# Strategies to Promote Research Use in Child Welfare

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| About Casey Family Programs | Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families across America. Founded in 1966, we work in all 50 states, the District of Columbia and Puerto Rico to influence long-lasting improvements to the safety and success of children, families and the communities where they live. For more information, please visit www.casey.org. |
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# Overview

Policymakers, agency leaders, and practitioners need access to meaningful research evidence to ensure that the services their child welfare agencies are providing are effective in supporting children and families to achieve positive outcomes. Although child welfare agencies may receive large volumes of research from external sources or use research that they have generated internally, leaders and practitioners often are not able to quickly and meaningfully synthesize this new information for use in policy development or program design and implementation. Individuals, organizations, and researchers can step into this space. Intermediaries such as technical assistance providers, membership organizations, and others could assist with research synthesis. In addition, researchers must continuously be responsive to the needs of policymakers, leaders, and practitioners for meaningful, relevant, and accessible information (e.g., evidence of effective programs, ways of understanding problems and effective processes, administrative data) to ensure that these agencies have the best and most comprehensive knowledge base to use in daily decision-making as well as in planning and providing effective child welfare practices and programs.

Researchers — both internal and external to an agency — strive to identify, create, and test strategies for improving child welfare programs, practices, and policies and to generate meaningful research evidence that deepens our understanding of child development and family well-being. To advance this objective, practitioners prioritize and then engage in a variety of activities within complex and highly variable systems, delivering a range of services designed to improve outcomes for children and families. However, gaps exist between the research generated about (a) systems and programs that produce the best outcomes for children and families, (b) about underlying factors that promote successful program implementation, and (c) about the routine use by child welfare agencies of research evidence and evidence-based programs. Researchers, policymakers, practitioners and other key stakeholders can struggle with how best to support the application of high-quality research within these complex child welfare systems to benefit children and families.

Despite these challenges, increasing the use of research evidence in decision-making is critical to ensuring that agencies effectively serve families in producing intended outcomes, including the safe achievement of legal permanency through reunification, adoption, or guardianship. Thus, extensive federal and private resources are being invested in the research process with the expectation that decision-makers will use relevant findings to inform practices and policies. For example, the recently established Commission on Evidence-Based Policymaking (Public Law 114-140) has been charged with recommending ways to more effectively use administrative data that the government collects to inform policy decisions while also protecting individual rights to privacy.

The concept of creating and developing strategies to successfully disseminate and implement research-informed innovations is not new. Since the 1960s, many fields have examined research utilization strategies (e.g., Rothman, 1992; Whittaker & Pecora, 1981). Despite important gains in knowledge of such strategies, addressing the gaps between available research evidence and its application remains a timely endeavor, and there is more work to be done (Killos et al., 2017). Research evidence must be continuously applied and interpreted based upon the expectations, values, and interests of its users.

### Organizational Culture, Climate, and Leadership

To support the use of research, agencies should strive to understand whether their organizational culture, climate, and leadership can provide a foundation for translating research evidence into programs or practices. *Culture* is defined by normative behavioral practices and expectations that characterize the way work is conducted in an organization or group (Glisson, Duke, & Green, 2006; Sorensen, 2002). *Climate* is the psychological impact of the work environment on an individual's well-being (James & James, 1989). Culture and climate are related constructs, but evidence indicates that each uniquely influences our attitudes towards our work environment (Aarons & Sawitzky, 2006). While consideration of culture and climate is critical to successful implementation of research evidence, the relationship can work in the other direction. Strategies can be used to increase use of research evidence, and when strategies work on the ground, they can help begin to change the culture, e.g. perhaps starting in one office and then being implemented throughout the organization.

Organizations effectively engaging in strategies for using research are committed to building leadership and staff competencies in implementing research evidence into practice. They begin by debating such key initial questions as (1) Who are the other important stakeholders, both within and outside the system, with whom research users interact when seeking research-based knowledge? (2) How wide of a net can be cast when assessing potential research use and knowledge engagement? (3) What does effective research use look like at the individual, organizational, and system levels? (Davies & Nutley, 2008). In sum, consideration of organizational culture, climate, and leadership must be addressed as research utilization strategies are adopted.

