



Adaptation of the British framework and tools for assessing the needs of children in Quebec

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PRESENTATION OUTLINE

1- What is AIDES?

2- What are the main steps in the implementation and sustainability of this intervention practice in Quebec?

How has testing and research guided implementation and sustainability in the regions?

3- What conclusions can we draw from the implementation?

4- What are the main challenges?

For organisations interested in the implementation?

For the promoters?



1- AIDES: WHAT IS IT?

- An innovative intervention practice; not a PROGRAMME.
- **Its aim:** coherent structuring of the actions of various sectors around the needs of the child, taking into account the perspective of the child and parents, and supporting their participation in analysing and responding to these needs;
- **What it proposes:** a systematic approach for those concerned by the child's situation; practical tools to dialogue, exchange, and share with the parents or significant others, children, and partners.



APPROACH AND TOOLS

- Use of an analysis framework focused on the developmental needs of the child, with the child, parents, and partners;
- Use of a participatory and collaborative approach at all stages of the intervention process;
- Collection and analysis of information relating to elements of the analysis framework **using the tools required** according to the complexity of the child's needs;
- **Involvement of the partners** concerned with the child's needs and **development of a concerted action plan based on the analysis**;
- **Evaluation** of achievement of expected results, and if required, revision of the service plan.



Creation and adaptation

Testing and implementation

2003 – 2007

Practitioners and researchers interested in intersectoral practices

**Analysis and discussion of the literature and initiatives in Quebec;
Translation and adaptation of the Framework and Core Assessment;
Development of the approach, a tool for the family, and a training plan;
Testing in 1 health region; 3 families, 2 practitioners;
Informal interviews with practitioners;
Funding search.**

2008 – 2011

1st study

**Training and assimilation support in 3 health regions and 4 local health and social services networks (RLSs);
Intervention of 55 practitioners with 100 families;
Implementation and impact evaluation.**

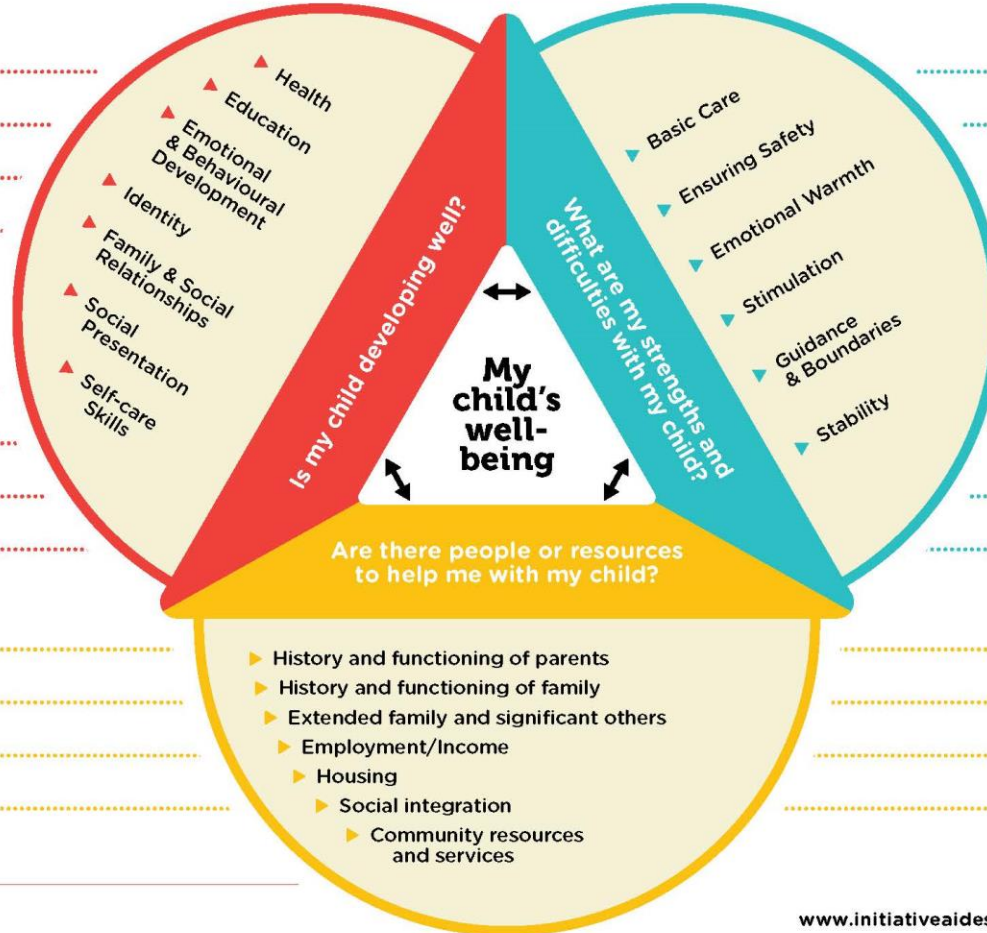
Is appropriate and structuring, but adjustment required in approach and tools;

