Facilitators and barriers to implementation of the AIDES initiative, a social innovation for participative assessment of children in need and for coordination of services

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ARTICLE INFO

Article history:
Received 13 September 2013
Received in revised form 29 May 2014
Accepted 22 July 2014
Available online 28 July 2014

Keywords:
Collaboration
Program evaluation
Implementation
Children at risk
Social innovation

ABSTRACT

As part of an implementation evaluation, this study aims to identify the conditions of practice that facilitated or hindered implementation of the AIDES initiative, a social innovation to support collaboration between partners involved with vulnerable children. Evaluators conducted qualitative telephone interviews with 36 respondents (19 practitioners and 17 managers) who participated in the AIDES initiative trial. Respondents were chosen to include all participating organisations (child protection services, prevention social services). Participants’ comments were submitted to descriptive content analysis. Conditions facilitating or hindering implementation of the initiative included the following dimensions: (1) implementation quality; (2) organisational elements (organisational functioning, cooperation between organisations); (3) socio-political issues; and (4) personal and professional characteristics. The study highlights critical elements to consider in implementing and maintaining significant changes in practice in organisations providing assistance to vulnerable children and their families. Social innovations that do not consider such elements are likely to compromise their implementation and sustainability. We must prevent promising social changes from being considered unrealistic or inappropriate due to contextual barriers.

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1. Introduction

Social innovation is one percent inspiration and ninety-nine percent perspiration. A good idea is not quite enough to change practice. Indeed, “many efforts to implement programs designed to improve the quality and outcomes of human services have not reached their full potential due to a variety of challenges inherent in the implementation process” (Aaron, Hurlburt, & Horwitz, 2011, p. 4). This study focuses on the facilitators and barriers to preliminary implementation of the AIDES initiative, a social innovation to support collaboration between partners involved in responding to the needs of vulnerable children. The study was carried out in the broader context of an implementation evaluation of the AIDES initiative.

2. Practice conditions and social innovations

The term “social innovation” is used to describe newly introduced promotion and preventive approaches, programmes, or interventions implemented in real-world settings by non-research staff (Durlak & DuPre, 2008). The introduction of a social innovation involves several steps that reflect the development over time of the proposed change in a given setting: exploration of needs and options, decision to introduce an innovation, site preparation, initial implementation, full operation, and finally, sustainment (Aaron et al., 2011; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Rogers, 2003).

Funding sources, programme evaluation users, and indeed, publishers of scientific journals have long preferred effectiveness evaluations over implementation evaluations. The former have been taken more seriously, in particular, because of the methods and research designs employed, which, in terms of knowledge development, makes them perceived as more useful; conversely, the latter, which are usually presented in conjunction with effectiveness evaluations, are rarely an end in themselves and are best justified by their usefulness in explaining the presence or
absence of effects (implicitly, the true purpose of the evaluations). The strong shift towards the promotion and adoption of empirically supported interventions in social services has also contributed to the development of effectiveness evaluations.

In recent years, implementation evaluations have nevertheless gained ground, and some authors have indeed referred to “implementation science” (Fixsen et al., 2005; Mildon & Shlonsky, 2011; Proctor, 2012). Such evaluations have allowed for in-depth understanding of the challenges of transposing empirically supported interventions and social innovations to real-world settings. The determining roles played by the characteristics of the programmes themselves, the adopters, and the practice context in implementation success are increasingly studied (Turner, Nicholson, & Sanders, 2011). Furthermore, in terms of methodology, implementation evaluations have high innovative potential (Proctor, 2012). They often make use of mixed or purely qualitative research designs including in-depth interviews and case studies (Patton, 2002; Stake, 2006; Yin, 2009).

3. Description of the AIDES initiative and its evaluation

In the province of Quebec, Canada, there is a real desire to strengthen the focus of psychosocial intervention on the wellbeing and development of children in situations of neglect or risk of neglect. There is also a desire to promote and support parent involvement as well as coordination between institutional and community settings to provide diversified and coordinated services and support. Between 2003 and 2007, Quebec researchers, in collaboration with practice settings involved in the protection and prevention of neglect, were interested in the work being done in Britain on the provision of services to children. The researchers implemented a social innovation – the AIDES initiative – whose aim is to (1) ensure the safety of children and promote their optimal development; (2) support parents in the exercise of their parental responsibilities; (3) promote the participation and collaboration of parents throughout the intervention process and in decisions concerning their child and family; and (4) promote a collaborative environment to better coordinate and integrate interventions and services.

