Center for the Study of Social Policy

FRIENDS OF EVIDENCE

Better Evidence for Decision-Makers

Emerging Pathways from Existing Knowledge

Better Evidence for Decision-Makers: Emerging Pathways from Existing Knowledge

The Center for the Study of Social Policy (CSSP) works to secure equal opportunities and better futures for all children and families, especially those most often left behind. Underlying all of the work is a vision of child, family and community well-being which serves as a unifying framework for the many policy, systems reform, and community change activities in which CSSP engages.

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Introduction

There is broad consensus in favor of using evidence in order to solve critical social problems. Most notably, there has been a widespread effort to determine which individual programs can demonstrate strong evidence of impact. In our view, this is a useful beginning to what ought to be a much larger enterprise aimed at achieving significant results at scale. In this paper we seek to broaden the discussion.

We believe that decision-makers (such as legislators and public system and community leaders) striving to improve the well-being of individuals and communities ought to be informed by evidence throughout their work, not just when they are choosing which programs to implement. What does the evidence say about how to improve results for entire populations? For example, what does the evidence base tell us about effective policies and practices that can benefit all of the young people who have mental health needs, or are involved in the juvenile justice system, above and beyond what we've learned about specific programs used in those fields?

We contend that we can begin to answer these questions, thanks to the impressive work of scholars whose work we will describe below. Each has paid careful attention to information about programs, along with other sources of evidence, but they have done so in order to draw conclusions that are not limited to judgments about those programs. Their work looks beyond programs to find implications for entire fields of practice affecting large groups of people, and looks across programs for insights about what they have in common that drives effectiveness. We think these examples highlight a very promising direction that should be of interest to everyone who cares about evidence-based policy. And, as with our discussion of evidence about community and system change initiatives in the first brief in this series, they illustrate what we mean when we call for the use of a broader range of evidence.

In Part II of this paper, we describe three approaches to understanding evidence relevant to improving results in an entire field or for a broadly defined target population; in part III we discuss implications of these efforts; and in part IV we recommend actions that would build upon the kind of research discussed here, in service of creating a richer and wider body of evidence that decision-makers can rely upon as they try to achieve results at scale for children and families.

This paper continues a series of publications by the Friends of Evidence aimed at policymakers, researchers, and practitioners. In them, we explore a fundamental question about American social policy: how can we get to significantly improved results at scale? By "results" we mean the conditions of well-being, such as good health, financial and educational success, and positive social relations, which continue to be elusive for so many people in our society. By "scale" we mean big enough to make a difference for millions of Americans.

This is a huge challenge, but we see considerable reason for optimism. We live in a time of rapidly expanding knowledge, and we are learning more than ever before about how to improve outcomes for the most vulnerable children and families. We benefit from new scientific insights about how children develop, how toxic stress affects children, and how continued adversity negatively shapes adults. We have improved methodologies for mining numerous sources of data. And we are in an era of increasing demands that evidence be at the heart of policy and funding decisions by government and philanthropy, and of the design and implementation of interventions to improve results.

But what kinds of evidence would be most useful to decision-makers? Achieving impact at scale will require many strategies, some of them programmatic, and some in the form of broader initiatives that attempt to make multiple changes in communities and systems. Everyone with an interest in improving outcomes needs evidence that informs all of these strategies. And we need evidence not only to help choose what to do, but also to support the continuous adaptation and improvement needed for any significant effort to produce results. In our view, substantial lasting solutions to our most pressing social problems will require both a broad view of what constitutes credible evidence and a radically improved and expanded knowledge development enterprise in which innovation plays a significant part.

An earlier brief ("Better Evidence for Decision-Makers," 2016) explored the directories of evidence-based programs -- products of the growing attention to evidence. It argued that we (a) need far more detailed and nuanced information about "evidence-based programs" to better support decisions about whether they are likely to be effective in contexts different from those where and when they were tested; (b) need to gather and disseminate information about initiatives that seek to create significant changes in communities and systems, often involving multiple strategies and sectors, to complement the information now complied about specific programs; and (c) need to create a stronger infrastructure to support decision-makers who want to make good use of evidence in a variety of ways, including making "evidence coaches" available.

