



# Use of Research Evidence:

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## *Social Services Portfolio*

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# Introduction

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Policymakers, practitioners, and researchers in the social services community share a commitment to improving the lives of young people. They express this vision differently, of course—prioritizing and engaging in different activities, and defining and measuring the impact of their work in a variety of ways. The William T. Grant Foundation contributes to ensuring that young people from diverse backgrounds reach their fullest potential by investing in and promoting research that is both rigorous and relevant. The Foundation’s longstanding interest in supporting high-quality research that can inform policy and practice led to its grantmaking initiative on understanding the acquisition, interpretation, and use of research evidence in policy and practice (URE), launched in 2009.

The Foundation defines research evidence as “empirical findings derived from systematic research methods and analyses.” This is a broad definition, encompassing studies that address different types of research questions, use various types of research designs and methods, and are conducted by researchers working within or outside policy or practice organizations. By supporting stronger theory and empirical work on the use of research evidence, the Foundation hopes to increase understanding of when, how, and under what conditions research is currently used and, ultimately, develop ways to strengthen its use and usefulness in the future.

The Foundation is not alone in seeking ways to understand and improve the use of research evidence. Public and private funders, federal and state policymakers, intermediary organizations, agency administrators, and practice leaders are actively addressing the oft-identified gap between what is known by researchers and what is done by policymakers and practitioners. Attention toward a converse gap—between the knowledge needed by policymakers and practitioners and what is in the research literature—is also increasing.

Some are joining the Foundation in funding empirical studies on research use. The National Institute of Justice, for instance, has funded case studies on how research evidence is acquired and incorporated into criminal justice practice and policy decisions (2014). And the Institute of Education Sciences has funded a Research and Development Center on Knowledge Utilization, which will develop tools for observing and measuring research use in schools, identify the factors that promote or inhibit research use in schools, and develop strategies that make research more meaningful to education practice (2014).

Others are attempting to move research into practice and policy by convening national experts to explore ways to translate research for potential users. One example is the Institute of Medicine/National Research Council’s *Forum on Promoting Children’s Cognitive, Affective, and Behavioral Health*. This forum is intended to connect the prevention, treatment, and implementation sciences with settings where children are seen and cared for (including

health care settings, schools, social service and child welfare agencies, and the juvenile justice system), as well as create effective and affordable systems for addressing children’s needs (Institute of Medicine, 2014).

There are also efforts to address the gap between what policymakers and practice leaders need to know and what insight the current research evidence provides. For example, the Children’s Bureau has established an online Child Welfare Evaluation Virtual Summit to build capacity for improved evaluation, promote further dialogue among evaluation stakeholders, and disseminate research findings. The online summit comprises seventeen videos, developed by national experts, on topics including constructing meaningful comparison groups, cost analysis, data sharing, and outcome measurement. In conjunction with this effort, the Children’s Bureau also convened three Child Welfare Research and Evaluation Workgroups to produce guides that provide practical tools for building evaluation capacity and strengthening the link between research and practice (Children’s Bureau, 2014a).

The William T. Grant Foundation intends that the emerging research evidence from its URE portfolio be useful to those engaged in these (and other) diverse efforts. But broad and meaningful use of research evidence will require conversations that extend beyond researchers and expert forums. Indeed, URE findings suggest that policymakers and practitioners should not be viewed simply as “end users” of research evidence. To provide insight into how URE studies and the resulting evidence could be most relevant and useful to them, policymakers and practitioners at all levels in the social services system must have a voice in these conversations.

This paper is intended to foster and inform dialogue among researchers, policymakers, and practitioners by reflecting on the Foundation’s social services URE portfolio from the perspective of policy and practice and by identifying potential opportunities for the next generation of studies and considerations for those undertaking that work.

# Frameworks for Productive Conversations

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The following frameworks, which step back from the terminology and theories of specific academic disciplines, may help facilitate conversations among participants from diverse backgrounds. While none sufficiently captures the complexity of policy and practice work, these frameworks are useful in helping us organize ideas, draw important distinctions, and view the work in fresh ways. Importantly, each framework begins with policy and practice work itself, rather than research evidence.

