MOBILIZING COMMUNITIES TO IMPLEMENT AN EVIDENCE-BASED PROGRAM : TRIPLE P

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**presenting author

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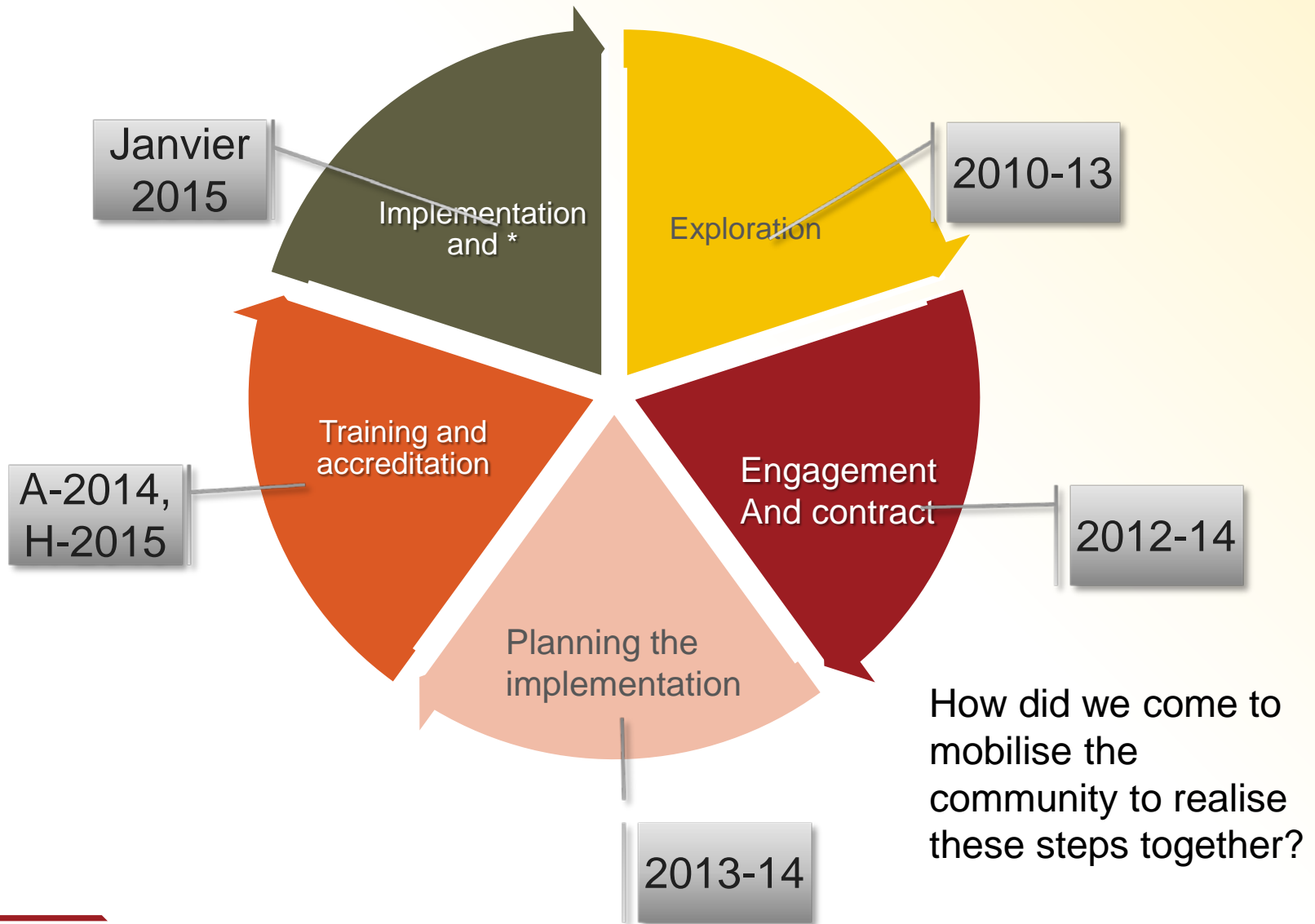**February 25, 2015**

Context

- A University-community partnership whose mission is to:

  « Develop, implant and evaluate a multi-level preventive intervention strategy primarily oriented towards parents, designed to prevent violent and negligent parenting behaviors towards their children and replace them with positive parenting practices »

