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| Implementation starter pack |
| Family Preservation and Reunification Response\*Please note this guide is being re-developed for agencies. This is an early version and may contain information that is not up to date. |
| OFFICIAL |



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# Glossary

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| Implementation (Implementation science) | A process that uses active strategies to put evidence-informed approaches into practice. It is the process applying implementation strategies to understand and overcome barriers to adopt, plan, initiate and sustain evidence-informed programs and practices. |
| Implementation barrier | Implementation barriers make the implementation process more challenging. |
| Implementation enabler | Implementation enablers make successful implementation easier, or more likely. |
| Implementation plan | A document that specifies what implementation strategies are being used, how they will be actioned, when, and by whom. |
| Local Implementation Team | A team of champions at your agency who take responsibility for driving the implementation process forward.  |
| Mobile Implementation Team | A small team of people with expertise in practice, implementation and monitoring and evaluation who will provide implementation support informed by implementation science strategies to you~~r~~ and other agencies. |
| The Family Preservation and Reunification Response (the Response) | The Response includes all service and operational components and requirements from referral through to service closure. This includes the composition of teams, referral pathways, Child Protection Navigator roles, service partnerships, hours of service, etc. |
| Practice element | A discrete, evidence-informed technique or strategy that can be used in practice when working with children and families.  |
| Practice module | A ‘bundle’ of practice elements that have been grouped together to address a particular problem and achieve a particular outcome. The Practice Modules includes two foundational modules (Engagement and Preparing for Change) and numerous Intervention modules.  |

# Purpose of the evidence-informed approach implementation starter pack

This evidence-informed approach implementation starter pack (Starter Pack) is for service providers who are delivering the Family Preservation and Reunification Response (the Response). It is designed to support and resource service providers to prepare and commence delivery of the Response. This Pack introduces the implementation process for the Family Preservation and Response Practice Modules (Practice Modules). This starter pack is a reference guide and information pack for providers delivering the practice modules. It complements the Family Preservation and Reunification Operational Start-up Guide (the Guide) and will be supplemented by active implementation support.

**This Starter Pack:**

* **Describes** the implementation support available to agencies to deliver the Practice Modules
* **Highlights** the importance of implementation
* **Outlines** the implementation framework that will guide the implementation process
* **Outlines** how agencies can prepare to deliver the Practice Modules
* **Provides** tools to support agency implementation activities

This document is not intended to be sufficient guidance on its own. Active implementation support from Mobile Implementation Teams will support you to put these ideas and principles into practice. There are some things you can do now to get ready, which are highlighted throughout this document.

**Please note that this Guide is being redeveloped for agencies. This is an early version and may contain information that is not up to date.**

# The Family Preservation and Reunification Response

The Response is being delivered by children and family service providers, with Child Protection, in each of the 17 Department of Families, Fairness and Housing (the department) Areas in 2020-21. This includes an Aboriginal Response in each of the four departmental Operations Divisions.

The Response comprises of new operational arrangements to better support family preservation and reunification (see the Guide).

To support the evidence-informed approach, providers are being supported to implement and deliver the Practice Modules. These are a series of modules designed to engage and prepare families for making change, and intervention modules to target specific needs e.g. trauma, parenting skills. Providers will tailor the practice elements to develop a service model that addresses the needs of clients. The modules include embedded Aboriginal-specific practices that have been co-designed with Aboriginal community-controlled organisations. **An** [**overview of the Practice Modules**](https://providers.dffh.vic.gov.au/brief-outline-practice-modules-june-2021-wor) **and the practice elements within them is available at** [**https://providers.dffh.vic.gov.au/brief-outline-practice-modules-june-2021-word**](https://providers.dffh.vic.gov.au/brief-outline-practice-modules-june-2021-word). Brief descriptions have been provided along with this starter kit.

# Why is implementation important?

## Implementation matters for outcomes

The importance of implementation is often overlooked because we’re so focused on ‘what’ we need to deliver.

But it’s challenging to implement something new, and it is often the case that evidence-informed interventions do not fulfil their potential in real-world settings. So we also need to focus on ‘how’ this new initiative will be adopted and embedded within your service.

Active and effective implementation of the Practice Modules is an essential part of working towards improved child and family outcomes.

# What implementation support will be available to help you?

## Mobile Implementation Team

Your organisation will work in collaboration with a Mobile Implementation Team (MIT) who will lead you through the various stages and activities of the implementation framework. It will be important to have a role in your organisation that is a key contact for this work. Using implementation science strategies, the MIT will support you to effectively embed the Practice Modules. MITs will also facilitate cross-agency learning and support you to refine the model based on the experiences of others.