## Research Utilization Strategies

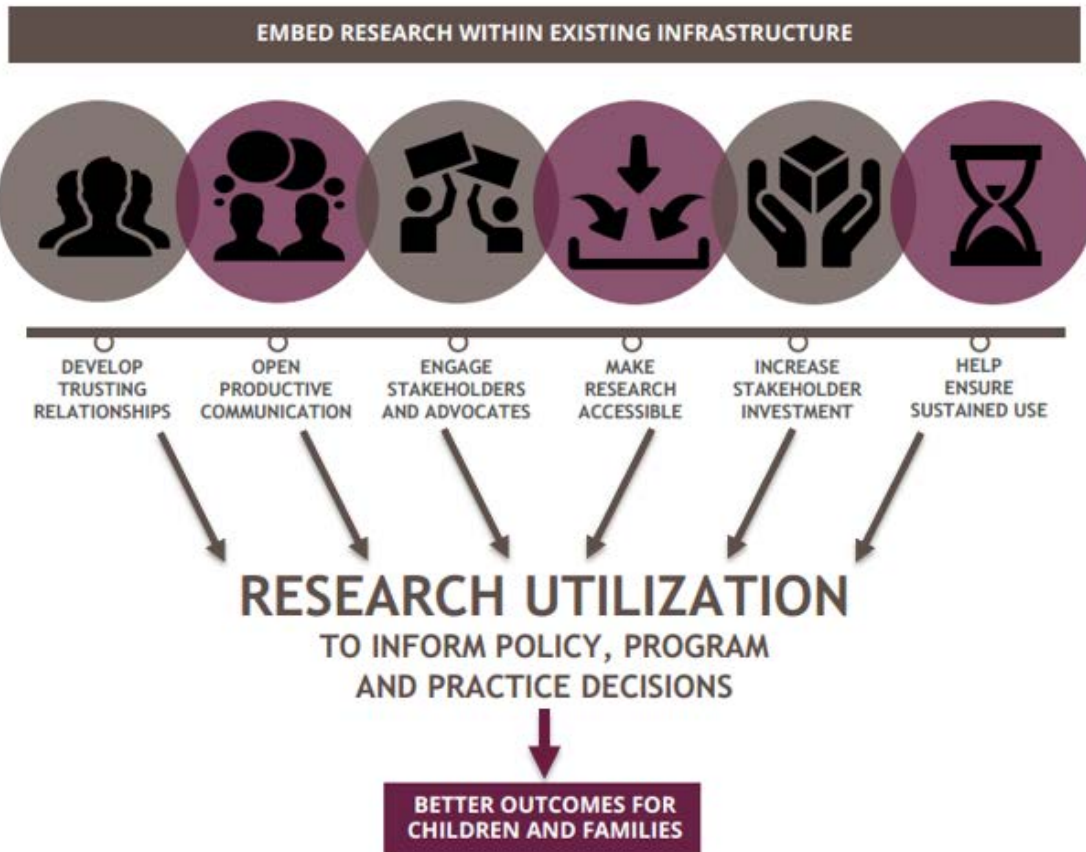This document provides a catalog of strategies drawn from several fields (social work, public health, education) and research traditions (implementation science, utilization-focused evaluation, social research and development (R&D), and translational research). It is intended to offer strategies, examples of use and impact, and key factors for consideration to help researchers and organizations develop approaches that will

improve knowledge-sharing with child welfare professionals and policy-makers in order to best serve children and families.

This set of strategies has been informed by a collaboration with the William T. Grant Foundation and the Chapin Hall Center for Children, with whom we are teaming to (a) identify strategies that can be used to enhance the research that child welfare agencies acquire, and (b) test these strategies at the practice and/or policy level in a number of jurisdictions.

There are several strategies to assist with the effective use of research in practice or policy. One of the challenges of a strategy or set of strategies is using them systematically to develop an effective research implementation and usage approach. Successful use of the strategies requires significant investment by an organization. These strategies are not necessarily linear, nor are they mutually exclusive.

In Appendix A is a catalog of potential research utilization strategies organized by the domains listed in the infographic below. Each strategy includes a definition, an example of use within child welfare, the impact of the strategy where available, and key factors for researchers and organizations to consider.



**EMBED RESEARCH WITHIN EXISTING INFRASTRUCTURE**

DEVELOP TRUSTING RELATIONSHIPS | OPEN PRODUCTIVE COMMUNICATION | ENGAGE STAKEHOLDERS AND ADVOCATES | MAKE RESEARCH ACCESSIBLE | INCREASE STAKEHOLDER INVESTMENT | HELP ENSURE SUSTAINED USE

**RESEARCH UTILIZATION**
TO INFORM POLICY, PROGRAM AND PRACTICE DECISIONS

**BETTER OUTCOMES FOR CHILDREN AND FAMILIES**

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## Conclusion

Descriptions of the gap between science and practice have long been noted in the literature (e.g., Morrissey et al., 1997). Unfortunately, a divide continues between the research literature and what is practiced in the field. Knowledge sharing is critical to ensuring that child welfare professionals have up-to-date information about clinical interventions and evidence-based practices in order to best serve children and families. But leadership, organizational culture, and adequate resources must also be available and supportive. For example, when an organization's culture supports a commitment to building leadership and staff competencies for effectively engaging in using research evidence and translating it into programs or practices, the organization is primed to adopt meaningful research innovations. Research is most meaningful when child welfare leaders, practitioners, and researchers are able to engage early on, share ownership of research outcomes, and collaboratively build trusting relationships and infrastructure from the inception of a new research project or idea. Child welfare leaders should create regular and routine opportunities within their organizations to discuss the role of research in most effectively moving their mission forward.

Successful innovations that encourage use of research have five components. They are evident to stakeholders, grounded within existing values and practices, simple and easy to use, flexible, and produce observable results (Rogers, 2003). To integrate new practice knowledge, child welfare needs effective ways to extract relevant information from the many sources currently available. Different research utilization strategies – used either alone or in combination – can help support the application of these innovations (both bodies of evidence and packaged programs) by child welfare agencies. While this document provides numerous examples to support strategies that can facilitate using research evidence in child welfare, like all strategies designed for implementing innovative practices, rigorous evaluations of the effectiveness of these strategies are warranted. Ultimately, the research that child welfare agencies acquire, and how effectively they evaluate and use it for clinical decision-making, will influence child and family outcomes and, fundamentally, the actions of child welfare practitioners as they deliver more effective services.

## Glossary of Key Terms

- *Climate:* An individual's interpretation of the psychological impact of the work environment on his or her well-being (James & James, 1989).

- *Culture:* Captures the behavioral expectations and norms that characterize the way work is done in an organization or work unit (Glisson, Duke, & Green, 2006; Sorensen, 2002).

- *Diffusion of innovations:* The process in which a new practice (an innovation) is communicated thorough certain channels over time among the members of a social system (Rogers, 2003).

- *Intermediaries:* Organizations and/or individuals that can help with identifying, adopting, and implementing evidence-based and best practices; research, evaluation, and quality assurance of new and existing services; education and raising public awareness about evidence-based and best practices; and development of infrastructure, systems, and mechanisms for implementation (A. Metz, personal communication, February 5, 2017). Intermediaries include research institutions, professional organizations, partners, coalitions, networks, peers and constituents. Intermediaries are able to communicate evidence from various sources, sustain interest, and provide resources at various stages of the research or policymaking process (DuMont, 2013).

