

DISSEMINATING RESEARCH TO YOUTH & FAMILY SERVICE PROFESSIONALS



Insights from a National Survey

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Abstract

A research communications study involving a web-based survey with responses from 921 human service providers found that this audience highly values research, with slight variations in attitudes based on demographics. Respondents preferred personal delivery methods for information, such as in-person trainings, and hold personal sources as more credible than institutional sources, such as research centers and universities. Respondents provided detailed information about social media channels that they use, with Facebook, YouTube, and Instagram dominating, but with variations based on sector, age, and position. They also listed mass media preferences, with the *New York Times* and National Public Radio the most frequently mentioned outlets. The authors recommend that those who communicate about research evidence to human service providers craft messages and materials that are high-level and focus on how to apply findings to day-to-day practice; use trusted messengers; use channels preferred by human service providers; and tailor communication strategies to the intended audience. Mass and social media should be used to reinforce messages about research evidence delivered through more personal methods.

Acknowledgements

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EXECUTIVE SUMMARY

Research findings about child and family well-being have the potential to positively affect family outcomes—but only if human services leaders and practitioners know about these findings and can apply them to day-to-day practice. To do this, we need to understand human service providers as recipients of information—from the messengers they find credible, to the social media channels that they use, to the mass media they consume. Those details allow us to plan strategic and effective communication campaigns about research. To that end, we conducted a survey of child, youth, and family service providers across the U.S. to determine:

- **Their attitudes about the value and use of research**
- **Their preferred formats and methods of delivery for information about evidence**
- **Which professional sources they most trust**
- **Which communication channels they use, including social and mass media**



Method

A 65-question, web-based survey was circulated from the Fall of 2020 through the Spring of 2021 through membership organizations' listservs and direct outreach to youth and family service provider organizations. A total of 921 people participated in the survey, with 565 (61%) completing the entire instrument. Respondents resided in all 50 states, were age 22 to over 80, and were at all levels of their organizations, from caseworkers to state-level directors. The sample was mostly female (87%), and nearly three-quarters (74%) identified as white only; 11% identified as Black, 9% as Hispanic, and 6% as Asian, Native American or multiple races. Most respondents worked in state and local government agencies (55%) and nonprofit organizations (34%), but self-employed, for-profit and federal agency workers were also represented (11%).

Key Findings



Attitudes about research

Human service providers broadly value research and report using research in their work. They generally see research as consistent with their organization's approach and with their own intuition.



Most trusted messengers

The top three most trusted sources were all personal ones: a peer doing similar work (58% ranked these peers as their most highly trusted source); supervisor, trainer, or boss (49%); field staff or direct providers (49%).



Preferred communication formats

Listening to a live speaker was the most appealing format to human service providers, with 72% of respondents ranking this as very appealing. This was followed by video (65%), webinars (55%), and charts and graphs on a laptop or desktop computer. For communicating with their colleagues, respondents overwhelmingly (79%) ranked face-to-face meetings as the most appealing means.



Social Media use

The most popular social media channel was Facebook, with 83% of respondents using that platform. This was followed by YouTube (49%), Instagram (46%), LinkedIn (25%), Pinterest (23%) and Twitter (23%). Instagram and Pinterest were correlated with age, with younger respondents using them more. Twitter was correlated with position in the organization, with director-level respondents using this platform more.



News sources

National Public Radio was the most frequently cited news source, with 68% of respondents listening at least sometimes. *The New York Times*, the most mentioned newspaper, was named as a source by 112 (12%) respondents. More than 100 local newspapers were named in an open-ended response.



Most used resources

The most used digital resources were, in order: website repositories of best practices, research, and toolkits; online newsletters; and online academic publications. The three most used print resources were books, brochures and print organizational newsletters or mailings. For audiovisual resources, the most used were webinars or videos (with more favorable responses than any single resource in all categories), followed by TED talks and documentaries.

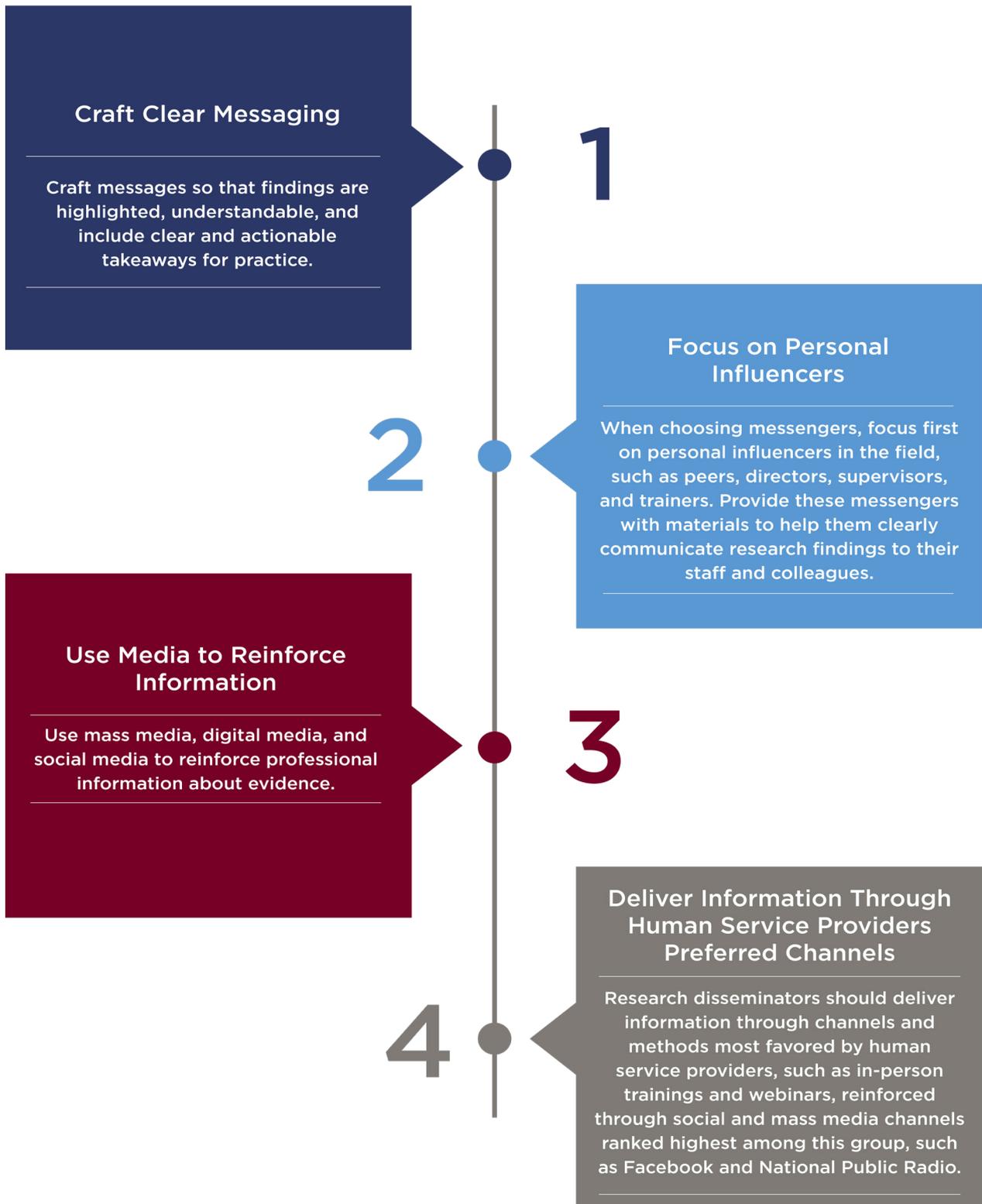


Best formats for research

Human service providers want brief, top-line summaries and clear short instructions about how evidence applies to day-to-day practice.

Recommendations

Analysis of these findings lead us to make the following recommendations:



Effective dissemination is key to ensuring that evidence is applied in practice, which is dependent on all the factors discussed above. Delivering persuasive messages from credible messengers in the most preferred channels and formats, repeatedly and over time, provides the level of dissemination needed for evidence to affect practice and, ultimately, outcomes for children and families.

INTRODUCTION

More effective dissemination of evidence-based practices will ultimately affect outcomes for children and families.

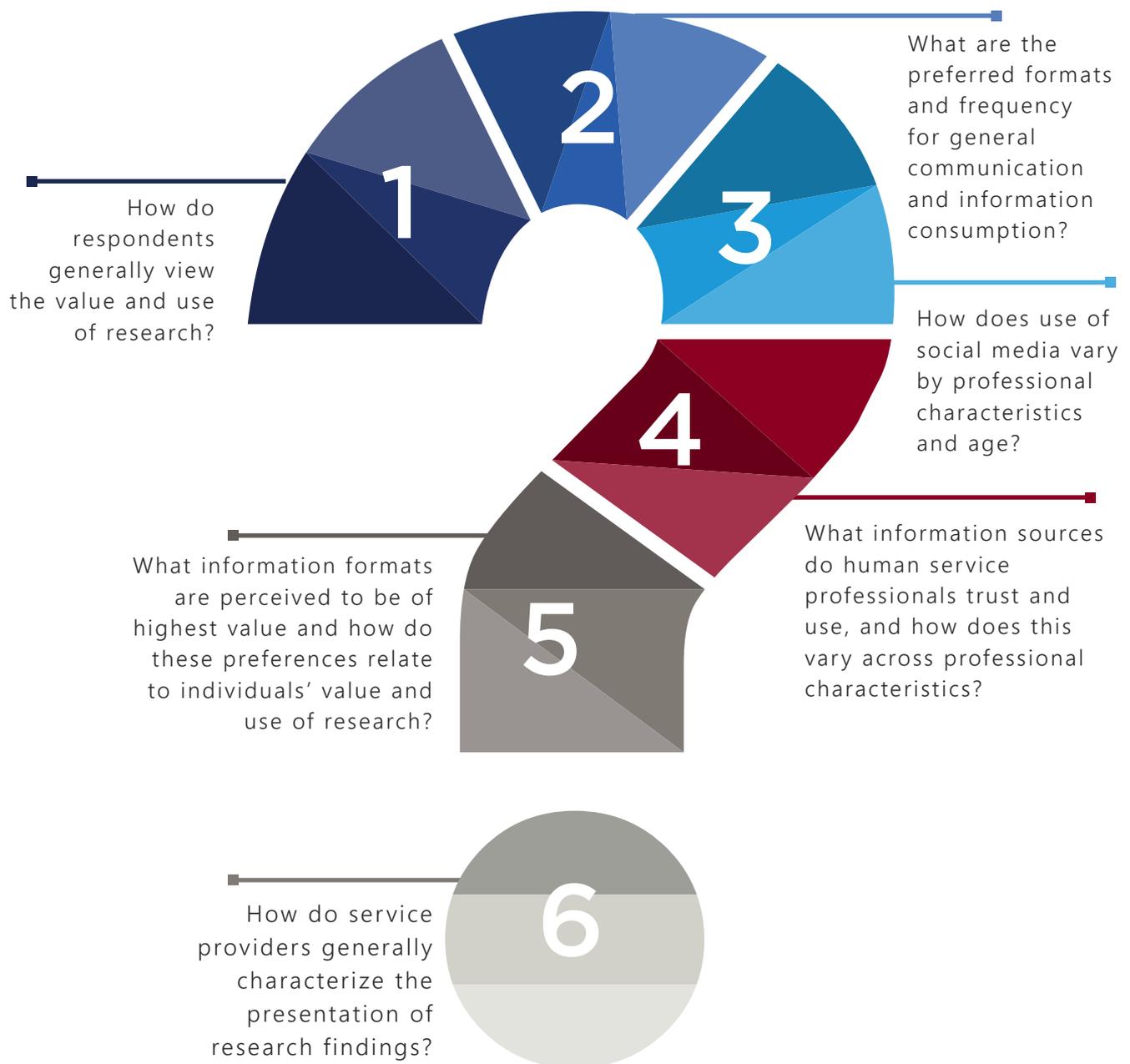
Researchers have identified policies and practices that improve outcomes for children and families involved with human services systems. There is a considerable body of research—clear evidence—on practices that can make a positive difference for families. We know, for example, that extended foster care has a positive effect on youth educational and employment outcomes (Courtney et al., 2018). We know that the risk factors for youth homelessness overlap with the risk factors for school dropout (Kull et al., 2019). And we know that specific interventions in pediatric settings can help families with high levels of Adverse Childhood Experiences (ACEs) improve their health outcomes (McCrae & Burkhardt). These and countless other findings can be useful to leaders and providers of social services. These findings can help them identify evidence-based programs, prioritize the services they provide, identify needs of their clients, and develop strategies for the most effective service delivery.

However, we do not have an evidence base for how to best communicate these research results to human service leaders and direct service providers. And we lack sufficient evidence on the sources of information that service providers rely on. These leaders and providers are the people who can operationalize the research. In their hands, evidence can affect outcomes.

More effective dissemination of evidence-based practices will ultimately affect outcomes for children and families. Researchers need to know how to communicate with human services leaders and providers to convey their knowledge. The federal government spends millions of dollars each year on technical assistance providers, and those contractors should know the best ways to convey information to human service audiences. Further, public and private human service leaders need to know more about how to communicate with frontline service providers to improve the quality of services.

This report describes the results of a national survey of U.S. child, youth, and family service providers to gather information on their use and perceptions of research-based practice as well as their communication patterns and preferences. The information gained from the survey can be used to inform strategic choices in communications. Research dissemination, specifically in the interest of promoting evidence-based practices, can benefit from understanding where their intended audience goes for information, which formats they trust and find useful, and their perceptions of research value and availability.

Research Questions

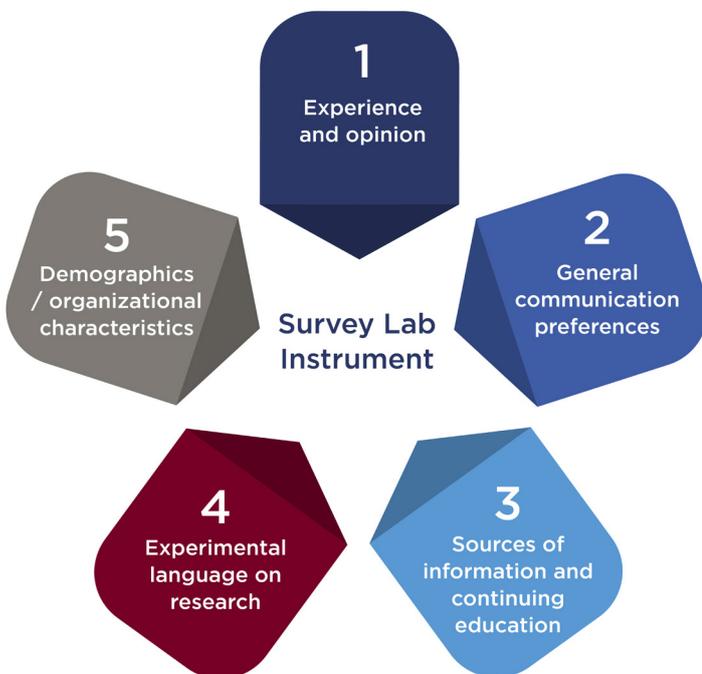


METHODS

Survey Design

Chapin Hall worked with the University of Chicago Survey Lab to develop the survey. In the initial phase, the Survey Lab conducted eleven phone interviews with relevant social service practitioners. The responses from those interviews informed the content of the survey.

The Survey Lab developed the instrument, which had five sections:



This report covers four of the sections. The experimental design portion of the survey is to be analyzed and reported on separately. The survey took an average of 20 minutes to complete.

Sampling

The survey was conducted from October 2020 through May 2021. The Survey Lab built the survey using Qualtrics, a web-based survey software tool. Email address lists primarily from the American Public Human Services Association (APHSA) were obtained

and used for outreach. Chapin Hall also had lists of top agency leaders at state child welfare organizations. This resulted in an initial list of 5,666 unique emails to which the Survey Lab sent invitational email messages with an embedded survey link. This group received up to seven emails— an initial invitation followed by five prompts for those who neither took part nor opted out. A seventh email was sent to partial completers who had finished at least half the survey before breaking off. By the end of the field period, 180 providers from this initial list had taken the survey or part of the survey.

