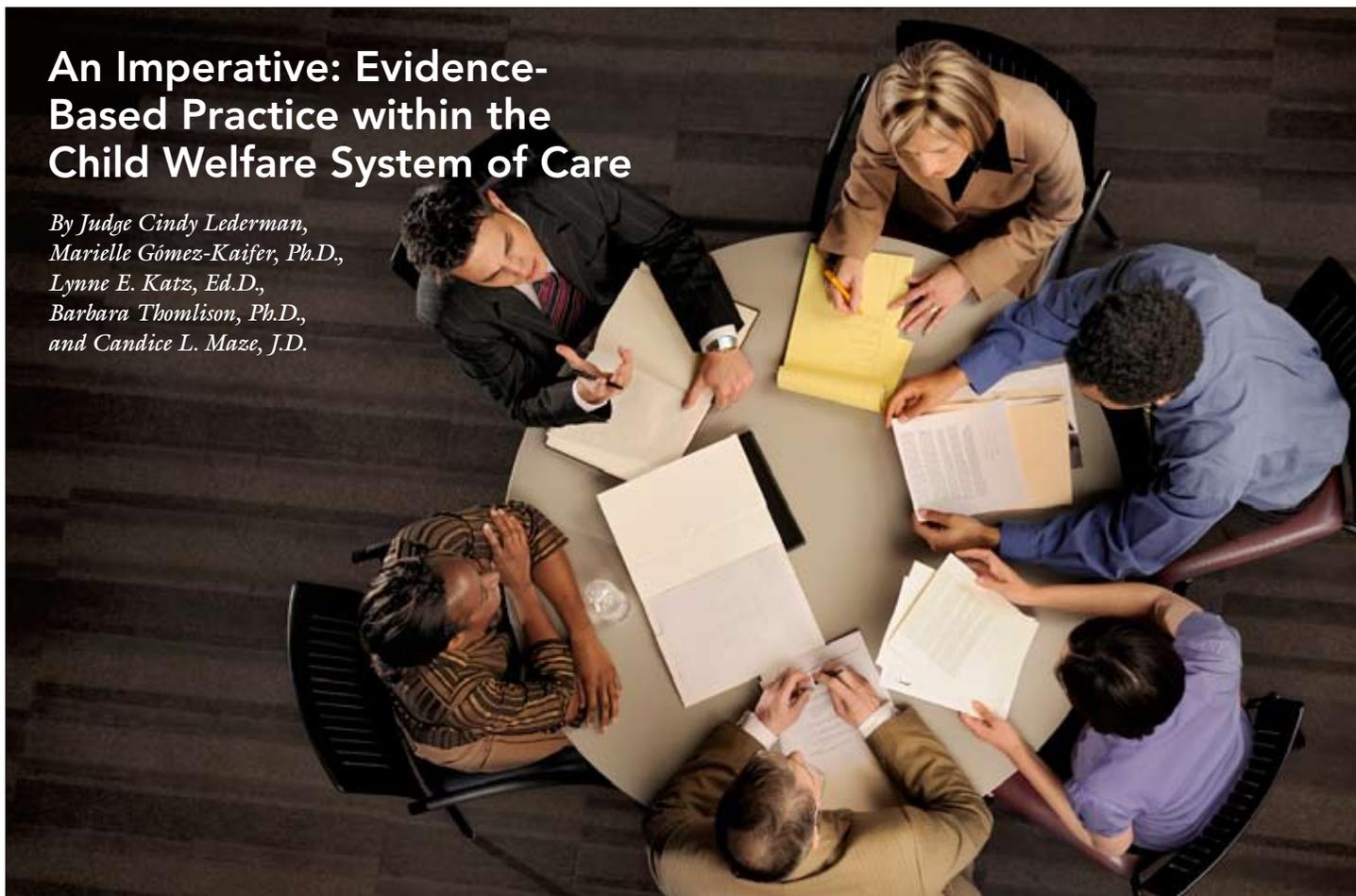


An Imperative: Evidence-Based Practice within the Child Welfare System of Care

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Every day, judges preside over cases involving the most troubled, disadvantaged, and impoverished families in our communities. The court's job is to manage the process and to facilitate the healing of these children and their families. As a result, judges order children and families into intervention programs such as parenting skills training, mental health counseling, substance abuse treatment, domestic violence courses, and more. But how does a judge know whether these services can actually help children and families? On what basis were these specific services chosen? How does a judge know whether the services are effective in improving the safety and well-being outcomes for children and their families?

