

From cross-sectional case counts to tracking trajectories and outcomes: *Challenges in building research capacity in child protection*

Nico Trocmé, MSW, PhD, TS
Director, McGill School of Social Work

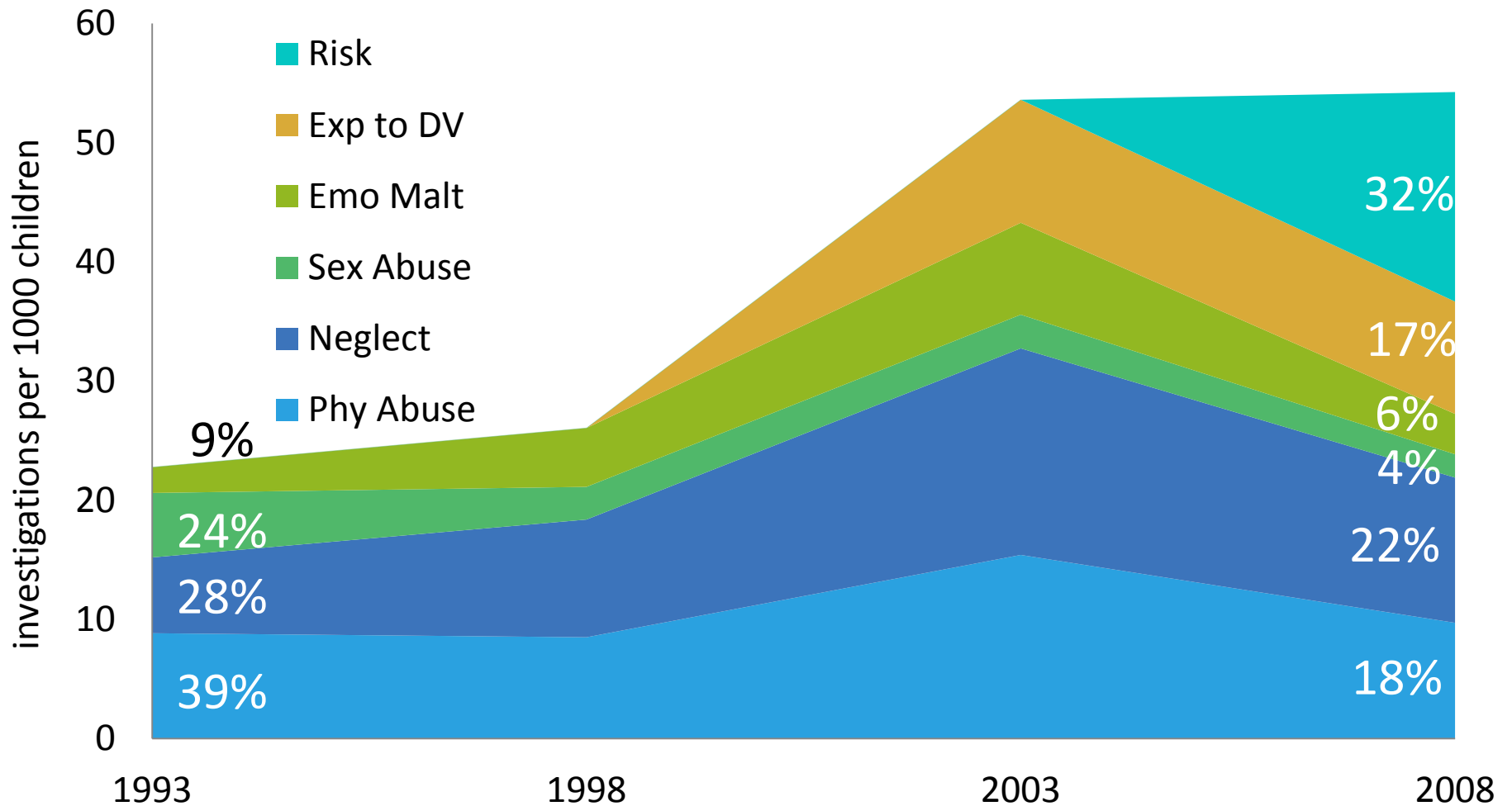
December 10th, 2014
Berlin, Germany

with slides from:
Dr. Toni Esposito, Université de Montréal
Dr. Catherine Roy, McGill University

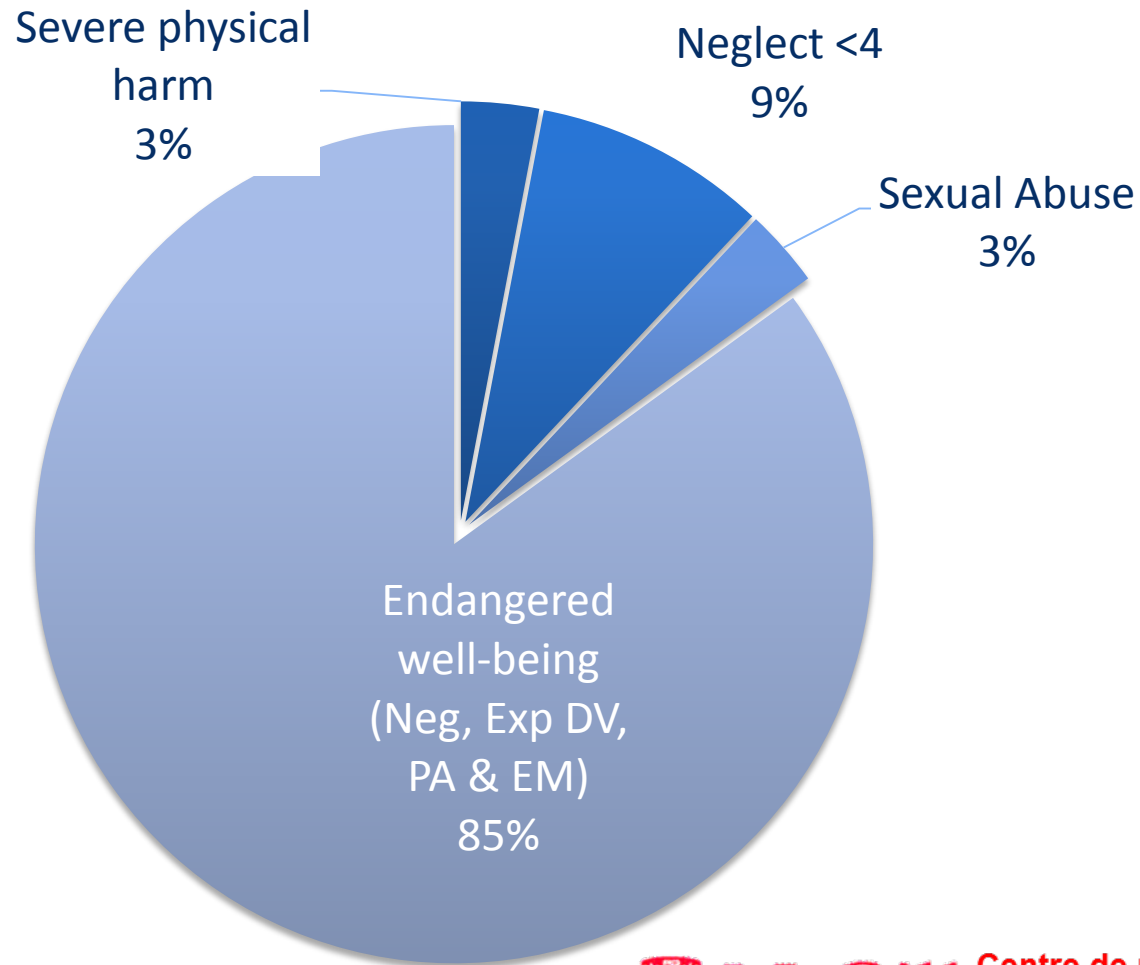
Child protection case counting in Canada

- Canadian Incidence Studies of Reported Child Maltreatment
 - OIS 93 / CIS 98 / CIS 03 / CIS 08 / OIS 13
- Out of home placement rates, 1992-2013
- Filicide rates, 1977-2009

