

## Evidence Based Criteria

Quality Services and Programs Component workgroup – Early Childhood Iowa

Draft 6/05

### **Definitions**

**Evidence-based** - the level of evidence that supports the efficacy and generality of a practice as indicated by research.

#### Types of Evidence

Type 1 – Empirical evidence (quantitative or qualitative research) published in peer-reviewed journals that indicated positive outcomes for children and families. This includes; single subject research, between group experiments, case study, qualitative interviews, and participant observation. This type also includes published reviews of empirical evidence from peer-reviewed journals that cite the original studies.

##### **Scientifically based research –**

- 1) Employs systematic, empirical methods that draw on observation or experiment;
- 2) Involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn;
- 3) Relies on measurements or observational methods that provide valid data across evaluators and observers and across multiple measurements and observations; and
- 4) Has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparable rigorous, objective, and scientific review.

Type 2 – Evaluation reports that provide data that are analyzed by an outside source (other than the system developer) and link program evidence to positive outcomes for children and families.

Type 3 – Evaluation reports that provide data that are analyzed by the system developer and provide evidence of positive outcomes for children and families.

Type 4 – Survey/descriptive research published in peer-reviewed journals that provide a summary of practices associated with positive outcomes.

#### Consensus Documents

Type 5 – Multi-authored consensus documents published by professional organization or national organizations, that indicated there is evidence of efficacy for the practice but do not provide the data.

### **1. Staff**

**The early care, health, and education system work force must be able to provide collaborative, comprehensive, individualized, evidence-based services and systems, or must be able to identify and refer to such services and systems. The work force must be skilled in evidence-based promotion, prevention and intervention strategies. The decisions that staff make on a daily basis can make a difference as to whether the child or family receives services that are scientifically proven to have a positive impact.**

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- 1) What professional development opportunities are provided to staff to ensure a level of competency prior to serving children and families?
- 2) What professional development opportunities are provided to staff to maintain competency during their tenure?
- 3) What type of supervision and monitoring is provided on a regular bases?
- 4) What is the background and experience of the staff that are providing supervision and monitoring?
- 5) Does the supervision and monitoring parallel that of services provided to children and families? (i.e. Families are visited at a minimum of one time per month but more frequently dependent on their needs. Staff have a minimum of one meeting per month with their supervisor but more frequent supervision may occur depending on staff needs.)
- 6) How are family centered principles applied to the supervision methods?
- 7) What is the average length of employment for the front line staff?
- 8) What are the wages and benefits for staff?
- 9) What type of funding or resources does the program have and is it adequate for the type of program?
- 10) What are the caseloads of staff? And are they reasonable to meet the needs of the families?
- 11) What protocols are in place for referrals?
- 12) What are the collaborative arrangements that exist with other providers.

## **2. Program Model Fidelity**

- 1) What evidenced based model is your program based on?
- 2) Have you maintained the program integrity by not changing the model?
- 3) What components of the program have you adapted to your local area?
- 4) Have you chosen a program that is likely to be effective in your community?
- 5) If you have identified a need in your community that there is not an evidence based model, are there comparable models?
- 6) Is the intended population the same? (i.e., research was completed on impact to middle income families, same strategies now being applied to low income families with the faulty expectation that you will get the same results.)
- 7) To what degree has the evidence been published in a peer reviewed journal or approved by a panel of independent experts through a comparable rigorous, objective, and scientific review?

## **3. Program Monitoring**

- 1) Has the intensity of the model been changed?
- 2) What is the children's/family's program completion rate?
- 3) Does the program evaluation use reliable and valid outcome measures? What type of program evaluation is used?
- 4) What are the program's goals and are they clearly stated?
- 5) Are the program's goals appropriate to the intended population and setting?

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- 6) Does the program's content take into consideration the characteristics of the intended population, setting, and the needs implied by these characteristics?
- 7) How is the program effectively engaging the intended population?
- 8) Does the program clearly outline the essential conditions required to replicate it with fidelity in other settings?
- 9) Have you chosen a program that will produce positive results?

### **Examples:**

Head Start/Early Head Start

National Association for the Education of Young Children (NAEYC) Accreditation

Quality Preschool Programs Standards

Healthy Families America Accreditation

Medical and Dental home model

### **Discussion Questions for the Quality Services and Programs Component Group**

1. How does the system work to assist existing programs to meet these standards?
2. How does the system facilitate and support a comprehensive array of services from prevention to intensive intervention?

### **Sources:**

Criteria and Conditions to Scientifically Evaluate Programs, Iowa State University

Extension, Partnering with Parents, SP 175 IV-7-1, September 2004.

Systems of Service Delivery: A Synthesis of Evidence Relevant to Young Children at Risk of or Who Have Challenging Behavior, Center for Evidence-Based Practice: Young Children with Challenging Behavior, Barbara J. Smith, University of Colorado at Denver and Lise Fox, University of South Florida, January 2003.