

# Menu of evidence-based practices and programs

## STATEMENT OF INTENT

The Roadmap for Reform underscores the need to build a learning system where outcomes for children and families are measured and services are improved.

The menu of evidence-based practices and programs (the menu) is a critical element of the learning system. The menu will document interventions that have been proven to improve outcomes in the lives of children and families and will drive the collection and use of rigorous evidence to inform service delivery decisions.

The release of the first iteration of the menu includes:

- A statement of intent – this document outlines the learning system vision and the role of the menu in providing the sector<sup>1</sup> with access to evidence about what works and documenting the outcomes of service interventions.
- Evidence review report, *Supporting the Roadmap for Reform: Evidence-informed practice* by The Centre for Community Child Health (the report), detailing the methodology used to develop a menu and the sources of evidence required to create evidence-informed practice. Included in the report is a proposed first draft of the menu.

## The learning system

The Roadmap for Reform identified a number of immediate actions in establishing a learning system, as illustrated in Figure 1. These are:

1. Strengthening data collection mechanisms, improving data and information sharing, and building analytics capability to improve decision-making.
2. Establishing a network for shared research and evaluation to build collaboration, promote innovation, share knowledge and oversee practice development.
3. Publishing a Children and Families Research Strategy.
4. Delivery of a menu of evidence-based practices and programs.

The Minister for Families and Children has established the *Learning System and Practice Implementation Group* (the Group) to guide and support the work. We have begun work in all these areas and the release of the report is the first deliverable to be achieved. The Group will work with the children and families services sector to consider the issues raised in the report in order to develop a menu that can be used in Victoria. These include:

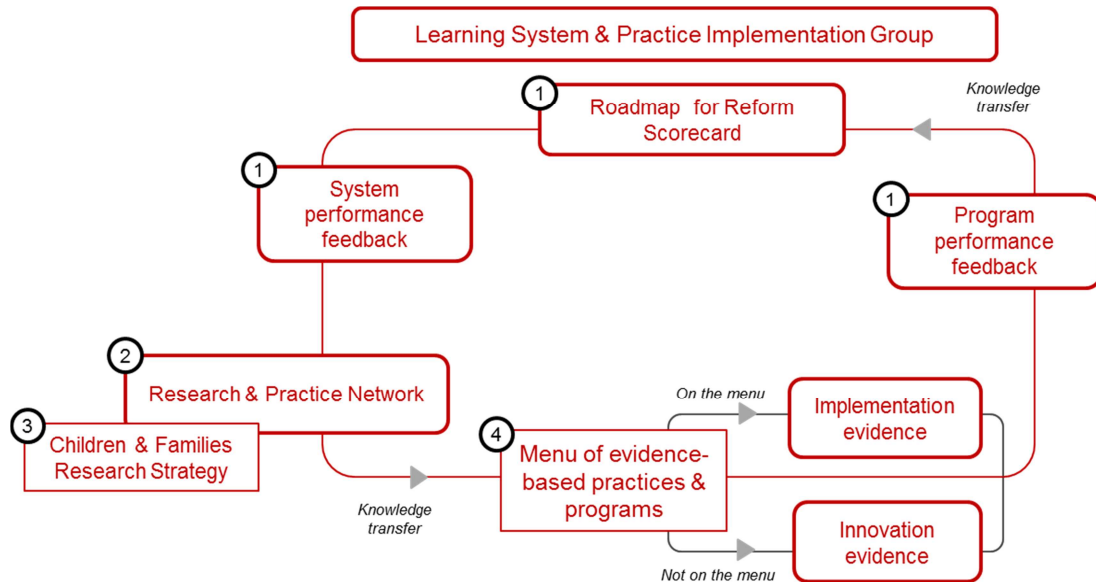
- the need for a shared understanding of what constitutes good evidence in the context of child and family services
- evidence-based programs alone are not sufficient for evidence-informed practice, evidence-based process and client and professional values are also required
- the difficulty of identifying supporting evidence for prevention or early intervention activities
- the need to establish a threshold of evidence that will ensure the inclusion of emerging and more recent developments in child and family service delivery
- the need to support practitioners to identify and document locally grown, promising programs
- the need for implementation support to ensure the sustainability of evidence-based programs.