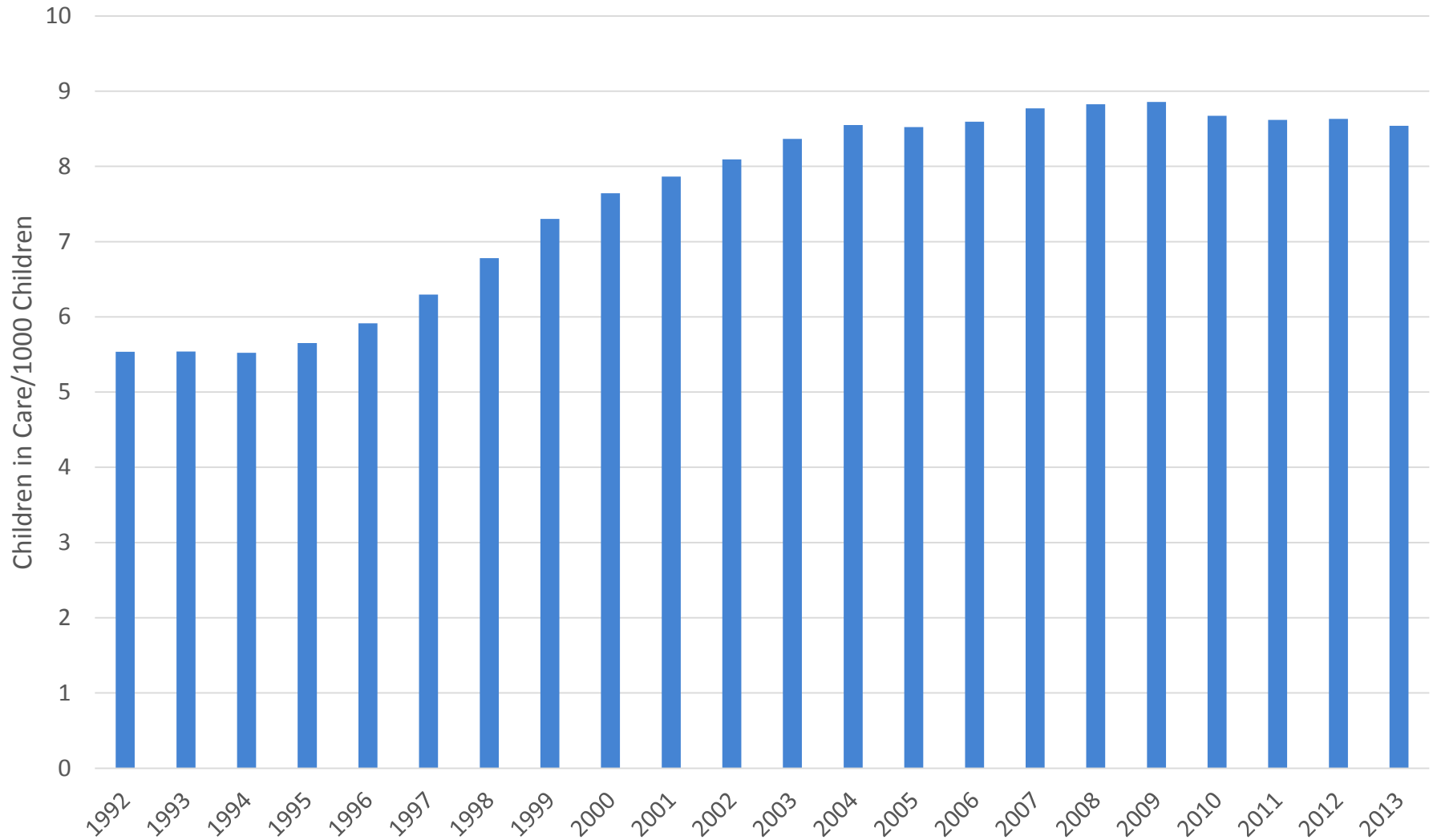
Maltreatment related investigations in Ontario: 1993 to 2008



Endangered safety & well-being in cases of substantiated maltreatment (CIS 08)



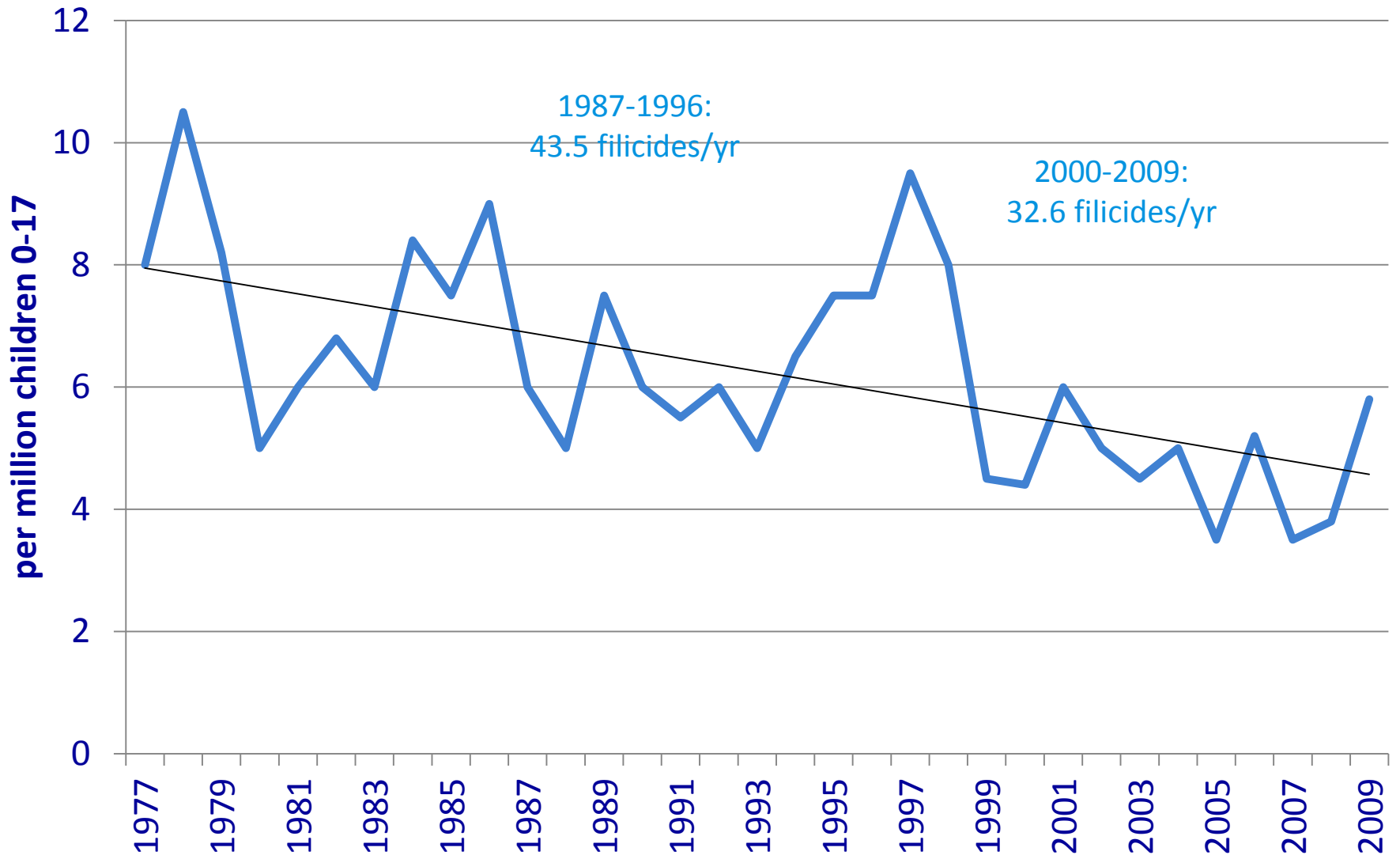
Children in out of home care in Canada, 1992-2013 (rate per 1,000)



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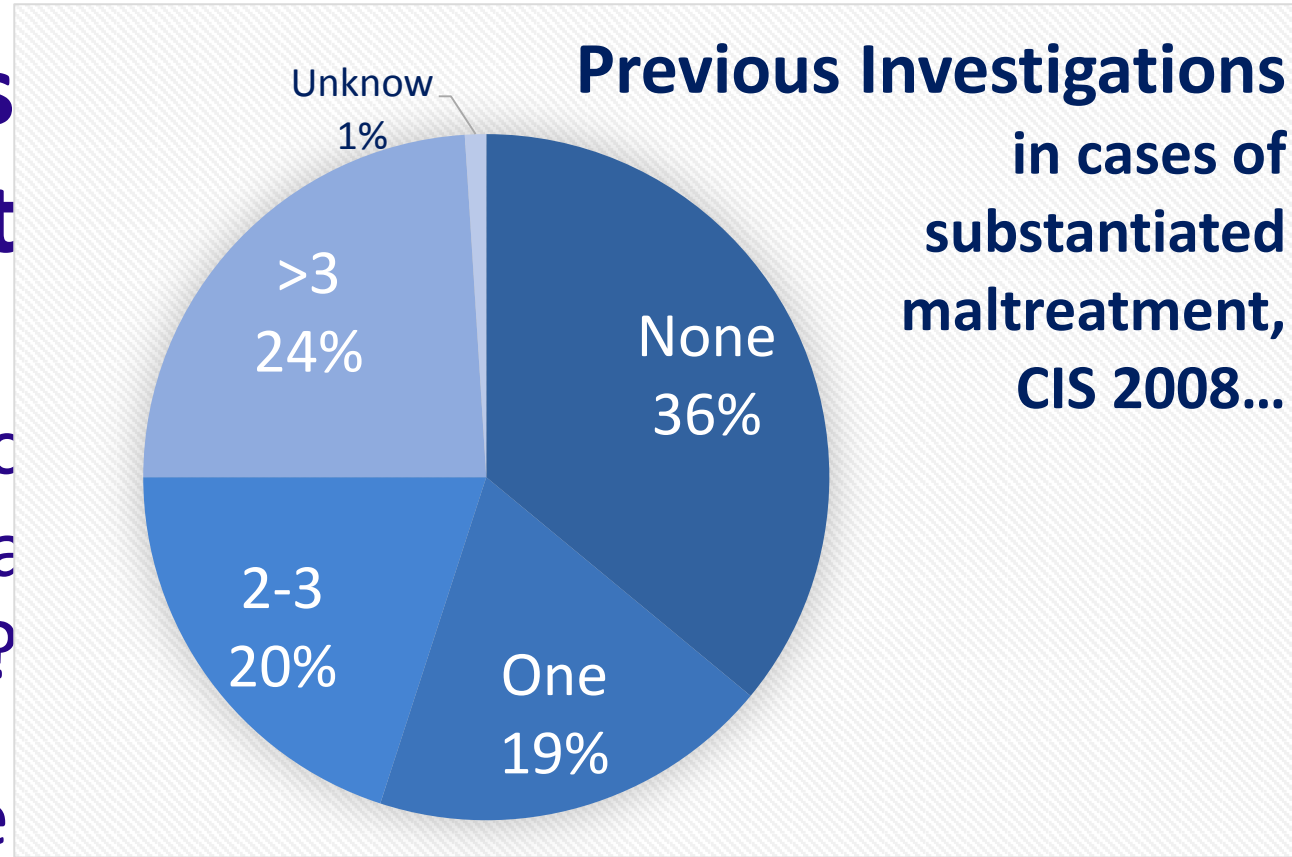
Centre de recherche sur
l'enfance et la famille