From 2007 to 2011, the AIDES initiative was implemented in two regions of Quebec. The researcher-promoters of the project proposed a new approach to practitioners working with children with complex needs and multiple risk factors. Practitioners were asked to use the four methods promoted by AIDES. First, they were asked to conduct with parents and network partners (community, education, and health settings; social services) an analysis focused on the developmental needs of the child using the British Framework for the Assessment of Children in Need and their Families (Department of Health, 2000). This framework describes the developmental needs applicable to all children, the responses of parents in meeting these needs, and the family and environmental factors that influence the ability of parents to meet these needs. The framework has several advantages. Among other things, it allows all those involved (parents, practitioners, and other actors) to use a common terminology and refer to the same parameters in defining children’s needs and progress. It intends to improve collaboration, promote the exchange of information, and facilitate referrals. Finally, it aims to allow for better planning and delivery of services and to provide more appropriate and effective interventions, allowing children and their families to receive responses that are consistent and adapted to their needs.

Second, the participants were asked to complete a child’s needs analysis workbook (CABE) with the parents of each child referred to the project. This integrative tool was developed in UK from the reference framework. It provides an accurate and detailed picture of the child’s needs through seven dimensions, examines the response the child receives from the parents, and the factors that influence this response. Third, the practitioners were asked to use a participatory approach with the parents at all stages of the intervention. Finally, they were asked to involve the parents and other actors to help the child in developing and carrying out an action plan. To master these methods, the managers received training. Practitioners were supported during the implementation process through “co-development” activities, which included group and occasional individual supervision aimed at appropriating and applying the promoted methods in real-life situations with children. A monitoring committee of researchers, managers, and decision-makers meets at least twice a year, with the mandate to ensure proper conduct of the project’s implementation and evaluation.

A study evaluated the implementation of AIDES and its effects on the children and parents (Chamberland et al., 2012). The present study was conducted as part of this larger evaluation. The larger implementation evaluation was inductive and had a qualitative design. It assessed conformity, in other words, variance between the intended implementation and the one carried out. The effectiveness evaluation was quantitative and used a hypothesis-deductive approach, which allowed comparing the situations of children aged between 0 and 9 years exposed to the AIDES initiative with the situations of other children receiving current services. The evaluation study received approval from university ethics committees and the various practice settings involved.

4. Research question

The present study aimed to answer the following question: From the perspective of the actors themselves, what are the facilitators and barriers to AIDES implementation?

5. Methods

5.1. Participants and procedure

Thirty-six participants from two prevention and four protection centres were questioned on the conditions influencing the AIDES initiative trial in their work settings. Participants were solicited based on their active participation in the implementation, either as practitioners having referred two or more children to the research project (n = 19) or as clinical advisors, programme managers, department heads, or directors of professional services (other actors, n = 17). The participation rate was 69%, the reasons for non-response including refusal, sick leave, and relocation.

Respondents were initially contacted by telephone to inform them of the purpose and procedure of the study and to obtain their consent. This was followed by telephone interviews of 30 min, conducted between September 2010 and April 2011 (last year of the project) by three research assistants trained in the semi-structured interview procedure. The recordings were transcribed verbatim for analysis.

5.2. Interview outline

The interview outline explored the experience of respondents regarding the methods promoted by AIDES and its implementation in their organisation. The two questions analysed here were (1) What facilitated participation of your organisation in the AIDES initiative? and (2) What hindered participation of your organisation in the AIDES initiative? A pre-test was conducted with four respondents (two practitioners and two other actors).
5.3. Analysis

The material was processed using the qualitative data analysis software N-Vivo 8.0 (QSR International Pty Ltd, 2008). Content analysis of the interviews was based on the procedure developed by L’Ecuyer (1990): (1) preliminary reading and compilation of a list of statements (units to be classified); (2) selection and definition of classification units (classification grid); and (3) the statement classification process.

