

2018

Evidence-Based Child Welfare Screening and Assessment Practices

Melissa Hardin
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Social Work Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Melissa Hardin

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Kristin Richards, Committee Chairperson, Social Work and Human Services Faculty

Dr. Valerie Quarles, Committee Member, Social Work and Human Services Faculty

Dr. Nancy Campbell, University Reviewer, Social Work and Human Services Faculty

Chief Academic Officer

Eric Riedel, Ph.D.

Walden University

2018

Abstract

Evidence-Based Child Welfare Screening and Assessment Practices

by

Melissa Anne Hardin

MSW, New Mexico Highlands University, 2007

BS, Eastern New Mexico University, 2003

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

November 2018

Abstract

The purpose of this action research project was to examine the screening and assessment behaviors of child welfare workers in the southwestern region of the United States. The study addressed whether social workers' knowledge of evidence-based practice influenced their implementation of evidence-based practice in child welfare screening and assessment, and whether the agency environment affects evidence-based practice implementation and use. The family systems theory was used to evaluate child welfare practitioner work and systems theory was used to evaluate the child welfare system in the region of the study. A focus group comprised of seven social workers practicing in the southwestern region was used to determine screening and assessment practices as well as agency factors that affect practice. Social workers' knowledge of evidence-based practices and agency environment were found to impact social workers' use of evidence-based practice. The overuse and misuse of evidence-based practice terminology confused the concept for social workers. This combined with the implementation approach in an agency setting led many of the social workers to avoid evidence-based models and revert to experiential practice knowledge. The client and agency behaviors interpreted in the findings might prompt future research and change to increase the use of evidence-based practice. Implications for social change resulting from these findings include the potential to improve evidence-based practice implementation by agencies and increase of social worker education and knowledge regarding evidence-based practice. These changes could affect greater social change with improved child welfare outcomes.

Evidence-Based Child Welfare Screening and Assessment Practices

by

Melissa Anne Hardin

MSW, New Mexico Highlands University, 2007

BS, Eastern New Mexico University, 2003

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

November 2018

Acknowledgments

This is not an accomplishment I could have achieved on my own. Without the support of my husband and children, I would not have been able to get through this process. Their patience, understanding, and support made this possible for me. My mother, who believed in me and my abilities, instilled a confidence in me that I learned to believe in myself. My program director and mentor, Patricia Saylor, who pushed me to obtain my doctorate. Without her unending faith in me and encouragement, I would not have realized the strength I possessed to complete this process.

Once in the final phases of my doctoral education, the highest credit goes to my first chair, Dr. Kristin Richards, who lit the path of the dissertation process. She taught me to handle each challenge “bird by bird,” and not to lose sight of my greater goal. I am eternally grateful for the level of support she provided to me.

I have many other family and friends who have expressed support, pride, and joy for me in this process as well; I am grateful for each of them. Walden University made this opportunity possible for me, with an online environment conducive to distance learning. I am thankful for this and for the team who assisted me at each turn.

Table of Contents

Section 1: Foundation of the Study and Literature Review	1
Introduction.....	1
Problem Statement.....	2
Purpose Statement and Research Questions	5
Nature of the Doctoral Project	7
Significance of the Study	8
Theoretical Framework.....	9
Values and Ethics.....	11
Literature Review.....	13
The Relationship Between EBP and Child Welfare	14
The Current State of Evidence-Based Work in Child Welfare.....	16
Addressing Limitations of EBP in Child Welfare.	18
Implementation of EBP in Child Welfare.....	22
A Systems Theory Interpretation of EBP Implementation Barriers	27
Systemic Factors of Child Welfare Impeding Implementation	30
EBP and Screening and Assessment in Child Welfare.....	40
Summary.....	45
Section 2: Research Design and Data Collection	47
Research Design.....	47
Methodology	48
Data	48

Participants.....	49
Instrumentation	50
Data Analysis	52
Ethical Procedures	53
Summary.....	54
Section 3: Presentation of the Findings	55
Data Analysis Techniques.....	55
Findings.....	57
Themes	58
Focus Group Questions: Data Results	58
Summary	68
Section 4: Application to Professional Practice and Implications for Social	
Change	70
Recommendations for Social Work Practice	70
Implications for Social Change.....	72
Summary	75
References.....	76

Section 1: Foundation of the Study and Literature Review

Introduction

Evidence-based practice (EBP) has flourished in the fields of medicine and education, paving the way for structured interventions and measurable outcomes. Despite this success and many efforts to implement, EBP has failed to gain a foothold in the field of child welfare (Drisko & Grady, 2015; Leathers, Melka-Kaffer, Spielfogel, & Atkins, 2016; Wike et al., 2014). In theory, EBP exemplifies the foundational principles of the social work profession. The National Association of Social Workers (NASW) holds ethical standards paramount because they encompass client safety, well-being, and the professional obligation of licensed social workers (NASW, 2017). While client preferences and values shape the application of EBP, the social worker's assessment of the client provides a foundation for the application (Romanelli et al., 2009). In the field of child welfare, where EBP could provide much-needed support for children and families (Drisko & Grady, 2015), social workers are under strain with limited resources and face great diversity in their caseloads.

In this study, I examined the professional atmosphere of child welfare workers in the southwestern region of the United States. I used data collected from focus group interviews to examine participants' knowledge and application of EBP. Using my findings, administrators and upper-level managers can build policy and procedures more responsive to client and provider needs, thereby improving the lives served by child welfare workers in the southwest region and potentially nationwide.

In the following sections, I outline the absence of EBP in child welfare screening and assessment with a written problem statement. Discussion of the study's purpose follows the problem statement, where I define its relevance to practice and social implications. Next are the research questions, framing the scope of the study and providing guidelines for inquiry. I then outline the nature of the doctoral project, discussing the design selected as well as the rationale behind its selection. Here, the processes of data collection and organization are defined. In a section on the study's significance, I describe potential gains from the outcomes of this study. An introduction to the theoretical framework follows. Values and ethics are cross-referenced to tie the needs of the social work profession to the knowledge obtained in this study. I conclude this section with an extensive literature review where I discuss relevant research I used to support this project.

Problem Statement

EBP is missing in child welfare assessment. Despite research supporting its application to a structured environment such as child welfare, child welfare has been late to adopt this methodology (Axford & Morpeth, 2012; Buckley, Tonmyr, Kerry, & Jack, 2014; Thyer, Babcock, & Tutweiler, 2017; Wike et al., 2014).

The field of child welfare work is one without many thanks in a demanding and often changing environment. The public outcry for positive outcomes is overwhelming, yet those working in child welfare struggle to not only define success but also to identify the best methodology for obtaining it. Child welfare work is as diverse as the families it serves. Historically, this diversity granted social workers autonomy to make decisions

regarding their clients' needs and the services best suited to meet those needs (Barth, 2008; Thyer et al., 2017). The concept of a unified approach for optimal success builds mistrust and doubt from practitioners (Drisko & Grady, 2015). Yet, child maltreatment is a pervasive and costly public health problem linked to extensive short-term and long-term physical and mental health problems (Anda et al., 2006; Hanson et al., 2008; McLaughlin et al., 2012; Walsh et al., 2012 as referenced in Hanson, Self-Brown, Rostad, & Jackson, 2015). The absence of EBP in child welfare is a social problem in need of research.

EBP has emerged in the helping fields over recent decades. Previously showing success in the medical field, the social work field began adapting EBP in the 1990s (Drisko & Grady, 2015). It offers a method of integrating evidence into practice, considering the client's needs, values, and wishes and the social worker's clinical expertise from years of work in the field (Drisko & Grady, 2015; Horwitz et al., 2014; Wike et al., 2014). In theory, EBP exemplifies the foundational principles of the social work profession. The interplay of EBP and the ethical principles of the social work profession are put into practice by the American Academy of Social Work and Social Welfare (AASWSW). The AASWSW promotes the incorporation of research into social work practice with macro-level efforts to effect change and impact social policy (AASWSW, n.d.).

The success of EBP in structured environments shows exceptional promise for child welfare. Although it was late to adopt EBP, child welfare now has a bank of research and evidence-based interventions from which to call on for implementation with relatively little risk to the integrity of treatment interventions (Saunders, 2015; Self-

Brown et al., 2012). If anything, many would argue the array of possibility is far greater now than it was several decades ago. Unfortunately, the increase in research has not made it to field practice (Leathers et al., 2016). The decades of wasted time, resources, and efforts attest to the failed EBP implementation efforts made by child welfare practitioners (Saldana, 2014).

There is a need for EBPs in work with at-risk families and children to address widespread child maltreatment (Hanson et al., 2015). Social work is a field dominated by autonomous providers who have historically written the book on their practice methods (Drisko & Grady, 2015). Social workers in child welfare work closely with managed care organizations to receive funding approval for recommended treatments for their clients. Before the introduction of EBP, these treatments did not have to be empirically based or supported (Leathers et al., 2016). Practitioners question whether EBP is a tool for managed care organizations to take hold of treatment planning and the best interests of their clients to favor better profit margins (Drisko & Grady, 2015). Drisko and Grady (2015) have attributed this mistrust to an inaccurate understanding of EBP.

The slow adoption of EBP in child welfare has drawn attention and subsequent research. Drisko and Grady (2015) and Martin, Walsh, and Reutz (2015) have contended that provider resistance, due to a misunderstanding of the concept, impacts EBP implementation. Whereas Hanson et al. (2015) attributed poor matching of EBP to organizational or client needs. Leathers et al. (2016) examined provider attitude versus agency directive and found that directives outweigh attitudes in the implementation of EBP. Aarons, Fettes, Sommerfeld, and Palinkas (2012a) found agency staff turnover

rates negatively impact EBP implementation. Aarons et al. (2012b) noted agency environmental factors in social workers' use of EBP. Regardless of the differing opinions on the "why" in research, there is consensus as to the potential of EBP in the field of child welfare (Aarons et al., 2012a; 2012b; Drisko & Grady, 2015; Hanson et al., 2015; Leathers et al., 2016; Martin et al., 2015). EBP, regardless of the controversies that surround its implementation, must rest on a foundation of sound assessment and ongoing organizational support with supervision and training (Ai, Foster, Pecora, Delaney, & Rodriguez, 2013; Saunders, 2015). Without an accurate assessment, the efficacy of EBP is compromised at its entry into the case (Romanelli et al., 2009)

Purpose Statement and Research Questions

This action research project examined the screening and assessment behaviors of child welfare workers in the southwestern region of the United States as those behaviors related to EBP. I developed the following two guiding questions for this inquiry:

Research Question 1: Does social worker knowledge of evidence-based practice influence its screening and assessment implementation in child welfare?

Research Question 2: Does the agency environment affect evidence-based practice implementation and utilization?

As a specialty in the larger professional social work field, child welfare is designed to address client needs and achieves this end through ongoing screening and assessment (Shannon & Tappan, 2011). Screening and assessment are actions taken to gauge client safety, need, and risk. Shannon and Tappan (2011) described screening as one of the priorities child welfare workers use when determining client safety. Screening

is a scan, essentially, of a client's traits and life events. This scan pulls factors from their lives to understand their potential risks. For instance, developmentally delayed children are more at risk for maltreatment (Shannon & Tappan, 2011). Screening is also the mechanism by which a family enters the purview of child welfare (Child Welfare Information Gateway, n.d.). In the southwestern region of the United States, child welfare staff utilize tools designed to capture elements of client life to screen for abuse and neglect; such tools are evidence-informed in their design (CYFD, n.d.)

The assessment gauges the client's ability to address risk factors positively. The client can use internal strengths as well as external, familial, or community supports to address a risk factor (e.g., community support groups for parents of developmentally delayed children). Assessment occurs throughout the life of the case, evaluating client safety, risk, family functioning, and ongoing protection (Child Welfare Information Gateway, n.d.).

Worker knowledge, experience, and skill for implementation buttress child welfare screening and assessment tools. All screenings and assessments pass through the lens of the child welfare worker themselves. To account for potential bias, the tools are reviewed and approved through the supervisory process for the additional objectivity supervision can provide (Camargo & Royse, 2010).

Through this screening and assessment process, the social worker determines client safety while also determining whether abuse or neglect has occurred and considering the needs of household members (Shannon & Tappan, 2011). Screening is also essential in assessing factors that place a family at risk for child maltreatment (Hazen

et al., 2007). In addition to initial screening, effective assessment once an intervention has taken place is essential to meeting client needs (Chambers, Saunders, New, Williams, & Stachurska, 2010).

Four components measure EBP knowledge: (a) research evidence, (b) clinical state and circumstances, (c) clinical expertise, and (d) patient's preferences and actions (Haynes et al., 2002 as cited by Drisko & Grady, 2015). The agency environment will encompass caseload counts, downtime, policies, and practices that guide screening and assessment, as well as other factors that originate in the work environment that impact work outputs. The impact of worker knowledge and agency environment is assessed as positive or negative depending on the direction of the data gathered. This research offers an opportunity to explore EBP utilization in child welfare from a social worker perspective. I used a qualitative approach to capture practitioner sentiments for further analysis of practice behavior.

Nature of the Doctoral Project

I used qualitative action research to assess screening and assessment behaviors of baccalaureate and master's level social workers in the child welfare field regarding EBP. Focus groups provided a platform to interview social workers in the southeast region of New Mexico in order to examine their knowledge and application of EBP in the screening and assessment phases of casework. Study participants had to be social workers practicing in child welfare in southwestern region of the United States, performing screenings and assessments as a function of their regular job duties. In child protection, social workers directly serving clients have the most knowledge regarding

how the system is meeting the needs of its clients and communities (Munro, 2010). This direct focus-group feedback provided relevant data on current screening and assessment practices in a child welfare setting.