Deployment: balance reached between adaptation and prescription;

New phase and evaluation: new conditions for success to be implemented;



MY CHILD'S NEEDS



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Child's name: _____

Child's age: _____



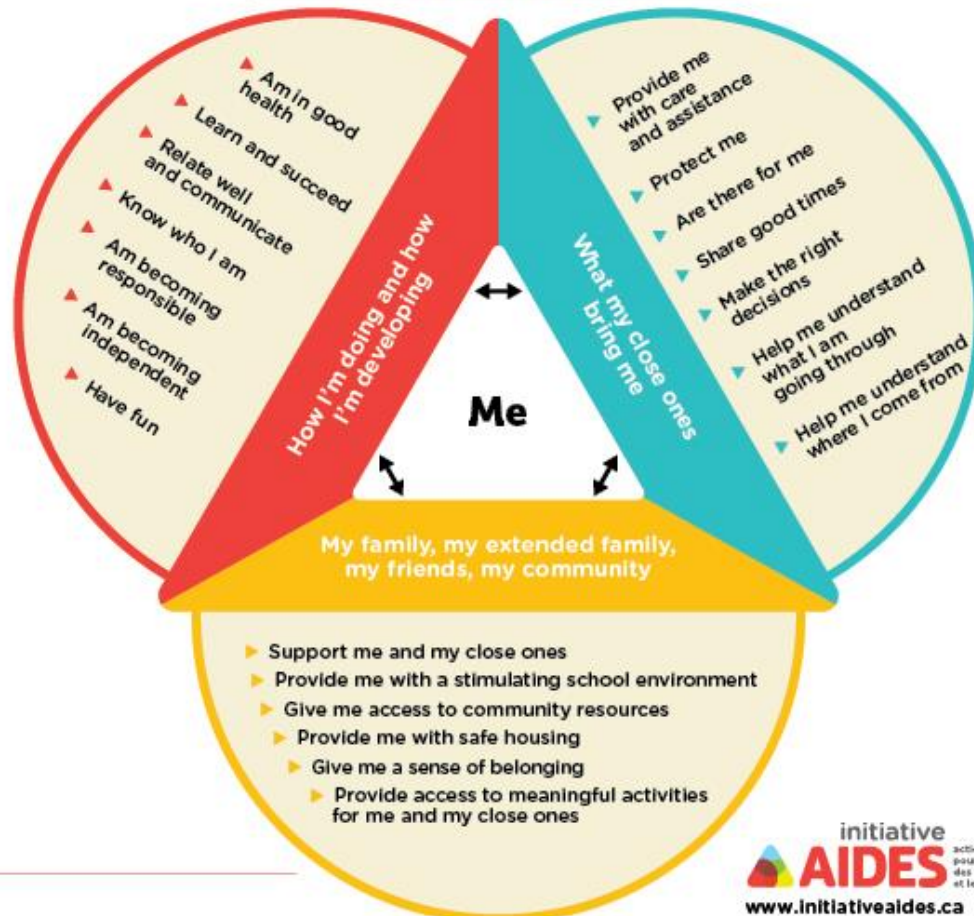
IS MY CHILD DEVELOPING WELL?



