

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 front-line 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.

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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.

In this post, we reflect on how we addressed a handful of questions we confronted as the work was starting. We hope our reflections will spark a deeper, more deliberate conversation about what REU means and how it might help child welfare agencies improve the lives of those they serve.

What is Research Evidence?

In our study, we adopted the view that research evidence is information gathered with a purpose in mind and according to generally accepted methods of social science. This means that research evidence is generated from processes that are explicit, systematic, and open to scrutiny. Research evidence and the studies that produce it are diverse in method and subject matter and include but are not limited to findings pertaining to the use and effectiveness of evidence-based interventions (EBIs).

We use a deliberately broad definition because we do not want to limit ourselves to the type of evidence normally associated with EBIs. EBIs are an important source of evidence once a problem has been defined. However, this is not the only point in the problem-solving process when evidence can and should be used. For example, different types of evidence are needed to define the

problem. 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.

Acquisition pertains to how users access research evidence. According to Weiss (1979), access can happen by one of two problem-

remember how research evidence differs from other forms of evidence. Above, we noted that the information has to be systematically gathered and explicitly organized to be a source of research evidence.

Application refers to what a user does with research evidence. Its application manifests in the consequences – actions, decisions, and changes in thinking – that come about in light of research evidence. One could argue that it is the application of research evidence that constitutes its actual or ultimate use. Davies and Nutley (2008) describe these applications as the “impacts” of research evidence use – not in terms of the ultimate impacts on child and youth outcomes (this occurs, or does not occur, later in the evidence use process), but rather in terms of consequences for the policies and practices that shape those 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

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Processing pertains to the manner in which users sort, evaluate, and interpret research evidence and then incorporate research evidence into their decision-making alongside complementary and competing influences. Often professionals balance research evidence with other relevant information and priorities born out of their professional orientations, political and financial considerations, personal experience, and personal judgment. For example, Palinkas and colleagues (2014) point to the influence of local needs and client characteristics when evaluating the generalizability and relevance of research. Again, in the era of big data, how the data are processed is central to how meaning is made from the data. As the data are being processed, it is important to

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.

At the agency and eco-political levels, we recognize that REU is not merely a matter of

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.