The MIT will be supported by the Centre for Evidence and Implementation.

### Composition

The MIT will consist of:

* A **Practice Lead** from the Centre for Excellence in Family and Child Welfare
* An **Implementation Lead** from the department
* An **Aboriginal Practice Lead** from VACCA (for the Aboriginal FPR).

### Purpose

The MIT will:

* co-deliver training and provide follow-on coaching in the practice modules
* engage local implementation ‘champions’ and implementation leadership at your agency, and facilitate a Local Implementation Team
* support you to develop an implementation plan, and identify and overcome/leverage barriers and enablers to implementation
* support you to collect, review and respond to monitoring and evaluation data to inform continuous quality improvement.

## Local Implementation Team

Your organisation will form a Local Implementation Team (LIT) to work collaboratively with the MIT to support the implementation of the Response.

### Composition

The LIT will include Representatives from various levels of staff within the organisation, including:

* senior leaders
* program managers
* team leaders
* practitioners.

Consider also including representatives (at least for a period of time) who hold the following roles:

* practice Leadership
* quality assurance
* database management
* outcomes and evaluation.

### Purpose

The purpose of the LIT is to:

* prepare the agency for implementation of the Practice Modules
* develop and action a plan that drives the implementation forward
* monitor how well the implementation is going
* monitor the client outcomes
* gather, review and describe any barriers to implementation
* develop and implement targeted solutions for overcoming these barriers.

### Collective team capabilities

* detailed knowledge of the requirements of the Response
* detailed knowledge of the implementing environment (i.e. the agency, region, community, target populations)
* commitment to and expertise in implementation
* data literacy.

## Child protection navigator

The Child Protection Navigator is a new role in Child Protection responsible for timely identification of families in scope for the Response. The Child Protection Navigator role is essential ‘to make the Response happen’ as this role will refer eligible families and be the critical interface between Child Protection and the Response teams.

For more detailed information on this role, please refer to section 2.3 of the Guide.

## Training

Practitioners who will be delivering the Practice Modules to service users will receive training from the MIT in the practice modules in two phases. Training will be interactive and focused on skill-building.

* Phase one - will focus on the practice elements in the Engagement and Preparing for Change modules
* Phase two - will focus on Intervention practice modules.

Note: Due to COVID-19 restrictions, training will be delivered online and will be supplemented with out-of-session activities (e.g. training videos).

## Coaching

Coaching is a key implementation strategy that promotes the translation of learnings into real practice change.

Most coaching sessions will be 1:1 for 1 hour. A coach-the-coach model will be used.

In coaching, strategies such as reflecting on case examples, role plays, and feedback will be used to support skill-building.

Your MIT Practice Lead will provide Team Leaders with intensive support (e.g. fortnightly coach-the-coach sessions) so they in turn can provide high-quality coaching and supervision to the practitioners in their team, with a focus on the Practice Modules. They may also provide group coaching to practitioner teams.

Team Leaders will coach the practitioners in their team regularly.

## Data-driven continuous quality improvement

Data is crucial for providing visibility about what’s going on, which gives you the information you need to make decisions about how to improve processes and/or practice. A crucial part of the Response will be monitoring implementation, making adaptations where needed and evaluating outcomes (see Appendix B).

Working with the MIT, your LIT will use **Monitor 🡪 Review 🡪 Respond** continuous quality improvement cycles. This means they will:

* **monitor** implementation quality and outcomes by collecting data
* **review** the data regularly and explore what message it is giving. For example, it might show that practitioner confidence in their skills is low
* decide how to **respond** to the data. In example, team leaders may decide to observe practitioners’ sessions and give feedback to help them know exactly where their strengths and opportunities for improvement are. Then, monitoring would continue to see whether that strategy helped – thus starting a new cycle.

# The implementation framework

Implementation is a process that unfolds, not a single event. It can be helpful to think about four stages of implementation, with different activities relevant to each stage.

*In reality, implementation is rarely a neat, linear process and it is normal to move back and forth between the stages as barriers are encountered and overcome.*

## Stages of implementation

### Stage 1 – Engage and explore

This is when you identify a need and adopt an evidence-informed solution or intervention to meet the need. You would have done much of this thinking already in preparing your submissions to the department. Now, you will need to engage your staff who will be involved in implementing the Practice Modules and explore the ways in which your agency is and isn’t ready to implement.

