

Collaborative Community Co-design: Harnessing realist evaluation to adapt child health service models for rural communities

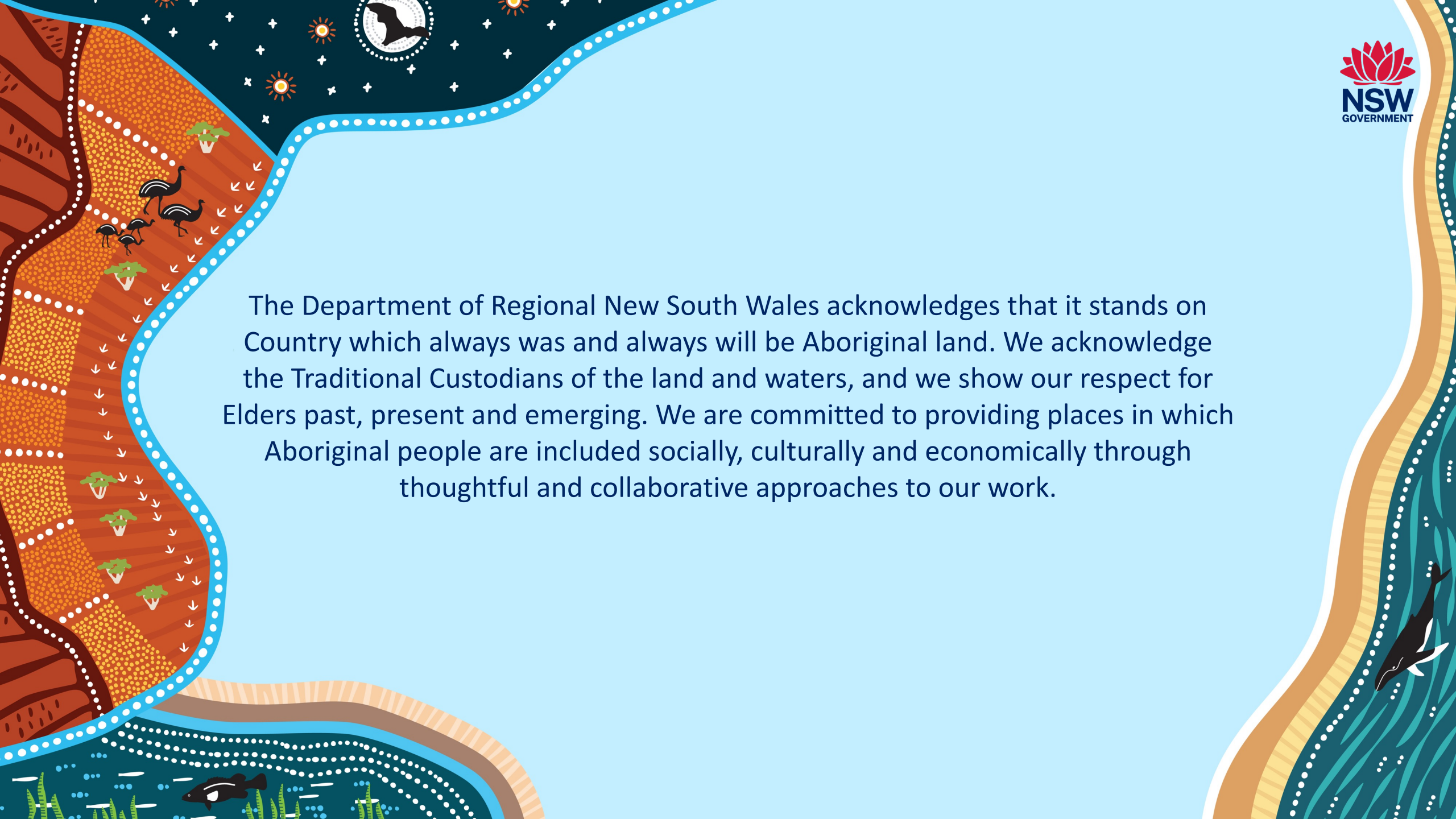
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The background is a vibrant Aboriginal-style illustration. On the left, a winding river flows through a landscape of orange and brown earth, dotted with white patterns. Several emus are depicted in the upper left, and small green plants are scattered along the riverbank. The top of the image shows a dark blue night sky with white stars, yellow suns, and a white crescent moon. On the right, the river flows into a blue body of water where a black and white orca is swimming. The entire scene is framed by a blue border with white dots.

The Department of Regional New South Wales acknowledges that it stands on Country which always was and always will be Aboriginal land. We acknowledge the Traditional Custodians of the land and waters, and we show our respect for Elders past, present and emerging. We are committed to providing places in which Aboriginal people are included socially, culturally and economically through thoughtful and collaborative approaches to our work.

We implemented
the same program
in two locations.
For some reason,
we had very different
results.



Overview

1. An example of the application of **realist evaluation** when working with rural communities **to evaluate service model fit**.
2. Describe the resulting **reconfiguration** of the Context-Mechanism-Outcome (CMO) frame
3. Share a **framework** and **toolkit** to support collaborative community co-design of service model adaptations

We implemented the same program in two locations. For some reason, we had very different results.



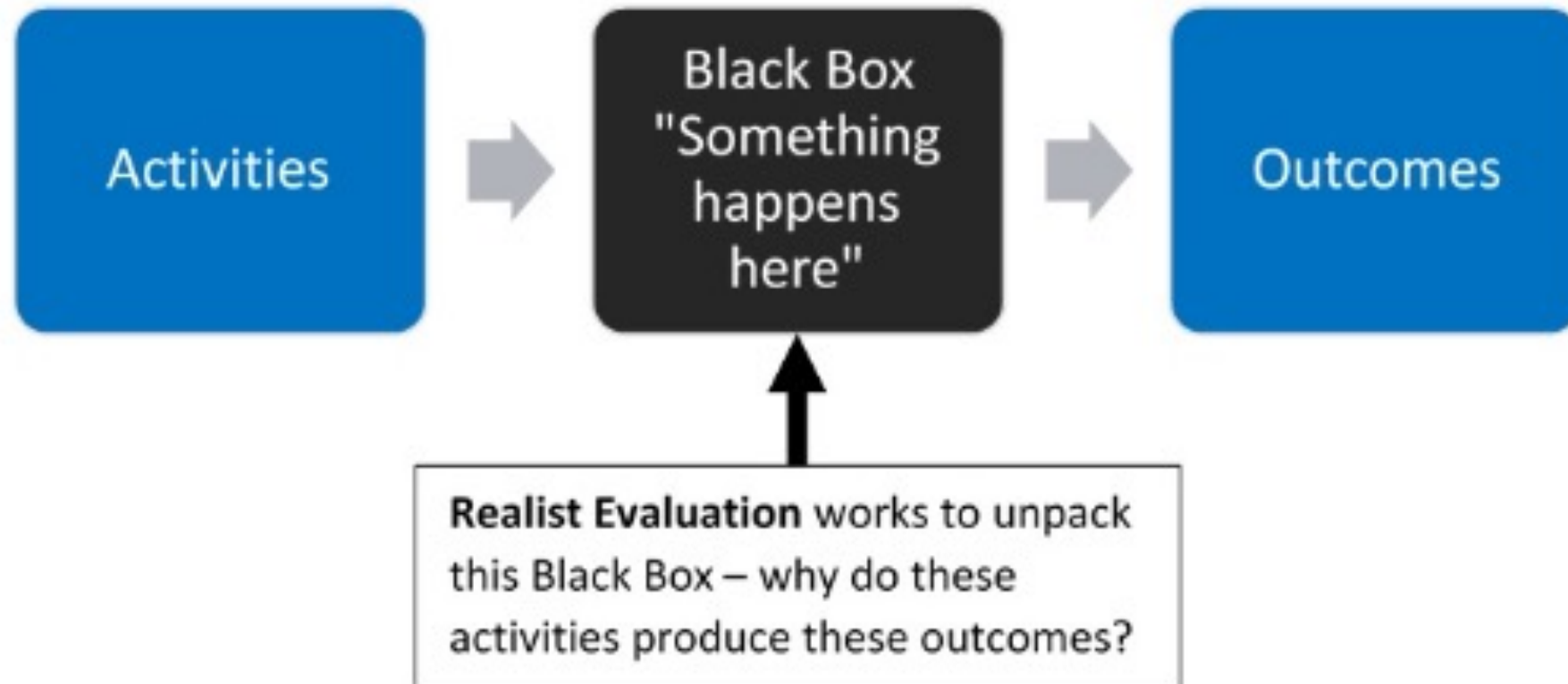
“Resonate”

This presentation aligns with the theme ‘resonate’, sharing insights into the use of collaborative evaluation approaches to:

- support the **development of a shared understanding** between rural community stakeholders of the appropriateness of a service model for a particular context, while...
- **enabling action** to be taken to improve outcomes for families with young children.



