

Examining Strategies to Improve the Use of Research Evidence in Child Welfare

A Forum Hosted by the American Youth Policy Forum

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Recent initiatives at the federal, state, and local levels have charged child welfare agencies with better integrating research-based programs and practices within their organizations. This forum explored how state and local leaders are grappling with this challenge and shared recent research, funded by the W. T. Grant Foundation, on how evidence is used to inform policy and practice decisions in the child welfare field. The forum highlighted the implementation of evidence-based statewide foster care programs in California and Ohio, the use of evidence-based child welfare programs in New York City, and described the Los Angeles-based Children's Bureau's use of research in their Magnolia Community Initiative effort, with its focus on creating scalable community wellness. Presenters explored how research evidence is used at all levels of the child welfare system and implications for policymaking at the local, state, and federal levels. They also examined the capacity required to ensure substantive use of research evidence by child welfare agencies and the implications for service delivery. Finally, presenters suggested ways to increase research-practice partnerships to more effectively share best practices.

Dr. Larry Palinkas, Professor, University of Southern California School of Social Work, discussed his research on introducing innovative and evidence-based practices in child welfare settings, positing that use of research evidence is critical to adoption and implementation of evidence-based practices. While vulnerable youth need evidence-based services, few actually receive them. For instance, a full half of the 415,000 youth in child welfare in the United States need mental health services (as compared to one-in-five youth overall). Ninety percent of publicly-funded child welfare, mental health, and juvenile justice systems do not use evidence-based practices. Only half of all children in child welfare receive care consistent with any one national standard, and fewer than 10 percent receive care consistent with all ten national standards. Clearly, this is a significant problem.

The California/Ohio Study, conducted through an existing randomized controlled trial, had two specific aims: 1) to understand and measure the use of research evidence by decision makers of public youth-serving agencies, and 2) to prospectively determine whether use of research evidence predicts the stage of evidence-based practice and policy implementation. Palinkas described the study's methods, which include 1) semi-structured interviews and focus groups designed to assess how systems leaders determine a practice is evidence-based and how they acquire information, evaluate it, and apply it in making decisions about adopting and implementing new programs and practices; 2) development of two new measures, the Structured Interview for Evidence Use and the Cultural Exchange Inventory; and 3) a web-based survey of over 200 leaders of state and county child welfare, juvenile justice, and mental health systems.

Palinkas discussed key lessons learned from the California/Ohio Study, including:

1. **Networks within and across agencies affect the flow of information and what research is ultimately applied.** Leaders of child serving systems routinely create and utilize networks of other systems leaders for information and advice and to pool resources when implementing evidence-based practices. The larger the network with

higher levels of in-person centrality, the more likely these systems are to implement an evidence-based practice.

2. **Networks can be developed and strengthened through implementation strategies such as community development teams.**
3. **Use of research evidence does inform policy and practice.** Engagement in evidence use was significantly associated with stage of implementation and completion of activities during the implementation and sustainment phases of the project. This, in turn, was associated with significantly more clients being served and a significantly greater likelihood of achieving competency in use of MTFC (Multidimensional Treatment Foster Care).
4. **Priority is given with respect to how the evidence is accessed, evaluated, and applied.** Above all, child welfare leaders were most likely to use the evidence to support existing decisions than to make new decisions and were more likely than leaders of other systems to ignore the evidence.
5. **Systems leaders use three other types of evidence when considering whether to seek and apply research evidence in making decisions:** 1) evidence of resources necessary and available for making use of research evidence (supply); 2) evidence of the need for research evidence, usually obtained from local conditions of client and service needs (demand); and 3) evidence gained from personal experience (i.e., is the research evidence consistent with practice experience or personal observation?).
6. **Certain institutional incentives support the use of research evidence.** For example, systems are increasingly required to utilize evidence-based practices in order to be eligible for payment for services provided, and active use of research evidence can help in continuous quality improvement.
7. **There are two specific obstacles to use of research evidence:**
 - **The disconnect between "local" evidence (internal, based on personal experience, specific to a unique population) and "global" (external, based on standards of scientific rigor, generalizable or transferable) evidence.**
 - **The disconnect between the producers and consumers of research evidence.** Often studies cannot mirror real world conditions and methods used to generate evidence are not aligned with the nature of current policy problems (research may not be available at the time it is needed).
8. **Research evidence can better inform policy in timely and useful ways.** This can be achieved through research-policy partnerships, through use of local as well as global evidence, and through the development of better methods for producing and disseminating research.
9. **Effective partnerships in child services possess a set of common elements: intrapersonal, interpersonal, organizational, environmental, and cultural.** An effective and sustainable research-practice partnership builds upon the existing organizational cultures of research and policy/practice. However, it is not merely an aggregation of these cultures but rather the product of their transformation resulting from

the exchange of understandings, values, attitudes, and rules for engagement that occur between researchers, practitioners and policymakers.

10. Building partnerships and promoting use of research evidence requires the help of policymakers, through funding support, engagement in use of evidence, and participation in partnerships.

Allison Metz, Director, National Implementation Research Network and Senior Scientist, Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill presented information from a case study of collaboration among cross-sector child welfare stakeholders in the New York City Public Child Welfare System to create an infrastructure that sustains the use of evidence. When New York City decided to scale the use of evidence in its child welfare system, local leaders knew this would require collaboration among stakeholders whose relationships with each other were often strained due to a lack of understanding.

