Developing and Implementing Evidence-Informed Practice (EIP): Promoting Resilience in Vulnerable Children

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• We help families and children to thrive
• We help older people to age well
• We help people take care of their mental health and wellbeing
• We provide learning and education to individuals and organisations
• We work in partnership with communities so they build on their strengths and use their own resources
• We advocate and speak out for a just society
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
The What?

Resilience Practice Framework and developing the evidence informed practices
Resilience Practice Framework
Working with children and families

Adapted from Daniel and Wassell, 2002.
Resilience Practice Framework (RPF)

• Developed in partnership with the Parenting Research Centre
• 5 Resilience Outcomes
• 44 evidence-informed practices (EIPs) and 6 practitioner skills
• Resilience Assessment Tool to identify outcomes and associated practices
• Initial rollout across 3 child and family sites
Definition of Resilience:

“Strength in the face of adversity. The capacity to adapt and rebound from stressful life events, strengthened and more resourceful” (Daniel and Wassell, 2002)

Child outcomes of a resilience-led approach:

1. Increasing safety
2. Secure and Stable relationships
3. Improving coping/self-regulation skills
4. Increasing self efficacy
5. Improving empathy
Evidence-based practice and programs

Programs

• Collections of practices that are done within known parameters (philosophy, values, service delivery structure, and treatment components)

Practices

• Skills, techniques, and strategies that can be used by a practitioner.

• Common elements or practice components/kernels (Chorpita et al; (Embry, 2004))
### Resilience Practice Framework
Working with children and families

<table>
<thead>
<tr>
<th>Resilience outcome</th>
<th>Evidence informed practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure and stable relationships</td>
<td>Teachable moments&lt;br&gt;Following your child’s lead&lt;br&gt;Attending to your child&lt;br&gt;Listening, talking and playing more&lt;br&gt;Engaging an infant&lt;br&gt;Descriptive praise&lt;br&gt;Family time&lt;br&gt;Family routines</td>
</tr>
<tr>
<td>Increasing self efficacy</td>
<td>Praising for effort and persistence&lt;br&gt;Setting goals for success&lt;br&gt;Identifying negative thinking traps&lt;br&gt;Challenging negative thinking&lt;br&gt;Strategies to challenge negative thinking traps</td>
</tr>
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# Resilience Practice Framework
## Working with children and families

<table>
<thead>
<tr>
<th>Resilience outcome</th>
<th>Evidence informed practice</th>
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</table>
| Increasing safety  | **Positive discipline strategies**  
Tangible rewards  
Effective requests  
Creating effective child and family rules  

**Reducing unwanted behaviours**  
Implementing natural and logical consequences  
Planned ignoring  
Time out  

**Prevention strategies: attending to physical safety**  
Developing a safety plan  
Injury prevention and child proofing  
Supervising children  
Basic child health care  

**Increasing social connections**  
Social connections maps |
Resilience Practice Framework
Working with children and families

<table>
<thead>
<tr>
<th>Resilience outcome</th>
<th>Evidence informed practice</th>
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<tbody>
<tr>
<td>Improving empathy</td>
<td>Modelling empathy</td>
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<td></td>
<td>Praising empathy</td>
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<td></td>
<td>Emotion coaching</td>
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<td></td>
<td>Tuning in: Identifying a child’s emotions</td>
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<td></td>
<td>Naming a child’s emotions</td>
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<td></td>
<td>Using emotions as a teaching opportunity</td>
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<tr>
<td>Increasing coping/self regulation</td>
<td><strong>Problem solving</strong></td>
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<tr>
<td></td>
<td>Problem solving (child)</td>
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<td></td>
<td>Problem solving (adult)</td>
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<td></td>
<td>Problem solving and decreasing aggression (younger child) – The turtle technique</td>
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<td></td>
<td><strong>Promoting healthy sleep routines</strong></td>
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<td></td>
<td>Promoting better sleep routines (infant)</td>
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<tr>
<td></td>
<td>Promoting better sleep routines (toddler and young child)</td>
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<tr>
<td></td>
<td>Promoting better sleep routines (adolescent and adult)</td>
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<td></td>
<td><strong>Active relaxation</strong></td>
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<td></td>
<td>Progressive muscle relaxation</td>
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<td></td>
<td>Controlled breathing (child)</td>
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<td></td>
<td>Controlled breathing (adult)</td>
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<td></td>
<td>Mindfulness and visualisation (adult)</td>
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<td></td>
<td>Physical exercise (child)</td>
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<tr>
<td></td>
<td>Physical exercise (adult)</td>
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Phase three: The How?
Implementing Evidence-Informed Practice

World of Research  
Implementation  
World of Practice

Adapted from Riley, 2005
Implementation Drivers

Improved outcomes for children and families

Performance Assessment

Coaching

Systems Intervention

Facilitative Administration

Decision Support Data System

Competency Drivers

Adaptive Integrated & Compensatory

Technical Leadership

Organization Drivers

Graphics by Steve Goodman, 2009

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The Four Phases of QIF

Self-Assessment Strategies
- Conducting a Needs and Resources Assessment
- Conducting a Fit Assessment
- Conducting a Capacity/Readiness Assessment
- Decisions about Adaptation
- Possibility for Adaptation
-capacity-building Strategies
- Obtaining Explicit Buy-in from Critical Stakeholders & Fostering a Supportive Climate
- Building General/Organizational Capacity
- Staff recruitment/maintenance
- Effective Pre-Innovation Staff Training

Phase 1
Initial Considerations Regarding the Host Setting

Phase 2
Creating a Structure for Implementation

Phase 3
Ongoing Structure Once Implementation Begins

Phase 4
Improving Future Applications

Structural Features for Implementation
- Creating Implementation Teams
- Developing an Implementation

Ongoing Implementation Support Strategies
- Technical Assistance/Coaching/Supervision
- Process Evaluation
- Supportive Feedback Mechanism

(Meyers, Durlak & Wandersman, in press)
Scale of the pilot

• Services types and staff

• 120 staff across 4 Geographic Regions in NSW

• 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 early childhood education and care).