Shouldn't judges know these answers before ordering a myriad of community services for the families? By knowing these answers, the court could avoid wasting the limited money the child welfare system has available to rehabilitate parents and support children, as well as avoid wasting the short amount of time allotted under ASFA to rehabilitate families who often have chronic problems. More importantly, the court wants to avoid jeopardizing the safety and well-being of children by returning them to parents who have faithfully attended services that may not have any value and do not validly assess what they have learned. How does the judge know whether the parent has learned anything and has the ability, as a result, to modify behavior? Attendance alone can no longer be the measure of successful completion and compliance. Judges in child welfare cases must begin to demand the use of evidence-based practices to serve these most at-risk children and families. The fact is that some services help, some services are actually harmful, and some services have no effect at

all. It is critical for judges to know the difference. It is also critical that judges take a leadership role in creating reform by demanding truly effective services for the children and families in their child welfare jurisdictions. Judges must start asking questions about the quality of the services, demand proof of effectiveness, and lead their community collaborations to introduce evidence-based services into the child welfare system.

WHAT IS AN EVIDENCE-BASED PROGRAM?

Research in the child welfare field is now viewed by most as central to improving services and quality.¹ Over the past decade,

There are many online resources for identifying evidence-based programs such as those listed at:

- Blueprints for Violence Prevention, <http://www.colorado.edu/cspv/blueprints/index.html>
- Substance Abuse and Mental Health Services Administration (SAMHSA), http://www.samhsa.gov/Campaigns_programs/campaigns_alpha.aspx
- Office of Juvenile Justice & Delinquency Prevention (OJJDP), <http://ojjdp.ncjrs.org/programs/mpg.html>

These are just three sites of many that may have already reviewed the research for a particular program.

awareness of evidence-based practices and their importance in effecting positive outcomes for families in the dependency system has become a critical area of focus. Evidence-based practices have received enormous attention within the scientific and intervention communities, and, in many cases, play an important part in funding for programs at the national, state, and local levels. In fact, many funders will only consider funding programs that employ evidence-based practices.

The phrase “evidence-based practice” can have a number of practical and policy definitions that differ in breadth and philosophy. The term “program” refers to a social intervention program, designed to alter the knowledge, skills, or behavior of the participants.

From a realistic perspective, all practitioners would like to think that they are following best practice and that their practice is based on evidence. In practice, there are three elements to consider: (1) use of high quality research; (2) client preferences; and (3) practice knowledge. In essence, “evidence-based practice” means using an intervention, program, or treatment that has been established as effective through scientific research according to a set of explicit criteria. These are interventions that, when consistently applied, consistently improved client outcomes. Some communities have endorsed certain specific evidence-based treatments such as cognitive behavioral therapy for anxiety disorders or certain parenting programs such as parent-child interaction therapy, and therefore expect practitioners to be trained and prepared to provide these services.

Because the best available practice interventions are derived from convincing evidence, we need to know what we mean by “evidence.” It is generally acknowledged that the strongest evidence is derived from randomized controlled trials—that is, experiments and research designs that have some degree of rigor. Evidence-based practice is rarely the result of a single study, but typically is derived from a number of studies that are integrated or synthesized into a body of evidence on an intervention’s effectiveness. Some researchers argue for inclusion of programs that have been less rigorously evaluated, but in general, replication of the program must have occurred. Furthermore, there is growing recognition that single programs rarely produce large or permanent changes in the lives of disadvantaged children, and that a series of sequenced and aligned programs and services is more likely to produce lasting improvements. Recommending a series of evidence-based programs is then necessary for more permanent changes.

