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Facilitating evidence use by frontline staff

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OBJECTIVE

- Identify different types of evidence[1] currently used by frontline staff
- Examine strategies used by private child and family serving agencies to facilitate staff evidence use

BACKGROUND

In all states, child welfare agencies are increasingly challenged to find ways to support staff evidence use so as to improve service delivery and child and family outcomes.[1-4] In the U.S., an increasing number of state and local governments now link research evidence regarding 'effective' programs and practices to funding decisions or service reimbursement.[5] These pressures parallel federal efforts to promote evidence-based policymaking.[6] Yet, currently little is known about strategies for fostering evidence uptake by staff.

The Improving Performance with Evidence (IPWE) study was intended to understand how evidence uptake happens at different levels of practice, including the frontline, programmatic, and administrative levels. Another goal of the IPWE study was to provide examples of how agencies use evidence to improve service delivery, innovate, and respond to governmental requirements. This report focuses specifically on staff evidence use.

KEY FINDINGS AND RECOMMENDATIONS

- Frontline staff value evidence that directly affects their work with clients. Staff are most likely to use evidence to assess and measure client progress, mobilize stakeholder support for specific decisions and/or treatment activities, and inform selection of effective treatment approaches.
- Staff are required to collect and input a lot of data. Staff commitment to data collection is improved when staff are aware of how these data are used to inform decision-making and/or performance improvement, at the case, program, and/or agency level. Field-based access to agency databases or systems (e.g., via apps on mobile devices or laptops) can help facilitate timely completion of required tasks and documentation. Efforts to streamline duplicative data entry are also important for reducing administrative burden and creating space for evidence use.
- Staff evidence use is higher when agencies aggregate available evidence (e.g., in regularly distributed brief reports or data dashboards). However, staff require support to understand how that evidence could be used to improve practice.
- Staff appreciate when managers model evidence use and its relevance to frontline practice during meetings and/or other regular communications. Frontline supervisors can help staff translate available evidence into actionable changes in daily practice, but may also require training in how to do so. Other strategies for facilitating staff evidence use include creating opportunities for peer information exchange and/or training and support from quality improvement staff.
- Layering multiple supports and creating time and space for frontline staff to engage with evidence without excessive workload burden is important for uptake.

[1] Informed by the literature on evidence-informed and evidence-based practice in child welfare,[7-9] we defined evidence broadly to include use of agency data and/or research evidence as well as use of specific evidence-based practices (EBPs).

“We’re often writing reports back to the courts with recommendations… and we have to be able to say, ‘This is why we’re making this recommendation.’.” – Staff, on persuasive use of evidence

