LIFE WITHOUT BARRIERS

25/09/2017

WE
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OVERVIEW

- Our approach: Using the Evidence base and practice models
  - Pillars of Practice
- Why a Model?
- Why CARE?
- Data from baseline surveys
- Early learnings in relation to effective strategies to support implementation

OUR APPROACH - USING THE EVIDENCE BASE AND PRACTICE MODELS

PILLARS OF PRACTICE

- The Pillars of Practice are underpinned by the LWB values and represent the key activities that support the development of a culture that promotes good practice.
- The Pillars of Practice framework articulates 'why we do', 'what we do', and 'how we do it'.

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RELATIONSHIPS

IMAGINATIVE

RESPECTFUL

RESPONSIVE

COURAGEOUS

LIFE WITHOUT BARRIERS: PILLARS OF PRACTICE FRAMEWORK

DESIRED OUTCOME	Clients live life to the full – and choose what's right for them					
OUR PILLARS – HOW WE CREATE RESULTS WITH CLIENTS	LISTEN TO OUR CLIENTS and demonstrate that they are being heard	RESPECT CULTURE and remove the barriers to participation	PLAN WITH THE INDIVIDUAL and create a plan that expresses their goals and aspirations	SUPERVISE OUR STAFF WELL have a better understanding of performance, capacity and outcomes achieved	WORK AS A TEAM to multiply our energy and achieve more with our clients	CHOOSE THE MODEL THAT WORKS and get better results
OUR VALUES – AND WHAT WE STAND FOR	WE BUILD RELATIONSHIPS	WE ARE IMAGINATIVE	WE ARE RESPECTFUL	WE ARE RESPONSIVE	WE ARE COURAGEOUS	
OUR PURPOSE	To partner with people and change lives for the better					

WHY EVIDENCE?

TO HELP US CHANGE THE WAY WE DO THINGS

- Remaining engaged with research developments and the evidence base to find better ways of doing things
- Supporting the growth of evidence-based practice and programs

LEARNING CULTURE

- Supporting our staff to engage with the 'why' behind what we do, and encouraging innovation.
- Making sure our people are equipped to be their best

EVIDENCE

Ensuring our services have a program logic, outcome measures and the time and space to evaluate them

RESEARCH, EVALUATION & CONTINUOUS IMPROVEMENT

Knowing what we want to achieve and how this changes lives for the better so we can plan how to get there

FOCUS ON OUTCOMES

USING EVIDENCE IN OUR WORK

- Using evidence to guide our thinking about local practice can improve outcomes for children and young people – it can help us find new and better ways of working with people
- It helps us build and maintain a learning culture that motivates staff to keep learning and improving, and encourage innovation guided by sound evidence to meet local needs
- In LWB we are using a range of evidence informed programs including:
    - C.A.R.E
    - Multisystemic Therapy (MST)
    - Therapeutic Crisis Intervention
    - Parenting under Pressure
- We are currently learning more about the Mockingbird Family Model as we look for ways to strengthen a sense of community and belonging for children and young people in care.

WHY A MODEL?

Ref: Drury-Hudson, 1997

WHY A MODEL?

- Our purpose is to partner with people to change lives for the better; fundamental obligation to always try to do the best for our clients
- We want to close the gap between what we know works best and what is done every day
- We know that using evidence to guide our service delivery can improve outcomes for the people with whom we partner
- Advantages of shared understanding; shared language

RELATIONSHIPS

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WHY CARE?

- Fit' with LWB values
- Level of available research evidence
- Builds on our existing use of TCI
- Accessibility
- Contributes to growing the research

The California Evidence-Based Clearinghouse for Child Welfare has rated the CARE model as **promising research evidence and highly relevant** to child welfare practice.

CARE IS:

A principle-based practice model designed to guide staff and carers practice and interactions with children in order to ***create the conditions for change in children's lives.***

Core Concepts

- Best Interests of the Child
- Struggle for Congruence
- Evidence Informed Program Model

CARE PRINCIPLES

- Relationship based
- Developmentally focused
- Family involved
- Competence centered
- Trauma informed
- Ecologically oriented

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THE ECOLOGY OF A SUPPORTIVE ENVIRONMENT

When you plant lettuce and it doesn't grow well,

you don't blame the lettuce.

Thich Nhat Hahn, Vietnamese Buddist Monk

EARLY LEARNINGS IN NSW

OUR LWB NSW CONTEXT

- National Organisation
- NSW - 5 Regions – 13 Sub-regions
- 4 Regions have Residential Services

NSW	Children and young people	Staff
Residential Care	69	240
Foster Care	1138	200

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PARTNERSHIP WITH CORNELL

- 4 year implementation agreement (CARE + TCI)
- Cornell:
  - Visits (3 x a year)
  - Technical assistance to support data informed decision making (surveys)
  - Presentation of data to state and local teams
  - Advice and support
  - Targeted professional development for clinicians and managers/supervisors
  - Training and supporting CARE educators

IMPLEMENTATION TO DATE

- State and Regional Leadership Retreats
- TCI Fidelity staff surveys
- Improving system for TCI training and refreshers
- Baseline Culture and Climate and Knowledge and Belief Surveys
- Youth Perceptions Surveys (baseline)
- CARE Governance Structures (State and Regional)
  - Implementation Groups
  - CARE leads
  - Implementation Plans

IMPLEMENTATION TO DATE

- Training
  - 15 NSW CARE Educators
  - 228 staff (half way)
- Policy Refresh to reflect CARE
- New role descriptions/ selection processes/training requirements
- Administrative data collection
- “CARE Skills”
- Stakeholder engagement

LIFE WITHOUT BARRIERS - NSW 2016

BASELINE SURVEYS

- Organisational Social Context (OSC) & Knowledge and Belief Surveys
- Youth Perception's Survey

- <u>Definitions</u>
- Culture
  - The organizations expectations of its employees and the way things are done within the organization
- Climate
  - The psychological impact of the work environment on the individual worker

ORGANIZATIONAL SOCIAL CONTEXT (OSC)

Domain	*Dimensions*	*Scales*
Culture	Rigidity	Centralisation Formalization
	Proficiency	Responsiveness Competence
	Resistance	Apathy Suppression
Climate	Stress	Emotional Exhaustion Role Conflict Role Overload
	Engagement	Personalization Personal Accomplishment
	Functionality	Growth & Advancement Role clarity Cooperation
Work Attitudes	Morale	Job satisfaction Organizational Commitment

