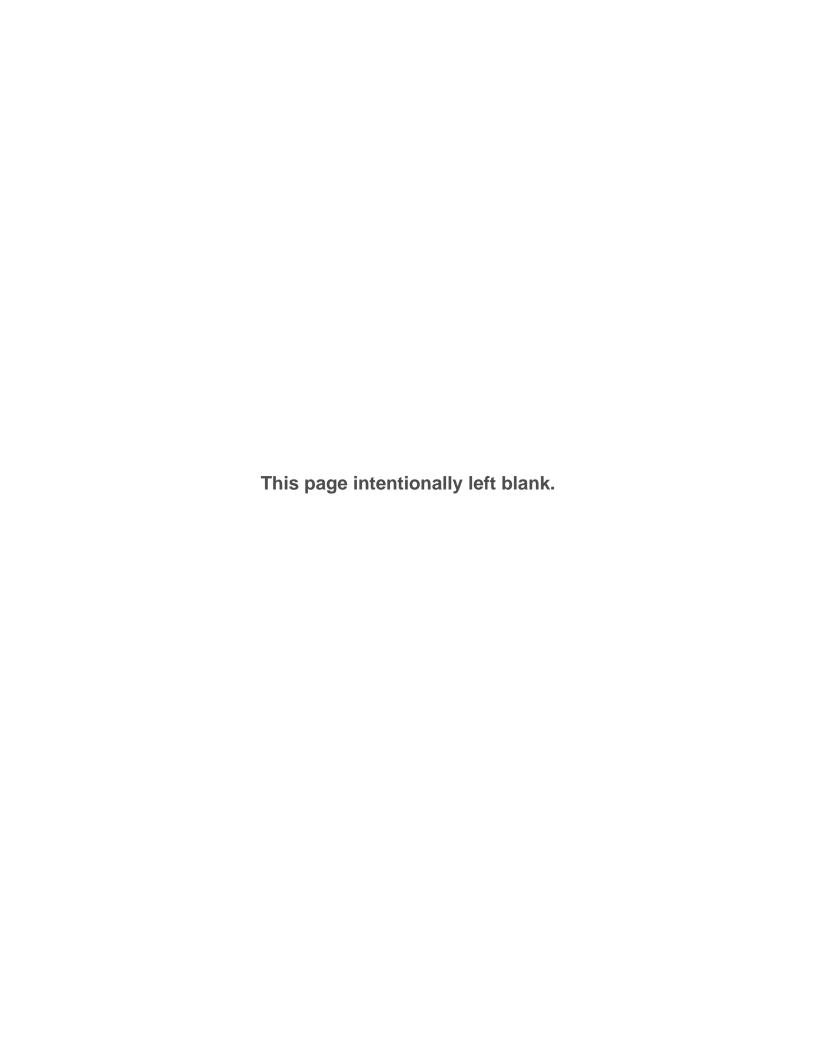
A FRAMEWORK

TO DESIGN, TEST, SPREAD,
AND SUSTAIN EFFECTIVE
PRACTICE IN CHILD WELFARE









Acknowledgments

Building on the momentum created during the 2011 National Child Welfare Evaluation Summit, the Children's Bureau convened three Child Welfare Research and Evaluation Workgroups. Each workgroup examined a particular evaluation topic or issue, with the goal of improving child welfare research and evaluation and strengthening the link between research and practice. This product was created by the Framework Workgroup, whose members included:

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> EXECUTIVE SUMMARY

A Framework To Design, Test, Spread, and Sustain Effective Practice in Child Welfare is a practical guide for strengthening child welfare systems. It describes a process for exploring problems in child welfare, developing interventions, building evidence about their effectiveness, integrating effective interventions into routine child welfare practice, and continually improving on their delivery. The framework is designed to promote better integration of evaluation with program and policy decision-making, to encourage stronger partnerships between child welfare stakeholders, and to serve as a tool for three target audiences:1

- Those who evaluate programs
- Those who make decisions about the development and implementation of interventions (and the funding of those activities)
- Those who fund research and evaluation studies.

This framework benefits from what has already been learned about achieving effective practice in child welfare, building on the experiences and expertise of child welfare practitioners, prior and emerging research, well-accepted principles of sound evaluation, and ongoing analyses of child welfare data. It also acknowledges tensions between stakeholder groups and recognizes the importance of social, cultural, and contextual diversity as key in the decision-making process.

As shown on the outer ring of the diagram on the next page, the Identify and Explore phase of the framework process comprises several steps. These include identifying the problem; studying it to better understand its prevalence among a particular target population, its potential causes, and its larger environmental context; constructing a well-reasoned theory of change; and researching and choosing interventions that address the problem.

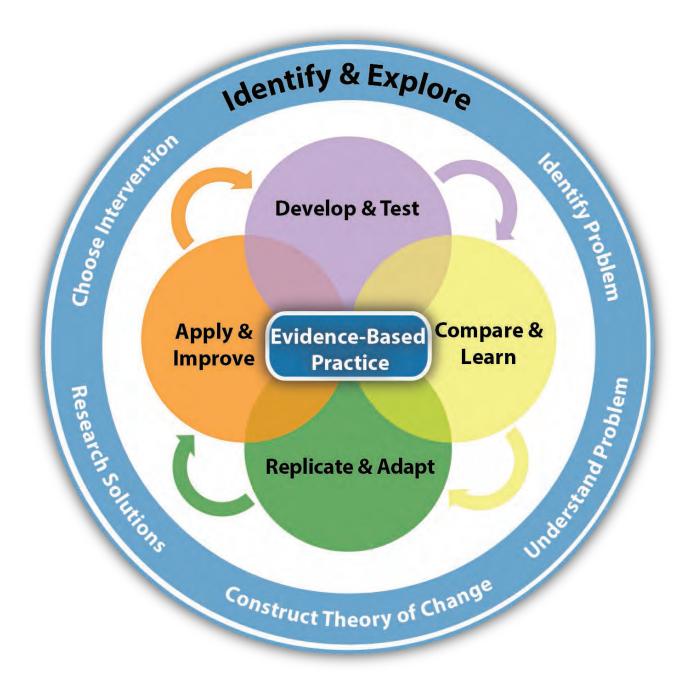
Once an intervention is chosen, it proceeds through four sequential phases shown as the smaller circles inside the outer ring of the diagram. These include developing and testing the intervention, comparing it to alternatives and learning more about its effectiveness, replicating or adapting it for other groups or contexts, and continuously monitoring and improving it over time.

The framework's five phases are intended to guide a user through the process of designing, implementing, and evaluating interventions in a manner that builds empirical evidence about their effectiveness and supports their integration into routine practice. As depicted in the center of the diagram, child welfare systems achieve the best outcomes for children and families when interventions with strong research evidence are combined with practitioner expertise that takes into account specific child and family characteristics, preferences, and culture. This is evidence-based practice.

Because of its flexibility, the framework is applicable to anyone responsible for developing or delivering an intervention in child welfare, whether starting from scratch, implementing an existing evidence-supported intervention, or continuing to perform a longstanding practice that has yet to be formally tested.



¹For purposes of this report, those who perform program evaluation are referred to as program evaluators, those who make decisions about the development and implementation of interventions (and their funding) are referred to as decision-makers, and those who fund research and evaluation studies are referred to as funders.



Intended Outcomes and Questions Answered During Each Phase

The following chart summarizes the components of each of the five phases, which are described in the rest of this document.

Identify and Explore

Intended Outcome: Selection of an intervention with an existing evidence base, or development of a new intervention based on well-reasoned theory, practice experience, cultural and community knowledge, and relevant research and evaluation that address the identified problem

Sample Questions

- What is the problem?
- What is the prevalence and nature of the problem?
- Who is the target population?
- What is the theory of change that identifies the best strategies for addressing the identified problem and that articulates the linkages between these strategies and desired outcomes?
- Can the problem be addressed through a change in practice? A systems change?
- Is an effective intervention already in place elsewhere that could address the problem here? Does the intervention match the characteristics and needs of the target population? Has it been tested with this population for this problem?
- Do parts of the intervention need to be adapted for cultural differences and/or different child welfare settings?
- What intervention will be the best "fit" for the theory of change, the needs of the target population, and the agency's capacity for implementation?

