

Evidence-Based Management in Child Welfare: A Process and Outcome Evaluation.

Executive Summary

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EXECUTIVE SUMMARY

Building on knowledge mobilization (KM) models from the health sector, the Evidence-Based Management in Child Welfare initiative (EBM) aimed to implement a focused KM strategy that would bring together managers, researchers and clinicians to integrate the best available evidence at all levels of policy and service delivery decision-making. The project was initiated following a request from Batshaw Youth and Family Centres (BYFC), Montréal's Anglophone child welfare agency, for assistance from McGill in helping them make better use of evidence-based practices and develop mechanisms to determine the impact of their services. The four-year EBM demonstration project was funded through a Social Sciences and Humanities Research Council (SSHRC) Knowledge Impact in Society grant, with financial and in-kind contributions from McGill University, BYFC, and the Association des Centres Jeunesse du Québec (ACJQ). The Process and Outcome Evaluation report completed in 2011 by the project's evaluation team summarizes the relevant literature on KM, describes the EBM model and activities, and evaluates the process and impact of this initiative.

What Previous Studies Found

A review of the literature on KM identified a rich literature on KM in health and social services that consistently found that the use research to inform policy and practice decisions depends on the extent to which the research is perceived by decision-makers as being relevant and credible. Relevance and credibility, in turn, depend on the extent to which research emerges from a partnership between researchers and decision-makers. Effective partnerships require that researchers be prepared to let service-providers and policy-makers participate and shape the research agenda, and also make use of a broader range of sources of evidence. KM requires organizations that have the capacity to use research, make time and resources available to support accessing research and that demonstrate this commitment by integrating research within core management structures. In this context, partnerships between researchers, service providers and policy makers must move beyond shared research projects to develop mechanisms

for universities and related research centres to make their skills and resources available to service organizations as they move first to evidence-based management providing the organizational infrastructure and culture to support evidence-based practice.

The EBM Model

The EBM initiative was designed as a child welfare KM model that places the question of evidence at the forefront of management and service delivery decisions in a child welfare agency. As described below, three sets of principles drove the project

Mobilizing Knowledge to Support Management Level Decisions

The overall objective of the EBM initiative was to develop and support a management culture where the question of evidence was at the forefront of key management decisions. While at first glance this may seem to be a fairly trite objective, in practice decisions about child welfare policies and programs have generally not been evidence based but have relied on legal statutes and regulations, tradition and opinion based on personal experience. EBM seeks to support managers' capacities to evaluate the evidence that a program has been shown to be effective in the past, and, once implemented, to monitor the extent to which the program is in fact meeting its objectives.

The first phase of the project focused on developing a KM program in a single mid-sized child welfare agency. The decision to focus on a single agency was based on several considerations. Given the developmental nature of the project, it was important to operate in an environment where different strategies could be explored and evaluated. Furthermore, we anticipated that this type of culture change exercise would require a high level of engagement from the partnering agency, as well as from the university. Experience from similar exercises in the health sector indicated that without full engagement of the management structure this type of initiative could drift into becoming a satellite research project (Lomas, 2003; Sharp, 2005).

Managers rather than clinicians were targeted given that studies evaluating the effectiveness of knowledge mobilization initiatives in the health and education sectors show that shifting to an evidence-based organizational culture hinges on the extent to which managers

value and use research (Hemsley-Brown & Sharp, 2003). The term evidence based management (EBM) was used rather than evidence based practice (EBP) because the types of decisions and evidence primarily targeted focused on broader policy and service-delivery questions rather than client-specific decisions. This focus on management-level decisions was driven both by our organizational culture-change objective as well as by some of the challenges that had been previously identified in implementing EBP at the clinical level in child welfare (Briggs & McBeath, 2009; Pfeffer & Sutton, 2006b; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).

Including Multiple Forms of Evidence

While the principle of basing management decisions on the best available evidence naturally met with strong support, careful thought needed to be given to what types of information should count as “evidence”. In order to respond effectively to the types of management decisions that need to be made on a day to day basis in a child welfare organization, the concept of evidence used for this project could not be limited to published research; rather it was preferable to include systematic reviews. In addition to published research, evidence was broadly defined for this project to also include statistics derived from the agency’s client and service information systems, as well as clinical and client expertise. This inclusive definition of evidence was illustrated in the form of a triangle of evidence that was referred to in presenting the project to agency staff.



RATL: Relevant, Accurate, Timely and Local

Building on the NHSS experience and the work of the CHSRF (Lomas, 2003; Sharp, 2005) the EBM initiative was based on the assumption that to develop a strong agency culture where research is valued, KM must be driven by: (1) relevant questions that decision-makers are faced with in their day to day activities; (2) accurate responses to these questions; (3) responses

to these questions that are provided in a timely fashion (weeks or months, not years); and (4) responses that make as much use as possible of local expertise and information, avoiding wherever possible time consuming and resource intensive supplementary data collection procedures. In other words, the research to practice loop must be *relevant, accurate, timely, and local* (RATL). Along with the *Evidence Triangle* the RATL principles helped shape the activities that were developed to support the EBM project.

