Child Abuse & Neglect 35 (2011) 753–756

Contents lists available at ScienceDirect

Child Abuse & Neglect

Practical strategies

Bridge over troubled water: Using implementation science to facilitate effective services in child welfare

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ARTICLE INFO

Article history:
Received 15 July 2011
Received in revised form 18 July 2011
Accepted 18 July 2011
Available online 21 September 2011

Keywords:
Evidence-based practice
Implementation
Child welfare
Child abuse

ABSTRACT

To maximize benefits to children and their families, effective practices need to be used competently in child welfare settings. Since the 1990s, researchers and policy makers have focused attention on empirically supported interventions (ESIs). Much less attention has been paid to what is needed to implement these in a range of real-world settings. Without proper implementation, which includes an evaluation strategy from feasibility to fidelity to on-going work on moderators and mediators of program effects, established effective programs can be rendered ineffective in practical application. The paper will touch on progress, to date, of implementation science, its application to child welfare programs and practices, and will highlight a set of practical strategies for implementing empirically supported interventions in child welfare.

There is recognition in the child welfare practice and policy fields that investment in child safety, health, and well-being provides both short-term and long-term benefits to children and families (Wekerle, 2011). Reducing childhood adversities and enhancing child domains of functioning (physical, academic/cognitive, social, etc.) is one potential route to reducing the likelihood of maltreatment-related impairment (MacMillan, 2010; MacMillan et al., 2009). Over the last decade, researchers and policy makers have devoted attention to defining and cataloguing "effective" practices and programs in child welfare (see, for example, Kluger, Alexander, & Curtis, 2000; Macdonald, 2001; http://www.childwelfare.gov/pubs/issue_briefs/parented/programs.cfm). While debate persists with respect to what comprises empirically-supported interventions or ESI's (Gambrill, 2010; Littell & Shlonsky, 2010), the child protection field is moving toward providing services that are demonstrably effective. While the identification of ESI's can be helpful when practitioners, agencies, and policy makers are shopping for programs in which to invest, the emphasis on finding effective services has not been matched by a corresponding effort in their implementation and evaluation (Aarons, Sommerfeld, & Walrath-Greene, 2009).

We do know that implementation matters. Doing more and better research on an effective practice or program, in and of itself, does not lead to more successful implementation of that practice, unless it has established local acceptability to clients and practitioners, and it is implemented with fidelity (e.g., Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). Implementation research refers to the "scientific study of methods to promote the systematic uptake of clinical research findings and other evidence-based practices into routine practice and, hence, to improve the quality and effectiveness of health care" (Graham et al., 2006, p. 17) and extends to mandated services such as child welfare. Concern about the 'knowledge to practice' gap – moving from intervention effectiveness to effective implementation – has lead to an increased interest in identifying and testing ways that effectively facilitate the dissemination and implementation of ESIs. Implementation is a process that is commonly defined as a specified set of activities of known dimensions, put into practice (Fixsen et al., 2005) or a planned effort to mainstream an innovation (Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004).

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doi:10.1016/j.chiabu.2011.07.001

Implementing ESIs, though, is complex and challenging (Bond, Drake, McHugo, Rapp, & Whitley, 2009; Institute of Medicine (IOM), 2007). Passive uptake strategies (e.g., tip or fact sheets and one time workshop training events) are not sufficient, as they do not address engagement, support, and supervision (Fixsen et al., 2005). Thus, many efforts to implement ESIs designed to improve child welfare services have not reached their full potential due to a variety of issues inherent in both the child welfare service setting and the implementation process itself (Aarons, Hurlburt, & Horwitz, 2011). These include problems faced by a large proportion of families (e.g., past or ongoing child maltreatment concerns, mental health issues, violence in the adult partnership, poverty), as well as intra-organizational structures and cultures that do not lend themselves to change. Specifically, child protection organizations may have hierarchical structures that are heavy in procedural documentation, rather than lateral structures that focus on active or collaborative learning (Gambrill & Shlonsky, 2001; Regehr, Hemsworth, Leslie, Howe, & Chau, 2004). With high documentation demands, high caseloads, high staff turnover, and high sensitivity to any negative media exposure, opportunities for consultation and sufficient supervision may supplant continuity of expertise (Munro, 2009). Without addressing these larger organizational and individual practice challenges, as a planned part of an implementation strategy, interventions, even effective ones, may not work.