Develop and Test

Intended Outcome: A set of specific practices, program components or activities, and intervention guidelines that do not require adjustment, have been defined well enough that others can replicate them, and show an initial improvement in outcomes that can most likely be traced to the intervention

Sample Questions

- How was the intervention designed to work?
- What are the core components of the intervention? Are they defined well enough to be identified and evaluated?
- What key skills and knowledge are required to deliver the intervention?
- Is the target population participating in and receiving the intervention as intended?
- Is the intervention working as planned?
- What types of barriers were observed during implementation pilots?
- Have the implementation process and intervention been defined well enough for further testing?

Compare and Learn

Intended Outcome: An intervention with evidence that suggests it is more likely than one or more alternatives to improve outcomes

Sample Questions

- Are the observed outcomes attributable to the intervention?
- Are the outcomes better than outcomes resulting from practice as usual?
- For whom was the intervention most and least effective?
- What components of the intervention were most effective?
- How well can the findings be applied to persons and settings that were not the focus of the original intervention and evaluation?

Replicate and Adapt

Intended Outcome: Widespread, consistent, and appropriate implementation of the adopted intervention with other populations and in other contexts that continue to achieve the desired outcomes

Sample Questions

- Will an already existing evidence-supported intervention be applied in a similar or different context, to similar or different groups, in similar or different locations, and/or under similar or different circumstances?
- Has the impact of historical factors on participating populations been considered?
- Under what circumstances is replication or adaptation most likely to achieve desired outcomes?
- If replication: Can the intervention be replicated as it was originally designed? What implementation approaches are most likely to increase this fidelity to the original intervention?
- If adaptation: How much adaptation will it need? In what ways does the new population differ from the one for which the intervention was originally tested? Are the results similar? Different? What factors have the greatest influence on whether the intervention is adapted as planned?
- How do contextual factors and implementation strategies affect efforts to achieve widespread adoption and implementation?

Apply and Improve

Intended Outcome: Improved agency decision-making about the intervention, delivery of the intervention, and performance over time in relation to child and family outcomes

Sample Questions

- How well do agency staff understand the intervention, and do they have the skills for delivering the intervention?
- Which indicators should be continually assessed to monitor performance and support continuous quality improvement?
- How well are evaluation and continuous quality improvement findings about the intervention communicated to agency staff and stakeholders?
- Are the intended results of the intervention sustained over time?
- Are core components of the intervention and the implementation process being maintained as designed?
- Where are desired outcomes being achieved and not being achieved?
- How can performance be improved?
- How do implementation, participation, and outcomes vary across contexts and demographic groups, and what can be learned from such variation?
- What resources are needed to sustain or expand the reach of this intervention?

A FRAMEWORK TO DESIGN, **TEST, SPREAD, AND SUSTAIN EFFECTIVE PRACTICE IN CHILD** WELFARE

> INTRODUCTION

Research evidence has the potential to influence decisions about policies and practice that can improve outcomes for children and families across the country. Yet the evidence base in many areas of child welfare policy and practice is limited. 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,"2 and only two of those had been rated as having "high" relevance to child welfare systems.³ When called on for key decisions, child welfare leaders must often make important choices about which policies to implement and which services children and families should receive without solid evidence about what works.

Intervention: Any specific practice, service, policy, strategy, program, practice model, or combination thereof that is clearly defined, operationalized, and distinguishable from one or more alternatives

Evidence-supported interventions (ESIs)⁴ can improve outcomes for children and families. Many child welfare systems, however, miss opportunities to identify, determine, and communicate which interventions work.

for whom they are most effective, and how they can be consistently implemented. In the absence of a more systematic and deliberate approach to designing, testing, spreading, and sustaining ESIs, child welfare workers, managers, administrators, and evaluators are left with inadequate knowledge about what worked in the past and what is likely to work in the future.

In recent years, this lack of evidence in child welfare has inspired a movement to bridge the gap between child welfare practice and research. As part of these efforts, the Children's Bureau convened two National Child Welfare Evaluation Summits and created three Child Welfare Research and Evaluation Workgroups to explore ways that stakeholders in child welfare can partner to more successfully build evidence, strengthen practice, and inform policy.

One of these workgroups developed A Framework To Design, Test, Spread, and Sustain Effective Practice in Child Welfare, which responds to the need for a relevant, accessible, and practical guide for integrating research and practice in child welfare. This framework describes a process for systematically improving child welfare practice.

Several existing "research-to-practice" frameworks that describe the process of using exploratory research to design new treatments, test them in controlled laboratory settings, and deliver discrete, efficacious therapies and

²An intervention defined this way by the CEBC represents a practice with strong research evidence and at least two rigorous randomized control trials—the highest standard of evidence in the CEBC.

^{3"}Child Welfare System Relevance Level allows [users] to see if the program specifically targets child welfare populations (High), populations similar to those found in child welfare (Medium), or populations not similar to those found in child welfare (Low) whether or not the program has outcomes from comparison studies published in a peer-reviewed journal" (http://www.cebc4cw.org/)

⁴Well-defined policies, programs, and services that have shown, through rigorous evaluation, the potential to improve outcomes for children and families.

procedures on a large scale do not easily translate for child welfare interventions. So the workgroup reviewed and modified frameworks from social work and other fields and applied them to child welfare policy and practice (a list of these frameworks can be found in Appendix A).

The resulting Framework To Design, Test, Spread, and Sustain Effective Practice in Child Welfare serves as both an overarching conceptual model and a useful guide for decision-making and action. The framework is designed to encourage stronger partnerships, to promote better integration of evaluation with program and policy decision-making, and to strengthen the knowledge base and support evidence-based practice in child welfare.

The five phases of the framework (visually represented as an outer ring and four inner circles, as shown on page 2) represent the sequential development of an intervention and its implementation over time. The framework describes how a promising theory or practice-based solution can mature into a well-designed ESI that eventually becomes widely accepted as a major contributor to evidence-based practice (EBP). Moving through these developmental phases requires the combined efforts and contributions of numerous parties. Incremental gains in knowledge and evidence are achieved as the intervention is developed, compared, replicated or adapted, scaled up, and continually improved in different places, at different times, and often by different people. The research and evaluation findings generated during this researchto-practice process contribute to the knowledge base in child welfare about what has worked, and they inform theory-building and problem-solving regarding what is likely to improve outcomes for children and families in the future.

The framework also serves as a practical tool. It helps users to identify at what phase in the developmental process their particular intervention is, and it guides their decisions about next steps. It assists the child welfare administrator who is making plans to pilot a new initiative; for example, a funder considering how best to study and support broad implementation of a proven practice, or an evaluator monitoring performance in an area of service delivery that has not changed in years. The framework helps to identify the tasks and questions that are most germane to the user's objectives while also contributing knowledge to the child welfare field as a whole. At each phase of the framework, it is essential that stakeholders participate in asking questions, making choices, sharing evaluation findings, and taking actions that apply this knowledge to practice in order to improve the safety, permanency, and well-being of children and families.

Stakeholders and Framework Users

This framework is applicable to three groups of stakeholders:5

Funders

Much of the discussion in this document focuses on the roles of program evaluators and decision-makers involved in the development and implementation of interventions. The framework may also assist funders of research and evaluation by helping them to consider the following questions:

- What are the funder's priorities?
 - o For example, is the funder's principal objective to promote innovation in response to a particular problem? To adapt proven interventions for particular populations or settings?
- Which types of studies does the funder intend to support?
 - o For example, does the funder intend to build evidence about promising interventions? To study factors that will facilitate successful implementation?
- In which areas of practice does the funder intend to build knowledge?
 - Are there particular interventions of interest?
 - Will the funder invest in the spread of interventions with a certain level of evidence only?

⁵For purposes of this report, those who perform program evaluation are referred to as program evaluators, those who make decisions about the development and implementation of interventions (and their funding) are referred to as decision-makers, and those who fund research and evaluation studies are referred to as funders.

- 1. Those who perform program evaluation—program evaluators
- 2. Those responsible for making decisions about the development and implementation of interventions (as well as funding of those activities)—decision-makers
- 3. Those who fund research and evaluation studies funders

In various ways, these three groups of stakeholders are responsible for building evidence in child welfare. The framework acknowledges that their roles and responsibilities often overlap, and it assists them in systematically developing a shared approach to building evidence and scaling up interventions. To help readers understand the perspectives and priorities of these stakeholders who influence the process of applying evaluative research to improved practice, this document also acknowledges tensions within these groups. An in-depth discussion of these tensions can be found in the Critical Considerations section following the discussion of the framework.

