# LEADING CHANGE:

## Creating a new 'normal' in Implementation

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# Background Intensive Family Support (IFS)– Mt Isa / Gulf Region and Brisbane

## Brisbane

- 2.4 million people (2.4% Aboriginal or Torres Strait Islander, 30.6% CALD)
- New Intensive Family Support service added to an existing portfolio of family support, early education and care, child protection and domestic and family violence programs.
- Tertiary qualified staff (Bachelor)
- Lower staff turnover

## Mount Isa

- 32,588 people (23.4% Aboriginal or Torres Strait Islander, 23.6% CALD)
- Entirely new portfolio of programs in Mount Isa, including Intensive Family Support (IFS), Family and Child Connect (FaCC) and Domestic and Family Violence Support Services.
- Certificate / Diploma level qualifications
- Higher staff turnover

Across both locations, Intensive Family Support services aim to prevent entry / re-entry of vulnerable families into the Statutory child protection system.

Participation is voluntary
Intervention 6mths – 2 years

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# CEI worked with Saved the Children to…

- Identify the needs of the target population and  evidence-informed program components
- Identify implementation outcomes and intended family outcomes
- Deliver training and coaching
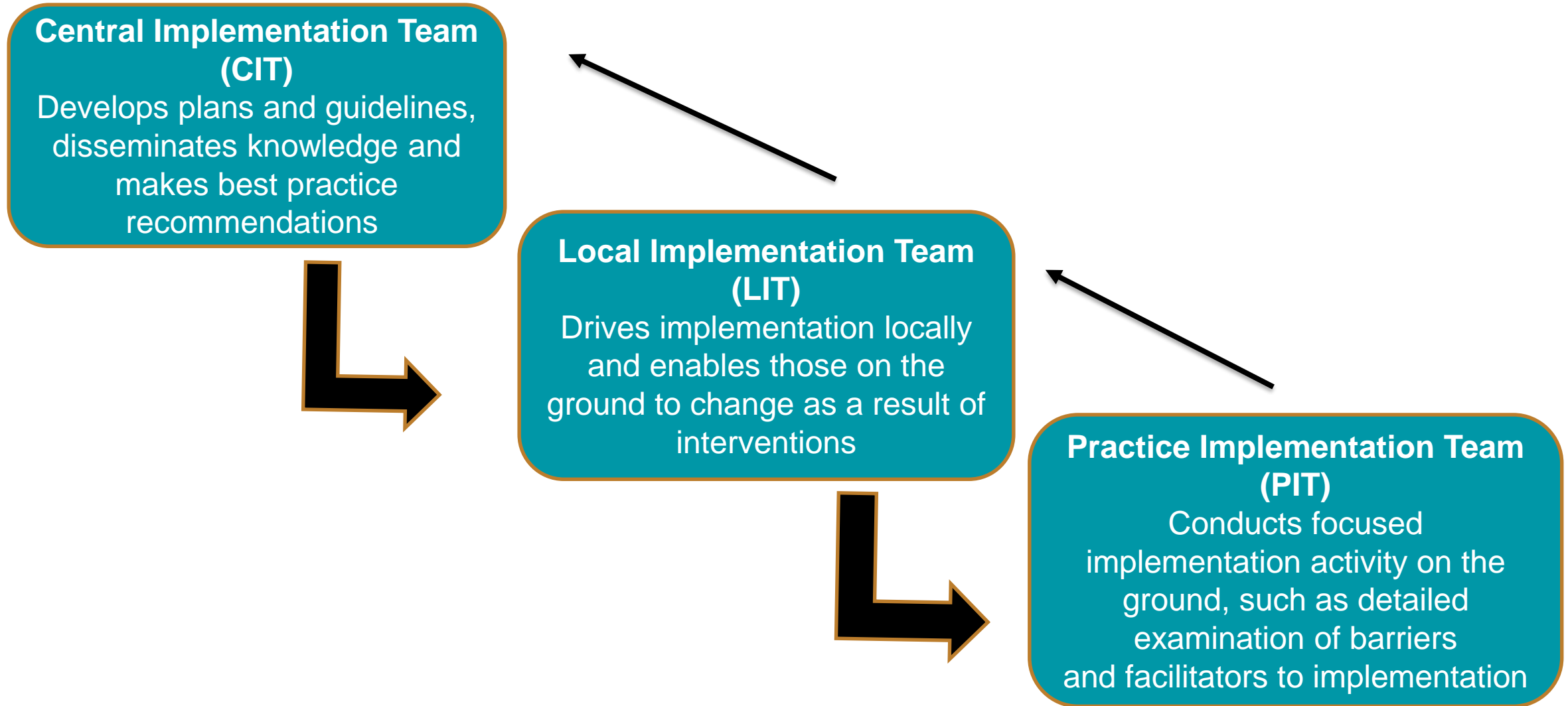- Implement continuous quality improvement system

