

# A conceptual framework measuring implementation: Evaluation of a Swedish dissemination of an Australian parenting program

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# Implementing across countries

Increased awareness and understanding of EBPs and practices is rapidly growing across countries

Number of promising and effective EBPs is small compared to need

Leads to transplantation and implementation of EBPs across countries and cultural contexts

Implementing imported EBPs presents a number of challenges and the research has shown mixed results

e.g., USA-developed MST

MST benefits replicated vrs control group in Norway (Ogden et al. 2009)

Same benefits not demonstrated in Sweden (Andree et al 2009) or Canada (Leschied & Cunningham, 2002)

## Why (Sundell & Ferrer- Wreder, 2011)

- Research design
- **Adaptation**
- **Implementation**
- Political, socio-demographic and cultural context

# Parenting Young Children

Home-based intensive parent education program

Individualised program

Content

- Child care and safety in the home
- Parent-child interaction

Process

- Performance based teaching strategies

# Knowledge to Implementation Cycle

(based on Fixsen et al 2005)



# Pre-implementation: Adaptation and Quality Assurance

Process:

- reference group
- exploration phase: 3 day workshop and early testing in multiple sites

Language translation

Some content (based on environmental conditions and values)

Practices applied by practitioners left as is

# Initial implementation

Extensive, fully translated material

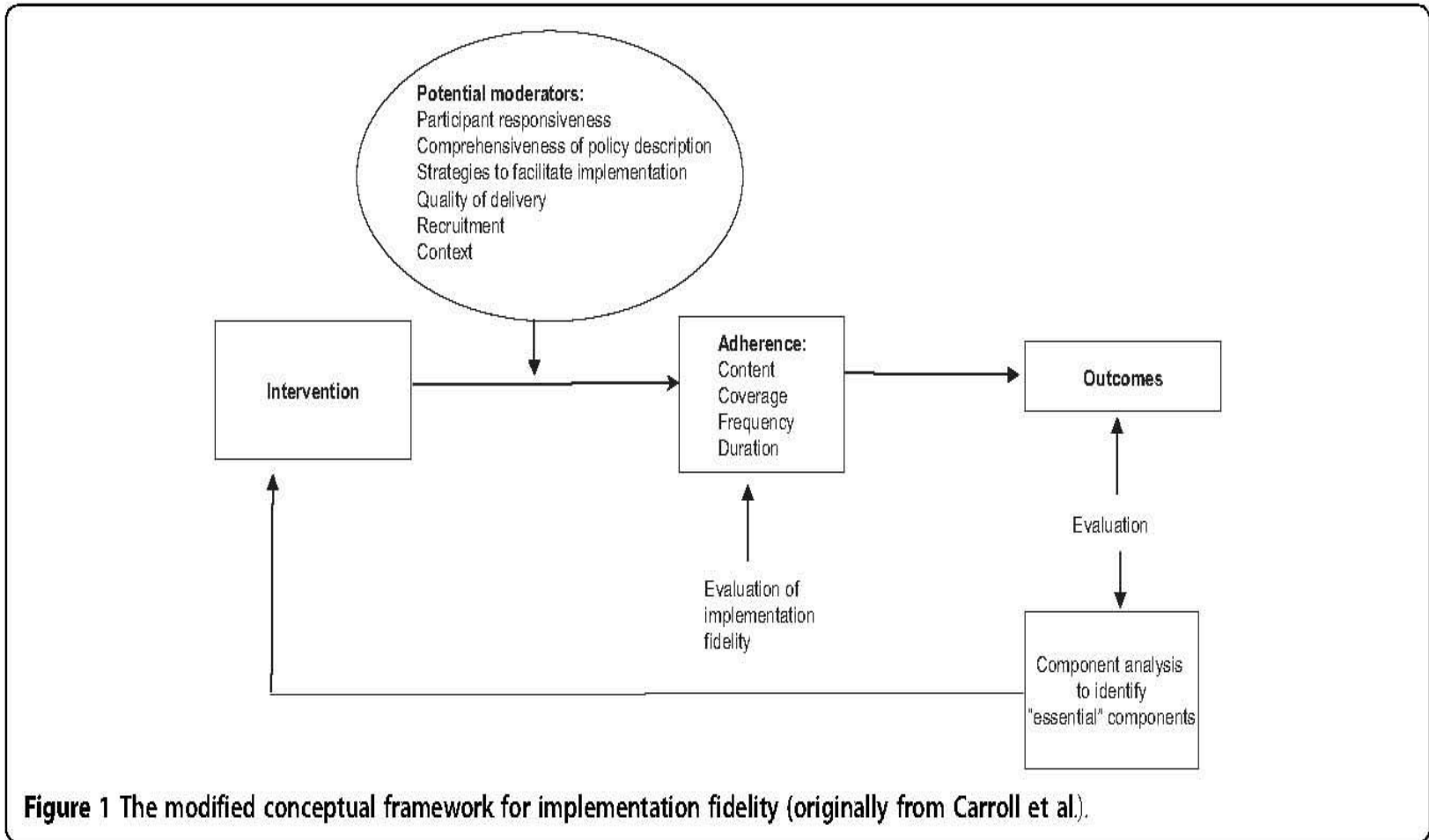
2<sup>nd</sup> round of 4 day workshops

Area Coordinators – facilitator of regular peer reflection/meetings

Program developers – regular contact via teleconf, problem solving issues arising, planning for support in next phase