- *Participatory research:* An approach to research in communities that emphasizes participation and action, collective inquiry and experimentation grounded in the social history of the community or individual. Consequently, the aim of the inquiry and the research questions both develop out of the convergence of two perspectives: those of science *and* of practice (Bergold & Thomas, 2012).

- *Research evidence:* Quantitative or qualitative information derived from applying systematic methods to a predetermined question (DuMont, 2015). This evidence can be generated by child welfare agencies, university researchers, research organizations, think tanks, government agencies, consultants, foundations, communities and others (Wulczyn, 2014). Research studies might identify the nature and extent of a problem, study strategies for improvement, and evaluate whether and how policies and practices work (DuMont, 2015).

- *Research utilization:* The process of accessing, making sense of, synthesizing, disseminating, and applying research-generated knowledge to impact or change existing practices; the process developed to address the problems of using research findings in practice (Rothman, 1992).

- *Social research and development (R&D)*: A systematic process that enables the conversion of scientific principles to particular tools and procedures for dealing with real-world problems (Whittaker & Pecora, 1981).

- *Translational research:* Involves moving knowledge and discovery gained from basic sciences to its application in clinical and community settings (Woolfe, 2008).

- *Utilization-focused evaluation:* An approach based on the principle that an evaluation should be judged on its usefulness to its intended users (Patton, 2008).

# References

Aarons, G. A., & Palinkas, L. A. (2007). Implementation of evidence-based practice in child welfare: Service provider perspectives. *Administration and Policy in Mental Health, 34*(4), 411-419.

Aarons, G. A., & Sawitzky, A. (2006). Organizational climate partially mediates the effect of culture on work attitudes and staff turnover in mental health services. *Administrative Policy in Mental Health and Mental Health Service, 33*(3), 289-301.

Barnes, C. A., Goertz, M. E., & Massell, D. (2014). How state education agencies acquire and use research knowledge for school improvement. In K.S. Finnigan & A.J. Daly (Eds.), *Using research evidence in education: From the schoolhouse door to Capitol Hill* (pp. 99-116). Heidelberg, Germany: Springer.

Bergold, J., & Thomas, S. (2012). Participatory research methods: A methodological approach in motion [110 paragraphs]. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 13*(1). Art. 30, http://nbn-resolving.de/urn:nbn:de:0114-fqs1201302

Bruns, E. J., Suter, J. S., Force, M. D., & Burchard, J. D. (2005). Adherence to wraparound principles and association with outcomes. *Journal of Child and Family Studies, 14,* 521-534.

Chen, P. G., Diaz, N., Lucas, G., & Rosenthal, M. S. (2010). Dissemination of results in community-based participatory research. *American Journal of Preventive Medicine, 39*(4), 372-378.

Civic Impulse. (2016). H.R. 1831 – 114th Congress: Evidence-Based Policymaking Commission Act of 2016. Retrieved from https://www.govtrack.us/congress/bills/114/hr1831

Coburn, C. E., Penuel, W. R., & Geil, K. E. (2013). *Research-practice partnerships: A strategy for leveraging*

Connecticut Department of Children and Families. (2011, August). *Congregate care rightsizing and redesign: Young children, voluntary placements and a profile of therapeutic group homes.* Retrieved from http://www.ct.gov/dcf/lib/dcf/latestnews/pdf/cc_right_sizing_report__young_children_and_voluntary_placements_8_4_11.pdf

Connecticut Department of Children and Families. (2014, October). *Transformation of Connecticut's child welfare system.* Retrieved from http://www.ct.gov/dcf/lib/dcf/regions/region_3/ppt/can_childrens_sector_meeting_(10-14-14)_region_3_additions_11-4-14_final.ppt

Curry, D., McCarragher, T., & Dellmann-Jenkins, M. (2005). Training, transfer, and turnover: Exploring the relationship among transfer of learning factors and staff retention in child welfare. *Children and Youth Services Review, 27*(8), 931-948.

Daly, A. J., & Finnigan, K. S. (2009). *Understanding social network structure in schools under corrective action: A longitudinal comparative analysis of research definition use and diffusion in urban districts.* William T. Grant Foundation. Retrieved from http://wtgrantfoundation.org/browsegrants#/grant/10174

Davies, H., & Nutley, S. (2008). *Learning more about how research-based knowledge gets used: Guidance in the development of new empirical research.* New York, NY: William T. Grant Foundation.

Duggan, A., McFarlane, E., Windham, A., Rohde, C., Salkever, D., Fuddy, L.…. Calvin, C. J. (1999). Evaluation of Hawaii's Healthy Start program. *Home Visiting: Recent Program Evaluations*, *9*(1), 66- 90.

DuMont, K. (2015). *Leveraging knowledge: Taking stock of the William T. Grant Foundation's use of research evidence grants portfolio* (pp. 22–35). New York, NY: William T. Grant Foundation.

DuMont, K. (2013). *Realizing the potential of research in child* welfare. New York, NY: William T. Grant Foundation.

Fixsen, D. L., Blasé, K. A., Naoom, S. F., & Duda, M. A. (2015). *Implementation drivers: Assessing best practices.* Chapel Hill, NC: University of North Carolina Chapel Hill, Frank Porter Graham Child Development Institute.

Franks, R. P. (2010). Role of the intermediary organization in promoting and disseminating mental health best practices for children and youth: The Connecticut Center for Effective Practice. *Emotional & Behavioral Disorders in Youth, 10*(4), 87-93.

