Centre for Evidence and Implementation

Framework for a menu of evidence-informed practices and programs

Synthesis Report

Department of Health and Human Services

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Centre for Evidence and Implementation

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Contents

Glossary

Term	Definition
Cost Benefit Analysis	An economic efficiency analysis that measures net changes or levels in social welfare associated with an intervention
Dissemination readiness	Availability and quality of implementation materials for a specific practice or program.
Implementation	Methods or techniques used to support the adoption, implementation, and sustainment of an intervention.
Implementability	Set of characteristics that predict ease of (and obstacles to) implementation.
Implementation Science	Implementation science is the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of social welfare and care.
Logic model or program logic	A diagram that depicts how a practice or program is assumed to achieve outcomes for its end-users. It shows the interrelationships between activities and their outcomes, using arrows to indicate which sets of activities are believed to contribute to specific outcomes.
Manualised Program	A clearly structured package of practice elements, or modules, that have been combined into a clearly defined program.
Menu and/or repository	A platform, menu, clearinghouse or repository that contains information regarding evidence-informed practices and programs.
The Menu	The menu of evidence-informed practices and programs for Victorian child and family services, currently under development.
Practice element	Practice elements, or individual treatment practices, are discrete, identifiable techniques used to deliver a service to end-users. Practice elements represent the most granular of practice approaches and cannot be subdivided further.
Program module	Program modules are made up of combination of practice elements. Multiple modules can be combined to form a program.
Quasi-experimental Study (QES)	A QES estimates the causal impact of an intervention on its target population without random assignment. Instead, the researcher uses other criterion for assigning participants to an intervention and a comparison group.
Randomised Control Trial	A study design, which aims to reduce bias when testing a new intervention. RCTs reduce selection bias as participants are allocated at random.
Strength of evidence	Degree to which an approach has been shown, through rigorous testing, to be effective.
Systematic review	A systematic review summarises the results of available carefully designed studies (controlled trials) and provides a high level of evidence on the effectiveness of clinical practices and programs used in social services.
Meta-analysis	A statistical technique that summarises the results of several studies into a single estimate of their combined result

Executive Summary

Background:

The *Roadmap for Reform: Strong Families, Safe Children* (Roadmap for Reform) highlights the pressures and challenges faced by the Victorian children and families service system and sets out the directions and first steps for reform. A critical enabler for this reform is for the sector to become a learning system, where outcomes are measured and services are continually re-evaluated, refined and improved.

To support this process, the Roadmap for Reform includes a commitment to develop and publish 'an evidence-based and promising practice menu for child and family services'. The Victorian Government intends to develop a menu to support its long-term vision of delivering policies and services that have been proven to work, while avoiding those that have proven to be ineffective.

This project – A framework for a menu of evidence-informed practices and programs

The Department of Health and Humans Services (DHHS) commissioned the Centre for Evidence and Implementation (CEI) to develop a framework (the Framework) for a menu of evidence-informed practices and programs (the Menu), describing recommendations for:

- The overarching framework structure (see Appendix A for the list of recommendations and separate Menu Framework Report for more detail)

- The development and use of the Menu (see separate Implementation Report).

The recommendations in the Menu Framework Report and Implementation Report are informed by the approach adopted by a sample of existing menus and resources. Fourteen online menus (see Appendices B and C), two key reports (Superu, 2017; MCRI, 2016) and other literature (see Appendix D) were analysed as part of this project.

Menu boundaries

The menus reviewed for this report generally have a clearly defined purpose. Common themes include:

- Making research evidence more accessible to a variety of users

- Translating and disseminating this research to support evidence-informed decision-making

- Supporting policy makers to make more targeted funding decisions.

Identifying and submitting practices and programs

One of the basic requirements for building a menu is a regular screening of available research. In general, menu staff regularly search and screen the literature for programs, practices and studies. However, rarely is a description provided of the literature search strategies and electronic databases used.

While some menus state that they conduct 'systematic', 'comprehensive', or 'extensive' searches of the literature, the strategy behind these searches as well as their frequency and intensity remain unclear

Submissions of practices and programs by external stakeholders are not accepted by all the menus. Of the menus that allow for submissions by external stakeholders, they do so by:

- Open calls for submissions (ongoing or time-limited)

- Topic-specific calls for submissions.

Assessment and review approach

After potentially eligible practices and programs are identified, decisions must be made about their inclusion and rating. This involves a decision-making process that can be structured in varying ways and involve different groups of stakeholders. While a number of decision-making processes are used, the most important theme across the menus is that the initial assessment of practices and programs is conducted by a qualified person

and that a quality assurance process is in place to support effective decision-making. This involves a decision-making body (e.g. an expert review panel), often with subject matter or specific method expertise.

Menu content

The menus examined provide descriptive information about the practices and programs, including, for example, target population and goals of the practice or program.

The menus examined adopt a broad range of strength of evidence ratings. At a minimum, most of the menus require a quasi-experimental study (QES) design applied in a practice or program evaluation, however, some menus also allow for the inclusion of programs or practices at a lower level of evidence (e.g. pre-post evaluations with no control group, case study designs or logic models). To be granted the highest possible rating, most of the menus examined require Randomised Control Trial(s). Two menus require practices and programs to have been assessed through meta-analyses.

Most menus provide some form of information on practice or program implementation, however the nature and quality of information varies. Of the menus that consider implementation, they do so by one or a mix of the following approaches:

- Rating scale - Individual assessment and rating of the implementability and/or dissemination readiness of the practice or program

- List the types of materials available – Note the information, materials and support available to implement the practice or program

- General information only - Provision of general information (i.e. not program specific) about good implementation practice.

Most menus also include some form of information on costs related to program implementation. Of the menus that include cost information, they do so by one or a mix of the following approaches:

- Cost benefit analysis – Assessing the cost-benefit estimate of practices and programs

- Rating scale of financial costs – Providing a cost estimate rating of the intervention's relative costs to implement based on the cost of the resources and inputs required

- List estimated costs (total program and/or per client costs) – Providing the basic costs related to program implementation from program developers.

1.   Introduction

1.1.   Victorian policy context

The *Roadmap for Reform: Strong Families, Safe Children* (Roadmap for Reform) highlights the pressures and challenges faced by the Victorian children and families service system and sets out the directions and first steps for reform[1]. A critical enabler for this reform is for the sector to become a learning system, where outcomes are measured and services are continually re-evaluated, refined and improved.

To support this process, the Roadmap for Reform includes a commitment to develop and publish 'an evidence-based and promising practice menu for child and family services'. The Victorian Government intends to develop a menu to support its long-term vision of delivering policies and services that have been proven to work, while avoiding those that have proven to be ineffective.

1.2.   Purpose and scope of the Victorian Menu

The Menu will cover the full continuum of child and family services in Victoria, including early intervention, child protection, out of home care and leaving care.

In the short to medium term, the Menu will:

- Support decision-making by presenting essential information in simple straightforward formats
- Communicate and disseminate this information to a broad range of stakeholders.

As the Menu is tested and refined over time, the longer term vision for the Menu is that it will support the Department of Health and Humans Services' (DHHS) service delivery decisions.

1.3.   This project and structure of this report

DHHS commissioned the Centre for Evidence and Implementation (CEI) to develop a framework (the Framework) for a menu of evidence-informed practices and programs (the Menu), describing recommendations for:

- The overarching framework structure (see Appendix A for the list of recommendations and separate Menu Framework Report for more detail)
- The development and use of the Menu (see separate Implementation Report).

The recommendations in the Menu Framework Report and Implementation Report are informed by the approach adopted by a sample of existing menus and resources. Fourteen online menus (see Table 1 and Appendices B and C), two key reports (Superu, 2017; MCRI, 2016) and other literature (see Appendix D) were analysed as part of this project.

