

POLICY PREDICAMENT

While we think our *proposed* policies will be effective, we do not know if they are effective until we have evaluated *actual* or *implemented* policies in Task 8 of our policy framework. We discuss how a significant body of evidence suggests that the policy of diverting juvenile offenders from incarceration to community diversion projects enhances their well-being and saves society considerable resources in Policy Advocacy Challenge 14.5 at the end of this chapter.

LEARNING OUTCOMES

We discuss the following in this chapter:

1. How “rationalists” want a greater role for research in policy making
2. How to define evidence-based policies
3. Why evidence-based practice requires support policies
4. Why policy assessment is a form of argumentation
5. Some technical tools
6. The importance of countering policy innuendos or statements that lack a basis in research
7. Some barriers to evidence-based policies
8. Identifying evidence-based policies and advocating for them

The Rationalists' Hope

This chapter discusses the policy assessment task (Task 8) of the policy practice and policy advocacy framework (see Figure 3.1). Imagine a world without relatively conservative “red states” or relatively liberal “blue states,” without well-endowed special interests, and without ideologically driven politics. Imagine a world in which the policies that are developed and enacted to address social problems are driven by a single notion: *what works*. Imagine that society invests considerable resources in evaluating policies after they are enacted and implemented.

Rationalists' hopes are often dashed, however, when they observe that many policies and programs that *are* formally evaluated are not enacted as illustrated in Policy Advocacy Challenge 14.1. Yet other policies that are validated by research *are* enacted and implemented, such as abatement of lead-based poisoning in dwellings, cutting of air pollution in major cities, immunizations of children, and use of cognitive therapy to reduce persons' clinical depression.

How Ideology and Politics Sometimes Overrides Evidence-Based Policy

Bruce S. Jansson, Ph.D.

Donna Shalala, Secretary of the Department of Health and Human Services in the late 1990s, approached a microphone to announce a new departure in the prevention of HIV/AIDS: providing sterilized needles to drug addicts so that they would not exchange contaminated ones that often transmitted HIV/AIDS to unsuspecting drug addicts. Considerable research had demonstrated that distribution of sterilized needles sharply cut the transmission of HIV/AIDS such as the Centers for Disease Control's finding that roughly one-fifth of new HIV infections and the vast majority of hepatitis C cases were caused by needles that were exchanged with other drug users (http://en.wikipedia.org/wiki/Needle_exchange_programme). Researchers also refuted the argument of many conservatives who argued that access to these needles would increase the use of illegal drugs by addicts.

At the last minute, however, the secretary was called to take a phone call from a top aide of President Bill Clinton—and informed that the president had decided to cancel the new policy. A disappointed Donna Shalala abruptly canceled her presentation. The president and his aides had decided that the new policy would provide political fodder for conservatives in a forthcoming election, who might argue that distribution of sterilized needles promotes substance abuse.

EXERCISE

1. What other policy issues in contemporary society are strongly linked to ideology so that findings of researchers and scientists are dismissed by significant segments of society?
2. Can persons with progressive views support policies like the distribution of sterilized needles with arguments that might appeal to some conservatives, such as cost savings from averted cases of HIV/AIDS?

(Continued)



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Policy
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Challenge 14.1

3. Can persons who favor needle-exchange programs focus their efforts on states or local units of government? (NOTE: Forty-eight states had needle-exchange programs by 2006 as well as programs to allow persons to purchase needles at pharmacies without a prescription.)
4. Does the policy pendulum often swing with changes in the balance of power in Congress between conservatives and liberals? For example, the Congressional ban on needle-exchange programs that was put in place in 1988 was lifted in 2009 in the wake of the Democratic landslide victories in the presidential and congressional elections of 2008—but was imposed again in December 2011. Only 17 states and the District of Columbia had needle-exchange programs in 2017. Might the ban be restored during the presidency of Donald Trump.
5. Just because a positive evaluation of a policy fails to convince others to adopt it, such as with respect to needle-exchange programs in the Clinton administration, that does not mean that it might not *subsequently* influence policies such as enactment of needle-exchange programs by many states even as the policy was banned by the federal government in 2011.

Defining Evidence-Based Policies

Evidence-based policies are ones that achieve positive outcomes when they are evaluated with research. As we shall see, use of research methodology to evaluate policies does not guarantee that they *are* effective because many factors, singly and in tandem, can lead different persons to question the findings or to offer alternative ones.

