



Dartington 2008 Seminar Series

Research-to-Results: Conceptualization,
Design & Implementation of Effective
Programmes for Children.

Kristin Anderson Moore, PhD
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What's Wrong with "Business as Usual"?

- Based on:
 - Inputs
 - Low Cost
 - Feasibility
 - Hunches



“We know what to do.”



Marriage

Tax Cuts

Volunteer Work

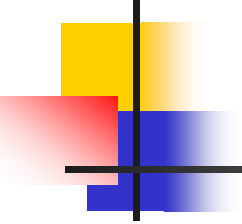
Affection

Longer School Hours

Discipline

Abstinence

Spanking

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- Recently, greater attention to:
 - Using social indicators to monitor trends in outcomes (not just inputs)
 - Relying on evidence-based practice



Child Trends has:

- Worked for nearly 30 years to measure and track child well-being, both positive & negative (www.ChildTrendsDataBank.org)
- Worked over the past decade to identify social programs and approaches that “work” to improve outcomes for children and youth

LINKS:

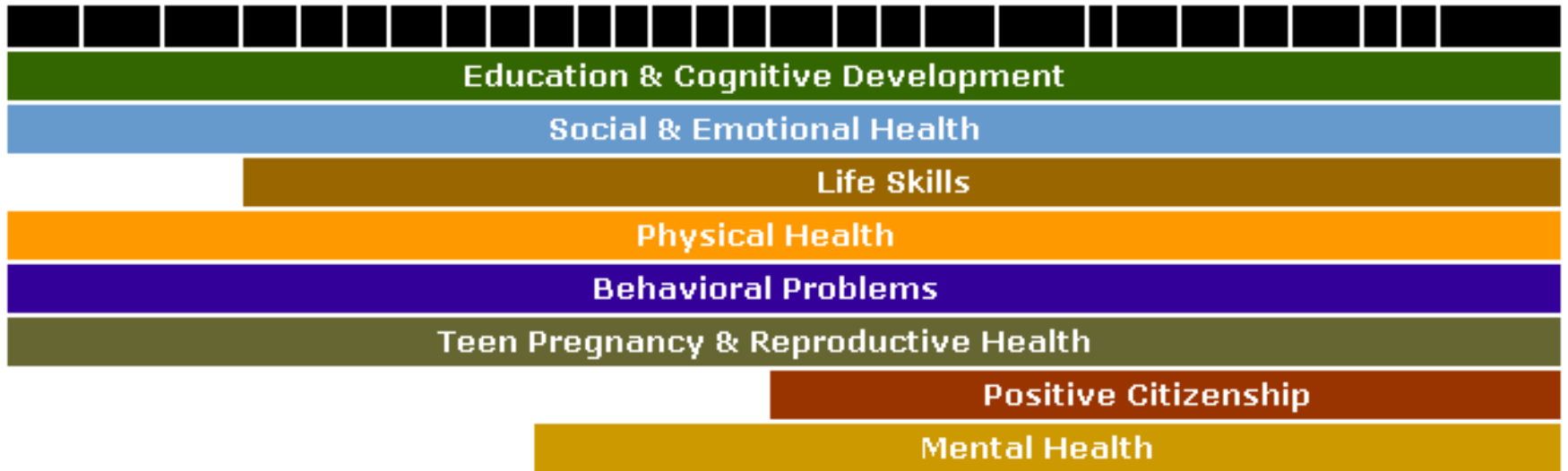
Lifecourse Interventions to Nurture Kids Successfully

- A compilation of nearly 300 evaluation studies
- Social interventions (not biomedical) that focus on children
- All random assignment, intent-to-treat studies
- Programs that work and those that don't
- Now preparing syntheses across studies on "What Works"