Family homicides against children (0-17) in Canada: 1977-2009



Case counts but do not t

- What service result of ma placement?
- What is the
- Do they have the desired outcomes?



What do we know about outcomes of child protection services?

- **Lancet Review (2009):** “lack of evidence for effective interventions in the area of child maltreatment compared with other paediatric public-health problems”
- **Royal Society of Canada Review (2012):** “Despite consistent evidence of the severe and long-lasting effects of child maltreatment, research on how best to intervene to prevent maltreatment and its recurrence is surprisingly limited”.
- **Paucity of child protection service outcome research:**
 - **Flynn (2005)** Review of all Canadian child protection outcome studies published between 1995 and 2005 found only 10 studies using comparison groups, 4 with randomization.
 - Few studies conducted in social service agencies (Leading researchers are physicians and psychologists operating in tertiary settings)
 - Predominance of US studies and datasets (NCANDS, NIS, AFCARS, LONGSCAN, NSCAW)

Research capacity in child protection is under-developed

- Unlike health sector, social services do not have a strong research culture and limited infrastructure:
 - limited use of research to inform clinical practice or program design
 - few agencies have researchers or statisticians on staff
 - difficult access to academic journals
 - many agencies do not have standard procedures to review proposals from external researchers

Research capacity in child protection is under-developed

- The challenges of conducting research in social service agencies dissuade many researchers from conducting social service research.
- These challenges are compounded in child protection agencies:
 - Engaging disorganized crisis ridden families in studies is difficult and resource intensive
Primum succurrere
 - Ethical issues in research with children, especially in a context of maltreatment (consent, perceived risks, access) vs.
 - Urgency of protection crises takes precedence over research
Primum non nocere

Building Research Capacity (BRC) in Child Protection

- A six-year Social Sciences and Humanities Research Partnership Grant designed to:
 - “Support formal partnerships between academic researchers, businesses and other partners that will advance knowledge and understanding on critical issues of intellectual, social, economic and cultural significance”.
 - “by fostering mutual co-operation and sharing of intellectual leadership, the grants allow partners to innovate, build institutional capacity and mobilize research knowledge in accessible ways.”

Building Research Capacity (BRC) in Child Protection

1. Understand child protection service trajectories and outcomes (particularly with respect to overrepresentation of Aboriginal children)
2. Support CP organizations' capacity to analyze clinical, administrative and population statistics to support program and service planning.
3. Train students in participatory data analysis.

Building Research Capacity (BRC) in Child Protection

Agencies

- Identify data and research needs
- provide clinical and policy expertise
- provide contextual knowledge to guide analyses and interpret results

Researchers

- Provide methodological and/or content expertise
- Provide training and mentoring to students

Trainees

- Learn how to work within a participatory framework
- Learn how to analyse administrative & census data
- Learn how to support agency research culture



Building Research Capacity (BRC) in Child Protection

Core BRC Activities

1. Research training program
2. Service Statistics Interpretation Groups (SSIGs)
3. Clinical Integration Groups (CIGs)
4. Infosheets and Newsletters

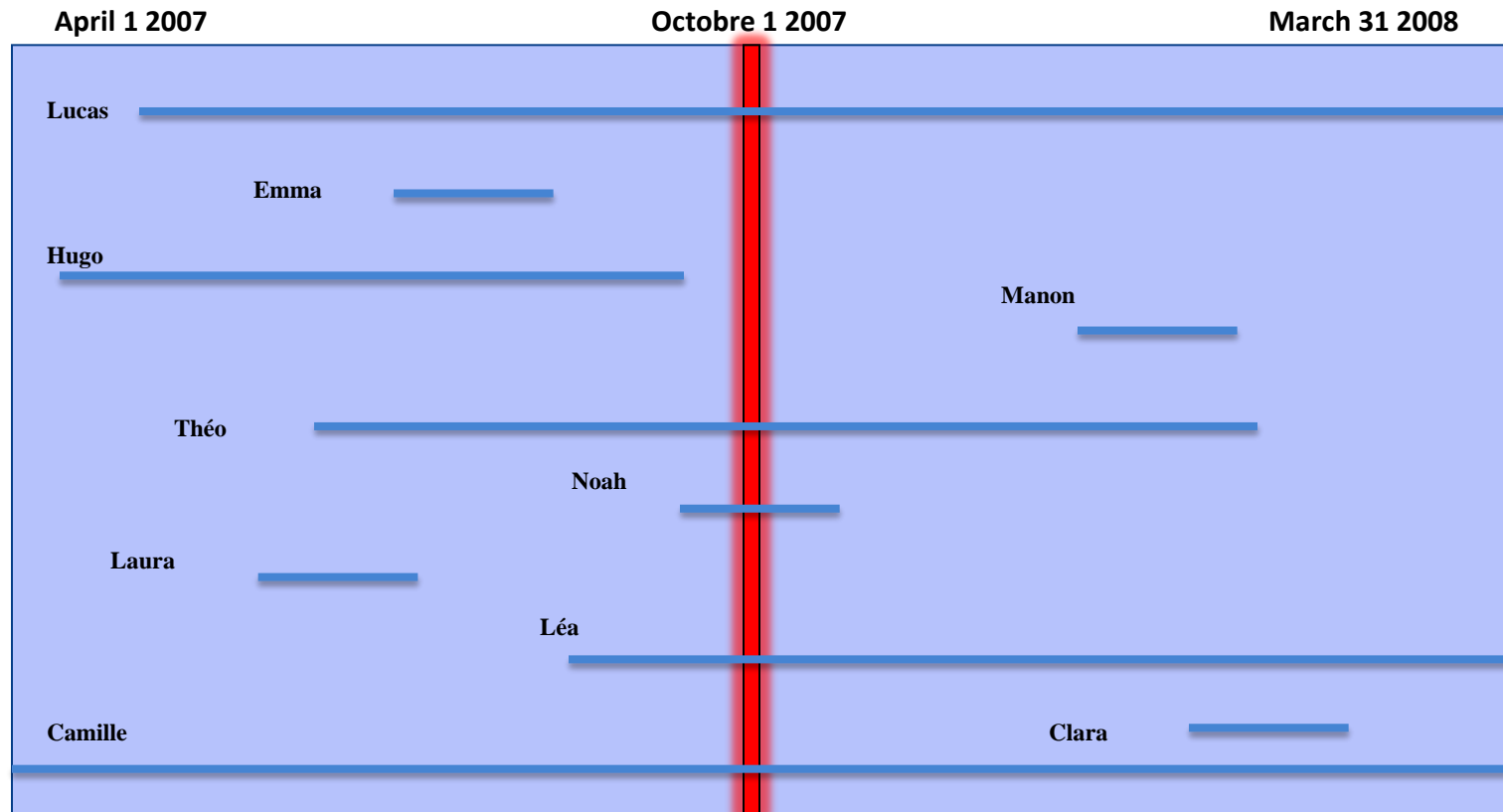
Service Statistics Interpretation Groups (SSIGs)

- Student-researcher knowledge broker teams work with agency managers to use administrative and census data to address clinical and administrative questions.
- Collaborate through all stages of the analyses from operationalizing variables to interpreting the results to reporting them.
- Data and results remain property of agency, use for publication by researchers contingent on separate application.

