Implementing evidence-based practice: a European perspective on culture and context

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Introduction

- How this talk came about
- A European perspective, principally United Kingdom, Ireland, plus examples kindly contributed from Scandinavian colleagues
- Two nations separated by a common language: Terminologies differ
- Not talking about ‘culture’ from a theoretical or academic perspective: wanted to keep this talk extremely practical and focused on examples from the real world of implementation of child and family services

Introduction continued

- We now have some strong theoretical models in relation to implementation drivers, but how much evidence is there for how these play out across contexts where customs, attitudes and values, laws, and service systems differ?
- In researching for the talk, found rather little published research on this topic, especially *across* EBPs
- Some examples I will use are published but many have been volunteered by colleagues or have emerged during conversations between colleagues in different places
- Helicopter view rather than detail – so I'll simplify
- But hopefully will stimulate your own reflections and perhaps, contribute to the questioning of assumptions

The movement for evidence-based practice, and the growth of evidence-based programs

- Past 25 years characterised by increasingly rapid global growth in the development and diffusion of evidence-based **practice**

- And a substantial outgrowth of Evidence-Based **Programs** (EBPs) (‘empirically-supported collections of practices implemented within known parameters’)

The growth and spread of evidence-based programs

- Key issues for EBPs *wherever* they are delivered:
  - fidelity & transportability (and the intersections between these)
  - cultural sensitivity both within communities and between them
  - adaptation to local context in which services delivered
- The globalisation of EBPs has focused attention on the promise - and the challenge - of implementing innovations that began elsewhere
- Growing interest and evidence-base in this field and a growing but still small literature on context-specific modifications that are made, and their consequences (‘adaptation’, ‘accommodation’, ‘adaptive adaptation’ etc)

The thirst for evidence

- 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)
- 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
- Creates challenges in countries where there is a less well-developed evidence-base, and disadvantages home grown programs
- So, increasing numbers of replications of (mainly US-developed) EBPs in Europe, Scandinavia and elsewhere
- 'Home-grown' implementation support structures are at varying degrees of development

Growing EBPs - fidelity; transportability (and the intersections between)

- One key concern in the diffusion of EBPs is about **fidelity**
- Increasingly nuanced debate about what fidelity entails
- More confidence developing around 'acceptable' modifications, but we still don't have a strong grasp of core active ingredients for every EBP (and therefore what can and cannot safely be modified)
- In general, consensus that fidelity to core elements generally predicts **better outcomes**

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

Growing EBPs - fidelity; transportability (and the intersections between)

- Replicability (can this program be replicated successfully on successive *occasions*?) and **transportability**: can this program be replicated successfully in other *places?*
- Both tied up with fidelity: when replications or transportations fail to deliver equivalent outcomes (and they often do), lack of fidelity is often blamed
- Maintaining fidelity never easy in replications or transportations, even when they are in same local area/country
- Even more challenging in cross-contextual or cross-national transport
- Challenge is to understand what 'fidelity' means in differing contexts
- Whilst developers and researchers can speculate, arguably, the only real arbiters are the practitioners who do the direct work

Key issues: cultural sensitivity both within communities and between them

- Issues of sensitivity to culture a longstanding concern in our field

- **Culture** here might mean:
    - Race
    - Faith
    - Socio-economic class
    - Educational class
    - Lifestyle
    - Community/ locality
    - etc

Key issues: cultural sensitivity both within communities and between them

- Awareness of need to make interventions culturally *relevant*, and culturally *sensitive*

- Evidence base still developing on the relationship between cultural sensitivity factors and outcomes, but we know it matters

- Though we also know it isn't the *only* thing that matters....

Key issues: adaptation to context in which services delivered

- Thought to be a key determinant of implementation success

- **Context** here might mean:

  - The socio-political context
  - Nature of the system in which service is located
  - Characteristics of the population being served
  - Characteristics of the providers delivering the service
  - Characteristics of the service being delivered
  - etc

Key issues: adaptation to context in which services delivered

- Although fidelity known to be important, ability to accommodate/adapt to local context is also critical, especially at the installation phase

- It's often the 'unknown ingredient' in implementation success or failure in social care, although increasingly being studied by implementation scientists, and familiar to management and business sciences

Challenges for fidelity

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

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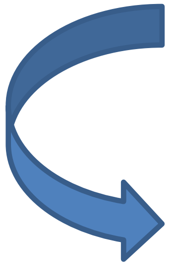
Context challenges for transportation of EBPs: What happens when there are no potatoes?

No potatoes?



Accommodation

No paprika, no tomato sauce?