Realist evaluation



When a realist evaluation is useful.

I need to evaluate a new initiative.



A pilot program for us.)



I have a trial that needs an evaluation.)



We have a program that works, but we don't know how or for whom.



We are trying to scale our program but need to figure out how.



Research Question

Evaluate: 'To what extent can an Australian metropolitan service model for specialist (level 2) child and family health services be implemented in diverse settings?'



Service model elements – flexible or stable?
What matters to consumers and stakeholders?

The 'Why'

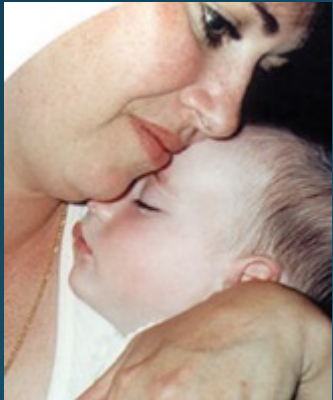
- The importance of the first 2000 days in a child's life
- Inequity in health and social outcomes is pervasive
- Poorer health outcomes for families living in rural communities
 - Geographic isolation
 - Socio-economic disadvantage
 - Climate change, drought and floods

(Sax Institute 2013)



From Metro to State-wide Regional Reach

2015-2022




Received: 8 September 2020 | Revised: 15 January 2021 | Accepted: 4 February 2021

DOI: 10.1002/hsr2.254

REVIEW

Health Science Reports Open Access WILEY

World Health Organization building blocks in rural community health services: An integrative review

Deborah A. Stockton¹  | Cathrine Fowler² | Deborah Debono¹ | Joanne Travaglia¹

Integrative Review - published in the journal:
Health Science Reports

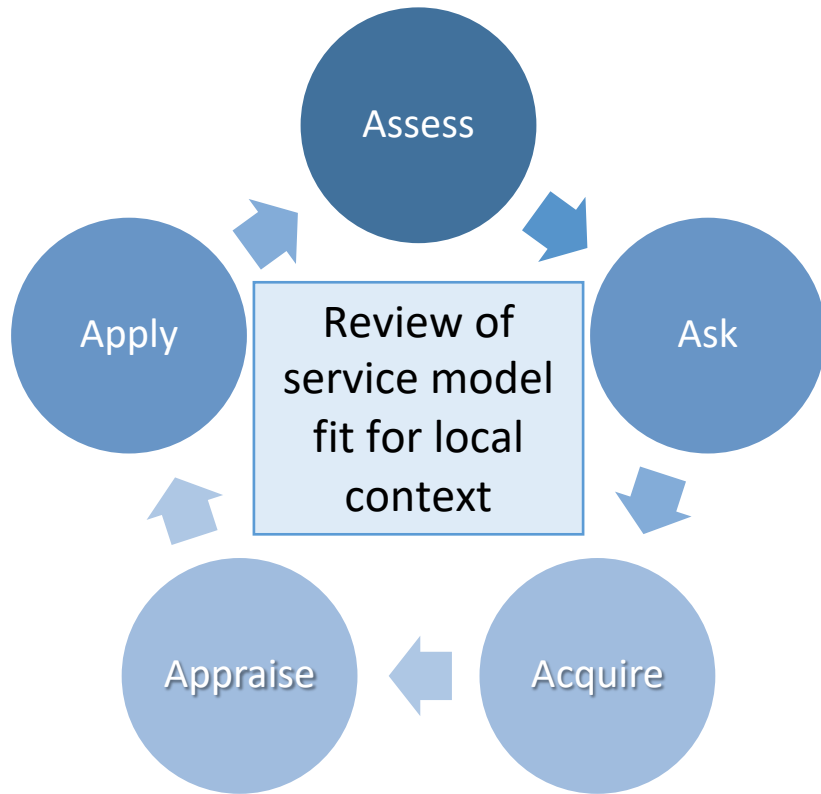
Stockton, D., Fowler, C., Debono, D., Travaglia, J., (2021). World Health Organization Building Blocks in Rural Community Health Services: An Integrative Review. *Health Science Reports*. <https://doi.org/10.1002/hsr2.254>

Integrative Review – results:

Building Block	Exemplars	Barriers	Key Findings
1. Service Delivery	20	11	<ul style="list-style-type: none"> Community collaborative engagement Integrated service provision
2. Health Workforce	13	8	<ul style="list-style-type: none"> Skilled staff recruitment & retention Benefits of Interprofessional Practice
3. Information	2	2	<ul style="list-style-type: none"> Early access to data to inform planning Context specific data
4. Technologies	4	2	<ul style="list-style-type: none"> Telehealth: increase service access and clinician support Connectivity and ICT support challenges.
5. Sustainable Funding and Social Protection	2	8	<ul style="list-style-type: none"> Sustainable funding challenges; narrow funding criteria; Proposed interagency pooling of resources and financial risk
6. Leadership and Governance	8	4	<ul style="list-style-type: none"> Local inclusive (diverse) stakeholder participation in decision making; Intersectoral collaboration; Organisational culture; Macro level: 'rural proofing' government policies

Research Design

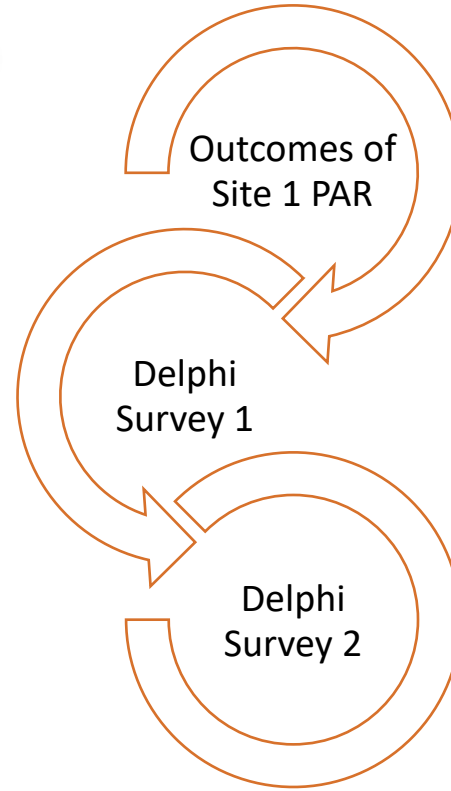
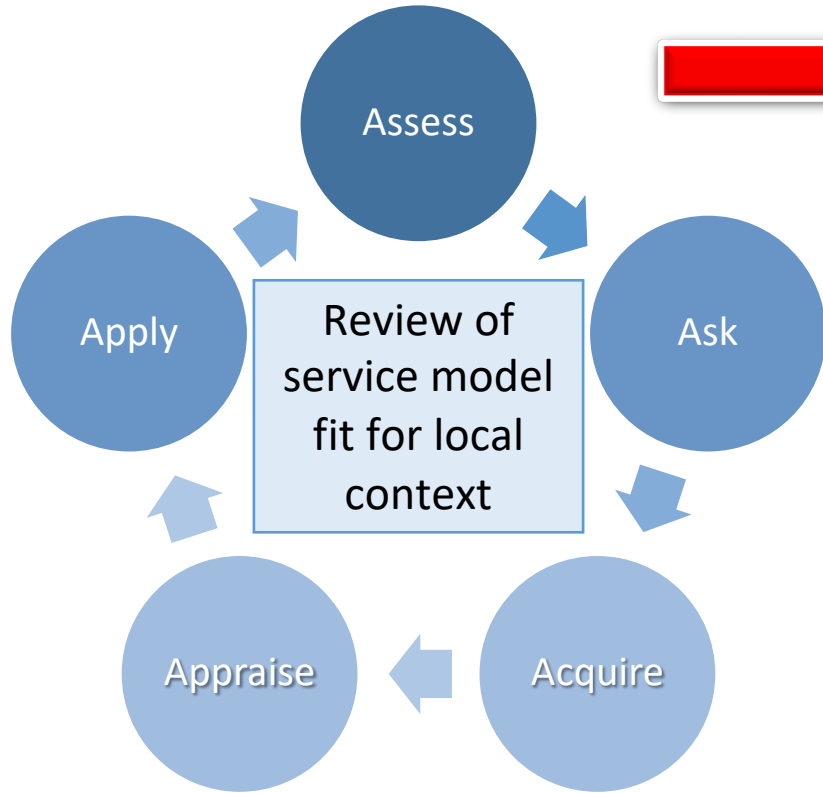
STUDY 1: Site 1 PAR Group