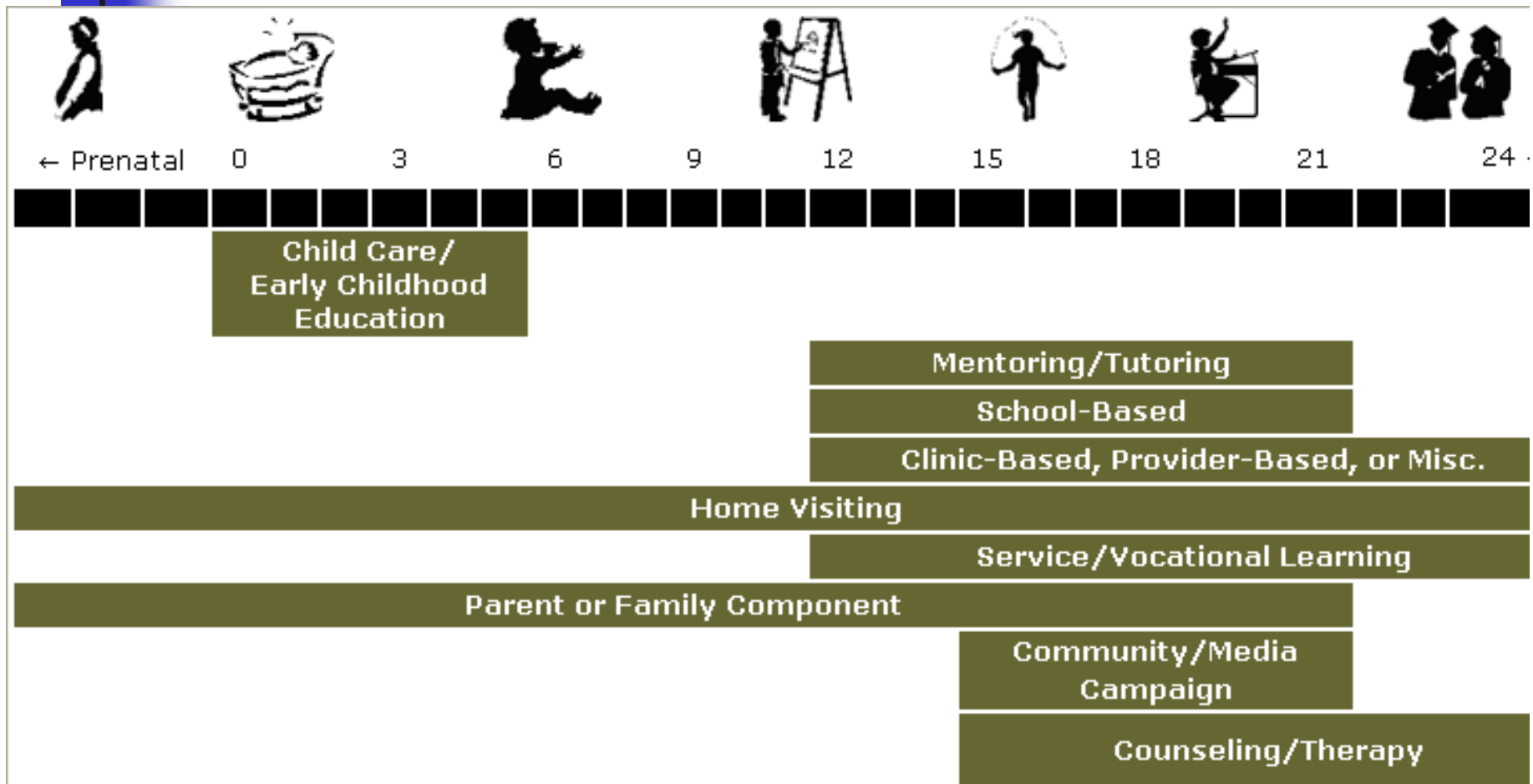
Guide to Effective Programs for Children and Youth