SSIGs access the untapped potential of clinico-administrative data

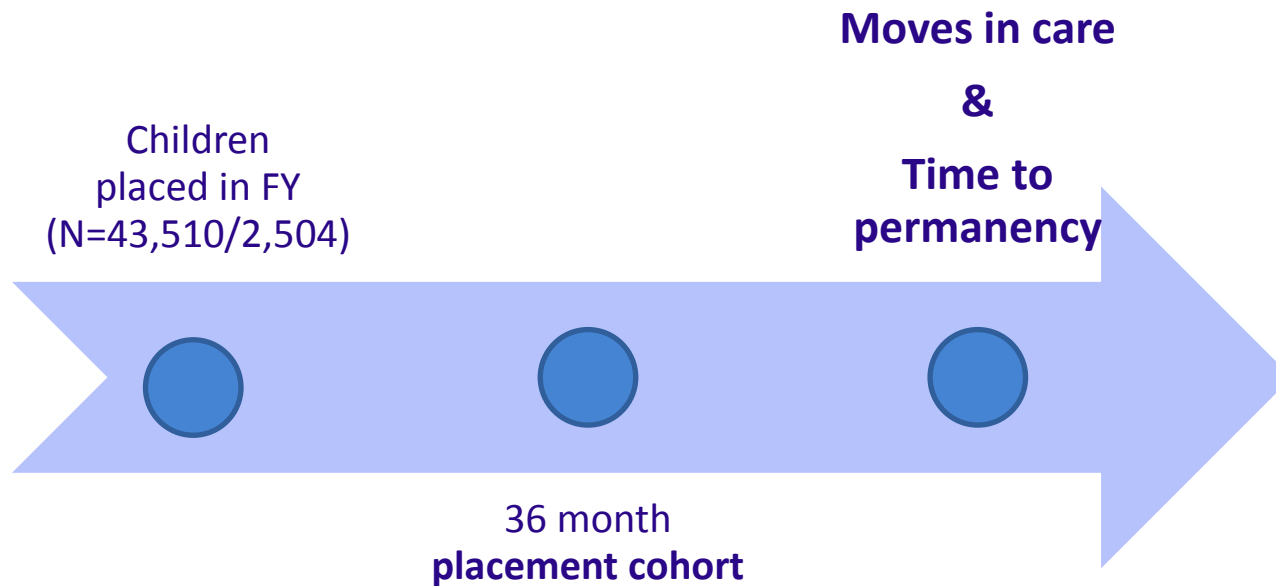
- Most child protection agencies use computerized case-management systems
 - to manage individual case record data, and
 - provide service volume data
- Aggregated statistics are reported:
 - month end or year end cross-sectional counts (e.g. number of children in care in December 31st)
 - Annual volumes (number of clients served during the year)

Cross-sectional administrative data: “bed” counts vs. client trajectories and outcomes



Référence: Aron Shlonsky, Université de Toronto

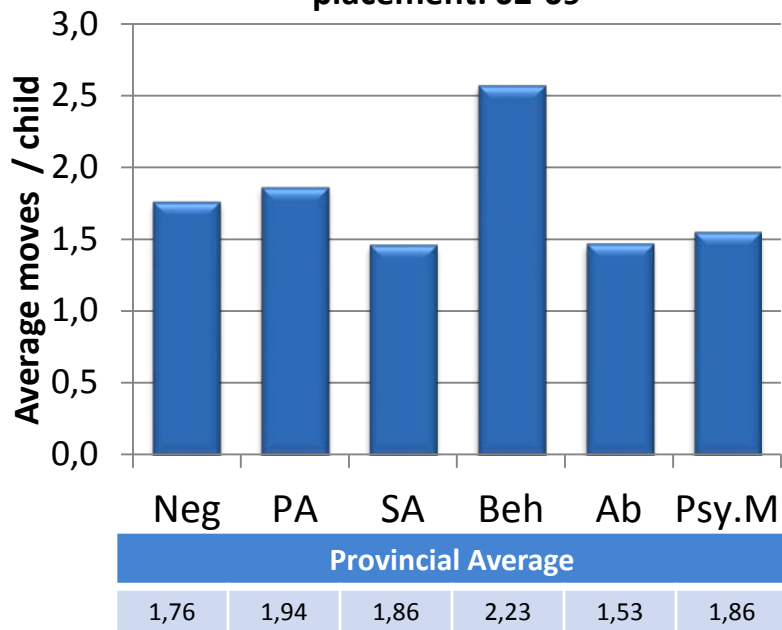
Tracking Service Cohorts



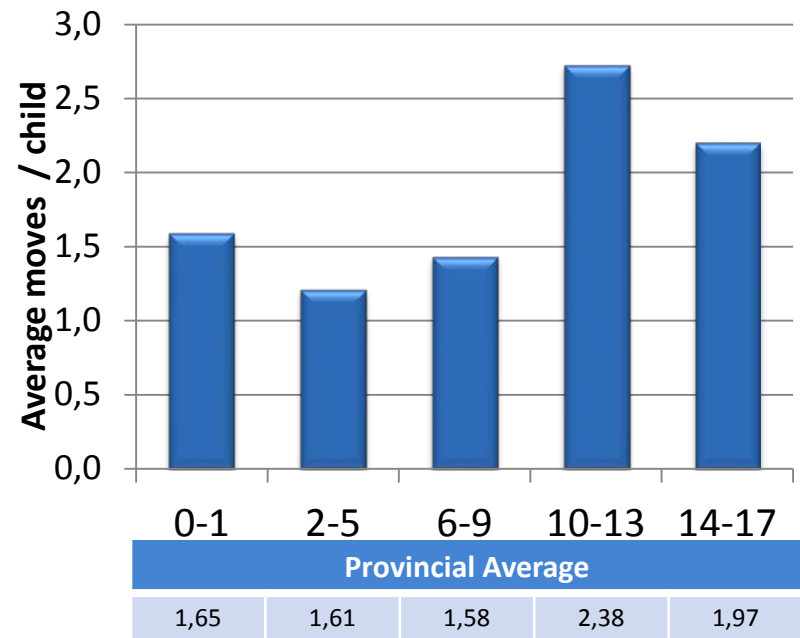
Moves in care, BYFC & Quebec

	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10
BYFC	2,26	1,95	2,43	1,91	2,06	1,81	2,11	1,59
Province	2,13	1,97	2,00	1,96	1,81	1,87	1,94	1,84

Moves by reason for services at initial placement: 02-09

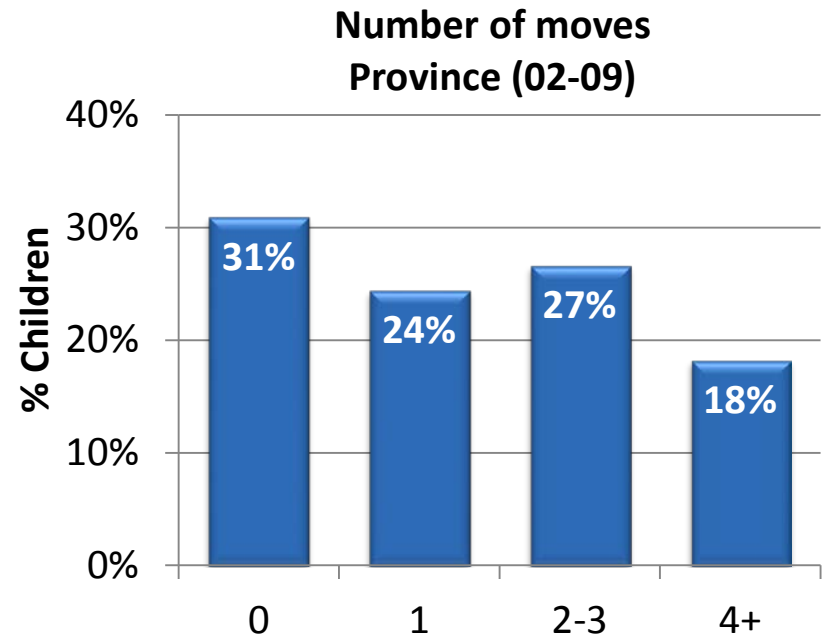
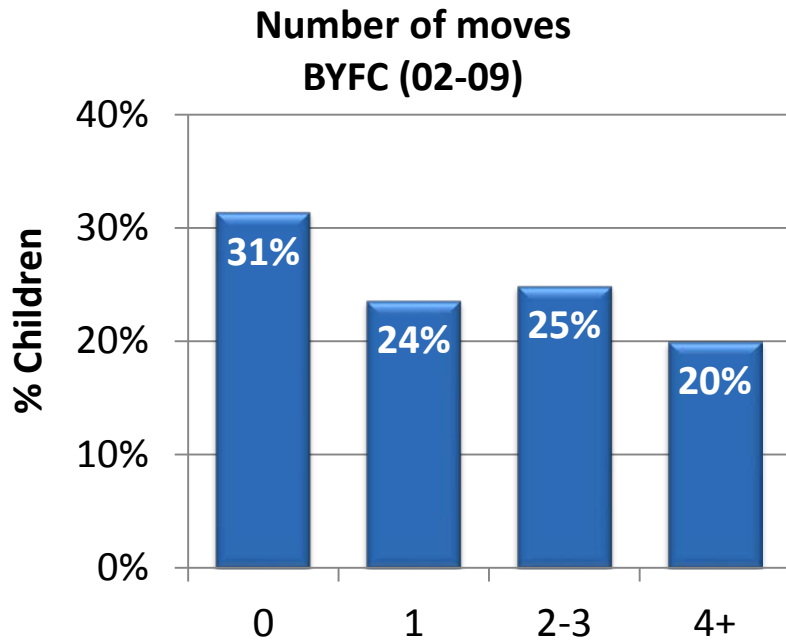


