Exploration and adoption of evidence-based practice by US child welfare agencies

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ABSTRACT

Objective: To examine the extent to which child welfare agencies adopt new practices and to determine the barriers to and facilitators of adoption of new practices.

Methods: Data came from telephone interviews with the directors of the 92 public child welfare agencies that constituted the probability sample for the first National Survey of Child and Adolescent Well-being (NSCAWI). In a semi-structured 40 min interview administered by a trained Research Associate, agency directors were asked about agency demographics, knowledge of evidence-based practices, use of technical assistance and actual use of evidence-based practices. Of the 92 agencies, 83 or 90% agreed to be interviewed.

Results: Agencies reported that the majority of staff had a BA degree (53.45%) and that they either paid for (52.6%) or provided (80.7%) continuing education. Although agencies routinely collect standardized child outcomes (90%) they much less frequently collect measures of child functioning (30.9%). Almost all agencies (94%) had started a new program or practice but only 24.8% were evidence-based and strategies used to explore new programs or practices usually involved local or state contracts. Factors that were associated with program success included internal support for the innovation (27.3%), and an existing evidence base (23.5%).

Conclusions: Directors of child welfare agencies frequently institute new programs or practices but they are not often evidence-based. Because virtually all agencies provide some continuing education adding discussions of evidence-based programs/practices may spur. Reliance on local and state colleagues to explore new programs and practices suggests that developing well informed social networks may be a way to increase the spread of evidence-based practices.

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1. Introduction

1.1. Literature review

Child welfare agencies are responsible for multiple mandates. They must ensure optimal, stable placements for children who are investigated for maltreatment and who are placed in out-of-home care. They must also deliver or facilitate the delivery of services to assist parents of investigated children who are not placed in retaining their children safely at home, preventing further maltreatment and future out-of-home placements as well as promoting child wellbeing. There are numerous efficacious interventions that can change family environments, improve parenting skills and decrease difficult child behaviors that are appropriate for the families child welfare serves. However, research has documented that most of the interventions delivered in child welfare are not treatment strategies with solid empirical support (Chadwick Center, 2004; Hurlbut, Barth, Leslie, Landsverk, & McRae, 2007).

There are multiple reasons that these evidence based practices are not commonly used in child welfare. Social work educational curricula have not focused on evidence-based practices (EBPs) (Weissman et al., 2006) although some evidence-based practice focused programs do exist such as the USC School of Social Work and the associated Hamovitch Center for Science in the Human Services (www.sowkweb.usc.edu accessed 3/9/2012). Given that professionals practice using the content and techniques they learned while in their graduate or professional educational programs, the lack of EBPs training for social workers is a concern (Horwitz, Chamberlain, Landsverk, & Mullican, 2010; Institute for the Advancement of Social Work Research, 2007). Two additional barriers to the implementation of EBPs for child welfare agencies are

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the ability to access research-based information on evidence-based programs and the level of comfort with both exploring and considering adoption of EBPs (Chadwick Center, 2004; Chaffin & Friedrich, 2004; Glisson & Schoenwald, 2005). In contrast to the field of medicine, discussions of evidence based practices only began within the last decade in child welfare (Barth et al., 2005; Chadwick Center, 2004; Chaffin & Friedrich, 2004; National Association of Public Child Welfare Administrators, 2005; The California Evidence-Based Clearinghouse for Child Welfare (CEBC), 2004), an important reason that there is this lack of comfort with the exploration, adoption and implementation of EBPs (Horwitz et al., 2010). What little we do know about the exploration and adoption of EBPs in child welfare agencies comes from the study of adoption of specific interventions (Aarons & Palinkas, 2007; Chamberlain et al., 2008; Wang, Saldana, Brown, & Chamberlain, 2010) and suggests that organizational structure, climate, context, and culture influence both agency effectiveness (Glisson & Green, 2011; Glisson & Hemmelgarn, 1998; Yoo, Brooks, & Patti, 2007) and implementation of specific EBPs (Aarons & Palinkas, 2007; Chamberlain et al., 2008; Palinkas et al., 2011) with more recent work by Palinkas et al. (2011) suggesting that interagency networks may be a driver of innovation and Aarons, Hurlburt, and Horwitz (2011), Aarons, Sommerfeld, and Willging (2011) identifying the importance of positive leadership. Importantly, Chamberlain, Brown, and Saldana (2011) have identified stages of implementation completion and have examined agencies' progression through these stages.

