



Strengthening Evidence Use In Practice:

An Evidence-Informed Decision-Making Framework

*Berry Street was formed on the lands of the Wurundjeri People of the Kulin Nation.
We pay our respects to their Elders, past, present and emerging, and to all the
Traditional Custodians of land throughout Victoria, Australia.*

Written and prepared for Berry Street by Dr Tim Moore

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Strengthening Evidence Use In Practice: An Evidence-Informed Decision-Making Framework

Introduction

This framework is a decision-making or service-delivery framework to guide practitioners who work with parents and caregivers.¹

It is based on an extensive review of evidence-based practice and what is known about effective processes of service delivery (Moore, 2016). Evidence-based practice has often been interpreted as the use of interventions that have been proven to be efficacious according to the most rigorous standards of evidence. However, there is now a consensus that evidence-based practice is broader than this, and involves the integration of three elements: best research evidence, clinical expertise and client values. Thus, selecting an effective intervention strategy is not simply a matter of choosing an intervention from a list of 'proven' strategies. Instead, one must take account of all contributing factors, including the outcome that is desired, the circumstances in which the intervention is to be implemented, and the values and preferences of those involved.

Combining all these factors in the decision-making process is not a simple matter. Based on this analysis, what is needed is an evidence-informed decision-making framework that includes the following elements:

- Services need to be aligned with family values, and address what the family sees as most important for them.
- Practitioners² need to be attuned and responsive to the views and circumstances of families, and engage them as partners.
- There should be a purposeful process of joint decision-making in identifying goals to work on and choosing strategies to use.
- Families should be offered a choice from a range of evidence-based strategies and program modules to address the goals that have been agreed.
- The extent to which the service offered reflects these principles should be continuously monitored, and any deviation corrected promptly.

This guide presents a decision-making framework that meets these criteria. This does not claim to be a totally original service framework, since it bears a 'family resemblance' to several other existing services delivery models. However, what it does provide is a way of understanding how the three elements of the broader understanding of evidence-informed practice can be reconciled in practice.

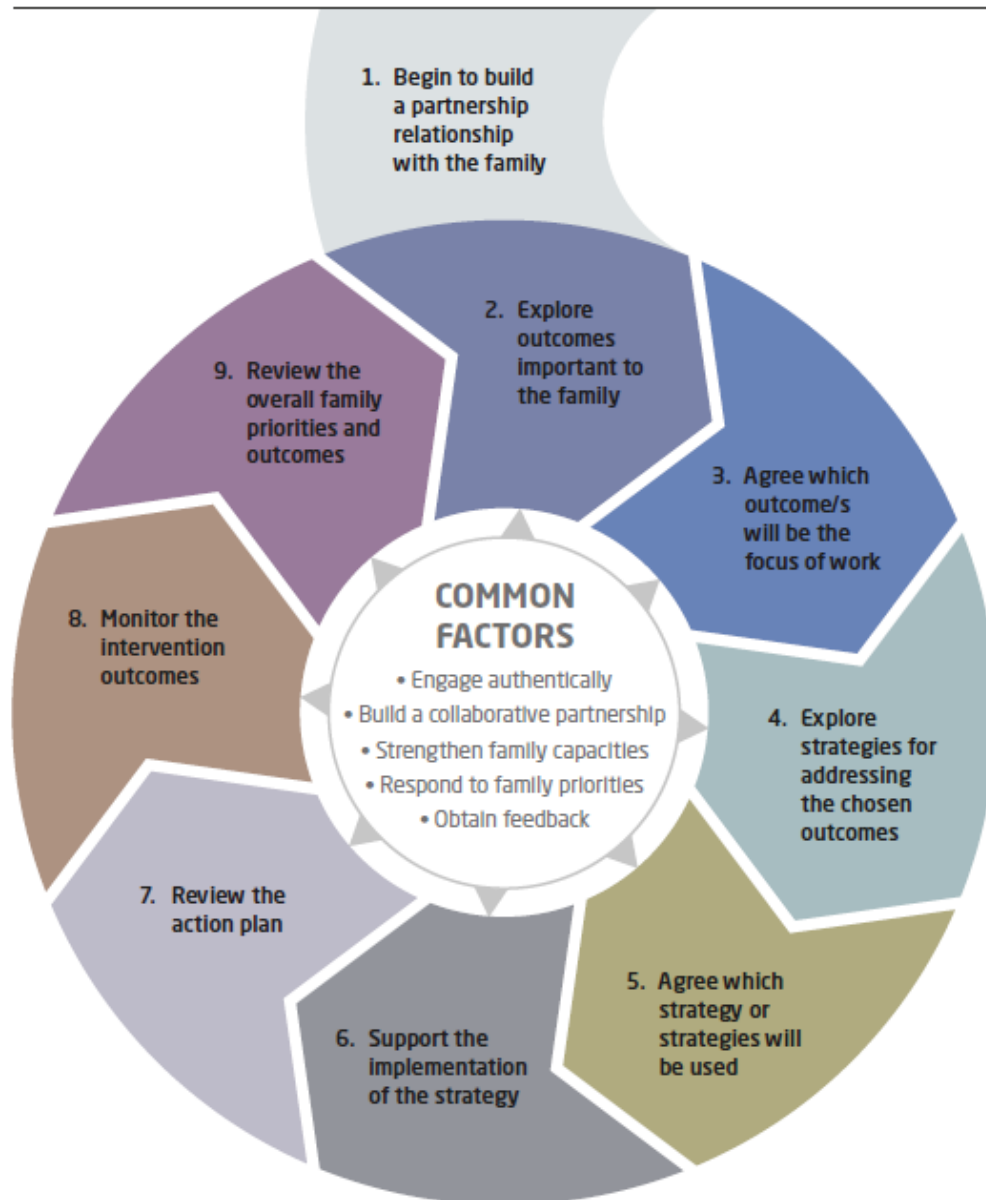
Evidence-Informed Decision-Making Framework