Significance of the Study

There is a need for scholarly exploration of barriers to successful EBP implementation in child welfare. Effective EBP begins with an effective assessment. Using EBP in the assessment phase of the case is crucial to effective implementation. Because social work has been late to adopt EBP, Barth (2008) emphasized the need for EBP models in child welfare in the United States given the increased level of federal scrutiny in budgets with specific attention to “policy, research, and funding” (p. 146). Drisko and Grady (2015) highlighted the potential of EBP, noting that it offers a method of (a) integrating evidence into practice; (b) considering the client’s needs, values, and wishes; and (c) drawing on the social worker’s clinical expertise from years of work in the field. The client inclusion and cultural sensitivity aspects of EBP are directly in line with the client-centered focus of the social work profession.

Researchers have noted, “Both academic research and federal investigations draw attention to the chasm between child welfare policy and available research evidence” (Mackie, Sheldrick, Hyde, & Leslie, 2015, p. 35). In addition to this, there is little known on how the knowledge and behaviors of child welfare workers impact EBP implementation (Whitaker et al., 2015). The profession should be alarmed at the disconnection between EBP knowledge and child welfare practice.

EBP implementation in child welfare continues to be a struggle nationwide. The state child welfare entity of New Mexico, the New Mexico Children, Youth and Families Department (CYFD) has operating principles that would only be supported by the presence of EBP in screening and assessment (CYFD, n.d.). Increasing knowledge in this area can only assist in adding insight into barriers to be addressed to aid in the effective application of EBP. This study offered an opportunity to gather information in a more intimate setting with peer interaction and support to build the discussion.

Theoretical Framework

Child welfare does much of its work in the systems perspective. Family systems theory guides practice; when treating the family as a whole, the individual members can find relief. Child welfare, as an entity, is a system as well; a system with relationships, boundaries, dependencies, and other elements akin to the family systems approach. Systems theory tracks change phenomenon through a system, examining the behavioral dynamic of regularly interacting or interdependent groups. In this instance, the agency setting has numerous practitioners and administrators who interface with one another regularly and impact each other through directives, actions, and reactions. Child welfare agencies in the counties of New Mexico do not operate independently. They are an interconnected web of policy, procedure, supervision, and management led from the state's capital under a politically appointed position (CYFD, n.d.).

When examining child welfare through a systems theory lens, the researcher must appreciate the players involved in each decision made. Child welfare is a complex network of professionals, paraprofessionals, family, and friends who influence each

interaction between a child involved in the system and their social worker (Gibson, Leonard, & Wilson, 2004; Munro, 2010). Munro (2010) called for a systems approach to practice evaluation and practice improvement strategy development. Designs in the child welfare system unintentionally take the focus away from family service, displacing the focus on substantiated or unsubstantiated allegations (Sandau-Beckler, Salcido, Beckler, Mannes, and Beck, 2002)

Sandau-Beckler et al. (2002) framed the child welfare investigations practice, the first stage of family assessment in the state of New Mexico, as one fraught with systemic issues impeding sensitive, accurate assessment of children and families. Judicial and social service systems have charged investigative social workers with gathering legal information for the court and adopting police-like roles. This approach and the environment it produces is not conducive to create change; it is disempowering and often puts families on the defensive. These issues are compounded when coupled with inexperienced social workers and a strained community resource bank (Sandau-Beckler et al., 2002).

Although the state of child welfare in New Mexico as depicted by Sandau-Beckler et al. (2002) is grim, it is not unique. Child welfare across the nation struggles between the punitive and nurturing aspects of its dynamic. Child welfare strives for family preservation, and consideration of the safety, well-being, and permanency of the children in the home (Downs, Moore, McFadden, 2009). Child safety is sometimes at odds with family preservation, often as a result of actions of the caregivers. Society has deemed child abuse and neglect as an act deserving of punishment or rehabilitation when

possible, but justice for the child is the social outcry (Downs et al., 2009). It is in this environment, with these competing interests, that child welfare attempts to navigate its practice. Interviewing social workers from within this environment provided me insight regarding practice improvement as well as a greater understanding of systemic influence.

In reviewing data gathered from the focus groups of direct-service social workers, I determined that the person-in-environment approach so entrenched in the profession of social work was best to interpret their use of EBP in screenings and assessments. If it is poor practice, as a social worker, to view a family member in a vacuum independent of the many familial impacts, it is also a disservice to gauge the efficacy of a social worker's practice without the lens of the systemic construct.

Values and Ethics

The *NASW Code of Ethics* (2017) emphasizes a foundation of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. EBP directly supports these principles with its four foundational elements: research evidence, clinical state and circumstances, clinical expertise, and patient's preferences and action. If anything, EBP takes the measure of informed consent to a heightened level with client exposure to clinical knowledge and choice before the practitioner decides to commit to an intervention.

The client-centered model of EBP is a strong complement to the NASW principles outlined above. The concept of service is driven by a "primary goal to help people in need and to address social problems" (NASW, 2017, p. 5). EBP offers the opportunity to draw on professional knowledge for the betterment of others; clinician

knowledge is a required portion of the EBP foundation. Through the ethical principle of social justice, social workers “strive to ensure access to needed information, services, and resources” (NASW, 2017, p. 5). EBP draws out all relevant service information for the client to make an informed decision. With EBP, social workers challenge social injustices with their clients as collaborators participating in meaningful decision making in their own lives.

Dignity and worth of the person are pivotal in the social work profession. Through this principle, social workers enhance clients’ abilities to meet their own needs in an informed manner (NASW, 2017). The process of EBP is an informational journey for the client, one of informed choice and self-determination. EBP requires the social worker to bring the client into the decision-making process, educating, informing, and supporting them in their decision-making. The use of EBP strengthens the principles of integrity and competence. Trustworthy behavior and operating within areas of professional knowledge are fundamental to appropriate EBP administration. Social workers are called on to keep a supply of professional and practice knowledge ready for client need; in this their competence is assured (NASW, 2017). However, they are also called on to increase the knowledge base of the profession (NASW, 2017). My research on EBPs does just that.

This project examined EBP in child welfare screening and assessment. Child welfare serves a vulnerable population, seeking to improve the quality of life for children (CYFD, n.d.). To illustrate this approach, the operating principles of a public child welfare agency are as follows: “Be kind, respectful and responsive; be child/youth-

centric; create a culture of accountability and support; simplify, do fewer, bigger things that produce results; behavioral health and program support strategically enveloped in all programs; and it's all about the quality of our workers" (CYFD, n.d.). The correct, most effective use of EBPs are required to achieve these goals. Through the use of EBPs, child welfare could achieve meaningful, measurable results.

Literature Review

I searched the PsycINFO, SocINDEX, ScienceDirect, and MEDLINE databases to identify literature relevant to this research. I limited these searches to articles published from 2006 to 2017. Key terms used for database searches were *evidence-based practice, EBP, EBP knowledge, EBP understanding, child welfare, child protective services, screening, assessment, implementation, social workers, social work, social work education, systems theory, organizational climate, child welfare research, case management, self-efficacy, children and families, and child welfare supervision*. These terms were selected based on their relevance to the research. Because my focus was on EBP in child welfare screening and assessment, I determined the relevance of the articles by how much they spoke to this process. I also examined articles that focused on EBP implementation barriers in child welfare.

Successful outcomes in child welfare have remained elusive since the inception of this field. Working with nonlinear variables such as families, with their inherent distinctions, has made a uniform approach to the work difficult. Despite these case-specific worries, supporters of EBP champion its application in the child welfare field. However, the current pathways in child welfare have not allowed for the implementation

of such a strategy. EBP continues to be misunderstood in the field. The question of why this highly regarded model has not made significant progress in child welfare has left many stumped.

Questions then turn to the systemic nature of the child welfare bureaucracy itself, examining its contributing factors to the ill-fated attempts at the mass adoption of EBP. One of the primary components of child welfare and a gatekeeper to EBP implementation is the screening and assessment process. Without a successful screening of family needs, accurate assessment is missing, as is the assignment of appropriate services. Ideally, these services are evidence-based.

The Relationship Between EBP and Child Welfare

Initially met with enthusiasm, EBP gained popularity in social work in the 1990s. It offered a method for integrating evidence into practice, considering the client's needs, values, and wishes, and incorporating the social worker's clinical expertise from years of work in the field (Drisko & Grady, 2015). Practitioner fears of oversight and restriction of client access to all services, not just those with a strong evidentiary base, tempered enthusiasm. When exploring of these fears, researchers found that social workers mistook EBP for a mandate requiring selection of treatment from a prescribed list, effectively removing clinical autonomy and decision-making authority (Drisko & Grady, 2015).

Although few argue against services based on evidence, evidence-based programs have been slow to catch on in child welfare and have met considerable resistance from practitioners, policymakers, and academics (Axford & Morpeth, 2012). Evidence-based

programs, however, have demonstrated great client benefit, especially in the field of child welfare. Axford and Morpeth (2012) argued for the use of evidence-based programs in child welfare, insisting that they have great potential to improve the outcomes for children and families. According to Barth (2008), current practice is dominated by practitioner wisdom due to the lack of research on child welfare interventions.

Collins-Camargo, Sullivan, and Murphy (2011) called on EBP to inform child welfare while acknowledging the evidence-base in the field is in its developmental stages. Federal legislation has led the charge for accountability in safety, well-being, and permanency for children. Despite this call, there is little known about how field staff in child welfare are implementing EBP. Neither the experiences of these staff nor the agency environment, have been heavily researched. Collins-Camargo et al. (2011) argued that the lack of EBP in child welfare had compromised its position among other professions.

Work must be done to educate the workforce on the process of EBP and its benefits for the client to change current child welfare practice (Barth, 2008). To make a more significant impact, EBP must exist in child welfare practice frameworks and in the implementation of new methods of providing services. Self-Brown, Whitaker, Berliner, and Kolko (2012) stated that future child welfare social workers need support through formative education before entering the field and continuing education credits once in the profession. Before working in the field, social workers receive formal education in classrooms. Social work education has received much criticism over the lack of EBP in the curriculum (Drisko & Grady, 2015). Garcia, Kim, Palinkas, Snowden, and Landsverk

(2016) found that higher rates of educational attainment—master’s degrees and above—result in social workers’ higher acceptance and use of EBP in the field. This research has indicated that a bachelor’s level social work education can increase student awareness of research and EBP.

Without classroom or academic application through practicum, newly minted social workers enter the intergenerational cycle of lack of knowledge and experience in EBP (Drisko & Grady, 2015; Thyer et al., 2017). Educational adjustments are recommended to prepare better social workers entering the field, while real-time adjustments must happen for a profession-wide understanding of the true nature and potential of EBP (Drisko & Grady, 2015). Even if there is preprofessional exposure to EBP, there is little support for its application once the social worker enters the field (Horwitz, 2014).

Mullen and Streiner (2006) contended that EBP is an inevitability for social work practitioners. Given governmental funding sources’ central role in many social work avenues, these sources interests hold a great deal of weight in practitioner requirements. Governmental authorities, insurers, and accreditation bodies are trending toward measurable outcomes, which EBP promotes, as well as accountability measures.

The Current State of Evidence-Based Work in Child Welfare

Proctor (2012) has contended that the quality of care in child welfare is substandard. Less than 10% of child welfare agencies use evidence-based care (Palinkas & Aarons, 2012; Proctor, 2015). Child welfare addresses some of the most complex social issues in an environment with constant funding and resource needs. Despite these

grim prospects, child welfare has the promise to deliver EBP. For the past two decades, extensive data have been collected, providing an evidence base for EBP (Proctor, 2012; Saunders, 2015; Thyer et al., 2017). The span of child welfare service is massive; the field serves 700,000 children nationally (Proctor, 2012).

As Horwitz et al. (2014) have explained, child welfare agencies assess child safety and family need, providing stable placement and continuing treatment for children who remain in the home. The work is complicated, and there are scores of interventions to choose from when determining the best fit for the family. Unfortunately, research has shown most interventions used in child welfare are not empirically based (Horwitz et al., 2014; Leathers et al., 2016; Thyer et al., 2017).

A lack of research on the most prevalent area of child abuse (neglect) hinders provider knowledge and efficacy (Buckley, Tonmyr, Kerry & Jack, 2014; Farmer & Lutman, 2014). In their research, Farmer and Lutman (2014) tracked 138 cases of children in protective custody who were released home to family for two years post-reunification. Fifty-nine percent of these children were found to have suffered recurrences of maltreatment (Farmer & Lutman, 2014). The recurrence of maltreatment suggests missed opportunities to aid families. Farmer and Lutman's (2014) research closely examined the process of daily practice.

Basic tasks in daily child welfare work have far-reaching implications, impacting overall risk assessment as well assessment of familial strengths. Farmer and Lutman (2014) noted the following concerns: recurring patterns of key family problems going unaddressed, lack of therapeutic help, lack of follow through, giving parents too many

chances, lack of parental engagement, inappropriate case closure, lack of recorded monitoring, limited response to referrals about risk, and awaiting a trigger event before intervening. These variances negatively affected child safety and overall outcomes. Farmer and Lutman (2014) found that workers became “desensitized to the adversities that children face and normalize and minimize abuse and neglect” (p. 269). Compound these issues with local authority’s response variations as well as court rulings that impact policy and practice, and the child welfare system offers myriad missed opportunities for positive change in a family.

Addressing Limitations of EBP in Child Welfare.

EBPs are not without fault, and there are limitations in application. Axford and Morpeth (2012) addressed the scientific, ideological, cultural, organizational, and professional critiques of EBP. Scientific critiques are concerned with the empirical nature of EBP, minimizing the importance of gathering information in other methods. EBPs are not a one-size-fits-all intervention; the community, cultural climate, and systemic factors must be considered when examining the greater fit of EBP.