# Types of Knowledge

The first framework considers the types of social problems to be solved by policy and practice and the knowledge needed to solve them (Davies & Powell, 2010). This framework comes closer than many others to viewing research through the lens of the full array of work in which policymakers and practitioners are engaged. When we adopt this perspective, it leads us to place different demands on research evidence and to value and use it in different ways. We can't understand how research evidence could or should be used unless we are explicit about the types of work it might inform. Davies and Powell remind us that the discussion of research use must extend beyond the current emphasis on "what works."

## *Types of Knowledge*

### **Know-why**

Knowledge about why action is required, e.g. the relationship between basic values, beliefs and assumptions, and future policy directions.

### **Know-about (problems)**

The nature, formation, natural history, and interrelations of health and social problems in context.

### **Know-what (works)**

Knowledge about what policies, strategies or specific interventions will bring about desired outcomes, at acceptable costs and with few enough unwanted consequences.

### **Know-how (to put into practice)**

Knowing what should be done is not the same as being able to do it effectively; knowledge about effective implementation is also needed.

### **Know-who (to involve)**

Knowledge of client needs and the stakeholders necessary for potential solutions and mechanisms for building alliances for action.

# Types of Research Use

In *Using Evidence*, Sandra Nutley, Alison Walter, and Huw Davies provide a framework that builds on the earlier work of Carol Weiss and others (Nutley et al., 2007; Weiss et al., 2005). This framework helps outline how we use research, how we encourage or expect others to use it, and how intended or expected use may differ from actual use.

## *Types of Research Use*

### Instrumental Use

The direct impact of research on policy and practice decisions. It identifies the influence of a specific piece of research in making a specific decision or in defining the solution to a specific problem. Instrumental use represents a widely held view of what research use means.

### Conceptual Use

A broad definition of research use, comprising the complex and often indirect ways in which research use can have an impact on the knowledge, understanding, and attitudes of policy-makers and practitioners.

### Strategic or Tactical Use

Research can be used as an instrument of persuasion, to support an existing political stance or to challenge the positions of others. It can also be deployed to legitimate a decision or a course of action. Some refer to this as political use.

### Process Use

Emphasizes how the design and conduct of research, rather than just its findings, might be used by both policy makers and practitioners. Engagement in research processes can lead to changes in ways of thinking and in ways of behaving among individuals and throughout organizations.

### Imposed Use

Not part of Nutley et al's framework, but increasingly common—generally in conjunction with funding requirements. Weiss described imposed use as similar to instrumental use in terms of impact on decision-making, but different in that it is not voluntary.

## Models of Research Use in Practice Settings

Nutley, Walter, and Davies also describe three models of research use specific to practice settings (2007). The traditional approach to developing and promoting evidence-based programs and practices by intervention researchers fits the “research-based practitioner” model. The “embedded research” and “organizational excellence” models are more often reflective of the work of public organizations. However, the research-based practitioner model is useful in reminding us that research use has to change frontline practice, not just organizational processes and tools, in order to have an impact on outcomes.

### *Research Use in Practice Settings*

#### **The Research-Based Practitioner Model**

Where research use is the responsibility of individual practitioners. Practitioners would need to have high levels of professional autonomy to change practice based on their interpretation of research findings. Key factors in supporting this type of use are professional education and training as well as enabling practitioners to access good quality research evidence and developing their ability to critically appraise the evidence.

#### **The Embedded Research Model**

Where research use is achieved by embedding research in the systems and processes of service delivery by way of standards, policies, procedures, and tools. Responsibility for ensuring research use lies primarily with policy-makers and service delivery managers. Funding, performance management, and regulation are used to encourage or coerce (incent) the use of research-based guidance and tools.

#### **The Organizational Excellence Model**

Where the key to successful research use lies in the development of appropriate structures, processes, and cultures within service delivery organizations. Responsibility lies with agency leaders and managers to develop an organizational culture that is “research-minded.” There will usually be local adaptations of research findings and ongoing learning within teams and local agencies.