Evidence Is Based on Evaluation

Adapted from a definition used by the American Psychological Association, evidence-based practice (EBP), when used in this document, refers to "the integration of the best available research evidence with clinical [and child welfare practice] expertise in the context of [child and family] characteristics, culture, and preferences" (Levant & Hasan, 2008). Evidence-supported interventions (ESIs) are well-defined practices, programs, services, or policies that have been shown, through rigorous evaluation, to improve outcomes for children and families in comparison to one or more alternatives. When an ESI that

Evidence-Supported Interventions (ESI):

Specific well-defined policies, programs, and services that have shown the potential, through rigorous evaluation, to improve outcomes for children and families

Evidence Based Practices (EBP): "[T]he integration of the best available research with clinical [or practitioner or cultural] expertise in the context of [child and family] patient characteristics, culture, and preferences" (Levant & Hasan, 2008).

was previously tested in a particular location or under certain conditions is appropriately selected and applied as intended in the "real world" by a practitioner with a specific child, family, or community, it is integrated into evidence-based practice.

> THE FRAMEWORK

A Framework To Design, Test, Spread, and Sustain Effective Practice in Child Welfare offers a sound process for building evidence and for making decisions about how and when to translate and implement interventions as part of everyday practice. It focuses on improving the process of building evidence in child welfare at each step along the continuum, from designing an intervention to embedding it into everyday practice. The framework consists of five interrelated but distinct phases, represented in figure 1 by the blue outer ring and the four overlapping circles inside it:

- Identify and Explore
- Develop and Test
- Compare and Learn
- Replicate and Adapt
- Apply and Improve

In the center of the diagram, arrows indicate that the phases are dynamic, progressive, and cyclical and represent the ideal developmental path to performing

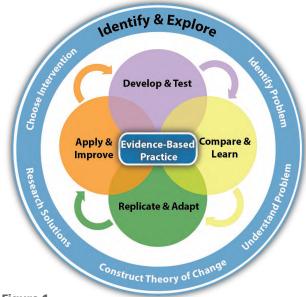


Figure 1.

evidence-based practice in child welfare. Although emphasizing that evaluation is critical for building evidence and supporting decision-making, the framework also acknowledges the important roles that other factors play in these processes.

This framework addresses the development and implementation of not only discrete interventions but also complex, multi-faceted, and wide-ranging interventions, such as those related to policy, legislation, and systems change. The framework involves a series of well-planned phases, but it acknowledges that at times child welfare professionals may have to diverge from the planned process. Ideally, users who forgo a particular phase or step within a phase will make methodological decisions about the next-best alternative for achieving desired outcomes.

Because of its flexibility, the framework is applicable to anyone responsible for developing or delivering an intervention in child welfare, whether starting from scratch,

What this framework is not

- A Plan, Do, Study, Act cycle (PDSA)
- ☑ An implementation framework
- ☑ A continuous quality improvement (CQI) cycle

implementing an existing ESI, or continuing to perform a longstanding practice that has yet to be formally tested. The framework can also be used to support partnerships and collaboration among program evaluators, decisionmakers, and funders. These collaboration opportunities are discussed in each phase.

IDENTIFY AND EXPLORE



The outer ring of the framework in figure 2 represents the Identify and Explore phase. The purpose of this phase is to identify the problem and target population, to develop a theory of change (TOC), and to identify possible solutions to the problem. The intended outcome of this phase is the selection of an intervention with an existing evidence base or development of a new intervention. The intervention is based on well-reasoned theory, practice experience, cultural and community knowledge, and relevant research and evaluation that address the identified problem. The key activities in this phase include: identify

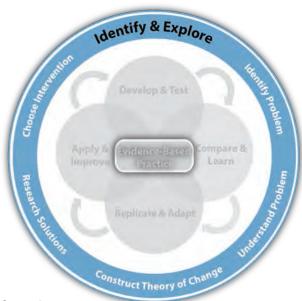


Figure 2.

the problem, understand it, construct a TOC, research solutions, and choose an intervention.

In the Identify and Explore phase, framework users will ask the following questions:

- ✓ What is the problem?
- ✓ What is the prevalence and nature of the problem?
- ✓ Who is the target population?
- ✓ What is the TOC that identifies the best strategies for addressing the identified problem and articulates the linkages between these strategies and desired outcomes?
- ✓ Can the problem be addressed through a change in practice? A systems change?
- ✓ Is an effective intervention already in place elsewhere that could address the problem here? Does the intervention match the characteristics and needs of the target population? Has it been tested with this population for this problem?

Target Population: The population (children, parents, staff, stakeholders, etc.) whose outcomes the intervention is attempting to improve.

- ✓ Do parts of the intervention need to be adapted for cultural differences and/or different child welfare settings?
- ✓ What intervention will be the best "fit" for the TOC, the needs of the target population, and the agency's capacity for implementation?

These questions help framework users build a sound rationale that explains why a particular intervention has been selected to address a specific problem.

Activities

During the Identify and Explore phase, decision-makers, program evaluators, and funders must work together as early as possible. Evaluators may provide key data analysis techniques and tools to identify and understand the problem and who it is statistically most likely to affect. The following activities are associated with this phase.

Identify the Problem–Problems in child welfare are identified in a variety of ways:

- Through an agency's internal monitoring and review processes
- Through periodic Federal monitoring
- Through other external oversight, investigation, auditing, or review (for example, court oversight, accreditation processes, media scrutiny, etc.)

Regardless of how the problem is identified, studying and understanding it fully before trying to address it is critical.

Understand the Problem-After a problem is identified, it must be studied to better understand the key dynamics of how it "behaves." Disparity in experiences and outcomes or disproportional representation of children and families should be part of this analysis. Child and family characteristics such as age, race, culture, and other variables must be examined. If differences and disparity between groups exist, further analyses may be necessary to fully understand the prevalence of the problem, the nature of the problem, and whether cultural or contextual factors need to be taken into consideration. Anderson (2005) emphasizes that exploring the problem—and developing a TOC (see the next section)—helps stakeholders to think more strategically about how to solve the problem.

Construct a Theory of Change–The next step in the outer circle is to develop a TOC. A TOC relies on prior research about the problem and describes assumptions about how the desired change will occur. It clearly states how, through a series of logical steps, potential interventions are expected to address the problem and achieve short- and long-term outcomes. During this process, decision-makers, evaluators, funders, and community members must work together to define and reach consensus about the desired outcomes.

Ideally, a TOC that addresses a child welfare problem draws from a diverse base of science and practice wisdom. A good TOC for a policy, program, or practice that addresses a complex problem in child welfare needs to employ a multi-level (practice, community, system) per-

Example: Identify and Understand the Problem—After looking at agency administrative reports, a child welfare administrator is concerned about the large number of families with histories of referrals for neglect. This has resulted in multiple agency investigations with the same families. The agency might begin exploring the problem by studying its referral, investigation, and case data to better understand the neglect allegations, investigation findings, and related service decisions. It might look for similarities in child and family characteristics, behavior, and circumstances; try to identify factors that put families at risk or protect them from risk; or examine the agency's investigation processes and quality of service delivery. The administrator might even discuss findings with other jurisdictions to consider the potential influence of social and economic conditions.

Sample research questions that may guide this exploration include:

- Which children and families are most likely to be referred for child neglect multiple times?
- Are there racial or cultural differences among families with multiple reports over time?
- What risk and protective factors increase or decrease the likelihood of repeat reports of neglect?
- Are there differences in the agency's initial investigation and response to families with multiple reports and those without additional referrals?

spective to determine what is required to achieve positive and sustainable effects with a particular intervention. The first part of any TOC will define the area of focus as specifically as possible, describing what the problem is, for whom it is a problem, its prevalence, and major contributing factors.

Research Solutions and Choose an Intervention-To complete the TOC, the next step is to search for and choose an intervention that can be expected to address the problem. The intervention will "fit" the needs and characteristics of the target population and the capacity of the agency.

Questions To Guide the Search for and **Choice of an Intervention**

- Has the identified intervention been evaluated? How rigorous were previous evaluations of the intervention? Have these evaluations been conducted with child welfare populations?
- Is there evidence that the intervention was effective at achieving the desired outcomes for the specific population for whom a solution is now being sought? How strong is the evidence?
- Has the intervention been replicated with fidelity? Are there practice manuals, fidelity criteria, and assessment systems? Are the developers available to support effective implementation for a cost that fits with the available resources?