Glisson, C., Duke, D., & Green, P. (2006). The effects of the ARC organizational intervention on caseworker turnover, climate, and culture in children's service systems. *Child Abuse & Neglect, 30*, 855-880.

Greenhalgh, T., Robert, G., Mcfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: Systematic review and recommendations. *Milbank Quarterly, 82*(4), 581-629.

Hargreaves, M. B., Verbitsky-Savitz, N., Coffee-Borden, B., Perreras, L., Pecora, P. J., Roller-White, C., … Adams, K. (2016, June). *Advancing the measurement of collective community capacity to address adverse childhood experiences and resilience.* Gaithersburg, MD: Community Science. Retrieved from http://www.appi-wa.org/wp-content/uploads/2016/07/APPI-White-Paper.pdf

Hawkins, J. D., Oesterle, S., Brown, E. C., Abbott, R. D., & Catalano, R. F. (2014). Youth problem behaviors 8 years after implementing the Communities That Care prevention system: A community randomized trial. *JAMA Pediatrics, 168*(2), 122-129.

Hopkins, R. M., Regehr, G., & Pratt, D. D. (2016). A framework for negotiating positionality in phenomenological research. *Medical Teacher, 39*(1), 20-25. doi: 10.1080/0142159x.2017.1245854

James, L., & James, L. (1989). Integrating work environment perceptions: Explorations into the measurement of meaning. *Journal of Applied Psychology, 74*, 739-751.

Johnson, M. A., Wells, S. J., & Testa, M. F. (2003). Illinois's child welfare research agenda: An approach to building consensus for practice-based research. *Child Welfare, 82*(1), 53-76.

Killos, L. F., White, C. R., Pecora, P. J., Maher, E., O'Brien, K., Danielson, D., … Anderson, C. (2017). Strategies to improve the use and usefulness of research in child welfare. *Child Welfare, 94*(2), 33-56.

Landsverk, J., Garland, A., Rolls Reutz, J., & Davis, I. (2010). Bridging science and practice in child welfare and children's mental health service systems through a two-decade research venter trajectory. *Journal of Social Work, 11*(1), 80-98. doi: 10.1177/1468017310381816

Lambert, D., & Atkins, J. (2015). *New Jersey's Manage by Data Program: Challenging culture and capacity to improve outcomes.* Washington, DC: IBM Center for the Business of Government.

Lang, J., Campbell, K., Shanley, P., Crusto, C. A., & Connell, C. M. (2016). Building capacity for trauma-informed care in the child welfare system: Initial results of a statewide implementation. *Child Maltreatment, 21*(2), 113-124.

Maciolek, S. (2015, June). *Use of research evidence: Social services portfolio.* A William T. Grant Foundation White Paper. Retrieved from http://wtgrantfoundation.org/resource/use-of-research-evidence-social-services-portfolio

Metz, A. (2015). *Implementation brief: The potential of co-creation in implementation science.* National Implementation Research Network. Retrieved from http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-Metz-ImplementationBreif-CoCreation.pdf

Morrissey, E., Wandersman, A., Seybolt, D., Nation, M., Crusto, C., & Davino, K. (1997). Toward a framework for bridging the gap between science and practice in prevention: A focus on evaluator and practitioner perspectives. *Evaluation and Program Planning, 20*, 367-377.

National Child Traumatic Stress Network. (n.d.). *Resources for parents and caregivers: Parents can help.* Retrieved from http://www.nctsn.org/resources/audiences/parents-caregivers

National Implementation Research Network. (2015). *Implementation science defined.* Retrieved from http://nirn.fpg.unc.edu/learn-implementation/implementation-science-defined

Nicholas, G. (2016, October). Problem framing and co-creation. *Integration and Implementation Insights.* Retrieved from https://i2insights.org/2016/10/27/problem-framing-and-co-creation/#more-4533

Palinkas, L. A., Short, C., & Wong, M. (2015, August). *Research-practice-policy partnerships for implementation of evidence-based practices in child welfare and child mental health.* New York, NY: William T. Grant Foundation. Retrieved from http://blog.wtgrantfoundation.org/post/125440468772/new-report-partnerships-and-evidence-based

Palinkas, L. A., & Soydan, H. (2012) *Evidence-based practice in social work: Development of a new professional culture.* London, UK: Routledge.

Palinkas, L. A., Holloway, I. W., Rice, E., Fuentes, D., Wu, Q., & Chamberlain, P. (2011). Social networks and implementation of evidence-based practices in public youth-serving systems: A mixed methods study. *Implementation Science, 6*,113.

Parker, R. G., (1996, December). Empowerment, community mobilization and social change in the face of HIV/AIDS. *AIDS, 10*(30), *S27-31.*

Patton, M. Q. (2008). *Utilization-focused evaluation* (4th ed.). Thousand Oaks, CA: Sage.

Pecora, P. J., Kessler, R. C., Williams, J., Downs, A. C., English, D. J., & White, J., & O'Brien, K. (2010). *What works in family foster care? Key components of success from the Northwest Foster Care Alumni Study.* New York, NY: Oxford University Press.

Rauktis, M., McCarthy, S., Krackhardt, D., & Cahalane, H. (2010). Innovation in child welfare: The adoption and implementation of Family Group Decision-making in Pennsylvania. *Children and Youth Services Review, 32*(5), 732-739.

Rogers, E. (2003). *Diffusion of Innovation* (5th ed.). New York, NY: The Free Press.

Rosen, A., &, Proctor, E. (2003). Practice guidelines and the challenge of effective practice. In A. Rosen & E. Proctor (Eds.). *Developing practice guidelines for social work intervention.* New York: Columbia University Press.

