EVIDENCE-BASED PRACTICE
A CHILD WELFARE RESEARCH AGENDA FOR CALIFORNIA

Background:

This research agenda is part of an ongoing effort to promote evidence-based practice by bringing the practice and the research communities together in California. Through a series of symposia beginning in July, 2005, practitioners and researchers learned about evidence-based practice. Activities during and between the symposia focused on how to move toward a system in which research conducted across the state reflected the priorities identified by the practice community and consumers of the child welfare system. Focus groups were convened with line staff, parents involved in the system, foster youth and foster parents to elicit the areas that they felt were important for research. The research agenda was intentionally divided into the areas of Safety, Permanence, and Well-Being, to reflect the broad federal and state outcomes for child welfare. The research and practice community then worked together to refine and prioritize these areas. The result is the research agenda below.

SAFETY

Priority questions:

1. What is the impact of differential response implementation on safety?
   Differential response implementation factors may include:
   - Changes in agency caseload characteristics
   - Changes in complexity of family issues
   - Changes in demand for agency services
2. How do case management services provided by CWS agencies affect child safety outcomes?
   Specific aspects of case management services may include:
   - System of care vs. traditional models of service provision
   - Frequency/intensity/timing of case management services
   - Quality and frequency of home visits
   - Who provides case management services (community-based organizations paraprofessionals, clinical staff, CWS case management staff)?
3. What is the relationship between worker characteristics and the decision to remove children?
   (Suggested characteristics are at the end of this document)

Other questions:

- What is the impact of the use of assessment tools on racial/ethnic disparities in the child welfare system?*
- What is the relationship between the use of assessment tools and safety outcomes for children and families?
  - Specific aspects of assessment tool studies could also include aspects of assessment tool implementation (e.g. full vs. partial implementation, model fidelity, attitude toward use/effective use by social workers, support of supervisors, validity and reliability of assessment tools for child welfare population, etc.)
- What is the impact of relative placement vs. foster care vs. group care vs. foster family agency placement on safety outcomes?
- What is the relationship between child/family characteristics and the decision to remove children?
  (Suggested characteristics are at the end of the document)
- What is the comparative impact of team decision making vs. family group decision making vs. standard practice of decision-making on child safety?
- What is the relationship between agency/organizational characteristics, worker characteristics, and child/family characteristics and safety outcomes?
  - Priority areas include studies involving parental substance abuse, and studies about the impact of the characteristics listed below on foster care reentry
  (Suggested characteristics are at the end of the document)
- What is the relationship between agency/organizational characteristics and the decision to remove children?
  (Suggested characteristics are at the end of the document)

PERMANENCE

Priority questions:
1. Which mental health and substance abuse services are most effective in promoting permanency within ASFA time frames?
2. * What constellation of services and interventions is most effective in attaining one or more permanency outcomes (i.e. reunification, adoption, guardianship, long term kinship care)? Factors to study related to services and interventions may include:
   - Cost of services
   - Availability of community based organizations and service providers
   - Availability and amount of time of post-permanency supports (post-reunification and post-adoption)
   - Funding allocation methodologies
3. What is the comparative impact of team decision making vs. family group decision making vs. standard practice of decision-making on child permanence?

Other questions:

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* These questions were identified as research priorities for CalSWEC's 2007-2008 Request for Proposals by the CalSWEC Board's Research and Development Committee, in consultation with the CWDA Children's Committee. CWDA Children's Committee also determined the priority for the research agenda as a whole. In subsequent years, CalSWEC's RFP will focus on the priority questions under safety, permanence and well-being.

‣ What is the relationship between worker characteristics and permanency outcomes?
  (Suggested characteristics are at the end of the document)
‣ What is the relationship between child/family characteristics and permanency outcomes?
  (Suggested characteristics are at the end of the document)
‣ What is the relationship between agency/organizational characteristics and permanency outcomes?
  (Suggested characteristics are at the end of the document)

WELL-BEING

Priority questions:
1. Which mental health and substance abuse services are most effective in promoting child and family well being within ASFA time frames?
2. What is the impact of placement–related factors (e.g., long-term placement vs. guardianship vs. adoption; kin vs. non-kin placement), family-related factors (e.g., involvement of bio families with foster families; attitudes of foster parents toward parents, biological family) and child and family well-being for children and youth in out-of-home care?
3. * How does infant health and well-being impact removal and multiple placements? What strategies are successful in reducing the number of multiple placements for infants in the child welfare system?

