th>Dynamic (intervention fidelity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hiring qualified staff/providing sufficient training and supervision</td>
<td>• Nature of the provider-participant relationship</td>
</tr>
<tr>
<td>• Engaging the target population</td>
<td>• Manner of service delivery</td>
</tr>
<tr>
<td>• Achieving recommended dosage and duration</td>
<td></td>
</tr>
<tr>
<td>• Maintaining caseload levels</td>
<td></td>
</tr>
</tbody>
</table>
# Sample Sizes

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

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

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

Source: EBHV Cross-Site Fidelity Data, October 1, 2009, through June 30, 2012.
<table>
<thead>
<tr>
<th></th>
<th>Consistently Below Model Expectations</th>
<th>Consistently Over Model Expectations</th>
<th>Consistently At Model Expectations</th>
<th>Number of IAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Visitor Caseloads</td>
<td>48.8</td>
<td>16.6</td>
<td>0.4</td>
<td>47</td>
</tr>
<tr>
<td>Supervisor Caseloads</td>
<td>35.0</td>
<td>28.6</td>
<td>0.0</td>
<td>48</td>
</tr>
</tbody>
</table>

Source: EBHV Cross-Site Fidelity Data, October 1, 2009, through June 30, 2012.
## Lower-Fidelity Performance Areas: Dosage and Duration

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

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, 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 gathered during the past two decades, the report calls for a systematic and comprehensive approach to the study and prevention of child abuse and neglect.

TRENDS

Research has revealed strong evidence in the past two decades, as well as a decline in the rate of child abuse and neglect. However, these trends are not well understood, and the causes are not fully understood.

- What accounts for the decline in the rate of child abuse and neglect?
- Are these trends occurring uniformly across populations?
- What are the underlying causes of these trends?
- What strategies are being effective in preventing child abuse and neglect?
- What can we learn from the experiences of other countries or cultures?

APPROACHES, PRACTICES, AND STRATEGIES WITH PROVEN EFFECTIVENESS

The report identifies several approaches, practices, and strategies that have been shown to be effective in reducing child abuse and neglect.

- Prevention programs that target at-risk families and individuals
- Early intervention programs that provide support to families in need
- Education programs that increase awareness and understanding of child abuse and neglect
- Policy changes that address structural factors contributing to abuse and neglect

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Advising the nation / Improving health

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
Additional Information
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• Final Reports and briefs posted at:
  http://www.supportingebhv.org/crossite