The Uptake and Utilization of Research Evidence by Ontario Child Welfare Decision-Makers: Final Report

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Background Information
Extensive resources are invested in the research process with the expectation that decision-makers will utilize relevant findings to inform practice and policy. In the Province of Ontario, administrative decision-makers working within Children’s Aid Societies and Native Child and Family Service Agencies are being encouraged to utilize research evidence to inform the development of local programs and policies.

Study Purpose
To describe and understand how senior administrators of Ontario Children’s Aid Societies and Native Child and Family Service Agencies use research evidence when making decisions about child welfare policies and programs. To also identify factors about individuals, the organizations in which they work and the child welfare environment that influence this process.

How the Study Was Conducted
This study occurred in two phases from 2006-2008. In Phase 1, a multi-site case study was conducted and 27 senior child welfare decision-makers from six Ontario Children’s Aid Societies and three Native Child and Family Caring Societies were interviewed about their perceptions and experiences of using evidence in decision-making. In Phase 2, 98 senior decision-makers completed a survey about their use of research evidence in decision-making processes.

Key Findings
There is a cultural shift occurring within child welfare and more administrators are recognizing the value of using research evidence to inform their decisions. Most decisions at the organizational level are influenced by standards and directives developed at the Provincial level of government. Within the agencies, administrators use many different kinds of information to inform their decisions. Most administrators lack the time and necessary resources to find, read and use research evidence. The uptake of research evidence into the decision-making process can be facilitated when an evidence-based champion is identified and supported, when agencies create an organizational culture that supports the utilization of research, when agencies develop formal relationships with universities and when they join other networks of administrators with a common goal.

Implications for Practice and Research
The uptake and utilization of research evidence will be facilitated if Provincial standards and directives are developed using the best available research evidence. Individual decision-makers should not all be individually responsible to utilize research evidence in their decision-making process. Instead, Children’s Aid Societies and Native Child and Family Caring Societies should develop collaborative relationships with researchers, organizations need to create a culture that values research and key champions in each agency should be supported to develop the capacity to retrieve, appraise and synthesize research evidence. If researchers want their evidence to be used, they must provide administrators with short, clear summaries and create opportunities to interact and discuss research evidence face-to-face with administrators.
The Uptake and Utilization of Research Evidence by Ontario Child Welfare Decision- Makers: Technical Summary

Background Information
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Study Objectives
1. Describe research utilization by senior Ontario child welfare decision makers in the decision-making process within Children’s Aid Societies and Native Child and Family Caring Societies.
2. Identify individual, environmental and organizational factors that influence the transfer and uptake of research evidence within the field of child welfare.
3. Understand how research evidence is located and used in policy development.
4. Explore the influence and impact of public health surveillance data on child welfare policy.

Study Design
This study occurred in two phases from 2006-2008. In Phase 1, a multi-site case study was conducted and 27 senior child welfare decision-makers from six Ontario Children’s Aid Societies and three Native Child and Family Caring Societies were interviewed about their perceptions and experiences of using evidence in decision-making. In Phase 2, 98 senior decision-makers (including Executive Directors, Quality Assurance/Research Directors or their equivalent, and Service Directors responsible for child welfare) completed a telephone survey about their use of research evidence in decision-making processes.

Key Findings
- There was strong consensus among the administrators that the field of child welfare in Ontario is in the early stages of transitioning from tradition-based to evidence-informed practice.
- Decision-makers in this field value and utilize many types of information to inform the decision-making process for creating new policies or programs. The most important type of information that informs their decisions are the standards and directives legislated by the Provincial Government. Some administrators from Native Child and Family Caring Agencies identified that these directives sometimes conflict with their local and traditional values and beliefs about best child welfare practices.
- Child welfare decision-makers are aware of child maltreatment surveillance data published in the Canadian and Ontario Incidence Studies of Reported Child Abuse and Neglect. They report that the findings are highly relevant to the field of child welfare. Child maltreatment surveillance data are most commonly used conceptually to: 1) identify new emerging child maltreatment trends so that agency policies or programs can be adjusted; 2) confirm local observations and hypotheses about child maltreatment trends; and 3) identify areas of practice and policy that should be scrutinized.
- Child welfare is a highly politicized and bureaucratic field where provincial-level decisions are highly influential on decisions made at the organizational level. Many agency administrators perceive that provincial policies are not primarily informed by research evidence but are more likely shaped by legislation, regulations, perceived best
practices, the values of the political party in power, accountability and liability issues, and the availability of finite financial resources to fund child welfare.

- Research evidence is considered to be a less important source of information in the decision-making process compared to the standards and directives, organizational values and beliefs, current organizational practices, program evaluation results, local best practices and local social planning information.

- At the organizational level, the following factors have some influence on the extent to which research utilization in the policy development process occurs within the organization: 1) leadership that values evidence-based policy and supports a learning culture; 2) identification of an organizational evidence-based policy champion; 3) establishment of linkages with universities or partnerships with researchers; 4) involvement in networks that bring together champions; 5) access to technology and the ability to retrieve research evidence; 6) access to an individual with the knowledge and skills to locate, retrieve, appraise and synthesize research evidence.

- Individual characteristics that influence the extent to which decision makers use research evidence include: 1) exposure to research during graduate education; 2) critical appraisal skills; 3) work experience in fields outside of child welfare; 4) access to databases of evidence; and 5) a personal dedication to ‘inquiry.

- Barriers to research utilization included: 1) a lack of time to access, retrieve, read, appraise, and interpret research evidence; and 2) the lack of free access to electronic research articles.

**Recommendations**

1. **For Decision-Makers Responsible for the Development of Provincial Child Welfare Policies and Mandates**
   - Integrate the best available research evidence into the process for developing provincial child welfare standards and directives.
   - Demonstrate transparency and when communicating new standards or directives to agencies, provide opportunities for decision-makers to link to or access the evidence upon which the decisions were based.
   - Develop strategies to balance research evidence with traditional Aboriginal knowledge in the development of standards and directives for communities servicing First Nations populations.

2. **For Senior Administrators with Children’s Aid Societies and Native Child and Family Caring Agencies**
   - Identify a champion within the organization who is highly motivated to create a culture that supports the integration of research evidence into decision-making. Develop this individual’s capacity to integrate evidence into policy procedures and provide the individual with the resources to locate, retrieve, appraise, interpret and synthesize research evidence. In many agencies, the individual responsible for Quality Assurance may be a natural fit for this role.
Join system level networks such as Practice and Research Together that will promote more efficient processes for accessing and interpreting the best available research evidence.

Identify opportunities to develop collaborations with researchers and to create formal affiliations with universities.

3. For Child Welfare Researchers

Seek to develop collaborative partnerships with senior child welfare decision-makers at both small and large agencies across Ontario.

Identify opportunities to create formal linkages between Universities and Children’s Aid Societies and Native Child and Family Caring Societies.

When working with Native Child and Family Caring Societies, invest the time to visit the agency and develop face-to-face relationships.

Disseminate study findings in both hard and electronic formats.

Always provide a clear, concise summary of findings.

Identify opportunities to interact face-to-face with decision-makers and share research evidence using oral channels of communication.
I. Background Information and Review of the Literature

Child maltreatment is a serious social and public health problem that places a significant burden on both abused or neglected individuals and society. The total cost of child maltreatment to Canadian society exceeds $15 billion annually (Bowlus, McKenna, Day & Wright, 2003). In 2003, an estimated 217,319 child maltreatment investigations were conducted in Canada by child welfare workers (excluding Quebec) and 47% of these investigations involved substantiated child maltreatment (21.71 cases per 1,000 children less than 15 years) (Trocmé et al, 2005). Compared to 1998, cases of substantiated child maltreatment have increased 125%, with the greatest increases occurring in the categories of emotional maltreatment and exposure to domestic violence (Trocmé et al). Similarly, in Ontario, the rate of substantiated maltreatment increased 320% between 1993 and 2003 (Fallon et al., 2005). The primary form of substantiated maltreatment experienced by Ontario children (Non-Aboriginal) is exposure to domestic violence (32% of substantiated investigations) (Fallon et al). In comparison, neglect is the primary form of substantiated maltreatment experienced by children of Aboriginal heritage living in Ontario (40% of substantiated investigations) (Fallon et al). Prevalence, or the proportion of the population that were maltreated as children, provides another perspective about the scope of maltreatment in Canada. The most current prevalence data, collected from an Ontario community-based survey (n=9,953, 15-65+), indicates that 33% of males and 27% of females report a history of physical or sexual abuse or both during childhood (MacMillan et al., 1997).

In Ontario, 8% of children with substantiated maltreatment, based on reports to child welfare agencies, experienced physical harm as a result of the maltreatment (Fallon et al., 2005). Furthermore, 18% of substantiated cases experienced emotional harm, with 13% experiencing emotional harm significant enough to warrant treatment (Fallon et al). A review of the literature on the sequelae of child maltreatment concluded that negative outcomes include personality disorders, physical impairment and increased health service utilization (MacMillan & Munn, 2001). For individuals who have experienced sexual, physical or emotional abuse, long-term negative outcomes in adulthood can include increased rates of psychopathology, sexual difficulties, decreased self esteem, interpersonal problems (Mullen et al., 1996), post-traumatic stress disorder (Widom, 1989), depression, increased physical complaints (Arnow, 2004) and substance abuse (Dube et al., 2003). In addition, victims of sexual abuse may also experience early pregnancy, painful intercourse, and psychological problems including suicidal ideation, eating disorders, dissociation or psychosis (Tyler, 2002). As a result, individuals with childhood experiences of maltreatment, compared to individuals with no history of abuse, have increased utilization rates of health care services, particularly of emergency medical and psychiatric services (Arnow).

Since 1998, Canadian child maltreatment surveillance data have been collected every five years. Findings are intended to support decision-makers in setting priorities for planning, policy development and resource allocation for child and youth policy across sectors such as health, child welfare and education. To date, little is known about the utilization of this data or the impact that this form of evidence has on child welfare policy developed to promote child health and social well-being.

The purpose of this mixed methods study was to explore Ontario child welfare decision-makers use of research evidence, in particular the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) and the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS), in the development of policy impacting children at risk of maltreatment or maltreated children and their families. The objectives of this exploratory descriptive study were to identify...
characteristics of the individual, organization and environment that facilitate evidence-informed decision-making among Ontario child welfare decision-makers working within Children’s Aid Societies (CAS).

Canadian Child Welfare System

The prevention of child maltreatment and delivery of child protection services requires a coordinated effort across multiple government sectors at both federal and provincial levels (MacLeod, Tonmyr, & Thornton, 2004). The delivery of child protection services and programs, through either regional agencies or provincial funding of Children’s Aid Societies (CAS), is a provincial and territorial responsibility. The one exception is First Nations communities that have responsibility to deliver these services, which are then funded by the federal department of Indian and Northern Affairs (MacLeod, Tonmyr, & Thornton).