Also, the terminology associated with EBP is loosely defined and only adds to the confusion surrounding the concept (Axford & Morpeth, 2012). The confusion surrounding EBP has contributed to the belief among many child welfare managers that they are administering EBP programs, when they are not (Axford & Morpeth, 2012). As Buckley et al. (2014) explained, practitioners using EBP can erroneously assume all research is fundamentally sound. With poor research, this mistake can be costly; it can also disguise the correct focus for an intervention (Buckley et al., 2014). EBP has

numerous terms and associated definitions, easily mistaken as EBP. Training and other support materials build on this terminology, further confounding the issue (Drisko & Grady, 2015).

To address these scientific concerns, Axford and Morpeth (2012) recommended not abandoning EBP but rather supporting it with improved EBP evaluation and standards of evidence. Specifically, Axford and Morpeth (2012) recommend stringent standards of evidence in clearinghouses of EBPs, strengthening the rigor of reporting trial outcomes, and registering trials on a public database. These modifications would support the validity of EBPs, and the public database would ensure practitioner access for their knowledge base enhancement.

Ideologically, the argument is that EBP interventions fail to address the structural causes of child well-being problems. The social work profession has actively voiced concerns related to motivations to use EBP to regulate practice behaviors (Axford & Morpeth, 2012). Addressing this, Axford and Morpeth (2012) refocused the argument from concerns over controlling outputs to the goal of reducing child maltreatment. A critique of EBP in child welfare is that it individualizes solutions using a best practice therapy but overlooks systemic factors contributing to the client situation, such as poverty. Axford and Morpeth (2012) contended that this is not the role of EBP and without addressing these systemic factors, the work of EBP in child welfare will continue to be an uphill battle.

The lack of transferability of EBPs from one cultural context to another is a great concern, especially when most research conducted lacks minority presence. Garcia et al.

(2016) addressed the racial disparity in client representation versus research inclusion. The lack of cultural diversity in current research demands more time for adaptation in application to a culturally diverse clientele. There is also the global perception of U.S. culture and its contrasts to other nations, which creates resistance to the adoption of U.S. EBPs outside of the United States. Axford and Morpeth (2012) countered this apprehension with the concept that most EBPs build on fundamental aspects of child development that transcend cultural boundaries.

The primary organizational critique stands on the premise that EBPs were tested in such controlled environments that their transferability to real-world child welfare agencies is limited. This limitation, it is argued, compromises the evidentiary base that supports the intervention's efficacy (Axford & Morpeth, 2012). Axford and Morpeth (2012) addressed this concern by citing research outside of the specialized studies that have provided real-world application, testing, and replication potential. Organizational culture is not conducive to EBP application as evidenced by lack of application of EBP on a grand scale. This argument suggests EBP is not well-suited for organizational structure, but Axford and Morpeth (2012) examined this assumption by testing organizational climate itself; if an organization is ill-prepared for EBP application, it is likely to fail. Without further research on organizational climate, structure, and overall readiness, practitioners are missing information on influential variables, which may limit their ability to judge EBP application successes.

The social work professional argument made against EBP is the devaluing of the client relationship, limiting autonomy, and limits creativity. These concerns promulgate

through a misinterpretation of the core concepts of EBP (Axford & Morpeth, 2012; Drisko & Grady, 2015). EBP considers the client-specific condition and builds potential solutions with practitioner knowledge; the more informed a practitioner, the more opportunities for the client. EBP research builds upon a practitioner-researcher evidence base, pooling contributions from practitioners in the field, situations like those facing the current practitioner. EBPs provide a rich source of client-centered, practitioner-considerate, tested interventions. In redressing numerous concerns related to the use of EBP, Axford and Morpeth (2012) remain confident in its ability to improve current child welfare practice.

The application of EBPs in child welfare, as stated by Barth (2008), is not without challenge. EBPs are typically developed for specific diagnostic groups, making their application in child welfare especially interesting. To complicate this matter, most research on EBPs do not record work with the child welfare population. While the challenge is present, the population is one deserving of a robust evidentiary base (Barth, 2008).

Most research on child welfare has focused on foster care, although foster care compromises only 5% of all calls reporting child maltreatment (Barth, 2008). The most common form of child welfare in practice is the investigation, resulting in referrals to support programs. EBP provides a prospect to deliver efficient, effective interventions with a higher success rate and in a more cost-effective manner (Barth, 2008). The process of EBP is designed to deliver the best information in a sensible period to equip the practitioner and client for the decision-making process.

Buckley et al. (2014) remain in support of EBP but understand numerous factors influence its success. Research cannot stand alone, and respect must be paid to the decision makers, many of whom do not have access to the most current, or sound, research. The engagement of upper management is essential to success, next is the measurement of EBP use when implemented. Without measurement of research use, determining its impact on practice is nearly impossible (Buckley et al., 2014). Evidence-informed policy and practice change will not occur without efforts from stakeholders to locate, assess, and apply current research.

Policymaking drives child welfare practice. The impact of EBP in this arena is altogether different. Research, historically, has not addressed the most prevalent service areas of child welfare, and timeliness of research studies does not typically meet those of policymakers in action. Child welfare policy has long been driven by the dominating social agenda, overshadowing the effect of research (Buckley et al., 2014). Decisionmakers in child welfare work to balance competing interests of stakeholders, data analysis occurs within the context of current societal influences, factors influencing research adoption, and consequences for stakeholders (Buckley et al., 2014).

Implementation of EBP in Child Welfare.

In social work, EBP seeks to link the research, ethical practice, and implementation processes in a transparent manner (Barth, 2008). EBP does not take the practitioner and elevate them to the status of expert, but rather collaborator, in their relationship with the client. Through the EBP process, the practitioner is expected to

identify their knowledge limitations, inform the client, and to explore options together to meet the needs of the client (Barth, 2008).

If the primary goal is the implementation of EBP in child welfare, Buckley et al. (2014) contend the focus needs to be on a strategy to promote distribution of research and interest in new findings. Buckley et al. (2014) acknowledge the inherent weaknesses of EBP; a shortage of research on effective interventions, lack of current program evaluations, and research lacks easy translatability into practice. While there has been much effort devoted to lessening the gap between research and practice in child welfare, Garcia et al. (2016) identify one of the most significant barriers to EBP implementation in child welfare is the inability of agency decision-makers in accessing and understanding research evidence about their target population.

Self-efficacy, effective supervision, and organizational culture. According to Collins-Camargo and Royse (2010), worker self-efficacy, effective supervision, and organizational culture are the primary components for sound EBP in child welfare. Self-efficacy is grounded in social cognitive theory and rests on the premise that belief in oneself is a strong determinant of individual success, even in the face of adversity. People with high rates of self-efficacy are likely to rely on structure to achieve success but will bypass it when it impedes progress. EBP desires an efficacious social worker for implementation (Collins-Camargo & Royse, 2010).

Chen and Scannapieco (2010) examined the concept of self-efficacy, defining it as an individual's belief in their ability to perform a specific task. They examine self-efficacy within child welfare as it relates to worker retention. The equation of self-

efficacy within child welfare is dependent upon worker confidence in their contribution to the well-being of children in need. Adequate supervision serves to provide guidance in the maze of child welfare work and deliverance of positive messages as to the professional progress of their staff. This positive messaging improves a worker's self-efficacy (Chen & Scannapieco, 2010). Four sources linked to self-efficacy are present in supervision: enactive mastery experience, vicarious experience, verbal persuasion, and physiological and effective states (Collins-Camargo & Royse, 2010).

Effective supervision cultivates a climate for the application of EBP in child welfare. EBP provides an opportunity for improving case outcomes through measurement and assessment of progress with data collection and goal creation. EBP, Collins-Camargo and Royse (2010) contend, works best with an organizational climate that supports it and supervision that fosters its growth. With the importance of supervision highlighted in EBP implementation, it bears mention that supervision in public child welfare is well documented as lacking critical components for quality supervision. Supervisors are the gatekeepers for many experiences for their staff. Through effective supervision, supervisors can reduce the stress level of their staff, increase staff morale, impact worker motivation, and self-efficacy, and positively affect staff turnover (Chen & Scannapieco, 2010; Collins-Camargo & Royse, 2010).

Given this power seat, supervisors have an advantageous positioning to implement EBP and effect outcomes through influence on organizational culture. An organizational culture that promotes EBP is one that encourages the use of available resources and information to improve client outcomes (Collins-Camargo & Royse, 2010).

Through their research, Collins-Camargo and Royse (2010) demonstrated “as the effectiveness of the supervision increases, the organizational culture is significantly more characterized by evidence-based practice” (p. 15). Educational attainment was not as impactful on effective supervision as the length of time with the agency. Supervisors that could sustain through high turnover rates and loss of staff were some of those who delivered the most effective supervision. The supervisory influence was also the most effective with newer staff.

Workplace climate also has a significant influence on the adoption of EBP (Collins-Camargo et al., 2011; Garcia et al., 2016). The work environment can create an openness to change, but the bureaucracy of child welfare can entrench negative attitudes around the implementation of EBP. Within an agency setting, a team approach has demonstrated success in the implementation of EBP. In this setting, social workers can work to evaluate evidence and apply it to their practice. The team setting provides support the agency may lack on a greater scale; offering an opportunity for reflection and discussion. This style of EBP implementation lends well to child welfare, working with complex social problems without a vast evidence base.

Through their research, Collins-Camargo et al. (2011) gathered feedback from child welfare staff on EBP. Staff disclosed low rates of confidence in their ability to decipher data for the practical application, as well as time constraints in their work that were counterproductive to implementation. Through this examination of practice, agency environment surfaced as only one-third of staff reported neutral agency support of EBP implementation (Collins-Camargo et al., 2011). Despite the wealth of data available

within child welfare, few agencies use their own data resources to inform practice. To address this culture promotion of information, quality, and results are required. This developmental approach is designed to educate and support field workers in child welfare to inform and improve their practice (Collins-Camargo et al., 2011). The focus of EBP takes the emphasis from what went wrong to what went right (Buckley et al., 2014). EBP gives practitioners an opportunity to utilize the best-known interventions, avoiding those that could cause harm to the client population (Kornor, Bergman, Maayan, Soares-Weiser, & Bjorndal, 2015).

Supporting staff in the implementation process. To bolster EBP implementation in the initial stages of the case practitioner knowledge and buy-in is important, but post-training context and field support are systemic factors that further support efficacy (Self-Brown et al., 2012). Practitioners can only take this so far; the structure of the child welfare system overshadows the autonomous nature of clinical practice. This is an atmosphere where system support is crucial to successful EBP implementation in work with child maltreatment (Self-Brown et al., 2012). There are further issues introduced by child welfare that complicate the path to EBP application as these challenges are addressed. Self-Brown et al. (2012) cite high provider turnover, poor participation, lack of referrals, and lack of system structure to support implementation. As Self-Brown et al. (2012) explain, EBP will continue to fail to make progress with implementation in child welfare without decision-maker buy-in. The process of research lacks in methods to bolster exploration, interest, and commitment to

adoption. Without these factors, research has a bleak chance of affecting change in child welfare.

Palinkas and Aarons (2012) call for a strong relationship between child welfare and researchers who have work in their area of need. With positive external relationships with the research team, a steady flow of relevant information makes its way to the decision makers primed to legislate a change in the agency. Collaborating with researchers builds a relationship of trust and a pathway for communication for supervisors as well (Palinkas & Aarons, 2012). With this relationship and communication, the design of these agency partnerships welcomes EBP implementation, utilization, and ongoing support.

Palinkas and Aarons (2012) interviewed agency management involved in EBP implementation projects to reduce child maltreatment. Through this process, supervisors and management shared their close connections with researchers, awareness of projects, and community fit enabled them to make decisions when the time came for EBP program selection and funding by the agency. Through this partnership, management was able to increase knowledge of resources, build relationships, provide leadership support for the EBPs, gauge staff motivation, identify benefits for staff, and analyze the cost to benefit ratios for EBP adoption (Palinkas & Aarons, 2012).

A Systems Theory Interpretation of EBP Implementation Barriers

Aristotle's holism began research's quest to derive knowledge from the whole rather than its independent parts for a greater understanding of an occurrence (Mele, Pels, & Polese, 2010). According to Mele et al. (2010), systems theory is the most recent

evolution to attempt this. Systems theory addresses every system in nature to investigate phenomena from a holistic perspective. This holistic approach provides a theoretical framework bringing together various factors within an organization, demonstrating a connectedness, and viewing the working complex whole. Caffrey and Munro (2017) examine child welfare trends through the lens of the system. Historically, the dominant safety paradigm had overrun child welfare; every effort linked to the preservation of child safety (Downs et al., 2009). The focus on this paradigm is to keep human performance within certain boundaries to avoid error, thus compromising client safety. The Adoption and Safe Families Act (ASFA) outlines measures of safety, well-being, and permanency for children that drive the practices of child welfare (Downs et al., 2009). The federal focus drove the child welfare system to respond with a dominant safety paradigm.

Systems approaches, on the other hand, operate with ‘soft’ systems thinking the approach that is far more dynamic than the action and consequence sequencing of ‘hard’ systems (Ruch, Lees, & Prichard, 2014). This shift accounts for the non-linear nature of child welfare work, with its numerous unpredictable outcomes. Soft systems shift the emphasis from rule creation to address rule failure, in a repeated fashion, to an insightful examination of human error as a byproduct of many factors (Ruch et al., 2014). There is no quick interpretation of policy in this paradigm (Caffrey & Munro, 2017). The systemic environment of child welfare is not amenable to fast adaptation (Self-Brown et al., 2012). The interplay of factors within child welfare, and how they alter the course of one another, is examined by systems theory (Caffrey & Munro, 2017).

