

Using Evidence in Policy and Programs

How can we ensure that services delivered to children and families are effective? This Policy Brief outlines a decision-making framework that recognises the importance of the relationship between service providers and clients, and the need for evidence-based interventions to be aligned with client needs, priorities and values.

Why is this issue important?

Australia continues to face complex and long-term policy challenges. Beyond the individual burden, issues such as family and domestic violence, child abuse and mental health problems, place a significant burden on the nation's wellbeing and economy. Prevention and early intervention policies and programs that target these issues are vitally important and can have substantial benefits on quality of life and life expectancy, as well as decreasing the burden on the health care system and enhancing economic performance and productivity (AIHW, 2016).

In an effort to address these challenges, governments have sought to identify and implement those interventions or programs that have been shown to be 'effective' - otherwise known as 'evidence-based interventions'. However, despite investing in such interventions, there has not been a significant improvement in health and wellbeing outcomes (Schorr & Farrow, 2011), and in some instances, problems seem to be getting worse (AIHW, 2017).

One common and widely accepted response to this plateau has been to pay greater attention to implementation science or fidelity - the notion that to get better results from intervention efforts, we need to be more meticulous about ensuring that all programs are delivered consistently and in ways that are faithful to their original protocols

Key messages

- Evidence-informed practice involves three key components: evidence-based programs; evidence-based processes, and client and professional values and beliefs.
- Evidence-informed practice offers a holistic approach to addressing complex policy issues.
- An evidence-informed decision-making framework enables practitioners to achieve better outcomes for children and families.

(Damschroder et al., 2009; Durlak & DuPre, 2008; Fixsen et al., 2005). However, as Greenhalgh (2018) has noted, real-world implementation of interventions are infinitely more complex (and unpredictable) than a research study in which multiple variables have been controlled or corrected for. When working directly with clients and families with complex needs, implementing research evidence goes beyond just meticulously upholding procedural steps. Greenhalgh (2018) argues that 'implementation science' is not a science at all, but a science-informed practice.

What then are the elements of this practice? The traditional exercise of equating evidence-based practice with evidence-based programs or treatments fails to capture its true multidimensional nature: properly understood, *evidence-informed practice* involves three key components: *evidence-based programs*, *evidence-based processes*, and *client and professional values and beliefs* (American Psychological Association, 2006; Buysse & Wesley, 2006; Moore, 2016; Sackett et al., 2000):

- *Evidence-based programs* refer to interventions or programs that have been shown through rigorous formal testing to be effective in building client competencies and changing behaviour and functioning.

- *Evidence-based processes* refer to the way in which service providers and the service system as a whole engage and work with families, individually and collectively.
- *Client and professional values and beliefs* refer to the crucial role played by values and beliefs in determining what goals are important, what interventions and programs are acceptable, and how effective these are.

As shown in Figure 1, evidence-informed practice is the blending of these three elements.



Figure 1: The Components of Evidence-Informed Practice

For any intervention to be fully effective, all three elements are required.

What does the research tell us?

What is the evidence regarding these three dimensions of evidence-informed practice?

Reviews of the **evidence-based programs** approach - the use of programs and interventions that have been proven to be effective - indicate that this form of evidence has significant limitations (e.g. Barlow & Scott, 2010; Green & Latchford, 2012; Hammersley, 2013; Rosenbaum, 2010) - see Moore (2016) for a summary. On their own, evidence-based programs are insufficient to ensure better outcomes, and evidence-based practice cannot be assured by 'choosing' a treatment from a list of approved options (Fonagy et al., 2014).

Reviews of **evidence-based processes** (Moore, 2016; Moore et al., 2016) show that how services are delivered is equally as important as what is delivered (Davis & Day, 2010; Dunst & Trivette, 2009; Moore, 2017), and that the quality of relationships between practitioners and parents are central to achieving the objectives of services (Bell & Smerdon, 2011; Braun, Davis & Mansfield, 2006; Scott et al., 2007). Successful and sustained engagement with families is the precondition for delivering programs that build parental competencies and create change: the practitioner-family relationship is the medium through which evidence-based programs can be delivered. Subsequently, practitioners should be considered not only as *providers* of the intervention, but also as a means of intervention (McKay, Imel & Wampold, 2006; Moore, 2016; Moore et al., 2016).

The evidence regarding the third key component, the **client and professional values and beliefs**, shows that for services to be effective they must not only use evidence-based processes and evidence-based programs, but must also reflect the values of clients and the outcomes that are important to them. Overall, the evidence indicates that regardless of their strength of evidence, programs are unlikely to be effective if the clients do not see them as addressing their most pressing concerns, or in ways that are inconsistent with family values (Moore, 2016; Affleck et al., 1989; Barnes & Freude-Lagevardi, 2003; Moore et al., 2012; Sprenkle, Davis & Lebow, 2009). Programs are also unlikely to be effective if they are not easily implementable in the particular circumstances in which the family is living. There are many social, economic and environmental factors that can adversely affect the conditions under which families are raising their children, and these can limit the range of interventions that families can reasonably be expected to implement.