Moves by age at initial placement: 02-09

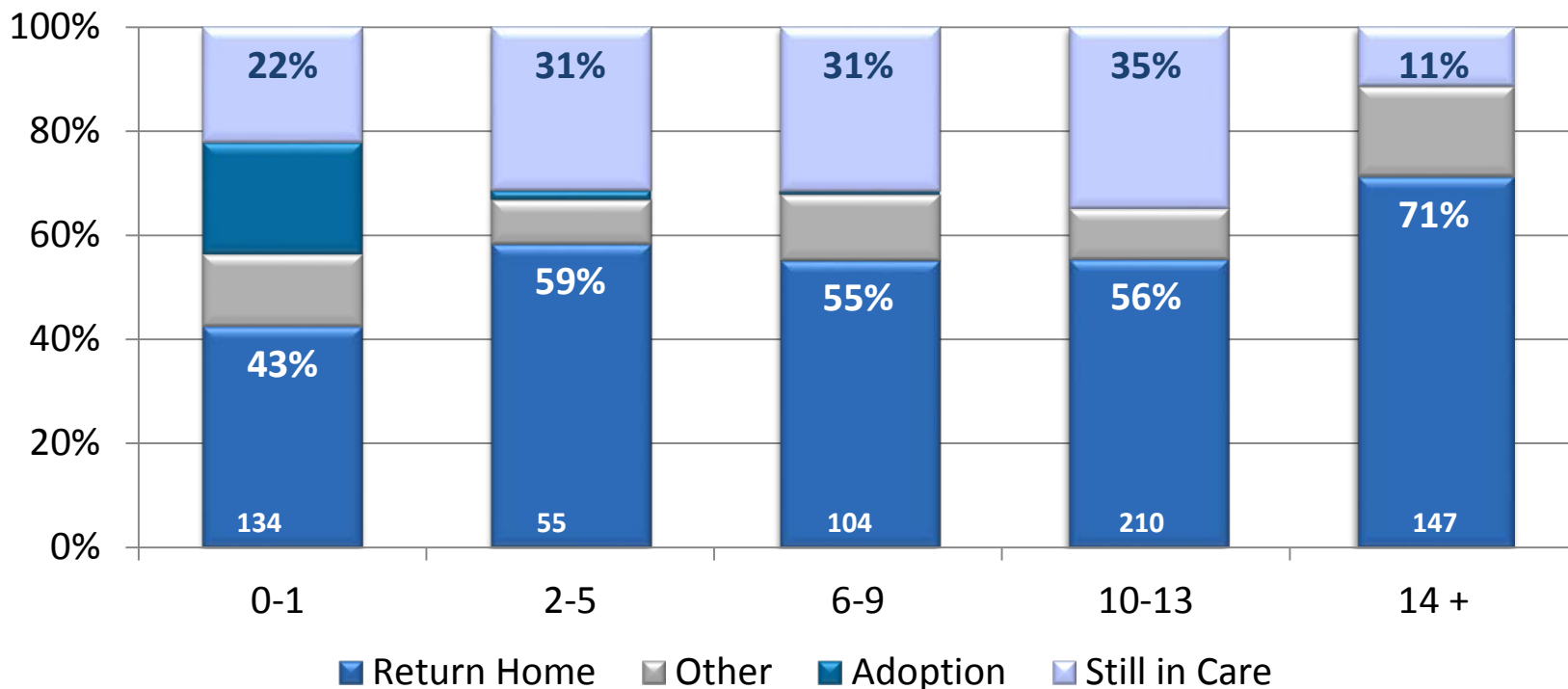


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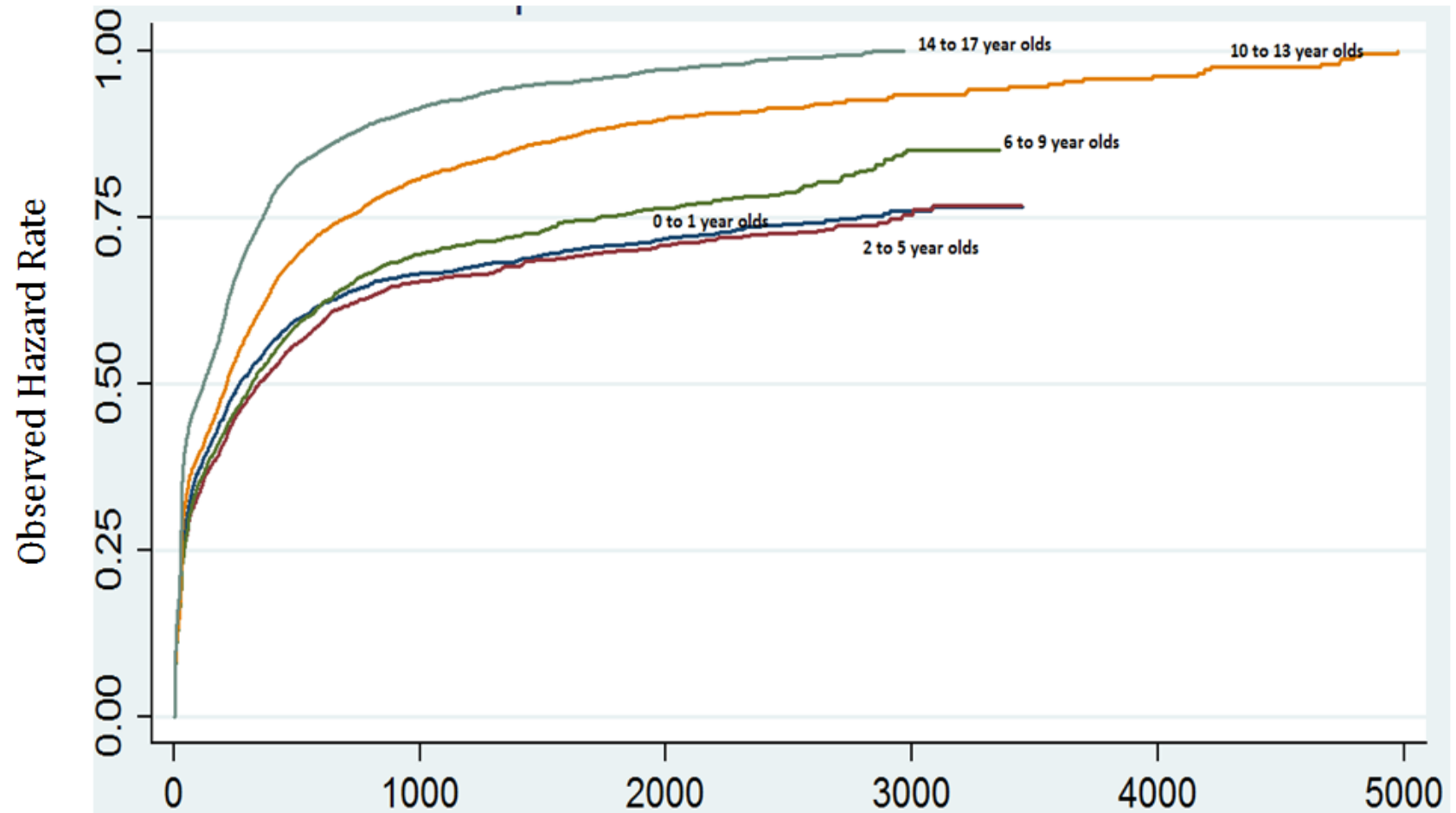


Permanency status 36 months after placement and median days to return home by age at placement (02-09)



Province: % and median days in out-of-home care for children who returned home				
33%	42%	42%	47%	60%
142	179	219	251	177

Timing of family reunifications by age at first placement (N = 24,196)



