



BYFC



CRCF

IN-the-KNOW...

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SPECIAL EDITION

In the Know... Where it has been

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The **In the Know** publication is a Batshaw Centres' publication, supported by McGill's Centre for Research on Children and Families (CRCF). It has been designed to draw knowledge from different clinical services within Batshaw or the CRCF with the intent of making it available to our clinical personnel and community partners. This knowledge has come in the form of clinical research, practice expertise, and data derived from our clinical information system. The themes have been selected on the basis of their relevance to our work.

This publication began in March 2009 with an emphasis placed on creating an organizational culture whereby the acquisition and use of evidence

serves to inform clinical decision-making, program development and clinical activities. Since the beginning of the Evidence-Based Management Project, the collaboration between Batshaw Centres and McGill's CRCF has become stronger, with **In the Know** as a mechanism used to share knowledge and expertise amongst clinicians, academics, researchers, and management. Recently, an evaluation of the Evidence-Based Management Project was completed that draws a portrait of the activities, partnerships, and projects that we've engaged in the last five years and also includes where it will take us moving forward. [ITK](#)

Evidence-Based Management

Evaluation of the Evidence Based Management Project at BYFC

Nico Trocmé (CRCF Director), Lise Milne (McGill PhD Student), Claude Laurendeau (Former Director of Professional Services, July 2012) & Marie-Joelle Gervais

The Evidence-Based Management in Child Welfare project (EBM) was initiated following a request from Batshaw Youth and Family Centres for assistance from McGill's Centre for Research on Children and Families (CRCF) to help the agency make better use of evidence-based practices and develop mechanisms to determine the impact of services. The four-year EBM pilot project was funded through a Social Sciences and Humanities Research Council Knowledge Impact in Society grant, with financial and in-kind contributions from McGill University, BYFC, and the Association des Centres Jeunesse du Québec.

WHAT IS EBM?

The overall objective of the EBM project was to develop and support a management culture where the question of evidence is placed at the forefront of key management decisions. 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

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to published research and systematic reviews; rather it was expanded to also include statistics derived from the agency's client and service information systems, as well as, clinical expertise and client experience. This inclusive definition of evidence was illustrated in the form of an *Evidence Triangle* that was referred to in presenting the project to agency staff.



Along with the *Evidence Triangle* described, the *Relevant, Accurate, Timely, and Local* (RATL) principles helped shape the activities that were developed to support the EBM project. Building on a knowledge mobilization model developed by the Canadian Health Services Research Foundation, the EBM project was based on the assumption that to develop a strong evidence-based agency culture, activities 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 time consuming and resource intensive supplementary data collection procedures, wherever possible. Questions can range from relatively narrow issues (e.g. sorting out unit of analysis problems created by a database that confounded complaints and number of complainants or helping select clinical measures) to questions related to program development or evaluation (e.g. tracking service outcomes, conducting client surveys or evaluating programs).

Student-faculty knowledge broker teams were deployed at several levels in the agency to assist managers in: 1) using service statistics to track service trends, client outcomes and relevant demographic trends¹; (2) supporting the use of published research through "Clinical Integration Groups (CIGs)²; and (3) using survey methods to systematically gather information from clinicians or clients³. In addition, the EBM team supported the development of *In-the-Know* (ITK), the BYFC research newsletter supported by CRCF to highlight research activities at BYFC.

WHAT DID THE EVALUATION FIND?

Over 80 BYFC staff and close to 20 students and academics were directly involved in EBM activities over the course of four years. Evaluation of the EBM project involved two components: (1) on-going monitoring and analysis of products and processes by the EBM coordinating team, involving the Principal Investigator, the Director of the Division of Professional Services and the Project Manager⁴, and (2) participant interviews and questionnaires including a pre-test, post-test questionnaire (N=54), focus groups with managers (N=76) at the beginning of the project, and 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.

Overall the evaluation found that the BYFC-McGill EBM collaboration has been a successful partnership that has supported the development of a stronger research culture at BYFC, 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

¹ See, for example: *Time to permanence: where do children in out-of-home care end up and how long does it take?* In *The Know*, January 2012, Volume 2, Issue 5.

² CIGs are composed of researchers and clinical staff from various levels and across services who focus on a specific area of practice. Two CIGs are currently active, one focusing child sexual abuse and one on conjugal violence. See for example: In *The Know*, December 2010, Volume 2, Issue3, pages 3-4.

³ For example, the development of the BYFC Neglect Program was supported by a series of focus groups followed by a survey that examined 929 neglect files. See: In *The Know*, June 2010, Volume 2, Issue 3

⁴ The project manager was employed by McGill under the supervision of the Principal Investigator.