EBM Activities

A range of strategies for supporting access to and integrating evidence into management decisions were initiated, eventually leading to five types of activities: (1) using service statistics to track client outcomes; (2) supporting the use of published research through “clinical integration groups”; (3) using surveys methods to systematically gather information from clinicians or clients; (4) developing an in-house research publication; and (5) giving managers access to knowledge brokers (KBs).

Service Statistics Integration Groups

BYFC has a comprehensive computerized client information system based on a common platform shared by all Youth Centres across Québec. While the information system was being used extensively as an individual client clinical information recording system and was used for management purposes to generate a range of reports, primarily in the form of month-end or year-end case-counts, it did not provide managers with the kind of information they needed to understand client service trajectories. Making better use of the information system was in fact one of the primary reasons that BYFC originally approached the CRCF for assistance. The Service Statistics Interpretation Group (SSIG) was designed to bring the CRCF data analysis team together with agency managers in an iterative group process that moves from conceptualizing data requests to interpreting the data to reporting it (Trocmé, Esposito, Laurendeau et al, 2009). Over a period of three years the SSIG met on a regular basis (every 6 to 8 weeks) to select indicators, develop operational definitions, interpret and contextualize results, identify additional avenues for analysis, and guide the development of dissemination materials.

Between meetings, the research team and the agency's IT specialist developed definitional and analytic options that are then brought back to the SSIG for discussion.

The SSIG operationalized and analyzed seven outcome indicators, including developing an innovative method for tracking service cohorts. Additional indicators have been analyzed for exploratory purposes and supplementary analyses have been used to identify client profiles requiring closer attention. By its third year, the SSIG was in a position to report on the outcome indicators internally and publicly. Within BYFC, results were shared with the senior management committee, the Board of Directors, and a range of management and staff groups. Findings regarding the indicator on recurrence of maltreatment, court rates, school delay, placement rate and moves in care were highlighted in issues of In-the-Know. Externally, data have been presented to other Québec youth protection agencies, to the Québec Ministry of Health and Social Services, to officials in Ontario, Alberta, France and Belgium, and at national and international academic conferences. The indicators developed at BYFC are being adopted as core set of indicators by youth protection agencies across Québec, and several First Nations organizations have expressed interest in piloting them in their agencies.

Clinical Integration Groups

“Keeping up with the literature” is a challenge for professionals in any field, especially in areas like child welfare where the urgency of the work always seems to trump reading books and journal articles. Clinical Integration Groups (CIGs) were developed as a forum that would allow for the integration of the three forms of evidence targeted by EBM, including reviewing agency-generated data, drawing on the experience and knowledge of clinicians, and accessing relevant published research and literature. The group meets approximately every 6 weeks. CIGs are comprised of approximately 15-20 members, including managers and clinicians representing various points of service in BYFC. Members can also include community experts, facilitating an information-sharing process. The CIGs are led by two agency co-chairs and supported by a knowledge brokering team including a university-affiliated researcher who has expertise in the clinical area, as well as a research assistant who provides support for the group's activities. This team model provides an opportunity for the researcher to engage with clinical experts at the agency, and for the research assistant, a student interested in the area, to support the researcher and the group by conducting literature searches, obtaining articles and keeping minutes. BYFC

Library Services also provides ongoing support to the group. To maximize the impact of the CIGs, the most salient material covered is summarized annually in the agency's research newsletter. Two CIGs were developed through EBM and continue to operate, one on sexual abuse and one on conjugal violence.

Clinical Service Surveys

Clinical expertise and client experiences can be difficult to capture in a systematic fashion, yet provide information that is not available from administrative information systems. Although a number of case review procedures are standard practice, there is no mechanism to draw out and aggregate this information at an agency-wide level. Likewise there are a number of mechanisms for addressing client complaints, but these experiences are not necessarily representative of all clients. Surveys can provide a low cost method to systematically tap into clinical expertise and client experiences to assist managers in monitoring services and developing new programs. With access CRCF expertise in designing questionnaires, and collecting and analyzing data, surveys were seen as a management tool that could feasibly be deployed within the context of the EBM initiative. A first survey was used to consult with the agency Reviewers who regularly oversee the intervention plans for all cases open for ongoing services. Using an online survey form developed in consultation with the reviewers, information was collected on assessment and planning procedures used for 348 consecutive cases. A second survey was conducted to support the development of an agency wide neglect program. Focus groups were first held with 40 clinicians to identify service needs specific to situations involving child neglect, and then clinicians completed a survey to systematically track case information regarding 929 children. A third survey examined client satisfaction using telephone administered questionnaires with 100 parents whose children were involved with the agency.

