

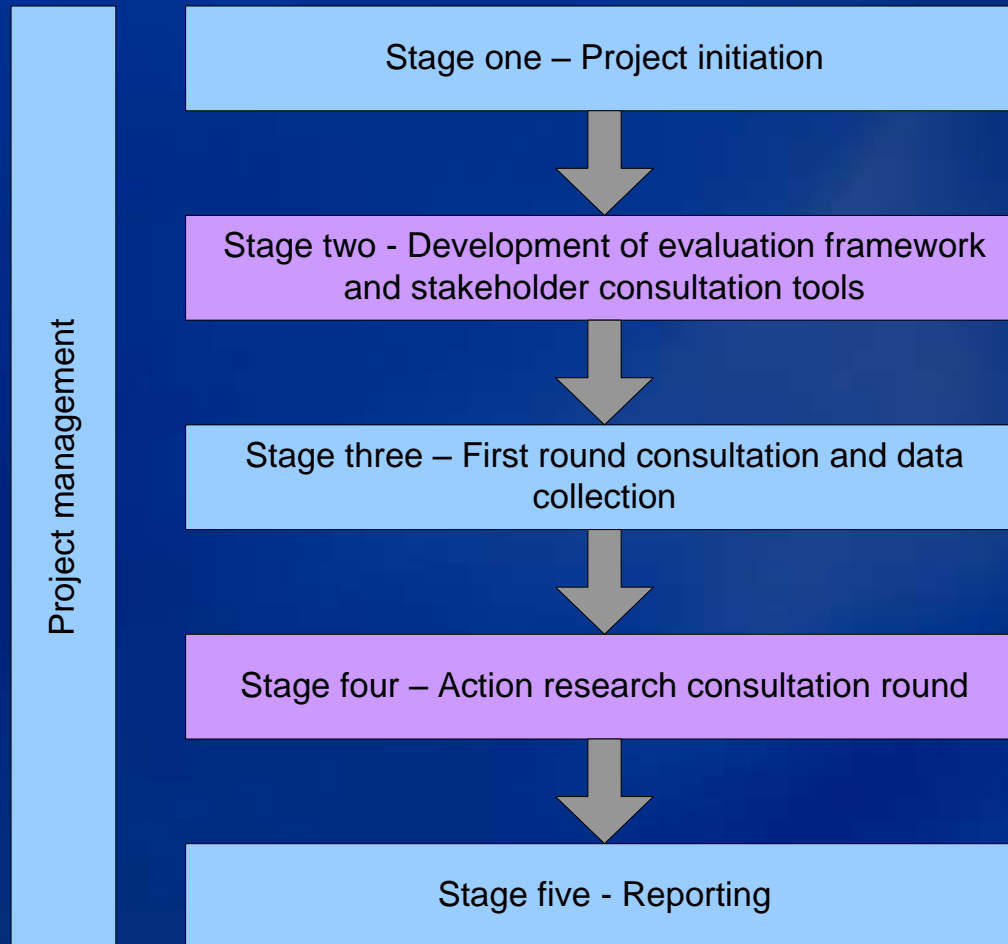


HEALTH AND HUMAN SERVICES PRACTICE

Evaluation of the pilot implementation of the revised KAS framework

GOVERNMENT ADVISORY SERVICES

Methodology



Evaluation dimensions

- **Suitability and effectiveness of the training**
- **Level of acceptance of the revised KAS framework**
- **Impact on client concerns, client expectations, and client rapport**
- **Effect of revised KAS activities upon MCH nurse workforce and workload**
- **Effect of revised KAS activities upon referral services and referral pathways**
- **Appropriateness of resources provided to support the implementation**

Consultations

- Early Years MCH team
- DEECD regional staff
- Child and Family Services Managers
- MAV
- MCH coordinators
- MCH nurses
- MCH Line
- Community Health Services (including GPs and dentists)
- ECIS
- Regional family violence services
- Parents

DEECD activities to support pilot

- Training of MCH nurses
- Support for MCH coordinators and nurses
- Development of practice guide and data collection guidance
- Revised approach for use of / recording in Child Health Record
- Arrangements for distribution of KAS information packs
- Communication with doctors and paediatricians prior to change
- Information for parents
- Action learning evaluation