The **policy-assessing task** represents both the ending and the beginning of social policy practice. People often regard policy assessment as the final step in the policy-making process; having had a policy proposal enacted, they wish to determine whether it has been a success. However, assessment is also the beginning of policy practice when policy advocates' negative assessments of existing policies suggest that they are flawed, motivating them to develop, enact, and implement new policies.

Policy practitioners often want to know whether an existing policy is flawed or meritorious because the answers have important implications for a number of people and institutions. A policy can harm (or at least fail to help) its intended beneficiaries. A policy that helps consumers but absorbs "unacceptable" amounts of resources is likely to be criticized by those who wish to use the resources more efficiently. A policy that helps some people but discriminates against others—that helps the male victims of a social problem, for example, while providing little help to its female victims—would be widely regarded as unfair or inequitable.

Policy assessment forces us to ask how, if at all, the world is different because a specific policy exists, and what, if any, difference it would make if we removed or modified the policy. Each of the different kinds of policies that we discussed in Chapter One can be evaluated. Researchers can evaluate specific **regulations** to see if they bring

their intended result: Do minimum required staff-to-child ratios in child-care settings bring better outcomes for children? Do **needs-meeting policies**, such as SNAP, allow low-income persons to sustain their physical well-being? Do **opportunity-enhancing policies**, such as charter schools, improve students' achievement and graduate rates as compared with public schools? Do specific **social service policies**, such as child welfare services in a specific jurisdiction, increase family reunification while also decreasing the extent to which these children are neglected or abused when they are returned to their families? Do **referral and linkage policies** lead more consumers to enroll in such programs as Medicaid or the Earned Income Tax Credit? Do specific **civil rights policies**, such as ones protecting LGBT children and youth from discrimination and bullying in educational institutions, have their intended outcomes? Do **human rights policies**, such as specific ones developed by the United Nations and India to decrease the number of childhood marriages, actually reduce their numbers in Africa, India, and elsewhere? Have **equality-enhancing policies**, such as increasing the federal minimum wage as proposed by Senator Bernie Sanders and Hillary Clinton, reduce inequality in the United States? Have **asset accumulation policies**, such as tax incentives to low- and moderate-income persons to start individual saving accounts, brought significant improvements to their economic well-being? Have **infrastructure development policies**, as well as **economic development policies**, such as road improvements and small-business loans, significantly increased the economic development of specific areas? Would tax incentives given to persons to vote increase their **political participation**? Have **budget policies** of specific states, such as cuts in funding of secondary education during and after the Great Recession, significantly harmed educational outcomes of students?

Policy research can be located at many Internet sites as illustrated in Policy Advocacy Challenge 14.2.

Evidence-Based Policy at Home and Abroad

Although new to the field of social work, the idea of evidence-based policy has already been conceived and is being applied broadly in the fields of medicine and public health. For example, the World Health Organization's Global Burden of Disease Study, which began in 1990, is a comprehensive regional and global assessment of mortality and disability that utilizes evidence-based input to inform public health policy.¹

Evidence-based policy is also being used widely in the UK, Australia, and New Zealand, where numerous organizations dedicated to its advancement exist:

The Economic and Social Research Council is the UK's leading agency for research funding and training in economic and social sciences.

www.esrc.ac.uk

The Evidence Network is an information resource provided by the Centre for Evidence and Policy at King's College in London. The Evidence Network provides access to a wide range of information resources in social and public policy and hosts a peer-reviewed journal, *Evidence & Policy: A Journal of Research, Debate and Practice*.

www.kcl.ac.uk/schools/sspp/interdisciplinary/evidence

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The Cochrane Library provides the Cochrane Database of Systematic Review, which is the leading source for systematic reviews in health care organized by specific areas of health care or policy.

cochranelibrary.com

Evidence for Policy and Practice Information and Coordinating Centre is part of the Social Science Research Unit at the Institute of Education, University of London. The EPPICentre is at the forefront of carrying out systematic reviews, developing review methods in social science and public policy, and making reliable research findings accessible.

