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EVIDENCE-BASED PRACTICE: RESOURCE PACKAGE

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Purpose and Use of the Resource Package
The purpose of this Resource Package is to introduce the concept and applications of evidence-based practice in the field of social policy. The users of the Resource Package can vary from students interested in evidence-based practice to policymakers who are planning to make evidence part of the policy-making process. By following the links provided in the document, the reader will be able to address several questions, such as: What is evidence-based practice? Why is evidence important to policymaking? What kind of methods and tools can be utilized to produce evidence with the purpose of informing social policies and programs? How can evidence be used to assess the effectiveness of social programs and promote social welfare?

The sources provided in this document will allow the reader to develop a deep understanding of evidence-based practice. In compiling the sources, the goal has been to equip different professionals with skills that they can utilize during their professional practice, for instance when they design childcare programs, mental health programs, or violence prevention programs. Some of the concepts introduced in the Resource Package might be new to the reader. Additional training might be required to gain in-depth knowledge about some of the tools. While this Resource Package does not provide answers to all the questions, it provides some general guidelines that can be advanced through training courses and qualifications.

The Resource Package is divided into six sections. Section 1 introduces the concept and process of evidence-based practice. Section 2 presents designs, methods, and tools that can be used to produce evidence. Section 3 provides guidelines on how to design and implement evidence-based programs. Section 4 presents ways of promoting the use of evidence in policy making. Section 5 focuses on the applications of evidence-based practice. Section 6 lists several sources that can provide additional information on evidence-based practice.
1. The concept and process of evidence-based practice
This section introduces the concept and process of evidence-based practice. By following the links, the reader will learn about the concept of evidence-based practice, the characteristics of evidence-based practice, and the ways that professionals can apply the principles of evidence-based practice.

There are many definitions and interpretations of evidence. In this section, the reader will become familiar with different approaches to evidence, and embrace the approach that is more useful and feasible for the kind of work that s/he is doing, and the context where s/he is working. For instance, for some, scientific evidence is produced through randomized controlled trials (RCTs); meanwhile, for others, scientific evidence is produced through a diverse range of methods that are not restricted to RCTs. If working in a team, it is important to agree on the definition that will be used, so the term 'evidence' means the same thing for all team members. Gaining clarity and agreeing on the concept is the first task for everyone who will be committed to making evidence part of his or her practice. Then, the focus should shift to understanding the process of evidence-based practice. Or, in other words, understanding the steps that should be followed for making evidence an integral part of policymaking. The Council on Social Work Education (n.d.) refers to evidence-based practice as a 5-stage process, which includes the following steps: “(1) formulating a client, community, or policy-related question; (2) systematically searching the literature; (3) appraising findings for quality and applicability; (4) applying these findings and considerations in practice; (5) evaluating the results” (para. 3).

Often, there is some ambiguity on the process of evidence-based practice. One of the misconceptions is that evidence-based practice is all about collecting and using data. The step that is often overlooked is appraising existing data for quality and applicability. The implementation of this step requires a strong collaboration between policymakers and researchers. However, it is critical that the steps of evidence-based practice are understood by all team members, despite the extent that they will be involved in the implementation of each step in practice.

To aid in the process of understanding evidence-based practice, several examples of studies relevant to evidence-based practice
education are provided in the article of Howard et al. (2003). Thyer (2013) provides a historical overview of the evidence-based practice movement and discusses some of the misconceptions that surround the use of evidence. Thyer (2013) argues that “evidence-based practice does not demand that we only employ interventions supported by ‘perfect’ evidence, but it does assert that we seek out the best available evidence and make use of it in our overall decision-making process” (p. 344). The information provided in this section can be integrated into all stages of the policy process. Sophie Sutcliffe and Julius Court (2005) present a summary of evidence-related issues that emerge during different stages of the policy process, including agenda setting, formulation, implementation, and evaluation.

Evidence-based practice

Author: Social Work Policy Institute


“Evidence-based practice (EBP) is a process in which the practitioner combines well-researched interventions with clinical experience and ethics, and client preferences and culture to guide and inform the delivery of treatments and services. The practitioner, researcher and client must work together in order to identify what works, for whom and under what conditions. This approach ensures that the treatments and services, when used as intended, will have the most effective outcomes as demonstrated by the research. It will also ensure that programs with proven success will be more widely disseminated and will benefit a greater number of people” (para. 1).
“Evidence-based practice (EBP) [is] an approach to decision-making, policy-making and intervention based upon a judicious, systematic and thoughtful consideration of the best available evidence to achieve the most effective outcomes. There are two broad versions of EBP, one has its origins in medicine where the evidence is informed by scientific methods of inquiry, such as random controlled trials, while the other offers a pluralist model that draws upon a more diverse range of research methodologies ... The concept of EBP originated from the natural sciences, in particular medicine through the Cochrane Collaboration, and in terms of evidence-based medicine adopts a neo-positivist approach to knowledge building. This infers that knowledge is derived from a process of scientific measurement and observation, through experimental methods such as clinical trials, and this contributes to general laws that underpin an objective reality. These laws are seen to be independent of sectional interests, politically neutral, and developed on the basis of social facts as absolute truths (p. 218).”