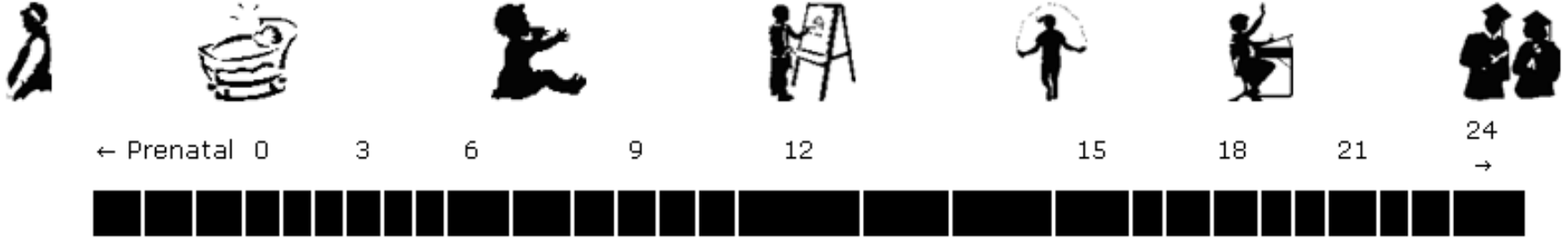
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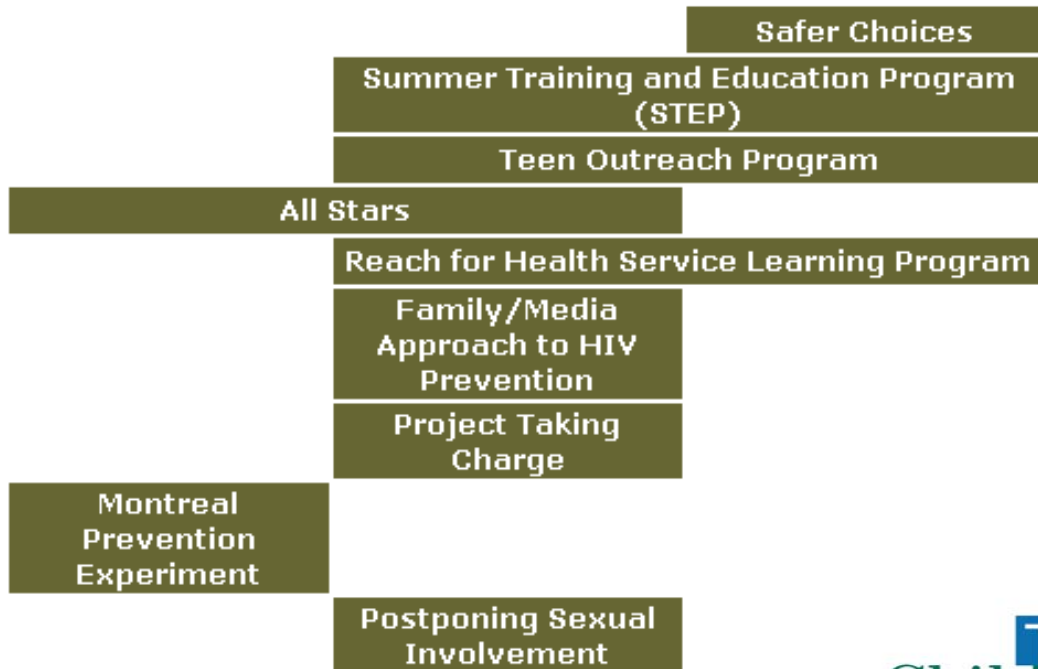
Guide to Effective Programs for Children and Youth – Teen Pregnancy & Reproductive Health



Guide to Effective Programs for Children and Youth – Teen Pregnancy & Reproductive Health: School Based



What Works:



and...What Doesn't Work:



← Prenatal 0

3

6

9

12

15

18

21

24
→



Healthy for Life
Project

Project
SNAPP

The McMaster Teen Program

My Choice, My
Future!

Recapturing
the Vision

Families United to
Prevent Teen Pregnancy
(FUPTP)

Teens in Control



An Example:

What Works:
Reproductive Health



Frequency of Sexual Activity

Proven to Work

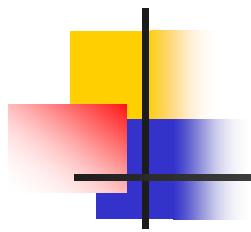
Not Proven to Work

Mixed Reviews

-Sex education programs:
-Becoming A Responsible Teen (BART), an HIV education and skills training program for African American high school students
-¡Cuidate!, an HIV risk-reduction Curriculum for Latino adolescents

-Abstinence education programs:
-Making a Difference, an abstinence-based program for African American adolescents
 -Sex education programs:
-ARREST, a program for inner-city, minority adolescents
-Postponing Sexual Involvement (PSI), a middle school program that focuses on delaying sexual activity
-Project SNAPP, an AIDS and pregnancy prevention program for middle school students

-Sex education programs:
-All4You, a program for students in alternative high schools that includes classroom curriculum as well as service-learning activities, led to initial decreases in frequency of sexual activity that were no longer significant at the 12-month or 18-month follow-up points.
-Be Proud! Be Responsible!, an HIV education and skills training program for African American adolescents, significantly decreased frequency of sexual activity at one project site, but not another.