Thus, the evidence regarding the components described above indicates that all three make equally important contributions to achieving positive outcomes. The overall process (called *evidence-informed practice* to distinguish it from the common usage of 'evidence-based practice') should be understood as a decision-making process, a way of blending the three components in practice (Moore, 2016; Moore et al., 2016).

What are the implications of the research?

Effective policies and programs reflect an understanding that evidence-informed practice is not simply a matter of choosing an intervention from a list of 'proven' interventions, but take into account all contributing factors including: the outcome that is desired; the circumstances in which the intervention is to be implemented; and the values and preferences of those involved (Greenhalgh et al., 2014; Moore, 2016; Littell & Shlonsky, 2009; McCarthy & Rose, 2010; Mitchell, 2011; Petr & Walter, 2005, 2009; Schorr & Farrow, 2011). Based on the evidence, such a framework should:

1. align program content and methodology with client values
2. be attuned and responsive to the unique views and circumstances of clients
3. use a process of joint decision making in identifying goals and choosing strategies to use
4. offer clients the choice of a range of evidence-based strategies or modules to address their goals
5. continuously monitor whether services are being delivered in ways that are attuned to client needs, priorities, values and circumstances, and make corrections if it becomes apparent that they are not.

A nine-step **evidence-informed decision-making framework** can facilitate the merging of all elements in service delivery (Moore, 2016; Moore et al., 2016).

Step 1. Begin to build a partnership relationship with the clients. This is an ongoing progression which is strengthened over time through a process of repeated reconnections and feedback.

Step 2. Explore what outcomes are important to the clients. This involves an understanding of client values and circumstances, and what achievable change would make the most difference to their lives. Over time, the professionals also share what they see as important outcomes. The final decision, however, always rests with the clients.

Step 3. Agree what outcome will be the focus of work with the clients. Identify how the clients will know when the outcome has been achieved, and how this will be measured. The outcomes chosen by the clients initially may not be what the professionals would have chosen,

but it is important to respect their first choices as a basis for building a sound partnership. With continued mutual sharing of information, the choices that the clients make should become progressively better informed.

Step 4. Explore what strategies are available for addressing the outcomes chosen. Explore with the clients what strategies they already know about or use, as well as share with them information about what evidence-based strategies are available. The emphasis here should be on identifying and building upon existing client strengths and resources, as well as on building new competencies and promoting client capacity.

Step 5. Agree on what strategy or strategies will be used. Strategies should be acceptable to the clients and able to be implemented in their family/social circumstances. The result should be an action plan that describes the outcomes and strategies chosen, how the implementation will be monitored, and what roles the clients, professionals and any others will play.

Step 6. Monitor the process of intervention implementation. Address whether the strategies chosen are able to be implemented as intended, and whether they are being implemented with program fidelity. Identified challenges should be addressed promptly and the plan modified as required.

Step 7. Review the process of implementation. Time should be made for a review of action plans. The key questions are whether the strategy has been able to be implemented and everyone has been able to contribute as planned. If not, then Steps 4 and 5 should be revisited. This is also a time for the professionals to seek feedback as to whether the clients feel their views are being heard and respected, and whether they are being helped to develop new competencies.

Step 8. Monitor the intervention outcomes. In addition to monitoring the processes involved in implementation, it is also important to monitor the actual outcomes. The role of the professionals is to help the clients use measures identified earlier (Step 3) to check whether the strategies produced the intended outcomes.

Step 9. Review the outcomes. At an agreed point, a review of the whole intervention plan should be undertaken by the professionals and clients. The main questions to be addressed are whether the desired outcomes were achieved, and, if not, then why not.

Although this framework is presented as a series of steps, in practice, the steps are not isolated, but flow into one another. Likewise, progress through the steps is not always sequential, as there will sometimes be a need to go back and repeat some earlier steps as part of a process of refocusing. This allows for constant adjustments based upon feedback. It is not assumed that the strategies will always work in the ways intended, and indeed assumes that there may need to be modifications. This is a strength rather than a weakness, as the process of constant adjustments makes it more likely that the interventions will be manageable and ultimately effective.



Considerations for policy and practice

Improving the health and wellbeing of children and families requires a holistic approach. An approach that is evidence-informed, rather than evidence-based, is more likely to deliver effective outcomes, particularly for vulnerable families. Key considerations include:

- Continuing to solely (or predominantly) rely on evidence-based programs as a means for addressing complex policy issues is likely to lead to modest benefits at best and fails to benefit certain cohorts altogether, particularly the most vulnerable.
- To achieve better outcomes for children and families, services must use an evidence-informed practice approach that involves three key components equally: evidence-based programs, evidence-based processes, and client and professional values and beliefs.
- In practice, blending these three sources of information requires an evidence-informed decision-making framework.
- A framework can be used by an individual practitioner or team working with a client or family, an agency working with groups of parents or families, a network of services working with a community, or even a government department working with service networks.

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For a full list of references please visit:

www.rch.org.au/ccch/policybrief

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The Centre contributes to improving the health and wellbeing of children by identifying synthesising and translating the best evidence to inform policy, service delivery, practice and parenting.

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