

Evidence for impact:
International and local perspectives
on improving outcomes for children
and young people.

A ONE DAY SYMPOSIUM

Stream 2:

Using evidence to change practice



Evidence for impact: International and local perspectives
on improving outcomes for children and young people.

A ONE DAY SYMPOSIUM



Dr Tim Moore

Manager, Research and Policy,
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Evidence informed practice

#evidence4impact

Centre for Community Child Health Symposium
Evidence to Impact
Melbourne, 29th June, 2017



EVIDENCE-INFORMED DECISION-MAKING: A FRAMEWORK FOR HUMAN SERVICES

Tim Moore

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The Royal Children's Hospital

The Children's

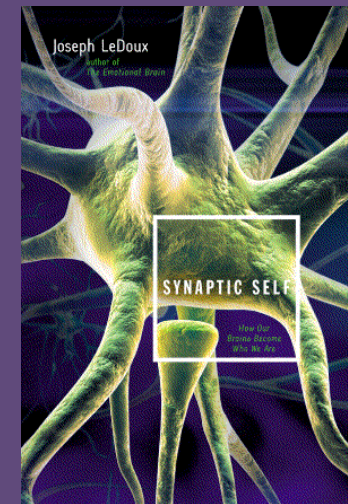
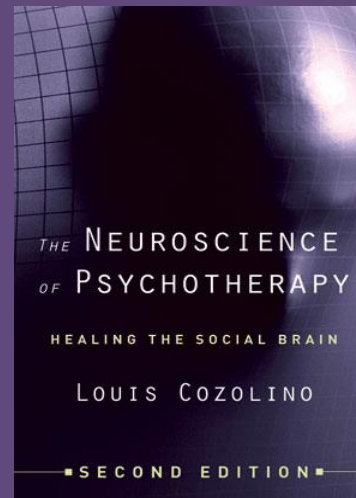
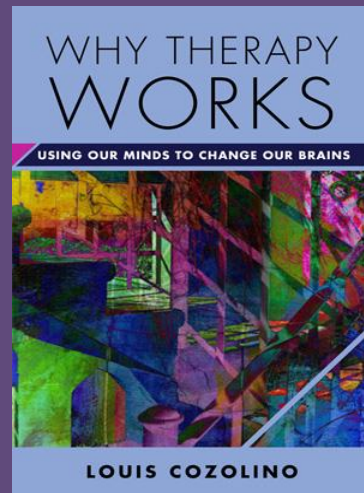
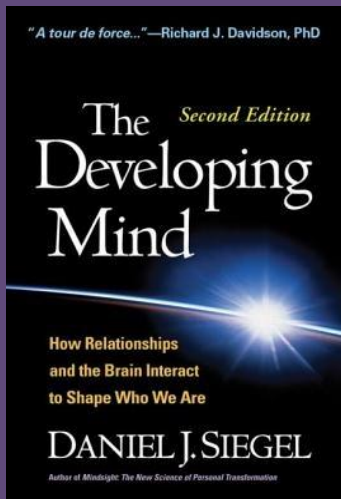
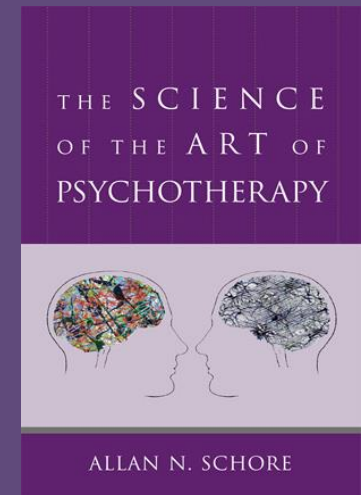
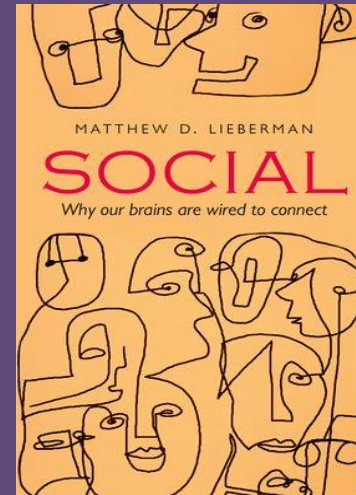
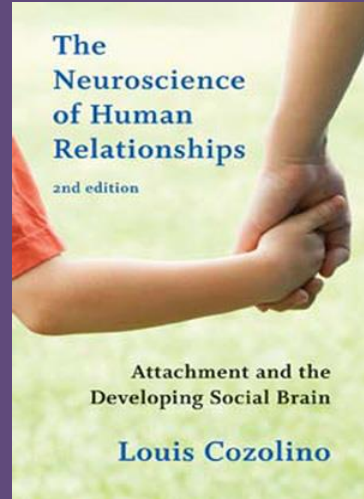
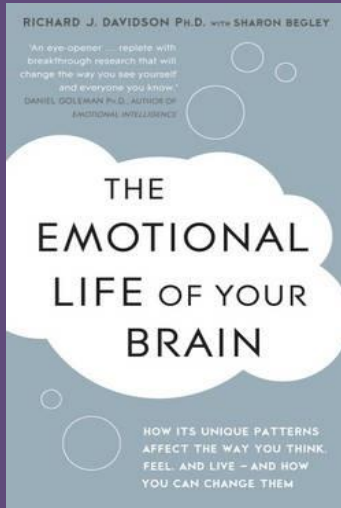
Excellence in
clinical care,
research and
education



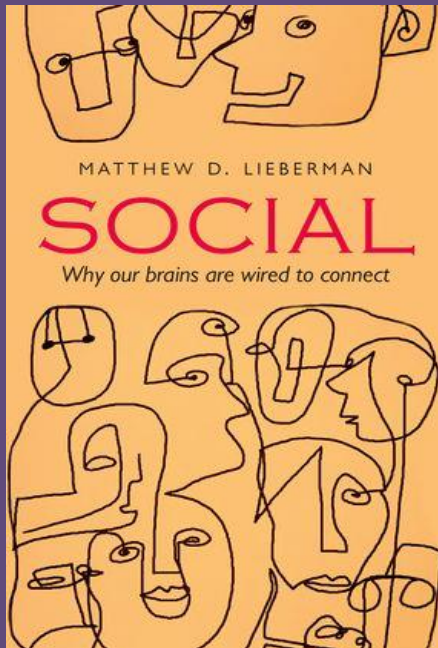
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NEUROBIOLOGY OF INTERPERSONAL RELATIONSHIPS



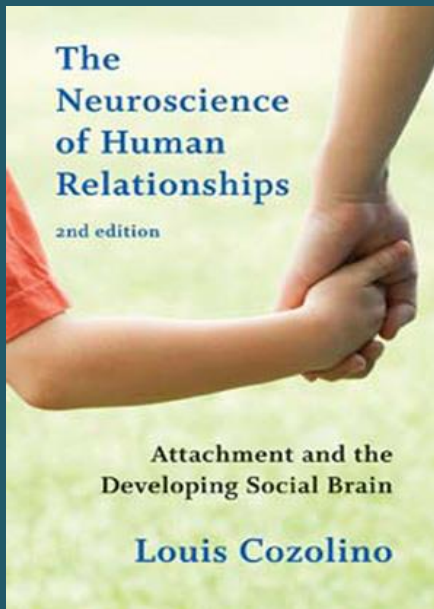
NEUROBIOLOGY OF INTERPERSONAL RELATIONSHIPS



Matthew Lieberman
(2013). **Social: Why
Our Brains are
Wired to Connect.**
Oxford, UK: Oxford
University Press.

