



Policy Brief

The Case for Evidence-Based Child and Family Practices in Vermont

Traci Sawyers, May 2014

THE PROBLEM

A program, service or initiative meant to help kids and families can sound great and seem like it will make a real difference in their lives. But how do we really know? Few organizations can afford formal program evaluation and especially a scientifically-rigorous research study that can prove outcomes. And when studies have happened, too many programs are often found marginally effective – and some not at all.¹

Both funders and practitioners want to know that the significant time, effort and resources put in to these programs are leading to positive and lasting outcomes for children and families. But are they? Just think about the many programs committed to reducing poverty and increasing school achievement. Overall rates have not improved significantly.² And in fact, research has shown that some well-intentioned programs can actually make things worse and increase poor outcomes.³ Given this possibility, Vermont should continue its current course toward implementing evidence based strategies whenever possible in our work with children and families.

BACKGROUND

The term ‘evidence based’ is being used more and more related to child and family services - both nationally and in Vermont. It comes from a growing body of research that has identified specific successful approaches in this area based on formal

research studies.⁴ Since social service organizations rarely, if ever, have the money for this kind research themselves, there has been a movement nationally to develop, test and package proven approaches and make them widely available. However, when organizations or agencies adopt these models, they must follow them to fidelity – which means implementing them exactly as designed – to get the same “proven” outcome.⁵ Evidence based models are different than ‘home-grown’ approaches, developed by individual organizations or groups, based largely on experience or belief. These programs can also be effective, but without the benefit of formal research, we don’t know for sure.

The idea of using evidence based practices came out of the medical field. Over time, this concept has been adopted in other areas related to health, education and more recently, human services.⁶ This has been fueled by policy makers and funders needing to make the most of every dollar in the current funding landscape. They want to see results from their investments. And practitioners also want to know that they are using limited resources in the most effective ways and are truly making a difference for those they are trying to help.

In the field of child and family services, there are many considerations in establishing what the current best evidence is or even identifying the exact intervention. Drug or medical procedures are easily assigned to randomized clinical trials. In contrast, these programs cover a wide range of needs/issues,

involve several variables and are based on human interaction.⁷ However, there has been increasing information and studies related to evidence based practice in broad categories such as prenatal/early childhood, education, teen pregnancy prevention, violence prevention and more.

A key element of evidence based practices is that they have been tested rigorously in experimental or quasi-experimental research studies. Experimental design is considered the most accurate and is most often used in medicine or the sciences to prove or disprove a theory. The main feature of a true experiment is that subjects are randomly assigned to either a treatment group made up of those who receive the intervention and take part in the program, or a control group who gets no treatment or just standard treatment. Once the intervention or program is complete, the two groups are compared. A quasi experimental design looks similar but is not randomly assigned so program evaluators cannot be certain that the intervention or program alone was responsible for changes they see.⁸

To become an evidence based model, once the research study is done, it then goes through a formal peer review process where other researchers look at it and agree with the claims. Then the program is often “endorsed” by federal agencies or research organizations (see box) and included in their list of programs that have been proven to be successful. These models become copyrighted and can be purchased by other organizations.⁹

Many of these agencies and research organizations also endorse or highlight “evidence informed” or “promising” practices. These are models that were developed based on theory or research, but there is not enough original data to confirm effectiveness so they are not formally a “proven” program. These approaches use the best information available and offer some level of “objective proof” to people outside the program that they work.¹⁰

There are many benefits to implementing evidence based approaches. Resources are used on strategies we know will work.....not just what we think will work. Program development and rigorous testing is already done and organizations can choose from several models already proven to be effective. It also saves the organization time by providing program materials, training, data collection support and technical assistance. The model’s proven effectiveness helps with buy-in from funders, communities and the participants as well.¹¹

Ongoing data collection is essential with evidence based practices and helps the implementing organization with Continuous Quality Improvement (CQI). CQI involves continual data monitoring, analysis, feedback, experimentation, testing and revision if needed to improve quality and maximize outcomes for children and families.¹²

EVIDENCE BASED RESOURCES

What Works Clearinghouse -
<http://ies.ed.gov/ncee/wwc/>

Promising Practices Network on Children,
Families and Communities -
<http://www.promisingpractices.net>

Home Visiting Evidence of Effectiveness
(HomVEE) - <http://homvee.acf.hhs.gov>

Coalition for Evidence Based Policy (CEBP) -
<http://coalition4evidence.org>

Substance Abuse and Mental Health Services
Administration’s (SAMHSA’s) National Registry
of Evidence Based Programs and Practices
(NREPP) – <http://www.nrepp.samhsa.gov>

Despite the many advantages of using evidence based practices, one key barrier is cost. There are both start up costs (i.e. purchasing the model) and then ongoing costs related to fidelity. Organizations need to buy curricula and other materials, pay for specific training, and collect formal and ongoing data. In addition, evidence based practices must be implemented exactly as designed, not adapted locally and tailored.¹³ This is how we know they will be effective and why it is so important. And the cost of the program can be high, but using a proven strategy avoids much more expensive intervention if problems are not successfully addressed and escalate.