This examination searches for trends, or emergent behaviors. Emergent behaviors are those the system creates as a collective whole (Yang, Chen, Lu, & Zhao, 2010). According to Yang et al. (2010), emergent behaviors cannot be predicted before their occurrence as they are a by-product of the system's factors interaction. The dissection of the system into independent parts cannot explain this behavior, but rather through the examination of it in entirety is the emergent behavior understood. Through their research, Caffrey and Munro (2017) found a reverberant trend in worker's conflicting goals; systemic goals were not always congruent with a case or client goals. Where past conclusions indicated that workers were inept or derelict in their duties, this approach highlighted systemic issues that directly impact professional performance measures. The traditional approach was to create procedures to ensure staff adhered to prior procedures more closely, trusting this correction would bring practice back to the center.

Caffrey and Munro (2017) illustrate this through a case study of child protection centers under scrutiny for child safety concerns. The typical approach would be more regulations to address what was perceived as infractions on the part of the center's staff. In a deeper examination, however, it was determined high-risk cases were referred to the center that were beyond their scope of service delivery at referral (children with needs beyond the center's ability to address). With investigation, came the knowledge the referrers and center staff had a vague understanding of each other's role and capabilities. Without a systematic evaluation of the process, another set of procedures would have been cast and would meet the same dismal fate as the last. The fix is not more regulations, but better ones (Caffrey & Munro, 2017).

For this systems approach to work, there must be a strong feedback loop to allow for growth and adaptation. A rigid structure, such as legislative-driven child welfare, cannot respond as quickly and adapt (Caffrey & Munro, 2017; Self-Brown et al., 2012). The recommendation for growth comes in the comfort of challenging the top-down approach to learning in child welfare. Humility and learning at the top must replace certainty and control for changes to occur promptly and responsive to need (Caffrey & Munro, 2017). Unfortunately, the bureaucratic nature of child welfare does not lend itself to this change easily. The mode of operations comes from federal and state legislation, dictating practice. From here, the system responds with policy and procedure designed to address legislation (Downs et al., 2009). In this environment, knowledge is already primed to come from the top, not the bottom-up.

Systemic Factors of Child Welfare Impeding Implementation

EBP alone will not provide a direct route to practice change in an agency setting. Child welfare requires work in four areas before successful EBP implementation: child welfare finances, systems, personnel, and interventions (Barth, 2008). There are additional systemic issues within child welfare contributing to the delay in EBP application. EBP, when implemented in child welfare, was found to be under-supported within the agency (Collins-Camargo et al., 2011). Access to research literature is difficult given the listed time demands, caseloads, funding, support, resources, and supervision as those successful in impacting application (Barth, 2008; Buckley et al., 2014; Drisko & Grady, 2015).

The systemic dynamics of child welfare, with its crisis-driven characteristics, impede implementation as well (Buckley et al., 2014). Through addressing these organizational issues, EBP has an opportunity to make a significant change in child welfare (Barth, 2008). EBP is greater than examining current research articles; it integrates the best evidence, practitioner knowledge, and consideration of client preferences (Martin, Walsh, & Reutz, 2015). A framework is required to implement EBP in an agency setting. Martin et al. (2015) tracked the exploration, preparation, implementation, and sustainment (EPIS) model which supports agencies with EBP implementation. EBP selection is highly dependent upon the composition of the organization looking to adopt it; not all EBPs are created equal.

The rigors of child welfare work. The stress and high demand of the child welfare setting complicate implementation efforts. Research supports that training alone is insufficient for successful EBP implementation. Numerous factors that influence the success of EBP in child welfare reach far beyond social worker knowledge. Garcia et al. (2016) identify “heavy workloads, pressure for immediate solutions, staff turnover, lack of funding, and lack of autonomy to ‘think outside the box’ due to restrictive and stringent bureaucratic policies and procedures are common barriers” (p. 574). Ongoing support with consultation or coaching increases use, but still, other factors impede the full implementation. Here, Leathers et al. (2016) contend practitioner perceptions and attitudes regarding EBP assist in impeding implementation.

Separate factors impact child welfare, systemic and organizational (Leathers et al., 2016). In child welfare, the safety of the child is paramount; this results in a systemic

response with emphasis on documentation, meeting court timelines, and triaging client needs. These factors are compounded by the high turnover rates that plague child welfare. Given this environment, the need to adapt to an ever-changing client dynamic is crucial. Leathers et al. (2016) examine the positive and negative impacts of attitude on the implementation of EBP. The perception EBP is inflexible may impede its utilization. In contrast, the demand for measurable outcomes and case progress may positively impact provider perceptions.

An issue confronting EBP implementation in child welfare is the factor of external validity. Compromising this for EBP in child welfare is the problem of staff turnover coupled with the high cost of training in EBPs. The cost and time lost in training staff continuously are the greatest barriers, especially with turnover rates hovering at 50% (Proctor, 2012). This factor highlights a costly barrier to successful implementation, building on an agency climate resistant to EBP implementation.

Decision-making capacity. Leathers et al. (2016) found attitudes did not directly affect the practitioner's use of EBP in child welfare settings; previous studies supported this finding as well. More influential on implementation, however, was exposure of the EBP to a change agent possessing decision-making power within the organization who would then deliver encouragement and support for implementation (Leathers et al., 2016; Palinkas & Aarons, 2012). A change agent is an individual within the agency that has decision-making authority that can direct the actions of others. Change agents within child welfare are located in executive or upper management (CYFD, n.d.).

As Martin et al. (2015) explain, EBP implementation in child welfare is often reliant upon social networks of leaders. Social networks are extremely powerful and essential in the selection process (Mackie et al., 2015). For example, management may select an EBP based on a peer's success in a neighboring community; the selection is made without a review of research on community dynamics and need. Social networking is not the only sphere of influence on EBP choice in child welfare. Reputable agencies who endorse EBPs and offer incentives for its selection, such as a reduced implementation cost, also lure in child welfare agencies before mining of the research. EBP has had successful child welfare implementation when structured approaches take systemic needs into account (Martin et al., 2015).

Here, the decision-making authority within the child welfare structure is a more significant stimulus to EBP use than social worker attitudes. In child welfare, the social worker's role is less flexible, leading to a stronger need for managerial support and positive perception for implementation (Leathers et al., 2016). The agency culture also contributes to resistance to innovation over concerns with strained resources (Garcia et al., 2016; Leathers et al., 2016). The potential for child welfare lends itself to further studies designed to examine methods to capitalize on these factors. Without the identification and use of these factors, efforts to implement EBP will likely follow the path of previous unsuccessful attempts (Leathers et al., 2016).

Recognizing an EBP. Inconsistent language and definition of EBP further complicate the systemic weaknesses of child welfare (Self-Brown et al., 2012). This language ambiguity is a prevalent issue with EBP and the cloud of confusion that

surrounds it. There are varying definitions of EBP in use that practitioners associate with EBP, many that do not contain the terms of research or evidence (Self-Brown et al., 2012). Prendergast (2011) offers the Institute of Medicine's definition of EBP as the most generally accepted. This definition has three elements: best research evidence, clinical expertise, and patient values. These elements are subjective, and hence provide little concrete guidance for a practitioner seeking EBPs in a stressful environment such as child welfare.

“The definitional problem is further complicated by the fact that several different EBP rating systems exist, and each has varying requirements to qualify a program as evidence-based” (Self-Brown et al., 2012, p.6). This ambiguity saturates child welfare's attempt to distinguish EBP programs from non-EBP programs; child welfare practitioners cannot differentiate and therefore do not select EBP with a preference for an application or further training (Prendergast, 2011; Self-Brown et al., 2012).

The legislative impact on child welfare. Another important organizational quality of child welfare is its dependence on legislative decision-making. Mackie, Sheldrick, Hyde, and Leslie (2015) call attention to the divide between child welfare policy and available research. Previous research, as Mackie et al. (2015) explains, draws the conclusion policymakers lack relevant research when decision-making takes place for child welfare legislation, resulting in policies lacking evidence-based support. A constellation of sociopolitical factors, availability of research evidence, the policymaking process, and decision makers influenced by the systems science models impact this phenomenon (Mackie et al., 2015). The Bass Diffusion Model in science systems theory

guides this process. Through the combination of qualitative methods and systems sciences engineering, the argument is made relevant research can make its way into policy timely and with a promise of effectiveness.

To illustrate this point Mackie et al. (2015) examined the policymaking process when the research was limited in availability and generalizability. Through an examination of the diffusion of innovations (DOI), the inadvertent separation of research in the systems and social sciences is dissected. Here, the systems model is prime for application to the child welfare structure. While social work has invested in great quantities of qualitative and inferential quantitative methods, there is a disconnect in translating outcomes into improved practice in the field. In response to this, the integration of social sciences methods into child welfare has been recommended. The use of systems sciences impacts policy change.

Child welfare is dynamic and complex given the multivariate nature of the work and design of the system. The system is impacted by characteristics within itself, and equally so by external variables. This assemblage contributes to policymaking troubles when plans do not go as anticipated and results cannot be accurately predicted (Mackie et al., 2015). To combat these factors, Mackie et al. (2015) proposed a method for making research more applicable to the child welfare policymaking process, and thence EBP initiatives more present and accounted.

Mackie et al. (2015) highlight the importance of visibility of social need with social media, citing adoption campaigns through various social media avenues as successful in bringing social needs to the consciousness of society. Through messaging,

adoption links to positive responses in society and a reaction to an action by policymakers. Using this method, connecting a policymaker with evidence-based decisions and equating that to the responsible use of governmental time and monies, valued by constituents, will increase evidence-based decision making on their part.

Also, research in isolation does no one good, as it remains distant and unapproachable. To take research, however, and integrate it into local evidence, it is more accessible to the public and policymakers. Taking this one step further this accessibility will assist in matching research with evidence and intended purpose for field application (Mackie et al., 2015). Getting timely research out into social forums, connecting social issues to it, giving it local ties, and informing influential people within the community are ways that have successfully pushed EBP initiatives through the policymaking process into field application. Informing key influencers of relevant social attention, implications, and evidence is persuasive in the actions of policymakers (Mackie et al., 2015).

The top-down dynamic. Examining systemic issues within child welfare, Munro (2010) reveals internalized mechanisms that impede progress for child welfare. Reactionary reviews of child welfare's progress highlight staff negligence. These reviews imply addressing this negligence could prevent child fatalities or other high-profile cases. This negligence receives harsh public criticism and efficacy of the child welfare process is brought into question (Ruch et al., 2014). Admittedly, child welfare is a complex system with non-linear dynamics often lost in translation with reactionary

reviews (Munro, 2010). Munro (2010) contends the child welfare machine has limited ability to learn from its own mistakes and adjust as needed.

With a top-down decision-making approach, most child welfare entities cannot predict the outcomes for policy changes and other directives. Unfortunately, learning occurs after implementation and feedback from direct workers with families. A strong feedback loop is needed; common belief contends that compliance breeds success in a systems approach. In child welfare, compliance rates vary and impact the outcomes significantly (Munro, 2010; Ruch et al., 2014).

Changes brought to the child welfare system, in efforts to improve practice outcomes, are performance management systems. Designed to streamline the process and track efficacy, the programs remove humanistic features of child welfare work and focus on “targets, performance indicators and procedures detailing how tasks should be carried out” (Munro, 2010, p. 1144). This approach sacrifices quality for quantity; measuring short-term deliverables rather than user outcomes. The implementation of this approach, paired with a person-centered blame culture has created a defensive environment discouraging creativity and learning (Munro, 2010). Munro effectively unpacks the child welfare cycle of agency-protection and child protection, one that feeds off itself, creating a downward spiral of ineffective outcomes for families and children.

The systemic nature of child welfare has grown to focus on an environment of meeting performance indicators, helped by child welfare legislation that is tied to funding, driving financial incentives for a performance-based atmosphere. This emphasis effectively deemphasizes other aspects of the work, those such as practitioner

development, clinical supervision for a critical case assessment. Solutions aimed to improve performance produce errors all present in child welfare systems: punishments and rewards for higher performance; reduced practitioner autonomy; and increased energy in monitoring compliance. At the onset, these principles focused on increased work quality present in a positive nature. Left unchecked, they drive standardization to a level further and further from client best practice (Munro, 2010). This standardization under-emphasizes the importance of professional judgment and expertise.

Successful implementation in an organizational climate. Child welfare is not the first to implement EBP. There have been numerous successors in times past, learning from the successes of this implementation can further application success rates. Without a central model for implementation, successful attempts require further examination; this mindset has taken center stage in the EBP implementation argument. Implementation scrutiny meets practitioner resistance over the fear of threat to professional autonomy, but with this scrutiny comes improved outcomes (Proctor, 2012). Child welfare is in the early stages of EBP implementation; the growing practitioner resource base offers many opportunities for increased implementation (Self-Brown, Whitaker, Berliner, & Kolko, 2012).

The context of implementation is also very impactful. The organization, policy, and funding are the greatest factors in context and need the highest level of scrutiny. Understanding the organizational climate as well as finding the best fit for the organization contribute to ongoing success for organizational duties and supports (Proctor, 2012). Whitaker, Rogers-Brown, Cowart-Osborn, Self-Brown, & Lutzker

(2015) acknowledge the importance of leadership and organizational culture in EBP utilization.

Implementation is not a phase but a process that is ongoing (Whitaker et al., 2015). Implementation is subject to organizational context as well as the client, social worker, and management choice (Proctor, 2012). The dynamic of this process makes it difficult to track; determining and measuring success is a struggle. Criticisms of studies conducted on EBP implementation in child welfare call attention to the weaknesses of single-program studies, dismissal of the complexity of co-occurring outcomes, and the dynamics of developers versus the field.