Knowing the types of questions that policy makers and practice leaders must tackle, the knowledge that they need to do so, and the ways that research evidence can be used, we can better interpret and apply the findings of the Foundation’s URE portfolio. The next section uses these three frameworks—types of knowledge, types of research use, and models of research use in practice settings—to organize findings and identify themes so that we may strengthen the connection between the research being conducted and the needs of users. Following that, we draw on the three frameworks to help identify gaps that should be addressed in future URE studies.

# Emerging Findings and Insights from the Social Services Using Research Evidence Portfolio

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As of 2014, the Foundation had funded nine studies on the use of research evidence by policymakers and practitioners in child welfare, children's mental health, and public health. This first generation of studies has found that research use is complex, occurring over a long period of time, through multiple stages of work and levels of users. Each study has contributed to knowledge about the facilitators of and barriers to this complex work.

Conversations about these findings, informed by the three frameworks outlined above, would provide valuable opportunities for policymakers and practitioners to describe their efforts to use research evidence and to identify their unique needs and considerations in doing so. Ultimately, these conversations could become a foundation for policymakers and practitioners to engage with researchers to craft future studies with greater relevance and usefulness.



## Research use varies across multiple stages of policy development and implementation

As policymakers and practitioners know from experience, moving from policy development to full implementation is a process, not a single event. The URE study teams drew from a variety of frameworks of processes and stages to analyze and present their findings. While comparisons across frameworks are hampered by similar concepts with different names and vice versa, it is possible to see themes across the URE studies.

- Laurel Leslie and her colleagues studied the use of research evidence by child welfare agencies in developing state plans to oversee psychotropic medication use by youth in foster care, as required by the Fostering Connections Act (P.L. 110-351). They found that states prioritize the use of local evidence over other available data sources, especially in contextualizing available research evidence. Specifically, states perceive different types of knowledge as particularly useful for 1) determining whether to prioritize an issue, 2) informing policy content, or 3) guiding implementation (Leslie, 2013). Using Davies and Powell's framework, we could characterize these as :1) know why, 2) know what, and 3) know how.
- Jennifer Mosley and Mark Courtney studied the passage and implementation of California's Fostering Connections Act (AB12). They found that convincing legislators to pass AB12 required testimonials from youth and benefit-cost

analysis but did not require research evidence (Courtney, 2013). However, they also describe the years preceding AB12 (and prior to their study period) as ones in which significant research evidence about poor outcomes for foster youth was shared with legislators (Mosley & Courtney, 2012). Thus, "knowing why" this legislation should be given priority was established by the "strategic use" of research evidence, and then reinforced during the debate period by foster youth's experiences. Conversations about "knowing what" to do were shaped by the debate about benefits and costs, but were more robust after AB12's passage, as the state social services agency and its stakeholders designed programs and practices. Little research evidence existed about the best way to provide care to youth who had transitioned to young adulthood, but stakeholders familiar with the research regarding the functioning of former foster youth used it to the extent they could (Mosley & Courtney, 2012).

The relationship of research used in one stage of policy development and practice implementation to that used in previous or subsequent stages is yet to be fully explored in the social services portfolio. Early indications are that the work of each stage is related but draws on different types of knowledge, perhaps because the questions themselves change over the course of the stages. This suggests a need to understand how (or if) the integrity of research evidence is maintained as it is continually integrated with and potentially transformed by other types of knowledge.

*Broad and meaningful use of research evidence will require conversations that extend beyond researchers and expert forums.*

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## Developing consensus about research facilitates its use

Consensus about the quality, reliability, and implications of research evidence has an impact on whether it is used.