This Report summarises key information from the existing menus and resources relating to:

- Menu boundaries, including purpose, scope and definitions of evidence-informed practice (Chapter 2)
- Approach for identifying and submitting practices and programs (Chapter 3)
- Assessment and review approach, including decision-making process and menu staff (Chapter 4)
- Menu content (Chapter 5).

An overview of our methodological approach is provided in Chapter 6.

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[1] Department of Health and Human Services (2016). Roadmap for Reform: Strong families, safe children, Melbourne. Retrieved from: http://www.strongfamiliessafechildren.vic.gov.au/

Table 1: List of online menus examined

Menu	Acronym
Blueprints for Healthy Youth Development	BHYD
California Evidence-based Clearinghouse for Child Welfare	CEBC
Child Family Community Australia - hosted by the Australian Institute for Family Studies	CFCA
The Victorian Government's Department of Education and Early Childhood Development Online Catalogue of Evidence-Based Strategies	DEECD
Evidence for Learning (E4L) Teaching and Learning Toolkit	E4L
Education Endowment Foundation – The Teaching and Learning Toolkit	EEF
Early Intervention Foundation Guidebook	EIF
European Platform for Investing in Children	EPIC
National Registry of Evidence-Based Programs and practices, developed by the U.S. Substance Abuse and Mental Health Administration	NREPP
The U.S. Office of Juvenile Justice and Delinquency Prevention	OJJDP
Practice Wise Blue Menu	PWB
Washington State Inventory of Evidence-based, Research-based and Promising Practices	WSIPP
The Institute of Education Science What Works Clearinghouse	WWC
The Nest What Works for Children, created by the Australian Research Alliance for Children and Youth (ARACY)	WW4K

2. Menu boundaries

This chapter summarises key information from the existing menus relating to:

- The purpose and scope of existing menus
- What is considered evidence-informed practice.

2.1. Menu purposes and scope

The menus reviewed for this report generally have a clearly defined purpose. Common themes include:

- Making research evidence more accessible to a variety of users
- Translating and disseminating this research to support evidence-informed decision-making
- Supporting policy makers to make more targeted funding decisions.

Menu purpose descriptions from a sample of existing menus are listed in the table below (see Appendix C for additional examples).

Table 2: Purpose of existing menus

Menu	Purpose description
Blueprints for Healthy Youth Development	To provide a registry of evidence-based positive youth development programs designed to promote the health and well-being of children and teens.
Evidence for Learning (E4L) Teaching and Learning Toolkit	To support educators to improve the learning impact they have on student outcomes increasing the evidence of what works and why, and by making it more widely available and actively used in classrooms, schools and systems. The Teaching & Learning Toolkit is an accessible summary of educational research. The Toolkit aims to (1) Support evidence-informed decision-making in Australian schools; (2) Provide guidance for principals, teachers and schools on how to use their resources to improve educational outcomes for their students, particularly those from low-income families; (3) Act as an introduction to educational research.
The U.S. Office of Juvenile Justice and Delinquency Prevention	To provide a resource for practitioners and communities about what works, what is promising, and what does not work in juvenile justice, delinquency prevention, and child protection and safety.
Washington State Inventory of Evidence-based, Research-based and Promising Practices	To provide Washington policymakers and budget writers with a list of well-researched public policies that can, with a high degree of certainty, lead to better state-wide outcomes coupled with a more efficient use of taxpayer dollars.
The Institute of Education Science What Works Clearinghouse	To provide educators with the information they need to make evidence-based decisions. They focus on the results from high-quality research to answer the question 'What works in education?'
The Nest What Works for Children	WW4K reveals 'what works', providing service providers, practitioners and funders in the government, philanthropic and not-for-profit sector with the latest information about the best evidence-based interventions. In turn, this allows decision-makers to make informed investment choices.

Defining the purpose of a menu makes it possible to also clarify the outcomes that are of interest to it. For example, based on the above, Blueprints for Healthy Youth Development (BHYD) purpose description defines its target outcomes in the following way:

"Blueprints began with a focus on youth programs to prevent violence, delinquency, and drug use, but it has recently expanded its scope. It now also recommends programs to improve mental and physical health, self-regulation, and educational achievement outcomes. The outcomes of interest involve more than preventing harmful behaviour — they also involve positive behaviours and healthy development."[2]

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[2] http://www.blueprintsprograms.com/faq#youth-programs

An outcome description like this can further clarify a menu scope and help in developing processes for building and maintaining the menu (e.g. the principles for selecting studies, practices and programs over time).

2.2. Defining evidence-informed practice

Definitions of evidence-informed practice (EIP) applied to the human services sector have evolved from the evidence-based medicine movement, which began in the 1990s. Multiple definitions of EIP have emerged overtime, including a range of definitions included in the menus reviewed.

The menus reviewed use a variety of terms, including EIP, evidence-based practice and evidence-based programs. All definitions consider strength of research evidence available (i.e. degree to which an approach has been shown, through rigorous testing, to be effective). As presented in Chapter 4 and Chapter 5, the menus examined have a wide variation in the process and criteria for determining what meets the strength of evidence requirements.

In addition, some of the definitions adopted by the menus reviewed suggest that EIP:

- Should draw on multiple sources of evidence, including research evidence, practice expertise and client values

- Requires high-quality implementation.

The definitions adopted by a sample of existing menus are listed in the table below (see Appendix C for additional examples).

Table 3: Example definitions

Menu	Purpose description
California Evidence-based Clearinghouse for Child Welfare	Evidence-based practice incorporates the best research evidence and the best clinical experience and is consistent with family/client values.
National Registry of Evidence-Based Programs and practices	A practice that is based on rigorous research that has demonstrated effectiveness in achieving the outcomes that it is designed to achieve.
Washington State Inventory of Evidence-based, Research-based and Promising Practices	A practice or program that has been tested in heterogeneous or intended populations with multiple randomized and/or statistically-controlled evaluations, or one large multiple-site randomized and/or statistically-controlled evaluation, where the weight of the evidence from a systematic review demonstrates sustained improvements in at least one of the following outcomes: child abuse, neglect, or the need for out of home placement; crime; children's mental health; education; or employment. Further, "evidence-based" means a practice or program that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, has been determined to be cost-beneficial.
The Nest What Works for Children	Specific interventions and activities which, if implemented in accordance with established professional standards and/or according to what the available evidence suggests is best practice, will most likely result in outcomes sought

EIP comes in a range of approaches (e.g. manualised programs[3], practice elements[4] and/or program modules[5]). Of the menus reviewed:

- Most include manualised and other programs

- Three (i.e. Evidence for Learning (E4L), Education Endowment Foundation (EEF) and Practice Wise Blue Menu (PWB)) include practice elements and program modules

An overview of the approaches included in the menus reviewed is presented below.

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[3] A clearly structured package of practice elements, or modules, that have been combined into a clearly defined program.
[4] Practice elements, or individual treatment practices, are discrete, identifiable techniques (e.g. verbal praise)
[5] Program modules are made up of a combination of practice elements. Multiple modules can be combined to form a program (e.g. Motivational Interviewing).

Table 4: Approaches included in existing menus

Menu	Programs and/or policies	Practice elements	Program modules
Blueprints for Healthy Youth Development	✓		✓
California Evidence-based Clearinghouse for Child Welfare	✓		✓
Child Family Community Australia - hosted by the Australian Institute for Family Studies	✓		
The Victorian Government's Department of Education and Early Childhood Development Online Catalogue of Evidence-Based Strategies	✓		
Evidence for Learning (E4L) Teaching and Learning Toolkit		✓	✓
Education Endowment Foundation – The Teaching and Learning Toolkit		✓	✓
Early Intervention Foundation Guidebook	✓		
European Platform for Investing in Children	✓		
National Registry of Evidence-Based Programs and practices, developed by the U.S. Substance Abuse and Mental Health Administration	✓		
The U.S. Office of Juvenile Justice and Delinquency Prevention	✓		
Practice Wise Blue Menu	✓	✓	✓
Washington State Inventory of Evidence-based, Research-based and Promising Practices	✓		
The Institute of Education Science What Works Clearinghouse	✓		✓
The Nest What Works for Children, created by the Australian Research Alliance for Children and Youth (ARACY)	✓		

3.   The identification of practices and programs

This chapter summarises key information from the existing menus examined relating to:

- Regular searching and screening for practices and programs by menu staff

- Submissions by external stakeholders.