The classification grid was constructed using a mixed model, i.e., some of the categories were pre-existing at the outset (p. ex., individual characteristics), while others were inferred during analysis (p. ex., collaboration between organisations) (L’Ecuyer, 1990). Pre-existing categories were identified in the literature on social innovation implementation and organisational change in the area of services for children in need and their families (Bareil, 2004; Callon & Latour, 1986; Cleaver & Walker, 2004; Cleaver et al., 2008; Léveillé & Chamberland, 2010).

Three trained assistants classified the material according to the classification grid. To achieve and maintain an adequate level of classification reliability, this phase of analysis was submitted to inter-rater validation. To this end, two assistants were assigned to classify the same material (Holsti, 1969). Disagreements were discussed and classified by consensus.

6. Results

6.1. Description of practice conditions for all sites

According to the respondents, four types of conditions facilitated or hindered implementation of the AIDES initiative for all sites: (1) implementation quality, (2) organisational characteristics, (3) socio-political issues, and (4) personal and professional characteristics of the actors (see Table 1).

6.1.1. Implementation quality and intervention quality

Implementation quality was particularly related to consistency between what was originally intended by the researcher-promoters and what was experienced by the participants in the various settings, as well as other elements concerning the trial of the initiative itself.

The quality and relevance of the initial group training was considered facilitating. In contrast, practitioners who entered the project later were not as well trained, which hindered implementation: “I was a bit in the dark (…) as to the programme’s philosophy, the C Abe, and all; I felt a little out of sync” (P-807). Support, whether individual or group, also positively influenced implementation quality, which facilitated appropriation of the initiative. For example, using the AIDES framework, group meetings were “clear and structured (…) allowed for more focused clinical discussions, (…) not just the views of individuals” (P-804), although some felt the discussions were simply “overviews” (P-912). Support also helped practitioners to deal with difficulties on an on-going basis, in particular, gaining access to the parent’s point of view:

In the intervention, sometimes there are parents who have a hard time (…) talking to us about their child, expressing their needs. So, the tool was facilitating, especially for parents who have difficulty expressing themselves. Practitioners told me, also through their supervisors, that it was a good way to reach especially fathers, who (…) may be less comfortable talking about their child. So, it was a way to involve them (O-1007).

Modelling and mutual support broke isolation and facilitated appropriation of the initiative by the actors: “Listening to colleagues helped us go through the experience and answer questions that we didn’t even know we had” (O-1012). On the other hand, some respondents criticised the heterogeneity of participants during group support: “It became redundant. (…) Newcomers had questions that (…) we no longer had necessarily” (P-933). The documents provided, for example about empowerment or how to promote parents’ participation, were useful supplements to the training and support activities.

The signing of a formal agreement between the practice settings and the researcher-promoters helped maintain organisational commitment despite the obstacles: “This is serious business” (O-1004). Since practitioners involved several families in the initiative, an intensity of intervention deemed crucial was achieved. Intensity was also a function of duration: when the needs analysis was spread over several months, certain observations lost their relevance. Other participants, who lost their motivation over time, said that a short, explicit timeframe would have helped them to better complete the process.

Quality of relationship between the researcher-promoters and the practice settings also influenced implementation. Openness of the former to the difficulties of the latter helped, indeed made possible, fulfilment of the evaluation study. For example, the practice settings welcomed the easing of recruitment criteria for children, which was initially perceived as too restrictive and having a demotivating effect. The adaptation and evaluation of AIDES within the participating settings were thus seen as facilitating. Conversely, a lack of communication between the two parties hindered implementation.

6.1.2. Organisational characteristics

6.1.2.1. Organisations themselves. According to the participants, certain characteristics of the organisations themselves influenced AIDES implementation. First, receptiveness of the setting to research in general favoured receptiveness to AIDES in particular. Other participants cited the receptiveness of their organisation to innovation:

We have very few tools right now (…). We want ideas; we really want to be challenged in our clinical practice. It’s palpable, so there’s openness (O-1111).