Research Design

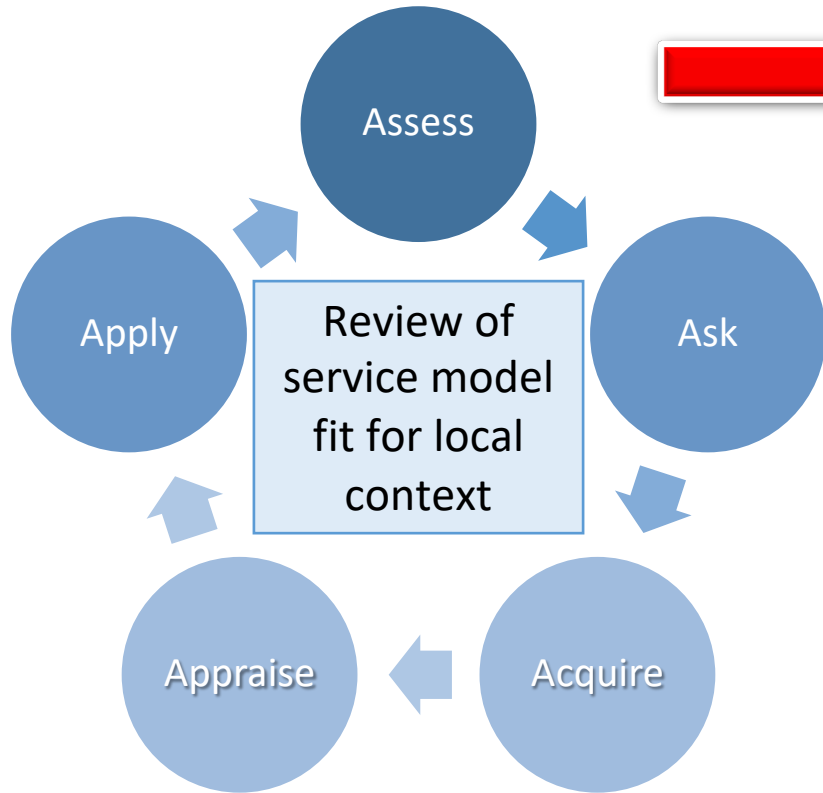
STUDY 1: Site 1 PAR Group

STUDY 2: Delphi Study

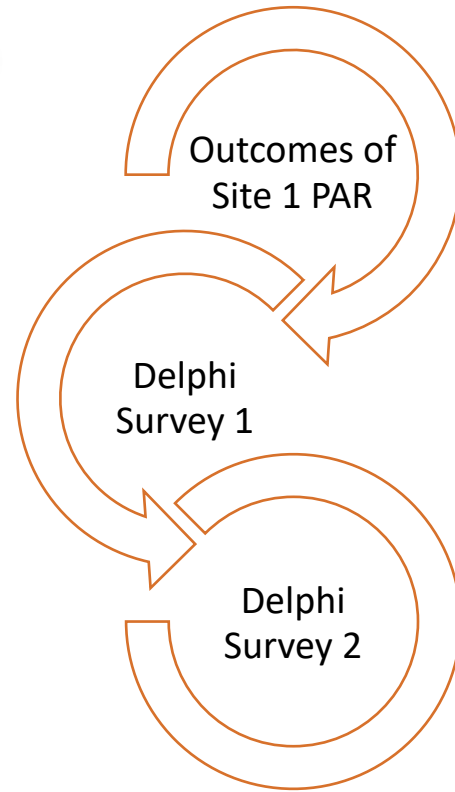


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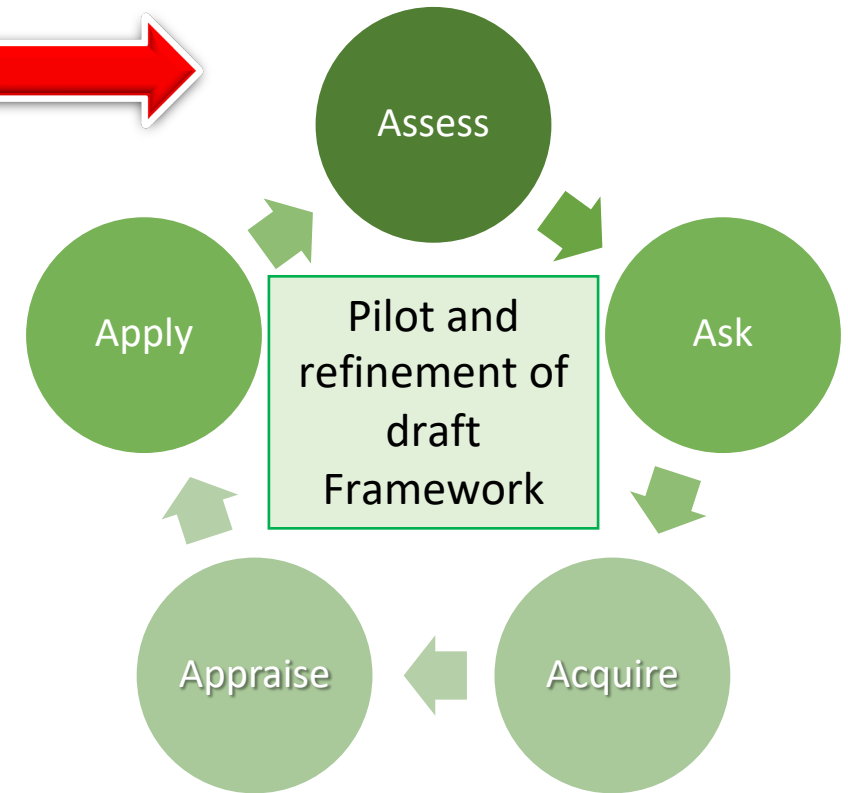
STUDY 1: Site 1 PAR Group