3.1.   Searching and screening

One of the basic requirements for building a menu is a regular screening of available research. In general, menus regularly search and screen the literature for programs, practices and studies. However, rarely is a description provided of the literature search strategies and electronic databases used.

While some menus state that they conduct 'systematic', 'comprehensive', or 'extensive' searches of the literature, the strategy behind these searches as well as their frequency and intensity remain unclear. For example, Evidence for Learning (E4L) provides some basic information about the literature databases and search terms used to identify literature for Australasian Research Summaries[6]. Most other menus do not provide a full description of their regular literature screening practice.

In the final stage of review, it is common practice to verify the ratings allocated to a practice or program to ensure consistency. However, the approach to the final rating confirmation differed across the menus examined (see Chapter 4).

The development of menus depends on the cooperation from program developers who are requested to forward program materials, respond to questionnaires or respond to queries from a menu's team of staff. As program developers may not always have an interest in seeing their programs or research taken up by menus, some menus have ways in which a lack of cooperation is managed. For example:

- National Registry of Evidence-Based Programs and practices in substance abuse and mental health (NREPP) – While the NREPP under previous iterations gave program developers the option to decline the publication of a program summary, this is no longer the case. Each NREPP review is viewed as a considerable investment of time and public funds, and therefore NREPP's owner – U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) - reserves the right to publish all programs on the website that were reviewed and rated.

- California Evidence-Based Clearinghouse (CEBC) – All programs that meet the CEBC screening criteria are highlighted on the website, even if a completed questionnaire is not received from the program representative. The program descriptions advise the reader that the program representative did not respond to the CEBC's request for information. Programs which fall into this category have a shortened program outline that is limited to the program information that can be collected without a program representative's input. Program representatives may complete the full questionnaire at any time.

3.2.   Submissions by stakeholders

Most menus allow for external stakeholders to submit practices and programs (see Appendix C). Of the menus that allow for submissions by external stakeholders, they do so by:

- Open calls for submissions – Suggestions for practices and programs are received through open calls that provide opportunities for service agencies and program developers to respond, which include:

    - Ongoing or continuously open call (e.g. CEBC)

    - Time-limited, where submissions can only be made during predefined times (e.g. EIF and BHYD)

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[6] These are a summary of the Australasian research and evidence on each of the 34 approaches in the Teaching & Learning Toolkit, including research summary, references reviewed, databases searched and search terms

- Topic-specific calls for submissions – Staff responsible for maintaining the Menu, possibly in collaboration with external experts, define topics of interest on a regular basis (e.g. EIF and CEBC).

The table below presents an overview of the nomination processes adopted by three existing menus. These examples are representative of the general approaches adopted by the menus reviewed, based on available information.

Table 5: Submission processes adopted by other menus

	Early Intervention Foundation Guidebook (EIF)	Blueprints for Healthy Youth Development (BHYD)	California Evidence-Based Clearinghouse for Child Welfare (CEBC)
Time limited	Yes	Yes	No
Topic	Topic specific – Process for defining priorities is not stated but programs need to 'fit within the scope of the review.'	Open	Topic specific – Annual consultation of an Advisory Committee to identify topic areas.
Eligibility	Open	Open	Restricted / invited - Topic expert generates a list of potential programs for each topic area.
Form of submission	Standard questionnaire completed by nominee.	Not stated, however, following a submission, write-ups are completed by staff.	Questionnaire is sent to the program representative.

4. The assessment and review of practices and programs

This chapter summarises key information from the menus examined relating to:

- The initial assessment and review
- Menu staff
- Re-review and update of programs or practices included in menus.

4.1. Assessment and review processes

After potentially eligible practices and programs are identified, decisions must be made about their inclusion and rating. This involves an assessment and review process that can be structured in varying ways and involve different groups of stakeholders. While a number of decision-making processes are used, the most important theme across the menus is that the initial assessment of practices and programs is conducted by a qualified person, generally a dedicated team of staff, and that a quality assurance process is in place to support effective decision-making. This involves a decision-making body (e.g. an expert review panel), often with subject matter or specific method expertise.

Information about these decision-making bodies is generally provided in greater detail. Some menus rely on an internal process carried out by its team of staff alone. Others supplement team resources with single or multiple groups of experts in either a 'supportive' (e.g. CFCA) or 'authoritative' (e.g. BHYD or CEBC) role. Finally, there are menus that rely on specifically contracted external reviewers in facilitating decision-making (e.g. NREPP and OJJDP). For example, NREPP staff send review materials to certified reviewers to assess the rigour of the study and the magnitude and direction of the program's impact on eligible outcomes. Reviewers independently review the materials provided and calculate ratings using the NREPP Outcome Rating Instrument. If their ratings differ by a significant margin, NREPP staff may hold a consensus conference to discuss and resolve the differences.

The table below presents an overview of the assessment and review processes adopted by the same menus discussed in Chapter 3. These examples are representative of the general approaches adopted by the menus reviewed, based on available information (see Appendix C for additional examples).

Table 6: Assessment and review processes adopted by other menus

Phase	Early Intervention Foundation Guidebook	Blueprints for Healthy Youth Development	California Evidence-Based Clearinghouse for Child Welfare
Initial search and assessment by staff	Staff conduct web-based search to identify other potentially relevant evaluations and studies.	Monthly search of the literature on outcomes of interest.	Staff conducts a literature search on each program to obtain any published, peer reviewed research.
	Staff conduct an initial assessment (against 33 criteria) on the quality and rigour of the identified evaluations.	Write-ups (see Table 1) are reviewed and edited by two senior staff. Decision is made as to whether a program might qualify as model or promising and should be submitted for expert review.	Staff review and edit the program outline. Edited program outline is finalised by adding the Scientific Rating and other relevant information.
Expert reviews	Initial assessment is reviewed by a panel of experts (e.g. experts in the specific subject area, evaluation and statistical analysis).	Promising programs reviewed by the Advisory Board twice a year. In some cases, the Advisory Board may ask the program designer/evaluator for additional information or analysis that will help make the case for acceptance.	Program outline is sent for review by a topic expert. A Scientific Panel also provides guidance on the scientific integrity of the program outline.
	Content experts and staff also review each assessment and agree on a provisional evidence rating.		
Finalise	Provisional ratings are shared with providers. A final moderation meeting is held with all members of the sub-panel to ensure consistency of rating.	Letter of notification sent to program designer with the final decision and reasons for decision.	Approved/rated programs are added to the website. The rating for all new programs added onto the website is considered provisional for 60 days to allow comment from users.

4.2.   Menu staff

The development and maintenance of menus depends on a dedicated team of staff that combines multiple professional backgrounds and skills, including research knowledge, different statistical and methodical expertise, subject matter expertise etc.

There is limited publicly available information on the size and nature of the workforce associated with existing menus. Some menus do not publish information on their staff at all, for others only high-level information is provided. The following is therefore often unclear:

- Staff allocations (i.e. casual, full time and part time staff)

- Roles and responsibilities, including differences in terminology/position titles across menus. This also can make it difficult to differentiate between core menu staff and expert reviewers

- If all staff are listed. For example, some menus list administrative and support staff, while others just present Directors and technical staff.

Despite these limitations, the examples below provide an indication of the potential size of the workforce involved in different menus.