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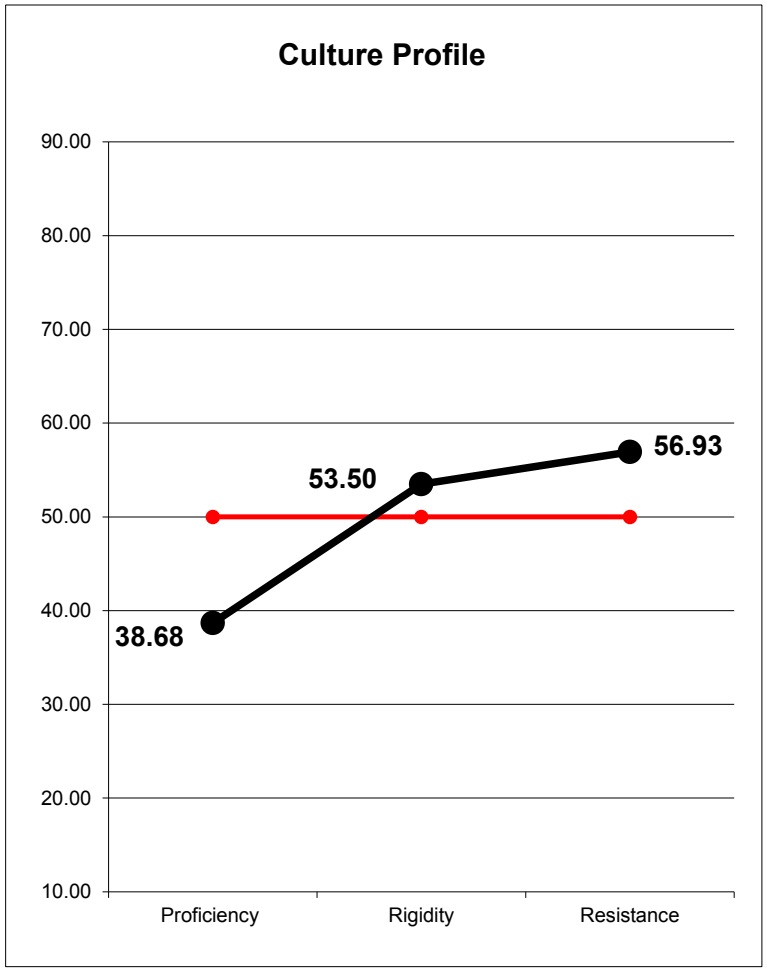
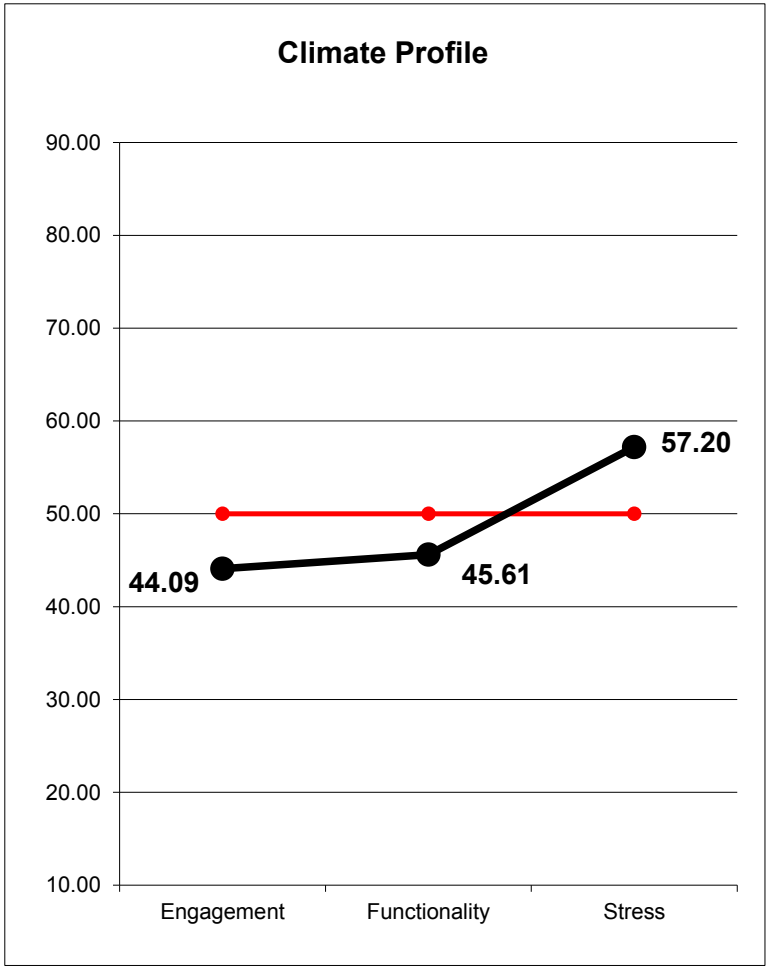
T-scores comparing organizational unit: Total Agency
to a national sample of mental health agencies.
A T-score of 50 is the mean of the national sample (shown in **RED**)
The standard deviation is 10.





A T-score of	38.68	falls above a percentile score of	12%
A T-score of	53.50	falls above a percentile score of	61%
A T-score of	56.93	falls above a percentile score of	73%

A T-score of	44.09	falls above a percentile score of	27%
A T-score of	45.61	falls above a percentile score of	32%
A T-score of	57.20	falls above a percentile score of	77%

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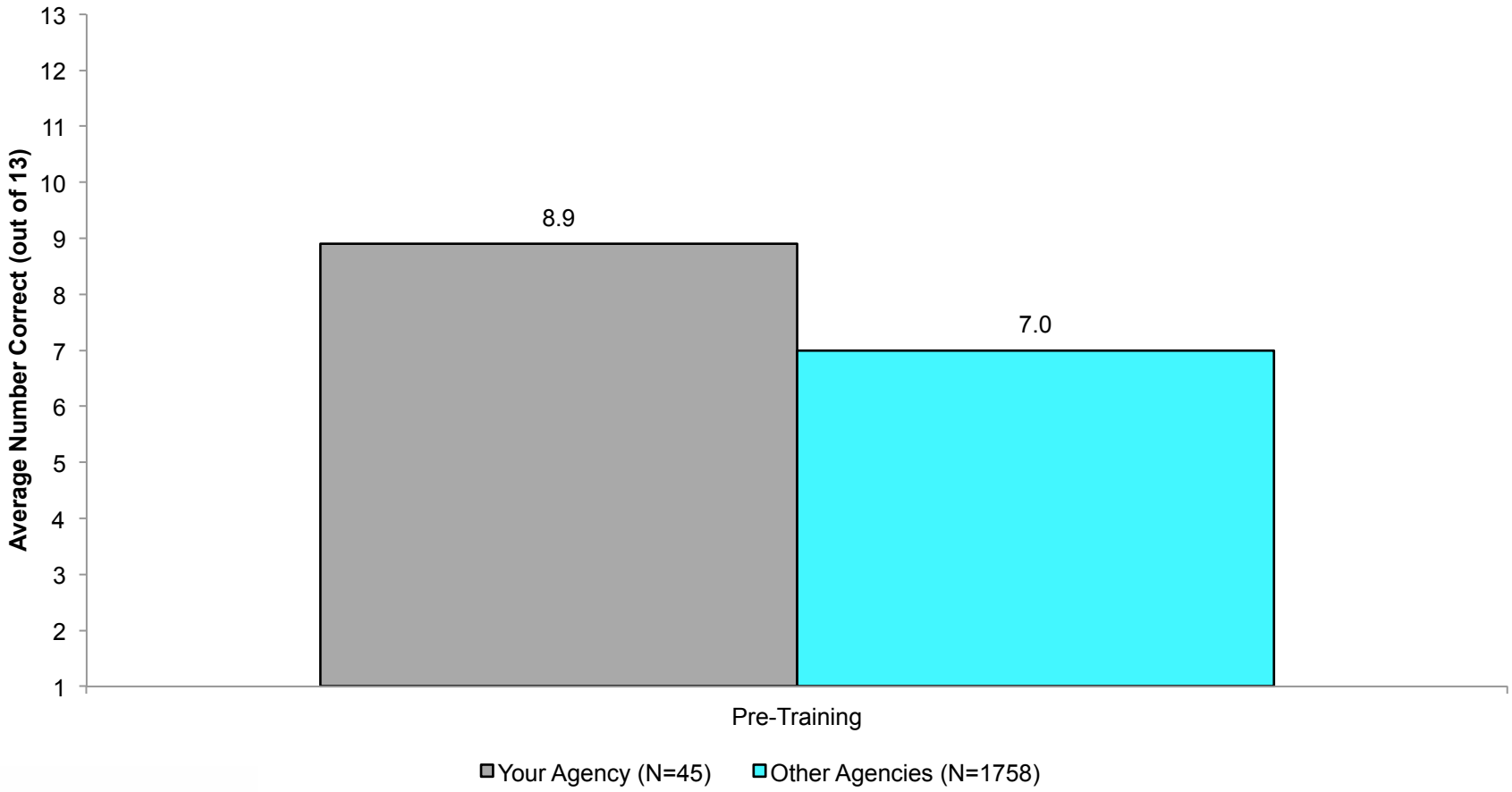
INTRODUCTION

The graphs below show how staff responded to several survey questions on the Knowledge & Beliefs Survey. The "Knowledge" part of the survey includes several fact-based questions related to the CARE curriculum. The "Beliefs" part of the survey presents some common scenarios that come up in residential care and lists several ways that staff might respond. Staff indicated how much they agree with each statement listed.