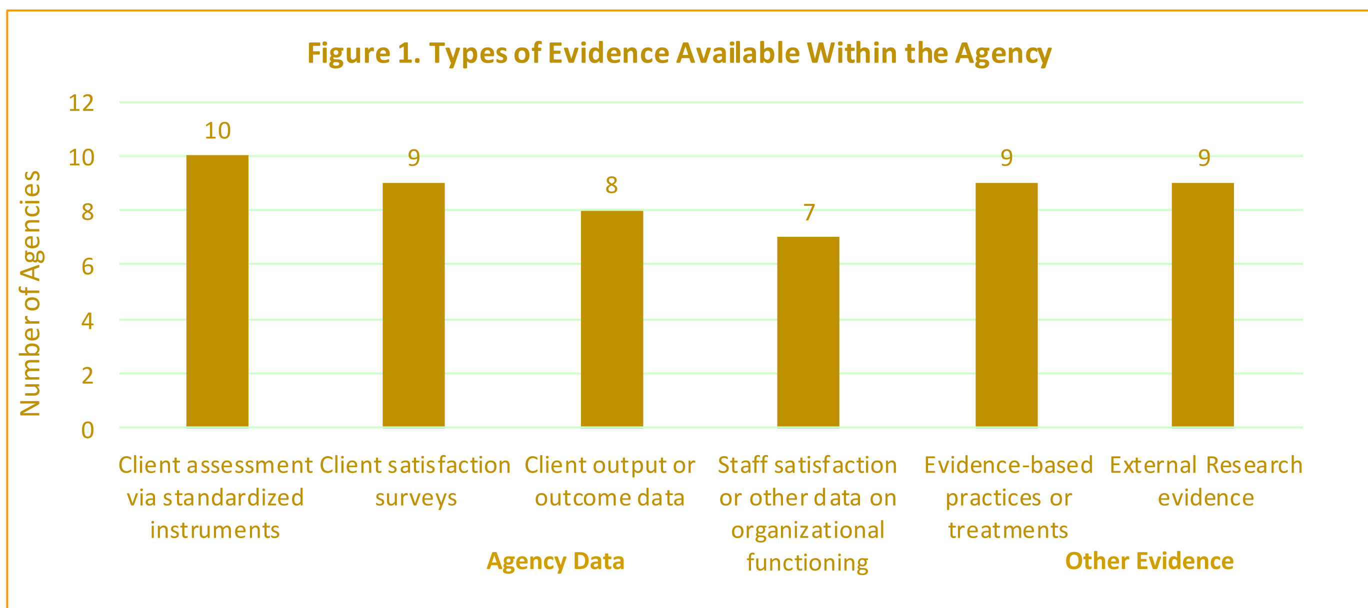
DETAILED RESULTS

Staff evidence use

Surveys of frontline staff (n=149) assessed staff attitudes towards evidence as well as actual use of evidence in their daily work. Frontline staff generally reported very positive attitudes towards evidence use, with most reporting high perceived value of evidence and a strong willingness to use evidence to inform their daily work (mean rating of 4.52 out of 5)[2]. In comparison, actual use of evidence was typically lower, with staff indicating moderate use of evidence to inform their thinking on a given topic (*conceptual use*), for decision-making (*instrumental use*), and/or to mobilize support for decisions or actions (*persuasive use*). Mean ratings for these measures ranged from 3.37 to 3.41 on a 1-5 scale.

In interviews, frontline staff in 11 agencies reported that they were involved in collecting at least some agency data (see Table 1). In 9 of 11 agencies, at least some frontline staff also described agency use of specific evidence-based practices or treatments. In addition, at least some staff (often therapists) described some use of external research evidence in their daily work. External research evidence was typically viewed as helpful for informing treatment approaches with clients and/or mobilizing support for decisions or actions (*persuasive use*).

However, in general, we found significant gaps in the extent to which frontline staff accessed and/or used agency data. In 8 of 11 agencies, frontline staff indicated that agency leaders or supervisors did not share aggregated data results with them or share how results could be used to improve practice. In 6 of 11 agencies, frontline staff reported having access to reports or data but not reviewing them, typically due to lack of time or skills to do so. In 5 of 11 agencies, staff were unaware of agency data that could be used to support their daily work or of supports for accessing that data.

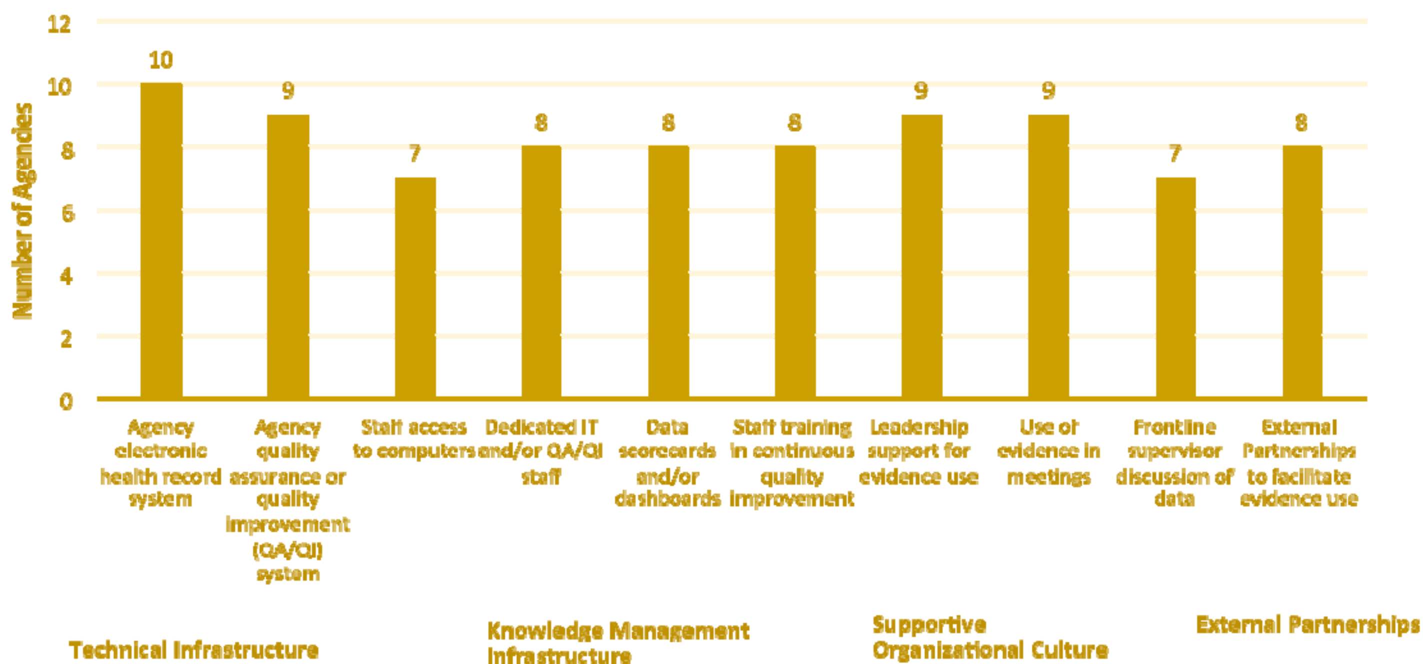


[2] Perceived value of evidence was assessed using a 4-item measure adapted from the Evidence-Based Practice Attitudes Scale (α=0.86).

