

# What Works and for Whom?

PART 1

A Hierarchy of Evidence for  
Promising Practices Research

Canadian Homelessness  
Research Network



the  
homeless hub

PAPER #5

# What Works and for Whom?

## Part 1 - Hierarchy of Evidence for Promising Practices Research

Canadian Homelessness Research Network



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## **CHRN Promising Practices Working Group**

The CHRN established a working group with leaders from the areas of research, policy and practice, to develop, refine and test the framework. The CHRN Working Group included: Stephen Gaetz, York University & the Canadian Homelessness Research Network; Fiona Scott, Canadian Homelessness Research Network; Allyson Marsolais, Canadian Homelessness Research Network; Tanya Gulliver, Canadian Homelessness Research Network; Bernie Pauly, University of Victoria; Alina Turner, Calgary Homeless Foundation; Yale Belanger, University of Lethbridge; Bradley Harris, Salvation Army; Isolde Daiski, York University; Jeannette Waegemakers Schiff, University of Calgary, Loral Raine, City of Toronto; Tim Aubry, University of Ottawa; Jeff Karabanow, Dalhousie University; Sheldon Pollett, Choice for Youth, NFLD; Dianne McCormack, University of New Brunswick; Carolann Barr, Raising the Roof.

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# INTRODUCTION

In an era of growing interest in developing solutions to homelessness, it is increasingly important to know ***what works, why it works*** and ***for whom it works***. While there is a growing body of academic research on the causes and conditions of homelessness, there is very little research that describes effective interventions in a practical way that helps communities learn from and adapt these initiatives to local contexts. Many communities and service providers in the non-profit sector lack effective tools, resources and capacity to engage in rigorous program evaluation or to disseminate knowledge learned in order to assist service providers and program planners elsewhere. The notion of ‘promising practices’ is about communication; that is to say, alerting those working in the field to a strategy that demonstrates positive results.

To that end, the Canadian Homelessness Research Network (CHRN)<sup>1</sup> developed a framework to identify and share promising practices in order to support communities in the development of effective programmatic solutions to homelessness in Canada. It is our view that we must begin to understand the effectiveness of our approaches and invest in efforts that have been demonstrated to be effective and hold potential for replication and adaptation. It is essential that we use evaluation and research to generate evidence on promising practices, as well as those that have the potential to be effective.

1. The CHRN established a working group with leaders from the areas of research, policy and practice, to develop, refine and test the framework. The CHRN Working Group is listed on page 3 of this document.

## What exactly are promising practices?

This is the first of two documents that focus on what works and for whom. In this first document, we seek to clarify what is meant by ‘best practices’ and ‘promising practices’. The two terms get used a lot, sometimes interchangeably, but what exactly do they mean? Our goal is to create a common language and a clearer understanding of the use of evidence in identifying what works in the homelessness sector in Canada.

In the second document *What Works and For Whom: A Framework for Designing and Implementing Promising Practices Research*, we have created a framework for identifying and describing promising practices in the homelessness sector. The framework was developed to help researchers, service providers, funders and government make determinations regarding what is to be considered a promising practice. It is designed to assist in identifying and describing responses to homelessness, as well as using evidence to gauge program effectiveness. In other words, it is a tool that is intended to identify what works and for whom, in order to support the transfer and adaptation of effective models of practice, thus contributing to more effective responses to homelessness. The designation of ‘promising practice’ does not mean that it is flawless, but rather that it meets many criteria that have been identified as important in promoting effective programmatic solutions to ending homelessness.

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## Methodology

Our approach to developing a framework for promising practices research was as follows: first, we assembled an advisory body of experts in academia, government and the service delivery sector to share what we know about best and promising practices and what would be useful and helpful in developing this tool. Second, we reviewed what is known about ‘best’ and ‘promising’ practices in the homelessness sector in Canada. Finally, we conducted extensive research on what is known in other fields about demonstrating program effectiveness. Several existing frameworks were reviewed including the Canada Mortgage and Housing Corporation’s report *Documentation of Best Practices Addressing Homelessness* (1999), Milaney’s *The 6 Dimensions of Promising Practice for Case Managed Supports to End Homelessness* (2011), The Compassion Capital Fund’s report *Identifying and Promoting Promising Practices*, Bond and Carmola Hauf’s *Characteristics of Effective Programs* (2004) and the Calgary Homeless Foundation’s *System Planning Framework* (2012).