<http://eppi.ioe.ac.uk/cms>

The Social Policy Research Centre at the University of New South Wales in Australia conducts research and fosters discussion on all aspects of social policy in Australia.

www.sprc.unsw.edu.au

The Campbell Collaboration provides a searchable list of reviews of social research principally in the United States and Europe.

www.campbellcollaboration.org

¹Murray and Lopez, "Evidence-Based Health Policy: Lessons from the Global Burden of Disease Study," *Science* 274 (1996): 740–743.

Why Supportive Policies Are Needed for Evidence-Based Practices



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To better understand how evidence-based practice requires supportive policies, assume that you work in a school district and want to implement services for parents of children with attention deficit hyperactivity disorder (ADHD). Even at this direct-practice level, however, you would face important obstacles. You would have to persuade the school district's administrators to allow you and your fellow professionals to implement this intervention. They would have to agree to let you prioritize it, including planning and implementing it. They would have to give you resources needed to implement it, including ones needed to develop training sessions, hire (if necessary) additional staff, and recruit parents to participate in the intervention. They would have to find resources to hire staff to undertake tasks in this intervention. Even though you identified research that had shown that this project would be effective, your school administrators might decide to fund an evaluation of parent-training in *this* setting and with *these* children.

This scenario suggests that it is futile to discuss evidence-based practice in specific settings without linking it to the development of policies in them that support the interventions proposed by this research, including allocation of funds and staff to it. Recall that we defined social policies to be "collective strategy that prevents and addresses social problems." If parent training of children with ADHD is to become a "collective strategy" in this setting, it needs to be accompanied by policies that provide or mandate:

- Necessary resources, including resources from the school district's budget or from grant proposals developed to obtain resources from external sources, such as state or federal governments, private foundations, or private donors



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- Necessary approvals of the project from high-level administrators
- Allocation of sufficient staff to the intervention by the school district or by specific schools within the district
- Interagency agreements with mental health and other agencies that are asked to assume a role in diagnosing children or providing the intervention
- Decisions about whether to continue the parent-training program from its initial implementation into future years

Evidence-based practices cannot take place in many settings, then, unless and until they are supported by social policies. These social policies can be regarded as integral to the evidence-based practices themselves because they will not become a reality without them.

Policy Assessment as Argumentation

A noted researcher, the late Donald Campbell, provocatively suggested that program evaluation should be regarded as a form of “argument,” and that the program evaluator should make a good case that others may contest.¹ In this context, policy evaluators become debaters, who must defend their arguments.

Consider, for example, the research of a woman hired to assess a new program that provides special services to the natural parents of children who have been removed from their homes and placed in foster care due to neglect or abuse.²

She develops the policy assessment matrix in Table 14.1 to guide her work. She wants to compare families that do and do not receive special services to see if the services lead to positive outcomes. Across the top of the table she places three criteria: rates of reunification, cost per case during the first 18 months, and children’s developmental well-being.

Why did the policy practitioner select three measures of outcome, rather than only one? She knew that many legislators and government officials were particularly concerned about the relative costs of the new policy experiment. They wondered whether the costs of providing special services would partially or completely be offset by the reduction in the numbers of children in foster care placements or in subsidized adoptions. Some legislators had originally resisted the policy because they doubted that it would save funds, such as a conservative legislator who called it “another scheme by do-gooder social workers to get more money to fund their pet projects.”

The practitioner also wants to check the rates of reunification of families that received and did not receive the special services. Many people want families to be

TABLE 14.1 Policy Assessment Matrix

POLICY ALTERNATIVES	EVALUATIVE CRITERIA		
	RATES OF REUNIFICATION	COST PER CASE DURING THE FIRST 18 MONTHS	CHILDREN’S DEVELOPMENTAL WELL-BEING
Special services to natural parents (experimental group)			
The existing situation: the provision of relatively few services (control group)			

reunified because they believe that long-term or permanent removal of children from their natural families detracts from their well-being. Surely, the practitioner reasons, we should obtain information about whether special services increase the likelihood of family reunification.

She realizes, however, that an analysis of costs, as well as of rates of reunification, may yield an incomplete and even misleading evaluation of the new policy. In a phenomenon known as **goal displacement**, implementers mistake secondary goals or objectives for the most important ones. Unlike some legislators, many social workers are concerned about the ultimate effects of policies on their clients' well-being—in this case, the healthy development of the children who had been placed in foster care. She decides, then, to measure the children's developmental well-being in both the experimental and control groups.