WHAT IS BEING DONE

There are many evidence based approaches within K-12 education and mental health/substance abuse in Vermont. In the early learning and development field in particular, some of the most researched study has taken place in home visiting, developmental screening, anticipatory guidance and social and emotional development.

In 2013, Act 66 was passed in Vermont, requiring higher standards for all home visiting programs. Regulations were drafted in consultation with the Vermont Home Visiting Alliance, a group of home visiting providers, business leaders, and state personnel. Act 66 recognizes the significant positive contribution of home visiting with regard to enhancing family stability, family health, and child development; fostering parenting skills; reducing child maltreatment; promoting social and emotional health; improving school readiness; and promoting economic self-sufficiency. The Act assures that home visiting services in Vermont are of the highest quality by establishing standards for their administration, delivery, and utilization review and moving further toward the requirement of evidence based practices in this work.

Two specific evidence based home visiting programs have been implemented in Vermont. The Nurse-Family Partnership (NFP) home visitors work with low-income women who are pregnant with their first child, helping them achieve healthier pregnancies and births, stronger child development, and a path toward economic self-sufficiency. NFP has been documented to achieve lasting and significant effects through multiple, well-designed randomized, controlled trials. More than 35 years of research proves that it works.¹⁴

In addition, the Lund Family Center, Visiting Nurses Association and Milton Family Center are providing enhanced home visiting using the Parents as Teachers model (PAT) through Vermont's federal LAUNCH grant. PAT is an evidence-based home visiting program that builds protective factors by increasing parental understanding of child development, improving parenting skills and practices, promoting strategies for school readiness and linking families to community resources to improve self-sufficiency.¹⁵ Currently, certified parent educators provide support to families from birth to age three, with plans to expand the program until the child enters kindergarten. The curriculum is designed to promote optimal child development and positive parent-child relationships.

Extensive longitudinal and random assignment research and other studies have proven the effectiveness of Head Start and Early Head Start in improving the lives of children and families. This includes gains across cognitive, health, social-emotional and economic domains. For example, Early Head Start children have been found to perform better than control children in both cognitive and language development, demonstrate a higher level of social-emotional development, show less aggressive behavior and be more attuned to objects they play with. And Early Head Start parents have been found to be more supportive of their children in their efforts to develop language and learning skills, read to their children more, and spank their children less.¹⁶

More recently, Vermont was awarded \$36.9 million in federal funding through its successful Race to the Top Early Learning Challenge (RTTT-ELC) grant proposal to build a high-quality and accessible early childhood system in the state. This important grant will bring additional focus on the use of evidence based practice to the field of early learning and development. Among its many parts, RTTT-ELC will provide vast professional development and technical assistance to increase the use of evidence based models throughout Vermont, increase coordination of home visiting services, and track and report on services and outcomes. The goal is to increase the number of high needs children receiving evidence based home visiting services by 20% during each year of the grant.¹⁷

The Vermont Agency of Human Service's Department of Children and Families has also adopted the Strengthening Families Program (SFP) five Protective Factors as its approach and underlying principle for all its programs and services. SFP's five Protective Factors are: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Research studies have shown that when these are well established in a family, the likelihood of child abuse and neglect is lower and they build family strengths and an environment that promotes optimal child and youth development.¹⁸ RTTT-ELC will expand the use of this successful approach in early childhood to support comprehensive services for high needs children in high quality early childhood settings.

And Vermont is using the evidence based *Pyramid Model for Promoting the Social Emotional Competence of Infants and Young Children* developed by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and the Technical Assistance Center on Social Emotional Intervention (TACSEI) to fidelity via the Multi-Tiered Systems of Supports (MTSS) initiative. This important framework organizes activities along the mental health continuum. The Pyramid emphasizes

“nurturing and responsive relationships” and “high-quality, supportive environments” for all children (promotion); “targeted social emotional supports” for children at risk for behavioral problems (prevention); and “intensive intervention” for children exhibiting challenging behavior (intervention). In addition, the bottom level of the Pyramid addresses the importance of an effective workforce of teachers who are trained in promoting optimal development of all children.¹⁹ The Pyramid model is currently being implemented in pilot communities as part of MTSS and will be strengthened and expanded through Vermont's RTTT-ELC grant.

RECOMMENDATIONS

There are many important steps that Vermont needs to take to move towards ensuring the best possible strategies are used for children and families. They include:

- Make a commitment to using evidence based, evidence informed or promising practice models for children and families in Vermont to the greatest extent possible, so we are targeting resources at things we know can or should work.
- Support/establish effective implementation practices and processes. While the use of science in developing proven programs for children and families has advanced significantly, translating this research in to actual practice is often challenging. Beyond choosing interventions proven to work, this includes creating expert implementation teams and ensuring that continuous improvement processes and data feedback loops exist between the policy and practice levels. This helps ensure that the entire system is aligned to produce desired outcomes.²⁰ The MTSS initiative referenced above uses an active implementation

framework as it pilots this important work in Vermont.