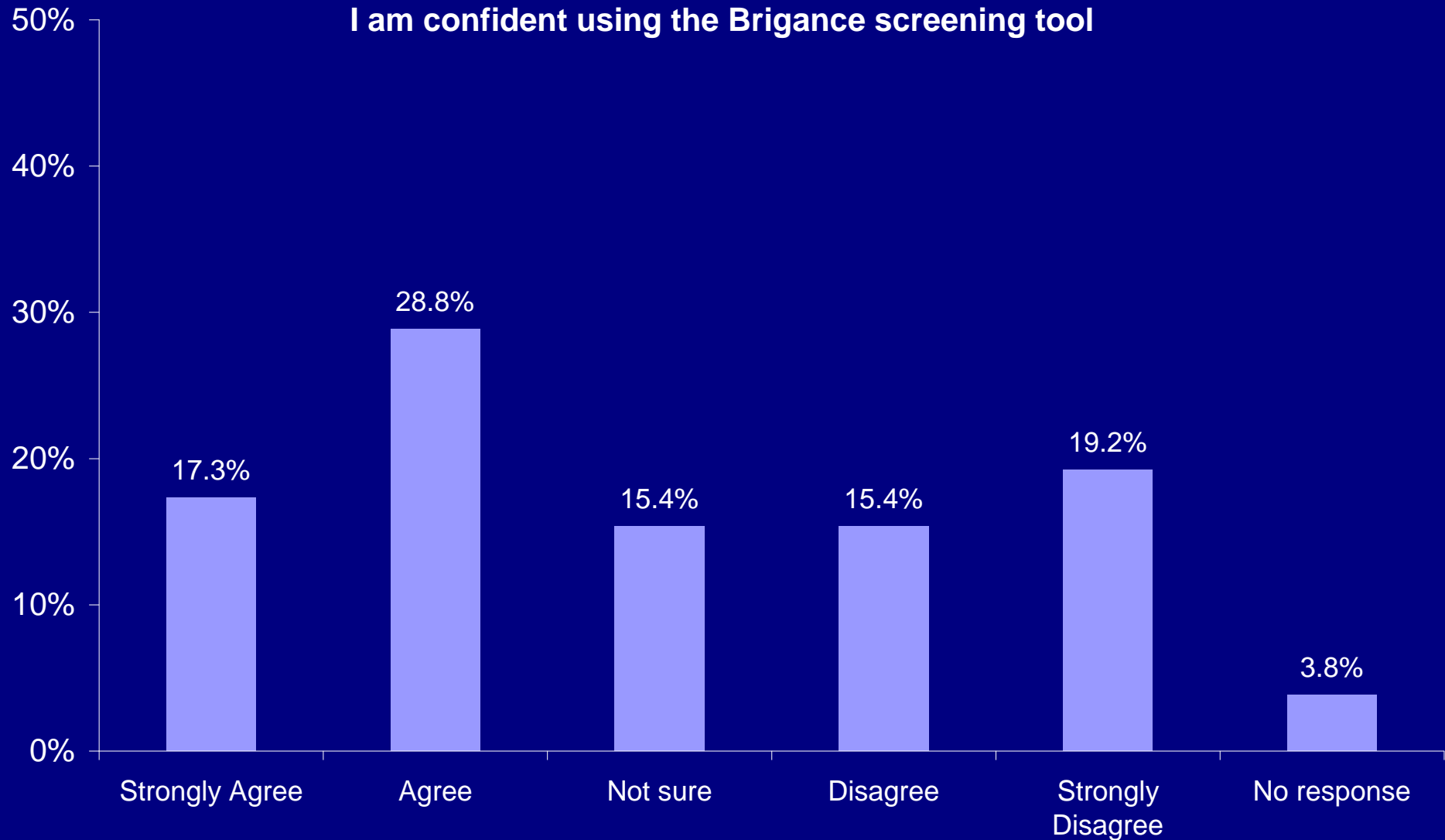
Acceptance of framework

- **Nurse acceptance related to views on framework**
 - PEDS prior to 4 months
 - Perceived reduced emphasis on maternal health
 - Four week visit challenging
 - Need for more anticipatory guidance
 - Concerns that revised framework missing activities that had occurred previously

