

Presentaties bij EUSARF conferentie september 2016

1. **Safety for children first: Focus on children in family focused case management?**
Authors: Inge Busschers & Leonieke Boendermaker

When following a systems-based approach in child protection, caution is needed to stay focused on the safety of children. However, practice-oriented knowledge on how to succeed is lacking. To explore whether professionals were able to keep focus on child safety, research was carried out into the experiences of case managers applying an innovative, systems-based methodology in child protection and youth parole services in the Netherlands, named: Intensive Family Case Management (IFCM).

We monitored a sample of family meetings at the Youth Protection Amsterdam Area agency. Further, quality assurance instruments, case notes, and Family Plans filled out by case managers and their supervisors were examined on the use of children's safety and needs tools.

The results show that family meetings were organised in half of the cases. In only 25% of these face-to-face contacts all the family members were present. In nearly all families, the tools for child safety (94%), children's needs (81%), and safety and risk assessment (90%) were used.

Although the implementation of the IFCM methodology was still ongoing at the time of data collection, the analyses showed that case managers used the tools for almost all families. In contrast to this, they had difficulties in adequately applying the systems-based approach. The results suggest that ongoing monitoring and support in daily practice is essential for working in accordance with a systems-based approach.

2. Decision support in case management for high risk families

Authors: Mirte Forrer, Inge Busschers, Marc Dinkgreve & Sigrid van de Poel

Accurate safety and risk assessments are essential for intensive casework with high risk families. The level of intensity of the intervention should match a child's risk of child maltreatment. Risk assessment is the essential first step in intensive casework with these families. Assessment contains distinct aspects: 1) immediate child safety (*safety assessment*), 2) predicting future child maltreatment (*risk assessment*) in order to determine intervention urgency and intensity, and 3) identifying targets for interventions in order to individualize case planning (*needs assessment*).

Several methods for risk assessment and case planning exist, such as clinical judgment – where the scoring of risk factors is done in a subjective way - and actuarial risk assessment, where factors are scored according to a fixed algorithm, meaning that professionals use the same objective scoring rules, regardless their expertise (e.g., Dawes et al., 1989; Gambrell & Shonsky, 2000). Many studies have consistently shown that actuarial methods perform better than clinical judgment in risk assessment.

At Youth Protection Region Amsterdam, caseworkers (bachelor level social workers) did not perceive their risk assessment tool as supportive in their decision making process, they regarded them as burdens or checklists without any clinical relevance. In this paper we show what it takes to develop a risk assessment tool, according to the principles of evidence based practice. We created a tool with high feasibility and credibility for professionals, to use in daily practice.

To strengthen caseworkers in their decision making, an actuarial risk assessment instrument was developed. We followed the principles of evidence based practice. Researchers, caseworkers and psychologists gathered and combined scientific knowledge, empirical evidence and clinical expertise. Input of caseworkers and psychologists was essential to increase the instrument's feasibility and credibility. Via train-the-trainer workshops all professionals started working with the new tool. In daily practice, the psychologist in the team support the caseworkers in the decision making process during weekly case meetings. A continuous evaluation takes place of the use and usefulness of this decision making supporting tool.

More than a year after the introduction of the instrument, evaluation showed that all 300 caseworkers use the instrument in daily practice and in the weekly case meetings to support the decision making and case planning. The ecological validity of the tool is considered high. Next to the direct relevance for caseworkers to use the outcome for individual cases, the instrument is used for continuous feedback loops and learning purposes on team level. Currently, based on knowledge and experience, more steps are taken to strengthen the decision making in casework with high risk families. At the same time, youth and child care organizations in Amsterdam and other parts of the Netherlands, have decided to start the enrolment of the new instrument in their daily practice as well. During the conference we will give an update on the first results of this.

3. Research in daily practice (how we) just do it!

Authors: Marc Dinkgreve, Sigrid van de Poel, Inge Busschers & Barbara Regeer.

In this presentation we share our experience in developing and using program fidelity and meaningful outcome measures co-created by professionals, that are implemented in clinical practice. The results are important for three means: they provide insight in the ongoing learning process, management and stakeholders have measures for quality assurance on an organizational level, and the data are important input in the effectiveness study.