- Mosley and Courtney reported that, prior to AB12 being debated, legislators were well aware of the research about poor outcomes for youth aging out of foster care. By the time AB12 was under consideration, there was consensus that foster youth were a vulnerable population deserving of concern and support (Mosley & Courtney, 2012). Thus, the debate was not about *why* something should be done, it was about *what* should be done, as well as the associated benefits and costs.
- Joanne Nicholson and colleagues studied the use of research evidence in developing and implementing a remedy plan resulting from a Medicaid E.P.S.D.T. lawsuit. Stakeholders reported that consensus about the benefits of Wraparound (a care planning process with a growing evidence base) preceded the trial, easing its adoption through the remedy plan. In contrast, there was no consensus about other remedy plan components that had not been discussed pre-trial (e.g., in-home therapy service models) nor did the remedy implementation deadlines allow time post-trial to examine the research evidence or to develop consensus (Leslie et al., 2014). Thus, Nicholson and colleagues found that time was a critical resource in developing consensus about research evidence and its value and fit with the local context.
- Larry Palinkas and his colleagues found that the process of trying to establish consensus on research evidence use is a more powerful predictor of research evidence use than individual research evidence use in the implementation of innovative programs and practices for at-risk youth. Research use is largely a collaborative activity, and members of collaborating agencies are more likely to implement innovative programs when they debate the value they place on research evidence (Palinkas, 2013).

Since consensus is an important facilitator, research is needed to understand how it is created and sustained. Courtney and Nicholson seemed to find consensus about both the research and values associated with the decisions it informed, but neither untangled the nature of that consensus, nor the processes by which it was achieved. Understanding consensus includes discerning whether it is about the research evidence or about the values associated with the decision; whether and how consensus about one drives consensus about the other; and whether consensus occurs differently for different types of questions, e.g., the “know why” questions versus the “know what” questions.

Jerry Herting and Taryn Lindhorst examined how the Adverse Childhood Experiences (ACE) study was used to inform decisions by community networks about the activities they would prioritize. Network members often disagreed on which social or health problem (e.g., delinquency, child abuse, addictions) to focus on and saw their actions as not tied to those of other community organizations. The ACE study focused the attention of network members on the common cause of these multiple problems rather than the problems themselves. Thus, ACE played an initial consensus-building role for the community networks. Herting hypothesizes that the uncontested nature of the ACE research provided a foundation for uniting diverse organizations, perhaps because the ACE research is a compelling call to action but doesn't dictate one specific response (Herting, 2013).

Jeanette Colyvas's study of competency to stand trial hearings for juveniles offers a different perspective on the role of consensus. Research evidence about youth development is considered well established and uncontested in the research community. It was not used in competency to stand trial hearings, however, even in the face of ambiguous legal definitions of competency for juveniles. Instead, the research evidence was trumped by the courts' institutional routines, namely case and statutory precedent. Research “knowledge about” youth development was insufficient to counteract established court routines (Colyvas, 2012).

## Research is never used alone, it is always integrated with other types of knowledge

Most policy questions about improving the lives of young people are really a bundle of different types of questions, as Davies and Powell indicate. These questions can be more fully addressed when research evidence is used in combination with different types of knowledge, including professional expertise, practice wisdom, and personal experience from a variety of sources. The nature of this integration and who does it can cause consternation for policymakers and practitioners who worry that they won't be able to adapt research evidence to meet their local needs and for researchers who often fear that they will.

- Palinkas conceptualizes research use as a social interaction and the research – policymaker –practitioner relationship as a cultural exchange. His study examined the implementation strategies used by California Institute of Mental Health's Community Development Teams in supporting the adoption and implementation of evidence-based programs (e.g., Multi-dimensional Treatment Foster Care). Palinkas suggests that this strategy appears to increase research use because it promotes interactions among systems leaders faced with the same challenges of implementing innovative programs and EBPs and provides opportunities to collectively access, evaluate, and apply research evidence (2013). He also identified the importance of individuals who can play key roles in the collaborative process, especially agency directors and administrators who use their knowledge or experience working for another agency to serve as a collaboration broker or facilitator (2011).
- Nicholson and colleagues used Gibbons's knowledge exchange model to frame their study. Gibbons argued that knowledge production is carried out in the context of application, where researchers, policymakers, and practitioners engage in a process that is best characterized as an exchange rather than as knowledge transfer or translation. Central to this view is that all partners bring some knowledge that can be exchanged (2008). They found that this process involves relationships that evolve over time to provide the infrastructure for ongoing knowledge exchange. Particularly important were individuals who were able to serve as intermediaries facilitating exchange among stakeholders, often drawing on their own expertise and experience in the federal Medicaid regulations and the state Medicaid program. A consultant facilitated the exchange among the state, the plaintiffs' attorneys, and a range of content experts as they developed Medicaid program standards to implement the remedy plan. Over time, the state's managed care entities built internal capacity to facilitate exchange among community service agencies, the Wraparound purveyor, and the state Medicaid program (Biebel et al., 2013).