- Our brains are designed to respond to and be influenced by others: *we are wired to be social*
- The brain has a network devoted to mindreading others: we have an unparalleled ability to understand the actions and thoughts of those around us, enhancing our ability to stay connected and interact strategically
- When human beings experience threats or damage to their social bonds, the brain responds in much the same way as it responds to physical pain

NEUROBIOLOGY OF INTERPERSONAL RELATIONSHIPS



Cozolino, L. (2014).
The Neuroscience of Human Relationships: Attachment and the Developing Social Brain (2nd. Ed.). New York: W.W. Norton.

- Like neurons, we send and receive messages from one another across a synapse – ***the social synapse.***
- The social synapse is the space between us. It is also the medium through which we are linked together into larger organisms such as families, tribes, societies, and the human species as a whole.
- Because so much of this communication is automatic and below conscious awareness, most of what goes on is invisible to us and taken for granted.

EVIDENCE FOR THE IMPORTANCE OF RELATIONSHIPS



Insights regarding the importance of these interpersonal relational processes comes from a variety of sources, including

- Lessons from vulnerable families
- Research on psychotherapy efficacy
- Research on effective help-giving practices
- Research on family-centred practice / family-centred care
- Research on family partnership training
- Community practice
- Co-design and co-production

HOW SERVICES ARE DELIVERED

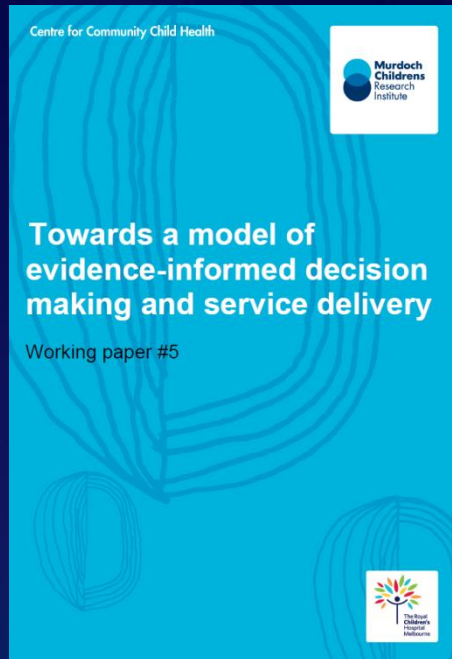
Overall, the evidence is clear:

How services are delivered is as important as what is delivered

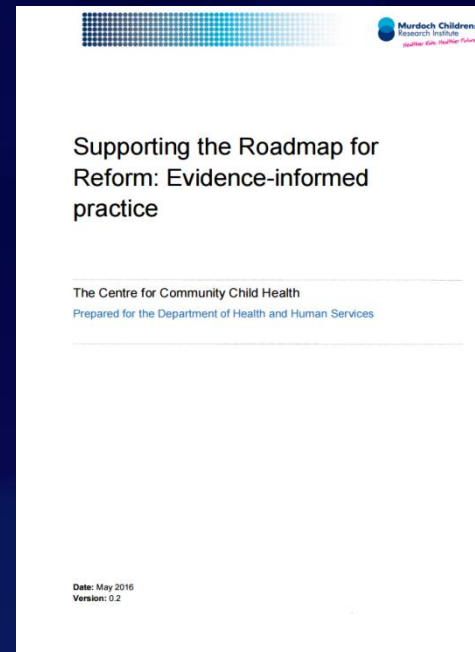
Outcomes are not simply the result of advice (e.g. take drug X or play with your child) but are determined also by the ways in which advice is given (*Davis & Day, 2010*)

The *manner* in which support is provided, offered, or procured influences whether the support has positive, neutral, or negative consequences (*Dunst & Trivette, 2009*)

HOW TO RECONCILE RELATIONSHIP-BASED PROCESSES AND EVIDENCE-BASED PRACTICE



Moore, T.G. (2016). **Towards a model of evidence-informed decision-making and service delivery.** CCCH Working paper No. 5. Parkville, Victoria: Centre for Community Child Health, Murdoch Childrens Research Institute.



Moore, T.G., Beatson, R., Rushton, S., Powers, R., Deery, A., Arefadib, N. and West, S. (2016). **Supporting the Roadmap for Reform: Evidence-informed practice.** Parkville, Victoria: Centre for Community Child Health, Murdoch Childrens Research Institute, The Royal Children's Hospital.

EVIDENCE-BASED PRACTICE

What is evidence-based practice?

- Evidence-based medicine is 'the integration of best research evidence with clinical expertise and patient values' (*Sackett, Straus, Richardson, Rosenberg and Haynes, 2000*)
- Evidence-based practice is 'the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences' (*American Psychological Association, 2006*)
- Evidence-based practice is 'a decision-making process that integrates the best available research evidence with family and professional wisdom and values' (*Buyse and Wesley, 2006*)

BEST AVAILABLE RESEARCH

- RCTS are not well suited to answering questions about human services addressing complex problems – they are best at answering questions about the efficacy of interventions where we can control all the variables except the treatment variable.

‘The RCT is the best tool we have for evaluating medical interventions for our patients. The further upstream we go for our search for causes of disorder the less applicable is the RCT. An RCT to improve the social capital is beyond our grasp. We must therefore rely on observational evidence and judgment to formulate public health policies.

(Fonagy, 2001)

BEST AVAILABLE RESEARCH (cont)

- Systematic reviews seek to remove all the variables practitioners are most interested in.
- In a provocatively titled opinion piece in the *British Journal of General Practice*, Trisha Greenhalgh (2012) asks 'Why are Cochrane reviews so boring?'

The reason why Cochrane reviews are boring — and sometimes unimplementable in practice — is that the technical process of stripping away all but the bare bones of a focused experimental question removes what practitioners and policymakers most need to engage with: the messy context in which people get ill, seek health care (or not), receive and take treatment (or not), and change their behaviour (or not).

BEST AVAILABLE RESEARCH (cont)

- The standard hierarchies of evidence contain little or no reference to the two other elements now considered to be part of the definition of evidence-based practice, namely clinical expertise and patient values.
- None of the available hierarchies address the question of how to incorporate client or patient values.