Voluntary participation and staff stability were also guarantors of success. In addition, respondents considered positively consistency between AIDES and the vision, priorities and programming of their own organisation. The fact that AIDES fell within existing structures or that a special effort was being made to deploy the initiative was well perceived. Indeed, some settings encouraged appropriation of the methods promoted by AIDES beyond what was required by the implementation:

We developed our provision of services (…) around the three sides of the triangle [reference framework]. We defined our clientele profile, (…) our objectives, (…) the clinical tools to use (…), and the programmes to implement. (…) We used it throughout our organisation as a tool for reflection (O-1110).

Support provided by the organisation was another asset, whether from team members (proximal support), managers, or directors (distal support).

If I hadn’t been backed (…) by my institution or encouraged to use this approach, I wouldn’t have taken the time to do the training or supervision necessarily (…). In terms of motivation, it helped (P-803).

In contrast, several organisational characteristics hindered implementation. For example, one person reported being exhausted by so many changes and innovations: “I think we went through five programme changes [between] 2005 and 2011”.

1 A code consisting of letters and numerals is used to identify participants as follows: The first letter of the code represents participant type (P = practitioner, O = other actors); the numeral indicates participant number.
Table 1
Practice conditions facilitating or hindering AIDES implementation from the point of view of participants.

<table>
<thead>
<tr>
<th>Practice conditions</th>
<th>Facilitators</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of implementation and intervention itself</td>
<td>-Quality of training and documentation</td>
<td>-Lack of dissatisfaction with training</td>
</tr>
<tr>
<td></td>
<td>-Quality of support (individual and group)</td>
<td>-Redundancy of content, heterogeneity of participants (support group)</td>
</tr>
<tr>
<td></td>
<td>-Modelling and mutual support</td>
<td>-Low intensity of intervention</td>
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<tr>
<td></td>
<td>-Formal collaboration agreement</td>
<td>-Difficulties in the researcher-promoter/practice setting relationship</td>
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<tr>
<td></td>
<td>-Intensity of intervention</td>
<td>-Too much adaptation of AIDES (major changes at a site)</td>
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<tr>
<td></td>
<td>-Quality of the researcher-promoter/practice setting relationship</td>
<td></td>
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<tr>
<td></td>
<td>-Adaptation and evaluation of AIDES</td>
<td></td>
</tr>
<tr>
<td>Organisational characteristics</td>
<td>-Receptiveness to research and innovation</td>
<td>-Weariness with innovations</td>
</tr>
<tr>
<td>Organisation themselves</td>
<td>-Voluntary participation of practitioners</td>
<td>-Non-voluntary participation of practitioners</td>
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<td></td>
<td>-Staff stability</td>
<td>-Staff turnover</td>
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<tr>
<td></td>
<td>-Consistency with vision, priorities, and programming</td>
<td>-Competition with a clinical tool in place</td>
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<td></td>
<td>-Appropriation of the AIDES framework beyond what was required by the implementation</td>
<td>-Improper implementation by the organisation</td>
</tr>
<tr>
<td></td>
<td>-Quality of support (proximal and distal)</td>
<td></td>
</tr>
<tr>
<td>Collaboration between organisations</td>
<td>-Contributes to existing collaborative structures</td>
<td>-Lack of support (proximal and distal)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Incompatible with protection mandate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Lack of availability</td>
</tr>
<tr>
<td>Socio-political issues</td>
<td>-Consistency with changes to the Youth Protection Act (YPA)</td>
<td>-Incompatible with organisational mandate</td>
</tr>
<tr>
<td></td>
<td>-Consistency with the ministerial goal of promoting joint programming</td>
<td>-Requirements not met</td>
</tr>
<tr>
<td>Individual and professional characteristics</td>
<td>-Interest in AIDES</td>
<td>Creation of a new administrative structure (Health and Social Services Centres, CSSS)</td>
</tr>
<tr>
<td></td>
<td>-Compatibility with intervention philosophy</td>
<td>-Frequent changes in government policy</td>
</tr>
<tr>
<td></td>
<td>-Personal qualities</td>
<td>-Services needed but not available</td>
</tr>
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<td></td>
<td>-Snowball effect</td>
<td>-Temporary assignments for health emergencies</td>
</tr>
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<td></td>
<td></td>
<td>-Non-adaptation of government monitoring systems</td>
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<td></td>
<td></td>
<td>-AIDES perceived as research and not as a new practice</td>
</tr>
</tbody>
</table>