In order to fill a gap identified in Canada’s homelessness sector, we asked ourselves:

- What practical information does homelessness research have to offer to improve the effectiveness of our responses to homelessness?
- What are the evidence-based practices that work?
- What is the essence of a good practice?
- Who should these practices target?

In response, we developed a robust and comprehensive set of criteria to help agencies, service providers, funding agencies and governments, among others, identify, select and disseminate promising practices. The documents that make up our “What Works and For Whom?” series derive from what we have learned, and are intended to help guide practice in the future.

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# BACKGROUND

## What are Best Practices and Promising Practices?

There is much interest in identifying and sharing effective program models within the homelessness sector for the purposes of policy, planning and replication/adaptation. People regularly refer to terms such as ‘best practices’ and ‘promising practices’ to describe what they are doing or what they are looking for. But what exactly do these terms mean?

The goal of ‘best practices’ and ‘promising practices’ research is to evaluate an activity that is determined by peers to be highly effective and representative of a really good practice, and/or because it is unique and of special interest. Best and promising practices can include the following types of interventions:

- **Activity** – A way of doing particular kinds of work that may have an impact. Examples include: exploring best practices in outreach services, Housing First or Harm Reduction.
- **Program** – A group of related activities that is intended to produce outcomes. An example would be an employment and skills training program that helps people find jobs.
- **Agency** – A collection of programs and activities within an institutional framework. A homeless drop-in centre offering a meal program, employment training, ID replacement and housing help services is an example of an agency.
- **Policy** – A stated principle or rule to guide decisions and courses of action designed to have an impact on homelessness. Policies are established by governments and other organizations. A ‘discharge planning’ policy, for example, is designed to reduce the flow of individuals from corrections into homelessness.
- **Community Response** – An organized effort by a community to address homelessness. In some cases, community responses are ad-hoc, fragmented and uncoordinated. In other cases, communities have implemented a systems approach involving an integrated local or regional system aimed at coordinating responses to homelessness. Coordinated and integrated service responses are often referred to as a ‘system of care’.

Having said this, the majority of evaluation research that exists on homelessness interventions focuses on programs and practices, with very little that identify effective systems or policy responses. In our framework document, we focus on programmatic interventions in the context of systems, policies and agency dynamics. However, the hierarchy of evidence we are proposing can encompass analyses of the full range of interventions to address homelessness. We begin by differentiating ‘best’, ‘promising’ and ‘emerging’ practices.



## BEST PRACTICE

A **Best Practice** is an intervention, method or technique that has consistently been proven effective through the most rigorous scientific research (especially conducted by independent researchers) and which has been replicated across several cases or examples. To be a 'best practice', an intervention must be able to show that it produces better results than other approaches and that it is a practice that can potentially be adapted with success in other contexts and/or scaled up to a systems-wide approach. In other words, there is a sufficient body of evidence that allows us to confidently say that the described practice is a generalizable example of something that works. It should be noted that some interventions might demonstrate scientific rigour, but never be generalizable in other contexts. For example, what works in Northern Canada may not, or should not, be expected to work in Toronto. An intervention for Aboriginal people might not be effective for new immigrants, for instance, despite being a best practice in its original context. Thus, an intervention that is generalizable within a specific context should also have merit as a best practice.



## PROMISING PRACTICE

An intervention is considered to be a **Promising Practice** when there is sufficient evidence to claim that the practice is proven effective at achieving a specific aim or outcome, consistent with the goals and objectives of the activity or program. Ideally, Promising Practices demonstrate their effectiveness through the most rigorous scientific research, however there is not enough generalizable evidence to label them 'best practices'. They do however hold promise for other organizations and entities that wish to adapt the approaches based on the soundness of the evidence.



## EMERGING PRACTICE

**Emerging practices** are interventions that are new, innovative and which hold promise based on some level of evidence of effectiveness or change that is not research-based and/or sufficient to be deemed a 'promising' or 'best' practice. In some cases this is because an intervention is new and there has not been sufficient time to generate convincing results. Nevertheless, information about such interventions is important because it highlights innovation and emerging practices worthy of more rigorous research.