Other questions:
‣ What is the relationship between agency/organizational characteristics and child and family well-being outcomes?
  (Suggested characteristics are at the end of the document)
‣ Are there differences in child and family well-being outcomes based on level of training of community service providers (BSW, MSW, MFT, etc.)?
‣ What is the relationship between child/family characteristics and child and family well-being outcomes?
  (Suggested characteristics are at the end of the document)
‣ What is the comparative impact of team decision making vs. family group decision making vs. standard practice of decision-making on child and family health and well being?
‣ What is the relationship between worker characteristics and child and family well-being outcomes?
  (Suggested characteristics are at the end of the document)

Future Directions:

This research agenda is designed as a "living document" that will be updated and revised as research is conducted and new priorities are identified. The research priorities are intended to guide child welfare research at all levels throughout the state, including graduate student research, research and curricula sponsored by CalSWEC, and other independent and university-based research. Ongoing efforts wills be made to include consumers as well as practitioners, researchers and other leaders in developing and refining the research agenda.

Master List of Agency/Organizational, Worker, and Child and Family Characteristics

Agency/Organizational characteristics:
- Workforce characteristics
- Caseload size/complexity
- Inter/intra agency communication
- Agency culture
- Response times
- Implementation of "promising practices" such as Team Decision-Making, Parent Partner Programs, Unified Family Assessments, etc.
- Policies and procedures related to decision to remove or return children, criminal background checks, etc.

Worker characteristics:
- Language ability
- Education level and type (BSW, MSW, etc.)
- Content/amount of training (in substance abuse and addictions)
- Cultural competence
- Cultural identification
- Value systems
- Amount of field experience
- Parenting experience vs. no parenting experience
- Supervisory relationship & support
- Personal experience with substance abuse
- Experience working with substance-abusing clients
- Attitudes toward substance abuse
- Caseload size/complexity

Child/Family characteristics
- Parental substance use/abuse vs. non use/abuse
- Substance of choice
- Family, parent and caregiver support of intervention
- Age and ability-level of child, parent and caregiver
- Ethnicity and other child/family demographics (child, parent and caregiver)
- Availability of type of service or intervention
- Child, parent and caregiver health characteristics
- Child, parent and caregiver mental health status

Other Definitions to Guide Training and Research

As California works to build a body of evidence for child welfare practice in the areas of safety, permanence and well being, clear definitions must guide the work. This allows for common language for researchers and practitioners, and clarifies the terms for training and communication purposes.

As part of the work of building and maintaining a Statewide Child Welfare Research Agenda, the Research and Training Network[1] developed the definitions below. Definitions related to evidence-based practice were also developed to assist the state in moving forward with practice-oriented research. The definitions are forwarded to CWDA and CDSS as recommendations for standard statewide definitions.

SAFETY
All children are free from physical abuse, sexual abuse, emotional abuse, neglect and exploitation

PERMANENCY
Emotional/Relational Permanency is defined as:
A safe and secure reciprocal relationship that provides love and unconditional commitment over one's lifetime (similar to a parent or extended family member), and is in the context of a broad network of developmentally-sensitive connections able to support physical, emotional, social, cognitive and spiritual development and well-being. Emotional/relational permanency supports the entire person, including heart, mind, body and soul, and ensures opportunities to:
‣ Maintain contact with birth and extended family, including siblings;
‣ Understand personal/family history and traditions;
‣ Maintain connection to racial and ethnic heritage, culture, religion and language.