"In-The-Know" Research Newsletter

In-the-Know (ITK, or *Branché* in French) was developed as a BYFC research newsletter supported by CRCF to highlight research activities at BYFC, particularly results from the SSIG analyses of the client outcome indicators. The publication targets BYFC clinical personnel and the agency's partners. The tone and style of the newsletter attempts to strike a balance between establishing a professional look while maintaining an approachable tone that encourages

comments from readers. ITK is a quarterly 4-page colour printed newsletter. In the spirit of recognizing the existence of a variety of knowledge and evidence forms, the newsletter includes analyses of child welfare outcome indicators; summaries of student theses and Independent Study Projects related to child welfare, many of which are completed by BYFC staff returning to study at McGill; summaries of other BYFC research activities; and announcements regarding upcoming research-related activities. Editorial responsibility is shared between BYFC and CRCF.

Knowledge Brokers

One of the challenges inherent in a university-community partnership like EBM is to develop an efficient process for providing research support. Providing evidence in a timely fashion to support management decisions can be particularly challenging in a traditional academic culture where the cost and timelines of thorough and systematic reviews of the literature can be prohibitive (see RATL). The challenge is to find mechanisms whereby academics can provide technical support without having to provide a fully researched academic opinion. A knowledge brokering model provides an interactive approach that tailors research and best practice reviews to the needs and timeframe of the users (Clark & Kelly, 2005; Kramer & Wells, 2005; Sharp, 2005; Kramer & Cole, 2003). Academics with relevant research expertise, usually assisted by graduate student, were recruited as Knowledge Brokers teams (KBs) to work in tandem with BYFC managers. KBs help formulate research related questions, access and interpret service statistics from information systems, access and interpret research literature, help design and analyze surveys and evaluations, and link decision-makers to experts who can provide more specialized consultation. While KBs provide technical assistance, the leadership for the projects rests with a manager. In addition to supporting SSIGs, CIGs and the three surveys, KBs have supported a number of policy and program activities, such as assisting in extending and monitoring permanency planning policies, analyzing client complaints, and interpreting data on the disproportionate representation of Black children and youth.

Impact of EBM on Participants

An evaluation of participants experience with EBM was undertaken through a pre-test post-test questionnaire (N=54) and interviews with participants, focus groups with managers (N=76) at the beginning of the project as well as individual interviews with a selection of managers and researchers at the end of the project (N=26). An external research team from the University of Québec at Montréal conducted and analyzed the post-test interviews in order to provide an independent perspective. Over 80 BYFC staff and close to 20 students and academics were directly involved in EBM activities over the course of four years. At the outset of the project managers had identified a number of barriers to accessing service statistics and research, including difficulties generating consistent aggregated statistics using the agency's client information system, limited access to published research, poor match between research and the management related questions they need to make decisions about, and lack of protected time to relevant read studies and reports. Results from the pre-test post-test surveys showed that self-reported use of evidence had increased significantly in terms of accessing and using agency statistics, published research and clinical expertise. Participants who were interviewed at the end of the project identified a range of outcomes as well as some challenges, these included (1) increased capacity to engage in research, better coordination of research related activities and better access to research products; (2) use of information systems and survey results to support program and policy development; and (3) increased ability to engage in research and policy development activities with other agencies and government departments.

The EBM process was however challenging: (1) it required more resources from all partners than had been anticipated, (2) differences in the academic and social service agency cultures required that objectives and roles of participants be explicitly negotiated, and (3) the developmental nature of the initiative was the source of some frustration for participants who felt some activities lacked clarity and focus. Nevertheless, participants appreciated the creation of new structures and opportunities for exchange within the organization and highlighted the importance of the collaborative relationship established between BYFC and the CRCF. Participants also appreciated the value placed on tacit and clinical knowledge in the evidence production process and the inclusion and recognition of agency staff at all levels of the project.

Next Steps

The BYFC-McGill EBM collaboration has been a successful partnership that has supported the development of a stronger research culture at BYFC, that has helped the McGill CRCF develop a research support and collaboration model that it is applying to new initiatives with other community agencies, and that has generated a province-wide data sharing and utilization initiative. The EBM initiative has started to generate interest from child welfare organizations in other provinces and even from several European organizations. The collaboration required a significant investment of time and resources on the part of the researcher and the agency. Leadership from a “hands on” Coordinating Team was essential, but required an engaged and motivated group of clinicians and managers who were prepared to commit to the EBM activities and a research team that was able to produce evidence that was “relevant, local, accurate and timely”.

The EBM project demonstrated the potential for significant development in research and evaluation partnerships between child and family service agencies and universities. Both sectors must continue to invest resources to rise to this challenge, in order to better meet the needs of the children and families receiving these services