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# Develop and Refine Program Logic

| TARGET GROUP & NEED | EVIDENCE | THEORY OF CHANGE | THE IFS PROGRAM | OUTPUTS & CLIENT OUTCOMES | |
|---|---|---|---|---|---|
| **Target Population**: Culturally and Linguistically Diverse (CALD) caregivers of children under 12 who are at risk of child neglect or who have been identified because of child neglect. | • Research evidence indicates that improving caregiver's skills related to parenting can reduce child neglect and improve a caregiver's ability to support a child's developmental needs. This happens by improving a caregiver's behaviour and environmental conditions that lead to child neglect.<br><br>• To improve caregiver skills families must observe the actions of the worker doing the appropriate action (listed below), practice the new behaviour and be motivated to use the new skill.<br><br>Evidence- based practices | Caregivers who are neglecting a child or at risk of child neglect will need to improve their parenting behaviour and environment to be able to provide better care for their children. | Core component 1: Engage and motivate families using motivational interviewing techniques<br>*Activities such as:*<br>• Evoke or draw out the parent's own thoughts and ideas (rather than imposing ideas - avoid unsolicited or premature advice giving)<br>• Roll with resistance (e.g., avoiding arguments, shifting focus)<br>• Convey empathic sensitivity through words and tone of voice (demonstrate genuine concern and an awareness of the parent's experiences)<br><br>Core Component 2: Complete assessment (Child Neglect Index (CNI) or the FAST (once training has occurred) to understand the areas where the family is doing well and areas where improvement can be useful.<br>*Activities:*<br>• Describe the purpose of assessment<br>• Explain the process of assessment | **Immediate outputs & Implementation outcomes** | **Program outcomes** |
| | | | | Outputs<br>• N caregivers access IFS program<br><br>• N caregivers improve CNI<br><br>Implementation Outcomes<br><br>• IFS workers apply new skills with fidelity | child neglect |
| | | | | | • Reduced child neglect<br>*Measure: (close to the beginning of the program as possible-pre and post program)*<br>*Child Neglect Index (CNI) Any improvement indicates enhanced caregiver skill and less child neglect* |
| | | | | | skill and behaviour |
| | | | | | • Improved caregiver's skills in providing their child safe, nurturing care<br>*Measure: (pre and post program)*<br>*Child Neglect Index (CNI) (completed pre and post program unless parent stays with program for 12 months then it is completed every 3 months).*<br>• Improved parenting behaviours required to successfully raise a child<br>*Measure: (pre and post program)*<br>*Parenting Sense of Competence (PSOC; Parental satisfaction with parenting, parental efficacy)* |

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# Implementation Outcome Measures

| Evaluation Question | Implementation outcome | Data measure | Source | Frequency |
|---|---|---|---|---|
| Was the program **implemented as intended** i.e. with fidelity? This will include a measure of implementation outcomes**.** | • Fidelity | • Supervisor/coach 'fidelity check' sessions using fidelity tools | Save the Children staff | 3 time-points |
| Were there any **challenges or barriers** faced in implementation of the program? | • Feasibility | • Discussions with the Implementation Team using CFIR (in SC QLD Implementation Guide) | Save the Children staff | Throughout program implementation |
| What were the **rates of engagement** with the target cohort? | • Penetration (or Reach) | • Analysis of administrative data | Save the Children data | 1 time-point |

# Leadership

**Central Implementation Team (CIT)**
Develops plans and guidelines, disseminates knowledge and makes best practice recommendations

**Local Implementation Team (LIT)**
Drives implementation locally and enables those on the ground to change as a result of interventions

**Practice Implementation Team (PIT)**
Conducts focused implementation activity on the ground, such as detailed examination of barriers and facilitators to implementation

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# Consolidated Framework for Implementation (CFIR) Domains

**Domain 1:** In the last month, what **aspects** of (program) have been challenging or tricky to implement?

**Domain 2:** In the past month, what **external factors** have made it easier or more difficult to implement (program)?

**Domain 3:** In the past month, have there been any **internal influences** within Save the Children's local office that make it easier or more difficult to implement (program)?

**Domain 4:** What do you **personally think** about (program) and its implementation? Is it relevant, meaningful and effective at achieving what you are seeking to achieve with the program? Why?

**Domain 5:** How are you **planning to implement** (program) and **what stage of implementation** planning are you currently in?

