Implementation matters:

Using implementation frameworks to improve outcomes for children and families
This paper has been adapted from the following sources:


Improving outcomes for children and families

Key message 1
Children and families cannot benefit from interventions they don’t receive (Fixsen, Naoon, Blase, Friedman, & Wallace, 2005).

Over the last decade, thinking about how to improve outcomes for children and families has involved the identification and cataloguing of empirically supported interventions (ESIs) and attempts to disseminate these widely and effectively (Embry & Biglan, 2008). Despite these efforts, there is agreement among researchers and policy makers that child welfare services have been slow to effectively implement ESIs (Aarons, Wells, Zagursky, Fettes, & Palinkas, 2009; Stirman, Crits-Christoph, & DeRubeis, 2004). When ESIs are delivered inconsistently, partially, or not at all, this means that families cannot benefit from these potentially effective programs.

There are several organisational and practice-level challenges related to implementing ESIs including high documentation demands, high caseloads and workloads, high staff turnover, and limited opportunities for the consultation and supervision needed to develop and maintain clinical expertise (Munro, 2009). These larger organisational and practice level challenges may get in the way of the delivery of ESIs. Even effective interventions may not work without a planned implementation strategy (Mildon & Shlonsky, 2011). Without high quality implementation of ESIs, the full benefits of these programs and practices for improving child outcomes will not be realised.
What is implementation?

**Key message 2**
Implementation is a set of planned and intentional activities that aim to embed practices within services to the benefit of families and children.

By implementation, we mean incorporating evidence-informed practices and/or programs into the service delivery of an agency to benefit the children and families they support. The goal of implementation is to have practitioners use evidence-based practices and programs effectively in real-world settings. Implementation is a process, not an event, and refers to a set of planned and intentional activities that aim to embed practices within services (Fixsen et al. 2005; Mitchell, 2011).

Why implementation matters

**Key message 3**
One-off training events for staff are not enough to achieve effective implementation of evidence-based interventions.

Knowledge of ESIs is not enough to achieve effective implementation. Passive uptake strategies such as tip or fact sheets and one-time workshop training events are not sufficient, as they do not address the complexities of the service system, the complex problems often faced by families (e.g., mental health issues, poverty), or intra-organisational structures or cultures that do not lend themselves to change. Focusing on the steps that need to be taken to ensure that practices and programs are delivered to families with fidelity and good effect is paramount to achieving good outcomes.

There is now widespread recognition of the importance of implementation. Numerous reviews of the research have investigated the process of implementation and have advanced our understanding of how implementation works to support the effective use of ESIs within the context of the service system (e.g., Aarons, Hurlburt, & Horwtiz, 2011; Damschroder, Aron, Keith, Kirsh, Alexander, & Lowery, 2009; Fixsen et al., 2005; Greenberg, Domitrovich, Graczyk, & Zins, 2005; Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004; Hall & Hord, 2006; Mendel, Meredith, Schoenbaum, Sherbourne, & Wells, 2008; Raghavan, Bright, & Shadoin, 2008).

A growing body of evidence clearly indicates that implementation influences desired child and family outcomes (e.g., Aarons, Sommerfeld, Hecht, Silovsky, & Chaffin, 2009; Durlak & DuPre, 2008; Smith, Schneider, Smith, & Ananiadou, 2004; Wilson, Lipsey, & Derzon, 2003).
Adapting ESIs to the realities of these clinical and organisational complexities is an important strategy for enhancing implementation. And the application of high quality implementation frameworks and strategies can help guide the implementation process, leading to more effective implementation of ESIs.

Implementation frameworks

Key message 4
There are frameworks available to guide agencies through the key steps of implementation.

Over the last 10 years, implementation researchers have increased their efforts to describe the process of implementation. Frameworks for implementation are structures that describe the implementation process – that is, the key steps involved in implementation.

Implementation frameworks provide an overview of practices that guide the implementation process. In some instances, they can provide guidance to researchers and practitioners by describing specific steps to include in the planning and/or execution of implementation efforts, and they can also highlight pitfalls or mistakes that should be avoided (Meyers, Durlak & Wandersman, 2012).

While there is no agreed-upon standard in the field, an overview of three implementation frameworks that have been applied in the field of child welfare are provided below.

Quality Improvement Framework

Meyers and colleagues (Meyers et al., 2012) conducted a synthesis of 25 implementation frameworks. Frameworks were sought across multiple research and practice areas as opposed to focusing on a specific field. Only frameworks that described the specific actions and behaviours (i.e., the “how to”) that can be utilised to promote high quality implementation were included in the synthesis. The authors argued that systematically identifying these action-oriented steps served as practical guidance for planning and/or executing implementation efforts. They found that many frameworks divided the process of implementation into several temporal phases, and within these phases, there was considerable agreement on the critical elements or activities conducted within each. Their synthesis found 14 elements that can be divided into four distinct temporal phases of implementation.

1. Initial Considerations Regarding the Host Setting

The first phase, Initial Considerations Regarding the Host Setting, contains a number of elements all of which describe work that focuses primarily on the ecological fit between the program and/or practice and the host setting. Activities here commonly include assessment strategies related to the following:
• organisational needs
• innovation-organisational fit
• capacity or readiness assessment
• exploring the need for adaptation of the program or practice and how to do it
• obtaining buy in from key stakeholders and developing a supportive organisational culture
• building organisational capacity
• identifying or recruiting staff
• conducting some pre-implementation training.