“evidence-based practice . . . dictates that professional judgments and behavior should be guided by two distinct but interdependent principles. First, whenever possible, practice should be grounded on prior findings that demonstrate empirically that certain actions performed with a particular type of client or client system are likely to produce predictable, beneficial, and effective results . . . Secondly, every client system, over time, should be individually evaluated to determine the extent to which the predicted results have been attained as a direct consequence of the practitioner’s actions” (Cournoyer & Powers, 2002, p. 799 cited in Howard et al., 2003, p. 237).
### Evidence-based interventions

**Author:** Center for Evidence Based Intervention, Department of Social Policy and Intervention, University of Oxford  
**Source:** [http://www.cebi.ox.ac.uk/for-practitioners/what-is-good-evidence.html](http://www.cebi.ox.ac.uk/for-practitioners/what-is-good-evidence.html)

“Evidence-based interventions or programmes are those which have been proven effective in multiple, high-quality randomized controlled trials (RCTs)” (para. 1).

### The process of evidence-based practice

**Author:** CSWE (n.d., para. 3)  
**Source:** [http://www.cswe.org/CentersInitiatives/CurriculumResources/TeachingEvidence-BasedPractice.aspx](http://www.cswe.org/CentersInitiatives/CurriculumResources/TeachingEvidence-BasedPractice.aspx)

The process of evidence-based practice includes the following steps:

1. Formulating a client, community, or policy-related question;  
2. Systematically searching the literature;  
3. Appraising findings for quality and applicability;  
4. Applying these findings and considerations in practice;  
5. Evaluating the results (para. 3).

### Studies relevant to evidence-based practice education

**Author:** Howard et al. 2003, pp. 245-246  
**Source:** Research on Social Work Practice, 13(2), pp. 234-259

### The quest for evidence-based practice?: We are all positivists!

**Author:** Bruce A. Thyer  
**Source:** Research on Social Work Practice, 18(4), pp. 339-345
Evidence-based policymaking: What is it? How does it work? What relevance for developing countries?

Authors: Sophie Sutcliffe and Julius Court, Overseas Development Institute


Table 1: Components of policy process and different evidence issues

<table>
<thead>
<tr>
<th>Stage of the policy process</th>
<th>Description</th>
<th>Different evidence issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agenda setting</td>
<td>Awareness and priority given to an issue.</td>
<td>The evidence needs here are in terms of identifying new problems or the build up of evidence regarding the magnitude of a problem so that relevant policy actors are aware that the problem is indeed important. A key factor here is the credibility of evidence but also the way evidence is communicated.</td>
</tr>
<tr>
<td>Stage of the policy process</td>
<td>Description</td>
<td>Different evidence issues</td>
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<tr>
<td><strong>Formulation</strong></td>
<td>There are two key stages to the policy formulation process: determining the policy options and then selecting the preferred option (see Young and Quinn, 2002: 13-14).</td>
<td>For both stages, policymakers should ideally ensure that their understanding of the specific situation and the different options is as detailed and comprehensive as possible – only then can they make informed decisions about which policy to go ahead and implement. This includes the instrumental links between an activity and an outcome as well as the expected cost and impact of an intervention. The quantity and credibility of the evidence is important.</td>
</tr>
<tr>
<td><strong>Implementation</strong></td>
<td>Actual practical activities.</td>
<td>Here the focus is on operational evidence to improve the effectiveness of initiatives. This can include analytic work as well as systematic learning around technical skills, expert knowledge and practical experience. Action research and pilot projects are often important. The key is that the evidence is practically relevant across different contexts.</td>
</tr>
<tr>
<td>Stage of the policy process</td>
<td>Description</td>
<td>Different evidence issues</td>
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<tr>
<td>Evaluation</td>
<td>Monitoring and assessing the process and impact or an intervention.</td>
<td>The first goal here is to develop monitoring mechanisms. Thereafter, according to Young and Quinn (2002), ‘a comprehensive evaluation procedure is essential in determining the effectiveness of the implemented policy and in providing the basis for future decision-making’. In the processes of monitoring and evaluation, it is important to ensure not only that the evidence is objective, thorough and relevant, but also that it is then communicated successfully into the continuing policy process.</td>
</tr>
</tbody>
</table>

Source: Sutcliffe & Court, 2005, p. 6 (adapted from Pollard and Court, 2005)
2. Designs, methods, and tools
Section 2 presents designs, methods, and tools that can be used to produce evidence. The reader can learn about meta analysis, systematic reviews, randomized controlled trials, experimental and quasi-experimental methods, and cohort studies. To illustrate the designs, methods, and tools, several examples are provided on studies that focus on community-oriented policing, dating violence, and employment in infrastructure projects.

