THE UNIVERSITY OF MELBOURNE

Parenting Research Centre
raising children well

Not your typical research project: Measuring implementation as programs and services develop in the real world

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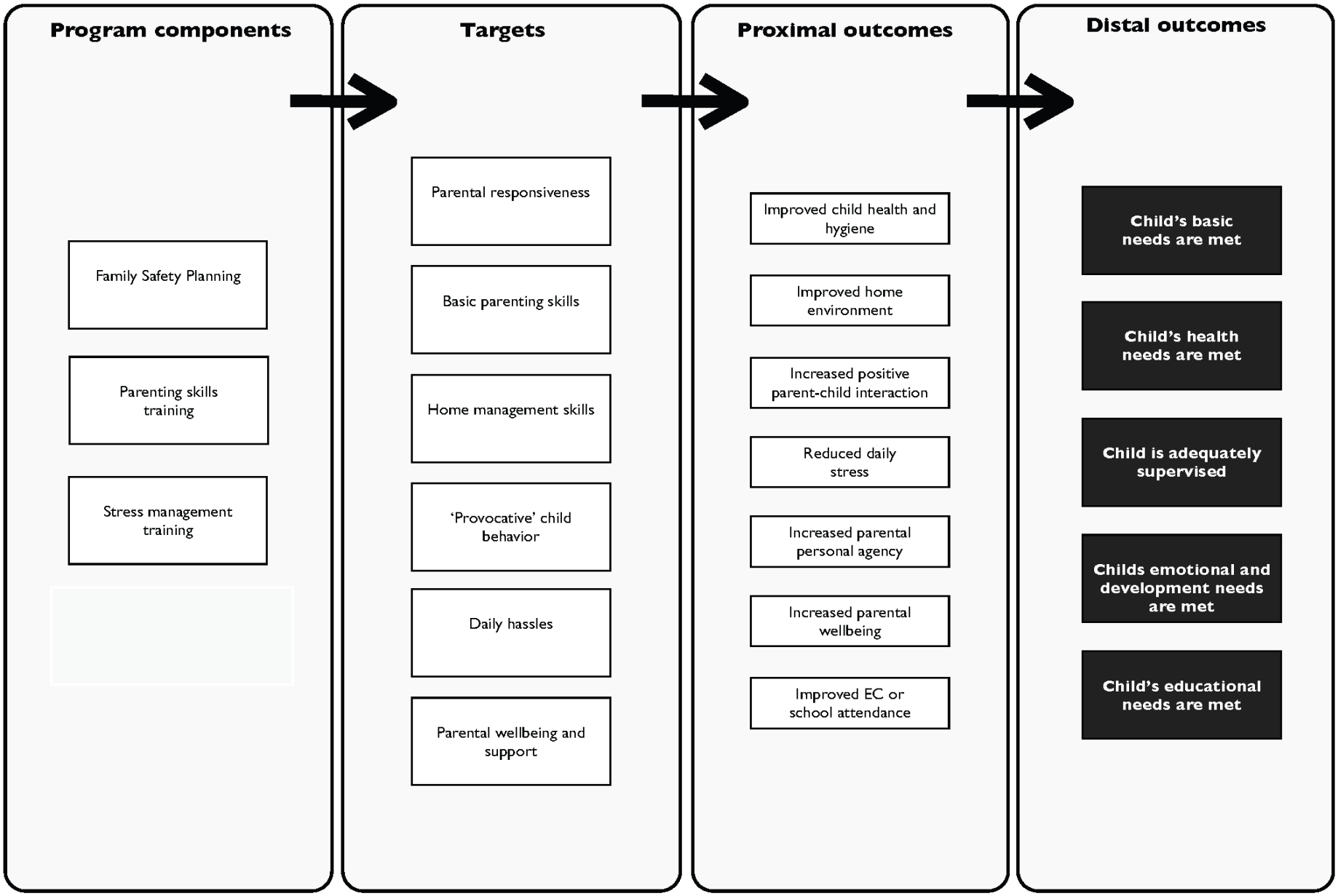
Intensive Family Support Services (IFSS) Program

