

Developing and promoting evidence-informed and evidence-based policy and practice: strategies and methods for supporting services at local and national level – some lessons learned

**Deborah Ghaté, PhD
Director**

**The Colebrooke Centre
for Evidence and Implementation**

London, UK

Presentation to the Familie & Evidens Center

Copenhagen

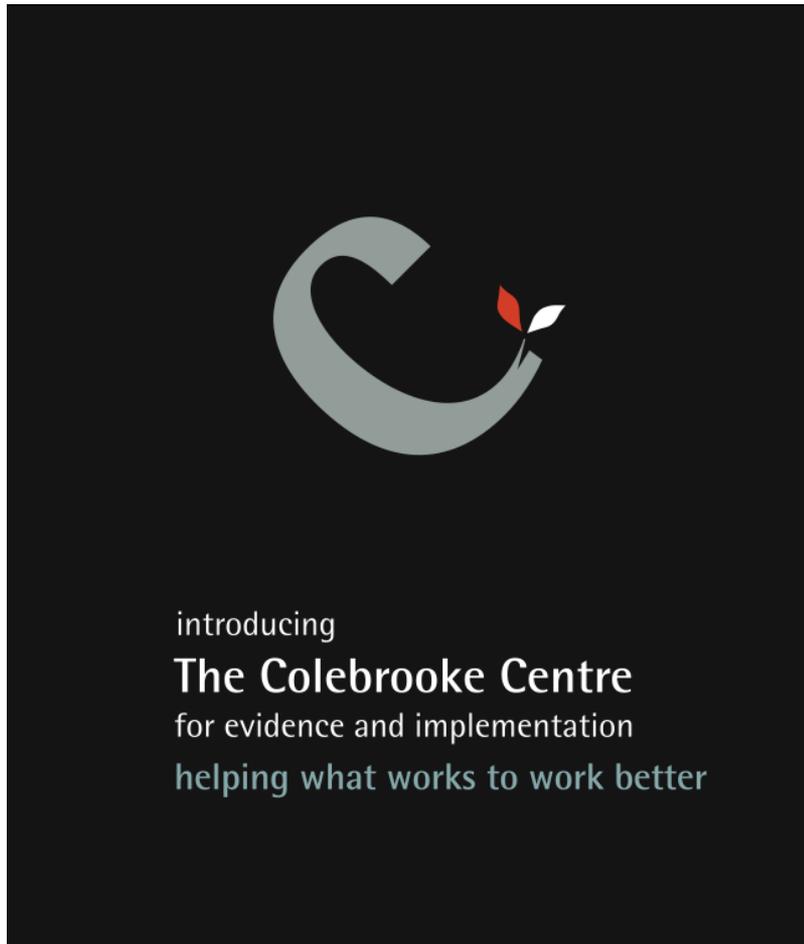
April 26th 2012

Introduction

This talk:

1. Developing **policy and strategy** in an evidence-informed direction – essential components
2. Moving from **strategy to action** – implementing evidence-informed services in practice
3. Community and service-user **participation** – what works and what doesn't
4. Specialist **implementation support teams** and purveyors: do they add value?
5. Questions and discussion

My background



- **UK:** the **Colebrooke Centre** for Evidence and Implementation
- a centre for **implementation science and practice (ISP)**
- non-profit established 2011, focused on improving the effectiveness of systems of care, services and interventions for children and families
- working with an ‘implementation lens’ to promote **evidence-informed approaches** in policy and practice

My background



- **Ireland: Centre for Effective Services**
- established 2008 as non-profit with mission to increase the success of services in improving the lives of children and communities by connecting the **design** and the **delivery** of services with **scientific** and **technical** knowledge of what works
- **policy** - guiding strategic decisions based on evidence
- **practice** - getting front line services to work on evidence instead of assumptions



The growth of evidence-based approaches

- These days everyone's into 'evidence'

son of the living God". If so, what is your belief based on? The Apostle Paul said, "If Christ be not risen our faith is in vain". 1Cor. ch15 - v14

The Resurrection of Christ, therefore, is central to our Christian faith.