How does a judge know whether the services are effective in improving the safety and well-being outcomes for children and families?

When searching for evidence-based programs, it is important for judges to:

- Engage in this task with other judges and stakeholders to identify and plan for interventions that fit with your community and the population or participants needing help.
- Work with others to choose a program and consider and plan for the time needed for full implementation. For example, some programs

require more training and certification than others.

- Identify programs that have a tested curriculum. Contact the program developer for further information.
- Consider what resources will be necessary in order to implement the program.
- Partner with universities or organizations that understand the importance of identifying, implementing, and assessing the outcomes for your community. Whatever problem you and your stakeholders attempt to tackle, it should be done with a planned approach where change and progress can be measured and with the goal of improving outcomes for children and families.
- Develop a monitoring protocol to ensure fidelity to the evidence-based model. Deviating from the model can alter the results.

In many jurisdictions, it is a daily challenge to ensure that clients receive effective, high-quality services that practitioners can readily identify. It is critical that these families and children receive the best available assessment methods, interventions, and competencies to evaluate outcomes. Because evidence-based practices are largely absent from the child welfare system of care, judges should require that families receive evidence-based interventions, which offer the greatest chance for successful completion of case plan goals.

BRIDGING RESEARCH AND PRACTICE

Unfortunately, there is a gap between research regarding evidence-based practices designed to prevent children from entering the child welfare system, their treatment while in care, and efforts toward achieving safety and permanency and delivery on the ground. Too many judges, child welfare professionals, administrators, advocates, and families are not knowledgeable about which programs are effective for families and children most at risk. In 2008, to bridge this divide between research and practice in the child welfare system in one community, a group of practitioners and researchers formed Research and Reform for Children in Court, Inc. (RR4CC).² This non-profit corporation develops linkages between academia, multidisciplinary experts, and the juvenile court community by bringing science into the courtroom and promoting scientifically tested and proven practices as well as the development and application of research about children and families in the dependency and delinquency systems.

Curious about the existence and awareness of evidence-based practices and programs in the child welfare system in Miami-Dade County, Fla., members of RR4CC set out to answer the following questions:

- Do practitioners understand what evidence-based practice means?
- What is the level of awareness by child welfare system professionals regarding how evidence-based practices effect positive change in families?
- How can evidence-based practices be best disseminated by professionals and judges making referrals for services in the child welfare system?

Although the answers to these questions are difficult to determine, they are important to the implementation of effective interventions, service delivery and quality.

To assess the perceptions, attitudes, and knowledge of evidence-based practices among those working in the child welfare system, RR4CC developed a short survey instrument. The goal of the survey was to identify child welfare professionals' level of understanding of evidence-based practice; their attitudes about the use of evidence-based practice; and to target potential training and educational gaps in the community in order to improve existing systems and encourage the implementation of more evidence-based programs and policies.

The survey was administered at the 2008 Miami-Dade Community Based Care Alliance Annual Regional Child Welfare Conference, held in November 2008 in Miami. This conference drew more than 300 professionals who serve families in the child welfare system for training and discussion on current topics and practices in the field.³ Surveys were distributed to participants during the breakfast hour and conference breaks, and those who participated were entered in a drawing for department store gift cards, which was held at the end of the day. Title IV-E child welfare scholars from an undergraduate social work program assisted with the distribution and collection of the surveys at the conference.