Rothman, J. (1992). Creating tools for intervention: The convergence of research methodologies. In A.J. Grasson & I. Epstein (Eds.), *Research utilization in the social services* (pp.51- 69). New York, NY: Haworth.

Sorensen, J. (2002). The strength of corporate culture and the reliability of firm performance. *Administrative Science Quarterly, 47*, 377-401.

Start, D., & Hovland, I. (2004, September). Tools for policy impact: A handbook for researchers. London, UK: Overseas Development Institute. Retrieved from https://www.odi.org/publications/ 156-tools-policy-impact-handbook-researchers

Trocmé, N., Roy, C., & Esposito, T. (2016). Building research capacity in child welfare in Canada. *Child and Adolescent Psychiatry and Mental Health, 10*(16). Published online June 14, 2016.

Valente, T. W., Hoffman, B. R., Rin-Olson, A., Lichtman, K., & Johnson, C. A. (2003). The effects of a social network method for group assignment strategies on peer-led tobacco prevention programs in schools. *American Journal of Public Health, 93*, 1837-1843.

Valente, T. W., Chou, C. P., & Pentz, M. A. (2007). Community coalitions as a system: Effects of network change and adoption of evidence-based substance abuse prevention. *American Journal of Public Health, 97*, 880-886.

Verbitsky-Savitz, N., Hargreaves, M., Penoyer, S., Morales, N., Coffee-Borden, B. & Whitesell. E. (2016, July). *Preventing and mitigating the effects of ACEs by building community capacity and resilience: The APPI cross-site evaluation findings.* Washington, DC: Mathematica Policy Research. Retrieved from https://www.mathematica-mpr.com/our-publications-and-findings/publications/final-report-preventing-and-mitigating-the-effects-of-aces-by-building-community-capacity

Washington State Children's Administration Executive Staff. (2015, January). *Report to the Legislature: Racial disproportionality and disparity in Washington state.* Retrieved from https://www.dshs.wa.gov/sites/default/files/CA/acw/documents/LegRacialDispro01-2015.pdf

Washington State Institute for Public Policy. (2006, February*). Intensive Family Preservation Programs: Program fidelity influences effectiveness – revised.* Retrieved from http://www.wsipp.wa.gov/ReportFile/938

Waltz, J., Addis, M., Koerner, K., & Jacobson, N. S. (1993). Testing the integrity of a psychotherapy protocol: Assessing therapist adherence and competence. *Journal of Consulting and Clinical Psychology, 61*, 620-630.

Whittaker, J. K., & Pecora, P. J. (1981). The social "R&D" paradigm in child and youth services: Building knowledge convivially. *Children and Youth Services Review, 3*, 305-317.

Woolf, S. H. (2008). The meaning of translational research and why it matters. *JAMA, 222*(2), 211-213.

Wulczyn, F. (2014, December). *Users of research evidence: What are we learning from the research?* Paper presented at the Roundtable on Identifying Strategies to Improve the Use and Usefulness of Research in Child Welfare, Chicago, IL.

# Appendix A: Catalog of Research Utilization (RU) Strategies

| RU Strategy | Definition | Example of Use and Impact | Key Factors to Consider |
|---|---|---|---|
| **1. Develop trusting relationships** | | | |
| Connect to intermediaries | Intermediaries are organizations and/or individuals that can help with identifying, adopting, and implementing evidence-based and best practices; research, evaluation, and quality assurance of new and existing services; education and raising public awareness about evidence-based and best practices; and development of infrastructure, systems, and mechanisms for implementation (A. Metz, personal communication, February 5, 2017).  Intermediaries include research institutions, | • KIDS COUNT is a group of state-based child advocacy and research organizations supported by the Annie E. Casey Foundation that use data to advocate for policies and practices that support children and families on issues including child welfare, juvenile justice, and economic opportunity. For example, Voices for Children in Nebraska used research on the ineffectiveness of youth confinement in the juvenile justice system to secure more than $14 million for alternative placement options for youth (see http://www.aecf.org/work/kids-count/kids-count-network/ and http://voicesforchildren.com/). | • Identifying and cultivating the right relationship (and establishing trust in each other's work) may mean connecting with a potential research partner or organization long before agencies have identified a specific research need. This ongoing relationship helps to establish research as part of the process instead of being brought in after key decisions have been made. <br><br>• The intermediary relationship allows for greater access to program information and greater understanding of research evidence. <br><br>• Intermediaries are able to communicate evidence from various sources, sustain interest, and provide resources at various stages of the research or policymaking process (DuMont, 2013). <br><br>• The Connecticut Center for Effective Practices outlines seven characteristics of effective intermediaries including: <br>  • consultation activities, <br>  • best practice model development, <br>  • purveyor of EBPs, |

| RU Strategy | Definition | Example of Use and Impact | Key Factors to Consider |
|---|---|---|---|
| | professional organizations, partners, coalitions, networks, peers, and constituents. | | • quality assurance and improvement,<br>• outcome evaluation and research,<br>• training, public awareness and education, and<br>• policy and systems development (Franks, 2010). |
| Establish mutually beneficial relationships | Building relationships that are a "two-way street," in which researchers, child welfare leaders, administrators, and practitioners all receive timely feedback, useful materials, and responses to critical information needs. | • The John W. Gardner Center for Youth and Their Communities (JGC) at Stanford University maintains long-standing partnerships between researchers and community organizations with the goal of improving the lives of youth by conducting research, developing leadership, and effecting change. A governing principle of the partnership is that research questions must be agreed upon by the partners; this results in intensive collaboration at the beginning and end of each study. Alliance members engage in the process of making meaning of their data and work together to determine questions to pursue in future research efforts (Coburn, Penuel, & Geil, 2013). This type of ongoing relationship is the biggest predictor of being able to improve service delivery to meet overall goals (Landsverk et al., 2010; Palinkas et al., 2011). | • Long-term relationships usually endure for several projects and/or follow-up discussions.<br><br>• Common elements of successful research-practice partnerships include honesty and trustworthiness, willingness to learn, sensitivity, and flexibility (Palinkas et al., 2015).<br><br>• Combatting the common perception that working with researchers creates additional work, delays, and problems.<br><br>• Researchers should return study results and conclusions to practitioners and the field in a timely and useful way. The input of practitioners should shape design elements and final interpretation of study results (Patton, 2008).<br><br>• University researchers could be incentivized to collaborate in applied settings. For example, some universities are moving to recognize faculty |