Chapin Hall next solicited cooperation from organizations with listservs, asking them to send out requests for participation and including an open link. The survey included a screener question so that individuals who were not currently employed in relevant jobs (i.e., providing social services to children, youth, and their families) were excluded from the survey. In addition to APHSA, the National Network for Youth, Community Action Partnership, Casey Family Programs grantees, national home health care associations, and several state and local social service networks distributed the link. As survey results came in, Chapin Hall staff made additional efforts to garner cooperation from agencies in low-responding service fields and geographies, asking them to post the survey link. By the end of the second field period, an additional 742 persons had completed all or part of the survey using the open link. The University of Chicago's Institutional Review Board provided an exempt determination for this study (IRB20-0812).

Participants

A total of 921 people participated in the survey, with 565 (61%) completing the entire survey. Demographics, professional characteristics, and organization information were collected at the end of the survey; therefore, descriptive statistics are largely based on those who completed the whole survey.

Demographics

Participants came from all 50 states. Ages ranged from 22 to over 80, with most respondents between 50 and 64 years of age (41%) and between 35 and 49 years of age (36%; see Table 1). Respondents were mostly female—only 13% identified as male and fewer than 2% as nonbinary or other. Nearly three-quarters of the respondents identified as White only (74%), with a quarter identifying as Hispanic (9.0%), Black (11%), or reporting other racial identities (6% Asian, Native American, or other or multiple races). Most (65%) had Master’s degrees or above, while a quarter (25%) had a Bachelor’s degree and 10% had less than a 4-year college degree.

Table 1. Demographics of Respondents

Descriptors	<i>n</i>	(%)
Gender Identity (n=558)		
Male	74	13.3
Female	475	85.1
Nonbinary	5	.9
Prefer a different identity, please specify:	4	.7
Race/Ethnicity (n=547)		
White non-Hispanic	406	74.2
Black non-Hispanic	59	10.8
Hispanic, Latinx, or Spanish origin	49	8.9
Other non-Hispanic	33	6.0
Age (n=511)		
22-34 years old	70	13.7
35-49 years old	184	36.0
50-64 years old	209	40.9
65+ years old	48	9.4
Education (n=565)		
Less than high school	1	0.2
High school diploma or GED	8	1.4
Some college	31	5.5
2-year degree (Associates Degree - AA or AS)	19	3.4
4-year degree (Bachelor’s Degree - BA or BS)	139	24.6
Master’s or postcollege professional degree	342	60.5
Doctorate (PhD)	25	4.4

Professional Characteristics

Organizations at which respondents work included primarily state and local government agencies (55%), and nonprofit organizations (34%). Self-employed, for-profit, and federal agency workers were also represented (11%). Respondents worked at all levels of their organizations, from caseworkers to state-level directors. Most (80%) were in salaried positions. Years of experience ranged from less than 1 year to more than 20 years, as did time at current organization (see Table 2).

Table 2. Professional & Organization Characteristics of Respondents

Characteristics	<i>n</i>	%
Type of agency		
Federal agency	11	1.9
State agency	196	34.1
County, city, or local government agency	118	20.6
Nonprofit organization	196	34.1
Self-employed	27	4.7
Other	26	4.5
Pay category		
Salaried	455	79.8
Hourly	86	15.1
A contract worker	13	2.3
A volunteer	5	.9
Something else	11	1.9
Type of job responsibilities		
High-level direction, policy and planning	213	39.1
Supervision, training, or evaluation of frontline staff	58	10.6
Direct services to clients and client interaction	182	33.4
Other	40	7.3
Spends equal amounts of time in 2+ categories	52	9.5
Time in field		
Less than 1 year	9	1.6
1-4 years	54	9.8
5-9 years	70	12.7
10-14 years	75	13.6
15-19 years	63	11.4
20+ years	282	51.0
Time at current agency or organization		
Less than 1 year	26	4.6
1-4 years	133	23.7
5-9 years	117	20.9
10-14 years	79	14.1
15-19 years	55	9.8
20+ years	151	26.9

Sector

A wide range of child, family, and youth social services are provided by the groups represented, including programs that address addiction and substance use, adoption, abuse/trauma, early childhood development, K-12 education, youth employment, foster care, homelessness, juvenile justice, and physical and behavioral health. A primary goal of the survey was to better understand how to target communication on research findings to workers in specific fields.

Service area information was reported by 576 participants. Table 3 shows the participants in each service area. It also shows how the service areas were grouped into sectors for later analyses. Respondents could select multiple service areas. Therefore, respondents could be included in more than one sector; 66% of respondents were included in more than one sector. The sector categories—Homelessness, Physical and Behavioral Health, Child Welfare, Early Childhood, Education, and Out-of-School Time—together account for 550 (95%) of participants. All participants were included in subsequent analyses, even the 5% not included in one of the identified sectors.

Table 3. Sectors Where Respondents Work

Service Area	<i>n</i>	%	Sector	<i>n</i>	%
Homelessness	263	45.7	Homelessness	263	45.7
Addiction/substance abuse	86	14.9	Physical and Behavioral Health	248	43.1
Abuse/trauma	198	34.4			
Mental health- general	107	18.6			
Mental health- special needs	67	11.6			
Physical health- general	36	6.3			
Physical health- special needs	35	6.1			
Adoption	135	23.4	Child Welfare	235	40.8
Foster care	230	39.9			
Early childhood development	207	35.9	Early Childhood	207	35.9
Education K-8	171	29.7	Education	194	33.7
Education 9-12	155	26.9			
Before/after school programs	86	14.9	Out-of-School Time	86	14.9

Six additional categories were asked about (Poverty, Employment, Juvenile Justice, Sexual Orientation/Gender Identity Support, and Reproductive Health) that were not included in a sector category. Nearly all respondents in these categories selected another one and were included in the sectors.

We provide descriptive statistics by sector, though direct comparisons across sector group are difficult due to high level of overlap between categories. However, there are two trends in sectors that are important to note. The first is that those in the Education sector were less likely to be in high-level director, policy, and planning positions and more likely to be in direct service positions relative to all other sectors. The second is that the Early Childhood sector included more respondents in the field for 20 or more years (see Tables 4 and 5).

Table 4. Professional Characteristics by Sector

	Home- lessness (n=263)		Health (n=248)		Child Welfare (n=235)		Early Childhood (n=207)		Education (n=194)		Out-of- School Time (n=86)	
Average time in field	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Less than 1 year	5	2.0	3	1.2	1	0.4	3	1.5	4	2.2	1	1.2
1-4 years	26	10.2	20	8.3	19	8.4	11	5.6	19	10.4	4	4.9
5-9 years	34	13.4	27	11.2	30	13.3	19	9.6	25	13.7	8	9.8
10-14 years	42	16.5	35	14.5	32	14.2	19	9.6	27	14.8	10	12.2
15-19 years	26	10.2	30	12.4	26	11.5	22	11.1	19	10.4	8	9.8
20+ years	121	47.6	126	52.3	118	52.2	124	62.6	89	48.6	51	62.2
Primary level of work	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
High-level direction	104	41.4	110	46.6	95	42.6	91	46.2	46	23.7	37	44.6
Supervision, training	28	11.2	25	10.6	22	9.9	21	10.7	16	8.2	8	9.6
Direct services	81	32.3	70	29.7	65	29.1	57	28.9	83	42.8	24	28.9
Other	17	6.8	9	3.8	17	7.6	11	5.6	18	9.3	6	7.2
Spends equal time in 2	21	8.4	22	9.3	24	10.8	17	8.6	17	8.8	8	9.6

Table 5. Demographics by Sector

	Home- lessness (n=263)	Physical & Behavioral Health (n=249)	Child Welfare (n=235)	Early Childhood (n=207)	Education (n=19)	Out-of- School Time (n=89)
Demographics	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Male	47 (18.4)	35 (14.6)	35 (15.5)	23 (11.4)	19 (10.1)	12 (14.1)
Female	204 (79.7)	200 (83.7)	188 (83.2)	175 (87.1)	165 (87.8)	72 (84.7)
Non-binary	4 (1.6)	2 (0.8)	1 (0.4)	1 (0.5)	2 (1.1)	1 (1.2)
Prefer different identity	1 (0.4)	2 (0.8)	2 (0.9)	2 (1.0)	2 (1.1)	0 (0.0)
Age	49.23 (13.14)	49.31 (12.25)	49.31 (11.82)	51.03 (11.25)	49.13 (11.75)	52.09 (12.22)
Race/Ethnicity						
Hispanic origin	30 (12.0)	8 (3.4)	15 (6.4)	13 (6.6)	21 (11.4)	7 (8.6)
Black non-Hispanic	33 (13.1)	28 (11.9)	22 (9.4)	18 (9.1)	23 (12.5)	9 (11.1)
Other non-Hispanic	18 (7.2)	20 (8.5)	16 (6.8)	6 (3.0)	15 (8.2)	7 (8.6)
White non-Hispanic	170 (67.7)	179 (76.2)	166 (70.6)	161 (81.3)	125 (67.9)	58 (71.6)

FINDINGS



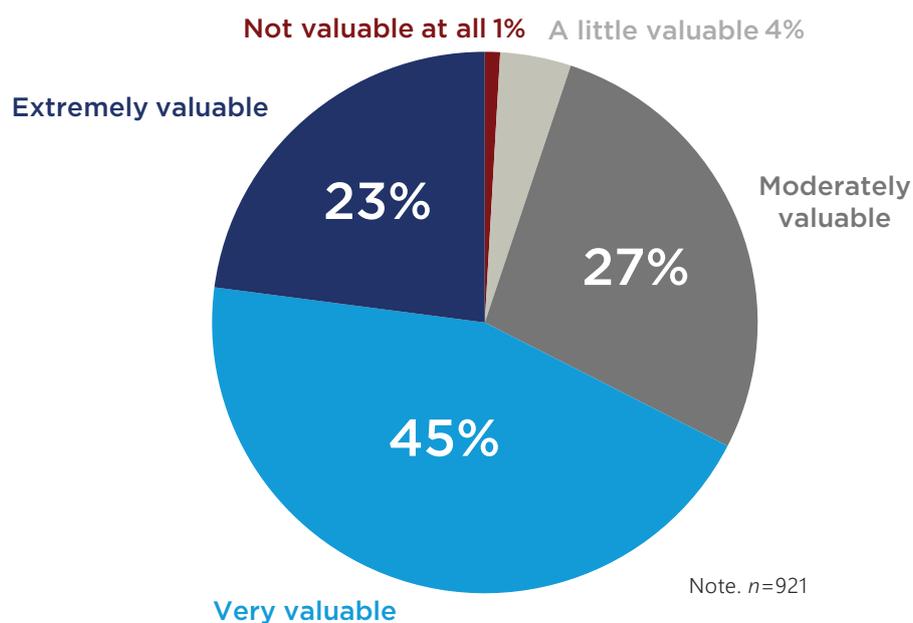
Research Question 1:

How do respondents generally view the value and use of research?

To improve the communication and dissemination of research findings, we need to understand potential audience attitudes about research generally. Survey results indicate that the human services audience broadly value research and report using research in their work. They also expressed positive beliefs on research-based practices.

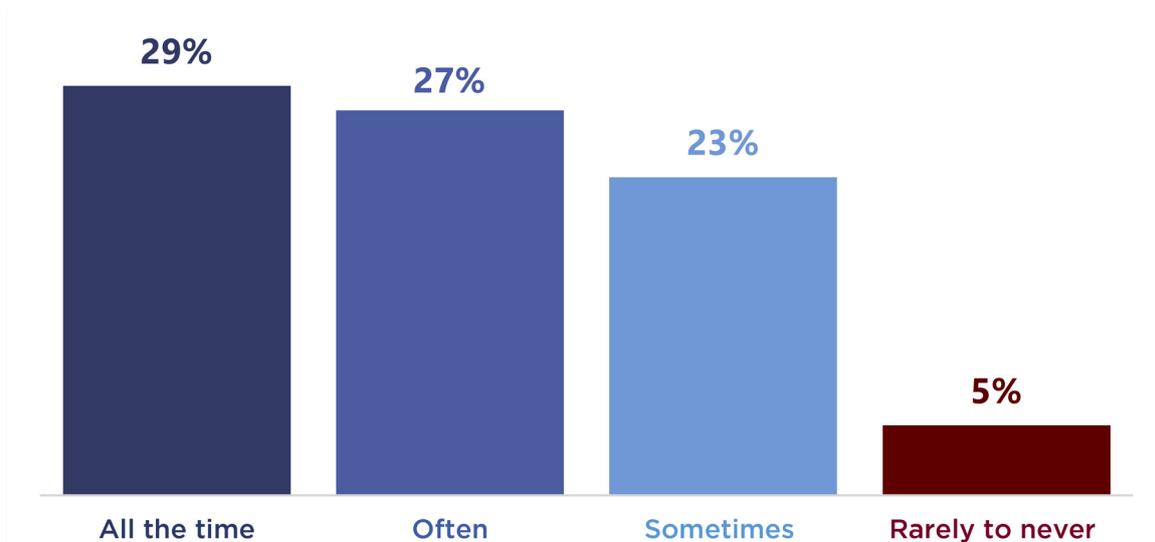
We asked respondents, "In the work that you do, how valuable are research findings about policy and practice?" Overall frequencies of responses are reported in Table 6. The most commonly reported response was "very valuable" (45%) followed by "moderately valuable" (27.4%; see Figure 1). Few respondents reported research findings as being "not valuable at all" or as "a little valuable." These responses on a 1 to 5 scale, from "not valuable at all" to "extremely valuable," had an overall mean of 3.84 (Standard Deviation=0.85), reflecting an average response around "very valuable."

Figure 1. How Valuable are Research Findings about Policy and Practice?



Valuing research does not directly lead to using it. Those who value it highly in the abstract might struggle to make concrete connections to their daily work. Alternatively, those who might place less of an emphasis on research might still find ways to put its implications into practice. To help us better understand use of research, we asked, "How often do you incorporate research findings into your child, youth, and family services work?" Table 6 includes overall frequencies of responses. Respondents most commonly responded "all the time" (29%) followed by "often" (27%; see Figure 2). Few respondents reported incorporating research findings "rarely to never" (5%). These responses on a 1 to 4 scale, from "rarely to never" to "all the time," had an overall mean of 2.96 (SD=0.92), reflecting an average response around "Often."

Figure 2. How Often do You Incorporate Research Findings into Your Work?



Note. n=779

We also asked respondents about their beliefs on research-based practice; they responded to statements on a 4-point scale from “Always or Usually True” to “Rarely or Never True.” Some statements were positive about research-based practices (e.g., “...are likely to work, which helps both clients and service providers”) while others were negative (e.g., “...require high levels of documentation, which cuts into actual service provision.”).

A chart of responses is below (see Table 6). Respondents most strongly agreed with the statement that research-based practices “are likely to work, which helps both clients and service providers” followed by “represent a sound base for policy and intervention.” They most strongly disagreed with a statement that research-based practices “change too fast to have confidence in.”

