

FACILITATING INSTRUMENTAL UTILIZATION FOR POLICY DEVELOPMENT IN A MULTISITE, INTERMINISTERIALLY SPONSORED HUMAN SERVICE PROGRAM

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Abstract: This article focuses on the instrumental utilization of evaluation findings to assist in the development of program policy, including a brief review of some of the literature in this area. The context from which examples are drawn is an innovative human service program/policy that involves multiple funding ministries and participating agencies. A number of instances of the instrumental utilization of findings from an evaluation of multisite policy and program implementation are discussed. In addition, evaluation practices that served to enhance utilization are presented, including pre-evaluation activities, activities that occurred during the course of the evaluation, and activities performed after delivery of the final report.

Résumé: Cet article traite de l'utilisation instrumentale de l'évaluation des résultats afin de faciliter l'élaboration des politiques relatives aux programmes, y compris un bref compte rendu de la documentation qui existe dans ce domaine. Les exemples sont tirés d'une politique et d'un programme innovateurs en services humains, lequel englobe plusieurs ministères subventionnaires et organismes participants. L'article examine un certain nombre de cas d'utilisation instrumentale de résultats d'une évaluation

de la mise en oeuvre d'une politique et d'un programme englobant plusieurs emplacements. On présente en outre les pratiques d'évaluation qui ont servi à améliorer l'utilisation, y compris les activités préalables à l'évaluation, les activités qui ont eu lieu au cours de l'évaluation, et les activités exécutées après la remise du rapport final.

■ In what is now considered by many to be a classic study of policy-makers' use of social science research findings, Rich (1977) discovered that two types of utilization of social science research findings occur. In some cases, the findings from social science research studies such as program evaluations are utilized in a direct, instrumental manner by policy-makers and program decision-makers in making specific decisions about policies or programs. Rich observed that this type of knowledge utilization is somewhat hard to trace and usually occurs quite quickly if it is going to occur at all. Rich also observed that the results of social science research can be used in indirect, conceptual ways, such as when they affect the thinking of policy-makers in a manner that influences future policy development. Conceptual utilization generally takes longer to commence, but social science research findings, such as the results of an evaluation of a particular program, may be conceptually utilized by policy-makers and program designers long after they were initially reported.

Instances of the instrumental utilization of evaluation findings by decision-makers in specific programs have been widely documented. However, many evaluators and policy-makers have lamented the fact that, in the fields of health and social policy, instrumental uses of evaluation research findings are far less common than is desired and are difficult to observe and document when they do occur (Agarawala-Rogers, 1977; Cook, 1984; Cumming, 1976; Dunn, Mitroff, & Deutsch, 1981; Florio, Berhman, & Goltz, 1979; Knorr, 1977; Leviton & Boruch, 1983; Manga, 1987; Saxe & Koretz, 1982; Weiss, 1977). The overall conclusion reached by many of those who have studied the link between evaluation research and health and social policy development in the 1970s and 1980s was that, in general, evaluation findings have not directly stimulated improvements to policy development in the health and social services.

Weiss (1977), for example, described the gap between the cup "full of social science knowledge" and the lips of potential knowledge users in the public policy community. In addition, Cook (1984) suggested that evaluation opportunities would likely decrease unless

evaluators paid more attention to ensuring that the direct influence of their findings on program and policy development could be documented. In their review of evaluation utilization, Leviton and Hughes (1981) noted that evaluation utilization has been difficult to document, particularly in the policy field. Manga (1987), in commenting on the development of health policy in the Canadian context, echoed these views.

Many factors have been cited to explain the low utilization of evaluation research findings, including the failure of evaluators to appreciate the following issues: the complexity of the decision-making context, the information needs of program managers and policy makers, the multitude of stakeholders groups, the differing value systems of sponsoring organizations, and the differing organizational cultures of participating agencies and ministries (Bedell, Ward, Archer, & Stokes, 1985; Cox, 1977; De Young & Conner, 1982; Leviton & Hughes, 1981; McLaughlin, 1985; Palumbo, 1987; Shapiro, 1984; Solomon & Shortell, 1982; Weeks, 1979; Weiss & Bucuvalas, 1980; Wilderman, 1980).