While the production of evidence is usually the task of researchers, it is important that policymakers have a general understanding of how evidence is produced, including the strengths and shortcomings of different methods, so that both communities – researchers and policymakers – start a conversation on how to address complex phenomena that concern them. For instance, a researcher might study the root causes of poverty and use the evidence to inform social policies with the purpose of alleviating poverty, which might be the main concern of policymakers. Or, policymakers might collaborate with researchers to investigate the impact of the cash assistance program on poverty reduction. Being aware of the tools that can be used to evaluate social programs, policymakers can integrate such tools into the cash assistance program. For instance, they can pay particular attention to the information that is collected by program beneficiaries and the frequency of collecting the information. Or, the program can have a monitoring and evaluation component, not just for the purpose of fulfilling a bureaucratic procedure, but for understanding the extent that the program is making a change in poor families.

Some of the methods presented here have not found a wide applicability in Albania yet. For example, meta analysis or systematic reviews, require that several studies have been conducted on a particular topic. One of the arguments that is often made during public discussions in Albania is that research findings are contradictory. A systematic review can help policymakers differentiate between rigorous and non-rigorous research. Or, one of the arguments that is made very often is that the findings of research projects conducted by civil society organizations are less reliable than those conducted by state departments (Dauti & Bejko, 2015). While this is open to question, research projects produced by civil society organizations and state departments can be subject to a systematic review.
Randomized control trials (RCTs), which are also considered as the gold standard for measuring the impact of interventions, have also not found a wide applicability in Albania yet. The way that an RCT works is that some units (e.g., individuals, schools, communities) are randomly assigned to an intervention group, i.e., they receive the intervention (e.g., they participate in a social program), and other units are assigned to a control group, i.e., they do not receive the intervention (e.g., they do not participate in a social program). Then, a comparison is drawn between the two groups to understand the impact of the intervention or the social program. JPAL (Abdul Latif Jameel Poverty Action Plan) is a great resource for RCTs. The reader can learn about the evaluation of social programs using RCTs in the following sectors: agriculture, crime, education, environment, finance, governance, health, and labor. ‘Evaluating the impact of development projects on poverty’ by Judy Baker (2000) is another great resource for practitioners involved in the process of evaluating the impact of development projects on poverty.

The list of designs, methods, and tools presented in this section is not exhaustive. However, it will be a good start for policymakers who would like to understand the process of evidence production and researchers who would like to deepen their understanding of rigorous evidence.

**Meta analysis**

*Author: Center for Evidence Based Intervention, Department of Social Policy and Intervention, University of Oxford*

*Source: http://www.cebi.ox.ac.uk/for-practitioners/research-designs.html*

“A method for statistically combining the results of similar studies which are included in a systematic review, to come to a conclusion about the overall effects of an intervention” (para. 1).
Author: Charlotte Gill, David Weisburd, Cody W. Telep, Zoe Vitter, & Trevor Bennett

Source: http://link.springer.com/article/10.1007/s11292-014-9210-y

Abstract

Objectives
Systematically review and synthesize the existing research on community-oriented policing to identify its effects on crime, disorder, fear, citizen satisfaction, and police legitimacy.

Methods
We searched a broad range of databases, websites, and journals to identify eligible studies that measured pre-post changes in outcomes in treatment and comparison areas following the implementation of policing strategies that involved community collaboration or consultation. We identified 25 reports containing 65 independent tests of community-oriented policing, most of which were conducted in neighborhoods in the United States. Thirty-seven of these comparisons were included in a meta-analysis.

Results
Our findings suggest that community-oriented policing strategies have positive effects on citizen satisfaction, perceptions of disorder, and police legitimacy, but limited effects on crime and fear of crime.

Conclusions
Our review provides important evidence for the benefits of community policing for improving perceptions of the police, although our findings overall are ambiguous. The challenges we faced in conducting this review highlight a need for further research and theory development around community policing. In particular, there is a need to explicate and test a logic model that explains how short-term benefits of community policing, like improved citizen satisfaction, relate to longer-term crime prevention effects, and to identify the policing strategies that benefit most from community participation.
**Systematic reviews**

**Author:** Center for Evidence Based Intervention, Department of Social Policy and Intervention, University of Oxford  
**Source:** http://www.cebi.ox.ac.uk/for-practitioners/research-designs.html

“A comprehensive review of all relevant research about the efficacy of a treatment or intervention; involves systematic and transparent identification, selection, synthesis and appraisal of studies. A systematic review usually involves the synthesis of results from multiple studies, which can be done using meta-analysis” (para. 2).

**Authors:** Gracia LT Fellmeth, Catherine Heffernan, Joanna Nurse, Shakiba Habibula, Dinesh Sethi  

“Relationship and dating violence is a significant problem among adolescents and young adults. Relationship violence includes a range of violent behaviours, from verbal abuse to physical and sexual assault, and from threats to rape and murder. Currently there are many programmes in schools and universities and within community settings that aim to prevent relationship violence. It is important to establish whether these programmes work and whether they result in long-term reductions in relationship violence. This review looked at the results of 38 studies. The results showed no convincing evidence that the programmes decreased relationship violence, or that they improved participants’ attitudes, behaviours and skills related to relationship violence. The results showed that participants’ knowledge about relationships improved slightly following the programmes. These results should be interpreted with caution, as individual studies differed in the types of participants and interventions that they used and the ways in which changes were measured. None of the studies looked at the effect of the programmes on physical and mental health. Further studies,
which follow participants for a longer period of time and which look at the relationship between attitudes, knowledge, behaviour, skills and the number of times relationship violence occurs, are required to improve our understanding of how well these programmes work” (para. 1).