The researcher chooses three measures of outcomes then to obtain a clearer picture of the new policy. She realizes, of course, that she may discover mixed outcomes; the new policy may save the taxpayers money, for example, but may not have advantages over the existing policy in serving children's developmental needs. Or it may enhance children's developmental well-being, but not increase rates of reunification. Recall the use of the word *trade-offs* that describe the phenomenon of mixed results that require evaluators to decide which outcomes to prioritize.

Assume that three years have passed so that the evaluator has enough data to assess the outcome of the policy innovation. She discovers that the special services had reduced child welfare costs by a small but significant amount, that is, from an average of \$9,500 per child in the regular program to an average of \$7,000 on each child in the special services program.³ The special services program increases reunification somewhat: If only 19 percent of children had been reunified with parents in the regular program, 27 percent of children had been reunified with their parents in special services program.⁴ After three years, however, the children in the special services program had not achieved higher scores on several measures of child development than the children in the regular program.

Although these findings are fictitious, they nicely illustrate some dilemmas that program evaluators often encounter in the real world. When subjected to rigorous, quantitative evaluations, many policies reflect relatively modest gains on some outcomes and no gains or only modest gains on others.⁵ Of course, the relatively modest changes sometimes occur in a negative direction; in this case, for example, the children in the special services program *could* have scored somewhat lower than other children on developmental measures.

We can conjecture why some policy innovations do not produce the marked changes that their framers intended. Because many factors shape people's behavior and development, such as their prior experiences, their problems, their economic condition, and the persons with whom they associate, programs in the human services often cannot be expected to transform the lives of clients, patients, and consumers dramatically and quickly.⁶ The instruments that researchers use may also fail to capture some important dimensions of human behavior.

This researcher has established, then, an *argument* in favor of special service by obtaining data that confirms her hypothesis that special services to natural parents cut child welfare costs and increase reunification, even if they did not improve child development.

Researchers often confront others who develop *counterarguments* when examining their research. The researcher concluded her work by saying, "On balance, my findings suggest that the special services program should be enlarged so that it covers all children whom

the courts remove from their natural home because of their parents' abusive or neglectful behavior." Let us also assume that some conservative legislators strongly contest this proposal, doubting that "hiring a lot more social workers to provide intensive services to the natural parents will really cut our costs."

The ensuing debate between the policy evaluator and the conservative politicians could involve several dimensions, or axes.⁷ First, the evaluator and conservative politicians could debate whether the glass is half full or half empty. Are the cost reductions and increased rates of reunification *sufficiently large* to justify continuing and enlarging the special services program? No scientific method exists for resolving this dispute because people derive their positions primarily from their values. Conservatives might also question the time frame of the research, by asking, in our example, whether 18 months is enough to reveal whether the special services program is truly effective. "How do we know," one of them asks, "whether some or many of the children who have been reunified with their parents will not have to be placed again in foster homes in the near future?" (Recall that the researcher followed the cases of the children over only 18 months.) The evaluator responds that "18 months is long enough to allow reasonable inferences." However, this dispute cannot be easily resolved because values often shape one's position; a skeptic is likely to want a stricter standard of proof, such as a study that follows a policy's beneficiaries for a longer period.

People could also question the practitioner's weighting of her criteria. Someone might say, for example, "The special services program may save some funds and may somewhat increase the rate of reunification, but I think that the children's well-being ought to be the prime consideration."

As the policy practitioner presents her findings, she may encounter some questions about the accuracy of her data. "How do we know," someone may ask, "whether your findings are truly accurate? Maybe the children and families you chose for the special services program did not have problems as severe as those of other children and families." Another may ask, "How do we know that you did not select particularly talented and motivated social workers to staff the special services program so that its success stemmed from their skills, rather than from the special services program itself?" Someone else may ask whether the child development instruments used to measure the children's well-being provided accurate information about their development.

We have emphasized technical arguments that opponents can use to make a counter-argument against a researcher's argument. In other cases, they may choose to ignore the research as was illustrated by the opposition of many conservatives to needle-exchange programs. They opposed these programs on moral or ideological grounds by contending they legitimized and even encouraged drug addiction even if data showed that the programs did not increase drug usage.

Some Technical Tools

Evaluators encounter five challenges when assessing specific policies. We introduce them, but suggest that you consult research texts for further elaboration of them.