There are several ways to identify an appropriate intervention. For example, many child welfare administrators and decision-makers consult their colleagues to learn about interventions. National technical assistance entities often track up-to-date information about interventions being implemented across the country, and they can direct decision-makers to relevant research literature and evaluation reports.

A wealth of knowledge is also available from information clearinghouses and Web sites about interventions and the evidence supporting them (Web sites for several clearinghouses are listed in Appendix A). Starting with existing research reviews of model practices and programs may be a helpful and efficient way to identify

interventions. Clearinghouses often categorize and synthesize available research, and many assess the relevance of the interventions to specific target problems and populations and the degree to which they are evidencesupported.

Clearinghouses are useful but rarely sufficient. They should not be viewed as comprehensive repositories of information. Each differs in its standards for including interventions and the frequency with which it conducts evidence reviews. Many promising interventions or recent studies may not be included in their lists or reflected in their ratings. Framework users can further inform their decision-making by collecting source documents about an intervention, such as published journal articles and evaluation reports, and speaking directly with intervention developers.

Research and Evaluation Considerations

A variety of sources and different approaches to collecting and analyzing relevant information and specific research methods may assist stakeholders in working through the activities of the Identify and Explore phase. They include but are not limited to:

- Descriptive statistics derived from child welfare agencies' analyses of administrative data, specific program strategy data, and cost data
- Systematic reviews of existing interventions
- · Organizational assessments, including assessments of culture, climate, and readiness
- Case reviews—structured reviews of case files and/or case-related interviews
- Surveys, interviews, and focus groups with consumers or other groups

Theoretically, if the intervention is an effective solution to the problem and is implemented as designed, the end result should be improved outcomes as outlined in the TOC. Increasing the chances that the chosen intervention will work requires knowing where to look for relevant interventions; assessing whether an intervention is applicable to the target population in the new context and for the desired outcomes; determining whether research and evaluation evidence supporting the TOC is available; and judging the strength and credibility of the available evidence.

Completing the steps described in Identify and Explore allows framework users to determine which of the four other phases to enter next. Conceptually, each phase serves a distinct purpose in the process of developing and spreading effective practice. But in reality these phases, the evaluation questions inherent in each, and their associated activities often overlap. The phases are progressive and sequential, but the boundaries between them are not rigid or mutually exclusive. For example, decision-makers, program evaluators, and funders may revisit and revise their understanding of the problem or their TOC as they learn from evaluation findings during subsequent phases in the framework.

DEVELOP AND TEST



The highlighted circle in figure 3 represents the Develop and Test phase. When it is necessary to design, develop, or substantially adapt an intervention to address the identified problem or need, Develop and Test is the next appropriate phase. This phase is also applicable to interventions that appear to have successfully achieved their intended outcomes but whose core components have never been fully developed and/or operationalized. The key activities in this phase include: develop and specify core components, test the options for installation and implementation, monitor intervention fidelity, and assess feasibility and short-term outcomes.



Figure 3.

Core Components: The principles, functions, activities, or elements of the intervention that will address the identified problem and are essential to achieving the outcomes desired (Blase & Fixsen, 2013).

The intended outcome of the Develop and Test phase is a set of specific practices, program components, and intervention guidelines that do not require adjustment, have been defined well enough that others can replicate them, and show an initial improvement in outcomes that can most likely be traced to the intervention. The intervention should include clearly defined practices that have been tested in the field with at least a small number of practitioners. Evidence that practitioners can use the intervention as intended is crucial, as are indicators suggesting that if the intervention is practiced as intended, it will produce the desired outcomes.

The following questions are addressed in the Develop and Test phase:

- ✓ How was the intervention designed to work?
- ✓ What are the core components of the intervention? Are they defined well enough to be identified and evaluated?
- ✓ What key skills and knowledge are required to deliver the intervention?
- ✓ Is the target population participating in and receiving the intervention as intended?
- ✓ Is the intervention working as planned?
- ✓ What types of barriers were observed during implementation pilots?
- ✓ Have the implementation process and intervention been defined well enough for further testing?

These questions help framework users to work through this phase and develop and test a strong program, practice, or intervention that is ready for more rigorous testing in the next phase.

Activities

Developing and testing interventions in child welfare requires the skills of all levels of child welfare staff, stakeholders, and program evaluators. To develop a new intervention or adapt an already existing intervention, the following common activities should occur.

Develop and Specify Core Components—The core components of the intervention must be developed and specified. This includes outlining how they are aligned with and how they will address key aspects of the chosen problem. Core components are the principles, functions, activities, or elements of the intervention that will address the identified problem and are essential to achieving the outcomes desired (Blase & Fixsen, 2013).

Program experts and practitioners are usually responsible for developing core components, but involving program evaluators is important. After they have a clear understanding of the intervention, evaluators can develop an evaluation plan, assist stakeholders in developing fidelity measures, further clarify short- and long-term outcomes, and select outcome measures and data collection tools. With open communication and partnership, intervention design and evaluation planning can be complementary processes.

Test the Options for Installation and Implementation—Many factors can influence the success of early implementation efforts. It is important to identify, select, test, and improve processes and strategies that are intended to prepare the organization or system

and support implementation. Early tests of communication, outreach, enrollment, training, and data collection strategies, for example, may prove helpful. Determining whether the intervention is working as designed involves collecting and analyzing data associated with intervention delivery, the implementation process, and early intervention outputs.

Fidelity: "[T]he extent to which delivery of an intervention adheres to the protocol or program model originally developed" (DePanfilis, Lutzker, & Girvin, 2005).

Monitor Intervention Fidelity—Fidelity monitoring, or monitoring the degree to which the intervention is delivered as intended, is also essential to the implementation process. The results of fidelity monitoring should be routinely integrated into ongoing coaching and technical assistance. "Small tests" and improvement cycles support learning and can be used to refine key aspects of implementation and intervention delivery before larger tests of the effectiveness of the intervention are conducted.

Assess Feasibility and Short-Term Outcomes—Decisionmakers and evaluators must collaborate to determine the intervention's feasibility (whether the core components

Example: Develop and Test—When developing or adapting an intervention at the practitioner level, it is important to take further steps to refine its core components.

- Specify how the core components will work in operation. This includes clarifying each of the activities that make up the component and what they look like in practice. Core components should consist of activities that can be taught to practitioners (Blase & Fixsen, 2013). These activities reflect what practitioners do on a daily basis in delivering the intervention. They should be aligned with the TOC and the philosophical principles underlying the intervention.
- Outline the practice standards and criteria for meeting fidelity. This refers to the level of mastery a practitioner must display to indicate that the defined intervention is being performed as intended. Intervention developers must clearly define what constitutes excellent practice, acceptable practice, and subpar practice. Fidelity criteria should be developed in conjunction with program evaluators.
- Draft intervention or program manual. This includes describing the activities associated with each intervention component in detail and defining the amount of intervention to deliver. A manual is a well-defined set of procedures for a particular service or intervention (Bond et al., 2000) that is based on the best available evidence and planning. A manual should include a description of intervention administration and operations, including the credentials and training of providers; a description of the organizational structure; and providerto-consumer ratios or total caseloads required to provide the intervention. It should detail the intake process, the number and length of sessions, and data collection procedures, and include a section on supervision and coaching. It should also clarify the connections between the intervention, data collection, and evaluation.

can be delivered as intended) and whether early tests suggest that it is achieving the desired short-term outcomes. When the new or adapted intervention is stable (that is, it has been sufficiently defined and consistently delivered) and preliminary evaluation findings indicate that it is associated with the desired change, it is ready for a rigorous evaluation.

Research and Evaluation Considerations

Formative evaluation is appropriate during the Develop and Test phase. Formative evaluations are designed to "strengthen or improve the object being evaluated." They help form the intervention by examining its system of delivery, the quality of its implementation, and its organizational context, including personnel, procedures, and inputs (Trochim, 2006).

A range of research methods is available to framework users in this phase:

- Qualitative interviews—focus groups or key stakeholder interviews about aspects of the program rollout and perspectives on outcomes
- Quasi-experimental designs (see the box below) to compare outcomes between groups that receive different versions of the intervention
- Validity, reliability, and usefulness analyses of fidelity and outcome measures
- Preliminary collection of data related to intervention costs to guide future cost analyses
- Small-scale experimental or quasi-experimental tests of different implementation methods (for example, differences in training and coaching)
- Small-scale randomized trials to test efficacy in controlled environments
- Assessments of the program's readiness for more rigorous impact evaluation (Trochim, 2006)

When an intervention is stable and evaluation findings show promise for improving practice, it may proceed through as many as three additional interrelated but distinct phases of implementation and evaluation: Compare and Learn, Replicate and Adapt, and Apply and Improve.