Proven to Work

Not Proven to Work

Mixed Reviews

- Safer Choices**, a sexuality education program for high school students
- Clinic-based programs:
 - ASSESS**, a safe-sex education program for young teens
 - Reproductive health counseling for young men**
- Adolescents that participated in extended HIV counseling had sex no less frequently than adolescents that participated in standard counseling (**AIDS Education and Counseling in an Office Setting**).

- Draw the Line/Respect the Line**, an STD and pregnancy prevention program for middle school students, significantly decreased frequency of sexual intercourse among males, but not females.
- Making Proud Choices**, a safe-sex program for African American adolescents, significantly decreased frequency of sexual activity among students who were sexually experienced before entering the program.
- Adult Identity Mentoring (AIM)**, a program designed to help at-risk adolescents articulate future goals, led to less frequent intercourse among males, but not among females.



Number of Sexual Partners

Proven to Work

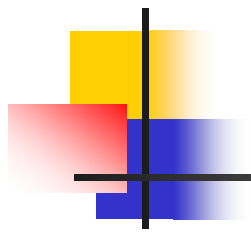
Not Proven to Work

Mixed Reviews

- Sex education programs:
 - ¡Cuidate!**, an HIV risk-reduction Curriculum for Latino adolescents
 - A study on **Varying the Timing of an HIV-Prevention Intervention** found that delivering intervention content during seven 1.5 hour sessions worked better than delivering it during three 3.5-hour sessions.
- Children who participated in **New Beginnings** with their recently divorced mothers had fewer sex p partners than children in the control group.
- Children of poor, unmarried women who participated in the **Nurse-Family Partnership (NFP)** (a home-visiting program for low-income first-time mothers) had significantly fewer sexual partners than children of poor, unmarried control group women.

- Abstinence education programs:
 - My Choice, My Future!**, a three-year program for 8th, 9th, and 10th graders
 - ReCapturing the Vision**, a one-year program for 8th grade girls
 - Teens in Control**, a two-year program for 5th and 6th graders
 - Families United to Prevent Teen Pregnancy (FUPTP)**, an abstinence-focused after-school program for 8-13 year-olds
 - Heritage Keepers Life Skills Education**, a character-based program for 6th-12th grade students
- Sex education programs:
 - All4You**, a program for students in alternative high schools that includes classroom curriculum as well as service-learning activities

- Sex education programs:
 - Be Proud! Be Responsible!**, an HIV education and skills training program for African American adolescents, significantly decreased number of sexual partners at one project site, but not another.
 - Draw the Line/Respect the Line**, an STD and pregnancy prevention program for middle school students, significantly decreased number of sexual partners among males, but not females.



Proven to Work

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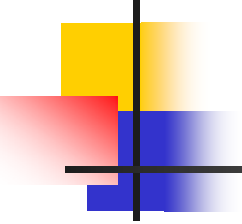
- ARREST**, a program for inner-city, minority adolescents
- Postponing Sexual Involvement (PSI)**, a middle school program that focuses on delaying sexual activity
- Project SNAPP**, an AIDS and pregnancy prevention program for middle school students
- Safer Choices**, a sexuality education program for high school students
- The Youth AIDS Prevention Project (YAPP)**, a prevention program for African American middle school students
- Clinic-based programs:
 - ASSESS**, a safe-sex education Program for young teens
 - Adolescents that participated in extended HIV counseling had no fewer partners than adolescents that participated in standard counseling (**AIDS Education and Counseling in an Office Setting**).

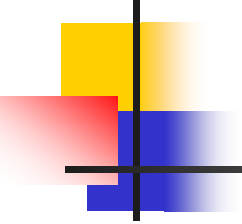
- FOCUS**, a curriculum for female youth, led to lower numbers of sexual partners for subjects who were sexually inexperienced at baseline, but not for subjects who were sexually experienced at baseline.
- Project CHARM**, an HIV risk-reduction program for pregnant adolescents, significantly decreased number of sexual partners in the short-term, but not in the long-term

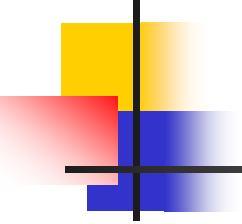


What Works?

