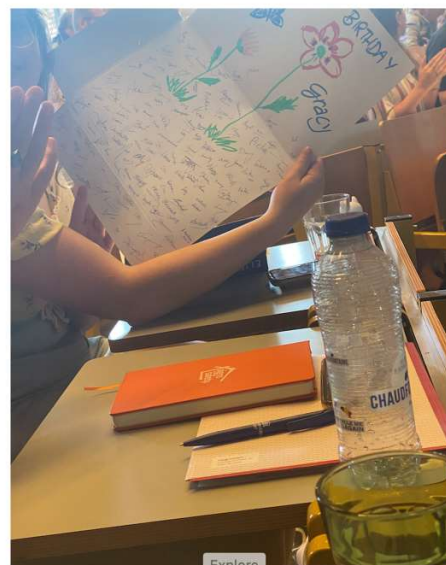# What is the difference that makes the difference? Reflections on research, learning, and 'growing up' at all levels

with

Mike Caslor

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Our next 30 minutes together

Research concepts

International Learnings

Reflections

Suggestions

Questions

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Research Concepts

Fidelity – are things happening in the way they were intended to?

Compliance Fidelity – refers to the extent to which the practitioner uses the core framework components

Competence Fidelity – refers to the level of skill shown by the practitioner and the 'way in which the service is delivered'

Context Fidelity – refers to the structural aspects that encompass the framework for service delivery.

Outcomes – refers to the intended difference the framework is meant to make.

Research Article

An International Effort to Develop a Fidelity Measure for Signs of Safety®

Yvonne Humenay Roberts[1], Michael Caslor[2], Andrew Turnell[2], Kim Pearson[3], and Peter J. Pecora[4]

Abstract
Purpose: This article describes how a worker fidelity assessment measure was developed for Signs of Safety®—an approach to assessing safety and risk in child protective services that is being implemented in the United States and over 11 other countries. **Methods:** We applied the Delphi Survey process with 70 experts from nine countries to identify key practice elements that could be assessed by supervisors. Then, 435 frontline staff were assessed by 285 supervisors from six countries. **Results:** Factor analyses of the 28 items yielded four distinct factors. These data were then used to refine the fidelity assessment. **Discussion:** The majority of supervisors reported that the assessment helped them to identify worker strengths and areas for refinement within the dimensions of Signs of Safety and overall child protective services practice. The value of developing similar tools for parents and workers was endorsed by the study participants.

Keywords
child abuse, child welfare, instrument development, risk assessment

Fidelity to practices is an essential component of continuous quality improvement in child welfare. *Fidelity* can be defined as the extent to which the intervention delivered is true to the underlying principles on which it is based (Waltz, Addis, Koerner, & Jacobson, 1993). Measuring to what degree practices are implemented as intended is critical to determining whether an intervention improves outcomes for children and families. Fidelity assessment can help facilitate program change, improve service quality and effectiveness, help ensure accountability, and enable progress toward attaining the shared goals of providers, individuals, and families served within a system. In this article, we describe the development of a fidelity measurement tool for Signs of Safety—an approach to assessing safety and risk in child protective services.

The Importance of Measuring Practice Fidelity

While strategies such as the use of practice manuals can be utilized to enhance fidelity, they cannot guarantee effective implementation of an intervention (Forgatch, Patterson, & DeGarmo, 2005; Schoenwald & Henggeler, 2004). Instead, delivery of an intervention must be evaluated for fidelity to both intervention and application, so that one can explain if deviation from desired outcomes is a problem with the content or with the process of the intervention (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Forgatch et al., 2005). This information is an important part of an "improvement science" approach to studying, improving, and then reevaluating a program (Christie, Lemire, & Inkelas, 2017). As more research-supported practice models and interventions are being created in human services, model developers—and the organizations implementing the models—are identifying core aspects that need to be implemented well to achieve certain levels of quality outcomes. For example, research on the multisystemic therapy and wraparound services models suggests that client outcomes are more positive, when adherence to key aspects of the practice model is high:

Within children's mental health services, this relationship [between treatment fidelity and improved client outcomes] has been found for multisystemic therapy (Henggeler et al., 2002), school mental health programmes (Greenberg et al., 1999), and many other models. Meanwhile, in wraparound, research has shown that the fidelity with which staff implement wraparound is associated with outcomes for the children they serve (Bruns, Suter, & Leverentz-Brady, 2006), and that system supports are indeed related to implementation fidelity as assessed. (Bruns, 2008, p. 9)