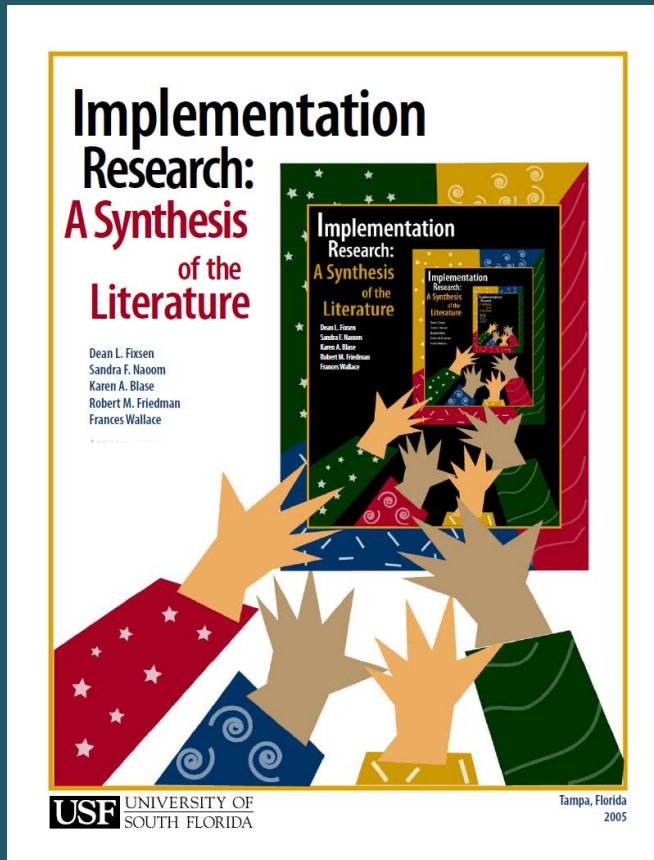
Overall conclusion: we cannot rely on evidence-based research alone in selecting intervention strategies, but must broaden the evidence basis on which we make decisions.

VALUES AND OUTCOMES

- According to Sackett et al. (2000), *patient values* refer to the unique preferences, concerns and expectations each patient brings to a clinical encounter and which must be integrated into clinical decisions if they are to serve the patient.
- According to Thomas et al. (2010), 'Values-based care is a blending of the values of both the service user and the health and social care professional, thus creating a true, as opposed to a tokenistic, partnership.'

There is consistent evidence that services are less effective if they do not address issues that clients see as important and if they do not use strategies that the clients are happy and able to use.

IMPLEMENTATION SCIENCE



- While great strides have been made in identifying evidence-based practices and programs, the science related to implementing these programs with fidelity and good outcomes for consumers lags far behind
- Systematic implementation practices are essential to any attempt to use the products of science - such as evidence-based programs - to achieve better outcomes.

Fixsen, D.L., Naoom, S.F., Blasé, K.A., Friedman, R.M. and Wallace, F. (2005). **Implementation Research: A Synthesis of the Literature.** (FMHI Publication #231). Tampa, Florida: The National Implementation Research Network, Louis de la Parte Florida Mental Health Institute, University of South Florida.
http://www.fpg.unc.edu/~nirn/resources/publications/Monograph/pdf/Monograph_full.pdf

IMPLEMENTATION SCIENCE (cont)

- The approach to implementation proposed by Fixsen et al. (2005) or Wiggins et al. (2012) begins by selecting 'the most appropriate program for a local area' (Wiggins et al., 2012), then proceeding through a series of steps to train staff, developing organizational supports, monitoring progress, and evaluating program fidelity and outcomes
- This is a top-down, professionally-driven approach that focuses principally on research-based evidence and on *program fidelity*, and pays little or no attention to the processes of effective service delivery or the preferences and values of clients
- Corresponding to the three components of evidence-based practice, there are three types of implementation fidelity to be considered: *program fidelity*, *process fidelity* and *values fidelity*

FORMS OF FIDELITY



- **Program fidelity** is concerned with *what* is delivered, and with ensuring the faithful delivery of proven programs and strategies according to their original design.
- **Process fidelity** is concerned with *how* services are delivered, and ensuring that services are delivered in ways that are known to be effective in engaging and changing client behaviours.
- **Values fidelity** is concerned with ensuring that the focus of service and method of service delivery are consistent with client values and choices.

Each of these forms of fidelity can and should be measured constantly to ensure that help is implemented effectively.

EVIDENCE-INFORMED DECISION-MAKING FRAMEWORK

- Evidence-based practice is often interpreted narrowly as selecting from lists of 'proven' interventions
- Properly understood, it is much broader than this and involves integrating three sources of evidence:
 - *evidence-based programs,*
 - *evidence-based processes, and*
 - *client and professional values and beliefs*
- EBP is best understood as a decision-making process that integrates all three of these elements on an ongoing basis
- We have developed an *evidence-informed decision-making framework* based on this model



EVIDENCE-INFORMED DECISION-MAKING FRAMEWORK



EVIDENCE-INFORMED DECISION MAKING FRAMEWORK



EVIDENCE-INFORMED DECISION MAKING FRAMEWORK (cont)

- The process described in this framework begins with engagement and tuning in to family values and priorities, rather than with professionals deciding beforehand what the family needs are and what strategies are most appropriate for meeting those needs
- Evidence-based programs and strategies have an important role to play, but always in the context of family values and priorities: information about such programs is not introduced until a partnership has been established and the professional has understood the family values and circumstances
- The process allows for constant adjustments based upon feedback: it is not assumed that the strategies will always work in the ways intended, and indeed assumes that there will need to be modifications

EVIDENCE-INFORMED DECISION MAKING FRAMEWORK (cont)

- This is a strength rather than a weakness, as the process of constant adjustments makes it more likely that the interventions will be manageable for the family and ultimately effective
- This service framework is generic, in that it can be used by an individual practitioner or team working with a client or family, an agency working with groups of clients or families, a network of services working with a community, or even a government department working with service networks
- Whatever the context, the use of this framework should maximise clients' 'take-up' of the service, that is, their willingness to access professional services, their ability to make use of the support provided, and whether this leads to actual changes in behaviour

CONCLUSIONS

- Engaging and partnering families and communities are quintessentially relational processes whose success depends upon the nature and quality of the relationships established between all those involved - without such relationships, there is a much reduced likelihood of our efforts to build parents' capacity to support their children's development and learning being successful
- The process of engaging and partnering is a necessary but not sufficient condition for change – it needs to be complemented by strategies that are evidence-based and that build the capabilities of parents and caregivers to support their children's development and learning
- Thus, engagement and partnering are the medium through which interventions to change behaviour are driven

ENSURING 'TAKE-UP'

- The ultimate aim of effective implementation is helping clients / parents find solutions to the challenges that face them.
- The real issue we should be concerned with is the extent of 'take-up' by those we seek to support – that is, the extent to which clients / parents are able to make use of the support provided, and the extent to which that leads to actual changes in behaviour.
- By themselves, evidence-based programs, no matter how faithfully they are implemented, are not guaranteed to produce desirable changes in clients.
- To increase the chances of 'take-up', we need to use the three forms of implementation fidelity.

