Evidence Based Practice in Child Welfare in the Context of Cultural Competence

Meeting Summary and Recommendations

June 11, 2007

Reported by: Susan J. Wells and Meredith S. Daniels
University of Minnesota School of Social Work

The Problem

In child welfare, we have long discussed evidence-based practice (EBP) as well as cultural competence but we rarely ask, “What works for children and families of diverse populations?” On June 11, 2007, researchers, practitioners, agency administrators, legislators, policy analysts and community representatives from different localities, states and national organizations came together with the goal of spurring ongoing discussion and activities to integrate EBP and cultural competence in child welfare policy and practice. Participants identified the current state of the art in child welfare, current challenges or potential barriers to implementation, and next steps for the field. This document summarizes the highlights from this meeting for each of these concerns. It is based on content from the presentations and ensuing discussions. Background material on major issues such as definitions is also provided. This summary is based on a two tier NVivo analysis of the day’s proceedings. The first analysis sought to identify content by community, practice, policy and research. The second analysis was used to thematically group recommendations for the future.

The Context

Child welfare services are some of the most complex and challenging social services delivered today. They: (1) derive from an amalgam of federal legislation, state legislation, and local ordinances as well as research-based knowledge about human behavior and social environment and effectiveness of intervention; (2) are shaped by community culture(s) and customs; and, (3) at their best, represent optimal social work practice designed to aid individuals and families in the context of their environment and to initiate changes in the environment when such changes are necessary. Within this context, workers are asked to be respectful of the community, knowledgeable about development and environment including social and agency systems, and effective in selecting and using interventions to make a difference in people’s lives.
The current state of service delivery nationwide is somewhat less than ideal. By focusing practice, policy and research discussions on the cross-section of evidence-based practice (EBP) and cultural competence, it may be possible to more effectively support workers in their attempts to serve children and families.

Definitions and Discussion of Terms

The major constructs of importance are:

- Evidence-based practice and associated terminology
- Racial and cultural perspectives and cultural competence

Evidence-based practice as it is generally used in child welfare discussions originated in the medical literature (Sackett et al., 1996 and the Institute of Medicine, 2001, which based its definitions on the work of Sackett et al. from a 2000 publication). Using Sackett’s terms, evidence-based practice is the “conscientious, explicit, and judicious use of current best evidence in making decisions” with clients. It “means integrating individual clinical expertise with the best available external clinical evidence from systematic research…By individual clinical expertise we mean the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice. Increased expertise is reflected in many ways, but especially in more effective and efficient diagnosis and in the more thoughtful identification and compassionate use of individual …[clients’] predicaments, rights, and preferences in making clinical decisions…By best available external clinical evidence we mean clinically relevant research, often from the basic sciences…, but especially from …[client centered] research into the accuracy and precision of diagnostic tests…, the power of prognostic markers, and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens.” (Sackett et al., 1996, p. 71). Referring to medical practice in characterizing the process, the Institute of Medicine (2001, p. 147), citing Sackett et al., 2000, described it as “the integration of best research evidence with clinical expertise and patient values.” It is a process involving the client, the worker’s clinical skills and diagnostic acumen, and, in the best case, an appreciation of the context within which the client lives.

Reported by: Susan J. Wells & Meredith S. Daniels
Contact: MS Daniels: sdaniels@umn.edu

University of Minnesota School of Social Work
There are many terms associated with evidence-based practice that have different meanings for different people. For example in some publications, *evidence-based practice* refers to interventions supported by the most stringent research designs and an accumulated body of evidence. This includes, for example, meta-analyses of multiple experimental, randomized, controlled studies which have been peer-reviewed. From this perspective, *evidence-supported practice* is then used to denote a lesser level of evidence, for example, support from quasi-experimental studies (Northrup, 2003). In social work, however, there is a recent movement to use *evidence-based practice* only to describe the *process of the intervention* and *evidence supported therapy or treatment (EST) or intervention (ESI)* to indicate specific intervention types that have been supported by research (See for example, Barth, 2006).

There are many facets to evidence-based practice which are best reviewed by referencing the items in the attached bibliography. The major points to remember for the purposes of this discussion are:

- Evidence-based practice is a process entered into jointly by the client and worker (see for example, Harold Briggs’ presentation on the [Implementation Panel at our Web site](http://www.columbia.edu/cu/musher/Mullen%20&%20Shlonsky%20no%20notes%209-26-04.ppt)).
- It is based on the expert application of the most recently available reliable and valid research in the context of the client’s specific experience and wishes.
- Evidence-based practice may be used as an approach to practice by any worker, but it will not be widely applied in the field without the appropriate organizational supports or evidence-based management (EBM). For a brief review of issues in implementation, (see for example, Johnson & Austin, 2005) [http://calswec.berkeley.edu/CalSWEC/EB_0705_2.1_EBP_FinalFeb05.pdf](http://calswec.berkeley.edu/CalSWEC/EB_0705_2.1_EBP_FinalFeb05.pdf).
- There are several elements to evidence-based practice, but it is clear that the three non-negotiable components are clinical expertise, rigorous research and research reporting, and the individual client’s culture, experience, context and wishes.
Racial and cultural perspectives  There are many differences among people that lead to misunderstanding; some of these are differences in race, class, ethnicity and culture. Discussions of the research to establish an evidence base, to ensure that it is relevant to practice and to apply it in practice with the client must therefore include an acknowledgement of these differences and their history in the development of human services.

Racism  The American Psychiatric Association’s statement on racism captures the major issues currently under discussion in the field. The APA defines racism as “a set of beliefs and practices…that assume the existence of inherent and significant differences between the genetics of various groups of human beings” leading to assumptions of inferiority or superiority and resulting in economic, social and political advantages accruing to one group over another. The resolution on racism further states:  

While the American Psychiatric Association acknowledges progress towards the ideal America as "one Nation under God, with Justice and Liberty for all", the reality is that racism continues to exist. The American Psychiatric Association praises the democratic ideals that America espouses and simultaneously insists upon the elimination of racism from our nation's fabric. p. 1. (American Psychiatric Association, 2006).