- The BHYD website lists one Principle Investigator, one Director, one Co-Director and one Research Associate[7]

- The Child Family Community Australia (CFCA) website lists one Executive Manager, one Co-Manager and seven technical staff[8]

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[7] http://www.blueprintsprograms.com/contact (accessed 20 September 2017)

- The CEBC website lists one Director, one Co-Director, one Project Coordinator, one Scientific Director, one Content and Design Specialist, one Project Analyst, one Research Associate, one Implementation and Training Specialist and one Graphic Designer[9]. Furthermore, two additional consultants are listed on the website.

4.3.   Re-review and update of practices or programs included in menus

While the processes for integrating new programs in menus in general is described in some detail, limited information is available on how menus ensure that information about already included practices and programs is reviewed regularly and kept up to date. Cursory information found on a few of the menu's websites indicate what is relevant to consider when planning for maintenance of a menu.

An announcement made by NREPP shows that processes of re-reviewing programs were established recently and have not been in place for long. On July 7, 2015, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) announced the intent to re-review all programs posted on the NREPP website prior to September 2015 (the menu was established in 1996). Now called 'legacy programs', approximately 100 of these are re-reviewed each year until all programs have been reviewed. Program developers are notified at least 45 days prior to the re-review date that their program has been selected for. The re-review follows the standard review procedures that also apply to new programs. For the future, interventions will undergo a re-review if they have been included in the registry for 5 years and if new research or updated dissemination materials are available.

CEBC describes that for all programs that can currently be rated on the CEBC Scientific Rating Scale, CEBC staff conducts comprehensive biannual literature reviews to look for new research. As of 2014, a policy for programs that are not able to be rated was added. These programs are contacted annually to inquire about new research. However, a literature review is not conducted unless new research is brought to the staff's attention or the relevant topic area is under re-review. Similar to NREPP, the re-rating of programs follows the same processes as for fully new programs submitted to the CEBC.

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[8] https://aifs.gov.au/cfca/about-child-family-community-australia (accessed 20 September 2017)
[9] http://www.cebc4cw.org/leadership/staff/ (accessed 20 September 2017)

5.   The content of menus

The menus and resources examined provide different descriptive information about the practices and programs they include. Moreover, they assess these practices and programs using a broad range of rating systems. This chapter provides a detailed overview of these practices.

5.1.   Overview of the practice or program

All menus examined include a range of basic information about a practice or program, including:

- The target population for which a practice or program has been developed (e.g. age, gender, ethnicity etc.)

- The goals and target outcomes of the practice or program

- The content of a practice or program, including a general description of:

    - Who can use it (e.g. staff qualification descriptions)

    - In what setting it can be used (e.g. home, clinic, school)

    - How it is intended to be used (e.g. key therapeutic principles, intensity, duration)

- The theory that may have informed the development of the practice or program

- Few menus indicate if the practice or program resources are available in a language other than English and list the language(s).

Not all of the above is included in every menu but in general these are the common descriptive program and practice details typically provided by menus.

5.2.   Strength of evidence

The determination of whether an approach is evidence-informed varies based on the standards it is assessed against. This section presents an overview of the standards adopted by existing menus for

- The design of studies and other factors used to assess a practice or program

- The translation of the strength of evidence into program ratings

- The assessment of programs' or practices' cultural and geographic relevance.

5.2.1.   Study design

At a minimum, most of the menus examined require a quasi-experimental study (QES) design applied in a practice or program evaluation (see Table 7). Some menus allow for the inclusion of programs or practices at a lower level of evidence (e.g. pre-post evaluations with no control group, case study designs or logic models). Menus allowing for the inclusion of practices and programs based on other materials are:

- CEBC – Allows for the inclusion of practices and programs that have not yet been evaluated but are generally accepted in clinical practice as appropriate to use and not having harmful effects for recipients

- EIF - Allow for the rating of pilot initiatives for which a strong theory of change with an evidence-informed logic exists

- WW4K – Allows for practices and programs with yet insufficient evidence demonstrating the program's effect on outcomes but with sufficient knowledge about the intervention not causing harm.

Table 7 – Minimum evidence requirements

	BHYD	CEBC	CFCA	DEECD	E4L	EEF	EIF	EPIC	MCRI	NREPP	OJJDP	PWB	SUPERU	WSIPP	WWC	WW4K
Systematic Reviews																
RCTs																
QESs	x			x	x					x	x	x		x*	x	
Other Studies[10]			x	x				x	x							
Other materials		x					x						x			x

For the WSIPP menu, studies are combined through meta-analyses before programs are displayed. To be considered for a meta-analysis , programs must have been studied through experimental designs

To be granted the highest possible rating, most of the menus examined require RCTs. Two menus (i.e. EEF and E4L) require practices and programs to have been assessed through extensive meta-analyses. Moreover, most of the studies included in these meta-analyses must have a good ability to be generalised to real life settings and use outcome measures that are related to curricula, standardised tests and school subjects.

Table 8 – Evidence requirements for highest rating levels

	BHYD	CEBC	CFCA	DEECD	E4L	EEF	EIF	EPIC	MCRI	NREPP	OJJDP	PWB	SUPERU	WSIPP	WWC	WW4K
Systematic Reviews					x MA	x MA										
RCTs	x	x		x					x			x		x*		x
QESs							x			x	x				x	
Other Studies			x					x					x			
Other materials																

MA = Meta-analysis
For the WSIPP menu, studies are combined through meta-analyses before programs are displayed. To be considered for a meta-analysis, programs must have been studied through experimental designs

In addition to study designs, several other factors are considered to assess the quality and strength of the evidence on the effectiveness of practices and programs. In some cases, these requirements are integrated into technical manuals that clearly describe how these criteria are applied in greater detail[11]. Factors considered across several menus, include:

- Publication date of studies – some menus prescribe clear cut off dates for included studies

- Program theoretical framework – is assessed based on how clearly the components of a program are articulated. This can include a theory of change (rating for the plausibility of the program impact theory. It should explain why the program effects change), program components (list of the essential functions and activities that are considered necessary to produce the desired outcomes) and program goals (the change the program aims to accomplish)

- Consistency and accuracy (i.e. validity) of measurement tools used in studies- some menus assess the psychometric properties of measures used to measure outcomes in a study and give a higher rating to those that include valid and reliable measures

- Significance and magnitude of effect sizes achieved in studies or across a number of studies or systematic reviews was used to rate some menus

- Sustainment of program effects over time

- Size of the sample for intervention and control groups.

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[10] Other studies not included in the categories above are pre-post evaluations without real or statistical controls, cross-sectional studies, cohort studies without statistical controls, case reports and time series.
[11] See for example: http://www.wsipp.wa.gov/TechnicalDocumentation/WsippBenefitCostTechnicalDocumentation.pdf

5.2.2. Translating evidence strength into program ratings

For all menus, the above evidence standards are translated into different rating standards that indicate what is currently known about the strength of the research evidence of the practice or program included.

Menus rely on different rating scales, some of which include 3 rating levels while other use a 4-, 5- or 6- level rating scale. The majority applied a 5-level scale, with five menus also applying a neutral rating level.

The character of the lowest rating labels used across menus show substantial variation in that some menus flag concerning, negative, possibly harmful or harmful practices (i.e. CEBC, WWC and NREPP) while others place their lowest rating at a higher – promising and emerging – level (e.g. BHYD, CFCA).

The tables below present an overview of the menus and resources examined.