The Irish Faith Centre will present , for the whole of Easter Week, an hour long video by Dr. Gene Scott Ph.D., on the **evidence** for the Resurrection, commencing on:

Monday 29th March to Saturday 3rd April every night at 8.30pm, and Sunday 4th April at 11.30am.

All are welcome to come and see it.

Irish Faith Centre

360a Nth. Circular Rd., Phibsborough. (Doyles Corner)

www.irishfaithcentre.ie

Global trends in the emphasis on evidence

- Widening evidence-base, esp in US (but other countries catching up)
- Development of 'clearing houses' for evidence
- The 'what works' agenda
- In US, development of numerous lists of accredited or approved programs
- In Europe, lists also beginning to gain currency
- Commissioners and funders beginning to demand evidence of effectiveness not just by prospective research 'in situ', but prior research as part of results based accountability and payment by results approaches

Global trends in the emphasis on evidence

UK

- Late 1990s onwards – development of large scale child and parent support programmes such as *Sure Start* and *On Track*, that were eclectic, inclusive and only weakly evidence-inspired
- Produced mixed results and attracted criticism for lack of theoretical and practical robustness Rutter, M. (2006); Ghate D, Asmussen, K, Tian Y and Hauari H (2008)
- More recent policy initiatives focus on much narrower groups of evidence-based programs (EBPs) and are more exclusive Allen G. (2011)

Ireland

- Prevention and early intervention initiative – blended approaches
- Redevelopment of national community development programmes

Evidence-based vs Evidence-informed

- Evidence-**based** is an exclusive category and (used correctly) means that an intervention has been tested using particular methods and multiple times
- Evidence-**informed** is:
 - Less categorical
 - More synthetic
 - More inclusive - honours different types of knowledge
 - Accommodates trade-offs to maximise utility/applicability
 - *A preponderance of evidence coupled with strong theory*
 - *A trade-off between knowing some things with more certainty and more things with less certainty [Schorr, 2003]*
- Different emphases lead to different approaches to commissioning

Part 1

Developing policy and strategy in an evidence-based direction: essential components

National level

- A strong, clear evidence-base (or commitment to work towards one)
- Being clear and making the case about the value added
- Getting buy-in at the highest levels
 - **Ireland:** engaging with Secretaries General (heads of govt departments) and ministers to promote understanding of evidence

Part 1

Developing policy and strategy in an evidence-based direction: essential components

National level

- Working with commissioners
 - sifting evidence
 - translating and interpreting evidence
 - engaging with the policy implementation issues
 - preparing the ground for innovation – thoughtful analysis about the ‘systems’ implications (not just ‘inserting’ EBPs into the mix)

Part 1

Developing policy and strategy in an evidence-based direction: essential components

Local level

- Matching local priorities and needs to existing evidence
- Careful analysis of local structures and systems to identify barriers and facilitating factors
- Developing local champions
- Partnership approaches that build on existing services
- Humility: we don't have all the answers

- Developing greater public understanding and awareness of value of evidence-based approaches to stimulate demand?

