



An organisational approach to implementing evidence-informed practice: Are we there yet ?

Creating caring and inclusive communities and a just society

Australian Implementation Conference

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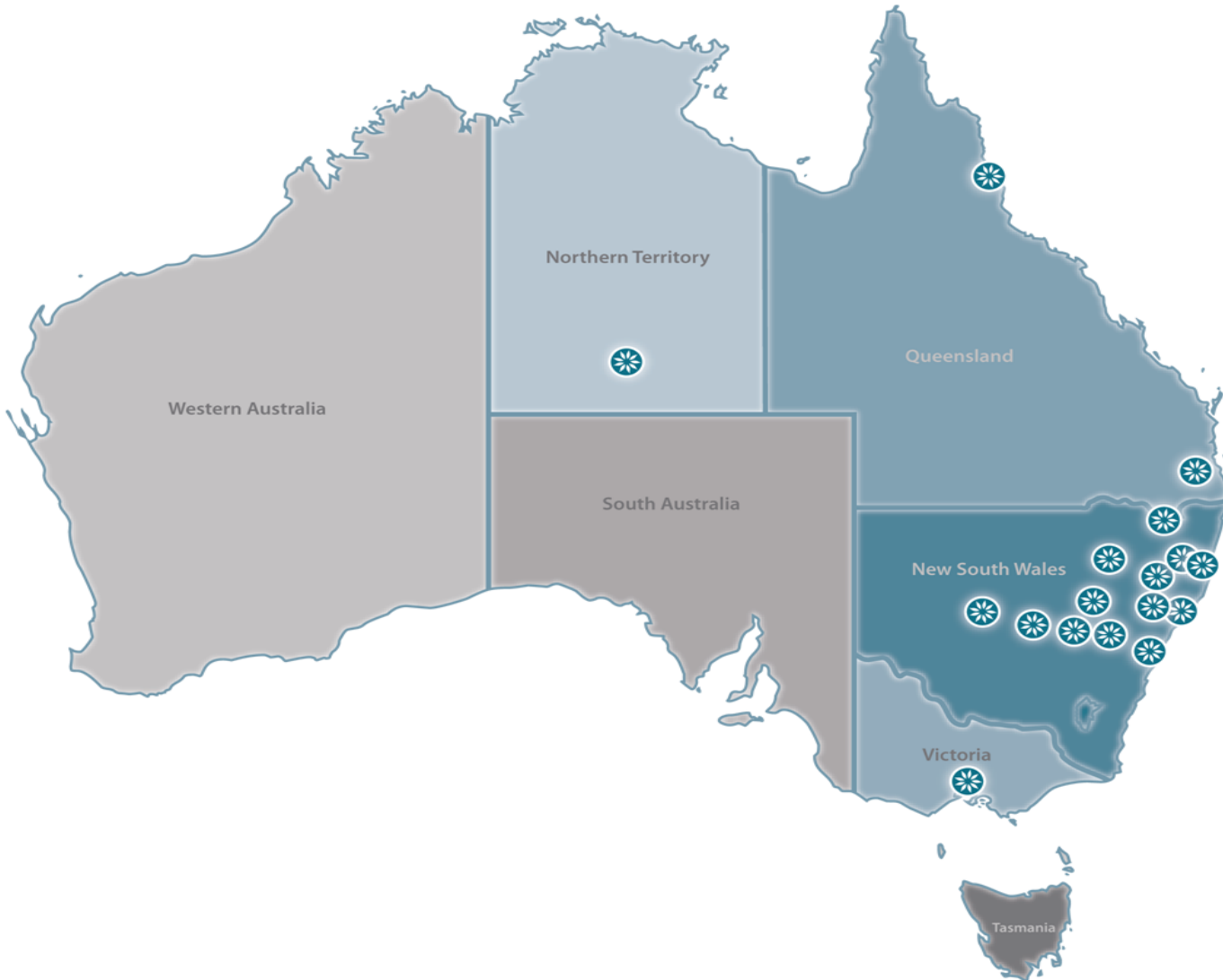
Key Implementation questions

- How long does it take to implement evidence-informed practice?
- To what extent does the use of the Quality Implementation Framework (QIF) lead to effective implementation of a Resilience Practice Framework across diverse services ? and
- What core components of Implementation (competency, leadership, organisational) act as barriers and facilitators to effective implementation of the Resilience Practice Framework ?

Phase One : The Why ?