HEALTH	EDUCATION	EMOTIONAL & BEHAVIOURAL DEVELOPMENT	IDENTITY	FAMILY & SOCIAL RELATIONSHIPS	SOCIAL PRESENTATION	SELF-CARE SKILLS
<p>My child...</p> <ul style="list-style-type: none"> ... is generally in good health ... has normal height and weight ... has access to preventive health measures (vaccinations, dental care, etc.) ... receives treatment in case of a health problem or disability ... is developing satisfactorily, given his or her particularities ... is protected from everyday accidents by a safe environment (people, places, things) ... has no risk behaviours (sex, drugs, alcohol, etc.) 	<p>My child...</p> <ul style="list-style-type: none"> ... is interested in a variety of activities and has the opportunity to participate in them ... is developing his or her own skills and interests ... is generally happy to go to daycare or school ... has satisfactory grades, given his or her particularities ... likes to learn ... is able to focus on learning in a given time ... almost never misses daycare or school 	<p>My child...</p> <ul style="list-style-type: none"> ... is generally cheerful and smiling ... is easy to console ... interacts well with others ... will seek help from an adult or another child (how, who, frequency) ... shares/takes turns when interacting with others 	<p>My child...</p> <ul style="list-style-type: none"> ... responds when someone calls his or her name ... knows his or her name, age, gender ... knows the members of his or her family ... takes his or her place among siblings, friends, etc ... knows his or her family's routines and traditions ... is comfortable with his or her sexual orientation ... has positive self-perception ... is aware of and comfortable with his or her culture 	<p>My child...</p> <ul style="list-style-type: none"> ... enjoys receiving affection and being cuddled ... likes to be with his or her parents, siblings, and significant others ... likes to play alone, near a familiar adult or sibling ... prefers to play with other (siblings, friends) ... has a close friend ... has a strong and positive relationship with a parent or significant other 	<p>My child...</p> <ul style="list-style-type: none"> ... interacts differently and appropriately with familiar people or strangers ... is confident and open with peers ... is able to make choices regarding his or her appearance ... likes to talk about his or her family and home ... has neither provocative nor disturbing behaviour or appearance 	<p>My child...</p> <ul style="list-style-type: none"> ... tries to do things by him or herself ... is developing the skills required for self-autonomy, given his or her particularities and age ... likes his or her routine (hygiene, diet, schedule) ... has a realistic understanding of potential dangers to his or her person ... can cook simple meals ... can manage money and buy food and clothes