Table 6. Respondents Affirm Positive Descriptions about Research

Research-based practices...	Always or usually true	Often true	Sometimes true	Rarely or never true
...are likely to work, which helps both clients and service providers	15.1%	52.2%	32.1%	0.6%
...represent a sound base for policy and intervention	13.5%	51.1%	34.0%	1.4%
...require high levels of documentation, which cuts into actual practice	13.7%	40.5%	41.6%	4.2%
...are over-generalized to populations	10.1%	31.9%	51.0%	7.0%
...seem more compliance-driven than client-needs-driven	13.0%	32.2%	46.3%	8.5%
...offer cookbook solutions to complex problems	7.2%	28.5%	53.1%	11.3%
...change too fast to have confidence in	3.5%	17.8%	51.4%	27.3%



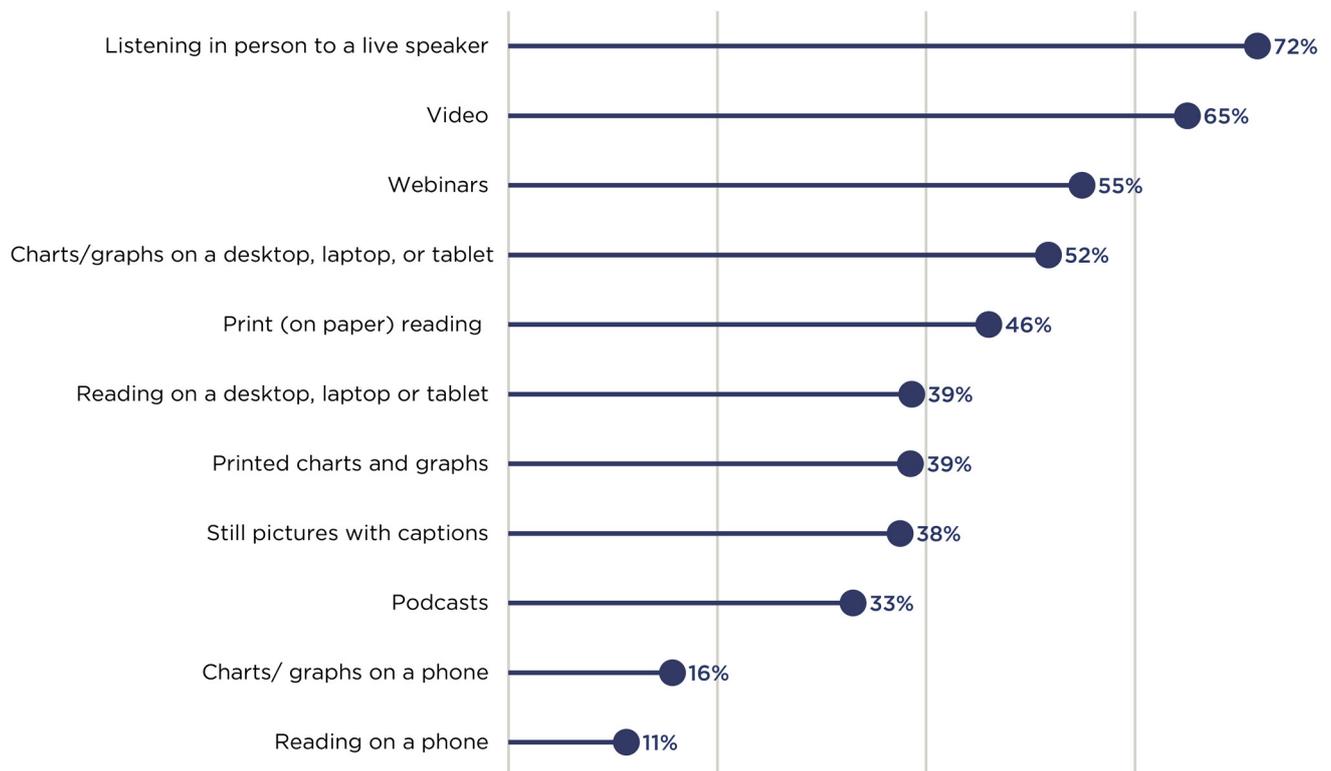
Research Question 2:

What are the preferred formats and frequency for general communication and information consumption?

Information can be communicated in many formats, from live speakers, to webinars, to printed reports. We were interested in the formats and methods that human service audiences most prefer, allowing us to make more strategic decisions about how to best share research findings.

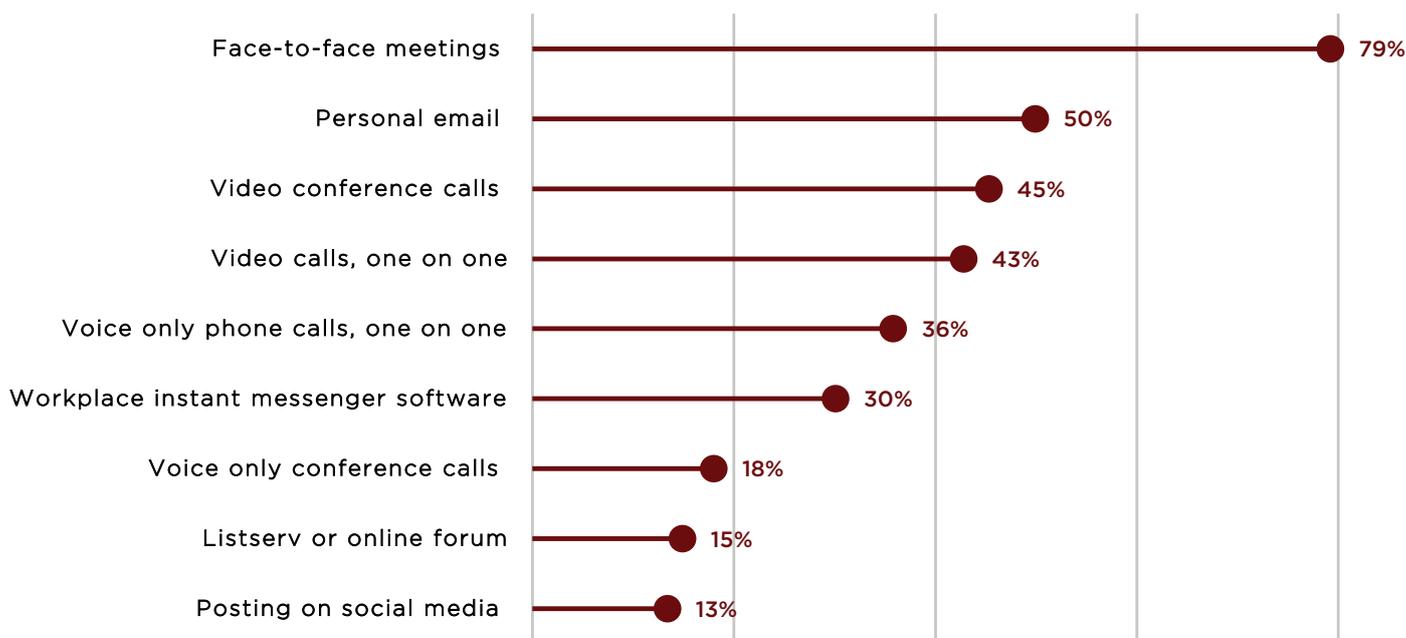
We asked about general preferences for consuming information in different formats. The most appealing options were listening to a live speaker, video, webinars, and charts/graphs on a desktop, laptop, or tablet (see figure 3). The least appealing options were charts/graphs on a phone and reading on a phone, which were rated as “not appealing” by around half of respondents (49% and 53%, respectively).

Figure 3. Preferred Format for Information



We also asked respondents about the channels they prefer for communicating with their colleagues (see Figure 4). A majority (79%) found face-to-face meetings “very appealing.” The next closest categories were personal email (50%) and video conference calls (45%). The options reported to be least appealing were listservs/online forums and posting on social media. Forty percent found listservs or online forums “not appealing.” An even larger number, 48%, found posting on social media an unappealing way to communicate with colleagues.

Figure 4. Channels Respondents Prefer for Communicating with Colleagues



Email and social media are primary communication channels for broad distribution of information. To better understand how human service providers use these channels, we asked detailed questions about frequency and times when they check email and social media accounts. Most respondents (81.2%) reported checking email many times a day during work (see Figure 5). They also report checking email frequently outside of work, with 77 percent checking at least once per day. Email is generally checked at all times of day (81%), with very few reporting they only check at a certain time.

Social media consumption patterns were very different than email usage patterns. Unlike email, social media was less frequently used during work hours. Almost a quarter (24%) reported checking several times a day and only 15% report checking many times a day (see Figures 6 and 7). Also unlike email, rates of social media use were higher outside of work, with 25% using it many times a day and 35% using several times a day. For time of day, email was likely to be checked at all times of day while social media use was most common in the evening hours.

Figure 5. Frequency of Checking Email

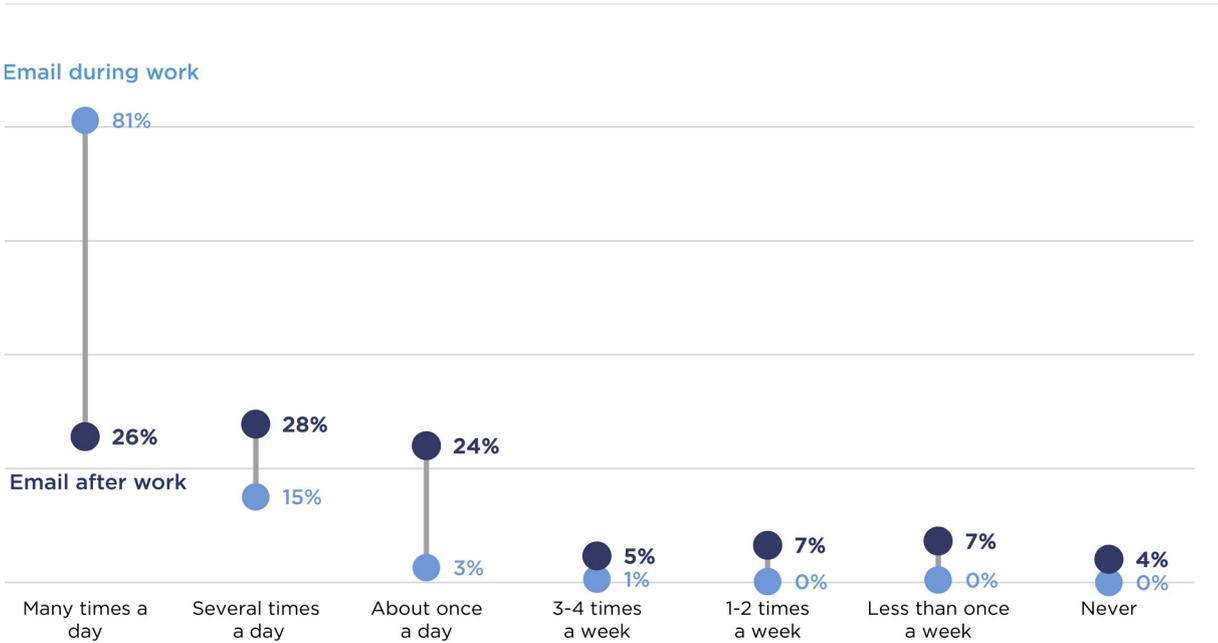


Figure 6. Frequency of Checking Social Media

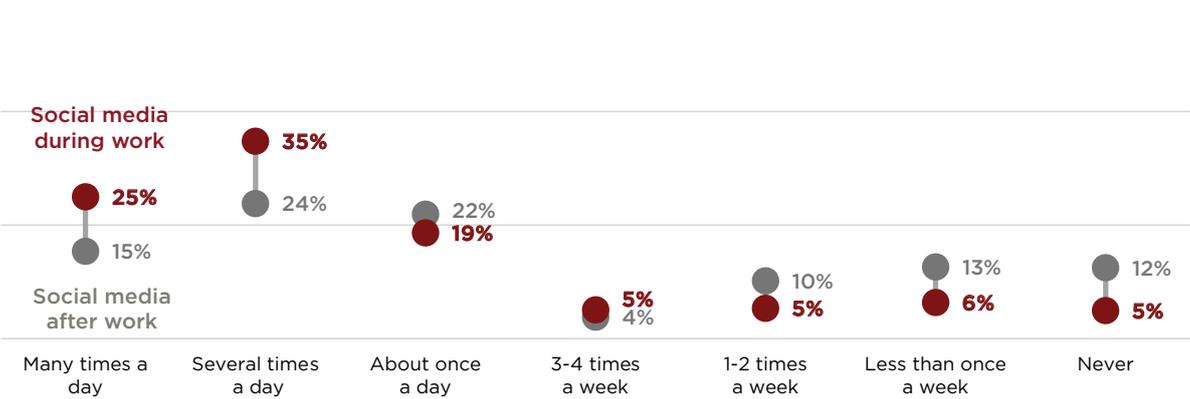
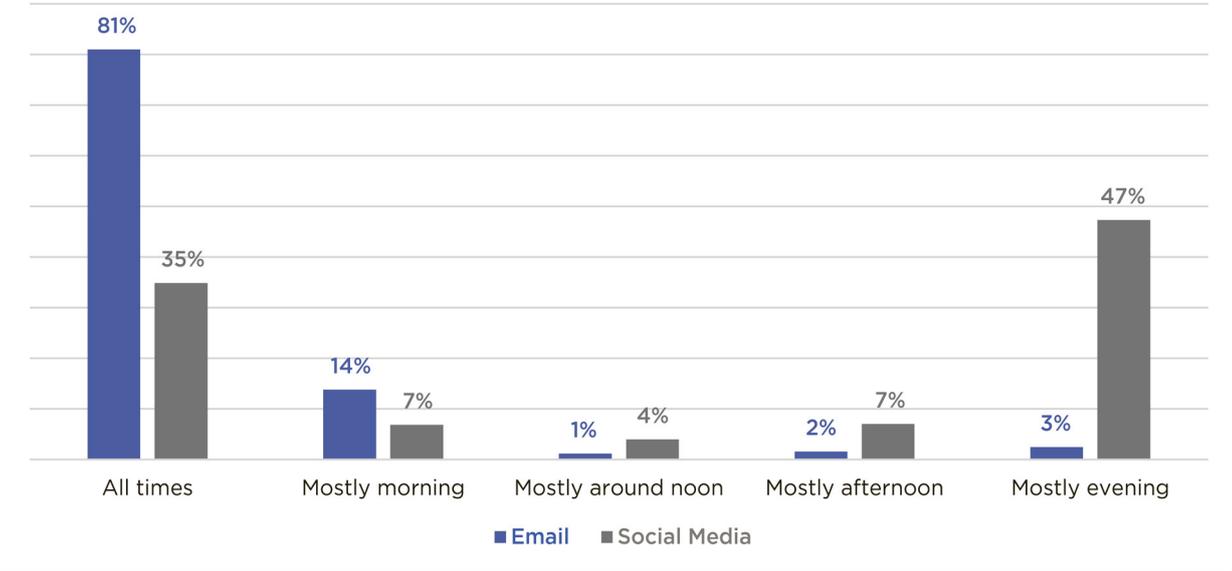


Figure 7. Frequency of Checking Email and Social Media





Research Question 3:

How does use of social media vary by professional characteristics and age?

Social media channels are another way to reach human service providers. The frequency of their use of these channels can inform how much we use social media to disseminate research evidence and which platforms on which to focus. Among the respondents, social media showed different patterns from email usage in that it was primarily used in evening hours and often outside of work time. Additionally, unlike email, there is more choice in terms of social media applications and platforms to use. The most commonly reported social media platforms used were Facebook, Facebook messenger, YouTube, Instagram, LinkedIn, Pinterest, and Twitter (see Figures 8 and 9).

