

Evidenced based criteria for Family Support and Parent Education Programs



Evidence Based Program Assessment

The intent of this assessment is to guide the exploration of a program's adherence to evidence based practices. Lack of adherence to these important components jeopardizes the program from producing the same outcomes as the researched model and hampers the ability of the program to deliver the same quality of services.

This assessment can be used by program supervisors and administrators, funders, or other decision makers. It can be used as a self assessment or may be used by a funder to assist in determining where to invest their resources. Please keep in mind that there are very few evidence based family support and parent education programs available. If your program is not an evidenced based program, you may still use this tool to examine what elements of your program does adhere to evidence practices and areas to examine to improve the quality of services being delivered.

Evidence Based Definition

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

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- 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.

Discussion Questions

1. Program Model Fidelity

Understanding the logic behind the program’s design assists the people implementing the program to fully understand what the program should be doing and what is expected as a result. It also helps to determine natural points for data collection and where evaluation should be focused. Regular reviews of the program model with all staff and rigorous evaluation help to mitigate program drift and ensure comparable outcomes.

1. There has been discussion on why this program has been chosen and what evidence supports the decision that is likely to be effective in your community.
2. The staff have discussed the evidence regarding the program and how the program will most likely produce positive results.
3. The model that is being used is based on essential components that are based on research.
4. Evidence has been published in a peer reviewed journal or approved by a panel of independent experts through a comparable rigorous, objective, and scientific review.
5. The program integrity has been maintained and not weakened. (Do we need to define integrity)
6. The essential components of the program have replicated to meet program fidelity.
7. Non-essential components of the program have been adopted to meet the needs of your community.
8. The program’s goals are appropriate for the intended population.
9. The outcomes of the program relate to the needs of your community.

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10. The family support and parent education program is combined with a quality early learning environment.
11. There are collaborative arrangements that exist to assure families have access to services.
12. There are protocols in place for referrals to assure families get the services they need.

2. 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.

1. The staff at all levels have professional development opportunities to ensure a level of competency prior to serving children and families.
2. The staff at all levels have professional development opportunities to maintain competency during their tenure. (examples: global to procedure, education, practices, role model, curriculum for staff development, program standards)
3. Different types of supervision and monitoring are provided on a regular basis. (mentor/coach, observation, discussions)
4. There is curriculum in place for the training of program managers.
5. Supervision and program monitoring adequately ensures consistent high quality services to children and families. (Faithful to the model)
6. Family Centered principles are applied to the supervision models.
7. The length of employment and experience/education are reflective of quality staff.
8. The wages and benefits are adequate for supporting high quality staff.
9. The caseloads of staff reflect the program model recommendations and are monitored periodically.

3. Program Model Monitoring

Program Model fidelity provides standards for replication so that others seeking to replicate the model will have the specifications to do so successfully and are most likely to produce similar results. Attention to fidelity is critical for successful program replication. Financial fidelity is also essential to program fidelity. Many organizations fall short when attempting to implement an evidenced based model without adequate funding.

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1. The results of program monitoring are used to strengthen program delivery.
2. The program is implementing the components in the family support definition.
3. The frequency and intensity of the program is being provided at the program model recommendations.
4. There are action steps the program is taking to combat the attrition rate.
5. The program has clear and defined program's performance measures that relate to the program's design.
6. The results of program monitoring are used to strengthen program delivery.
7. The program engages families at all levels.
8. The program is reaching the intended population of the program.
9. Program staff and supervisors understand the design and the goals of the program.
10. There is continuous and periodical supervision of the staff.
11. Staff and families are given opportunities to provide feedback on the quality of services programs.
12. The program staff uses the feedback to improve the program.
13. The staff completes ongoing and periodical self-assessment.
14. There is process for continuous improvement for staff and management.

We acknowledge there are very few evidenced based programs in Iowa. However, you can look at the essential components based on research and identify if the program is already addressing these components or look at ways to enhance the model to include the essential components.

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.

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For More Information Contact:

Gretchen Hageman
Chair of Quality Services and Programs Component work group
Iowa Department of Public Health
515-281-7585
ghageman@idph.state.ia.us