Evaluation of the Implementation of the MCH KAS Service Activity Framework
Year 1 (2010) Progress Report

Claire Jennings
Centre for Community Child Health
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Overview of slide presentation
- Background and methodology
- Sample characteristics
- Family and nurse perceptions
- Implementation: what is going well?
- Child health outcome indicators
- Implementation: where the barriers are
- Recommendations
- What is happening in 2011 & 2012?

Background to evaluation
- Centre for Community Child Health (CCCH) commissioned by DEECD to evaluate the implementation of the Revised MCH KAS Framework
- The evaluation commenced in Jan 2010 & will conclude in Nov 2012
- Data collected in 2010 will serve as a proxy baseline for comparison of data collected in 2011 & 2012.
Methodology

- 4 stakeholder groups: MCH nurses, families, MCH senior management & local service providers
- Nurses working within the 79 local government areas (LGAs) in Victoria were invited to complete an anonymous online survey
- 15 LGAs were selected for further data collection activities. These LGAs were chosen to represent the diversity of the population.

Sample characteristics

- Nurses
  - Nurse survey
    - 505 respondents (55% response rate)
    - 315 metropolitan nurses (67% of sample)
    - 154 rural nurses (33% of sample)
  - Nurse focus groups
    - 68 participants across 14 municipalities
    - 24 rural nurses, 44 metropolitan nurses

Sample characteristics cont.

- Families
  - Family survey
    - 483 surveys returned (48% response rate)
    - 46% of respondents were first time parents
    - 17% of respondents were born overseas
    - 10% spoke another language at home
  - Family focus groups
    - 70 families participated across 9 LGAs
    - 37 rural parents, 33 metro parents
    - 6 Indigenous parents, 14 CALD parents
Family feedback

- Many families are very happy with the service provided by MCH nurses:
  - “MCH is a fantastic service. Keep up the good work!”
  - “I’m a first time mother and I tend to get concerned about a lot of things and I’m probably being overcautious. I appreciate the nurse always has time to listen to my concerns.”

Family feedback

Percentage of families reporting they felt at ease during their most recent MCH visit

Age groupings of child

- 0-8 weeks
- 4-8 months
- 12-18 months
- 2-3.5 years

Nurse perspectives

- “I think evidence based practice is important. The research is beneficial in providing credibility in conversations with parents.”
- “The program is too prescriptive and it risks losing our basic skills in observation and engagement.”
- “Parents need to focus on the issues that are most relevant to them at the time, I will always prioritise this.”
Nurse perspectives

- “I really do not agree with the underlying principle of PEDS - the parent is the ‘expert’!”
- “Consistent information is being disseminated throughout the state, and subsequently gratifying to have this statewide approach so families are being given consistent information.”
- “We do not agree with all of the changes - some of them are fine, many are not.”

Nurse perspectives

- “Time limitations mean you have to prioritise KAS Framework/ Guidelines over what the parents want to discuss or visa versa. Whilst I see the benefit for a structured consistent framework, I am concerned that some M&CHN will JUST do what is required (tasks) by DEECED rather than listen to the parents (being with them).”
- “I do think parents think we value their concerns a bit more.”

Nurse perspectives

- “I do not feel that the training is responsible for altering my abilities to deliver information, develop relationships, and build links with other services as I already had the skills to do these things. They have always been part of my practice.”
- “Training was pitched specifically for our practice, especially, for example, QUIT and SUDI. So we have ‘kind-of known’ this info, in a general way, now it is totally relevant and applicable to our practice.”
### Implementation of KAS

<table>
<thead>
<tr>
<th>KAS activities</th>
<th>% nurses agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental assessment – PEDS</td>
<td>91</td>
</tr>
<tr>
<td>SUDI &amp; safe sleeping principles</td>
<td>88</td>
</tr>
<tr>
<td>QUIT intervention &amp; referral</td>
<td>83</td>
</tr>
<tr>
<td>Promoting reading</td>
<td>81</td>
</tr>
<tr>
<td>Family violence</td>
<td>80</td>
</tr>
<tr>
<td>Oral health</td>
<td>77</td>
</tr>
<tr>
<td>Developmental assessment – Brigance</td>
<td>77</td>
</tr>
<tr>
<td>Post natal depression screening</td>
<td>74</td>
</tr>
<tr>
<td>Sleep intervention</td>
<td>74</td>
</tr>
<tr>
<td>Family Violence – safety plan</td>
<td>68</td>
</tr>
</tbody>
</table>

### Responses of families with 4-8 month old children to the question “Were you asked about the following topics?” (%)

<table>
<thead>
<tr>
<th>Topic for discussion</th>
<th>Yes, enough information</th>
<th>Wanted more</th>
<th>No, not necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health problems (family) (n=100)</td>
<td>91</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Depressed or sad (n=101)</td>
<td>85</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Changes in home (n=100)</td>
<td>80</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Smoking (n=100)</td>
<td>68</td>
<td>2</td>
<td>30</td>
</tr>
<tr>
<td>Family violence (n=101)</td>
<td>65</td>
<td>1</td>
<td>34</td>
</tr>
<tr>
<td>Alcohol use (n=100)</td>
<td>54</td>
<td>3</td>
<td>43</td>
</tr>
</tbody>
</table>