Days to family reunification from initial placement

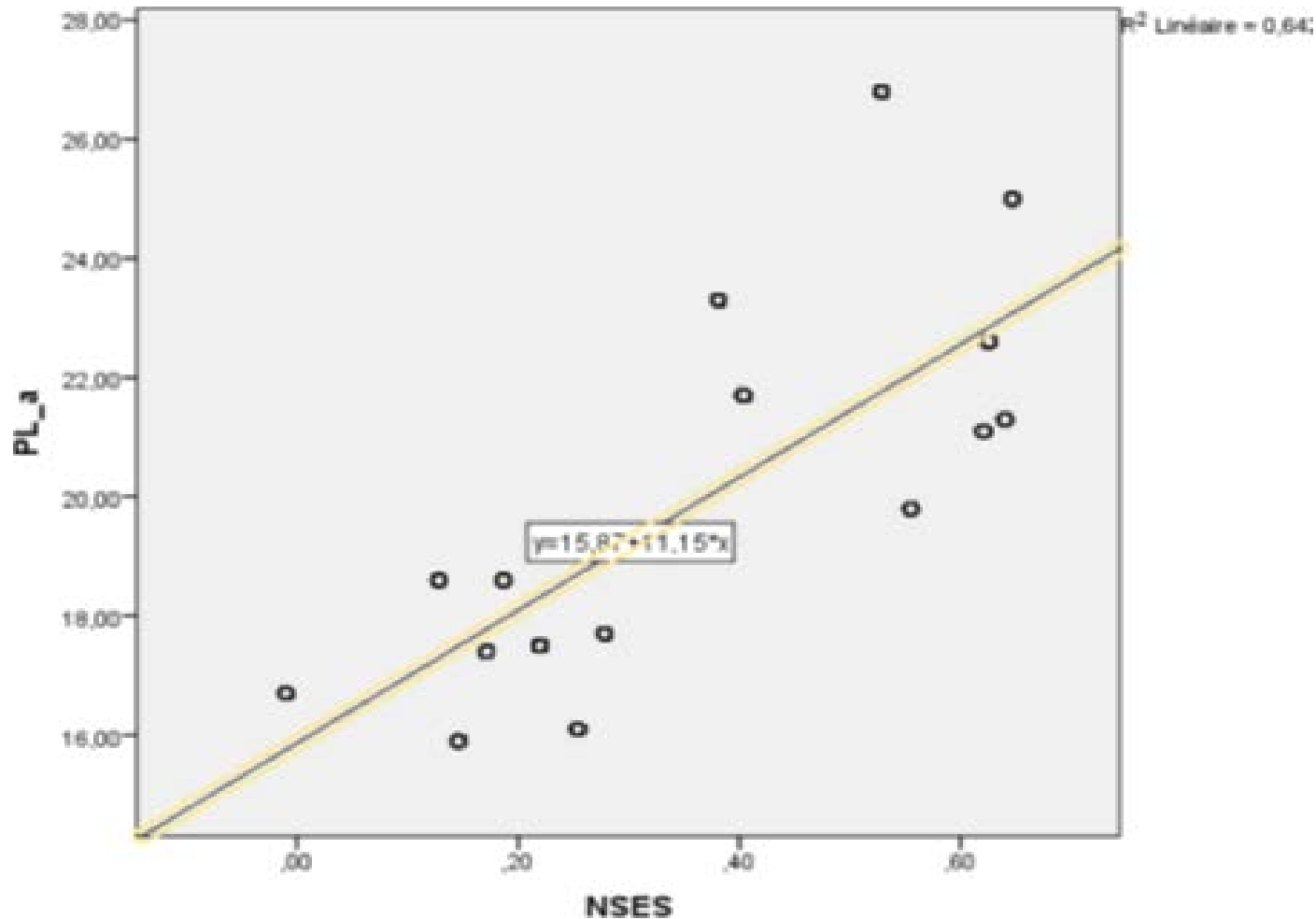


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Youth Protection placement rate by level of socioeconomic disadvantage

64% of the variation in placement rates is explained by differences in regional levels of socioeconomic disadvantage.



Clinical

- Promote clinical
- Agency policy/knowledge
- Three
 - CIG :
 - CIG i
 - serv
 - CIG :

Batshaw's clinical integration

Lise Milne (EBM Project Manager, McGill CRCF) and Clau

Clinical Integration Groups (CIGs) are one of the knowledge mobilization activities of the Evidence-Based Management (EBM) initiative between BYFC and McGill's Centre for Research on Children and Families (CRCF). CIGs are comprised of individuals who share an interest in a specific clinical issue that affects the well-being of children and families. There are presently two CIGs operating at BYFC, one on Sexual Abuse and the other on Conjugal Violence. The focus of this article will be on the CIG on Sexual Abuse (CIG-SA).

The overall purpose of a CIG is to promote within BYFC the development and integration of knowledge into clinical practice by using three forms of knowledge or evidence: research, clinical expertise and data from BYFC information systems. CIGs encompass all three forms of knowledge by accessing relevant published research and literature, drawing on the experience and knowledge of clinicians, and by reviewing agency-generated data. The selection of relevant research findings and clinicians' appraisal of their applicability are central to the function of the CIGs.

The CIG-SA consists of managers and clinicians representing various points of service in BYFC. They are interested in furthering their own professional development as well as in contributing to the integration of knowledge into service delivery. The CIG-SA is led by two co-chairpersons and is overseen by a coordinator who is the liaison with other managers and is responsible for the identification and selection of participants as well as the overall operations of the group. The coordinator is supported by the Director of Professional Services. The CIG-SA benefits greatly from the input of a university-affiliated knowledge broker who has expertise in the area of sexual abuse, as well as a research assistant who provides support for the group's activities. Other members include a person with recognized expertise from the Montreal Children's Hospital and a representative from the Centre d'expertise Marie-Vincent.

The CIG-SA was built upon the practices of a local group at the Department of Youth Protection as well as the experience of the 'Journal Club'. The Journal Club was a group led by Nico Trocmé between 2005 and 2007 who met monthly to review and critique salient research articles on various topics.

The Director of Professional Services' proposal for the creation of CIGs in BYFC was approved by the Batshaw Management Committee in October 2007. The DPS support to the CIG includes linking with the senior management team.

Batshaw's clinical integration group on sexual abuse

(cont'd from page 3)

Other less tangible outcomes of the CIG-SA include: discussions between colleagues regarding evidence-based and best or promising practices, increased levels of confidence for clinicians dealing with cases, evolving clinical practices, and ultimately the provision of more effective services to children and families.

Readings are selected by the knowledge broker and research assistant in terms of relevance to practice and are limited to what members are able to process in a given period of time. Thus far, the group has focused on the emerging research from the previous year covering a wide variety of topics. This year the group will be focusing on a number of specific themes such as patterns of disclosure, children exhibiting sexual behaviour problems, working with victims of sexual abuse in group care, etc.

It must be stressed that early adopters of the CIG concept have been crucial at every stage in the process. Support by the BYFC senior management and other managers as well as support by the CRCF director were essential not only for the approval of the initiative, but for the ongoing engagement and commitment of the resources necessary to keep the groups running. While operating the CIGs can at times be challenging in an agency with high service demands, this support has lent credibility to the initiative and has essentially kept it alive. As part of an evaluation of the EBM project, group leaders, knowledge brokers and research assistants have been interviewed to garner feedback on their experiences and to make recommendations for change. A sustainability plan is currently being developed to ensure the continued operation of the CIGs subsequent to the EBM project.

INVITATION TO CONSULTATION

The Sexual Abuse CIG case consultation process has been established; consultations are generally requested when there is uncertainty about the best approach or direction to follow, or for the validation/interpretation of symptoms in a given situation. The process is therefore open to all Batshaw workers, their managers or coordinators, who provide services to a client or resource (foster family/residential program). The process consists of an exchange of information, concerns and ideas regarding a child who has or may have experienced sexual abuse, and children experiencing/exhibiting sexual behaviour problems. It includes the sharing of research and knowledge about sexual abuse as it relates to the child's situation and to best practice. Consultations will not result in the formulation of specific recommendations or decisions as it is not a substitute for clinical supervision and other case management processes, however, the worker/resource/team will be provided with suggested approaches and interventions.

The referral process is designed to be as simple and supportive to the referring worker as possible: the referring worker and manager can request a case consultation through a discussion with the Sexual Abuse CIG member from her/his point of service. The list of members can be found on the BYFC intranet under Divisions → Professional Services → Clinical Integration Groups. Currently the members are: Nicolette de Smit (Challenges), Jocelyn Labbé (Clinical Support Services), Lynn Dion (LYLO), Cathy Di Stefano (YOS), Isabelle Loranger (Legal Services), Cheryl Ward (co-Chair - E/O), Megan Simpson (E/O), David Silva (SES), Joan Sheppard (A.M.), Elliot Zelniker (A.M.), Leigh Garland (Family Preservation), Manon St-Hilaire (Adoption), Gillian Hall (Foster Care), Kuldip Thind (Residential), Geraldine Spurr (co-Chair - OT/Review), Andrea Jones (OT/Review), Wendy Barnett (Human Resources Development). [link](#)

Susan Adams, Coordinator of the CIG-SA

- For more information on the CIG-SA, please go to: <http://www.mcgill.ca/crcf/projects/outcomes/ebm/cig>
- All material featured in *In the Know* is available in the library. Please contact Janet Sand at: Janet_Sand@ssss.gouv.qc.ca.
- If you have any comments or questions related to the contents of this issue, you may direct them to Claude_Laurendeau@ssss.gouv.qc.ca. We welcome your feedback!