Improving outcomes in child welfare require attention to real-world cares. Child welfare requires research at-scale, understandably difficult to achieve given funding constraints and the other challenges to implementation child welfare faces; i.e., child welfare dynamics are localized, justifying the ‘case by case’ determinations that compromise an EBP implementation. A set methodology for implementation structure is crucial for a standardized, and measurable, pathway to EBP in child welfare (Proctor, 2012; Whitaker et al., 2016). Additional studies focused on implementation successes are needed, according to Proctor (2012), to examine what has worked versus what has not worked. It is time child welfare researchers take the strengths-based approach of the profession and remove themselves from the deficit-focused approach.

When implementation efforts occur in a structure such as child welfare, appreciation for the dynamics of the machine must be accounted. There are internal attributes known to child welfare, such as high-stress environment, high caseloads, time

constraints, high turnover rates, and inadequate access to research. This organizational climate needs to work cohesively with external partners to successfully implement EBP. Child welfare confounds even those within its boundaries, making efficient work with outside partners a challenge. External decision-makers fall into this category, as legislative action drives child welfare. The complexity of the child welfare dynamic, coupled with the complexity of EBP and research interpretation, decision-makers are left ill-prepared or under-skilled to make such decisions. Implementation in a large, multi-dimensional organization such as child welfare requires a sound framework.

Implementation of EBPs in an agency setting must be deliberate and gradual (Barth, 2008). Numerous factors impact EBP implementation, such as organizational fit, systemic fit related to funding, community needs, support for sustainability, leadership buy-in, and organizational climate (Hanson, Self-Brown, Rostad, & Jackson, 2016). Agencies must ensure resources are ready, supervision is trained and ready, and the staff prepped with training and ongoing support (Barth, 2008). The community must identify a need and interest in the EBPs to demonstrate readiness; without this demand, the development of such services will not occur (Palinkas & Aarons, 2012).

EBP and Screening and Assessment in Child Welfare

Ai et al. (2013) frame child welfare as a dominating public welfare problem in many Western countries. Child maltreatment is the major reason children are placed in out of home care, with nearly half a million children displaced nationwide (Ai et al., 2013). According to Whitaker et al. (2015), child welfare costs approximately \$100 billion per year, nationally. Impacts of maltreatment are far-reaching with psychological,

social, and health impacts for victims. Most of these children are in non-relative homes, losing connections with their family of origin (Ai et al., 2013). Efforts have been made to improve practice and outcomes for children, but research, according to Ai et al. (2013), neglects the emotional, behavioral, and social well-being of youth and young adults in the child welfare system. The call has been made for the improvement of EBP-informed care in child welfare practice to improve the outcomes for this population.

These levels of well-being are important to development, as they impact life satisfaction, mood, and expand into the focus and meaning of life, personal readiness, and self-acceptance. Child maltreatment is traumatic to the child victims. Here, accurate assessment is essential to meet the needs of these children (Ai et al., 2013). As children enter child welfare systems, they are initially screened, but screening and follow up assessments are lacking. This lack of follow up results in children missing needed behavioral health services to address the trauma they have experienced. Initial assessments operate with limited to no child history and are rarely used later in the case. The assessment that starts the treatment process for a child is based on partial information and rarely used or built on later in the case. This inaccessibility relates to referral issues dependent upon insurance coverage and compounded by a lack of accurately trained mental health providers.

Ongoing assessment needs within child welfare. Ai et al. (2013) stress the need for periodic reassessment as trust is gained with the child and family, and practitioner knowledge base expands as to family history. Children that fail to meet diagnostic criteria are overlooked, creating a missed opportunity to meet the needs of children

proactively. Assessment needs to recognize potential need as well as present need.

When assessments are conducted only at initial case formation, with incomplete information, and with inadequate follow up the child welfare system misses the needs of the children and families it serves. Assessment of each family member should take place at initial contact with child welfare, but will only make a positive impact with periodic reassessment for accurate diagnosis, referrals, and follow up.

Romanelli et al. (2009) unpack several guidelines developed during the 2007 Best Practices for Mental Health and Child Welfare Consensus Conference. Here, committees of identified experts within the field of child welfare research, policymakers, and advocates convened to outline best practices concerning screening at different stages in the child welfare case. Acknowledging that each stage of the case was not identical, different events were considered for the 17 best practice guidelines developed. The case timeline measures focused on were: foster care entry; 30 days post entry; those with a positive initial screening are referred for a comprehensive screen within 60 days of foster care entry; as well as an informal, ongoing screening at each social worker visit (Romanelli et al., 2009). Life changes, such as environmental, familial constellation, and custody also enter events worthy of assessment to ensure a meeting of the needs of the family.

Upon this assessment foundation, Romanelli et al. (2009) explain, the appropriate evidence-based intervention (EBI) can be selected to ensure the meeting of the client needs in the best method known. These assessments also pave the way for pharmacologic treatment guidelines, a highly impactful treatment methodology for

children and families involved in the child welfare system. The guidelines established hold child welfare agencies to the standard of client knowledge, advocacy, and accurate assessment. This level of assessment requires current knowledge, training, and familiarity with EBIs, requiring judicious investment in the social worker knowledge base and accountability.

Consideration of the family unit. Saunders (2015) takes the assessment in child welfare to a shift in focus. Sound assessments identify meaningful and measurable goals related directly to the needs of the family. Social workers must use critical thinking in their selection of interventions best suited to meet the needs of the family. This selection, ideally, ends in a service provider well trained and equipped to assist the family in meeting these goals. Child welfare is dominated with a focus on safety and permanence, leaving well-being to an afterthought in many instances (Saunders, 2015). In shifting the focus to well-being, Saunders (2015) argued safety and permanence are secondary gains.

If social workers plan individually without an appreciation for the total experience of the family, service provision is unlikely to be the harmonious supportive environment it is intended to be (Saunders, 2015). Holistic assessments with EBPs in mind, provide a route to seamless service delivery and client support. When gauging client needs and selecting EBP interventions, child welfare workers must take their focus to the outcomes for greater family change. Participation alone does not equate meaningful change and improve family outcomes (Saunders, 2015).

Saunders (2015) outlined an ethical obligation to comprehensive family need understanding as well as sound assessment and service referral. Child welfare

involvement in a family's life is a serious event, without attention paid to the gravity of screening and assessment, case decisions are made based on outcomes. If a family is poorly matched with services and fails to demonstrate change, they stand to lose their unified family unit (Saunders, 2015). Doubling damaging, when families have a poor match and bad experience with services they are less likely to seek support services in the future.

Increasing EBP knowledge. Traditionally, social workers have been dependent upon service providers to make recommendations for the clients, as well as gauge their progress. Saunders (2015) argued for collaborative coordination among child welfare staff and service providers. With adequate program knowledge, client understanding, and clinical background, social workers are more than equipped to gauge progress and make recommendations based on the needs of their clients.

To work in this manner, social workers must be skilled in screening and assessment of “common problems, case formulation, and developing measurable goals” (Saunders, 2015, p. 21). This skill set enables social workers to evaluate intervention effectiveness as well. Through educating child welfare staff, the appraisal of EBPs and EBIs are possible, leading to improved client service delivery and ideally measurable positive progress (Saunders, 2015). Child welfare staff must be aware of EBP content, demonstrate appropriate matching of services to the family, and any new processes for referrals and case closure (Whitaker et al., 2015).

To achieve such outcomes attention to caseload size, increasing staff, and budgetary accommodations would have to occur. To make changes to child welfare and

impact resiliency in children, social workers must be aware of the current research. Without this knowledge, assessments cannot feed accurate referrals and follow up. Assessment screens for risk of maltreatment as well, recurring maltreatment has a profound impact on the developing child (Ai et al., 2013). With an increased emphasis on the well-being aspect of the child welfare fundamentals of safety, well-being, and permanence, social workers have an opportunity to address maltreatment through accurate assessments.

Decisions made in child welfare work determine service provision and intervention that have long-lasting consequences. The demand for accountability and cost-effectiveness calls for the use of research evidence (Buckley et al., 2014; Hanson et al., 2016). A bulk of the work in child welfare, screening, and planning, is crucial to establishing a strong EBP base. This work, however, is complicated with a diverse client base and diminished workforce capacity. The assessment and screening aspects of child welfare continue as a performance issue (Barth, 2008).

Summary

A review of the literature has highlighted an increased understanding of social worker-specific variables related to the utilization of EBP in the field of child welfare. Despite the promise of EBP to client outcomes, it is grossly underutilized in the field (Whitaker et al., 2015). The high psychological, educational, emotional, and behavioral costs of child welfare remain unaddressed and underserved by a child welfare population failing to successfully implement an evidentiary base into their practice (Garcia et al., 2015). The following section details how a focus group of child welfare social workers

in NM will permit the gathering of data on screening and assessment behaviors in the child welfare process. A strong EBP foundation rests heavily on the screening and assessment skills of the child welfare workforce (Saunders, 2015). This data will permit analysis of screening and assessment within the organizational climate of child welfare in NM.

Section 2: Research Design and Data Collection

In this study, I examined the child welfare social worker use of EBP in screening and assessment. I used findings from existing research on EBP in child welfare to guide my examination of social worker behaviors in child welfare screening and assessment. This information informed my understanding of the EBP implementation process as well as my interpretation of its outcomes. In this section, I outline the research design, methodology, data analysis, and ethical procedures I used for a focus group consisting of social workers in the New Mexico child welfare system.

Research Design

According to Kolker and Barsky (2011), EBP offers much to child welfare. With growing popularity since the 1990s, EBP positions practitioners to deliver tested and effective services to children. Despite the research supporting EBP, child welfare struggles in implementation (Drisko & Grady, 2015; Kolker & Barsky, 2011). In child protection, social workers directly serving clients have the most knowledge regarding how the system is meeting the needs of its clients and the community (Munro, 2010). Social workers in child welfare hold the key to information regarding EBP implementation with their direct work with clients and close connection to the bureaucracy of child welfare.

I conducted action research with a focus group of social workers whose job entailed screening and assessment in child welfare in the southeast region of New Mexico. In this study, I identified themes in child welfare practice effecting the

implementation of EBP by social workers when screening clients and assessing their needs for future interventions. I developed the following research questions:

Research Question 1: Does social worker knowledge of evidence-based practice influence its screening and assessment implementation in child welfare?

Research Question 2: Does the agency environment affect evidence-based practice implementation and utilization?

Screening involved the initial contact between the social worker and client and encompassed the first evaluation of client needs. Assessment occurs at different points of the case and is an ongoing judgment of the client's safety and risks. When assessing client needs, social workers refer services to meet those needs. If the screening and assessment are not conducted properly, the implementation of EBP is flawed before it starts (Ai et al., 2013). The focus group of social workers in my study shared insights regarding child welfare practice and the use of EBP in their discussion. Using a qualitative lens to assess the focus group data, I examined practice behaviors and barriers to implementation.

Methodology

Data

I collected data from a focus group discussion with child welfare social workers in practicing in the southeast region of New Mexico. Memduhoglu, Kotluk, and Yayla (2017) highlighted the value of the qualitative focus group approach in its enrichment of participants during participation. Participant enrichment occurs within focus groups when discussion among members occurs who possess a shared knowledge and

experience. The goal of focus groups is to encourage open, quasi-spontaneous dialog to glean information regarding pertinent social issues (Markova, Linell, & Grossen, 2007). Focus groups provide insight into participants' behavioral patterns, opinions, and methods of communication (Markova et al., 2007). In this research, I studied screening and assessment behaviors in the child welfare agency environment of southwestern region of the United States. Social worker EBP knowledge and the agency climate were of significant interest to me. The gathering of individuals with similar professional backgrounds and education allowed for an informed discussion on topics specific to the field of child welfare.

Participants

The focus group took place in the southwestern region of the United States. I held the focus group in a central location within the region out of consideration for the needs of the participants. Child welfare social workers are professionals with undergraduate or graduate degrees in social work who practice in the public child welfare system. All participants operated in positions that require regular and frequent case screening and assessment. My goal was to have 8-10 participants in the focus group. At a minimum, 4 participants, and no more than 12 allow for the style of dialogue and information gathering that is ideal for focus groups (Markova et al., 2007). A one-hour time cap for the group accounted for the time constraints of the profession.

To gather a representation of child welfare screening and assessment practice in the southwest, I required the participation of social workers employed within child welfare. I approached a public child welfare agency in the southwest region of the

United States for study. The agency agreed, and granted permission to recruit social workers from their workforce to be research participants.

Participants were drawn from the southwest region of the United States. After identifying that they held either BSW or MSW degrees, I sent potential participants an email invitation. The email briefly outlined the purpose of the study, guidelines for consent, and confidentiality requirements. Participants demonstrated their willingness to participate, as well as their informed consent, with a response email including the words “I consent.” This method of collection was highly effective, requiring only one round of invitation emails to be sent to gather an initial focus group participant pool of 10 social workers.

Instrumentation

A series of pre-determined questions guided the focus group discussion. I developed the questions to allow for the discussion to be guided in the direction of interest and relevance to the project (Markova et al., 2007). As a function of informed consent, I reminded all participants that the conversations would be transcribed into a written transcript to create a written record of the group. The discussion was recorded and later transcribed.

As I noted in the literature review, the areas in need of further exploration were the social worker’s EBP knowledge, practice behaviors, and agency culture regarding EBP. The literature I reviewed indicated the need for further exploration into agency climate factors such as decision-making authority, rigors of child welfare casework,

supportive environment, and supervision support. Another area of interest was the limitations of EBP in child welfare, especially from the social worker perspective.