The need for an organisational approach to our work



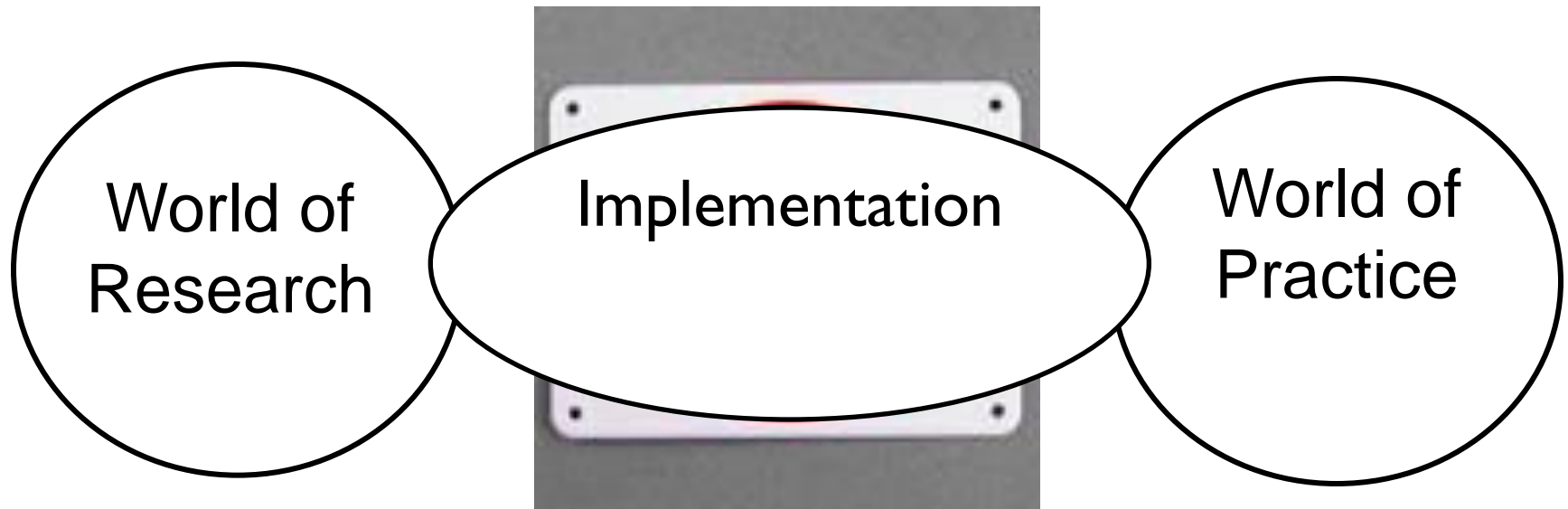
What is Evidence-informed Practice?

Evidence-informed practice is the use of best evidence combined with the knowledge and experience of practitioners, the views and experiences of service users and the context in which it is to be delivered.

*Adapted from What Works for Children?
Evidence Guide. Economic & Social research
Council et al 2003*



Implementing Evidence-Informed Practice





Implementation Science



Implementation occurs in stages:

- Exploration & Adoption
- Installation
- Initial Implementation
- Full Implementation
- Innovation
- Sustainability

} 2 - 4 Years

Fixsen, Naoom, Blase, Friedman, & Wallace, 2005

***The What ? : Resilience Practice Framework
and developing the evidence informed
practices***



Scale of the Implementation

Services types and staff

- 350 staff across NSW & Queensland
- Child and family services from universal (available to everyone in a particular community); targeted services (early intervention services) and intensive services (child protection, family preservation and out-of-home care services).
- Range of disciplines with both degree (professional) and non-degree (para-professional) qualifications in psychology, social work, welfare and community services, early years education & teaching.

What have we done so far ?

- **Exploration and adoption** : Senior Management agreed to adopt Resilience as the overarching Practice Framework across TBS child and family services late 2009

Phase 1 - Implementation plan 2010 – 2011

- Design and deliver training to over 350 TBS staff (2 days)
- Literature reviews for each domains of Resilience (ACCP), Community Resilience and Resilience in older people
- Hosted a Master class with Prof. Robbie Gilligan (Resilience expert)
- Learning circles (6 sessions at 6 weekly intervals)
- Resilience TV - 6 episodes

Phase 1 : Implementation 2010-2011 cont..