(O-1004). In addition, the methods proposed by AIDES were sometimes considered in competition with a clinical tool already in place. Staff turnover, of both practitioners and managers, also impeded implementation: among other things, new practitioners did not receive the initial training, and clients were reluctant to pursue the CABE with a new practitioner. In terms of management, one respondent reported:

Something got watered down (…), was lost from one person, to another, to another. I’m not really sure to what extent our current head of programmes was able to appropriate the project (O-1012).

Other strategies were less fruitful, for example, implementation based on one person rather than on true organisational appropriation:

When we’re all striving towards implementation of an approach, a philosophy, a direction, but have lost the support base (…) and have not kept some form of continuity through multiplier agents, (…) in terms of efficiency, (…) it’s more difficult (O-1114).

Lack of organisational support, whether through lack of authorisation or a sense of isolation by a single practitioner in the AIDES team, hindered implementation. Forced participation also impeded the process. Finally, some respondents felt that AIDES was incompatible with their protection mandate:

You get a report, so you don’t have a choice. (…) If you don’t have an objective, you can go around in circles with the CABE, until the parent has enough confidence to tell you what is really happening. It can be a trap. (…) You don’t want to end up seeing children (…) in ER. (…) Principles are fine, but (…) you need direction with practitioners (…) not just “I’ll listen to the needs that parents will be able to describe to me”! (O-1006).

6.1.2.2. Collaboration between organisations. Respondents said little about the conditions influencing collaboration between organisations involved in the situations of the children and families. This could be explained by the fact that although the implementation provided for the creation of intervention plans, few practitioners were successful in this regard (see full evaluation report, Chamberland et al., 2012). As such, the few opinions regarding collaboration between organisations referred mostly to what was expected from such collaboration as opposed to actual collaborative experiences between organisations as part of AIDES. Some respondents felt that the participation of their organisation in the implementation enhanced the collaborative structures already in place. Lack of availability for joint meetings was an expected barrier. More deeply, some feared that the reconciliation of different mandates and organisational practices was a problem:

A school professional doesn’t have the same mandate, doesn’t work the same way as a [health and social services] professional. So, everyone finding their place while developing a common language and perspective on families’ needs, (…) takes a lot of work. (O-1111).

For others, the prerequisites for collaboration between organisations were not yet in place, which hindered development of the collaborative methods promoted by AIDES. One manager said in this regard:

Using an action plan [involving several organisations] requires conditions that are beyond AIDES (…), for example, practitioners’ legitimacy in engaging collaborators. (…) Even though they’re part of an AIDES programme, it doesn’t necessarily mean
they'll be successful (...) in lobbying their collaborators to get involved (O-1005).

6.1.3. Socio-political issues
According to the participants, the socio-political issues at work in the context of social services in Quebec influenced implementation of the AIDES initiative. In terms of facilitating factors, consistency between AIDES and changes to the Youth Protection Act (YPA) in 2007 regarding, for example, family involvement, increased the attraction of AIDES for the practice settings. Furthermore, the Ministry of Health and Social Services encourages the development of joint programmes between institutions, and AIDES falls naturally in this category.

Nevertheless, other socio-political issues created difficulties that complicated or impeded implementation. For example, the creation of Health and Social Service Centres (CSSS) by merging several institutions into one single administrative structure represented “a truly difficult situation; it created tension” (O-1004). Respondents also reported a certain weariness with frequent changes of government policy regarding the provision of services: “What is deplorable is that we implement something and then (...) there's a change of government, a change in policy!” (O-1004). Not being able to provide the services deemed necessary following a needs analysis with AIDES hindered the project:

Practitioners are limited by the means they have at their disposal. If they [the institution] only provide psychosocial care because there’s no money for rehabilitation services, (...) there’s a limit to what the practitioners can do. They're stuck with their nicely filled-out CABE! (O-1005)

Due to health emergencies, such as fear of an influenza pandemic, staff initially involved in the implementation were assigned to other tasks. Finally, some respondents felt that the monitoring systems used by institutions to assess the amount of time their professionals spend on tasks are poorly adapted to account for partnership work between institutions to develop action plans.