Tracking child welfare placement

Tonino Esposito, Jaime Wegner-Lohin,

Building on the service outcome indicator Batshaw Youth and Family Centres Evidence Based Management initiative (issues 1 and 2), the McGill Centre for Children and Families (CRCF), in collaboration with the Centres Jeunesse du Québec 16 Youth Centres across Québec¹ have analyzed six service outcome indicators. This article provides a review alongside an update of **placement indicators** that were initially published in Volume 2, issues 3, 4 and 5— by including additional data, as well as comparisons with other studies². The three placement indicators are: 1. Placement stability, 2. Placement stability...

Out-of-home Placement

The out-of-home placement measure is defined as the *placement experience of children from contact at Evaluation, and looks at placement lasting longer than 72 hours or 36 months of the initial retained report*. This indicator measures the likelihood of a placement being retained following a retained report. The indicator is defined as a formal placement within three years. Placement types include: a) kinship placement, b) foster care, c) group home, d) residential care, e) readaptation centre placement.

To avoid double counting children in placement, children who had involvement in the previous 12 months were excluded from the indicator. Youth who were older than 18 at the time of their initial report were also excluded as they would have aged out of Youth In-Care. Given the relatively large proportion of children in placement, future analyses need to be conducted to examine the placement trajectories of older children.

In order to track these cases, a list of 99,278 children across Québec who were investigated from 2002-03 to 2007-08. Children, 5,257 were children receiving services from BYFC. All 99,278 children were then tracked for any placement experience...



IN-the-KNOW...

VOLUME 2, ISSUE 5
JANUARY 2012

"Time to permanence": where do children in out-of-home care end up?

Toni Esposito, Nico Trocmé

Lasting reunification is the goal for most children in out-of-home care; in situations where a possible stable alternative family, long-term placement, or adoption are pursued. Ensuring that children in out-of-home care end up in environments that promote their well-being and encourages continuity of care and identity is a key goal of the Youth Protection Act and permanency planning. Time limits for enacting placement decisions for children under two, 18 months, and 24 months for placement outcomes are set. The goal is that one out of ten children in out-of-home care through the National Open Access (ITK volume 1, issue #2)...

MEASURING "TIME TO PERMANENCE"

The primary challenge in measuring permanence lies in defining what becomes truly permanent. Permanent placement is defined as placement that does not break down. In fact, placement changes, such as reunification, adoption, or placement in a family, can be completely established. The NOM measures cumulative days in placement until a child is reunified, placed in a family, adopted, emancipated, or reaches the age of majority. Placement changes are tracked forward from a child's placement until 36 months. Using data from SIRTIF (the placement stability indicator) to consistently measure placement status: reunification with biological family, placement in care. Cases coded as placement in care where children were not placed in the resources of BYFC (e.g. hospitalization), family reunifications and entrustments; however, subsequent returns to out-of-home care following reunification are counted. To date we have monitored the placement changes over 36 months for 1608 children entering out-of-home care between 2002 and 2007.



IN-the-KNOW...

VOLUME 2, ISSUE 4
JUNE 2011

Placement Stability

Nico Trocmé, Toni Esposito & Lorry Coughlin

A stable placement experience can assist children in out-of-home care to develop and maintain family, peer, and community relationships while separated from their families. While some placement changes may be beneficial, multiple and unplanned placements are associated with negative outcomes for children, including increased behaviour problems and poor academic performance (Barth et al., 2007; Price et al., 2008; Unrau, Seita, & Putney, 2008). Even when these children are reunified with their families, stability remains a concern given relatively high rates of re-entry into out-of-home care (Kimberlin, Anthony & Austin, 2009).

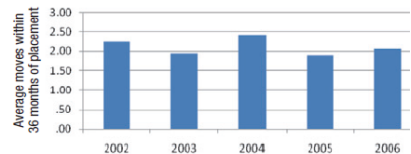
MEASURING PLACEMENT STABILITY AT BYFC

As part of the Evidence Based Management outcome indicator project we have been tracking placement stability at BYFC using data from SIRTIF¹ by documenting placement changes following a placement in out-of-home care. Definitions and interpretations of placement changes were developed in consultation with a reference group consisting of BYFC managers and clinicians. A placement change is defined as any new placement that occurred within 36 months of a first placement². All changes are counted with the exception of complementary placements (i.e. sleep away, summer camp, respite care, hospitalization), family reunifications and entrustments; however, subsequent returns to out-of-home care following reunification are counted. To date we have monitored the placement changes over 36 months for 1608 children entering out-of-home care between 2002 and 2007.

RESULTS

As illustrated in Chart 1, the average number of placements over 36 months ranged from a low of 1.9 in 2005 to a high of 2.4 in 2004 with no clear indication of an increasing or decreasing trend. Children experienced on average 2.2 placements over the five years, with 30% of children experiencing no change in placement while 25% experienced 2 to 3 placement changes and 21% experienced four or more placement changes within the 36 month follow-up period.

Chart 1: Average number of moves by fiscal year, BYFC 2002-2008



Charts 2 and 3 illustrate the average number of placement changes for the combined cohort by age at placement and reason for service (alinéa) at placement. There is a general trend towards increasing rates of placement changes as children get older, with the exception of the somewhat surprising finding that children under age 1 move more often than the 2 to 5 year olds. There is a slight decrease for children who enter out-of-home care in their teens, although this may be attributable to their shorter stays in out-of-home care. As one would expect, adolescents placed because of behaviour problems had higher rates of placement changes than did those entering because of abuse or neglect.

INFO Physical

Punishment

Andreas Jud, Nico Trocmé

- **Access from** The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) is the third national study of the characteristic of child maltreatment in Canada. In addition, MacLaurin et al. (2007) found that 43% of substantiated physical harm cases involved

- **Most Substantial Study** An estimated 18% of 3.1 cases of substantiated child abuse was a secondarily physically harmed child of the five following

- **More info**

1. **Shake, punishment** shaking a child
2. **Hit with fist**
3. **Punch, kick** elbow or knee
4. **Hit with object** at or against
5. **Other physical** strangling, restraints

As shown in Figure 1, 85% of cases involved a child shaken, pushed, pulled, or thrown, being punched, kicked, or hit with an object involving "other physical harm" involve more than 100%.

Type of Primary Maltreatment across Canada

Ashley Quinn, Jennifer Quinlan

Introduction

The findings presented in the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) sheet examines the findings of the First Nations Child Abuse Study. The sheet were prepared by the Canadian Child Welfare Research Council and support the McGill University and Training Program.

Findings

There were an estimated 18,212 cases of child abuse involving First Nations children in 2008. An estimated 3.1% (577) were risk of future maltreatment. An estimated 6,004 (43% of all investigations),



2007 | #57E

CW Information

Injuries and death of children at the hands of their parents¹

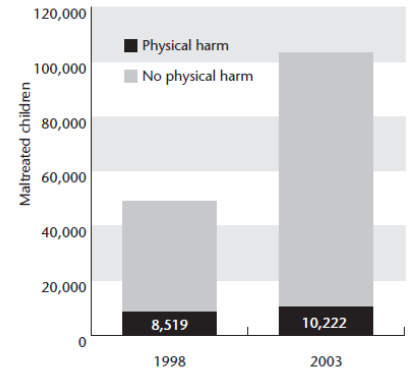
Nico Trocmé, Jules Lajoie, Barbara Fallon & Caroline Felstiner

This information sheet describes rates of physical harm documented in the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS)^{2,3} and rates of children killed by parents reported in the Canadian Centre for Justice Statistics' *Homicide Survey*.^{4,5} The CIS is a national child maltreatment surveillance survey conducted for the Public Health Agency of Canada every five years by the universities of McGill, Toronto and Calgary. The first two national cycles of the study were conducted in 1998 and 2003. Information is collected directly from the investigating child welfare workers using a standard set of definitions. The CIS-2003 tracked a sample of 11,560 child maltreatment investigations as a basis for deriving national estimates, excluding Quebec.⁶ Child homicides are documented in Canada through the *Homicide Survey* maintained by the Canadian Centre for Justice Statistics. The Homicide Survey tracks all homicides reported by police departments across the country.

Physical harm

Figure 1 presents estimated number of substantiated maltreatment cases with and without physical harm identified by child welfare authorities in Canada, excluding Quebec, in 1998 and 2003. Over 8,000 (18%) of substantiated maltreatment cases—including physical and sexual abuse, neglect and emotional maltreatment—involved documented physical harm in 1998. By 2003, the number of physically harmed victims

Figure 1: Number of substantiated child maltreatment reports involving physical harm
CIS estimate for 1998 and 2003, excluding Quebec



In cases involving physical harm, investigating workers were asked to identify the type of harm and its severity as measured by the need for medical attention. While the total number of cases involving physical harm has increased, the increase is primarily accounted for by cases involving minor injuries (bruises, cuts and scrapes), 85% of which did not require medical attention (Table 1). There has been no change in the rate of serious injuries caused by maltreatment: injuries involving broken bones and head trauma have remained at 0.04 and 0.08 per 1,000 children, while burns, injuries involving burns, and scalds have decreased from 0.09 in 1998 to 0.05 per 1,000 in 2003. In all, medical attention was a result of

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November 20, 2014

Welcome to Research Watch

Research Watch, an initiative of the Canadian Council on Social Development, features major child welfare research journals on-line. For more information, please [click here](#).

