Designing an implementation strategy to support the multi-site implementation of an evidence informed, culturally appropriate Practice Model for Intensive Family Support Services across the NT, Australia

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The get the most out of what we have..

What:

Evidence based and/or promising programs and practices

How:

Effective implementation frameworks (e.g. strategies to change and maintain behaviour of practitioners and create hospitable organisational systems)

Context within which the programs and practice will be delivered

The what:
Intensive Family Support Service

- Community and home-based support
- Delivered by range of NGOs well established working on those communiites
- For families with children aged 0 to 12 who are at experiencing or at risk of experiencing neglect and are on CP Income Mgt
- Aims to help families develop skills and access supports they need to promote safety, health and wellbeing of their children

- Growth in funding and delivery of intensive family support services for vulnerable families.
- Few agencies use evidence-informed intensive family support practice models consistently with a service
- Effective and full implementation rarely reached or sustained
- Little evaluation done is done on any large-scale

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IFSS Partnership: IFSS Service Sites

Save the Children, NT

Good Beginnings, NT

The Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NPY)

Central Australian Aborginal Congress

Anyingnyi Health Service

IFSS Partnership: IFSS Implementation Support Team

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IFSS Partnership: Policy makers and funders

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Goal 1

Provide Intensive Family Support Services to Families in the NT who are on Child Protection Income Management

Target Group

Families who are on child protection income management whose children are experiencing neglect.

Guiding Principles

- Children and adults voices and choices are heard. Planning of goals reflect the family's values and preferences.
- All families eligible for the program are able to access IFS services in a timely manner and in a way that helps them feel respected, understood and responded to appropriately.
- Services and support provided to adults and their children demonstrate respect for the values, preferences, beliefs, culture and identity of the child, family and their community.
- Work with families is based on their strengths and assists them to identify and enhance the capabilities, knowledge, skills and assets they have, as the experts in their own lives.
- Work with families builds on the natural support systems they have within their own networks, culture and community.
- Aboriginal culture, child rearing practices and conceptions of childhood are respected and culturally competent practice promoted.
- Aboriginal kinship systems and extended family members are acknowledged as strengths in children's attachment to their family and their community.
- IFSS practitioners use a collaborative and friendly approach to engage with and motivate families.
- Each family has their own individual assessment and the support provided to them through the program is tailored to meet the unique needs they have as a family.
- IFSS practitioners work with family's in their homes intensively and assist them to link in with informal and formal helping resources..
- Following a family-directed assessment, IFS practitioners tie the family goals and strategies of services and supports into observable and measurable indicators of success. IFS practitioners monitor progress of the family towards the goals in terms of these indicators and revise strategies accordingly.
- IFSS practitioners provide or help the family access goods and services that are directly related to achieving the family's goals, while teaching them to meet these needs on their own.
- IFSS practitioners assist parents in their life skill development using 'teaching interactions' including demonstration of skills, practicing skills, feedback on the use of skills and homework.
- IFSS practitioners continue to do ongoing safety assessments and safety planning with family members in the course of their work in the program.
- IFSS practitioners collaborate and work with other services involved with families with their permission to support them in the family goals.

Despite challenges, IFSS practitioners shall try to remain positive and persistent in working with families towards their goals.

Theoretical Foundation

Social Learning Theory

- Patterson, 1982
- People can learn from observing the actions of others and witnessing the outcomes of these actions.
- For behaviour change to happen the person must give attention to what is being taught, remember it; reproduce it and be motivated to learn and demonstrate the new behaviour.

Behavioural Theory & Applied Behavioural Analysis

- These theories suggest a person's behaviour can be influenced to change by identifying steps involved in producing behaviour and then teaching these steps one at a time.
- The uptake of these new behaviours are influenced by the teaching method used.
- (Taylor & Biggin, 1998)

Social Ecological Theory

- Highlights the impact & influence of the ecological systems around a child ie parental, family, school, peers and community
- Child maltreatment is seen as having multiple correlate within this social ecology of the child.
- Effective intervention considers and selects targets within this ecology to produce improved behaviour change
- Swenson & Chaffin, 2006

Social Information Processing Models

- Based on work of Albert Bandura (1977, 1995)
- These models highlight the importance of parental beliefs, attitudes and expectations in parenting behaviours.
- Our Kids aims to help parents identify & modify how they think about what is happening in their relationships and interactions with their children & to think about more effective interactions which will lead to better outcomes.