Table 9 – Menu evidence requirement for highest rating levels

Menu	Lowest category	Mid-Level Categories			Highest category	Neutral category
3-level rating scales (with or without a neutral category)						
BHYD	Promising		Model Program		Model Plus	
CFCA	Emerging		Promising		Evidence-Based	
EPIC	Emergent Practice		Promising Practice		Best Practice	
NREPP	Ineffective[12]		Promising		Effective	*Inconclusive*
OJJDP	No Effects		Promising		Effective	*Insufficient Evidence*
4-level rating scales (with or without a neutral category)						
WW4K	Emerging	Promising		Supported	Well Supported	
EIF	No Effect	Preliminary evidence (Level 2)		Efficacy* (Level 3)	Effectiveness* (Level 4)	*NL 2 (Not Level 2)*
5-level rating scales (with or without a neutral category)						
E4L	Very Limited	Limited	Moderate	Extensive	Very Extensive	
EEF	Very Limited	Limited	Moderate	Extensive	Very Extensive	
DEECD	Emerging	Accepted	Promising	Supported	Well-Supported	
PWB	No Support	Minimal Support	Moderate Support	Good Support	Best Support	
WWC	Negative	Potentially Negative	Mixed	Potentially Positive	Positive	*No Discernible*
CEBC	Concerning	Evidence fails to demonstrate effects	Promising research evidence	Supported by research evidence	Well supported by research evidence	*Non-rateable*

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[12] NREPP uses the term ineffective to refer to outcomes based on an evidence base which would produce sufficient evidence of a negligible, possibly harmful, or wide-ranging effect.

5.2.3.   Identifying cultural and geographic relevance

In selecting programs or practices, cultural and geographical considerations often play a crucial role. For example:

- U.S./U.K. based programs or practices may not be directly transferable to Australian settings

- Programs that are effective for specific populations may not be applicable for Aboriginal and Torres Strait Islander communities or Australian populations from Culturally and Linguistically Diverse backgrounds.

Not all menus consider these aspects but when done, it happens in the following ways:

- Four menus (i.e. DEECD, E4L, BYHD and PWB) indicate whether a practice or program has been evaluated with a specific cultural/ethnic target group or in a geographic area and sometimes if the program is running and available in a certain geographic area. For example, DEECD presents information on the 'cultural reach' to determine if a program has been evaluated with Indigenous Australian communities, culturally and linguistically diverse groups, or socially disadvantaged families. The program description also indicates if the program materials (program manual) are available in Australia.

- Three menus (i.e. CFCA, CEBC, NREPP) provide general information and resources to assist users to consider studies and practices that have been assessed with culturally diverse population. This information is typically included in a separate list from the Evidence based practices because the menu uses different evidence requirements when screening the studies. For example, CEBC has a Culture Resource Reference List of studies that consider culture and Evidence Based Practice. The CFCA displays a Knowledge Circle Process that can be used to evaluate studies and programs for their cultural appropriateness and NERPP highlights culture-cantered practices that are essentially practices guided by cultural beliefs and social structures of the population.

5.3.   Implementability

Globally, there is increasing recognition that implementation matters in efforts to increase positive outcomes of services for children and families. For example, a review of over 500 child and adolescent mental health and wellbeing program evaluations found that the impact of programs on child and family outcomes was 2-3 times stronger when these were implemented well (Durlak & DuPre, 2008).

Most menus include some form of information on practice or program implementation, however the nature and quality of information provided varies (see Appendix C). Of the menus that consider implementation, they do so by one, or a mix of, the following approaches:

- Rating scale – Individual assessment and rating of the implementability and/or dissemination readiness of the practice or program

- List the types of materials available – Note the information, materials and support available to implement the practice or program

- General information only – Provision of general information (i.e. not program specific) about good implementation practice.

The table below provides an overview of a selection of menus and resources that mirror these different approaches (see Appendix C for additional information).

Table 10: Implementation considerations

Menu	How is implementation considered?
National Registry of Evidence-Based Programs and practices	Prior to July 2015, readiness for dissemination was rated and required for a program to be eligible for a NREPP review. These resources were rated based on their quality and assigned a "Readiness for Dissemination" (RFD) score. The RFD ratings, given on a scale of 0.0 to 4.0, indicated the amount and quality of the resources available to support the use of the intervention. Higher scores indicated that resources are readily available and of high quality. External reviewers independently evaluated the intervention's Readiness for Dissemination using three criteria: availability of implementation materials, availability of training and support resources, and availability of quality assurance procedures. NREPP no longer requires practices and programs to have developed implementation materials, training and support resources, and quality assurance procedures. However, practices and programs with resources for dissemination and implementation will be prioritized for review. A General Implementation Toolkit is available through the website.
Blueprints for Healthy Youth Development	Dissemination Rating with five criteria: (1) There are clear processes for insuring the program gets to the right persons (2) There are training materials, protocols and explicit implementation procedures (3) The financial resources required to deliver the intervention are specified (4) There is reported information on the human resources required to deliver the intervention (5) The program that was evaluated is still available. In the program overview, 'Peer Implementation Sites' can be listed - making it possible for agencies interested in the program to contact others who already use the program.
California Evidence-based Clearinghouse for Child Welfare	All programs included in the CEBC menu must provide a manual that describes how to administer it. CEBC provides information about implementation for programs that have been shown to be supported by research evidence or have promising research evidence. A representative from each program rated on the CEBC website was asked to provide additional information about available implementation resources for the program. The program representatives were asked to provide information about the following five areas: • Pre-Implementation Materials (e.g., organisational readiness, provider readiness, etc.) • Formal Support for Implementation (e.g. technical assistance, consultant, etc.) • Fidelity Measures • Implementation Guides or Manuals • Research on How to Implement the Program The CEBC Selecting and Implementing Programs section provides guidance and resources about the implementation of Evidence-Based Practices (EBPs).
European Platform for Investing in Children	For a practice to be considered best practice it must have practice materials (e.g. curriculum) available, or documentation is sufficient, such that program can be replicated. An implementation guide on the EPIC website provides users with research-based information on implementation strategies that have been linked to successful programme implementation.
The Victorian Government's Department of Education and Early Childhood Development Online Catalogue of Evidence-Based Strategies	Considers the *relevance* of practices and programs based on five criteria: (1) population in which the intervention was evaluated (2) type of agency implementing the intervention (3) resources required (costs) (4) other necessary conditions for success (such as training or support of workers) (5) constraints (such as copyright, licencing and costs associated with proprietary resources, programs, and packages).

5.4.   Cost

Most menus also include some form of information on costs related to program implementation (see Appendix C). Of the menus that include cost information, they do so by one or a mix of the following approaches:

- Cost benefit analysis (CBA) – Assessing the cost-benefit estimate of practices and programs

- Rating scale of financial costs – Providing a cost estimate rating of the intervention's relative costs to implement based on the cost of the resources and inputs required

- List estimated costs (total program and/or per client costs) – Providing the basic costs related to program implementation from program developers.

While the CBA is the most advanced and resource intensive type of assessment, it is only applied in one menu (i.e. WSIPP) and the benefit-cost estimates are specific to Washington state. WSIPP compares the benefits and costs of each policy option for Washington taxpayers and Washington state. They also evaluate the chance the benefits will exceed costs.

Three menus (i.e. E4L, EEF and EIF) provide a cost estimate rating of the relative costs to implement interventions. Their rating scales are summarised in the table below (note that the E4L Teaching and Learning Toolkit is an Australian translation of the approach used for the UK based EEF menu, and therefore they appear similar in their approach with slight variations in thresholds).

A number of other menus provide basic costs related to program implementation (see Appendix C for examples).

