

Silberman School of Social Work

Session 11:

Evidenced Based Practices in Child Welfare

Evidence-Based Practice

Evidence-based practice involves identifying, assessing, and implementing strategies that are supported by scientific research. State child welfare agencies are increasingly aware of the need to focus their resources on programs that have demonstrated results, especially for achieving outcomes as measured in the CFSR process.

Evidence-Based Practice

In addition, many State legislators are calling for information about whether the programs they fund work, and foundations and other funders often require that grantees employ evidence-based program models.

Evidence-Based Practice

In order to provide evidence that their services achieve positive outcomes, administrators, program managers, supervisors, and frontline workers must understand how evidence-based practice applies to child welfare services and be aware of the resources and tools available to assist them.

Evidence-Based Practice

The terms "evidence-based practices" and "evidence-supported interventions" are defined differently.

Evidence-based practices refer to the integration of the best available research evidence with the child welfare practice expertise in the context of child and family characteristics, culture, and preferences.

Evidence-Based Practice

Evidence-supported interventions are well-defined practices, programs, services, or policies that have been shown, through rigorous evaluation, to improve outcomes for children and families in comparison to one or more alternatives.

When an evidence-supported intervention that was tested in a specific location or under certain conditions is appropriately selected and applied in the field by a child welfare practitioner working with a child, family, or community, it is integrated into evidence-based practice.

Levels of Evidence for Evidence Based Practice/ Evidence Informed Practice

Level I - Emerging Programs and Practices

PROGRAM CHARACTERISTICS

The program can articulate a *theory of change*, which specifies clearly identified *outcomes* and describes the activities that are related to those *outcomes*. This may be represented through a program *logic model* or *conceptual framework* that depicts the assumptions for the activities that will lead to the desired *outcomes*.

The program may have a book, manual, other available writings, and training materials, OR may be working on documents that specify the components of the practice protocol and describe how to administer it.

The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

Levels of Evidence for Evidence Based Practice/ Evidence Informed Practice Level I - Emerging Programs and Practices

RESEARCH & EVALUATION CHARACTERISTICS

There is no clinical or *empirical* evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.

Programs and practices may have been evaluated using less rigorous *evaluation* designs with no *comparison group*, including “*pre-post*” designs that examine change in individuals from before the program or practice was implemented to afterward, without comparing to an “*untreated*” group – or an *evaluation* may be in process with the results not yet available.

The program is committed to and is actively working on building stronger evidence through ongoing *evaluation* and continuous quality improvement activities.

Level II - Promising Programs and Practices

PROGRAM CHARACTERISTICS

The program can articulate a *theory of change*, which specifies clearly identified *outcomes* and describes the activities that are related to those *outcomes*. This is represented through presence of a program *logic model* or *conceptual framework* that depicts the assumptions for the activities that will lead to the desired *outcomes*.

The program may have a book, manual, other available writings, and training materials that specify the components of the practice protocol and describe how to administer it. The program is able to provide formal or informal support and guidance regarding program model. The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

Level II - Promising Programs and Practices

RESEARCH & EVALUATION CHARACTERISTICS

There is no clinical or *empirical* evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.

At least one study utilizing some form of *control or comparison group* (e.g., *untreated group, placebo group, matched wait list*) has established the practice's *efficacy* over the *placebo* or found it to be comparable to or better than an appropriate comparison practice, in reducing *risk* and increasing *protective factors* associated with the prevention of abuse or neglect. The *evaluation* utilized a *quasi-experimental* study design, involving the comparison of two or more groups that differ based on their receipt of the program or practice. A formal, independent report has been produced which documents the program's *positive outcomes*.

The local program is committed to and is actively working on building stronger evidence through ongoing *evaluation* and continuous quality improvement activities. Programs continually examine long-term *outcomes* and participate in research that would help solidify the outcome findings.

The local program can demonstrate adherence to model *fidelity* in program or practice implementation.

Level III - Supported Programs and Practices

PROGRAM CHARACTERISTICS

The program articulates a *theory of change*, which specifies clearly identified *outcomes* and describes the activities that are related to those *outcomes*. This is represented through the presence of a detailed *logic model* or *conceptual framework* that depicts the assumptions for the *inputs* and *outputs* that lead to the *short, intermediate and long-term outcomes*.

The practice has a book, manual, training, or other available writings that specify the components of the practice protocol and describe how to administer it.

The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

Level III - Supported Programs and Practices

RESEARCH & EVALUATION CHARACTERISTICS

There is no clinical or *empirical* evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.

The research supporting the *efficacy* of the program or practice in producing positive *outcomes* associated with reducing *risk* and increasing *protective factors* associated with the prevention of abuse or neglect meets at least one or more of the following criterion:
At least two rigorous *randomized controlled trials* (RCTs) in highly *controlled settings* (e.g., university laboratory) have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, *peer-reviewed* literature.

program implementation.

to model *fidelity* in program implementation.

Level IV - Well Supported Programs and Practices PROGRAM CHARACTERISTICS

The program articulates a *theory of change*, which specifies clearly identified *outcomes* and describes the activities that are related to those *outcomes*. This is represented through the presence of a detailed *logic model* or *conceptual framework* that depicts the assumptions for the *inputs* and *outputs* that lead to the *short, intermediate and long-term outcomes*.

The practice has a book, manual, training or other available writings that specify components of the service and describe how to administer it.

The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

Level IV - Well Supported Programs and Practices

RESEARCH & EVALUATION CHARACTERISTICS

Multiple Site Replication in Usual Practice Settings: At least two rigorous *randomized controlled trials* (RCT's) or comparable *methodology* in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice.

The RCTs have been reported in published, *peer-reviewed* literature.

There is no clinical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.

The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.

Outcome measures must be *reliable* and *valid*, and administered consistently and accurately across all subjects.

If multiple outcome studies have been conducted, the overall weight of the evidence supports the *effectiveness* of the practice.

The program is committed and is actively working on building stronger evidence through ongoing *evaluation* and continuous quality improvement activities.

The local program can demonstrate adherence to model *fidelity* in program implementation.

Go to:

**the California Child Welfare Evidence Based Clearing
House for Child Welfare to Review Their Website:**

<https://www.cebc4cw.org/>

Next Week:

More on Evidence Based Practices