Workshop 17 – 2018 Nordic Implementation Conference

System-wide Implementation in Child Welfare

Presenters: Halldór Hauksson (Government Agency for Child Protection, Iceland); Robert Franks (Judge Baker Children's Center, U.S.); Tom van Yperen (Netherlands Youth Institute)

Presentation 1: Policy change in Child Protection in Iceland and the implementation of Multisystemic Therapy –MST (Halldór Hauksson)

Background

Out of home placement used to be the mainstream intervention in Iceland by severe adolescent behaviour problems and drug abuse. The development of residential treatment homes on the countryside had its peak in 2001-04. Evidence based treatment at home was not provided. In the following years, this situation was challenged by changes in public opinion and rising awareness by professionals.

Project aim

The role of the Government Agency for Child Protection (BVS) in Iceland is to co-ordinate and monitor CP work at the local level, the development and operation of specialized services and training of foster parents. In the late 90' and beginning of the 00' the BVS responded to the demand for specialized treatment of youth behaviour and drug problems with the establishment of residential treatment homes on the countryside. Due to a policy change in the period 2004-2005 the emphasis was put on strengthening parental skills and the provision of evidence based treatments at home.

Project methods

Following a rising consensus on the importance of homebased treatments, BVS held an international conference on Multisystemic Therapy (MST) in Reykjavík in 2005. The first MST team started in 2008, the second in 2010, serving around 85% of the population, while other areas of the country are too sparsely populated for a MST team. In collaboration with MST Services the BVS designed an exception to the model and in 2015, using domestic flights to reach other parts of the country. BVS is a gatekeeper to MST and therapeutic residential placement, which has ensured a steady referral stream to MST.

Project results

Around 500 families have completed MST since 2008. In 2007 130 adolescents, where placed in residential treatment homes (RTH). In 2016, the number in MST plus the number placed in RTH´s was around 124, thereof 73% in MST. Around 80% of all children who start MST finish the treatment, and 27% of those who finish are placed in RTH or foster care within the next 18 months. Those, who are not placed out of home, still show good results 18 months past treatment: 97% living at home; 83% at school or work; 97% out of trouble with the law, 93% not using drug or abusing alcohol; 92% not violent.

Preliminary or final conclusions/discussion

The implementation of MST in Iceland helped to improve evidence based services and drastically reduced the number of placements in residential treatment homes (RTH). In some cases, it has added value to the complex decision making by the CPS regarding out of home placement. MST and RTH belong to the same service provider (the BVS) and have helped establishing a stepped-care treatment system. In the future, it will be urgent to implement more evidence based services for families from different target groups.

Presentation 2: Promoting evidence-based early childhood policy within a statewide system of care (Robert Franks)

Background

This presentation will provide a comprehensive overview of the process for developing actionable policy recommendations that promote healthy early childhood development in a state-wide system of care. A case example which was successfully implemented in the state of Massachusetts in the United States will be described including the role of the intermediary in promoting evidence-based policies.

Project aim

The aim of the project is to promote evidence-informed policy making at the state level to advance the health and wellbeing of young children and their families.

Project methods

An overview of relevant literature, best practices, model policies, key findings from stakeholder interviews and an exploration of evidence-based strategies and programs will be provided. Data from multiple sources was collated and analysed and presented in a comprehensive policy brief with recommendations in a state-wide forum. The process for assessing and promoting evidence-based policy making will be described.

Project results

The yearlong initiative resulted in a policy brief with eleven evidence-informed recommendations that provided a road map at the policy, systems and practice levels. The results were presented at a state-wide forum with representation from state agencies, the legislative and executive branches of state government, experts and community stakeholders. Following the brief, many of the recommendations were adopted, including the development of a state-wide strategic plan.

Preliminary or final conclusions/discussion

Using evidence-informed strategies to advance state policy shows promising results. By engaging key stakeholders and gaining buy-in from multiple sectors the brief successfully identified strategies for policy and systems improvements. Several early indicators of success include the creation of a state-wide task force to create a strategic plan, proposed legislation to advance support for early childhood systems and programs, and additional funds in the state budget.

Presentation 3: Accounting for the implementation effect in cost-benefit analyses of prevention (Tom van Yperen)

Background

The city of Rotterdam estimated that most of the budget for prevention and child and youth care is spent on programs of which the effects are unknown. The city is now developing a youth policy aimed at investing in the implementation of evidence-based prevention. The question was: what are the benefits of this policy in terms of reducing the demand for youth care and what are the monetary savings?

Project aim

By joining forces, the project aimed at building a dynamic model that enables the city to estimate the effects of different measures. For example, the model allows to vary the budget that is allocated to the implementation of evidence-based programs. It is also possible to adapt the programs that will be implemented, the corresponding effect sizes that are relevant, and the estimated effects on the demand for Child and Youth Care (CYC). The model is developed as a tool for a more 'rational policy-making', in which the effects of investing in evidence-based prevention are made more explicit.

Project methods

For building the model, we used procedures outlined in the Standard for Cost Benefit Analyses (Koopmans et al. 2016). The literature was reviewed to document the effectiveness of the programs to be implemented. Calculations were made of the number of children that could be reached by these programs each year, depending on the budget. Next, the effects of the implementation of these programs on the reduced demand for CYC and the long-term benefits were estimated, accounting for the effect sizes found in the literature and for the target group that can be reached.

Project results

We encountered serious difficulties in translating research findings from efficacy and effectiveness studies into data on the number of children that benefit from the prevention programs, the consequences for the demand for CYC and the long-term effects. Moreover, the Standard did not account for the fact that investing in the implementation of evidence-based prevention programs often means that this implementation is often imperfect and effects - especially in the first years of implementation - are often lower that found in the studies. In building our model, we corrected for these flaws.

Preliminary or final conclusions/discussion

Researchers evaluating prevention programs should anticipate on the relevance of their reports in cost-benefit analyses and develop standards for enhancing the applicability in this respect. The Standard for Cost-Benefit Analyses should account for implementation effects (i.e. the fact that programs are seldom implemented perfectly), and set rules for how these effects should be incorporated in the models.