- The Triple P system was chosen to accomplish these ends
  - All five levels of Triple P are being implemented
    - Local marketing campaign, Seminars, Brief Triple P, Primary Care, Group, Pathways
  - Two sites were chosen (health services center catchment areas)
    - Mercier-Est/Anjou
    - Orléans

Context

- Targeting systems level change through partnerships
  - No single organisation has a mandate that covers the whole of the system, so partnerships and alliances are essential
    - Local health services center
    - Child protection agency
    - Municipalities
    - Day-care services
    - Primary schools
    - Non-profit community organizations
  - Viable partnerships are forged through the process of mobilizing local actors around the Triple P implementation
    - Accept the program
    - Appropriate its philosophy and various formats
    - Come together as partners to offer Triple P collectively
    - Optimize their collective capacity for offering Triple P and creating systems change

- Desire to document what we have done and what has worked

TRIPLE P IMPLEMENTATION MODEL

Five steps which take 2 to 4 years

Janvier 2015

Implementation and *

Exploration

2010-13

Engagement And contract

2012-14

Planning the implementation

2013-14

Training and accreditation

A-2014, H-2015

How did we come to mobilise the community to realise these steps together?

QUALITY IMPLEMENTATION FRAMEWORK (QIF) .
(MEYERS ET AL., 2012)

1. CREATE FOUNDATIONAL ALLIANCES

1. Create Foundational Alliances: Partnerships, Funding and Differentiation

- Established strategic alliances with provincial and regional organizations
  - Supported and stimulated the development of the project by providing a link between the Chair and their networks / members
  - Helped to position the project in relation to current social issues facing families and vulnerable youth
- Created a research chair and researcher partnership
- Submitted grant application and received funding
- Conducted an analysis of available programs and similarities to/ differences with the Triple P program

➢ 18 months (Fall 2010 to Spring 2012)