In attempting to direct evaluators to an area of the policy field with a high potential for instrumental utilization, Palumbo and Calista (1990) have described the implementation of public policy as the "black box," contending that evaluation could assist policy-makers in opening up the box so that they may better understand why certain policies succeed and others fail.

It is in response to these concerns that the current discussion is presented. This article represents a follow-up to a related paper presented at the recent SSHRC-sponsored International Evaluation, Social Science and Public Policy Conference held in Ottawa, which described an approach developed to track the instrumental and conceptual uses of evaluation findings in influencing "small *p*" policy development in an innovative human services program (Shea & Lewko, 1994). In contrast, this discussion focuses on where and how evaluation findings have been utilized instrumentally in the development of "big *P*" policies. The program in question was a test of a new policy initiative that mandated the integration of health, mental health, and social education services for children in rural/remote areas of northern Ontario. The program, Integrated Services of Northern Children (ISNC), has been described elsewhere (Shea, Salhani, Boschen, Flynn, Lewko, & Volpe, 1993) and will not be discussed in detail here.

THE PROGRAM/POLICY CONTEXT

Briefly, the ISNC program is intended to provide an integrated system of services to the children of rural/remote northern Ontario who have multiple service needs that cut across the mandates of separate agencies and ministries. This new program resulted from the 1988 interministerial policy document *Northern Initiatives for Children with Special Needs*, which prescribed a number of significant changes in the policies governing management and delivery of children's services in northern Ontario. The ISNC program is a cooperative funding effort by the Ontario ministries of Community and Social Services (MCSS), Education and Training (MET), and Health (MOH). Additional support to the ISNC management system is provided by the Ontario Ministry of Northern Development and Mines. The three funding ministries have entered into legal agreements with a number of their transfer payment agencies to deliver ISNC services and to provide site-level management. MCSS has legal agreements with ten children's mental health centers and two children's aid societies. MET has legal agreements with four school boards, and MOH has legal agreements with three children's treatment centers, two hospitals, and one public health unit. The ISNC program funds six multidisciplinary teams of professionals known as resource groups. These teams are linked to the rural/remote communities in their respective sites through a network of ISNC satellite workers, who serve as the single point of access for all referrals to ISNC and as the case managers of all ISNC cases.

A "utilization-tracking" approach was developed within one of the multiple sites of the ISNC program, which relates site-level evaluation findings to specific actions, responsibility centers, and target dates. The site-level action plan served not only to assess the extent of utilization, but to actively encourage it. The approach was developed for the purpose of tracking small-scale, evaluation-driven program change and policy developments at the site level. The tool has become a standing agenda item for a number of the site-level management committees in the program in question.

The evaluators recently produced the final report on the multisite implementation of this multiministry and agency-sponsored children's services program (Shea & Lewko, 1993). The report contained a series of recommendations for changes in overall program policy, and was directed to the regional-level (whole program) committee of senior ministry managers who are responsible for most of the policy development decisions that influence the program's ongo-

ing operations. The utilization tracking approach, which has functioned successfully at the site level, is now being applied at the regional level by the members of the regional interministerial management committee. This paper discusses preliminary findings in this area.

FINDINGS AND RECOMMENDATIONS FROM THE ISNC EVALUATION

The *Final Report on ISNC Program Implementation* (Shea & Lewko, 1993) was based on a four-stage data collection process that included collection of both quantitative and qualitative data on the extent of program implementation success in multiple sites. Evaluation data was supplied by stakeholders at all levels of the ISNC system, including parents/guardians of clients, line staff, site-level management personnel, and senior ministry managers and policy-makers. Data collection methods included interviews, mail surveys, site visits, and analyses of data on client and staff activity contained in the ISNC program's computerized management information system. This report, which summarized the total set of evaluation findings, had been preceded by six other evaluations reports that provided detailed data on implementation in the six ISNC program sites.