To view the CWRP website and obtain more information on child welfare in Canada, please [click here](#).

The articles listed below can be accessed at a local library or university.

Understanding child welfare organizational change

Source: McCrae, J.S., Scannapieco, M. (2014). Understanding change in child welfare board? Child welfare worker reports of barriers and enablers. *Children and Youth Services Review*, 37, 28-35.

Reviewed by: Denise Michelle Brend

Introducing change throughout large child welfare service poses many challenges. This research examines the impact of implementing change on staff buy-in and practice model in the Rocky Mountain region. The study explored the level and nature of buy-in in the context of organizational change, and protocols; how buy-in varied according to agency type, the readiness of local agencies, and the changes. Survey data were collected from 100 child welfare workers. Response rate in one U.S. state. Baseline data were collected before implementing the organizational change. Agencies were selected for the qualitative portion of the study based on the occurrence of this subset, including case studies and interviews. Finally, one year after the implementation of the organizational change, qualitative data collection, 12 implementation sites were selected for implementation in all agencies through

Research Watch



October 7, 2014

Welcome to Research Watch

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The articles listed below can be accessed at a local library or university.

Child maltreatment and income inequality

Source: Noll, J., & Shenk, C. (2014). Child Maltreatment among Females. *Pediatrics*. 131(4), 11-16.

Reviewed by: Rachael Lefebvre

Although recent years have seen a decline in child maltreatment amongst industrialized nations, the prevalence of child maltreatment to 2012, examined whether exposure to child maltreatment during childhood.

Adolescent females (aged 14 to 17 years) who had been substantiated maltreatment in their childhood were compared to those who had not. Agencies in the catchment area of the study were located in the United States. Comparison between single vs. two parent households located within the hospital. Parity of childbearing was measured. Teen childbearing was measured. During the course of the study, maltreatment (which was confirmed by police records). During the course of the study, final analyses. The final sample size was a 97.5% response rate.

Research Watch



le 12 août 2014

À l'affût de la recherche

Transférer à un ami

Bienvenue à l'affût de la recherche

À l'affût de la recherche, une initiative du Portail canadien de la recherche en protection de l'enfance (CWRP), est un projet de surveillance mensuelle des revues de recherche. Pour vous abonner À l'affût de la recherche, veuillez [cliquer ici](#).

Pour visiter le site web du CWRP et obtenir plus d'information sur la recherche fondée sur les données probantes en protection canadienne des enfants, veuillez [cliquer ici](#).

Les articles mentionnés sont disponibles au site web correspondant au journal ou à la bibliothèque, ou à l'université.

Enfants des Premières Nations : corroboration de la négligence par les organismes

Source : Sinha, V., Ellenbogen, S., & Troome, N. (2013). Substantiating neglect of First Nations and non-Aboriginal children. *Children and Youth Services Review* 35, 2080-2090.

Revu par : Sydney Duder

Les enfants des Premières Nations sont largement surreprésentés dans le système de protection de l'enfance canadien. La présente étude porte particulièrement sur la disproportion de la corroboration de la maltraitance par les organismes. Les données proviennent de la composante Premières Nations de l'Étude canadienne sur l'incidence des signalements de cas de violence et de négligence envers les enfants (2008) et renvoient à des enquêtes pour maltraitance dans 89 organismes provinciaux et territoriaux (un échantillon aléatoire stratifié) et dans 22 grands organismes administrés par des Autochtones (deux urbains, deux offrant des services aux enfants dans des réserves et deux offrant des services à la population dans des réserves et en dehors). L'échantillon analysé comprend 8293 enfants non autochtones et 1950 enfants des Premières Nations. Les chercheurs ont examiné une série de facteurs de risque (les caractéristiques du cas, de l'enfant, du ménage et du donneur de soins) pour déterminer les facteurs expliquant la disproportion.

Canadian Child Welfare Research Portal



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CANADIAN INCIDENCE STUDY (CIS)

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- CIS Publications
- Canadian Incidence Study (CIS-2008)
- First Nations (FN-CIS)
- Provincial Studies

OUTCOMES

- Child and Youth Data Lab (CYDL)
- National Outcomes Matrix (NOM)

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WELCOME

cwrp.ca provides access to research on Canadian child welfare programs and policies. Explore the map to find information on statistics, legislation, research and researchers, or use the [keywords](#) and side menus to access publications and reports.

RESEARCH WATCH

Research Watch is an inter-university learning partnership that tracks the major journals monthly and produces concise reviews of exceptional articles on child welfare.

[Understanding child welfare staff buy-in of organizational change](#)

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CANADIAN RESEARCH IN BRIEF

Canadian Research in Brief (CRIB) summarises recently published child welfare studies that have been conducted in Canada.

40th Edition (July 2014)

[Cheung et al.: Helping youth in care succeed](#)

[Gladstone et al.: Outcomes and engagement from worker and parent perspectives](#)

[Scott & Lishak: Intervention for maltreating fathers](#)

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HIGHLIGHTS

The director of the CWRP, **Professor Nico Trocmé, has just won the SSHRC Connection Award** for his work building research capacity in child welfare organizations to improve child welfare services and outcomes.

Just published: [Urgent Protection versus Chronic Need: Clarifying the Dual Mandate of Child Welfare Services across Canada](#)

Key challenges in identifying and negotiating BRC projects

- Balancing applied and theory driven research:
 - Address partner priorities with questions that engage researcher interests
- Agency and community **Ownership Control Access and Possession (OCAP)** of data:
 - Owning the question, Controlling the process, Accessing and Possessing the data while balancing confidentiality, methodology and academic dissemination
- Ethics:
 - When does methodological assistance become research requiring university ethics approval?

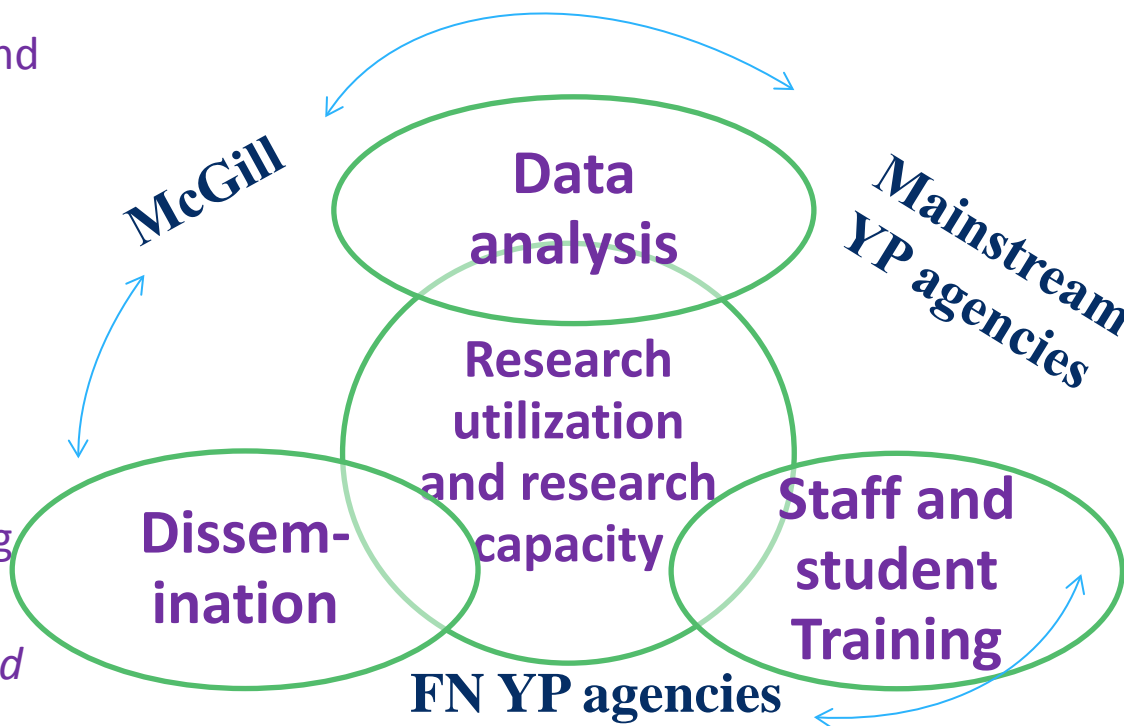
Evaluation of the Building Research Capacity (BRC) initiative

Objective:

Assessing **research utilization** and **research capacity**, both at the level of individuals involved and at the level of community agencies.

Methods:

- Activity and product tracking
- Questionnaire (*Community Impacts of Research Oriented Partnerships*)
- Interviews & focus groups



Questions & discussion

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