Purposeful, active, and integrated approaches yield better implementation (Fixsen et al., 2005; Greenhalgh et al., 2004). While the framework proposed by Aarons et al. (2011) is the first child welfare model of implementation processes, other work has shaped knowledge of the essential components of implementing and *sustaining* ESIs (Damschroder et al., 2009; Fixsen et al., 2005) and as well as different types of innovations (Rogers & Shoemaker, 1971; Rogers, 1995). Common stages across a number of implementation theories can be summarised in four essential activities of the implementation process: (1) planning; (2) engaging; (3) executing; and (4) reflecting and evaluating. For example, the importance of the planned selection of "first users" is emphasised, as are the strategies of recruiting implementation "leaders" and program "champions. The' quality of execution of the implementation plan can be measured in a number of ways, such as the on-going assessment of fidelity to the introduced intervention (for an overview of the ingredients of model fidelity, see Gearing et al., 2011). Reflecting and evaluating refers to both quantitative and qualitative feedback about how implementation efforts are progressing in relation to achieving the goals and outcomes of implementation itself.

Fixsen et al. (2005) at the National Implementation Research Network have identified the following implementation features, treated here as practical strategies:

- Staff selection (i.e., who is qualified to carry out the intervention and what are the methods for recruiting and selecting practitioners with those skills and characteristics);
- pre-service and in-service training (i.e., knowledge of background information, theory, philosophy, and values; introduce the components and rationales of key practices; and provide opportunities to practice new skills and receive feedback in a safe training environment);
- ongoing coaching and consultation with leaders and champions;
- staff performance evaluation (i.e., assess the use and outcomes of the skills that are reflected in the selection criteria, taught in training, and reinforced and expanded in supervisory processes);
- decision support data systems (i.e., quality improvement information, organizational fidelity measures, and child and family outcomes);
- facilitative administrative supports (i.e., leadership that makes use of a range of data inputs to inform decision making, supports the overall processes, and keeps staff focused on the desired intervention outcomes);
- system alignment interventions (i.e., strategies to work with external systems to ensure the availability of the financial, organizational, and human resources required to support the work of the practitioners).

Implementation plans can be further broken down and evaluated by the degree to which following elements are present: (1) stakeholders' needs and perspectives are considered; (2) strategies are tailored for target groups (e.g., practitioner or manager level); (3) appropriate style and examples are identified and used for delivering information, education and training; (4) readily-accessed and established communication channels are identified and used; (5) progress toward goals, milestones and outcomes are tracked; and (6) strategies are used to simplify the implementation process. Also, support from program developers seems important. For example, the Early Risers "Skills for Success" program (August, Realmuto, Hektner, & Bloomquist, 2001; August, Hektner, Egan, & Realmuto, 2002) provided program support services, funding, technical assistance, and supervision to assist the agency with program implementation. Under these conditions, the program produced positive gains similar to those achieved in the earlier efficacy studies (August, Lee, Bloomquist, Realmuto, & Hektner, 2003, 2004).

The researchers then conducted an advanced-stage effectiveness trial to determine whether the program could be successfully sustained by that same agency following a phased transfer in program ownership from program developers to agency staff (August, Bloomquist, Lee, Realmuto, & Hektner, 2006). Some unique features of this evaluation were that the funding of program operations and implementation were administered by the agency, rather than by the developers. Also, the day-to-day program management and implementer supervision was provided by agency staff. Some program adaptations were allowed in response to perceived difficulties in some parts of the program. The results showed that, although strong fidelity of program implementation was observed, only one positive outcome found in the earlier study was replicated in the implementation study (i.e., improved teacher-rated problem behaviour). The authors concluded that program effects where not sustained from one implementation to the next, due to failures in engaging families at recommended program