

January 2008

STUDY UPDATE: EVIDENCE-BASED PROGRAMS TO REDUCE INVOLVEMENT IN THE CHILD WELFARE SYSTEM

The 2007 Washington State Legislature directed the Washington State Institute for Public Policy (Institute) to . . .

. . . study evidence-based, cost-effective programs and policies to reduce the likelihood of children entering and remaining in the child welfare system, including both prevention and intervention programs.

The Institute's final report is due April 30, 2008.¹

The "bottom line" goal of the study is to provide the legislature with reliable estimates of the costs and benefits of prevention and intervention programs that aim to reduce involvement in the child welfare system.

This interim report describes the scope of the study and provides an initial inventory of programs we are analyzing. All listed programs aim to reduce the likelihood of children becoming or remaining involved in the child welfare system. Since our analytical work is currently underway, this report does not present outcomes. Rather, we describe our research approach and our categorization of programs to date.

In 2004, the Institute conducted a broadly based review of prevention and early intervention programs.² In this earlier study, we found that some prevention and early intervention programs produce positive returns to taxpayers, while others fail to generate more benefits than costs. The 2004 study reviewed

programs that impacted rates of violence and crime, teen substance abuse, teen pregnancy, teen suicide attempts, educational outcomes, and child abuse and neglect.

In the present study, we focus exclusively on programs aimed at reducing child abuse and neglect and out-of-home placements.

The Institute is undertaking four tasks for this study, the first of which is as follows.

Task 1: Review the Research Literature

The first task is to update and extend the Institute's previous review of evidence-based programs that affect child welfare outcomes. We have expanded the scope of inquiry to include treatment programs for children and families already involved in the child welfare system, in addition to prevention programs for children and families at risk for entry into the system. As part of this review, we are in the process of conducting a meta-analysis of available studies. The meta-analysis, when complete, will provide statistical estimates of the effectiveness of the programs described in these studies.³

Criteria for Inclusion

In this study, we review evaluation results from a broad literature of social science. The literature includes many different types of studies. Some studies employ weak research designs that do not allow us to draw conclusions about the effectiveness of a program. Others use strong designs that effectively isolate the effects of participation in a program.

¹ SHB 1128, Chapter 522, § 202 (17), Laws of 2007. The legislation states that "The board of the Washington state institute for public policy may adjust the due date for this project as necessary to efficiently manage workload."

² S. Aos, R. Lieb, J. Mayfield, M. Miller, & A. Pennucci. (2004). *Benefits and costs of prevention and early intervention programs for youth*. Olympia: Washington State Institute for Public Policy, Document No. 04-07-3901. This document is available at: <<http://www.wsipp.wa.gov/pub.asp?docid=04-07-3901>>.

³ Specifically, we analyze the results of studies using meta-analytic methods as described in M.W. Lipsey & D.B. Wilson. (2000). *Practical Meta-Analysis*. Thousand Oaks: Sage Publications.

Because we only want to include the most reliable studies in our analysis, we use two types of criteria to include or exclude studies: methodological criteria and those related to outcome measures.

Methodological Criteria. First, any program we include must have data from an evaluation that examines outcomes from a group that participates in a particular program in comparison to an equivalent group that does not participate in the program. We do not consider a design following a single group's change over time to be strong enough to include in our analysis. The groups do not necessarily have to result from random assignment, but the evaluation must show that any comparison group is indeed comparable to the treatment group on pre-existing variables that may influence outcome measures (such as age, gender, race, and previous child welfare involvement). At the very least, if a study finds pre-existing differences between groups, the study authors must control for these differences in their analysis.

For example, an evaluation may look at outcomes for children in two counties, one that provided a particular child welfare program, and one that did not. To be included in our review, the authors of the evaluation study must demonstrate that young people in the two counties were comparable on key variables such as gender, ethnic background, economic status, and prior child welfare involvement. If there are disparities between the counties, the authors must statistically control for these differences in their analysis.

Outcome Criteria. Second, the studies we include must measure child welfare outcomes. In other words, to be included in our analysis, a study must measure its outcomes in a methodologically sound manner, but those outcomes must also include one of our outcomes of interest. A program may have strong evaluation evidence in terms of long-term criminal involvement (e.g., Functional Family Therapy), but if its evaluation did not also measure child welfare outcomes, we would not include the program in our analysis for this study.