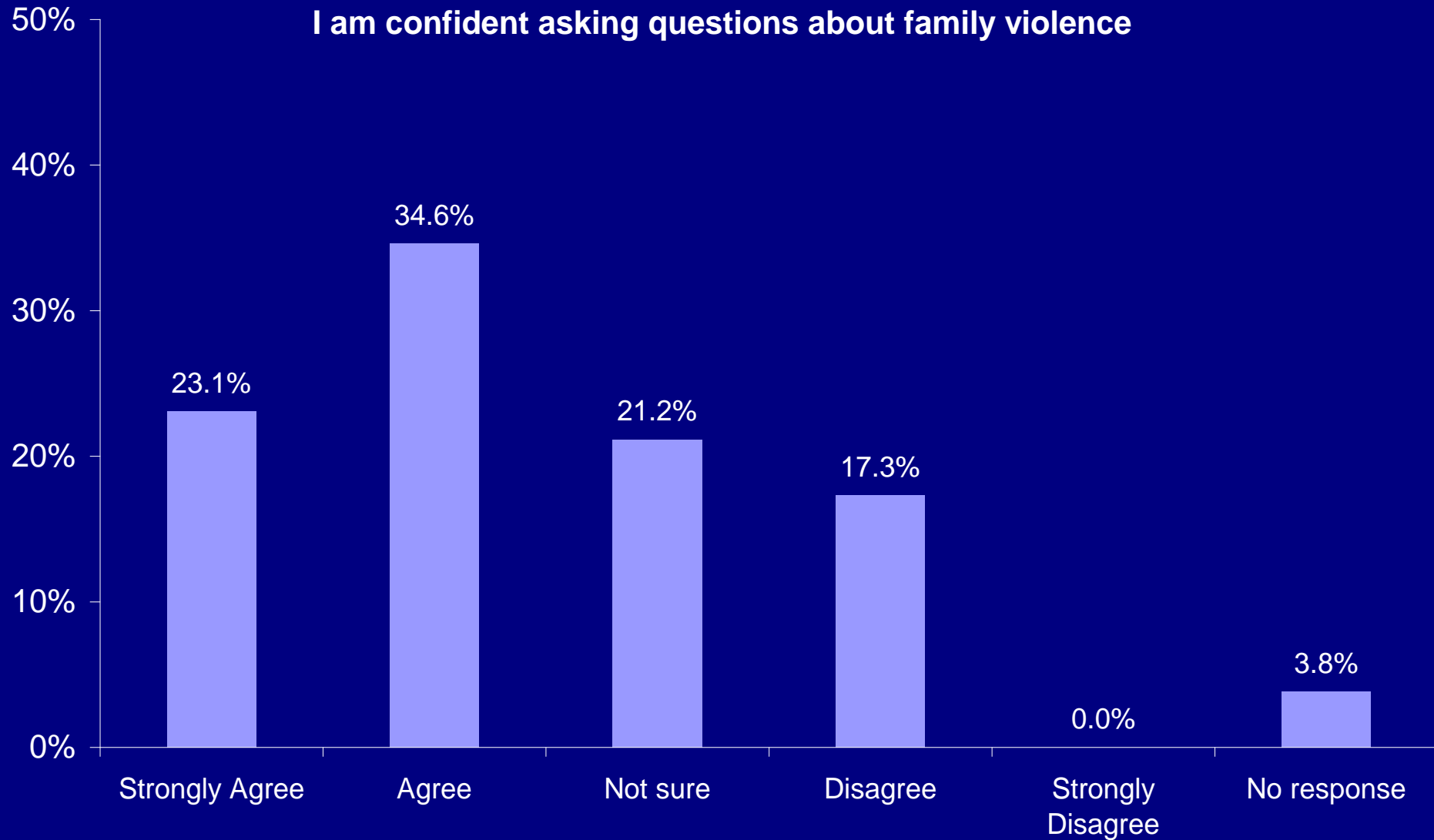
Training

- **MCH nurses positive about most aspects of training**
- **Training had varying impact across the sites**
- **Areas for improvement identified:**
 - All training would have benefited from more role plays / opportunities to rehearse role
 - Variety of views about timing of training
 - Need for training to be contextualised to MCH role
 - Training in Brigance was introductory only and therefore not viewed as adequate