Unlike in mental health, there are no national or state data on the extent to which child welfare agencies implement EBPs, how far into the implementation process agencies progress or on the barriers and facilitators to adopting and subsequently implementing EBPs. Data from a statewide EBP implementation project in mental health suggest that risk-related assessments, resource availability and an organization's past propensity to take risks are related to adoption (Panzano & Roth, 2006) while data from a national sample of directors of mental health agencies serving children show most agencies (83%) implemented at least one new clinical treatment or service within the last 5 years yet only 10% could be classified as evidence-based. Existing implementation practices, infrastructure support and organization mission and support were found to be most important for implementation of a new treatment/service (Schoenwald et al., 2008).

1.2. Study purpose

Given the paucity of information about child welfare agencies' adoption of evidence-based practices, we examined the extent to which agencies explore and adopt new practices and the barriers to and facilitators of exploration and adoption in a national sample of county child welfare agencies.

2. Methods

2.1. Design

Data for these analyses came from the 92 primary sampling units (usually a county) that constituted the national probability sample for the first National Survey of Child and Adolescent Well-being (NSCAWI). Mandated by Congress, NSCAWI enrolled a cohort of 5501 children birth to 14 years of age and followed them prospectively. The affiliated Caring for Children in Child Welfare (CCCWI) study examined services delivered, policies and agency characteristics of the public, usually county, child welfare agencies making up the 92 PSUs. Data was solicited from key informants at the agencies between September 2000 and June 2001 (Leslie et al., 2003).

Beginning in March 2010, the public agencies in the 92 PSUs in NSCAWI were again contacted to gather information on their experience with exploration and adoption of evidence-based practices as well as barriers and facilitators to the exploration, adoption, and implementation process. All interviews were conducted by telephone using semi-structured interviews by one Research Associate. This individual had interviewed the county welfare directors in the CCCWI study and had extensive interviewing experience. She was trained to administer the questionnaire through role playing, paying specific attention to questions with follow-up prompts and was supervised by one of the authors (JR). Interviews took, on average, about 40 min, and no child or case specific data were collected. Over a 15-month time period 184 key informants, usually agency directors and the individual responsible for parent training activities, were interviewed. Of the original 92 PSUs, 83 (90%) agreed to be interviewed. These 83 PSUs contained 88 agencies. All procedures were approved by the Rady Children's Hospital San Diego Institutional Review Board.

2.2. Measures

The director's interview asked about size and staffing of the agency, continuing education, knowledge of evidence-based treatments and technical assistance using a semi-structured interview format with closed-ended questions and questions with opportunities for further elaboration. We asked specifically about 10 resources that potentially could provide technical assistance around the adoption of evidence-based care including:

Annie E. Casey Foundation—a private foundation to foster human service reforms to effectively meet the needs of vulnerable children through grants, technical assistance and demonstration projects. A specific focus is child welfare and the Foundation has a long track record of moving promising interventions into community settings (www.aecf.org, accessed 5/10/2012).

Casey Family Services—the direct service arm of the Annie E. Casey Foundation both supports a range of direct services and partners with local and state organizations on a number of initiatives.

Children's Bureau Technical Assistance—has a number of technical assistance activities designed to support and build the capacity of state and local child welfare agencies including three quality improvement centers dedicated to disseminating evidence-based and evidence-informed practices (www.acf.hhs.gov/programs/CB, accessed 5/10/2012).

State Technical Assistance—a number of states such as California and Ohio have established quality improvement initiatives and centers to facilitate the diffusion of evidence-based practices into community agencies.

Chapin Hall—located at the University of Chicago is dedicated to improving the well-being of children, youth, families and communities. Chapin Hall supports the Center for State Foster Care and Adoption data that supplies child welfare agencies with technical assistance to examine agency outcomes as well as data to assess service and policy innovations (www.chaplinhall.org, accessed 3/10/2012).

Walter R MacDonald—a firm supporting national, state and local human services agencies to improve outcomes for children and families. They developed the National Statewide Automated Child Welfare Information Systems Prototype and have conducted successful quality improvement projects with state and county child welfare agencies (www.wrma.com; accessed 5/12/2012).

NAPCWA—the National Association of Child Welfare Directors is a national organization representing child welfare agencies dedicated to implementing effective programs, practices and policies. It supports a number of initiatives including educational conferences and guidance for critical service areas (www.napcwa.org; accessed 05/12/2012).

American Humane Association—one of the earliest efforts to protect children, the Humane Society supports a number of initiatives such as Family Group Decision Making as well as Quality Improvement Centers (www.americanhumaneassociation.org; accessed 05/12/2012).

CWLA—a network of public and private agencies to advance best practices to promote better outcomes for vulnerable children and families. They have developed standards of excellence for child welfare