QUALITY IMPLEMENTATION FRAMEWORK (QIF) .
(MEYERS ET AL., 2012)
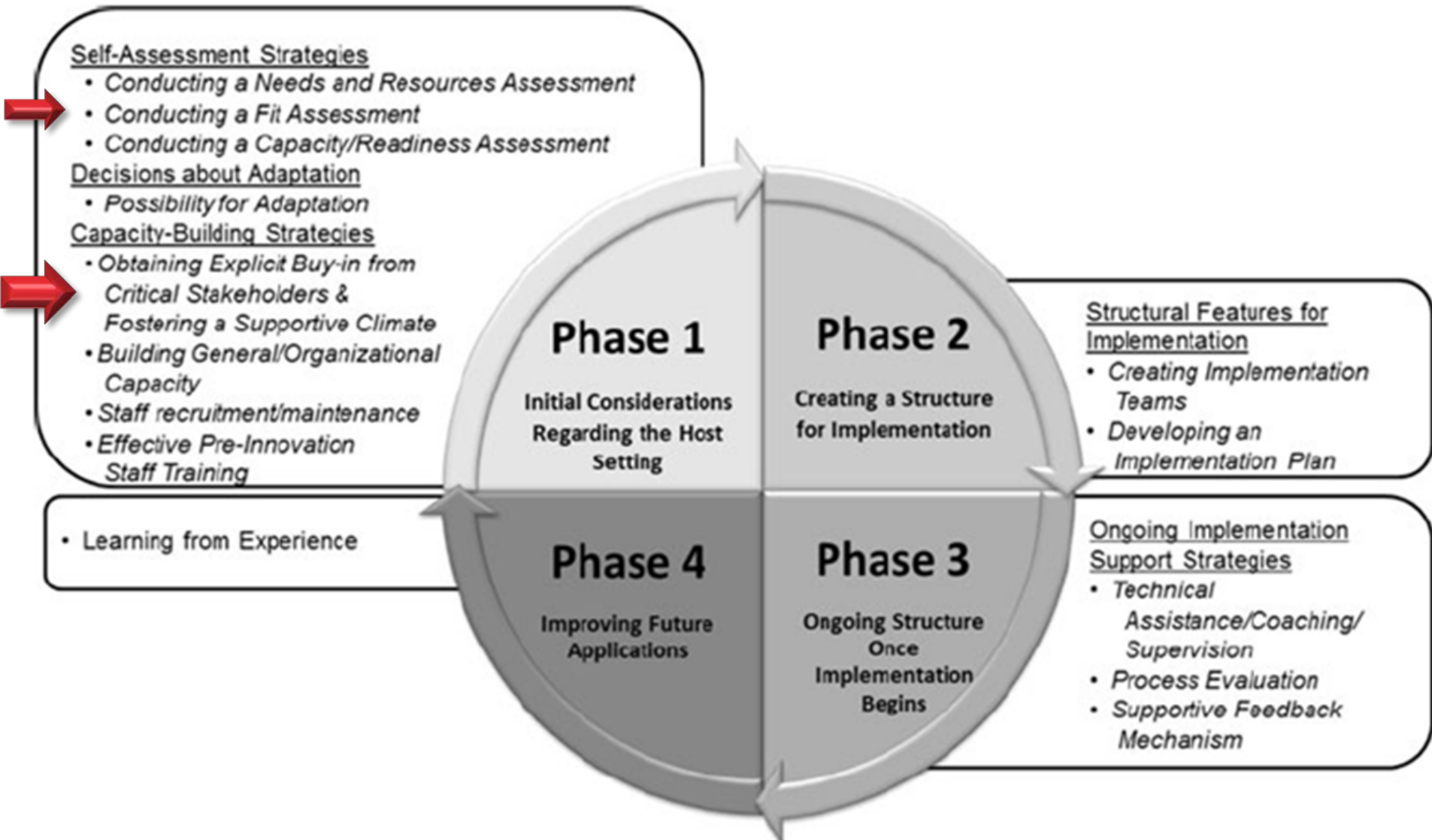
STEPS IN THE MOBILISATION PROCESS
2010-2014
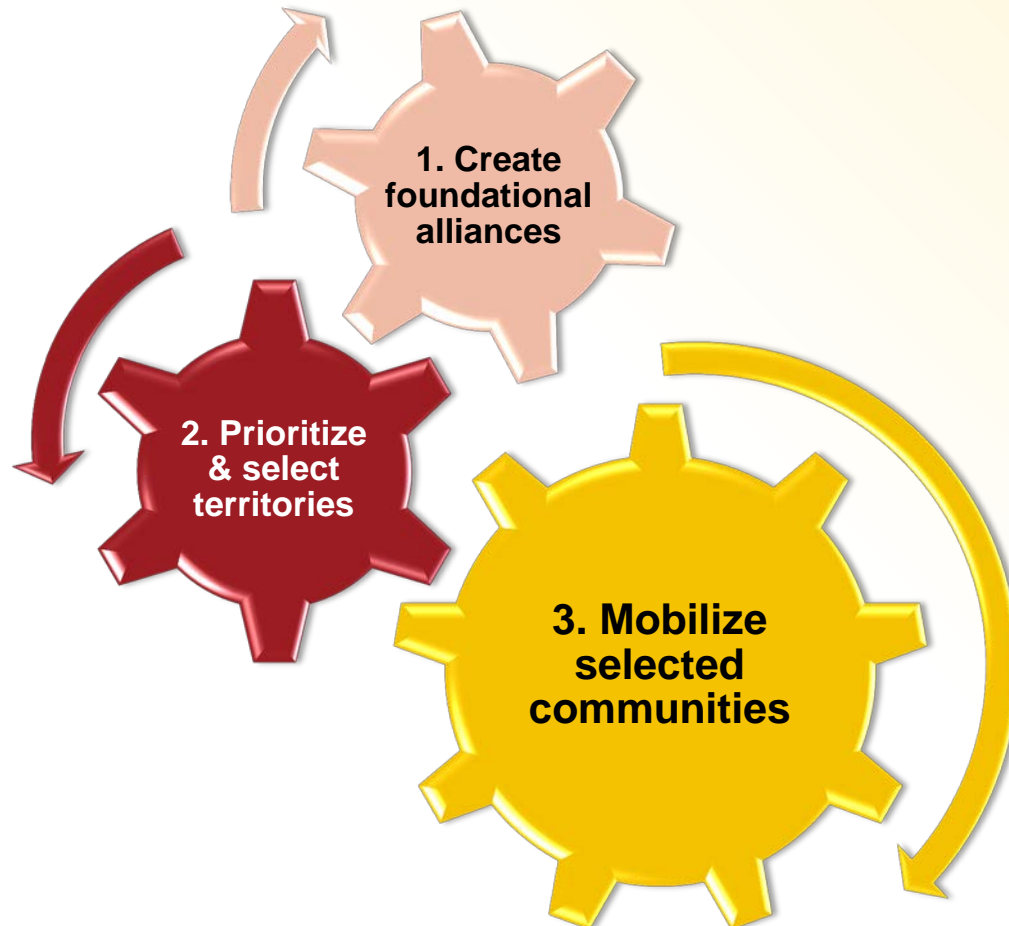2. PRIORITIZE AND SELECT COMMUNITIES

