Evidence based practice and decision-making in child welfare services

‘Conflicting evidence is often not discounted but apparently just ignored.’ (Munro, 1996)

In the last decade, there has been a growing movement to establish a firmer and more extensive knowledge base for action and planning in the delivery of services (Sackett, Strauss and Richardson, 1997, as cited in Shlonsky and Gibbs, 2004). This approach that started in the field of medicine and moved to health care and social work during the 90’s supports a more accountable and responsive service decision-making process. This “evidence based practice” model looks to move practitioners away from authority based practices and policies, to a more collaborative partnership with clients, incorporating evidence of effective services and the assessment of service impact (Gambrill, 2003).

In contrast, it has been suggested that historically the development of services and interventions has been often based on a mixture of research, best practice ideas, resources and ideology (Dudding and Hebert, 2004). When applying these four influences on the present process of child welfare service advancement, a complex picture often emerges that is heavily tinted by an ideological overlay and a growing best practice and research foundation, limited by available resources. Evidence based practice proponents seek to advance the weighting of research evidence in an egalitarian service process.

Two perspectives will be used here to explore various aspects of the “Evidence Based Practice” model in relation to child welfare services. Firstly, since its inception, the meaning of the term ‘evidence based practice’ has been applied to more situations than it was originally intended and is now “in danger of becoming a catchphrase” with a diluted intent (Shlonsky and Gibbs, 2004; Gambrill, 2003). Secondly, the evidence based practice approach looks to establish a larger knowledge base and, in so doing, coincidentally identifies areas where specific knowledge or “evidence” is lacking and professional judgment is needed. On incorporating these perspectives in child welfare services, there appears to be a need to clarify the key parameters of this practice model and its service implications, when there is “evidence” and when there isn’t.
Evidence Based Practice

The definition of evidence-based practice (EBP) was first developed in the health services (e.g. Sackett et al. 1997, as cited in Shlonsky and Gibbs, 2004) and highlights the process involved in integrating professional expertise and information regarding each client's unique characteristics, circumstances, and values with external research findings. An individualized assessment is used to formulate an answerable and testable question leading to the identification of relevant research evidence that is then discussed collaboratively with the particular client(s). Shlonsky and Gibbs (2004) define EBP as “a systematic process that blends current best evidence, client preferences (wherever possible), and clinical expertise, resulting in services that are both individualized and empirically sound.” It is seen to be a process that facilitates accountability and transparency, while supporting effective interventions used in an ethical manner.

If we do not have EBP now, what do we have? Sicoly (1990) has described decision-making in child welfare services as heavily influenced by value judgments and personal biases occurring in an environment of uncertainty, highlighting the inconsistency of professional decisions – with workers reviewing the same case material and arriving at different strategies for intervention. These findings reflect the problematic situations that Sackett et al. (1997, as cited in Shlonsky and Gibbs, 2004) identified in their early developmental work. One of the origins of evidence-based health care was the finding of striking variations in services offered to address a particular problem. Consequently, questions naturally arise such as: "Are all variations equally effective?" "Do some produce better outcomes than others?" Another perspective germane to the beginnings of EBP was an interest in decreasing the use of uninformed authority as a basis for decisions and increasing accountability of decision makers regarding the basis of their decisions (Gambrill, 2001).

The term “authority based practice” is used by Gambrill (2001) and others (e.g. Shlonsky and Gibbs, 2004) to denote a form of intervention that is practitioner driven, which has little regard for its effectiveness or the presenting client situation. In EBP, research evidence is not meant to be a new source of authority but a proven description of effectiveness (or not) that can assist clients and practitioners decide on the best intervention. Although there is often the presumption of the availability of research evidence, this is not always the case and part of the EBP model incorporates the need to greatly expand research given the many gaps in the child welfare knowledge base and elsewhere (Wilson and Alexandra, 2005; Munro, 1996). Applying this understanding and approach to
practice in child welfare services raises a number of critical questions, especially in relation to the gaps that are present in available evidence, the sometimes involuntary nature of client involvement, and the time needed to collect and incorporate “additional sources of evidence”.