Randomized controlled trial (RCTs)

Author: White House


“An RCT is a study that measures an intervention’s effect by randomly assigning, for example, individuals (or other units, such as schools or police precincts) into an intervention group, which receives the intervention, and into a control group, which does not. At some point following the intervention, measurements are taken to establish the difference between the intervention group and the control group. Because the control group simulates what would have happened if there were no intervention, the difference in outcomes between the groups demonstrates the “outcome” or impact one would expect for the intervention more generally. There are many programs for which it would not be possible to conduct an RCT. To carry out an RCT, there must be a possibility of selecting randomized intervention and control groups—those who will receive a program intervention and those who will not (or will receive a different intervention). For practical, legal, and ethical reasons, this may not always be possible” (p. 2).

“Example: Hormone replacement therapy. Over the past 30 years, more than two dozen comparison-group studies have found hormone replacement therapy for postmenopausal women to be effective in reducing the women’s risk of coronary heart disease, typically by 35-50 percent. But when hormone therapy was recently evaluated in two large-scale RCTs – medicine’s gold standard – it was actually found to do the opposite – namely, it increased the risk of heart disease, as well as stroke and breast cancer” (p. 7).
**Experimental and quasi-experimental methods**

**Author:** JPAL (Abdul Latif Jameel Poverty Action Plan)

**Source:** https://www.povertyactionlab.org/sites/default/files/documents/Experimental%20Methodology%20Table.pdf

<table>
<thead>
<tr>
<th>Experimental and quasi-experimental methods:</th>
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<tbody>
<tr>
<td>• Pre-post;</td>
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<tr>
<td>• Simple difference;</td>
</tr>
<tr>
<td>• Differences in differences;</td>
</tr>
<tr>
<td>• Multivariate regression;</td>
</tr>
<tr>
<td>• Statistical matching;</td>
</tr>
<tr>
<td>• Regression discontinuity design;</td>
</tr>
<tr>
<td>• Instrumental variables;</td>
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<tr>
<td>• Randomized evaluation (p. 1).</td>
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**Cohort study**

**Author:** Center for Evidence Based Intervention, Department of Social Policy and Intervention, University of Oxford

**Source:** http://www.cebi.ox.ac.uk/for-practitioners/research-designs.html

“An observational study in which a defined group of people (the cohort) is followed over time. The outcomes of people in subsets of this cohort are compared, to examine people who were exposed or not exposed (or exposed at different levels) to a particular intervention or other factor of interest. A prospective cohort study assembles participants and follows them into the future. A retrospective (or historical) cohort study identifies subjects from past records and follows them from the time of those records to the present” (para. 4).
Evaluating the impact of development projects on poverty: A handbook for practitioners

Author: Judy L. Baker


“The TRABAJAR II Project in Argentina. This project was focused on providing employment at low wages in small social and economic infrastructure subprojects selected by community groups. The impact evaluation of the program was designed to assess whether the incomes of program participants were higher than they would have been had the program not been in place. The most commonly used methods to estimate household income without the intervention were not feasible in the case of the TRABAJAR program: no randomization had taken place to construct a control group to use in comparing the income of project beneficiaries; and no baseline survey was available, ruling out the possibility of conducting a before-and-after evaluation. The TRABAJAR evaluation instead used existing data to construct a comparison group by matching program participants to nonparticipants from the national population over a set of socioeconomic variables such as schooling, gender, housing, subjective perceptions of welfare, and membership in political parties and neighborhood associations by using a technique called propensity scoring. The study demonstrates resourceful use of existing national household survey data—(the Encuesta de Desarrollo Social (EDS)—in generating the comparison group, combined with a smaller survey of TRABAJAR participants conducted specifically for the purposes of the evaluation. The smaller survey was carefully designed so that it used the same questionnaire as the EDS and the same interview teams and was conducted at approximately the same time in order to successfully conduct the matching exercise. This technique was possible in the TRABAJAR case because a national household survey was being canvassed and the evaluators could take advantage of this survey to oversample TRABAJAR participants. The same interview teams were used for both the national and project surveys, resulting in efficiency gains in data collection” (p. 71).
3. Designing and implementing evidence-based programs
Section 3 would be of particular interest to those who are planning to design and implement evidence-based programs. The Substance Abuse and Mental Health Services Administration in the US uses the term science-based programs, and defines such programs as “conceptually sound and internally consistent, have sound research methodology, and can prove the effects are clearly linked to the program itself and not extraneous events” (cited in Children’s Services Council, 2007, p. 1). The report of the Children’s Services Council (2007) on ‘Evidence-based programs and practices: What does it all mean?’ provides answers to the following questions: What is an evidence-based program? What are some examples of evidence-based programs? Why should organizations implement evidence-based programs? What kinds of concerns exist for evidence-based programs? What kind of problems do professionals face in designing and implementing evidence-based programs?