1. Create foundational alliances

2. Prioritize & select territories

3. Mobilize selected communities

PRIORITIZING AND SELECTING SITES

- Delimiting the territorial unit of reference
  - Pivotal role of the regional health services agency
    - Population responsibility + services for youth in difficulty
    - Responsibility for local health services centers
  - Local health center catchment area for implementation (local service networks)
- Identifying selection criteria
  - Size of the population of children and families on the territory
  - Level of vulnerability of this population
- Documenting and ranking territories as regards to those criteria
- Consulting community & research partners in collective decision-making
- Approaching and mobilizing regional health agency and formalizing their commitment

> *1 year (Summer 2012 to Spring 2013)*

See Gagné, Guay, Richard, Normandeau, Clément, Drapeau, & Brunson (2013) for more information

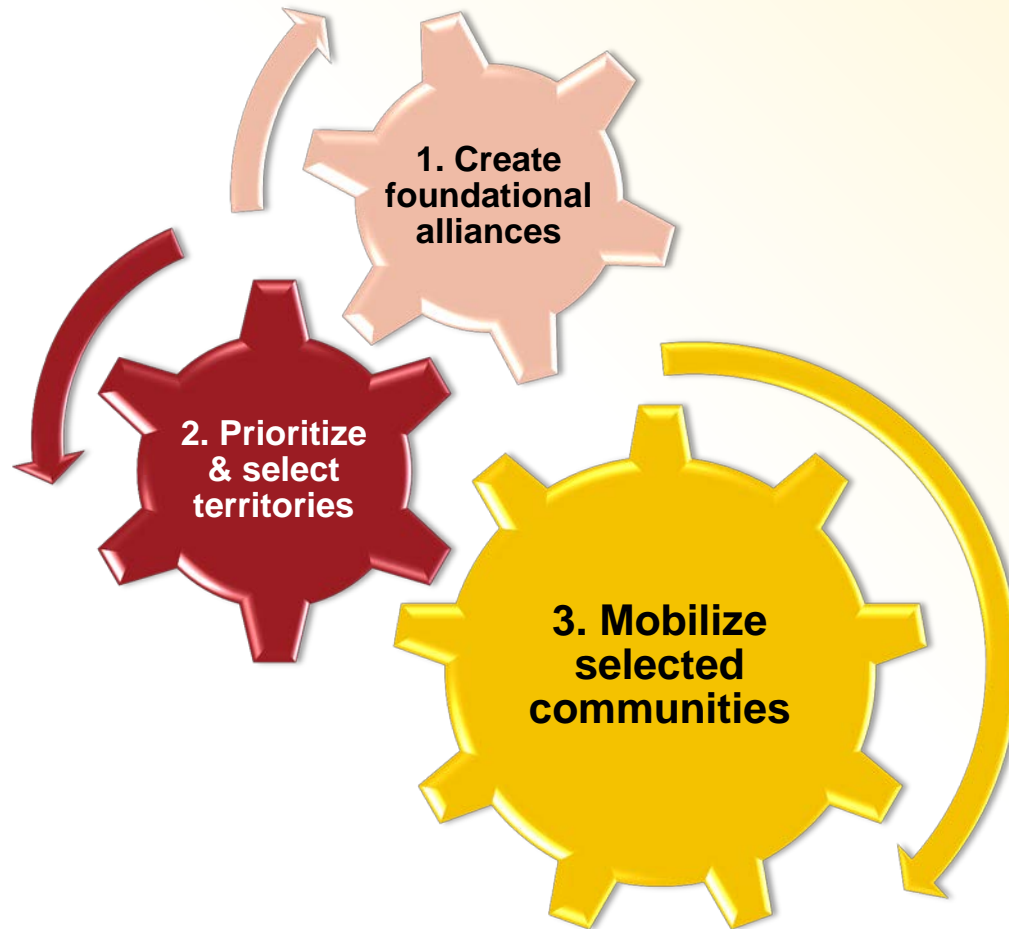# QUALITY IMPLEMENTATION FRAMEWORK (QIF) .
(MEYERS ET AL., 2012)