Figure 8. Social Media Usage by Platform

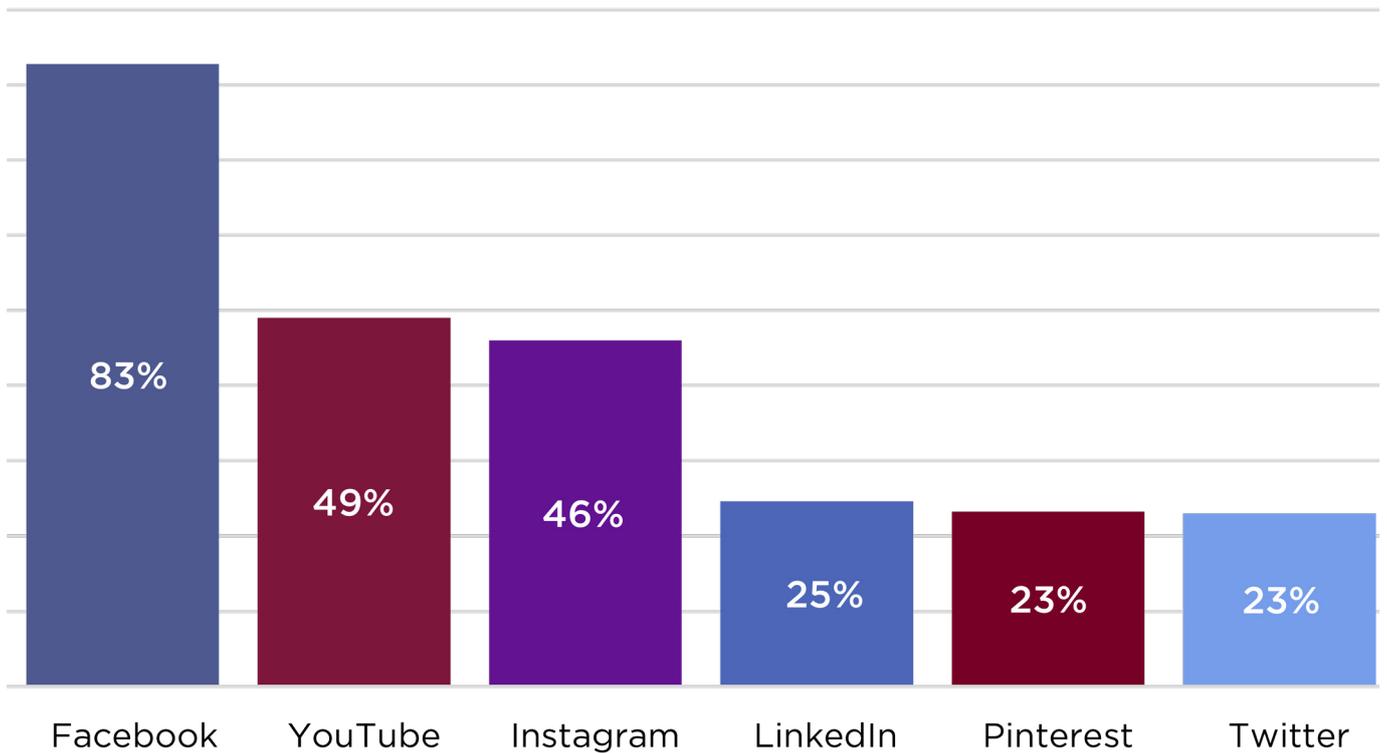
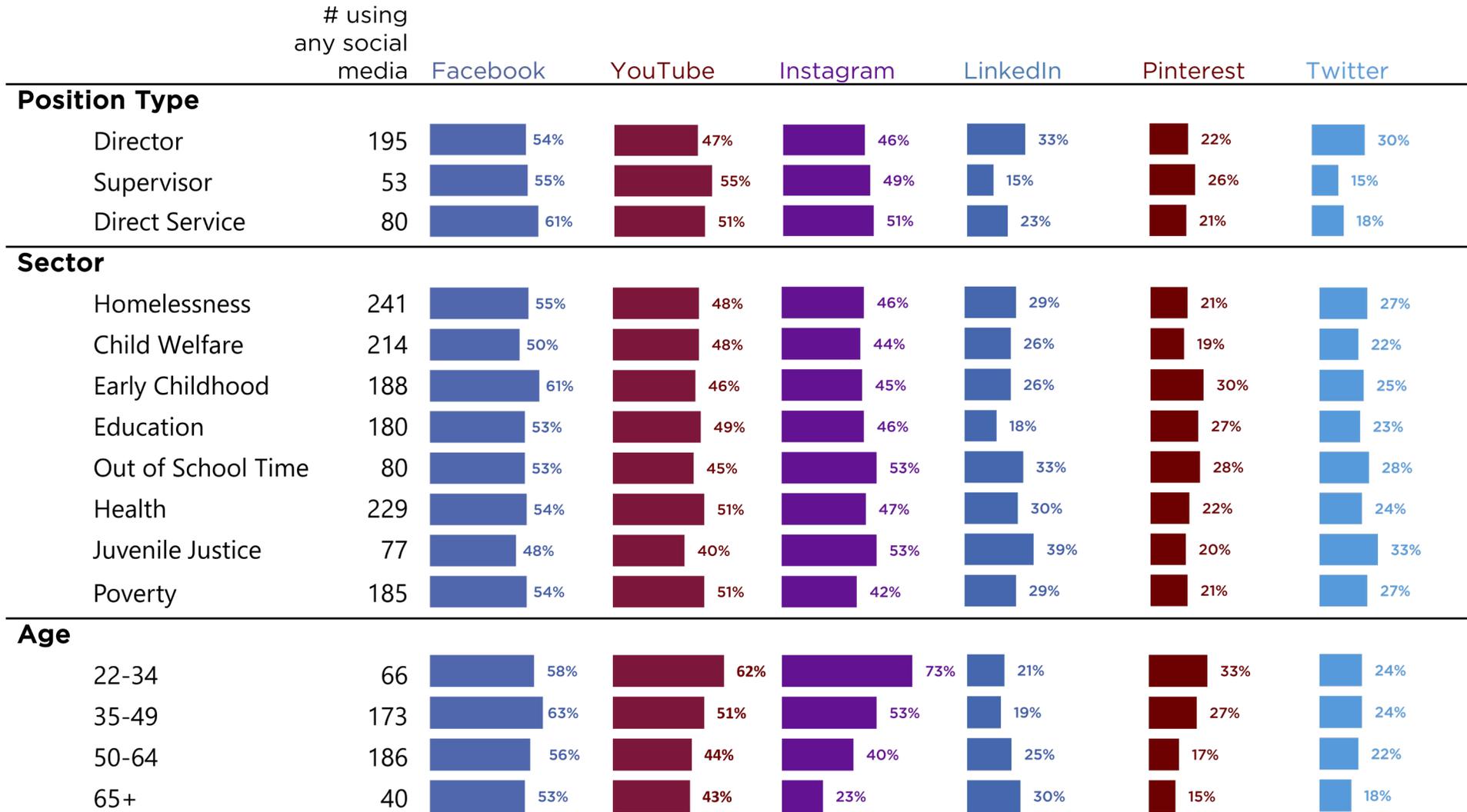


Figure 9. All Social Media Use, by Position Type, Sector, and Age



The reported use of social media by channel, both during and outside of work, is reflected in table 7. Binary logistic regressions were used to examine how age, sector, and type of work were associated with use of each of the platforms. Full results can be found in Table A-1 in Appendix A. Younger age was associated with use of Instagram and Twitter. The Homelessness sector was associated with greater use of LinkedIn and the Early Childhood sector associated with greater use of Pinterest. Those holding director/policy/planning positions were most likely to use Twitter.

Table 7. Frequency of Checking Social Media, by Channel

	Facebook	YouTube	Instagram	LinkedIn	Pinterest	Twitter
Average age, Mean (SD)	49.2 (11.8)	47.8 (12.03)	45.4 (11.43)	50.1 (11.71)	45.5 (11.2)	47.7 (11.13)
During work: Check several to many times per day	46%	48%	52%	55%	45%	56%
Outside work: Check several to many times per day	70%	72%	76%	74%	73%	76%



Research Question 4:

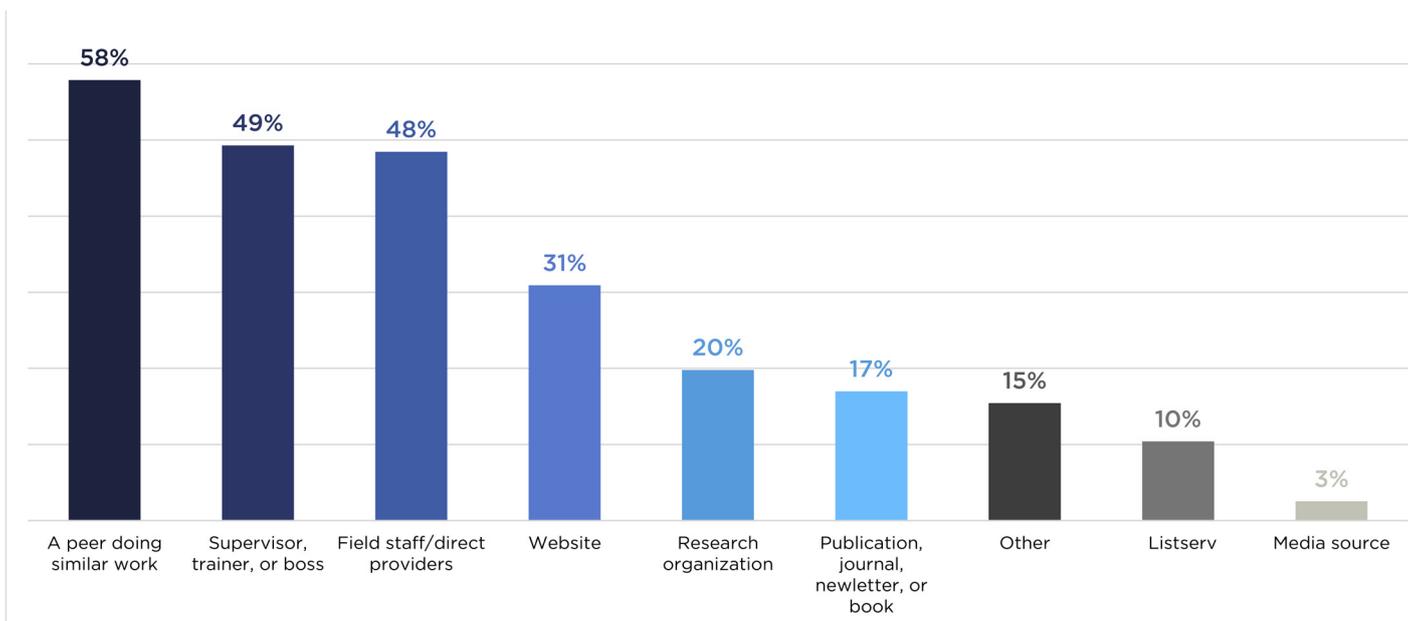
What information sources do human service professionals trust and use, and how does this vary across professional characteristics?

To reach human service professionals, we need to know which information channels they use and how they use them. And we need to know which messengers they most trust. Messages from a trusted source—a person, organization or publication the recipient already has confidence in to give accurate and reliable information--are likely to be received differently than those from unknown or less trusted sources.

Respondents were asked about the sources they most trust for information relevant to their work with children, youth, and families (see Figure 10). The average number of types of sources reported to be trusted was 2.36 (SD=1.37) with most respondents reporting one (30%), two (27%), or three (24%) types of trusted sources. Only 2 percent of respondents did not report trusting any sources.

The most highly trusted sources were: a peer doing similar work (57%), a supervisor/trainer/boss (49%), or direct service providers at their work (49%). These top three sources represent those from personal contact. While other nonpersonal sources also were endorsed as trusted by some respondents, there was a sharp drop off with the fourth most frequently trusted source being websites (31%). In fact, most (87%) reported at least one personal source they trusted. However, most (54%) did not report trusting a nonpersonal source.

Figure 10. Who Do You Most Trust for Work-related Information?



The sources most frequently reported as being trusted represent those from personal contact. The other options, all of which were rated lower, were nonpersonal or organizational information sources. Binary logistic regression analyses were used to examine likelihood of trusting a nonpersonal source. No differences were found across sectors. The only factors associated with a higher likelihood were being in a high-level director/policy/planning position or in a supervisory/training role. Results can be found in Table A-2 in Appendix A.

We asked the preceding source questions to understand the influence of the messenger. Specifically, did who shared the information affect how the employee would be influenced? The next series of questions asked about the resource types respondents actually use in their work. Sources might share information in a range of formats. For example, a person might use a website repository of best practices (resource) because a trusted colleague (source) recommended it. We also asked respondents if they received information that improved their work from various resource types. The resource types were grouped into four categories: personal or instructor, online, print, and audio or video. Across all resource types, the average number of resources used was 14.

For personal or instructor resources, respondents were given seven options and on average endorsed receiving information from six of them (see Table 8). The most frequently endorsed were direct conversations, conference speakers, and email.

Table 8. Personal or Instructor Resources

Resource Type	<i>n</i>
Direct conversations	93%
Conference speakers (live or virtual)	87%
Email	86%
Group training in workplace by outside speakers or presenters	79%
Group training from inside organization	77%
Group training external	74%
One-on-one instruction	72%

For online resources, respondents were given six options and, on average, endorsed receiving information from three of them (see Table 9). The most frequently endorsed option was a website repository of best practices, toolkits, or work-relevant information. The next most frequently endorsed were online newsletters and online academic publications.

For print resources, respondents were given five options and, on average, endorsed receiving information from 2.1 of them. The most frequently endorsed options were books and brochures (see Table 10).

For audio or visual resources, respondents were given five options and on average endorsed receiving information from 2.9 of them (see Table 11). The most frequently endorsed options were webinars or videos. The next more frequently endorsed were TED talks and documentaries.

Table 9. Online Resources

Resource Type	<i>n</i>
Website repository of best practices	82%
Online newsletters	64%
Online academic publications	60%
Online news sites	56%
Blogs, listservs, or online forums	47%

Table 10. Print Resources

Resource Types	<i>n</i>
Books	62%
Brochures	57%
Print organizational newsletter or mailings	43%
Print academic journals	30%
Print newspapers	27%

Table 11. Audio or Video Sources

Source Type	<i>n</i>
Webinars or videos	94%
TED talks	56%
Documentaries	55%
Podcasts	41%
Radio shows	25%

Use of Specific Resource Types

The survey asked about 23 different types of resources but four were identified as being of particular interest given their centrality in research dissemination plans: academic journals, website repositories of best practices/toolkits/information, online newsletters, and podcasts. Binary logistic regression analyses were used to examine sector, position type, and age in relation to use of each of these resource types. Full results are reported in Table A-3 in Appendix A.

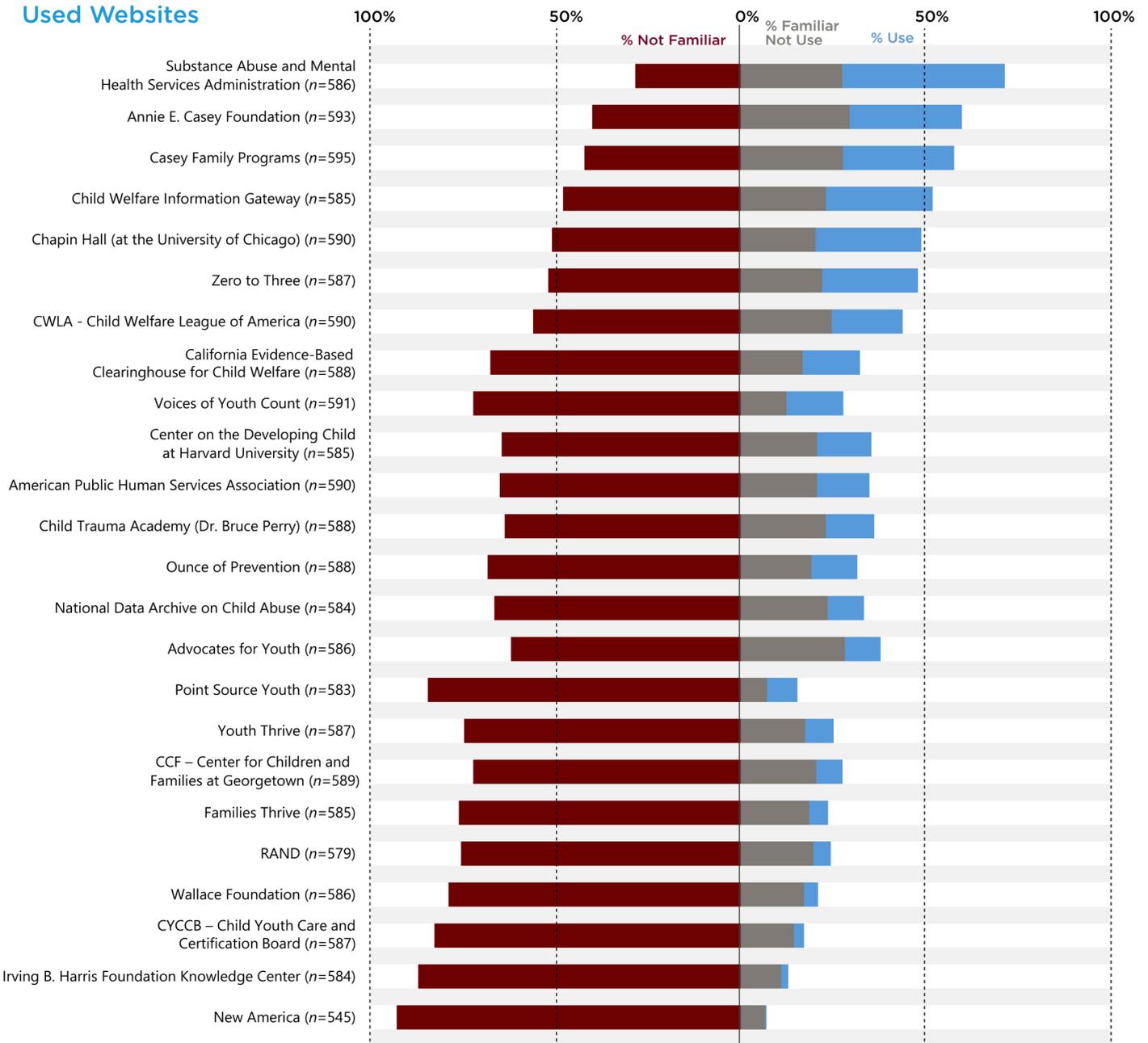
Academic journal usage was associated with Education sector and director-level positions. Website use was associated with Homelessness and Early Childhood sectors as well as director-level positions. Online newsletters were associated with Early Childhood sector, director-level positions, and age (with older age increasing use of newsletters). Podcasts were associated with the Homelessness and Health sectors as well as younger age; those in the Out-of-School Time sector were less likely to listen to podcasts. Of those who listened to podcasts, 48% were director level.