ENSURING 'TAKE-UP' (cont)

Although we commonly assume that what therapists do is the most important element of therapy, it is in fact the clients who are the most important factor in the success or failure of therapy:

Clients are the ones who choose what to pay attention to and how to make it work. *(Sprenkle et al., 2008)*

Patients are not passive recipients waiting for doctors to make decisions about their health: the evidence suggests that the more actively patients participate in consultations, the better controlled are their chronic diseases. *(Sweeney et al., 1998)*

OUTCOMES OF DIFFERENT FORMS OF HELPING

DOING THINGS *THROUGH* PEOPLE

Partnership with shared agenda to promote child skills and participation

Benefits for child and family, creating positive environments for all

DOING THINGS *WITH* PEOPLE

Partnership between parents and professionals, shared power

Benefits for parent, building confidence, skills and self-reliance

DOING THINGS *FOR* PEOPLE

Charitable work, no expectation of parent doing anything or reciprocating

Provide temporary relief, but no building of skills or self-reliance

DOING THINGS *TO* PEOPLE

Directing, controlling, covert agenda to change people as you judge fit

Compliance or resistance, no building of skills or self-reliance

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Evidence for impact: International and local perspectives
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A ONE DAY SYMPOSIUM



Elly Robinson

Executive Manager, Practice Evidence and Engagement,
Australian Institute of Family Studies

The evidence and practice interface: Expert Panel project

#evidence4impact



Australian Government

Australian Institute of Family Studies



Discovering what
works for families

The evidence and practice interface: Expert Panel project

Elly Robinson
Evidence for impact symposium
Thursday 29 June 2017
Melbourne



Expert Panel Project



The Expert Panel project explained in 25 words or less using only the 500 most common words in the English language:

We help people help people make things better for families and children if they have problems.

We use the power of science.

We are tired.



