

# Where is the Proof?

## Introduction

It has become quite popular and common today to hear people asking for the evidence base for what's being done in child protective services. What people are asking is whether there is research that proves something works. Does your approach to safety intervention work? Where is the proof?

If you've been following our articles on safety intervention you know that all previous articles have addressed concepts, practice and decision making topics. In this article, however, we step away from the *how to* of safety intervention to consider the question about whether there is any evidence that safety intervention works.

The California Evidence Based Clearinghouse for Child Welfare (CEBC) says that evidence based child welfare practice is defined as and based upon:

- Best Research Evidence
- Best Clinical Experience
- Consistent with Family/Client Values

In describing the research base for child welfare CEBC says “adopting evidence-based practices requires a large volume of scientifically sound research that has been tested in ways that allows for it to be replicated. In fact, the base of solid empirical research evidence on child welfare practices is still in an early developmental state. There are some areas in child welfare that have been heavily researched; yet in many areas, little research has been conducted.” We agree.

In particular empirical research evidence for safety intervention can be considered near non existent. If you conducted a search through the research, literature or reports concerned with an evidence base for safety intervention

you'd come up with little to nothing. So does that mean safety intervention doesn't work? No, it works. We've seen it work. We acknowledge that 1) research is needed; 2) safety intervention is something that is hard to research; and 3) we can be satisfied that there is some proof out there.

## **Status**

Let's start by describing the current status of safety intervention in the U.S. This is important to do because there is significant consistency across the nation and among agencies with respect to the form and function of safety intervention. Simply stated pretty much everyone is attempting to implement an approach to safety intervention that is basically the same. Ten years ago only a handful of states had safety intervention models; most states did not have policy that regulated and directed safety intervention. Now nearly all states have safety models and most have or are developing policies and procedures that create more clarity and precision to safety intervention. While there are some minor differences in how safety intervention models appear among states typically models employ safety assessment methods that include application of a list of safety threats; models expect that safety should be assessed at the onset of a case and routinely throughout the life of a case; models include a safety plan. We can conclude from this reality that generally consensus exists nationally among child welfare professionals regarding an acceptable approach to safety intervention. As the safety intervention continues to evolve we can expect that consensus will continue. Admittedly national acceptance and general consensus of basic safety intervention concepts and practices does not qualify as evidence that safety intervention works. However, it serves to establish confidence that we are involved in the right pursuit...going a direction that most everyone agrees is the right way.

## **Proof**

Proof that safety intervention works is directly related to the purpose of safety intervention. Safety intervention occurs to control safety threats that are likely to

result in severe harm. Well, then, the proof we should be looking for is the absence of severe harm. Children being protected through CPS safety intervention should not experience severe harm. While CPS is actively involved with a family, the proof that safety intervention works is that children are not severely harmed. Admittedly it is possible that a child who is unsafe may not be severely harmed whether safety intervention occurred or not. With or without safety intervention, there is no way to prove that other factors or influences might contribute to a child not experiencing severe harm. But safety intervention is not an experiment. We do not identify that a child is unsafe and do nothing. When we identify a child is unsafe we install a safety plan and it doesn't really matter if other factors or influences which prevent severe harm are also at play. What we really care about is the objective or the safety plan – that a child does not experience severe harm.

### **Clinical Evidence**

CEBC says that clinical experience serves as a basis for evidence. “Clinical” is a term that some may feel doesn't fit child welfare services. So, we'll edit CEBC's definition by saying case experience serves as a basis for evidence. If we looked at 1000 cases in which safety threats existed and safety intervention occurred would we see evidence that safety intervention prevented severe harm? The answer to that question is yes. There are case experiences occurring and evident in case records every day that provide proof that safety intervention works. Studies we've conducted in different states confirmed in many cases that safety assessment correctly identified safety threats and included safety plans that were sufficient and kept children safe. We discovered that the primary problem with safety intervention working wasn't the idea or design but whether it was implemented correctly and diligently. We have found proof in enough cases to know that safety intervention will work when implemented correctly.

### **Some Hard Evidence**

Prior to 1986 there were no formal safety intervention models. Some instruments existed that attempted to mix risk assessment and safety decision making. Some models and procedures for guiding child removal were also available in the literature and in practice. In 1986, through a grant from the Edna McConnell Clark Foundation, we developed, implemented and evaluated the first safety intervention model. Implementation of that model began in many states in 1988. Most of the safety intervention models being implemented today are patterned after or are influenced by that original design. We provide this brief history to show that a limited evidence base exists for the first model which has some relation to most models being implemented today.

The original safety model we are referring to here was pilot tested in Anne Arundel County, Maryland. The pilot test included an evaluation of 76 cases in which children were determined to be unsafe. Two of the important findings were: 1) use of the safety model was successful in reducing the rate of placement of maltreated children identified at CPS intake by 29%; 2) for 100% of the children in which a safety plan was developed, there was no further report of child maltreatment. Among cases referred to court, the Court concurred with the agency's safety plan 100% of the time.

### **“Eyes and Hands On”**

Why do safety intervention models work?

Raising questions about the evidence base for safety intervention is a good thing since we all should be committed to confidently knowing that what we are doing works. Alternatively we should be just as concerned about understanding why safety intervention doesn't work. As we endeavor to pursue the proof that safety intervention works, let's not overlook a simple reality.

Recently in the news coming from New York City we heard about the heroics of a man who saw someone fall onto the subway tracks. He immediately jumped

down on the tracks and covered the fallen person as the subway train raced over them. The pedestrian was protected as a result of a simple reality and process. The hero saw that the fallen person was in danger and acted immediately to protect him. You know what? Safety intervention works for basically the same reason.

When applied correctly and diligently safety intervention works because of surveillance and control.

### *Surveillance*

- CPS observes
- CPS keeps close watch
- CPS scrutinizes
- CPS examines
- CPS supervises
- CPS monitors

### *Control*

- CPS manages
- CPS limits
- CPS restrains
- CPS removes
- CPS supplies
- CPS substitutes

A responsible adult judges that a child is in danger. A responsible adult does something to protect the child. A responsible adult continues to watch over the situation. The surveillance occurs through safety assessment and during case management and case contacts. Control occurs within various contexts such as safety service provision; personal - social contacts; planned activities; supervision and observation; home visits and even temporary separation of the child from the danger. Control can include supplying something that does not exist like child

supervision or stopping something that cannot be tolerated like violence. An important aspect of what we are referring to as surveillance and control is frequency of contact – exposure to the family situation. Surveillance and control works only if it occurs in sufficient frequency and amount to match what is going on in the family and home situation. Of course monthly surveillance and control is not sufficient frequency or amount for any family and home situation where a child is unsafe. (While CPS maintains responsibility for the kind and level of surveillance and control, other responsible people can actually be central to the performance of these activities. The issue isn't so much about who does it but how often it occurs.)

## **Closing**

The idea of safety intervention is practical and works for a simple reason – CPS sees the need to take action and then takes necessary, sufficient and continuing action. While the evidence base for safety intervention as represented in research is lacking, evidence from case experience does support that safety intervention works. Case experience reveals that there is no magic involved in safety intervention. It's "eyes and hands on." It must be applied diligently and correctly. Sufficient exposure to a family through oversight and safety responses is why safety intervention works. The reason safety intervention doesn't work is that it is not implemented effectively; is not sufficiently resourced; or does not involve sufficient level of effort. It's not because it's the wrong idea.