Self-Assessment Strategies
- Conducting a Needs and Resources Assessment
- Conducting a Fit Assessment
- Conducting a Capacity/Readiness Assessment

Decisions about Adaptation
- Possibility for Adaptation

Capacity-Building Strategies
- Obtaining Explicit Buy-in from Critical Stakeholders & Fostering a Supportive Climate
- Building General/Organizational Capacity
- Staff recruitment/maintenance
- Effective Pre-Innovation Staff Training

- Learning from Experience

Phase 1

Initial Considerations Regarding the Host Setting

Phase 2

Creating a Structure for Implementation

Phase 4

Improving Future Applications

Phase 3

Ongoing Structure Once Implementation Begins

Structural Features for Implementation
- Creating Implementation Teams
- Developing an Implementation Plan

Ongoing Implementation Support Strategies
- Technical Assistance/Coaching/Supervision
- Process Evaluation
- Supportive Feedback Mechanism

3. MOBILIZE SELECTED COMMUNITIES

MOBILISE LOCAL COMMUNITIES

- Hired a local site coordinator in each target area
  - Network weaver (Watson $ Foster-Fishman, 2013)
- Conducted needs, resource and readiness assessment
  - Released locally in the form of brochures and presentations
  - Used as a lever for mobilizing stakeholders around Triple P
- Identified, approached and mobilised additional actors involved in parenting support and child maltreatment prevention
  - Community (community organisations, municipal services)
  - Educational establishments (early childhood education, schools)
- Created implementation committees
  - Collaborative implementation planning
- Trained service providers

  ➢ 1 year (Fall 2013 to Fall 2014)