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The survey posed the following questions, some of which had a list of selected responses and some of which were open-ended:

1. What is your role in the Child Welfare System?
What is the highest educational level you have completed? How many years of practice or work experience do you have? Are you male or female?
2. How would you define Evidence-Based practices and/or programs?
3. Does your agency use or require use of Evidence-Based programs? If yes, please describe what practices or programs are required.
4. What do you see as the advantages of utilizing Evidence-Based practices or programs? (List of responses was provided)
5. What do you see as the obstacles, if any, to utilizing Evidence-Based practices or programs? (List of responses was provided)
6. If you do not currently utilize Evidence-Based practices or programs, do you have plans to do so in the future? If yes, when?

Two hundred nine persons responded to the survey. Fifty percent identified themselves as frontline child welfare professionals who provide case management or investigative services directly to families in the dependency system—case managers, case manager supervisors, protective investigators, and drug court specialists/case managers. Thirteen percent identified themselves as service providers—therapists, psychologists, parenting facilitators, mentoring program and school personnel. An additional 18% identified themselves as middle management or program specialists—full case management agency program directors, program specialists (i.e., licensing specialists or contract managers) and court administration staff. Twelve percent of the respondents identified themselves as

advocates—attorneys for the Department of Children & Families (Children's Legal Services), attorneys and lay advocates from the Guardian Ad Litem Program, and full case management agency court liaisons.⁴ Four of the respondents (2%), were juvenile court judges or magistrates; 5% identified themselves as funders; and 2% identified with a variety of professions that did not fit into the above-mentioned categories.

EVIDENCE-BASED PRACTICE SURVEY FINDINGS

The responses to the survey support the need for further training in this area. They also highlight the need to revise the criteria used for selecting services for families involved in the child welfare system. For example, on question number two—"How would you define evidence-based practice?"—an overwhelming 88% of the 209 respondents were unable to define evidence-based practices, even though reviewers evaluated the answers to this open-ended question very liberally and accepted any responses that included a reference to key words such as research, peer review, proven practice, proven outcomes, proven effectiveness, or efficacy.

Eighty-seven percent of the respondents who identified themselves as either frontline child welfare professionals or service providers—those who deliver direct services to families or engage in case management and investigative decisions—were unable to define evidence-based practice using the criteria outlined above. Among child welfare workers, 92% of case managers, 90% of case manager supervisors and 80% of child protective investigators were unable to define evidence-based practice. In addition, 97% of the middle management or program specialists, 60% of the funders, 50% of the judges and all of those in the advocates group were unable to provide acceptable definitions of evidence-based practice.

It is of concern that staff from agencies that fund programs for children and families appeared to lack awareness of what constitutes evidence-based practice and that such programs have been shown to be more effective. These statistics are especially distressing in a child welfare system in which the juvenile court has consistently required evidence-based programs in the areas of parenting training, substance abuse treatment, and infant mental health. In fact, the Miami-Dade Juvenile Court has taken a significant leadership role in putting such programs and practices into place in the community and educating child welfare workers and administrators about such programs. Additionally, because a growing number of funding bodies require evidence-based programs, the number who can define evidence-based practice was lower than expected.

Research suggests that, because of the greater effectiveness and efficacy of evidence-based programs and practices, families receiving these services will have less need for repeat referrals.⁵ To assess whether child welfare system professionals were aware of this and other benefits of using evidence-based practices, the survey requested participants to respond to the following list of possible advantages of doing so:

- Better outcomes
- Court thinks these are better programs
- Tested curriculum available
- Services targeted to specific group
- Tested tools for service delivery available
- Improved collaborative decision-making
- Cost effectiveness
- Consistent approach to work

The survey results did demonstrate that the jurisdiction's focus on the importance and value of such practices over the past ten years has built consensus around the value for such practices. Although 88% of the 209 survey respondents were unable to define evidence-based practice, 87% believed that evidence-based practice resulted in "better outcomes." Sixty percent of the respondents believed that evidence-based practices "improved collaborative decision-making," and 52% agreed that "the Court thinks these are better programs." Thirty-five percent of the 209 respondents recognized that evidence-based practices are "cost effective."