Evidence Based Practice in Child Welfare

Choosing an intervention

EBP provides guidance to practitioners in the method of selecting interventions and supports a considerate and inclusive casework process (Gambrill, 2001). However, there are at least two major hurdles that need to be addressed. Firstly, although many studies of decision-making in child welfare services often emphasize case opening (or not), substantiation (or not), admission of children (or not), return of children in care (or not) and case closing (or not), there are a myriad of other decisions to be made and no clearly related research. Secondly, studies such as the one conducted by Gira, Kessler and Poertner (2004) highlight that there are practical on-the-job issues to consider in understanding the casework process and the integration (or not) of research findings as an aid to service. More specifically, Mullen and Bacon (2004, cited in Mullen et al. 2005) asked practitioners about their use of research evidence and research methods in their practice. According to the survey results, research findings were rarely referred to when making practice decisions, standardized assessment procedures were seldom used in practice, single-subject designs to assess practice outcomes were hardly ever used, EBP guidelines and manuals were usually not known, and research studies of relevance to their practice were rarely read.

In its most successful application, EBP appears to involve the searching for and identification of research evidence by a practitioner and, or, awareness of it, and its evaluation and accommodation for a particular client (group). If available and known, other considerations about the use of research evidence centre around the type of evidence available (randomized control trials or other), how to access, (e.g. systematic reviews, journal searches) time to keep up with the developments in the field and adapting the intervention to a client who is similar to those involved in the “evidence creation study”. The proliferation of studies and research results has led at times to contradictory findings and staff are therefore left wondering about the soundness and coherence of proposed research “evidence”. Any consideration of EBP must consider the basis for the claim “this is evidence” and the appropriate
generalization from the study situation to the real life surrounding the caseworker and client situation? Moseley and Tierney (2005) found that many staff, when considering research, feel “ill-equipped to make sense of it or to judge the quality of findings.”

**Client involvement**

EBP appears to be an ideal approach to creating an accountable and responsible delivery of service and although many aspects are applicable to child welfare, several areas for development and points of divergence emerge. Another unique perspective for child welfare services is with regard to the degree of partnership and participation of the children and families served. Shlonsky and Gibbs (2004) appear to be in the minority when it comes to this consideration of client involvement as they highlight in their definition of EBP client preferences are integrated “…wherever possible”. EBP has a core belief concerning the ethical involvement of clients that is based on their right to participate in services and an educative change process. In child welfare services the priority ranking is not always the individual first and then societal rights. At times, there might not be a choice for parents or children according to the legislated service mandate in child welfare services: at times, there will be mutuality; and, at times, there will be client direction setting.

As some clients are not involved voluntarily, participation (at least) initially can be less than collaborative. Services for such families are mainly intended to protect and support the victims and potential victims of child maltreatment based on a legislated policy implemented to reflect a socially desirable intention (child safety). From a political perspective, child welfare services are designed to provide for the greater good of children at risk (Leslie, 2004), which might or might not coincide with the individual clients’ perspectives. Consequently, the legislated mandate for service can become the priority directing the intervention.

**Outcomes evidence based**

Effectiveness and client impact are central constructs in the EBP model and outcome measurement is a key process. In child welfare services this presents a challenge, as there is only a slowly evolving picture of aggregated outcomes facilitating a field-based perspective. An outcome for a particular client can be identified in most cases but a more complete and coherent systems view is lacking in Canada, notwithstanding the work of Trocmé (1999) with the “Outcomes Matrix” and Robert Flynn and colleagues (e.g., Flynn, Ghazal, Legault,
Vandermeulen and Petrick, 2004 and Flynn and Byrne, 2005) with “Looking After Children” related outcome indicators [Parker et al. (1991), and Ward and Skuse (1999)].

There has been growing consensus in support of the importance of an outcome focus in child welfare service development with ‘child safety’, ‘permanence’, ‘well-being’ and ‘family and community support’ forming the cornerstones of an ecological approach to understanding child welfare issues in a multi-dimensional framework (Trocmé, 1999). The Looking After Children materials and practice approach support service capacity in aid of children and facilitate the monitoring and evaluation of outcomes. The work of Flynn et al., (2004) using the Looking After Children Assessment and Action Records (AARs) has begun to move our understanding of outcomes for children in care to more specific child development characteristics covered in the AARs: health, education, identity, family and social relationships, social presentation, emotional and behavioural development, and self care skills. However, we are still far from having a complete research base showing how a specific form of child maltreatment, interacts with a particular intervention, measuring the impact on child and or family functioning, producing an aggregated service description incorporating priority outcomes (Wilson and Alexandra, 2005).

Accountability

As mentioned above, part of the transition to a more secure EBP involves the measurement of outcomes and the clear description of how an intervention was determined. Given the level of scrutiny in child welfare services and the degree of potential harm from avoidable mistakes and negative outcomes, these aspects of service delivery carry an even greater weighting than in other service sectors. The field has a tradition of being focused on major negative outcomes such as the death of a child and the elimination of child maltreatment in its various forms - a perspective reinforced in the media. The removal or prevention of negative outcomes is a more familiar service criteria in the field, whereas, EBP highlights a more thorough identification of positive developments reinforcing positive change. The relative importance of achieving positive outcomes reflected in improvements for children and families after an experience of child maltreatment is a perspective best illustrated through the literature on resilience (Lemay and Ghazal, 2001) and perhaps reflects a more longsighted vision for the service.