THE TRIANGLE OF MY WORLD

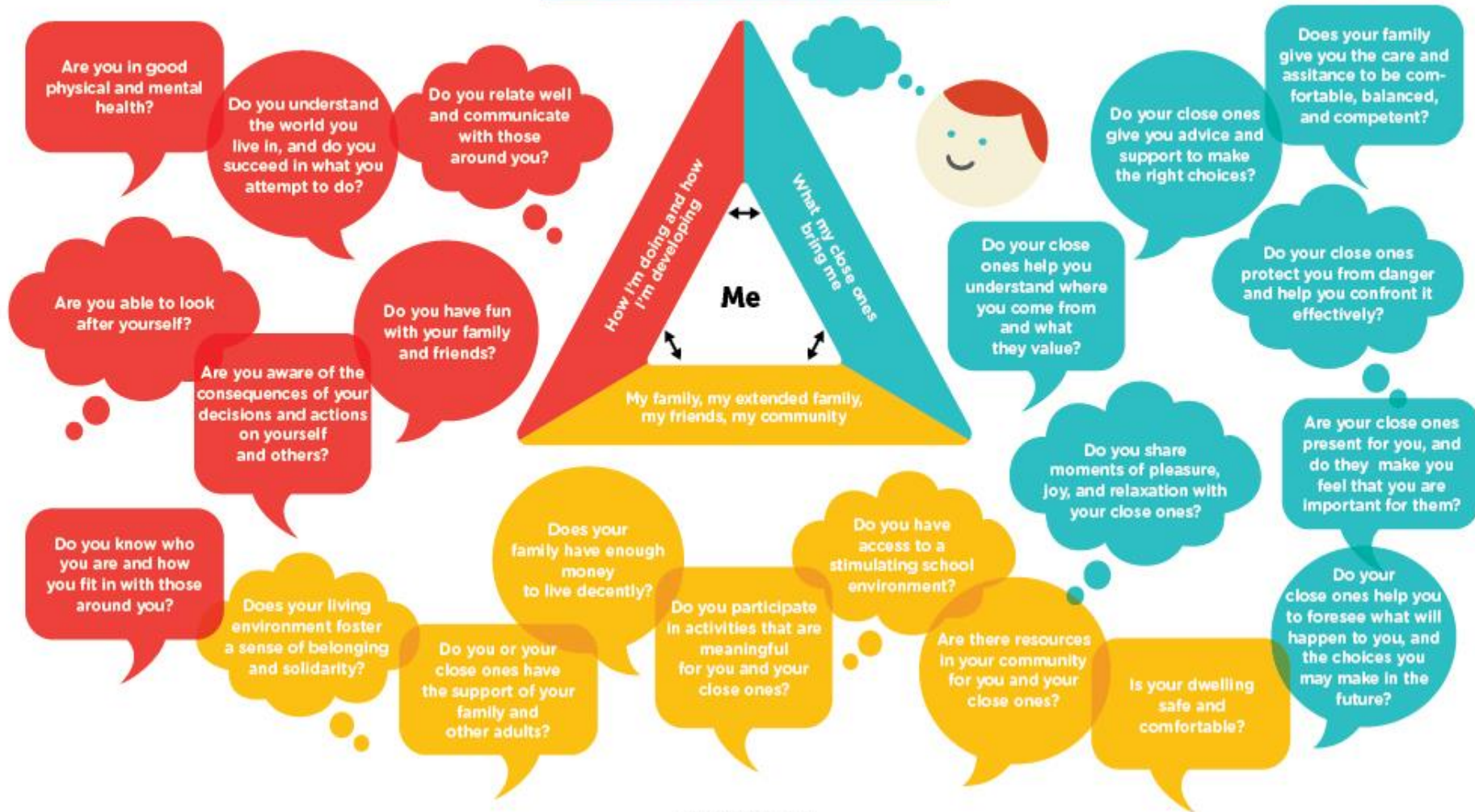


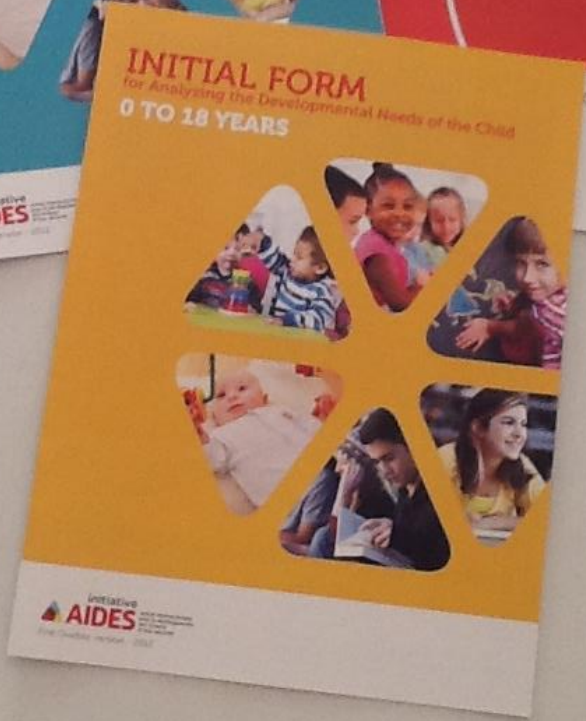
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Creation and adaptation