Use of Specifically Named Sources

In addition to knowing the general types of sources human service workers trust and the types of resources they most frequently used, we were also interested in the specific resources they use for information. We asked about specific named resources across a number of categories, both by providing options for respondents to select their familiarity with and use of, as well as providing open text fields.

Website repositories of best practice information are the most frequently used online resource. To better understand which websites were most popular, respondents were presented with a list of 24 website repositories and asked to choose from three options: not familiar, familiar with but did not use it, or used it and were familiar. Figure 11 presents the responses in descending order of percent responding they use the website. The top responses were SAMHSA, Annie E. Casey Foundation, Casey Family Programs, Child Welfare Information Gateway, Chapin Hall, and Zero to Three, all of which were used by over a quarter of respondents.

Figure 11. Most Used Websites



Respondents were also asked if there were any additional website repositories of work-related information that were not listed, and 142 unique websites were listed. However, only four were mentioned five or more times: National Network for Youth (11), School House Connection (9), National Association for the Education of Homeless Children and Youth (7), and Administration for Children and Families (5).

General Information Sources

Respondents were asked specifically about National Public Radio (NPR) as a general news source. Sixty-eight percent listened to NPR at least sometimes, with 35% listening at least weekly (Daily, 15%; 4-6 times a week: 9%; 1-3 times a week: 11%).

Respondents could also list other specific sources they used. It is important to note that they were asked about their general information consumption patterns as opposed to where they found work-specific information. Further, the question was open-ended and many chose not to respond. However, the responses tell us what newspapers human service providers are typically accessing for general news, where they might also come across work-related information. Newsletters, some work-related, were also included in the responses.

Respondents named 210 unique newspaper sources in the open text field. However, they only mentioned 12 five or more times (see Table 12). Of note is the number of people reporting that they read their local papers; 47 simply wrote in "local news" and the full list of newspapers included over 100 specifically named local newspapers. A total of 428 respondents (46% of sample) said they read newspapers, and of those, 151, or 16% of the sample, said they read a local or community paper or listed a specific local paper. While local newspaper readers were a relatively small percentage of respondents, 51% of them were in director-level positions. The sectors with the highest level of local newspaper readership were those who work on homelessness (56% of local newspaper readers), and poverty (47%).

Table 12. Most Used Mass Media Sources

Source	# of mentions
Newspapers	
New York Times	112
Washington Post	52
Chicago Tribune*	13
Seattle Times	13
Wall Street Journal	8
CNN	7
USA Today	7
Baltimore Sun	6
Huffington Post	6
Observer	6
Herald Mail	5
Newsletters	
Community Action Partnerships	11
National Association of Social Workers	10
School House Connection	9
National Association for the Education for Homeless Youth and Children	7
ACF	5
American Public Human Services Association**	5
Child Welfare League of America**	5

*Includes 3 instances of "Tribune" but did not specify it is Chicago Tribune.

**These organizations were specifically asked about previously and therefore might not have been named an additional time by some respondents.

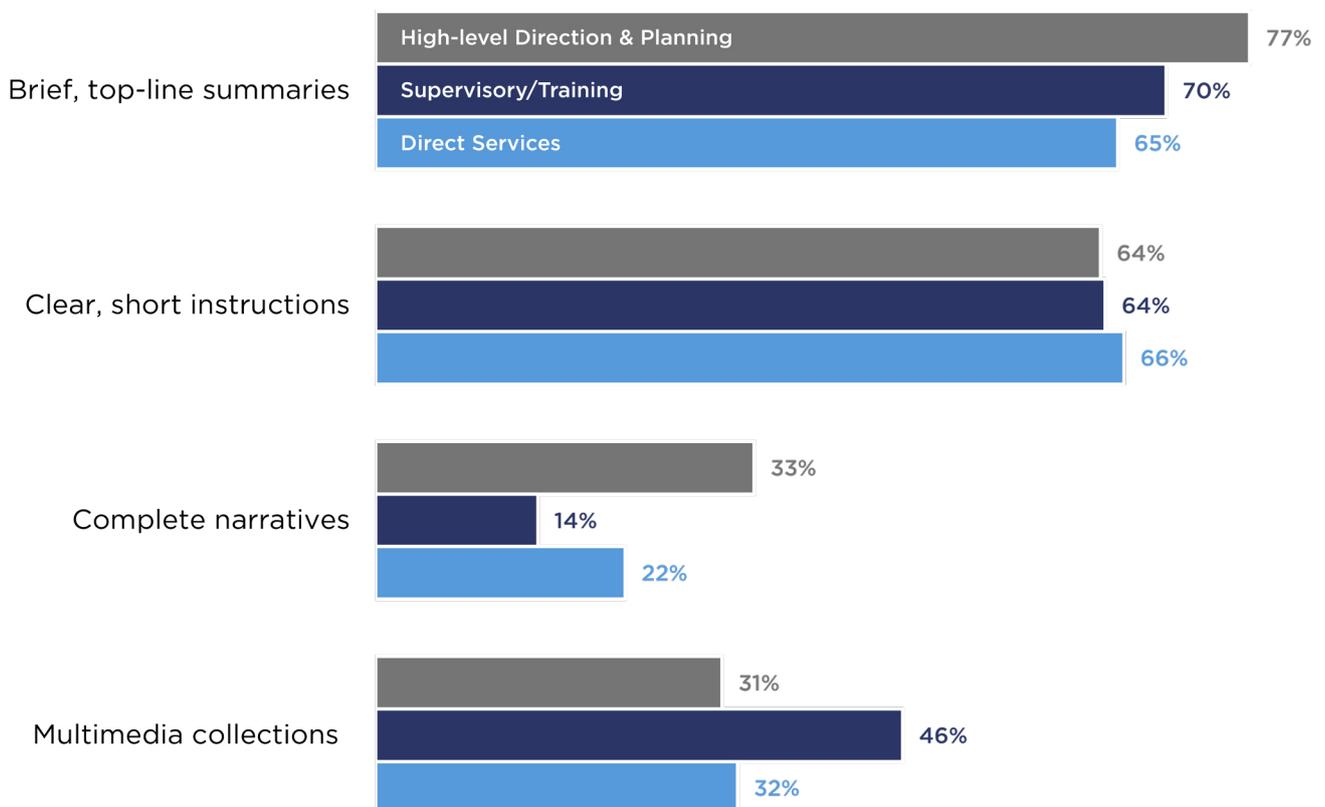


Research Question 5:

What information formats are perceived to be of highest value?

Respondents placed a preference on receiving research in the form of brief and easily digestible summaries and instructions. Respondents were asked about the content structures they found to be of high value (see Figure 12). The overall top answer was “brief, top-line summaries” (67%) followed by “clear, short instructions” (65%). The other options, complete narratives and multimedia collections, were endorsed at much lower rates (26% and 33% respectively). This general pattern held across sectors. There were notable differences between position types in ratings of complete narratives and multimedia collections. Those who report spending most of their time in high-level direction and planning were more likely to endorse complete narratives than other groups. Those in training and supervisory positions were more likely to endorse multimedia collections than other position types.

Figure 12. Preferred Formats for Research Presentations



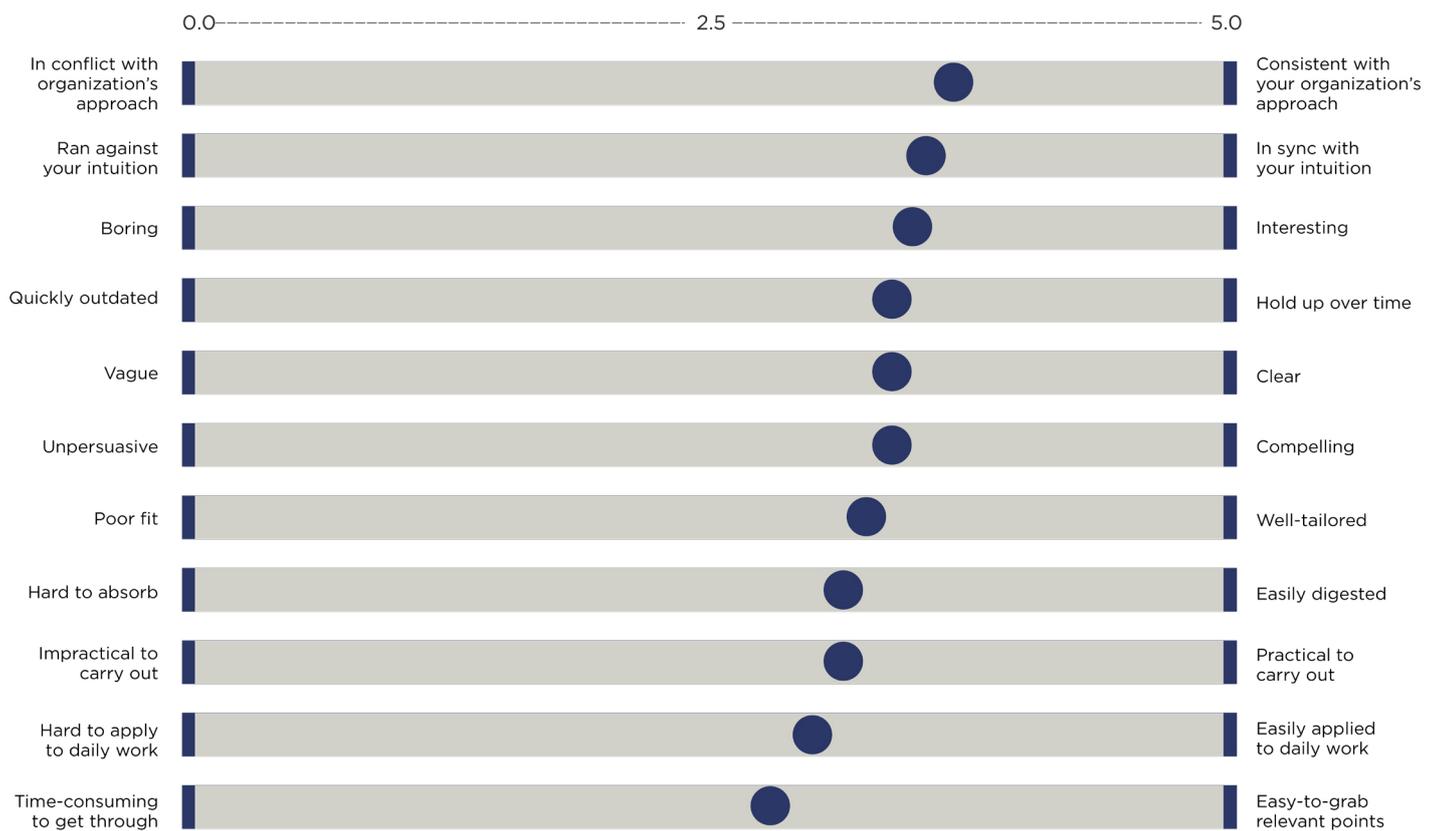


Research Question 6:

How do service providers generally characterize the presentation of research findings?

Respondents were presented with a series of potential responses to work-relevant findings they saw, read, or heard about since January 2019. For each item, they responded on a 1 to 5 scale where 1 represented a negative characterization and 5 represented a positive characterization. Higher scores, those closer to 5, reflected more positive responses to research. The average scores for all items were 2.8 or above, indicating that for all items the average score was more positive than negative (see Figure 13). The most positive responses were that research was consistent with their organization's approach (3.7), in sync with their intuition (3.6), and interesting (3.5). The low responses were for: easy to grab relevant points (2.8), easily applied to daily work (3.0), and practical to carry out (3.2).

Figure 13. How Service Providers Characterize the Presentation of Research



DISCUSSION

The responses to this survey demonstrate that human service providers find research findings valuable. Nearly all (95%) said they incorporate findings into their work with children, youth, and families. The challenge for applying evidence to human service practice is one of dissemination: establishing effective messages, delivered by credible messengers, using channels preferred by this audience. This survey provides insights on each of these aspects of dissemination.

Implications & Recommendations



FINDINGS

Human service providers prefer brief, top-line summaries of research that provide clear, short instructions.



RECOMMENDATIONS

Craft and present messages so that findings are highlighted, understandable, and include clear and actionable takeaways for practice.

MESSAGES

‘Younger people laugh at us that we still print out reports. Even well-read, smart young people are taking in information through their phones. This has presentational challenges. **THEY WANT QUICKER, BRIEFER BITS OF INFORMATION.**’

-Survey Design Participant

Human service providers need brief summaries with clear and actionable recommendations. When respondents were asked for their reactions to negative characterizations about research, the majority consistently rejected those characterizations. The most positively endorsed responses were that research was consistent with the organization’s approach, in sync with the respondent’s intuition, and interesting. However, the lowest (though still in the positive range) rating was on “easy to grab relevant points,” followed by “easily applied to daily work,” and “practical to carry out.” This pattern shows that respondents appreciate the value of research, but struggle with applicability and implementation.

This focus on use of research is also reflected in the information structures that respondents valued. A brief, top-line summary that highlights key points is the preferred format across all sectors and job types. This was closely followed by clear short instructions to guide implementation of the recommendations. These options were more than twice as likely to be deemed of high value than complete narratives provided in a single report or multimedia collections. Even in job types that were more likely to endorse these other options (33% of those in high-level direction and planning positions value complete narratives and 46% in training and supervisory roles value multimedia collection), brief summaries and clear instructions were still preferred.



FINDINGS

Human service providers most trusted peers doing similar work, followed by supervisors and trainers, and then direct service providers at their work.



RECOMMENDATIONS

Research dissemination to human service providers should focus first on personal influencers in the field, including human service directors, supervisors, and trainers. Those producing research evidence should provide materials to these influencers to help them clearly communicate research findings to their staff and colleagues.

MESSENGERS

Communication science has long affirmed the persuasive power of personal sources of information. This survey affirms that finding in the human services context. Respondents ranked personal sources as the most valued sources of information about research. Information provided by a colleague, trainer, or coworker were more trusted than those from a publication or research organization. Most respondents, in fact, did not report a trusted nonpersonal source. Less than half (46.1%) said they trusted a nonpersonal source, such as a research organization or publication.

Those in high-level direction, policy, or planning positions were the most likely to report trusting a nonpersonal source such as a website, research organization, or publication. These senior staff are more comfortable with traditional research reports and more trusting of a broader variety of sources. These human service leaders are important connectors between researchers and the workforces that can benefit from the research, serving as valuable and trusted messengers to direct service staff. This type of messenger is also referred to as a “linking agent” (Macoubrie & Harrison, 2013). These findings highlight the need to produce materials for senior staff to easily pass on research findings to practitioners, equipping them to be more effective linking agents.