• 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.
Phase 2: Key Implementation Activities 2013-2014

- Undertake readiness assessments
- Practice contextualising sessions for each site
- Formation of Local Implementation Teams (technical)
- 2 days training in the Resilience Assessment Tool and Outcomes Tool
- 2 days training (Observe, Practice, Feedback) in a selection of Resilience Practices from each outcome
- Formation of Group coaching structures
- Identify Practice support functions
- Data collection – frequency of use and Outcomes data collection
How is the RPF implementation tracking?
Evaluation questions

1. How effective was the RPF implementation process?
2. How effectively are staff implementing the EIPs?
3. Is the implementation of the RPF effective in achieving outcomes for clients?
Does the RPF fit the needs of the pilot sites?

“\[This has been a positive process for embedding a culture of excellence in our region, and one which I have been proud to be part of. This has created positive shifts within my local team for staff sense of purpose, role clarity and provided improved mechanisms for staff support and development through a coaching model starting to be rolled out.\]"

Online Survey results: Local Implementation Team and Staff
Is there buy-in from the local leadership teams and frontline staff?

<table>
<thead>
<tr>
<th>Statement</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>The RPF matches the priorities if the organisation</td>
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<tr>
<td>Every senior manager has stressed the importance of this...</td>
<td></td>
<td></td>
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<tr>
<td>Our senior leaders have encouraged all of us to...</td>
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<td></td>
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<tr>
<td>I think the organisation will benefit from this change</td>
<td></td>
<td></td>
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<tr>
<td>The RPF will improve the organisation's overall efficiency</td>
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</table>

“The leadership team had a very clear message, consistent message from all of us, around the framework, and what was expected, and was very upbeat...The communication pieces were absolutely key, and really positive and so it invited people to embrace it.”

Readiness for Change Survey (Holt 2007)
Are ongoing coaching mechanisms in place?

“Lately I’ve been putting it on the agenda for team meetings, so we’ll sit down and discuss different practices and bring resources along to compliment that practice, and talk about our experiences with that practice, whether we’ve actually used it.”

Online Survey Results: Local Implementation Team
How confidently and competently are staff using the resilience practices?

- I feel confident explaining the rationale to families: 9 Agree, 0 Undecided
- I have the necessary content knowledge to deliver the practices: 8 Agree, 1 Undecided
- I have the necessary technical skills to deliver the practices: 8 Agree, 1 Undecided
- I feel confident delivering the practices to families: 7 Agree, 2 Undecided

Online Survey Results: Staff
Self-Reported Competency Checklist - Practice Guides

Guide 1: Practitioner Skills
Guide 2: Secure and Stable Relationships
Guide 3: Increasing Self Efficacy
Guide 4: Increasing Safety
Guide 5: Improving Empathy
Guide 6: Increasing coping/self regulation

Aug/Sep -13: 3.9, 4.0, 3.5, 4.0, 3.7, 3.5
Feb-14: 4.2, 4.5, 4.3, 4.6, 4.5, 4.3
Practices that have been covered in coaching

<table>
<thead>
<tr>
<th>Practice</th>
<th>Feb-14</th>
<th>Aug/Sep-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled breathing (child)</td>
<td>3.00</td>
<td>4.08</td>
</tr>
<tr>
<td>Controlled breathing (adult)</td>
<td>3.13</td>
<td>4.15</td>
</tr>
<tr>
<td>Turtle Technique</td>
<td>3.20</td>
<td>4.08</td>
</tr>
<tr>
<td>Problem Solving (adult)</td>
<td>3.33</td>
<td>4.00</td>
</tr>
<tr>
<td>Problem Solving (child)</td>
<td>4.08</td>
<td>3.80</td>
</tr>
<tr>
<td>Motivational interviewing**</td>
<td>3.27</td>
<td>3.90</td>
</tr>
</tbody>
</table>
Next steps in the RPF implementation

• SDMS electronic case management system has the Resilience Assessment & Outcomes Tool and the Evidence-informed Practices built into it (sustainability)
• Commence planning sequence for roll-out across all child and family programs in NSW, QLD and South Australia (Planning)
• Contextualise the Resilience Practice Framework for all Child and Family services (Competency drivers)
• Use the Implementation evaluation to improve the implementation process (Organisational Drivers)
• Use the outcomes data to develop individual service improvement plans (Organisational drivers)
• Continue to develop new evidence-informed practices linked to the 5 outcomes (ongoing development)
• Look at structures to support ongoing technical assistance (Competency Drivers)
• Drive a culture of evidence-informed practice (Leadership)