What Role do Child Welfare Practitioners Play in the Successful Implementation of an Evidence-Based Child Neglect Program?

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Collaborating Ontario child welfare agencies, children, and caregivers
Provincial Incidence Data

• Ontario Incidence Study – 2013
  • Tracked child maltreatment investigations in a representative sample of 17 provincial child welfare agencies

• Provincial incidence estimates
  • 97,951 maltreatment investigations were conducted across Ontario in 2013 (41.69 per 1,000 children)
  • From all of these investigations, an estimated 18.33 per 1,000 children were substantiated (34%)
Exposure to Intimate Partner Violence 48% 
20,443

Physical Abuse 13% 
5,770

Sexual Abuse 2% 
848

Emotional Maltreatment 13% 
5,620

Neglect 24% 
10,386
What is SafeCare®?

• Evidence-based program that targets risk factors for child maltreatment (in particular child neglect)
• For caregivers with children newborn – 5 years
• Behaviourally- and skills-based curriculum
• Short term (~ 18 sessions)
  – 6 sessions per module (3 modules total)
  – 60 - 90 minute sessions
• In home
  – Family’s natural environment
  – Use natural opportunities to train
SafeCare® Modules

Health
• Prepare for when child is sick or injured; recognize when symptoms need emergency care, a doctor’s appointment, or can be cared for at home

Safety
• Teach parents the importance of a safe home; recognize and remove hazards; understand the importance of supervision

Parenting (Parent-Infant/Parent-Child Interaction)
• Increase positive interactions with infant; increase sensitive responsiveness to infant needs and cues; teach about infant development and planning age-appropriate activities
• Plan and organize daily/play activities; increase positive interactions with child; enhance parent-child relationship; prevent challenging behaviour
SafeCare® Implementation Model

Application/readiness

Training workshops

Fieldwork with coaching

Certification and sustainment

Trainer training
Supporting the Implementation

• SafeCare® coaches and home visitors
  – Weekly initially and then less frequently
• Grant team and agency project coordinators
  – Monthly for the most part
• Grant team and coaches
  – As needed
• Grant team, SafeCare® coaches, and home visitors
  – Periodically
Study Goals

• What are home visitors’ experiences with SafeCare®?
  • Successes and challenges with implementation
  • Suggestions for sustainability
  • Focus groups 1.5 years into the implementation

• Are there changes over time in home visitors’ attitudes toward evidence-based practice and in perceptions of their agency’s support for innovation?
  • Self-report questionnaires prior to SafeCare® training and 1.5 years into the implementation
  • Are there any links with training or agency variables?
Focus Groups

• Two focus groups (telephone)
• All 6 agencies represented
• N = 15 home visitors (n = 8; n = 7)
• Semi-structured
  – what was positive for them as home visitors using SafeCare® (i.e., successes)
  – what was negative for them as home visitors using SafeCare® (i.e., challenges)
  – suggestions for program sustainability
• Audiotaped recordings transcribed and analyzed using QDA Miner
Positive Experiences

1. Structured material/program (n = 8, 53%)
2. Material is relevant for families (n = 7, 47%)
3. Positive agency response (n = 6, 40%)
4. Hands-on application (n = 4, 27%)
5. New skills for home visitors (n = 3, 20%)
Structured Material/Program

“I enjoyed the structure of the program, you know, that the families were already aware of what we were going to cover next.”

“The tools are, you know, everything is laid out for you, easy to follow along, and that makes it you know, you have something when you're going out to your families. It actually makes your home visit easier because you've got everything in front of you and ready to go so the tool kit books are very helpful.”
Positive Agency Response

“Our agency has really embraced [SafeCare] from upper management all the way down.”

“Our agency was very good at um running this program. They were very supportive and we have no issues with them not wanting it. They thought it was a very good program. They were very positive about it.”
Hands-on Application

“The modelling hands-on component for the home visitor I think is key and really makes a difference in working in somebody's home and actually showing them this is how we do it rather than “this is the skill. Go home and try it.”
New Skills for Home Visitors

“Although it was challenging, I think it was a great experience as a home visitor to have that under my belt to be able to enhance my skills.”