This statement sets the stage for recognizing that those who have historically benefited from racism are not necessarily invested in continuing this imbalance and may be invested in redressing it. At the same time, it recognizes there is still some distance to travel to attain racial equity. This acknowledgement must underlie all discussions of this kind. (Bell, 2007).  

See Carl Bell's presentation on our Web site.

Cultural competence  Cultural competence has been the subject of much discussion and is defined differently by different experts. For the purposes of this document, it is the ability to work with people in the context of their own specific history, culture and environment to deliver services that are meaningful and responsive to their lived experience. It is an ongoing process of becoming rather than a state of being and requires a degree of humility among professionals seeking to help others.

A note on recognizing the subtleties of differences One of the most important aspects of working with and thinking about cultural and racial differences is that it is not possible
to generalize about any group, no matter how much one learns about new and different cultures or even about one’s own culture. It is necessary always to keep in mind the many variations that may exist among sub-groups or individuals. Additionally, it should be noted that many have had such negative experiences with the larger systems in the United States they may not be convinced a positive outcome awaits even the most well-intended intervention efforts. One example follows.

In reviewing the proceedings of the meeting, one reader commented that, for the American Indian Community, the entire approach of evidence-based practice misses connecting with the difficulties of conducting and using research in a way that is relevant to American Indians (John Poupart, personal communication, August 1, 2007). It is critical to remember that attending to the question and having an earnest interest in its resolution is a necessary but not sufficient part of solving the problems at hand. For example, for people victimized by our society, any discussion should recognize their history in the United States, the perspectives accruing from that and the necessity for developing an authentic relationship in order to be able to develop a relevant and helpful model. This is a reminder to attend at every step to what is being said by all involved.

Experiences in the Field, Challenges and Possible Action for the Future

There are three different phases of the process of ensuring the delivery of services that work: 1) conducting research regarding effectiveness of interventions with the actual communities and clients to be served, 2) translating and communicating the research findings in a way that facilitates their integration into and use in practice, and 3) facilitating both the research and the practice implementation with appropriate changes in agency administrative policies and practices as well as larger scale social welfare policies and legislation. In this discussion, these areas of interest were discussed with respect to the experiences of and current challenges facing practitioners, policy makers and researchers. The report of the discussion is organized by community considerations, practice and administration/management, research, and policy and political issues. Success in all of these areas is influenced by the degree of successful engagement with the community. Whether the need is working to support the community and its families or to change public policy systems, culturally competent work begins with this most fundamental step.

Community Engagement

Reported by: Susan J. Wells & Meredith S. Daniels
Contact: MS Daniels: sdaniels@umn.edu
The essence of cultural competence is community and family engagement. As noted by Poupart (2007), there can be no progress without an authentic relationship. This involves a great deal of listening, learning new methods of communicating, and being able to translate ideas across cultural and class boundaries.

**What is known?** At least five discrete methods that have been successful in working closely with the community were described by participants:

- Reaching out to individuals in the community through meetings, interviews, discussions and focus groups; asking people in the community to identify problems and issues and possible solutions, for example, the Point of Engagement (POE) project in Los Angeles ([See Jacquelyn McCroskey's presentation on the Implementation Panel at our Web site.](http://edocs.dhs.state.mn.us/ls/server/Legacy/DHS-4575-ENG)) and the Eliminating Racism project in Ramsey County, Minnesota. Another example is deliberate consumer involvement through focus groups, interviews and follow-up to services provided. ([See Susan Ault's presentation on the Implementation Panel on our Web site.](http://edocs.dhs.state.mn.us/ls/server/Legacy/DHS-4575-ENG))

- Developing community boards to provide ongoing input and guidance in planning, carrying out and evaluating projects, for example, Minnesota Department of Human Services Child Welfare African American Disparities Committee ([Minnesota Department of Human Services, 2005](http://edocs.dhs.state.mn.us/ls/server/Legacy/DHS-4575-ENG)). This would include involvement in all aspects of an undertaking from the beginning through the reporting and follow-up so there is a true partnership.

- Hiring people from the community to work together on the studies and projects; the Ama Qhawe project in Africa employs community workers to help provide the intervention. (Bhana et al., 2004)

- Including all relevant service providers in the community engagement; for example, a child welfare community group that didn’t also involve the housing providers and police would only be addressing part of the problem. ([See Susan Ault's presentation on the Implementation Panel on our Web site.](http://edocs.dhs.state.mn.us/ls/server/Legacy/DHS-4575-ENG))

- Supporting existing networks in the community to develop and strengthen resources and supports for families.

Reported by: Susan J. Wells & Meredith S. Daniels
Contact: MS Daniels: sdaniels@umn.edu
University of Minnesota School of Social Work
A key element of engagement is shared decision making regarding plans and actions. This includes mutual accountability. Additionally, rather than seeing the child welfare agencies as the center of concern, it is important to place the families at the center of the process. POE provides a concrete example of how this can work. All of the above methods need to include accurate documentation and recording in order to make planful changes. Texas is using a four-stage engagement model in collaboration with Casey Family Programs to (The Texas Health and Human Services Commission & The Department of Family and Protective Services, 2006):


- create community awareness: identify problems, issues, strategies
- focus on community leadership: develop community ownership, empowerment
- community organization: bring together community members to participate
- community accountability for desired outcomes and measurable results: community reviews, owns and is responsive to outcomes achieved

**Challenges**

Community challenges tend to focus on marshalling resources, enhancing communication and coordinating the various groups within the community.

**Resource Needs**

- Better stewardship of existing resources is needed.
- The community needs education regarding potential resource availability and seeking funding.
- Communities are not always prepared to handle prevention work demand, that is, referrals for service won’t help if the services aren’t readily available.

**Dilemmas Resulting from Community Outreach**

- [Community organizations such as] faith communities may think attempts to reach out to them means that funding will be forthcoming - this is not necessarily the case and can be disappointing.
- Taking data to the community enhances accountability but can be paralyzing to agency resources when it results in more and more requests for data.