6.1.4. Individual and professional characteristics
Finally, certain individual characteristics, as well as those related to the professions of the actors, affected implementation. Pre-existing notions favourable to AIDES facilitated implementation: “Always thinking about the family, seeing needs in terms of the family, is good; it corresponds to my values” (P-802). Compatibility of the initiative with previous intervention philosophy was also facilitating: “My profession is such that it wasn’t too far from what I usually do” (P-803). Personal qualities such as dedication to families or the ability to mobilise colleagues was also helpful. Participants convinced of the merits of AIDES also promoted it on various platforms, creating a snowball effect.

A reductionist view, which reduced the project to the completion of tools rather than to a new way of intervening, harmed the project. According to one manager:

Making the connection that AIDES is not only the CABE but also talking about needs rather than problems, (...) [this] was not at all how people saw it. For them, the research project was filling out the CABE (O-1004).

Lack of motivation was another obstacle, which resulted, for example, in less active participation in meetings. Others felt that practitioners had not yet mastered the skills necessary to perform certain AIDES activities, for example, establishing partnerships to develop action plans. Some people reported unease with or insufficient mastering of the methods promoted by AIDES, which was sometimes attributed to the practitioner's profession:

Nurses told us they had difficulty completing the workbooks, going this far with clients. (...) I didn't hear this from social workers, I only heard it from nurses (O-1115).

Finally, some actors showed resistance to the proposed changes, not seeing the benefits but only the difficulties that lay ahead.

6.1.5. Particular situation of one implementation site
This section focuses on practice conditions that influenced the AIDES implementation at a particular site. Described here are only the conditions specific to that site, those shared with other sites being already described above. The following is an account of the events and the views of the actors involved.

A few years before the present implementation, current members of the researcher-promoter team worked in collaboration with this site to enable its practitioners to use the methods promoted by AIDES. However, the project was scaled down due to lack of funding. During the same period, the organisation decided to use a tool for assessing parental capacity based on risk assessment. The tool was already widely implemented in the organisation when the AIDES researcher-promoters sought to actively resume the collaboration as a result of funding for the present implementation and evaluation. Despite different objectives – the CABE from AIDES focuses on the needs of the child while the other tool emphasises decision-making – some confusion was created.

The managers in place said: “We can't expect people to use two [clinical tools]. They're already reacting to one, how can we deal with another one?” But at the same time, the project was already agreed upon. So, you see, we didn't really have a support base to build on. (O-1002).

Reactivation of this collaboration, more for political reasons than for innovation, was not without challenges: “AIDES (...) was based more on the desire to collaborate with researchers and support them than it was on the project itself (O-1002). After many exchanges, deployment of the AIDES initiative in this setting was finally conditional on adopting a new strategy, which was not foreseen in the original design: a third person, called a “facilitator,” was responsible for completing the CABE tool with the families participating in the study in the presence of their usual practitioner. These practitioners were trained but did not participate in the support groups. While some participants considered this solution necessary at the time, others felt it created significant problems such as “distorting the meaning of the tool” (O-1007), requiring families to attend meetings with a third person in addition to the meetings planned with their usual practitioner, and making appropriation of the methods promoted AIDES impossible for the practitioners. In addition to these internal effects, one respondent of another organisation in the same region cited implications for her own organisation. Expectations for better mutual understanding, given that both organisations participated in the AIDES initiative, were unfulfilled.

Then they talk about legitimacy and working together in a common language. Even with this partner who was trained, who we say (...) at least we’re on the same footing with... well, it's not true (O-1005).