2. Creating a Structure for Implementation

In the second phase, Creating a Structure for Implementation, the focus of the work can be categorised into two elements:

• developing a plan for implementation
• forming an implementation team which clearly identifies who is responsible for the plan and tasks within it.

The first two phases focus on planning for implementation, whereas the third and fourth phases incorporate the actual doing of the implementation.

3. Ongoing Structure Once Implementation Begins

Phase three, Ongoing Structure Once Implementation Begins, incorporates three elements:

• technical assistance (including training, coaching and supervision)
• monitoring on-going implementation (process evaluation)
• creating supportive feedback mechanisms to ensure all relevant parties understand how the implementation process is progressing.

4. Improving Future Applications

Finally, in phase four, Improving Future Applications, the key element is learning from experience, which commonly involves retrospective analysis and self-reflection, including feedback from the host setting to identify particular strengths or weaknesses that occur during implementation. Based on this synthesis, the Quality Improvement Framework (QIF) was developed.

National Implementation Research Network framework

The National Implementation Research Network (NIRN) framework was developed in 2005 and has been widely used in the fields of education, health and welfare services (Fixsen et al., 2005). The NIRN framework names six functional stages of implementation: exploration, installation, initial implementation, full implementation, innovation and sustainability (Fixsen, Blasé, Naoom, & Wallace, 2009). These stages are not linear and impact each other during the implementation process, which may take 2-4 years to complete.

In their 2005 implementation research synthesis, Fixsen and colleagues noted commonalities among successful implementation programs and identified their core implementation components. Using the NIRN model, we can see that successful implementation of ESIs is driven by workforce development, supported by effective leadership practices and organisational conditions. Workforce development includes recruitment of a pool of applicants who have a realistic understanding of the work of child welfare; a competency-based selection process that ensures the hiring of the right applicant for the ESI practice; practitioner training and coaching to improve staff performance; and a performance assessment process that provides ongoing feedback about staff fidelity to the ESI model.

Further information about the NIRN framework can be found at http://nirn.fpg.unc.edu/

Getting to Outcomes (GTO®) framework

The Getting to Outcomes (GTO®) framework (Wandersman et al., 2000; Wandersman, 2009) is a results-based accountability approach for change that has been tested with substance abuse interventions. The GTO® framework uses a 10-step accountability approach to build capacity at the individual and program levels for effective prevention practices. The GTO® framework builds capacity through a series of ten questions that program implementers must address in order to achieve successful implementation (Chinman et al., 2008). These questions are linked to specific steps in the GTO® process: questions 1-6 are the planning steps; questions 7 and 8 are the process and outcome evaluation steps; and questions 9-10 are the steps of using data to improve and sustain programs.

While not developed in a child welfare setting, the GTO® framework was applied to the selection, adoption and implementation of Solution Based Casework (SBC), a comprehensive casework practice model in a public child welfare agency which has a growing evidence base (Antle, Barbee, Sullivan, & Christensen, 2008; Antle, Barbee, Christensen, & Sullivan, 2010; Barbee, Christensen, Antle, Wandersman, & Cahn, 2011).

Further information about the GTO® can be found at: http://www.rand.org/health/projects/getting-to-outcomes.html
Selecting an implementation framework

The QIF and NIRN frameworks are most useful to agencies who have already decided to use an ESI or have a well-defined intervention that they are committed to implementing. These frameworks are most useful for guiding organisations through the implementation process once an appropriate ESI has been selected. Once a decision has been made to adopt a practice or intervention, these frameworks help guide organisations through the process of preparing the organisation for change, ensuring systems are established to support the intervention, and ensuring that staff receive the necessary training and ongoing support needed to implement the intervention with fidelity and to good effect.

The GTO framework can be used where an agency has not yet made a decision about which intervention to adopt, or need to explore where the need for change exists. This framework can assist organisations to select an appropriate intervention and make decisions about what will be implemented. The first two steps of the GTO focus on identifying and clarifying the issues being experienced by the agency, the needs of the population they serve, and defining clear goals to be achieved. Steps three and four guide agencies through examining existing ESIs which may meet these goals, and how these may need to be modified to fit the context of the agency and its service population.
Implementation approach used for the Child and Parenting Needs Practice Guide and Child and Parenting Needs tool

In order to develop the Child and Parenting Needs Practice Guide and the Child and Parenting Needs (CAP Needs) tool, for Micah Projects, steps two, three and four of the GTO framework were utilised. Micah had made a decision to improve child aware practices for adult-focused teams within their service and to improve the identification of, and support for, families experiencing homelessness, mental health, domestic violence and substance use issues.

However, the outcomes for children that Micah were striving to achieve were not yet clearly defined. Therefore an outcomes workshop was held with staff of adult-focused teams which resulted in clear goals and outcome indicators being identified for children accessing Micah services. Once these goals and outcomes were clearly stated, a literature search of existing tools and practices that would assist in achieving these outcomes was conducted. Relevant resources were then adapted and further resources were developed specifically for the Micah context.

Once these resources were developed, drivers from the NIRN implementation framework were then utilised during the installation phase of the resources. Specific attention was given to the drivers of staff training and coaching. An implementation team consisting of Micah team leaders and implementation specialists from the Parenting Research Centre was also established to guide installation and initial implementation.

Summary

There are three essential elements to successful implementation:

1. a well-defined intervention to be implemented
2. a clear framework for how the intervention will be implemented within an agency
3. support from implementation specialists who can guide an agency through the implementation process in order to achieve full and effective implementation.

For examples of how this is being done in child and family welfare agencies in Australia, or for further information or consultation, please contact:

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References