COMPARE AND LEARN



The purpose of the Compare and Learn phase (figure 4) is to assess whether an intervention will result in better



Figure 4.

outcomes and to identify for whom the intervention was most and least effective and under what conditions. The following activities are key to this phase: design the evaluation, promote evaluation design integrity, collect data, render a summary judgment of comparative effectiveness, and decide on the intervention's replicability. The intended outcome is an intervention with credible evidence that it is more likely than one or more alternatives to improve outcomes.

Compare and Learn addresses the following questions:

- ✓ Are the observed outcomes attributable to the intervention?
- ✓ Are the outcomes better than outcomes resulting from practice as usual?
- ✓ For whom was the intervention most and least effective?
- ✓ What components of the intervention were most effective?
- ✓ How well can the findings be applied to persons and settings that were not the focus of the original intervention and evaluation?

These questions help framework users to determine whether the tested intervention improved outcomes for the identified problem.

Randomized Control Trial: A study that estimates the impact of an intervention by randomly assigning participants to receive either the intervention or one or more alternatives, such as practice as usual.

Quasi-experimental design: A study that estimates the impact of an intervention without randomly assigning individuals to either the intervention or comparison group. Instead, study participants self-select into the intervention or are assigned using other methods.

Activities

In the Compare and Learn phase, evaluation is typically led by a professional evaluator who seeks input from and intensively collaborates with stakeholders, including community members, funders, decision-makers, and child welfare staff at many levels of the organization. The following five sets of activities are associated with this phase.

Design the Evaluation–The first step in Compare and Learn is to choose the most rigorous evaluation design for determining whether the intervention results in positive outcomes. The chosen evaluation design must be feasible given the context and culture of the organization and target population being evaluated. Technical decisions about the evaluation design are led by an evaluation professional but with substantial input from decision-makers and program staff. These stakeholders can contribute valuable expertise and knowledge about the intervention, the community, and the service structure and delivery. An important goal of this step is to ensure collaboration by all stakeholders to address common concerns and apprehensions and to design a rigorous evaluation that results in meaningful and useful data for all involved.

Promote Evaluation Design Integrity-After an evaluation design is chosen, it is necessary to obtain the approval of an institutional review board (IRB) and, if necessary, the informed consent of the target population. (More information about IRBs and the protection of intervention participants can be found at http://www.hhs.gov/ ohrp/index.html.) If the evaluation involves the assignment of participants to intervention and comparison groups, child welfare decision-makers and staff can help identify ways to encourage client participation and to safeguard against dropout and the spread of the intervention to participants who were not assigned to receive it. Assignment to intervention and comparison groups is generally the responsibility of evaluators and can be

a source of tension when building evidence in child welfare. To mitigate this tension, child welfare decisionmakers and staff should be involved in designing and facilitating the comparison.

Collect Data-Next, the intended outcomes of the intervention are measured. Data are collected over an appropriate length of time, including data regarding potential unintended consequences, to assess whether client interests are sufficiently served. Existing administrative data can often be used after participants have been assigned to intervention and comparison groups to efficiently track and compare short- and long-term differences in outcomes. Data should also be collected, as defined in a logic model, to measure the extent to which specified core intervention components are delivered as intended, how fully the intervention is implemented, how well anticipated rates of response and participation are meeting projections, and how often participants are crossing over from intervention to comparison groups.

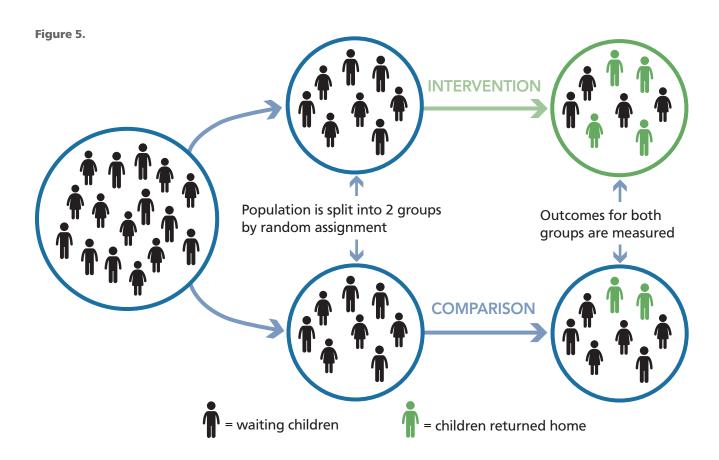
Render a Summary Judgment of Comparative Effectiveness-After analyzing the data, stakeholders decide whether the intervention had a convincing and large enough effect on the intervention group's outcomes compared with the comparison group's outcomes. This step includes using the data gathered to dig deeper and determine whether the intervention was more or less effective for certain groups of people. This step can be extended to analyze whether the intervention was effective in certain circumstances and not others.

Decide on Intervention Replicability-If there is credible evidence that the intervention is effective and was implemented with fidelity, the process proceeds to Replicate and Adapt. If not, steps in either Develop and Test or Compare and Learn should be revisited to make appropriate modifications. Harmful interventions must be discarded. With the help of both rigorous evaluation evidence and direct practice knowledge, decisionmakers can better determine in which communities and organizations the intervention is most likely to succeed. Collaboration between evaluators, program staff, and decision-makers enhances the lessons learned during the Compare and Learn phase and can foster critical thinking about whether the intervention should be spread more widely in the next phase.

Research and Evaluation Considerations

Randomized controlled trials (RCTs) are considered the most rigorous evaluation design for determining the effectiveness of an intervention. RCTs track outcomes for a group of people who receive an intervention and a comparison group that does not (see figure 5). RCTs are different from quasi-experimental and observational studies because the process of randomly assigning each

participant to either the intervention or comparison group provides greater assurance that the two groups will be as similar as possible at the start of the experiment. Random assignment protects against the possibility that a difference between the two groups (other than who receives the intervention and who does not) could be responsible for a difference in outcomes. Theoretically, randomization can even protect against potential differences in unobservable factors like motivation or resilience. RCTs are the closest alternative to an ideal (but impossible) experiment that would compare the effects of a new intervention on a group to what would have happened if the same group had never received that intervention but instead experienced an alternative, such as services as usual.



The basic design of a randomized controlled trial (RCT), illustrated with a test of a new "family reunification" intervention. From the illustration, we can see that those who received the family reunification intervention were much more likely to return home than those who did not. Because there was a randomly assigned comparison group, we can have greater confidence that it is the intervention that achieves the effect and not some other factor, such as declining poverty rates or changes in juvenile court leadership. Without the comparison group, it would be difficult to know if the improvement in reunification was a result of the intervention or these other factors.

Source: Adapted from Haynes, L., Service O., Goldacre, B. & Torgerson, D. (2012). Test, learn, adapt: Developing public policy with randomised controlled trials. London: Cabinet Office, Behavioral Insights Team.

Quasi-experimental and observational studies also can be used during Compare and Learn as alternative evaluation methods if an RCT is not an option. However, these statistical methods must be used in ways that make it reasonable to assume that the intervention and comparison groups are as similar as possible before the intervention is implemented. Using statistical methods to create similar groups is much more challenging than using randomization. But if a credible comparison with statistically equivalent groups is created, the observed differences in outcomes can be attributed to the intervention.

Findings from program evaluation, even from an RCT, are about average causal effects and may not be applicable to particular subgroups of the population or to an individual participant. To learn how well these findings apply to subgroups and across variations in local settings, framework users should follow the steps outlined in the Replicate and Adapt phase.

REPLICATE AND ADAPT



The Replicate and Adapt phase (figure 6) is designed to spread interventions that have been demonstrated to work, to assess their effectiveness in the "real world," and to integrate them into routine child welfare practice. The purpose of this phase is to integrate ESIs with practitioner expertise to improve child and family outcomes, while taking into consideration client and community characteristics, culture, and preferences. This is often done by adapting an ESI for use by professionals in the child welfare system or by adapting an ESI for use with a community whose experiences and culture may differ from the population with whom it was tested during Compare and Learn. The main activities that occur during this phase include: determine the need for intervention modification, modify the intervention for implementation in child welfare and/or a specific population, implement the modified intervention, gather implementation and outcome data, and examine the results. The intended outcome of Replicate and Adapt is widespread, consistent, and appropriate implementation of the adopted intervention with other populations and in other contexts that continue to achieve the desired outcomes.