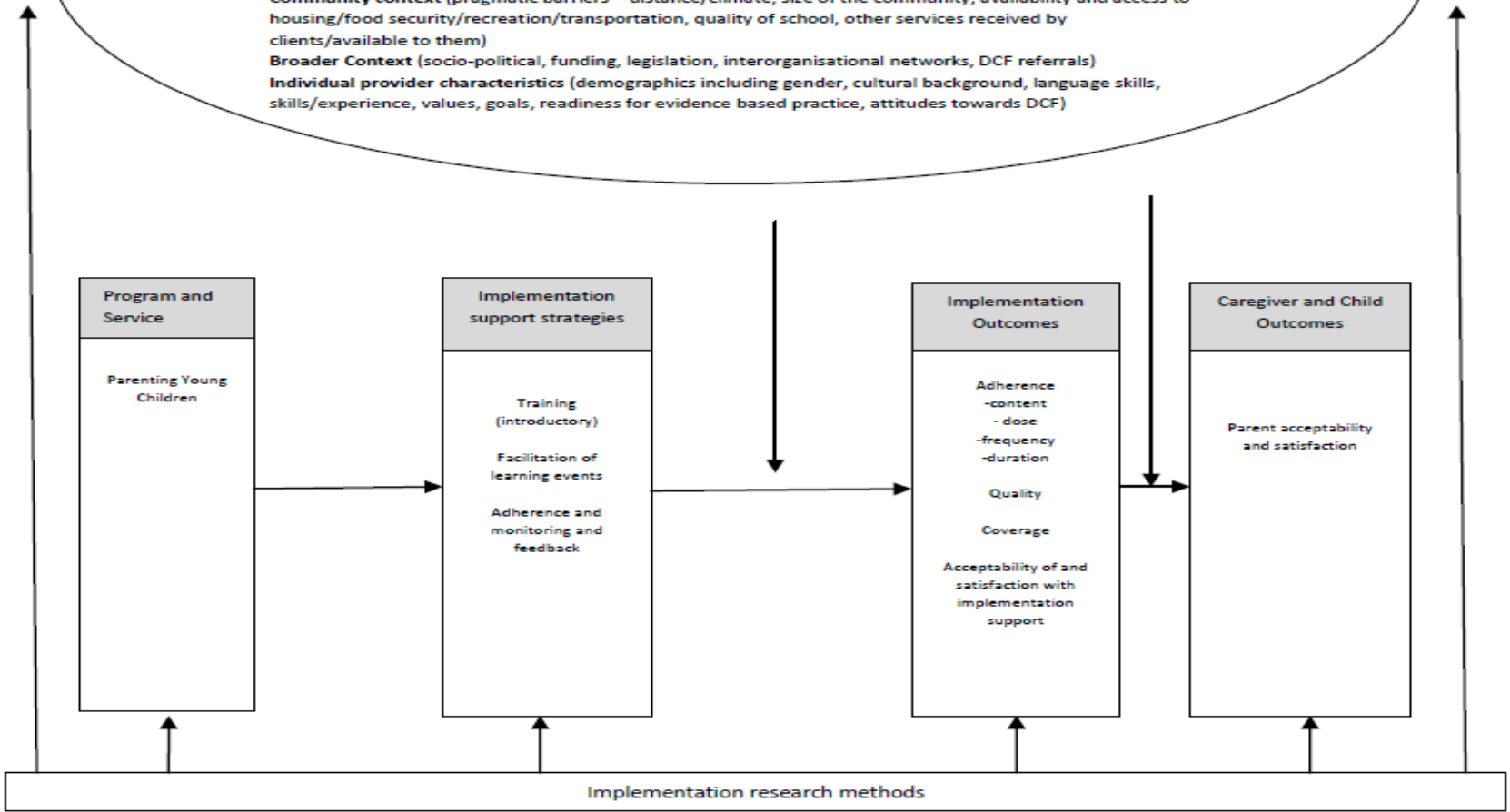
# Methodology



**Figure 1** The modified conceptual framework for implementation fidelity (originally from Carroll et al.).

**Potential moderators:**

**Participant characteristics** (complexity of cases, responsiveness, family obligations/mobility, caregiver depression, age etc, characteristics of the neglect – type of neglect and reasons for neglect)  
**Social significance of goals, appropriateness of procedures and importance of outcomes** (social validity)  
**Organisational context** (receptivity, size, turnover, professional characteristics, organisational culture, leadership, readiness for change, community controlled sector, attitudes towards DCF, access to vehicles for staff, number of employees who are local, usual focus of service delivery e.g., adults/children/community, recruitment processes)  
**Community context** (pragmatic barriers – distance/climate, size of the community, availability and access to housing/food security/recreation/transportation, quality of school, other services received by clients/available to them)  
**Broader Context** (socio-political, funding, legislation, interorganisational networks, DCF referrals)  
**Individual provider characteristics** (demographics including gender, cultural background, language skills, skills/experience, values, goals, readiness for evidence based practice, attitudes towards DCF)





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