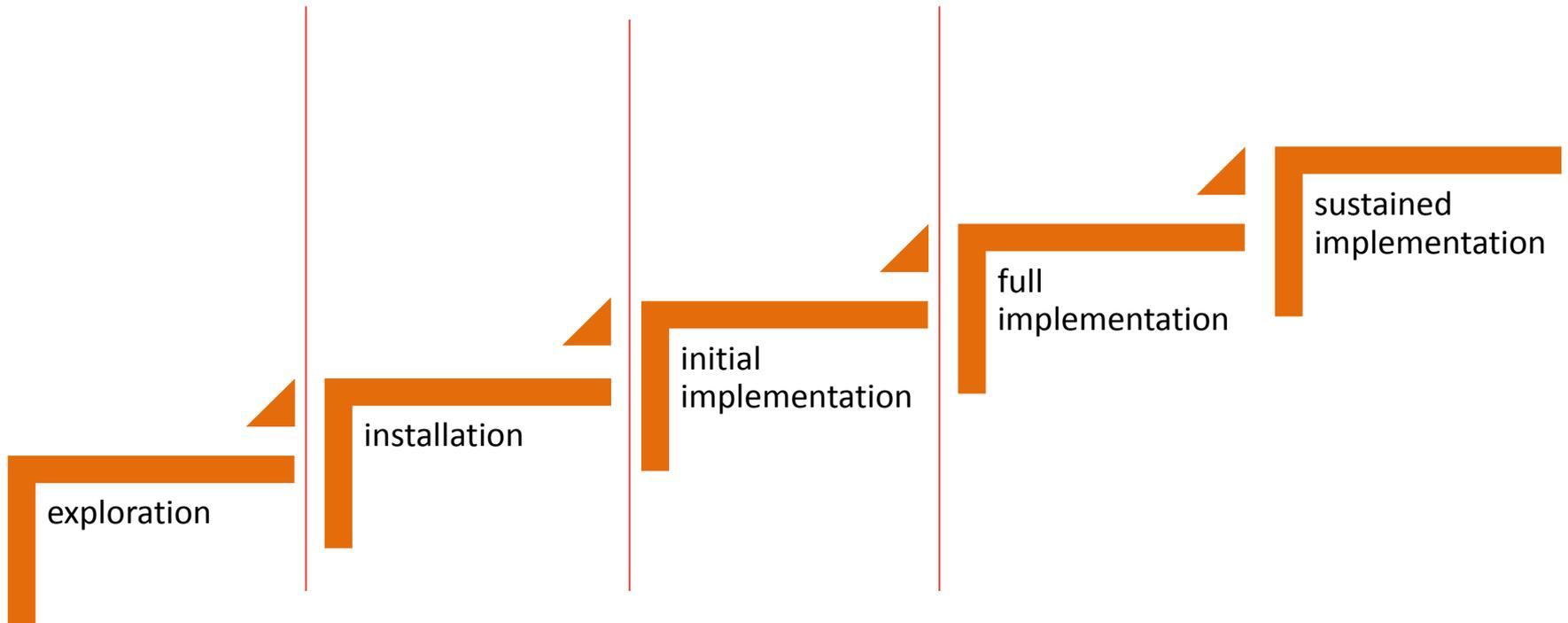
Part 2

From strategy to action: implementing evidence-based approaches

At the general level

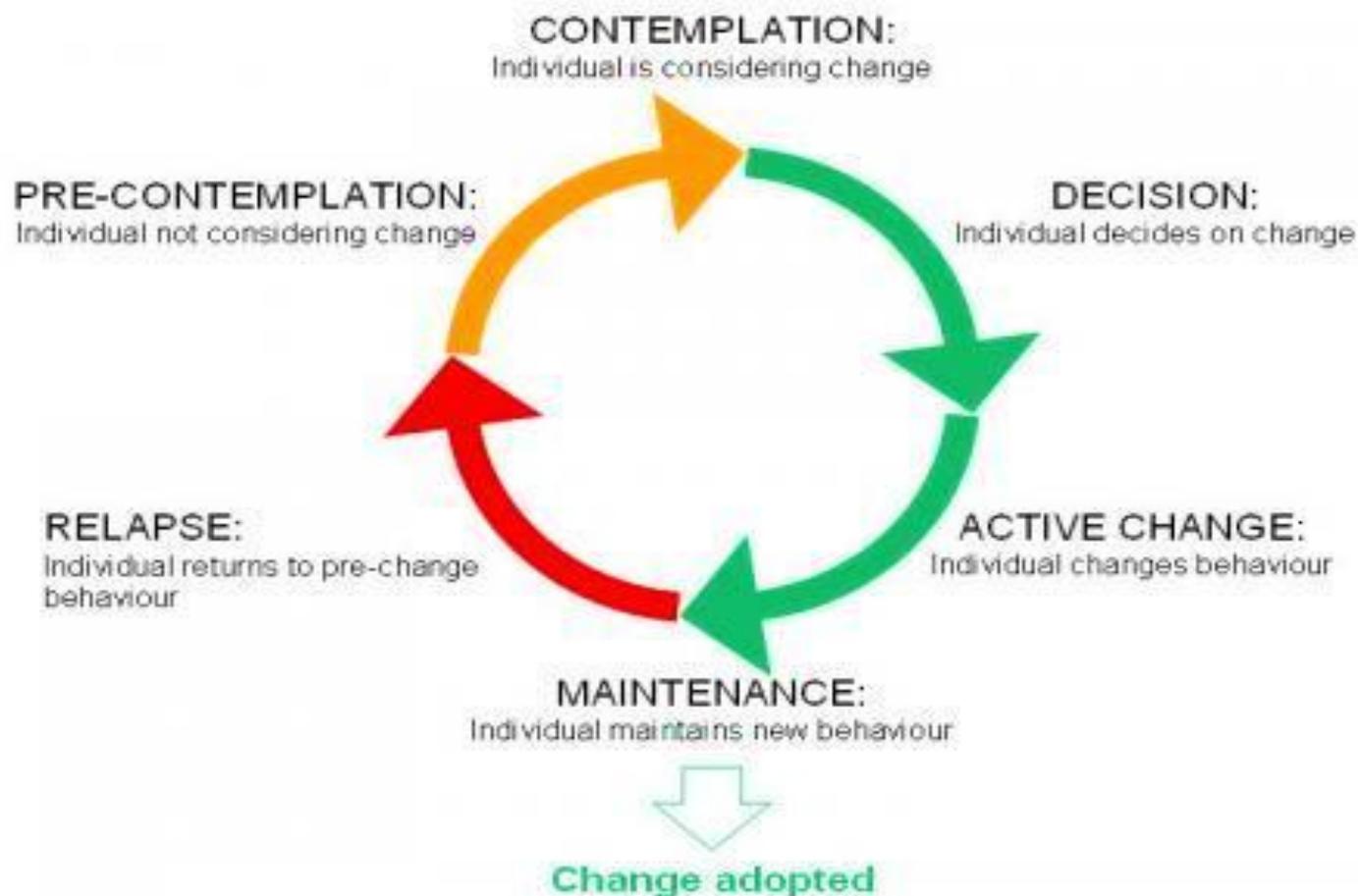
- Understanding and building the case for implementation and its importance in getting to outcomes
 - requires more than ‘knowledge transfer’ and ‘dissemination’
- Being prepared to engage with the complexity of debates about quality and ‘fidelity’
 - not just a matter of following the manual
- Planning and re-planning as part of the Plan-Do-Study-Act cycle
 - using and understanding stages of implementation and stages of behaviour change

Stages of implementation



New innovations generally take 2-4 years from conception to full implementation

(Fixsen et al 2005, review of international implementation evidence across multiple fields)



Adapted from Prochaska and Di Clemente's cycle of change model.

Part 2

From strategy to action: implementing evidence-based approaches

At the commissioning level

- Taking responsibility for implementation support as part of the commissioning process
 - **Ireland: establishment of a centre to assist implementation of PEIP; leveraging implementation expertise from more experienced teams overseas; funding local universities**
 - **UK: establishment of a national implementation team funded centrally, working in multiple authorities to support roll out of specific EBPs**
- Providing hands-on technical assistance (eg: PROSPER and EPIS-Center models in US)

Part 2

From strategy to action: implementing evidence-based approaches

At the provider level

- Careful and critical needs analysis
- Rigorous interrogation of general aims and specific objectives
 - **Ireland and UK increasingly** using tools from prevention and implementation science (eg logic modelling, theories of change) to help articulate the vision and the mechanisms
- Develop skills to navigate the evidence-base (or hire someone sensible to help do it)
 - not just about '*what works*' literature reviews, but '*what will work for us in our circumstances*' reviews

Part 2

From strategy to action: implementing evidence-based approaches

At the provider level

- Develop an understanding of implementation theory and the implementation evidence-base
 - undertake an implementation risk analysis
 - develop implementation plan using frameworks emerging from ISP including 'implementation drivers'

Implementation drivers

(see Fixsen et al 2005; 2008)