Adaptation

Implementation drivers, culture and context

- How do these issues map to what we know about implementation?
- Research so far has indentified numerous factors or ‘**drivers**’ that affect implementation
- Good frameworks offered by Fixsen, Blase and colleagues
- Can be grouped into seven dimensions for our purposes

Implementation drivers, culture and context

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

Implementation drivers, culture and context

- As you can immediately see: all of these aspects of the ecology of implementation could potentially vary with culture and context
- In fact, for any given dimension, there is an almost infinite number of variables once we start to think globally
- In the next part of the talk, we'll explore each of these and consider some examples variability encountered in Europe
- The dimensions overlap considerably, and examples often straddle dimensions

Driver 1: The community

(characteristics of service users)

- Variables at this level could include:
  - Geographic distribution (e.g urban, rural)
  - Degree of diversity/ homogeneity in the population
  - Demographic characteristics of the service users
  - Presenting levels of need (social, economic, psycho-social, health etc)
  - Willingness in the community being served to access EBPs
  - Expectations of services
  - Language
  - Normative values, beliefs, behaviours, faith etc

Examples : Diversity at community level

- Many EBPs are targeted at a population with precisely defined characteristics:

  "MST (multisystemic therapy) is an intensive, family-based treatment originally developed for delinquent youths at imminent risk of incarceration or other out-of-home placements and their families" (Schoenwald et al 2008)

- Replications of EBPs in different countries often show different patterns of need amongst service users at commencement, reflecting differing patterns and thresholds for entering service systems

Examples continued

- Europe ‘incarceration’ or other kind of out of home placement is a rare event – a last resort, not an early solution: in Scandinavia, even more so, and control and welfare systems are not sharply divided.
- In UK trials of **MST** variations include: young people likely to have committed more offences before referral, but less likely to have been incarcerated or to be close to this point.
- In Norway, **MST** youth at imminent risk of incarceration likely to be more troubled
- **MTFC** (Multidimensional Treatment Foster Care) samples in England display very high levels of need inc PTSD

Examples continued

- In **FFT** (Functional Family Therapy) in the UK, eligibility criteria had to be relaxed in early replications because youth had often left home by time of referral to program

- **Social Pedagogy** pilot in residential care in England: children in residential care a different, more needy group when compared with other European countries where SP originated, and where intervention typically happens earlier

Examples : Diversity at community level

- Transported EBPs often have to exploit different ways of reaching and recruiting users:
  - Successful **Incredible Years** trials in UK and Ireland used many different ways to reach parents depending on location: some went predominantly through the health service; others through a large and different range of routes
  - Replications of **five EBPs** in England (FAST, Triple P, SFSC, SFP 10-14 and Incredible Years: the 'Parenting Early Intervention Programme') used huge range of referral routes and engagement strategies, depending on local circumstances

Examples continued

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Driver 2: The provider characteristics

(the staff who deliver the selected interventions)

- Many EBPs specify minimum levels of qualifications, training and prior experience of evidence-based interventions for staff who work with service users

- But in many countries, people working in child and family support tend to be less well-qualified (and few have prior EBP experience)

- And in any case, funders and commissioners may privilege other provider characteristics, such as acceptability to the community of service users, or personal qualities of providers

Examples: Diversity at provider level

- Major differences in staffing are evident between countries - typical disciplinary qualifications, level of training and experience of EBPs can vary widely – so programmes that insist on providers who are highly qualified/from specific disciplines are harder to install and sustain in countries where availability is limited – or where scale of replication is large

- Recent large scale replication of five EBPs in England showed that less than half of facilitators were qualified to standard required by national implementation support guidance (based on standards set by developers)

Examples continued

- But: evaluation of eventual outcome suggested this made no difference to effectiveness: there were no significant differences related to facilitators' prior experience
- And, to extent any differences were discernible: non-graduates got better outcomes on parent variables and were rated by parents as better group leaders than graduates.... (!)

Driver 3: The intervention characteristics

- EBPs generally place substantial emphasis on standardised approaches that are delivered and monitored according to consistent protocols and frameworks
- In Europe and Scandinavia, practice traditions favour ‘personalised’ or individually-tailored approaches, and are generally not manualised or closely monitored
- Some EBPs originally designed around relationship of user to a single therapist, with high availability
- The ‘ethos’ or underpinning principles and values of the programme, and the appropriate and relevant language and examples used to illustrate them may need substantial attention once transported

Examples: intervention characteristics and context

- Standardised approaches
  - Many studies of replications report high staff turnover connected with difficulty in adapting to new ways of working, especially during installation phases, and resistance to the standardised approach
  - EBPs may be viewed as too rigid and inflexible, and there is pressure to allow ad-hoc adaptations