Table 11: Three menus' cost estimate ratings

	Very low	Low	Moderate	High	Very High
E4L	*Very low:* up to about $4,000 per year per class of 25 students, or less than $160 per student per year.	*Low: $4,001-$8,000 per year per class of 25 students, or up to about $320 per student per year.	*Moderate: $8,001 to $30,000 per year per class of 25 students, or up to about $1,200 per student per year.	*High: $30,001 to $50,000 per year per class of 25 students, or up to $2,000 per student.	*Very High: over $50,000 per year per class of 25 students, or over $2,000 per student.
EEF	*Very low:* up to about £2,000 per year per class of 25 pupils, or less than £80 per pupil per year.	*Low: £2,001-£5,000 per year per class of 25 pupils, or up to about £170 per pupil per year.	*Moderate: £5,001 to £18,000 per year per class of 25 pupils, or up to about £700 per pupil per year.	*High: £18,001 to £30,000 per year per class of 25 pupils, or up to £1,200 per pupil.	*Very High: over £30,000 per year per class of 25 pupils, or over £1,200 per pupil.
EIF	Low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of less than £100.	Medium-low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of £100–£499.	Medium cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of £500–£999.	Medium-high cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of £1,000–£2,000.	High cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of more than £2,000.

Cost estimates are based on the likely costs of adopting or implementing an approach with a class of twenty-five pupils. Where an approach does not require an additional resource, estimates are based on the cost of training or professional development which may be required to support establishing new practices.

6.   Methodology

Fourteen online menus (Appendix B) and two key reports (Superu, 2017; MCRI, 2016) were analysed for this project. While there are more menus available to social service professionals (Means et al., 2015; Burkhardt et al., 2015), the fourteen were selected because:

- Their target populations and purposes align with those considered for the Victorian Menu

- They use multiple approaches to structuring, organising and maintaining a menu thereby providing insights into a broad range of options for how a menu can be built

- They are a mix of Australian, North American and European menus that represent different but still comparable cultural contexts.

The selection was based on expertise present in the research team, consultations with the child and family services sector and on key literature discussing menus and their utilisation in social welfare and behavioural health (Gorman, 2017; Burkhardt et al., 2015; Means et al., 2015; Walker et al., 2015).

All resources were screened for information addressing the following questions:

- What is the menu's overarching purpose?

- What agency or organisation owns and maintains the menu?

- Who are the intended users of the menu?

- What type of program and practices are included in the menu?

- What fields are included in the menu to present practices and programs?

- What is the geographical scope for practices and programs included in the menu?

- For practices and programs considered for uptake in a menu: With what level of rigour must they be tested to be eligible for the menu?

- How do menus rate and rank practices and programs integrated into menus?

- How do menus consider cultural factors in their rating of practices and programs?

- How are questions of implementation covered by each menu?

- How are practices and programs reviewed – and by whom?

Data related to each of these questions were extracted from websites and reports and – if available - technical guides and manuals for menus were downloaded for screening (e.g. Washington State Institute for Public Policy, 2017; Early Intervention Foundation, n.d.). The extracted data for all resources were collated in a separate spreadsheet, making direct comparison across different menus possible. To the degree additional resources needed to be included, these were retrieved – e.g. the U.S. Office of Juvenile Justice and Delinquency Prevention applies principles that were developed by the National Institute of Justice.

Appendix A Menu Framework Report recommendations

Reference	Recommendations
What is evidence-informed practice?	
Recommendation 1	A contemporary definition of evidence-informed practice is included in the Menu.
Recommendation 2	The Menu adopts the following definition of evidence-informed practice: The integration of best research evidence with practice expertise and client values.
Recommendation 3	A range of evidence-informed approaches are considered in the Menu, including manualised programs, program modules and practice elements.
Recommendation 4	All approaches (programs, modules and elements) are assessed in a standard and consistent manner.
How will practices and programs be identified and submitted?	
Recommendation 5	Transparent and systematic procedures for searching and screening programs, practices and studies are developed, implemented and published.
Recommendation 6	Regular (biannual) searching and screening for practices and programs occurs, based on pre-defined outcomes of interest to the Menu.
Recommendation 7	Results from the screening and review activities are published.
Recommendation 8	An Advisory Group is established to prioritise topic areas.
Recommendation 9	Time-limited and topic-specific calls for submission are issued.
Recommendation 10	A standard submission template is developed, which is aligned to the Menu's inclusion criteria.
How will decisions be made on what is included in the Menu?	
Recommendation 11	An initial assessment of identified or submitted practices and programs is undertaken by qualified staff members.
Recommendation 12	An Expert Review Panel and review process is established that includes method and subject matter experts.
Recommendation 13	Recently approved/re-rated programs and practice are given a provisional rating for a period of 60 days.
Recommendation 14	Practices and programs already included on the Menu are re-rated when new research evidence becomes available (new research evidence identified through submissions and a bi-annual screening process by menu staff).
What information will be included in the Menu?	
Recommendation 15	The following information categories are included in the Menu: overview of the practice or program, and ratings for the strength of evidence, implementability and cost.
Recommendation 16	The overview of the practice or program includes the following fields: name and brief description, program goals and target outcome domains, target cohort, delivery model and setting, duration of intervention, origin of intervention, link to further details (e.g. external website), date of inclusion in the Menu and last update.
Recommendation 17	A seven-point strength of evidence rating scale is adopted, including 'logic-informed', 'well supported by research evidence' and 'concerning practice' categories.
Recommendation 18	Minimum requirements / standards for each point on the evidence rating scale are developed and published.

Reference	Recommendations
Recommendation 19	Additional cultural and geographic markers and commentary are included to indicate whether the practice or program has been tested in Australia, with an Indigenous population (in Australia or overseas) and with a culturally and linguistically diverse population (in Australia or overseas).
Recommendation 20	The Menu: • Includes a Dissemination Rating Scale to assess the availability and quality of implementation materials, training and support resources and quality assurance procedures for included programs, modules and practices. • Lists the implementation and dissemination materials available for included programs, modules and practices • Lists mandatory program purveyor requirements, where applicable.
Recommendation 21	An additional marker is included to indicate whether the practice or program is currently available in Australia.
Recommendation 22	A financial cost rating scale is adopted, which should be defined following a review of the likely cost range associated with common programs and practice.

Appendix B Menus examined

Fourteen online menus and two key reports (Superu, 2017; MCRI, 2016) were analysed for this project   The following table presents the menus examined as part of this project (see Appendix D for additional reports and references).

Acronym	Full name of resource	Link	Description
BHYD	Blueprints for Healthy Youth Development	www.blueprintsprograms.com	Online platform for evidence-based programs addressing the health and wellbeing of children and youth (U.S.)
CEBC	California Evidence-based Clearinghouse for Child Welfare	www.cebc4cw.org	Online platform for evidence-based practices and programs relevant to child welfare (U.S.)
CFCA	Child Family Community Australia - hosted by the Australian Institute for Family Studies	https://apps.aifs.gov.au/cfca/guidebook	Online platform for information exchange for professionals working with children, families and communities, including an evidence-based program guidebook (AUS)
DEECD	The Victorian Government's Department of Education and Early Childhood Development Online Catalogue of Evidence-Based Strategies	http://www.education.vic.gov.au/about/research/Pages/catalogue.aspx	Online platform for evidence-based strategies (AUS)
E4L	Evidence for Learning (E4L) Teaching and Learning Toolkit	http://evidenceforlearning.org.au/the-toolkit/	Online platform for summary of educational research and its effectiveness (AUS).
EEF	Education Endowment Foundation – The Teaching and Learning Toolkit	https://educationendowmentfoundation.org.uk/resources/teaching-learning-toolkit	Online platform for effective practices and strategies to improve school children's learning (UK)
EIF	Early Intervention Foundation Guidebook	http://guidebook.eif.org.uk/	Online platform for information about early intervention programmes that have been evaluated and shown to improve outcomes for children and young people (UK)
EPIC	European Platform for Investing in Children	http://ec.europa.eu/social/main.jsp?catId=1246&langId=en	Online platform providing information about policies that can help children and their families face the challenges that exist in the current economic climate in Europe (EU)
NREPP	National Registry of Evidence-Based Programs and practices, developed by the U.S. Substance Abuse and Mental Health Administration	www.nrepp.samhsa.gov	Online platform for evidence-based programs and practices targeting mental health and substance abuse (U.S.)
OJJDP	The U.S. Office of Juvenile Justice and Delinquency Prevention	https://www.ojjdp.gov/mpg/	Online platform for model programs in juvenile justice (U.S.)
PWB	Practice Wise Blue Menu	https://www.practicewise.com/	Online platform for the common processes and practices of evidence-based treatments for clinicians and organisations aiming to improve the quality of health care for children and adolescents (U.S.)