I. EVIDENCE THAT GOES BEYOND EVIDENCE ABOUT INDIVIDUAL PROGRAMS

We describe here three examples of the kinds of approaches we mean when we talk about "a broader range of evidence" to inform decision-makers. The specific methods vary, but in each case the researchers have used information about programs to draw conclusions that, rather than focusing only on the individual programs studied, identify the elements contributing to beneficial effects that have broad relevance for decision-makers trying to improve an entire field and achieve results at scale.

- Bruce Chorpita and colleagues began where too many discussions of evidence end: with a set of programs that have demonstrated strong (usually experimental) evidence of impact. They were interested in understanding what these programs might have in common, and how these common elements could be used to improve policy and practice in children's mental health at a scale well beyond the replication of individual programs.

- Mark Lipsey and colleagues also began with the evidence from program evaluations, including those that found no effect or even negative effects. They then used meta-analytic techniques to extract findings about what kinds of approaches are most likely to be effective in juvenile justice in order to provide guidance to decision-makers.

- Charles Smith and colleagues turned to different sources of evidence: practitioner expertise coupled with a careful study of programs identified as exemplary in the field of social and emotional learning. Their findings have been incorporated into a quality improvement process used by a wide range of after-school programs around the country.

This paper is not intended to provide detail on the methods, which the authors have described extensively in their publications. Rather, we hope to highlight the ways in which they open up new ways to improve results at much greater scale than

individual programs can typically hope to achieve by providing insights into tackling challenges such as:

- creating coherent, manageable systems based on a consistent set of principles, rather than a disconnected set of unrelated programs;
- building the capacity of front-line practitioners;
- advancing equity by reaching a broader, more diverse range of people who can benefit from effective approaches by going beyond the specific sub-populations for which particular interventions may have been tested;
- efficiently allocating resources, particularly with regard to decisions about "home-grown" approaches that incorporate many of the elements of evidence-based programs but that have not been formally evaluated; and
- establishing mechanisms to continually learn from experience and improve performance.

A. Distilling Common Practice Elements of Effective Children's Mental Health Services
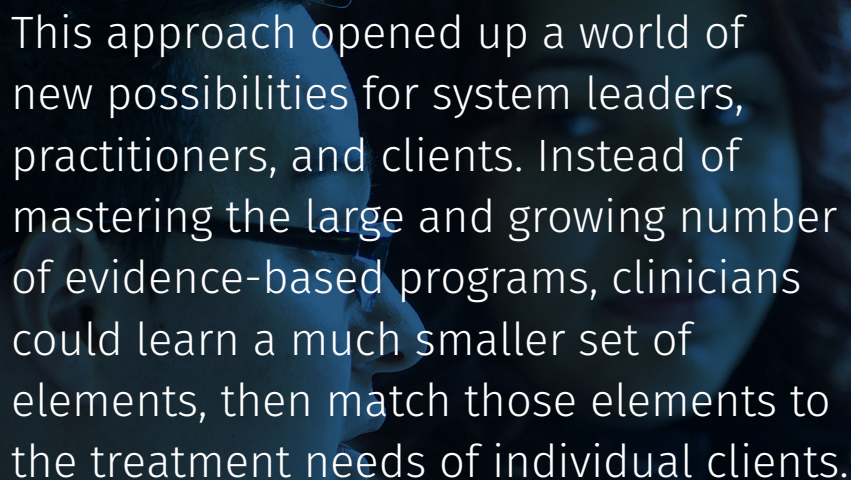
Suppose you are a policymaker who wants to make the best possible use of evidence to improve outcomes in children's mental health. The introduction of evidence-based programs (EBP's) may well play an important role in your efforts, but it is likely to encounter some natural limits that make it very difficult to achieve improved outcomes at scale simply by implementing more and more EBP's. No clinician can learn all of the many EBP's in this field[1], or even one of them relevant to each of the

clinicians are asked to treat: there are many EBP's for some of these, none at all for others, and it is common for clients to have multiple diagnoses and/or complicating factors, only some of which are addressed by any particular program. Perhaps as a result of challenges like these, "the dissemination and implementation of manualized evidence-supported treatments …remains strikingly limited in practice settings."[2]