A Summary of Themes

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- At-risk children and youth can be reached by programs; while program impacts are often modest and brief, many programs have been found to have positive impacts.
 - Early intervention, including the preschool years, is ideal, but many approaches are effective for older children and youth as well.

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- Rather than suppressing problem behaviors, helping young people to achieve their own positive goals is more likely to lead to engagement in a program.
 - Positive relationships with caring adults are key to feeling connected to a program. This requires committed staff and low staff turnover.

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- Peer influences are important and are typically positive, and peer leaders can be effective.
 - For disadvantaged youth, multi-component programs that are more intensive and long-lasting and address the whole person are promising. However, brief interventions can be effective when they target a specific goal.

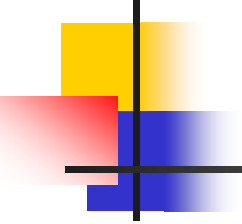


Successful programs:

- Know the outcomes they are targeting, both directly and indirectly,
- Have a logic model that guides their work,
- Are well-implemented,
- Are safe, accessible, structured yet flexible,
- Keep parents informed and, if possible, involved,
- Have well-trained and supported staff
- Are focused on the needs and development of the children and form positive relationships with children,
- Provide incentives and rewards, and
- Are able to recruit, engage and retain at-risk children and youth.



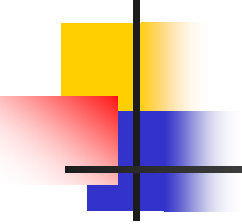
What doesn't work?

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- Some approaches don't work:
 - Didactic lectures increase knowledge but are not very effective at changing behavior. Interactive approaches are more effective.
 - Short "shock" approaches such as *Scared Straight* are not effective.
 - Among delinquents, groups comprised entirely of delinquents are not an effective approach.
 - While mentoring is an effective approach, brief mentoring may be harmful.



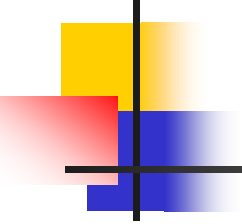
What research needs to be done?

- Identify what works (Evidence-based Programs)
- Replicate evaluation
- Examine subgroups
- Conduct implementation
 - Recruitment
 - Engagement
 - Retention
 - Staff and participants



Selecting Evidence-Based Programs: Questions to Ask

- Does an evidence based program (EBP) exist with outcomes that meet identified needs?
- Has the program been used effectively with your population?
- Is there another program that meets your outcomes and is targeted to your population?
- Are core service components identified?
- Are fidelity measures available?



Selecting Evidence- Based Programs: Questions to Ask

- Do you have the resources to fully implement the program with fidelity?
 - Do you have: appropriate infrastructure including staffing levels, training ability, and supervision; leadership commitment; and supports available?
- If necessary, do you have the resources to adapt the model and test modifications prior to a full scale implementation?



Implementation...

- Implementation is a mission-oriented process involving multiple decisions, actions, and corrections.



6 Implementation Drivers

- Staff recruitment and selection
- Staff training
- Staff coaching and supervision
- Facilitative administrative and management supports
- Community systems partnerships
- Staff assessment, program evaluation, quality assurance, and fidelity



Implementation Capacity: Questions to Ask

- 1. Staff Recruitment:
 - How many staff are needed?
 - What degrees or credentials are needed?
 - How much experience is needed?
 - Are potential staff committed to the program?
 - Are staff motivated to complete training?



Implementation Capacity : Final Questions to Ask

- 2. Staff Training
 - Who provides the initial training?
 - What setting is required?
 - What training materials are required?
 - How would staff that are hired later be trained?
 - What is the cost?



Implementation Capacity: Questions to Ask

- 3. Staff Supervision and Coaching:
 - What are the supervisory/ support requirements?
 - Who can provide this supervision?
 - How will supervisors be trained?
 - What are the requirements for coaching or mentoring in the field?
 - What is the cost?



Implementation Capacity: Questions to Ask

- 4. Management and Administration
 - What policies are required to support program implementation?
 - Who can institute these policies?
 - Who will provide lead implementation of the EBP and monitor fidelity?
 - Who will keep staff focused on outcomes?
 - What administrative supports are needed and who will provide them?
 - What data management system is needed to track implementation?