Legal permanency options include:
‣ Reunification: Return to the biological or legal parent and termination of dependency court jurisdiction.
‣ Adoption: Lifelong belonging and support in the context of a legal relationship that imparts the legal rights and social status of full family membership;
‣ Guardianship with a specific goal of dismissal of dependency or adoption: A legally designated adult/child relationship that imparts parent-like rights and responsibilities to a legal guardian until the child or youth reaches the age of majority;
‣ Permanent Placement with a Fit and Willing Relative with a specific goal of adoption, guardianship, transition to independent living with identification of a caring adult to serve as a lifelong connection (PPFWR);
‣ Another Planned Permanent Living Arrangement which is ordered as placement with a specific goal of return home, adoption, legal guardianship, placement with a relative, less restrictive foster setting, or independent living with identification of a caring adult to serve as a lifelong connection (APPLA).

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[1] The RTN is a collaboration between the regional university/practice consortia, CalSWEC, CFPIC and the CDSS.

Note: Of these legal permanency options, reunification and adoption orders are intended to last a lifetime. Guardianship, PPFWR and APPLA orders are based on court jurisdiction that can be terminated at any time and generally end no later than the youth's 18th birthday or date of emancipation or court dismissal. Emotionally permanent relationships under any legal option can last a lifetime.

Safety and permanence are defined as above and measured by the California Outcomes System as described and reported at http://cssr.berkeley.edu/ucb_childwelfare

WELL-BEING
NOTE: This definition and contextural information was approved by CWDA and the Child Welfare Committee of the CalSWEC Board in February, 2014 for use in statewide training and education.

Preface
Shaping a definition of child and youth well-being that promotes common understanding and practical application by public child welfare practitioners, educators, and trainers is a daunting task. In realizing that well-being is the product of dynamic relationships between a child or youth and many risk and protective factors, we note that child welfare agencies have limited influence over these factors; yet we acknowledge the responsibility of child welfare agencies to collaborate with parents, communities, and other practitioners to create a positive collective influence on the lives of children and youth. It is in this context that the following definition and role of child welfare agencies are intended.

Definition
Child and youth well-being is the state that occurs when children/youth are able to function at their best and are able to achieve their full developmental potential. Well-being includes the ability of a child or youth to grow, to develop their capacities, and to act with meaning and purpose in daily life.

Measures of Well-being
Well-being may be measured by the extent to which the child or youth is able to realize his or her potential across critical domains. Among these domains, cultural, historical and environmental context has a major influence on overall well-being and must be considered as a distinct element in addition to levels of individual function and development:

1. Cognitive/educational functioning
2. Physical health and development
3. Behavioral / emotional functioning
4. Social/ interpersonal functioning
5. Cultural, historical and environmental context

A variety of factors including age, developmental status, personal characteristics, family life, and social connectedness must be considered when assessing a child or youth's status in the five domains.

Role of Child Welfare Agencies
Child welfare agencies have an obligation to attend to the well-being of children and youth in care and can significantly improve outcomes for children and families by providing effective practices and programs to promote well-being. To this end, agencies should engage with community members to better understand local experience and perceptions in refining and actualizing the elements of well-being for that community.

EVIDENCE-BASED PRACTICE

An approach to social work practice that includes the process of combining research knowledge, professional/clinical expertise, and client and community values, preferences and circumstances. It is a dynamic process whereby practitioners continually seek, interpret, use, and evaluate the best available information in an effort to make the best practice decisions in social work. Valuable evidence may be derived from many sources – ranging from systematic reviews and meta-analyses (highest level of evidence) to less rigorous research designs (lower level of evidence).

EVIDENCE-INFORMED PRACTICE

Evidence Based Practice in the social work profession needs more empirically supported research in order to be able to use the term universally. Therefore, *Evidence Informed Practice* may be more applicable to public child welfare. This process, like EBP, involves questioning and assessing the way that child welfare is currently done, and seeking additional research, information, resources, and interventions to guide practice that is ethically appropriate. Evidence informed practice seeks to produce the same level of stringency as evidence based practice, however, because research is not readily available, other valuable resources (including authority based) may be used as part of the evidence based movement; concrete steps leading in the direction on the road to evidence-based practice.

EMPIRICALLY SUPPORTED INTERVENTIONS (ESIs)

ESIs are programs or courses of action that have been reviewed and rated for evidence. These programs have been proven to be effective with certain populations of children, clients, families, and communities. The use of these programs can be generalized and applied to a wider child welfare audience.