The final report, which was distributed to ISNC stakeholders at all levels in October 1993, presented thirteen recommendations, nine of which suggested alterations in either formal or de facto policies that affected ISNC program operations. As of mid-1995, approximately 18 months after the report was distributed, six of the nine suggested policy changes have been implemented, one is being implemented, and the other two are still under review by the ISNC program's regional-level interministerial management committee. Each of the three groups of recommendations for policy change will be discussed.

Recommendations for "Big P" Policy Development that Are Now Implemented

ISNC policy-makers initially struck the policy that each of the six ISNC program sites would receive equal amounts of financial resources for recruiting a full-time child psychiatrist, who was intended to be a full member of the site-level resource group. This policy was based on the assumption that sufficient need for this type of service provider existed in each site to justify the extensive amount of

resources required (approximately \$1,000,000 per year). After examining data on the extent of actual use of ISNC-funded psychiatrists and data on the relations between this type of service provider and other members of the ISNC resource groups, the evaluators recommended that the allocation to each site earmarked for psychiatric services be cut to reflect actual need. The data indicated that actual use of psychiatry services varied from a maximum of two days per week to a minimum of a few days per year. Based on further information that indicated that ISNC funds intended for the funding of psychiatric services were being utilized for many other uses, including nonservices uses, it was further recommended that all such funds be recovered by the ISNC regional office and reallocated for use in the intended area of actual service delivery. This recommendation was accepted and implemented by the ISNC regional-level management committee as of the start of the fiscal year 1995/96, on April 1, 1995.

The evaluators observed confusion over the levels of priority of different types of clients referred to the ISNC program; some of the blame for this confusion rested in the lack of clarity of the existing ISNC program policy on service priorities. Data from the ISNC MIS indicated that the six sites varied substantially in the extent to which they were targeting ISNC resources to clients of the highest priority, the primary intended target population of children with multiple services needs that cut across the responsibilities of more than one of the ISNC-funding ministries. For example, the percentages of "First Priority" referrals received in the sites ranged from 75% to 21% in 1992. Following on these observations, the evaluators recommended that this policy be rewritten and that implementation be carefully monitored in the sites in which problems had been observed. As suggested, ISNC policy-makers have rewritten the policy statement in this area and have instructed the ISNC coordinators to monitor compliance.

The evaluators reported significant intersite differences in the cohesiveness of the multidisciplinary ISNC resource groups, and suggested that a major determinant of the extremely low group cohesion observed in one site was the total lack of physical co-location of staff in that site. The evaluators recommended that co-location of resource group members be implemented in sites such as this one, where the close proximity of the separate offices of resource group members would permit it. Late last year, full co-location of all resource group members in the site in question was implemented as recommended.

The evaluators identified a number of difficulties in the implementation and operation of the site-level and area-level management structures of the ISNC program, and concluded that a number of changes were required in these areas to ensure that the ISNC program was able to maintain its system of integrated service delivery over time. It was observed that the four-level system of interministerial and interagency management was overly complex, and that overlaps in functioning were occurring among a number of the levels. The evaluators recommended that the ISNC management system be reviewed and the current policy on required structure and functions of the four-level ISNC interministerial/interagency management system be revised. The suggested management system review has taken place, and a clarification and simplification of the management system has been implemented, which included the removal of one of the four levels of the management system.

The evaluators noted that, in violation of ISNC policy, not all ISNC-funded staff members were fully dedicated to the performance of ISNC program duties, and that some ISNC-funded staff members were performing substantial amounts of non-ISNC duties on behalf of their host organizations. In addition, the evaluators observed that the ISNC policy prohibiting use of ISNC staff members to replace or duplicate some of the childrens' mental health services that fell within the mandates of existing agencies was less than fully clear, and that the policy was not being complied with to some extent in four of six ISNC sites. The evaluators recommended that this policy be clarified and that these inappropriate uses of ISNC staff members be eliminated. Following this recommendation, the relevant policy statement was rewritten and steps were taken to halt the use of ISNC-funded ministry and agency staff to perform non-ISNC duties.