What could you do in addition to implementing individual EBP's? Bruce Chorpita and his colleagues answered this question by undertaking an effort they refer to as "distillation and matching." They looked inside the treatment manuals of evidence-based programs to find the techniques and protocols clinicians are instructed to use, and found that many of these are common across multiple programs. For example, most of the 21 protocols with evidence of efficacy for depression included the practice elements of cognitive restructuring, self-monitoring, scheduling pleasant activities, problem-solving training, and psycho-education. The same pattern of practice element overlap was noted for treatment protocols for autism spectrum disorders, anxiety, ADHD, disruptive behavior disorders, and substance use.[3]

This approach opened up a world of new possibilities for system leaders, practitioners, and clients. Instead of mastering the large and growing number of evidence-based programs (each of which they might use infrequently), clinicians could learn a much smaller set of practice elements, then match those elements to the treatment needs of individual clients. This would also allow them to use the effective elements with a larger number of clients. Monitoring "fidelity" would then mean seeing how well they are able to use the practice elements, rather than how precisely they track the treatment manuals of numerous different programs. And, when a treatment approach is not helping an individual client, the practitioner would have other options at her disposal, again drawn from the set of common elements.

The Hawaii Child and Mental Health Division has embraced this approach to creating an evidence-based system, rather than focusing on individual evidence-based programs. An evaluation found that it out-performed both "usual care" (without specific mechanisms to make use of evidence) and an approach to evidence focused on

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many conditions the clinician will be asked to treat. Similarly, no organization can provide the training and implementation support needed to put large numbers of EBP's into practice. Moreover, EBP's cannot address all of the diagnoses or conditions

implementing specific EBP's; in particular, individual treatment sessions were far more likely to include evidence-based content.[4] Using similar methods, the Center on the Developing Child at Harvard has identified "five key characteristics that have been associated consis¬tently with positive outcomes across a range of ages and interventions" in early childhood programming,[5] and Richard Barth and colleagues have identified the common elements of effective parenting programs.[6, 7]

B. Using Meta-Analysis to Identify Characteristics of Effective Juvenile Justice Services

What does the evidence say about how best to prevent recidivism among juvenile offenders? To answer this question, Mark Lipsey and his colleagues[8] conducted a meta-analysis of 548 study samples collected over more than forty years. Each sample was coded for more than 150 variables, including elements of the program; the nature of the population served; the effect size; and the study methodology. The researchers aimed not to come to a global judgment about juvenile justice programs as effective or ineffective, but rather to distinguish characteristics regularly found in the more effective programs from those associated with less effective services.

The analysis produced a remarkably compact and specific set of critical findings, covering far more than just program design, with rich implications for decision-makers:

■   With regard to target population, programs aimed at the highest risk group of offenders produced larger impacts than those

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aimed at a lower-risk group;

■   With regard to program philosophy, programs characterized as having a therapeutic philosophy (with elements like counseling, skill-building, and making restitution for offenses) produced better results than those described as control-oriented (with elements like discipline, surveillance, and instilling fear of the consequences of bad behavior);

■   With regard to implementation, even programs with strong evidence of effectiveness could not be expected to produce positive results unless implemented with sufficient dosage (i.e.

duration of the program and/or number of contacts) and quality (e.g. having a written protocol, having providers trained in the treatment, monitoring adherence to the protocol, and having procedures for corrective action when there is drift away from the intended practice); and

■   With regard to evidence of effectiveness, programs listed in evidence-based program registries showed the expected positive effects, but other generically similar programs that were not listed in the registries were also likely to produce positive results, so long as they met the implementation criteria noted above.