Examples continued

- Availability to users
  - In many countries, staff will not work long hours on call and support to families has to be shared out across a team/group of practitioners rather than carried by one 'key worker' (*intersects with employment cultures*)
  - Interventions may have to be changed to fit implementation demands: e.g in rural areas of Norway, therapists working in remote rural areas cannot visit families several times a week, as required by original programme, but have to visit less frequently and accomplish more per visit

Examples continued

- Language and materials
  - Almost all transportations report a considerable degree of effort required to modify language and materials – ranging from full translation to ‘ad hoc’ substitution of practical examples
  - During the translation process, concepts, emphasis and meaning may be substantially changed

Driver 4 : The delivery system

(structure and functioning of provider orgs)

- Lots of evidence from business sciences that this really matters – and emerging evidence from implementation science
- Provider characteristics that are relevant include:
  - Sector (private for-profit, private non-profit, public)
  - Organisational structure, culture and ethos
  - Staffing structure and staff profile
  - Terms of employment
  - Management and supervision
  - Experience in implementation

Examples: The delivery system culture and context

- Some countries (e.g US) have a wide range of providers of children's services including for-profit orgs
- In Europe and Scandinavia, tradition is for publically-funded or non-profit service provision and 'for-profit' is relatively new

- Consider this against evidence that 'private' providers may be more flexible in internal structure than public providers, more willing to embrace a culture of EB practice, and more likely to provide support for implementation

Examples: The delivery system culture and context

- Piloting Social Pedagogy in England
  - SP developed in continental Europe as a 'whole child' approach to education, social work and childcare.
  - Pilot-tested in England for children in residential care: aim was to raise the *overall quality* of care (ie, a systemic outcome).
  - SPs in continental Europe well qualified and highly trained, and have high professional status : participate in decision-making about individual cases
  - In UK residential care staff less well qualified, less highly trained, make limited decisions about cases and do not enjoy high status relative to social workers

Examples continued

- Implementing SP in England therefore more difficult as the SPs (who were brought from Germany) struggled with lower status, and to exert influence on the wider context of care *(intersects with wider children's services system factors)*

Driver 5: The intervention support system

(supports provided to the providers of the service and their staff)

- Many EBPs owe their success to having developed good infrastructure to support providers and train staff, administered through a licensing system
- Understanding of the importance of support for implementation is embryonic in many countries
- In UK and Ireland, concept of running a program ‘on license’ – often at considerable cost – is relatively new
- There is very little development of concept of ‘brokerage’ by implementation support professionals to help agencies to join up efforts

Examples: The Intervention Support System

- Willingness to pay and availability of technical assistance or wider implementation support beyond that provided by licensors of EBPs typically minimal or non-existent
- ‘Indigenous’ local programmes may become resentful of the high level of resource that goes to new innovative EBPs and may resist co-operation
- Where implementation support or advice is provided, provider organisations and staff are not used to being supported and monitored so closely, and may not take to it
- Locally, whether an EBP implementation succeeds may well be down to having one dedicated, passionate and respected ***local*** champion to smooth the path

Driver 6: The wider children's services system

(nature, extent and structure of children's services in the locality and at state, or federal level)

- Contextual variables here include:
  - Customary basis on which services are provided
  - Comparative quality of 'services as usual' (all services) vs innovative EBPs
  - Employment laws and working cultures
  - Extent to which different parts of the service system already co-operate and join up
  - The data and information systems that support decisions around eligibility and referral, tracking of cases and outcomes
  - Concepts/legislation on rights of access to services, social justice, children's rights etc

Examples : the wider children's service system

- Basis of services
  - Some countries place more emphasis on embedding good practice within services in general (universal provision) than on investing in specific (targeted) programs – e.g Denmark
  - The extent to which a service is expected to 'stand alone' or integrate will influence how it is implemented
  - Support for private provision may be weak in some countries – services seen as something that should be provided publically and not something that should be 'marketed'

Examples continued

- Overall availability and quality of ‘services as usual’
  - Variable between jurisdictions: US has less well developed universal provision and evidence from comparing EBPs and SAU is that (whatever we may think!) some countries already have fairly high-quality ‘as usual’ provision
  - EBPs do <u>not</u> always add significant value to existing provision and developers should be wary of over-claiming, especially in untested jurisdictions

Examples continued

- System-wide employment laws and work cultures vary dramatically
  - Employees much less protected in US – poorly performing staff are more easily terminated
  - In Europe and Scandinavia, much more difficult and time-consuming to remove unsatisfactory or under-performing personnel
  - Typical working conditions of staff vary – some intensive interventions have found it hard to recruit and retain staff to 'wrap-around' services involving what are seen are unusual or more demanding hours of work