### Stage 2 – Plan and prepare

In this stage, you build your agency’s readiness to implement the Practice Modules. This stage will include activities like establishing a Local Implementation Team (LIT), receiving implementation support from a Mobile Implementation Team (MIT), linking with the Navigators, developing plans, and training practitioners in the Practice Modules.

### Stage 3 – Initiate and refine

In this stage, your agency will start delivering the Practice Modules to service users, and using continuous quality improvement cycles to monitor how the implementation is going and improve over time. You will use data to do this. Practitioners and team leaders will receive coaching to support them to put their learnings from training into practice.

### Stage 4 – Sustainment

Implementation has stabilised, the Practice Modules are embedded as ‘business as usual’ and no longer feels like a new initiative. Data will demonstrate that practitioners are delivering the Practice Modules with high fidelity, and that there has not been significant ‘drift’ away from what was intended for the Response. You will have plans for dealing with set-backs (e.g. staff turnover).

## Implementation framework – components, activities and key dates

The timeframe is indicative only. The MITs will be in contact with you to schedule in training and implementation support.

|  |  |  |  |
| --- | --- | --- | --- |
| Implementation stage | Component | Explanation / Suggested Activities | Indicative timeframe |
| Stage 1 – Engage and explore | Engage staff and introduce Response | * Sector-wide (virtual) engagement workshops to introduce the Response, the Practice Modules and what will be involved
* Local (virtual) meetings with your staff who will be involved in implementation
	+ Include program managers, team leaders, and practitioners who will be delivering the response, as well as quality assurance, outcomes/ evaluation and database management personnel (where relevant)
	+ Feel free to use this starter pack and other introductory information provided by the department in your meetings
 | Jul-Sept |
| Explore your readiness to implement | * Use the Implementation Considerations Checklist (provided as Appendix A in this pack) to guide your thinking about how to best prepare your agency to implement the Practice Modules
 | Sept |
| Stage 2 – Plan and prepare | Link up with Mobile Implementation Team (MIT) & Navigator | Dedicated Response staff with practice and implementation experience will be deployed to provide implementation support. Linking in early with the Navigator role will be essential to having the right processes in place to support this collaboration. * Connect with the MIT and Navigator(s) in your area via conference call or virtual meeting to begin getting to know each other and to start a discussion about how you will work together. Your MIT will make contact early September and you will be advised of who the Navigator(s) is in your area.
 | Sept |
| Set up your Local Implementation Team (LIT) | * The LIT is a small team of ‘champions’ at your site who will take responsibility for driving the implementation forward.
* The MIT will support you to establish your LIT, specify roles and responsibilities, and will guide the team through the work they will need to undertake
* Suggest the LIT meets for 1 hour weekly or fortnightly in the first instance; frequency can decrease in due course
* LIT meetings will likely be chaired by the MIT in the first instance; a LIT member can take over in due course
 | Sept |
| Prepare referral and allocation processes | * Consider how the Response client referral, identification and service allocation processes will fit with your current processes, and prepare any necessary changes
* This could be a good early task for the LIT to take on
 | Sept |
| Stage 3 – Initiate and refine | Start using practice modules in the Response | * Practitioners start using the practice modules in their work with clients in the priority populations for the Response
 | From Oct, and ongoing |
| Coaching | * Team Leaders will receive fortnightly coach-the-coach sessions from the MIT Practice Lead, focused on how to support their team to continue to build their skills in using the Practice Modules
* Practitioners may receive group coaching sessions from the MIT Practice Lead approximately monthly to support skill development
 | From Oct, and ongoing |
| Monitor and improve | * LITs and MITs will review implementation quality and client outcomes data regularly
* This will inform data-driven decision-making about process and practice improvements
 | From Oct, and ongoing |
| Stage 4 - Sustainment | * Embedded as ‘business as usual’
* High fidelity; no drift
* Clear plans for dealing with setbacks
 | * Implementation has likely reached sustainment if/when the following conditions are met:
* the Practice Modules are embedded as ‘business as usual’ and no longer feels like a ‘new’ or ‘additional’ initiative.
* Practitioners are delivering the practice modules with high fidelity, and delivery has not ‘drifted’ away from what was intended.
* The LIT and leadership have clear plans for dealing with likely barriers and setbacks (e.g. how and when to train new staff if there is turnover in the team)
 | Will vary site to site |

# Immediate actions

There are a few things you can do now to get ready

## Early engagement in the implementation process

The department will schedule sector-wide engagement workshops in September. Another suggested Stage 1 activity is to hold local meetings with your own staff who will be involved in the implementation – including those who will be delivering the Practice Modules in practice, and those who will be supporting implementation leadership and monitoring. Give everyone a chance to raise their questions and concerns and facilitate buy-in across all levels of the organisation. Ensure staff are given every opportunity to understand the Response, the implementation process, and why your organisation thinks this is important. Early buy-in lays the groundwork for implementation success.