Training



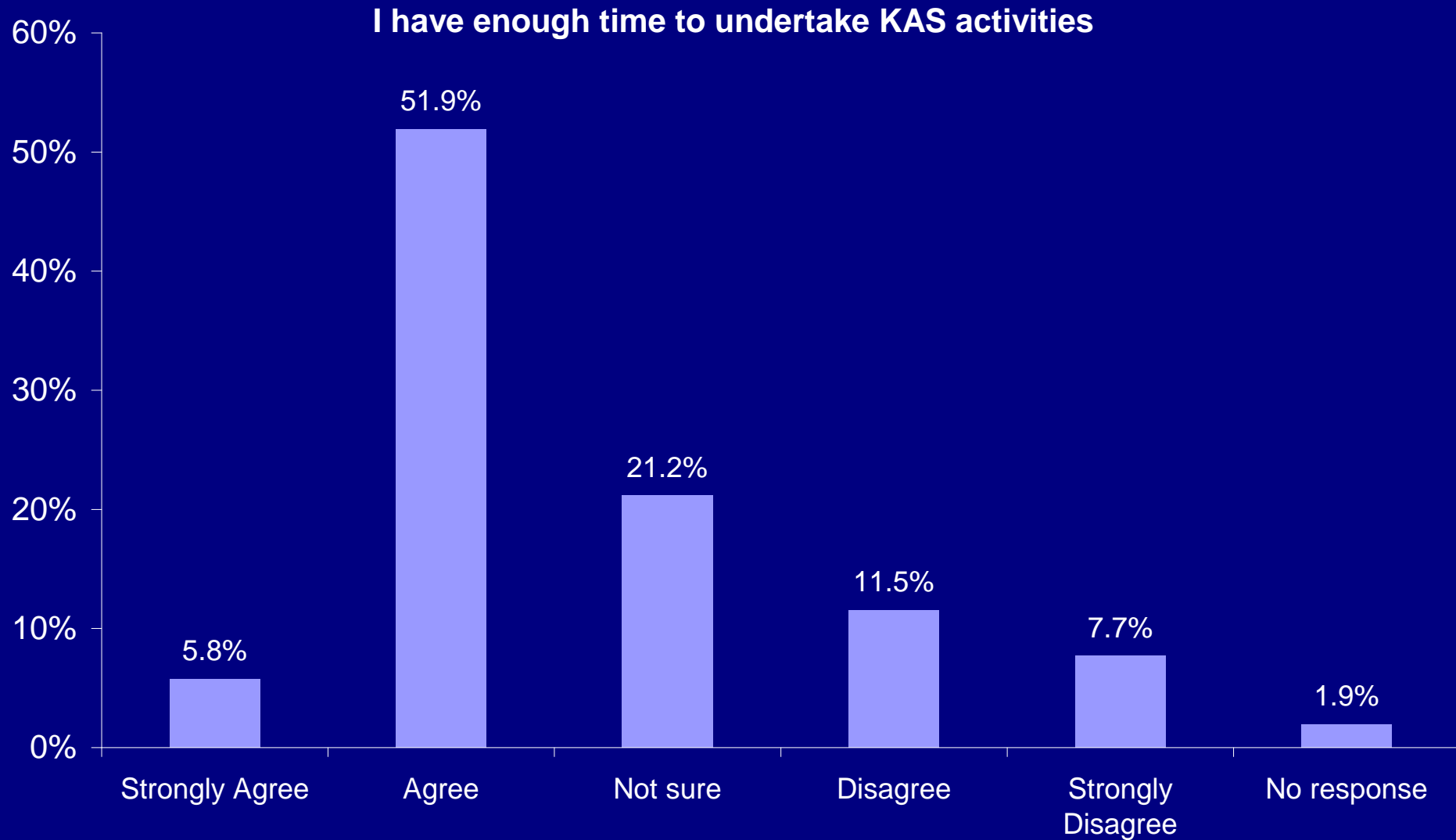
Training



Effect on workforce

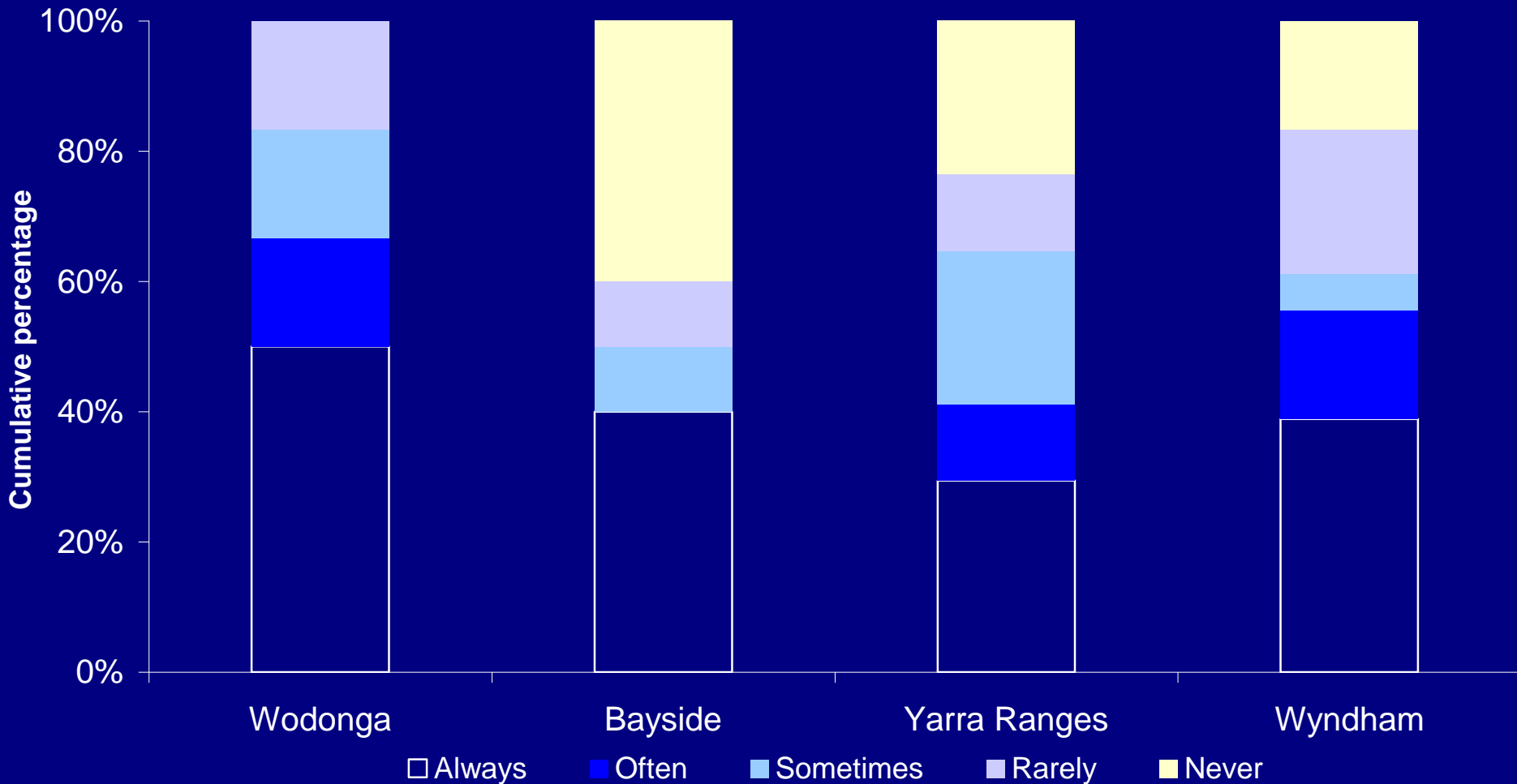
- **Reduced consultation time if no concerns identified**
- **Second appointment almost always needed if Brigance required**
- **A majority of nurses undertaking revised activities and activities indicated by Child Health Record**

Effect on workforce



Effect on workforce

I complete the developmental assessment in the Child Health Record
by location



Impact on parents

- **Parent views differed according to whether first time parent**
- **Some concerns that PEDS questions not relevant with young babies**
- **Disconnect between revised activities and Child Health Record**
- **Need for milestone information**