In Ontario, it is the responsibility of the provincial government to fund, legislate and monitor the provincial child welfare system. The Ontario Ministry of Children and Youth establishes child welfare policy and provides program design (Ontario Ministry of Children and Youth Services, 2005). This Ministry also has nine regional offices responsible for monitoring Ontario CAS agencies. The delivery of child protection services, as defined under the Child and Family Services Act, is the responsibility of the 53 CAS agencies across Ontario. Of these 53 agencies, there are 5 Native Child and Family Service Agencies. There are an additional 5 Native Child and Family Service Agencies which are not mandated as a CAS. Additionally, CAS agencies are represented by the Ontario Association of Children’s Aid Societies (OACAS), a membership organization that focuses on the promotion of child welfare issues, policy development, research and the implementation of best practices in child welfare programs (Ontario Association of Children’s Aid Societies, 2005). At a provincial level, OACAS works closely with government to develop and respond to legislation, practice standards and policy (Ontario Association of Children’s Aid Societies, 2005). The Association of Native Child and Family Service Agencies of Ontario (ANCFSAO) is an organization representing nine Aboriginal child and family service authorities in Ontario. As a mandate, members of ANCFSAO are committed to the advocacy for and development of child welfare policy and research that will support the delivery of culturally competent services to Aboriginal children living in Ontario (Association of Native Child and Family Service Agencies of Ontario, 2002).

Canadian and Ontario Incidence Studies of Reported Child Abuse and Neglect

In Canada, there is a national public health surveillance system that tracks the incidence of all types of child maltreatment (physical, sexual and emotional abuse, neglect, and exposure to domestic violence). Public health surveillance refers to the “ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health (Centers for Disease Control and Prevention, 2001, p.2). Surveillance data are a type of research evidence that can be utilized by policy makers at all levels of government and across multiple sectors. This population-based data is intended to support and inform numerous activities, including: the planning, implementation and evaluation of programs to prevent or control injury; the ability to measure the burden of a disease or condition and describe its clinical course; to identify populations of high risk or emerging health concerns; to monitor trends; to evaluate public policy; to detect changes in professional practice; and to prioritize the resource allocation (Centers for Disease Control and Prevention; Stroup, 1992).
The Public Health Agency of Canada (PHAC) coordinates Canada’s national child maltreatment surveillance program. The CIS is conducted to estimate, using national level data, the scope and characteristics of child abuse and neglect investigated by child welfare services. To date, data from two cycles of surveillance, 1998 and 2003, have been released. To facilitate comparisons between provincial and national level data, some jurisdictions provide additional funding for oversampling within the CIS. To comprehensively and accurately understand the extent of reported child maltreatment in Ontario, the initial OIS was conducted in 1993, with subsequent provincial data collected as part of the CIS-1998 and CIS-2003 (Fallon et al., 2005; Trocmé, McPhee, Kwan Tam & Hay, 1994; Trocmé et al., 2001; Trocmé et al., 2002).

CIS and OIS data provide specific and detailed information about the incidence of different types of reported abuse and neglect, the characteristics of maltreatment including the nature and extent of harm that results from maltreatment, and the characteristics of investigated children and the households in which they reside. To understand and describe the delivery of child welfare services across Canada and Ontario, the CIS and OIS provide information about the sources of referral to child welfare agencies, the services that investigated children receive, the outcomes associated with investigations, and the characteristics of the child welfare workers and agencies providing services to children and families. Given concerns about the overrepresentation of children of Aboriginal heritage in the foster care system, there is also a commitment in both the CIS and OIS, to understand the factors that bring Aboriginal children in contact with the child welfare system (Fallon et al., 2005; Trocmé et al., 2005).

In October 2005, PHAC implemented a comprehensive communication plan and dissemination strategy (Jack & Tonmyr, 2008) to release CIS-2003 key findings to multiple target audiences. Similarly, OIS-2003 findings were released in November 2005. Although policy makers acknowledge the CIS as an important source of information (Tonmyr, DeMarco, Hovdestad & Hubka, 2004), little is known about how this type of evidence has been used to inform child welfare policy and the services developed to support children and families. At an international level, findings from the CIS-1998 identified the importance of child neglect as a type of maltreatment and this influenced policy makers at the United Nations to include neglect in their reports (Tonmyr & Doering, 2003). There is also emerging evidence that provincial child welfare decision makers are aware of CIS data and are using it to inform policy development. For example, the development of a differential response system to reflect various degrees of urgency in intervention has partly been based on CIS findings (McCourt, 2004) and the First Nations Child & Family Caring Society (FNCFCS) has used the CIS data as a basis for discussions regarding a new funding formula for First Nations child welfare agencies (Tonmyr, Fallon & Trocmé, 2006).

**Research Utilization in Child Welfare Policy**

Extensive resources are invested in the production of research with the expectation that relevant findings will be utilized by decision-makers to inform practice and policy. It is well documented though that a gap exists between research production and research utilization in decision-making (Huberman, 1994; Lenfant, 2003; Lomas, 2000a). Within healthcare, the focus has been primarily on understanding how empirical research evidence can be integrated into the process of decision-making at the individual-clinical level. Consequently, a significant body of research documenting individual and organizational influences on research utilization (Estabrooks et al., 2003; Rycroft-Malone et al., 2002; Dobbins, Cockerill, Barnsley & Ciliska, 2001) and identifying potential interventions to promote the effective dissemination (Lavis et al., 2003) and utilization of research evidence (Bero et al., 1998; Grol & Grimshaw, 1999) has emerged. Following advancements in healthcare, the promotion of evidence-based practice is
being promoted within child welfare and social work (Kessler, Gira & Poertner, 2005; Usher & Wildfire, 2003). However, within these fields, the evidence-based practice movement is at an early stage of development and identified challenges to achieving this goal include: 1) the lack of a strong evidence base and 2) the concern that emphasizing research evidence over individual and community values and experiences in decision-making is inconsistent with social work values (Usher & Wildfire).

With increasing demands for accountability and the delivery of cost-effective services, evidence-based decision-making is gaining greater attention in all policy environments. However, the lessons learned about the utilization of research evidence in clinical practice may not always be applicable to decision-makers working in developing policy at administrative and legislative levels (Waddell et al., 2005). In the shift from decision-making at an individual-clinical level to a population-policy level, the context changes and becomes more uncertain, variable and complex (Dobrow, Goel, & Upshur, 2004). At the population-policy level, decision-makers receive information not only from researchers but also from other sources such as think-tanks, interest groups and the media, some of which may be purveying conflicting messages (Lomas, 2000a). Decision-makers must also work to balance the varying ideologies, beliefs and interests of competing stakeholders (Lomas) and thus policy is developed based upon “the values in which decisions are immersed and the information upon which a decision is based and justified” (p. 142).

Traditionally, child welfare policies and legislation have been developed based on stakeholder values and influenced by the availability of resources (Dudding & Herbert, 2004). To understand why children’s mental health policy across government sectors is not reflective of current research evidence, Waddell and colleagues (2005) conducted in-depth interviews with 32 Canadian politicians and senior civil servants. The study participants clearly acknowledged that while research evidence is valued in decision-making, its role must be balanced with competing interests including stakeholder priorities’, the public’s response to negative events involving children and the media’s role in shaping the response. The authors of this study concluded that the utilization of research evidence in formulating children’s mental health policy could be promoted through informing researchers about the competing influences on policy makers, forming partnerships between researchers and policy makers, and engaging researchers in public debate about serious issues that impact children (Waddell et al). It is this type of partnership that has been developed between PHAC, child welfare researchers and the Provincial/Territorial Directors of Child Welfare to inform all stages of the CIS/OIS cycles of surveillance. Through ongoing consultations and regular opportunities for stakeholder input and feedback, PHAC is committed to providing relevant research evidence to decision makers so that they can make informed child welfare policy decisions and provide justification for resource allocation (McCourt, 2004).

To date little is known about the influence and impact this form of evidence has on child welfare policy in Ontario. No current or previous studies focused on describing the influence and impact that CIS/OIS data have on policy development have been identified.

II. Study Goals and Objectives

The overall goal of this research study was to examine child welfare decision-makers’ awareness and utilization of research evidence, and CIS/OIS surveillance data, in the policy development process in the Province of Ontario. Increased understanding of how research evidence is used in the development of child welfare policy, including awareness of barriers and
facilitators to research utilization, will support the development of appropriate knowledge transfer and exchange strategies for this population.

The specific study objectives were to:
1. Describe research utilization by senior Ontario child welfare decision makers in the decision-making process within Children’s Aid Societies and Native Child and Family Caring Societies.
2. Identify individual, environmental and organizational factors that influence the transfer and uptake of research evidence within the field of child welfare.
3. Understand how research evidence is located and used in policy development.
4. Explore the influence and impact of public health surveillance data on child welfare policy.

III. Research Plan and Methodology

Both quantitative (QUAN) and qualitative (QUAL) methods were used to address the research questions. A sequential mixed methods design guided the overall study. In Phase 1, an in-depth qualitative exploration of the phenomenon of research utilization in nine Ontario CAS organizations was completed. The initial conduct of the qualitative research provided the research team with an understanding of the issues around research utilization in child welfare organizations and the policy development environment in Ontario. This understanding helped us to refine and narrow our sampling strategy for Phase 2. The second phase of the study was characterized by the collection of survey data from a sample of senior decision-makers with Ontario Children’s Aid Societies.

This study received full ethics approval from the Hamilton Health Sciences /McMaster University Faculty of Health Sciences Research Ethics Board. Permission to conduct the research and to collect data from decision makers working within Ontario Children’s Aid Societies was also obtained from the Ontario Association of Children’s Aid Societies.

A. Phase 1: QUALITATIVE STUDY DESIGN

The qualitative study focused on understanding how research evidence, and specifically the OIS/CIS public health surveillance data, is utilized by senior decision-makers in Ontario CAS and Native Child and Family Caring Society agencies and to identify the individual, organizational and environmental factors that influence the integration of research evidence into child welfare policy. The use of a qualitative case study approach enabled us to understand both if research evidence is used in policy development and then how it is utilized. It has been argued that case study is the qualitative method that best facilitates the collection of detailed, rich data essential for identifying “competing influences” on the decision making process (e.g. resource availability, stakeholder values) where interests are similar to, but not necessarily informed by, research evidence (Lavis, Ross, McLeod & Gildiner, 2003, p. 166).

