**PAPER NUMBER #44**

**How coaching enabled the embedding of evidence based practice into daily practice in an agency in Western Australia**

**Presenting Authors**

Pauline Dixon1 and Margaret Scott2

**Affiliation**

1. Wanslea
2. Centre for Evidence and Implementation

**Country of residence**

Australia

**Objectives/aims**

Wanslea developed a practice framework in conjunction with a national research intermediary to guide the work with families experiencing vulnerability referred from child protection authorities. Following an implementation process guided by the work of the National Implementation Research Network the practice framework is now at full implementation. Supporting the core activity of implementing evidence based practice was embedding the role of coaching for practitioners. The objectives of embedding coaching were to (1) support fidelity (2) develop practitioners’ capacity (3) to achieve better outcomes for families by using the skills, practices and knowledge identified in the research.

**Methods**

Marrying the existing role of supervision with coaching required policy and practice change as well as significant cultural change within the organisation. Recruiting to the coaching role and developing internal capacity to perform and support the role. Engaging ongoing coaching support from an intermediary has enabled the organisation to move towards sustainability of the practice framework. Developing the functions of field visits, worker development plans, the introduction of case reviews (group coaching) and an ongoing feedback loop leading to the production of booster sessions for identified gaps in practice. Collecting data on coaching delivered and the focus of coaching to assist planning and targeting of skill development.

**Main findings**

Coaching is a facilitating and enabling driver in the embedding of evidence based practice into daily work with families. Coaching has been one of the key factors supporting fidelity of the practice framework. Case review process has ensured risk management and overall adherence to the phases of the practice framework. Practitioner capacity has been developed on an individualised basis according to needs identified through observation, role play, feedback, worker development plans and the performance assessment process. Family outcomes are monitored through the use of validated scales and practitioner assessment.