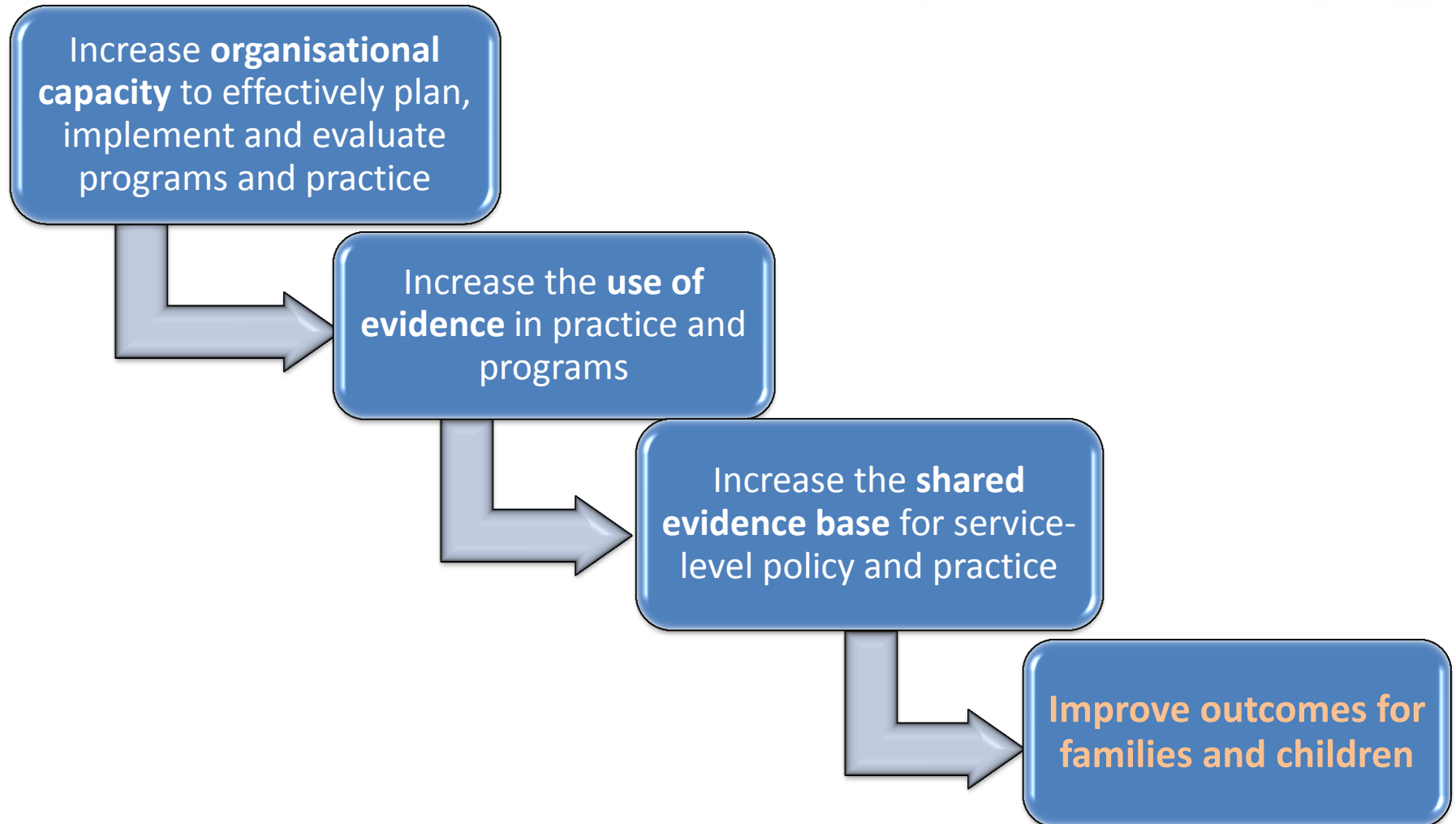
Expert Panel Project



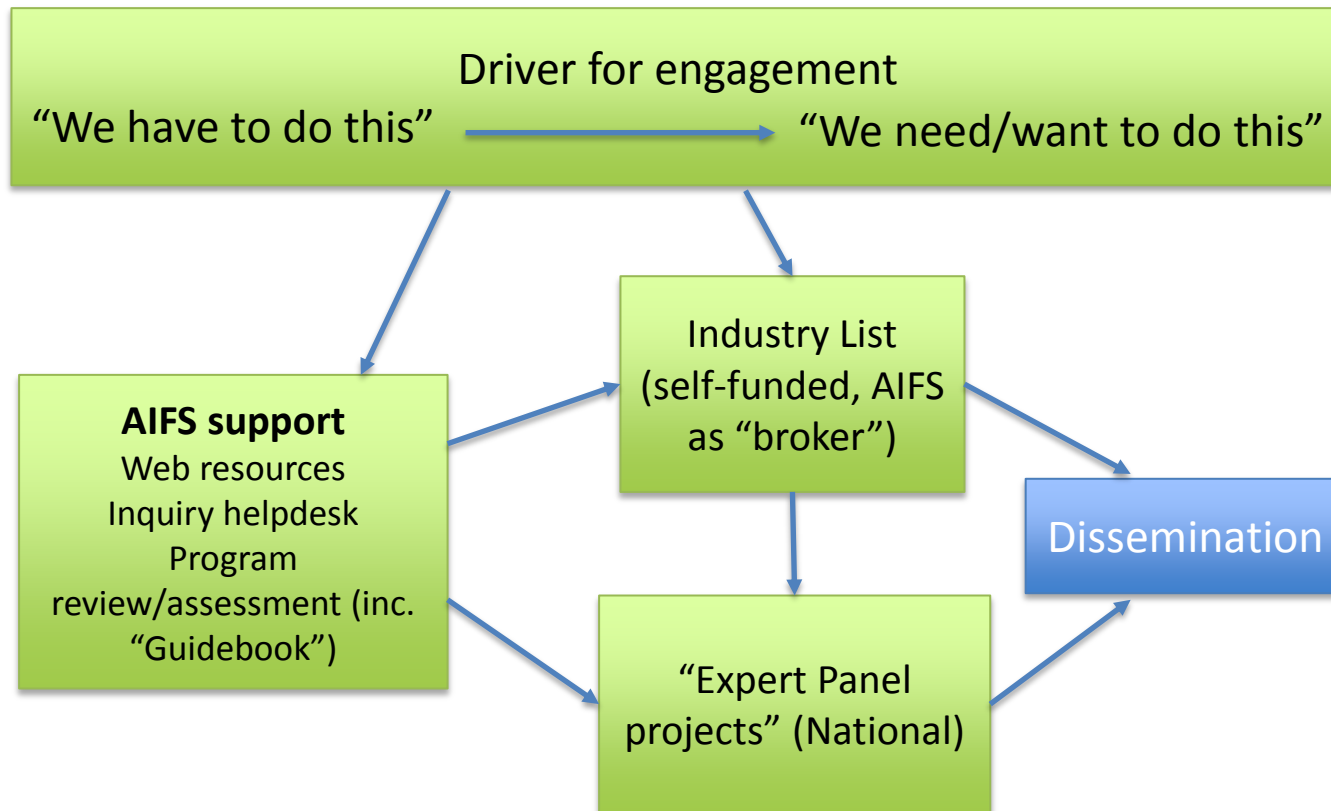
- 5-year project (2014-2019) commissioned by Department of Social Services (DSS)
- Support Families and Children Activity service providers to
 - Assess needs, plan, implement and evaluate quality programs and services
 - Share the results with others
- Aim: programs and services are increasingly built on the best available evidence of what works for children, young people and families.
- <https://aifs.gov.au/cfca/expert-panel-project>



Logic model



How and what?





- Reflections so far?*
- Delivering “evidence-based programs” is not a magic bullet
- Great programs are widely delivered but not shared – duplication of effort
- Variability in organisational cultures, skills and knowledge
- Sector-wide gains depend upon acceptance of long-term culture change, “nudging” along a learning journey
- Tailored approaches provide **what** services and professionals need **when** and **how** they need it
- Both users (families) and providers of services matter
- Evaluation is unloved and misunderstood

*evaluation mid-late 2017





What influences whether research evidence makes a difference or not?

- We talk a lot about factors such as:
 - Access to, and skills to interpret, research and evidence
 - Influence of organisational culture
 - Cost, time, interest
- We talk less about factors such as:
 - Parents and friends
 - Technology
- How do we better allow practice to inform evidence?





- Acknowledgements
 - Thanks in particular to
 - the Practice Evidence and Engagement Team at AIFS, especially Kathryn Goldsworthy, Sharnee Moore, Cathryn Hunter, Jess Smart and Ken Knight
 - the wonderful Communities for Children Facilitating Partners and Community Partners
 - Lisha Jackman and Emma Snelson (DSS National Office), and all the Grant Agreement Managers



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Deb Tsobaris

Chief Executive Officer

Centre for Excellence in Child and Family Welfare

Sector perspectives. Using evidence to change practice

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Centre for Excellence
in Child and Family Welfare Inc.

Sector Perspective's Using Evidence to Change Practice

Evidence for Impact Symposium 29th June 2017

Presented by: Deb Tsorbaris, CEO, The Centre for Excellence in Child
& Family Welfare



Centre for Excellence
in Child and Family Welfare Inc.

Overview of the role of the Centre for
Excellence in Child & Family Welfare

Current Reform Context

Improved Use of Research & Evidence in
Practice (OPEN)





The Centre for
Excellence in
Child and
Family
Welfare is a
not-for-profit
peak body for
child and
family
services in
Victoria

Who We Are & What we Do

Our Vision

Victorian children, young people and families are safe, happy and connected, with access to support when they need it.

Our Purpose

- Policy & Ideas – Develop, influence and advocate for public policies that advance the rights and wellbeing of children, young people and families and address the social, economic and cultural barriers to improving their lives.
- Research & Practice – Lead and share research to support innovation and evidence-based practice.
- Capacity Building – Strengthen the capacity of organisations to provide services that best suit the needs of vulnerable families and children.



History

The Centre has a rich history in leading and supporting the development of innovative, evidence – based policies, programs and practice.

Membership

- The Centre membership is now over 120 organisations of varying size serving vulnerable children and families in metropolitan, regional and rural locations.
- 100 Individual and Student Memberships
- Member organisations offer a broad range of services within the child, youth & families sector.