1. The **community** (characteristics of the children and families who use services)
2. The **intervention(s) characteristics** (the type, modalities and effectiveness of the specific services or treatments provided)
3. The **provider characteristics** (the people/staff that deliver the selected interventions)
4. The **delivery system** (the structure and functioning of the provider organisations)
5. The **support system** (the technical assistance and other supports provided to the providers of the service and their staff)
6. The **wider children's services system** (the nature, extent and structure of children's services in the locality and at state, or federal /national level)
7. The **wider social context** and social attitudes to family, childhood and youth, and to human services

Part 2

From strategy to action: implementing evidence-based approaches

At the provider level

- Support delivery: If implementing a specific Evidence-Based Programme
 - use any implementation support provided by developers
- If implementing evidence-informed or unsupported programmes
 - use a tool like Getting to Outcomes (Chinman et al 2004); the Wisconsin Program Improvement Manual (Small et al 2008); the What Works Process (CES, 2011)

Part 2

From strategy to action: implementing evidence-based approaches

At whole system level

- Consider and undertake an analysis of how the wider/existing system will relate to, nurture and host the new innovation and
- Bring other key bodies and players along with you as far as possible

(otherwise it will be carefully marginalised to ensure it disturbs the existing system as little as possible!)

- This is one of the biggest challenges out there.....

Part 3

Community and service-user participation in the development of evidence-based approaches

- Another big challenge: few of the main EBPs focus on this – but highly important in European and Scandinavian contexts
- New innovation that is not ‘home grown’ often regarded with suspicion by local communities (including community providers)
 - threatening to existing vested interests
 - people may be very attached to ‘business as usual’

Part 3

Community and service-user participation in the development of evidence-based approaches

Implementation approaches that make it harder:

- Trying to move too quickly (NB: stages of implementation.....)
- Inadequate attention to whether/how existing services can be integrated to new approaches
- Inadequate consultation
- Use of external bodies/consultants to 'do the dirty work' of decommissioning for commissioners

Part 3

Community and service-user participation in the development of evidence-based approaches

Implementation approaches that make it easier:

- Spending time and resources to make the case to the community (economic, quality, increased reach etc)
- Ensuring user perspectives are integrated even into highly structured interventions
- Being clear about what are the core components without which effectiveness will be lost, and what can safely be adapted
 - Although fidelity known to be important, ability to accommodate/adapt to local context is also critical, especially at the installation phase

Why fidelity matters

(with thanks to Karen Blase and Dean Fixsen)

I didn't have potatoes, so I substituted rice.

Didn't have paprika, so I used another spice.

I didn't have tomato sauce, so I used tomato paste.

A whole can, not a half can - I don't believe in waste.

My friend gave me the recipe - she said you couldn't beat it.

There must be something wrong with her -
I couldn't even eat it!

Senior Center Newsletter

Part 4 Specialist implementation support organisations and teams – do they add value?

- Evidence-base is increasingly signalling that implementation is a critical ingredient in effectiveness of evidence-based approaches
- Recent meta- analyses show that a well-designed programme implemented poorly will be less effective than a less-well designed intervention implemented well (Lipsey 2009)
- Analyses also show that ‘generic’ services can be as effective as ‘model’ programmes, provided they embody the core principles of effectiveness, and are implemented well
- Implementation science also showing that ‘hands-on’ implementation support increases implementation quality

Part 4 Specialist implementation support organisations and teams – do they add value?

The optimal implementation team:

- Knows the **innovation/intervention** well (in partnership with an accredited ‘purveyor’ if one is available)
- Knows **implementation** well (formal and practice knowledge)
- Knows **improvement cycles** well (to make interventions and implementation methods more and effective and efficient over time)
- Promotes **systems change** at multiple levels (to create hospitable cultures, policies and funding streams)

Part 4 Specialist implementation support organisations and teams – do they add value?

- The research on outcomes achieved with, and without, a specialist implementation support team shows:
 - where a specialist team is put in place to support the innovation: high rates of effectiveness over a relatively rapid period can be achieved (up to 80% over 3 years)
 - without a specialist team: outcomes are much weaker even over a prolonged period of implementation (up to 14% effectiveness over 17 years) (Blase and Fixsen (2011))

Part 4 Specialist implementation support organisations and teams – do they add value?