As a function of the interview protocol, I provided participants with a general description of EBP and screening and assessment to clarify the concepts before further inquiry questioned. Then, I questioned participants on their understanding of EBP. The questions were listed in numerical order on this page. A notation specifying the area of interest followed each question. There were ten questions in this survey, some with multiple data collection points: three questions address social worker knowledge, three address practice behaviors, and four address various agency climate factors.

To explore EBP knowledge, agency practice, and implementation, I asked the following questions of participants in group facilitation:

1. Are you familiar with evidence-based practice? (social worker knowledge)
2. When were you first aware of the concept of evidence-based practice? (social worker knowledge, recognition of EBP, agency climate—supportive environment)
3. Tell me about screening and assessment as a function of your job. (practice behaviors)
4. How do you select the services/service providers you refer clients to? (social worker knowledge, agency climate—decision-making authority, supportive environment, supervision support)
5. Describe how the duties of your work allow time for EBP. (agency climate—rigors of casework, supportive environment)

6. How do you use evidence-based practice in your work? (practice behaviors)
7. What evidence-based practice methods are the most effective in your work?
(limitations of EBP, practice behaviors)
8. What is the role of supervision in the use of EBP? (agency climate—
supervision support)
9. How does the agency promote or discourage the use of evidence-based
practice? (agency climate—supportive environment)
10. Any other comments on evidence-based practice and child welfare?

Data Analysis

I coded focus group discussion content in Microsoft Excel after transcribing the data. Rather than enter analysis with preconceived assumptions regarding social worker behaviors, I allowed the focus group discussion to flow, which permitted themes to self-emerge. Inductive content analysis coding categories are taken directly from the data itself, revealed as trends through the progression of the discussion (Moretti et al., 2011). Key terms in the dialogue showed natural trends in the conversation. Coding these key terms provided a representation of the discussion content, and I gave care to preserving the dialogical complexity of the focus group. The focus group structure is primed to cultivate an environment in which participants grow their conversation and topic knowledge from one another during the session (Markova et al., 2007).

I used this analysis to determine whether the discussion addressed the research questions. The study of child welfare workers behaviors and assumptions in the screening and assessment processes of case management provided further insights into

EBP use. There are numerous data available on barriers in the child welfare bureaucracy (Barth, 2008; Buckley et al., 2014; Drisko & Grady, 2015; Garcia et al., 2016; Leathers et al., 2016; & Martin et al., 2015), there are also studies available documenting the practitioner impact on delivery of EBP (Collins-Camargo et al., 2011; Drisko & Grady, 2015; Farmer & Lutman, 2014; & Thyer et al., 2017). In this project, I connected the two variables through the qualitative interpretation. With child welfare taking such a quantitative turn and running on data outcomes focused on measurable factors, research has shifted from the personal experience of those carrying out the work and the impact that may have on services delivered to the vulnerable clientele.

Triangulation, construct validity, and authenticity and credibility are all validity measures in qualitative research (Toner, 2009). Use of social workers practicing in child welfare who shared their experiences of the rigors of the work in combination with the application of EBP bolstered the credibility of this project. As with all focus group studies, the validity of the data is dependent on the honesty of the participants in a group setting. This vulnerability may impact internal validity. To address this concern, I reminded participants of the confidentiality of the process at the onset of the focus group.

Ethical Procedures

Transparency in the research process marked this project. I shared information through inter-agency email to provide potential participants information on the topic as well as the methodology I planned to use. This email outlined the level of commitment required and stressed the confidentiality of all participants. Participants were asked not to share any identifying client information while in the group, and to respect the

confidentiality of group members once outside of the group. I repeated this messaging before the start of the focus group to buttress the informed consent process.

Ethical standards regarding client confidentiality apply in the research process. Should a participant disclose a potential or intended act of harm to another individual, confidentiality is breached in the interests of safety. Participants were reminded of these standards at the start of the meeting. I used a transcriber, there were no additional parties in the meeting, and all identifying factors of the participants were protected. All data gathered, including participant information, written transcripts, and recordings were kept confidential. I will keep all data collected for five years, in a secure location in my home. I am the only person with access to all data gathered.

Summary

By conducting a focus group with baccalaureate and master's level social workers in the child welfare practice setting, I examined social worker use of EBP in screening and assessment in southwestern region of the United States. This intimate view of child welfare practice highlighted worker and agency factors in EBP implementation challenges. In their responses to a set of predetermined questions, participants provided a comprehensive picture of practice behavior. The discussion was transcribed into a written format, coded, and then analyzed concerning the research project questions. The next section will detail the data analysis techniques and findings from the focus group.

Section 3: Presentation of the Findings

The purpose of this study was to examine the screening and assessment behaviors of child welfare workers in the southwestern region of the United States as they relate to EBP. The following two questions guided this inquiry:

Research Question 1: Does social worker knowledge of evidence-based practice influence its screening and assessment implementation in child welfare?

Research Question 2: Does the agency environment affect evidence-based practice implementation and utilization?

The focus group consisted of seven social workers ranging in education from the BSW to the MSW level and represented all areas of child welfare practice. Transcription of the focus group discussion allowed for coding and analysis, during which common themes emerged, assisting in research conclusions. Section 3 includes a discussion of the data analysis techniques, validation procedures, limitations, and findings.

Data Analysis Techniques

I approached participants via a recruitment email. Ten social workers expressed an interest in participating upon receipt of their invitation email. I scheduled the focus group, and seven of the original ten attended the focus group discussion. One of the original participants had a schedule conflict, one arrived too late for participation, and one had a last-minute cancelation for a family medical emergency. Data was collected over a 53 minute 30 second discussion period. I facilitated the focus group, asking participants a set of ten questions to provide structure to the process. I audio recorded the

focus group using a Sony IC recorder, and then had the recording transcribed by a transcriber.

I read the focus group transcripts several times, highlighting and coding prominent statements. Coding was conducted question by question, then comparisons of prominent responses from question to question were made, looking for recurring themes in participant responses. Through this review process, the transcript was reviewed for not only manifest but latent content as well (Lee King, 2014). I then grouped these statements by themes. These themes allowed for a deeper analysis of the focus group discussion. I identified themes through the recurrences present in a majority of the question responses, irrespective of participant identity.

As a measure of validation, I asked clarifying questions as needed throughout the discussion and made summary statements at the end of each question before proceeding to the next question. Clarifying questions ensured participant responses were accurately depicted (see Cohen & Garrett, 1999). Summary statements prompted any responses not yet made and provided closure to proceed to the next discussion question. These checks assured accurate data collection to aid the dissemination of findings.

A limitation of clarifying questions or summary statements is the potential introduction of researcher influence. I took special care to avoid nonverbal cues, such as nods of affirmation or other motions of agreement. Summary statements included terminology introduced by participants to frame the summation to avoid introduction of foreign terminology that may have tainted the discussion with researcher bias. I followed each summary statement with a request for correction of any errors in summation. Group

assent was obtained through verbal and nonverbal affirmations that all were comfortable in proceeding to the next question.

Although 10 participants originally expressed interest in participation, work and personal conflicts permitted for only seven. Traditional focus groups typically include 10-12 participants for commercial topics and 5-8 participants for noncommercial topics like EBP in child welfare (Stewart & Shamdasani, 2015).

Findings

In this study, I focused on EBP in child welfare screening and assessment by social workers in the southwest region of the United States. Specifically, I focused on social worker knowledge and agency environment. In this investigation of social worker EBP knowledge, I focused on concept comprehension, length of knowledge, and recognition of EBP in practice. Their professional functions of screening and assessment were explored. I also investigated the agency climate surrounding EBP implementation, its structure, position duties related to EBP, and other suggestions for EBP in child welfare.

I coded the focus group transcript data to identify themes. To ensure responses accurately depicted participant's sentiments, I clarified points at each question break before moving to the next question, permitting participants to make corrections or additions to their recorded responses. As a result, some discussion questions took an unexpected turn and generated enhanced data (see Cohen & Garrett, 1999).

Themes

I identified four recurring themes in the transcript that permeated the discussion and influenced the direction of the focus group. Recurring discussion points were examined for their frequency and impact on the discussion. These four themes were present in nearly every discussion response by participants:

- Theme 1: Child welfare social workers related EBP to programs the agency mandated.
- Theme 2: Standardized decision-making tools limit social worker autonomy.
- Theme 3: The number of evidence-based programs implemented overwhelmed the social workers.
- Theme 4: Practitioner knowledge and past professional experiences are primary in guiding practice decisions.

Focus Group Questions: Data Results

Participants responded to 10 predetermined questions, outlined below with synopses of their responses. When participants veered slightly off topic of the question, I used clarifying questions to explore the connection. There were some instances when participants were leading the discussion to the associations they made to the topic. In other instances when they misunderstood or were drifting too far from the topic, I redirected the conversation by restating the question. All seven participants were responsive and engaged in the focus group.

Focus Group Question 1

The first focus group question was: Are you familiar with evidence-based practice? The group was initially quiet when the question began, waiting several seconds until one participant identified their knowledge of EBP through programs in place within the agency. This participant identified EBP as programs that are “evidence-based to show improvement,” continuing her statement to explain that once there is a success, it has proven itself to be evidence-based. Another participant then volunteered they were unfamiliar with EBP, expressing an inability to articulate the concept accurately but aligning with group statements that programs are selected based upon demonstrated success in other areas and presented as evidence-based to agency staff by management. This statement was an explanation their fellow participants felt summed up the concept well.

One participant stated that the term *evidence-based* “is used when something has to be systemically changed,” following up her statement with concern that changes made are not responsive to local culture. Despite this incongruence, agency staff is held accountable to achieve the level of success the model has shown in other states. This participant shared the experience of frustration over the effort placed on implementation when the agency will quickly abandon this program and move on to the “next best thing” when results were not as favorable as anticipated. Other participants provided nonverbal cues of agreement when this participant shared these concerns, nodding periodically, and even murmuring agreement.

Generally, participants struggled to address this question, connecting it closely with the implementation of programs, a decision made by executive management based

on successful outcomes the program achieved in other states. Participants agreed the decision to make changes was often hasty on the part of the agency.

Focus Group Question 2

The second focus group question was: When were you first aware of the concept of evidence-based practice? The discussion started with confusion over the term *evidence-based practice*. One participant explained their confusion related to the overuse and misuse of the term. In response to this concern, I defined EBP and explained that it had several components: research evidence; clinical state and circumstances; clinical expertise; and, patient's preferences and actions. After this clarification the group referred to EBP as *agency program rollout*, explaining these programs are rolled out, coined evidence-based to staff, and there is no discussion about what "makes" it evidence-based. Rather than address this offshoot of the conversation, I took it as representing participants' understanding of EBP and encouraged the conversation to continue.

The group had four participants who stated they had an EBP knowledge base. Two in the group came from a clinical background in private practice, while another two were participants in an internal data scholars program. The data scholars program used county staff placed in teams for nine months to teach the concept of EBP and its application for change initiatives in their respective counties (STEP, n.d.). The program participants shared that their only discussion of EBP is in the program classroom setting; it does not take place in the agency office setting. Just over half, 4 of the 7 participants, knew about EBP.

Focus Group Question 3

The third focus group question was: Tell me about screening and assessment as a function of your job. The participants agreed screening and assessment takes place throughout the life of the case with the family. Screenings and assessments occur at first contact, at various stages of the case, and all the way to the closure of the case with reunification or adoption. Participants also talked about the informal versus formal assessments that take place, explaining there are formal tools used by the agency to guide screening and assessments completed by staff. The informal assessments, they shared, are subject to social worker bias and personal culture. There is no evidence-based support for these, and they occur more frequently than formal assessments.

A field social worker working in investigations detailed a concern over agency “numbers” when screening and assessing families. This participant shared mindfulness to avoid “repeat maltreatment” of children and keep rates of removal “steady.” Staffing sessions take place to allow others to view the case and give alternate perspectives and options for the caseworker to pursue beyond removing the child from home.

When the formal and informal assessment results are out of alignment, there is group staffing with supervisory input for guidance until the informal and formal assessments complement each other. Participants shared that these formal assessments originated from state workgroups and products borrowed from other states’ screening and assessment models. Formal assessments, selected by executive managers, are implemented without substantial input from the field, according to participants.

Participants shared the constraints this places on their practice. One participant talked of a county-based, county-created tool that included providers from different disciplines would come together and meet to discuss the case to progress to permanency more efficiently. This method worked so well in their area it was replicated in other areas of the state. The state then selected an established out of state staffing tool and replaced it. This change has caused hardship for their county as the new method's requirements are cumbersome and less efficient. They were not told they had to discontinue their practice, the participant explained, but they do not have the staff, or time, to complete both and the new process is required, so their county-based model has been abandoned.

Another example the participants provided to demonstrate the impact of these program tools was the Child and Adolescent Needs and Strengths (CANS) assessment. Agency staff are required to get certification for this assessment tool to administer it to a child. The certification can span 6-12 months, based on the provider's score. Three areas within the agency create child treatment plans as a function of their position, investigations, permanency planning, and adoptions. However, participants explained, only permanency planning received training on this tool. Different units which hold the case no longer possess the ability to make treatment plan recommendations regardless of their educational background, years of experience, or case knowledge, unless they are CANS certified.

A clarifying question asked how participants knew the programs and tools they were implementing were evidence-based and a response was, "Oh, I don't know. I just said it because that's what we were told." Participants then explained the agency is

currently under a federal Program Improvement Plan (PIP) and they believe these programs are efforts to demonstrate improvement in outcomes before the federal review period ends. To this, a participant responded, “So this is the fast track of flood, flood, flood, flood, flood, fix, fix, fix, fix, fix, drown, drown, drown. I want you to type that in there.”