**Issues in Communication**

- From the community perspective:

Reported by: Susan J. Wells & Meredith S. Daniels
Contact: MS Daniels: sdaniels@umn.edu
• There is a sense of powerlessness at the community level. How can community inform academia?
• Participants need to feel that they are on the same playing field. Ideally, the community should be more powerful. This is about the community. Ask the community what questions they want answered? It’s about empowerment.
• How can parents and communities engage programs across board?
• Communities and consumers often don’t have effective lobbying groups.
• From the systems or agency perspective:
  • Community’s lack of trust of the larger systems.
  • Should be asking the communities “What are you worried about with these children?”
  • Need to identify and systemize the elements of collaboration for the community and agencies. (Editor’s note: this information exists in the literature and is summarized at the end of this document.)
  • Dissemination throughout the field and throughout the community is a major challenge. For example, research findings are not systematically shared with the community.

Selected Potential Solutions

• Delving into cultural strengths – what is the strength of the (Asian, American Indian, etc.) community that promotes healing?

Practice and Agency Responsibilities

• Engagement with the community should also include following up with training in the agency and looking at primary prevention to strengthen families.
• Recruit and train workers from the communities.
• The process of implementing EBPs in communities of color must be supported with resources.
• What is the degree of community control over and monitoring of child protection (CP) practices? This is an important step.

Policy and Systems Issues

• Working with community stakeholders is key to buy-in and passage of legislation.
• Need a much better concrete link between researchers, community agencies (practitioners), and communities. It could be structured locally in order to be able to integrate research at the local level.
• To redirect CP focus we need prevention measures - multi-systemic, comprehensive community solutions outside of CP area as prevention.
• Need to seek and develop blended funding opportunities, for example with private companies.
• Research
  • The process of developing and credentialing EBPs needs to be inclusive of communities of color
  • In the community, it helps to start with service then move into focusing on practice/research.

Direct Practice and Administration/Management

Direct practice in child welfare may include prevention, child protection, in-home services, foster care, reunification, adoption, and follow-up services. The clients served vary to some degree from state to state but generally include children and families in which the children need protection from harm, children who have no responsible adults to care for them, children or parents with severe medical or mental health problems, children with behavioral problems and others. One of the great challenges in child welfare is that there is no “one size fits all” approach to service delivery due to the variety of goals and types of clients served. Child welfare services are further influenced by myriad laws designed to ensure accountability and best practices. While a number of these influence practice nationwide, there are additional variations by state and locality. Within this framework it is incumbent upon all professionals to ensure that practice is both culturally competent and evidence-based.

What is known?

The major prevention study focusing on families at risk for child welfare involvement is Family Connections (DePanfilis, 2005) at the University of Maryland. This study focused on the families most at risk for neglect, as identified by partnering schools. This is one of the few effectiveness studies that was conceived and carried out with a specific at-risk population of color identified at the time of the design. Studies of parenting with child welfare populations have identified at least three interventions of widely varying cost as effective: Parent
Management Training (http://www.enotes.com/mental-disorders-encyclopedia/parent-management-training), The Incredible Years (http://www.werrycentre.org.nz/?t=158), and Parent-Child Interaction Therapy (http://pcit.phhp.ufl.edu/). See Barth et al., for an excellent systematic review of parenting programs relevant to child welfare services (Barth et al, 2005). All of these are limited to very specific types of problems in families and are not broadly applicable in child welfare settings.

One example of applying a theoretical framework and past research to developing and testing interventions in a culturally competent manner was presented by Bell (2007). See Carl Bell’s presentation on our Web site. His model of intervention is based on Flay’s theoretical model of behavior change (1994) and includes the following steps:

- Rebuilding the Village – supporting and strengthening the community
- Improving Access to Health Care – for all citizens
- Increasing Connectedness – among family and community members
- Developing Social Skills – enhancing abilities for social interaction
Building Self Esteem through:

- Activities that create a sense of power
- Activities that create a sense of connectedness
- Activities that create a sense of models
- Activities that create a sense of uniqueness

- Reestablishing the Adult Protective Shield – helping children feel safe and be safe
- Minimizing the Effects of Trauma – understanding effects of trauma and providing ameliorative supports

This model has been and is being tested in several settings (Bell, 2007).

Evidence-based practice is a process that occurs between the practitioner and the client with input from both. The process starts with the client’s values, wishes, and expectations and with the COPES (client oriented practical evidence search) questions (Gibbs, 2003). The worker identifies the best options, and the client selects the option with the best fit. This approach supports collaboration, empowerment and self determination. It should be noted here that in the quest for client input, it would be unethical for a worker to support interventions that are known not to work in favor of those that are known to be effective. This caution doesn’t eliminate cultural practices but may indicate a need to supplement them where there are known effective interventions.

In addition to direct practice concerns, agency administration and management are crucial in the effective implementation of culturally competent evidence-based practices. For example, in Minnesota, community and worker observations led to a recalibration of the risk assessment instrument mandated by the state to incorporate considerations specific to American Indian families (Minnesota Department of Human Services, 2007): http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs16_138720.pdf

Additionally, in Minnesota, a statewide shift to diversion from child protection for the lowest risk referrals has resulted in more positive feelings from the families and increased perception among workers that clients are cooperative (Minnesota Department of Human Services, n.d.). These systems changes may be influential in reducing disparities. Disparities are being tracked so placement rates and re-injuries after policy implementation could be compared to those before implementation.

Challenges

Reported by: Susan J. Wells & Meredith S. Daniels
Contact: MS Daniels: sdaniels@umn.edu
Kauffman (2004) and Chaffin and Friedrich (2004) summarized some of the barriers and next steps for integrating EBP in child welfare services. Barriers included lack of sufficient funding, lack of advocacy or consumer demand, lack of incentives linking rewards to client outcomes, the gulf between the research and practice communities, the search for the magic bullet or one size fits all solution to the problem of maltreatment, and attitudes regarding EBP in the field.