When we speak more generally of 'best' or 'promising' practices, then, we are attempting to make a determination as to interventions that actually lead to effective and productive results, based on stated goals. However, in order to make this determination, there must be solid evidence. We cannot simply assert that a given approach is outstanding without being able to demonstrate that it has an impact.

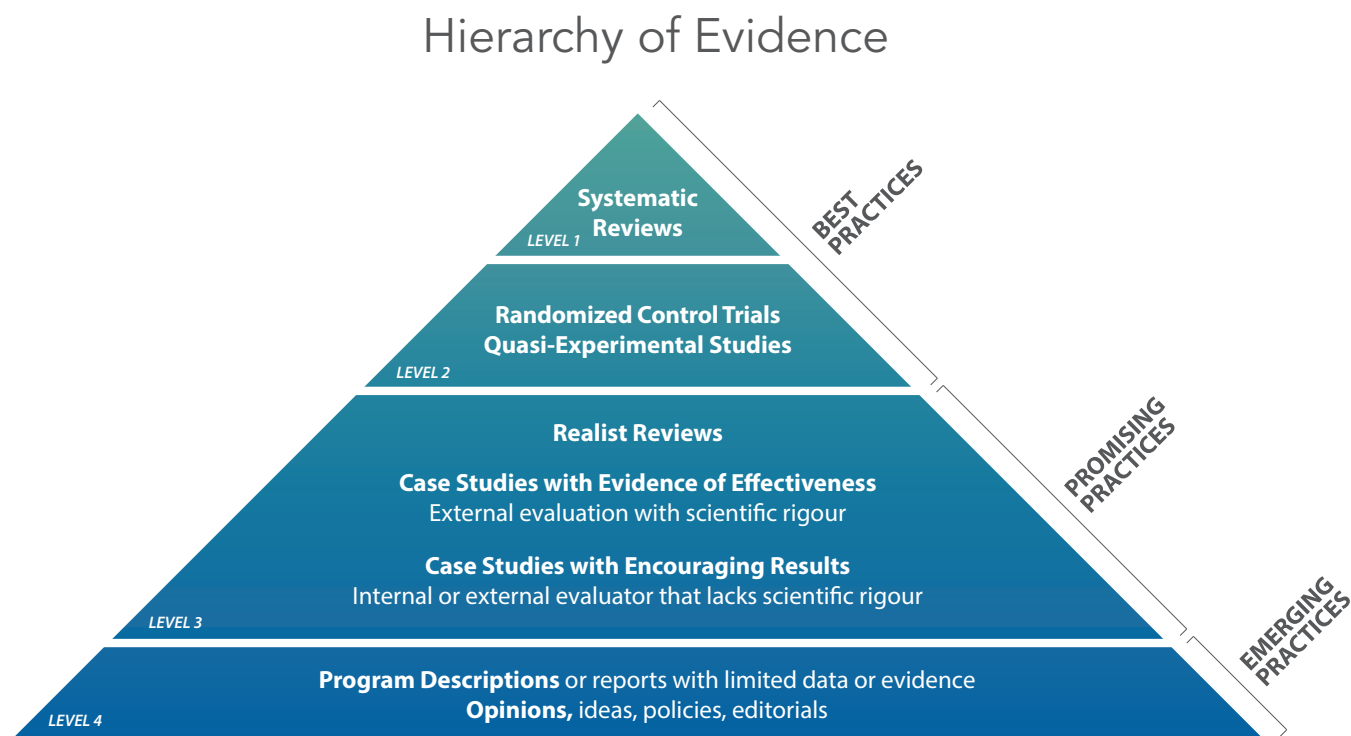
The determination of best and promising practices is, in the end, a question of evidence, and may involve conducting research or reviews of the literature, including meta-syntheses and meta-analyses. It may also involve 'case studies'; that is, detailed investigations of specific examples. In either case, the goal of conducting such research is to make a determination about *effectiveness*, so as to assist in the dissemination and adaptation of practices that work. There are many programs and reports that claim to demonstrate promising and best practices. However, there is incredible variation in the quality, rigour and amount of evidence that is used to back up these claims. Indeed, some programs or reports may make these claims without any documented evidence to back them up.

