Research article

The role of collaborations in sustaining an evidence-based intervention to reduce child neglect[☆]

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ABSTRACT

Child neglect is the most prevalent form of child maltreatment and represents 79.5% of open child-welfare cases. A recent study found the evidence-based intervention (EBI) SafeCare® (SC) to significantly reduce child neglect recidivism rates. To fully capitalize on the effectiveness of such EBIs, service systems must engage in successful implementation and sustainment; however, little is known regarding what factors influence EBI sustainment. Collaborations among stakeholders are suggested as a means for facilitating EBI implementation and sustainment. This study combines descriptive quantitative survey data with qualitative interview and focus group findings to examine the role of collaboration within the context of public–private partnerships in 11 child welfare systems implementing SC. Participants included administrators of government child welfare systems and community-based organizations, as well as supervisors, coaches, and home visitors of the SC program. Sites were classified as fully-, partially-, and non-sustaining based on implementation fidelity. One-way analysis of variance was used to examine differences in stakeholder reported *Effective Collaboration* scores across fully-sustaining, partially-sustaining, and non-sustaining sites. Qualitative transcripts were analyzed via open and focused coding to identify the commonality, diversity, and complexity of collaborations involved in implementing and sustaining SC. Fully-sustaining sites reported significantly greater levels of effective collaboration than non-sustaining sites. Key themes described by SC stakeholders included shared vision, building on existing relationships, academic support, problem solving and resource sharing, and maintaining collaborations over time. Both quantitative and qualitative results converge in highlighting the importance of effective collaboration in EBI sustainment in child welfare service systems.

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Introduction

Approximately 3.9 million incidents of suspected child maltreatment were reported to state child protective service systems in the United States (U.S.) in 2013 (U.S. Department of Health and Human Services, 2015). Child neglect is the

most prevalent form of child maltreatment, representing 79.5% of child victims and contributing to 80% of U.S. child welfare fatalities (U.S. Department of Health and Human Services, 2015). Neglected children have difficulties with social, emotional, and language development (Tyler, Allison, & Winsler, 2006), are at risk for cognitive deficiencies (Twardosz & Lutzker, 2010), and present the least positive and the most negative affect of all maltreated children (Hildyard & Wolfe, 2002). Given these high prevalence rates and negative outcomes, there is a pressing need to successfully implement and sustain early intervention and prevention efforts.

Historically, there has been a dearth of evidence-based interventions (EBIs) designed to specifically address and prevent child neglect (Chaffin, 2006). However, a recent statewide effectiveness study found the home visitation EBI SafeCare® (SC) to significantly reduce child neglect recidivism rates compared to services as usual (Chaffin, Hecht, Bard, Silovsky, & Beasley, 2012). Despite increasing demand for EBIs in child welfare systems (Wike et al., 2014), less systematic understanding exists regarding factors that facilitate their implementation and sustainment, such as the role of collaboration among stakeholders within service systems. Without effective implementation and sustainment, initial investments in EBIs are wasted, the subsequent impact of beneficial interventions is limited, and outcomes for children and youth are compromised.

Researchers have suggested that collaborations between government administrators, community-based organization (CBO) administrators, academic researchers, intervention purveyors, and service providers can facilitate overall implementation by bridging the research and practice gap through the pursuit of shared goals and visions (Aarons, Hurlburt, & Horwitz, 2011; Jones & Wells, 2007; Mendel, Meredith, Schoenbaum, Sherbourne, & Wells, 2008; Proctor et al., 2009). However, there is a lack of empirical research specifically examining the role of collaboration in the implementation and sustainment of EBIs within child welfare service systems (Proctor et al., 2009). Although collaboration can refer to a variety of relationships, it is also defined here as the process through which stakeholders who see different aspects of a problem work together toward a common goal in order to bring about change beyond what they are able to accomplish as individual entities (Bunger, Collins-Camargo, et al., 2014; Gray, 1989; Lasker, Weiss, & Miller, 2001). Collaboration may be preplanned, highly structured, and formalized (Butterfoss, 2007) or may develop more organically based on the needs and characteristics of the services system. The current study examines: (1) how collaborations operate in the context of public–private partnerships; (2) the role of external partners (e.g., academic researchers, intervention purveyors, outside funders) in supporting EBI; and (3) how less formally developed collaborations of multiple stakeholders can affect implementation and sustainment of an EBI within child welfare service systems.

Collaboration in Child Welfare

Public child welfare services are increasingly provided by private CBOs, leading to greater dependence on public-private collaborations (Collins-Camargo, McBeath, & Ensign, 2011; Johnston & Romzek, 2008). In privatized child welfare programs, relationships between public and private agencies require ongoing collaboration and information exchange between government agencies and CBOs (Collins-Camargo et al., 2011) as well as among CBOs who may need to coordinate service delivery to effectively meet the needs of clients (Johnston & Romzek, 2008). Contracting also leads to competition among CBOs, and in some cases, competition can increase the overall benefits of contracting. In most child welfare services systems, arrangements characterized by both collaboration and competition, referred to as co-opetition, are the norm (Bunger, Collins-Camargo, et al., 2014). These relationships, such as sub-contracting between two CBOs for service delivery, can have mutual benefits while bridging gaps in services.

Balancing the priorities of many stakeholders can enhance shared decision-making, but can also introduce tension and influence power dynamics within a system (Horwath & Morrison, 2007). For example, contracting out child welfare services to private CBOs increasingly necessitates the redistribution of decision-making power related to implementation activities from public agencies to private contractors (Collins-Camargo et al., 2011). This can prove challenging for government administrators who may have traditionally exerted overall authority for implementation (Willging et al., 2015). Conversely, some stakeholders may feel coerced into a collaboration by those perceived as possessing greater power (Kothari & Cooke, 2001).

Complexities in the relationships among academic-community collaborations are also important to consider when implementing and sustaining EBIs in social service settings (Palinkas & Soydan, 2012; Proctor, 2003). Within the field of social work, Proctor (2003) calls for cultivation of academic-practice collaborations to carry out "trench to bench, and back to trench" research that aids in uptake of EBIs. Proctor emphasizes stakeholder engagement for incremental progression of knowledge to determine acceptability and applicability of new interventions. Consistent with this stance, approaches have been developed that formalize collaboration between community practitioners and researchers, such as community-based participatory research (CBPR) or community-partnered participatory research (CPPR) (Jones & Wells, 2007; Wallerstein & Duran, 2010). Prevailing CBPR and CPPR approaches focus on power-sharing in decision-making and joint academic-community ownership of research initiatives. Shared control over fiscal resources and expenditures is also an important feature. In contrast to these planned approaches, many implementation collaborations are less prescribed and formalized, yet attempt to align the interests of multiple stakeholders including government administrators, CBO administrators, direct service providers, academic researchers, and intervention purveyors, to undertake activities that promote implementation and sustainment of an EBI in the face of competing interests and priorities. Greater understanding of less formalized collaborations, developed organically to support EBI implementation in child welfare service systems, may elucidate factors that support or inhibit EBI sustainment.