Research Evidence Use by Child Welfare Agencies

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About three years ago, with funding from the W. T. Grant Foundation, we set out to understand whether the use of research evidence by child welfare agencies influences child outcomes. There is a growing body of child welfare research that ought to be used by policy-makers, agency directors, and frontline staff to improve the services offered to children and families, but there is good reason to believe that evidence is not being applied to the extent that it could be.

What is Research Evidence?

In our study, we wanted to learn about these different types of evidence.

What is Research Evidence Use?

Current scholarship on the study of REU outlines three main components: acquisition, processing, and application.

In the Project on Research Evidence Use by Child Welfare Agencies, we hope to extend what is known about research evidence use (REU) and whether agencies that use more research evidence achieve better outcomes for children and families than agencies that use less. We think knowing more about how evidence use and outcomes are connected will lead to more effective use of research and better outcomes.

What Affects Research Evidence Use?

To stimulate more REU in policy and practice contexts, it is helpful to understand the factors that facilitate and hinder it. Our model examined three sources of potential variation. First, we acknowledge that individuals’ REU is a function of their personal characteristics and experience. Education, years on the job, skills, and attitudes have all been linked to REU. At the same time, regardless of their own preferences and abilities, people likely will not use research evidence if evidence use is not supported within their organizations. Therefore, as our study focuses on REU by private child welfare agencies, we expect individuals’ REU will be shaped by characteristics of the agencies in which they work. At this second level we study the effects of agency size, culture, leadership, and infrastructure.

Third, we are interested in whether public policy shapes the operating context. For example, some public agencies have asserted strong preferences for evidence-based interventions in their procurement policies; others are more or less silent on the issue, leaving those choices to others within the system. As such, the eco-political context may shape the decisions private contractors make about how to work with children and families.

In the era of big data, how the data are processed is central to how meaning is made from the data.
policy; resources that support evidence use have to be allocated accordingly if REU is going to become more commonplace. Finally, we expect REU at all three levels to be mutually reinforcing – pro-REU policies and REU resources have the potential to increase individuals’ REU; at the same time, as more staff use research evidence to make decisions, they support a culture shift that reinforces their work.

Next Steps
In child welfare systems, investments that promote REU are assumed to pay off in the form of improved outcomes for children. In our research, we did find that when staff members use research evidence in their work, the agencies they work for achieve better outcomes for the children in their care. If that is the case, then a critical question is whether REU can be improved through investments in human capital. The answer to that question will play a powerful role in how agencies allocate resources to promote child and family well-being.

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Figure 1: The Cycle of CQI

**Plan.** The CQI cycle begins when the agency defines the problem it wishes to solve by observing baseline performance on an outcome of interest. Next, the agency identifies an intervention that is expected to improve that outcome and sets targets for improvement. Among other considerations, the choice/design of the intervention should be supported by research evidence that demonstrates its effectiveness. At the very least, the intervention must be grounded in a theory of change that addresses the causes driving the baseline performance and clarifies the mechanisms by which the intervention is expected to improve the outcome.

**Do.** Implementing a new intervention requires the agency to invest in three major areas: the quality of services to be delivered, the processes by which they are delivered, and the capacity of the agency to deliver them with fidelity. Quality and process refer to the “what” and “how” of intervention. Capacity investments are the resources that the agency will allocate to ensure that the intervention is implemented according to process and quality standards.

**Study.** Over the course of the implementation period, the agency conducts process evaluation to monitor the extent to which the intervention is being implemented with fidelity to its design. After an established period of time, the agency measures the outcome of interest again to determine whether the intervention has had its intended effect.

**Act.** Finally, the agency uses findings from the process and outcome evaluations to make decisions about its future investments. At this stage, the agency must answer a number of questions: To what extent does the original performance problem still exist? Does the degree of progress made toward the target outcome support the theory of change underlying the intervention? Are adjustments to the intervention (i.e., the agency’s process, quality, and capacity investments) required? The answers to these questions may lead the agency to continue with the selected intervention, modify or discontinue it, or revisit the original conceptualization of the problem. From there the cycle begins again.