[1] Casey Family Programs, Seattle, WA, USA
[2] Building Capacity Consulting Services, Manitoba, Canada
[3] Sacramento County Department of Health and Human Services, Sacramento, CA, USA
[4] University of Washington, Seattle, WA, USA

Corresponding Author:
Yvonne Humenay Roberts, Casey Family Programs, 2001 8th Avenue, Suite 2700, Seattle, WA 98121, USA.
Email: yroberts@casey.org

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Research Concepts

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MEANINGFUL MEASURES FRAMEWORK

Practice Breadth Measures

Practice Depth Measures

(Organisational Culture plus…..)

Impact Measures

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International Learnings

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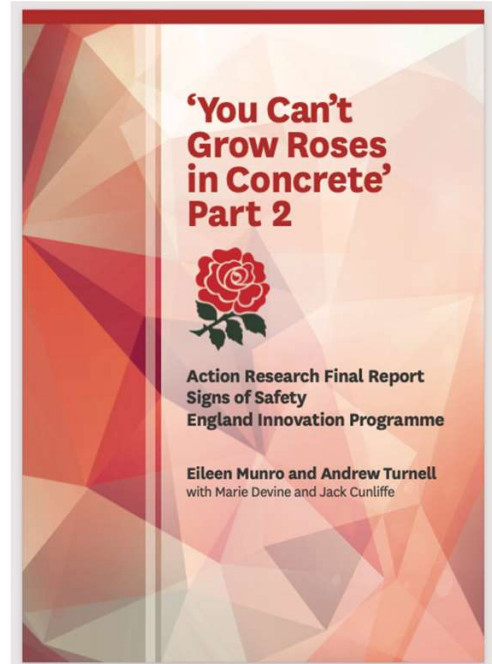## What has the research shown us from 10 years of implementation in England?

Results published March 2020

If 10 'Local Authorities' were funded and supported equally at the National level to implement Signs of Safety,

3 Authorities would make impressive gains (Group 1)

3 Authorities would make minimal gains (Group 2)

3 Authorities would get worse (Group 3)

...when independently reviewed by OFSTED (the national audit/inspection agency in England).

https://knowledgebank.signsofsafety.net/resources/signs-of-safety-research/research-articles/you-cant-grow-roses-in-concrete-part-2

'You Can't Grow Roses in Concrete' Part 2

Action Research Final Report
Signs of Safety
England Innovation Programme

Eileen Munro and Andrew Turnell
with Marie Devine and Jack Cunliffe

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So what was the difference that made the difference?

Dagelijkse praktijk feedbackloops:

-breedte van de praktijk (hoe VAAK doen we Signs of Safety stappen met de families?)

-diepte van de praktijk (hoe GOED doen we Signs of Safety stappen met de families?)

-breedte van supervisie (hoe VAAK wordt het leren door "supervisoren" geleid?)

-diepte van supervisie (hoe GOED wordt het leren door "supervisoren" geleid?)

-breedte van het leiderschap (hoe VAAK ben je als leider aan het leiden?)

-diepte van leiderschap (hoe GOED ben je als leider aan het leiden?)

-organisatie cultuur
(hoe gezond is onze organisatie cultuur volgens onze medewerkers?)|

-impact (welk verschil zou dit moeten dit maken voor de veiligheid van kinderen en het behoud van verbondeheid als familie