This is how Children’s Services Council (2007) introduces the importance of evidence for their organization: “Children and families will be able to reach their full potential if we as an organization and our providers and partners offer the best possible programs and services. We must remember that we are only at the beginning of this journey and are all in it together. In order to assist in this process, CSC has organized an evidence-based programs committee consisting of a cross section of divisions and outside consultants. Its primary purpose is two-fold, (1) to gather research on nationally rated, evidence-based programs and (2) to construct an assessment tool comprised of specific criteria to rate our currently funded programs. This tool will enable us to see where programs/services fall on a continuum of effectiveness so that we can better understand program needs and also assist programs in their journey towards becoming more effective” (p. 1). The approach of the Children’s Services Council can be informative for state agencies that deliver social services.

One of the questions that policymakers might have is how do they tell which programs are based on evidence and which not. The fifteen point rating criteria for evidence-based programs can provide some insights on the different aspects that can be examined. For instance, is the program based on a theory (or
theories)? Has a process evaluation been conducted? What kind of sampling strategy has been used? Have the outcomes of the program been measured? Has the program been replicated?

The guide of the Coalition for Evidence-Based Policy, ‘Identifying and implementing educational practices supported by rigorous evidence,’ provides information on how to develop evidence-based programs in the education sector. It includes a checklist that can be used to evaluate whether an intervention is based on rigorous evidence.

The second report of the Coalition for Evidence-Based Policy, ‘Developing an effective evaluation strategy: Suggestions for federal and state education officials,’ can be very useful for policymakers who want to make evidence part of policymaking but don’t know where to start. The authors provide several suggestions, such as evaluate the most promising programs (or avoid evaluating everything), utilize administrative data that might be readily available, start with small evaluations, and provide guidance and assistance to researchers collecting data in the field. Policymakers might also find useful reading about the Obama evidence-based initiatives (Haskins & Baron, 2011). One of the initiatives, which focuses on the teen pregnancy prevention, is briefly presented in this section.

The tool for the self-assessment of research capacity, ‘Is research working for your organization?’ might be a good start for organizations that would like to invest in research. The tool, which should be adopted in the context of Albania, can be used to examine where organizations stand in terms of research and identify areas of intervention with the purpose of strengthening research capacity.

Evidence-based practice will not provide the answers to all the questions and will not guarantee that all programs will be effective. At the same time, programs that work in other countries will not necessarily work in Albania. However, some of the challenges that policymakers and researchers face cut across different contexts (Dauti & Bejko, 2015). It is also important to be aware of some of the concerns that exist on evidence-based programs. The report of
the Children’s Services Council (2007) highlights some of the issues, which concern the cost, professional experience, and program adaptation, among others.

Evidence-based programs and practices: What does it all mean?

Author: Children’s Services Council

Source: http://www.evidencebasedassociates.com/reports/research_review.pdf

- What is an evidence-based program?
- History of evidence-based programs.
- Examples of evidence-based programs.
- What organizations promote the use of evidence-based programs?
- Why implement an evidence-based program?
- Concerns regarding evidence-based programs.
- Rating criteria for evidence-based programs (pp. 1-29).

Fifteen Point Rating Criteria For Evidence-Based Programs:

1. Theory: the degree at which programs reflect clear principles about substance abuse behavior and how it can be changed.
2. Intervention Fidelity: how the program ensures consistent delivery.
3. Process Evaluation: whether the program implementation was measured.
4. Sampling Strategy and Implementation: how well the program selected its participants and how well they received it.
5. Attrition: whether the program retained participants during evaluation.
6. Outcome Measures: the relevance and quality of evaluation measures.
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<tr>
<td>8.</td>
<td>Data Collection: the manner in which data were gathered.</td>
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<tr>
<td>9.</td>
<td>Analysis: the appropriateness and technical adequacy of data analyses.</td>
</tr>
<tr>
<td>10.</td>
<td>Other Plausible Threats to Validity: the degree to which the evaluation considers other explanations for program effects.</td>
</tr>
<tr>
<td>11.</td>
<td>Replications: number of times the program has been used in the field.</td>
</tr>
<tr>
<td>12.</td>
<td>Dissemination Capability: whether program materials are ready for implementation by others in the field.</td>
</tr>
<tr>
<td>13.</td>
<td>Cultural Age Appropriateness: the degree to which the program addresses different ethnic, racial and age groups.</td>
</tr>
<tr>
<td>14.</td>
<td>Integrity: overall level of confidence of the scientific rigor of the evaluation.</td>
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<tr>
<td>15.</td>
<td>Utility: overall pattern of program findings to form prevention theory and practice (p. 29).</td>
</tr>
</tbody>
</table>

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**How to successfully implement evidence-based social programs: A brief overview for policymakers and program providers**

**Author:** Coalition for Evidence-Based Policy


Implementing evidence-based social programs:

- Step 1: Select an appropriate evidence-based intervention;
- Step 2: Identify resources that can help with successful implementation;
- Step 3: Identify appropriate implementation sites;
- Step 4: Identify key features of the intervention that must be closely adhered to and monitored;
- Step 5: Implement a system to ensure close adherence to these key features (p. 1).
Identifying and implementing educational practices supported by rigorous evidence: A user-friendly guide

Author: Coalition for Evidence-Based Practice


- The randomized controlled trial: What it is, and why it is a critical factor in establishing “strong” evidence of an intervention’s effectiveness.
- How to evaluate whether an intervention is backed by “strong” evidence of effectiveness.
- How to evaluate whether an intervention is backed by “possible” evidence of effectiveness.
- Important factors to consider when implementing an evidence-based intervention in your schools or classrooms.
- Checklist to use in evaluating whether an intervention is backed by rigorous evidence (pp. 1-17).