FORMATS & CHANNELS FOR MESSAGES

FINDINGS

Respondents use social media at a similar rate as the general U.S. population, with a particularly high use of Facebook. Website repositories of information were the most frequently used online resource, while NPR and the *New York Times* were the most used mass media—though many respondents named local news sources.

RECOMMENDATIONS

Use mass media, digital media, and social media to reinforce professional information about evidence.

Respondents get news—professional or otherwise—from a wide variety of sources, but some sources dominate. Most respondents listened to National Public Radio. The *New York Times* and the *Washington Post* top the list for newspapers. Importantly, 151 respondents wrote in that they read their local paper. Of these local paper readers, 50.7% were directors, indicating that local news outlets could be a valuable channel for message reinforcement to decision makers in child and family well-being.

Mass media channels can amplify and spread information broadly and rapidly. To leverage this tool, human service research disseminators must share information and build relationships with reporters, editors, and producers at the media outlets most trusted among human service providers. Reporters and editors need credible sources, and researchers can provide that credibility—provided they can present and discuss their findings in an accessible way.

Social media is another powerful tool for amplification. This survey shows a high level of social media use by human service providers. Facebook was by far the most dominant social media platform, used by nearly 83% of respondents at least weekly. Other platforms used by respondents weekly include YouTube (49%), Instagram (46%), Linked In (24.6%), Pinterest (23.2%), and Twitter (23%). While respondents overall did not report a high level of Twitter use, it should be noted that 30% of directors who responded used Twitter. We also saw important patterns by age with some social media channels, with higher use of Instagram and Pinterest correlating with younger age.

When posting on social media channels, consider which individuals and organizations human service providers find highly credible, such as supervisors, trainers, and directors. Tag them for a greater likelihood that they will in turn engage with your post and give your content greater exposure.



FINDINGS

Respondents preferred in-person formats for receiving professional information, but also had preferred online sources that they trust.



RECOMMENDATIONS

Research disseminators should deliver information through channels and methods most favored by human service providers.

COMMUNICATION FORMATS

Consistent trends emerged in how workers access and use information. Live and interactive formats were preferred; speakers, webinars, and face-to-face meetings were highly appealing formats for getting information. When asked about the use of resources for improving practice, respondents also emphasized direct conversations, conference sessions, and trainings. (Note that survey questions asked respondents to respond outside of consideration of the pandemic.)

Respondents did cite other resources, including website repositories of best practices, and toolkits, despite overall lower trust in websites as sources. They also cited online newsletters and academic publications and journals as resources to improve work, even though research organizations and publications were not rated as highly trusted sources. These findings are not necessarily inconsistent. Respondents reflected a preference for certain sources and formats, but even those less likely to be identified as trusted were not necessarily mistrusted. A wide variety of professional resources and networks are accessed, but some come up more frequently. The website resources most used were those from SAMHSA, Annie E. Casey Foundation, Casey Family Programs, Child Welfare Information Gateway, Chapin Hall, and Zero to Three.

We should acknowledge that the most preferred formats—conference presentations, trainings, live meetings and webinars—are the most resource intensive. They require a dedicated amount of participant time to attend and have a more limited reach. Emails sent through listservs and messages posted to social media will have lower resource costs and fewer barriers for recipients to engage with the information, even if their interaction with the content is less intensive.

LIMITATIONS

During the pandemic people are spending more time online than ever, often facing unprecedented work conditions with human service demands.

This was not a probability sample, but rather an effort to include representatives from across the child, youth, and family services fields from all 50 states. We relied on the networks of partner organizations with listservs and outreach to human service professionals in these sectors. This method helped increase outreach but also means that our sample does not necessarily reflect the views of service providers who are not in these organizations' networks. Results of this survey, in terms of percentage distributions, cannot be projected to the overall population of service providers. Our sample was predominately White (74%) and female (85%). The predominance of females in the sample is similar to available demographics for social workers and for public school teachers (90% and 76% respectively; Salsberg et al., 2020; U.S. Department of Education, 2020). However, while 79% of teachers were White,

higher than our sample, social workers were diverse (66% White with 22% Black and 14% Hispanic/Latino). While these categories—social workers and teachers—do not cover all respondents in our survey, they allow for some very general comparisons. It appears the predominance of females in the survey is in line with the overall workforce but it is not clear how well the race/ethnicity breakdown of our sample compares to the workforce.

Additionally, we relied on a web-based survey distributed through email and listservs at a time—during a pandemic—in which people are spending more time online than ever, often facing unprecedented work conditions with human service demands, and response rates may have been affected by these circumstances. Responses to questions may also have been affected by the pandemic in ways that might not generalize to other times and circumstances.

Furthermore, survey results reflected self-report measures of people's attitudes toward and use of research and their sources of information. Such self-report measures can carry measurement biases, such as inaccurate or incomplete recall or a desire to portray oneself in a certain light. Web-based surveys can reduce social desirability bias compared to interviewer-administered surveys (Kreuter et al., 2008). Further, we aimed to mitigate these biases through piloting interviews and cognitive testing to inform and refine survey design and clear messaging on confidentiality, but risks of self-report biases could remain. Despite these limitations, we gained important insights into how human service professionals think about, access, and use research evidence.

CONCLUSION

Dissemination research has found that research may take as long as 15 years to diffuse into a field of practice—if it ever does (Ferlie et al., 2005; Oxman et al., 1995). In the field of child and family well-being, every research-based insight and evidence-based practice has the potential to improve the life of a child or family. Evidence described in an unread pdf in an uncharted corner of the internet does not serve families and children.

Dissemination is the last step of research. It is not one single tactic or event, but rather an intentional, planned communication process that takes place over time. An understanding of the target audience—in this case human service providers—is the critical starting point.

Effective dissemination is key to ensuring that evidence is applied in practice. And that effectiveness is dependent on all the variables discussed above. Delivering persuasive messages from credible messengers in the most preferred channels and formats, repeatedly and over time, provides the level of dissemination necessary for evidence to affect practice and, ultimately, outcomes for children and families.

**Dissemination
is the last step
of research.
It is not one
single tactic
or event.**

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Chapin Hall partners with policymakers, practitioners, and philanthropists at the forefront of research and policy development by applying a unique blend of scientific research, real-world experience, and policy expertise to construct actionable information, practical tools, and, ultimately, positive change for children and families.

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APPENDIX A. REGRESSION TABLES

Table A-1. Regression Results on Social Media Platform Use

Predictors	Facebook			YouTube			Instagram		
	β	SE	Exp(β)	β	SE	Exp(β)	β	SE	Exp(β)
Intercept	0.693	0.716	2.000	0.855	0.532	2.351	2.446	0.567	11.543
Sector									
Homelessness	0.183	0.273	1.201	0.066	0.200	1.068	-0.092	0.207	0.912
Health	0.154	0.307	1.167	0.211	0.227	1.234	0.036	0.235	1.036
Child Welfare	-0.336	0.297	0.715	-0.122	0.221	0.885	-0.274	0.230	0.760
Early Childhood	0.498	0.308	1.646	-0.106	0.212	0.899	-0.168	0.220	0.845
Education	-0.141	0.298	0.868	0.243	0.217	1.275	-0.135	0.226	0.874
Out-of-School Time	-0.122	0.403	0.885	-0.067	0.285	0.935	0.492	0.299	1.636
Job Type									
High-level direction/planning	-0.151	0.472	0.860	-0.190	0.351	0.827	0.337	0.365	1.400
Supervisor/Trainer	-0.194	0.562	0.823	0.108	0.428	1.114	0.246	0.440	1.279
Direct Services	0.150	0.480	1.162	-0.376	0.355	0.687	0.088	0.370	1.092
Equal Time Spent in 2	0.309	0.689	1.362	-0.297	0.492	0.743	0.456	0.517	1.578
Age	0.019	0.012	1.019	-0.016	0.008	0.984	-0.053**	0.009	0.949
R²	.031			.026			0.116		

* $p < .05$

** $p < .01$

Table A-1, cont'd

	LinkedIn			Pinterest			Twitter		
Predictors	β	SE	Exp(β)	β	SE	Exp(β)	β	SE	Exp(β)
Intercept	-1.507	0.630	0.222	0.825	0.638	2.283	-1.003	0.659	0.367
Sector									
Homelessness	0.506*	0.243	1.659	-0.288	0.248	0.750	0.510	0.240	1.665
Health	0.406	0.275	1.500	0.094	0.277	1.099	0.157	0.276	1.170
Child Welfare	0.026	0.267	1.026	-0.424	0.278	0.654	-0.238	0.270	0.788
Early Childhood	0.131	0.257	1.140	0.686**	0.250	1.986	0.206	0.253	1.229
Education	-0.451	0.279	0.637	0.173	0.262	1.189	0.262	0.262	1.299
Out-of-School Time	0.263	0.329	1.301	0.365	0.329	1.440	-0.017	0.334	0.984
Job Type									
High-level direction/planning	-0.020	0.393	0.980	-0.144	0.414	0.865	0.913*	0.456	2.492
Supervisor/Trainer	-0.964	0.545	0.381	0.003	0.495	1.003	-0.052	0.575	0.949
Direct Services	-0.590	0.415	0.555	-0.162	0.416	0.850	0.052	0.472	1.053
Equal Time Spent in 2	-1.536	0.818	0.215	-0.915	0.673	0.401	-0.607	0.749	0.545
Age	0.004	0.010	1.004	-0.042	0.011	0.958	-0.021	0.010	0.979
R²	0.104			0.108			0.086		

* $p < .05$

** $p < .01$

The dependent variables are binary indicators of if the respondent reported using the social media platform. Binary logistic regression was used and all included variables are shown.

Table A-2. Regression Results on Trust of Nonpersonal Source

	Trust nonpersonal source		
Predictors	β	SE	Exp(β)
Constant	-.520	.341	.595
Sector			
Homelessness	.168	.189	1.183
Health	-.173	.217	.841
Child Welfare	.033	.210	1.034
Early Childhood	-.146	.201	.864
Education	-.113	.204	.893
Out-of-School Time	.317	.274	1.373
Job Type			
High-level direction/planning	.754**	.219	2.126
Supervisor/trainer	.728*	.317	2.071
Direct services	.270	.269	1.310
R²	.047		

* $p < .05$

The dependent variable is a binary indicator of if the respondent reported at least one nonpersonal source was trusted. Binary logistic regression was used. Race/ethnicity were controlled for in the analyses.

Table A-3. Regression Results on Use of Specific Resource Types

	Podcasts			Academic Journals			Website Repositories			Newsletters		
Predictors	β	SE	Exp(β)	β	SE	Exp(β)	β	SE	Exp(β)	β	SE	Exp(β)
Intercept	-.328	.465	.721	-.653	.463	.521	1.537	.614	4.649	-1.305	.481	.721
Sector												
Homelessness	.454*	.203	1.575	-.033	.202	.967	.602	.284	1.825	.174	.213	1.190
Health	.652**	.234	1.920	.366	.228	1.442	-.052	.301	.949	.156	.239	1.168
Child Welfare	-.362	.230	.696	.096	.226	1.101	.002	.300	1.002	-.188	.235	.829
Early Childhood	.056	.219	1.058	.243	.219	1.275	.845	.329	2.327	.916**	.241	2.500
Education	.121	.225	1.129	.453*	.225	1.574	.488	.310	1.629	.390	.237	1.477
Out-of-School Time	-.871**	.308	.419	.548	.314	1.729	.305	.480	1.357	-.102	.320	.903
Job Type												
High-level direction/planning	1.249**	.253	3.487	.807	.239	2.242	1.309	.351	3.703	.842**	.254	2.321
Supervisor/Trainer	.858*	.347	2.358	.440	.334	1.553	.216	.412	1.242	.245	.342	1.278
Direct Services	.816**	.299	2.262	.507	.290	1.661	.155	.349	1.168	.415	.295	1.514
Age	-.021*	.009	.979	.004	.008	1.004	1.537	.614	.981	.023**	.009	1.023

* $p < .05$

** $p < .01$

The dependent variables are binary indicators of if the respondent reported using specific resource types. Binary logistic regression was used and all included variables are shown.

APPENDIX B. QUESTIONNAIRE

- (1) This appendix provides the text of the questionnaire. The study was programmed into Qualtrics, an online survey software. **Text in blue did not appear on the respondent screens.** Rather, these are items included here to make this document usable as a codebook.
- Numbers in blue in parentheses at the end of response choices are the codes that apply to those answers. Throughout the dataset, we have the following standardized negative values for reserved codes:
- 1 **Refused** (when comments in text fields make it explicit R is refusing to answer or “prefer not to answer” is a choice)
 - 2 **Don’t Know** (when indicated by textual response or if “Don’t Know” or “Unsure” are choices)
 - 3 **Missing** (answer field was left blank – reason unknown)
 - 4 or -5 **Not Applicable** (these are programmed or logical skips)

Negative codes allow for use of the same values for reserved codes across variables. These can then be handled as a group with use of the command `< 0`, or separated out when separate analysis is wanted.

- Q2.3** Bolded variable names for force choice questions appear above the question. The first number is the section number. The number after the period is the order of question within the section.

- (Q1.3)** For select-all-that apply items or questions in tables, the stem question or header is not a variable, but informs the meaning of the responses. A question number in parentheses simply means there is no variable corresponding to this number, although this was a question in the survey. Each response option has its own variable name, noted on the line of the option in question.

- Q1.3_1**
Q1.3_2 Select-all-that-apply or table items begin with the question text number and are followed by an underscore and then the number of the item in the list.

- ▼ This down-arrow mark indicates a drop-down response format. The range of choices in the drop-down is shown in parentheses.

End of Block: Start of Block:

We programmed sections of the questionnaire in Qualtrics into blocks that allow for backing up only within them. Respondents could back and forth within sections, but once a section was completed, could not back up into a prior block to change answers.

Thank you for your willingness to help us improve communications between child, youth and family services researchers and direct service providers. *Your candid responses will help us identify and disseminate well-tested information that is most likely to be useful to you.*

- Those who take part will receive a **complete set of the distribution of answers** to each question so that you can see how your experience and views align with others in your field.
- **What you say is confidential** – the Survey Lab separates your email from your response and only shares dis-identified answers with Chapin Hall.

The survey has five sections and should take no more than 20 minute total. You can use the same link to return to where you left off if you are interrupted. Your participation is voluntary – you may skip any question and end your participation at any time.

The sections are:

- Experience and opinions
- General communication preferences
- Sources of information and continuing education
- Rate an example of research-based information
- Demographics / organizational characteristics

Con_1

Do you want to ...

- Take the survey [GOES TO SECTION A] (1)
- Learn more about the study [GOES TO PROJECT INFORMATION SHEET] (2)

What is this study about? Researchers at Chapin Hall, a center affiliated with the University of Chicago, want to better understand how those working in the fields of children, youth and family services now receive information about research in these areas, and how they would prefer to obtain such information. The end goal is to improve the communication of actionable research results to practitioners in the field.

Who is conducting this survey? This survey is funded by Chapin Hall at the University of Chicago. Marianne McMullen, Director of Communications and Dissemination at Chapin Hall is the principle investigator. Chapin Hall has contracted with the University of Chicago Survey Lab to field the survey using Qualtrics, an online platform.

What does the survey ask? The survey includes 5 sections and the whole thing can be completed in about 20 minutes. You can complete the survey in multiple sittings if you prefer (or are interrupted) by using the same link you were sent – each time you follow the link, it picks up where you left off. The sections are

- **Experience and opinions**
- **General communication preferences**
- **Sources of information and continuing education**
- **Rate an example of evidence-based information**
- **Demographics / organizational characteristics**

Is there an incentive to take part? We send those who complete the survey a full set of the distribution of answers so that you can see how your experience and opinions compare to others in your field. We also hope that you are motivated to help us improve how researchers communicate with practitioners, and to make sure that practitioners in your position and service area are well represented.

Who will know what you say? What you tell us is confidential. The University of Chicago Survey Lab staff will have your email in order to get you the survey link and monitor response rates across sectors. However, they will separate your email from your survey responses and only send dis-identified answers to Chapin Hall for analysis. Neither your identity nor that of the organization you work for will be saved with survey answers nor included in any report. The Survey Lab will delete your contact information once data collection has ended. Although there can never be complete security against a breach of confidentiality when data are collected and stored online, we minimize this risk by storing information on firewall and password protected servers. Chapin Hall researchers will never have names/contacts associated with survey answers.