| RU Strategy | Definition | Example of Use and Impact | Key Factors to Consider |
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| | | | involvement in community service in tenure decisions. |
| **2. Open and productive communication** | | | |
| Exchange ideas | The ability of staff – direct service providers, leadership, consultants, service beneficiaries (when applicable), and researchers – to interact and exchange knowledge and ideas. | • Johns Hopkins University, the Hawaii Medial Association, and the Hawaii Department of Health established a relationship based upon the exchange of ideas with the National Committee to Prevent Child Abuse (NCPCA) to evaluate the Hawaii Healthy Start Pilot Program (HSP). The evaluation studies a scaled-up home visiting model for new mothers. Evaluation outcomes are quickly returned to all stakeholders to examine program efficacy, shape HSP, and expand the program to multiple sites. Researchers benefit from content knowledge and from being early evaluators in the area of paraprofessional home visitation to prevent child abuse and neglect (Duggan et al., 1999). | • Exchange of knowledge and ideas often occurs most frequently during the early stages of the research partnership. Relatively less interaction may occur as data collection and analysis proceeds. However, the exchange of ideas should return near the end of the process, as researchers discuss results with partners to ensure that the initial findings are valid and interpreted meaningfully and accurately.<br><br>• Organizational capacity and culture play a role in staff's interest and willingness to exchange knowledge and ideas (S. Maciolek, personal communication, February 12, 2017). |
| Create opportunities for joint problem framing and review of relevant research | An active, collaborative process involving decision-making that brings together diverse perspectives to create a shared research question and the development of | • Illinois' child welfare community, through a university-community partnership, conducted interviews with members of the child welfare community to create a shared understanding of priorities. Through those discussions, they developed a consensual, functional, and dynamic child welfare research agenda for the state of Illinois (Johnson et al., 2003). Having consensus about the research agenda allowed researchers to respond to the needs of the state's child welfare community. | • Key question: How is joint problem framing created and sustained?<br><br>• Each person brings his or her own expertise and experience; thus, differing frames are inevitable. Methods and processes to support problem framing in turn need to manage the coming together of people with different perspectives (Nicholas, 2016). |

| RU Strategy | Definition | Example of Use and Impact | Key Factors to Consider |
|---|---|---|---|
| | integrated knowledge and theory across different disciplines. | • In Washington State, Community Cafes are being held to discuss ACE research and its implications for community action. (See http://www.appi-wa.org/) | • Problem framing is applicable to other strategies listed in this brief, including integrating research evidence with other types of knowledge and building awareness through community mobilization (A. Metz, personal communication, February 5, 2017). |
| Ensure more effective and informed decision-making | Providing a structure and resources for staff to build capacity to be more effective in their use of research and data in making decisions. | • The New Jersey Department of Child and Families Data Fellows program emphasizes skill development of front-line supervisory staff to support their participation in meaningful decision-making, grounded in research and data (Lambert & Atkins, 2015). Data fellows develop technical research and analysis skills while examining challenges in the context of departmental strategic priorities using internally generated data.<br><br>This process builds internal capacity to sustain the child welfare agency as research-informed decision makers. The program provides an opportunity for NJ DCF to be seen as a learning organization, committed to improving outcomes for children and families. Data fellows have used data to inform system improvement, including needed expansion of the Mommy and Me program for families battling substance use disorders based on data analysis. | • What resources can be brought to bear to increase access to research from external sources?<br><br>• What structures need to be put in place to create a culture within the organization that routinely consults research?<br><br>• Child welfare leaders often make decisions about the utility of programs and practices based upon information shared by peer group networks.<br><br>• Researchers build relationships in order to have a voice in decision-making at this level. |
| **3. Engage stakeholders and advocates** | | | |
| Nurture use of champions or change agents | A change agent is an individual who influences innovation within an organization. Agents and champions may be | • The Washington State Racial Disproportionality Advisory Committee was formed to reduce and ultimately eliminate racial disproportionality in the county's child welfare system. The Advisory Committee represents a network of champions, including Washington State Department of Social and Health Services (DSHS) leaders, staff, tribes, stakeholders, state partners, and DSHS Children's Administration philanthropic partners. Recent | • Although champions may have varying degrees of influence, they are most often recognized as effective opinion leaders by their peers.<br><br>• Champions can employ several strategies to facilitate dialogue between |

