



# Implementation of the British framework and tools for assessing the needs of children in Quebec: description, challenges, and the future

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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?  
And the future?**



# 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.

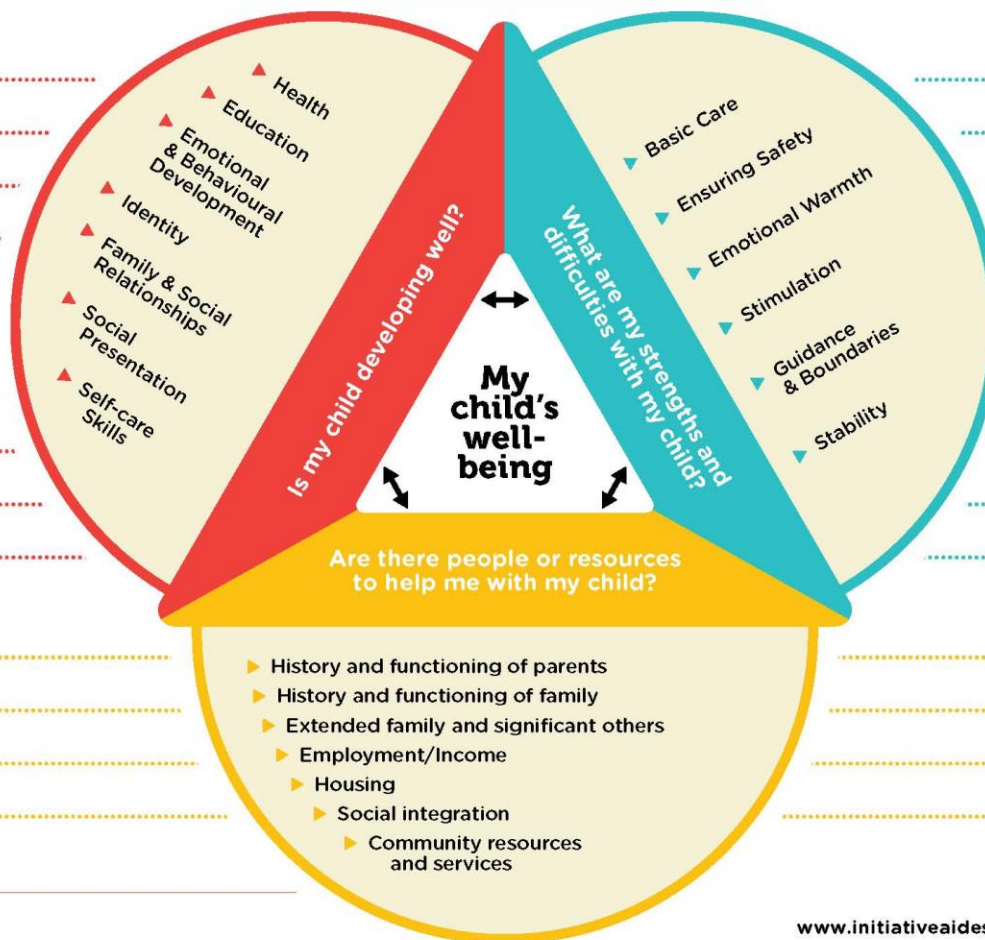


# APPROACH AND TOOLS

- Use of an ecosystemic analytical framework for the development needs of children 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** depending on 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.