Metz outlined the study, which focused primarily on stakeholder interaction, a condition research demonstrates is necessary for the successful uptake of evidence. She described a “co-creation environment” as one allowing communities, service providers, program developers, researchers, intermediary organizations, funders, and policymakers to come together. In such an environment, interactions take the shape of “mutual consultations” that mediate the use of research evidence in complex child welfare systems and political contexts. Metz described three major co-creation arenas (model developers and the public agency; the public agency and service providers; and model developers, the public agency, and service providers), but noted that other co-creation arenas involving families need further research. The study used a rubric to operationalize levels of mutual consultations as “major” (two-way communication), “minor” (one-way communication), and “absent” (lack of communication). In New York City each co-creation arena began with absent or minor mutual consultation. Over time, however, each has moved to major mutual consultation. Metz asserted that increases in the level of mutual consultation resulted from specific activities that increased the intensity of interactions, ensured the interactions were highly structured, and provided opportunities for stakeholders to co-create products that promoted the translation and use of research evidence (e.g., logic models, preventive standards, referral systems, desk guides, and learning modules). She noted that mutual consultation was related to both the optimization and sustainability of research evidence and that findings from this study inform recommendations for facilitating stakeholder engagement and commitment to the use of evidence in child welfare.

Alex Morales, President & CEO, Children's Bureau of Southern California, Los Angeles, California, discussed how to move from the use of research to being a learning organization and creating breakthrough strategies for prevention and community transformation to wellness asking the disruptive question of how to bring effective practice to scale with limited resources.

Thirty years ago the Children's Bureau launched its first practice-based research project to test the effectiveness of in-home counseling to prevent foster case placement. That work resulted in lobbying and advocacy efforts in California that led to state legislation to fund in-home family preservation counseling. It also helped the Bureau to become a learning organization, one which today includes ChildStrength, an in-house research, evaluation, and continuous learning program.

Children's Bureau focuses on how to prevent and treat child abuse. It has programming to detour families and children back to success when appropriate, thereby avoiding unnecessary mental health, foster care, and adoption services. However, its main focus is on discovering

how to prevent and build wellness into families to spare children in the first place from many social ills. Faced with the constraints of limited resources, the agency wondered how it could address the scale of the problem at a neighborhood level. This highlighted the importance of a holistic approach that took into account the various interdependent pillars that hold up the health of a community. Children's Bureau quickly came to understand that it could only be a spark to bringing together a new kind of network that not only offered treatment, but also strengthened protective factors, fostered empathy, cultivated a community network, and promoted civic engagement. This led to a question: Can you create a voluntary network of organizations to deliver services AND go beyond traditional services to strengthen protective factors? And, can you mobilize neighborhood residents to create a social movement to build belongingness and protective factors? The breakthrough in Los Angeles has been the creation of a voluntary learning network of over 70 organizations representing government, non-profits, the faith community, universities, and businesses, and the creation of the neighborhood Belong Campaign (the Magnolia Community Initiative). Morales shared an example of how the network is learning its way forward by describing a program encouraging parents to read more with their children and then encourage other parents to read more to their children. The program has increased the percentage of parents reading to their children under age five from 43 percent to 60 percent, and because it harnesses the power of trained volunteer parents to teach and promote reading to their neighbors, it is a highly scalable model.

Q&A

Advocates and practitioners in the child welfare field get quite a number of requests from researchers who want to do research in this area. The idea of mutual consultation is important, but practitioners do not always have the capacity to host a research study. Is there an effort to educate the academic world about this aspect of collaboration?

Palinkas answered that it takes a long time for a researcher to build trust with a community-based organization. Collaboration can require skills some researchers may not have, such as working at the community level. Many times a partnership can involve a quid pro quo. Sometimes a researcher can spend time and effort to answer questions of interest to community-based organizations; other times, community-based organizations answer researchers' questions. Palinkas has written a [recent paper on research-practice-policy partnerships](#).

Metz stressed that role clarity is important in this work, and should ideally be defined at the beginning of a relationship. There can be a lack of understanding of what role an organization or agency should take in creating evidence. Morales underscored that it is difficult for community-based organizations to engage with a host of researchers at the university level because of the lack of resources.

I am interested in your thoughts of what gets agency leaders to want to incorporate evidence-based practices. What does it look like? Who decides what is evidence-based?

Morales answered that in California, interest in using evidence-based practices increased because the State was handling its provision of services supported by Medicaid funds and requiring the use of many evidence-based practices and outcomes. Those providers who do not use evidence-based practices now risk not being compensated.

Could you each please talk about one key ingredient to partnership or collaboration for this kind of work? How is this operationalized?

Palinkas answered that relationships are a key ingredient, but relationship building takes time and purpose. Relationships are key to growth, development, and innovation. You must be prepared to continue to learn through those relationships! Metz agreed that the relationship piece is critical, but she argued that product development is important as well. For us to learn and take on new roles, we need to feel it is relevant to us. Therefore, it is important to bring stakeholders together to co-create products that benefit each of them. Morales said that although it might be counterintuitive, lack of financial resources can lead to strong and sustained collaboration because it does not rely on short-term funding as the only glue. There is strength in a volunteer effort.

If you were to give advice to community-based service providers about partnering with researchers, what would it be?

Palinkas advised community partners to remember they are not the junior partner in this relationship because they have information that is meaningful and can be translated to other settings. Similarly, the research partner needs to be able to express to researchers what its needs are. Metz advised that it is important to ensure fit and feasibility with the evidence-based program under consideration. An organization needs to conduct a comprehensive needs assessment first before it selects evidence-based programs. Developers of programs can help with this needs assessment. Morales advised that some evidence-based practices are designed for such a narrow population they may not be applicable in other contexts. Program developers need to create evidence-based practices that are more broadly applicable.