- Once established, ensure that organizations are supported in creating and maintaining an infrastructure to implement these programs to fidelity and over time. Ongoing training, coaching, formal monitoring though data collection are all critical. Not having these in place will make programs difficult to sustain, and they will have limited impact on children, youth, and families in need.
- Make sure that services and supports for children and families are in place such as transportation, so they can access services and make sure the services/approach are relevant and accessible to different ethnic and cultural populations.
- Encourage a 'Culture of Accountability' in Vermont that raises the quality of all early learning and development programs. This is consistent with Vermont's Early Childhood Framework Goal #4, that calls for a cultural shift in how we think about child and family development and ties accountability to quality.²¹
- Reduce the perceived concern about implementing evidence based practices because of additional requirements related to maintaining fidelity. This includes examining additional funding mechanisms to reduce administrative burdens; re-thinking, aligning or integrating other data collection or funding requirements; and promoting and increasing the flexibility of funding sources through approaches such as "braiding" which can bring together different funding sources to support individual children but still provide accountability through tracking.²² The Framework's Early Childhood Action Plan calls for a financing plan that combines existing and new funding, emphasizes quality

assurance, promotes prevention, enables the flexible use of resources and more.

Sources:

¹ Coalition for Evidence Based Policy, *What Works in Social Policy, Findings From Well-Conducted Randomized Controlled Trials* - <http://evidencebasedprograms.org>

² Ibid.

³ Prevention Research Center For the Promotion of Human Development, *Technical Assistance Fact Sheets: Evidence Based Programs*, Penn State University, 2005.

⁴ Mattox, T, and Kilburn, M. *What is an Evidence-Based Practice?* Promising Practices Network, 2013.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ Conney, S., Huser, M., Small, S., O'Connor, C. *Evidence-based programs: What works Wisconsin-Research to Practice Series*, University of Wisconsin, 2007

⁹ Ibid.

¹⁰ Mattox and Kilburn.

¹¹ Conney et al.

¹² FRIENDS National Resource Center for Community Based Child Abuse Prevention – <http://friendsnrc.org>

¹³ Conney et al.

¹⁴ Nurse Family Partnership - <http://www.nursefamilypartnership.org>

- ¹⁵ Parents As Teachers - <http://www.parentsasteachers.org>
- ¹⁶ Isaacs, J and Roessel, E. Impacts of Early Childhood Programs, *Research Brief #3: Early Head Start*. Brookings Institution, 2008.
- ¹⁷ Race to the Top Early Learning Challenge Vermont - <http://governor.vermont.gov/race-to-the-top>
- ¹⁸ Strengthening Families Program - <http://www.strengtheningfamiliesprogram.org>
- ¹⁹ The Pyramid Model - <http://csefel.vanderbilt.edu>
- ²⁰ Metz, A and Bartley, L. *Active Implementation Frameworks for Proven Success, Zero to Three*, 2012.
- ²¹ Vermont's Early Childhood Framework - <http://governor.vermont.gov/sites/governor/files/VT%20ECH%20Framework.10-29-13.pdf>
- Vermont's Early Childhood Action Plan - <http://cdn.buildingbrightfutures.org/wp-content/uploads/2014/03/VT-Early-Childhood-Action-Plan.pdf>
- ²² Preethy, G and Blasé, K. *Financing Evidence-Based Programs and Practices: Changing Systems to Support Effective Service*, The Child and Family Evidence Based Practices Consortium, 2008.

About These Policy Briefs:

This is one in a series of issue briefs designed to focus our collective attention on issues that affect our young children and families. These briefs, as well as an annual *How Are Vermont's Young Children?* Report are part of an initiative by Building Bright Futures Early Childhood Advisory Council and connected to the Vermont Early Childhood Framework recently unveiled at Governor Shumlin's Early Childhood Summit in 2013-to remind ourselves, in every aspect of daily life, to ask the question: "How are the Children?" For more information,

call Building Bright Futures at 802-876-5010 or find out more on line: www.buildingbrightfutures.org)

About Project LAUNCH:

Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is a federal initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Vermont Department of Health (VDH) received a five-year SAMHSA Project LAUNCH grant in 2012. Project LAUNCH is being piloted in Chittenden County and is grounded in a comprehensive view of health that addresses the physical, emotional, social, cognitive and behavioral aspects of well-being. Building Bright Futures serves as the grantee of VDH for LAUNCH implementation.

About the Author:

Traci Sawyers holds a M.A. in public policy from Tufts University and has 25 years experience in child and family policy, maternal/child health and behavioral health. In these areas, she has been a writer, lobbyist, researcher, planner, program administrator, consultant, facilitator, grant writer/administrator, elected official, and organizational director. She is currently the Early Childhood Health Policy Expert for Building Bright Futures and Vermont's Project LAUNCH initiative.