## Review and discuss the Implementations Consideration Checklist with leadership staff

## An Implementation Considerations Checklist has been provided in Appendix A. Use this resource to have a facilitated discussion with key leadership and management personnel. This process will help you identify the ways in which your agency is and is not yet ready to implement and will enable you to make decisions about how and where to focus your preparative efforts. It may also highlight aspects of the Response (in general) or the Practice Modules specifically that you need more information on or want more support with.

## Connect with your Mobile Implementation Team

The Department will advise when a MIT has been assigned to your agency. Once this has happened, connect with them and start exploring how you will work together. Start working through the other Stage 2 components and activities in due course.

# Appendices

## Appendix A - Implementation considerations checklist

This checklist poses a series of questions to guide discussion amongst the leaders and decision-makers in your agency. Use this resource to have a facilitated discussion with key leadership and management personnel. This process will help you identify the ways in which your agency is and is not yet ready to implement and will enable you to make decisions about how and where to focus your preparative efforts. It may also highlight aspects of the Response (in general) or the Practice Modules specifically you need more information on or want more support with.

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| --- | --- |
| **Topic/issue** | **Questions to be considered** |
| Leadership | * Are the relevant organisational leaders engaged and supportive of the implementation of the Response?
* How will the leadership obtain and maintain staff buy-in and foster a supportive learning climate across the agency?
 |
| Staff | * How many staff will be needed (at a minimum) to deliver the Response successfully over time?
* Are the staff you need already employed at your service or agency, or will new staff need to be recruited?
* Are the characteristics of your workforce consistent with what will be required to deliver the Response successfully (e.g. in terms of experience, background)?
* How will staff turnover be addressed? (e.g. What approach will you take to ensuring any new staff that join the agency during the year have the necessary training and support to deliver the Response)?
 |
| Supervision | * What existing supervision practices and processes (e.g. 1:1s, case review or reflective practice sessions, etc.) does your agency or service already use?
* Could you integrate coaching in the Practice Modules into existing processes? Or will you need to develop or revise your existing processes?
* What level of comfort and experience do your practitioners have in skills-based coaching and supervision?
 |
| Workload | * Training, coaching and other implementation activities will take time and energy investment.
* What processes or provisions can you put in place to ensure the relevant staff are freed up to participate in the relevant activities?
 |
| Target population and referrals | * What processes will you have in place or participate in to ensure you can reliably identify service users in the Response priority populations?
* How will referrals be triaged and allocated? Will your existing processes be appropriate to support the Response?
* Do referral pathways depend on the involvement of other organisations or individuals? Are they engaged in the process yet?
 |
| Data tools and systems | * What existing data collection, management and review systems do you already have in place?
* What adaptations or additions are needed to make your system fit for purpose for the Response monitoring and evaluation requirements?
* What personnel resources or expertise do you have internally that you could leverage to support this?
* What level of ‘data literacy’ do your staff have? (e.g. understanding how to collect and interpret client data in appropriate ways, using data to make decisions
 |

## Appendix B - Monitoring and evaluation

We will be working with sites to monitor and evaluate implementation and outcome data. We will contact agencies soon to discuss what we will measure, and how we will measure it.

|  |  |
| --- | --- |
| Example of what will be assessed | Example outcomes or indicators |
| Implementation quality | * Reach
* Acceptability, appropriateness and feasibility of the Response
* Fidelity to the Response
 |
| Practitioner outcomes | * Practitioner self-rated skill
 |
| Short term client outcomes | * Receptiveness to service
* Practitioner-client alliance
 |
| Intermediate client outcomes | * Parenting self-efficacy
* Parenting skills
 |
| Long term client outcomes | * Prevention of out-of-home care
* Reduced time to reunification
 |

Example implementation plan template

|  |  |
| --- | --- |
| Aim of project |  |
| Scope of project  |  |
| Timeline |  |
| Implementation team members (roles) |  |
| Issue (e.g. implementation barrier or enabler) | Strategy or solution (e.g. to overcome barrier or leverage enabler) | Implementation stage | Agreed action(s) | Person responsible to action  | Timeframe or due date |
|  |  |  |  |  |  |
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