NEEDS, RESOURCES AND READINESS ASSESSMENT

- Stakeholders have fragmented knowledge about their community and its resources
  - Local health center program serving 0-5 well known & well regarded
  - High perceived need to develop leadership and expertise to prevent child maltreatment
  - Desire for information around child maltreatment prevention
- Evidence-based parenting programs relatively little known and little used
  - Exception: *These Incredible Years* used by the child protection agency, some isolated programs implemented in single organisations
- Desire and willingness to collaborate with other organizations in order to better serve parents
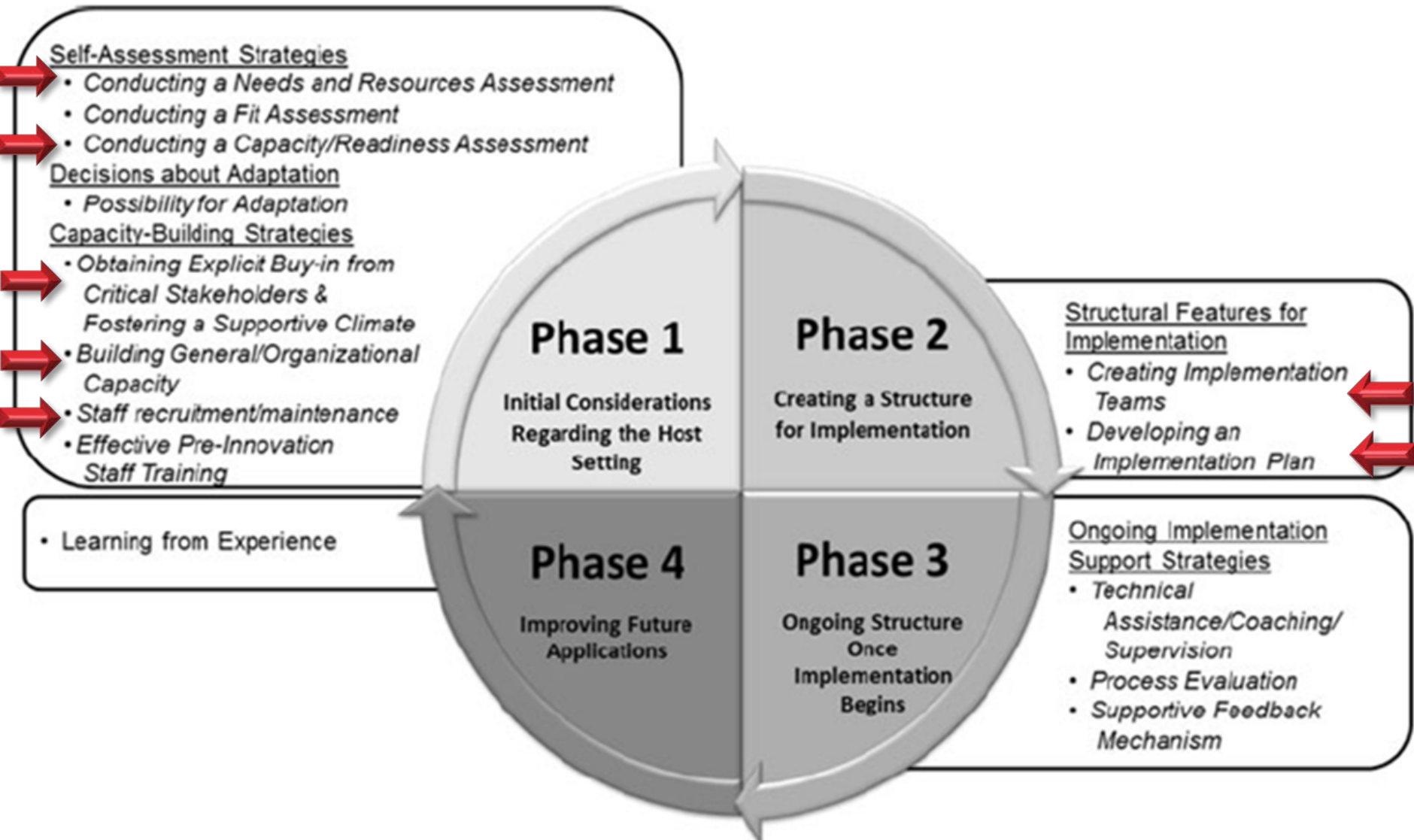
4 territories, 39 organizations,
271 completed questionnaires, 16 key informant interviews

Partners Mobilised at Each Site

	Mercier-Est/Anjou	Orléans
Local health services center	1	1
Child protection agency	1	1
Municipalities	2	4
Day-care services	2	5
Primary schools	4	?
Non-profit community organizations	6 (+2)	3

FACILITATORS AND HINDRANCES

- Facilitators
  - Voluntary participation
  - Evidence based program
  - Partnership approach that avoids working in silos
  - Support from organisational leaders
  - Visible advantages for organizations, stakeholders, parents and the community
  - Community of practice / international network of practitioners
 - Growing interest in prevention
- Hindrances
  - No operating budget support for organisations
  - Existing services (although many whose effectiveness has not been demonstrated)
  - Resistance to an evidence-based program requiring fidelity to content
  - Socio-political context over which we have no control

Winning Strategies

- Develop trust with natural community leaders
- Present the project to *all* stakeholders involved with families
- Provide personalised support throughout the process while focusing on empowering organisations
- Structure the process to allow players to be in the action
- Allow different levels of commitment to the project
- Dance with resistance and don't give up
- Ensure transparent, clear, two-way communication among all partners
  - researchers - managers - stakeholders
- Be open to learning from mistakes and successes
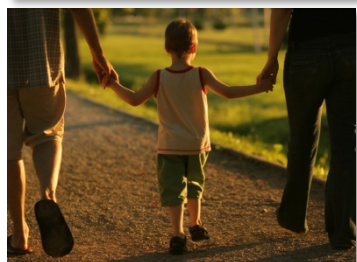
MERCI À NOS PARTENAIRES!
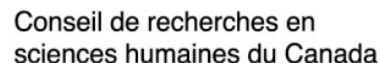
QUESTIONS? COMMENTS?