Replicate and Adapt addresses the following questions:

✓ Will an already existing ESI be applied in a similar or different context, to similar or different groups, in similar



Figure 6.

or different locations, and/or under similar or different circumstances?

- ✓ Has the impact of historical factors on participating populations been considered?
- ✓ Under what circumstances is replication or adaptation most likely to achieve desired outcomes?
- ✓ If replication: Can the intervention be replicated as it was originally designed? What implementation approaches are most likely to increase fidelity to the original intervention?
- ✓ If adaptation: How much adaptation will it need? In what ways does the new population differ from the one in which the intervention was originally tested? Are the results similar? Different? What factors have the greatest influence on whether the intervention is adapted as planned?
- ✓ How do contextual factors and implementation strategies affect efforts to achieve widespread adoption and implementation?

These questions help framework users to adapt and test an ESI within different contexts and cultures.

Activities

During the Replicate and Adapt phase, evaluators and decision-makers must work together to examine factors

Decisions about adaptation and further implementation can be very complex. Often stakeholders must negotiate and reconcile differing perspectives about how much adaptation is necessary with communities, providers, and

- When are modifications necessary to increase adoption of the intervention and its implementation?
- When are modifications proposed that will compromise intervention fidelity and effectiveness?

Reaching answers requires engaging intervention developers (if applicable), members of the target population and their communities, and the relevant service systems. Failure to understand the importance of key factors (such as the culture, experiences, and worldview of prospective service recipients; the organizational readiness and capacity of a provider agency; implementation costs; or the relationship between key components of the intervention and its efficacy) and to address them can greatly affect implementation and outcomes in Replicate and Adapt.

that affect adoption and implementation, investigate the fit of the intervention for the organizational context of the implementing agency, and consider how much adaptation is necessary to spread the intervention successfully to new communities while maintaining fidelity to its core components. They also share responsibility for partnering closely with members of the implementing agency and target population to make culturally appropriate changes to the intervention and implementation approach when necessary. The following activities are associated with this phase.

Determine the Need for Intervention Modification-When translating an ESI to different locations, in different contexts, and with diverse groups of people, the questions and activities associated with the Identify and Explore phase should be reviewed to confirm that the problem has been clearly identified and its prevalence and nature are clearly understood. Confirmation that the target population and its needs have been identified and will be addressed by the selected intervention is important. The agency and community must also have the capacity to support implementation of the selected intervention.

For ESIs to be successfully implemented, they must be applicable in "real world" child welfare contexts and acceptable to the children, families, and communities served by child welfare systems. Understanding different communities and contexts and asking evaluation questions about cultural differences (differences in words and concepts related to the intervention, for example) is essential and will be useful when determining whether and how much adaptation needs to be made.

Modify the Intervention for Implementation in Child Welfare and/or for a Specific Population-If core

intervention components are not changed, modifications to items like the delivery approach, language of service provision, or implementation strategies may be appropriate during this phase. Collaboration among community members, child welfare staff, child welfare decision-makers, funders, and program evaluators is critical. Community members and staff are especially important because they can recommend modifications that will make the intervention more accessible to the target population.

Implement Modified Intervention—In addition to making choices about whether and how to modify the intervention, deliberate decisions must be made about implementation as well. Practitioner training prior to service delivery, for example, may need to be adjusted based on organizational or contextual differences between implementing agencies. The Replicate and Adapt phase presents an opportunity to study differences in implementation success and effectiveness as a result of calculated changes to the intervention and implementation strategies.

Adoption: "[T]he intention, initial decision, or action to try or employ an innovation.... Adoption also may be referred to as 'uptake'" (Proctor et al., 2010).

Gather Implementation and Outcome Data-During this phase, it is important to identify and collect data about the factors that might influence adoption and implementation of the intervention and outcomes. Gathering data about the implementation process and the strategies and approaches used to support implementation, as well as data about adoption, fidelity, cost, and

related variables, can create opportunities for decisionmakers and funders to explore which factors increase fidelity to the intervention and under what circumstances the intervention is more likely to spread and be effective. Data about the acceptability and appropriateness of the intervention may inform further decision-making about modifications, and outcome data from children and families must be captured to connect influencing factors to the intended results. Comparison groups can be particularly useful when attempting to discern differences in implementation and outcomes (Proctor et al., 2010).

Examine Results-Results should be examined with the goal of determining under what conditions and with what adaptations the desired outcomes were achieved. Careful review of the implementation and outcome data can indicate, for example, which aspects of the intervention or its delivery were successfully adapted for the new population. Reviewing data also can reveal which strategies and modifications need strengthening to fully apply the intervention in the chosen context. When comparing the modified intervention or implementation approach to practice as usual, data could indicate to what extent the modified intervention affected outcomes in the target population.

Research and Evaluation Considerations

Adaptations are intended to increase the chances that an intervention will work under new conditions. If any of the core components of an intervention have been changed, the updated intervention should pass again through the Develop and Test and the Compare and Learn phases. This will ensure that added or removed components have been clearly defined and that the updated intervention has been tested and refined. Before moving to more rigorous evaluation and before fully implementing the updated intervention with various populations, evidence that the intervention will likely produce the desired outcomes must be generated.

When the updated intervention is stable or has cycled through Develop and Test and Compare and Learn, it can be fully implemented and rigorously evaluated. One of the most rigorous evaluation methods for testing a replicated intervention is a summative evaluation (an examination of the effects of the intervention) with three groups:

- 1. Original Intervention: This group experiences the original intervention.
- 2. Adapted Intervention: This group experiences the adapted intervention.
- 3. Comparison Group: This group receives practice as usual.

RCTs and quasi-experimental designs also may be appropriate, depending on available resources and the organizational context within which the evaluation takes place. Which type of evaluation to conduct is an important decision for all involved stakeholders to make together.

During Replicate and Adapt, the central issue is whether and how an intervention can be delivered to different populations and in different settings with the same positive outcomes. Program evaluators have an important role in spreading ESIs for use in different systems, communities, and cultures.

It is important to remember that not all adaptations will require additional rigorous testing such as an RCT. Some might undergo assessment and pilot studies so the evaluation team can determine whether the adaptation is successful. If the selected intervention can be replicated with a different population or in a new environment with no changes to the core components of the intervention, evaluation activities may focus on the influence of various factors and strategies on effective and efficient implementation. Modifications that alter the core components of the intervention require it to cycle through the Develop and Test phase.

After an ESI has been successfully spread and integrated into a service system, it becomes part of routine evidence-based practice and the focus of Apply and Improve.

APPLY AND IMPROVE



The Apply and Improve phase (figure 7) is the final phase of the framework. The intended outcomes of this phase are improved agency decision-making, agency performance, and child and family outcomes. Rather than attempting to develop new interventions or prove their effectiveness, Apply and Improve is most concerned with continually improving the delivery of interventions that are already part of routine practice and applying



Figure 7.

evaluation findings to improve results. The key activities associated with this phase include: identify which aspects of the system to monitor and track, ensure access to data, review data for barriers and facilitators to service delivery, share the results, and plan for the future.

This phase provides opportunities to investigate barriers to implementation and systematically build knowledge about effective practice strategies (Schorr & Farrow, 2011). Apply and Improve offers opportunities to explore areas such as cost offset and cost-effectiveness, unmet needs, and consumer preferences and satisfaction. Stakeholders can use what they learn about variations in intervention service delivery and outcomes to strengthen practice, build consistency, or further understand the intervention. Questions answered during this phase include:

- ✓ How well do agency staff understand the intervention and do they have the skills for delivering the intervention?
- ✓ Which indicators should be continually assessed to monitor performance and support continuous quality improvement?
- ✓ How well are evaluation and continuous quality improvement findings about the intervention communicated to agency staff and stakeholders?
- ✓ Are the intended results of the intervention sustained over time?

- ✓ Are core components of the intervention and the implementation process being maintained as designed?
- ✓ Where are desired outcomes being achieved and not being achieved?
- ✓ How can performance be improved?
- ✓ How do implementation, participation, and outcomes vary across contexts and demographic groups, and what can be learned from such variation?
- ✓ What resources are needed to sustain or expand the reach of this intervention?