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# URE theory has some interesting “close cousins”

Two areas of study have emerged as closely related to URE: innovation diffusion and implementation science. These connections are especially helpful by grounding URE theory, which risks being esoteric. Because the work of policymakers and practitioners is informed by ideas from diverse bodies of literature, ideas that illuminate each other can add a helpful dimension to the URE findings and frameworks.

## Innovation Diffusion

Within the social services URE portfolio, Herting and Wulczyn have drawn from Rogers’s theory on innovation diffusion. Examining the degree to which research evidence in the form of an evidence-based program or practice possesses the features listed below (Rogers, 1995) could inform how it is developed and shared with those seeking to “know what” to do.

- **Relative Advantage:** the degree to which an innovation is perceived as better than the previous idea by a particular group of users, measured in terms that matter to those users, e.g., economic advantage, social prestige, convenience, or satisfaction.
- **Compatibility:** the degree to which an innovation is perceived as consistent with existing values, experiences, and needs of adopters.
- **Complexity:** the degree to which an innovation is perceived to be difficult to understand and use.
- **Trialability:** the degree to which an innovation may be tested or experimented with on a limited basis. An innovation that is trialable reduces uncertainty.
- **Observability:** the degree to which the outcomes of an innovation are visible to others. Visible results lower uncertainty and also stimulate discussion.

Although too early to have findings from their studies, the potential connections between URE and innovation diffusion theory are worth keeping in mind. Intervention researchers and promoters of evidence-based programs generally see these programs as better than existing practices, but do they measure relative advantage in terms that matter to potential users? In Nicholson’s study, which found that Wraparound was embraced in part based on its value of family voice and choice, the compatibility between evidence-based practice and values was an important factor. Palinkas noted that county directors reach out to peers when deciding whether to adopt an evidence-based program. This might be a proxy for “trying” the program and an attempt to reduce uncertainty.

## Implementation Science

Several studies have drawn on various frameworks to describe the stages of work wherein research evidence is used, including frameworks from implementation science. In addition to stages of implementation, some of these frameworks provide “know how” in the form of facilitators or drivers of implementation. The National Implementation Research Network (NIRN) has developed a framework, frequently used in social services, which identifies drivers that:

- build individual competencies, through staff selection, training, and coaching;
- enhance organizational capacity, including facilitative administration, alignment with the service system, and decision support data systems; and
- emphasize the importance of leadership of both technical and adaptive change (National Implementation Research Network, 2014).

There is striking resonance between NIRN’s framework and Nutley, Walter, and Davies’s models for research use in practice settings. The individual competency-building drivers are reflected in the research-based practitioner model, in particular. As noted previously, many interventions seem to be developed and disseminated based on this approach. The NIRN framework calls attention to the organizational and leadership drivers, as do Nutley and colleagues’ models. The organizational capacity drivers are reflected in embedded research model. The NIRN framework helps us unpack the range of organizational systems in which research evidence must become embedded in order for the resulting practice change to be sustained. The organizational excellence model and leadership driver both highlight the responsibility of agency leaders to attend to organizational culture. The essential feature of the NIRN framework is its emphasis on the “integrated and compensatory” nature of the drivers. Similarly, the models for research use in practice settings are most useful in illuminating our work when used in combination. Indeed, all three frameworks might be most useful when used in combination.

# Opportunities to Enhance the URE Social Services Portfolio

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Numerous efforts at the federal, state, and local levels offer opportunities to advance URE research and its relevance to policy and practice. The next generation of studies could and should extend the conversations beyond URE researchers and national experts by reaching deeper into social services systems to engage policy and practice leaders and managers.