Implementation of knowledge into practice presents another challenge. Unfortunately, as one review suggests it is commonly ignored or insufficiently supported. Some of the challenges identified for direct practice include the following:

- The need to increase worker comprehension of EBP; presently, work is driven by program policy/court orders, etc. EBP can get lost in larger “morass.”
- Identifying potential EBP modifications for better effectiveness for specific groups (cultural uniqueness). For example, there is very little on American Indians. (See John Poupart's presentation on the Community Response Panel on our Web site.)
- Developing tracking system for intervention methods/statistical outcomes that are successful is a big challenge. Use it to inform the court system as well as workers.
- Developing methods to facilitate access to knowledge about culturally competent evidence-based interventions so they can be implemented without this task being the sole responsibility of the worker will also be challenging.
- The pervasiveness of poverty and basic needs is the context within which this work is conducted. Any implementation of culturally competent EBP would need to take this into account.

Many of the challenges in practice derive from child welfare issues generally and are not unique to culturally competent evidence-based practice. A number of these also concern agency administration and policy issues.

- Family engagement and participation:
  - Constructive working relationships improve child safety. We need to forge better CP/parent relationships. One challenge is dealing with CP stigma with the client (client attitude can be deemed non-cooperative if this isn’t breached).

Reported by: Susan J. Wells & Meredith S. Daniels
Contact: MS Daniels: sdaniels@umn.edu
• Questioning decisions and data brings change; people have to have courage to question.
• Families do not really have a sense of participation. The number of services that families get is actually quite limited or not specifically targeted.

• Policy and administrative matters:
  • We are not yet fully using all of the resources we know about; we need to be more strategic – for example, using family group process at an earlier time would lead to earlier identification of placement factors, worker resistance factors, etc. to facilitate fully engaged process at an earlier stage.
  • To redirect CP focus, we need effective prevention measures - multi-systemic, comprehensive community solutions outside of CP area as prevention (repeated from the earlier community discussion).
  • Increase kinship reimbursement (align with traditional foster care).
  • Part of the differential impacts is due to which kids enter the system.

• Unintended consequences:
  • Court mandates can sometimes alter best practice intents. For example, we set ourselves (institution/family) up for failure. We need a dialogue w/courts and court administration so we are all on the same team with our efforts and outcomes.

• Child protection as potentially one of many services:
  • Often now there is the same forensic, investigative response when no real danger is lurking beneath (child endangerment), example: missing school as system referral.
  • Screening process (once need recognized, etc.) often leads to an outcome of ineligibility. Families are turned away when they are finally asking for help.
  • Access is key, but we need to recognize that access also leads to less desirable outcomes and is also a problem, for example, in disproportionality in foster care. That is, access may lead to placement which may not be a good outcome for some.
  • Sometimes initiatives are misunderstood, and decisions are made in a blanket way that is not appropriate for some families. In addition, just as an emphasis
on placing children leads to the tragedy of many ruined lives, an emphasis on not placing may result in some errors that have tragic outcomes.

- If the number of placements radically decreases, it may result in the failure of some agencies that are working to help support families and children. This is a major issue and will be critical in ensuring success.

Some of the most influential interventions to promote culturally competent evidence-based practice are found in the arena of organizational and administrative change as well as through the court system. Some of the challenges facing agencies are identified below:

- Information use and communication
  - A major challenge is to develop communication strategies within agencies (internal) and to external partners about why EBP and cultural competence are important
  - We need to know more about who is involved in the system. Are we re-opening cases when we shouldn’t? In some cases, are the “alternative response” cases just creating a revolving door for child protection?
  - The question is bigger than that – it’s more about whether it is good for families and children to be involved in child protection. It almost seems more risky (for placement) for some families who aren’t high risk to become involved in child protection. The larger question about services is about the availability of resources to serve the families.
  - We need to develop a system for better using the knowledge that does exist. For example, much is known now about risk and protective factors but the following questions remain.
    - Risk factors were not as predictive as we would like to think. What changed the outcomes in one study were protective factors. Risk factors are not predictive factors. (Bell, citing Satcher, 2007)
    - If we don’t have good risk factors that predict, why not use asset-based predictors?
    - We need a good assessment to know the protective factors, we need to take more time with each family and child.

- Collaboration and service planning
• Courts need to be a partner in CP; juvenile court judges have models for good practice but are still often not working together.
• It is important to recognize that with increased attention families may not exit CPS as quickly.

**Selected Potential Solutions**

Kauffman (2004) and Chaffin and Friedrich (2004) make a number of suggestions to enhance the implementation of evidence-based practice. These include, for example, support for improved practice integration including funding to support and reward outcomes-based practice, funding implementation grants, increasing the emphasis on EBP in graduate schools, improving the marketing of EBP, fostering a continual evaluation feedback loop in public agencies with a positive climate, demonstrating EBP as a practitioner-friendly support and tool, and increasing advocacy and demand for best practices.

A model from Bell (2007) for implementation is depicted below. A critical piece in implementation of EBP is marketing.

In another model by Briggs and Sweets (See Carolyn Sweets' presentation on the Community Response Panel on our Web site.), there is a plan to train parents and foster parents in the process of evidence-based practice and to help those parents train others. The parents and foster parents need to have documentation ready to go to battle. “EBP is the sword and shield” of the consumer (See Carolyn Sweets' presentation on the Community Response Panel on our Web site.). This model has not yet been researched but is currently under study.
One example of a research project that has worked in the American Indian community is the American Indian Community Tobacco Project. "This is reality-based research that's culturally appropriate. It involves [American Indians] from the first stages to the outcomes…We have ownership in the process and product." (See John Poupart's presentation on the Community Response Panel on our Web site.)

Most workers are supportive of EBP. Workers see good outcomes (increased family involvement) and then there is increased investment in pursuit of EBP.

- Guidance in balancing legislative mandates and EBP is critical for the workers’ practice.
- The task of integrating client self-determination, cultural considerations and the most effective interventions is a difficult one. In order for workers to do this effectively, they need supervisors who are able to help them and who have the time to provide the necessary supervision.
- Children in the system, by definition, are traumatized. Have child protection services been researching the degree to which the system can and does minimize trauma? Are there research projects that relate to these areas? Has existing work in this area been translated into guidelines for practice in child welfare?
- Right now we can pretty much predict who will have bad outcomes by knowing their race. In order for EBP to be successful and truly culturally competent,
  - Will it provide access to important family and community structures?
  - And will it do it in a way that is respectful? If not, it will be the same old thing - good intentions bad outcomes.
- We need to challenge the automatic responses that lead to referrals: to the justice system for many people of color and to mental health systems for whites. Changing daily practice could make a big difference in the end.