Case study involves the description, exploration, or explanation of a contemporary phenomenon within its real-life context (Yin, 2003). It is a particularly useful method of investigation when the phenomenon of interest involves complex social interactions, when investigators have minimal control over variables and when boundaries between the phenomenon under study and the context in which it is situated are not clearly delineated (Yin). For this study, the phenomenon of interest or the ‘case’ under study was the utilization of research evidence to inform the process of policy development by senior decision-makers in Ontario CAS agencies. This design facilitated an in-depth description of the utilization of surveillance data in policy development and identification of internal and external contextual characteristics of CAS organizations that influenced this process.
1. Study Propositions

Case studies are bounded by context and time. This case study was bounded in that we were focused on exploring only the process of research utilization with the specific context of Ontario Children’s Aid Societies a contemporary timeframe. To maintain the focus of a case study investigation and to guide data collection and analysis, study propositions to be examined during the course of study, are identified a priori (Yin, 2003). For this study, Dobbins’ and colleagues (2002) model for the dissemination and utilization of research for health-care policy and practice has been used as a theoretical framework to identify the propositions for exploration in this study. The study propositions were:

1. Decision-makers are aware many types of evidence that can be used to inform decision-making and policy development. Evidence may include: context-free research evidence (including OIS/CIS surveillance data); context-sensitive research evidence; and colloquial evidence (e.g. values, beliefs, political judgment, expert opinion) (Lomas et al., 2005) from a variety of sources (e.g. media, advocates or networks) (Lomas, 2000a; 2000b).

2. Dissemination strategies implemented by PHAC to distribute CIS major findings and key messages and strategies utilized by the Ontario Ministry of Children and Youth to disseminate OIS findings were effective in reaching child welfare decision-makers.

3. CIS/OIS findings are perceived as relevant and are consistent with the attitudes/beliefs of the CAS decision-maker and his/her organization.

4. Characteristics of CIS/OIS surveillance data will influence a decision-maker’s ability to use the evidence in policy development. Attributes of the research evidence such as relative advantage, compatibility, complexity, trialability, and observability (Rogers, 2003) will persuade a decision-maker to use the evidence.

5. Characteristics of the individual decision-maker such as access to and involvement in research, position, seniority, age, type of specialization, tenure, and ongoing training in research methods influence the adoption of research evidence in decision-making.

6. Environmental factors, or the context in which each CAS operates, will influence the ability to utilize research evidence in policy development. This may include factors such as ability to collaborate with community networks, provincial regulations and legislation, reporting relationships and current political context. Within Native organizations, research evidence must be balanced with indigenous knowledge in the formation of policy (Bennett & Blackstock, 2002).

7. The organizational culture of each CAS, and the value it places on using research-evidence in decision-making, will influence decision-makers ability to utilize CIS/OIS findings to inform policy development.

8. Decision-makers utilize research findings as one type of evidence to inform program and policy decisions. Research evidence is used instrumentally (direct use of findings in practice or policy), conceptually (to enlighten or inform) and/or symbolically (to justify a stand or position) (Estabrooks, 1999; Weiss, 1979).

9. Findings from the CIS/OIS have influenced the CAS organization’s child maltreatment agenda, priorities, and the allocation of resources.

10. Surveillance evidence is only one type of information used by policy makers and that decisions are also influenced by prevailing values. Child welfare decision-makers must work to balance competing influences (Waddell et al., 2005).
2. Case Study Participants and Recruitment

An embedded, multiple-case approach (Yin, 2003) was used to guide the case study. Three case studies were conducted across different contexts. There were three sub-groups (e.g. agencies) per case. Multiple-case study designs allow for comparisons across sites and contribute to the rigor or transferability (generalizability) of study findings (Yin). Based on the proposition that contextual and organizational factors influence the utilization of research evidence in decision-making, and with the professional knowledge that CAS agencies servicing different population groups in different geographical areas experience unique challenges, theoretical replication patterns will be identified through studying three different CAS contexts. Recruited into this component of the study will be CAS agencies delivering services to: 1) populations in urban centers, 2) populations in mixed small urban and rural areas, and 3) Native populations in remote areas.

In total, 13 CAS agencies in Ontario were approached to participate before we reached our sample size of nine agencies. Four agencies declined to participate due to a lack of time or perceived ability to complete study components.

3. Data Collection

Data source triangulation, or the use of multiple data sources, is a key characteristic of case study research (Streubert Speziale & Carpenter, 2003). Data triangulation is a strategy used to gain understanding, to ensure completeness, and to confirm the credibility of findings (Krefting, 1991). In this study, data were collected from two primary sources: 1) key informant interviews and 2) documents. Field notes were also maintained by the interviewers conducting the in-depth interviews for the purpose of recording emerging themes, identifying potential contextual influences on the study, recording specific observations and personal responses to events (Hewitt-Taylor, 2001). Each study participant also completed a short demographic questionnaire.

Gilchrist and Williams (1999) describe the use of key informants as a strategy to: gather information in an efficient manner, gain information that would otherwise be unavailable to the researcher, and gain an understanding or interpretation of the participant's culture. Key informants in each CAS agency were identified through a process of purposeful sampling or the recruitment of individuals who could provide rich, detailed information about the phenomenon under study and the context in which it is situated (Patton, 2002). Within health and social service organizations, there are different levels of decision makers (e.g. direct service provider, staff supervisor, senior administrator) each responsible for making different types of decisions (e.g. practice or policy) (Lavis, Robertson et al., 2003; Lavis, Ross, McLeod & Gildiner, 2003). This case study was focused on understanding the utilization of research evidence by senior administrators within the scope of making decisions about policy development and implementation. From the nine participating CAS agencies, three decisions makers were invited: 1) the Executive Director; 2) the Service Director responsible for child welfare; and 3) the Quality Assurance/Research Director/Manager (or their equivalents). Each decision-maker that was approached agreed to participate in the study.

A semi-structured in-depth interview guide was developed based on concepts from Dobbins et al.'s (2002) theoretical framework for the dissemination and utilization of research evidence in policy processes. As this theoretical framework was developed from the perspective of public health care settings, open-ended questions were added to the interview guide to encourage study participants to share their understanding and perceptions of the
concepts of EBP and research utilization within the field of child welfare. As new themes emerged in the interviews, the interview guide was adapted so that these concepts could be fully explored and understood across all settings. To ensure that culturally appropriate and sensitive terms were used in the data collection procedures with decision-makers working within First Nations CAS agencies, a collaborator from the Association of Native Child and Family Services Agencies of Ontario worked with the project Research Assistant to develop a specific First Nations agency interview guide. The initial interviews ranged in length from 60-90 minutes. Participants were also invited to participate in a second in-depth interview. The second interview provided an opportunity for member checking, or ensuring that the investigators' interpretations of the participants' data were accurate, and to ask additional questions about issues or concepts which arose in the initial series of interviews. The second interviews lasted on average 45 minutes. All interview data were collected in-person and interviews were audio recorded and transcribed verbatim. Demographic data were collected from each participant.

Each key informant was also asked to share organizational documents or policies reflecting examples of how research evidence had been utilized in the organization. Documents were collected: 1) to corroborate and augment information from the interviews; and 2) to provide clarification of terms and concepts emerging from the interviews (Yin, 2003). In collaboration with the key informant key agency documents that reflect the utilization or application of research evidence into a program decision or policy were identified.

4. Qualitative Data Analysis

Data analysis was conducted concurrently with data collection for the purpose of identifying emerging themes requiring further exploration. Content analysis principles were used to guide the analysis of each transcript. Each transcript was independently reviewed and coded by two of the study investigators (SJ, SB). To promote dependability or consistency of the emerging qualitative findings, double coding and peer examination of the data occurred. Three other investigators (PD, LT, MD) each reviewed three different transcripts and they independently identified and summarized key themes emerging from each unique CAS case study site. Emerging themes were then shared and discussed with a group of approximately 20 administrators from Ontario CAS agencies. This group provided feedback on the emerging data, facilitated interpretation of core concepts and suggested questions to include in the second set of interviews. Once the core themes from each site were identified, a constant comparative process (Hewitt-Taylor, 2002) was used to compare and contrast findings across contexts to identify core concepts and processes related to research utilization and to identify factors facilitating or inhibiting the process of research uptake. The qualitative software NVivo 7.0 was utilized to facilitate data storage, management and coding.

B. Phase 1: Qualitative Case Study Results

A total of 27 senior child welfare administrators from nine Ontario CAS agencies participated in this study. Six of the participating CAS agencies represented mainstream agencies providing services to urban or a mix of small urban/rural populations. Three of the agencies provided services exclusively to First Nations populations in remote areas of Ontario. Of the initial 27 interviews, 21 of the interviews were conducted in-person by either the Research Assistant (SB) or the Principal Investigator (SJ). The remaining six initial interviews were conducted by telephone with individuals in highly remote areas or where schedule conflicts limited the completion of all site interviews in one visit. Of the 27 administrators, 19 completed the second interview. The remaining eight participants were not interviewed a second time because they had left the agency or the researchers were unable to contact them. All of the second interviews were conducted by telephone. This sample (Table 1) of decision-makers
included nine Executive Directors, four Quality Assurance Managers/Directors, and 14 Service Managers/Directors responsible for the child welfare portfolio. These participants represent the highest levels of decision-makers within each CAS agency despite differences in titles (e.g., Director versus Manager) across each unique organization. Of the participants, 74% (n=20) had completed at least one degree at the Masters (or higher) level. With an average of 19 years of child welfare experience, this purposeful sample of participants was well positioned to provide in-depth descriptions about the utilization of research evidence in the field of child welfare and to provide commentary about the environmental, political and social factors influencing research utilization. They were also able to describe individual and organizational factors influencing research utilization as the participants had been employed for an average of 14 years in their current organizations and an average of seven years in their current administrative positions.

Table 1: Profile of Administrators’ Educational and Professional Experiences in Child Welfare

<table>
<thead>
<tr>
<th>Administrator Title</th>
<th>Highest Education Level Completed</th>
<th>Average # Years Employed in Child Welfare</th>
<th>Average # Years Employed by Current CAS</th>
<th>Average # Years in Current Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director (n=9)</td>
<td>Masters (or higher) 7 Bachelor Degree 2 College Diploma 0</td>
<td>24</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>Director/Manager of Services (n=14)</td>
<td>10 1 3</td>
<td>19</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>Director/Manager Quality Assurance (n=4)</td>
<td>3 1 0</td>
<td>14</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Total (n=27)</td>
<td>20 4 3</td>
<td>19 years</td>
<td>14 years</td>
<td>7 years</td>
</tr>
</tbody>
</table>

(74%) (15%) (11%)

From the analysis of data derived from 46 in-depth interviews, the concept of evidence-based policy (EBP) was defined from the perspective of senior administrators in child welfare. In the interviews, the administrators spoke about the current trends to increasing the level of research utilization in policy development and practice, identifying the challenges of using research to inform policy in the highly bureaucratic and political child welfare field. They noted both the facilitating and inhibiting factors present at both organizational and individual levels that influence the utilization of research evidence in decision-making. The participants also discussed that uptake and utilization of research evidence in decision-making efforts is influenced by the characteristics of the research evidence being disseminated. Issues that were unique to the First Nations CAS agencies were also identified.