### Family satisfaction with KAS topics

<table>
<thead>
<tr>
<th>Topic of discussion</th>
<th>Yes, enough info</th>
<th>Wanted more</th>
<th>No, not necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunisation (0-8w) n=216</td>
<td>85%</td>
<td>4%</td>
<td>11%</td>
</tr>
<tr>
<td>Sleeping on back (0-8w) n=216</td>
<td>75%</td>
<td>3%</td>
<td>22%</td>
</tr>
<tr>
<td>Playing &amp; talking (4-8m) n=101</td>
<td>78%</td>
<td>0%</td>
<td>22%</td>
</tr>
<tr>
<td>SIDS risk factors (4-8m) n=99</td>
<td>57%</td>
<td>0%</td>
<td>43%</td>
</tr>
<tr>
<td>Immunisation (12-18m) n=98</td>
<td>82%</td>
<td>2%</td>
<td>16%</td>
</tr>
<tr>
<td>Breastfeeding (12-18m) n=100</td>
<td>40%</td>
<td>4%</td>
<td>56%</td>
</tr>
<tr>
<td>Reading (2-3.5y) n=63</td>
<td>65%</td>
<td>3%</td>
<td>32%</td>
</tr>
<tr>
<td>Safe from injury (2-3.5y) n=64</td>
<td>53%</td>
<td>2%</td>
<td>45%</td>
</tr>
</tbody>
</table>
Family satisfaction with KAS topics

<table>
<thead>
<tr>
<th>Topic of discussion</th>
<th>Yes, enough info</th>
<th>Wanted more</th>
<th>No, not necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child development (0-8w) n=214</td>
<td>80%</td>
<td>13%</td>
<td>7%</td>
</tr>
<tr>
<td>Local resources (0-8w) n=214</td>
<td>67%</td>
<td>12%</td>
<td>21%</td>
</tr>
<tr>
<td>Local resources (4-8m) n=100</td>
<td>47%</td>
<td>15%</td>
<td>38%</td>
</tr>
<tr>
<td>Sun safety (4-8m) n=99</td>
<td>42%</td>
<td>13%</td>
<td>44%</td>
</tr>
<tr>
<td>Local resources (12-18m) n=100</td>
<td>41%</td>
<td>11%</td>
<td>48%</td>
</tr>
<tr>
<td>Local resources (2-3.5y) n=64</td>
<td>39%</td>
<td>11%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Child health outcome indicators

- Placed on back to sleep
  - 0-8 weeks: 97%
  - 4-8 months: 92%
- One or more people smoke in household
  - 0-8 weeks: 20%
  - 4-8 months: 21%
  - 12-18 months: 25%
  - 2-3.5 years: 21%

Child health outcome indicators

- Children read to 4 or more days per week
  - 12-18 months: 71% (6-7 days: 44%)
  - 2-3.5 years: 83% (6-7 days: 65%)
- Fruit and vegetable consumption (2-3.5 years)
  - 2+ serves fruit daily: 86%
  - 3+ serves veg daily: 33% (5+ serves per day: 5%)
- Teeth cleaning with toothpaste (2-3.5 years)
  - 2+ times per day: 44%
Where are the barriers?

- Time and parents were also identified as two of the major barriers to implementation
  - Time: workload & visit times
  - Parents: knowledge, compliance and support
- 30% of nurses felt that, on reflection, improvements to specific training components would have helped their understanding of the material and their ability to implement it into their practice.
- Main areas of dissatisfaction were PEDS, Brigance & Family Violence

Brigance

- Viewed as unnecessary if child was already engaged with secondary services
- Nurses would rather refer straight away to minimise impact of waiting lists
- Concerns that it is not a useful tool with children under the age of 2 years
- CALD children may fail because of language rather than developmental delay

Family violence

- Some nurses did not believe it was their role to ask the question, or felt uncomfortable asking
- Most concern related to the safety plan
- Some nurses did not feel confident with implementing a safety plan because it was not a task they did on a daily basis
- General advice about implementing a safety plan was not useful in some rural communities
- Partner always present at visits
PEDS – nurse perspectives

- 91% report they are able to implement PEDS into their practice.
- Focus group comments revealed disparity in implementation of PEDS:
  - What to do if parent’s opinion differs from nurse’s.
  - How to explain questions to parents.
  - Some nurses are not convinced of the validity of the instrument.

PEDS – family perspectives

- A number of families were not aware of the PEDS questions.
- Of the families who were aware, many families disliked the questions.
  - “The questions are not relevant. They are general and bizarre for babies.”
- Very few families reported a clear understanding of the purpose of the PEDS questions.

Recommendations

- Ongoing nurse training/refresher sessions.
- More education to families in relation to the purpose of PEDS.
- More resources and advice that is appropriate for CALD and remote rural communities.
  - “The education that we have been given doesn’t help us, it doesn’t equip us with the skills to deal with our local communities. Yes generically it’s fine but … we can’t just blanket every single community saying this is how we need to do it. It doesn’t work.”
What happens next?

- Surveys & focus group interviews in 2011/2012
- Aiming for mid-year data collection
- Tools will be revised where possible to address concerns raised by nurses in 2010.
- Aiming to engage more with CALD and Indigenous families this year

Questions/comments:
- P: 8341-5657
- E: claire.jennings@mcri.edu.au

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- Central DEECD staff & Program and Service Advisors
- Reference and Governance Groups