Evaluation of the pilot implementation of the revised KAS framework
Methodology

Stage one – Project initiation

Stage two - Development of evaluation framework and stakeholder consultation tools

Stage three – First round consultation and data collection

Stage four – Action research consultation round

Stage five - Reporting

Project management
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

I am confident using the Brigance screening tool

- Strongly Agree: 17.3%
- Agree: 28.8%
- Not sure: 15.4%
- Disagree: 15.4%
- Strongly Disagree: 19.2%
- No response: 3.8%
I am confident asking questions about family violence

- Strongly Agree: 23.1%
- Agree: 34.6%
- Not sure: 21.2%
- Disagree: 17.3%
- Strongly Disagree: 0.0%
- No response: 3.8%
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

I have enough time to undertake KAS activities

- Strongly Agree: 5.8%
- Agree: 51.9%
- Not sure: 21.2%
- Disagree: 11.5%
- Strongly Disagree: 7.7%
- No response: 1.9%
Effect on workforce

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

Cumulative percentage

Always
Often
Sometimes
Rarely
Never

Wodonga
Bayside
Yarra Ranges
Wyndham
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

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Domestic Violence</td>
<td>4.9%</td>
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<tr>
<td>Immunisation</td>
<td>7.3%</td>
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<tr>
<td>Post natal depression</td>
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<tr>
<td>Diet</td>
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<td>Local municipality</td>
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<tr>
<td>Positive parenting</td>
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<tr>
<td>Playgroup / childcare</td>
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<tr>
<td>Other</td>
<td>29.3%</td>
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<tr>
<td>Introducing solids</td>
<td>29.3%</td>
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<tr>
<td>Behaviour / tantrums</td>
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<tr>
<td>Toilet training</td>
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<tr>
<td>Sleep /settling / crying</td>
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<tr>
<td>Immunisation</td>
<td>48.8%</td>
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</table>
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 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
Presenter’s contact details

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