Agency and organizational inputs can have great effect (see for example, Johnson & Austin, 2005).

- Supports for workers:
  - Training at the forefront is very important to work at dismantling racial disparities. The social worker’s part in this disparity discussion is a hard conversation to have, yet it is essential to the very strategic need to shift thinking.
Also, in training, there is a need for introspection, not just training/policy information for workers.

- The issue of worker support is huge – a worker who has followed policy and best practice with the guidance of supervision doesn’t want to be “holding the bag” when something goes wrong. Coverage is needed for CP workers who are fulfilling agency and professional requirements.

- Supplemental services
  - Supportive services are critical, for example, substance abuse, mental health, kinship funding, and respite care.
  - Resources and time to address practical support needs in order to address the poverty environment in which our clients live.
  - Flexible funding for services and supports that would divert families from CP would help lessen need of CP in the families’ lives.

- Although the child welfare system is often viewed as the center of things, e.g., substantiation, placement, there are other perspectives that could result in radical organizational changes. Putting families at the center of the agency’s concerns changes everything. It changes leadership, management, and workers’ comfort talking to families. They feel, “I have something to offer families.”

- Need to examine and change the culture of agency environment in order to introduce a culture of innovation as a means to improve permanence planning outcomes.

- NIH R-24s may be used for research infrastructure development.

- In Iowa, there was a qualitative analysis of a project where a broad team of staff were multiply involved with the family/child. The ongoing workers stated that as a result of this process the cases were staying open much longer. Workers had to talk more to one another, and they were taking joint responsibility for outcomes. They had to do more work on each case than before, and they learned much more about them – particularly with ICWA where family trees were required in order to know as much as possible about history and context.

- Administrators need to question and look at change. We also need to create an infrastructure that supports workers to meet often with families, to question practices, and participate in the entire process.
In order to expand the use of EBP process among professionals, families and consumers, it is critical to have a planned and multi-pronged approach. (See for example, Gambrill, 2003). Another approach to interpreting the literature and integrating it into practice can be found in the model developed at the University of Toronto, Faculty of Social Work.

Policy and Legislation

What is known?

Implementing culturally competent evidence-based practice in publicly supported child welfare services requires a clear statement of the requirements for such practice and an outline of the policies and procedures that would support this implementation. Basically, the requirements include the following:

- Systematic methods to engage and respect the input of the community with regard to agency practice and policies
- Identification of explicit, operationalized desired outcomes and a method for collecting data on the outcomes as they occur
- Research of high quality that is well replicated and useful to practitioners and policy makers and that has been conducted with respect to various cultures and in different environments, including for example, resources for the conduct of longitudinal studies of high quality that will test interventions and policies and provide ongoing feedback to the agency, workers and community
- Systematized approaches to practice based on research findings including manuals and guidelines
- Identification of explicit operationalized practices and a method for collecting data on the practices as they occur
- Mechanisms for ensuring that the latest and most reliable and valid information is readily available to workers and reinforced through training, ongoing supervision and management
- Mechanisms for collecting data on practices and outcomes that will form a constant feedback loop to inform workers, agencies and communities about the effectiveness of various policies and practices and lead to adjustments where necessary
While it is not desirable to legislate specific practices, this framework provides an outline for identifying potential points of impact for changes in legislation, policies and procedures.

**Challenges and Questions**

- Examining the appropriate role for CP in the community:
  - CP is not an appropriate intervention for all family problems, but it often becomes the intervention of choice for poor families because it provides a means of paying for needed services. These services may not be available to those who are not in the CP system. Yet being in the CP system carries risks for placement and affects future job eligibility.
  - The challenges and solutions under direct practice and agency management outline issues associated with screening and CP response. These are also pertinent to larger policy issues, particularly with respect to laws governing agency response, eligibility for services, and support for diversionary services.
- Some of the challenges to implementing EBP on a large scale include the fact that financial investments of public funding are in out-of-home care, not prevention and that kinship care, which would keep children within their families, is not adequately supported in many places.
- Need for knowledge and education for legislators that is easily digested and relevant to the legislators’ role and interests
  - Policy makers need a forum for understanding what best practices are
  - What programs work? Example – Boy Scouts/Girl Scouts
  - What do legislators know about disproportionality?
- Legislators need a framework within which they can easily operate so they are not creating an initiative from scratch. Some examples follow.
  - Legislators can provide authority/budget: need agencies to develop model
  - Need to put EBP into a framework/guideline to help legislators
  - Mandating specific research and case practice is not a legislative role
- The timelines for legislative sessions and elections may militate against long term solutions and plans
- Potential blocks to legislation:
  - Racism
• Funding priorities
• High profile issues taking precedence
• Credibility of legislator
• There are a number of unanswered questions that may inhibit legislative progress, for example, are there differences in application of EBP in rural communities where geography makes a difference in service accessibility? There are many others as well, focusing on what is known about practice, outcomes and cost.
• This is a very important policy issue; we need to make EBP a reality. We have to recognize that when families come into court, they often come in unnecessarily. We should address how the law can be useful.

**Selected Proposed Solutions**

• Need for knowledge and education for legislators that is easily digested and relevant to the legislators’ role and interests
  • Legislators need the “bottom line” of information (one-page sheet) – they are overwhelmed with many issues
  • Make sure that disproportionality is recognized in making and implementing legislation around child welfare
  • The EBP framework as outlined in the introduction to Policy and Legislation, above, needs to be further developed. For example, what are the best outcome measures for different client groups and services?
  • Educate the community, the media and legislators
  • Provide easy access to information about how other states have dealt with these issues, a role for NCSL, ABA and others

• There are many examples of legislative change ([Link to Legislative Initiatives at our Web site](#)). One example is that Iowa has a state law that strengthens and supports ICWA.