A guide to evidence-based programs for adolescent health: Programs, tools, and more

Author: National Adolescent and Young Adult Health Information Center


- What are evidence-based programs?
- Using evidence-based programs.
- Limitations of existing evidence-based programs.
- Resources for evidence-based programs by indicator area (healthy development, unintentional injury, violence, mental health, substance use, sexual health, obesity, physical activity, and tobacco).
- Annotated descriptions of evidence-based program directories (pp. 2-14).
Developing an effective evaluation strategy: Suggestions for federal and state education officials

Author: Coalition for Evidence-Based Policy


- Focus your program’s rigorous evaluations on those interventions, which are most promising, as opposed to trying to evaluate everything.
- You may also wish to focus your rigorous evaluations on interventions that your program is heavily investing in, so as to produce evidence you can use to decide whether to continue that investment.
- Make sure that the type of evaluation used to test an intervention is appropriate for the stage of that intervention’s development (e.g., early-stage development/refinement, versus later-stage scale-up of a mature intervention).
- Recognize that it is often possible to conduct a well-designed randomized controlled trial at modest cost by measuring outcomes using administrative data that are already collected for other purposes.
- Provide clear guidance and/or technical assistance to researchers conducting rigorous evaluations, to prevent common flaws in study design and implementation.
- If your program is new to rigorous evaluations, you might start by trying to get a small number of such evaluations (e.g., one or two) underway, to evaluate highly-promising intervention(s) in your program (pp. 3-6).
**A tool for the self-assessment of research capacity of policy organizations**

*Author: Canadian Foundation for Healthcare Improvement*

*Source: http://www.cfhi-fcass.ca/PublicationsAndResources/ResourcesAndTools/SelfAssessmentTool.aspx*

**Is research working for your organization? A self-assessment tool**

**Part One: Acquire**

1.1 Are we able to acquire research?

RATING 1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have skilled staff for research.</td>
<td>1</td>
</tr>
<tr>
<td>Our staff has enough time for research.</td>
<td>2</td>
</tr>
<tr>
<td>Our staff has the incentive to do research.</td>
<td>3</td>
</tr>
<tr>
<td>Our staff has the resources to do research.</td>
<td>4</td>
</tr>
<tr>
<td>We have arrangements with external experts who search for research,</td>
<td>5</td>
</tr>
<tr>
<td>monitor research, or do research for us.</td>
<td></td>
</tr>
</tbody>
</table>

1.2 Are we looking for research in the right places?

**Part 2: Assess**

2.1 Can we tell if the research is valid and of high quality?

2.2 Can we tell if the research is relevant and applicable?

**Part 3: Adapt**

3.1 Can we summarize results in a user-friendly way?

**Part 4: Apply**

4.1 Do we lead by example and show how we value research use?

4.2 Do our decision-making processes have a place for research? (pp. 3-10)
Teen pregnancy prevention

“The teen pregnancy prevention initiative has proceeded mostly in accord with the components of the Obama model outlined above. Teen pregnancy is not only a serious national social problem with demonstrated impacts on the mother, the father, and the child, it is also an area of intervention that has a long track record of creative and diverse programs. A comprehensive review of programs by Douglas Kirby published in 2001 found eight program models that had what Kirby called “strong evidence of success.” There is also a comprehensive review of the evidence published by the Campbell Collaboration in 2006 that identified several successful evidence-based programs. Thus, the first two components of our outline of the Obama approach to evidence-based initiatives – selecting a serious problem and ensuring that there are evidence-based model programs – have certainly been met in the case of teen pregnancy prevention. As in the home-visiting initiative, the administration commissioned a literature review from Mathematica that was made available to the public. The review identified 28 model programs that were supported by high-quality evidence. However, the review found that only two of these models are backed by well-conducted random-assignment studies showing a sustained effect on the most important measure – the actual reduction of teen pregnancies three to
four years after random assignment. The other 26 models are backed by more preliminary evidence – in most cases, random-assignment studies or comparison-group studies showing only short-term effects on intermediate outcomes such as condom use and number of sexual partners, but not the final, most policy-relevant outcomes (pregnancies, births, sexually-transmitted diseases). When programs backed by such preliminary evidence are evaluated in more definitive random-assignment studies with longer-term follow-up, sometimes they are found to produce impacts on the long-term outcomes, but too often they are not. Fortunately, it appears that HHS plans to rigorously evaluate a number of the funded models to determine which are truly effective in preventing teen pregnancies. Based in part on the Mathematica review, the administration issued its solicitation for grants in April 2010. Because there had been so much previous research in this field, the administration decided to award two tiers of funding. Tier 1, which would receive most of the money, would pay for program models identified in Mathematica’s review as having higher-quality evidence of success. Tier 2 would be for programs that had some evidence of success, but did not reach the higher standard reached by Tier 1 programs. The applications for funding were reviewed by a panel of experts based on review criteria published by the administration. Seventy-five projects were selected for Tier 1 funding of $75 million. In addition, $25 million was awarded to 27 Tier 2 projects that have some, but not strong, evidence of success. A notable feature of the teen pregnancy initiative is how the administration has made so much of the written material available to the public, including a detailed report from Mathematica on how it conducted the literature review, a list of the projects approved for funding that included extensive information about each project, and more” (p. 12).
What constitutes strong evidence of program effectiveness?