STUDY 2: Delphi Study



STUDY 3: Site 2 PAR Group

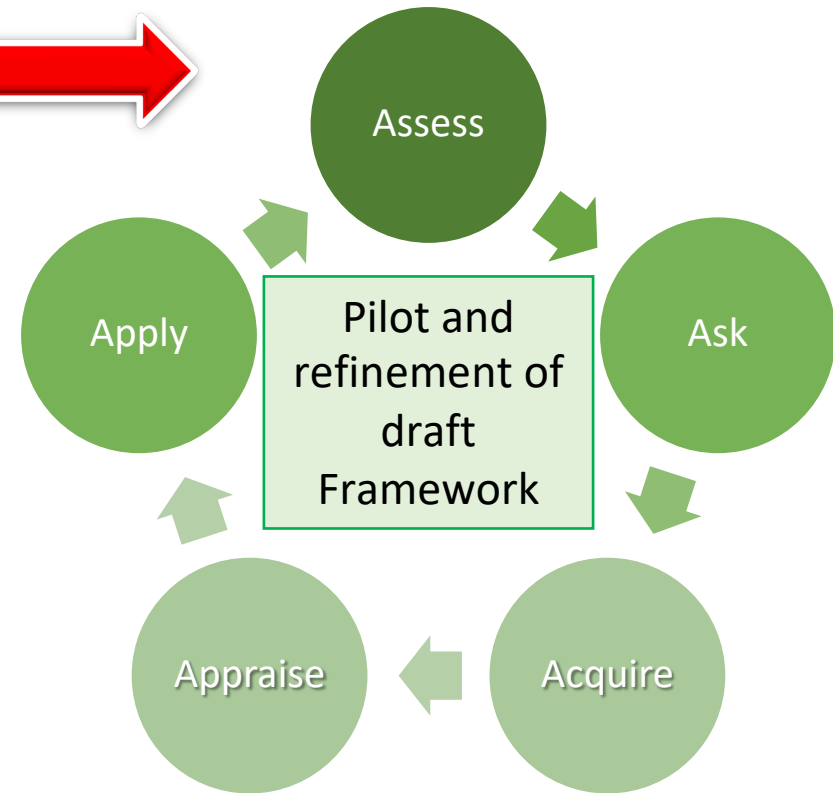
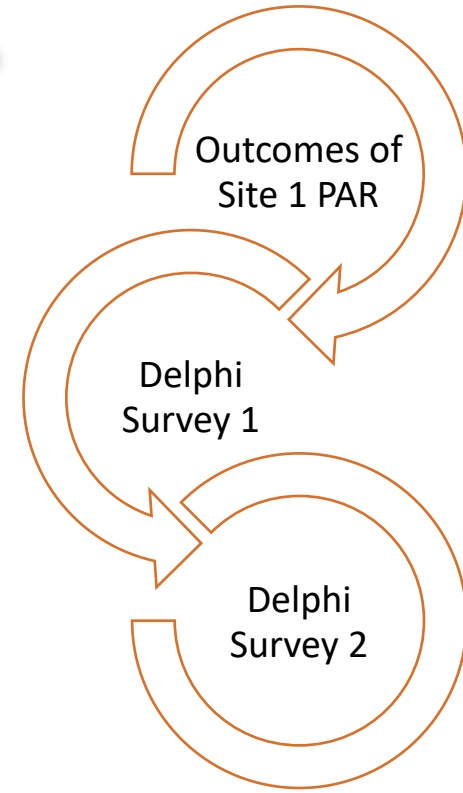
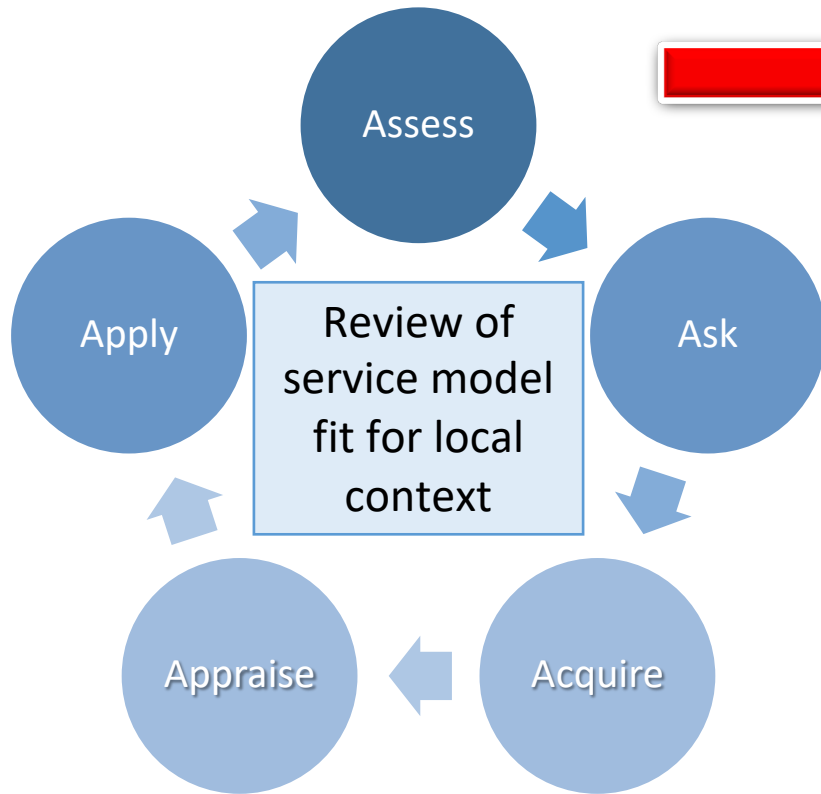


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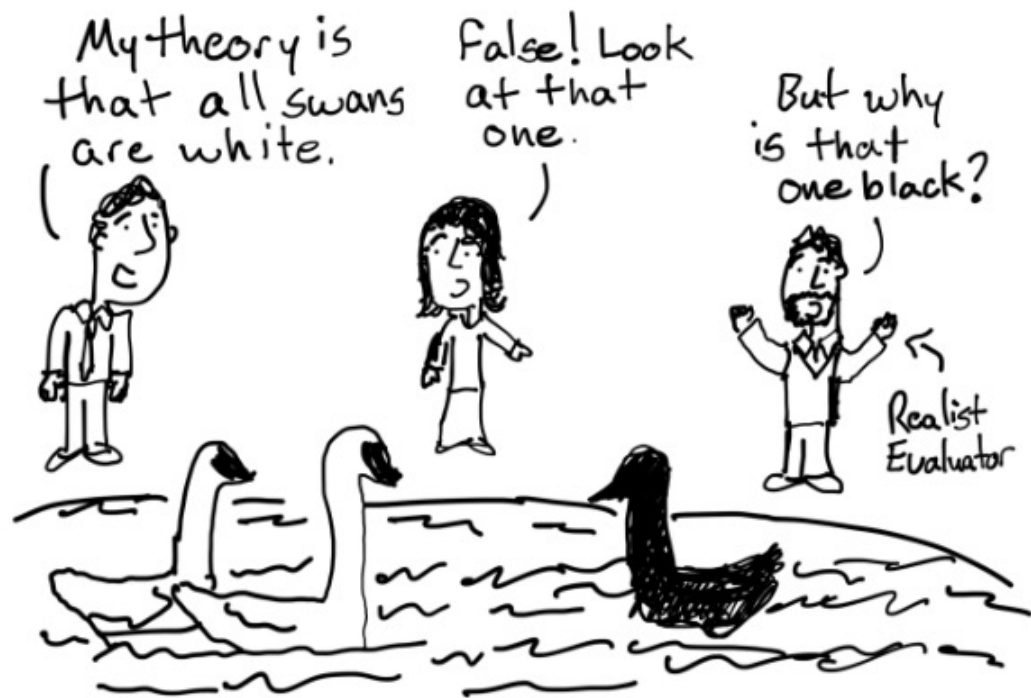
STUDY 1: Site 1 PAR Group