• A possible legislative framework:
  • Agencies and professionals in the field can create models, pilot projects, tweak them and roll them out;
    • Legislators may be able to help by amending existing legislation where necessary to allow for model programs, to provide sufficient funding for
agency supported research efforts (for example, pilot programs, ongoing research, and longitudinal efforts), to ensure that personnel policies and staffing support implementation of culturally competent EBP.

- When foundations have funded pilots that have provided evidence, legislators are more likely to buy in to the next steps.
- Many policy changes are reactions to a current public concern; there is a need to design and maintain a long-term strategy to accomplish the end goal.

- Legislators can participate in interaction with the community to better understand their needs and issues.

- Agencies and associated professionals need to be conscious of, and accountable to, expected outcomes of legislation – do we do a good job evaluating if a policy is working? Allocation of resources must be tied to achievement of results.

- Motivators for legislative action
  - Ongoing feedback from the community (constituents)
  - Media influence/public outcry lead to resources
  - Gear what you say towards the person to whom you are talking
  - Short, concise reports
  - Answer questions clearly and concisely
  - Outcomes and cost effectiveness demonstrated/longevity/what has already been done
  - One or two legislative leaders with credibility who champion an initiative
  - If there are initiatives which are widely supported, is it possible to ally the proposed changes with them?
  - This is not just the “next new thing.” It is an extension of work that has been the subject of legislative concern for many years. It is a step toward supporting equity and using the best information we have to make a difference for families.

- Voices for change
  - We’ve got to quickly speak with one voice so that money can be diverted to keep families out of the child welfare system permanently and help re-tool foster care systems in the way they do business.
  - We need to mobilize the consumer base to demand change.
Higher education could also become more involved by recruiting people as students from the neighborhoods most likely to be served by CP.

Help create an environment in which foster care agencies can reinvest in services that will support fewer placements.

National organizations can help by supporting initiatives on a national level, such as by the Children’s Bureau. There are a number of federal resource centers that would be helpful in developing ways to implement culturally competent EBP.

Resources

Prevention is cost-effective. We need to show this more systematically. This should then be used to help direct the funding that is saved to prevention efforts rather than cutting services.

Are resources equitably distributed in all jurisdictions? This must be addressed in order to prevent disparities.

Need to answer questions prior to legislation – for example, can existing resources be used differently to accomplish goals?

We have demonstrated approaches to aid in diversion from CP and placement such as alternative response; we need to ensure the effectiveness of these approaches, monitor them and make them more widely available so that all family problems aren’t met with the same forensic response, regardless of the problem’s severity.

Research and Dissemination

_What is known?_

Knowledge about what works in practice is based on research that has established (1) an association between intervention and outcome, (2) the intervention precedes the observed outcome, and (3) all other alternative explanations are eliminated as the cause of the observed outcome. This research must be published in peer-reviewed journals to assure some measure of quality control, and it must be replicated to show that the results can be achieved repeatedly. Ideally replications will occur in a variety of places with different populations to determine whether it is broadly applicable. When there is a sufficient degree of replication, meta-analysis can be conducted to review all the findings together and determine the size of the effect that could be expected. Finally, this research must lead to work that is directly applicable to practice in real world situations with the population actually to be served. While complicated studies are
quite difficult and expensive to carry out, the gold standard for such a study would be an experiment with control and experimental groups that are randomly assigned and with a longitudinal follow-up component to evaluate the maintenance of change over time.

There are some studies that have been successful in child welfare and that have begun to create a foundation for evidence-based practice. In addition, there is a recent recognition of the need for such work. Currently, NIH has released a request for proposals seeking to support extensive rigorous studies in cases of child abuse and neglect (http://www.grants.gov/search/search.do?mode=VIEW&oppId=15253).

**Challenges and Questions**

- **Funding**
  - While there is current recognition of the need for rigorous research in the field, community based studies are not often supported by NIH or other major funders. Community-based work is currently being funded by foundations. This is important due to the community foundation which underlies culturally competent EBP.
  - Funding for studying traditionally oppressed populations is not sufficient to the task nor are there sufficient numbers of researchers who are interested in pursuing these questions.

- **Needed research:**
  - There is not much information on evidence-based testing on what helps in CP over time because families are in our systems for such a short period of time.
  - There is little research in this field that attends specifically to race and culture.
  - Initiatives to study protective factors as predictors have been overshadowed by the risk assessment literature.
  - Need a longer term focus in research projects.

- **Existing frameworks and methods for conducting and using results of needed research:**
  - Current models for research can be alienating and prevent full community participation in essential studies to determine what works.
  - How much of the research is directly relevant to practice?
Many measures aren’t normed on different cultural groups.

Cultural groups also contain much internal diversity. It is not possible to use a one size fits all approach to the research or interpretation of findings.

In implementation studies, need as much attention to fidelity to the model and measuring the intervention as to measuring the outcome.

We don’t have enough investment in evaluation.

Problems in using research:

There is a huge gulf between the practice and research communities. For example, in one medical study it took an average of 17 years for research to be integrated into physician practice (Balas, 1998 cited by Bell, 2007).

Research may result in overgeneralization.

Findings are not systematically shared with the community.

**Potential Solutions**

Developing a community base (see also Community section above):

Every demonstration project should have potential users integrated into the project from the beginning. It will lessen the time for moving research to field.

Paying for participation is important

Reality-based research that is culturally appropriate.

Full participation of community members throughout the study from design through publication and dissemination.

Need to put research process into words community can understand.

In many communities that have been abused, may need to start with service or delivery of some benefit in order to establish the researchers’ credibility and good intentions.

Development, funding and direction:

R-24s for research infrastructure development.

University/agency collaborations can be helpful when funding can be worked out.

Future projects should systematically address some of the most fundamental needs such as those noted herein, e.g., norming of instruments on various populations.
- Models for research:
  - Research needs both quantitative and qualitative components to be informative.
  - Ensure institutional review boards (IRBs) contain social science researchers and that IRBs exist to represent community interests, e.g., tribal IRBs.
- Models for translation of findings into practice:
  - We need to adopt a business model for implementation.
  - Time and resources must be systematically and generously allocated for the translation to practice.