Definition of Evidence-Based Policy

Each administrator was asked to define the terms policy, evidence and then evidence-based policy. Policy at the level of the CAS agency was characterized as being a general statement outlining the overall objectives, goals and outcomes to be achieved by the agency. Policies are developed to operationalize the standards and directives legislated by the provincial
government and to reflect the values of the local agency and community. Procedures are then developed to identify the specific steps and practices required to implement the policy and achieve the identified outcomes.

The administrators were asked to define the term evidence and then with further probing to identify the types of ‘evidence’ used to inform child welfare policy. Responses primarily started with a statement that ‘evidence’ is synonymous with outcomes or costs that have been measured as part of an intervention or program evaluation involving the systematic collection of information and reported back as statistics. Six of the respondents identified that in addition to quantitative research, qualitative research conducted to capture the subjective experiences of clients, families and child welfare professionals was also an important type of evidence. With further probing about additional types of evidence used to inform child welfare and policy it was identified that ‘anecdotal knowledge’ or the ‘soft stuff’ is at the ‘roots of child welfare.’ The administrators indicated that the following types of evidence are regularly used and valued by the field: professional expertise and judgment, clinical experiences based on client feedback in daily practice, community expectations, client preferences, best practices shared by regional CAS agencies, and innovative programs adapted from other provincial or international jurisdictions. As summarized by one Service Director, EBP is:

Based on research that tells us what really works, what really makes a difference for our clients, what changes children’s lives, what prevents child abuse or reduces the risk of child abuse. So [evidence based policy] is taking that understanding and developing interventions and practices in order to implement what really works.

Decision-makers working within CAS agencies providing services to First Nations populations identified traditional Aboriginal knowledge as a unique source of evidence that is used within their communities and culture to inform their service practices and policies. Anecdotal information passed down by the elders through oral histories is also valued in making decisions about how to work with children and families. Best practices developed locally within First Nations communities are also identified as credible sources of evidence, however the decision-makers reflected on existing tensions that have developed when it is perceived that the Ministry of Children and Youth Services does not support the implementation of these practices or devalues their local practices and knowledge. The administrators in these three agencies emphasized the importance of developing decision-making processes that would equally value both empirical research evidence and traditional Aboriginal knowledge.

The participants defined EBP as policy informed by current, valid and reliable research conducted using rigorous scientific methods. “Good” research was that which identified specific interventions that would result in positive outcomes for specific populations of children. Some described EBP as the antithesis to policy derived from “political will,” “individual belief systems,” “myths” or “hidden agendas.” The participants discussed the need to then translate published research evidence and adapt it to the local context. Given that child welfare administrators and front-line workers work in a field that responds to the unpredictable nature of human behavior and is highly skewed and politicized (i.e., when outlier cases in terms of typical practice is what media profiles), it was interesting that only three administrators indicated that EBP could also be informed or influenced by non-research sources of knowledge. These administrators indicated that a definition of EBP requires an examination of the research evidence in parallel with community needs, professional judgments and the availability of resources to implement policies or programs. These administrators confirmed that evidence based decision making is a process that involves the incorporation of research evidence with the other influences, including staffing and budgetary alignment.
There was strong consensus among the administrators that the field of child welfare in Ontario, Canada is in the early stages of transitioning from tradition-based to evidence-informed practice. It was described that, historically, the field of child welfare developed as a grassroots community response to child health and safety. In that context, personal opinions, traditions, and local beliefs about best practices played a more significant role in policy development and service interventions in comparison to research evidence. As one child welfare administrator explained, there is a “history of good agencies practicing child welfare [where] the gut level and subjective experiences in the community begins to inform practice.” The paradigm shift towards using research evidence to inform decisions was acknowledged as being inevitable in child welfare, but that the adoption and acceptance of using research evidence in practice and policy would be a slow process. As one Executive Director shared:

What we’re talking about is a cultural shift that’s new. This truly is a new culture that we’re talking about so it’ll take us quite awhile, quite a few years to force the issue. But is it the way to go? I believe it 100%. Emotionally and intellectually I know it’s the way to go. … We’ve got to become evidence-based. We can’t carry on the way we are now, which is by thinking, ‘We’re just good people doing good work.’

It was identified that the adoption of EBP in child welfare will require a change in agency culture as well as front-line workers’ and supervisors’ beliefs of how practice should be informed. In this period of transition, administrators disclosed that there are expressions of fear and resistance from some front-line workers and supervisors. One Executive Director discussed these thoughts about staff reactions to EBP:

[In our CAS agency, there is] a lot of resistance. Fear. Fear about what [EBP] means. And these are bright, capable people but some of them are very much rooted in the old style [of child welfare work] which is that we are just far too busy running around doing what we have always done to stop and retake a look at what we’re doing and they don’t want you push [to push them] too far in that direction

Most administrators agreed that there is currently a high level of awareness about the emerging trend and motivation to understand how to use research evidence to inform decisions at all decision-maker levels. The transition to adopt EBP in child welfare is perceived to be driven by the needs: 1) to develop research-based, professional child welfare knowledge; 2) for increased accountability to clients, governmental funders and external stakeholders; and 3) to implement interventions and programs for children and their families based on what is proven by research to result in positive outcomes and not based on what individual administrators or child welfare workers think they should do. One strong advocate of EBP concluded, “It is the way to go. It’s better for our kids and families and that’s the only thing I’m prepared to stand up for.”

Factors Influencing Research Utilization in Decision-Making

Characteristics of Research Evidence

In general, administrators from mainstream agencies perceived that there is a large enough body of research to draw upon to inform child welfare policy but that the more significant problem is one of accessing relevant literature and then having the skills and time to utilize the available research. For instance, it is typical that CASs do not have open or free access to
university library resources and therefore such that knowledge acquisition represents an additional cost item. Four of the participants also suggested that child welfare decision-makers have a responsibility to access research evidence emerging from other fields of relevance to child welfare. As one Service Director explained, “there is a lot of research out there that is critical to core issues within child welfare such as attachment and resiliency.” Of the available child welfare research evidence however, the participants did provide the following critiques: 1) that weak study designs reduce the credibility of the evidence; 2) a limited number of effectiveness studies identifying interventions leading to positive child and family outcomes; 3) a lack of longitudinal child welfare studies studying trajectories of child outcomes over time; and 4) a limited availability of systematic reviews or syntheses of the available evidence. For example one participant explained, “We need to have the current research synthesized for us. Not that we can’t do it, but it’s so time consuming and we are not the experts in analyzing research… and [evaluating] the possible errors in the methodology.” Additionally, it was identified that the technical nature of research reports limits their utility in practice. Participants in the study discussed the types of research evidence that are required to support their informational needs. They perceived that there is a gap between research and practice, and that there is a need for an increased amount of applied research that has direct relevance for front-line workers. As one administrator explained:

Research is of some strategic importance to agencies. So we need to start asking, ‘what kinds of things does the field want to know?’ Rather than having researchers contact us and say ‘this is what I’m working on. Can you help?’ We need to figure out some appropriate helpful partnerships.

Decision-makers from the agencies providing services to First Nations populations discussed the complicated histories that their communities have had with academic researchers. They highlighted that in many cases, their communities were frequently ‘studied’ with few to no benefits to the participants. It was identified by some of the decision-makers however that they would value increasing their participation in research activities, particularly if the findings would be of specific relevance to their communities. It was recommended that for researchers interested in studying child welfare issues in First Nations communities that researchers involve First Nation communities early in the research process so that appropriate study questions and designs can be developed and to be willing to spend time in the community to gain cultural competence through experiential learning. However, amongst these decision-makers there was an overarching belief that much of the published research evidence was difficult to apply to their unique cultures and thus had little relevance to their decision-making processes. One decision-maker highlighted that a majority of the research conducted by Western researchers is ‘totally separate from us’ and as a result, the perceived lack of relevance of published research results in research rarely being utilized to change practice.

**Environmental Influences**

In each interview it was clearly emphasized that child welfare is a highly bureaucratic and politicized field, where standards and mandates are developed at the provincial level of government. In this top-down approach to decision-making, individual CAS agencies are then responsible for implementing provincial standards at the local level. At the agency level it was described that ‘we develop policy in a highly prescriptive environment.” In reflecting upon the process of developing provincial level standards, the administrators perceived that those policies were not primarily informed by research evidence but more likely to be shaped by legislation, regulations, perceived best practices, the values of the political party in power, accountability and liability issues, and the availability of finite financial resources to fund child
welfare. For administrators with secondment experiences at the MCYS or who had worked with MCYS bureaucrats, they believed that policies are initially developed by individuals with field knowledge and an understanding of the best available research evidence. However, there was a belief that as policy transitions to the politicians it is then altered and shaped to match the current politician’s agenda. It was explained that the decision making environment is often “reactive, …so crisis driven.” This results in policy being developed quickly to either mitigate risk or to address current events. As one administrator explained, “Policy is now written by senior policy [analysts] but they are guided by politicians to serve political interests…..Major policy initiatives were not based on research, they were based on political needs at the time.”

However, it was also identified that there at the CAS agency level there is also a culture of being focused on responding and reacting to crises, and that this creates an environment where time is not allocated to reflect on pertinent research evidence. This reality inhibits the ability to take time to develop an evidence-based organization, as was shared by one administrator:

> We are in a business where you don’t take your eye off the ball. If you do, some kid is going to end up dead. So it’s very easy in order to be comfortable to stay very operation influenced and deal with what’s coming through the door. [In regards to EBP] we are talking about a fundamental shift in how we think about what we do. [It would require] stopping the day-to-day train, and saying, ‘O.k. hold on here. We’ve been doing this for how long? Let’s just take a step back. What is it that we need to achieve? What is it that we’re getting out of this?’ That whole kind of approach is like pulling teeth and we do it at certain degrees, at certain times. Sometimes we’re forced to do it. But it’s still not part of our culture.

In 2005, provincial government disseminated the document *Child Welfare Transformation 2005* which outlined the strategic plan for developing a flexible, sustainable and outcome oriented service delivery model for child welfare. One of its guiding principles is that “best practice and research will help guide Ontario’s child welfare transformation. A research and evaluation agenda will track key policies implemented by the ministry” (p. 7). This agenda was discussed in a majority of the interviews; administrators were in agreement that the financial resources to support and implement EBP at the CAS agency level had not been provided. However, administrators are seeing a slight increase in the level of research evidence used by government to inform new standards and the development of structures to support research capacity. When participants were asked if that research was then shared with the field, the response was mixed. Some administrators perceived that the research evidence to support the transformation agenda was not well disseminated, whereas others indicated that they were aware of the research informing this policy and attended government-sponsored presentations. However, critiques of the research evidence used to inform provincial standards did emerge. Administrators perceived that when research is used at the governmental level, it is accessed primarily to support a predetermined position, as opposed to being used to develop or select programs of known effectiveness. This was illustrated by one Service Director’s description of an in-service where research evidence was shared in support of policies developed to respond to the issue of intimate partner violence exposure as a reportable form of child maltreatment: “[The policy] was legitimized through I thought a manipulation of research and I bet they handpicked those studies.” Two other administrators similarly perceived that “the policy decisions were made and research was located which would confirm the decision as a valid one” and “I think what has been done thus far has been very cherry picked and it’s fortified directions that the government wanted to take anyway.”