The evaluation noted that significant instances of noncompliance with ISNC policies were occurring in one of the six ISNC sites. Drawing heavily upon evaluation data, the area-level interministerial management committee, which is responsible for the site, initiated a series of activities that led to corrections of many of these occurrences.

Recommendations for “Big P” Policy Development that Are Being Implemented

The evaluators reported that the majority of members of the six ISNC resource groups were not supplying professional development training to non-ISNC service providers based in the rural/remote

communities of northern Ontario. The evaluators also observed that a significant number of resource group members were not aware of the ISNC policy requiring the performance of this type of activity. Based on these findings, the evaluators recommended that the frequency of this type of activity be documented on a site-by-site basis and that the regional policy be developed and clarified in this regard. The regional-level ISNC management committee has accepted this recommendation and has directed the ISNC coordinators to document resource group member activity of this type, in order to develop a new policy that sets minimum expectations in this area for resource group members in each of the six ISNC sites.

Recommendations for “Big P” Policy Development that Remain under Review

At present, two recommendations for changes in ISNC program policies remain under review by the ISNC regional interministerial management committee. In the first case, the evaluators recommended that mechanisms for further developing partnerships with representatives of non-ISNC service providers be examined and implemented. This recommendation has not yet been acted on, although the ISNC coordinators produced a status report on this issue in the Fall of 1994.

The evaluators’ major recommendation for change in ISNC program policies was that the program should abandon its present policies of allocating equal financial resources to each of the six sites and of requiring identical staff complements on each site’s resource group. The evaluators recommended that ISNC implement a new policy of differential resourcing of the sites, and suggested that the amount of resources provided to sites should be based upon factors such as demonstrated need for the program and potential needs, based on predictors such as actual size of the populations of children in the rural/remote parts of the sites. As noted earlier, the sites ranged widely on this latter variable, with total rural/remote populations of between 37,000 and 120,000 people. In addition, demand for certain types of staff members, such as speech/language pathologists or child psychiatrists, differs greatly among the sites, varying with population size and the availability of non-ISNC services in specific areas.

Given the difficulties that might result from reducing the resources of some sites and increasing those of others, the members of the ISNC regional-level interministerial management committee are

proceeding very slowly and cautiously. Whether or not they will act on this important recommendation is at present unclear.

IMPLICATIONS FOR EVALUATION PRACTICE

Recognizing the complexity and potential politicization of the evaluation context, the evaluators took a number of steps during the various phases of the evaluation project that increased the likelihood that instrumental utilization would occur. A number of these steps will be described in the hope that they will assist evaluators who find themselves in similar contexts. The evaluation practices that we employed occurred in three different phases of the evaluation: the pre-evaluation phase, the evaluation phase, and the post-final-report phase.

Pre-Evaluation Phase

Before commencing formal evaluation activity, the evaluators performed a number of strategic preparations that were designed to enhance the utilizability of anticipated evaluation findings, including (a) negotiating an understanding with the program's senior decision-makers that made clear to all that the evaluation would focus on program implementation rather than program outcome; (b) preparing a pre-implementation status report that highlighted areas of potential difficulty or complexity; (c) forming a technical advisory group consisting of respected program evaluators from other universities; (d) forming a program evaluation advisory committee consisting of representatives from the management committees from each of the program's multiple sites; and (e) developing a multiple-phase plan for data collection and reporting that received approval from the senior management committee.

Policy-makers and senior decision-makers are often quick to jump to questions of program outcome, a move that is premature and can lead to later disappointment with evaluation findings, as under these conditions it is often impossible to determine which aspects of the policy "black box" lead to any observed changes in program clients (Palumbo & Calista, 1990). Evaluators are advised to avoid these pressures and ensure that policy-makers and program implementors are given the opportunity to determine the extent to which the program was implemented as intended. This consideration is paramount in the context of the implementation of a program in multiple sites.