- Countries are at different stages of developing the concept of specialist implementation support teams
- Increasing use of ‘purveyor’ organisations who support a specified Evidence-Based programme or intervention (US, Europe, Scandinavia)
- Some development of ‘intermediary’ organisations who provide more general support for evidence-informed practice
- Range of emphases and modes:
 - ‘Peer-led’ or ‘sector-led’ approaches (experienced practitioners mentor/challenge others) (UK)
 - Science-led – more emphasis on evidence-based analysis and advice (US, UK)
 - Technical assistance – hands-on support with daily work (US)

Conclusions

- Increasing expectations of services to demonstrate good outcomes is fostering a stronger awareness of the importance of evidence-based approaches
- Increasing understanding that evidence-based services need implementation support at all levels of the system – now underpinned by implementation science and its own growing evidence base
- Strategies at national or local/municipality level need a whole-systems focus that takes account of multiple levels of challenge – deciding to become ‘more evidence-based’ is just the start of a journey
- Its an incremental process of building expertise and confidence – and as much about changing thinking as behaviour
- Flexibility, respect for existing ‘indigenous’ expertise and pragmatism are essential components of success
- All this is very challenging and no-one has completely cracked it yet!



overleaf with thanks to Karen Blase.....

WHAT DO WE WANT?
EVIDENCE-BASED CHANGE
WHEN DO WE WANT IT?
AFTER PEER REVIEW



Bibliography and resources

- Allen G. (2011a) *Early Intervention: the Next Steps* London: HM Government
- Allen G. (2011b) *Early intervention: smart investment, massive savings* London: HM Government
- Chinman M, Imm P and Wandersman A (2004) *Getting to Outcomes 2004 Promoting accountability through methods and tools for planning, implementation and evaluation* RAND Health
- Centre for Effective Services (2011) *The what works process: evidence-informed improvement for child and family services* Dublin: Centre for Effective Services www.effectiveservices.org
- Ghate D, Asmussen, K, Tian Y and Hauari H (2008) *Reducing risk and increasing resilience: how did On Track work?* London: Department for Children, Schools and Families , RR035 London: Department for Education
- Fixsen D and Blase K (2011) *Implementation: from evidence-informed programmes to mainstream practice* Masterclass for the Centre for Effective Services, Dublin 10th May 2011
- Fixsen D and Blase K and colleagues *Scaling up effective programmes and practices: the role of implementation science* Masterclass for the Centre for Effective Services, May 2011, Dublin, Ireland
- Fixsen, D, Blase K, Naoom S and Wallace F (2009) *Core Implementation Components* Research on Social work Practice 19 531-540
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231). Download all or part of the monograph at: <http://www.fpg.unc.edu/~nirn/resources/publications/Monograph/> To order the monograph go to: <https://fmhi.pro-copy.com/>
- Lipsey M, Howell J, Kelly M and Carver D (2009) *Improving the Effectiveness of Juvenile Justice Programs A New Perspective on Evidence-Based Practice* Centre for Juvenile Justice Reform Washington: Gerogetaon University cjjr.georgetown.edu/pdfs/ebp/ebppaper.pdf
- Prochaska J, DiClemente C, Norcross J (1992) In search of how people change: applications to addicive behaviors *American Psychologist* 47 (90) 1102-4
- Rutter, M. (2006) *Is Sure Start an Effective Preventive Intervention?*. *Child and Adolescent Mental Health*, 11: 135–141
- Schorr LB (2003) *Determining What Works in social programs and social policies: towards a more inclusive knowledge base* The Brookings Institution, Harvard <http://lisbethschorr.org/doc/DeterminingWhatWorksinSocialProgramsandPolicies.Feb.2003.pdf>
- Small S , O'Connor C and Cooney S (2008) *Evidence-informed program improvement: what works. Wisconsin Program Improvement Manual* University of Wisconsin-Madison Extension



Thank you!

Deborah Ghate, Director

The Colebrooke Centre
for Evidence and Implementation

145-157 St John Street

London EC1V 4PW

dghate@cevi.org.uk