The removal of negative outcomes as a service priority is frequently exposed in newspaper coverage where child safety is not regularly identified or chronicled by
the numbers of children that are safe but is highlighted through examples of the few children that are seriously harmed or die. In Ontario, this focus has been further magnified as a result of several highly publicized inquests in the 90’s (Regehr, Chau, Leslie and Howe, 2003). This perspective on the work can lead to a risk management approach guiding service; A heavy weighting of actions seen to protect against potential harm to children and guard against possible liability for the worker.

Workers can be seen to err on the side of being too restrictive or too trusting: removing a child from their family when hindsight reveals manageable risks, or not removing a child who is subsequently harmed. In their review of work processes, Moseley and Tierney (2005) identified in their survey of child protection staff in the States that action is valued over reflection and the need to be seen doing something is compounded by an overly risk averse culture. Given these potential considerations and influences in casework, it is vital that plans are clear, detailing a reasonable and accountable process given the potential for review (Munro, 1996). EBP supports such a process.

**Beyond research evidence**

Within the EBP literature “evidence” is most often narrowly defined and represented through,

1. Systematic and rigorous research
2. Clinical expertise
3. The client

In child welfare services though it is important to consider a broader selection of “evidence.” Shaxson (2005) and others have argued that the emphasis on research as the key form of evidence is overly restrictive and other forms of sound knowledge can be appropriately influential in guiding interventions. This is certainly true in child welfare services: research evidence at present cannot always be the main practice guide. In child welfare services there are other compelling sources of information that direct action and can be based in part on any or all of the following that might or might not be identified in research findings,

1. Agency policies
2. Legislation
3. Regulations
4. Best practice standards
Furthermore, critics have pointed out that the idea “professional practice should be based on research evidence” is potentially misleading: “practice is necessarily a matter of judgment, in which information from various sources (not just research) must be combined (Hammersley, 2005).” Given the potentially diverse sources noted above it is perhaps not surprising that the role of professional judgment may be greater in some fields like child welfare than it is in others.

However, regardless of whether research evidence or some other source of information is being used to determine an intervention, the practitioner must decide about its appropriateness for a particular situation. Moreover, sensitivity about potential bias is important to consider in the varied direction setting steps in the process, from the question explored to the intervention selected and outcome monitored (Shaxson, 2005). Hammersley’s (2005) position is supported here.

“Reliable evidence can derive from other sources besides research, and that using any evidence requires judgment, both about its validity and about what its implications for practice might be in particular contexts.” (Hammersley, 2005)

**Expanding the evidence base in child welfare practice**

In this section of the article some of the dynamics of EBP and related casework decision-making models are explored in relation to their implications for practice and organizational support. If “evidence based decisions in child protection (or child welfare)” is entered as a search in the Internet search engine Google, no documents are found. “Evidence based practice in child protection” leads to the identification of one document – the paper by Gira et al. (2004) cited above. This does not mean there are no models of the evidence, parameters and influences in child welfare decisions being developed (eg. Health and Human Services, 2003) but indicative of a paucity of generally available information. Even in the field of children’s mental health, which is more advanced in the creation of a research base, a complete basis for understanding a child’s mental health is still being created. Boyle and Thomas (2004), for example, have shown that a child’s mental health is related to three major influences - child specific, and family and neighbourhood circumstances - in the ratio 43:29:8, with 20% still unidentified.
This finding clearly identifies 20% unknown but does not imply that all is known about the 80% of known sources.

Eileen Munro (1996) has commented with regard to child welfare services “we are always making decisions based on imperfect knowledge. Consequently, some mistakes are inevitable and the key point of analysis is to distinguish between the good and bad mistakes.” The determination of such “bad” mistakes is based on evidence and knowledge being available but not used.

The number of mistakes that lead to serious harm to children are thankfully few (Trocmé, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, M., Mayer, M., Wright, J., Barter, K., Burford, G., Hornick, J., Sullivan, R. and McKenzie, B. 2001) but given the public accountability of such cases, concerns about legal liability arise. Kanani et al. (2002) explored recent court decisions in Canada related to cases involving child welfare services and criminal proceedings, concluded,

“...child welfare professionals who exercise reasonable caution and engage in good clinical social work practice, good record keeping, effective communication and verification of information, can continue to strive to offer the high quality services to children and their families as they have always done without any serious fear of re crimination.”