Acronym	Full name of resource	Link	Description
WSIPP	Washington State Inventory of Evidence-based , Research-based and Promising Practices	http://www.wsipp.wa.gov/BenefitCost	Online platform for evidence-based programs with a focus on assessing their cost-effectiveness (U.S.)
WWC	The Institute of Education Science What Works Clearinghouse	www.whatworks.ed.gov	Online platform for research on programs, products, practices, and policies in education (U.S.)
WW4K	The Nest What Works for Children, created by the Australian Research Alliance for Children and Youth (ARACY)	http://whatworksforkids.org.au/	Online platform for interventions aiming to improve the wellbeing of children and youth, aged 0–24 years (AUS)

Appendix C Menu comparison table

The table below compares some of the key features of the menus examined as part of this project.

Menu	Purpose	Definition of EIP/EBP	Approaches included	Identification process	Oversight & decision making bodies	Evidence ratings (lowest to highest)	Study design		Implement-ability	Cost
							Lowest rating	Highest rating		
BHYD	To provide a registry of evidence-based positive youth development programs designed to promote the health and well-being of children and teens.	Evidence-based programs have "experimental" & "experimentally proven" studies.	Program, modules, & policy	Searching & screening by menu staff Submissions by external stakeholder	Advisory Board	Promising Model Program Model Plus	QES	RCT	Dissemination readiness rating	Basic cost information
CEBC	The mission of the CEBC is to advance the effective implementation of evidence-based practices for children & families involved with the child welfare system.	Evidence-Based Practice incorporates the best research evidence & the best clinical experience & is consistent with family/client values.	Programs & modules	Searching & screening by menu staff Submissions by external stakeholder	National Scientific Panel Advisory Board	Concerning Evidence fails to demonstrate effects Promising research evidence Supported by research evidence Well supported by research evidence Neutral category: Non-rateable	Other materials	RCT	Program specific information about implementation materials General implementation guidance	Not stated
CFCA	To list profiles of evidence-based programmes that have a sufficient evidence base to be considered approved for use.	Evidence-based programs have undergone a rigorous evaluation process & have demonstrated effectiveness with specific population groups.	Programs	Searching & screening by menu staff Submissions by external stakeholder	Advisory Board	Emerging Promising Evidence-Based	Other studies	Other studies	N/A	Basic cost information
DEECD	Promote improvements in access to child & family support, health services & early education for families & children	Evidence based strategies are interventions that have been rigorously evaluated, that appear to be producing promising results	Programs & practices	Searching & screening by menu staff Submissions by external stakeholder	Project review team	Emerging Accepted Promising Supported Well-Supported	Other studies	RCT	Program specific information about implementation materials	Basic cost information

Menu	Purpose	Definition of EIP/EBP	Approaches	Identification	Oversight &	Evidence ratings	Study design		Implement-	Cost
E4L	To support educators to improve the learning impact they have on student outcomes increasing the evidence of what works and why, and by making it more widely available and actively used in classrooms, schools and systems. The Teaching & Learning Toolkit is an accessible summary of educational research. The Toolkit aims to (1) Support evidence-informed decision-making in Australian schools; (2) Provide guidance for principals, teachers and schools on how to use their resources to improve educational outcomes for their students, particularly those from low-income families; (3) Act as an introduction to educational research.	Evidence of average impact can enable schools to identify a good 'bet' on what might be valuable, & strike a note of caution against trying out something which has not worked so well in the past.	Modules & elements	Searching & screening by menu staff	External Advisory Board	Very Limited Limited Moderate Extensive Very Extensive	QES	Systematic Review	General implementation guidance Practice specific implementation guidance	Cost rating scale
EEF	To break the link between family income & educational achievement.	Robust causal evidence using experimental & quasi-experimental designs.	modules & elements	Searching & screening by menu staff Submissions by external stakeholder	Advisory board	Very Limited Limited Moderate Extensive Very Extensive	QES	Systematic Review	N/A	Cost rating scale
EIF	To provide information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children.	At least one rigorously conducted RCT/QES demonstrating a statistically significant positive impact on at least one child outcome.	Programs	Searching & screening by menu staff Submissions by external stakeholder	Expert Advisory Board Content experts EIF staff	Not Effective Preliminary evidence (Level 2) Efficacy (Level 3) Effectiveness (Level 4) Neutral category: Not Level 2	Other materials	QES	N/A	Cost rating scale

Menu	Purpose	Definition of EIP/EBP	Approaches	Identification	Oversight &	Evidence ratings	Study design		Implement-	Cost
EPIC	To provide a starting point for policymakers who seek more information on how to use evidence to strengthen policies for investing in children.	Evidence-based practices have rigorous evidence supporting their effectiveness for addressing a specific problem.	Programs	Searching & screening by menu staff Submissions by external stakeholder	Expert panel External reviewers Internal reviewers	Emergent Practice Promising Practice Best Practice	Other studies	Other studies	General implementation guidance	N/A
NREPP	Improve access to information on evaluated interventions & reduce the lag time between creation of scientific knowledge & its practical application in the field.	A practice that is based on rigorous research that has demonstrated effectiveness in achieving the outcomes that it is designed to achieve.	Programs & practices	Searching & screening by menu staff Submissions by external stakeholder	Certified reviewers (external contractors)	Ineffective Promising Effective Neutral category: Inconclusive)	QES	QES	Program specific information about implementation materials General implementation guidance	Basic cost information
OJJDP	To provide a resource for practitioners and communities about what works, what is promising, and what does not work in juvenile justice, delinquency prevention, and child protection and safety.	Programs effectiveness has been demonstrated by causal evidence, generally obtained through high quality outcome evaluations.	Programs & practices	Searching & screening by menu staff Submissions by external stakeholder	External Reviewers	No Effects Promising Effective Neutral category: Insufficient Evidence	QES	QES	Program specific information about implementation materials	Basic cost information
PWB	To bring science & evidence seamlessly into the process of clinical care	Not stated	Programs, elements & modules	Searching & screening by menu staff Submissions by external stakeholder	Specialised review team	No Support Minimal Support Moderate Support Good Support Best Support	QES	RCT	General implementation guidance	N/A

Menu	Purpose	Definition of EIP/EBP	Approaches	Identification	Oversight &	Evidence ratings	Study design		Implement-	Cost
WSIPP	To provide Washington policymakers and budget writers with a list of well-researched public policies that can, with a high degree of certainty, lead to better state-wide outcomes coupled with a more efficient use of taxpayer dollars.	A practice or program that has been tested in heterogeneous or intended populations with multiple randomized and/or statistically-controlled evaluations, or one large multiple-site randomized and/or statistically-controlled evaluation, where the weight of the evidence from a systematic review demonstrates sustained improvements in at least one of the following outcomes: child abuse, neglect, or the need for out of home placement; crime; children's mental health; education; or employment. Further, "evidence-based" means a practice or program that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, has been determined to be cost-beneficial.	Policies and programs	Searching & screening by menu staff	Not stated	Range of benefit-cost results	QES	RCT	N/A	Range of benefit-cost results
WWC	To provide educators with the information they need to make evidence-based decisions. They focus on the results from high-quality research to answer the question 'What works in education?'	Interventions that been proven to improve children's performance on one or more of eight domains.	Programs, products, modules, & policies	Searching & screening by menu staff	Specialised review team	Negative Potentially Negative Mixed Potentially Positive Positive Neutral category: No Discernible)	QES	QES	N/A	Basic cost information