Developmental Theory

- Developmental research has identified factors that either increase (risk factors) or decrease (protective factors) the likelihood of poor developmental outcomes in a child.
- The risk of poor outcomes is reduced by teaching caregivers the skills to teach and encourage their children in use of language, social skills, problem solving skills in a supportive environment

Outcomes

Child is adequately supervised.

- Caregivers know where the child is and is able to get to the child quickly if needed.
- Caregivers make safe and appropriate alternative caregiver arrangements when needed.
- Caregivers ensure that the child does not play with objects that have the potential to hurt or injure them.
- Caregivers ensure child plays in a safe environment (i.e., not in or around rubbish, supervised near water, and supervised with adult strangers).

Child has all their basic physical needs met.

- Caregivers ensure that the child has access to age-appropriate meals and snacks, including water, every day, that meet basic nutritional requirements
  - Young infants are provided with feeds as required.
- Caregivers ensure that the child lives in a home:
  - that is free of human or animal waste
  - that has surfaces free of spoiled food and waste
  - that is free of piles of rubbish
  - where dangerous objects and substances (e.g., medicines) are inaccessible to the child.
- Caregivers ensure the child has access to basic and essential items of clothing for the weather and that the child is dressed appropriately for the weather conditions.
- Caregivers ensure that the child is regularly washed, teeth are cleaned and soiled clothing is changed.
- Caregivers promote age-appropriate sleep patterns.

Child has all their physical health needs met.

- Where available, caregivers ensure that the child receives medical treatment to cure, prevent or alleviate physical injury, illness and disability, suffering or dental problems.
- Caregivers ensure that the child's treatment plan is followed.
- Caregivers ensure that the child's immunisations are up to date.

Child has their emotional and developmental needs met.

- Caregivers provide frequent and regular positive attention to the child.
- Caregivers attend to and respond to the child in a consistent, warm, caring manner.
- Caregivers express care, affection and love for the child.
- Caregivers ensure that child accesses age-appropriate games and activities

Child has their educational requirements met.

- Caregivers ensure school-aged child attends school.
- Caregiver provides the child with a responsive learning environment.
- Caregivers ensure that where needed and available, the child attends remediation assistance to improve learning.

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Table 1: Steps in each stage

Stage	Steps
1: Engagement	• Initial contact with the family • Introduce the IFSS practitioners • Ask about the family • Outline the program • Share the reason for referral • Discussing referral concern • Clarify the family's role and your role • Get the family's agreement to particate in program
2: Assessment	• Describe the purpose of assessment • Explain the process of assessment • Gain the family's informed consent for sharing data • Undertake assessment
3: Selecting prority areas to work on based on assessment	• Share assessment findings with the family • Set specific goals based on assessment findings • Prioritse goals to meet outcomes
4: Develop and Implementation of support plan	• Use assessment results and goals to create a family support plan • Select family support plan strategies that include sharing information and teaching skills • Implement the family support plan • Review the family support plan
5: Completion	• Prepare the family • Develop an exit plan • Inform the referrer

IFSS Implementation Support Team

Collaborative development and ongoing tailoring of an outcomes focused, evidence informed and culturally appropriate appropriate Practice Model

Support for staff selection

Training plus coaching model

Development of a system and support to use a data based decision making system

Facilitation of implementation team structure

Knowledge to Implementation Cycle
(based on Fixsen et al 2005)

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Overview of IFSS

- IFSS Implementation Support
  - Central Implementation Team
  - Agency
    - Site
      - IFSS Worker
        - Family
        - Family
        - Family
      - IFSS Worker
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        - Family

TOWARD AN EVIDENCE BASED SYSTEM FOR INNOVATION SUPPORT (EBSIS)

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To Achieve Desired Outcomes

Current Level of Capacity

Tools +

Training +

GTO Steps: (1) Needs & Resources; (2) Goals & Desired Outcomes; (3) Science-based practices; (4) Fit; (5) Capacity ; (6) Plan; (7) Implementation & Process Evaluation; (8) Outcome evaluation; (9) Continuous Quality Improvement; and (10) Sustainability

QI/QA +

TA

Actual Outcomes Achieved

From Barbee et al 2011.

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Evaluation

What is the social validity of the Practice Model and Service for practitioners and families?

To what extent is the model implemented with high fidelity (adherence, dose and quality)?

What are moderators impact the implementation of the model and service?

What is the clinical impact of the Practice Model as it is implemented?

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