Testing and implementation

2011 – 2012

**Formalisation of the approach;
Improvement: tools, training, and support activities;
Development of practice guidelines;
Deployment and sustainability plan.**

2012 – 2016
2nd study

**Training of multipliers + implementation and assimilation
of the approach;
3 regions, 6 CSSSs;
Case studies at the “territory” and “family” levels**

Since 2013

**Deployment throughout the entire Quebec territory:
assimilation and sustainability.**



2 - STEPS FOR PLANNING AND SUSTAINABILITY OF THE APPROACH IN A TERRITORY

PREPARATORY STEPS (6 to 12 months)

Presentation to promoters in the territory by the AIDES team:

Approach and tools;
Training content and support activities;
Conditions for deployment;
Schedule of activities.

Assimilation by the territory;

Formation of monitoring committee;

Identification of multipliers.

TRAINING OF MULTIPLIERS

5 consecutive days by the AIDES team;

Content:

Analysis framework,
Participatory approach, inter-professional and inter-organisational collaboration;
Analysis tools and their use;

Practical exercises using clinical vignettes;

Discussion and reflection on the use of the approach in their practice.

SUPPORT TO MULTIPLIERS

+/- 6 months;

Testing;

Co-development meetings every 5 to 6 weeks with the AIDES team;

Preparation for training in the territory.



2 - STEPS FOR PLANNING AND SUSTAINABILITY OF THE APPROACH WITHIN A TERRITORY

TRAINING IN THE TERRITORY BY MULTIPLIERS + SUPPORT

3 days:

Day 1: Analysis framework

Day 2: Participatory and collaborative approach

All partners

Day 3: Use of the CABE

Social workers

**Support activities:
co-development meetings, group
and individual clinical discussion**

APPLICATION

Intervention with families using the approach and tools promoted by AIDES

Collaboration with partners concerned with the child and parents

Completion of the CABE: 4-6 hours or more depending on the complexity of the child's and family's needs

Completion of the action plan: time given during regular practice

SUSTAINABILITY IN THE TERRITORY

**Organisation of consolidation meeting with partners;
Articles: local and professional publications;
Posters in offices;
Regular meeting with monitoring committee;**

Planning for additional training



3 – PROVINCIAL RESULTS

- **7 health regions (rural and urban) including 30 local network of services (LNS);**
- **1 organisation = First Nations of Quebec and Labrador Health and Social Services Commission;**
- **Health and Social Service Centres (CSSSs) and Youth Centres (CJs) – Institutions wanting to promote the approach and tool in their territories;**
- **142 people trained to be multipliers;**

Mostly from requesting institutions, but also from daycares, schools, and community organisations – family.



Results for the 3 regions participating in the 2nd study

Number of multipliers by region and CSSS territory participating in the study

HEALTH REGION	RLS TERRITORY	# MULTIPLIERS TRAINED
Bas Saint-Laurent	Des Basques	2
	De la Matapédia	4
ESTRIE	Du Granit	6
	De Memphrémagog	3
	De Sherbrooke (IUGS)	4
MONTRÉAL	De Bordeaux-Cartierville-Saint-Laurent	4
TOTAL		23



Results for the 3 regions participating in the 2nd study

Number of participants* receiving training from multipliers by CSSS territory

	DAY 1	DAY 2	DAY 3
Des Basques	35	22	15
De la Matapédia	74	47	21
Du Granit	40	43	13
De Memphrémagog	43	62	25
De Sherbrooke (IUGS)	50	50	21
De Bordeaux-Cartierville-Saint-Laurent	32	30	22
TOTAL	274	254	117**

*Social workers (in prevention and protection), health workers, teaching professionals, daycare workers, community workers (family centres, youth centres, etc.), and policy makers.