# MY CHILD'S NEEDS



Child's name: \_\_\_\_\_

Child's age: \_\_\_\_\_





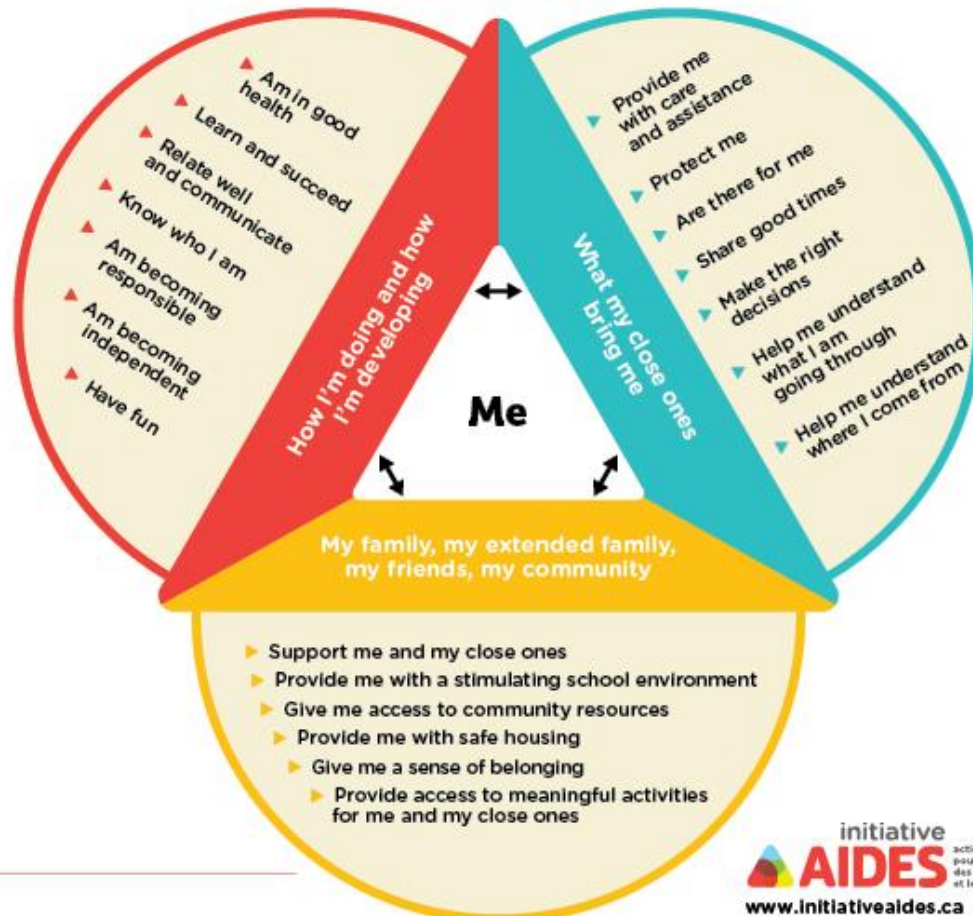
## IS MY CHILD DEVELOPING WELL?