Author: Coalition for Evidence-Based Policy


- The studies demonstrate effects on final, policy-important outcomes and not just intermediate outcomes that may or may not lead to final outcomes.
- The studies show that effects are sustained long enough to constitute meaningful improvement in educational or other key outcomes.
- The studies show that the effects are sizable (and not just statistically significant).
- The effects have been replicated across different studies and/or study sites, and in real-world educational settings (pp. 1-2).
4. Ways of promoting the use of evidence in policymaking
Section 4 focuses on the initiatives that government officials can undertake to encourage and support the use of evidence in policymaking. Liebman (2013) provides several suggestions, which range from making greater use of evidence in budget decisions to establishing a team of experts who can determine the cost-effectiveness of different interventions. Some of the suggestions require that small steps are undertaken, e.g., making administrative data accessible. Other suggestions require stronger commitment of policymakers, e.g., using evidence standards in grant competitions and increasing the amount of evidence on what works. Ron Haskins & Jon Baron (2011) provide examples of the Obama evidence-based initiatives, e.g., Investing in Innovation Fund, Social Innovation Fund, Community College Challenge Fund, and Workforce Innovation Fund. Sophie Sutcliffe and Julius Court (2005) present specific tools used by the UK government to promote the use of evidence. An example of using evidence to inform an initiative that focused on retaining and advancing low paid workers in the workforce is provided below.

The initiatives that would be relevant and hold promise in the context of Albania require a wide discussion between different communities – local, national, and international. Partnerships between researchers and policymakers can lead to new ideas. Researchers can support local cadres and policymakers. Specifically, researchers can provide support in adopting alternative ways of research practice and experimenting new approaches. The role of researchers can be useful especially in evaluating the ‘new experimenting practices.’ Researchers and policymakers can also work together in developing and sharing a common understanding of issues that concern both communities, such as poverty and unemployment. The sources listed below provide several examples of a strong collaboration between researchers and the policymakers that have led to positive outcomes.
Advancing evidence-based policymaking to solve social problems

Author: Jeffrey B. Liebman


- Subsidizing learning and experimentation to develop new solutions;
- Increasing the amount of evidence on what works;
- Making greater use of evidence in budget and management decisions;
- Making purposeful efforts to target improved outcomes for particular populations;
- Spurring innovation and aligning incentives through cross-sector and community-based collaboration;
- Providing funding authority for evaluations;
- Expanding the use of tiered evidence standards in grant competitions;
- Reserving a portion of formula funding for proven practices;
- Directing a specific government agency to take charge of producing cost-effectiveness reports;
- Compiling federal program evaluations into a comprehensive website;
- Making administrative data more accessible for measuring outcomes;
- Establishing a policy-focused team of experts who can determine the cost-effectiveness of different approaches;
- Increasing the amount of evidence on what works;
- Making administrative data more accessible for measuring outcomes (pp. 48-55).
Evidence-based policymaking: What is it? How does it work? What relevance for developing countries?

Authors: Sophie Sutcliffe and Julius Court, Overseas Development Institute


Box 2: Employment Retention and Advancement (ERA) Demonstration project (Cabinet Office, 2003, Government Chief Social Researcher’s Office)

Goal
The aim of the project was to identify the most effective way of retaining and advancing low paid workers, who had recently left welfare, in the workforce. A number of policy options were suggested and the team was asked to design an evaluation of the final policy using a randomised controlled trial methodology.

Useful approaches

- The project team was based in the Cabinet Office in order to provide an ‘off-line’ opportunity, and to work in a cross-cutting and cross-departmental way.

- The design team consisted of policy officials, policy implementation staff, researchers and specialist consultants from research organisations in the UK and the USA. This mix of personnel ensured a high degree of integration of policymaking, policy implementation and policy research and evaluation.

- The research stage was given sufficient time and resources to gather the best available evidence. This extensive review was made possible by the considerable amount of work which had already been undertaken on employment and retention policy by research organisations.

- Qualitative evidence (in-depth interviews) and survey evidence was also commissioned on Job Centre’s clients’ views of the transition from welfare to work and on the Job Centre’s view of retention and advancement issues.

- A detailed and sensitive cost-benefit study was an essential part of the trial.
How useful is it as an example?
The ERA Demonstration Project was unusual because of the length of time involved (one year for the design phase and five years for full evaluation) and the resources committed to it. It does however provide a useful example of how evidence-based government can be undertaken, and a model of how to integrate policy development, policy implementation and policy evaluation from the outset and over the life course of a policy.