First, they must find **comparison groups** that are or are not exposed to a specific policy. They can *randomly* assign persons to the policy to develop experimental and control populations that are, and are not, exposed to the policy. In the case of needle-exchange programs, they might want to offer needle exchanges for some addicts but not for others—assuming they can surmount the ethical objection that addicts who do *not* receive sterilized needles are more likely to develop HIV and hepatitis C.



It is often not possible to assign persons randomly to experimental and control groups because of the difficulty of developing (in this case) lists of addicts in advance and assigning them randomly to these groups. In quasi-experimental designs, members of comparison groups often occur naturally, such as addicts in different jurisdictions where needle-exchange programs are, or are not, introduced. Researchers might, for example, examine public health records in different jurisdictions to ascertain whether rates of HIV and hepatitis C are lower in those jurisdictions where needle-exchange programs have been introduced. Or they might identify a group of addicts in a specific area and compare their rates of HIV and hepatitis C before and after their participation in needle-exchange programs.

They can identify comparison groups, as well, through naturally occurring experiments. They might compare the health of persons or populations before and after the implementation of a needle-exchange policy. They might conclude, for example, that needle exchanges *do* decrease transmission of HIV and hepatitis C when comparing the incidence of these diseases before and after the introduction of needle exchanges.

It is beyond the scope of this discussion to examine the many design, instrumentation, and sampling techniques in forward-looking studies. The research literature explores alternative designs, such as **experimental designs** and **quasi-experimental designs**; different **sampling techniques**, such as random sampling and stratified sampling; and a host of instrumentation or testing options, including questionnaires and observational techniques.⁸ A substantial literature discusses the relative accuracy of these research options.

Second, researchers gather data to examine outcomes of a specific policy with respect to specific criteria and with reference to specific comparison groups. Data may come from subjects themselves, such as through interviews or physical examinations, from public health or other public records, from family members, or from other sources. They must gather data in ways that make it as accurate as possible. If they use questionnaires, for example, they will test them before using them to assess their validity (the extent to which they measure phenomenon that researchers intend) and reliability (the extent to which they measure phenomenon accurately through time).

Researchers sometimes rely on “**big data**” that is gathered from public records, agency records, clients, cloud-based data, dashboards, and other sources. They use statistical tools to identify correlations and other relationships between variables in these data sets. They identify implications of these correlations and relationships for existing policies and services. With respect to health care, for example, health plans can examine a health system’s health records to identify factors that predict which patients are at risk for disease progression—and then develop timely outreach to them to give them services and treatments that avert it or delay it.

Third, researchers develop a sampling strategy that ranges in rigor from convenience ones to random samples.

Fourth, researchers use statistical analysis to determine the probability that differences between comparison groups could have occurred merely by chance. If these odds are below a specific threshold, such as only one chance in 100 ($p < .01$), stakeholders are likely to accept the proposed policy or invention.

Fifth, researchers have to interpret and present their findings to stakeholders in ways that make them likely to retain or approve a specific policy. If researchers have multiple outcomes that they measure, they have to make the case that their research demonstrates positive outcomes for those outcomes that they prioritize, such as, say, higher rates of reunification rather than cost in Table 14.1.

Some researchers use **qualitative methodology** to measure the merit of specific policies. They often make extensive use of “**mixed methods**” (see Policy Advocacy Challenge 14.3).

Using Mixed Methods

Bruce Jansson, Ph.D.

Quantitative and qualitative research are often combined in a “mixed methods approach.” Assume you are evaluating the effectiveness of a needle-exchange policy in your jurisdiction. Assume that police often raid shooting galleries where addicts convene and share needles. Also assume that local police are reluctant to abandon their law-enforcement approach to drug addiction. Assume, as well, that advocates of needle exchanges do not know how addicts will perceive this new policy—or the people who implement it.

1. What criteria and outcomes might a quantitative researcher select, and what evidence or data might this evaluator use?
2. What research questions might a qualitative researcher ask, and what evidence or data might this evaluator use?
3. How might these two research methods be linked or combined to obtain a fuller understanding of the effects of a needle-exchange program?