Given the bureaucratic nature of child welfare and the expressed support of EBP from a provincial level, administrators identified and recommended that in order to support the
development of EBP cultures and practices in CAS agencies, there was a responsibility for governmental standards to be informed by a critical review of the best available research evidence. One administrator explained, “In as regulated an environment as we are in, quite frankly the more it [research] can inform provincial policy, the better.” The development of evidence-based provincial standards and practices would also support consistent delivery of programs across agencies and would reduce the burden on individual service providers to access, adapt and integrate evidence into their practice. As one Director summarized:

At the frontlines people have to be focused on meeting standards and it’s not going to matter whether the standards are evidence-based or not. I mean that’s been the main thrust of their job and what they are held accountable to. So the best way to get research to be used is to ensure that the standards that guide our practice are based on research.

Decision-makers from the First Nations CAS agencies identified that their agency policies are also developed upon and influenced by the mandates from the Ministry of Children and Youth Services. The decision-makers identified however that few of the mandates take into consideration the cultural adaptations required to implement the policy in First Nations communities. There was consensus among the participants from the three First Nations CAS sites that if a Ministry approved mandate conflicts with traditional Aboriginal values and beliefs, then negotiations are commenced to amend the mandate. Some of the decision-makers acknowledged though that in their decision-making processes, that their First Nations’ values and beliefs and Aboriginal best practices would take precedence over top-down recommendations.

Organizational Influences

At the level of the individual CAS agencies, the following factors were identified as having some influence on the extent to which research utilization occurred within the organization to inform policy: 1) leadership that values EBP and supports a learning culture; 2) identification of an organizational EBP champion; 3) establishment of linkages with universities or partnerships with researchers; 4) involvement in networks that bring together EBP champions; and 5) access to technology. Each of the administrators interviewed emphasized that research will only be integrated into practice and policy if the agency leadership values research and EBP and allocating resources towards these. The three administrators interviewed from one CAS agency identified that the Executive Director had publicly committed to moving towards EBP. This goal was supported through the creation of organizational cultures where learning and continuing education was valued through such strategies as: making research from peer-reviewed publications more accessible to staff through different internal distribution modes; and encouraging the use of time in the workday to engage in critically appraising studies, including group discussions of methodological quality as well as application to local practice. As one of the Directors from this agency said:

Agencies can choose to invest money or time into a learning culture. This agency does and I’m very happy to be here because of that. So we have journals and we have a learning network. ….To promote a culture of learning, we bring a research article and walk through it and apply the validity checklist for qualitative or quantitative research – and [then we discuss] ‘would you believe this study and why?’
Administrators from several of the CAS agencies disclosed that in the current child welfare environment, while they were able to acknowledge the value of EBP, they did not have the resources or time to address it as a priority issue. As one Quality Assurance Director explained:

Part of my work plan was to incorporate some [research] into our regular service management meetings. Just to provide a 15-minute [overview] on research, evaluation, quality assurance or any new information we need to think about. [My goal was] to facilitate that culture shift that has to happen, and everybody thought, ‘oh this is a great idea, we love it, and yes this will be wonderful!’ But when we’re actually in the meetings – we’ll we have too much to cover this time, or well you know people are already so overwhelmed they can’t take on anything else that’s new. And so it [the research agenda items] takes a backseat.

Several of the decision-makers acknowledged that their agencies function in ‘survival’ mode and that there are challenges to meeting the day-to-day child welfare responsibilities and leaving little to none time to dedicate to accessing, appraising and implementing research evidence. Time constraints are a priority concern in remote agencies where a high percentage of staff and administrator time is spent travelling long distances between communities (including fly-in areas) in unreliable weather conditions.

One common theme was the identification of an organizational champion who assumed the responsibility for learning about EBP. This person identified strategies to implement within the organization to promote research utilization, supported skill development around EBP practices in agency personnel, and often acted as the agency knowledge broker by identifying, appraising and distributing research evidence to appropriate decision-makers. The typical organizational champion described worked in a Manager or Director level position, someone with authority and credibility with both front-line staff, as well as governmental liaisons.

Five of the six mainstream CAS agencies located in Southern or Central Ontario, and one of the three remote First Nations agencies, acknowledged current or recent research partnerships with universities or involvement with researchers conducting provincial or national studies of relevance to child welfare. These partnerships were believed to positively influence organizational capacity to conduct local research projects. Several of the administrators also discussed the value of developing relationships with individual researchers and identifying strategies where researchers could support skill development in critically appraising, interpreting and applying research evidence. The agencies that strongly endorsed the development of EBP culture within their agency were also more likely to have consented to participate in research studies. Active involvement in research was believed to increase knowledge of research methods, understanding of the relevance of research to practice and potential changes to current practice or policy. Core champions of EBP also valued establishing networks with other CAS champions for the purpose of sharing best practices, creating momentum in the field to implement EBP and to jointly invest resources to develop or evaluate EBP strategies. One Director discussed the importance of these networks to both the individual and the organization:

[You need a sense] of real connectedness that you know you are not an organization [working] in isolation. I have that personal philosophy too that you need to be out there, you need to be hearing and finding out what other people are doing…find out what’s happening at other agencies, what’s happening across the field and participate in anything that could change [practice].
Finally, the availability of technology such as computer or internet access to all levels of decision-makers across the organization was identified as an important factor influencing the agencies’ ability to develop and maintain EBP.

**Individual Influences**

Administrators identified the following individual characteristics that influenced the extent to which decision makers use research evidence: 1) exposure to research during graduate education; 2) critical appraisal skills; 3) work experience in fields outside of child welfare; 4) access to databases of evidence; and 5) a personal dedication to ‘inquiry.’ Two-thirds (67%) of the participants had completed at least one Masters level degree. It was at this level of education in which they gained an appreciation of the relevance of research evidence either through exposure to research methods or through conducting an independent study. Several of the participants identified that it was during their graduate education that they developed the skills to critically appraise research evidence or evaluate the validity of a study’s methodology, and then assess the relevance of the findings to their specific context. It was identified, however, that the majority of supervisors and front-line child welfare workers lack such critical appraisal skills. When accessing and using the child health and welfare literature to answer a service, program or policy question, skill in critically appraising the literature supports research consumers in differentiating between methodologically weak and strong studies.

Interestingly, the child welfare administrators who identified having prior professional work experiences in fields such as education, business or mental health held a greater appreciation for the potential of EBP, shared a greater level of confidence in conducting research and identified more strategies for implementing research into practice or policy. The administrators identified that they all had access to the internet, which was identified as the primary source for searching for information. Two of the participants, though, specifically referred to their ability to access online publications through university library databases or subscriptions purchased for their individual use at the agency.

Being open-minded or having a personal sense of ‘inquiry’ was identified as an attribute of an individual’s personality that was equated with being motivated to access and utilize research in decision-making or to conduct local research projects or evaluations. These individuals were described as ‘passionate’ and ‘wanting to make a difference in the field.’ By having an open mind to new practices or research these individuals were perceived to be more likely to take risks and to work to change practice or policy based on evidence.

The consistent barrier to utilizing research evidence in decision-making, again at all levels of the organization, was a lack of time in the workday to locate, access, review and appraise research evidence. Several of the administrators acknowledged that most commonly research evidence would be read after work hours during personal time. In the reactive and crisis driven child welfare culture, administrators’, supervisors’ and child protection workers’ time is spent “protecting kids, filling out budget sheets for the ministry [government], preparing reports, justifying our existence, and making sure we’re compliant with [new standards].” One administrator even fantasized that “I’d love to sit for a day and just read all of the research and current trends….what a luxury.” The participants also described feeling overwhelmed with information in their positions and lacked the time to review material presented to them as summarized by this statement:
There is too much to read… too much information presented. We cannot keep up with the written material we receive. It is hard to even find the time to skim it to see if it needs to be read more fully. Often it goes in a pile and I don’t get back to it.

**Utilization of Child Maltreatment Surveillance Data**

A secondary objective of this research project was to explore participants’ awareness and utilization of public health surveillance data on child maltreatment emerging from the Public Health Agency of Canada’s Canadian Incidence Study of Reported Child Abuse and Neglect and its Ontario provincial counterpart, the Ontario Incidence Study of Reported Child Abuse and Neglect.

**Awareness and Utilization of the CIS/OIS**

All of the participants in the mainstream agencies and just over half of the decision-makers from the Native Child and Family Service agencies were aware of the CIS. There were multiple ways that the CIS had come to their attention including circulation of hard copies of the final report within the agency, presentation of the CIS data by a CIS research team member to the agency, participation in meetings that had highlighted the CIS findings, information from OACAS or ANCFASO, and involvement in the CIS data collection process. Participants identified that they had, or were aware that they could, access the CIS findings or factsheets by contacting or accessing the websites of the following agencies: the Ontario Ministry of Children and Youth Services (MCYS), OACAS, ANCFASO or the Child Welfare League of Canada. Most participants acknowledged that the report traditionally was sent to and circulated among senior decision-makers within the agency, and that there may be a decreased awareness of the report at the level of front-line service providers. The primary exception being within those agencies that had previously participated in data collection for CIS cycles of surveillance.

**Knowledge of Content**

Decision-makers in the mainstream agencies were knowledgeable about the content of the CIS and were able to identify examples of specific types of data collected as part of the surveillance system. Among the five respondents aware of the CIS/OIS in the Native Child and Family Service agencies, knowledge of specific content was scarce. Only two of the respondents reported being aware that the CIS contained data collected specifically within First Nations communities and reporting distinctly on maltreatment characteristics and indicators within those populations.

**Utilization**

Decision-makers from the mainstream CAS agencies identified that the CIS surveillance data were most useful in: 1) identifying new emerging child maltreatment trends so that agency policies or programs could be adjusted; 2) confirming local observations and hypotheses about child maltreatment trends; and 3) identifying areas of practice and policy that should be scrutinized. It was common for the decision-makers to talk about examples related to CIS data that show an increasing substantiation rate of children exposed to domestic violence and a confirmation that the incidence rates of reported sexual abuse are declining. Both of these trends identified in the data influenced different organizations to either begin to look at developing or expanding their services for women exposed to abuse and their children, and also to restructure their programs focused on the issue of sexual abuse prevention or treatment. As one Service Director explained, “I’m currently working in the area of domestic violence and that
was really where the CIS really triggered things for me years ago. And certainly in the field you could really sense that there’s something wrong with the explosion of referral rates and service requirements.” Many of the decision-makers acknowledged that the CIS presented data at a national level, however they still found the data useful as a general benchmark for their local statistics. The decision-makers commented that the statistics reported in the CIS frequently confirmed their own local observations. In the Native Child and Family Service agencies, the CIS data confirmed decision-makers’ own assessments of the extent of the different types of child maltreatment, particularly rates of neglect, in their own communities.

