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**Supporting a Culture of Evidence-Based Practice
and Continuous Program Improvement:
A Staged Approach to Implementing and Studying
International Early Childhood Development
Programs**

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**SUPPORTING A CULTURE OF EVIDENCE-BASED PRACTICE AND
CONTINUOUS PROGRAM IMPROVEMENT:
A STAGED APPROACH TO IMPLEMENTING AND STUDYING
INTERNATIONAL EARLY CHILDHOOD DEVELOPMENT PROGRAMS**

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As policy makers and government leaders across the globe consider whether and how to invest scarce resources in services and programs for young children and families, the swell of interest in evidence-based programming and decision making is growing. One of the main questions emerging from this movement is the appropriateness of importing curricula and early childhood development (ECD) programming whose evidence base was developed elsewhere. For example, a number of leading curricula and approaches developed in the United States are currently being implemented in other countries with relatively few adaptations (for example, High/Scope across the globe, Incredible Years in Ireland, Nurse-Family Partnership in the United Kingdom). The underlying assumption is that the same outcomes found in rigorous evaluations of such programs in one country would be achieved in a new cultural context and that these outcomes are desirable (in accord with societal values and norms). These assumptions and processes are important to examine and have implications for countries and regions as they sort through programming options and advice sought from “experts,” plan for implementation, and develop data systems and capacity for tracking services and outcomes over time.

This concept paper proposes a four-stage approach to in-country/region ECD program development, selection, and inquiry designed to build the evidence base required to guide program and policy decisions. The foundation of the approach is a strengths-based continuous program improvement framework. Feedback loops would be tied to indicators of program fidelity, family participation, and outcomes. This approach includes developing a partnership between stakeholders and researchers at each stage (a community of learners). The proposed staged approach builds on the medical model of clinical research on innovative treatments and drug therapies as well as design options for evaluating program enhancements to the federal Head Start program in the United States (Ross et al., 2005). Other influences include planned variation evaluation approaches (Yeh, 2000a, 2000b; Kraemer, 2003).

The four stages of the model include:

- ***Stage 1—Intervention Identification and Adaptation.*** In this stage, stakeholders assess the specific ECD issues their community/country faces and the resources available to address them. They then develop a theory of change to document the desired outcomes, required actions, and timeframe for achieving and conducting them. As stakeholders review various interventions (prioritizing those with evidence of effectiveness or a reasonable research base in at least one country), they also consider whether each is culturally relevant and explore whether the specific implementation approach and outcomes are in line with local values and goals. During this stage, stakeholders would also document the need for any potential

adaptations to the intervention to address different cultural or institutional requirements and consider how those may affect the theory of change.

- **Stage 2—Early Implementation and Documentation.** At Stage 2, stakeholders work with intervention developers, a few local implementing sites, and a research team to prepare for implementation and conduct a pilot of the intervention. Preparation activities may include manualizing the intervention and making any revisions or cultural adaptations necessary to existing manuals and training materials; identifying requirements for implementation, such as the education and experience level of staff needed to train others to conduct the intervention; developing and testing fidelity measures; setting thresholds for the amount of exposure (dosage) participants require to achieve the expected outcomes; and documenting service receipt at the family/child level (a system for tracking services must be in place). A pilot phase also provides the opportunity for the research team to test alternative outcome measures or develop a new measure that may be more closely aligned to the intervention than those that already exist.

This critical pilot stage is often skipped—at great cost to the implementing sites and to the funder. If families and children do not receive the intervention at the level of fidelity (quality, content, and dosage) believed necessary to achieve a meaningful change in outcomes, the research team and the program implementers must work together to identify how to improve fidelity and service uptake. By conducting formative research together they would identify challenges and barriers to participation, engagement, and quality of implementation and address them before an intervention proceeds to the next stage. The feedback loops created during preparation for implementation and pilot testing support a developing community of learners focused on using all of the lessons learned to improve service quality, participation, and engagement.

- **Stage 3—Evaluation.** At Stage 3, an intervention is rigorously tested for effectiveness using an experimental or quasi-experimental research design in a small group of willing sites (ideally with a range of characteristics) under favorable conditions (program staff are trained and able to practice new skills six to nine months before the start of the evaluation). Implementation and fidelity to the intervention model are documented using a range of data collection approaches (for example, a family/child level service tracking system, service quality observations, and staff or participant reports). Ideally, a research team that is independent of the intervention and that did not work with the stakeholders in earlier stages would conduct this evaluation. If the evaluation finds that the intervention has positive impacts on families and children overall, it is likely also to identify continuing challenges and lessons for improving subsequent program delivery and services.
- **Stage 4—Field Test.** A large-scale field test with a representative sample of sites/implementing agencies is warranted for interventions under consideration by policy makers for full-scale implementation conducted in the “real world.” This final stage is needed to ensure that an intervention shown to be effective on a small scale under ideal conditions (as in Stage 3) can be brought to scale with fidelity and achieve the targeted outcomes. A considerable set of supports would have to be in

place for the field test, including a cadre of trainers certified to prepare staff to implement the intervention with fidelity.

The proposed staged approach to grounding program development in a culture of inquiry supports stakeholders in applying the existing data and research to program improvement while at the same time contributing to development of the local evidence base. It takes time for such a culture to develop. For example, it has been over 40 years since the start of large-scale social policy experiments in the United States and since that time policy makers and the public have come to expect greater accountability for investments in public programs. Countries and regions that choose to apply this staged approach may find changes in the culture of evidence-based practice and commitment to continuous program improvement proceed more quickly than they might otherwise.

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