The Belief questions are grouped into content areas related to CARE Principles.

Content Area	Belief	Example
Listening & Understanding	Belief in the value of understanding youths' needs and perspectives and responding to them accordingly.	When a boy refuses to do homework, try getting him to talk about why he doesn't want to do the homework so you understand why he is acting that way.
Showing Investment/ Engagement	Belief in the importance of actively engaging with youth and showing you are personally invested in their well-being.	When a girl constantly seeks attention from you, spend time with her to help her feel more securely attached.
Inclusion	Belief in the value of creating an atmosphere that makes youth feel part of the group, and not excluding them from the group.	Make a policy that youth who have not finished their responsibilities or who have poor behavior cannot be allowed to participate. *[Note: Strong agreement with this item is less consistent with CARE principles.]*
Flexibility	Responding flexibly to children's needs and situations that come up.	Sometimes if a child is not meeting an expectation, it's okay to change the expectation.
Promoting Competence	Belief in the value of taking opportunities to build youths' competence and self-efficacy.	Every activity should have a clear purpose and be designed to build children's competency in some way.
Emphasis on Rules & Consequences	Endorsement of rules and consequences as a way to address situations with youth.	The best way to help youth learn self-discipline is with clear rules and firm controls. *[Note: Strong agreement with this item is less consistent with CARE principles.]*

KBS KNOWLEDGE SCORES
YOUR AGENCY VS. ALL OTHERS



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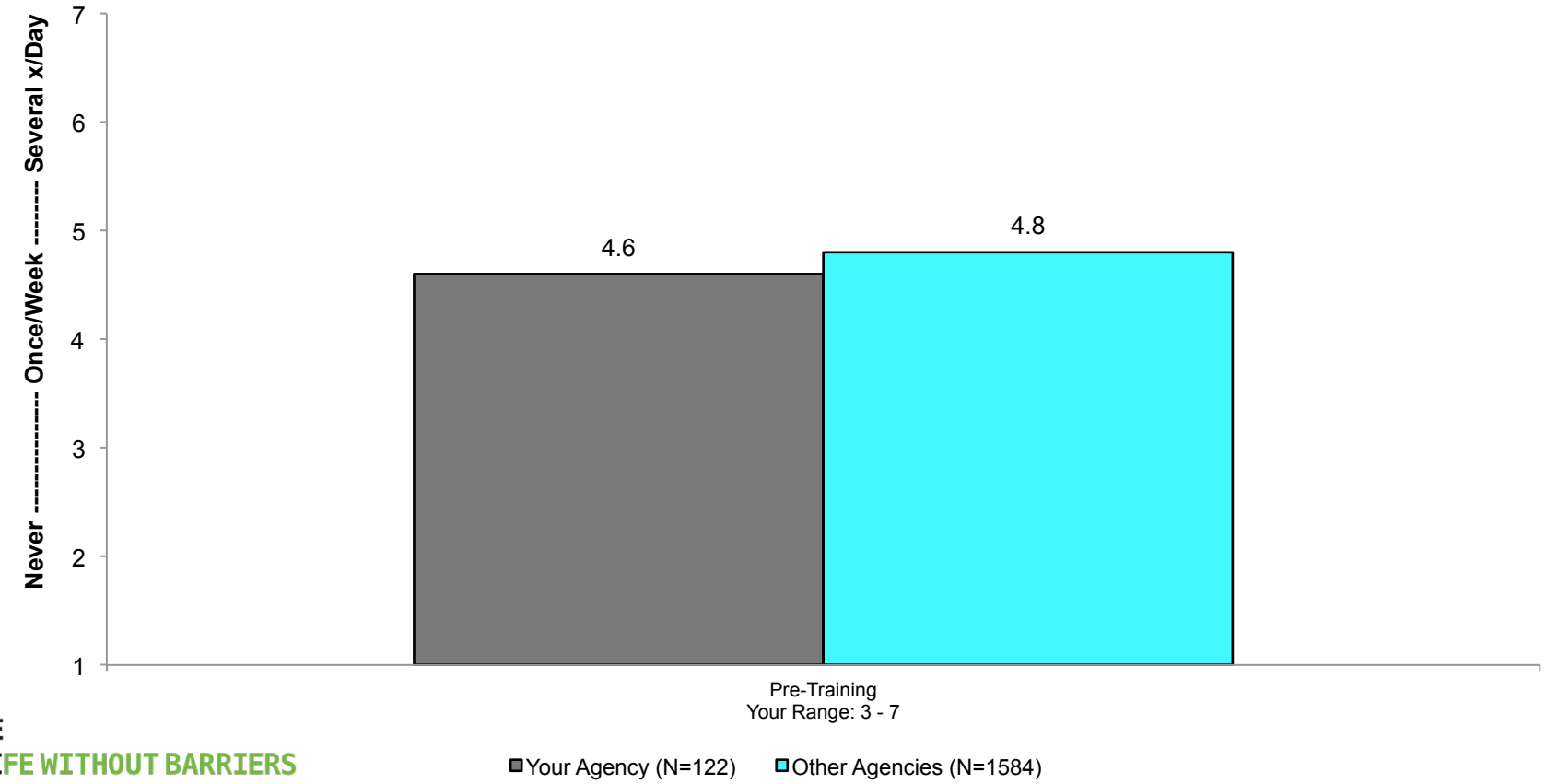
AVERAGE SCORE ACROSS ALL PRACTICE ITEMS - PAST 30 DAYS
YOUR AGENCY (ALL SITES) VS. OTHER AGENCIES
- STAFF WITH DIRECT CONTACT ONLY* -



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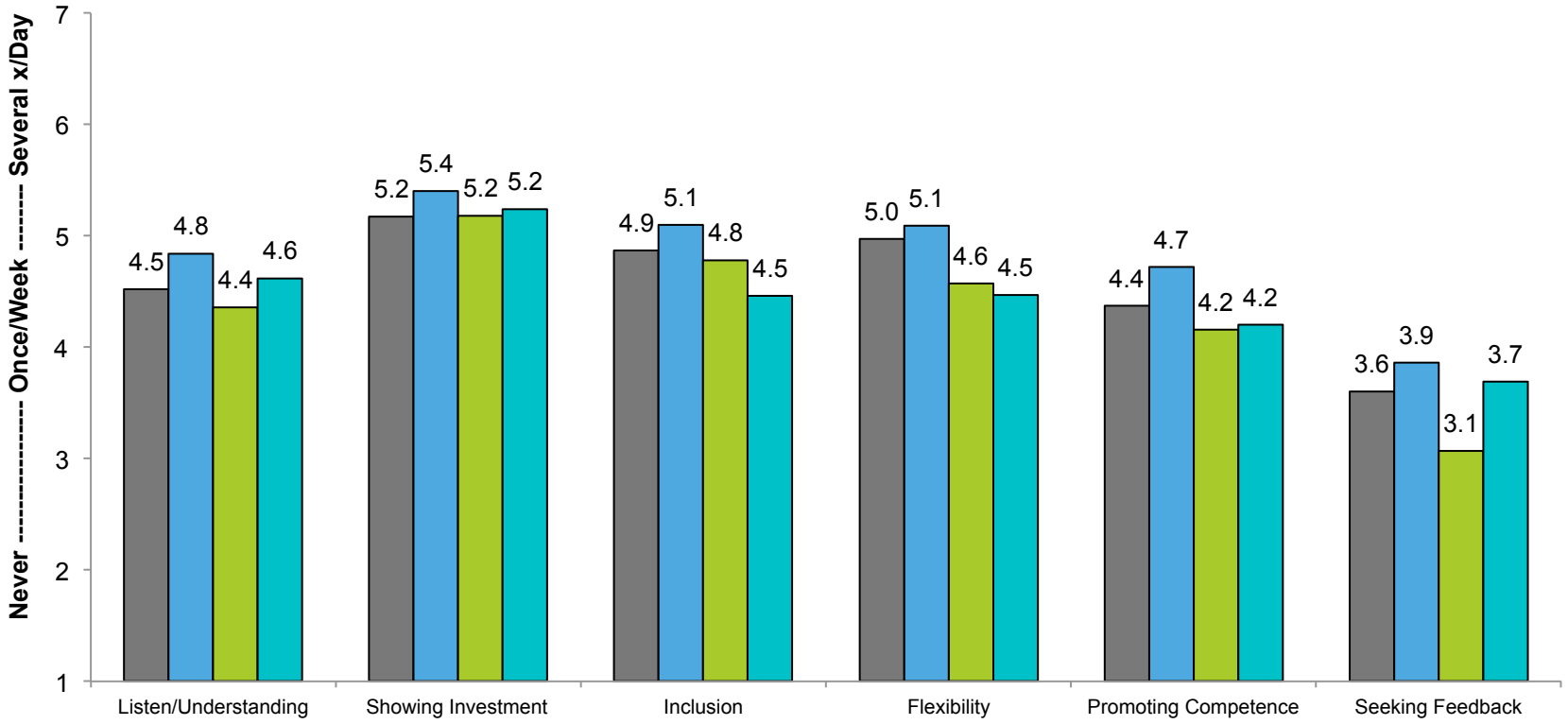
CURRENT PRACTICES - PAST 30 DAYS
AVERAGE SCORE IN EACH CONTENT AREA BY AREA