The child welfare outcomes we include in this initial stage of our analysis are:

- Reported and/or substantiated child abuse or neglect
- Out-of-home placement (incidence, length of stay, or number of placements)
- Permanency (e.g., adoption, reunification, independent living)

These outcomes can be objectively measured and provide the most reliable information about the involvement of children in the child welfare system. It should be noted that some program evaluations of child welfare programs use proxy measures, such as scales measuring parental attitudes, surveys measuring child behavior, or observer ratings of the home environment. None of these measures provide concrete information about the level of involvement in the child welfare system. Therefore, we will not include in our final analysis studies that use only these types of measures.

Reviewed Programs

On Page 3 of this report, we present four categories of programs (see Exhibit 1). These are first broken into two major categories: programs that were reviewed and included in our 2004 analysis, and programs we have identified since that report was published. The categories are:

- **Programs Reviewed in 2004.** These are program evaluations that met the criteria for inclusion in the WSIPP analysis of prevention and early intervention programs. These programs all had strong evaluation designs that measured child abuse and neglect or out-of-home placements. We have presented these programs in two sub-categories: those that had a significant positive effect on a child welfare outcome, and those that did not. It should be kept in mind that many of these programs have new evaluation data, so the effects calculated in 2004 may change in our new analysis.
- **Additional Programs Identified in our Current Review.** These are programs that have been identified since 2004 that have been used with a child welfare population or that measure child welfare involvement according to one of our outcomes identified above. In future, this list will change as more studies are published. At this point in time:
 - **Programs With Rigorous Evaluation Designs and Child Welfare Outcomes Quantified in This Study** are those that have been rigorously evaluated at least once, measure child welfare outcomes, and use a strong comparison group design at minimum.

Exhibit 1

JANUARY 2008

CURRENT STATUS OF WSIPP REVIEW OF EVIDENCE-BASED CHILD WELFARE PROGRAMS

PROGRAMS REVIEWED BY WSIPP IN 2004

These programs were rigorously evaluated and measured at least one child welfare outcome quantified in this study.

Significant positive effect on child welfare outcomes

- Child Parent Centers (Chicago)
- Home Visiting (for at-risk mothers and children)
- Intensive Family Preservation (Homebuilders model)
- Nurse Family Partnership
- Parent-Child Interaction Therapy

No significant effect on child welfare outcomes

- Family to Family*
- Family Preservation Services
- Healthy Families America
- Home Visiting (for low birthweight infants)
- Iowa Family Development and Self Sufficiency Project
- Local Efforts to Address and Reduce Neglect
- Parents as Teachers
- Project 12 Ways/Safe Care*
- System of Care/ Wraparound programs
- Family Group Conferences¹

ADDITIONAL PROGRAMS IDENTIFIED FOR INCLUSION IN THE CURRENT STUDY

Programs With Rigorous Evaluation Designs and Child Welfare Outcomes Quantified in This Study

These programs have been rigorously evaluated and measure at least one of the child welfare outcomes quantified in this study.

- Drug Courts (Family Treatment Drug Courts/Dependency Drug Courts)
- Early Intervention Foster Care (Multidimensional Treatment Foster Care-Preschool)
- Family Connections*
- Family Assessment Response (Minnesota)
- Multisystemic Therapy²
- Project KEEP (Keeping foster and kinship parents trained and supported)
- Promoting First Relationships*
- Respite Services (Vermont)
- SAFE Homes (Connecticut)
- Subsidized Guardianship
- Triple-P Positive Parenting Program⁴

Programs With Rigorous Evaluation Designs But Lacking Child Welfare Outcomes Quantified in This Study

These programs have rigorous designs with positive outcomes, but the measures do not meet the criteria for analysis in this study.

- Born to Learn
- Child Parent Psychotherapy
- Early Head Start
- Early Start (New Zealand)
- PALS (Primary Age Learning Study)
- Parenting Wisely
- Project Fast Track
- Resilient Peer Treatment
- Strengthening Families

Programs Used With Child Welfare Populations But Lacking Child Welfare Outcomes Quantified in This Study

To date, these programs have been evaluated with rigorous designs, but do not measure the outcomes quantified in this study.

- Cognitive Behavioral Therapy (CBT)⁵
- Functional Family Therapy
- Incredible Years Parenting Program
- Motivational Interviewing
- Treatment Foster Care

Programs in Need of Additional Research Before We Can Conclude They Do or Do Not Reduce Child Welfare Involvement

To date, these programs have not been evaluated with designs meeting minimum standards for inclusion in this study.