In her review of “Inquiry Reports”, Munro (1996) identified that workers were criticized for avoidable mistakes “when they failed to make reasonable efforts to collect information…or to interpret the evidence they had.” This latter point was particularly troubling as numerous workers were seen to be resistant to altering their beliefs about a case in light of new, contrary evidence and did not adjust their assessment.

Whether suspicious or optimistic about a family, workers tended to be biased in their attitude to new information. (Munro, 1996)

The model of a research-practitioner has long been upheld as the best way to make advancements in the field and ensure a more rational approach to casework. The importance of this model was in part based on the reality that there are many gaps in the accepted knowledge base and an active learning style was needed to move from the classroom models to the case situations encountered in the field. An enquiring research approach is viewed as an appropriate basis for assessing the fit of interventions and supporting professional judgment. New graduates are invariably faced with “fitting” a well-researched model that is taught into the applied setting. The evaluation of how well it fits is important feedback.
A “Google” search using “research practitioner in social work” as key search words reveals a multitude of course descriptions outlining learning goals and outcomes intended for social work students.

- Have an operational definition of research practice that complements generalist human service practice;
- Appreciate that there exist different ways of gaining knowledge, of which research is one;
- Demonstrate critical thinking by applying scientific analysis concepts in assessing and using research and evaluation studies.

A course about becoming a research practitioner is described as introducing students

“...to research as "a way of thinking" and to provide research knowledge, values and skills that will assist generalist social workers in their professional practice. The course will challenge students to examine their approach to knowing, to think critically and to incorporate research skills into professional practice. The course will examine what research is, why and how you do research, how you understand and interpret research, and the parallels between the research process and planned change.”

Unfortunately, numerous challenges have impeded broad acceptance of this approach in practice (eg. Mullen and Bacon, 2004). Practitioners encounter many barriers, if they want to do research - even if they have a relevant education. There is usually not an emphasis in job descriptions for front-line staff and work time for practitioners to carry out research while in many jobs. The most difficult task is to find time and resources for research as the daily demands from management, colleagues and clients constantly result in a low priority for research activities in a direct service environment (Gira et al. 2004).

In the last couple of decades, and certainly through the 90’s, there has been growing support for alternate simpler models of knowledge creation. Such a change is especially relevant in an applied setting like child welfare service agencies. Research does not always involve large samples and matched groups leading to statistical analysis, and the complexity of a study’s design does not always reflect more credible findings (eg.s, www.policyhub.gov.uk/evalpolicy/qual_eval.asp, and Spratt and Callan, 2004). In fact, for some study questions, a small sample, qualitative design using a semi-structured interview is very appropriate, as in Spratt and Callan’s study for the determination of parent’s perceptions of services.
The possibility of using research related techniques to assess change and determine factors influencing change has become more feasible as part of a practitioner’s routines. Furthermore, alternative research and knowledge building methods have applicability and relevance for the practitioner who creates a plan of service, designs an intervention, identifies desired outcomes, monitors and measures progress, and analyses results. There are many comparable processes within casework and a research study.

1. Identifying questions/issues relevant to a client situation
2. Identifying the best evidence/interventions to address those questions
3. Appraising the evidence/interventions as to credibility and appropriateness
4. Integrating the best approach for this particular client situation
5. Evaluating impact and effectiveness

A self-reflective, monitoring and experimental attitude can be beneficial in casework and is the basis to becoming an evidence-based practitioner (EBPr) who would recognize the differences and innovations he/she creates in working with children and families and identify the impact on them, determining its effectiveness (Mullen et al., 2005). An EBPr would

1. Identify outcomes and outcome measures
2. Seek out relevant research and other forms of evidence
3. Appraise findings in terms of credibility and applicability
4. Document conditions for intervention
5. Document impact in terms of indicators and measures
6. Integrate knowledge gained and consider educational opportunities

The question of whether caseworkers can realistically adopt all the characteristics of an EBPr would appear to be generally answered in the negative. However, the alternative role of “evidence-user”, which is similar to the research practitioner model, but focuses more on the ability to use research in practice and evaluate outcomes, appears to have broader applicability.

One school of social work has taken the approach to supporting EBP through the promotion of research mindedness as a key goal (www.resmind.swap.ac.uk).

- a faculty for critical reflection informed by knowledge and research;
• an ability to use research to inform practice which counters unfair discrimination, racism, poverty, disadvantage and injustice, consistent with core social work values;

• an understanding of the process of research and the use of research to theorise from practice.