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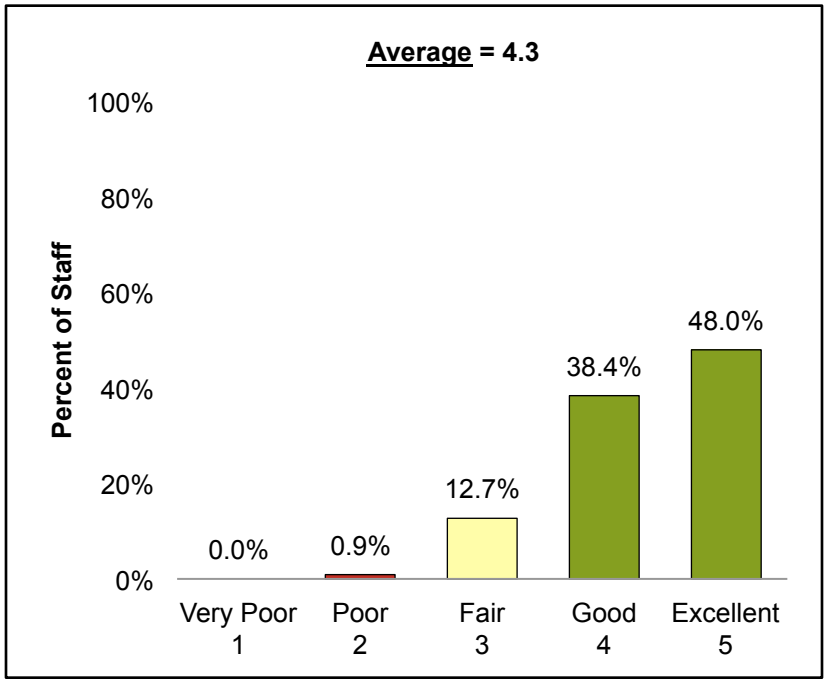
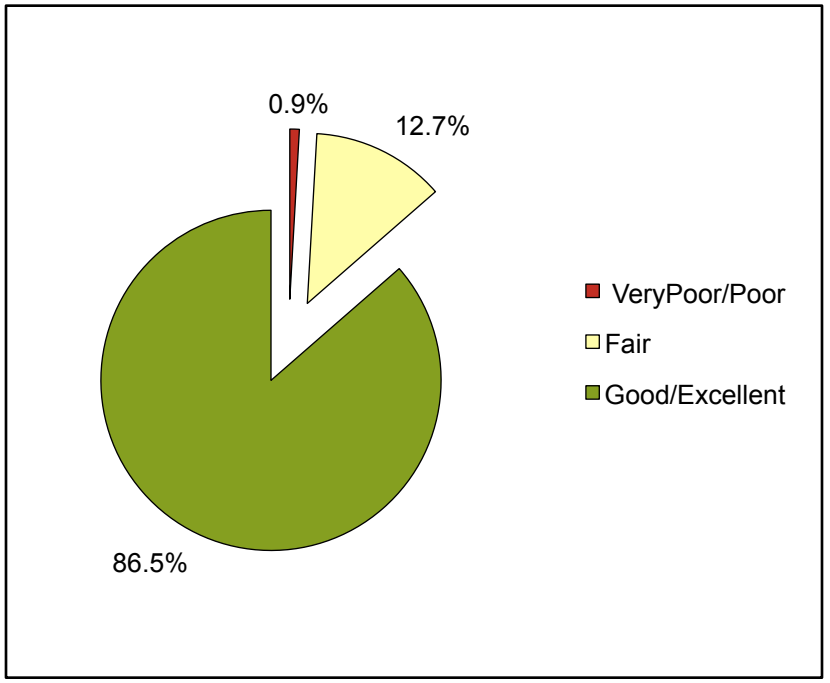
KB SAMPLE ITEM FOR LISTENING & UNDERSTANDING
2016 BASELINE SURVEY N = 233

Boy refuses homework: "Talk with him to understand why."





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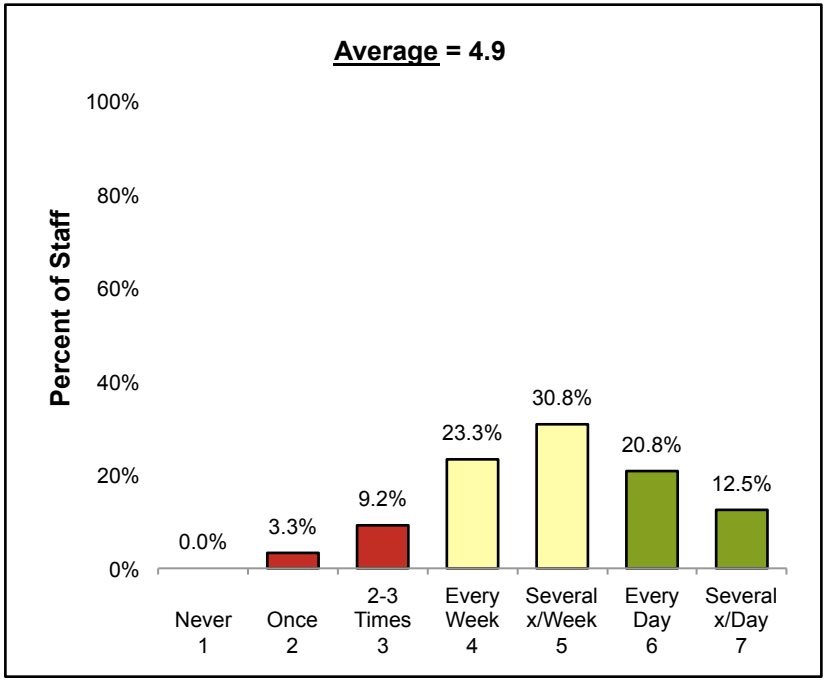
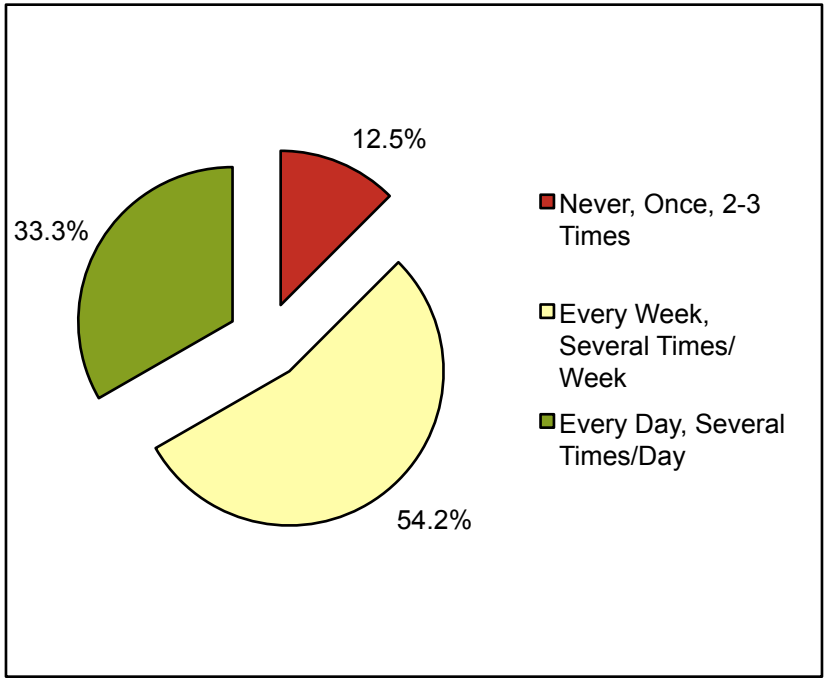
CP SAMPLE ITEM FOR LISTENING & UNDERSTANDING
2016 BASELINE SURVEY N = 122
(DIRECT CONTACT STAFF ONLY)