IT
Policy
Forms
Workflow
Regulation
Legislation

Principles
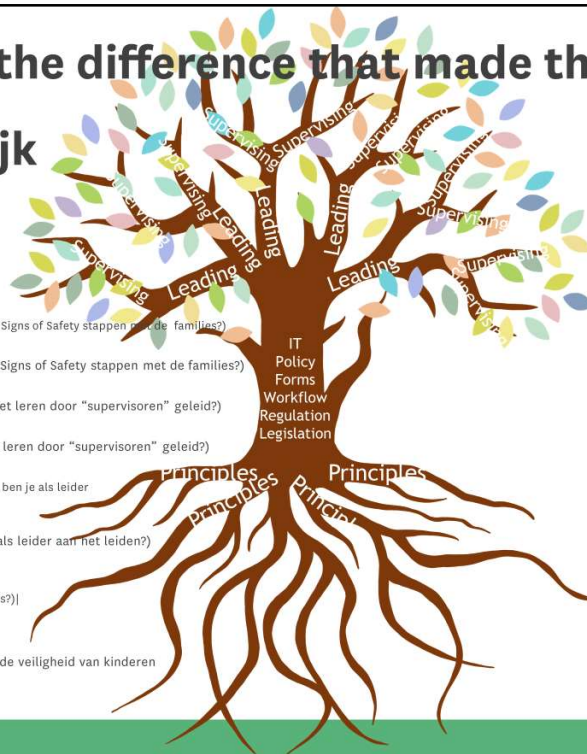
Proces Evaluatie

Uitkomst Evaluatie

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Reflections

I'm impressed that:

-you landed a (low tech) measure of practice breadth across regions

-practice breadth increased over time

-focused on partnership, particularly professional partnerships (doing it with/together)

-impact data was quite complete ('perceptions' of safety, sustainability of network, out of home placements)

-started to identify impact factors

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Reflections

What is missing for me:

-practice depth measure specific to the experience of children, parents, network members.

-more cross analysis between breadth, depth, impact

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Suggestions

What I'd love to see happen next:

-use the dashboard (practice breadth) in supervision to help grow practice depth (dual purpose)

1)What are the most recent few steps you have done on any case? Can you show me one of those steps you feel good about (and we can do a little AI)? And then one of those steps you feel like you didn't do well (and I'll lead you through your own 3 column conversation about your own work for your own learning)?

2) In which case are you feeling most caught up and on track?

3) In which case you feeling most behind?

4)looking at your next steps in each case, what will be your next couple most important steps? When will you do each step? (ok, do it then with accountability!)

5)what next step are you kind of avoiding?

6)what support do you need to get this done? Is anything holding you back from getting this done? (maybe this becomes a group supervision with the team or make 'the deal')
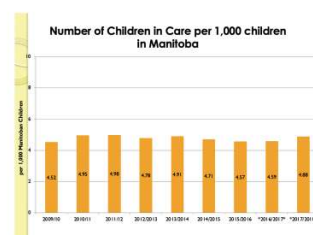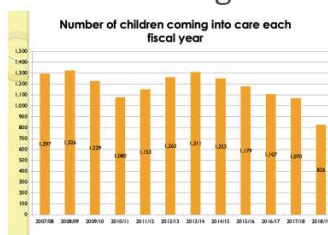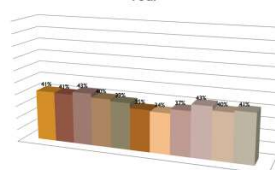
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Suggestions

What I'd love to see happen next:

-follow impacts over time (children being/feeling safe and cared for at home because of their circle of supportive adults)...
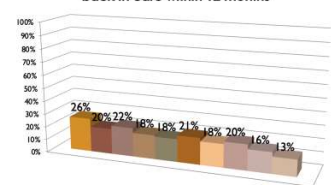
... at the regional and office level

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Questions

-do families with completed words & pictures demonstrate more long term safety and wellbeing for children than families without a words & pictures? Since it is supposed to be '50% of safety planning'.

-do families with an active naturally connected networks demonstrate more long term safety and wellbeing for children than families without an active naturally connected network?

-is there a relationship between how complete the work is (breadth) and the experience of the family (depth) and the outcome (impact)?

-is there a relationship between caseload size, number of professional involved, and the outcome (impact)?

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Questions

-if you closely look at all the families that were able to work through the child protection concern, children were returned home, and the family never came back into contact with the system (after 1 or 2 or 3 years), what is common about the service steps they received (and didn't receive)? – practice breadth

-if you closely look at all the families that were able to work through the child protection concern, children were returned home, and the family never came back into contact with the system (after 1 or 2 or 3 years), what is common about their service experience? – practice depth

-if you closely look at all the families that were able to work through the child protection concern & children were returned home & the family never came back into contact with the system (after 1, or 2 or 3 years), how big was their naturally connected network? how many professionals were involved?

-if you closely look at all the families that were able to work through the child protection concern, children were returned home, and the family never came back into contact with the system (after 1 or 2 or 3 years), where in the organisation is it happening the most? Under which leaders, which supervisors, and which practitioners?

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What was the difference that made the difference?

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