Overview

The term “evidence based practice” was originally developed by the medical field, and the Institute of Medicine defines it as a combination of three factors: research evidence, clinical experience, and patient values.¹ The commitment to evidence based practice has since been adopted by many other fields, including child welfare. There is a long list of terms to describe practices and services that have been found to be effective, and these terms are often used interchangeably. However, there are distinct and important differences, and it is important that child welfare advocates and policymakers understand the context and application of each term. In order to develop and implement effective system improvement efforts, it is essential to consider and incorporate all types of high quality practices and services into systems of care for children, youth, and families.

Definitions

**Practice:** The ways professionals deliver services, activities, projects, interventions, and therapies (i.e., how services are delivered to the consumer).

**Evidence Based Practice:** A collection of ideas or concepts, principles, and strategies for how to deliver professional services that have been demonstrated by research and provider and client experience to be effective.

**Program:** A collection of services or activities designed to meet specific needs and identified goals (i.e., what services are being delivered to the consumer, e.g., Parents as Teachers Home Visiting, Multi Systemic Therapy, Homebuilders, etc.).

**Evidence Based Program:** A set of coordinated services or activities that have been demonstrated by research studies

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**National Child Welfare Best Practice Standards**

Child Welfare League of America Standards of Excellence


Council on Accreditation Standards for Child and Family Services


Child Welfare Information Gateway Practice Standards Resource

American Psychological Association Evidence Based Psychological Practice (EBPP) Guidelines
to be effective in the population that was studied. Evidence based programs may incorporate a number of evidence based practices in the delivery of services. Specific criteria for rating evidence based programs are determined by the organization conducting the ranking and vary across fields and organizations. Exclusion of programs from evidence based lists does not necessarily mean that programs are ineffective, but rather that there is not enough rigorous research evidence to meet the criteria for the rating scale.

Practice Based Evidence: A standard of quality based on the recognition that very few evaluation studies have assessed outcomes across diverse populations, and most evidence based practices or programs were not designed for equitable application across communities. Practice based evidence allows for innovation and adaptation based on clinical experience and patient values, particularly in the context of populations not included in research study design. Practice based evidence refers to “practices and programs that are accepted as effective by the local community through community consensus, and address the therapeutic and healing needs of individuals and families from a culturally-specific framework.”

Practice Standards: Also referred to as “Best Practice,” practice standards provide guidelines for professionals and agencies to align service delivery with evidence of quality practice and client outcomes. Practice Standards are often applied as a way to measure performance and compliance during monitoring and accreditation processes (e.g., the Federal Children’s Bureau - Child and Family Services Review, and the Council on Accreditation. See sidebar on first page).

Core Components: The most essential and indispensable components of an evidence based practice or program. Core components specify “which traits are applicable, how these attributes are created, and the characteristics of environments in which they are worth replicating.” Core components provide another method for ensuring quality when providers must adapt evidence based practices and programs in response to diverse population and geographic needs.

Best Available Evidence: A term used by the U.S. Centers for Disease Control and Prevention (U.S. CDC), to describe approaches that do not yet have research evidence demonstrating direct impact on rates of child abuse and neglect, but are supported by evidence that indicates impacts on known risk factors for child abuse and neglect (e.g., parental mental health).
Summary

The child welfare field follows the Institute of Medicine’s definition of evidence based practice: a combination of 1) research evidence; 2) field-driven knowledge; and 3) the values of the people served. It is important for advocates, policymakers, and child welfare leaders to understand and incorporate all forms of evidence and practice standards into quality improvement plans.

Evidence based practices are essential across all child and family serving organizations, so each family member is served in ways that are effective and lead to positive outcomes. Evidence based programs like Home Visiting and Parent and Child Interaction Therapy are important targeted interventions. In a rural state with diverse populations and geography, no single approach will meet the needs of all families. Practices and programs must be continuously adapted using practice based evidence to incorporate field-driven knowledge and the core components of proven approaches. Field practitioners and cultural communities are essential contributors to this process.

Above all, client values must drive all quality improvement efforts. All practice standards for Maine’s child welfare practices and programs must be informed by the children, young people, parents, and family members they are designed to serve.

Quality improvement efforts in child welfare demand a rigorous and wide-ranging approach. The Maine Child Welfare Action Network has issued this Information Brief to emphasize that reforms focusing on a narrow definition of evidence-based practices do not allow for a full view of available interventions and program initiatives. Maine’s child welfare system was once a national leader in the implementation of both evidence based practices and local innovation.7 As new plans for child welfare reform are developed, it will be essential for Maine’s policymakers and leaders to set standards for high quality practices, to integrate client values and experiences into system design, to encourage continued innovation in the field, and to invest in research that will inform continuous quality improvement and build the evidence base for local adaptations.

The information in this brief was compiled by the Maine Child Welfare Action Network, a group of organizations and individuals who are deeply committed to the safety and well-being of all children, youth, and families in Maine.

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References


2 For example, the Title IV-E Prevention Services Clearinghouse ranks evidence based programs that can be implemented using federal funds under the Family First Prevention Services Act.

3 California Evidence Based Clearinghouse for Child Welfare (2019). Overview of the CEBC Scientific Rating Scale. Link