“I think that any type of additional skills that we can get is helpful for our clients, for ourselves, for everyone involved.”
Positive Experiences with Coaches

– SafeCare® coach was encouraging (n = 8, 53%)

“She always started with the positives and how well I did and then we got into sort of the things that I could improve on.”

“I really liked the gentle approach of her, and she was able to give me the confidence that I needed to start doing this, doing the SafeCare.”

“I really liked when I was struggling, um, she was great at trying to give you other ways to think about it and, um, always very, very positive.”

– SafeCare® coach was accessible/reliable (n = 3, 20%)

“Whatever we had scheduled... appointments, you know, conference calls, um she was always on time, on schedule... it met my needs quite nicely. So that was very effective that when she gave you a feedback immediately, you know, when you needed it.”
Challenging Experiences

1. Caregiver factors (n = 7, 47%)
2. Audio recording (n = 5, 33%)
3. Manualized nature (n = 4, 27%)
4. Program requirements (n = 2, 13%)
5. No choice in using the program (n = 2, 13%)
Audio Recording

“Initially I found the audiotaping somewhat unnerving, um, and knowing that people were going to listen to it and critique it um you know created a little bit of anxiety, so I have to say that's what was uncomfortable about that. But, as I continued doing it, I became more comfortable.”

“I think I am struggling with audio recording because most of my families don't want me to do it. So, um, it's not causing me stress, it's causing them stress. That was the thing that I found most difficult because I find every time I start the tape recorder I have my families looking at me going “No! No! You can't do it” you know? (Laughing). So that's been a bit of a struggle, but other than that I think I really like the program.”
Manualized Nature

“For a lot of the families I worked with, it seemed boring for them and so they kind of wanted to rush through and they didn't really want to go through this again and they really didn't feel think they needed everything so many times that we did…it depended on the family and their needs to again but yeah the repetitiveness was a little boring for me too.”

“Many families were tired of the information because they really didn't have the hazards or had anything that identified as hazards.”
Challenges with Coaches

- Feedback from coaches (n = 4, 27%)
- Scheduling difficulties (n = 3, 20%)
Program Sustainability Considerations

1. Education/promoting the program so there are families to participate (n = 6, 40%)
2. Other agency initiatives (n = 4, 27%)
3. Training costs (n = 3, 20%)
4. Agency management (n = 3, 20%)
5. Changes to program delivery (n = 2, 13%)
“It took us a little while to, um, commit... like learning this is a new program, what it's all about, the appropriate referrals... so once that kind of happened, people are now coming to us and being like ‘this is a good referral for SafeCare’, and lots of referrals are coming in for it now.”
Agency Management

“There's been a lot of shuffles throughout this process, and I think what's been missing is not necessarily the agency wants to continue with SafeCare, but um that there isn't um a person in the management position whose been trained and fully actively involved specifically with the program.”
Take Home Message
Self-Report Questionnaires

• Completed 2 questionnaires
  – Evidence-Based Practice Attitudes Scale
  – Siegel Scale of Support for Innovation

• Questionnaires completed prior to SafeCare® training and 1.5 years into the implementation

• N = 20
**Evidence-Based Practice Attitude Scale (Aarons, 2004)**

15 items rated on a 5-point scale from 1 (not at all) to 5 (very great extent). Four subscales:

1. **EBPAS Requirements** (If you received training in a therapy or intervention that was new to you, how likely would you be to adopt it if: it was required by your agency?; \( \alpha = .84 \))

2. **EBPAS Appeal** (If you received training in a therapy or intervention that was new to you, how likely would you be to adopt it if: it was intuitively appealing?; \( \alpha = .75 \))

3. **EBPAS Openness** (I am willing to use new and different types of therapy/interventions developed by researchers; \( \alpha = .57 \))

4. **EBPAS Divergence** (I know better than academic researchers how to care for my clients; \( \alpha = .41 \))
Siegel Scale of Support for Innovation
(Siegel & Kaemmerer, 1978)