# Hierarchy of Evidence

What constitutes good evidence? In a number of disciplines (medicine and psychology, for instance) researchers have identified and defined a **hierarchy of evidence** that can be used to determine the effectiveness and efficacy of an intervention, by assessing the quantity and quality of data available on that intervention. The hierarchy identifies the best evidence as having demonstrated research rigour and generalizability. The notion of a hierarchy of evidence stems from the health sciences, and reflects the kinds of research that in most cases rely on experimental methods, where greater value is placed on data collected and analyzed under the most controlled conditions possible. As we will see, achieving such high levels of reliability is problematic in assessing homelessness interventions, and it is worth pointing out that qualitative methods not only produce important and valid results, they can answer questions and describe processes that quantitative methods cannot.

*“The hierarchy identifies the best evidence as having demonstrated research rigour and generalizability.”*

We propose a hierarchy of evidence that is applicable to homelessness research and that aligns with established practice, but more effectively reflects the research and methods typically found within the homelessness sector. The following diagram lists the different levels of evidence. At the top are **‘best practices’**, while interventions that are identified as good based merely on opinions, reports or news articles, but which have a limited evidentiary base, stand at the other end of the hierarchy.





# Best Practices

## Level 1



### Systematic Reviews (Best Practice)

One example of the evidence describing best practice is a comprehensive systematic review of the research literature on an intervention, which, if determined to be effective, becomes known as 'best practice'. For instance, if one wanted to know what research suggests about 'best' practices in the area of Housing First, harm reduction, outreach or case management, one could go to the published literature that evaluates such practices and do an analysis.

General reviews of the literature on homelessness are important, but are sometimes considered suspect because of the interpretation bias of the reviewer. However, there are different types of systematic reviews involving qualitative and/or quantitative research synthesis methodologies that are considered to be more reliable. For many, the 'gold standard' is considered to be [Cochrane Reviews](#)<sup>2</sup>.

One of the advantages to systematic reviews is that they are able to pull from a large variety of sources of material and therefore present a more comprehensive analysis of existing practices and the evidentiary base for supporting this practice. This enables creation of stronger recommendations or summaries. While literature reviews are common, meta-syntheses and meta-analyses present more challenges due to access to primary data, scope, cost and time to conduct the analysis.

Though there are some examples of research synthesis literature reviews of homelessness interventions (for example, Meadows-Oliver, 2003; Grace et al., 2009; Waegemakers-Schiff & Rook, 2012), the general lack of investment in program evaluation in the homelessness sector in Canada and the dearth of scientific research on practices – particularly in social service (as opposed to health service) environments – means that there is usually an inadequate body of research available from which to generate substantive meta-syntheses and meta-analyses.

#### Scoping and Integrative Literature Reviews

A scoping literature review is often the first step in the research process and serves as a way of identifying the available research on a given topic. An integrative literature review will dig a little deeper and seek to review, critique and synthesize the findings from a range of qualitative and quantitative studies.

#### Meta-Synthesis and Meta-Analysis

Drawn more from health and psychology disciplines a **meta-analysis**, which focuses on studies that use quantitative measures, combines the results of several studies that address a set of related research hypotheses. The goal is to identify patterns and common results amongst the studies as well as areas of disagreement. This approach can enable the presentation of results from a very large number of participants. **Meta-synthesis**, on the other hand, draws from qualitative research and is a synthesis of rich data grounded in the participants' experiences.

2. Cochrane reviews "are [systematic reviews](#) of primary research in human health care and health policy, and are internationally recognised as the highest standard in [evidence-based health care](#). They investigate the effects of interventions for prevention, treatment and rehabilitation. They also assess the accuracy of a diagnostic test for a given condition in a specific patient group and setting. They are published online in [The Cochrane Library](#)". (<http://www.cochrane.org/cochrane-reviews>)

## Level 2

Level 2 best practices are generated from singular or a limited number of studies that exhibit significant scientific rigour **and** demonstrate the impact of the intervention evaluated. There are many different methods and approaches that qualify as Level 2 best practices and some of them are described below. Data may be quantitative, qualitative or both.

### Randomized Controlled Trial (Best Practice)

A randomized controlled trial is an evaluation method that randomly selects or assigns people into two groups: one that receives an intervention protocol and one that does not, in order to measure the differences between the two groups after the intervention. By randomly assigning people, one can be confident that there are no significant differences between the two groups that might influence outcomes. Such studies are very rare in the world of homelessness research, as the methodology of randomly assigning people to interventions is seen by many to raise important ethical concerns. Two such studies that confirm the same results verify a best practice.