In most if not all jurisdictions, there are obstacles to the widespread use of evidence-based practices. The perceived barriers to the development and utilization of such programs generally include:

- Lack of qualified instructors/trainers
- No access to relevant research
- Too difficult to implement
- Lack of acceptance
- Time-consuming
- Funding not available to start implementing
- Misconceptions that it does not work in practice or with specific populations

Forty percent of the survey respondents noted "lack of qualified instructors/trainers" as an obstacle to using evidence-based practices. Forty-five percent perceived the "unavailability of funding" as an obstacle.

NEXT STEPS TO PROMOTE AWARENESS AND USE OF EVIDENCE-BASED PRACTICE

Overall, the survey was an important first step in identifying knowledge of evidence-based practice in the child welfare system of care. The survey also served as an impetus for initiating a focused strategy to "get the word out" about evidence-based practices and disseminating information that such practices improve outcomes for families. Ideally, the next steps will include additional community training, small group meetings with individual providers to determine their willingness to re-tool as needed to implement evidence-based practice, and conversations with funders who can help increase community capacity to deliver such practices once trained. Locating training resources, learning new interventions, and updating skills as needed should be encouraged as part of the action plans when beginning to use evidence-based practices.

The survey findings also underscore the need for additional research regarding the efficacy of programs and practices developed for at-risk and vulnerable populations. Many states have now enacted legislation requiring the use of evidence-supported interventions for mental health and juvenile services and even child welfare programs and policies. It is time to examine which evidence-based programs prevent children from entering and remaining in the child welfare system and identify specific programs that work to improve these outcomes. At the same time, it is important to determine which interventions are not effective

in reducing the likelihood that children will enter or remain in the child welfare system.

The complexities of the cycle of dependency demand the use of effective interventions with the potential to break inter-generational cycles of abuse and neglect within families. Engaging evidence-based practices and programs is the best mechanism to achieve these goals. Clearly, educating the community has the potential to create greater demand for these programs, lay the groundwork to meet eligibility for supportive funding, and promote creative reallocation of funds at the agency level for implementing evidence-based program development and delivery. Encouraging the field or practice to move in this direction is an important step. Once established as a system of care standard, the next steps will include systematic quality assurance and fidelity monitoring.

Identifying what the Miami child welfare system professionals understand about evidence-based practices and programs and the potential positive impact on families, while initially disheartening, provides an immense opportunity to educate the child welfare community. Disseminating these lessons learned and new informational needs with a variety of stakeholders, including researchers, community members, and policy makers will reflect shared decision-making and mutual involvement in continuing to enrich the evidence base.

Judges can and must begin to ask questions about outcomes for families who participate in court-ordered interventions and should demand evidence-based programs and practices in their child welfare communities. By doing this, the bench would be confident that the services families are ordered to complete are meaningful and effective. This will lead to better-informed decision-making by all of the partners as well as better-served and ultimately safer, healthier children and families. Judges must take a leadership role in demanding that children and families receive quality services that actually help them. Evidence-based practice should become a part of the juvenile court judge's daily vocabulary.

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¹ Gambrell, E. (2008). Providing more effective, ethical services: The philosophy and process of evidence-based (-informed) practice. In D. Lindsey & A. Shlonsky (eds.), *Child welfare research. Advances for practice and policy* (pp. 51-65). New York: Oxford University Press.

² The authors are affiliated with RR4CC as board members or consultants. For more information about RR4CC, visit www.rr4cc.org.

³ For more information about the Annual Regional Child Welfare Conference, please visit www.miamicbcalliance.org.

⁴ Court liaisons are lay advocates from the full case management agencies who present a report from their agency when a case manager is not available to do so to make sure that the court is advised. Not all full case management agencies utilize court liaisons.

⁵ Cooney, S., Huser, M., Small, S. & O'Connor, C. (October 2007). Evidence-based programs: An overview. *What Works, Wisconsin—Research to Practice Series, Issue #6*. University of Wisconsin-Madison & University of Wisconsin Extension.