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<sup>1</sup> In this document, the 'sector' is understood to include all organisations that provide support to vulnerable children, young people and families, spanning across universal, targeted and tertiary services and including the Department of Health and Human Services.

The Group will oversee the development of the Children and Families Research Strategy which will identify priority areas for further research and evidence gathering. The report will assist in informing the Strategy, as its development has highlighted gaps in evidence, such as prevention and early interventions, and interventions for care leavers, Aboriginal children and families and culturally and linguistically diverse populations.

**Figure 1: The learning system**



## Future state

The menu will be:

- A **repository** of established evidence-base practices and programs.
- A **tool** through which the sector can document and disseminate their own innovative programs.
- **Living** – practices and programs will be changed, added to and amended according to the latest available evidence. Local programs with rigorous evidence to prove that they deliver improved outcomes for vulnerable children and families will be added to the menu.

We all face challenges in creating an environment where program and practice decisions are based on rigorous evidence about what works. For some, this is a new way of working that will require new and improved systems and establishing ongoing supports. For others, it will mean building on existing efforts to use evidence in a more systematic way.

The release of the report on evidence-based practices and programs is the first step towards creating an environment where all practices and programs delivered to children and families in Victoria will be evidence-based.

The Department of Health and Human Services (the department) is committed to working with the Centre for Excellence in Child and Family Welfare, children and families, service providers, community service organisations and other government departments to build the learning system.

We will work together to create a future state where the menu provides a framework for funding evidence-based child and family services. The vision is that services will be either: informed by the menu; or in the process of being rigorously evaluated in order to be added to the menu (see Figure 1). There is a lot of work to be done in order to arrive at this point and support will be required to enable the sector to implement the menu.

The menu will be supported by broader funding reform across community services. This reform will require services to document program outcomes in order to demonstrate that the programs they deliver are effective.

## **Next steps**

The purpose of releasing the report is to start the conversation in the sector about how we can evolve into a learning system that generates and uses evidence in services to improve the outcomes for vulnerable children and families. The report proposes a first iteration of a menu in order for us to consider a range of issues that will be considered by the Group (as mentioned previously).

## Appendix 1: Working towards a shared understanding of evidence

The report currently consists of programs that meet a high threshold of evidence, that is, the programs in the draft menu have predominantly been the subject of Randomised Control Trials (RCTs) that demonstrate positive outcomes for children and families.

However, the report highlights that using these very high thresholds of evidence can be a barrier to innovative and local programs and can lead to gaps in evidence in areas such as early intervention and prevention. The limitations of the criteria used to assess programs for the menu and the validity of other forms of evidence are noted in Sections 10 and 11 of the report (pp 36-43).

The sector will work together to develop a shared understanding of good evidence and collect this level of evidence on locally grown programs so that they can be added to the menu. As a start, we have provided proposed evidence thresholds in Table 1.

**Table 1: Proposed thresholds of evidence for the menu of evidence-based practices and programs**

Program type	Proposed evidence thresholds
Universal and early intervention and prevention services.	<ul style="list-style-type: none"> <li>• Quasi-experimental design</li> <li>• Pre-post design (no control)</li> <li>• Qualitative evaluation</li> </ul>
Services that are responding to families brought to the attention of statutory child protection services with identified, high risk factors that impact on their ability to keep their children safe.	<ul style="list-style-type: none"> <li>• RCTs (single, multiple assessing different outcomes, multiple assessing the same outcomes)</li> <li>• Quasi-experimental design</li> <li>• Pre-post design (no control)</li> </ul>
Programs that support foster and kinship carers and residential care staff to look after children suffering from traumatic stress.	<ul style="list-style-type: none"> <li>• RCTs (single, multiple assessing different outcomes, multiple assessing the same outcomes)</li> <li>• Quasi-experimental design</li> <li>• Pre-post design (no control)</li> </ul>
Programs that assist care leavers to successfully transition to independent living.	<ul style="list-style-type: none"> <li>• RCTs (single, multiple assessing different outcomes, multiple assessing the same outcomes)</li> <li>• Quasi-experimental design</li> <li>• Pre-post design (no control)</li> </ul>