Menu	Purpose	Definition of EIP/EBP	Approaches	Identification	Oversight &	Evidence ratings	Study design		Implement-	Cost
WW4K	WW4K reveals 'what works', providing service providers, practitioners and funders in the government, philanthropic and not-for-profit sector with the latest information about the best evidence-based interventions. In turn, this allows decision-makers to make informed investment choices.	Specific interventions & activities which, if implemented in accordance with established professional standards &/or according to what the available evidence suggests is best practice, will most likely result in outcomes sought	Programs, practices & Tools	Searching & screening by menu staff Submissions by external stakeholder	External approvers on behalf of ARACY Prevention Science Network	Emerging Promising Supported Well Supported	Other materials	RCT	Program specific information about implementation materials	Basic cost information

Appendix D References

Barth, R. P., Lee, B. R., Lindsey, M. A., Collins, K. S., Strieder, F., Chorpita, B. F., et al. (2011). Evidence-Based Practice at a Crossroads: The Timely Emergence of Common Elements and Common Factors. Research on Social Work Practice, 22(1), 108–119. http://doi.org/10.1177/1049731511408440

Burkhardt, J. T., Schröter, D. C., Magura, S., Means, S. N., & Coryn, C. L. S. (2015). An overview of evidence-based program registers (EBPRs) for behavioral health. *Evaluation and Program Planning*, *48*, 92–99. http://doi.org/10.1016/j.evalprogplan.2014.09.006

Chorpita, B. F., Daleiden, E. L., & Weisz, J. R. (2005a). Identifying and Selecting the Common Elements of Evidence-based Interventions: A Distillation and Matching Model. Mental Health Services Research, 7(1), 5–20. http://doi.org/10.1007/s11020-005-1962-6

Chorpita, B. F., Daleiden, E. L., & Weisz, J. R. (2005b). Modularity in the design and application of therapeutic interventions. Applied and Preventive Psychology, 11(3), 141–156. http://doi.org/10.1016/j.appsy.2005.05.002

Chorpita, B. F., Daleiden, E. L., & Hamilton, J. D. (2007). Understanding the Common Elements of Evidence-Based Practice. Journal of the American Academy of Child & Adolescent Psychiatry, 46(5), 647–652. http://doi.org/10.1097/chi.0b013e318033ff71

Chorpita, B. F., Weisz, J. R., Daleiden, E. L., Schoenwald, S. K., Palinkas, L. A., Miranda, J., ... & Ward, A. (2013). Long-term outcomes for the Child STEPs randomized effectiveness trial: A comparison of modular and standard treatment designs with usual care. Journal of Consulting and Clinical Psychology, 81(6), 999.

Chorpita, B. F., Daleiden, E. L., Park, A. L., Ward, A. M., Levy, M. C., Cromley, T., ... & Krull, J. L. (2017). Child STEPs in California: A cluster randomized effectiveness trial comparing modular treatment with community implemented treatment for youth with anxiety, depression, conduct problems, or traumatic stress. Journal of consulting and clinical psychology, 85(1), 13.

CURE (2016). Parenting and Family-Based Interventions Coding Protocol, Melbourne: The CURE Consortium

Department of Health and Human Services (2016). Roadmap for Reform: Strong families, safe children, Melbourne. Retrieved from: http://www.strongfamiliessafechildren.vic.gov.au/

Early Intervention Foundation (n.d.). Foundations for Life: What Works to Support Parent Child Interaction in the Early Years – Report Overview. Retrived from: http://www.eif.org.uk/publication/foundations-for-life-what-works-to-support-parent-child-interaction-in-the-early-years/

Embry, D. D., & Biglan, A. (2008). Evidence-based Kernels: Fundamental Units of Behavioral Influence. Clinical Child and Family Psychology Review, 11, 75–113. http://doi.org/10.1007/s10567-008-0036-x

Gorman, D. M. (2017). Has the National Registry of Evidence-based Programs and practices (NREPP) lost its way? *International Journal of Drug Policy*, *45*, 40–41. http://doi.org/10.1016/j.drugpo.2017.05.010

Lyon, A. R., Lau, A. S., McCauley, E., Vander Stoep, A., & Chorpita, B. F. (2014). A case for modular design: Implications for implementing evidence-based interventions with culturally diverse youth. Professional Psychology Research and Practice, 45(1), 57–66. http://doi.org/10.1037/a0035301

Lucassen, M. F., Stasiak, K., Crengle, S., Weisz, J. R., Frampton, C. M., Bearman, S. K., ... & Kingi, D. (2015). Modular Approach to Therapy for Anxiety, Depression, Trauma, or Conduct Problems in outpatient child and adolescent mental health services in New Zealand: study protocol for a randomized controlled trial. Trials, 16(1), 457.

MCRI – Murdoch Children's Research Institute (2016). *Supporting the Roadmap for Reform: Evidence-Informed Practice* – Version 0.2, Melbourne: MCRI

Mihalic, S. F., & Elliott, D. S. (2015). Evidence-based programs registry: Blueprints for Healthy Youth Development. *Evaluation and Program Planning*, *48*, 124–131. http://doi.org/10.1016/j.evalprogplan.2014.08.004

Superu - Social Policy and Evaluation Research Unit (2017). *An Evidence Rating Scale for New Zealand – Understanding the Effectiveness of Interventions in the Social Sector*, Wellington: Superu

Southam-Gerow, M. A., Daleiden, E. L., Chorpita, B. F., Bae, C., Mitchell, C., Faye, M., & Alba, M. (2014). MAPping Los Angeles County: Taking an Evidence-Informed Model of Mental Health Care to Scale. Journal of Clinical Child & Adolescent Psychology, 43(2), 190–200. http://doi.org/10.1080/15374416.2013.833098

Park, A. L., Tsai, K. H., Guan, K., Reding, M. E., Chorpita, B. F., Weisz, J. R., & Research Network on Youth Mental Health. (2016). Service use findings from the child STEPS effectiveness trial: Additional support for modular designs. Administration and Policy in Mental Health and Mental Health Services Research, 43(1), 135-140.

Walker, S. C., Lyon, A. R., Aos, S., & Trupin, E. W. (2015). The Consistencies and Vagaries of the Washington State Inventory of Evidence-Based Practice: The Definition of "Evidence-Based" in a Policy Context. *Administration and Policy in Mental Health and Mental Health Services Research*, *44*(1), 1–14. http://doi.org/10.1007/s10488-015-0652-y

Washington State Institute for Public Policy (May 2017). *Benefit-cost technical documentation.* Olympia, WA: Author.

Washington State Institute for Public Policy (September 2017). *Updated Inventory of Evidence-Based, Research-Based, and Promising Practices: For Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health System.* Olympia, WA: Author.

Weisz, John R., Bruce F. Chorpita, Lawrence A. Palinkas, Sonja K. Schoenwald, Jeanne Miranda, Sarah Kate Bearman, Eric L. Daleiden et al. "Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: A randomized effectiveness trial." Archives of general psychiatry 69, no. 3 (2012): 274-282.

Our mission

We are dedicated to using the best evidence in practice and policy to improve the lives of children, families and communities facing adversity.

How we achieve this

We work with a diverse range of key stakeholders who want to achieve social impact for children and families facing adversity. We bring specialist skills in:

- Supporting sustained change in the behaviour of systems, organisations and individuals. We put a strong emphasis on supporting and strengthening the core components of effective program implementation.
- Providing knowledge translation to policymakers, and relevant stakeholders, so they can access – and use – research for evidence-informed decision-making.
- Program design – selecting and creating evidence-informed programs and services to achieve outcomes for children, family and communities.
- Conducting rigorous evaluations, and assessing the long-term effect of outcomes.

Working with us

Through national and international collaborations, we conduct a range of activities to achieve our mission.

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