

Engaging the Family Group in Child Welfare Decision Making:

Developing strategies for research reviews that ‘work’

Gale Burford, MSW, PhD

University of Vermont

Department of Social Work

ABSTRACT: This presentation reports on a review in progress of international studies focusing on family engagement in decision making in child welfare. The challenges to carrying out a systematic review in the face of widely-varying implementation strategies, policy and political contexts, different languages, cultures, and the limitations of imposing narrow standards for review in this complex area of practice are explored. Consideration is given to the need for researchers to re-think research approaches that fit the character of the evolving practice, and help them ‘work’, while attending to safety, child and family rights and informed policy development.

Purpose

- To review the international evidence regarding the implementation and impact of family-engagement strategies in child welfare

What do you think of when you hear the phrase “engaging the family” in decision-making?

- About the family’s ideas and leadership?
- Bringing them to the table?
- Letting them have a say?
- Giving them an opportunity to say ‘no’?
- Giving needed support if you approve their plans?
- Widening regulatory influence?
- Other?

Introduction

- Background to present review
- On-line surveys 2003 & 2006
- Content review of studies to 2003
- Annotated bibliography of research post-2003
- Review of approaches to systematic reviews

IMPLEMENTATION ISSUES

Legislation	Best Practice Policy
System-wide	Local
Model fidelity	Adaptation
Population/Category	Hand picked
Rapid safety planning	Permanence/Transition
Voluntary referrals	Voluntary attendance
Professionally led/infused	Family led/infused
Transformation	Bolting practice on

TRENDS

- Many places engaging family – thinking ‘whole family’
- Part of range/spectrum of services
- Practice guidance, legislation, policy
- Cultural fit and variations (e.g., Finland, Sweden, Hawai’i)
- Use to shift proportional representation in care
- Shifts in social work practice (out of silos)
- Genuine new partnerships child welfare, families, communities – inclusion focus
- Research and evaluation challenges issues

Current Research Update

Initial Impetus

- 2007 FGDM Conference meeting of researchers
 - Identified need for cross-jurisdictional studies
- 2008 Integrated Models Group
 - Identified need to update literature review of 2003 published in *Protecting Children*
- August 2008 Research Meeting – N. Yorkshire: research/evaluation strategies, rights-focus, evidence-informed, comprehensive literature review
- Supported by American Humane
 - National Center on FGDM
 - National Child Protection Research Center

International Research Team

- Formed October 2007
- Under leadership of Gale Burford
- Team Members in United Kingdom (Kate Morris), New Zealand (Marie Connolly), and United States (Joan Pennell)
- Planning fall 2007-spring 2008 to determine purpose, framework, approach, and products
- Ongoing review of studies and refining questions

Guiding Questions

- What happens when families are involved in decision making?
- What happens to children when families are involved in decision making?
- What happens to systems when families are involved in decision making?

Preliminary Review

- Some questions already answered in the affirmative:
 - Do families want to be involved in decision making?
 - Can families take part safely?
 - Do families make plans?
 - Do families volunteer their own homes and resources for their relatives?
 - Do workers approve these plans?
 - Do families from different cultures like the process?

Balancing Power & Authority in Group Decision Making

- Clarity of purpose of meeting
- Justification for use of authority – why ‘state’ involved at all?
- Use of process that ensures procedural fairness
- Balance in representation that honors family’s culture and life-long connections to child
- Transparency and active provision of information and support for good decision making
- Offering needed resources to participate and follow up on plans
- Does this qualify as EBP?

Balanced Risk Assessment



RESULTS TO AIM FOR

- Child/family and victim participation
- Decrease in court proceedings
- Less conflict and contest
- Fewer children in public care or custody
- More children in kinship care
- Lower levels of re-referrals/faster re-processing
- Improved agency collaboration meeting family need
- Wider family protective and control network -- responsive regulatory strategies
- Specific outcomes (safety, permanence, well being)

Information Sources

- WWW surveys 2003 and 2006
- Research update 2003
- Current research update
- Ongoing literature review
- Personal correspondence
- Other ongoing reviews (Nordic Campbell Collection, Washington State Institute for Public Policy, Child Welfare Interest Group NYU/U of T)

Cochrane Collaboration Objectives

To help people make well informed decisions by preparing, maintaining and promoting access to systematic reviews of studies on the effects of health and health care practices and policies.