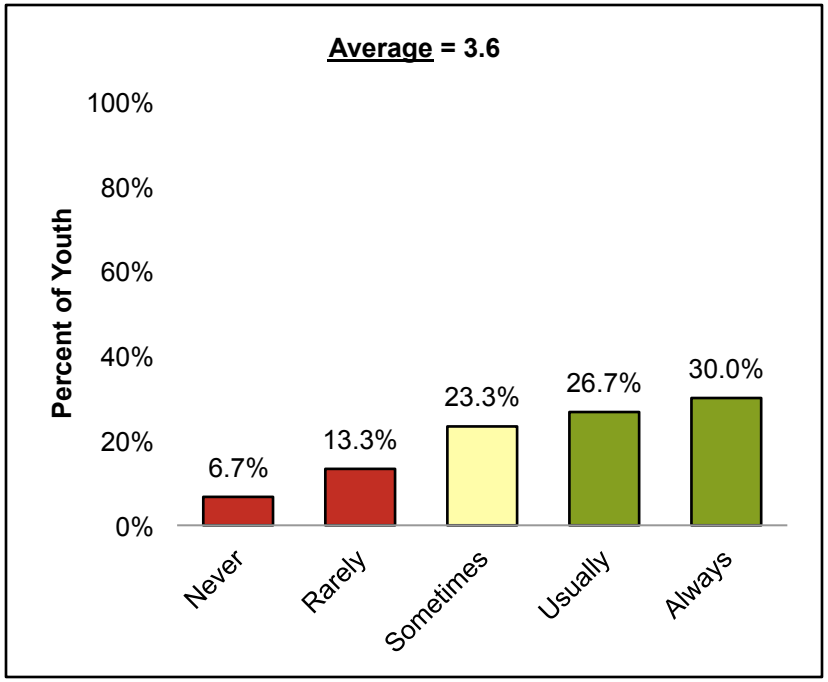
Past Month: "Talk to a child who is not completing responsibilities to try and understand why."

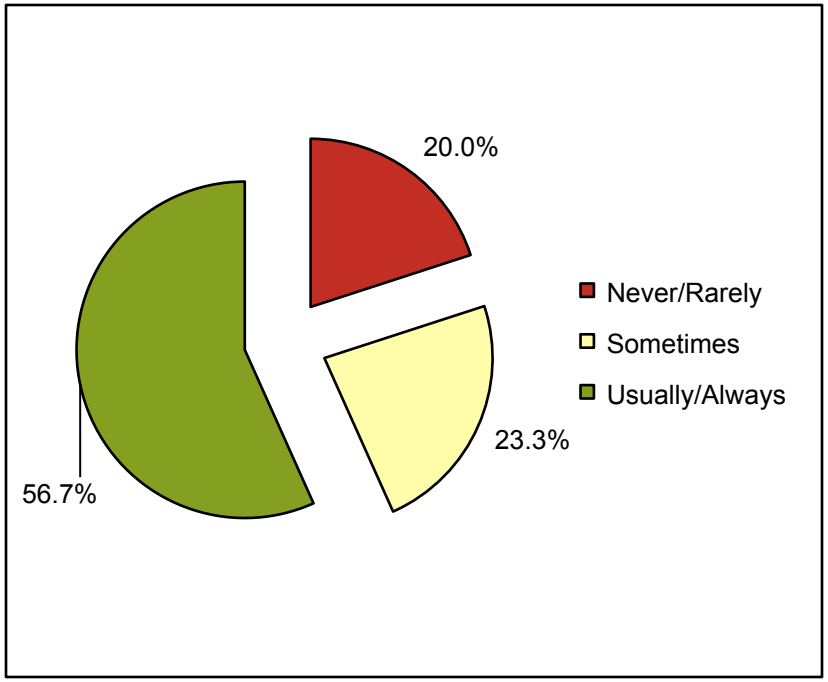




YPS SAMPLE ITEM FOR LISTENING & UNDERSTANDING
SEPTEMBER 2016 SURVEY N = 30

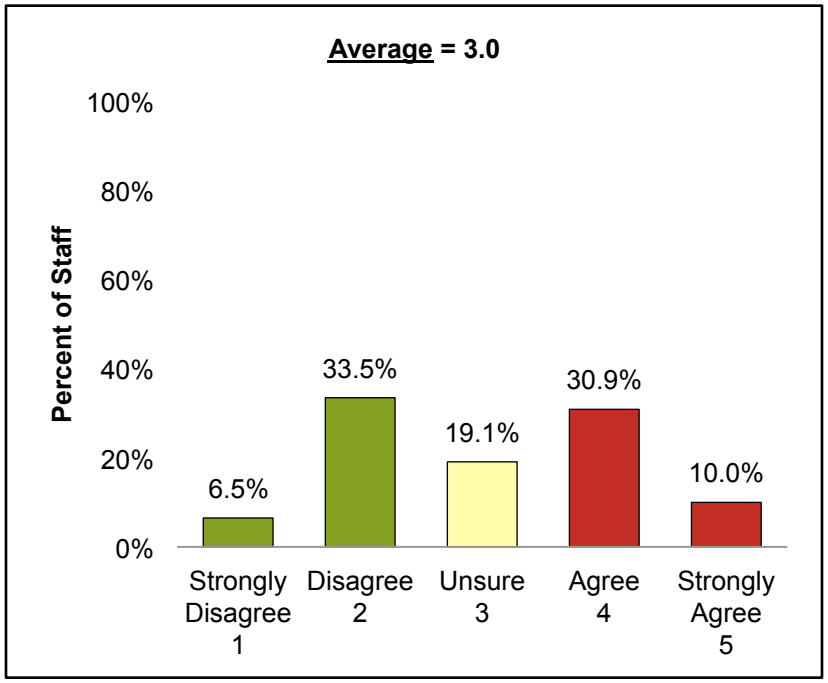
Needed Help: "They tried to understand what I wanted."