A good example of a response to homelessness in Canada that is being rigorously evaluated is the *At Home/Chez Soi Project* (Goering et al., 2012). An extensive evaluation project involving over 2,000 participants is currently ongoing. Approximately half of the clients are receiving housing and support services characterized by a Housing First approach, while the other half are accessing traditional supports and services that are regularly available in their communities for people who experience homelessness. By comparing the outcomes of a group of people who have received a particular intervention with those who have not, we are better able to say that it was the intervention that caused the outcome. In the end, high quality program evaluation should involve a balance between the needs of science, economics, the targeted client group and society.

Many researchers believe that a randomized controlled trial (RCT) is the gold standard of research; however there are several issues with RCTs that suggest that other designs can be just as valuable. It is often not possible to assign people to different treatment groups, either practically or ethically. This is especially true in the homeless sector where assigning people to no housing or poor housing would be considered unacceptable. Also, RCTs are time-consuming and costly and are therefore not usually feasible, especially in an under-funded sector such as homelessness.

### Quasi-Experimental Studies (Best Practice)

Sometimes referred to as non-randomized trials, quasi-experimental studies are similar to RCTs. The key difference is that participants are either not randomly assigned or there is no control/comparison group. These designs are deemed to be particularly important and useful when it is difficult or considered unethical to assign participants to an intervention by chance. For most homeless-serving interventions/programs, it is difficult to randomly assign clients to an intervention, so a quasi-experimental study is the next best thing. Outcomes are usually compared to a comparison group. In some situations participants are matched on basic demographic characteristics like age and sex.

Alexander and Clark's study of gender and homelessness used a quasi-experimental design wherein they studied participants in two different types of homelessness intervention programs **after** the participants had entered into the program through the normal pathways. In this sense, while they were able to compare two different models, there was no control and the assignments to each group were not directed by the researchers (Alexander and Clark, 2005).

Randomized Controlled Trials are considered to be a more rigorous method than quasi-experimental studies. In spite of the ethical concerns of RCTs, it can be used in circumstances where it is determined with a reasonable amount of certainty that the intervention (or lack of) being researched does not or will not have a detrimental impact on the health and well-being of the person in question, and/or the risk can be mitigated by ensuring that all participants have access to the intervention of their choice at some point following the study.

*"In the end, high quality program evaluation should involve a balance between the needs of science, economics, the targeted client group and society."*

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# Promising Practices

## Level 3

### Realist Reviews (Promising Practice)

Designed to assess complex interventions, realist reviews are becoming key to the development of policy through rigorous reviews of evidence (Pawson, 2006; Jagosh et al., 2011). Developed relatively recently by Pawson, the realist review methodology is designed to expand the scope of a typical systematic review, arguing that they are more appropriate for understanding simple and straightforward practices and interventions. Realist reviews take account of a number of interacting components that produce outcomes. Such reviews are also able to deal with the influence of contextual factors including the effects of geo-political contexts, policy environment, community history, program theory and organizational culture, and the complex interplay between different interventions at the agency and community levels. While realist reviews may be a kind of case study, they differ from the case study promising practices scenario (described below) because they rely on a much broader evidence base and can be used to evaluate broader systems approaches and policy.

Unlike a systematic review which attempts to determine whether a specific intervention works or doesn't work, a realist review has an explanatory focus. It tries to determine what elements of the intervention are working, how it works and to what extent, for whom the intervention works and what specific circumstances it works in. A realist review focuses "on understanding why programs work by identifying underlying theoretical mechanisms while exploring the successes and failures of a particular program" (O'Campo, P. et al, 2009,967).

O'Campo's team used a realist review methodology to evaluate "community-based interventions that address the needs of homeless clients experiencing concurrent mental health and substance use disorders" (O'Campo et al., 2009: 965). Their research combined a literature review aimed at developing an understanding of key program elements, key informant interviews, information about existing programs and published studies about these initiatives. After reviewing ten programs they were able to identify six key elements within these programs that lead to reduced mental health issues and substance abuse problems.

While realist reviews provide solid evidence, what makes it problematic to make the determination of whether a system or intervention is a 'best practice' is the difficulty involved in reproducing studies or comparing cases. Complex systems tend to have unique characteristics and the specificity of contextual factors makes comparisons between cases challenging.