Implementation Capacity: Questions to Ask

- 5. Community and Systems Partnership
 - Would families and community providers be receptive?
 - What community stakeholders need to be involved?
 - Do you have these relationships/partnerships in place?
 - If not, who will create them?



Implementation Capacity: Questions to Ask

- 6. Evaluation, Quality Assurance, and Fidelity Monitoring
 - What data assess whether desired outcomes are being achieved?
 - What tools would gather the data?
 - Who would collect data?
 - How will you assess fidelity to the model?
 - What is the plan for consistently using data to drive decision-making?



Implementation Capacity: A Final Question to Ask

- Implementation Resources and Costs
 - Do key staff fully understand the program?
 - Does everyone understand the importance of implementing the program with fidelity?
 - What implementation challenges will staff face? How will these challenges be overcome?



STRIDES

S equencing age-appropriate strategies

T argeting programs

R evising and improving programs

I mplementation quality

D isseminating widely

E valuating programs, and

S ustaining strong programs



The Partnership for Results is:

- A quasi-governmental entity to promote positive social, emotional, and educational development.
- Formed in 1999 in New York State
- Mission is to implement evidence-based programs to:
 - Reduce juvenile violence and destructive risk-taking;
 - Prevent and reduce the exposure of children and youth to violence;
 - Reduce academic underachievement and failure



The Partnership was piloted by Philip Uninsky in a county with:

- High levels of physically aggressive behavior and substance abuse among youth, and
- High rates of domestic violence, child abuse and neglect



In Cayuga County, NY, the Partnership has:

- Implemented over 20 evidence-based educational and human services programs (both therapeutic and non-therapeutic) across the child age spectrum
- Developed reliable and valid screening and multi-disciplinary assessment instruments to identify at-risk children
- Developed and implemented a range of interagency databases that facilitate service integration and enhance accountability; and
- Is beginning to support replication of its model in Washington, D.C. and other communities

Partnership Programs Implemented at the Auburn, NY site:

All School Levels:

- After-school Programs
- Mobile Outreach Services Team (MOST)
- Educational Karate Program (EKP)
- Every Person Influences Children (EPIC)
- School Resource Officers (SROs)
- Juvenile Mentoring Program (JUMP)

Pre-K & Elementary:

- Resilience Project
- Auburn-Cayuga County Emotional LEarning & ReAdiness To Excel Program (ACCELERATE)
- Second Step Violence Prevention Program
- Opportunity for Academic Success in Schools (OASIS)
- Guiding Good Choices

Middle School:

- Second Step Violence Prevention Program
- Guiding Good Choices

High Schools:

- Building Relationships in Greater Harmony Together (BRIGHT)

Partnership Programs Implemented at the Auburn, NY site:

Enhanced Crisis Management at all Grade Levels:

- School Crisis Intervention Unit
- Tactical School Police Response Unit

Family Strengthening:

- Family Group Conferencing
- Functional Family Therapy (FFT)
- Lifelong Independence for Families on TANF (LIFT)
- Multidimensional Family Support Program (MFS)

Juvenile Justice:

- Intensive Supervision/Conditional Discharge Program (ISCD)
- PINS Prevention and Treatment (PPT)
- School Resource Officers (SROs)



Multiple Indicators of the Partnership's Success:

- Data Indicate:
 - 35% decrease in alcohol use among Auburn students (6th-12th grade);
 - 20% drop in use of tobacco products
 - 39% decline in marijuana use;
 - Significant increases in standardized test scores from 1999-2007, particularly in elementary schools with high poverty levels



Multiple Indicators of the Partnership's Success:

- 41% decline in arrests of children and youth (aged 11-19) for violent crimes and a 59% decline for property crimes from 1998-9 to 2003-4; in contiguous counties, the declines, respectively, were 23% and 24%
- 55% decrease in County juvenile detention expenditures from 1999-2006; and
- Significant decline in restrictive placements of children and youth, with a more than 45% decline in the County's foster-care population from 1998-9 to 2005-6



In Conclusion

- Many programs work
- Good programs work better
- A coordinated array of good programs across children's lifecourse works best
- But the availability of a sequence of targeted, age-appropriate programs is limited



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