



REPLICATING WITH QUALITY: LESSONS FROM THE FIELD OF HOME VISITATION: *Family Connections*

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Acknowledgements*

- 1996 -2009 Development, Demonstration, and Testing of Family Connections
 - US DHHS Children’s Bureau (90-CA1580)
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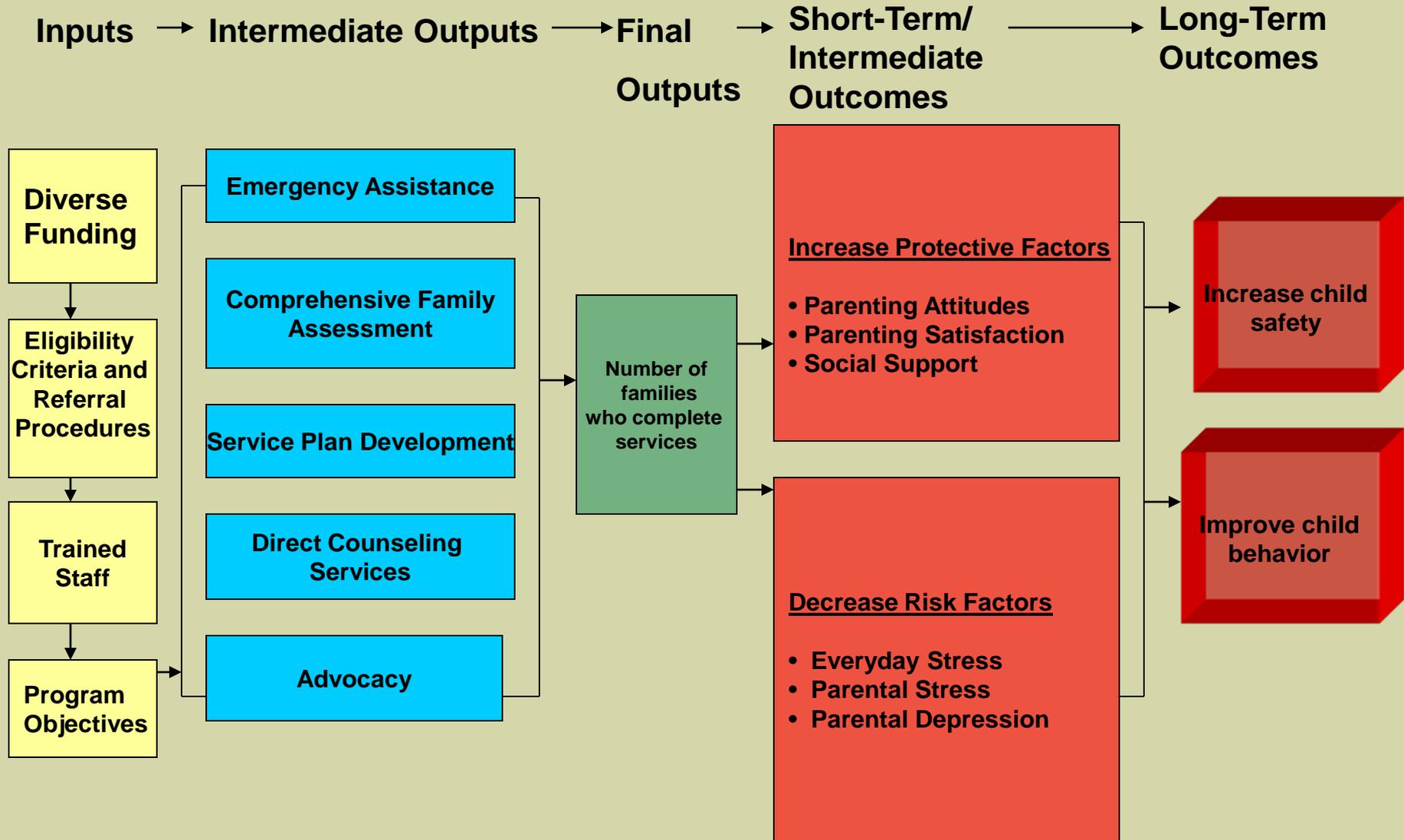
Background – Family Connections



- Family Connections was developed in 1996 to:
 - reduce risk factors associated with neglect and
 - enhance protective factors that may help families more adequately meet the basic needs of their children resulting in improved outcomes for their children.

See participant handouts for further information

Original Logic Model - Family Connections



Prior & Current Research

- Original demonstration (1996-2002) (DePanfilis, Dubowitz, & Glazer – Semmel)
 - Published papers:
 - *Child Maltreatment* (DePanfilis & Dubowitz, 2005)
 - *Research on Social Work Practice* (Girvin, DePanfilis, & Daining, 2007)
 - *Child Abuse & Neglect* (DePanfilis, Dubowitz, & Kunz, 2008)
 - *Research on Social Work Practice* (Lindsay, Hayward, & DePanfilis, in press)
- Dissertation - An exploration of social support and coping and the impact on caregiver well-being among African American grandmothers who provide care for their grandchildren. (Simpson, 2003)
- Dissertation – Neighborhood conditions, father involvement, parenting competence, and behavior problems in a sample of children at risk for neglect: A structural equation model (Hayward, 2009)
- Testing trauma adapted Family Connections (2007-2012) (Collins, DePanfilis, & Strieder)

Replication of Family Connections

- *Emerging Practices in the Prevention of Child Abuse & Neglect* (2003)
 - Funding announcement for Replications of Demonstrated Effective Prevention Programs (2003)
- Funding by the USDHHS, Children's Bureau, Office of Child Abuse and Neglect to 8 organizations to replicate Family Connections (2003-2008)

FC Replication Projects

- Youth Health Service, Inc., Elkins, WV
 - Rural families living in Randolph and Barbour counties, West Virginia
- University of Maryland School of Social Work, Baltimore, MD
 - Intergenerational families at-risk for neglect living in Baltimore.
- Child and Family Tennessee, Knoxville, TN
 - At-risk families living within the Knoxville Empowerment Zone.