It terms of the utility of the CIS in policy making, it was seen as important source of information to be used conceptually to provide insight into an issue. One Service Director commented, “I do think that it was because of the results of the CIS that it we either confirmed the policy we had or policy was revamped and added to or adjusted because of the findings.” Several of the decision-makers commented that the type of data emerging from the CIS would have high relevance for provincial-level policy makers.

Dissemination of CIS Findings

In the qualitative interviews, participants were asked to identify their preferred formats for receiving research evidence, and in particular findings emerging from the CIS. In these discussions, participants emphasized the importance of using multiple different communication or dissemination strategies, and the value in communicating succinct key messages on a frequent basis.

Participants confirmed that written reports should be available in both hard copy and electronic formats. It was consistently emphasized that decision-makers lack the time to read an extensive report and therefore it is essential that executive summaries highlighting key findings and an explanation or interpretation of the findings be developed. A majority of decision-makers disclosed that they primarily read the executive summary or factsheet first and only retrieve the full CIS report if they are interested in a particular topic or require more information on an issue. It was identified that multiple communication strategies should be used to disseminate the information. In addition to the distribution of a written report, participants emphasized the value of face-to-face meetings where an individual knowledgeable of the CIS findings presented the information to a broad group of staff from within CAS agencies. Particularly participants from the Native Child and Family Service agencies emphasized the importance of oral presentations and the opportunities to engage with researchers to discuss findings. Oral presentation of the findings included the following perceived benefits: 1) created an opportunity for front-line staff to learn more about CIS findings; and 2) provided an opportunity for discussion and clarification of the findings. Decision-makers that worked in agencies where CIS data collection had occurred reflected positively on their experiences of having a member of the CIS research team return to their agencies to present and discuss the findings. Individuals who were perceived as credible messengers of the CIS findings included both members of the research team or individuals within the agency who were knowledgeable about research in general and who could interpret the CIS data.

An additional key theme emerged around the frequency of dissemination of child maltreatment surveillance data emerging from the CIS. It was identified that there would be a preference for receiving current data more frequently than the current five-year schedule. Some participants identified that data from the CIS are most relevant to policy development when the data are perceived to be current. It was explained that there are finite resources within child welfare and decision-makers are regularly required to set priorities on which programs to invest resources. The availability of up-to-date information on current and emerging trends (e.g.
decline in substantiated rates of sexual abuse) is perceived to be helpful in setting priorities. Some participants also suggested that in addition to publishing a single report and series of fact sheets every five years that it would be beneficial to regularly receive ‘short summaries’ of data via portals (e.g. OACAS portal) frequently accessed by CAS staff and decision-makers. One decision-maker suggested there would be value in receiving an email on a monthly basis summarizing one key finding and its interpretation. One decision-maker summarizes these ideas in stating:

I think people don’t have time to read anymore. Here’s a great idea, do like a one liner like every week, two liners. Send me a highlight from this posted on OCAS, wherever, one liner every week. So in the weekly news I can say ok this is the finding I saw this week. So it’s that constant messaging, changing it up every time so you’re not saying the same thing, but that constant kind of other stuff might be…

An innovative suggestion was made by one decision-maker who identified that it would be beneficial to decision-makers and front-line staff if factsheets and executive summaries would have links embedded in to them so that individuals could access background documents or related to research. Another idea that was expressed was the need for linking the CIS results to practical interventions. Child protection workers need to “understand how [the data] can be useful, about the practical implications.”

C. Phase 2: Quantitative Study Design

A self-reported, telephone survey was administered to a sample of senior child welfare decision-makers from Ontario CAS agencies. The objectives of the survey were to describe research utilization by decision-makers in child welfare, the types of evidence used to inform policy decisions, to identify individual and organizational factors influencing research utilization, and to measure awareness of the CIS/OIS reports. The survey was administered to study participants using a phone survey. The phone survey method results in notably higher response rates compared to mail-based survey administration methods (Burroughs et al., 2001).

1. Sample

Completing the qualitative case study component first provided the study team with an increased understanding of the different levels of decision-making in Ontario. The original goal of this study was to survey decision-makers from CAS agencies, professional associations, and decision-makers at the provincial level. From an analysis of the qualitative data and from conversations with key decision-makers in the field, the team realized that these groups of decision-makers were responsible for the development and implementation of different levels of child welfare policies in quite distinct contexts. The decision was then made to only survey senior decision-makers within CAS agencies and Native Child and Family Service Agencies.

The overall goal of the study was to complete a full census of senior decision-makers involved in the development of child welfare policy in these agencies. We calculated that from the 53 Ontario CAS agencies and nine Native Child and Family Service Agencies that there was a population of 134 individuals who met our definition of a senior decision-maker.
2. Sample recruitment

Multiple, intensive strategies were utilized to recruit the population of interest. A modified Dillman (2001) technique was utilized to recruit study participants. In February 2008, letters of invitation to participate in the study were sent out to all Ontario CAS organizations’ Executive Directors, Quality Assurance Directors (or equivalent) and Directors of Service (responsible for child welfare). For participants who responded to the letter with an expressed interest in learning more about the study, the Research Assistant contacted the individual by telephone within two weeks to describe the study in-depth, obtain informed consent, and to schedule a mutually convenient time to conduct the telephone survey. When the Research Assistant was unable to make personal contact within this two week time period, unlimited attempts to make a personal contact to schedule the interview were made between the time of the invitation and November 2008.

In situations where there was no response to the initial mailed out letter of invitation, the Research Assistant mailed out a follow-up invitation to the potential participant by email. If there was still no response to the invitation to participate, the research assistant made a telephone attempt to connect with the individual. Regular attempts to contact the decision-maker continued until November 2008.

To raise the profile of the study, to provide increased opportunities for potential participants to learn about the study and to express interest in participating, one of the co-principal investigators (SJ) discussed the study objectives and distributed study information letters and informed consent forms at two events attended by senior child welfare decision-makers: 1) a Q-Net meeting of Provincial CAS Quality Assurance Managers held at the Ontario Association of Children’s Aid Societies office in Toronto on October 17, 2007; and 2) a Practice and Research Together (PART) workshop held in Niagara-on-the Lake on May 28, 2008.

Once consent to participate in the study was obtained, each participant was contacted to set up a time to conduct the telephone survey. Just prior to the survey, participants were sent a copy of the scales to be used during the survey. Participants were asked to refer to the appropriate scales to answer specific questions. This method has been used successfully by MD for several studies among public health decision-makers (personal communication, December 16, 2005). On the survey, participants were asked questions related to characteristics of the individual, the organization, the environment their organization operates within, as well as characteristics of the CIS/OIS reports. In addition participants were asked a series of questions related to their awareness and use of the CIS/OIS in policy decision-making, program planning and resource allocation.

3. Data Collection

Independent variables included those related to organizational and individual characteristics. The survey tool was previously developed, implemented and tested by MD (Ciliska, Hayward, Underwood & Dobbins, 1999) and modified specifically by MD, LT, and PD for this study. The telephone-administered survey will take approximately 30 minutes to complete. The Chronbach alpha for reliability for the tool is .65 (Dobbins, Cockerill, Barnsley, & Ciliska, 2001). For the organizational and environmental characteristics the participant was directed to answer questions on behalf of their organization as opposed to their own personal perceptions. Data on characteristics of the individual were also obtained from each participant. For these characteristics the participant was asked to report from a personal perspective and not on behalf of others in the child welfare agency. Previous research conducted by MD has
demonstrated the importance of each of these characteristics in explaining variation in the incorporation of research evidence into the decision-making process (Dobbins, Ciliska, & DiCenso, 1998). Organizational characteristics included: affiliation with a university, organizational culture, staff training in research methods and critical appraisal, and perceptions of the value of the use of research evidence in decision-making. These variables have been shown to be important predictors of the use of research evidence in program planning at the local public health unit level. (Dobbins, Cockerill, & Barnsley, 2001). Environmental characteristics included: 1) the relationship between the child welfare agency and other community organizations, and 2) the extent to which the governing council is influenced by research evidence in decision-making. Individual characteristics included demographic measures such as education, position, perceived influence over the decision-making process, and perceptions of the barriers to using research evidence in policy decision-making. The dependent variable of interest is the consistent inclusion of research evidence in the decision-making process related to child welfare program planning.

4. Data Analysis

Descriptive statistics, means for continuous variables and proportions for categorical ones, were run. Relationships between each item and the outcome measures were tested with correlations (for two continuous variables), ANOVA (for one categorical and one continuous variable), chi square (for two categorical variables), and logistic regression (for a dichotomous and a continuous variable). All analyses were run with SPSS version 17.

D. Phase 2: Quantitative Survey Results

Multiple strategies were implemented to increase awareness of the study and to recruit study participants. Of the estimated 134 senior decision-makers employed by Ontario Children’s Aid Societies, 98 individuals completed the survey for a response rate of 73%. From the 53 Ontario Children’s Aid Societies and nine Native Child and Family Services agencies, decision-makers from 41 individual organizations participated. In Ontario, Children’s Aid Societies and Native Child and Family Services agencies are located in six different provincial regions. In this study, agencies from each region participated (Table 2). Of the participants, 22.4% worked in agencies delivering services to urban populations, 63.3% to a mix of urban and rural populations and 14.3% to rural only populations. Overall, 95% of the participants were employed by mainstream CAS agencies and 5% were employed in Native Child and Family Services agencies. All of the participants (100%) confirmed that their organizations provide access to the Internet within the workplace. Just over half of the participants (54.6%) identified that their organization has a formal affiliation with a university.

Table 2: Organizational Characteristics of Participants’ Place of Employment (Children’s Aid Society (N=98 Decision-Makers)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th># (% of participants)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic Region of Agency where employed</td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>24 (24.5%)</td>
</tr>
<tr>
<td>North</td>
<td>4 (4.1%)</td>
</tr>
<tr>
<td>South West</td>
<td>22 (22.4%)</td>
</tr>
<tr>
<td>Grand River</td>
<td>19 (19.4%)</td>
</tr>
<tr>
<td>North East</td>
<td>9 (9.2%)</td>
</tr>
<tr>
<td>East</td>
<td>20 (20.4%)</td>
</tr>
<tr>
<td>Primary population serviced by agency</td>
<td>Urban</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td>22 (22.4%)</td>
</tr>
<tr>
<td>Type of Agency Participant Employed within</td>
<td>Ontario Children’s Aid Society</td>
</tr>
<tr>
<td></td>
<td>Native Child and Family Services Agency</td>
</tr>
<tr>
<td>Formal affiliation with a University</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Easy access to Internet within workplace</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

**Individual Characteristics of Decision-Makers**

Of the 98 individual decision-makers who participated (Table 3), there was a fairly equal distribution of Executive Directors (38.8%; n=37), Directors of Service responsible for child welfare (or the agency equivalent to this position) (33.7%; n=33) and Quality Assurance/Research/Project Management Directors/Managers (or agency equivalent) (27.5%; n=27). The highest level of education for a majority of participants (87.8%) was the completion of a Masters degree (or higher). Participants, on average, had 6.4 years of experience in their current administrative position and a mean of 21 years of experience in child welfare.