**Social workers only.



3- RESULTS*

- **Number of evaluation forms (J1-J2-J3) = 710**
- **Participation rate = 80% and more**
- **Quantitative: satisfaction scales (mean and standard deviation)**
- **Qualitative: 1,392 comments**
- **Classifications:**
 - **6 categories: learning and gains – evaluation of content – evaluation of form – evaluation of trainers – concerns – recommendations**
 - **Sub-categories**

*Lessard, D., Dufour, S., Bouchard, V. (2014). Rapport d'activités et d'évaluation préliminaire, Initiative AIDES – phase 2. Rapport présenté au Ministère de la santé et des services sociaux (pp. 65). Montréal, Canada: Université de Montréal.

3 - RESULTS

Participants in the three-day training programme in all territories evaluated positively the various aspects of the programme **(average 4.3/5 [0.5])**

Category	Sub-categories
Learning and gains	Partnership between organisations concerned (meeting/getting to know partners; sharing and finding one's place in the proposed approach); Improving one's practice (listening to parents and helping them to analyse their situation; structuring the intervention/action plan); Children's needs (getting to know the child better); Parental involvement (taking account of their views, perceptions, and solutions).
Evaluation of content (+ and -)	+ Approach considered relevant and applicable. - Need to clarify certain elements of the approach proposed by AIDES.
Evaluation of form (+ and -)	+ Exercices and examples; place given to discussions; documentation provided. - High number of participants.
Evaluation of trainers (+ and -)	+ Mastery of subject matter; dynamism; motivation; practical information.
Concerns	- How to apply the approach in practice; perception that the CABE tool is "heavy."
Recommendations	More time to practice the approach and tools so they can be easily incorporated into practice; Receive the necessary support (team meetings, co-development with partners, support of multipliers, etc.).



3 - RESULTS

- **Quantitative and qualitative results showed that the training was well received overall;**
- **We determined that the presence of multipliers in each territory was worthwhile;**
- **We observed that the learning and gains reported by participants were consistent with the knowledge delivered over the 3-day training programme;**
- **Finally, the concerns and recommendations of the participants were consistent with the results obtained in the AIDES evaluation study – Phase 1: integration of the approach and tools in practice; implementation support for key practitioners and partners.**



4 - CHALLENGES FACING INSTITUTIONS INTERESTED IN THE IMPLEMENTATION

Observation = deployment stages appropriate but must meet the winning conditions of the 1st study.

Challenges for the sponsoring institutions

- Mobilising the various sectors involved: demonstrating the link of the proposed approach and tools with the agreements, programmes, and tools used by the various sectors in the territory;
- Providing the necessary conditions for the multipliers;
- Facilitating the approach and tools in the territory after training;
- Prescribing the approach to practitioners.



4 - CHALLENGES FACING INSTITUTIONS INTERESTED IN THE IMPLEMENTATION

Challenges for the multipliers

- **Assimilating the approach and tool (knowledge, know-how, human relation skills) in a short time;**
- **Transmitting the knowledge to the various actors;**
- **Facilitating the approach and tool (being promoters)**

Incorporating new functions (trainer, ambassador of the AIDES approach) into their current professional activities (monitoring families, facilitating groups, managing a programme);



CHALLENGES FACING THE AIDES TEAM

- **Appropriate approach in connection with the proposed paradigm – convincing and persuading are no longer necessary;**
- **Since 2008, the Ministry of Health and Social Services (MSSS) has been an avid observer of the approach;**
- **Since 2011 (submission of 1st report), has been an active promoter of the approach by funding the 2nd study and the training requests of various territories.**

Result

- **Demand exceeds capacity to provide support for deployment and sustainability;**
- **Awaiting funding to support deployment in interested regions;**
- **Model being developed to increase number of trainers in the AIDES team to train multipliers.**



MANY THANKS