Campbell Collaboration Objectives

- To help people make well informed decisions by preparing, maintaining and promoting access to systematic reviews of studies on the effects of **educational, legal and social** interventions.
- www.campbellcollaboration.org/

Realist Evaluation Purpose

“Systematically track outcomes, the mechanisms that produce the outcomes, the contexts in which these outcomes are triggered, and the content of the interventions”
(Kazi, 2003: 1).

EPB What Works Agenda

- Does the intervention cause more good than harm?
- How effective is it, and is it cost-effective?
- What interventions are most effective for reducing inequities including exclusion and disproportionality?
- How can the utilization of effective and appropriate interventions by consumers be improved?
- What are the most effective interventions for promoting the use of evidence by policy decision makers?

“As defined by the Institute of Medicine, EBP is a combination of three factors: **(1) best research evidence, (2) best clinical experience, and (3) consistency with patient values** (Institute of Medicine [IOM], 2001). The California Evidence-Based Clearinghouse for Child Welfare (CEBC) amended the third factor for child welfare practitioners to read “**and consistency with family/client values**” (CEBC, 2006). This approach is intended to build on a foundation of scientific research while honoring the clinical experience and professional ethics of practitioners as well as the consumers’ values, knowledge, and wisdom. “ (Adams & Chandler)

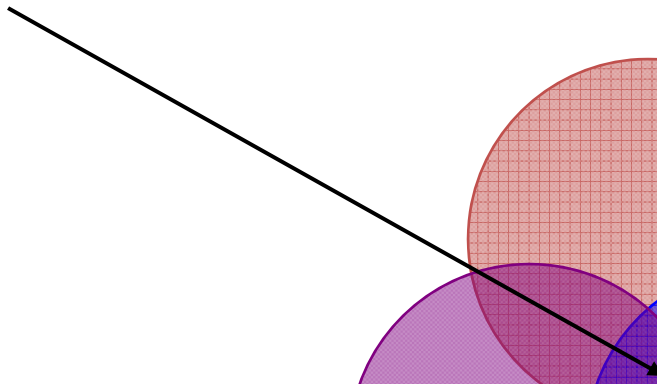
Programs are messy business...

- Multiple 'interventions' many at same time with sometimes conflicting purposes
- Getting programs up to required 'strength' and maintaining them there over time defy laboratory conditions
- Decisions, decisions, decisions.....

The Families Child Welfare Engages*

Most Excluded Families

2-3%



Economic Well Being

Poverty and debt
Unemployment
Education and skills

**Communities and
Staying Safe**

Crime and antisocial behaviour
Alcohol and drugs
Poor housing and homelessness

**Health and Family
Structures**

Domestic violence
Relationship conflict
Mental and physical health

*Whole Families Approaches – UK Cabinet Office

“Qualitative knowledge is absolutely essential as a prerequisite foundation for quantification in any science. Without competence at the qualitative level, one’s computer printout is misleading or meaningless. We failed in our thinking about programme evaluation methods to emphasize the need for a qualitative context that could be that could be depended upon .. To rule out plausible hypotheses we need situation specific wisdom. The lack of this knowledge (whether it be called ethnography or program history or gossip) makes us incompetent estimators of programme impacts, turning out conclusions that are not only wrong, but often wrong in socially destructive ways”
(Campbell, 1984: 36)

“The limitations of traditional forms of systematic review in making optimal use of all forms of evidence are increasingly evident, especially for policy-makers and practitioners. There is an urgent need for robust ways of incorporating qualitative evidence into systematic reviews.”

Mary Dixon-Woods, Shona Agarwal, David Jones, Bridget Young¹, Alex Sutton 2006
Journal of Health Services Research & Policy Vol 10 No 1, 2005: 45–53
<http://jhsrp.rsmjournals.com/cgi/reprint/10/1/45>

Research methodologies focusing on treatment effect and meta-analysis assume that the interventions are highly reproducible. With family engagement conferences, the process may be highly reproducible insofar as it is guided by transparency, procedural fairness and efforts to bring to the table a balance of family and professional interests, but the plan that is made which forms the basis of a contract to be accomplished by decisions taken in the future is unique to that meeting.

Next Steps

- 20+ more studies to review
- Ongoing refining of questions and theory of what aspects of family engagement work with which children and families under what conditions (who, what, when, how, why)
- Frameworks for estimating costs
- Pre-2003 studies
- Support researchers consultation & publication

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