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| | used by an agency in a variety of ways, including helping to build on research evidence. A champion, or change agent, can be a policy-maker, health professional, front-line worker, local leader, or member(s) of the intended population. | accomplishments include increased use of the Racial Equity Analysis Tool and integration of research findings on disproportionality at the state level in policy, practice, program, and budget decisions, and the development of a mandatory prejudice reduction workshop for all children's administration employees (Washington State Children's Administration Executive Staff, 2015). | researchers and policymakers. Strategies may include increasing the involvement of champions or change agents in the research and establishing forums—such as technical working groups, listservs, online communities of practice, and e-forums (Start & Hovland, 2004).<br><br>• Champions that have experience in both research and policy or practice are able to incorporate multiple perspectives when engaged in conducting research (Palinkas, Short, & Wong, 2015).<br><br>• Role ambiguity can limit stakeholders' abilities to improve and sustain the use of evidence-based practices (Metz, 2015). |
| **Build awareness through community mobilization** | Community mobilization (CM) is an intervention tool used in public health services. CM seeks to create social change by building awareness and empowering community members to take charge of their own or their communities' well-being through | • Washington State is among the leaders in the country in the use of ACE research to inform community planning. A number of counties have been praised for how they use community cafes, annual children's outcomes summits, and other ideas to understand and develop action strategies that are informed by local ACE data from the Behavioral Risk Factor Surveillance System (BRFSS). The impact of these approaches was recently featured in a three-part series in *the New York Times* (see http://www.nytimes.com/2016/08/17/opinion/how-community-networks-stem-childhood-traumas.html) | • Although CM shares many characteristics with related concepts such as community development, empowerment, and participation, the potential for using CM to emphasize data and research-informed collective advocacy and organization warrants a unique classification. |

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| | engagement in a collective, interactive process (Parker, 1996). | | |
| Identify and use social networks | Interpersonal contacts within and between organizations and communities that can be used to influence adoption of new behaviors (Palinkas et al., 2011). | • The CAL-OH initiative, a partnership between the Center for Research to Practice, the California Institute for Mental Health, the Center for Innovative Practice, and several universities, was initiated to determine whether community development teams were effective in "scaling up" use of evidence-based practices (EBPs). Interviews with administrators from child welfare, mental health, and probation agencies in 12 counties in California identified social networks within and between counties as the most critical feature in implementing EBPs, particularly in small, rural counties with limited agency resources (Palinkas et al., 2011). | • Systems leaders develop and maintain networks of information and advice based on roles, responsibility, geography, and friendship ties (e.g., Barnes & Goetz, 2014; Finnigan & Daly, 2009).<br><br>• Both the influence of trusted others in one's personal network and having access and exposure to external information are important influences on rates of adoption of innovative practices (e.g., Valente et al., 2003, 2007). |
| 4.   Make research accessible | | | |
| Report findings using accessible language | Report research in the clearest, simplest way possible. When applicable, provide information in multiple languages to reflect community need. | • The National Child Traumatic Stress Network (NCTSN) provides resources for parents and caregivers, school personnel, the media and professionals on several topics, including understanding trauma, trauma treatments, bullying and cyber bullying, and school safety. Each topical webpage is available in English and Spanish and written in uncomplicated, simple language (for example, the *Parents Can Help* page is written at a ninth grade reading level; see http://www.nctsn.org/resources/audiences/parents-caregivers). | • Reporting on research in a straightforward way often has more to do with syntax than vocabulary, and could increase the accessibility of the information for harried workers and the less technical general public (Jill Kelly, personal communication, April 14, 2017). |
| Present research in a way that is interesting and | Present research and data in the most relevant, understandable, | • The Children's Bureau as part of the Child Welfare Information Gateway produces or commissions documents (Bulletins for Professionals, Factsheets, and Factsheets for Families) on pertinent topics in child welfare. These briefs synthesize existing | • What is included and how it is presented depends on the audience (e.g., child welfare leaders, caseworkers, or |

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| easy to understand | interesting way. This may include infographics, reports, videos, slideshows, research posters, briefs, or manuscripts. | data, research findings, and practice examples using relatively short, digestible formats. This serves an important function for the field and helps agency leaders, program managers, practitioners, policymakers, families, and other stakeholders easily understand an issue and have concrete guidance and examples for improving service delivery. See https://www.childwelfare.gov/catalog/serieslist/ | beneficiaries), the nature of the data, and the dissemination goal.<br><br>• Deciding on the key research finding(s) to communicate and what you want to convey are critical to deciding how to present research. |
| Present research at a frequency/ exposure rate that is helpful for retention and use | Present research as often as needed to ensure it is understood and used. | • Ohio has enlisted trainers to expand their ability to provide "after the training" mentoring and coaching for child welfare workers and supervisors involved in Skill-Building Certificate Programs. As part of this program, trainees must "work the material," often through large and small group discussion to achieve greater understanding of the research. Frequent presentation and use of the data increase trainees' familiarity with the concepts and enable trainees to integrate the concepts into their work (Curry et al., 2005). | • As with all new information, how often research is presented, the time interval between presentations, and whether it is presented in several different ways depends on the audience and the dissemination goal. |
| Translate research findings into specific directions for practice | Translating research into practice is the act of moving from empirical results to action (research to practice). Research evidence must be converted into directions for practice before designing action steps. | • Based on an internal review of the research literature on the significant negative impacts of congregate care on children's overall development and following a period of intensive internal analysis, the Connecticut Department of Children and Families proposed new policy and practice directions to reduce reliance on congregate care and make adjustments in the use of voluntary placement and therapeutic group home programs (Connecticut DCF, 2011). This has helped reduce the number of children placed in congregate care (Connecticut DCF, 2014). | • Field experimentation, data analysis, product intervention, and diffusion/dissemination of studies may also be included (Rothman, 1992).<br><br>• Developing a reliable intervention that may include a community or organizational needs assessment, review of relevant literature, or meta-analysis of previous research (Rothman, 1992). |