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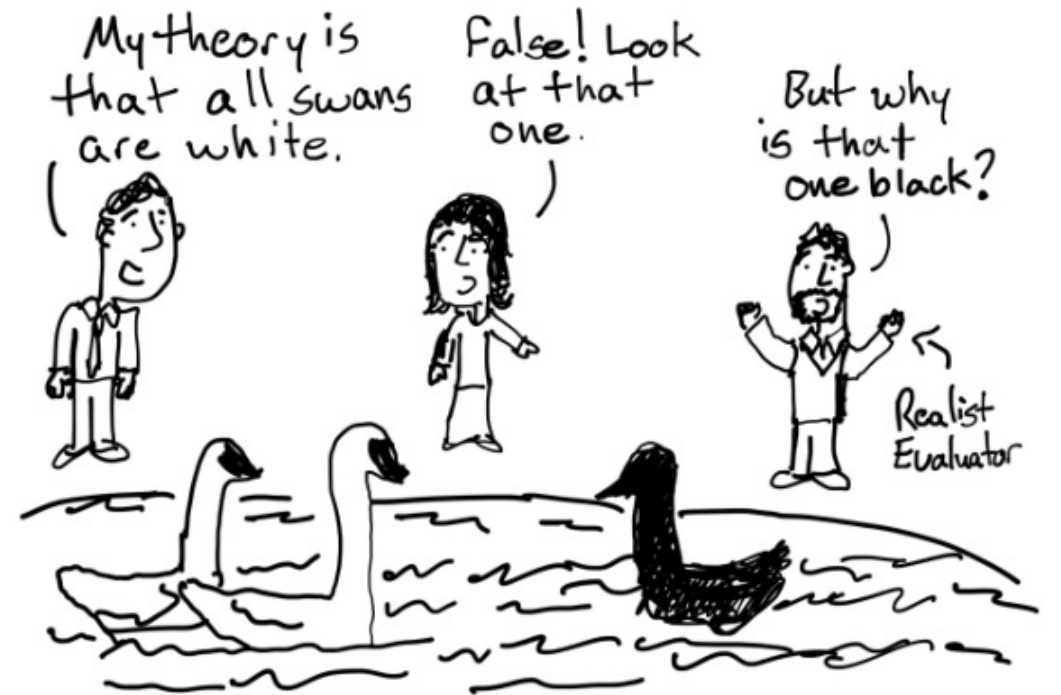
OUTCOME:
Framework for the Adaptation of CFH Service Models for Diverse Contexts



Realist Evaluation

- Identified as beneficial in **rural health** practice research
- Nurtures a **collaborative and reflective** approach to all aspects of the research including the interpretation of findings.
- To delve deeply into exploration of **contextual** influences
- Seeking to understand **mechanisms** of complex programs
- Why they are **successful (or not)** within particular settings and circumstances:

What worked for whom, where, how and **WHY?**



Realist Evaluation & Collaborative Research Approaches:

Social justice &
equity



Both the Participatory Action Research (PAR) and Delphi approaches seek to address power differentials and foster **inclusivity**



PAR participants situated as **partners** in the research



Delphi panel from a broad cross section of backgrounds including consumers, identified as **experts** on the focus of the study



Evaluators and community members **learn** from each other



Enable **co-design** of adaptations and contextualisation of service model meet the needs of local communities

Using RE to frame data analysis

'Context – Mechanism – Outcome' (CMO):

used as a frame for data analysis throughout the research phases

Element identification through
the Delphi Study

Inform the structure of a
framework and toolkit



Examples in literature demonstrate the CMO frame has been:

Used to **underpin** specific
evaluation approaches

Elaborated on or **reordered**
CMO configurations.



CMO refinement can be utilised to both **inform inquiry** and
contribute to **theoretical development**.

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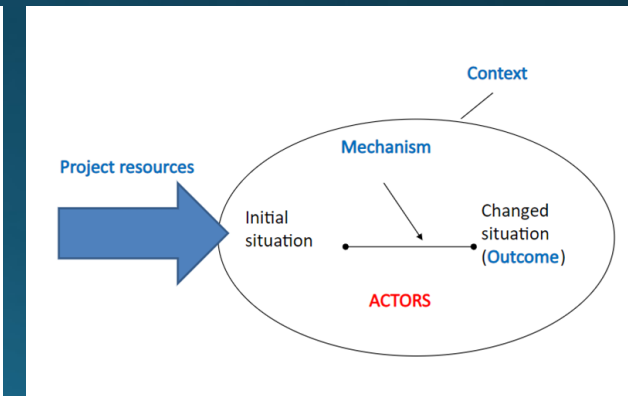
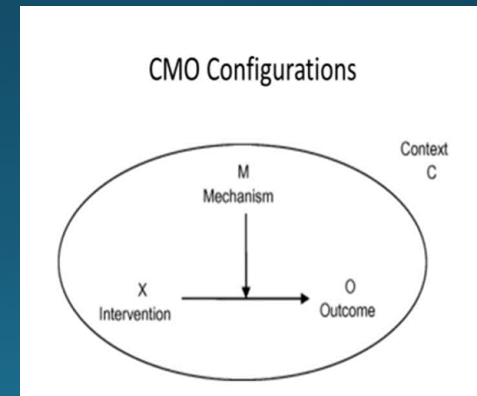
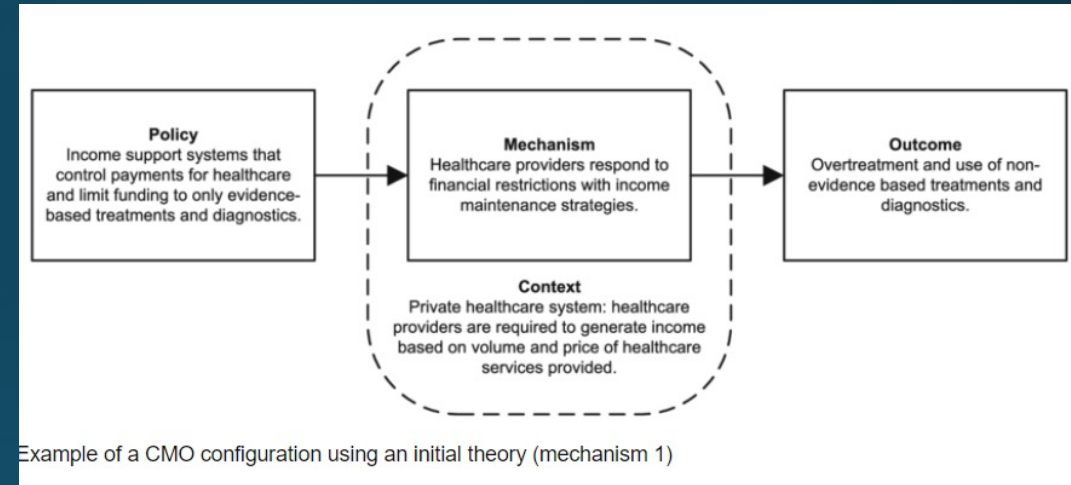
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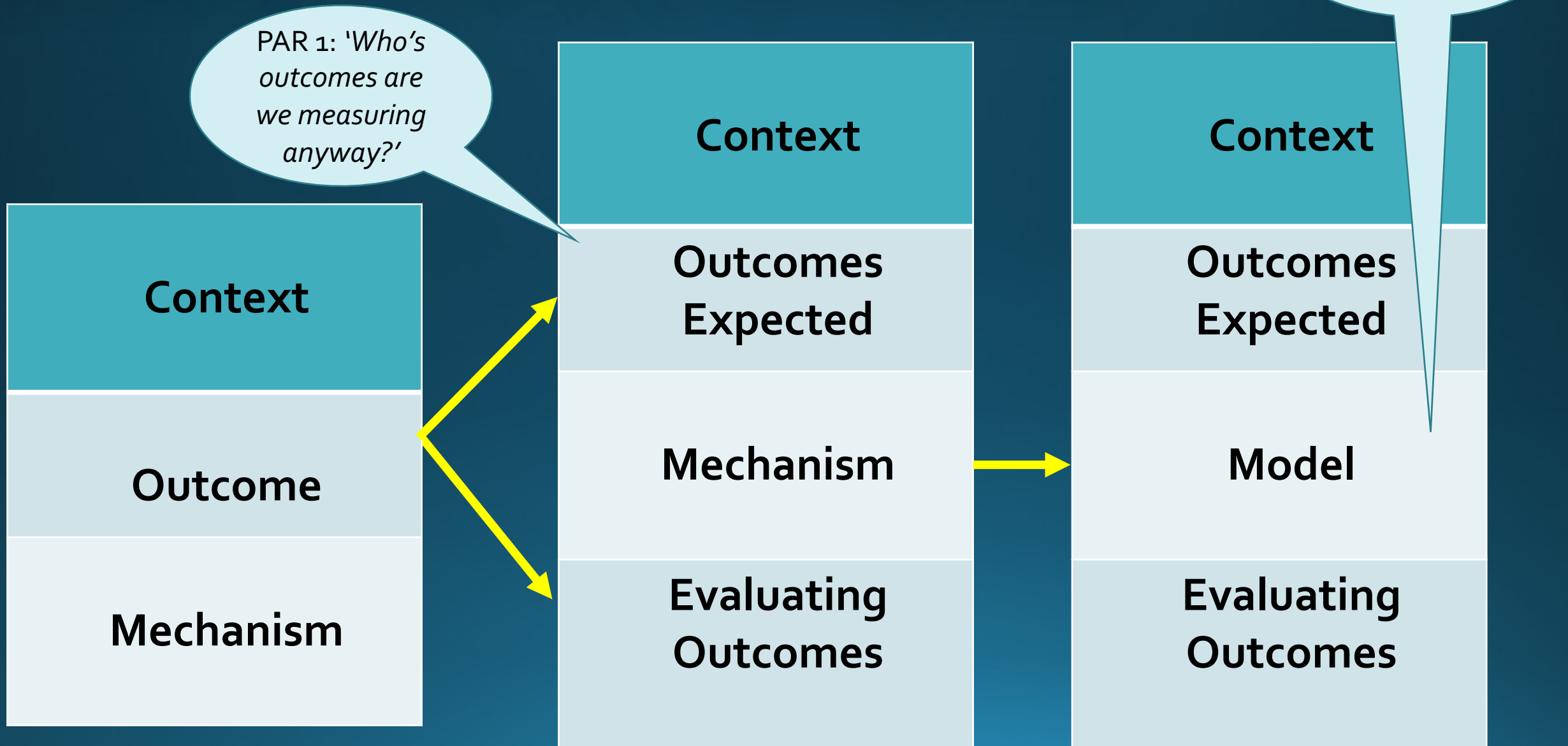
Used to **underpin** specific evaluation approaches