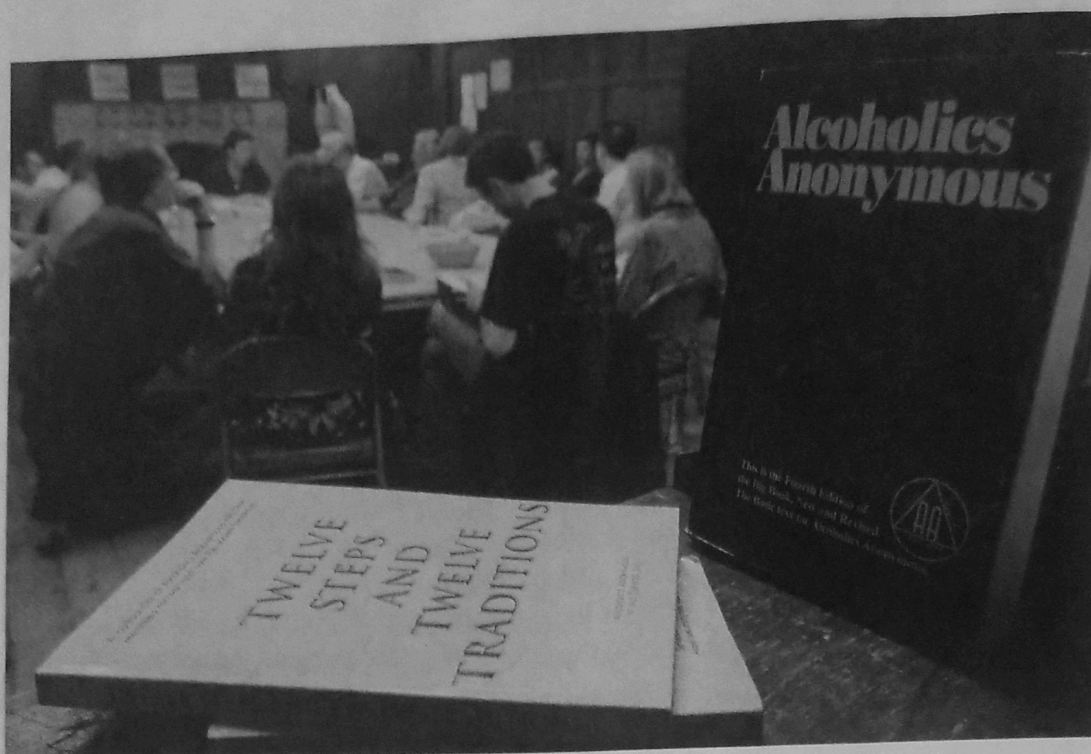
Countering Innuendos That Lack a Basis in Research

One should realize that opposition to constructive social policies, such as Supplemental Nutritional Assistance Program (SNAP, formerly food stamps), often takes the form *not* of formal research, but innuendos that *imply* that these programs are ineffective. Take the example of statement by Mitt Romney, the Republican nominee for president in 2012. Romney alleged that most federal low-income spending goes for “overhead” and “bureaucrats,” such as SNAP, Medicaid, and housing vouchers. He said, “What unfortunately happens is with all the multiplicity of federal programs, you have massive overhead, with government bureaucrats in Washington administering all these programs, very little of the money that’s actually needed by those that really need help ... actually reaches them.” In fact, budget data for a range of federal safety-net programs reveal that federal administration costs range from 1 to 8 percent of total federal program spending.⁹

Newt Gingrich, another contender for the Republican nomination, insisted that spending on SNAP was runaway in nature. He linked the program to President Barack Obama by calling him “the food stamps president”—a statement that implied the size of the program stemmed from advocacy by Obama and Democrats. He implied that receipt of food stamps provides a disincentive to work, luring many Americans into welfare rather than seeking employment. In fact, increased usage of SNAP from 2007 largely stemmed from unemployment and low wages associated with the Great Recession and its aftermath as the program’s cost increased from about 0.275 percent of GDP in 2005 to over 0.5 percent of GDP in 2009 through 2012. Not surprisingly, the total national cost of SNAP increased from \$32.9 in 2006 to \$68.2 billion between 2006 and 2010 but then stabilized rising only to \$74 billion by 2015 as the economy slowly improved. Enrollments in SNAP are expected to recede in coming years as the economy improves.¹⁰ *Almost half of SNAP recipients are working people whose wages do not lift*



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Researchers have discovered that programs that seek abstinence are less effective than ones that train alcoholics to limit their use of alcohol

them from low income and poverty. Policy advocates need to consult research experts to analyze the accuracy of many assertions such as:

- Few users of safety-net programs work (in fact, most work)
- Low-income African American children rarely have heads of households who are employed (in fact, most work)
- Medical savings accounts would render Medicaid unnecessary as a federal-state program for low-income persons (in fact, they would not make Medicaid unnecessary)
- Increases in welfare or Medicaid benefits in a specific state will lure low-income people to it from other states in large numbers (in fact, relatively few people move)
- Bilingual programs harm the education performance of Latinos (in fact, they do not harm their education performance)
- Tax increases for millionaires will cut the nation's economic growth (in fact, economic growth from 1952 through the 1970s, on average, was relatively high when millionaires top marginal rates exceeded 70 percent on average as compared with less than 40 percent currently)
- Welfare reforms in 1996 at the federal and state levels, which made access to welfare considerably more difficult for single heads of households, have greatly increased the incomes of low-income minority women by forcing them into the workplace (in fact, incomes of low-income minority women in the workplace remain unacceptably low)

Political campaigns are often filled with false claims and arguments as was illustrated in the presidential election of 2016. Take findings of PolitiFact, a winner of the Pulitzer Prize, that analyzes the accuracy of politicians' assertions. It contended that Donald

Trump had made roughly 110 false statements and Hillary Clinton had made 20 false statements during their presidential campaigns in 2016. Both of them had also made considerable numbers of “mostly true,” “half true,” and “mostly false” statements (see Aaron Sharockman, “Truth check: Clinton and Trump on the Truth-O-Meter,” November 1, 2016, accessed December 2, 2016 at www.Politifact.com).

Some Barriers to Evidence-Based Policies

Many policy proposals emanate from the agenda-building process that we discussed in Chapter Six, such as from ideas or developments in the political, problem, and solution streams in a specific agency or legislature *rather than from specific technical or research findings*. Public officials often develop specific policy proposals that they think will get them votes in elections, so they want policy proposals that are appealing to their constituencies. Some public officials distrust researchers in general, viewing them as liberals or as elitists even when they provide overwhelming evidence of the merits of specific policies like needle-exchange programs to reduce transmission of diseases or climate-control policies to stem the emergence of global warming. Still others dispute data that inequality is increasing in the United States even when this data comes from the respected U.S. Bureau of the Census. Others question budget estimates of the bipartisan Congressional Budget Office, even seeking its termination when its findings conflict with their ideology.

Researcher themselves sometimes impede the enactment of specific meritorious policies. They sometimes cannot communicate their research to public officials who are unschooled in statistics and research methodology. Researchers often disagree with one another *even when* they propose policies based upon research findings. They may disagree about the criteria used to judge the relative merits of a specific policy—or their relative weight or importance. Even when discussing the same empirical findings, researchers may differ about their interpretation or meaning. Some of them may attribute specific outcomes to a policy, for example, while others may believe other contextual factors caused them. The inability of specific job development programs to locate employment for their graduates may stem, for example, not from defective training strategies, but from the Great Recession that led to mass unemployment even for many highly trained persons.

We must acknowledge that many public officials initiate and enact policies that have not yet been evaluated by researchers. President Lyndon Johnson did not know that the Head Start program would improve educational performance of children when he and his allies established the program in 1964. President Barack Obama did not know that the ACA would reduce the number of uninsured Americans by roughly 20 million persons between 2011 and 2016 when he and his allies enacted the program.

Even when specific policies are proven to be effective, public officials may not adequately fund them. Or they may be rejected on ideological grounds such as when President Donald Trump pledged to repeal the ACA even though it had allowed roughly 20 million persons to obtain health insurance.

Definitive research does not exist with respect to how to prevent or address many social problems. We do not know how to prevent divorce on a massive scale. We do not know how to cure many physiological problems as attested by high death rates from many kinds of cancer. We do not know how to redevelop many low-income areas so they are not plagued by poverty. We do not know how to prevent the formation of gangs in many urban areas.

We often do not know why specific social phenomena exist. Take the case of the marked reduction in crime in the United States during the Great Recession and beyond. Rates of crime usually increase during recessions, but they markedly decreased during the Great Recession for unknown reasons.