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generated a province-wide data sharing and utilization initiative. The outcome indicators developed through the EBM project have now been taken up by all youth centres across the province and are being integrated in the Ministry's management indicators. The use of knowledge brokers and CIGs has generated interest from child welfare organizations in other provinces and also from several European organizations. The evaluation has demonstrated the importance of establishing strategies that rely on interactive processes between researchers and users in order to ensure effective knowledge mobilization.

An information utilization survey examining the use of agency statistics, integration of research findings and access to clinical expertise was distributed to BYFC managers during the beginning of the project (June 2007) and three years later as the project was coming to an end (July 2010). At the outset of the project, managers 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 read relevant 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.

In depth interviews with participants and review of EBM related products identified a range of outcomes that reflected the strengths and challenges of the project. 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, Accurate, Timely and Local*". Positive outcomes identified by participants 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.

As is often the case with developmental projects, lessons learned from initiatives were as useful as successes in refining the model, these included: (1) more resources than anticipated required from all partners, (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 EBM project has brought larger issues of funding and management cultures to the forefront that go beyond the specific organizations involved in the initiative. There is a weak tradition of integrating research and evidence into social service management in Canada. Unlike the health sector where there are well-established teaching and research hospitals and public health agencies with health surveillance and research mandates, the social service sector remains needs and process-driven rather than outcomes-driven. Ironically, BYFC's limited access to research and evaluation resources may have concealed equally concerning capacity limitations at the level of McGill's CRCF, and more broadly, limited research and evaluation capacity in Schools of Social Work across Canada. Had the agency made additional requests for methodological support, it is unlikely that the CRCF would have had the capacity to respond.

The mutual benefits of the agency-university collaboration initiated by the EBM project appear to have set a process in motion that is generating the needed resources to sustain and even expand the collaboration. With funds from the Royal Bank of Canada (RBC), the CRCF is expanding research and evaluation training opportunities for students to help address the Centre's limited capacity to maximize the research potential in Youth Protection agencies. RBC funds are also allowing the CRCF to continue to provide support to BYFC for producing **In the Know**,



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the joint BYFC-CRCF research publication, and to staff two ongoing CIGs. Furthermore, building on the strength of the EBM demonstration project, a partnership including the CRCF, BYFC, three additional mid-sized Youth Protection Centres, the provincial association of Youth Protection Centres and two First Nations organizations have obtained funding for a seven year Social Sciences

and Humanities Research Council funded research partnership grant that will support an expansion of EBM and additional research training programs for graduate students. The next challenge will be to assess the extent to which the projects generated by these initiatives are leading to improvements in practices and ultimately better outcomes for the children and families receiving these services. 

In the Know... Where it is going

Elayne Aber, Agente de Planification, Programmation et de la Recherche; Susan Gallo, Program Development Manager; Janet Sand, Librarian, Division of Professional Services

We believe we are at a place within Batshaw Centres to say that we have created an organizational culture where research is valued and that evidence is more present in guiding our program development, clinical activities and overall service delivery.

As a result, the following editions of **In the Know** will continue to help us make links between knowledge and decision-making; and promote our commitment, competence and confidence in its use and integration in our clinical practice. As we are striving toward this goal, individuals will be called upon to move beyond the evidence and to help make connections with how the evidence translates itself into action.

In keeping with this spirit, we will be producing three editions of **In the Know** in 2013 and we will need your input!

Edition 1 (March 2013) will examine other indicators through the National Outcome Measures' Matrix (NOM) and explore where Batshaw is situated vis-à-vis the 16 other CJ's, as they are all now using the indicators for clinical and management processes.

Stability of placement for adolescents will be the theme for Edition 2 (June 2013). Although this is an area of a lot of study with younger children, little has been looked at in relation to our adolescent population and the frequency of placement moves. This is particularly relevant in

relation to the Cadre de Référence on Attachment that has been put forth by the ACJQ.

Finally, Edition 3 (September 2013) will introduce the guiding principles for intervention with parents who experience substance abuse difficulties and explore the impact of these issues on clinical practice.

These are the overall themes and we will continue to be on the look-out for ISP summaries, Batshaw Centres' initiatives and projects to include in these editions.

The collaboration between Batshaw Centres and McGill's CRCF will continue throughout the **In the Know** editions. We have an editorial committee that consists of: Elayne Aber, Susan Gallo, Janet Sand, Jaime Wegner-Lohin (McGill – PhD Student) and an advisory committee which includes the editorial committee and the addition of Lesley Hill (Assistant Executive Director / interim DPS) and Nico Trocmé (Director of CRCF).

All the material mentioned within **In the Know** will be available at the Batshaw Library. Janet, the librarian will also be providing subject bibliographies generated from the themes discussed in the three editions.

For more information, please contact our librarian Janet Sand at janet_sand@ssss.gouv.qc.ca 