Elaborated on or **reordered** CMO configurations.

CMO refinement can be utilised to both **inform inquiry** and contribute to **theoretical development**.



From 'C-M-O' to 'C-O-M-E': *Reconfiguration*



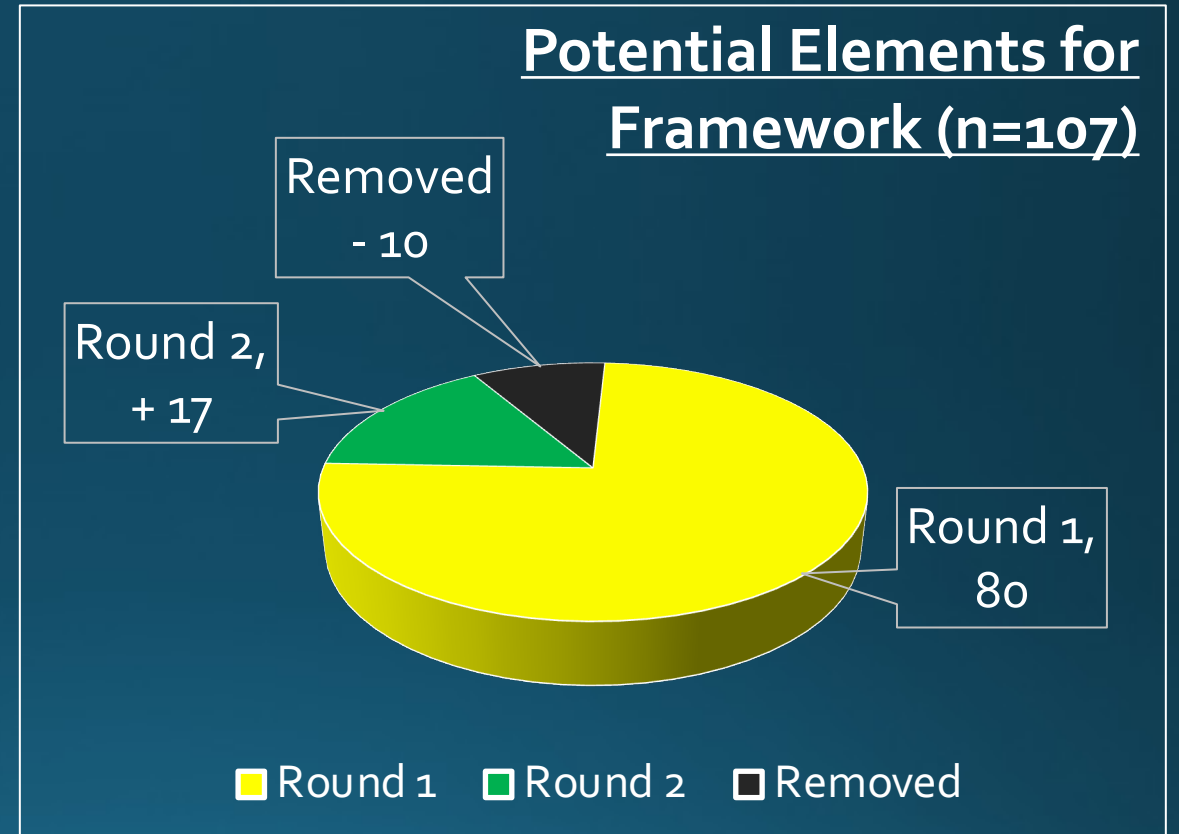
Study 2: Modified e-Delphi Study

Identification of Elements for a Framework
(2020)

Stockton, D., Fowler, C., Debono, D., Travaglia, J., (2022). Adapting Community Child and Family Health Service Models for Rural and other Diverse Settings: a Modified Delphi Study to Identify Key Elements', *Health and Social Care in the Community*.

Modified Delphi Study - Outcomes

- **Participants:** Consumers, Health, NGOs, Government, Academics
 - Response rate – 100%!
- High rate of consensus (<1.0 SD of mean scores)
- Final list of **97** elements



Context – Outcomes Expected – Mechanism – Evaluate Outcomes (C-O-M-E)