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



# THE TRIANGLE OF MY WORLD



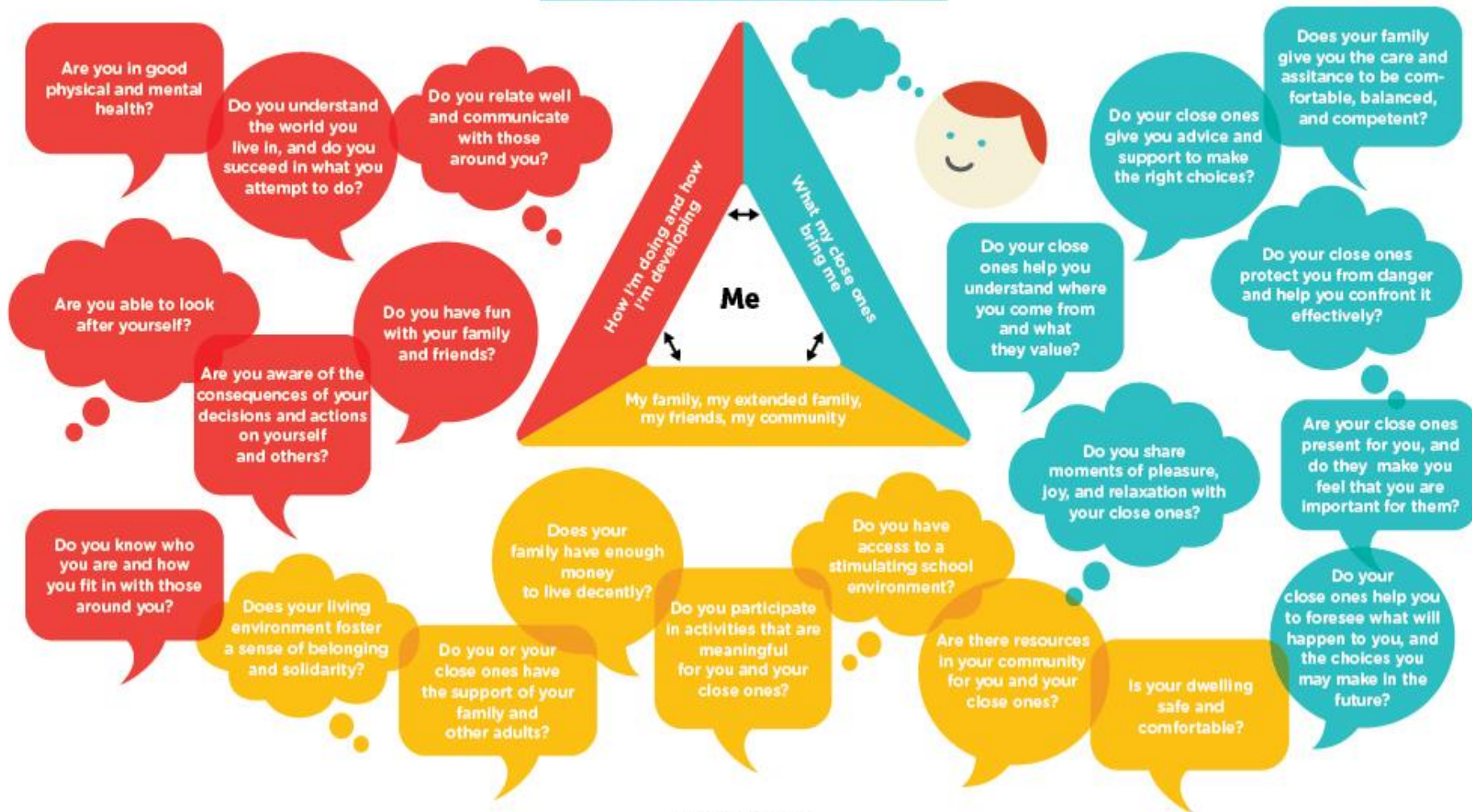
Child's name: \_\_\_\_\_

Child's age: \_\_\_\_\_





# THE TRIANGLE OF MY WORLD





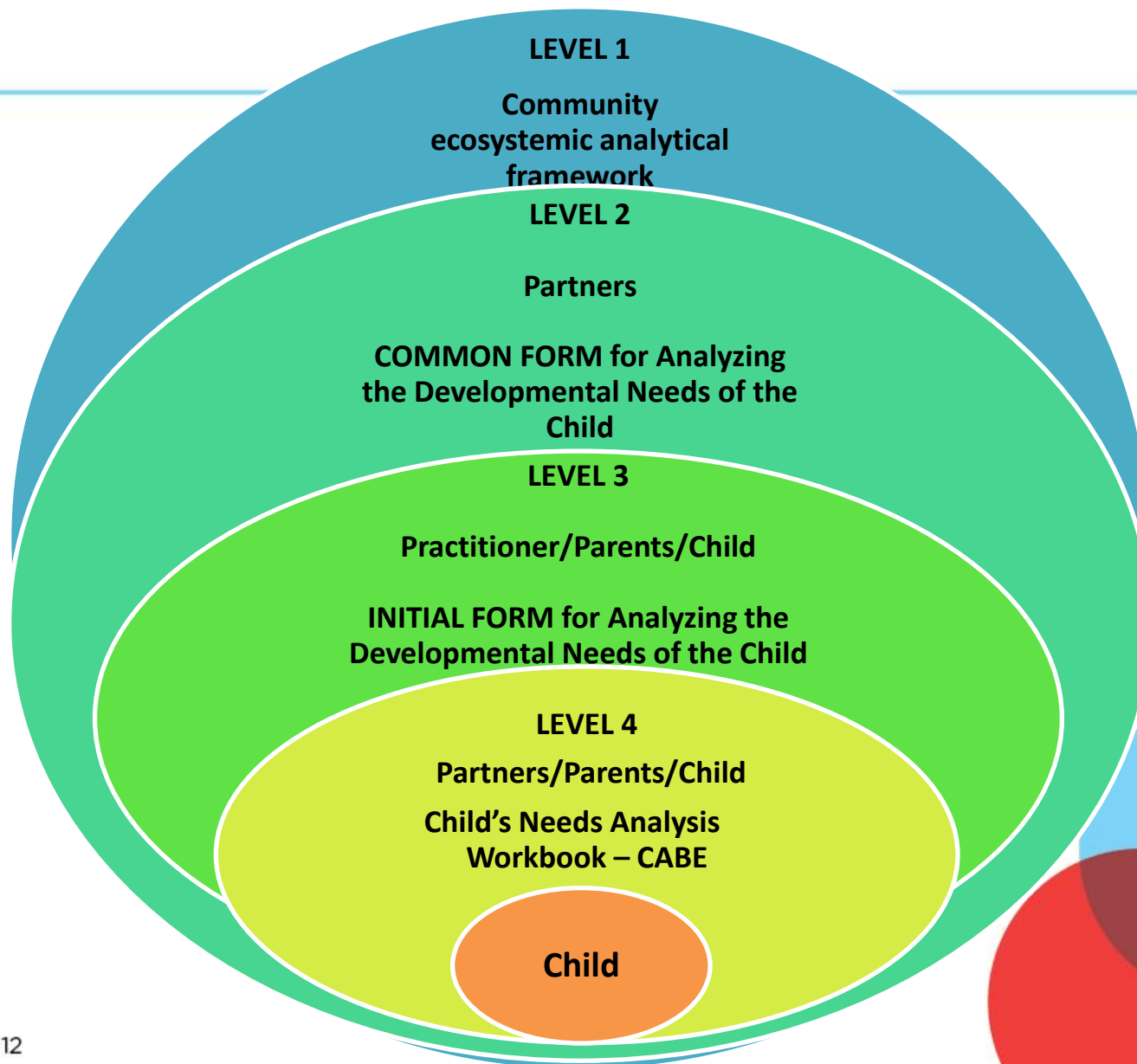


# INITIAL FORM, COMMON FORM & CABE





# AIDES INITIATIVE LEVELS OF ACTION





# **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 one health region; three families, two practitioners;  
Informal interviews with practitioners;  
Funding search.**

**2008 – 2011  
(AIDES 1)**

**First study**

**Training and assimilation support in three health regions and four 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;**



# Creation and adaptation; Testing and implementation

2011 – 2012	<p>Formalisation of the approach;</p> <p>Improvement: tools, training, and support activities;</p> <p>Development of practice guidelines;</p> <p>Deployment and sustainability plan.</p>
2012 – 2016 Second study (AIDES 2)	<p>Training of multipliers + implementation and assimilation of the approach;</p> <p>Three regions, six CSSSs;</p> <p>Case studies at the “territorial” and “family” levels</p>
Since 2012	<p>Deployment throughout the entire Quebec territory: assimilation and sustainability.</p> <p><b>1- Training of territorial multipliers (2012...)</b></p> <p><b>2- Training of 10 provincial trainers (September 2015)</b></p>





## 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

Five 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 5-6 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

**Three 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 work hours**

### 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

- 9/16 health regions (rural and urban);
- In one region, training of second group of multipliers (Fall 2012/Fall 2014);
- One 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;
- 269 people trained to be multipliers;
- Mostly from requesting institutions, but also from daycares, schools, and community organisations – family.



## Results for the three regions participating in the second 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
MONTREAL	De Bordeaux-Cartierville-Saint-Laurent	4
TOTAL		23





## Results for the three regions participating in the second 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
<b>TOTAL</b>	<b>274</b>	<b>254</b>	<b>117**</b>

\*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.