The report that emerged from this work, "Improving the Effectiveness of Juvenile Justice Programs" concluded:[9]

> The juvenile justice field needs a more efficient and holistic way to use the tremendous body of research now available to inform program practice. The extent of that research is sufficient to allow nearly the entire spectrum of juvenile justice programs to operate on an evidence-based platform. Although brand-name model programs may be implemented as part of that platform, local programs may also be supported by evidence of effectiveness, or may be enhanced in ways that align them with that evidence. (Emphasis added)

Here we see rigorous analytic methods used to extract evidence that can be used to guide both the overall philosophy of a juvenile justice system and its selection of specific programs.

C. Developing Practice Standards to Enhance Quality in Social and Emotional Learning Programs

There is abundant evidence of the importance of social and emotional learning (SEL).[10] But which specific SEL skills matter, and how can those skills be learned and practiced most effectively across the wide variety of settings in which children and youth spend their time? Answering these questions is a challenging proposition. Many different terms are used to describe similar skills; many intervention curricula are proprietary and can't easily be integrated into existing programming; and much of the scientific literature about SEL is focused on individual youth skills and outcomes rather than the curriculum features and staff practices that produce those skills and outcomes.[11]

Charles Smith and his colleagues have responded to this challenge using methods including a review of the existing evidence; interviews with expert practitioners; and a detailed study of the practices of eight organizations (selected from more than 250 candidates) that were identified as outstanding and were also able to define in considerable detail what they do to help

students learn SEL skills. The researchers developed a set of practice standards defining, for each of six domains (such as "Emotion Management"), a small set of key youth experiences (for example, "Youth practice being aware of, identifying, and naming emotions") and the staff practices needed to support such skill development (for example, "Staff create time, space, or rituals within program activities for youth to process and learn from emotion"). These standards are supported by a set of performance measures.

Much program evaluation literature can discern whether a program had an effect, but not why or how. By contrast, the approach described here explicitly required an effort to develop strong theory: theory about how youth develop skills; how specific aspects of context support skill development; and how organizational systems promote use of SEL practices. In this work, theory was deployed to identify best practices for building SEL skills and performance measures to help organizations assess both implementation demonstrated by adults and SEL skills demonstrated by youth.

The SEL standards and performance measures were designed to be integrated into a continuous improvement approach, the Youth Program Quality Intervention (YPQI), which is now widely used in the after-school field. Research has associated it with positive and significant effects on both teaching practices and on student skills and outcomes, including specific SEL skills, academic skills, and improved school success.[12, 13]

This approach provides another example of the power of work focused on an entire field of practice. Rather than spending years doing experimental studies of individual program models, it used the experience of exemplary programs and expert practitioners to try to generalize about effective practices, and then test to see if adopting those practices leads to improved results. By doing so, it has created tools for achieving better outcomes that can be used by thousands of organizations.

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II. IMPLICATIONS OF THIS RESEARCH: DEVELOPING A RICHER KNOWLEDGE BASE

We believe that, collectively, the three examples provided above highlight themes that ought to be of critical importance to everyone who use evidence to achieve results at greater scale, including the following.

A. Expanding the Frame
The research described in this paper asks what we can learn, for both policy and practice, by considering the entire body of high-quality evidence compiled about many interventions that have similar goals. Accordingly, it looks at the evidence more broadly,

to understand the factors involved in improving results and their policy implications, such as Lipsey's conclusion that therapeutic approaches have been considerably more successful in juvenile justice than punitive ones. At the same time, it also considers the evidence more deeply, to understand the specific practice elements associated with positive outcomes, such as the need to model and teach emotion regulation in social-emotional learning programs, and what it takes to implement those elements effectively.