7. Discussion
7.1. Practice conditions and social innovations
Like many previous studies, this study confirms that a multilevel ecological perspective is necessary for understanding successful implementation of a social innovation. From the point of
view of the actors themselves, quality of implementation, intra- and inter-organisational characteristics, socio-political issues, and individual characteristics influenced the more or less smooth introduction of AIDES in their practice settings. In short, like a small seed, a social innovation, to become “implanted”, requires specific conditions to sprout and take root.

Implementation of the innovation must be of good quality: a good seed still requires the best care possible to germinate. Among other things, the participants stressed the importance of initial training as well as support and coaching once the changes are underway, which is widely supported empirically (Bareil, 2004; Durlak & DuPre, 2008; Edvardsson et al., 2011; Fixsen et al., 2005; Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004; Rapp et al., 2008). A recent meta-evaluation of international experiences regarding adoption of the Framework for the Assessment of Children in Need and Their Families (Léveillé & Chamberland, 2010), which AIDES promotes, also confirms that professional training, adequate technical support, and the opportunity to reflect on the process facilitate implementation. The respondents of this study, however, did not identify staff evaluation as facilitating good implementation quality. According to Fixsen et al. (2005), staff evaluations allow assessing fidelity and using this information to improve the performance of practitioners.

Although some respond to certain modifications, implementation of an innovation must nonetheless come close the original proposal to succeed. Adaptability, i.e., the fact that a programme can be modified to fit the needs of providers, is a feature of innovations consistently related to implementation success (Durlak & DuPre, 2008). The tension between, on the one hand, pressure for strict conformity with the original model, and on the other hand, adjustments by the host environment, is not new. Although deviation from the original proposal is still considered a weakness by several evaluators, others nevertheless recognize the need to accept and account for the almost inevitable changes that occur with dissemination of a programme. In this regard, some respondents stressed how the adaptation of AIDES and its evaluative approach (e.g., recruitment criteria) facilitated its appropriation in their practice setting. The degree of change, however, may be such that an innovation is completely distorted, as concluded by the respondents of one particular trial site.

To continue the analogy, just as the gardener has to choose the right seed for the given soil and climatic conditions, fit between the innovation and the values and needs of the organisation is key (Aarons et al., 2011; Bareil, 2004; Durlak & DuPre, 2008; Greenhalgh et al., 2004). The participants of this study considered consistency between AIDES and organisational priorities as facilitating and its perceived redundancy with a clinical tool in place as restrictive. As a seed needs rich soil to germinate, an innovation has a better chance of success if organisational characteristics are favourable. As confirmed by the participants in this study, an organisational culture characterised by openness and flexibility is ready for change (Aarons et al., 2011; Durlak & DuPre, 2008; Grol & Wensing, 2004; Mitchell, 2011). Leadership and support of management at all levels, from immediate supervisors to senior managers, are crucial to successful introduction of social innovations in general (Aarons et al., 2011; Bareil, 2004; Durlak & DuPre, 2008; Fixsen et al., 2005; Grol & Wensing, 2004; Mitchell, 2011; Rapp et al., 2008) and to the British framework in particular (Harris & Allen, 2009; Horwath, 2011; Léveillé & Chamberland, 2010). Resources for the innovation such as cost, time, and effort (Aarons et al., 2011; Fixsen et al., 2005; Grol & Wensing, 2004; Harris & Allen, 2009; Mitchell, 2011) were not mentioned by respondents as factors influencing implementation. Finally, to complete the analogy, just as the skills of the gardener help the seed to germinate, the characteristics of the actors themselves influence successful implementation of a social innovation. A positive or sceptical attitude towards innovation, trust or doubt in one’s own abilities to do what is expected, personality, past experiences, education and primary discipline, and motivation were all personal characteristics identified by respondents, adding to an already impressive body on the subject (Aarons et al., 2011; Bareil, 2004; Durlak & DuPre, 2008; Edvardsson et al., 2011;Fixsen et al., 2005; Léveillé & Chamberland, 2010; Mitchell, 2011). Losses related to abandoning familiar practices, for example those involving security, power, and skills, may be difficult to admit and were not mentioned by respondents (Bareil, 2004).