**Final Recommendations**

At some point, it will be unethical NOT to do culturally competent EBP. (Bell, 2007) Australia, the United Kingdom and others have done a lot of work in this area; they may provide some models for how to proceed. From the work done on June 11, 2007, the following overarching recommendations emerged.

- **Evidence-based practice is a process of working together with the family; this is a cornerstone for implementation**
- Centering practice on the family and their needs changes the way in which services are delivered and the perspectives of all involved including the workers’ comfort in working with families. Constructive working relationships between families and CP along with family participation will also improve child safety outcomes. Changes may also include longer service involvement for the families. See for example, the POE project in Los Angeles.
- There are existing models of behavior change that were developed based on research findings and which are currently being tested in the field. These models can also serve as a foundation for future development. See for example, Bell’s adaptation of Flay’s model of triadic influence on human behavior (Bell, 2007).
- In some cases, there is very little research, such as with American Indians.
- In all cases, implementation of EBP has to be individualized and context sensitive. Blanket, unthinking application of any policy will lead to serious errors.
- Evidence-based practice is systematized or manualized to ensure fidelity to the model that was found to work in prior situations.
What are the tangible rewards for engaging in evidence-based practice? They need to be developed at all levels of implementation (for example, agency, supervisor, worker).

Right now we can predict agency outcomes based on knowing race alone. We need to work toward a day when it is not possible to make such a prediction based on race.

Community involvement is the foundation for culturally competent policy, practice and research.

Respect for past experiences and willingness to engage in a conversation among equals is essential to developing policy, practice and research that will be relevant to and make a difference in the community.

Outreach may include interviews, focus groups, community boards, hiring community members, and recruiting community members for graduate education in the field.

Providing pay for services is critical in the community whether it is for leadership consultation, focus groups, or involvement in research.

Involvement from the formulation of the idea throughout implementation, analysis and publication are essential, as is shared decision-making.

Empowerment includes having an equal say, being heard by all organizations and levels of government, and developing the potential to lobby for change in an organized and effective way. One sign of empowerment would be the establishment of effective community monitoring of the child welfare agencies. Another is the education of parents and people in the system regarding identifying and lobbying for system-wide implementation of evidence based practice as a process which is responsive to client needs and using the most recent available evidence.

Accurate documentation of the process and decisions made will be important to later decision-making and support successful replication in other communities.

Models for community engagement exist and are available for use. (See for example, Texas Health and Human Services, 2006).
• **Community resource needs are critical.** Communities with high rates of child maltreatment reporting are often the most impoverished, yet they are the areas of greatest service need. Without services (for example, mental health, child care, health) to support change, it will be difficult to maintain any initiative, no matter how well intentioned. Service supports should include and emphasize shoring up existing community resources wherever possible.

• **Child welfare agency active involvement is essential for success.** Some of the major ways in which the agency can make a difference follow.
  - Attend to the agency culture with respect to openness to and support for change and transparency with respect to information about agency functioning.
  - Work to bolster agency data collection and reporting capabilities to track: services provided, service methods, and child and family outcomes. Form a feedback loop to workers and community to aid in formulating future change and improvements.
  - Invest in evaluation on an ongoing basis.
  - Focus on the family rather than the agency systems and observe the changes that will occur system-wide.
  - Provide support for workers through training, supervision, resource/service provision for clients, support.
  - Carefully evaluate the actual need for CP and which clients could safely receive diversionary services. Work to ensure these services can be provided in the community.

• **Coordination of efforts and services is a major point of concern.**
  - Linkages should be developed locally between agencies, researchers and the community.
  - Within and between agencies and organizations, communication strategies are essential and should be well-monitored and supported.
  - The formation and support of teams are essential to coordinated services and to new initiatives.

Reported by: Susan J. Wells & Meredith S. Daniels
Contact: MS Daniels: sdaniels@umn.edu
• Lines of accountability for various facets of any undertaking need to be clearly delineated.
• This work must include the judges and the courts as well as other allied agencies such as law enforcement, housing, schools.

• **Dissemination and knowledge integration are needed in all arenas, including for example the community, the workers, agency staff, educators.**
• Automatic responses by community service providers in all agencies and organizations may contribute to the racial disproportionality in our most restrictive institutions such as the justice system and child protection. Using the most reliable and valid research to help educate those who refer to these systems would be one step in addressing disproportionality.
• Prior research illustrates how difficult knowledge dissemination and integration are yet how essential they are to culturally competent effective practice.
• Methods must be developed to digest this information and make it easily available to workers and others. This is as important to community members, judges, agency personnel and others as it is to the workers delivering the services.
• This education is an ongoing process, not something that can be packaged in a training module and then forgotten. It must be integrated into the life of agencies and organizations in the community.
• Resources to translate research to practice and policy implications are fundamental to success.
• Knowledge dissemination and integration must reach into the university and be interwoven into the students’ experience.
• These initiatives can also be supported at the national level through existing Children’s Bureau resource centers and national organizations.

• **Policy and legislation are important for supporting and maintaining practice change, particularly in child welfare which is so heavily regulated by legislation and agency procedures.**
• Policy-level randomized, controlled research has demonstrated some potentially effective methods for reducing disproportionality and disparity. Examples
include subsidized guardianship, alternative response, family group conferencing, and others.

- Methods and policies for diverting families from CP in all but the most serious cases may be particularly helpful for avoiding unnecessary placement. Some testing has been done in this area; more is needed.
- The need for legislative/policy change may vary by state. Some areas of national concern that can be addressed at the federal and state levels follow.
  - One focus for policy and funding would be to provide essential services prior to CP involvement. Currently, legislation provides for funding in some cases of placement in out-of-home care (Title IV-E) but not for avoiding placement.
  - Another appropriate focus would be to support ongoing monitoring and public reporting of child welfare service outcomes by race and ethnicity.
  - A third area includes support for research to develop the evidence base. For example, there is little research on American Indians and child welfare intervention. All future intervention research should include a cost-benefit component.
  - Examples of state-specific legislative changes have included strengthening and supporting ICWA, supporting model programs with evaluation components, providing exceptions to existing laws for specific studies, supporting sufficient staffing and personnel in child welfare services and many others.
  - Effective policy and legislative change rely on educating legislators regarding current issues, clarity of purpose and supporting data, goals that are appropriate for legislative/policy intervention, strong advocacy from respected standard bearers and community/constituent support.

