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# Supporting Evidence-Based Practice in Windsor-Essex Children's Aid Society

Kristen Lwin

*Univeristy of Windsor,* Kristen.Lwin@uwindsor.ca

Child welfare organizations play an important role in society, as they respond to maltreatment and neglect concerns. To meet the goals of these organizations, child welfare workers are tasked with assessing and addressing the needs of families who require services. It is expected that families' needs are met through an evidence-based lens. Evidence-based Practice (EBP) is a framework that applies case context, family preferences, decision-maker biases, and research evidence into service. Importantly, to offer ethical services, EBP is expected within the child welfare system. While EBP should be a part of child welfare practice, there is little evidence to suggest that it is utilized in everyday service. Thus, the goal of the study was to support Windsor-Essex Children's Aid Society's (WECAS) aim of moving towards EBP by examining their organizational social context. While they are important to family outcomes, little is known about whether worker and organizational factors are associated with child welfare decisions, especially in Ontario and Canada. Accordingly, there is a pressing need to assess how WECAS key child welfare worker and organizational characteristics are related to practice decision making.

A total of 111 staff completed the online survey. Worker demographics (i.e., age, education, years in child welfare, ethnoracial identity, position, caseload), attitude towards the role of the child welfare system (Dalgleish, 2010), Quality of Life in a Helping Profession (ProQOL), and Organizational Social Context (OSC; Glisson & Green, 2011) were measured through quantitative data collection. Findings indicate that participants had a higher than normed average burnout and compassion fatigue/secondary traumatic stress scores, but average compassion satisfaction scores. Results of the OSC suggest the perception of higher than normed average scores on rigidity and resistance (culture) and lower scores in engagement and higher scores in stress (climate). Further results illustrate that participants' attitude towards the child welfare system distribution was skewed toward believing the child welfare system's primary goal is to ensure safety of children, versus believing that the system should support parents in keeping their children safe. Bachelor educated staff had significantly higher rates of burnout and compassion fatigue/secondary traumatic stress scores than their Master educated counterparts. Education level was the only demographic that was significantly associated with an outcome variable. Lastly, workers whose attitude skewed towards the child welfare system primarily playing a protective role were more likely to rate risk of future maltreatment as "high" versus their counterparts who believe the child welfare system's role is to support parents in the protection of their children. Taken together, results suggest that worker and organizational factors may play a role in the decisions that child welfare workers make daily and that this area requires further examination. The findings are limited in their generalizability in that staff from only one organization participated and that the decision making is based on a case vignette.