The Campbell Collaborative, a respected Internet site for social science research, documents the lack of definitive research with respect to a host of issues, including:

- Whether cognitive-behavioral therapy helps children and young people who have been sexually abused—or helps foster care parents better manage children with behavioral problems—or reduces violent behaviors of men who engage in violent behaviors with their partners—or reduces criminal behavior of adolescents after they have been released from residential settings—or improves the well-being of sexually abused children—or decreases negative thoughts, feelings, and beliefs of gang members—or decreases antisocial behavior of youth in residential treatment¹¹
- Whether exercise has positive short-term effects on the self-esteem of children and young people¹²
- Whether additional monies given to socially or economically disadvantaged families affect their health, well-being, and educational attainment¹³
- Whether parenting training for parents with infants and toddlers reduces the development of emotional and behavioral problems of their children¹⁴
- Whether parent-training programs improve the general behavior of children with ADHD or help their children to make friends¹⁵

Policy researchers encounter another barrier: Findings with respect to one population may not apply to other ones. Treatments for diseases that are successful with men may not help women. Mental health interventions that are successful with Caucasians may not be effective with Latinos. Persons in rural areas may be less responsive to specific initiatives than persons in urban areas.

Policy Advocacy Challenge 14.4

Making Policy Choices in a Turbulent Environment

Bruce S. Jansson, Ph.D.

Assume that you are the mayor of a city in your geographic area. Assume that your city runs a deficit of \$80 million per year on an annual budget of \$500 million as your tax revenues decline during the Great Recession. Assume that policy advocates variously want the following policy enactments: (1) a gang prevention program, (2) enhanced garbage-collection and street-cleaning programs, (3) an economic development program for a specific low-income area, and (4) construction of shelters and subsidized housing for homeless persons.

Also assume that each of these policy advocates buttresses their requests with policy research. You are a relatively liberal public official who faces a tough election where you will be opposed by an opponent who will attempt to portray you as a “big spender who is bankrupting our city.” You need votes of blue-collar voters, who are swing voters, to win the election. Which of the advocates’ policy recommendations might you support and why?

Many policies that seek to advance prevention, such as reduction in gang violence, clinical depression, or school dropouts, obtain only modest improvements as we discussed in Chapter Seven, partly because it is difficult to target interventions on true positives as compared to false positives or false negatives. School officials are reluctant to invest resources in programs to reduce school dropout rates if they do not obtain dramatic results at a time when school budgets have been slashed in many jurisdictions during the Great Recession of 2007–2009 and to the present time.

Policy reformers often find it difficult to obtain effective implementation of new policies in organizations. Many persons are resistive to innovations. Staff may lack requisite skills. Chief executives may be reluctant to provide leadership. New policies may require the expenditure of major resources that are not available.

Remarkable Policy Successes

Yet considerable research has identified specific interventions and policies that are highly effective. Go to one of the web sites identified in Policy Advocacy Challenge 14.2 and identify evidence-based practices that are relevant to your professional interests. Could you discuss one or more of these practices with supervisors and administrators in an agency where you engage in field work to explore to what extent it is—or could be—implemented in it?

Returning to Values

Persons can support or oppose policies on purely moral grounds. Some programs can be defended on moral grounds when there is no empirical evidence of their effectiveness. For example, social workers can support hospice programs for those who are terminally ill because they provide caring, humanistic services to those who are suffering. An empirical finding that hospices save the government money by reducing the time people spend in hospitals or that they improve the mental health of patients would provide *additional* justifications, but social workers can defend the hospice program on moral grounds. Glenn Tinder argues,

Consequences do not count, at least not decisively (when defending social programs). If someone restores a lost wallet to the owner, we do not ask how the money it contained will be spent in order to determine whether this was an appropriate act. If someone helps save a friend from unemployment and poverty and the friend later dies of drink, we do not conclude that the original assistance was unwise. Indeed, a strict sense of justice is apt to be severely indifferent to consequences.¹⁶

Yet consequences do count as additional justifications for specific policies in the world in which we live. So much the better if policy advocates can buttress their moral justification of a policy with data that demonstrates its effectiveness.

Research and values complement one another with respect to many social issues. Evidence-based policy and policy evaluation need not be reserved for technical experts.

All of us can make important contributions, and we can use many kinds of arguments to support or oppose policies. Indeed, assessing policies is the starting point for creating a world in which evidence and ethical values of social work function hand in hand to produce effective social welfare policies for vulnerable populations.