- Attachment & Bio-behavioral Catch Up
- Caring Dads
- Circle of Security⁶
- Family & Community Partnership (Florida)
- Minding the Baby
- Mockingbird Family Model (Constellations)
- Special Youth Carer Program (Australia)
- Teaching-Family Model
- Therapeutic Interagency Preschool

*Currently, there is a rigorously designed evaluation of this program underway.

¹Family Group Conferences was the only program in the 2004 study that was found to have a significant unfavorable effect on child welfare outcomes.

²The one strong multisystemic therapy (MST) evaluation that examined child welfare outcomes combined juvenile justice and child welfare placements as its measure of out-of-home-placements. A randomized controlled trial comparing parent training with MST for physically abused adolescents and their families is currently underway at the Medical University of South Carolina.

⁴The strongest evaluation of Triple-P has not yet been published, but the authors allowed the Institute to view a draft paper.

⁵CBT has been used successfully with populations of abused children, but, insofar as we know, no studies have examined objective measures of abuse recurrence or out-of-home placements (although one study examined reinvestigation of allegations).

⁶Circle of Security had a strong evaluation underway in Louisiana; before any outcomes were collected, the project was delayed indefinitely due to Hurricane Katrina.

- **Programs With Rigorous Evaluation Designs But Lacking Child Welfare Outcomes Quantified in This Study** are those that have been rigorously evaluated at least once, but do not measure our child welfare outcomes, although they may measure other proxy outcomes, such as self-reported behavior.
- **Programs Used in Child Welfare Populations But Lacking Child Welfare Outcomes Quantified in This Study** are programs that have been rigorously evaluated within child welfare populations, but that have not measured our child welfare outcomes of interest. These programs have been shown to have significant impacts on other types of outcomes (e.g., crime, parental substance abuse), but have not yet been evaluated in terms of their impact on child welfare outcomes.
- **Programs in Need of Additional Research Before We Can Conclude They Do or Do Not Reduce Child Welfare Involvement** are programs that have research designs that do not meet our minimum standard for inclusion (e.g., single group, pre-post test design).

Some of the smaller programs in our review have been grouped together, because they very similar and do not follow a “manualized” treatment. For example, rather than list every program that provides professional home visits to new mothers with low birthweight infants, we have collapsed these programs under the heading “Home Visiting Programs for Low-birthweight Infants.” Several very similar programs have undergone rigorous evaluations, so we will group them together in our final analysis.

It is important to note that this interim report does not comment on the effectiveness of the newly identified programs. Our final report will contain an updated list of programs ranked on their evidence-based ability to improve child welfare outcomes.

Next Steps

We will first finish the meta-analytic calculations of program effectiveness. We will then complete the remaining tasks in this study as described below.

Task 2: Estimate Costs and Benefits

Our next task is to broaden the Institute’s analysis of the costs and benefits of reducing involvement in the child welfare system. We will thoroughly investigate the current state of knowledge about the long-term consequences of child abuse/neglect and involvement with the child

welfare system on quantifiable societal outcomes for children and parents (e.g., substance abuse, school completion, crime, employment). These outcomes allow the assignment of dollar values to the changes in these outcomes produced by program participation. We can then estimate financial impacts on the program participants, on taxpayers, and on other non-participating members of society.

Task 3: Estimate the Benefits of a “Portfolio” of Evidence-Based Programs

In order to provide a comprehensive estimate of the benefits of investing in prevention and intervention programs, we will estimate the economic advantage to Washington if state and local governments implement evidence-based programs more widely. Our analyses from tasks 1 and 2 above will provide the basis for calculating the long-term returns to Washington given a number of different investment strategies or “portfolios.”

Task 4: Identify Characteristics Common to Effective Programs

The research base in this area is continually evolving. Unlike other areas (e.g., crime prevention), there are very few child welfare programs that have been rigorously evaluated multiple times. To provide additional guidance to practitioners and policymakers, we are exploring what is known about the elements of programs that are effective. To the extent possible, we will summarize characteristics common to effective programs, then analyze these elements in terms of their power to predict child welfare outcomes.

For example, one element that is common across several different programs might be behavioral parent training. We will examine each study in our analysis to determine whether or not the evaluated program contains a behavioral parent training component, then use this information to analyze whether or not programs with that element are more effective than those without.

For additional information on this study, contact Stephanie Lee at (360) 586-3951 or slee@wsipp.wa.gov

This is an interim report; we welcome comments on this study.