### Case Study Designs (Promising Practice)

Case studies are often used to answer 'how' and 'why' questions about real life phenomena within real life situations or settings (Yin, 2009). Unlike experiments where the intent is to test variation under controlled conditions, case studies are concerned with naturally occurring variations. They provide an understanding of the broader situation or context in which a program, policy or strategy might be implemented. A case study can include a detailed and intensive account of a particular program, practice, agency, system or policy. Case study research may involve single or multiple cases of the phenomena of interest. A case study is an engaging way to highlight effectiveness, innovation and adaptation of interventions in new contexts. The strength of a case study is that it can provide an understanding of a program, how it is implemented in a particular setting and the results. Collecting and bringing together multiple sources of data is an important feature of case study research.

Case studies can provide a systematic way of looking at an initiative. Case study research can be descriptive, exploratory or explanatory. Use of theoretical propositions and multiple case studies allows for replication and an understanding of naturally occurring variations in approaches. The content of a case study may include information about project objectives, strategies, challenges, results, recommendations and more. Finally, the practice must be able to show how it fits into an overall system of care that is part of a plan to end homelessness.

Research for developing case studies can include both quantitative and qualitative methods and analysis, such as ethnography and data collection procedures including interviews, document

review, analysis of organizational data and review of program evaluations. Individual case studies can also be compared against published research on similar practices or approaches. The best case studies involve 'program evaluation' methods, or are able to draw from existing program evaluations as a basis for analyzing the change produced by an initiative. There are several examples of effective case studies of homelessness interventions that use rigorous program evaluation methods, including evaluations of the Reconnect Program in Australia (Australian Government, 2003; 2013; Ryan & Beauchamp, 2003), of Foyers in the UK and Australia (Quilgars & Anderson, 1995; Smith, 2004; Smith et al., 2006, Cameron, et al., 2009; Grace et al., 2011) and different models of respite accommodation (Insley, et al., 2011; Quilgars et al., 2011).

The evidence for case studies can be further evaluated by examining the reliability and validity of the available data. Reliability is the consistency of answers, that is, whether or not the responses are the same or similar every time the data is collected. Reliability is increased by evaluating the same outcomes and using the same measures on more than one occasion. Validity is the extent to which the data accurately reflects what's happening as a result of the intervention. Evaluating the validity involves collecting and analyzing data from different sources of information, multiple cases or across comparison groups.

### Case Studies with Evidence of Effectiveness

In our hierarchy of evidence, case studies that involve rigorous research and the analysis of outcome data by an external organization are considered to be promising practices. Because there is a clear conflict of interest in self-produced studies, case studies that are conducted by third-party researchers are considered to have higher validity if there is demonstrated rigour to the methods used.

### Case Studies with Encouraging Results

These are studies that rely on internal research or evaluations, or external research that is not deemed to be sufficiently rigorous. For example, if a case study was compiled based only on internal reports and didn't include a clear methodology for determining and evaluating success indicators, it could present encouraging results but it couldn't be stated to prove the efficacy of a specific practice.

In general, case studies are an important source of evidence regarding the effectiveness of interventions to address

homelessness. Case studies provide important information and tools for communities looking for effective program models.

Because case studies generally (but not always) offer no comparison group, and are not always replicated, they need to be considered 'promising' rather than 'best' practices. However, this does not mean that such research should be considered second rate. Case studies can contribute to best practices research in a number of ways. Multiple case study designs can be used to compare similar programs at the same time. Case studies can also be used to illustrate or support a 'best practice', when there is an existing body of research on a particular approach. Finally, the accumulation of research on effective case studies becomes the foundation upon which best practices research can be built.

Our book "[Housing First in Canada: Supporting Communities to End Homelessness](#)" also includes eight case studies that are evidence of promising or best practices in Housing First.

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## Emerging Practices



### Level 4

#### Program Descriptions or Reports and 'Opinion Pieces' (Emerging Practices)

Program descriptions or reports are perhaps the most commonly available source of information on programs and practices. These can include written reports for existing or potential funders (including annual reports, pamphlets, project descriptions, etc.), as well as project websites, videos and brochures. Though in some cases such reports may include output data such as numbers of people who use the program, budgets, etc., this kind of evidence does not demonstrate any impact. 'Opinion pieces' refer to editorials, personal statements, blogs, speeches, etc., that highlight program excellence, but for which there is no credible evidence of effectiveness, other than opinion.