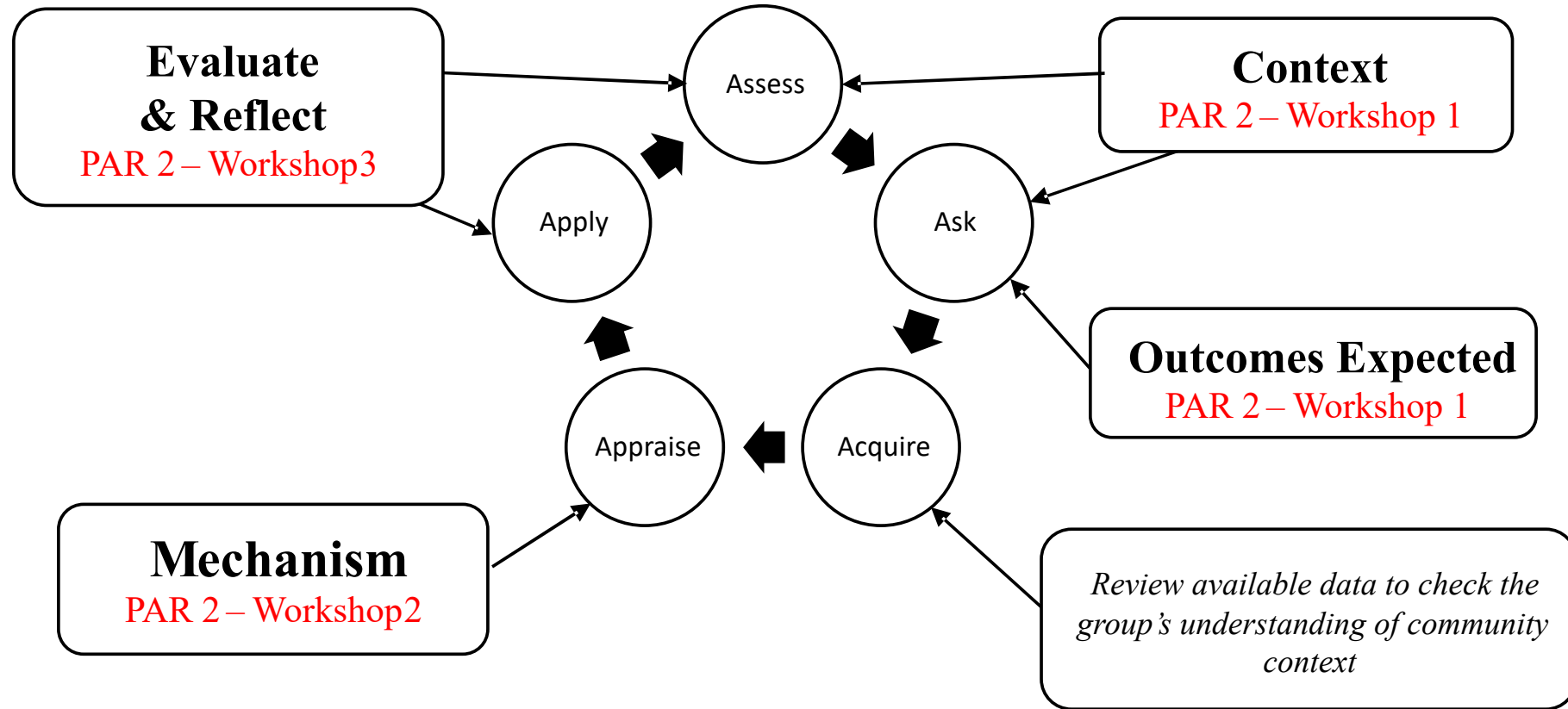
Study 3:

Participatory Action Research
(PAR - Site 2)

Pilot of Draft Framework

(2021)

Overlay of draft Framework with PAR cycle



To what extent can a metro CFH service model be implemented in diverse settings?



- An established service model **is helpful** when implementing a specialist CFH service... with caveats



- **Keys:** Flexibility, Consultation, Pro-Social Organizational Behaviour (PSOB); Collaboration and Integration → Community Co-design



- **Time:** to build a strong understanding of local context (**cultural understanding**) to inform adaptations responsive to community needs



- Service models must be reflective of '**Real Life**'



Realist Evaluation enabling Real Time Change

Findings shared with Tresillian and LHD Joint Governance Committees → Clinical Service Plans

Introduction of Self-Referral option (via Parent Helpline)

Community awareness raising campaigns: relatable language / audio-visual content

Telehealth Scale-up

Building of interagency relationships; increased intersectoral information sharing

Local PAR Action Plans: 2nd PAR Cycles led by local clinicians



Tresillian goes rural for parents and children



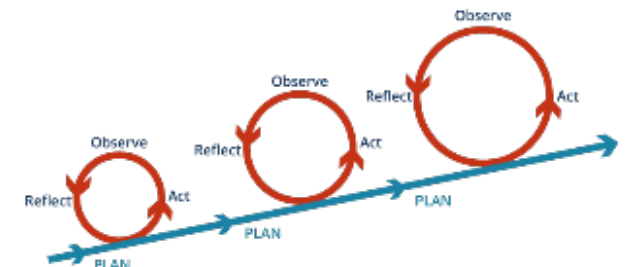
Tresillian in Western Family Care Centre (Dubbo).



By Tresillian
Deborah Stockton,
Director of Clinical
Service Integration and
Associate Professor
Rob Mills,
Chief Executive Officer
28 Jun 2021
Issue: 75

If we want to best understand the challenges and opportunities associated with rural health care in particular communities, who best to ask than community members and local clinicians who know the context best? Over the past five years, Tresillian, the largest provider of specialist child and family health (CFH) services in Australia, has undertaken a journey of rural and regional service development. This commitment has seen Tresillian's service move from being metropolitan based to being delivered across New South Wales, the Australian Capital Territory and north-east Victoria, including the establishment of a range of rural and regional services providing a referral pathway for primary health care providers, supporting parents experiencing a range of parenting and psychosocial difficulties in the critical early years of their child's life.

The services are now available across eight family care centres delivering day services in rural and regional New South Wales in Wagga Wagga, Albury-Wodonga, Lismore, Queanbeyan, Coffs Harbour, Taree, Dubbo and a fly-in fly-out service in Broken Hill, with all services operating under partnership agreements with local health districts and health services. Tresillian has also established two innovative services in partnership with Mid North Coast Local Health District.