## Implementing and Sustaining Evidence-based Programs and Practices in Children’s Mental Health

Using research evidence in children’s mental health has been framed largely as a “what works” question. Some of the social services URE studies focus on the initial decision to adopt an evidence-based program or practice (EBP). Equally important, but far less examined, is the sustained use over time of an EBP. Empirical study of sustained use would help complete the picture of the instrumental use of research evidence in practice settings. After all, improving the lives of young people comes not from initial decisions about what to do, but from sustaining practices over time.

URE studies could shed light on whether and how an evidence-based program or practice is transformed as it becomes embedded in an organization and integrated with other types of knowledge (e.g., professional expertise, consumer feedback about their experience). EBP developers and, purveyors, and users grapple with how to balance fidelity with adaption to local context. This balance likely shifts over time, from initial implementation, when strict fidelity might be critical to guiding staff in learning a new practice, to sustainability, when the EBP is fully embedded in the organization, including data management and continuous quality improvement systems.

## Building the Evidence Base for Child Welfare Programs and Practices

Unlike the research base about children’s mental health, the research evidence base in many areas of child welfare policy and practice is relatively sparse. As of February 2014, only 27 of the 325 programs (8 percent) catalogued in the California Evidence-Based Clearinghouse for Child Welfare (CEBC) met the criterion of “well supported by research,” and only two of those had been rated as having “high” relevance to child welfare systems (Children’s Bureau 2014b). The Children’s Bureau is addressing this gap through initiatives such as its Child Welfare Evaluation Virtual Summit and Quality Improvement Centers (QICs) on practices such as adoption, privatization, differential response, and early childhood.

The approach to building an evidence base for child welfare programs and practices is fundamentally different from that in children’s mental health. In children’s mental health, researchers have generated research evidence and distilled it into evidence-based programs and practices that are disseminated to potential users. In child welfare, the Children’s Bureau uses its leadership role in federal policy to direct, invest in, and build research evidence that is relevant to current policy agendas. There is no analogous organization in children’s mental health. The Children’s Bureau’s approach has the potential to be more responsive to policy and practice leaders and managers than the approach in children’s mental health. It is worth examining the impact of the Children’s Bureau’s efforts on potential users’ acquisition, interpretation, and use of the evidence being built through these efforts. URE studies that examine the impact of these efforts on both the production and use of research evidence would inform URE theory building as well as the Children’s Bureau.

## Administrative Data as Research Evidence

Some of the studies in the Foundation's education URE portfolio examined the use of research evidence in the form of administrative data used to assess and improve school performance. Child welfare has large administrative data sets, agency "report cards," and accountability systems similar to education (unlike children's mental health). The Child & Family Service Reviews (CFSRs) is the Children's Bureau system for using administrative data and qualitative case reviews to measure state performance and enforce accountability for outcomes. Since 2000, the Children's Bureau has conducted a CFSR in each state twice, and each state has been required to develop a program improvement plan in response to CFSR results. Round three is due to begin on-site reviews in 2015. Revisions to the measures and threshold standards for round three were informed by both research evidence and research methods. Round three protocols will place strong emphasis on the internal capacity of state agencies to conduct continuous quality improvement activities that reflect the CFSR's content and methods. How state agency leaders and managers interpret and use CFSR data and review results to develop performance improvement plans is worthy of examination. Particularly important will be whether and how the knowledge produced by the one-time CFSR review and the ongoing work of an agency's continuous quality improvement system become integrated.

Concurrent with changes to the CFSR, the Children's Bureau is changing its approach to funding technical assistance to state and county child welfare agencies. In September 2014, the Children's Bureau awarded a contract for a National Capacity Building Center for Public Child Welfare Agencies to provide expertise and technical assistance services to enhance the organizational capacities need to achieve and sustain the outcomes measured in the CFSR. Examining the Center's strategies regarding the use of research-informed data measures and performance improvement strategies could extend URE theory regarding knowledge exchange and integration. Outcomes continue to be organized around safety, permanency, and well-being, thus continuing the shared language viewed as facilitating conversations and learning among child welfare leaders, managers, staff, and stakeholders. As with some of the education URE studies, examining the structure and function of social networks may provide insight regarding relationships that facilitate knowledge acquisition and use.