Impact on parents

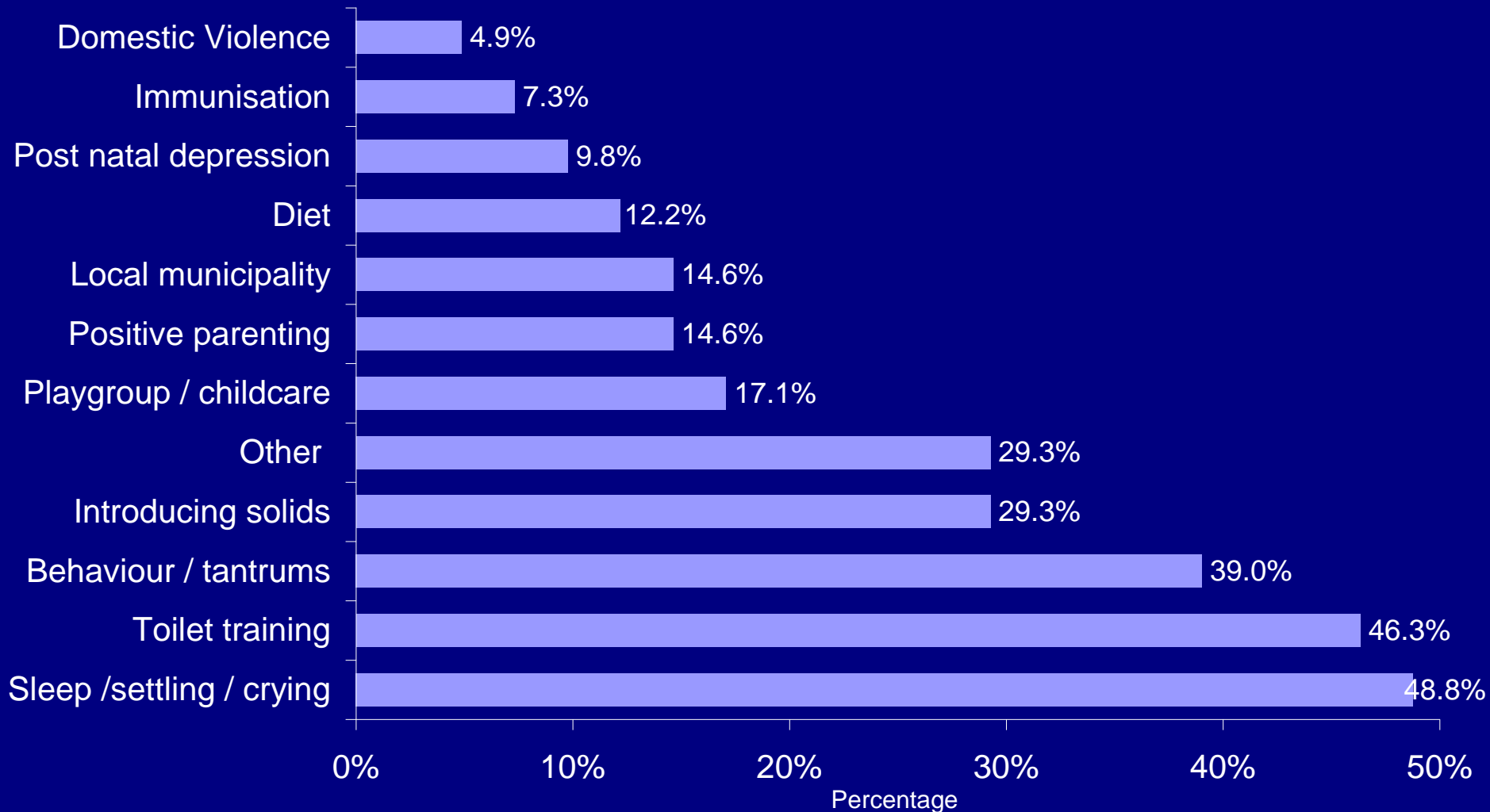
- Feedback from parents included
 - “the PEDS response form places too high an expectation on the parent”
 - “the questions are a good idea because they prompted me to think about things”
 - “the questions were not appropriate for a baby”

Resources

- **Framework accompanied by a range of pamphlets**
- **Management of this has considerable impact on MCH coordinator**
- **A range of additional materials are handed out by nurses**
- **Child Health Record is key to changing parent expectations and therefore nurse behaviour**

Resources

Additional information handouts provided



Referral services and pathways

- **Limited to no awareness of revised framework activities from referral partners**
- **Some changes to referral activity on behalf of nurses**
 - One ECIS service experienced dramatic spike in referrals at start of pilot period
- **Service partners expressed interest in understanding the broad activities of MCH nurses**
- **Some confusion arose through changes to use of Child Health Record**

Issues for consideration

- **Role of DEECD (head office)**
 - Finalisation of framework
 - Strategy for engaging MCH workforce
 - Supporting MCH coordinators to bring about change
 - Development of appropriate resources
 - Liaison with MCH stakeholders
 - Monitoring implementation
 - Design and delivery of training package

Training

- **Training on revised KAS framework should**
 - Be customised to a MCH environment
 - Provide context for the framework (including policy background and evidence base)
 - Clearly link all training components
 - Be available regionally and centrally
 - Be sequential and delivered within four weeks of the 'go live' date
 - Offer refresher opportunities



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