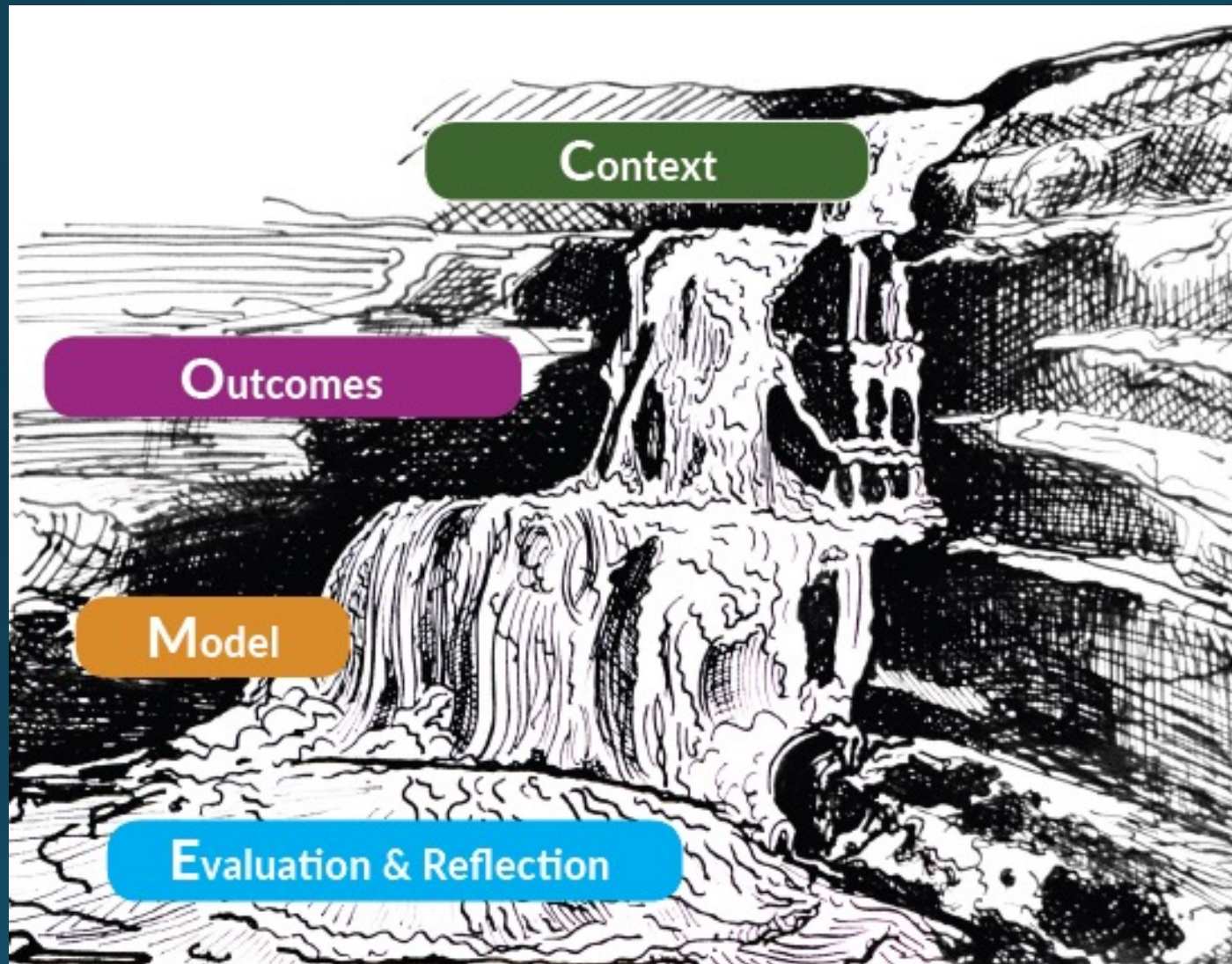


Main research output

CASCADeS Framework



Collaborative **A**daptation of **S**ervice models
for **C**hild **A**nd family health in **D**iverse **S**ettings



© Stockton
Illustrator: R Spooner

Stockton, D., Fowler, C., Debono, D., Travaglia, J. (2022). Development of a Framework for the Collaborative Adaptation of Service Models for Child and Family Health in Diverse Settings (CASCADeS), *Journal of Child Health Care*

What is *CASCADeS*?

- A **Toolkit** for consumer and community engagement to guide the adaptation of specialist CFH service models.



A **suite of tools** to support place-based in-community co-design of service model adaptations:

Facilitation guides
Focus questions
Checklists

Helpfulness Rating (PAR 2):
Median Score = 8.0 (scale 1-10)

CASCADEs:

Collaborative Adaptation
of Service Models for
Child and Family Health
in Diverse Settings

A Framework
and Toolkit for
Collaborative
Community
Co-design

Deborah Stockton PhD

B. Focus questions for Tier 1: Context

Getting to Know Our Community

The following questions are provided to help focus your discussion as your group seeks to share information, knowledge and local wisdom to come to a collective understanding of your community context. The questions are aligned with the Tier 1 Context elements, these having been identified through research as being relevant to consider and explore to contribute to the development of a comprehensive understanding of contextual factors

1. What does culturally sensitive and respectful care or service delivery look like in our community? What do we need to consider to ensure the service model being implemented/ adapted is appropriate, relevant and most importantly culturally safe for families living in our community? Who do we need to consult with to answer these questions?
2. What data is available for us to access to help us understand our local community? What information is available in relation to marginalised groups within our community? How can we ensure our service model that has been implemented in our community could be key considerations to meet the needs of these several potential groups and if so, which of our community context? How can we ensure our service model must be able to be both relevant and effective in our community? How can we ensure our service model is able to be both relevant and effective in our community? How can we ensure our service model is able to be both relevant and effective in our community?



Establishing your CASCADEs Working Group

As you work towards your goal of reviewing / implementing a new service model in your community, you will want to harness the knowledge and insights of community members including those who will use the service, previous users of the service, service providers, other agencies/ organisations who form part of the local service system network.

The first question to consider from the outset, and throughout this process, is *‘do we have everyone we need as part of this group or are there others we should invite to participate to represent the views and voices of others in our community?’*

- Are parents / consumers of the service? This could include past clients of the service

as well as attempting to engage those who may be future service users, including those who for various reasons have not yet engaged with similar services.

- What service providers from our community are represented? Are there others missing? The service providers may be a combination of health service managers and planners, health practitioners and local clinicians, GPs and Primary Health Network and NGO workers and managers.
- Are the cultural groups within our community population represented in our group? Are the voices of First Nations peoples represented, and/or those from

C. Focus questions for Tier 2: Outcomes Expected

What difference are we hoping to make in the lives of children and their families in our community?

The following focus questions are provided as a guide to discussion amongst your group members. The answers to these questions will be informed by your collective understanding of your local community context, gained through the insights and knowledge shared in Tier 1 – Context. These questions are based on research which has identified potential expected outcomes relevant to be considered when implementing or adapting a specialist CFH service model for a particular contextual setting/community.

The following questions can be used as an exercise within a group setting, or undertaken as individuals prior to coming back as a group to discuss together. You may like to highlight the potential outcomes that you would expect to see if the adaptation and

implementation of a specialist CFH service model effectively addressed particular needs of children and families in your community.

1. Have we kept children's outcomes as central to what we are hoping to achieve? What outcomes for children are we hoping to improve?
2. The may be various stakeholders which may benefit from the adaptation and implementation of the service model. What outcomes might be achieved or improved for different stakeholder groups in our community? e.g. children, parents, service providers, community members more broadly.
3. Do we want CFH models that are proactive rather than waiting for a family to reach out in crisis?
4. Are we aiming to normalize ‘help-seeking’ to facilitate access to services where and when parents need support? Do we understand what parents want/need and when? If not, should



D. Checklist for Tier 3: Model

Checklist: Reviewing Service Model fit for Our Community

The research that informed the CASCADEs Framework identified 43 elements important to consider when reviewing a specialist CFH service model fit for local context. These elements can be used to consider aspects of the service model under consideration (or previously implemented), to identify whether adaptations are needed in order to achieve the expected outcomes your group developed in Tier 2 (Outcomes Expected), outcomes that are meaningful and key priorities for your community. The elements may relate to the key target groups, the principles, practices and processes included in the service model as well as resources and roles.

While 43 sounds like a lot, the participants in the research (which included parents, clinicians, service managers, academics/researchers, and government agency representatives) indicated that all were important to consider. To facilitate this step, the following information is provided as a checklist of the elements that should be considered.

As per Tier 2, you may wish to complete the checklist as individuals and then use your completed checklist as a reference point for discussion with the rest of the group. Coming to collective agreement about importance and relevance of the elements of the service model for your community, and identifying those that may need to be adapted in some way, is a key focus of this tier of the CASCADEs Framework.

As you complete the checklist on the following page, consider whether the element presented is reflected in the Service Model you are reviewing, or is not included. Is the element present but in a form that needs to be adapted to be relevant and effectively

implemented in your local community to address the needs of children and their families. There is a section to include some comments to use as prompts when you meet again with the group as a whole, or you may wish to journal these separately to refer to. Over to you now...

The research that informed the CASCADEs Framework identified 43 elements important to consider when reviewing a specialist CFH service model fit for local context.

WEBSITE

<https://cascades.deborahstockton.com>

Home

About the Author

Context

Outcomes

Model

Evaluation

Resource Toolkit

CASCADeS

A Framework and Toolkit for Collaborative Community Co-design.

Takeaway Messages

Realist Evaluation:



- Enabled the research to be underpinned by principles of **social justice** and **equity**.



- Used throughout to **deeply explore** context, mechanisms and outcomes of **complex** programs



- Use of CMO as a frame for analysis provided a **strong foundation** for the emerging framework



- Provided **flexibility** to reconfigure CMO in response to study findings



- Informed the **toolkit** for evaluators and communities to take & use for co-design and inform evaluation



- Enabled **real-time change!**

Acknowledgements



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Emeritus Prof Cathrine Fowler

Dr Deborah Debono



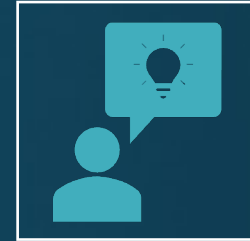
Tresillian

Executive,

Senior Management,

Managers, Teams

Partner organisations including
Local Health Districts



Study Participants

Who gave so generously of their
time, perspectives and insights

This research was supported by the Australian Government Research Training Program Scholarship.

*'Start by doing what's necessary,
then do what's possible;
and suddenly
you are doing the impossible'*

Frances of Assisi





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