What if you have further questions?

If you have problems linking to the survey, problems with Qualtrics or questions about survey functioning, format or wording, please contact Martha Van Haitsma, Survey Lab Co-Director at 773-834-3674 or mvh@uchicago.edu.

If you have **questions about the study purpose** or want to discuss the substance of the survey, please contact principle investigator Marianne McMullen at 773-256-5100 or mmcmullen@chapinhall.org.

If you have **questions about your rights as a research participant**, please contact the Social and Behavioral Sciences Institutional Review Board (IRB). The IRB is a set of committees that protects the rights of those who take part in research. You may call 773-702-2915 or email sbs-irb@uchicago.edu and tell them the study number is **IRB20-0812**.

Con_2

- Go on to Survey (1)
- I choose **not** to take part (2)
-

One quick question to help route you through the survey:

QA ANSWERING THIS QUESTION IS MADE MANDATORY FOR MOVING FORWARD

What ages do you or your organization/agency *primarily* serve? Please select all that apply.

- QA_1** Infants / Toddlers (and/or their families)
- QA_2** Pre-schoolers (and/or their families)
- QA_3** Children aged 6-12 (and/or their families)
- QA_4** Youth aged 13-17 (and/or their families)
- QA_5** Youth aged 18-24 (and/or their families)
- [EXCLUSIVE CHOICE] QA_6** My organization/ agency does not primarily serve children, youth or families with children. **IF SELECTED GO TO:**

Inelig

We appreciate your interest. However, this survey is intended for persons working in the area of child, youth and family services provision. Thank you for your time.

SKIP TO END AND CLOSE

QA IS A GENERAL ELIGIBILITY SCREENER TO WEED OUT INAPPROPRIATE CASES BUT ALSO USED TO ALLOCATE CASES TO RESEARCH FINDINGS IN THE EXPERIMENTAL SECTION (4).

SECTION 1 of 5: Experience and Opinions about Social Services Research

Q1.1 [RESPONSE CHOICES SHOWN IN REVERSE ORDER FOR HALF THE CASES]

In your opinion, for good client outcomes, what is the best basis for human services practice: direct provider experience, or evidence from scientifically run studies/ evaluations?

- Almost all direct provider experience (1)
- Mostly direct provider experience & some research evidence (2)
- Both equally (3)
- Mostly scientific studies/evaluations & some provider experience (4)
- Almost all scientific studies/evaluations (5)

Q1.2

In the work that you do, how valuable are research findings about policy and practice?

- Extremely valuable (5)
- Very valuable (4)
- Moderately valuable (3)
- A little valuable (2)
- Not valuable at all (1)

Q1.3

As best you can tell, how often do you believe these are true about research-based practice?

Research-based practices ...	Always or Usually true (4)	Often True (3)	Sometimes true (2)	Rarely or Never true (1)
... require high levels of documentation, which cuts into actual service provision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... are likely to work, which helps both clients and service providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... seem more compliance-driven than client-needs-driven.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... offer cookbook solutions to complex problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... represent a sound base for policy and intervention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... change too fast to have confidence in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... are over-generalized to populations different from those they were tested on and for which they may not be effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q1.4

Given your service population, service goals and the specific position you now hold, what is your sense of how much relevant research is out there to guide you in your daily work?

- An overwhelming amount (5)
- A lot (4)
- A moderate amount (3)
- A fairly small amount (2)
- Hardly any (1)
- You have no sense of this (-2)

Q1.5

How often do you incorporate research findings into your child, youth and family services work?

- All the time (at least weekly) (4)
- Often (monthly or so) (3)
- Sometimes (every 6 months to a year or so) (2)
- Rarely to never (less often than annually) (1)

Q1.6

Are work-relevant research findings sent to you from people inside or outside your organization?

- Almost entirely from inside (5)
- Mostly from inside (4)
- Equally from inside and outside (3)
- Mostly from outside (2)
- Almost entirely from outside (1)
- N/A – None is sent to me by anybody (-4)

Q1.7

To what degree is your work guided by a core practice model or integrated set of principles?

- To a very high degree (5)
- To a high degree (4)
- To a moderate degree (3)
- To a small degree (2)
- Not at all (1)

DISPLAY IF Q1.7 IS NOT “Not at all”

Q1.8

Is there a label, name, phrase or acronym associated with the core practice model or set of principles that guide your work?

- Yes (1) à **Q1.8_TEXT** Please provide that label: _____
- No (0)

(Q1.9)

What are the sources from which you would *most* trust information relevant to child, youth and family services work? Please *only select highly trusted* sources.

- Q1.9_1** A peer doing similar work
- Q1.9_2** Supervisor, trainer, boss or other superior at your place of work
- Q1.9_6** Field staff/direct providers at your place of work
- Q1.9_3** Certain website à Please name: **Q1.9_3_TEXT** _____
- Q1.9_4** Certain publication, journal, newsletter, or book à Please name: **Q1.9_4_TEXT** ____
- Q1.9_5** Listserv à Please identify: **Q1.9_5_TEXT** _____
- Q1.9_7** Research organization à Please name: **Q1.9_7_TEXT** _____
- Q1.9_8** Media source à Please name: **Q1.9_8_TEXT** _____
- Q1.9_9** Other source, please describe: **Q1.9_9_TEXT** _____

Q1.10

How trustworthy do you find information from Chapin Hall to be?

- Extremely trustworthy (5)
- Very trustworthy (4)
- Moderately trustworthy (3)
- A little trustworthy (2)
- Not at all trustworthy (1)
- Unsure – not familiar with Chapin Hall (-2)

Section 2 of 5: General Communication Preferences

(Q2.1)

People like to consume information in different formats. Please rate how appealing the following are to you:

	Very appealing (3)	Somewhat appealing (2)	Not appealing (1)
Q2.1_1 Still pictures with captions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.1_2 Charts / graphs on a desktop, laptop or tablet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.1_3 Charts / graphs on a phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.1_4 Printed charts and graphs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.1_5 Video.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.1_6 Podcasts .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.1_7 Reading on a desktop, laptop or tablet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.1_8 Reading on a phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.1_9 Print (on paper) reading.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.1_10 Webinars.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.1_11 Listening to a live speaker in person (aside from COVID concerns).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Q2.2)

People like to communicate with colleagues and peers in different ways. Please rate how appealing you find the following as ways to talk with your peers:

	Very appealing (3)	Somewhat appealing (2)	Not appealing (1)
Q2.2_1 Voice-only phone calls, one-on-one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.2_2 Voice-only conference calls.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.2_3 Video calls, one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.2_4 Video conference calls.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.2_5 Personal email.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.2_6 Workplace instant messenger software such as Slack, Teams or Google hangouts chat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.2_7 Listserv or online forum.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.2_8 Posting on social media.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.2_9 Face-to-face meetings (aside from COVID concerns).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2.3

During your work day, how often do you check and read emails?

- Many times a day (7)
- Several times a day (6)
- About once a day (5)
- 3-4 times a week (4)
- 1-2 times a week (3)
- Less than once a week, but sometimes (2)
- Never (1)

Q2.4

Outside of work (evenings, weekends), how often do you check and read emails?

- Many times a day (7)
- Several times a day (6)
- About once a day (5)
- 3-4 times a week (4)
- 1-2 times a week (3)
- Less than once a week, but sometimes (2)
- Never (1)

Q2.5

During your work day, how often do you check/use social media of any kind? (Social media include online platforms such as Facebook, YouTube, WhatsApp, Tumblr, Twitter, Instagram, Pinterest, Reddit, Snapchat, or any other social media applications)

- Many times a day (7)
- Several times a day (6)
- About once a day (5)
- 3-4 times a week (4)
- 1-2 times a week (3)
- Less than once a week, but sometimes (2)
- Never (1)

Q2.6

Outside of work (evenings, weekends), how often do you check/use social media of any kind?

- Many times a day (7)
- Several times a day (6)
- About once a day (5)
- 3-4 times a week (4)
- 1-2 times a week (3)
- Less than once a week, but sometimes (2)
- Never (1)

Q2.7

DISPLAY IF CHECKS EMAIL AT LEAST ONCE A WEEK

What time(s) of day do you typically check your email?

- All times equally likely or check at all times – morning, noon, afternoon, evening (1)
- Mostly morning (2)
- Mostly around noon (3)
- Mostly afternoon (4)
- Mostly evening (5)

DISPLAY IF USES SOCIAL MEDIA AT LEAST ONCE A WEEK

Q2.8

What time(s) of day do you typically check/use social media?

- All times equally likely or check at all times – morning, noon, afternoon, evening (1)
- Mostly morning (2)
- Mostly around noon (3)
- Mostly afternoon (4)
- Mostly evening(5)

DISPLAY IF R USES SOCIAL MEDIA AT LEAST 1/WEEK

(Q2.9)

Which social media or mobile messaging apps do you use at least once a week? Select all that apply.

- Q2.9_1** Facebook
- Q2.9_2** Facebook messenger
- Q2.9_3** Google Hangouts
- Q2.9_4** Groupme
- Q2.9_5** Instagram
- Q2.9_6** LinkedIn
- Q2.9_7** Messenger by Google
- Q2.9_8** Pinterest
- Q2.9_9** Reddit
- Q2.9_10** Skype
- Q2.9_11** Snapchat
- Q2.9_12** TikTok
- Q2.9_13** Twitter
- Q2.9_14** WhatsApp
- Q2.9_15** YouTube
- Q2.9_16** Other social media or mobile messaging apps used at least once a week, please list:

Q2.10

How often do you listen to National Public Radio (NPR)?

- Daily (6)
- 4-6 times a week (5)
- 1-3 times a week (4)
- 1-3 times a month (3)
- Less than monthly, but sometimes (2)
- Never (1)

Q2.11

How often do you listen to podcasts (from any source)?

- Daily (1)
- Weekly (2)
- Monthly (3)
- Less than monthly, but sometimes (4)
- Never (5)

Q2.12

How often do you watch TV news or TV news shows?

- Daily (6)
- 4-6 times a week (5)
- 1-3 times a week (4)
- 1-3 times a month (3)
- Less than monthly, but sometimes (2)
- Never (1)

(Q2.13)

Do you subscribe to or regularly read any ...

	Yes, in print	Yes, online	No, neither
Newspapers / Newsfeeds Q2.13_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic journals Q2.13_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newsletters Q2.13_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2.14

Do you subscribe to any listservs or online forums?

- Yes (1)
- No (0)

Q2.15

Are there any blogs you regularly follow?

- Yes (1)
- No (0)

DISPLAY IF SUBSCRIBES TO NEWSPAPERS

Q2.13_1_TEXT

What newspapers do you subscribe to or regularly read? Please list: _____

DISPLAY IF SUBSCRIBES TO JOURNALS

Q2.13_2_TEXT

What academic journals do you subscribe to or regularly read? Please list: _____

DISPLAY IF SUBSCRIBES TO NEWSLETTERS

Q2.13_3_TEXT

What newsletters do you subscribe to or regularly read? Please list: _____

DISPLAY IF SUBSCRIBES TO Listservs

Q2.14_TEXT

What listservs or online forums do you subscribe to? Please list: _____

DISPLAY IF FOLLOWS BLOGS

Q2.15_TEXT

What blogs do you regularly follow? Please list: _____

SECTION 3 of 5: Work-relevant Information and Continuing Education

(Q3.1)

When you get work-relevant research findings, what information structures are of *high* value to you?

Select all that apply.

- Q3.1_1** Brief, top-line summaries / headlines of findings with links to more detail.
- Q3.1_2** Clear, short instructions for how to do something with links to underlying evidence.
- Q3.1_3** Complete narratives providing all the detail in a single, integrated report.
- Q3.1_4** Multimedia collections that reinforce each other and convey the same information in different formats.
- Q3.1_5** Something else, please describe: _____

(Q3.2)

In all of 2019 and 2020, did you receive any information to improve your work from any of the following personal or instructor sources?

		Yes	No
Q3.2_1	One-on-one instruction from a supervisor or other staff.	<input type="radio"/>	<input type="radio"/>
Q3.2_2	Group training by people inside your organization.	<input type="radio"/>	<input type="radio"/>
Q3.2_3	Group training in your workplace by outside speakers or presenters.	<input type="radio"/>	<input type="radio"/>
Q3.2_4	Group training at another organization or outside training entity	<input type="radio"/>	<input type="radio"/>
Q3.2_5	Conference speakers or paper presenters (live or virtual).	<input type="radio"/>	<input type="radio"/>
Q3.2_6	Direct conversations with colleagues (in-person or by phone).	<input type="radio"/>	<input type="radio"/>
Q3.2_7	Email from colleague.	<input type="radio"/>	<input type="radio"/>

(Q3.3)

In all of 2019 and 2020, did you receive any information to improve your work from any of the following on-line sources?

		Yes	No
Q3.3_1	Website repository of best practices, toolkits, or work-relevant information.	<input type="radio"/>	<input type="radio"/>
Q3.3_2	Blogs, listservs or online forums, chatrooms or other collective online conversations for people in your field.	<input type="radio"/>	<input type="radio"/>
Q3.3_3	General social media not targeted to your field.	<input type="radio"/>	<input type="radio"/>
Q3.3_4	Online news sites.	<input type="radio"/>	<input type="radio"/>
Q3.3_5	Online academic publications or journals.	<input type="radio"/>	<input type="radio"/>
Q3.3_6	Online newsletters.	<input type="radio"/>	<input type="radio"/>

(Q3.4)

In all of 2019 and 2020, did you receive any information to improve your work from any of the following print (written on paper) sources?

		Yes	No
Q3.4_1	Brochures, paper handouts.	<input type="radio"/>	<input type="radio"/>
Q3.4_2	Books.	<input type="radio"/>	<input type="radio"/>
Q3.4_3	Print academic journals.	<input type="radio"/>	<input type="radio"/>
Q3.4_4	Print newspapers.	<input type="radio"/>	<input type="radio"/>
Q3.4_5	Print organizational newsletters or mailings.	<input type="radio"/>	<input type="radio"/>

(Q3.5)

In all of 2019 and 2020, did you receive any information to improve your work from any of the following audio or video sources?

		Yes	No
Q3.5_1	Podcasts.	<input type="radio"/>	<input type="radio"/>
Q3.5_2	TED talks.	<input type="radio"/>	<input type="radio"/>
Q3.5_1	Audio Books.	<input type="radio"/>	<input type="radio"/>
Q3.5_4	Radio shows.	<input type="radio"/>	<input type="radio"/>
Q3.5_5	Documentaries	<input type="radio"/>	<input type="radio"/>
Q3.5_6	Webinars or presentation videos.	<input type="radio"/>	<input type="radio"/>

Q3.6

Since January 2019, did you have sources of information to improve your work that were not mentioned so far?

- Yes (1) à **Q3.6_TEXT** Please describe: _____
- No (0)

DISPLAY IF R ATTENDED CONFERENCE SINCE JANUARY 2019

Q3.2_5_TEXT

Since January of 2019, what conference(s) with information relevant to youth, child and family services did you attend either in person or virtually? _____

(Q3.7)

Please characterize *the overall nature* of most work-relevant research findings you saw, read, or heard about since January 2019.

		(1)	(2)	(3)	(4)	(5)	
Q3.7_1	Time-consuming to get through	<input type="radio"/>	Easy-to-grab relevant points				
Q3.7_2	Quickly outdated	<input type="radio"/>	Hold up over time				
Q3.7_3	Boring	<input type="radio"/>	Interesting				
Q3.7_4	Hard to absorb	<input type="radio"/>	Easily digested				
Q3.7_5	Poor fit for your service population	<input type="radio"/>	Well-tailored to your service population				
Q3.7_6	Easily applied to daily work	<input type="radio"/>	Hard to apply to daily work				
Q3.7_7	Vague	<input type="radio"/>	Clear				
Q3.7_8	Unpersuasive	<input type="radio"/>	Compelling				
Q3.7_9	In conflict with your organization's approach	<input type="radio"/>	Consistent with your organization's approach				
Q3.7_10	Ran against your intuition	<input type="radio"/>	In sync with your intuition				
Q3.7_11	Impractical to carry out	<input type="radio"/>	Practical to carry out				

(Q3.8)

For each listed website repository or link site, indicate if you use it, are familiar with it but don't use it, or are not familiar with it.