- Intensive home and community based support aimed at reducing neglect and improving the health, safety and wellbeing of these children.
- Available to indigenous and non-indigenous families with children aged 0-12 years of age where neglect has been identified.
- Delivered by paraprofessionals in service provider agencies
- Outcome focused as opposed to duration focused
- Implementation support to IFSS providers from PRC include
  - Development of the model
  - Instrumentation
  - Training
  - Ongoing practice development through coaching
  - Outcomes monitoring system
  - CQI process

IFSS Program Logic

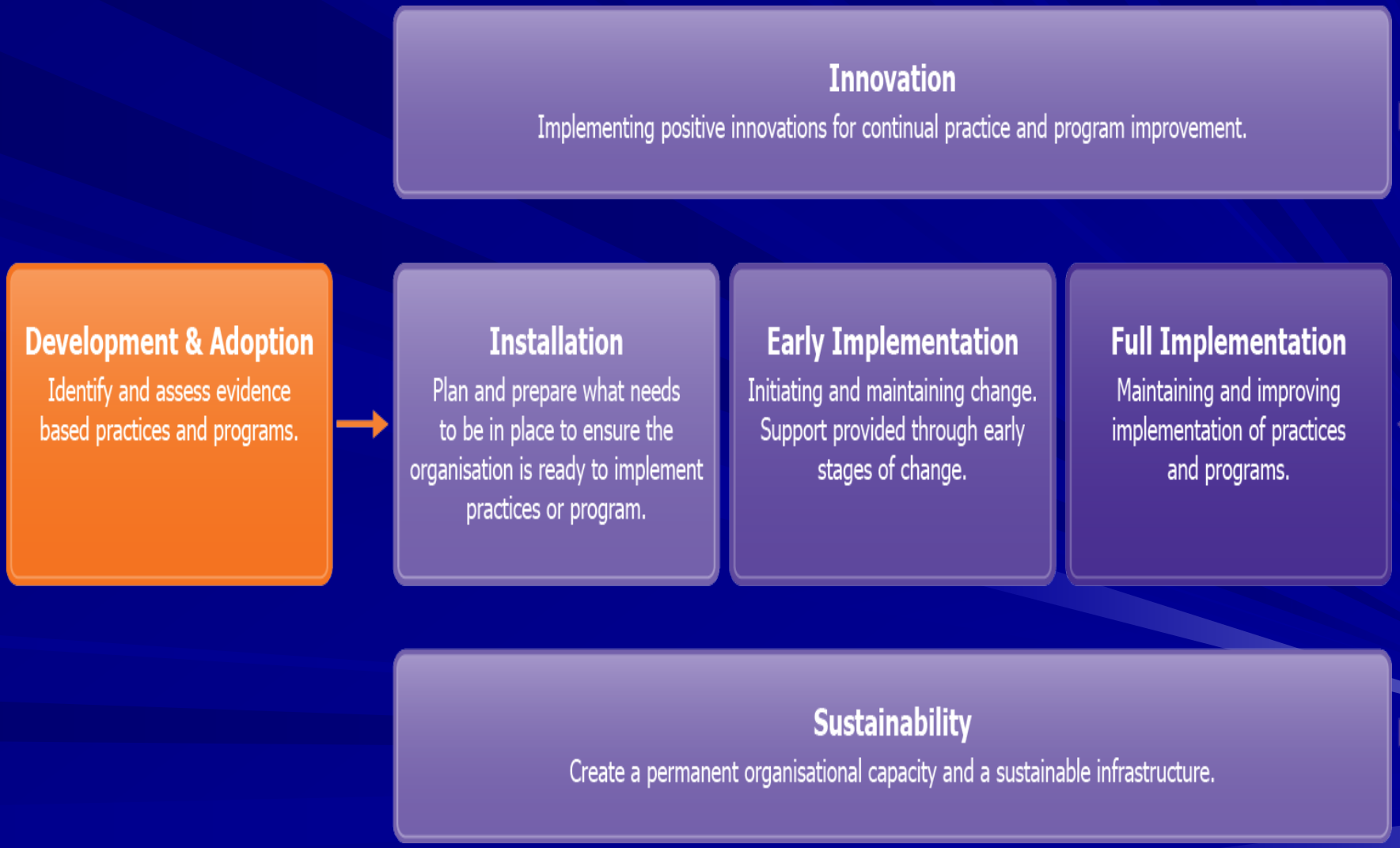


Cascading logic model for Scale-up in Agency

Population of concern	*Intervention, Strategies and Measures (WHAT)*	*Intervention Outcomes*
Children and families.	Practitioners skilfully implement the evidence-based practices within the IFSS Practice Model	Child and family outcomes...
Populations	***Practice, Organisational and Systems Change Strategies (HOW)***	***<u>Implementation</u> Related Outcomes***
Practitioners	Supervisors carefully select staff and arrange for skilful, timely training; coaching; performance assessments; and use data in supportive administrative environments	Practitioners competently use the IFSS Model to improve child neglect and strengthen families.
Team Leaders	Provider agency managers facilitate agreements with trainers, quality consultants, and technical assistance providers; plan for release time for training, coaching, and ongoing consultation services; manage the installation of data systems to monitor fidelity.	Team Leaders ensure access to skilful, timely training; coaching; performance assessment and supportive administrative environments for caseworkers implementing the IFSS Practice Model
Provider Agency Managers	Implementation Team develops a specific training program; provides coaches and develops measures and a data capture system so that provider agencies have improved knowledge, skills and resources in the delivery of the IFSS Model.	Agency leaders ensure access to skilful, timely training, and implementation supports to Team Leaders: and the creation of hospitable organisations for the IFSS Model

Based on Blasé, K. (2010). Cascading Logic Model. Chapel Hill, NC: National Implementation Research Network.

Stages of Implementation



(NIRN; Fixsen et al., 2005)

CHILD NEGLECT INDEX

CHILD'S NAME: _____
FILE #:

	20	15	5	0
AGE:	0-2	3-5	6-12	13-16

WORKER' NAME: _____ DATE: _____

SUPERVISION

The two factors to be considered in assessing level of supervision are avoidability (i.e. extent to which a caretaker can be expected to anticipate and prevent) and severity of harm, or potential harm. Three specific types of harm that may result from failure to supervise:

Physical Harm **Sexual Molestation** **Criminal Activity/Child Under 13**

na	Unknown / Does Not Apply