- Developed Practice Guides on complex topics - Cumulative harm; Infants at risk of abuse and neglect) – Australian Institute of Family Studies (Co-production of knowledge)
- Documented the Resilience Practice Framework
- Resilience newsletter showcasing staff's application of the framework.
- All staff event around the concept of Resilience
- Evaluation of training and the learning circles : staff were implementing the concepts of resilience into daily work but needed more support to embed it into practice.

Voice survey Area Weather Map 2012



Q136 – I am applying the Resilience Practice Framework to my day to day work with clients ?

Whole Society	80%
Macarthur Region	85%
Bankstown, Liverpool, Fairfield	85%
Comm. Care Nepean	95%
Central Coast Hunter	81%
New England	90%
Central West	87%
Brisbane & SE Qld	81%
Central & FN Qld	72%
Finance, Hr, IT, Comms, OPIS, Corporate Exec.	67%

Resilience Definition & Child Outcomes

Definition of Resilience

“Strength in the face of adversity. The capacity to adapt and rebound from stressful life events, strengthened and more resourceful”

Child Outcomes of a resilience –led approach :

1. Secure and dependable relationships
2. Increasing self efficacy
3. Improving safety
4. Improving empathy
5. Improving self regulation / coping skills

Practice Guides by Resilience Outcome

Secure and Dependable Relationships

Descriptive Praise
Engaging and infant
Family Routines
Following Your Child's Lead
Listening, Talking and Playing More
Parent Skills Training
Teachable Moments

Increasing Safety

Developing a Safety Plan
Effective requests
Injury prevention and Child Proofing
Natural and Logical Consequences
Reducing unwanted behaviours – time Out
Social connections Map (Child and Adult)

Problem solving (for CHILD)

Who: Child	Where: Agency, home setting	How: Practitioner led, one-on-one
<p>Teaching children problem solving is an effective way to help them handle their own challenges. Understanding the process of problem solving is important because children can use this strategy not only in the immediate situation, but in many others. Furthermore, experience in talking through affect-laden social problems and concerns enhances the child's ability to develop good problem solving skills in the context of interactions with peers. These interpersonal cognitive problem-solving abilities are critical in strengthening social relationships. For example, the child who can consider alternative solutions to problems is less likely to take a toy out of the hands of a playmate, particularly if they are also able to consider the possible negative consequences of such an act.</p>		
<p>Outcomes</p> <ul style="list-style-type: none"> • Increased ability to cope with stress • Increased child independence • Increased ability to exercise greater self control over behaviours. • Decrease in physical and verbal aggression and impatience • Increased ability to handle interpersonal situations • Improved behaviour and social adjustment • Prevention of childhood depression 		
<p>Points to remember as you are teaching problem solving strategy to a child</p>		
<ul style="list-style-type: none"> • Use the words of the steps consistently, perhaps by putting <i>let's</i> or <i>it's time to</i> in front of the words of the step, such as <i>let's name the problem</i> or <i>it's time to choose a solution</i>. This will help the child learn and consolidate these phrases. • Use neutral phrases to respond to children's solutions (<i>there's one idea; what else could you do?</i>). If your response is judgmental (<i>that's a wonderful idea!</i>), you limit the brainstorming process; children may think the "best" idea has already been found and they may continue to see you as the person in charge of deciding what they should do. 		
<p>How you do it</p>		
<p>Step 1 Help the child identify the problem</p>	<ul style="list-style-type: none"> - A way to identify this might be through the question: <i>What's the easiest way to say what's bothering you?</i> - Encourage the child to try to explain the problem without blaming themselves or others. - Make sure that the child is not trying to fix a problem that is not their responsibility to fix. 	
<p>Step 2 Brainstorm solutions</p>	<ul style="list-style-type: none"> - Have the child make a list of ways they might solve the problem - as many as they can. - Suggest the child think about what a teacher or family member might do, particularly if the child is having difficulty thinking of solutions. - Rather than suggesting solutions yourself, have the children generate ideas to try. <p>For example, <i>"You can list actions you could take, ways to calm yourself and feel better, helpful things you could say to yourself, or ways other people could help you."</i></p>	

Are we ready?

To successfully implement and sustain evidence-based practice

The What : What is the program/practice ?