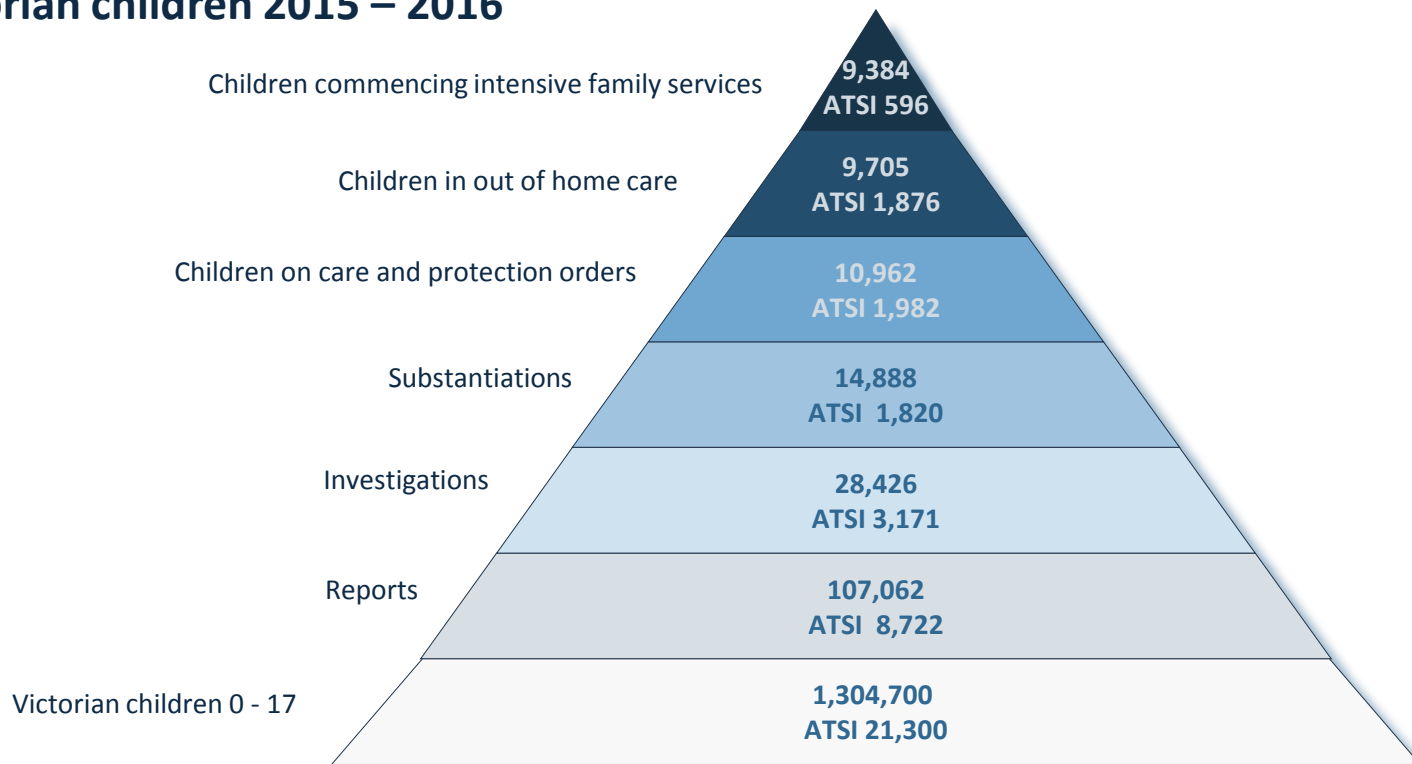
Other Key Projects

- Industry Planning
- Raising Expectations
- Fostering Connections
- Clinical governance work



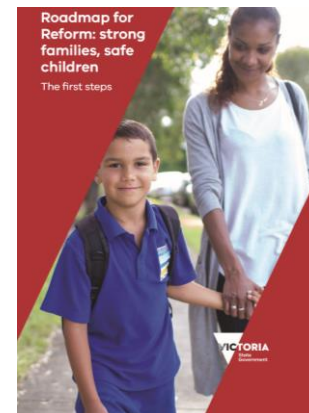
Challenges and Opportunities

Victorian children 2015 – 2016



Reform Context

- Roadmap for Reform
- Family Violence Royal Commission.
- NDIS
- Transitioning Aboriginal Children to ACCO's
- Pricing Reform
- Royal Commission into Institutional Responses to Child Sexual Abuse



“Looking Back to See Ahead”

The Centre has always been interested in the development of evidence based practice

- In 2005 through the Alfred Felton Trust the Centre for Excellence in Child and Family Welfare in partnership with the University of Melbourne was successful in establishing the Alfred Felton Chair of Child and Family Welfare within the Department of Social Work.
- Prof Cathy Humphreys was subsequently appointed as the inaugural Alfred Felton Chair of Child and Family Welfare
- In 2008 a Research & Policy network was set up to support the ongoing work of the Alfred Felton Chair position.
- This network went on to become the Sector Research Partnership (SRP) which was auspiced by the Centre
- The SRP operated for over 9 years with membership open to organisations who provide services to, advocacy for and/or policy and planning for children, youth and families across Education, Early Childhood, Mental Health , Family Violence, Youth Justice and other areas addressing child and family vulnerability.
- Annual Research Symposium
- Monthly Research Review publication

Current Thinking / Influences



- Study Tours
- Agencies are interested in impact
- Agencies want to be in the drivers seat as part of a learning system
- Reducing numbers of children in care & assisting families earlier
- Co Design
- Collaborative effort

“Looking Forward”



- Roadmap & Learning system
 - the Roadmap for Reform and the Ministerial committees have overseen a significant body of work
 - The Victorian Government's Roadmap for Reform identified the need for the community services sector to establish a learning system in which outcomes are measured and services are improved.
 - The Learning System is a critical enabler for delivering effective evidence-informed services for vulnerable children and families.

Development of Learning System / OPEN

- An enormous amount of work has been involved in creating a learning system model and OPEN as a component of the learning system.
 - Outcomes, Practice and Evidence Network (OPEN).
 - Children and Families Research Strategy.
 - Learning System Research Grants
 - For information on the learning system grants and the application process, please contact: Dr Michele Lonsdale on 03 9094 3521, 0408 083 238 or michele.lonsdale@cfecfw.asn.au



Supporting the Roadmap for
Reform: Evidence-informed
practice

The Centre for Community Child Health
Prepared for the Department of Health and Human Services

Development of Learning System / OPEN



- OPEN will:
 - Facilitate strong engagement and collaboration between researchers, service providers, practitioners and policy makers to address research priority areas.
 - Support the development and diffusion of a stronger evidence base, capturing innovative programs and promoting a shared understanding of good quality evidence and best practice across the sector.
 - Support a more responsive and skilled workforce that is capable of delivering evidence-based care, services and support to vulnerable children and families.

Development of Learning System / OPEN

- OPEN will expand on the Centre for Excellence in Child and Family Welfare existing Sector Research Partnership (SRP) to be inclusive of the whole sector and a wider group of research institutions.
- OPEN will continue to implement a number of existing activities that are a part of the Centre's Sector Research Partnership to showcase established and emerging research relevant for the sector, including:
 - *The annual Sector Research Symposium - to build collaboration and capability, to disseminate & translate evidence*
 - *Regular meetings*

OPEN Learning Portal

- The OPEN learning portal will be established as an interactive website that will be an online learning platform which provides a framework for Learning Portal including blogs, webinars, online forums & other development resources.
- This will promote ongoing learning and development across the sector and strengthen capability of the workforce in the learning system.
- This will be a key collaboration platform for experts, practitioners, researchers and policy makers in the sector
- The OPEN learning portal aims to
 - facilitate knowledge sharing,
 - aid collaboration within the sector
 - enhance learning from other sectors to generate evidence
 - facilitate effective evidence translation, dissemination and use.
- By doing so, this will be an important tool to help the workforce understand good practice and enable delivery of more effective and evidence-based services to vulnerable children and families.

OPEN Resources



- OPEN will provide resources to support members to actively engage in the learning system and promote a shared understanding of evidence. A suite of resources will be developed using academic and practitioner expertise and in consultation with the Steering Committee. The OPEN learning portal will be used to disseminate the resources.
- OPEN resources will be tailored specifically to the children and families workforce and aim to strengthen its capability in understanding, collecting, translating, disseminating and using evidence



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<Add your website>

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We respectfully acknowledge the traditional land of the Kulin Nation and we acknowledge the Wurundjeri people who are the traditional custodians of this land.