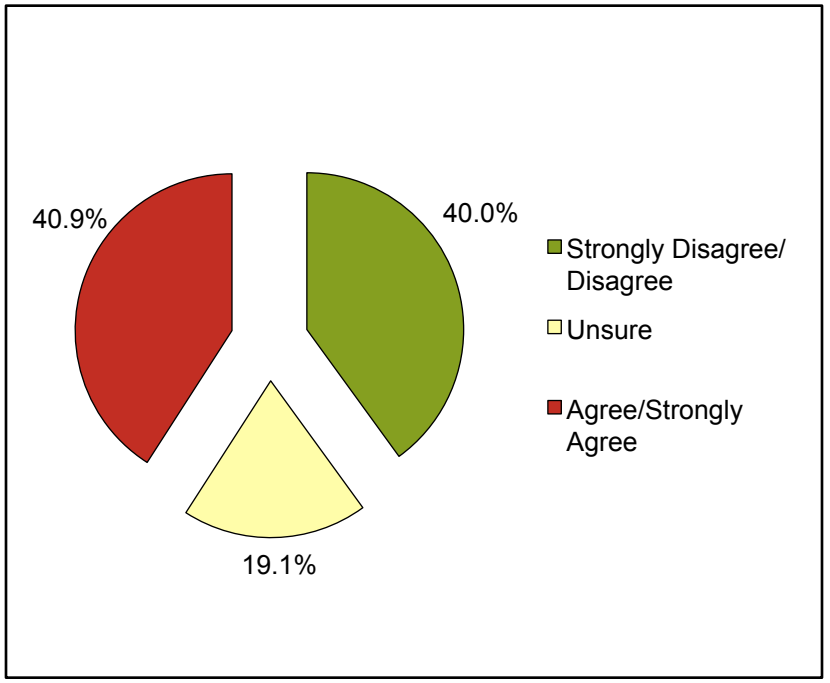




KB SAMPLE ITEM FOR EMPHASIS ON RULES & CONSEQUENCES
2016 BASELINE SURVEY N = 233

"The best way to teach self-discipline is with clear rules and firm controls."



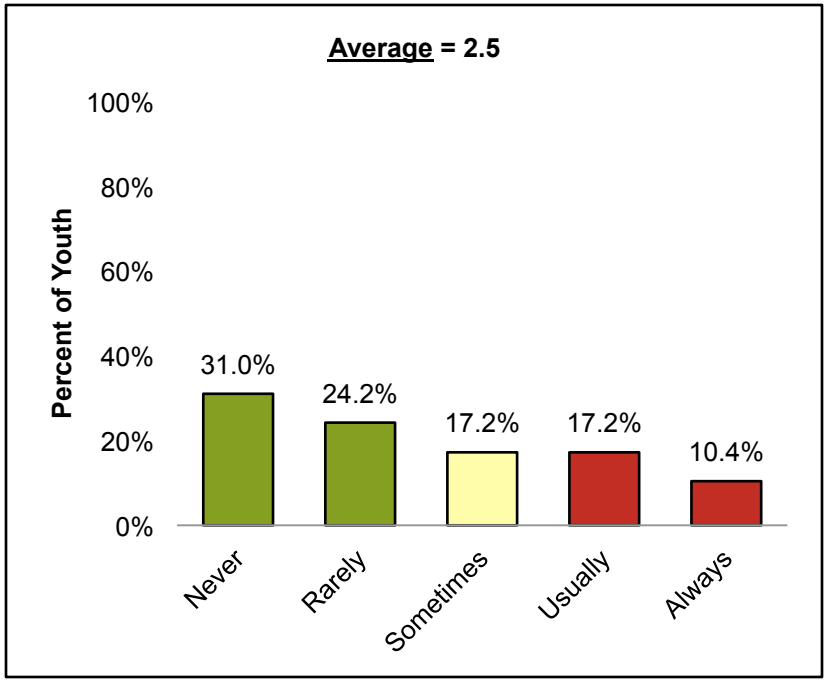


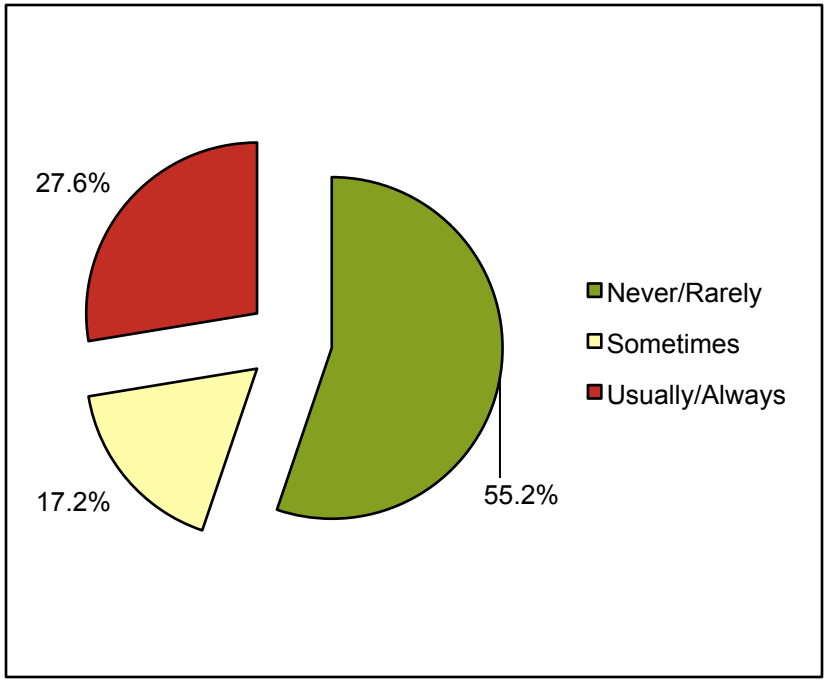
* *The colors are reversed to indicate Disagreement is a better response for this item.*

YPS SAMPLE ITEM FOR EMPHASIS ON RULES & CONSEQUENCES*

SEPTEMBER 2016 SURVEY N = 30

When I misbehaved: "They gave consequences that seemed too strict."





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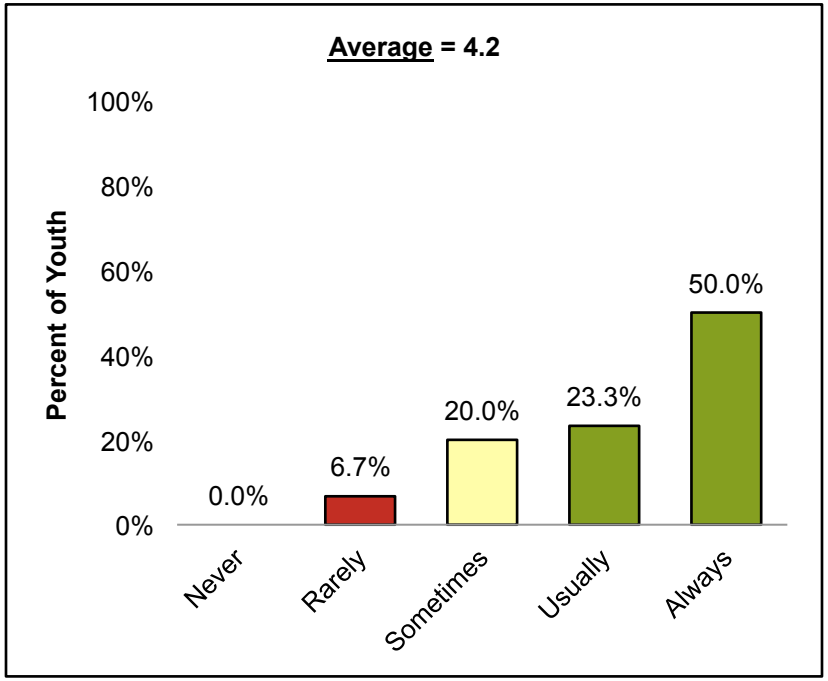
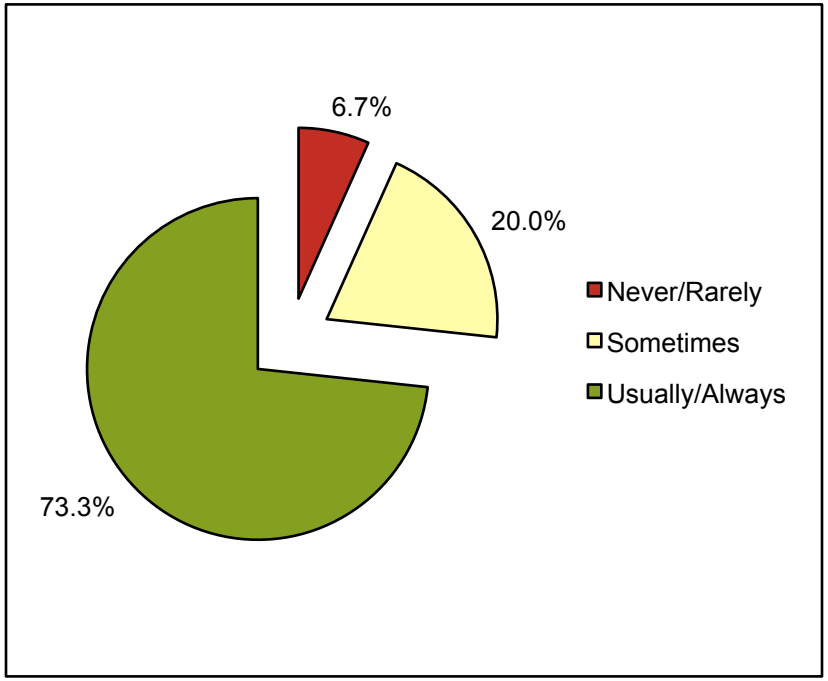
** The colors are reversed to indicate Rarely/Never is a better response for this item.*