When the discussion took this turn, another participant stated agreement and followed up by saying, “...that’s why I say they pile more on top of each of us, but they don’t relieve any pressure.” From responses provided, participants view screening and assessment as quasi-EBP with discretionary override capabilities subject to the bias of supervision and upper management. This question highlighted numerous screening and assessment tools participants have been exposed to and expected to implement. It was, by far, the question that generated the most discussion from participants.

Focus Group Question 4

The fourth focus group question was: How do you select the services/service providers you refer clients to? The dominant response of participants was “availability.” Selection of providers, in a rural setting, relies heavily on providers who can meet with clients promptly. Also considered are providers who will “take our kids” on their caseload. The preference, participants shared, is the best fit for the client, but when it is a service that is available versus waiting for one that may come available in weeks or months, the decision relies upon the promptest start of services.

Participants shared no tool ranks provider efficacy for referral consideration. One participant explained this by outlining a heavy turnover in the mental health realm related

to a statewide investigation of Medicaid fraud, resulting in the closing of several established “core service agencies.” Participants expressed a limited capacity to match their clients with a best-fit service or provider, due to limited resources and lack of outcome-tracking data.

Focus Group Question 5

The fifth focus group question was: Describe how the duties of your work allow time for evidence-based practice. Participants agreed they do not have time; several laughed at the question. A participant expressed the desire to explore those “creative ideas that could work. It’s just really having the time to prepare, to do more research, to approach the service provider so anybody that would take it one. It’s just...it takes time and energy.” Only two participants have access to academic research through their participation in the data scholar program, and both acknowledged they do not have time to devote to research.

A resource shared by participants is an individual employed by the agency who staffs the “severe” cases for behavioral and mental health challenges, helping staff identify treatment options for their client. Participants shared this individual has access to EBP knowledge and programs, and through this connection, they can incorporate it into their client work.

The preference of all participants is to revert to their practice-based knowledge when seeking client treatment. They rely heavily on one another in case staffing for suggestions of interventions to explore, especially in cases when client needs are not something they have worked with before. A participant shared this practice approach “is

a kind of evidence-based because it has worked in the past.” EBP resources are not readily available to staff, either due to time constraints or accessibility, negatively impacting their exploration and use of them.

Focus Group Question 6

The sixth focus group question was: How do you use evidence-based practice in your work? Participants do not believe they use EBP in their work. The description participants provided of their work was termed a “proven practice model” by the focus group. Participants rely on what has worked for them previously and apply it to cases they encounter that have similar characteristics. A participant with a clinical background stated that EBP, such as trauma-informed interventions, are easily woven into work with clients. Social workers in the field, however, do not usually make the recognition of “evidence-based practice”; they are just doing what they were trained to do. While this participant presented an outlying viewpoint on EBP use, they stated the agency was not open to exploring EBP models for working with clients; not open to devoting the resources and time to “do it right.” In summary, participants do not believe the current agency environment, with its time constraints and climate is amenable to their EBP.

Focus Group Question 7

The seventh focus group question was: What evidence-based practice methods are the most effective in your work? Participants felt this question had been asked and answered as a result of prior responses. They could not identify a successful practice in place that had been termed “evidence-based.” Participants felt EBP models put into place

were poorly planned in implementation and did not improve the quality of care clients received.

Focus Group Question 8

The eighth focus group question was: What is the role of supervision in the use of evidence-based practice? Participants view supervision as charged with hands-on training and support of staff. From here, the discussion of EBP models evolved into the implementation of the formal screening and assessment tools. The supervisory role categorized as a form of quality assurance measures in correct completion of the tool by field staff. Participants shared there was no discussion from supervisors as to exploration of new models or research into different methods. Supervision guides adherence to standardized tools, “to maintain the integrity of the tool.” Supervisors are responsible for a “good working knowledge” of the standardized tools in use by their staff.

In summation of the question and moving on to the next, a participant shared a closing comment that supervisors and above can override the standardized tool at their discretion. This statement spurred the discussion further, with participants acknowledging that although the worker may adhere to the formal process of the evidence-based tool, the supervisor or upper management can alter the path of the case with their authority. This doorknob statement offered great insight into EBP within the agency. Participants showed no concern with this override mechanism, accepting it as acceptable in the role of supervision.

Focus Group Question 9

The ninth focus group question was: How does the agency promote or discourage the use of evidence-based practice? Participants stated the agency is not aware of EBP in its truest form. Participants expressed the intentions of executive management are good but ill-informed. In turn, they receive misinformation and are bound to the guidelines created. The agency discourages the use of EBP with the way they have adopted programs from other states that are so different from their own. Participants would like to see the agency spend monies on the development of new programs designed, based on local culture, rather than purchase programs from other areas of the country.

A participant used the phrase, “pray and spray” to represent the agency’s approach to program selection and implementation. Explaining, the agency selects programs and then “they’ll pray that it works, you know, they’ll spray it out to everybody and hope that it works. Pray that it works, and it doesn’t always prove to be successful, but we’ve invested so much money, and energy, that they want it to work. Make it work; you just need to use it.” Participants expressed a strong belief in their employer and its good intentions. They feel the agency has a strong desire to promote EBP, but their efforts are discouraging with ill-fitting programs and poor implementation.

Focus Group Question 10

The tenth focus group question was: Any other comments on evidence-based practice and child welfare? Participants stated, to achieve the success of EBP in child welfare, the agency must address a more fundamental need before adopting the next initiative to roll out. Staffing, a participant explained, plagues child welfare and may be an issue that can never be fully addressed, but offices need to have adequate staff before

they are assessed on their ability to deliver services to clients. Participants also feel a field perspective is required of “upper people who bring all this down to us, they have never really been in the field or have done what we do.”

Despite supportive comments in the prior question, participants inferred upper management was out of touch with the needs of field staff. The changes mandated are constrictive and time-consuming. Participants believe the agency must address its staffing needs as a priority, and then consult staff with direct client contact when change is considered and implemented.

Summary

The study evaluated the understanding, presence, and use of EBP by social workers in the southwest region of the United States. The findings identified agency attempts to implement EBPs, but little staff buy-in or investment in this process. Despite depictions of numerous evidence-based programs attempted, social workers would repeatedly return to professional experience as their greatest knowledge bank and sounding board. The creation of new mandates for program implementation leave social workers feeling overwhelmed by the amount of energy and resources required to complete the task dutifully. The staff is also left questioning whether this newest change is a benefit to their clients or their team and wondering how long the program will stay in effect before another change is implemented, overriding the last. The findings indicate the agency environment has a definite effect on the implementation and use of EBPs by social workers in the southwest region of the United States.

Aside from agency factors, the social workers demonstrated a limited understanding of the concept of EBP. None of the participants referenced any educational recollection of EBP from BSW or MSW curriculum. This concept confusion or misrepresentation may be, as one participant explained, due to EBP overuse and misuse, resulting in EBP fatigue. The group is so inundated with programs coined as evidence-based and new initiatives, each requiring more and more of their time, that they are now insulating themselves from them and relying most heavily on their professional experience. Despite the flooding of EBP into the agency, each participant acknowledged their practice is guided by their professional experiences, most of the participants admitted they do not have access to research to practice an EBP model, even if they had the time.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this action research project was to examine the screening and assessment behaviors of child welfare workers in the southwestern region of the United States as they relate to EBP. I used a focus group to collect responses from seven social workers employed within the southwest region of the United States. Participants reported a negative impact of agency efforts to effect change in child welfare practice by mandating evidence-based programs. Limited social worker understanding of EBP in combination with limited inclusion in decision-making and over-exuberant implementation trends of new programs have led to social worker EBP fatigue. Section 4 includes my recommendations for social work practice and a discussion of this study's implications for social change.

Recommendations for Social Work Practice

Child welfare agency efforts to implement EBP are better understood once reviewing a sample mission statement and operating principles. The mission of a child welfare agency in the southwest is to "Improve the quality of life for our children." This concept is outlined with specific operating principles: "be kind, respectful, and responsive; be child/youth-centric; create a culture of accountability and support; simplify: do fewer, bigger things that produce results; behavioral health care and program support strategically enveloped in all programs; it's all about the quality of our workers" (CYFD, n.d.). The approaches to date, however, have been less than successful in meeting these objectives. Despite the stress and strain that participants shared the implementation procedures have caused thus far, the group ended with a sentiment that

the agency's "intention is honorable." These social workers still have faith in the mission of their agency while acknowledging that change needs to occur to be successful.

Systemic factors must be addressed to meet the goal of EBP implementation in child welfare. EBP requires concerted time, something the agency has attempted to address with statewide rollouts of programs selected by executive management. Implementation methods are not meeting the needs of staff as they are currently being carried out. Field staff feel disconnected, and those in the southwest region believe change efforts do not account for their cultural climate, leading to client and staff alienation. The implementation pattern must be addressed to effect positive change and association with EBP programs. I recommend increased social worker input and training to address implementation struggles.

Agency composition and caseloads were a recurrent theme in the discussion. Participants made clear their concerns with time constraints and increasing demands made upon them. Acknowledging that staffing is an issue that plagues child welfare nationwide, I recommend that the agency review of casework duties and protocols. This review would examine all practices currently in place, identifying those that may be removed without compromising care to the client. This type of duty analysis would avoid duplication of work and wasted efforts and would identify opportunities to combine efforts to free more time.

Systemic issues remain a great concern and are arguably some of the most significant factors, but social worker knowledge and concept comprehension cannot be overlooked. The confusion over EBP is concerning and needs to be addressed if agency-

level change efforts are to succeed. Two focus group members participated in a data scholar program, but it does not appear to have positively impacted their understanding of EBP or increased their use of it in client practice. Examination of this program, for its efficacy and potential for improvements and availability to all staff needs to occur. Beyond this program, the agency can support its staff by making research available for exploration, potentially building it into areas of practice.

Ultimately, there needs to be accountability at the staff and agency level. Using the foundation of evidence-based work and gathering data on staff and change efforts to measure efficacy is crucial. Until the agency and its social workers can measure what is successful and what is not, they will continue to deplete their time.

Implications for Social Change

Trends involving clients and support systems in care decisions began over thirty years ago; practice without client inclusion is paternalistic and practitioner-dominated (Bee, Brooks, Fraser & Lovell, 2015). As Bee et al. (2015) elaborated, a growing consumer movement, complemented by socially accepted and championed therapeutic partnerships, have paved the way for such a change in service delivery. The foundation of EBP is not complete without this client-clinician partnership to fuel the decision-making process. Changes in agency practice related to EBP use would expand and improve the client-clinician partnership in case management.

Without addressing the lack of EBP, the agency may leave the most vulnerable further weakened by substandard, outdated modes of service delivery. There are long-term physical, psychological, behavioral, and societal consequences associated with child

abuse and neglect (Child Welfare Information Gateway, 2013). The ability to improve service delivery in this arena would have a profound impact on the vulnerable population it serves. The ethical principles of service, social justice, dignity and worth of the person, the importance of human relationships, integrity, and competence guide the social work profession (NASW, 2017).

Addressing the need for EBP in child welfare aligns with the six profession-guiding principles outlined in the NASW code of ethics. Additional research is needed to avoid decisions made without empirical support and to determine the best mode to proceed for implementation of further practice changes within child welfare. Given the agency climate and current social worker impressions of EBP, I recommend that child welfare agencies proceed with tempered progress supported by research on internal needs and strengths.

Change in the child welfare practice model has the potential to deliver results at the micro, mezzo, and macro levels. With agency composition and staffing changes made, micro-level improvements come in the form of increased worker time and schedule flexibility. Further research and efforts potentially provide more time for the client and permit the social worker to devote more attention to screening and assessment, critical components in building a strong plan of action to address client needs. Increasing social worker knowledge and comprehension of EBP is also very powerful. This knowledge will empower social workers to explore new possibilities for their clients.

Mezzo-level improvement occurs with an adaptation of agency implementation styles. Further research can explore agency methods to meet the needs of its staff, and

social workers would be more supported with the potential to impact staff turnover rates. A staffed workforce is better equipped to serve a client population. Building on the micro-level change, increased staff numbers present an opportunity for a lower staff-to-client ratio as well as increased time for exploration of EBP. EBP implementation, if done successfully, has the potential to improve client outcomes (Aarons et al., 2012a). Improved client outcomes strengthen a community as well as the agency-community relationships.

On the macro scale, social workers practice in the realm of child welfare. Demonstrating the ability to implement EBP in child welfare successfully is a goal child welfare has been working toward across the country. With further research on implementation practices for evidence-based screening and assessment, improved client outcomes in the southwestern region of the United States can provide a model for improved client outcomes in other states as well. This macro-level impact could positively affect the lives of countless children and families across the nation.

Dissemination of the findings of this study will allow for changes in child welfare from the knowledge obtained. In my analysis of the focus group data, I outlined clear themes occurring within the agency and impacting social work practice in the southwest region of the United States. Sharing the findings of the research with agency leaders may offer insight into the mindset of the field staff their mandates impact. Furthermore, publication of this research permits my findings to be accessible to those outside of child welfare.

Summary

The purpose of this study was to address the impact of social worker knowledge and agency environment on the use of EBP in screening and assessment in child welfare practice in the southwest region of the United States. Findings from this research indicate both social worker knowledge and agency climate have impacted EBP in screening and assessment. These findings, however, are limited in scope given the small scale of the study. While the data gathered is promising, it is not generalizable nationwide.

Further research is needed to assess capacity for change at the agency and staff levels. This research could inform future implementation efforts for heightened success. Social workers can take an active role in this change effort, advocating for research to improve client outcomes, thereby improving the lives of the children they serve.