The How : Effective implementation framework (e.g strategies to change and maintain behaviour of practitioners and create hospitable organisational systems)

The Who : Expert Implementation assistance

Phase three : The How

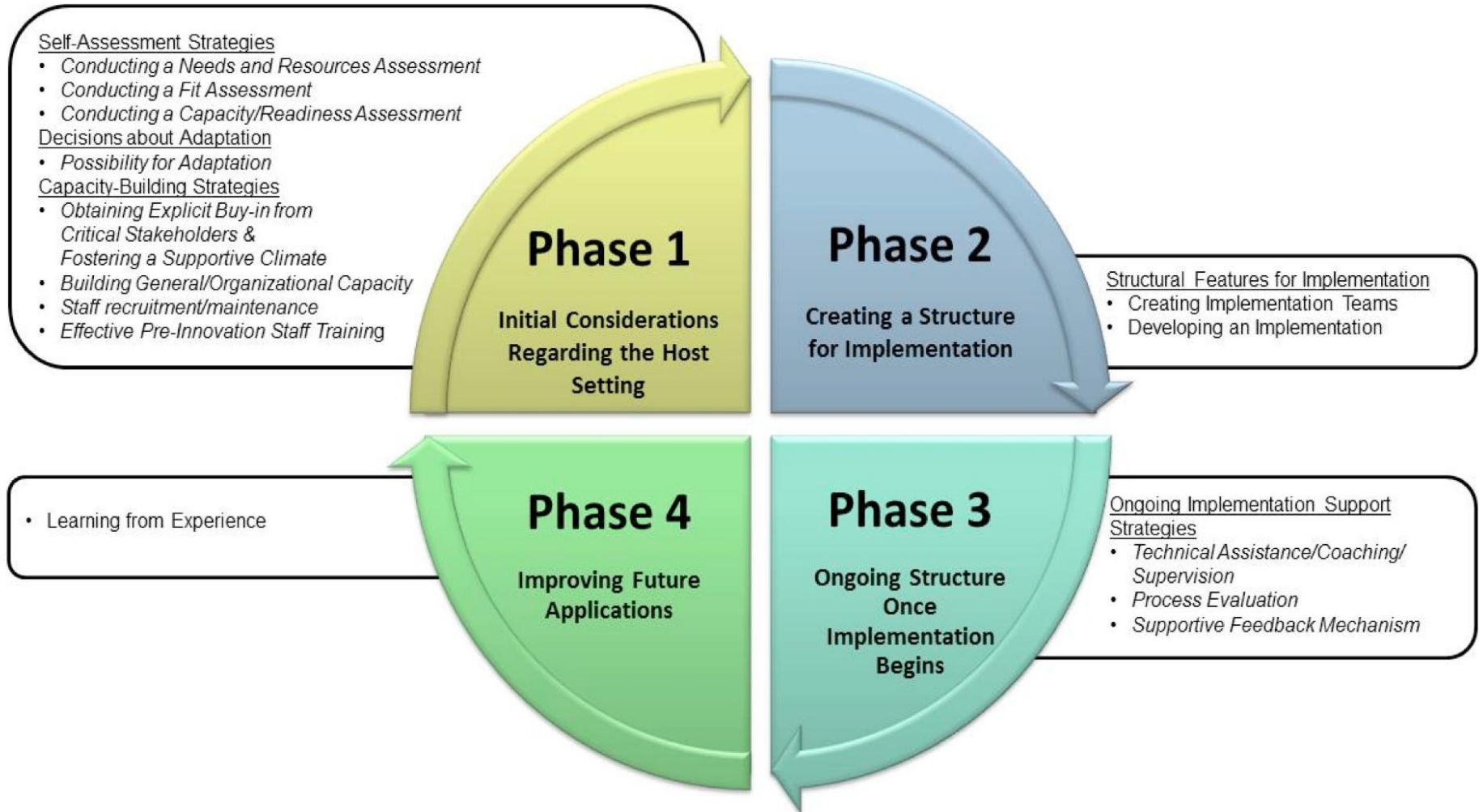
Applying the Quality Implementation Framework (QIF)



The Implementation framework to guide this implementation is the phases and critical steps identified in a recent synthesis of implementation frameworks completed by **Meyers, Durlak, & Wandersman** (In press)

- Synthesis of 25 implementation frameworks reviewed
- Four major findings to guide quality implementation
 1. 14 distinct elements of quality Implementation
 2. Four implementation phases
 3. Literature aligns around the separate elements of implementation (systematic process that requires a coordinated series of elements)
 4. Addressing a number of elements prior to implementation is important (assessment, negotiation, collaboration, planning and critical analysis)

The Four Phases of QIF



(Meyers, Durlak & Wandersman, in press)