Research evidence that is distilled into quality measures, rather than an evidence-based program or practice, is an important type of use that is increasingly common in policy and practice decision making. Eventually, healthcare reform will bring broad use of quality standards to children's behavioral health and primary care. There are different challenges regarding data definition, collection, validation, and analysis than in child welfare. That said, findings about using this type of research evidence might have relevance beyond any specific policy domain (e.g., child welfare, education, or behavioral health). Policy and practice leaders and managers would benefit from understanding how evidence-based quality measures used by entities engaged in similar work across domains can contribute to learning conversations and performance improvement.

## Beyond What Works: Understanding and Addressing Complex Problems

When so much of the discussion regarding the use of research evidence is about “what works,” we risk forgetting that there are other important policy and practice considerations for which research evidence is informative. The breadth of these considerations is stated in the Children’s Bureau *Frameworks* guide:

Child welfare decision makers at all levels are accountable to a variety of stakeholders for the distribution of scarce resources to improve outcomes for children and families. It is important to know which reform efforts and interventions have the greatest likelihood of achieving desired outcomes, for which participants, in the most cost-effective manner (2014b).

That said, policymakers and practitioners grapple with complex questions that challenge our understanding about why poor outcomes occur. One of the more vexing examples is the effect that race has on a child’s entry into and exit from the child welfare system, their experiences while in foster care, and their outcomes. Over the past several years, researchers have produced a significant body of research evidence that can be brought to bear on conversations about this complex issue. Two recent initiatives that convened national experts to discuss the research evidence and its implications for child welfare policy and practice are illustrative. In July 2010, the Center for the Study of Social Policy and the Annie E. Casey Foundation convened a Research Symposium on behalf of the Alliance for Racial Equity in Child Welfare to discuss a series of papers analyzing and reflecting on current research related to racial differences in child welfare services, treatment, and outcomes. The Symposium produced several papers by prominent researchers and a summary of key themes and policy recommendations (Center for the Study of Social Policy, 2011). In January 2011, Harvard Law School’s Child Advocacy Program and Chapin Hall at the University of

Chicago co-sponsored an invitational conference titled *Race & Child Welfare: Disproportionality, Disparity, Discrimination: Re-assessing the Facts, Re-Thinking the Policy Options* (Bartholet, 2011). Leading scholars on child welfare and race presented to and engaged in discussion with an audience of over one-hundred child welfare leaders, including administrators, judges, legislators, non-profit advocacy organization directors, and law and child welfare scholars.

Both initiatives are fascinating to consider through the URE lens. Participants acknowledged that the research evidence was both rich and incomplete; and, perhaps because the research provided some important insights while leaving critical questions unaddressed, there were varying interpretations and conclusions regarding implications for policy and practice. This variety was likely inevitable, given that other types of knowledge (e.g., professional expertise, practice wisdom) were needed to make sense of the research. Leaving to others how to adjudicate the research, URE studies could examine how we use research evidence when engaged in challenging conversations about this and other complex issues. The conversations about racial disproportionality and disparities in child welfare will not end. URE studies could tease apart how research evidence is used and integrated with other types of knowledge to better answer the bundle of connected questions identified by Davies and Walter (i.e., know why, know about, know what, know who, know how).



## Include “Process Use” in URE studies

As identified in Nutley et al.’s model, research use is not limited to research evidence, but can include the processes used by researchers (2007). The methods that researchers use to formulate questions, generate hypotheses, collect and analyze data, and draw conclusions are valuable to policymakers and practitioners in understanding and solving their problems. Engagement with researchers, not only through the research process, but also on workgroups that acquire, interpret, and promote research use, is worth examining in URE studies. For example, the Children’s Bureau Child Welfare Evaluation Virtual Summit convened workgroups that included policymakers, practitioners, and researchers. This collaborative model is an increasingly common way to work.