Building the connection between policy and evidence
Authors: Ron Haskins & Jon Baron

How the Obama administration approaches the use of evidence:
- Select an important social problem that would make individual citizens and the nation better off if reduced in magnitude;
- Identify model programs addressed to the problem that have been shown in randomized controlled trials or other rigorous research to significantly reduce the problem;
- Obtain funds from Congress to scale-up evidence-based programs of this type that addresses the problem in accord with the proven models;
- Make the funds available to government or private entities with a track record of good performance to replicate the successful model programs;
- Continuously evaluate the projects as they are implemented to ensure they are faithfully implementing the model program and producing good results (p. 6).
5. Applications of evidence-based practice
This section focuses on numerous examples of using evidence to improve social policies and programs. The reader can choose from a list of topics, e.g., adolescent health, alcohol, asthma, cancer, diabetes, health communication, health equity, HIV/AIDS, mental health, nutrition, physical activity, agriculture, environment, finance, and cash transfer programs. The information would be useful for those who would like to see how research designs, methods, and tools are used in practice to address complex phenomena. For instance, the paper by Banerjee et al. (n.d.) ‘Debunking the stereotype of the lazy welfare recipient: Evidence from cash transfer programs worldwide’ shows that cash transfer programs do not have a negative effect on people’s willingness to work. The reader can choose the topic of interest(s).

**Programs and policies that improve health and prevent disease in the US**

Topic include: adolescent health, alcohol, asthma, birth defects, cancer, diabetes, health communication, health equity, HIV/AIDS, mental health, nutrition, obesity, physical activity, vaccination, violence, worksite, etc.

*Author: The Guide to Community Preventive Services*

*Source: http://www.thecommunityguide.org/*

**Evidence on health**

Topics include: cancer, child health, complementary and alternative medicine, gastroenterology and hepatology, heart and circulation, infectious disease, lungs and airways, mental health, neurology, and pregnancy and childbirth.

*Author: Cochrane Collaboration*

*Source: http://www.cochrane.org/*
Systematic reviews related to social welfare, crime and justice, education, etc.
Author: Campbell Collaboration
Source: http://www.campbellcollaboration.org/

Policy lessons in the areas of agriculture, education, environment and energy, finance, health, labor markets, and governance
Author: J-PAL, Abdul Latif Jameel, Poverty Action Lab, Massachusetts Institute of Technology
Source: https://www.povertyactionlab.org/

Blueprints for violence prevention – model and promising programs
Author: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado, Boulder
Source: http://www.blueprintsprograms.com/programs

Criteria for evaluating the effectiveness of prevention programs
Author: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado, Boulder
Source: http://www.blueprintsprograms.com/resources/Matrix_Criteria.pdf

Evidence from cash transfer programs worldwide
Authors: Abhijit Banerjee, Rema Hanna, Harvard Gabriel Kreindler, & Benjamin A. Olken
Source: http://economics.mit.edu/files/10849
6. Additional sources
Section 6 lists additional sources on evidence and evidence-based practice. Specifically, the section provides information on sources of secondary data, journals, research reports, and books. Instat, the World Bank, and the Observatory for Children’s Rights can serve as sources of secondary data. Several journals, such as American Journal of Evaluation, Journal of Evidence-Informed Social Work, and Canadian Journal of Program Evaluation can be used as sources of information on evidence-based practice in different contexts. The titles of a few books and reports have also been provided for those who would like to deepen their understanding of evidence-based practice.

**American Journal of Evaluation**
Source: https://uk.sagepub.com/en-gb/eur/american-journal-of-evaluation/journal201729

**Canadian Journal of Program Evaluation**
Source: http://cjpe.journalhosting.ucalgary.ca/cjpe/index.php/cjpe

**Evaluation and Program Planning**
Source: http://www.journals.elsevier.com/evaluation-and-program-planning/

**Evidence-based policymaking: Insights from policy-minded researchers and research-minded policymakers**
Authors: Karen Bogenschneider & Thomas J. Corbett
Routledge, Taylor and Francis Group

**Instat**
Journal of Evidence-Informed Social Work
Source: http://www.tandfonline.com/toc/webs21/current#.Vp-Y0xgr1zA

Making evidence matter: A new perspective for evidence-informed policy-making in education Author: Chris Brown
IOE Press

Observatory for Children’s Rights

Përdorimi i evidencës shkencore në hartimin e politikave të mbrojtjes sociale në Shqipëri
Authors: Marsela Dauti and Erika Bejko
Source: http://idmalbania.org/?p=5322&lang=sq

The evolution of evidence-based policy-making in Canada
Editor: Shaun P. Young
Oxford University Press

The knowledge translation toolkit. Bridging the know-do gap: A resource for researchers
Editors: Gavin Bennett & Nasreen Jessani

World Bank
The Regional Research Promotion Programme is coordinated and operated by the Interfaculty Institute for Central and Eastern Europe (IICEE) at the University of Fribourg (Switzerland). The programme is fully funded by the Swiss Agency for Development and Cooperation (SDC), Federal Department of Foreign Affairs. Institute for Democracy and Mediation is the Program’s Local Coordination Unit.