B. A Wider Range of Options

This research seems to us to support a wider and more productive range of options for decision-makers choosing how best to achieve desired outcomes for children, youth and families.   Many organizations can improve the results they achieve in part by implementing evidence-based programs. But consider the situation of an organization that already runs a locally developed program aimed at preventing child abuse and neglect. The program has not been evaluated in a way that would make it a candidate for inclusion in directories of evidence-based practices, but the organization has strong indications, based on its internal assessments and data, quality improvement processes, and client feedback, that it is producing good results. A logical next step, in our view, would be to compare the core principles, practices and characteristics of the program with what is known about the common elements of effective programs to prevent abuse and neglect. (This suggests once again the importance of a broader evidence infrastructure that could make information of this kind widely available, just as lists of evidence-based programs are today.) If many of those elements are already in place in the locally developed program, it makes little sense to discard the program and start over with an EBP. Instead, the organization might modify the program to incorporate one or more of the common elements that have been lacking; assess whether it is able to implement those elements well, and if so whether they appear to be associated with improved results; and repeat this process as needed. In other words, we propose an approach in which the evidence base can be used to support quality improvement across a wide range of settings. We think this is far more realistic, and better honors local knowledge, than the alternative – insisting that all locally-developed programs, even if they are quite similar to EBP's, must either undertake an experimental evaluation to become EBP's themselves or be discarded.

C. Greater Attention to Implementation

These approaches highlight the critical importance of implementation. Discussions of evidence too often focus solely on selecting the right intervention, without sufficient attention to how well that intervention is delivered. Lipsey's research makes clear that even a "proven" model is unlikely to produce results unless it is implemented well. Smith's work goes deeply into the question of what it means to "implement well," and how that can be achieved, for a specific service type. It includes not only standards of practice, but also specification of how such practices can be observed and the organizational factors needed to support them.   In fact, all three of these approaches have produced not only research findings, but also tools that can be used to support more effective practice.

This suggests a new, broader way of talking about

implementation, focused on "disciplined adaptation" rather than "fidelity." Fidelity matters; as noted above, even a very strong intervention should not be expected to produce results if it is not implemented properly.   But the term is, we think, often insufficient to describe the work needed to get from good evidence to good outcomes, and is sometimes even misleading if it is understood to mean that every element of a program should be replicated in its original form.

Consider, for example, an organization trying to implement the kinds of practices set out in "Preparing to Thrive,"[14] the field guide derived from Smith's research on social and emotional learning. A likely first step is self-assessment: where does practice already come close to what is described in the guide, and where does it fall short? When it falls short, why? What kinds of changes, consistent with the culture of the organization and the contexts within which it works, would be most likely to bring practice closer to the desired level?

These questions might lead the organization to a plan for improving practice. Even if that plan is very well-designed, though, it is only the first part of a broader practice improvement strategy. To get to the results it is aiming for, the organization will need to find ways to monitor and measure its change effort. Which parts of the plan are successfully implemented, and which are changed or discarded along the way? What if any improvements in practice result? What do practitioners, supervisors, and program participants think about the changes? The answers to these questions will lead to further actions, which will in turn be assessed as the improvement cycle continues. In other words, improvement depends upon measuring results; developing hypotheses about why they fall short of what is intended; and making adjustments based on multiple high-quality inputs.

What is involved in this process is not "fidelity," but rather adaptation and improvement. We believe that adaptation and improvement are almost always necessary, even when an organization is trying to implement a manualized evidence-based program. Which of the program's elements are essential, and must be maintained in order to achieve the desired results, and which can be adjusted to adapt the program to its new context? The answer to this question is rarely obvious, though it can and should be informed by the viewpoint of the intervention's developers, the published research about the program, and (where it exists) the literature identifying common elements of effective programs addressing the same or similar problems. Deciding what must be held constant and what can (and sometimes must) be adapted is critical, but it is, again, only a first step. Unless the actual experience of implementation drives continued improvement – sometimes in the direction of greater

"fidelity" to key program components, sometimes in the direction of better adaptation, and sometimes some of each – the program is unlikely to achieve the best possible results.

When we speak of "disciplined adaptation," therefore, we mean to set a high standard. Whether or not the term proves useful, we hope it will convey our conviction that achieving high-quality implementation requires both discipline and adaptation.

III. RECOMMENDATIONS

In the previous section, we argued that the kind of research described here ought to influence the way we think about evidence – what kinds of evidence we see as relevant, and how we imagine using that evidence to improve policy and practice. **Here we turn to what we can do, and ask what actions, on the part of government leaders, philanthropists, researchers, practitioners, community leaders, and other stakeholders will best advance these ideas**.