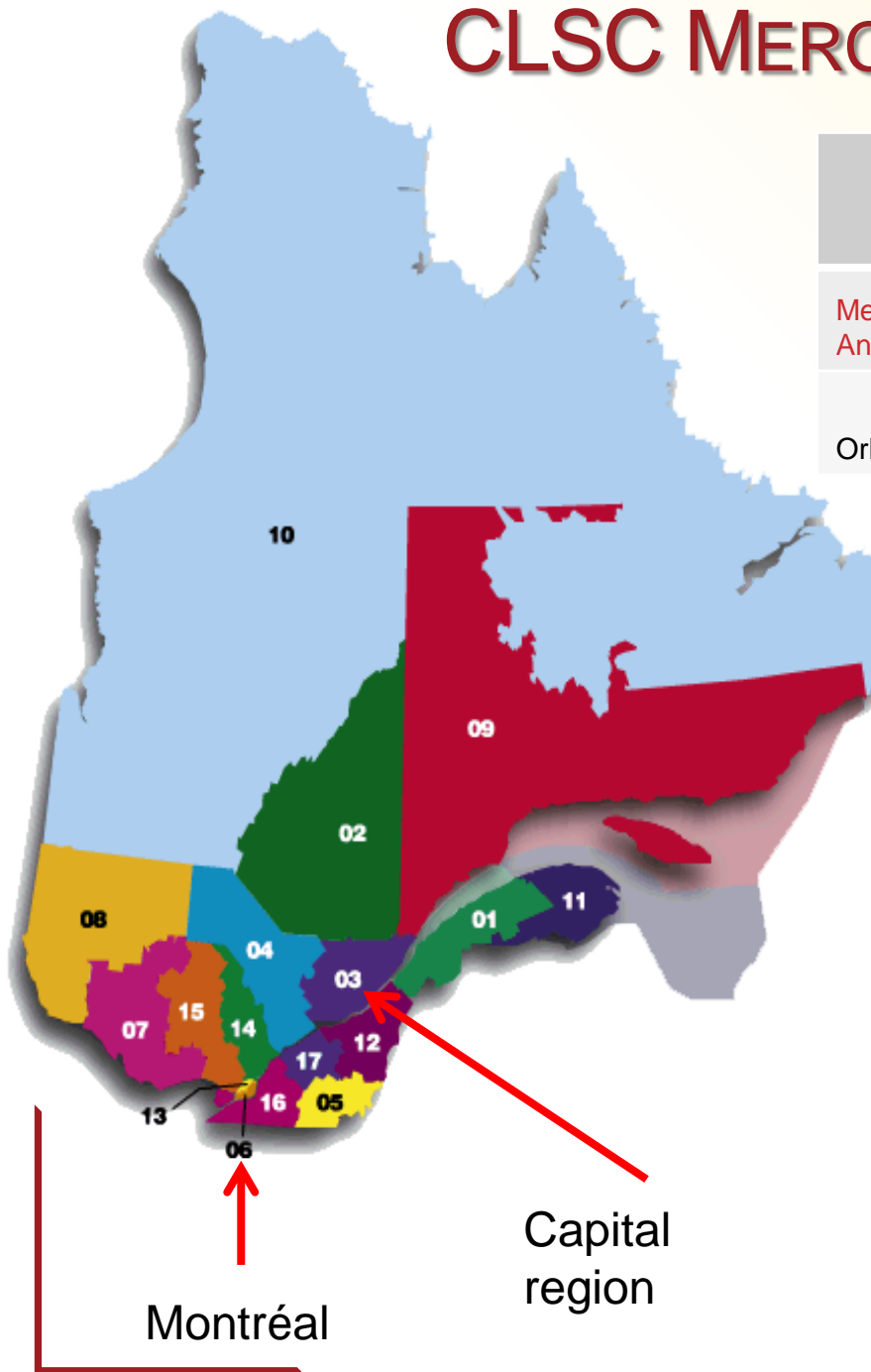## MARIE-HELENE.GAGNE@PSY.ULAVAL.CA

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CLSC MERCIER-EST/ANJOU

	Population	Pop. 0-17 yrs	Poverty 0-17 yrs (%)	Mltrmt reports (per 1000)	Immigrant families (%)
MercierEst/ Anjou	84,460	15,025	23.3	35.1	25.6
Orléans	114,808	20,833	7.2	45.5	`--

Capital region

Montréal

CLSC ORLÉANS

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