Organisational Readiness

- Readiness for change refers to organisational members resolve to implement a change (change commitment) and a shared belief in their capability to do so (change efficacy).
- When organisational readiness is high, organisational members are more likely to initiate change, exert greater effort, exhibit greater persistence, and display more cooperative behaviour.
- Failure to establish sufficient readiness can account for one-half of all unsuccessful, large scale organisational change efforts (Weiner, 2009)

Measure

Holt (2007) Readiness of Organisational Change questionnaire is a validated 25 item scale which measures the beliefs among employees in four areas using a seven point likert scale (strongly disagree to strongly agree):

- a) The proposed change is appropriate for the organisation
(Appropriateness)

- a) The leaders are committed to the proposed change
(Management Support)

- a) Are they capable of implementing a proposed change?
(Change Specific Efficacy)

- d) The proposed change is beneficial to organisational members (
Personal Valence)

Results : Appropriateness

- Overall 70 % of respondents answered positively about the practice changes
- 57% thought the changes would make their job easier
- 58 % disagreed that the time spent on this change should be spent on something
- 25 % of staff in a Regional and Rural area answered negatively or undecided about 7 out of the 10 appropriateness statements
- Over 20% in another region answered negatively or were undecided about all statement in this section

Further work needs to be done in these areas to increase readiness

Results : Management Support

- Overall results for management support of the practice change indicate that respondents are less positive about management support than other change readiness categories.
- 71 % of respondents felt that management has sent a clear signal that the change is going to happen
- 65% felt that the organisations most senior leader is committed to the change
- 46 % agreed that every senior manager stressed the importance of this change
- >25% of all respondents in 4 regions answered negatively or were undecided about every statement concerning management support

Increasing the perception of Management support is critical to the implementation

Results : Change Efficacy

Q.7 My past experiences make me confident that I will be able to perform successfully after this change is made	86% Agreed
Q11. There are some tasks that will be required when we change that I don't think I can do well	71 % Disagreed
Q12. I do not anticipate any problems adjusting to the work I will have when this change is adopted	65% agreed
Q13. When I set my mind to it, I can learn from everything that will be required when this change is adopted	92% Agreed
Q14. I have the skills that are needed to make this change work	92 % Agreed
Q20. When we implement this change, I feel I can handle it with ease	81% Agreed

One Metro Region and one Rural Region are less confident about implementing the practice change

Results : Personal Valence

Overall staff do not feel that the change will negatively impact them personally

- 83 % disagreed that their future in this job will be limited because of this change
- 76% disagreed that this change would impact on their status in the organisation when this change is implemented
- 74% disagreed that this change will disrupt many of the personal relationships they have developed.

Staff were most concerned in a Rural region than other regions about the personal impact of the change.

Next Steps !

- Respond to the Readiness assessment to increase readiness
- Detailed project planning to address each QIF element and organisation agreement on resourcing and pilot.
- Co-design the training framework with the PRC
- Co-design the coaching framework with the PRC
- Identify practice coaches
- Alignment with other change initiatives in TBS eg. SDMS
- Design the evaluation, monitoring and outcomes measurement framework
- Go live 2013 !

Enablers to date

- Senior Leadership commitment to implementing evidence-informed practice
- Dedicated project staff
- Internal capability with learning and development
- External implementation support from the Parenting Research Centre
- Common language of practice across child and family services
- Dedicated Manager Practice Support positions in some areas
- Having data to respond where corrections are needed
- High degree of buy-in from front-line staff

Barriers

- Staff changes at senior levels in the organisation (CEO, General Manager & Senior Manager levels). Results in varying degrees of buy-in for the RPF
- Competing with other significant organisational initiatives eg. new case management system (SDMS), Rebranding and 200th Birthday.
- Some views that keep popping up – Is this the right framework for all Child and Family programs ?
- Resourcing
- Risk of overwhelming Management and Staff with too many initiatives of practice change. Shrink the perception of change !

Key Learning's to date

- Keeping everyone motivated and interested for the Journey takes enormous energy, commitment and optimism.
- Rigorous implementation is hard and requires a high degree of collaboration across the organisation.
- It is a new language that doesn't come naturally and people may not like like the term "Implementation frameworks or science"
- Invest now or pay later !
- Practice quality is everyone's responsibility not just research to practice designated positions.
- All the will in the world won't make it happen without the right authority given to the right staff and with enabling Governance structures in place .

Are we there yet ? No but we are well on the way !

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