URE studies could also examine the process use within these types of workgroups, as well as the subsequent impact on the regular work of individual members. It would be helpful to know whether and how participation in such workgroups increases members’ overall comfort with the research enterprise and/or methods of inquiry, such that more or different types of research use occur subsequently. Potential participants might value gaining new insights or skills related to using research evidence that would translate into their work.

In addition, URE studies could examine the impact that workgroups and expert forums and their products have beyond their participants. The reports referenced in this paper suggest that these groups engage in robust knowledge engage that integrate research evidence and other types of knowledge to produce valuable insights and guidance for a wide audience. It would be worth exploring whether the products are as valuable to readers as the discussions were to the participants and, if not, how to make them so.

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# Final Thoughts / Considerations

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A commitment to using research evidence to improve the lives of young people inevitably leads to an interest in studying how to do so effectively. For many, this means understanding how to improve our use of established evidence-based programs and practices, where appropriate, and how to build more to respond to unmet needs. But that won't be enough. Research evidence distilled into performance measures, and the systematic analysis of administrative data, will help us manage and improve performance over the long term, including the sustained use of evidence-based programs and practices. As we become more sophisticated in using evidence-based programs and practices in conjunction with administrative data and performance measures, complex issues will be brought into sharper relief for us to examine and address. Developing solutions will require policymakers and practitioners to work with researchers, making process use important to understand.

As a critical next step, policymakers, practitioners, and researchers, as well as those who fund and support their work, need more opportunities to talk together, across their spheres. Conversations—real, meaningful knowledge exchange—about the URE evidence will require relationships that can keep pace with research use over time, across multiple stages of research use, and at all levels of the social services system.

## Policymakers and Practitioners

The URE frameworks and emerging findings could help policymakers and practitioners be more intentional in their efforts to use research evidence. They should be explicit about why and how they are using research evidence rather than letting use remain unspoken and unknown, especially to those who have a stake in their work. This includes being clear about when it is necessary to adapt the research, how it is adapted, and the limitations they encounter in the research. It is through use that we can identify strengths and gaps in the emerging URE evidence.

There is great potential value in the next generation of URE studies to help advance (not just understand) the complex work of using research evidence. That potential will be realized if policymakers and practitioners participate more fully in shaping URE studies and use the insights gained from those studies in their own work. If we could describe our use of research in the three frameworks offered in this paper and be explicit about the purpose for which we are using research, then we could identify possible strategies, facilitators, and barriers worthy of empirical study.

## Intermediaries

URE studies have consistently found the value of relationships and knowledge exchange. Intermediaries could facilitate conversations, relationships, and knowledge exchange. Intermediaries tend to focus on disseminating research to potential users in the policy and practice community, but these groups should be more than a conduit. Intermediaries who promote the use of research evidence should be explicit about what they believe potential users could do with the research that they are disseminating, i.e., the questions that the research answers, the questions unanswered by the research, and guidance for filling the gaps.

Intermediaries may be viewed as more reliable and better positioned than policymakers and practitioners to share

with the research community information about the use of research evidence in policy and practice settings. For example, some funders contract with technical assistance providers to support grantees or state agencies. These funders would do well to see their technical assistance providers as a source for doing this bi-lateral intermediary work. Intermediaries whose mission is traditional dissemination might challenge themselves to engage in knowledge exchange between the producers of the research they disseminate and the intended user audience.

## Researchers and Research Funders

The growing interest in studying the use of research evidence is exciting. The range of academic disciplines and policy issues involved in the field will ultimately make for a richer body of knowledge. As the work progresses, however, first generation descriptive work will become redundant. Initial theories will need to be further elaborated and tested. Research producers and funders should be clear about what type of work their research is intended to inform and what type of research use they are studying.

Future studies of research evidence use will also be more relevant and more rigorous if they include the perspectives of policymakers and practitioners. Technically rigorous methods are of limited value if the inquiry is not also intellectually rigorous. Policymakers and practitioners could contribute to generating hypotheses, interpreting data, and sharing important insights into what research use looks like and where to find it.

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