Evaluators are also advised to ensure program implementors understand that intersite variability in the readiness to implement any innovative new program is inevitable, and that these differences can have profound influences on implementation success. Thorough documentation of the potential barriers and facilitators to program implementation in each site provides information that can be of great assistance to program implementors, and also serves to alert evaluators to areas of needed data collection.

In addition, it was observed that the formation of a program advisory committee consisting of stakeholders can increase the likelihood that the evaluation results will be utilized instrumentally. Similarly, formation of an advisory group of evaluators with recognized expertise can enhance the credibility of findings, a factor that Weiss and Bucuvalas (1980) observed to be highly related to the potential utilizability of evaluation findings.

Before the evaluation begins, it is critical that evaluators obtain formal approval of the evaluation plan from senior decision-makers. As originally reported by Weeks (1979), the most powerful determinant of the extent to which evaluation findings are instrumentally utilized is the amount of support for the evaluation from senior managers. Formal "sign-off" of the evaluation plan signals to stakeholders across the program that senior management supports the forthcoming series of evaluation activities. In addition, this symbolic event is the first in the process of building senior managements' ownership of the evaluation results.

Evaluation Phase

During the evaluation of the multisite implementation of the ISNC program, the evaluators also made a number of other strategic practice choices designed to increase the likelihood that the results would be utilized instrumentally, including regular contact with the senior ISNC management committee; the production of five data-based reports over an extensive period, with the fifth report followed up quickly by a final, summative report on program implementation success; the inclusion, in the final report, of a series of specific recommendations for policy development or change; distribution of the hundreds of copies of the final report to program stakeholders at all levels of the system; and accompaniment of the report by a cover letter from the chairperson of the program's senior management committee indicating that the senior managers had closely followed

the evaluation process and were carefully considering the evaluators' recommendations.

In a multiyear evaluation project on the scale of the evaluation of ISNC program implementation, maintenance of support for the evaluation by senior management and continued development of their feelings of ownership of the process requires close and continuous contact. During the three-year period of data collection and reporting in this evaluation project, the evaluation was a standing agenda item for the meetings of the regional interministerial management group. The evaluators attended all quarterly meetings of the senior management committee during this time. As reports were generated, formal presentations were made to this group, followed by extensive discussions. When results were not being presented, the senior managers were given updates on ongoing data collection and information on the extent to which evaluation findings were being utilized at the site level to improve program development. By the time the final report on ISNC program implementation was distributed, the senior management group had developed a strong feeling of ownership of the results.

Program stakeholders can be easily overwhelmed by the sheer quantity of evaluation findings produced by a multisite evaluation of program implementation. Evaluators are advised to present their findings in "digestible chunks" that program implementors and managers can use to inform program development and improve program performance. Following the lead of utilization-focused approaches to evaluation such as the one developed by Patton (1986), evaluators can effectively assist program managers to fine-tune program operation based on the feedback on program implementation and performance contained in multiple, short evaluation reports. Evaluation data presented in this timely manner is more likely to be utilized in making decisions about program operations. In the ISNC evaluation, five data-based reports were presented between April 1992 and October 1993. Four of the five reports were relatively short (between 30 and 50 pages) and presented the results of a single set of data collection. These sets of evaluation information were small enough to be manageable, that is, utilizable by site-, area-, and regional-level program managers.

The style and structure of the "final" evaluation report also served to influence the extent to which the ISNC evaluation findings were instrumentally utilized. This report presented no new data; rather, it was structured using a number of different summative techniques

that highlighted the patterns and relationships in the data collected over the course of the evaluation. The main body of this report was short, at 21 pages, and contained a key table that summarized intersite variability in implementing 17 key program/policy parameters. As will be discussed further, the final evaluation report also contained 13 recommendations for action by the program decision-makers and policy-makers.