## Results for the three regions participating in the second study

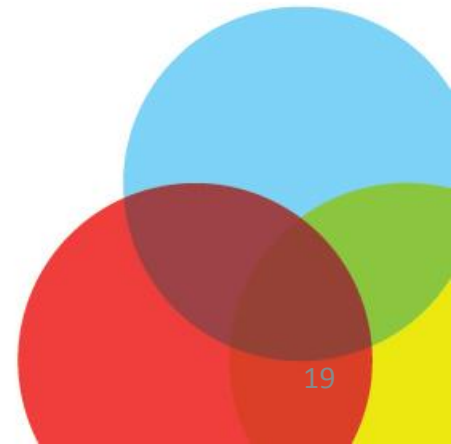
### Number of participants at DAYS 1, 2, and 3 by type of organisation

	DAY 1	DAY 2	DAY 3
Health and social services	113	124	75
Protection services	60	53	41
Community organisation	23	21	0
School board	22	20	0
Rehabilitation centre	26	5	0
Police	2	0	0
Daycare	26	27	1
Others	2	4	0
<b>TOTAL</b>	<b>274</b>	<b>254</b>	<b>117</b>



## Post-training follow-up conducted by multipliers

- **Co-development meetings (Level 4)**
- **Individual clinical discussion (Level 4)**
- **Various consolidation activities with partners (Level 2)**





## 3- RESULTS\*

- Number of evaluation forms (D1-D2-D3) = 710
- Participation rate = 80% and more
- Quantitative: scales of satisfaction (mean and standard deviation)
- Qualitative: 1,392 comments
- Classifications:
  - Six 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. Report presented to the Ministry of Health and Social Services (p. 65). Montréal, Canada: Université de Montréal.





## 3- RESULTS

Participants in the three-day training programme in all territories evaluated the various aspects of the programme positively (**mean 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 discussion; documentation provided. - Large 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 CAGE tool is daunting
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 indicate that training was well received overall;**
- **We determined that the presence of multipliers in each territory was valuable;**
- **We observed that the learning and gains reported by participants were consistent with the knowledge delivered over the three-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 first study.**

### Challenges for 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, especially in the context of major changes in the health and social services system;**
- **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 multipliers

- Assimilating the approach and tool (knowledge, know-how, human relation skills) in a short period;
- Transmitting the knowledge to the various actors;
- Facilitating the approach and tool (acting as promoters);
- Incorporating these functions (trainer, ambassador of the AIDES approach) into their current professional activities (monitoring families, facilitating groups, managing a programme).





# CHALLENGES FOR THE AIDES TEAM

- Suitable approach in terms of the proposed paradigm – convincing and persuading are no longer necessary;
- Since 2008, the Ministry of Health and Social Services (MSSS) has been a close observer of the approach;
- Since 2011 (submission of first report), the MSSS has been an active promoter of the approach by funding the second study and the training requests of various territories;
- Demand exceeds capacity to provide support for deployment and sustainability.  
**(10 provincial trainers recently trained: September 2015)**
- **Secure funding for Phase 3 of AIDES (future AIDES 3).**



# THE FUTURE

- **Apply for funding late December 2015 for a three-year action plan (March 2016 to February 2019).**
- **Develop and implement a strong model for AIDES best practices throughout Quebec at the four levels of action.**

**Objective 1: mobilise communities (Level 1) around the AIDES conceptual framework** so that the initiative is rooted in a natural living environment, ensuring its progress, sustainability, and overall success.

**Objective 2: create a virtual practice community** that will provide communities here and elsewhere; the AIDES team; and colleagues and partners from Quebec and abroad access at all times to relevant information, materials, updated training, and exchanges with a variety of multipliers and key informants.



# THE FUTURE

**Objective 3: continue to provide support for implementation and training in the Quebec regions.**

**Objective 4: consider AIDES accreditation** so that communities may refer to an independent body whose mandate is to oversee the guiding principles of the analytical framework, ensure that the tools and training are kept up to date, and promote the dissemination of AIDES.



# THANK YOU!