	Use (1)	Familiar, not use (2)	Not familiar (3)
Q3.8_1 Annie E. Casey Foundation	0	0	0
Q3.8_2 Advocates for Youth	0	0	0
Q3.8_3 APHSA – American Public Human Services Association	0	0	0
Q3.8_4 California Evidence-Based Clearinghouse for Child Welfare	0	0	0
Q3.8_5 Casey Family Programs	0	0	0
Q3.8_6 Center on the Developing Child at Harvard University	0	0	0
Q3.8_7 CCF – Center for Children and Families at Georgetown University Health Policy Institute	0	0	0
Q3.8_8 Chapin Hall (at the University of Chicago)	0	0	0
Q3.8_9 Child Trauma Academy (Dr. Bruce Perry)	0	0	0
Q3.8_10 Child Welfare Information Gateway (childwelfare.gov)	0	0	0
Q3.8_11 CWLA - Child Welfare League of America	0	0	0
Q3.8_12 CYCCB – Child Youth Care and Certification Board	0	0	0
Q3.8_13 Families Thrive	0	0	0
Q3.8_14 Irving B. Harris Foundation Knowledge Center	0	0	0
Q3.8_15 Ounce of Prevention	0	0	0
Q3.8_16 NDACAN – National Data Archive on Child Abuse and Neglect	0	0	0
Q3.8_17 New America	0	0	0
Q3.8_18 Point Source Youth	0	0	0
Q3.8_19 RAND	0	0	0
Q3.8_20 SAMHSA Substance Abuse and Mental Health Services Administration	0	0	0
Q3.8_21 Voices of Youth Count	0	0	0
Q3.8_22 Wallace Foundation	0	0	0
Q3.8_23 Youth Thrive	0	0	0
Q3.8_24 Zero to Three	0	0	0

Q3.8_TEXT

If there are website repositories of work-relevant information not listed above that you are familiar with, like and use, please list those here: _____

SECTION 4 of 5: Your Evaluation of a Research Finding

Below is a description of a research-based finding relevant to child, youth, and family services work. Please read it carefully and then evaluate its user-friendliness, relevance, and utility for you.

CASES ARE RANDOMIZED TO FINDING-ONLY VS. FINDING PLUS EXAMPLE VERSIONS. HOWEVER, THE SUBSTANCE OF THE FINDING IS MATCHED BY AGES SERVED (REPORTED IN QA AT THE START OF THE SURVEY) AS FOLLOWS:

1. Only infants/toddlers selected, or both infants/toddlers and preschoolers (but no others) selected à Q4A.F1 or Q4A.F2: Infant crying screener for health providers
2. Only ages 6-12 selected, both preschoolers and 6-12 selected (but no others), or both ages 6-12 and 13-17 selected (but no others) à Q4A.F2 or Q4B.F2: Third grade reading flag
3. Only ages 13-17, only ages 18-24, or only these two age groups selected à Q4A.F3 or Q4B.F3: Extended foster care support
4. All other combinations à Q4A.F4 or Q4B.F4: Reunification/adoption path to homelessness for formerly fostered children

Q4A.F1

FINDING: A screening tool was developed to help pediatric providers identify families at risk of serious outcomes from constant infant crying. Use of the tool increased pediatric provider attention to this problem from under 30% to 94%. Inconsolable crying is one of the most common reasons for infant visits to the ER. Providers found the tool helpful in identifying families with infant crying problems, prompting them to supply needed guidance and support ideas. Use of this screening tool has the potential to improve support for families struggling with infant crying, to reduce risk of child abuse, and to decrease associated healthcare costs.

Q4B.F1

FINDING: A screening tool was developed to help pediatric providers identify families at risk of serious outcomes from constant infant crying. Use of the tool increased pediatric provider attention to this problem from under 30% to 94%. Inconsolable crying is one of the most common reasons for infant visits to the ER. Providers found the tool helpful in identifying families with infant crying problems, prompting them to provide needed guidance and support ideas. Use of this screening tool has the potential to improve support for families struggling with infant crying, to reduce risk of child abuse, and to decrease associated healthcare costs.

EXAMPLE: A young couple, Jacob and Emily, recently had their first baby, Mia. At a wellness visit, the provider used the screening tool to ask about Mia's crying patterns. The couple admitted they struggled with extended crying and had even considered taking the baby to an ER. In response, the provider gave them a list of reasons babies cry, and a list of steps the young parents could take. The couple was able to adopt some suggested coping strategies, including identifying the times when Mia was most likely to be fussy, and securing extra help from loved ones during those times for their own sanity and the child's well-being. Understanding that crying is normal and assuring themselves they addressed everything they could, the couple were able to be more patient and less afraid when Mia cried.

Q4A.F2

FINDING: Children's early reading level predicts later educational outcomes, including high school graduation and college enrollment. Specifically, third-grade reading levels are an important indicator of students' academic trajectories and a flag for targeted intervention with at-risk children while they are still in elementary school. Male students, African-American students, and students who ever spent time in foster care are more likely to read below grade level in third grade. Programs that support struggling students before high school are essential. Interventions that better prepare students for ninth grade yield more positive future outcomes despite third grade reading status. The sooner struggling readers are targeted for supports, the more likely they will progress toward strong performance in ninth grade, high school graduation, and college enrollment.

Q4B.F2

FINDING: Children’s early reading level predicts later educational outcomes, including high school graduation and college enrollment. Specifically, third-grade reading levels are an important indicator of students’ academic trajectories and a flag for targeted intervention with at-risk children while they are still in elementary school. Male students, African-American students, and students who ever spent time in foster care are more likely to read below grade level in third grade. Programs that support struggling students before high school are essential. Interventions that better prepare students for ninth grade yield more positive future outcomes despite third grade reading status. The sooner struggling readers are targeted for supports, the more likely they will progress toward strong performance in ninth grade, high school graduation, and college enrollment.

EXAMPLE: Mrs. Smith was concerned when she saw Deon’s third grade reading score results—he was reading at the first-grade level. Deon was attentive and well-behaved in school, but had already changed schools twice due to foster care placement. Mrs. Smith recommended an after-school tutoring program for Deon, and, with her other teaching colleagues, tracked his progress through primary school, following through on interventions as needed. By eighth grade, Deon was reading at grade level before entering high school.

Q4A.F3

FINDING: Numerous studies find foster youth who take part in extended care—after age 18 and up to age 21—complete more postsecondary education and are less likely to become homeless than peers who age out at 18. In fact, each added year in extended foster care increases the chance of college enrollment by about four percentage points.

Q4B.F3

FINDING: Numerous studies find foster youth who take part in extended care—after age 18 and up to age 21—complete more postsecondary education and are less likely to become homeless than peers who age out at 18. In fact, each added year in extended foster care increases the chance of college enrollment by about four percentage points.

EXAMPLE: Jeremy was in foster care since age 12. At 18, given the chance to extend his care to age 21, he enrolled in community college while working a part-time job and living with his foster family. By age 21, Jeremy had earned his associate’s degree, and was able to find a job and secure housing.

Sasha was also in foster care since age 12, but extended care wasn’t available. At 18, she got a full-time minimum wage job to pay for her share of housing, and started attending college courses at night. Travel costs on top of housing and unpredictable shift schedules resulted in her missing classes. Sasha took an incomplete first semester, and when her second term began to look similar, she quit.

Q4A.F4

FINDING: We already know youth who age out of foster care have a high rate of homelessness. Looking the other direction at now homeless, formerly-fostered youth, we find that about half left foster care through reunification or adoption. These young people achieved permanency in the eyes of the child welfare system, but still found themselves on pathways into homelessness. This reveals the importance of supports and services for children, youth and their families who are reunified or adopted following out-of-home placement as a way to prevent youth homelessness—not just for youth in foster care or those aging out.

Q4B.F4

FINDING: We already know youth who age out of foster care have a high rate of homelessness. Looking the other direction at now homeless, formerly-fostered youth, we find that about half left foster care through reunification or adoption. These young people achieved permanency in the eyes of the child welfare system, but still found themselves on pathways into homelessness. This reveals the importance of supports and services for children, youth and their families who are reunified or adopted following out-of-home placement as a way to prevent youth homelessness—not just for youth in foster care or those aging out.

EXAMPLE: Alanna is a 23-year-old woman who entered foster care at age three, where she spent 7 years. Alanna and one sister were placed with “really nice” parents and experienced stable schooling. Alanna was considered a gifted student.

At age 10, Alanna, her birth parents and all siblings were reunited. However, her mother, who has schizophrenia and bipolar disorder, was physically abusive. Her father worked multiple jobs and was often out. The child welfare agency did not check on Alanna and her siblings to make sure they were safe, nor was her family offered post-reunification services. She decided to leave home at age 16 when her mother put her “on punishment” for a month for no apparent reason. On leaving, Alanna first joined a sister in transitional housing, then an uncle whose home was in foreclosure. Like many young people, she experienced literal homelessness and couch surfed with a friend.

Q4A.1 & Q4B.1

Before reading this here, how familiar were you with this research finding?

- Very familiar (3)
- Somewhat familiar (2)
- Not familiar (1)

Q4A.2 & Q4B.2

How relevant is this information to the work you do?

- Extremely relevant (5)
- Very relevant (4)
- Moderately relevant (3)
- A little relevant (2)
- Not at all relevant (1)

Q4A.3 & Q4B.3

As presented, how easy to understand is this bit of information?

- Extremely easy (5)
- Very easy (4)
- Moderately easy (3)
- A little easy (2)
- Not at all easy (1)

Q4A.4 & Q4B.4

Think about having seen the information above in an email. Was the amount of information too much, enough or too little to engage your attention?

- Much too much (5)
- Somewhat too much (4)
- About the right length (3)
- Somewhat too little (2)
- Much too little (1)

Q4A.5 & Q4B.5

How likely are you to share the information with the following people?

	Very likely (1)	Somewhat likely (2)	Not Likely (3)
Top leadership of your organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your immediate supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peers, co-workers at your organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peers at other organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4A.6 & Q4B.6

How likely are you to seek out more detail about the evidence underlying this piece of information?

- Extremely likely (5)
- Very likely (4)
- Moderately likely (3)
- Somewhat likely (2)
- Not at all likely (1)

Q4A.7 & Q4B.7

How likely are you to seek ways of putting this information into practice?

- Definite – I already knew and have put this information to use (6)
- Extremely likely (5)
- Very likely (4)
- Moderately likely (3)
- Somewhat likely (2)
- Not at all likely (1)

Q4A.8 & Q4B.8

How well do you feel the information aligns with your own intuitions?

- Extremely well (5)
- Very well (4)
- Moderately well (3)
- Slightly well (2)
- Not well at all (1)

Q4A.9 & Q4B.9

How well do you feel the information fits with your organization's practice model or overall approach?

- Extremely well (5)
- Very well (4)
- Moderately well (3)
- Slightly well (2)
- Not well at all (1)

SECTION 5 of 5: Demographics and Organization Characteristics

Q5.1

What sort of organization or agency do you work for?

- Federal agency (1)
- State government agency (2)
- County, city or local government agency (3)
- Non-profit organization (4)
- Self-employed (5)
- Something else, (6) **Q5.1_TEXT** please describe _____

(Q5.2)

What are the main service areas for your organization or agency? Please select all that apply.

- Q5.2_1** Addiction / substance abuse
- Q5.2_2** Adoption
- Q5.2_3** Abuse / trauma
- Q5.2_4** Before/after school programs
- Q5.2_5** Employment / job training
- Q5.2_6** Early childhood development, 0-3
- Q5.2_7** Education – K-8
- Q5.2_8** Education – 9-12
- Q5.2_9** Foster care
- Q5.2_10** Homelessness
- Q5.2_11** Immigration / child immigration issues
- Q5.2_12** Juvenile justice
- Q5.2_13** Mental health – general population
- Q5.2_14** Mental health – special needs population
- Q5.2_15** Physical health – general population
- Q5.2_16** Physical health – special needs population
- Q5.2_17** Poverty
- Q5.2_18** Reproductive health
- Q5.2_19** Sexual orientation / gender identity support
- Q5.2_20** Other, **Q5.2_20_TEXT** please describe _____

Q5.3

At your organization or agency, is there a department or staff position tasked with monitoring, digesting and/or filtering relevant research information for direct child and family service providers?

- Yes (1) à **Q5.3_TEXT** What is the position title or department name? _____
- No (0)
- Don't know

Q5.4

In what state is your place of work located? If you are working from home in a state different from your usual office location, please identify your normal, pre-COVID place of work.

<DROP DOWN OF 50 States, D.C. & Puerto Rico>

(Q5.5)

Do your primary service populations live in (select all that apply) ...

- Q5.5_1** Large urban areas (2 million or more population)
- Q5.5_2** Medium urban areas (775,000 – 1,999,999 population)
- Q5.5_3** Suburban areas (suburban areas outside a main, large or medium central city)
- Q5.5_4** Small urban areas (100,000 – 774,999 population)
- Q5.5_5** Small towns (under 100,000)
- Q5.5_6** Rural areas

Q5.6

For how long have you worked for your current agency, organization, school, or business?

<DROP DOWN Less than 1 year through 20+ years>

Q5.7

For how long have you worked in the field of child, youth and family services?

<DROP DOWN Less than 1 year through 20+ years>

Q5.8

Do you work ...

- Full time (30+ hours per week) (1)
- Part time, regular hours (2)
- Part time, variable hours (3)

Q5.9

Are you ...

- Salaried (1)
- Hourly (2)
- A contract worker (3)
- A volunteer (4)
- Something else, (5) **Q5.9_TEXT** please describe _____

(Q5.10)

Roughly what proportion of your work responsibilities fall into each of the following categories?

Numbers should sum to 100 percent.

- Q5.10_1** High-level agency/organization direction, policy and planning _____ %
- Q5.10_2** Supervision, training and/or evaluation of front-line staff _____ %
- Q5.10_3** Direct services to clients/ direct child/youth/family interaction _____ %
- Q5.10_4** Other _____ %
- 100 %**

Q5.11

What year were you born?

<DROP DOWN 2002 – 1940 or earlier>

Q5.12

What is your gender identity?

- Male (1)
- Female (2)
- Non-binary (3)
- Prefer a different identity, (4) **Q5.13_TEXT** please specify _____

Q5.13

What is your sexual orientation?

- Heterosexual, opposite-sex orientation, or straight (1)
- Gay, Lesbian, or same-sex orientation (2)
- Bisexual, fluid, omnisexual (3)
- Something else, (4) **Q5.14_TEXT** please specify _____
- Prefer not to respond (-1)

Q5.14

Do you consider yourself to be Hispanic, Latinx or of Spanish origin?

- Yes (1)
- No (0)

(Q5.15)

What is/are your racial identity/ies? Please select all that apply.

- Q5.16_1** White / Caucasian / European-American
- Q5.16_2** Black / African / African-American / Caribbean-American
- Q5.16_3** Middle-Eastern / Arab-American / North African
- Q5.16_4** East Asian (e.g. Chinese, Japanese, Korean, or other East Asian)
- Q5.16_5** South Asian (e.g. Indian, Pakistani, Bangladeshi, or other South Asian)
- Q5.16_6** Native Hawaiian or Pacific Islander
- Q5.16_7** American Indian, Native American, or Alaska Native
- Q5.16_8** Other, please describe _____

Q5.16

What is your highest level of general education?

- Less than high school (1)
- High school diploma or GED (2)
- Some college (3)
- Associate's degree (2-year college degree – AA or AS) (4)
- Bachelor's degree (4-year college degree – BA or BS) (5)
- Master's or post-college professional degree (6)
- PhD (doctorate) (7)

Q5.17_TEXT

If you have other specialized degrees, certificates or licenses, please note those here:

Q5.18_TEXT

If you have other comments about communication of actionable research findings to those who work in child, youth and family services, or if you have comments about this survey, please share those here.

Thank you!
We greatly appreciate your time.
Researchers depend on your generous cooperation
for the collection of much important information.