Examples continued

- Employees in some countries have statutory rights that conflict with requirements of some EBPs (e.g right in Denmark to three weeks uninterrupted leave in summer)
- In Scandinavia (Denmark, Norway), lengthy and expensive negotiations with Unions may be necessary to agree compensation for unsocial working hours, working weekends etc

Examples continued

- How agencies and professionals in different parts of the system work together
  - Extent to which different element of the system 'join up' and varying status accorded to different professionals affects how EBPs integrate with wider services and whether have 'public health' impact (Social Pedagogy example)
  - Professional confidence and willingness / latitude to step across boundaries into innovative areas of practice vary – UK practitioners wary
  - The extent to which EBPs can have impact beyond their own limited context constrained by how rest of the system works, and its own amenability to change (Social Pedagogy example)

Examples continued

- Rights: extent to which service system is underpinned by conceptions of child, youth and parental rights varies between countries
  - Extent to which child and youth participation in service planning is emphasised by service providers is noticeably less in US than in Europe
  - Extent to which sanctions, negative consequences or contingencies can be applied (e.g for failing to attend a programme on which you have been allocated a place, or contravening program ‘rules’) are more limited in Europe

Examples continued

- Data and information-sharing systems: Data are the basis for development of core elements of the EB package, and most require use of a prescribed data-collection system, but extent to which data are available, usable and sharable varies
  - Typically administrative datasets better (more comprehensive) in US than Europe and Scandinavia
  - Some countries (e.g Ireland) have very minimal arrangements for collection, storage and sharing of data on children and young people's progress through the system
  - Others have developed own systems (eg Norway) reflecting greater restriction on nature of data that an be shared (data protection laws)

Driver 7: The wider social context and social attitudes to family, childhood and youth

- Potential variables impacting on implementation too numerous to list:
- Some variables potentially most important for implementation – after socio-economic aspects – are:
  - Legislation/statutory basis for service provision
  - Social attitudes to children and youth, and family
  - Attitudes to services and service use
  - Support for ‘private’ and especially for-profit providers

Examples: the wider social context

- Legislative/statutory basis of services may vary widely
  - Social justice framework in Norway, entitles all areas to same type and quality of services, therefore if want to deliver an EBP, must make it available to all municipalities.
  - May require major restructuring of implementation framework: eg rural areas in Norway, MST therapist still oversee contact with families, but more reliance on telephone support and on other agencies at times of crisis
  - Age at which young people can accept/refuse/demand services varies: US, up to 18 years still a minor, UK, 16-18 years is transition to adulthood with developing rights of self-determination

Examples continued

- Attitudes to services and support
  - Extent to which service use regarded as ‘normal’ or ‘stigmatising’ affects way interventions are presented: in UK avoid using terms like ‘intervention’ or ‘treatment’ with service users (connotes ‘interference’ or ‘sickness’)
  - Extent to which service use vs seeking support from personal networks is seen as acceptable affects how EBPs interface with other ways of supporting users
  - ‘Healthy scepticism’ is the norm in Europe and Scandinavia among professionals and the public: we tend to be less immediately enthusiastic about new approaches and families may be resistant to ‘interference’ and not welcoming of services

Conclusions 1

How do variations in cultural and contextual implementation drivers impact on success in implementing EBPs?

- Good practice does travel: many of the best-known EBPs have demonstrated transportability to diverse locations
- But it is not 'a given' that an intervention effective in one place and time will be effective in another
- The key to this is (probably) in implementation of the intervention, not the content
- Evidence from comparing replications in UK/Ireland is that different approaches to implementation can be equally successful
- When replications fail, though poor 'fidelity' is often blamed, we generally do not know extent to which wider culture and context contributed

Conclusions 2

What do we learn about implementation through reflecting on culture and context?

- Thinking about culture and context encourages us to think beyond 'the model'
- Implementation strategies can vary, without necessarily undermining effectiveness
- Diversity not necessarily a problem so long as it is thoughtful and context-appropriate
- Dogmatism on the part of developers won't help the spread of EBPs, as it may hinder implementation
- Prescribed aspects of EBPs that work in one context may not be appropriate for others

Conclusions 3

What do we learn about implementation through reflecting on culture and context?

- Key implementation drivers do resonate across jurisdictions, but vary in how they play out
- Detailed descriptions and comparative analysis of the 'real world' accommodations and adaptations that are being made in EBPs across the world are scarce
- As is research on the consequences
- Information is scattered and mostly takes the form of practice observations, anecdotes, and 'asides' in scientific papers
- This is valuable knowledge, not just in relation to specific EBPs but in relation to the growing interest in identifying the common elements of effective practice that go *across* interventions

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