However, all of these evidence-based approaches require resource commitment from organizations. Whether “evidence based practice” is fully supported or staff are encouraged to be “evidence based users”, a re-prioritising of activities is needed to support this method of improving services and client outcomes. Training sessions are one way for practitioners to keep up to date but the application of these roles requires time to reflect, plan, use information resources, assess, measure and analyse. Systems solutions to unavoidable and avoidable mistakes were recently reinforced by Munro (2005) in her article on “Improving Practice”, moving away from single worker focused blaming and the search for individual failings.

Additional, organizational implications are revealed in the application of the EBP model in relation to decision-making processes in the absence of evidence. Although the move to use more structured assessment and information collection tools, combined with the use of research evidence can facilitate a sounder, more informed and articulated basis for the work, there still needs to be acknowledgement and acceptance of the gaps that still exist and will exist. Even in more scientifically advanced services like medicine, the use of discretion and the ability to manage the unknown is mandatory. Professional judgment and discretion are integral casework processes that need to be recognized as key activities in the consolidation of available evidence (Munro, 2004 and Campbell, 2005). As part of a knowledge development process, the identification of gaps in practice information needs to be communicated to researchers. The advancement of EBP can aid in the resolution of complex child welfare situations and part of this evidence will reveal better ways to research and resolve those circumstances that do not neatly fit predetermined scenarios.

The gaps in available research knowledge result partly from the fact that not all areas of practice have been thoroughly researched but also from the nature of the ever-changing ecology and context for service delivery, which produces an evolving subject to study. There is an ongoing need to update and refine the knowledge available to the field. In today’s world of ever increasing specialization and proliferation of studies, the various sectors of work in the field – for example,
research, education/training, direct practice and organizational administration – have drifted apart and a need to merge or at least increase the communication between them is evident. Speaking different languages between areas of specialization has led to the need for “knowledge translation” and other remedies for communication dysfunction, related to a lack of shared meaning and disconnectedness.

The “evidence based practice” model speaks to all of the component parts in the creation and advancement of child welfare services, with a view to fostering greater coherence and credibility. The aim of improving the quality and effectiveness of the work we do is an overarching goal across the many areas of practice, which has grown in response to the increasing demand for accountability and transparency and looks to sustain learning and growth through a creative and interactive process (Munro, 2004).

Conclusions

The growth of an evidence based approach to the development of child welfare services is reflected in the proliferation of related literature and its prominent application in schools of social work. Whether one is an “evidence based practitioner”, an “evidence based user”, a practitioner who uses “evidence based practice tools” or a professional who uses an “evidence based practice process”, the movement towards more consistently applied, reliable and valid interventions related to a particular clinical and client situation is making advances in the field. And it is an approach that appears to facilitate good service to clients and the achievement of desired outcomes: it supports and guides the delivery of a quality service and provides methods for improving quality.

The greater availability of newly produced useful evidence presents challenges for agencies in keeping their staff up-to-date and, where possible, linking with academic institutions to further contribute to knowledge building and lessening the gap between researchers and practitioners. Access to a growing body of child welfare related knowledge helps agencies build capacity and can further limit the occurrence of avoidable mistakes. Unavoidable and avoidable errors need to be recognized as a source of learning, promoting new understanding and research from a systems investigation perspective leading to creative non-blaming solutions (Munro, 2005). Funders need to be informed of the gaps in available knowledge and support the participation of academics and agencies in studies to address them. Child welfare services are an under researched area with the potential for exponential benefits (Wilson and Alexandra, 2005).
Although, the questioning and searching for “evidence” are often highlighted as priority aspects within an EBP, the integration and application of the found knowledge in practice are essential processes. It is within these key components of the casework that mutuality and an egalitarian process will evolve, or not. The vital importance of the manner in which clients are engaged and encouraged to partner with their caseworker is even greater, when an intervention is selected on the basis of information that is not as persuasive to clients, which is sometimes the case in practice.

As recently as 2005, the National Association of Public Child Welfare Administrators in America put forward the position that “the base of solid empirical research evidence in child welfare practice is still in an early developmental state. (Wilson and Alexandra, 2005)” The gaps in our child welfare knowledge base require that staff are prepared to work in an environment that upholds the use of professional judgment, in the absence of definitive criteria for action, and encourages learning. Evidence based practice also requires practitioners to creatively adapt available knowledge while using professional discretion in partnership with clients (wherever possible), and their organizations to support knowledge building and accountability.

References


Researchmindedness in Social Work and Social Care www.resmind.swap.ac.uk.


The quality of qualitative research. ww.policyhub.gov.uk/evalpolicy/qual_eval.asp