References

- Aarons, G. A., Fettes, D. L., Sommerfield, D. H., & Palinkas, L. A. (2012a). Mixed methods for implementation research: Application to evidence-based practice implementation and staff turnover in community-based organizations providing child welfare services. *Child Maltreatment, 17* (1), 67-79.
doi:10.1177/1077559511426908
- Aarons, G. A., Glisson, C., Green, P. D., Hoagwood, K., Kelleher, K. J., Landsverk, J. A., & The Research Network on Youth Mental Health. (2012b). The organizational social context of mental health services and clinician attitudes toward evidence-based practice: A United States national study. *Implementation Science, 7*(56), 1-15. doi:10.1186/1748-5908-7-56
- American Academy of Social Work and Social Welfare. (n.d.). *Our Mission*. Retrieved from <http://aaswsw.org/our-mission/>
- Ai, A. L., Foster, L. J. J., Pecora, P. J., Delaney, N., & Rodriguez, W. (2013). Reshaping child welfare's response to trauma: Assessment, evidence-based intervention, and new research perspectives. *Research on Social Work Practice, 23*(6), 651-668.
doi: 10.1177/1049731513491835
- Axford, N., & Morpeth, L. (2012). Evidence-based programs in children's services: A critical appraisal. *Children and Youth Services, 35*, 268-277. Retrieved from <https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsgea&AN=edsgcl.314767333&site=eds-live&scope=site>

- Barth, R. P. (2008). The move to evidence-based practice: How well does it fit child welfare services? *Journal of Public Child Welfare, 2*(2), 145-171.
doi:10.1080/1554873080231537
- Bee, P., Brooks, H., Fraser, C., & Lovell, K. (2015). Professional perspectives on service user and carer involvement in mental health care planning: A qualitative study. *International Journal of Nursing Studies, 52*, 1834-1845.
doi:10.1016/j.ijnurstu.2015.07.008
- Buckley, H., Tonmyr, L., Kerry, L., & Jack, S. (2014). Factors influencing the uptake of research evidence in child welfare: A synthesis of findings from Australia, Canada and Ireland. *Child Abuse Review, 23*, 5-16. doi:10.1002/car.2262
- Caffrey, L., & Munro, E. (2017). A systems approach to policy evaluation. *Evaluation, 23*, 463-478. doi:10.1177/1356389017730727
- Chambers, M. F., Saunders, A. M., New, B. D., Williams, C. L., & Stachurska, A. (2010). Assessment of children coming into care: Processes, pitfalls and partnerships. *Clinical Child Psychology and Psychiatry, 15* (4), 511-527.
doi:10.1177/1359104510375932
- Chen, S-Y., & Scannapieco, M. (2009). The influence of job satisfaction on child welfare worker's desire to stay: An examination of the interaction effect of self-efficacy and supportive supervision. *Children and Youth Services Review, 32*, 482-486.
doi:10.1016/j.childyouth.2009.10.014

- Child Welfare Information Gateway. (2013). *Factsheets: Long-term consequences of child abuse and neglect*. Retrieved from <https://www.childwelfare.gov/pubs/factsheets/long-term-consequences/>
- Child Welfare Information Gateway. (n.d.) *Screening & assessment in child protection*. Retrieved from <https://www.childwelfare.gov/topics/responding/iaa/>
- Cohen, M. B., & Garrett, K. J. (1999). Breaking the rules: A group work perspective on focus group research. *British Journal of Social Work, 29*, 359-372. Retrieved from <https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsgea&AN=edsgcl.55081389&site=eds-live&scope=site>
- Collins-Camargo, C., & Royse, D. (2010). A study of the relationships among effective supervision, organizational culture promoting evidence-based practice, and worker self-efficacy in public child welfare. *Journal of Public Child Welfare, 4*, 1-24. doi:10.1080/15548730903563053
- Collins-Camargo, C., Sullivan, D., & Murphy, A. (2011). Use of data to assess performance and promote outcome achievement by public and private child welfare agency staff. *Child and Youth Services Review, 33*, 330-339. doi:10.1016/j.chilyouth.2010.09.016
- Denning, J. D., & Verschelden, C. (1993). Using the focus group in assessing training needs: Empowering child welfare workers. *Child Welfare, 72*(6), 569-579. Retrieved from

<https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsgea&AN=edsgcl.14641372&site=eds-live&scope=site>

Downs, S. W., Moore, E., & McFadden, E. J. (2009). *Child welfare and family services: Policies and practices* (8th ed). Boston, MA: Pearson Education.

Drisko, J. W., & Grady, M. D. (2015). Evidence-based practice in social work: A contemporary perspective. *Clinical Social Work Journal, 43*, 274-282.
doi:10.1007/s10615-015-01548-z

Farmer, E., & Lutman, E. (2014). Working effectively with neglected children and their families—What needs to change? *Child Abuse Review, 23*, 262-273.
doi:10.1002/car.2330

Garcia, A. R., Kim, M., Palinkas, L. A., Snowden, L., & Landsverk, J. (2016). Socio-contextual determinants of research evidence use in public-youth systems of care. *Administrative Policy of Mental Health, 43*, 569-578. doi:10.1007/s10488-015-0640-2

Gibson, J., Leonard, M., & Wilson, M. (2004). Changing residential child care: A systems approach to consultation training and development. *Child Care in Practice, 10*(4), 345-357. doi:10.1080/1357527042000285529

Hanson, R. F., Self-Brown, S., Rostad, W. L., & Jackson, M. C. (2016). The what, when, and why of implementation frameworks for evidence-based practices in child welfare and child mental health service systems. *Child Abuse & Neglect, 53*, 51-63. doi: 10.1016/j.chiabu.2015.09.014

- Hazen, A. L., Connelly, C. D., Edleson, J. L., Kelleher, K. J., Landverk, J. A., Coben, J. H., Barth, R. P., McGeehan, J., Rolls, J. A., & Nuszkowski, M. A. (2007). Assessment of intimate partner violence by child welfare services. *Children and Youth Services Review, 29* (4), 490-500. Retrieved from <https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsgea&AN=edsgcl.160820170&site=eds-live&scope=site>
- Horwitz, S. M., Hurlburt, M. S., Goldhaber-Fiebert, J. D., Palinkas, L.A., Rolls-Reutz, J., Zhang, J., Fisher, E., & Landsverk, J. (2014). Exploration and adoption of evidence-based practice by US child welfare agencies. *Children and Youth Services Review, 39*, 147-152. doi:10.1016/j.childyouth.2013.10.004
- Kolker D., & Barsky, A. (2011). The benefits and risks of evidence-based practice in child welfare. *Children's Voice, 22-25*. Retrieved from <https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=104622913&site=eds-live&scope=sit>
- Kornor, H., Bergman, H., Maayan, N., Soares-Weiser, K., and Bjorndal, A. (2015). Systematic reviews on child welfare services: Identifying and disseminating evidence. *Journal of Evaluation in Clinical Practice, 21*, 855-860. doi:10.1111/jep.12391
- Leathers, S. J., Melka-Kaffer, C., Spielfogel, J. E., & Atkins, M. S. (2016). Use of evidence-based interventions in child welfare: Do attitudes matter? *Children and Youth Services Review, 70*, 375-382. doi:10.1016/j.childyouth.2016.10.022

- Lee King, P. A. (2014). Cultural differences in perinatal experiences for women with low socioeconomic status. *Health & Social Work, 39*(4), 211-220.
doi:10.1093/hsw/hlu028
- Mackie, T. I., Sheldrick, R. C., Hyde, J., Leslie, L. K. (2015). Exploring the integration of systems and social sciences to study evidence use among child welfare policy-makers. *Child Welfare, 94*(3), 33-58. Retrieved from
<https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edswss&AN=000411044500004&site=eds-live&scope=site>
- Markova, I., Linell, P., & Grossen, M. (2007). *Dialogue in focus groups: Exploring socially shared knowledge*. Equinox Publishing: Oakville, CT.
- Martin, J., Walsh, C. R., Reutz, J. R. (2015). Selecting an evidence-based practice in child welfare: Challenges and steps to identifying a good fit. *Child Welfare, 94*, 107-113. Retrieved from
<https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=eue&AN=121556016&site=eds-live&scope=site>
- Mele, C., Pels, J., & Polese, F. (2010). A brief review of systems theories and their managerial applications. *Service Science, 2*(1-2), 126-135.
doi:10.1287/serv.2.1_2.126
- Memduhoglu, H. B., Kotluk, N., & Yayla, A. (2017). The effect of focus group discussions on pre-service teachers' teaching experiences and practices: A mixed methods study. *International Journal of Instruction, 10*(4), 273-292. Retrieved from

<https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsdoj&AN=edsdoj.8d6ed81ca11249d9b94d6b1c94f17f94&site=eds-live&scope=site>

Moretti, F., van Vliet, L, Bensing, J., Deledda, G., Mazzi, M., Rimondini, C., Fletcher, I. (2011). A standardized approach to qualitative content analysis of focus group discussions from different countries. *Patient Education and Counseling*, 82, 420-428. doi:10.1016/j.pec.2011.01.005.

Mullen, E. J., & Streiner, D. L. (2006). The evidence for and against evidence-based practice. In A. R. Roberts & K. R. Yeager (Eds.), *Foundations of evidence-based social work practice: Process and practice in action* (21-34). New York, NY: Oxford University Press.

Munro, E. (2010). Learning to reduce risk in child protection. *British Journal of Social Work*, 40, 1135-1151. doi:10.1093/bjsw/bcq024

National Association of Social Workers. (2017). *Code of ethics of the National Association of Social Workers*. Retrieved from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English.aspx>

New Mexico Children, Youth and Families Department. (n.d.a). Mission Statement/Principles. Retrieved from <https://cyfd.org/about-cyfd/vision-mission-principles>

New Mexico Children, Youth and Families Department. (n.d.b). Organizational structure [pdf]. Retrieved from https://cyfd.org/docs/cyfd_org_structure_nov13.pdf

- Nmstep.org. (n.d.). *STEP: The data scholar initiative*. Retrieved from <https://www.nmstep.org/>
- Palinkas, L. A., & Aarons, G. A. (2012). A view from the top: Executive and management challenges in a statewide implementation of an evidence based practice to reduce child neglect. In J. R. Lutzker, & J. Merrick, (Eds.), *Applied Public Health* (179-190). Hauppauge, NY: Nova Science Publishers
- Prendergast, M. L. (2011). Issues in defining and applying evidence-based practices criteria for treatment of criminal-justice involved clients. *Journal of Psychoactive Drugs*, 43(S0), 10-18. doi:10.1080/02791072.2011.601984
- Proctor, E. (2012). Implementation science and child maltreatment: Methodological advances. *Child Maltreatment*, 17(1), 107-112. doi:10.1177/1077559512437034
- Romanelli, L. H., Landsverk, J., Levitt, J. M., Leslie, L. K., Hurley, M. M., Bellonci, C., & ... Jensen, P. S. (2009). Best practices for mental health in child welfare: Screening, assessment, and treatment guidelines. *Child Welfare*, 88(1), 163-188. Retrieved from <https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsgea&AN=edsgcl.218882783&site=eds-live&scope=site>
- Ruch, G., Lees, A., & Prichard, J. (2014). Getting beneath the surface: Scapegoating and the systems approach in a post-Munro world. *Journal of Social Work Practice*, 28(3), 313-327. doi:10.1080/02650533.2014.925864

- Saldana, L. (2014). The stages of implementation completion for evidence-based practice: Protocol for a mixed methods study. *Implementation Science, 9*(1), 43. doi:10.1186/1748-5908-9-43
- Sandau-Beckler, P., Salcido, R., Beckler, M. J., Mannes, M., & Beck, M. (2002). Infusing family-centered values into child protection practice. *Child and Youth Services Review, 24*(9), 719-741. doi:10.1016/S0190-7409(02)00226-8
- Saunders, B. E. (2015). Expanding evidence-based practice to service planning in child welfare. *Child Maltreatment, 20*(1), 20-22. doi:10.1177/1077559514566299
- Self-Brown, S., Whitaker, D., Berliner, L., Kolko, D. (2012). Disseminating child maltreatment interventions: Research on implementing evidence-based programs. *Child Maltreatment, 17*(1), 5-10. doi:10.1177/1077559511436211
- Shannon, P., & Tappan, C. (2011). Identification and Assessment of children with developmental disabilities in child welfare. *Social Work, 56* (4), 297-305. doi:10.1093/sw/56.4.297
- Stewart, D. W., & Shadasani, P. N. (2015). *Focus groups: Theory and Practice*, 3rd ed. Thousand Oaks, CA: Sage Publications.
- Thyer, B. A., Babcock, P., Tutweiler, M. (2017). Locating research-supported interventions for child welfare practice. *Child and Adolescent Social Work Journal, 34*, 85-94. doi:10.1007/s10650-016-0478-9
- Toner, J (2009) Small is not too small: Reflections concerning the validity of very small focus groups. *Qualitative Social Work, 8* (2), 179-192. doi:10.1177/1473325009103374

- Whitaker, D. J., Rogers-Brown, J. S., Cowart-Osborne, M., Self-Brown, S., & Lutzker, J. R. (2015). Public child welfare staff knowledge, attitudes, and referral behaviors for an evidence-based parenting program. *Psychosocial Intervention, 24*, 89-95. doi:10.1016/j.psi.2015.06.001
- Wike, T. L., Bledsoe, S. E., Manuel, J. I., Despard, M., Johnson, L. V., Bellamy, J. L., & Killian-Farrell, C. (2014). Evidence-based practice in social work: Challenges and opportunities for clinicians and organizations. *Clinical Social Work Journal, 42*, 161-170. doi:10.1007/s10615-014-0492-3
- Yang, K., Chen, Y., Lu, Y., & Zhao, Q. (2010). The study of guided emergent behavior in system of systems requirement analysis. *5th International Conference on System of Systems Engineering*. doi:10.1109/SOSE.2010.352