Such program descriptions and opinion pieces can be considered valuable sources of information in identifying potential promising practices. This is particularly important when an emerging practice is clearly innovative, but for which there has not been sufficient time or resources for effective evaluation.

Most practices are not well documented in their design and implementation phases. However, the lack of clear evidence of impact means we cannot make the determination that such initiatives are either best practices or promising practices.

Having presented a hierarchy of evidence for determining the effectiveness of programs, policies and practices, it is important to acknowledge that there are valuable lessons to be learned from different kinds of evidence that can be applied at the community, regional and national levels. Moreover, the distinctions between the different levels of evidence should

not be seen as rigid, bounded and discrete, but rather as fluid and in some cases progressive. Innovation tends to happen much quicker than research evidence is produced, and so we need to equally pay attention to emerging practices as well as promising and best practices. In time, as research evidence accumulates, what began as a creative experiment with little supportive evidence can be rigorously tested, adapted and improved and potentially become a best practice. This is true of many key innovations in the homelessness sector, including Housing First and the Foyer model of transitional housing for youth, for instance.

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## CONCLUSION

In communities across Canada there are hundreds of practices, programs, agencies and policies designed to help people leave or avoid homelessness. To date however, there has been limited investment in understanding which of these initiatives are truly effective (particularly with reference to the needs of sub-populations) and in communicating to other service providers what works and what does not. Despite the general lack of funding to support effective program evaluation and data collection, many initiatives are able to demonstrate some positive evaluation findings with scientific rigour, and others are beginning to gather data to suggest emerging evidence of effectiveness, or that the practice is promising. If we are committed to ending homelessness in Canada, we have to invest in the assessment and proliferation of promising practices across the country. In order to do that, we need:

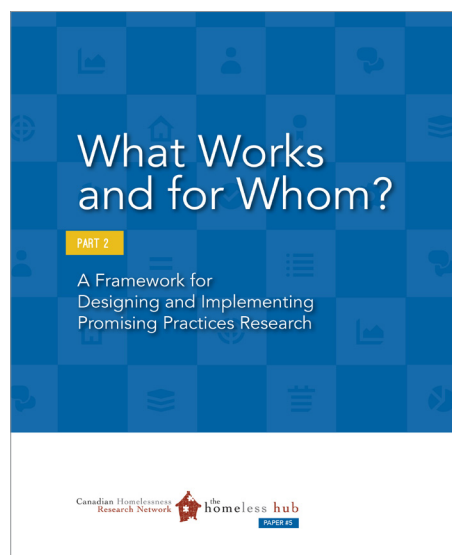
- 1) Investment by funders and governments in program evaluation and knowledge mobilization practices.
- 2) A commitment by agencies to recognize the value of program evaluation and knowledge mobilization.

The effectiveness of a program can only be understood by collecting and evaluating data that relate to its goals. Given the lack of funding for program evaluation or a strong culture of planning in the sector that sees data collection and evaluation as essential activities, many practices are unable to engage in scientific evaluation of their initiatives (either internal or external). Programs would benefit from resources to help with implementation of rigorous evaluations, in order to understand what works, what does not and why. There is however, data that can be easily collected to demonstrate the effectiveness of an initiative including:

- a reduction in homelessness in the community (for example, the number of people that were housed as a result of a practice)
- a positive change in the lives of clients (for example, the number of clients who got jobs as a result of the practice, an increase in client's income, increase in level of education, reduction in mental health symptoms, improvement in physical health, or the reduction or prevention of harms associated with drug or alcohol use).

The second document in this series, *What Works for Whom? A Framework for Identifying Promising Practices Research*, will help clarify what is required of program evaluations in order to demonstrate effectiveness.

## DOWNLOAD PART 2



In *What Works and For Whom? PART 2 - A Framework for Designing and Implementing Promising Practices Research*, we have created a framework for identifying and describing promising practices in the homelessness sector. The framework was developed to help researchers, service providers, funders and government make determinations regarding what is to be considered a promising practice. It is designed to assist in identifying and describing responses to homelessness, as well as using evidence to gauge program effectiveness.

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