A few years after the implementation of a new system based case management method, Youth Protection Amsterdam Area started an organization wide implementation booster. At the same time, an implementation and evaluation study was set up.

The aim of this Learning Effectiveness Study is threefold: 1) to get insight in program fidelity, 2) to study the effectiveness, and 3) to combine research evidence and daily practice in order to enhance learning on caseworker level and organizational level.

Measures for program fidelity and effectiveness are developed and designed together with professionals, through the change mapping method. *Change mapping* is a participatory method to plan, monitor and evaluate a (part of) program. It is specifically applicable to collaborate with users of an intervention, as it improves understanding and use of scientific knowledge in daily practice. By explicating relations between program elements and aimed impact, the process of change mapping becomes a learning activity for professionals. Three sessions were organized with implementation agents and 42 sessions with all users.

Alongside the program fidelity booster session, all professionals joined a change mapping session. Professionals became more aware of the underlying program theory and the use of scientific knowledge in daily practice. The sessions led to one integrated change map including variables on the level of professional's behaviour (concrete elements of the intervention) and variables on impact level. The variables are used to co-create fidelity measures and impact measures. These are implemented and used for reflection and adaptation of daily practice.

The Learning Effectiveness Study is a large scale example of shared measures for clinical practice and research purposes. The change mapping sessions resulted in input for the measures of program fidelity and impact. With this input, both measures were adapted to fit the clinical practice and are now used on a daily base. Professionals use these data for reflection on individual and team level, while researchers use them to examine overall implementation and quality assurance. Simultaneously, data regarding program fidelity and impact are gathered for the effectiveness study.

4. Alignment of perspectives, skills and attitudes through video reflection: The role of team managers in a Youth care Protection Agency
Authors: Arnout Bunders, Marc Dinkgreve, Jacqueline Broerse & Barbara Regeer

Child and Youth protection agencies have been established to protect children from unsafe home environments. In Amsterdam the Child and Youth Protection Agency developed an approach in which team managers play a key role in guiding a team of case managers (coordinating all contacts with the family), a psychologist and a senior supervisor to assess cases and decide on the way forward. Guidelines are formulated but tailor-made solutions have to be developed in the teams. Does this imply that all team managers have to learn how to facilitate this process on their own? In this paper we describe and analyze a video reflection process that was designed and implemented to stimulate learning between team managers in order to improve team manager performances and youth care services.

An action research process was used to develop as well as analyze the video-based reflection approach. The approach entails 6 steps: the first three steps include peer reviews (n=16) by video recording team managers and reviewed by a peer, the fourth step concerns joint discussions by conducting focus groups (n=4). The fifth step is an evaluation (n=11) by conducting interviews and the last step includes integrating result by formulating recommendations for policy and practice. For the data-analysis coding schemes based conceptualization of work methods and management roles were developed that are used to analyze the videos and interviews.

First, we found that the video-based reflection approach supported the development of a shared vision on team managers' role. The videos clearly showed that the team managers had different ways of guiding the team meeting. There is different emphasis on the following roles; the role of expert, secretary, decision maker and facilitator. During the focus group discussions these differences were explored and related to the key mission of the organization: "every child safe". Alignment regarding the aspired role of a team manager took place and the role of facilitator became central, as is evident from the evaluation-interviews. Second, through the reflection on the videos, eye-openers with regard to new skills and attitudes were identified rather than new knowledge. This finding was confirmed in the evaluation-interviews. Third, we found that the most important condition for video reflection is a 'safe' environment. With the start of this program many team managers were hesitant to participate. After the pilot more team managers were interested in participation. We hypothesize that this is due to the structure of the reflection videos with eye-openers, questions and comments. It turns out to be a comfortable situation to hear many eye-openers based on your own activities. It was also the constructive learning atmosphere during the focus group discussions that the fear for video registration was diminished. In later phases of the project team managers approached the first author to be engaged in the video-based reflection approach. Fourth, by comparing the focus group discussions with the evaluation-interviews one year later we found that issues that came up during the focus group discussion from a specific team manager came back in the evaluation-interview, complemented with a review of their change process. Based on this finding we were able to predict the learning process that has taken place with other team managers during the last year by looking at the focus group discussions.