YPS SAMPLE ITEM FOR RESPECT FOR AUTONOMY/ INDIVIDUALITY

SEPTEMBER 2016 SURVEY N = 30

"They accept me as I am."





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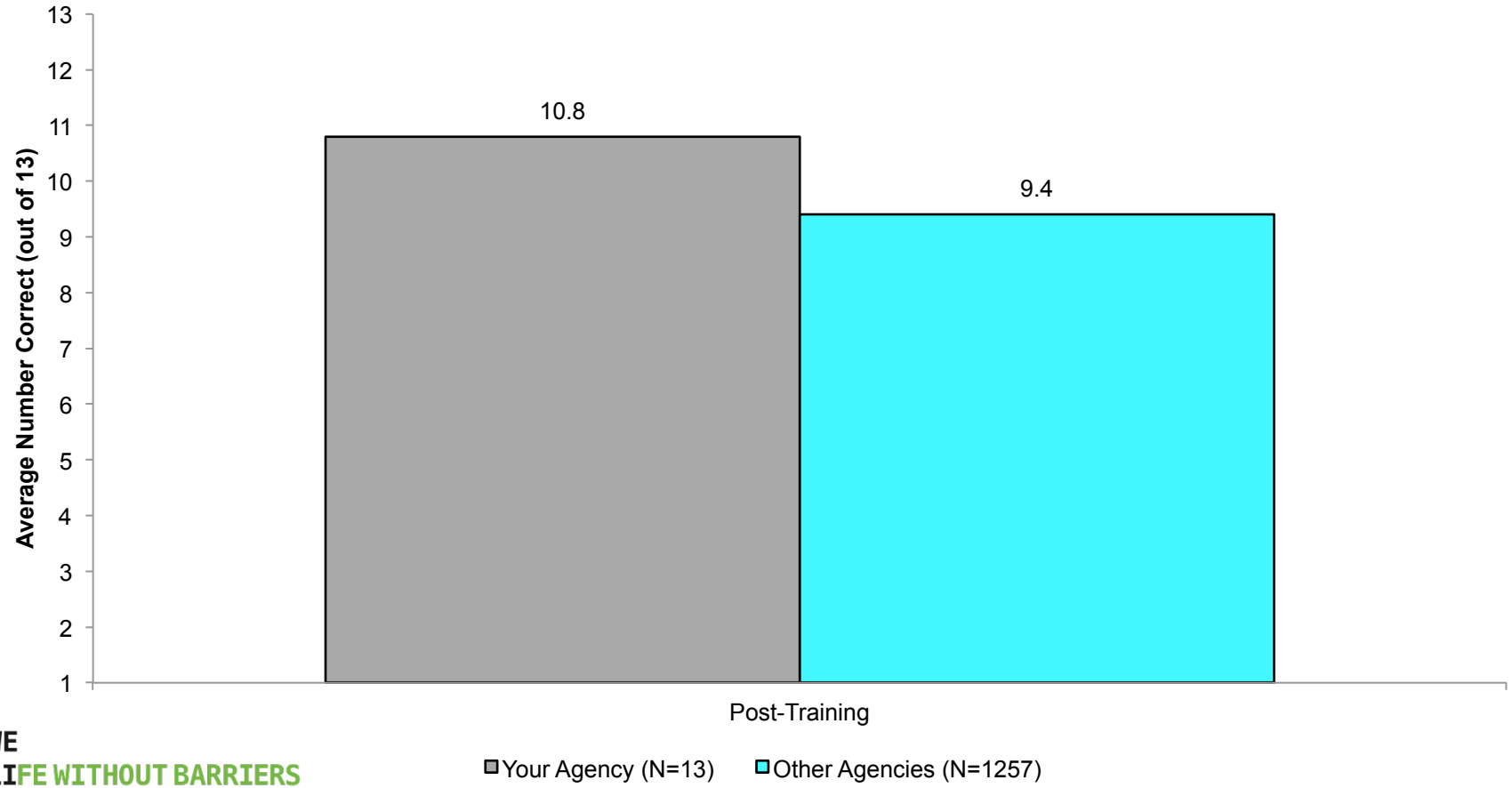
POST TRAINING SURVEYS

KBS KNOWLEDGE SCORES
YOUR AGENCY VS. ALL OTHERS
JANUARY 2017 POST-TRAINING SURVEY N = 13



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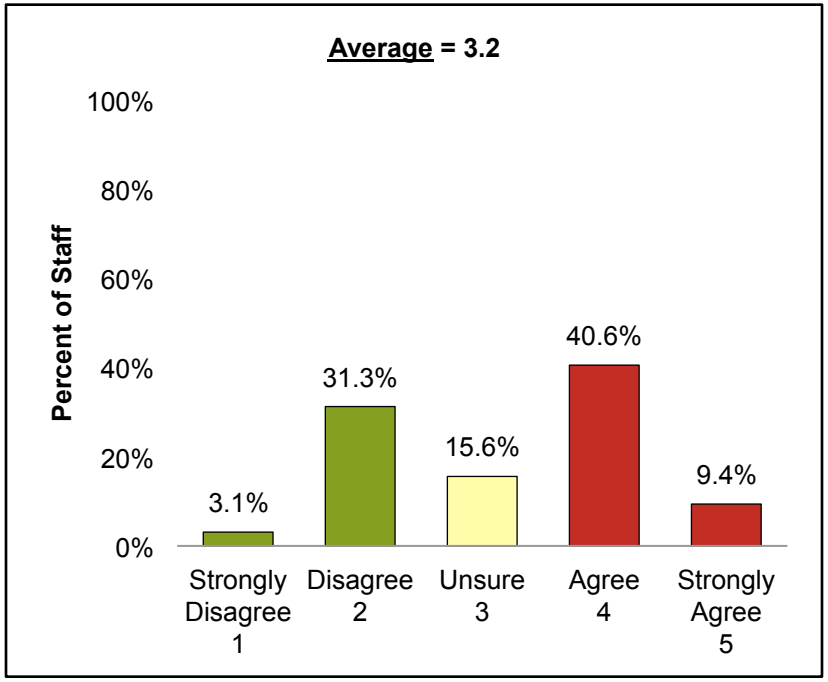
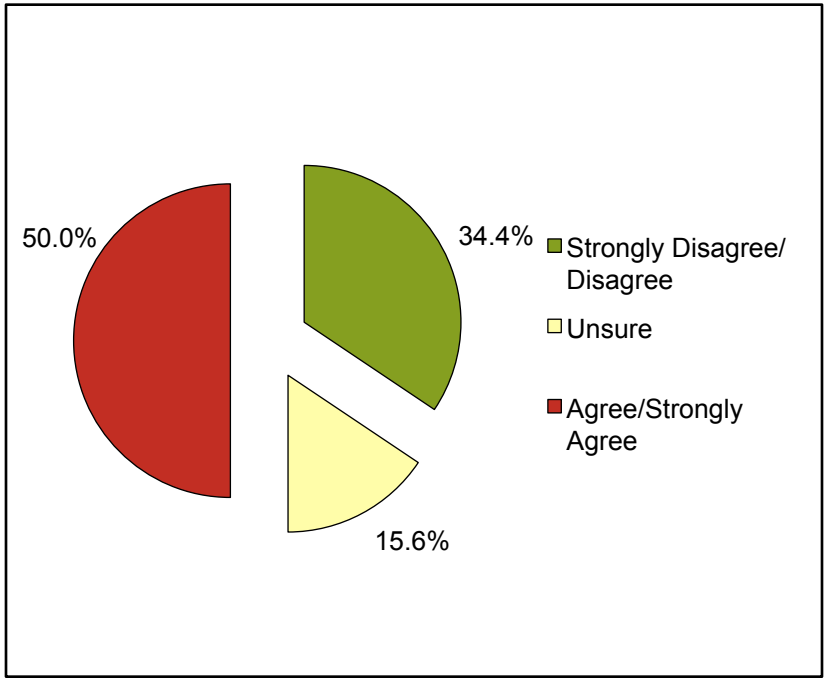
Beliefs congruent with CARE
–trends/ strengths/challenges in one LWB Area

