Evidence-Based Service Planning for Child Welfare

Lessons Learned From Front Line Professionals

Monica M. Fitzgerald & Lucy Berliner

Do families in the child welfare system (CWS) with more problems need more services? Are all psychosocial services in the community the same, with regard to quality and effectiveness? When are families considered “successful” in completing services for resolution of CWS involvement?

These are some of the common questions and challenges posed daily by professionals who are involved in responding to families in the child welfare system (CWS) and constructing “service plans” or working documents, that prescribe a service or set of services that guides CWS intervention into families’ lives. The service plan outlines the necessary steps to accomplish the primary CWS goals of safety, permanency and well-being, and specifies the recommended or often compulsory services for parents and children to complete. Service plans specify formal psychosocial interventions (e.g., parenting programs, mental health therapy, chemical dependency services) as well as other basic needs services (e.g., housing, increasing social support, linkage to safety net services).

Unfortunately, there is relatively little formal guidance on which to base the service planning process, and comprehensiveness has been the predominant watchword under traditional service planning (i.e., a program for every problem). This situation leaves the CWS in the position in which plans are driven more by local practice than evidence-informed policy and in some cases, are driven by defensive responding to anticipated legal challenges to sufficiency and comprehensiveness of the plan. The American Professional Society on the Abuse of Children (APSAC) formed a task force to respond to the current challenges and complex questions related to CWS service planning, and recently published a Report of the APSAC Task Force on Evidence-Based Service Planning Guidelines for Child Welfare (Berliner, Fitzgerald, Dorsey, Chaffin, Ondersma, & Wilson, 2015). This policy report aims to define and provide guidelines for a new service planning perspective and approach in child welfare service called “evidence-based service planning” (EBSP), with a focus on formal clinical or behavioral health services. The report is intended for professionals involved with families in CWS, such as caseworkers, mental health professionals, Court Appointed Special Advocates, court commissioners/judges, parents’ lawyers, and Child Advocacy Centers.

The goal of evidence-based service planning (EBSP) is to construct service plans based on the general principles of evidence-based practice and prefer services with empirical support for clinical problems or needs associated with the causes or consequences of child abuse and neglect (CAN). Focus and parsimony are the watchwords for EBSP that emphasize clear objectives, structure, quality, depth and intensity over service volume alone. The three main principles of EBSP are briefly described in the table below. EBSP emphasizes a focused, assessment driven and science-informed approach that favors plans that are sufficient while avoiding over-burdening families with compulsory...
services that address problems not directly related to the child welfare CAN referral.

EBSP aims to facilitate an overarching service approach that is collaborative, respectful and includes services that are most likely to lead to outcomes on both family-identified and child welfare mission goals.

The EBSP approach is timely given there is increasing pressure for CWS to embrace the use of evidence-based interventions (EBIs) in service plans (Landsverk, Garland, Rolls Reutz, & Davis, 2011; http://www.cebc4cw.org!), similar to other behavioral and health fields (e.g., medicine, psychology, education, juvenile justice and criminal justice). Taking an “evidence-based practice” approach to service planning goes beyond simply preferring specific EBIs; it involves viewing service selection and planning through an evidence-based lens, such that principles of EBI (e.g., shorter-term, focused, skills-based, measurement of outcomes) are incorporated throughout planning.

An evidence-based service plan is only as good as the level of family participation in it. Therefore, it is important that service plans are developed taking into consideration the inherently coercive nature of child welfare intervention and its impact on engagement and motivation. Skillful CWS workers and service providers strive to establish a positive working alliance because it creates a context more conducive to engagement, agreement on goals, and taking steps towards achieving those goals (Dawson & Berry, 2002; Kemp, Marcenko, Hoagwood, & Vesneski, 2009).

For EBSP to be effective in a community, it is not just the child welfare system, but also public mental health, and other key systems (e.g., dependency courts, CASA programs, juvenile justice, child advocacy centers, substance abuse services) that need to be on board with the basic EBSP principles. A coordinated and agreed upon approach across systems in which the fewest necessary services are on the plan, the services are directly related to the causes or consequences of CAN, and there is some agreed upon method of measuring progress or successful completion would make a big difference for families and for achieving child welfare goals. It would lower burden on families, decrease confusion and conflicting messages, increase the likelihood of success, and promote permanency and well-being. There is consensus that responding to child maltreatment must be interdisciplinary. But the disciplines must be on the same page and be committed to work collaboratively to support a plan that genuinely involves families and is grounded in evidence-based principles.

The Task Force report provides (a) an overview of the CWS mandate and mission, and methods for achieving CWS goals; (b) the rationale and principles of EBSP; (c) a case example without and with application of EBSP; (d) specific evidence-based psychosocial services that target the clinical problems and needs associated with increased risk for child abuse and neglect (CAN) or which are the result of CAN; and (e) recommendations for professional practices related to service planning with families in the CWS.

The time is right to begin applying this framework to the CWS service planning process to maximize the effectiveness of service plans in terms of the content of the plans, the overarching EBI principles, and acceptability to families. As a professional society concerned with the welfare of maltreated children and their families, APSAC has a direct interest in promoting best evidence policy approaches. Overall, we see this Report of the APSAC Task Force on Evidence-Based Service Planning Guidelines for Child Welfare as an initial effort to provide principles for changes needed in child welfare service systems in order to more effectively

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<tr>
<th>Evidence-Based Service Planning Principles</th>
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<tr>
<td><strong>1. Service selection prioritizes effectiveness and efficiency</strong></td>
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<td>Not all services are equal; some are more effective than others. Evidence-based interventions are favored for service selection.</td>
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<td><strong>2: Focus and parsimony</strong></td>
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<td>Prescribe the smallest number of services that will accomplish the intended goal. The top CAN-related priorities are identified, and then matched to a limited number of services, ideally EBIs that directly target the primary need(s) or problem(s) related to the CAN referral.</td>
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<td><strong>3: Triage and sequencing</strong></td>
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<td>When multiple types of CAN-related services or interventions targeting specific problem areas are identified for families, triage and sequence services to ensure that basic or high priority services come first. In most cases, the highest-priority needs will be parenting and addressing the impact of CAN on the children.</td>
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Note: EBI= Evidence-based intervention; CAN = Child abuse and neglect.
support children and their families. Our hope is that this "version 1.0" of the Task Force Report will stimulate conversation and innovation among stakeholders and professionals dedicated to improving services and service delivery. To learn more about EBSP, read the Report of the APSAC Task Force on Evidence-Based Service Planning Guidelines for Child Welfare in Child Maltreatment (an APSAC publication through Sage) and read the excellent commentaries provided by Rick Barth and Ben Saunders in the same issue (Barth, 2015; Saunders, 2015).

**EBSP Recommendations for Practice**

- Explicit adoption of engagement and motivational enhancement principles and approaches as integral to CWS practice.
- Systematic assessment of family and child problems and needs as part of the service plan development process, preferably including use of standardized assessment measures.
- Service selection and planning is guided by focus and parsimony.
- Triage and sequencing guide service planning to ensure that basic or high priority services come first. A stepped care approach is used.
- Service plans are goal driven and outcomes-focused. Decision-making is based on change and progress toward goals.
- Interventions are designed to lead to case closure and reunification at the earliest time period.

**References**


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Enhancing the ability of professionals to respond to children and their families affected by abuse and violence.

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