Perceived effectiveness of different organizational supports for evidence use. In interviews, frontline staff were asked about the availability of different organizational supports for evidence use within their agencies (Table 2), as well as their perceived effectiveness.

- ***Technical infrastructure.*** Staff in almost all agencies (10 of 11) were familiar with agency electronic health records (EHR). However, in four of these agencies, frontline staff held mixed or negative perceptions of EHR functionality and usefulness, typically because of limited capability to rapidly aggregate data for staff use. Duplicative data entry was also cited as problematic, and contributing to high administrative burden among frontline staff.

- ***Knowledge management infrastructure.*** In 8 of 11 agencies, frontline staff indicated their agency had administrative staff available to support agency-wide quality assurance and quality improvement activities. In 8 of 11 agencies, frontline staff also reported agency use of data scorecards/dashboards for tracking program and/or agency performance. However, staff had mixed perceptions of the accessibility and usefulness of these administrative supports for improving frontline practice.



- ***Supportive organizational culture.*** Staff in 9 of 11 agencies described leadership interest in staff evidence use and discussion of data in agency meetings or other formal communication. Staff in 7 of 11 agencies also described at least some discussion of evidence, most often agency data, during frontline supervision. Staff described supervisory meetings as particularly useful opportunities for using evidence to identify areas for improvement in their work with clients.

- ***External partnerships.*** Finally, staff in 8 of 11 agencies noted that their agencies had one or more partnerships with external organizations to help support evidence use, typically by making research evidence and/or EBPs more accessible. These organizations included universities and other academic research partners as well as professional membership associations.

"Our managers have the data… but it never makes its way to the people who should actually be utilizing them. Not only telling us what their expectations are but explaining 'Here's how you can do that,' or 'Here's how we would know that you were doing that.' Increasing the flow of communication from top down." – Staff in agency with below-average FLW evidence use

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Comparison of agencies with differing levels of evidence use

We examined the extent to which staff evidence use varied across agencies in our study. By design, we expected evidence use by frontline staff to be higher among agencies in our study sample than nationally. In general, we found staff evidence use was similar across agencies, despite differences in state context, size, and service array.

The only agency with significantly above-average levels of staff evidence use was part of a large, multi-state organization with significant supports in place to facilitate staff evidence use, including a robust performance management system. For example, the agency had implemented a Balanced Scorecard linked to its EHR that allowed for rapid sharing of performance data with staff. Frontline supervisors in this agency were required to meet weekly to review outcome data with staff and identify opportunities for improvement. In interviews, frontline staff also described the agency as regularly soliciting and acting upon their input for how to improve organizational processes and programs.

Conversely, the two agencies with significantly lower than average staff evidence use did not have strong mechanisms in place for sharing agency data or other evidence with frontline staff. One of these agencies was quite small and cited lacked capacity to invest in any organizational supports for evidence use. The other agency was quite large and had implemented an electronic health record (EHR); however, our analysis revealed that data from the EHR were typically funneled upwards to inform decision-making by organizational leaders but not subsequently shared with frontline staff or used to inform actionable changes in frontline practice. Frontline staff in this agency reported having considerable discretion in their work, but desired more downwards sharing of information and bottom-up input into performance improvement efforts.

CONCLUSION

Frontline staff value evidence use, but have limited time to invest in accessing evidence given current workloads. To facilitate staff uptake of evidence, agencies need to focus on providing evidence in easy to understand, user-friendly ways that are clearly connected to frontline practice. Multiple layers of support and consistent messaging related to evidence use are also important.

SUGGESTED CITATION

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AUTHOR INFORMATION

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DATA AND METHODOLOGY

Data for this research brief were drawn from a larger mixed methods study on "Improving Performance with Evidence (IPWE)." The IPWE study was conducted in two phases. In Phase 1, we administered a web-based quantitative survey to private child welfare agency directors or program managers in six states: CA, IN, KY, MO, PA, and WI. The survey, which was administered in fall 2016, assessed the extent to which private agencies invested in different formal organizational supports to facilitate evidence use. In Phase 2, survey results were used to identify a purposive sample of 12 agencies for in-depth case study analyses. Specifically, agencies were selected for maximum variation in information technology infrastructure and other organizational supports known to affect evidence use. Interviews were conducted between October 2017 and May 2018, and analyzed to identify within- and between-agency themes. Additional information about the IPWE study is available elsewhere.[10-12]

The current study drew upon semi-structured interviews conducted with 149 frontline staff in 11 of the 12 agencies that participated in Phase 2 of the IPWE study. We omitted one agency in which we interviewed only organizational leaders and frontline supervisors, not frontline staff. Participating frontline staff were also asked to complete a brief survey. Survey questions provided additional insight into staff education and prior training, and also included previously validated measures of staff attitudes towards evidence use[15] and specific types of evidence use.[13-16] Interviews were transcribed and coded using NVivo 12.0 to identify major themes related to evidence use, and differences within and across agencies. Survey data were descriptively analyzed using Stata 13.1.

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