**Table 3: Characteristics of Participating Decision-Makers (N=98)**

<table>
<thead>
<tr>
<th>Current Position</th>
<th>Executive Director (n=37)</th>
<th>Director - Services (or equivalent) (n=34)</th>
<th>Director/Manager - Quality Assurance/Research /Project Management (n=27)</th>
<th>Total N=98</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of experience in current administrative position</td>
<td>Mean (sd)</td>
<td>9.7 (8.4)</td>
<td>5.2 (4.3)</td>
<td>3.4 (3.4)</td>
</tr>
<tr>
<td>Years of experience in child welfare</td>
<td>Mean (sd)</td>
<td>24.5 (9.3)</td>
<td>21.9 (6.6)</td>
<td>15.2 (10.5)</td>
</tr>
<tr>
<td>Highest level of Education</td>
<td>Masters or higher (MSW, MA, MSc, PhD)</td>
<td>36</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Bachelors or less (BSW, BA,BSc, College Diploma)</td>
<td>1</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>In the past month, approximately how many research articles (published or unpublished) have you been able to read</td>
<td>Mean (sd)</td>
<td>3.8 (6.5)</td>
<td>5.0 (8.6)</td>
<td>5.4 (8.0)</td>
</tr>
</tbody>
</table>
Overall, decision-makers self-reported that they had been able to read, on average, approximately 4.7 research articles in the last month, with Executive Directors reading an average of 3.8 articles and Quality Assurance/Research administrators reading an average of 5.4 articles a month. Participants were also asked to rate on a Likert scale the extent to which they are able to keep informed of the latest developments in research related to child abuse and neglect, with a score of 1.0 indicating ‘not at all’ and a score of 7.0 indicating ‘completely.’ Across decision-makers, the mean response was a 4.0 (sd 1.4).

In the survey, participants were asked to comment on their levels of innovativeness in searching for and using new ideas in the process of decision-making. Of these decision-makers, 50.5% described themselves as individuals ‘constantly searching for new ideas to use’ and 43.3% confirmed that they would ‘make use of new ideas when they are made aware of them’ (Figure 1).

Figure 1: Decision-Makers’ Self-Reported Perceptions Related to the Adoption of Innovations

Organizational Characteristics Influencing Research Utilization

Characteristics of an organization are known to influence an individual’s ability to access research evidence and also utilize research evidence in the decision-making process. All of the participants identified that they had access to the Internet within their workplace. However, in response to an open-ended question about participants’ general perceptions of using research evidence to inform decisions, it was identified that even with reliable Internet access, organizations did not have paid subscriptions to online scholarly journals. This lack of access limits decision-makers’ abilities to effectively access and print the electronic copy of a research
article. Some participants identified that to access electronic copies of journal articles, inefficient and inconsistent processes were used including relying on graduate students and university-based colleagues to retrieve and forward evidence to them at the CAS agency. Of the participants, 54.6% identified that his/her agency had a formal affiliation or linkage to a University (Table 2). This affiliation with a university is correlated with research evidence being consistently included in the decision-making process related to child welfare policies and programs (p<.05).

In the open-ended responses, many participants identified that it was difficult to find time to search for literature, access the articles and then read the study findings. Participants identified that it is a challenge for individual administrators to be responsible for accessing research evidence and confirmed that many agencies, particularly small CAS agencies, lack the resources to dedicate to accessing, retrieving and appraising research evidence. In response, participants to the open-ended questions identified that if the field is to advance the paradigm of ‘evidence-informed decision-making’, then a system level process that provides all administrators and front-line staff with easy access to the best available research evidence in the field is required. Many participants acknowledged that access to the Practice and Research Together (PART) consortium and the OACAS portal have begun to facilitate their abilities to access research evidence.

In a series of questions on the survey, decision-makers were asked to rate on a Likert scale (1.0 Strongly Disagree, 7.0 Strongly Agree) how the cultures of their agencies influence the utilization of research evidence in decision-making. On average, participants provided neutral responses that tended in the direction of moderate agreement that the terms 'research' or 'research evidence' are used in decision-making discussions, that the use of research is valued, that there is an expectation by their supervisors that research evidence be utilized to inform decisions, that research evidence is consistently used in the decision-making process about child welfare policies and programs (Table 4). There are statistically significant correlations between frequently hearing the term research or research evidence during program or policy discussions (Pearson Correlation 0.599, p <0.001); a culture that highly values the use of research evidence in decision-making (Pearson Correlation 0.617, p< 0.001); the expectation of the supervisor that research evidence be included in the decision-making process (Pearson Correlation 0.441, p< 0.001) and the consistent use of research evidence in the decision-making process.

On average, participants moderately agreed that they had access to someone who could provide them with help in interpreting or utilizing research evidence (Table 4). Easy access to an individual who can provide assistance in interpreting research evidence is correlated with the consistent inclusion of research evidence in the decision-making process (Pearson Correlation 0.217; p< 05) In a subsequent open-ended question, 58 participants were able to describe the role of the individual who provides them with help in interpreting or utilizing research evidence. Using frequency counts as a part of content analysis, the individuals who provide this type of assistance include: Quality Assurance/Research Managers/Directors (identified by n=34 participants), academic colleagues located within a University or College setting (identified by n=25 participants), linking to colleagues associated with Practice and Research Together (PART) (identified by n=15 participants), other experts within the organization (n=7), local Director of Service (n=5), experts located in other community agencies (e.g. Early Years Centre, Provincial Centre of Excellence for Child and Youth Mental Health) (n=4), the agency Executive Director (n=3), or the researcher-on-call with the Maltreatment and Adolescent Pathways (MAP) research project (n=2).
Table 4. Organizational culture and research utilization.

<table>
<thead>
<tr>
<th>(Likert Scale, Strongly Disagree (1); Strongly Agree (7))</th>
<th>Current Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Executive Director - CAS</td>
</tr>
<tr>
<td>I frequently hear the terms research or research evidence during policy or program planning discussions in my organization.</td>
<td>Mean (sd) 4.6 (1.6)</td>
</tr>
<tr>
<td>Overall, the culture in my organization is one that highly values the use of research evidence in decision making for programs.</td>
<td>Mean (sd) 4.7 (1.7)</td>
</tr>
<tr>
<td>My direct supervisor expects me to include research evidence in decision making related to strong program planning.</td>
<td>Mean (sd) 4.2 (1.8)</td>
</tr>
<tr>
<td>Research evidence is consistently included in the decision-making process related to program planning in my organization</td>
<td>Mean (sd) 4.1 (1.5)</td>
</tr>
<tr>
<td>I have easy access to someone who can provide help in interpreting or utilizing research evidence.</td>
<td>Mean 5.0 (2.2)</td>
</tr>
</tbody>
</table>

Evidence Used In Decision-Making

Decision-makers were asked to rank a list of different types of information that can be used to inform decisions about child welfare programs within their organizations (Table 4). This group of decision-makers identified that provincial policies, standards and legislation are the most important pieces of information that inform their decisions. The least relevant type of information is that which is found in the media. Research evidence, or empirical data developed using the scientific process, found in individual studies or systematic reviews (meta-analyses) ranked as the 7th and 8th most important types of information used in decision-making. The following is a full ranking (based on mean scores) of the importance of each type of unique information to decision-making about programs within the agency:

1. Provincial policies, standards and legislation
2. Organizational values and beliefs
3. Current organizational practices
4. Program evaluation evidence
5. What others in the field are doing (e.g. best practices)
6. Local social planning information
7. Research information from individual studies
8. Research information from a systematic review (meta-analysis)  
9. Surveillance data (eg. CIS, OIS)  
10. The media

Decision-makers were also asked to rate their perceptions on a Likert scale of the usefulness and relevance of the best available research evidence in their field. On average, decision-makers agreed that the available research literature is relevant to their work, moderately agreed that the literature is helpful in providing information that can be used in the decision-making process and an indication that individuals are slightly less agreeable that effective programs and policies identified in the literature are actually affordable in practice (Table 5).

Table 5: Perceived Relevance and Usefulness of Best Available Research Evidence

<table>
<thead>
<tr>
<th>(Likert Scale, Strongly Disagree (1); Strongly Agree (7))</th>
<th>Current Position</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Executive Director - CAS</td>
<td>Director - Services - CAS</td>
<td>Director - Quality Assurance - CAS</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Overall, in your area of work, how helpful is the research literature in providing you with information that can be used in decision-making?</td>
<td>Mean (sd)</td>
<td>4.6 (1.5)</td>
<td>5.1 (1.6)</td>
<td>5.4 (1.4)</td>
<td>5.0 (1.5)</td>
</tr>
<tr>
<td>It is easy for you to access the most relevant research available as you plan programs or policies.</td>
<td>Mean (sd)</td>
<td>4.5 (1.9)</td>
<td>4.6 (1.7)</td>
<td>4.6 (1.9)</td>
<td>4.6 (1.8)</td>
</tr>
<tr>
<td>You find that policies / programs described as effective in the research literature are affordable in practice.</td>
<td>Mean (sd)</td>
<td>3.8 (1.4)</td>
<td>3.8 (1.4)</td>
<td>3.1 (1.4)</td>
<td>3.6 (1.4)</td>
</tr>
<tr>
<td>Research in your field is done with populations similar to the populations you serve.</td>
<td>Mean</td>
<td>4.4 (1.6)</td>
<td>3.8 (1.5)</td>
<td>4.3 (1.7)</td>
<td>4.1 (1.6)</td>
</tr>
</tbody>
</table>

Relevance and Usefulness of the Canadian/Ontario Incidence Studies of Reported Child Abuse and Neglect

The overall objective of this study was to explore and describe decision-makers general utilization of research evidence in decision-making. There was also a secondary objective to understand how relevant and useful child maltreatment surveillance data, a specific type of research evidence, are to the decision-making processes in child welfare. The overwhelming majority of participants reported having seen the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) (n=94, 95.9%) and the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) (n=93, 97.9%). Both the CIS and OIS were rated as very good in relation to their relevance to the field and the data from both surveillance studies was rated as good in terms of the ease of use of the data (Table 6).
Table 6. Relevance and Usefulness of CIS and OIS Surveillance Data

<table>
<thead>
<tr>
<th>[Likert Scale Poor (1.0); Excellent (7.0)]</th>
<th>Current Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Executive Director - CAS</td>
</tr>
<tr>
<td>Relevance of CIS to field of child welfare</td>
<td>Mean</td>
</tr>
<tr>
<td>Ease of use of CIS data</td>
<td>Mean</td>
</tr>
<tr>
<td>Relevance of OIS to field of child welfare</td>
<td>Mean</td>
</tr>
<tr>
<td>Ease of use of OIS data</td>
<td>Mean</td>
</tr>
</tbody>
</table>

IV. Discussion

The findings from this study represent one of the first initiatives to document factors influencing research utilization in the emerging evidence-based child welfare movement. Interestingly, the experiences of senior child welfare administrators are largely congruent with those reported among health care (Dobbins & DeCorby, 2004; Dobbins, Jack, Thomas & Kothari, 2007; Kothari, Birch & Charles, 2005; Nutley, Walter & Davies; 2002) and social care (Booth, Booth, & Falzon, 2003) decision makers. The collection of qualitative and quantitative data provided us with the unique opportunity to understand the complexity of and confirm individual and contextual factors that influence the utilization of research evidence to inform the decision-making process in child welfare.