0	1. Adequate; provisions made to ensure child's safety, caretaker knows child's whereabouts and activities, clear limits set on activities.
25	2. Inconsistent; child is occasionally exposed to situation that could cause moderate harm (e.g. young school-aged child occasionally left alone, parents do not monitor whereabouts of adolescent who occasionally comes home late in evening).
50	3. Inadequate; child is often exposed to situations that could cause moderate harm, or there is a slight possibility that child could suffer serious harm (e.g. young school-aged child often left unsupervised, or infant occasionally left alone while sleeping).
60	4. Seriously Inadequate child is often exposed to situations that could cause serious harm; (e.g. abandonment, home used as "crack house" & drugs left within reach of child, child often left to wander in dangerous neighbourhood, toddler often exposed to hazardous situations).

PHYSICAL CARE

Physical harm or substantial risk of physical harm due to the caretaker's failure to care and provide for the child adequately.

FOOD/NUTRITION

na	Unknown / Does Not Apply
0	1. Regular and nutritional meals provided.
20	2. Meals irregular and often not prepared, but child's functioning is not impaired.
40	3. Meals irregular and often not prepared, child's functioning is impaired (e.g. child is hungry and has difficulty concentrating in class).
50	4. Inadequate food provided, there is a substantial risk that the child will suffer from malnutrition (e.g. infant given diluted formula).
60	5. Child displays clinical symptoms of malnutrition; medical attention and/or rehabilitative diet required (e.g., weight loss, anemia, dehydration, etc.).

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(Version 6: Toronto,1998)

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CLOTHING & HYGIENE

Na	Unknown / Does Not Apply
0	1 Child is clean and adequately clothed.
20	1 Inadequate clothing or hygiene, but this does not appear to affect child's functioning.
40	2 Inadequate clothing or hygiene limits child's functioning (e.g. unable to go outdoors because of lack of clothing, isolated by peers because of hygiene or appearance).
50	3 Inadequate clothing or hygiene likely to cause illness requiring medical treatment (e.g. infestation of head lice).
60	4 Illness requiring medical treatment due to inadequate clothing or hygiene (e.g. serious infection due to poor diaper care, intestinal disorder).

PROVISION OF HEALTH CARE

"Treatment not provided" includes refusing or being unavailable or unable to consent to treatment. The extent to which harm could be avoided should be considered in terms of three factors: (a) whether a reasonable layman would recognize that a problem needs professional attention; or (b) whether a professional has recommended services or treatment; or (c) availability and/or effectiveness of treatment or services (e.g. the questionable effectiveness of services for chronic teen runners).