- **The research that produces the evidence for practice is varied in source, approach, focus, cost and design.**
  - One unifying theme is the necessity for involving the community at the outset including formulation of the question. At the same time, the research must build on what has been done and acknowledge the needs and questions of the families and community. The research itself must be culturally appropriate.
• Research funding may come from foundations, agencies or the federal government. It is not plentiful in child welfare and may be highly focused eliminating many potential questions or studies. Some coordination with respect to the development of a research agenda and identification of potential next steps would be helpful. Some of those identified at the June 11th meeting follow:

• Large scale randomized trials – see for example, recent NIH announcement.
• Policy trials such as alternative response, subsidized guardianship, family group conferencing and others.
• Evaluation capacity built into agency administrative functions so useable data is generated as services are delivered.
• Mechanisms for providing and publishing child welfare service and outcome data at the local level.
• Research with specific racial, ethnic or cultural groups or sub-groups.
• Longitudinal research on child welfare interventions
• Studies of implementation and model fidelity.
• More systematic use of evaluation in service delivery and testing.
• More systematic inclusion of cost-benefit analysis in evaluation.

Conclusion

In order to be effective, culturally competent evidence-based practice in child welfare must be rooted in community participation with equal voice in all aspects of research, practice and policy. The terms for and approach to this involvement may vary, but the message of sharing decision making and mutual respect is the immutable core of effective strategies for intervention. Coalitions between researchers, policy makers, practitioners, and community members are likely the most successful vehicle for establishing priorities and accomplishing change. Additionally, integrative research approaches that have built-in research to practice translation and the use of marketing strategies are important components of implementation in practice. Change should progress on all fronts simultaneously and be interactive with research, policy, and practice being integrated to form a holistic approach transforming practice and families’ experience of the child welfare system.

Reported by: Susan J. Wells & Meredith S. Daniels
Contact: MS Daniels: sdaniels@umn.edu

University of Minnesota School of Social Work
Addendum: Note on supporting community collaboration from Samuel Taylor, University of Southern California, personal communication, 1980:

To support inter-agency coordination, the agencies should share at least one of the following: information, resources and/or space. In addition coordination may be supported through structuring mutual goals/interactive tasks and providing follow-up information to participants. There should also be rewards for individual coordination efforts.

The views expressed by the speakers and participants in this forum are their own and do not necessarily reflect those of the University of Minnesota, the School of Social Work, or any of the sponsors and hosts of the meeting.
References


Evidence based medicine: How to practice and teach EBM (2nd ed.). London: Churchill 
Livingstone.

The Texas Health and Human Services Commission, & The Department of Family and 
Thanks to the following . . .

Sponsors:
Gamble-Skogmo Chair in Child Welfare and Youth Policy,
    University of Minnesota School of Social Work
Casey Family Programs
The B.C. Gamble and P.W. Skogmo Fund of The Minneapolis Foundation
The Center for Advanced Studies in Child Welfare,
    University of Minnesota School of Social Work
The Race Matters Consortium @ Westat Inc.

Co-Sponsors:
Casey-CSSP Alliance for Racial Equity in Child Welfare
Institute for the Advancement of Social Work Research
Portland State University School of Social Work
The University of Texas at Austin School of Social Work
Wilder Research

Hosts:
School of Social Work, University of Minnesota
Children Youth and Family Consortium, University of Minnesota
College of Education and Human Development, University of Minnesota
Ramsey County Community Human Services
Minnesota Department of Human Services

Participants:
Ms. Susan Ault
Rev. Alfred Babington-Johnson
Dr. Lew Bank
Dr. Ralph S. Bayard
Dr. Bea Beasley
Ms. Iris Bell
Dr. Carl C. Bell
Ms. Linda Billman
Dr. Harold E. Briggs
Mr. Daniel Capouch
The Honorable Toni Carter
Ms. Angela Carter
The Honorable Patricia Clark
Dr. Cameron Counters
Ms. Germaine Covington
Mr. Howard Davidson
Ms. Dennette M Derezotes
Ms. Cynthia Doan
Mr. John Edmonds
Ms. Cathy Gray
Ms. Claudia Hill
Dr. Robert B. Hill
Dr. Cheryl A. Holm-Hansen
Mr. John Hudson
Ms. Eva Jackson
Ms. Joyce James
Dr. Catherine Jordan
Mr. Harvey Kawasaki
Ms. Suzanne Koepplinger
Mr. Lyman Legters
Ms. Lynne K. Lewis
Ms. Anita Light
Dr. Harvey D. Linder
Dr. Duncan Lindsey
Ms. Sue Lohrbach
Mr. Eric Marts
Dr. Jacqueline McCroskey
Ms. Patricia McKenna
Dr. Ruth G. McRoy
Ms. Bernice Morehead
Ms. Mary K. Murray Boyd
Ms. Pat Penning
Mr. Lolenzo Poe
Ms. John Poertner
Mr. John Poupard

Ms. Julia Kleinschmit
Rembert
Ms. Carolyne Rodriguez
Dr. David Sanders
Mr. Robert Sawyer
Dr. Aron Shlonsky
Dr. Carol W. Spigner
Dr. Sue D. Steib
Ms. Erin Sullivan-Sutton
Mrs. Carolyn Sweets
Mr. Nealch情商 X. Thao
The Honorable Patricia Torres Ray
Mr. Khatib A.F. Waheed
Prof. Esther Wattenberg
Dr. Susan J. Wells
The Honorable Royce West
Ms. Lorraine White
Ms. Kim White
Ms. Nina Williams-Mbengue
Mr. Charles "Dee" Wilson
Ms. Terri Yellowhammer
Dr. Joan Zlotnik

Reported by Susan J. Wells & Meredith S. Daniels
Contact: MS Daniels: sdaniels@umn.edu

University of Minnesota School of Social Work