The CAS administrators had fairly consistent perceptions about child welfare ‘evidence.’ Participants initially described evidence as being synonymous with empirical research findings. However, with some additional probing, this was broadened to include other sources of evidence such as local best practices, clinical expertise, and provincial direction. The survey results confirmed that at the organizational level, decisions are highly influenced by provincial mandates and regulations in this highly legislated field. In terms of relative importance to the decision-making process, empirical research in the form of individual studies and systematic reviews ranked relatively low compared to other types of evidence. Lomas, Culyer, McCutcheon, McAuley and Law (2005) explain that decision makers, in comparison to researchers, tend to define evidence as including local contextual data. Current models of EBP support the inclusion of different types of evidence, in addition to research evidence, to inform the decision making process (DiCenso, Guyatt, & Ciliska, 2005; Gray, 1997; Nutley, Walter & Davies, 2002). Awareness of the full definition of EBP will provide support to reducing the perception that evidence-based decision-making is a process that takes only research evidence into account. Given the historical roots and value placed on experiential knowledge and client preferences in child welfare, what currently needs to be developed then are appropriate strategies for guiding decision-makers on how to best prioritize and balance different types of evidence in their decision-making processes.

Generally, the findings support that EBP, while still in its infancy in the child welfare field, is recognized among decision makers at multiple levels, as a necessary and important shift in how business is conducted. A particularly powerful finding from this study is the emergence that...
the push for EBP is being driven in large part by individuals who hold leadership positions and who have the power to influence change and create EBP cultures within their local organizations. Awareness and acceptance of the benefits of an innovation, in this case research evidence, have been found to be significantly associated with the adoption (or utilization), of the innovation in decision-making (Choi et al, 2005; Dobbins, Rosenbaum, Plews, Law & Fysh, 2007). Furthermore, the data indicate that decision makers largely agree that movement toward EBP has started and that it will result in improved outcomes for families. Gambrill (2003) defended EBP by indicating that decision makers who use evidence, and share it with clients, are providing care that is more ethical compared to those who rely on opinion alone.

One of the key findings of this study was the identification of external environmental influences at the level of the provincial government as perhaps the singly most important factor on whether evidence-based child welfare practice ever comes to fruition. Participants clearly articulated however that while they perceived EBP as beginning to ‘take hold’, that many changes to the system would be necessary before significant shifts could be realized. The notion of working from a reactive, crisis driven environment needs to be replaced with an environment that is pro-active and solution-based. This will be a significant challenge for the child welfare field where policy can be driven by the social agendas of the political parties in power and by reactions to child morbidity and mortality events highlighted by the media. Lomas and colleagues (2005) articulated clearly that policy makers utilize many sources of evidence, often giving research evidence, little or no weight, in decision-making. It would seem, though, that the time to assimilate research on a reactive basis nearly ensures its under-utilization.

Finally, four important issues must be dealt with in order to make significant changes in EBP in child welfare. First, the child welfare funders (government) must develop a process to demonstrate that research evidence is being used either instrumentally or conceptually (Weiss, 1979). Second, the policy development process needs to be as transparent and explicit as possible to decision makers and practitioners at the local CAS level. Furthermore, the involvement of CAS agency decision makers in the process in a meaningful way will promote ownership and of the policy at the local level, as well as promote greater buy-in than when a ‘closed door’ approach is used (Denis, Lehoux, Hivon & Champagne, 2003; Ferguson, 2005; Lomas, 2000b). Third, the resource implications at the local level must be considered and action taken to ensure that adequate resources are provided to the local CAS agencies to implement EBP processes and create organizational cultures that supports this goal. Fourth, organizational factors, such as leadership and an internal champion, were seen as critical to providing a professional role models and access to in-house research resources. These findings are similar to those reported by others, who found that an intermediary person is important in gaining momentum and maintaining it in the long run (Dobbins & DeCorby, 2004; Harvey et al., 2002; Lomas, 2000b). Luongo (2007) asserts that organizational change that includes the adoption of EBP will only occur if agency leadership is supportive of the initiative.

While the decision-makers in the qualitative study focused primarily on the broader environmental and organization influences on EBP, they identified core barriers to accessing, appraising, interpreting and utilizing research evidence at the level of individual administrators and front-line professionals. The findings from the current study also clearly reflect that decision-makers at all levels identify a lack of time as a significant barrier to searching for, retrieving, appraising and using research in decision-making. Given the lack of knowledge and skills related to research utilization, and the significant demands on the time of front line workers, McNeill (2006) has questioned the feasibility of individual social workers individually consulting research literature to inform daily decisions. Interestingly, at an international level, accessible
and online resources providing front-line workers with access to evidence that has been synthesized and appraised are increasingly available. These practical barriers again speak to the importance of developing policies at administrative levels that are informed by evidence and removing the onus from front-line workers.

However, several factors were identified that have the potential to facilitate the eventual increase of research utilization in decision-making. The individuals in this study were identified as a highly innovative group of decision-makers who see themselves as either innovators or early adopters of new innovations in their field (Rogers, 2003). This group values the utility of evidence in practice, has identified how the integration of evidence can create positive outcomes in the families and communities they serve. Many of the participants in the qualitative case study are identified as the ‘local champion’ for evidence-based practice and have worked at the organizational level to integrate strategies to bring research into practice. In the survey, it was identified that moving research into decision-making is facilitated when an individual can access an individual who can provide them with help in interpreting or utilizing the information. Within the CAS organizations, the Quality Assurance/Research Manager/Director was identified as the individual most capable and frequently accessed to assist with this task. In an integrative literature review, Gifford and colleagues (2007) identified leadership processes that influenced nurses’ use of evidence in practice. They determined that key leaders could influence the process of moving evidence into practice at multiple system levels by creating a vision of evidence-based practice, supporting the integration of evidence into practice and policy procedures, and sharing of information with colleagues. Rycroft-Malone (2008) similarly concludes that there may be value in identifying champions at multiple levels of an organization and investing in the development of their leadership capacity, so that they can influence procedures and colleagues to promote research uptake.

There was strong evidence to suggest that when administrators and CAS agencies have established relationships with academic faculty within a university setting, then it is more likely that research will be utilized in decision-making. We hypothesize that this may occur for several reasons, including that relationships with academics increases a decision-maker’s awareness about the types of evidence available, perceived value of research evidence, particularly if the CAS agency has collaborated on a research study, and that the university academic is most likely able to access, retrieve and interpret research evidence with ease and share it with their agency-based colleagues. The linking of key champions within each agency to system level organizations such as Practice and Research Together (www.partontario.org) will promote a more efficient process of accessing, synthesizing and dissemination of research findings, which will be of value to decision-makers who lack the time to effectively achieve this on an individual level and will also provide individuals with a network of like-minded decision-makers to work with.

The responsibility to implement evidence-based policy or practice should not lie solely with the individual decision-maker. In this study, it was identified that organizational culture significantly influences the utilization of research evidence into decision-making processes. When the organizational culture is developed so that research evidence is valued in decision-making, supervisors have the expectation that research evidence be included in the decision-making process, and when the terms research or research evidence are part of policy or program decision discussions, then there is the increased likelihood that research will be consistently used to inform decisions.

The results of this study should also resonate with researchers conducting studies in the child welfare field who are interested in disseminating findings to policy decision-makers. To
promote the uptake and utilization of research evidence, this study has identified the importance of developing genuine collaborations with agency decision-makers. These types of collaborations allow decision-makers to influence the type of research questions answered by academics, thus increasing the relevance of research evidence to the field. In return, researchers then have an opportunity to support agency leaders in the development of their knowledge and skills on how to access, appraise, synthesize and interpret research evidence. The decision-makers in child welfare are similar to other decision-makers in community based social service or health agencies in that they experience information overload on a daily basis and would prefer to receive short, condensed executive summaries of research evidence which highlight the key study findings (Dobbins, Jack, Thomas & Kothari, 2007). Additionally, the decision-makers who participated in the qualitative study component highlighted the value and importance of having the opportunity to discuss study findings in an interactive or face-to-face forum with a credible messenger who is knowledgeable about the study findings.

V. Conclusion

This mixed methods study conducted with senior child welfare administrators from Ontario, Canada has provided an opportunity to identify and understand their perspectives on different levels and types of factors influencing their abilities to readily adopted the EBP model of decision making. These findings are important for child welfare specifically because it offers clear direction in terms of the organizational factors that likely need to be in place in order for major shifts in culture and infrastructure to occur which in turn can lead to significant movement toward evidence-informed policy development. In terms of a more global picture, these findings suggest the need to develop skills in EBP among executive directors, and to assist them in identifying strategies to promote and support an organizational culture and structures that are conducive to EBP.

VI. Knowledge Transfer and Exchange Activities

Throughout the process of the research study, the research team has been committed to identifying unique opportunities to connect with senior child welfare decision-makers to develop new relationships upon which to share and discuss the emerging finding from this study. Both interactive and traditional forms of knowledge transfer have occurred. The Centre for Child and Youth Mental Health has been formally acknowledged verbally and on presentation slides at all interactive forums. The Centre has been formally acknowledged on all written materials.

Interactive Opportunities for the Discussion of Emerging Findings


International Peer-Reviewed Oral Presentations


Publications


Planned Knowledge Transfer and Exchange Activities for 2009


2. Synopsized study findings to be published as a ‘Particle’ by Practice and Research Together Ontario. The ‘PARTicle’ is a series of short summaries of research evidence that are disseminated to all participating members of this network which is supported through the Ontario Association of Children’s Aid Societies and the individually participating Children’s Aid Societies of Ontario.

3. Presentation and discussion of key findings at the National Steering Committee for the Canadian Incidence Study of Reported Child Abuse and Neglect-2008 to take place February 23, 2009 in Ottawa, Ontario. The two co-principle investigators of this study hold lead roles within the National Steering Committee (Peter Dudding is the Co-Chair of the National Steering Committee and Susan Jack is the Co-Chair of the Knowledge Translation sub-committee). Findings from this study will be used to influence the development of the CIS dissemination and communication plans for the release of the CIS-2008 findings.

4. A case study report will be distributed to all study participants. An opportunity to participate on a national teleconference sponsored by the Child Welfare League of Canada will be offered.
References


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