7.2. Strengths and limitations

The study has given voice to various types of respondents and at several trial sites of the innovation. The qualitative approach facilitated in-depth exploration of respondents’ perceptions. Sample size allowed achieving discourse saturation. The diversity of actors and sites allowed for triangulation of perspectives, which contributed to the validity of the results (Patton, 1990). However, the study included only the perspective of professionals directly involved in the implementation on the complex and multi-determined reality of introducing AIDES in their practice setting. Others, such as users, trainers, researcher-promoters, and members of the monitoring committee would have further deepened understanding of the facilitators and barriers to this social change.

7.3. Lessons learned

Some lessons can be drawn from this evaluation study. First, for the planners: the deployment of social innovations must achieve a balance between local adaptations and a prescriptive approach in terms of respecting essential principles and methods. This evaluation confirms that flexibility is crucial if the initiative is to be truly appropriate to the setting, and is capable of being sustained. On the other hand, too much variance between the initial proposal and what is actually implemented may jeopardise the integrity of the initiative. In this context, it is important to better identify the active ingredients of the innovation to conserve, adaptations that are tolerable, and those that should be discouraged. Furthermore, the study provides valuable insights for improving AIDES implementation in other practice settings. It confirms that the deployment of innovations must provide for certain conditions to be met for successful implementation. It reiterates that criteria such as the selection of competent, stable, and committed practitioners, who are willing to step outside their usual ways of doing things, are essential in the context of social innovation trials. It also emphasises how peripheral barriers to the initiative itself may hinder its implementation. The revised AIDES cycle is based on the findings from this evaluation (results presented here and the rest of the evaluation; see Chamberland et al., 2012). For example, organisations that implement AIDES must now sign an agreement with the researcher-promoters, and actors from various organisations in the same region must be trained at the same time to facilitate collaboration. Partnerships between organisations, which was the least adopted method promoted by AIDES, will be the subject of a subsequent study2. Other results of the implementation evaluation, which are not shown here, helped to improve the methods promoted by AIDES or provided other benefits. For example, the organisation that introduced a facilitating agent has now clarified the scope of the methods promoted by AIDES compared with that of their other clinical tool. Consequently, the organisation is committed to the financial support.

2 Study funded by the Quebec Ministry of Health and Social Services, 2012–2016.
new AIDS cycle and is determined this time to stay close to the original model.

For researchers, the study reiterates the importance that such evaluations have on the implementation as well as the effects of social innovations. The study emphasizes the need to build on certain individual and organisational strengths but also that a number of challenges must be overcome before the AIDES initiative is mature enough to undergo effectiveness evaluations that can account for the actual effects of all the promoted methods. Indeed, a premature effectiveness evaluation may reveal little or no change, whereas, in reality, the initiative is not yet operating at its full potential.

8. Conclusion

This evaluation study illustrates how contextual elements, independent of the nature of the innovation itself, can contribute or hinder the introduction and maintenance of a change in practice in organisations working with vulnerable children and their families. We can learn from all experiences, from the most successful to the most difficult, hence the importance of implementation evaluations in improving the quality of implementation and the sustainability of changes in practice.

Implementation evaluations are also crucial to determine whether the introduction of innovations in real-life settings is evidence-based. We must prevent promising social changes from being considered unrealistic or inappropriate due to contextual barriers. Indeed, confirming the effectiveness of a programme in the exceptional conditions that existed during initial trials and evaluations, as rigorous as they may be, is not sufficient to ensure the effectiveness of the programme in real-life settings, in which many opposing forces may act simultaneously. Moreover, conclusions regarding the effectiveness of an innovation are only valid in contexts similar to those that prevailed during the evaluation. These contexts are sometimes difficult to replicate when the exceptional conditions of the initial trials are not present. Evaluations such as the one presented here specifically address these issues. Simply put, evidence-based interventions are good, but realistic evidence-based interventions are even better.

Acknowledgements

The authors would like to thank the Groupe de recherche et d’action sur la victimisation des enfants (GRAVE) for its financial support in the translation of the manuscript. The project was funded by the Joint Management Committee, Public Safety and Emergency Preparedness Canada & Public Safety Québec; the sponsor had no role in planning, conducting, or publishing this study.

References


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