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| **5.   Increase stakeholder investment** | | | |
| Use research study co-creation approaches to ensure that study design allows for findings that can be readily applied to policy, planning, management, or practice | This interactive and dynamic process places "the user, their family, and communities at the heart of service design," allowing the users to participate in service administration and delivery (Simpson, as cited in Metz, 2015, p.1). | • For the Northwest Foster Care Alumni study, alumni from foster care and foster parents helped to develop questions for two- hour in-person interviews to help ensure the questions were clear and meaningful (Pecora et al., 2010).<br><br>• In a recent study of ACE mitigation work in Washington State, the five communities selected for participation helped design the evaluation and selected the data sources (Verbitsky-Savitz et al., 2016). One example is the design of the Resilience Collective Community Capacity (ARC[3]) survey, which was created in partnership with communities to measure the community's capacity to address ACEs and increase resilience. Findings from the survey suggest a locally based theory of change for achieving community impact, and that optimal alignment varies, based on community needs and conditions (Hargreaves et al., 2016). | • Utilization-focused evaluation (Patton, 2008) stresses the importance of end-goal evaluation (application and use of research).<br><br>• Note the role that values and preferences play in the process.<br><br>• Assessing fit and implications of research design for the local context at the outset is imperative.<br><br>• "Repair work" may need to happen when trust needs to be built first because the community has been betrayed through "drive-by research" – where the community never saw the benefits of the research (Megan Bair-Merritt, personal communication, February 14, 2017). |
| Use participatory methods of dissemination to ensure research is meaningful | Cooperation between academic and community partners as well as beneficiaries of services when applicable at each phase of research, with the goal of using knowledge to encourage action toward social | • Using a process of jointly interpreting data and research, Trocmé and colleagues trained child welfare managers to understand and use a range of longitudinal and multivariate analytical methods (2016). Stakeholders also provided context, insight, and recommendations throughout the process as part of producing data findings so the research team understood what was most meaningful.<br><br>• This participatory process provided child welfare managers and staff a better understanding of the research process and built | • The process of being integrated in the research process and jointly interpreting data allows stakeholders to provide context, insight, and recommendations to make the research and data most meaningful to them, which in turn increases the likelihood that the project outcomes will be applied in practice. |

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| | change and improved health outcomes (Chen et al., 2010). | internal capacity so that stakeholders could set their own research priorities for long-term sustainability. | |
| **6. Help to ensure sustained usage of research** | | | |
| Build leadership and staff capacity to apply new research evidence to designing and implementing practice | Train child welfare managers in accessing, evaluating, and applying research evidence in decision-making and have funding available to support the use of research evidence. | • The Connecticut Collaborative on Effective Practices for Trauma (CONCEPT), a five-year federal grant, is a collaboration between the Department of Children and Families, the Child Health and Development Institute of Connecticut, and Yale University. The CONCEPT initiative includes training and support for child welfare staff, dissemination of trauma-focused interventions to community provider agencies, and a focus on worker wellness and secondary traumatic stress. Initial evaluation results of the training and dissemination efforts indicate significant improvements in trauma-informed knowledge, practice, and collaboration across nearly all child welfare domains assessed, suggesting system-wide improvements in readiness and capacity to provide trauma-informed care (Lang et al., 2016). | • Critical thinking, reflective practice, and research-based decision-making are at the core of evidence-based practice (Rosen & Proctor, 2003). <br><br> • Workers who are able to use research and data efficiently are better able to critically appraise research outcomes and are more skilled at identifying the actions needed to promote better outcomes (Aarons & Palinkas, 2007). |
| Collect and use data to monitor progress or fidelity to the model or practice | Fidelity is the extent to which the intervention delivered is true to the underlying principles on which it is based (Waltz et al. 1993). Fidelity to practice is sometimes called *adherence* or *integrity*. | • A meta-analysis was conducted that assessed Intensive Family Preservation Services (IFPS) programs that use the Homebuilders® model for fidelity to the model. Using a list of 16 components essential to the Homebuilders® model, researchers found that IFPSs that were implemented with fidelity to the Homebuilders® model significantly reduced out-of-home placements and subsequent reports of child abuse and neglect (Washington State Institute for Public Policy, 2006). <br><br> • The same results occurred with Wraparound services (Bruns et al., 2005). | • Data on fidelity to the model can be used in continuous quality improvement (CQI) efforts. <br><br> • The relationship between fidelity and adaptation in evidence-based programs is often debated. <br><br> • Measurement of fidelity could also include perceived worth of the intervention as reported by key |

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| | | | stakeholders (e.g., staff, youth, families, external partners) and benchmarking.<br><br>• Assessing fidelity may require an investment in a data management system and staff to consistently monitor the implementation and progress of a model. |
| **Use innovation-diffusion processes to help with adoption and utilization** | Diffusion of innovation theory seeks to explain how, why, and at what rate new ideas and technology spread. It is the process(es) through which an individual (or other decision-making unit) passes from knowledge of an innovation to implementation of the new idea (Rogers, 2003). | • An evaluation study of the adoption and implementation of Family Group Decision Making in Pennsylvania suggests that to facilitate that adoption, funders should look to strategically place new programs close to established programs, provide start-up funding, and utilize networks established through system collaboration activities (Rauktis, 2010). | • It can be difficult to define innovation case studies post hoc. What evidence is available to show that the innovations themselves actually work? There is a long history of programs continuing within child and family welfare without any substantial evidence of their effectiveness (Barth, 2009; Casey Family Programs, 2012; Tomison, 2000).<br><br>• Complex, process-based diffusion of innovation in service organizations, or assimilation, is often "organic and rather messy" (Greenhalgh et al., 2004, p. 601).<br><br>• Mapping networks can assist with understanding how information is shared (Hopkins et al., 2016; Daly & Finnigan, 2016). |

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Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families across America. Founded in 1966, we work in all 50 states, the District of Columbia and two territories and with more than a dozen tribal nations to influence long-lasting improvements to the safety and success of children, families and the communities where they live.

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