FC Replication Projects

- **Black Family Development, Inc., Detroit, MI**
 - Families living in high-risk communities of Detroit and Highland Park, MI.
- **DePelchin Children's Center, Houston, TX**
 - Families with children 5-14 years old attending selected schools in Dickinson, Texas.
- **Respite Care of San Antonio, Inc., San Antonio, TX**
 - Families with children with disabilities living in San Antonio, Texas

Key Discussion Questions

- How are new replication sites selected and developed?
- How is quality promoted and monitored over time?
- How can the intervention be tailored to specific participant groups and communities?
- How do the model developers identify and integrate future innovations into their intervention?

How are new replication sites selected and developed?

- Exploration and Adoption
 - A program hears about FC and is directed to materials on the web site (summary documents, fidelity criteria, training requirements, etc.)
 - In some cases, the program is applying for funding and needs a letter of commitment in the application.
 - When the program receives funding and or decides to further pursue replication, they are asked to complete a FC readiness assessment.
 - If we proceed, an individualized MOU is developed which outlines the expectations of the program and the RYC
 - For training, fidelity, ongoing technical assistance
 - Leadership, qualified staff, partner agencies essential to implementation

How is quality promoted and monitored over time?

- Program Installation
 - The program follows steps for developing an implementation plan which includes revising the FC intervention manual for their target population
 - They submit these documents for review and acceptance prior to implementation
 - Core training is provided to key personnel (this is as close to their implementation start date as possible).
 - In the implementation plan and MOU, there is agreement about how fidelity will be self-evaluated and assessed by the RYC.
 - Once fidelity assessments are employed, ongoing training and technical assistance is provided to enhance fidelity

The implementation plan must:

- Engage all relevant stakeholders and follow the critical determinants of successful implementation.
- It must address how the program will implement with fidelity



Critical Implementation Determinants*

- ❑ Acceptability of the intervention to the worker & family
 - ❑ Suitability of the intervention to the needs of the target families
 - ❑ Worker motivation to apply new practice methods
 - ❑ Experiences with being adequately trained in the intervention
 - ❑ Extent of organizational support for implementation
 - ❑ Impact of the intervention on the process and outcome of services
- *Aarons, G. A., & Palinknas, L. A. (2007).

How can the intervention be tailored to specific participant groups and communities?

- Program Installation
 - In the revision of the intervention manual and in the implementation plan, the program identifies modifications that wish to make in order to be responsive to a new target population
 - As appropriate, the array of individualized interventions may be expanded based on participant need and expertise of staff (e.g., trauma adapted family connections)
 - Training is adapted (using sample case scenarios) to adapt to the target population)

How do the model developers identify and integrate future innovations into their intervention?

- Evaluation and Quality Assurance
 - Key literature from implementation science is reviewed and adaptations are made to the replication process as appropriate
 - Results from research and evaluation are used to adapt or further operationalize the fidelity criteria and methods of measurement

Key Take Home Points

- Importance of pre-planning (especially with developing logic model and engaging everyone in the implementation planning process)
- Change is difficult and resistance should be anticipated
- Importance of matching the intervention to the needs of the target population
- Be careful to not “over sell” the new idea
- Work for the long term benefit, rather than the short term “fix”. – Implementation often takes longer than expected.

Key Take Home Points

- Following deliberate implementation steps increases fidelity
 - Phase I: Exploration and Adoption
 - Phase II: Program Installation
 - Phase III: Initial Implementation
 - Phase IV: Full Operation and Sustainability



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- Evidence-based Practice Blog
- Family Connections
- Family Connections Replication
- Grandparent Family Connections

News & Events

- Applications being accepted for Director of Child Welfare Academy
- Family Connections named a Promising Program
- Diane DePanfilis Testifies Before Maryland Legislators
- Grandparents Graduate From a Life Skills Class
- Family Connections recognized as Promising Practice
- New Reports Released

Check the RYC Web site for more information:

www.family.umaryland.edu



For more information:

- DePanfilis, D., & Dubowitz, H. (2005). Family Connections: A program for preventing child neglect. *Child Maltreatment*, 10, 108-123.
- Girvin, H., DePanfilis, D., & Daining, C. (2007). Predicting program completion among families enrolled in a child neglect preventive intervention. *Research on Social Work Practice*, 17, 674-685.
- DePanfilis, D., Dubowitz, H., & Kunz, J. (2008). Assessing the cost-effectiveness of Family Connections. *Child Abuse & Neglect*, 32, 335-351.

For more information:

- DePanfilis, D. (2009). Using prevention science to reduce the risk of child neglect. *Children Australia*, 34(1), 40-44.
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- DePanfilis, D., Filene, J. H., & Brodowski, M. L. (2009). Replicating the *Family Connections* program: Lessons learned. *Protecting Children*, 24(3).

Additional Reference

- Aarons, G. A., & Palinknas, L. A. (2007). Implementation of evidence-based practice in child welfare: Service provider perspectives. *Admin Policy Mental Health & Mental Health Services Research, 34*, 411-419.

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