Not all evaluators believe it is within their role responsibilities to provide specific recommendations for program or policy change based upon the findings of the evaluation. This view of the evaluator as the provider of “just the facts” is apparently a minority opinion within the evaluation community. Who better to provide data-grounded suggestions for program and policy improvement than the evaluators who have collected and analyzed the data? Evaluators are the ones who generally have the expertise necessary to judge which data are more reliable than others and which evaluation findings are based on multiple versus single sources of information. The view here is that evaluators are responsible for the provision of a set of carefully considered recommendations that involve the utilization of evaluation findings. Without this type of guidance, the likelihood that the evaluation results will be utilized instrumentally is reduced.

Several hundred copies of the *Final Report on ISNC Program Implementation* (Shea & Lewko, 1993) were produced and distributed. Each of the 125 staff members of the program received their own copy, as did each of the 68 members of the four levels of interagency and interministerial management committees. In addition, copies were sent to the deputy ministers of the four sponsoring ministries, the chairpersons of the boards of directors of the 20 or so sponsoring agencies, and senior managers in all of the northern Ontario offices of the sponsoring ministries. Copies of the report are also being distributed, upon request and at a small fee, to anyone who requests one. This wide and unrestricted distribution ensures that all interested stakeholders are well aware of the findings of the evaluation in which they were participants, and increases the likelihood that conceptual uses of the findings may be made outside of the ISNC program.

As mentioned above, the report was distributed under the cover of a letter from the chairperson of the ISNC program’s regional-level interministerial management committee. This letter was an important signal to all readers of the report, that the evaluation continued to possess the support of senior management and that its recommendations were being taken very seriously.

Post-Final Report Phase

The evaluators also performed a number of activities following distribution of the final report that helped to increase the extent to which their evaluation findings were utilized in a direct, instrumental manner. Approximately three weeks after the final report was distributed, the evaluators attended a half-day meeting with the regional-level interministerial management committee, at which time they made an oral presentation highlighting the most important evaluation findings and their implications. This meeting also allowed for extensive discussion and some amount of clarification of the evaluators' recommendations.

Part of this meeting was also used to work with senior managers to design the next set of evaluation questions. Based on their understanding of the extent to which the policy and program had been implemented on a whole-program basis as well as in individual sites, policy-makers were better able to make informed decisions as to which questions of ongoing program maintenance and outcomes would be addressed. These discussions resulted in a number of important alterations in the evaluators' workplan for the next stage of ISNC evaluation activities. The senior managers and policy-makers were now in a position to ask better questions.

An additional outcome of this and subsequent meetings between the evaluators and the members of the senior interministerial management committee has been the provision of assistance to the policy-makers in implementing the evaluators' recommendations. In this process, the evaluators continue to provide active assistance in ensuring that their recommendations are followed in both letter and spirit. The best way to ensure that utilization of this type occurs is to facilitate the process. The policy-makers and senior decision-makers have many other competing task demands and sources of information, and if left to their own devices likely would not be able to fully implement the evaluators' recommendations.

CONCLUSION

Despite the pessimism many policy-makers and evaluators express about the usefulness of evaluation findings in informing social and health policy development, it is possible for evaluation findings to be instrumentally utilized in this complex context. This article presented seven instances of senior decision-makers' direct, instrumental use

of evaluation findings in policy development. These instances of instrumental utilization for policy development did not come easy for a number of reasons.

The policy and program environment in this evaluation was a complex one owing to the presence of multiple groups of stakeholders from a multitude of agencies and from four provincial government ministries. Despite the complexity of the context, however, the evaluators were able to make a number of strategic moves that enhanced the direct, instrumental utilization of their findings in the short term. For example, they focused the evaluation on questions of implementation, and they provided multiple, short reports of evaluation findings that were easily digestible by stakeholders. Furthermore, the evaluators included a series of specific recommendations for policy change in the final report, a type of evaluator behavior that some avoid in hopes of appearing more “objective.”

It is hoped that other evaluators will be encouraged by our experiences described here: we have found that it is possible to enter the messy world of health and social policy and contribute to policy development through evaluation.

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