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# Leadership Role in Continuous Quality Improvement
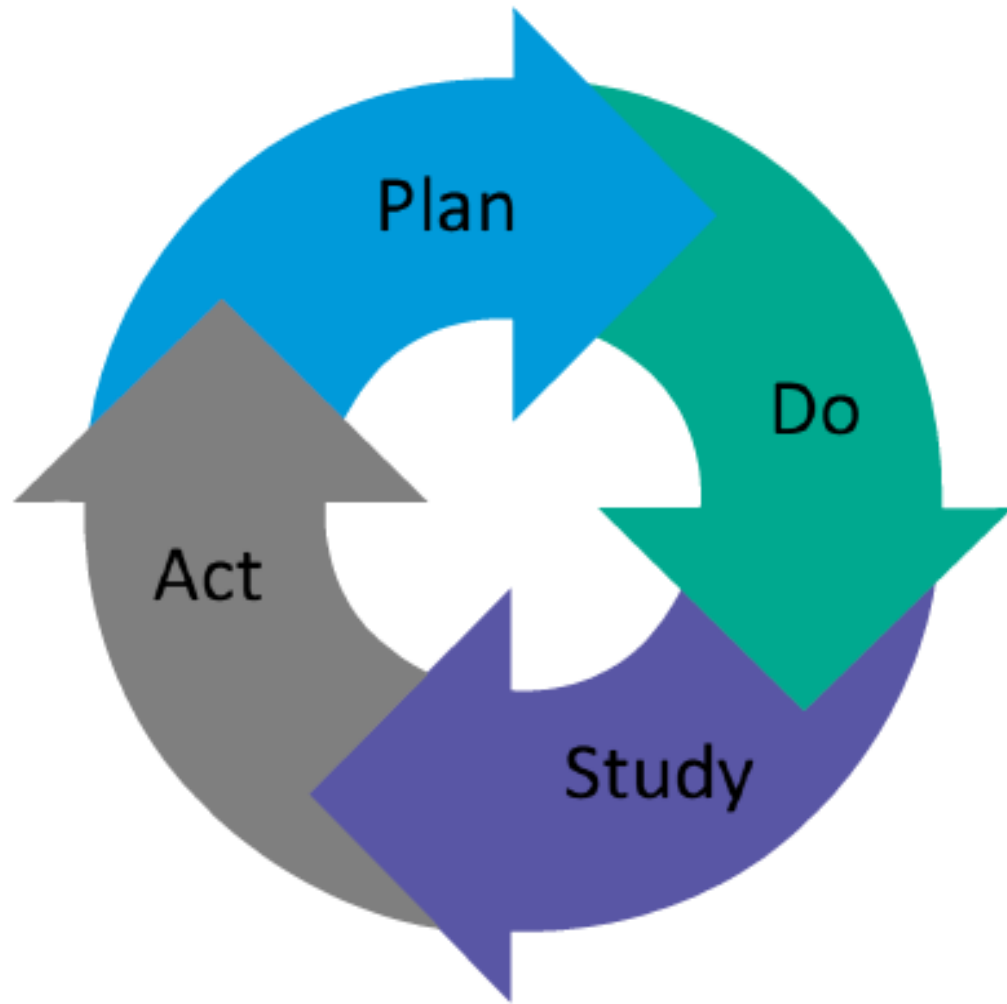


The Plan-Do-Study-Act cycle supports continuous improvement and helps to overcome barriers.

Fidelity data, implementation barrier data, and outcome data are reviewed by the LIT.

Changes to program elements are agreed upon by the LIT (plan), are implemented (do), examined through another round of data collection (study), and lead to further changes to the program / implementation (act).

# Coaching and Implementation Support QLD Gulf – Mt Isa / Brisbane

**1 Initial training in Motivational Interviewing and Safety Planning**

- Development of training manual
- Workshop/training with behavioural rehearsal

**2 Immediate on the job coaching**

- Field visits with every team member

**3 In office coaching with team members and team leaders**

- Review of work samples using fidelity checklists
- Positive and corrective feedback
- Worker case consultation and field preparation

**4 Development of Motivational Interviewing and Safety Planning adherence measure checklists**

# Coaching and Implementation Support QLD Gulf – Mt Isa / Brisbane

**5 Coaching development plans**

- Goals developed from strengths and needs assessment
- Clearly defined stepwise approach to goal attainment
- Solution focused

**6 Individual Fortnightly skype coaching calls** (leadership group)

**7 Individual coaching calls for team members**
Identified by coach, team leaders or regional coordinators based on evidence of work samples, observation and/or behavioural rehearsal

**8 Booster training** in identified areas (e.g. goal setting, refresher Motivational Interviewing and safety planning)



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# Adapting to Context

1. Implementation of the safety planning process

2. Working collaboratively

3. Responding to high risk

4. Generalisation of Motivational Interviewing skills



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# Linking Back to Program Logic

**Adherence to practice elements**

1. Practical application of research

2. Using strengths to leverage change

3. Using evidence from work samples to inform interventions

4. Closing knowledge to practice gap

what's the opposite of adherence?

breach, disloyalty, inconstancy, unsteadiness, neglect, unsticking, contravention, infraction, infringement

# Ongoing Leadership - The Journey to Full Implementation

**PRE and INITIAL IMPLEMENTATION - LEADERSHIP EXPECTATIONS**

- Good working knowledge of the program components and practices
- Articulate program benefits to stakeholders
- Identify and develop leaders (knowledge, proactive and supportive of implementation, persevere through problems)
- Communicate milestones, achievements and impending changes to stakeholders
- Maintain interest, momentum, energy and accountability

**FULL IMPLEMENTATION – LEADERSHIP EXPECTATIONS**

- Regular feedback to managers, team leaders, practitioners and other stakeholders
- Focus on removing administrative / organisational barriers and establishing appropriate procedures, plan and systems in place to ensure routine service delivery system
- Maintaining data collection and quality assessment processes
- Delegate ongoing responsibility and make adjustments to role descriptions to reflect implementation responsibilities

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# Thankyou

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