61 items rated on a 5-point scale from 1 (agree) to 4 (disagree). Five subscales:
1. SSSI Leadership (Our ability to function creatively is respected by the leadership; $\alpha = .84$)
2. SSSI Ownership (I can personally identify with the ideas with which I work; $\alpha = .83$)
3. SSSI Norms of Diversity (The members of our organization are encouraged to be different; $\alpha = .76$)
4. SSSI Continued Development (This organization is always moving toward the development of new answers.; $\alpha = .63$)
5. SSSI Consistency (The way we do things seems to fit with what we're trying to do; $\alpha = .72$)
# Sample Demographics

## Continuous Variables

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<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
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<tbody>
<tr>
<td>Age</td>
<td>43.30</td>
<td>8.88</td>
<td>29-60</td>
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<tr>
<td>Months Working in Agency</td>
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<td>7.63</td>
<td>2-31</td>
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<tr>
<td>Years in Human Service Work</td>
<td>15.68</td>
<td>7.09</td>
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## Categorical Variables

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<thead>
<tr>
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<td>10</td>
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<tr>
<td>Education</td>
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<td>College</td>
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<tr>
<td>Undergraduate degree</td>
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<tr>
<td>Geographic Location</td>
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<tr>
<td>Large Urban (&gt; 50,000)</td>
<td>13</td>
<td>65</td>
</tr>
<tr>
<td>Small Urban (1 – 50,000)</td>
<td>7</td>
<td>35</td>
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<tr>
<td>Position within Agency</td>
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<tr>
<td>Child &amp; Family Support Worker</td>
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<td>50</td>
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<td>Child Protection Support Worker</td>
<td>8</td>
<td>40</td>
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<tr>
<td>Clinical Access Facilitator</td>
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## EPBAS and SSSI Mean Scores

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<tr>
<th>Variable</th>
<th>Possible Range</th>
<th>Time 1 Mean (SD)</th>
<th>Time 2 Mean (SD)</th>
<th>Paired t-test</th>
<th>Samples t-test</th>
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<tr>
<td><strong>EBPAS</strong></td>
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<tr>
<td>Total</td>
<td>15-75</td>
<td>60.25 (5.40)</td>
<td>59.25 (3.90)</td>
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<td>Requirements</td>
<td>3-15</td>
<td>13.25 (1.73)</td>
<td>13.05 (1.41)</td>
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<td>Appeal</td>
<td>4-20</td>
<td>17.60 (1.95)</td>
<td>17.10 (1.55)</td>
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<td>Openness</td>
<td>4-20</td>
<td>13.90 (1.74)</td>
<td>13.50 (1.70)</td>
<td>-1.04</td>
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<td>Divergence</td>
<td>4-20</td>
<td>8.30 (2.52)</td>
<td>8.60 (2.52)</td>
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<td><strong>SSSI</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
<td>61-244</td>
<td>175.25 (11.95)</td>
<td>186.40 (24.59)</td>
<td>2.89**</td>
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<td>Leadership</td>
<td>19-76</td>
<td>49.40 (5.08)</td>
<td>54.15 (10.92)</td>
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<td>Ownership</td>
<td>16-64</td>
<td>54.05 (2.85)</td>
<td>53.05 (6.30)</td>
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<td>Norms of Diversity</td>
<td>9-36</td>
<td>22.75 (2.89)</td>
<td>26.85 (5.38)</td>
<td>4.32***</td>
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<tr>
<td>Continued Dev.</td>
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<td>33.15 (1.59)</td>
<td>33.15 (3.23)</td>
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<td>Consistency</td>
<td>7-28</td>
<td>18.30 (2.29)</td>
<td>20.35 (4.20)</td>
<td>3.28**</td>
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* *p < .05    ** *p < .01    *** *p < .001
Link Between Demographics/Training and SSSI Change Scores

- Change in SSSI Total score was significantly predicted by years of experience ($\beta = 1.56$, SE = .537, $p < .05$)
  - As the SafeCare® home visitor’s years of experience in the field increased, so did the increase in SSSI Total score from T1 to T2

- Change in SSSI Consistency score was significantly predicted by years of experience ($\beta = .344$, SE = .098, $p < .01$).
  - As the SafeCare® home visitor’s years of experience in the field increased, so did the increase in SSSI Consistency score from T1 to T2
Take Home Message