We pay respects to their past, present and future Elders. We recognise that their sovereignty was never ceded and the structural inequality created by invasion continues to this day.

We appreciate and celebrate diversity in all its forms. We believe diversity of all kinds and organisations stronger and more effective.



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Dr Brigid van Wanrooy

Policy Manager, Priority Child and Family Projects,
Department of Health and Human Services

Building an evidence-informed service system

#evidence4impact

Building an evidence-informed service system

Evidence for Impact Conference
Stream 2: Using evidence to change practice

Dr Brigid van Wanrooy, Department of Health and Human Services

A learning system to support the Roadmap for Reform

Roadmap for Reform sets a clear direction for reform to provide better support to Victorian vulnerable children and families by:

- Building family capability
- Providing effective pathways of support
- Driving shared accountability with a focus on outcomes.

The Learning System Vision:

Services delivered by the sector are informed by evidence and are continually re-evaluated and refined to improve the outcomes for children and families.

Developing a learning system

- Establishing a learning system requires...
 - finding all opportunities where data, analytics, research & evaluation can be embedded into the service system
 - developing a shared understanding of what is good evidence
 - adaption for culturally safe practice
 - building the capability and capacity of the sector (including the department)

Capability

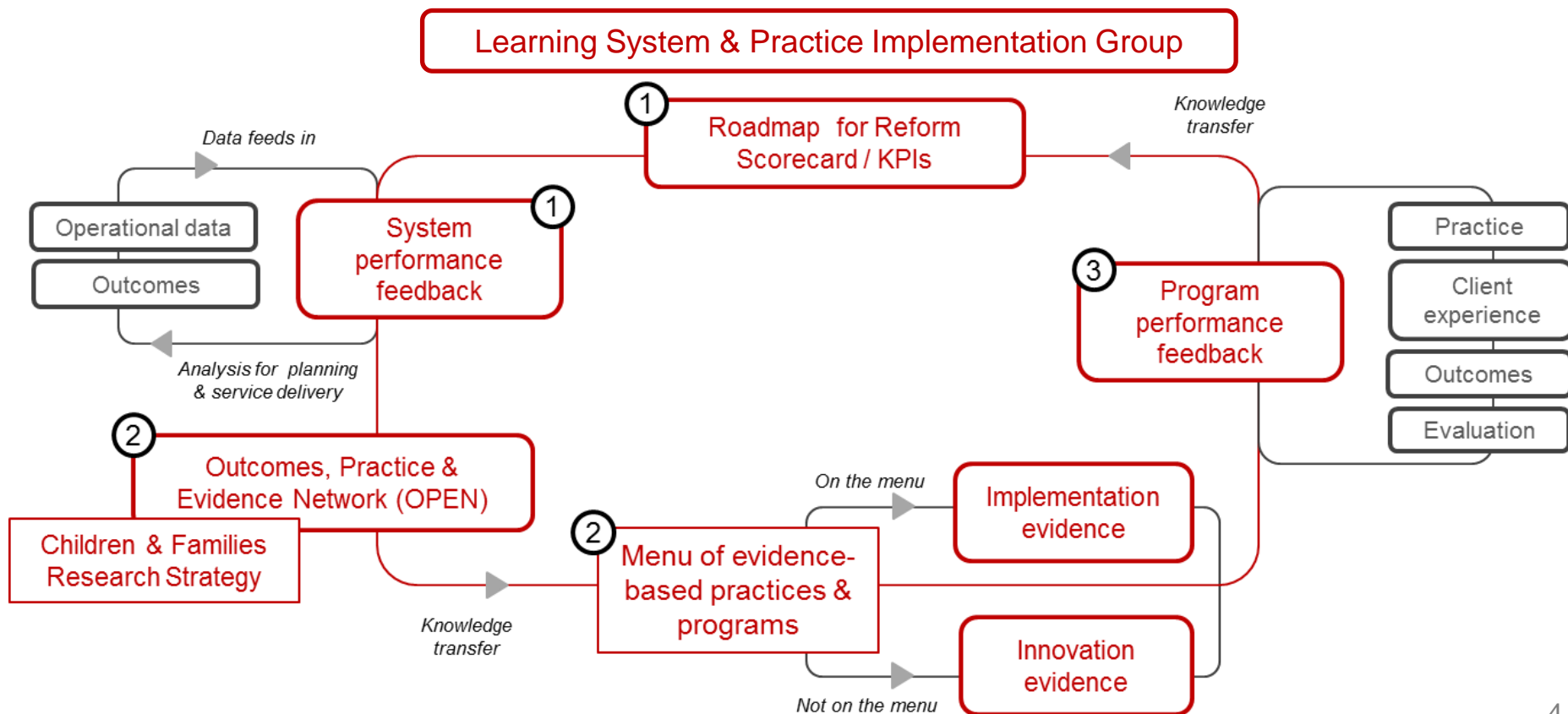
- Translation & implementation of evidence
- Documenting and evaluating promising practice and programs
- Data analytics