PHYSICAL HEALTH CARE

Na	Unknown / Does Not Apply
0	5 Basic medical care provided.
20	6 Preventive medical care not provided (e.g. no regular checkups).
45	7 Medical care not provided for injury or illness causing avoidable distress.
50	8 Medical care not provided for injury or illness causing avoidable distress and interfering with child's functioning (e.g. chronic absence from school due to untreated illness).
60	9 Medical care not provided for injury or illness which could lead to permanent impairment or death (e.g. infant vomiting or diarrhoea leading to dehydration).

MENTAL HEALTH CARE

Na	Unknown / Does Not Apply
0	1. Parents anticipate and respond to child's emotional needs.
20	2. Inconsistent response to emotional distress (e.g., responds only to crisis situations).
50	3. Services or treatment not provided in response to emotional distress, child at substantial risk of severe emotional or behavioural problems (anxiety, depression, withdrawal, self-destructive or aggressive behaviour, child under 13 engaging in criminal activity).
60	**4.** Services or treatment not provided in response to emotional distress, child experiencing severe emotional or behavioural problems

.DEVELOPMENTAL AND EDUCATIONAL CARE

Na	Unknown / Does Not Apply
0	1. Child's developmental and educational needs are met.
20	2. Child's developmental and educational needs are inconsistently met (e.g. limited infant stimulation, child could benefit from remedial help in one or two subjects, child having academic difficulties due to poor school attendance).
50	3. Services or treatment are not provided in response to identified learning or developmental problems (e.g. learning disability diagnosed but caretakers refuse remedial help).
60	4. Child has suffered or will suffer serious/permanent delay due to inattention to developmental/educational needs (e.g. Non-Organic Failure To Thrive identified but caretakers refuse remedial help).

Methods Used for Evaluation of Implementation of IFSS

- Contextual Assessment
- Social Validity
- Structural fidelity
  - program level descriptive data
  - staff characteristics
  - program level service data
  - participant level service data
- Dynamic fidelity
  - Survey interviews with clients and staff
    - Process
    - Principles
    - Outcome
- Attitudes to EBP Scale (Aarons 2005)
- Case notes
- Use of measurement and other tools


That is **SO** mainstream.
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Other strategies – some good, some…

- Acceleration of use
  - Time to first CNI
  - Completion of CNI
  - Data integrity checks
- Implementation and fidelity Integrated contact documentation (frequency, duration, focus)
  - Stage of service delivery
  - Areas of focus as related to CNI
  - Duration of visit
- Coaching logs
- Dose – Response modeling
- Multivariate modeling