Questions answered during this phase help framework users continue to strengthen practice and build knowledge and understanding about interventions that work in child welfare.

Cost Offset: Refers to the reduction in [child welfare] costs resulting from the [intervention] (Von Korff, 1998)

Cost Effectiveness: Refers to the average [child welfare] costs divided by the measure of [intervention] effectiveness (Von Korff, 1998)

Activities

Activities in the Apply and Improve phase are typically performed by evaluation or quality improvement staff internal to the child welfare agency but may involve data sharing with external evaluation partners. The steps associated with this phase involve strengthening implementation of the intervention by using continuous quality improvement strategies.

Identify Which Aspects of the System to Monitor and Track-Typically, decision-makers collaborate with program evaluators to identify which aspects of the system to monitor. For example, tracking and analysis might focus on training practices and skills, fidelity, outcome monitoring, and any other quality assurance data that enable the intervention to operate in the system as intended.

Ensure Access to Data-Access to qualitative and quantitative data is crucial when monitoring expected outcomes and performing quality assurance. Data from case

The time it takes to see results can vary:

For example, a child welfare agency might expect changes to its outreach and recruitment practices to immediately increase rates of enrollment in foster parent training courses. However, changes designed to improve placement stability among children with the longest stays in foster care could take years to detect.

reviews, surveys, interviews, and other sources should complement data from an agency's information systems.

Review Data for Barriers and Facilitators of Service Delivery-These data will be used to explore the relationship between the results of ongoing performance monitoring and intervention outcomes. For example, analyses may help to target improvement efforts based on data about the rate of eligible families that receive the intervention, the dosage they receive, early and late adoption of the intervention, and differences across geographic regions and groups of service recipients. Child welfare decision-makers and program staff will use the data to engage in problem solving and action planning to strengthen performance and system improvement. Program evaluation findings may also identify strategies that can be eliminated without diminishing results.

Share Results-Analyses need to be presented to decision-makers and program staff in a simple, jargon-free, visual, and usable fashion (e.g., using graphs, pictures, stories). Results should make connections and synthesize information, spark diagnostic discussions, and facilitate dialogue about needs for modification.

Plan for the Future–Evidence obtained during Apply and Improve can increase understanding of the intervention and help decision-makers and their staff make decisions about sustainability, expansion, adaptation, or discontinuation of the intervention in the future. These decisions often rely on information about costs, underserved populations, systemic barriers, pockets of excellence, and projected resource needs. When the intervention fails to achieve the expected results for a particular group or under certain conditions, this may suggest the need for a different or substantially modified intervention, which requires moving to the Identify and Explore or Develop and Test phase of this framework.

Research and Evaluation Considerations

Apply and Improve is best conducted using a philosophy and approach that engages practitioners, agency management, and other stakeholders as equal partners in the design, implementation, interpretation, and especially the use of the findings from the intervention evaluation. The logic model, TOC, implementation strategies, and expected outcomes must be shared throughout the agency so that everyone understands why the intervention is in place. The relationship between strategies and outcomes may be tested to understand how the intervention works and to identify and address system-specific impediments to achieving results.

Decision-makers in child welfare systems must understand the skills and capacities that their agencies need to conduct program evaluation, rather than relying solely on external evaluators. Evaluation and continuous quality improvement teams require a combination of knowledge and skills that include program expertise; knowledge of research and evaluation methods, instrument design, data collection, and quantitative and qualitative analysis; and interpretation and communication abilities. In addition, staff implementing the intervention provide information to child welfare decision-makers and practitioners to strengthen their knowledge and deepen the focus on results (Wilson, Lavis, Travers, & Rourke, 2010).

As conceptualized in this framework, evaluation that takes place as part of the Apply and Improve phase can play a key role in the continuous quality improvement process. The goal is to strengthen the agency's capacity to improve practice, processes, delivery systems, and outcomes, with evaluators serving as scientific advisors and catalysts for strengthening the learning organization (Wandersman, Chien, & Katz, 2012). This is a nontraditional and emerging role for evaluators in the process of building evidence in child welfare. In this role, evaluators:

- Are often immersed in the organization and establish strong relationships with staff at all levels
- Serve as teachers and coaches to develop the conceptual capacity and skills of agency staff for formative, summative, and translational ways of thinking that contribute to the development of a results-oriented culture (Hodges & Wotring, 2012; Moore, 2010)

- Are influenced by the needs and ideas of the agency and guided by the current issues and outcomes that the agency desires
- Produce reports that may take many forms and are designed to stimulate assessment within the agency and thoughtful action planning to improve the intervention and the agency's results

> CRITICAL CONSIDERATIONS

A Framework To Design, Test, Spread, and Sustain Effective Practice in Child Welfare is built on underlying principles of evaluation; acknowledges tensions between stakeholder groups; and recognizes the importance of social, cultural, and contextual diversity as key to any decision-making process. These critical elements should be considered when using the framework.

Underlying Principles

The framework is built on the principles described in the table below. These assume that building and scaling ESIs in the child welfare system are most effective when the purpose is to increase positive outcomes for children and families and when social, cultural, and contextual sensitivities are a key part of the decision-making process.

These critical principles focus on the importance of building evidence, and they assert that evaluation in child welfare should empower agencies, systems, and communities to strengthen families and prevent and mitigate the effects of child maltreatment. Developing, adapting, and evaluating interventions in "real world" contexts and cultures is essential. Using the framework while embracing these principles creates a basis for evaluation that builds evidence and replicates successful practices and programs.

Acknowledging Tensions

As in other fields like mental health, criminal justice, and substance abuse treatment, tensions between stakeholder groups have at times stymied evidence-building in child welfare. Often decision-makers, program evaluators, and other stakeholders have different educational backgrounds, experiences, jobs, and types of expertise. Despite sharing the common goal of improving the lives of children and families, they may have competing priorities and different perspectives.

Efforts to solve complex problems in a high-stakes environment can bring these tensions among priorities to the forefront. For example, designing, testing, spreading, and sustaining effective practice in child welfare takes time. For some, the time necessary to carefully develop and test an intervention can feel at odds with an urgent and/or emergent need to spread an intervention so that it reaches more children and families. Similarly, strong assertions that an intervention needs to be substantially adapted for a particular community may seemingly conflict with calls for strict adherence to intervention protocols that have been effective in other contexts.

Because stakeholders also may hold different views about how best to design, test, spread, and sustain effective

Underlying Principles for Evaluation

The ultimate purpose of program evaluation in child welfare is to determine the effectiveness of programs for improving outcomes for children and families.

Evaluation in child welfare should empower agencies, systems, and communities to effectively prevent and mitigate the effects of child maltreatment, to protect children, and to strengthen families.

Although program evaluators must satisfy funders that support their work, they must also remain sensitive to the interests of other stakeholders, including the subjects of their studies.

It is possible to build evidence in a rigorous manner while still being responsive to the complexities and needs of those addressing child abuse and neglect in different cultures and different contexts.

Disseminating research findings and communicating the results of research are critical to building evidence in child welfare and are the responsibility of all involved stakeholders.

In each phase of the framework, dialogue and communication among stakeholders about the meaning, implication, and use of evaluation results are essential in making sound decisions.

practice, tensions can sometimes threaten efforts to build evidence. Perhaps the most familiar is the tension about whether and when to conduct RCTs in child welfare. RCTs are helpful for evaluating core intervention components, determining causality, and determining the impact of the intervention with different audiences. At the same time, RCTs can be disruptive and time-consuming, and they may be perceived as "withholding treatment" from the children and/or families in the control group.

To accomplish the goals of the framework, the viewpoints of all stakeholders must be respected and taken into consideration. The framework encourages stakeholders to examine the consequences of and alternatives to:

- Implementing interventions that have limited evidence to support their effectiveness
- Implementing interventions that have limited support to indicate a good fit with the agency and/or with the target population
- Widely implementing ESIs that have been tested only under strictly controlled conditions or in unrelated service systems or settings
- Hastily adopting and spreading untested child welfare practices in response to politics, poor agency performance, or public pressure
- Missing opportunities to build the knowledge base about whether interventions work, why they work, how well they have been implemented, and for whom they are most and least effective

Despite the tensions, stakeholders share the motivation to improve outcomes for children and families. This framework is designed to build on this motivation to encourage power sharing; increased trust; and mutual respect, accountability, and transparency.