Capacity

- Adapting & testing & refining
- Data systems
- Measuring outcomes
- Innovation

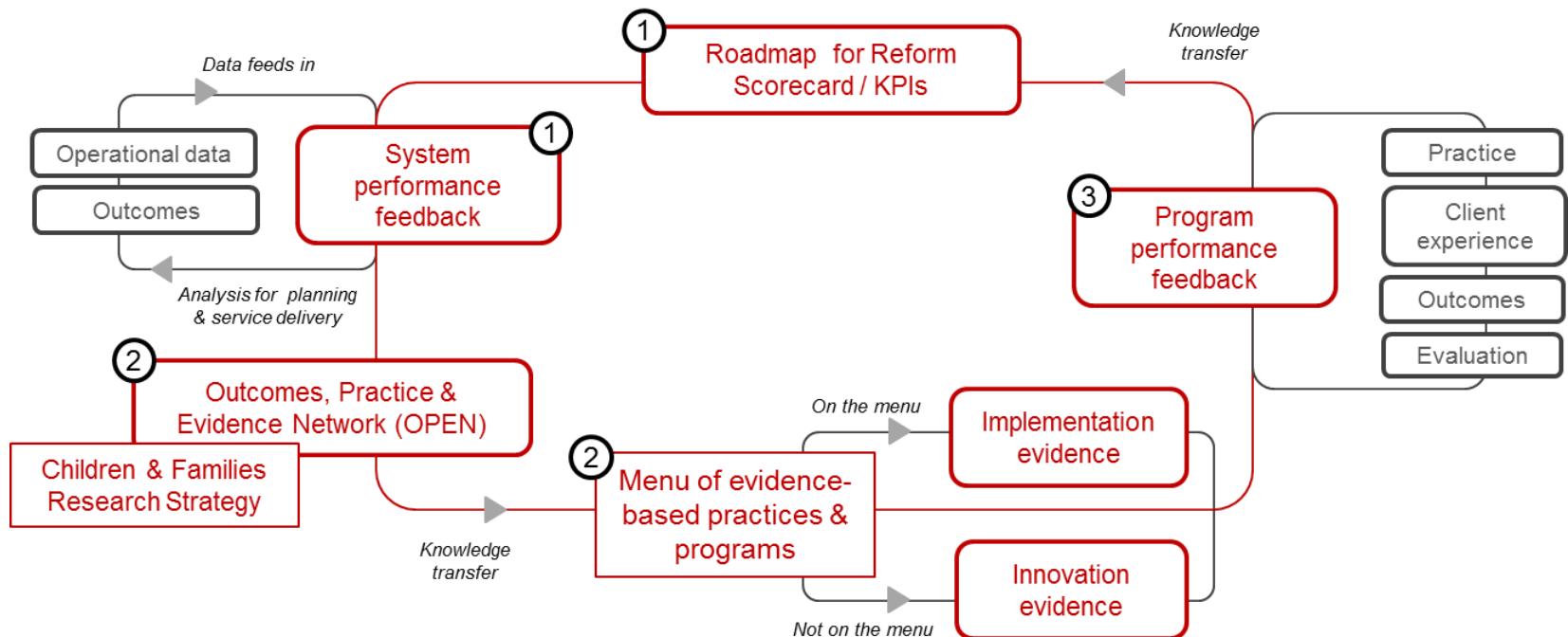
The learning system architecture

- ① What is the **issue** and what is the evidence?
- ② What is the **solution** and what is the evidence?
- ③ Did the chosen solution have the intended **impact**?

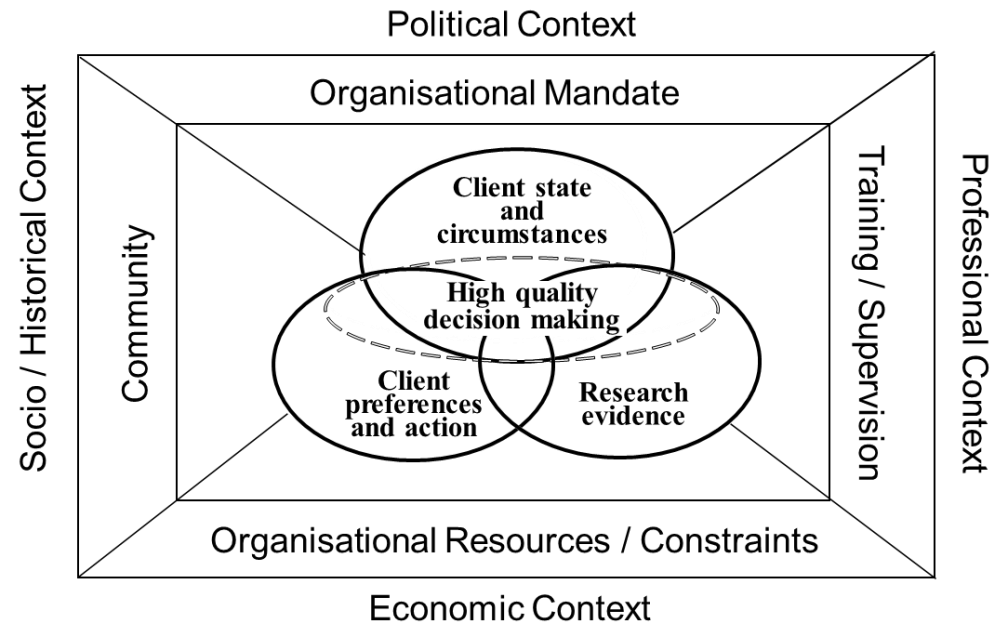


Adaption for culturally safe practice

The Aboriginal Children and Families Strategic Action Plan is currently being developed. It includes a **learning system and better data** workstream which will develop actions that will support ACCOs to collect and use data to inform services and document & evaluate their own promising practice in a culturally safe way.



Developing a menu of evidence-based practice and programs



Developing a framework for an evidence-based menu

The menu will contain both evidence based programs and practice modules.

Program (EBP)

A set of coordinated activities that demonstrate effectiveness (on a desired outcome) based on research (usually multiple randomised control trials).

EBPs have a manual or protocol that explains what should be delivered to whom, when, where and how.

Practice modules / elements

Skills, techniques and strategies that have evidence to show they produce positive outcomes.

They can be used individually or in combination to form evidence-supported interventions.

Modules are defined by their content, not by duration or location within a manual.

Design elements & considerations

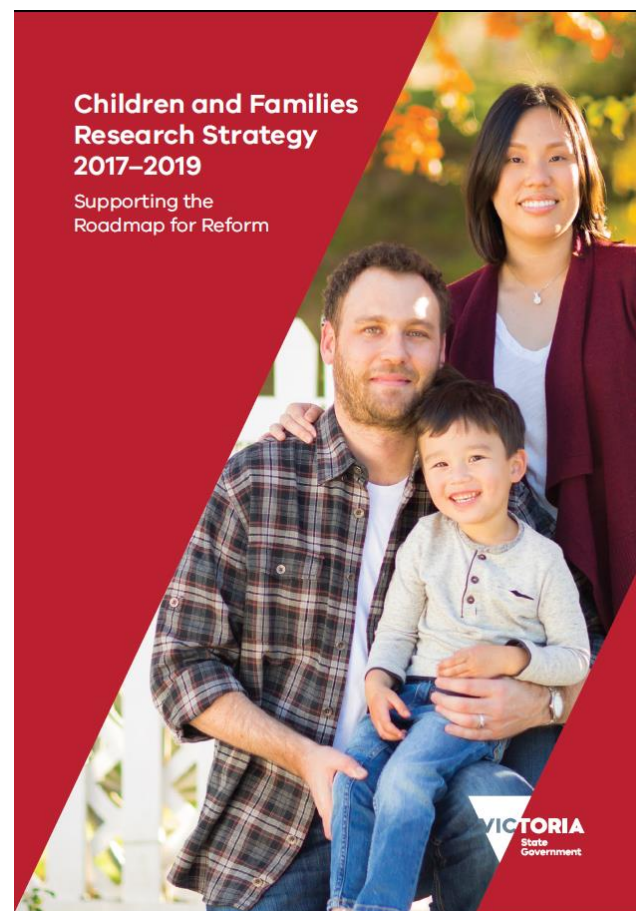
- Stakeholder consultation
- Implementability:
 - Workforce requirements
 - Cost
 - Data requirements
 - Cultural sensitivity
 - Training & support
 - Local adaption
- Sector capacity and capability
- Workforce competency
- Organisational readiness
- Process for selecting and delivering off the menu, including establishing shared values & beliefs and agreeing on outcomes.

For more information...

www.strongfamiliesafechildren.vic.gov.au

Including...

- Children and Families Research Strategy 2017-19
- Learning System grants for child and family services providers



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Building an evidence-informed service system

#evidence4impact