A. Policy
An important first step is for government explicitly to recognize the value of evidence coming from the kinds of research we cite here, alongside the evidence about individual program effectiveness that has been the focus of policymakers' attention until now. There ought to be room for the term "evidence-based" to be used, seriously and rigorously, beyond "evidence-based programs." An understanding of the evidence about entire fields or systems should inform policy development, the design of initiatives, and the ways in which requests for funding are solicited and evaluated.

B. Practical Steps to Implement Policy
Widespread and effective use of a wider range of rigorous evidence will, we think, require progress in three practical areas.

First, we need more of the kind of research described in this paper. Both government and philanthropies should allocate more of their research budgets, and research institutions should dedicate more of their talent and training, to promoting such research as well as the development of practical tools, such as Lipsey's Standardized Program Evaluation Protocol, which help users move to action based on the evidence.

Second, decision-makers need help to be able to access this research and use it well, comparable to the help they get from directories of evidence-based programs. There are promising examples of this kind of guidance from other countries that can inform efforts in the United States. The Iterative Best Evidence Synthesis (BES) project[15] in New Zealand reviews a broad range of evidence to identify practices that improve educational outcomes.[16] The resulting syntheses guide intervention design and the development of quality improvement tools, and identify additional evaluation questions. Similarly, the National Institute for Health and Care Excellence (NICE)[17] in the United Kingdom provides evidence-based guidance to improve outcomes in health and social services, again based on multiple sources of evidence.

Third, implementers need more help with what we have referred to as "disciplined adaptation." Today, an organization that wants to use evidence to improve outcomes faces numerous practical challenges. If it wants to make use of the kinds of evidence described in this paper (for example, building on what it has learned about common elements of effective programs, or working to achieve performance consistent with challenging practice standards) it is likely to find little help available. If it chooses to implement an EBP, the available support varies widely, ranging from (at minimum) a manual describing the intervention in detail, to an entire institute that trains and certifies practitioners, prescribes the kind of data to be collected, and offers ongoing coaching and performance measurement. If it is implementing several programs it may need multiple contracts with multiple providers, each providing similar but not identical training, data collection, and quality improvement processes.

Government and foundations should support the development of technical assistance centers with the capacity to help organizations identify the results they want to achieve, and then to steadily make progress towards their goal. Such centers would be able to assist in all of the various kinds of improvement efforts described above. The capacity we imagine could most likely be built in existing organizations (to choose a few examples, the National Implementation Research Network; the Regional Education Laboratories at the Institute of Education Science; the Carnegie Foundation for the Advancement of Teaching's Network Improvement Communities; and the technical assistance centers funded by the Department of Health and Human Services). There is room for both national organizations and regional ones that can build enduring relationships with local stakeholders.   We recognize that substantial practical challenges would have to be addressed, beginning with how such organizations would deal with proprietary EBP's whose dissemination is controlled by their developers. Nevertheless, we think both government and philanthropy would make a great contribution to the use of evidence by investing in the development of such entities.

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About the Friends of Evidence

The **Friends of Evidence** came together as a group with a shared passion for improving outcomes for the children and families who are not faring well in today's society and with a wide and diverse range of perspectives – public systems, philanthropy, academia, evaluation, community building, education, health and communications. A common thread was a shared point of view about the breadth of evidence that can be effectively applied and generated to design, implement and advance efforts (public and philanthropic, local, regional, and national) to improve outcomes and to ensure the wise allocation of scarce resources.

The Friends of Evidence continue to explore these issues together and work with others to spark critical insights and actions that will lead to the generation, analysis and application of evidence that will enhance our societal capacity to – as Anthony Bryk, one of the Friends of Evidence, puts it – achieve quality results, reliably, at scale.

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This brief was authored by CSSP Senior Fellow Steve Cohen, with contributions by Senior Associate Sarah Morrison and assistance from Director Frank Farrow and Senior Fellow Lisbeth B. Schorr, who help lead CSSP's growing body of work on more effective use of evidence for learning and improving outcomes for children, families and communities. Learn more at http://www.cssp.org/policy/evidence-for-results.