	Pre-training	Post training 1	Post training 2	Post training 3	Compared with other agencies at this stage
listening	4.4	4.4	4.3	4.5	4.4
Investment	4.0	4.4	4.1	4.2	4.0
inclusion	4.3	4.8	4.4	4.7	4.1
flexibility	3.6	4.0	3.9	4.1	4.0
competence	3.8	4.1	3.9	3.8	4.0
rules	2.5	2.2	2.4	2.3	2.1

KB SAMPLE ITEM FOR EMPHASIS ON RULES & CONSEQUENCES
2016 BASELINE SURVEY N = 32

"The best way to teach self-discipline is with clear rules and firm controls."





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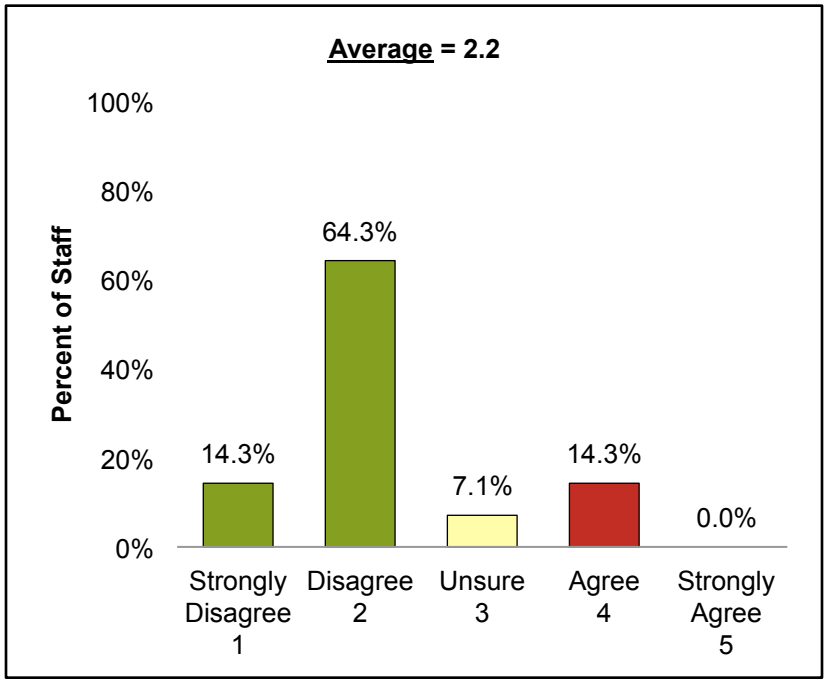
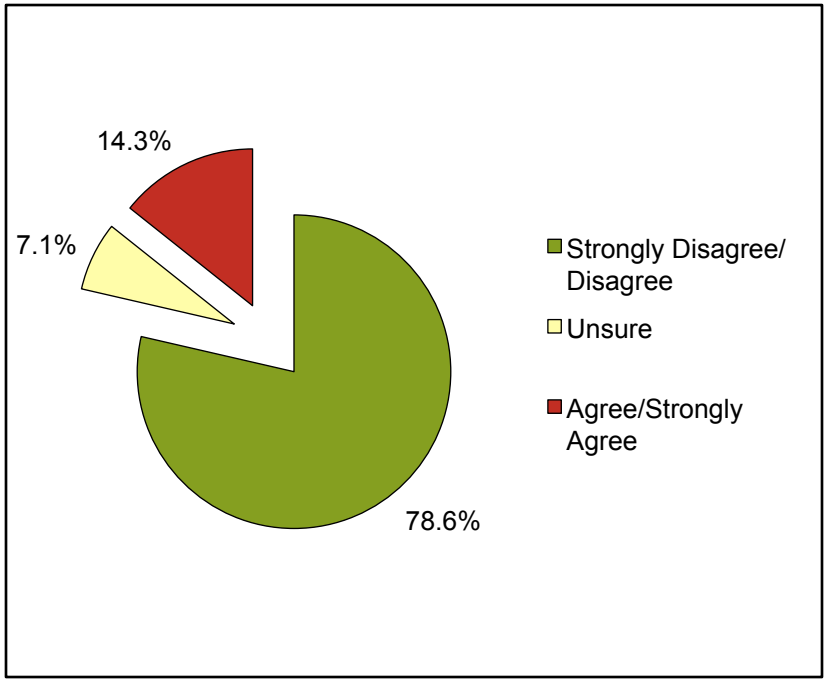
** The colors are reversed to indicate Disagreement is a better response for this item.*

SAMPLE ITEM FOR EMPHASIS ON RULES & CONSEQUENCES
JULY 2017 POST-TRAINING SURVEY N = 14

"The best way to teach self-discipline is with clear rules and firm controls."





* *The colors are reversed to indicate Disagreement is a better response for this item.*

WHAT HAVE WE LEARNT?

- Data Informed Decision Making
  - Identifies areas to address at a state and regional level
  - Quite significant variations between regions
  - Tracks change in knowledge and beliefs over time
  - Staff welcome the chance to reflect on practice
  - Young people's comments affirming
  - Its easier to impart knowledge than change beliefs – but it can be done

WHAT HAVE WE LEARNT ABOUT IMPLEMENTATION?

- Training is a huge task and has costs (some unforeseen):
  - Backfilling of staff
  - Use of casuals – higher incidents
  - Staff turnover in residential
  - CARE Educators (turnover/ time commitment)
- Training is not enough
- Systems change can cause initial disruption/staff uncertainty
- Management decisions/actions/language must be congruent

WHAT HAVE WE LEARNT ABOUT IMPLEMENTATION?

- Ongoing communication is essential
  - Internal - part of all conversations
  - Funders/police/stakeholders (where are the consequences?)
  - Competing Priorities
- Local ownership is imperative
- Staff consistency is essential but an ongoing challenge
- Language is an early indicator of change
  - e.g. expectations/pain based behaviour

WHAT CORNELL TOLD US

- The “training” is focused on changing a mindset, not about simply adding new information or developing new technical skills
- The emphasis is on transforming the organization as a whole

- –Implementation is a marathon, not a sprint–

FUTURE STEPS

- CARE (and TCI) Implementation across OOHC in Australia through 2017/18, through our partnership with Cornell University

- NSW will commence the mid-term review in May 2018