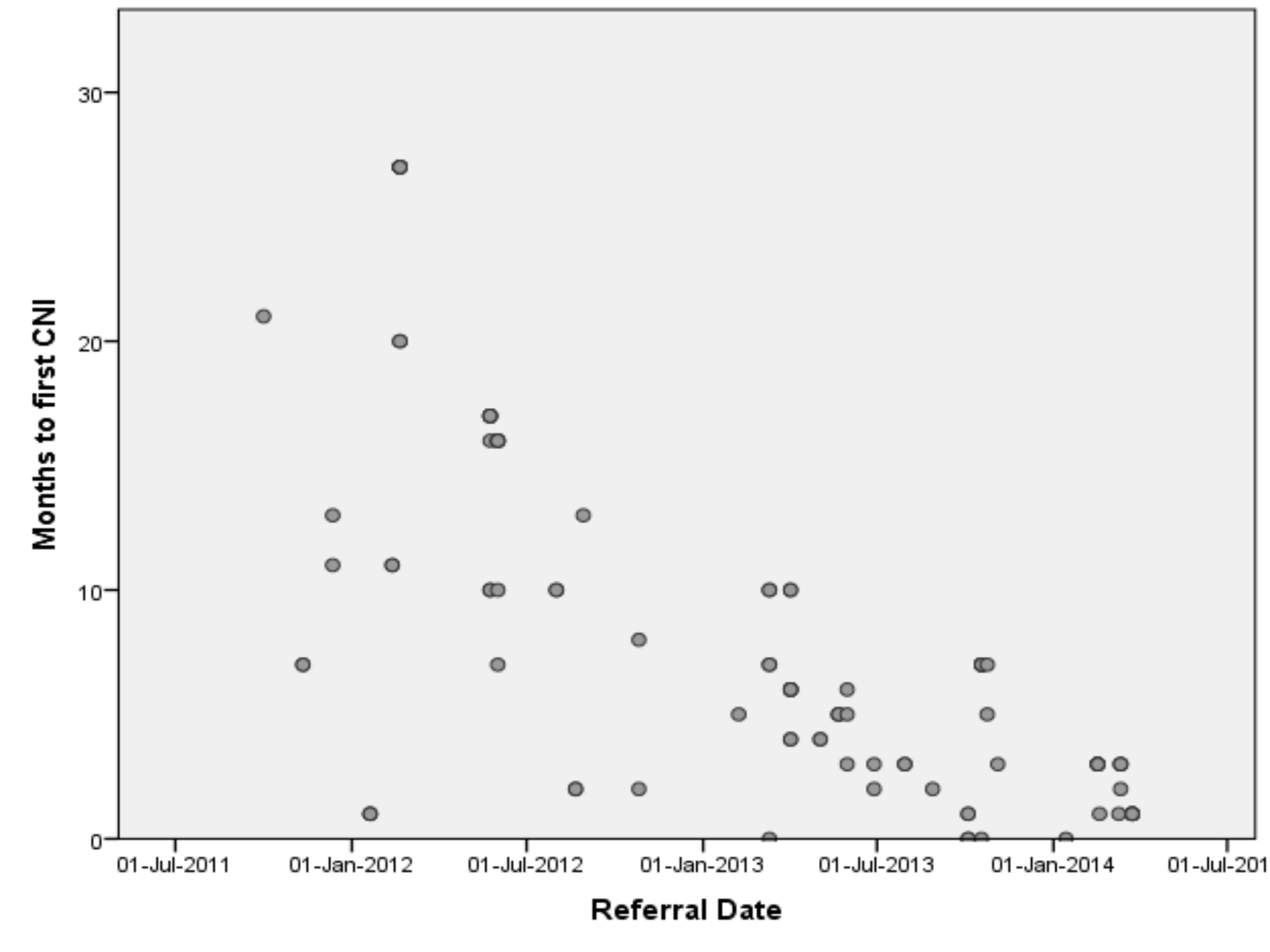
Months to first CNI
30
20
10
0
01-Jul-2011
01-Jan-2012
01-Jul-2012
01-Jan-2013
01-Jul-2013
01-Jan-2014
01-Jul-201
Referral Date

Table 5(a). Dynamic fidelity indicators for the implementation of the IFSS Practice Model: FAMILY version (N=17)

Indicators	Response Avg score
Process	
The worker told us about the program, what they would do and what we would need to do in a way that I understood and was clear	4.7
The worker talks with us in a way that is clear and we could understand	4.8
The worker has a plan for every time we meet	4.6
The worker shows us how to do some things before asking us to do them	4.4
The worker is helping us work on some goals we want for the care of our children	4.8
The worker has helped us change our routines	4.6
Principles	
The worker tells us the good things we do about looking after our children	*4.5*
The goals we are working towards are clear to me	*4.6*
The worker is able to see positives in my family	*4.6*
The worker shows us how to do things for ourselves	*4.6*
The worker reassures us and gives us confidence that we can make changes to achieve our goals	*4.7*
The worker understands what is good about my family	*4.8*
The worker shows respect to my family's culture and beliefs in our work together	*4.9*
The worker tries to help my family do something different in how we care for our children	*4.7*
Outcomes	
The activities we do with the worker help me supervise my children better/well	4.6
The activities we do with the worker help me make sure my children are well fed, clean and safe	4.7
The activities we do with the worker help me keep my children healthy	4.8
The activities we do with the worker help me show my children love and affection	4.6
The activities we do with the worker help me get my children to school every day	4.6
The goals we are working on will help me care for my children better	4.8
The worker helps family members talk with each other to solve problems	4.5
Total	
Process overall average	4.6
Principles overall average	4.7
Outcome overall average	4.7
Average, all domains	4.7

Note: the computed overall averages were based on valid responses. A small number of individual items were missing or were recorded 'don't know' (4); in these cases, the score were based on the average of the completed items in the subdomain in question.

Suggestions?