Cultural Considerations

Culture and context are essential considerations during all phases of the framework. For the most part, ESIs have been classified as such by individuals and institutions that share a specific paradigm and worldview about science and what constitutes credible evidence. If the prevailing definition of effectiveness is based on only one cultural view of evidence, then decision-makers in child welfare face a dilemma when replicating and adapting interventions for communities with different cultural perspectives and social constructs that affect their understanding of what is effective.

Evaluation should be grounded in culture and context, and it must be informed by the community's cultural values and its views about the purpose of research and evaluation. This may include unique perspectives on what it means to "know," how to establish research outcomes and data collection methods based on different ways of "knowing" and "understanding," and what the appropriate role of culture is in evaluation research.

Culturally competent evaluation involves a cross-cultural exchange and the evaluation of an individual, family, agency program, or organization in a manner that respectfully accounts for ethnic culture and social environment. The evaluation process, including data collection and interpretation, explanation of results, and reporting and distribution of findings, requires a cultural lens. Those involved in the evaluation process, such as administrators, clients, and practitioners, must understand that the same results may be viewed in different ways according to culture. Evaluation results that are framed in culturally appropriate ways may be more likely to be shared and used in the communities that were studied (Cheung and Leung, 2008).

In October 2012, the Children's Bureau convened a group of experts to discuss evaluation in Tribal communities. This group, largely comprising members of Tribal communities, addressed ways in which oral tradition is sometimes discounted because in the dominant culture the written word is seen as "true" or "more true" than spoken ideas or stories. But oral tradition has historically been the primary mode of transmission of culture and values in many indigenous communities. It has been central to preserving ceremonies, cultural protocols, language, and other elements of Native culture. Words—both spoken and written—are seen as sacred. Understanding the importance and value of oral tradition is critical to both gathering and disseminating information in Tribal communities.

Community-Based Participatory Research

Community-Based Participatory Research (CBPR) provides another approach that is useful for evaluating an intervention. CBPR is an applied collaborative approach that empowers community residents to participate more actively in the full spectrum of research (from conception to design, data collection, analysis, interpretation, formulation of conclusions, and communication of results (National Institutes of Health, Office of Behavioral and Social Sciences Research, n.d.). An important goal of this framework is to integrate ESIs with practitioner expertise to improve child and family outcomes, while taking into consideration client and community characteristics, culture, and preferences. CBPR may offer one helpful way to achieve that goal.

> CONCLUSION

Too often, interventions in child welfare are piloted with limited evaluation, and untested interventions are hastily adopted and spread in response to politics, poor agency performance, or public pressure. Changes in service delivery have the potential to improve outcomes for children and families, but child welfare agencies and systems often miss opportunities to build the knowledge base and to answer questions about whether these new practices work, for whom they are most and least effective, and how consistently they are implemented. In some cases outcomes improve, and in others they do not, but in the

absence of a systematic and deliberate approach to building, sharing, and using knowledge, those responsible for making decisions and for performing evaluations can be left without answers. These missed opportunities leave decision-makers, program evaluators, funders, and their many partners in the field of child welfare without the necessary information to understand and explain why the outcomes changed (or did not change) and whether the new practice made a difference. A Framework To Design, Test, Spread, and Sustain Effective Practice in Child Welfare will help to address these challenges.

Framework Application

To support the application of this framework, the following tools are provided in the appendices:

- Determination of Phase and Next Steps—This tool is intended to assist users of the framework with locating the current phase of their intervention and the phase they can expect to focus on next.
- Framework Task Checklist—This tool is intended to assist users of the framework with keeping track of and completing the tasks associated with the phases of the framework.

Brief video shorts explaining the framework will be available on the Children's Bureau Web site at http://www.childwelfare.gov in 2014.

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> APPENDIX A: REFERENCE **FRAMEWORKS AND CLEARINGHOUSE WEB SITES**

REFERENCE FRAMEWORKS

Results-Oriented Accountability (ROA) Stages Testa, M., & Poertner, J. (Eds.). (2010). Fostering accountability: Using evidence to guide and improve child welfare policy. Oxford University Press.

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CLEARINGHOUSE WEB SITES

Blueprints for Healthy Youth Development: http://www. blueprintsprograms.com/

California Evidence Based Clearinghouse (CEBC): http:// www.cebc4cw.org/

Campbell Collaboration Web site for extensive information about systematic reviews of research on specific interventions: http://www.campbellcollaboration.org

Evidence-Based Program Directory at the National Resource Center for Community-Based Child Abuse Prevention: http://friendsnrc.org/cbcap-priority-areas/ evidence-base-practice-in-cbcap/evidence-based-program-directory

FindYouthInfo Program Directory: http://findyouthinfo. gov/program-directory

National Resource Center for Permanency and Family Connections, Evidence-Based Practices in Child Welfare micro-site: http://www.nrcpfc.org/ebp/index.html

Office of Juvenile Justice and Delinquency Programs Model Practice Guide: http://www.ojjdp.gov/mpg/

Promising Practices Network: http://www.promisingpractices.net/programs.asp

Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices (NREPP): http://www.nrepp.samhsa.gov/

> APPENDIX B: DETERMINATION OF PHASE AND NEXT STEPS

This table is intended to assist users of the framework with locating the current phase of their intervention and the phase on which they can expect to focus next.

Phase Determination Question	If the answer is yes, the current or completed phase is	Next Phase
Is the agency working to understand the prevalence and nature of a current child welfare-related problem? Or is the agency unsure of how to address a well-understood problem?	Identify and Explore	Identify and Explore
Is the agency trying to find an intervention with an existing evidence base that addresses the problem and that is a good "fit" with the theory of change, the needs of the target population, and the capacity of the agency? If such an intervention does not exist, does the agency plan to develop an intervention to address the problem?	Identify and Explore	Develop and Test
Is the agency currently delivering a longstanding program or service that seems to be working? Is the agency unsure of exactly how it works and what the core components are?	Apply and Improve	Develop and Test
Has the agency recently piloted a well-defined intervention that shows early signs of success? Would the agency like to compare this new intervention to practice as usual to see which one achieves better outcomes?	Develop and Test	Compare and Learn
Has an intervention been implemented in the past to address a problem? Was the intervention evaluated and found to be more effective than an alternative? Would the agency like to adapt this intervention to serve another population or roll out the intervention statewide?	Compare and Learn	Replicate and Adapt
Has the agency replicated an effective intervention and adapted it for additional populations and application in new contexts? Does that intervention continue to achieve the desired outcomes? Would the agency like to sustain the intervention and improve its delivery and performance over time in relation to child and family outcomes?	Replicate and Adapt	Apply and Improve

> APPENDIX C: FRAMEWORK TASK CHECKLIST

This checklist is intended to assist users of the framework with keeping track of and completing the tasks associated with the phases of the framework.

Identify and Explore
☐ Use agency data to identify potential issues to address
☐ Study the problem to understand its nature and prevalence
☐ Construct a theory of change using data, research, and practice wisdom
☐ Research solutions to address the problem—this could be an already existing intervention, the modification of an existing intervention, or the development of a new intervention
☐ Choose an intervention with the best "fit" for the theory of change, the needs of the target population, and the capacity of the agency to support the implementation
Develop and Test
☐ Develop and specify a set of core components that outline the principles, activities, and guidelines of the intervention
☐ Test the options for installation and implementation
☐ Monitor intervention fidelity to ensure it is being delivered as intended
☐ Assess feasibility of delivering core components with fidelity and whether short-term outcomes are being achieved
Compare and Learn
Design a rigorous evaluation to compare the new intervention to practice as usual
☐ Promote evaluation design integrity
☐ Set up a data system to collect intervention, outcome, and fidelity data
☐ Compare outcomes of the new intervention with practice as usual and determine which results in better
outcomes for clients
☐ Decide whether the intervention should be replicated with a broader population
Replicate and Adapt
☐ Assess whether modifications to the intervention need to be made
☐ Modify the intervention implementation in a child welfare population and/or other specific populations
☐ Implement modified intervention or implementation approach
☐ Gather implementation and outcome data from modified intervention
☐ Determine under what conditions and with what adaptations desired outcomes were achieved
Apply and Improve
☐ Identify data aspects of the intervention to track (training, performance, outcomes, communication strategies, etc.)
☐ Ensure access to data
☐ Review data to identify barriers to and facilitators of service delivery
☐ Share results in a straightforward manner to facilitate dialogue
☐ Use data to plan for use of intervention in the future