The framework is presented diagrammatically below. It is described as a series of nine steps, underpinned by five common factors. The steps follow a sequence that begins with engaging parents and understanding their values and priorities. An important feature of the framework is that evidence-based programs and strategies are not introduced until a collaborative partnership between parents and practitioners has been established, and agreement reached about priorities and outcomes.

¹ In this version of the framework, the focus is on working with parents and families and other caregivers. The framework is readily adaptable to other client groups.

² The term 'practitioner' is used throughout this guide, and includes professionals and others.

EVIDENCE-INFORMED DECISION MAKING



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Here is a summary of what is involved at each step.

- **Step 1. *Begin to build a partnership relationship with the family.*** This involves engaging with families, seeking to get to understand them and to begin establishing a collaborative relationship with them.
- **Step 2. *Explore outcomes important to the family.*** This involves an exploration of family values and circumstances, and what achievable change would make the most difference to their lives.
- **Step 3. *Agree which outcome/s will be the focus of work.*** This involves selecting the goals that the family wants to work on and identify how they will know when each outcome has been achieved.
- **Step 4. *Explore strategies for addressing the chosen outcomes.*** This involves exploring with the family what strategies they already know about or use, as well as sharing with them information about what evidence-based strategies are available.
- **Step 5. *Agree which strategy or strategies will be used.*** This involves agreeing on an action plan that describes the outcomes and strategies chosen, how the implementation will be monitored, and what roles the parents, practitioners and any others will play.
- **Step 6. *Support the implementation of the strategy.*** This involves supporting the family as they implement the chosen strategy, and helping them make any adjustments that are needed.
- **Step 7. *Review the action plan.*** This involves checking whether the strategy has been able to be implemented and everyone has been able to contribute as planned and, if not, revisiting Steps 4 and 5.
- **Step 8. *Monitor the intervention outcomes.*** This involves monitoring whether the particular intervention has had the effect that the family wanted.
- **Step 9. *Review the overall family priorities and outcomes.*** This involves a general review of family priorities and outcomes, and a summing up of what they have achieved.

Although the framework is presented as a series of steps, this is a schematic representation only: in practice, the steps are not discrete, and the different processes flow into one another. In addition, progress through the steps is not always sequential and may be iterative, as there will sometimes be a need to circle back and repeat some earlier steps as part of a process of refocusing.

The process described allows for constant adjustments based upon feedback. It is not assumed that the strategies will always work in the ways intended, and indeed assumes that there may need to be modifications. This flexibility is a strength rather than a weakness, as the process of constant adjustments makes it more likely that the interventions will be manageable for the family and ultimately effective.

This service framework is applicable at a number of levels (or can operate on a number of levels) in that it can be used by an individual practitioner or team working with a family, an agency working with groups of parents or families, a network of services working with a community, or even a government department working with service networks. Whatever the context, the use of this framework should maximise parents' 'take-up' of the service.

The framework is also scalable, in that it can be used as a guide for any single encounter or session with a family, or for a series of sessions, or for ongoing work over many months. This means that, while a number of steps can be covered in a single session, several sessions may be needed to cover just one of the steps. The needs and capacities of the particular family will guide how the framework is deployed.

Common Factors

Underpinning the nine steps is a set of five common factors (as shown in the middle of the diagram). These are key processes that are common to each step of the framework, and that describe the way in which services are delivered throughout. The common factors are the following:

- Engage authentically with families
- Maintain a collaborative partnership
- Strengthen family capacities
- Respond to family priorities
- Obtain feedback from families

Each of these common factors will now be described in more detail.

Authentic engagement

Human services are inherently relational, and their effectiveness depends upon the quality of the relationship established between families and practitioners. Establishing positive engagement is particularly critical for families who are involuntary or feel distrustful of services.

The process of building a sound relationship is ongoing, not something that is done once, but is maintained and built over time through a process of repeated reconnections and feedback. Every contact with parents needs to be a reconnection.

Engagement needs to be authentic, that is, sincerely felt and meant. This is hard to achieve consistently, but can be maximised if practitioners cultivate a genuine interest in people. If practitioners are perfunctory, or impatient, or judgmental, these will be detected by the family, and the practitioner and their potential contribution / expertise will be mistrusted.

The partnership relationship

At the heart of this framework lies the partnership relationship. This is the medium through which practical help is provided and positive changes made. The process described in the framework begins with engagement and tuning into family values and priorities, rather than with practitioners deciding beforehand what the family needs and what strategies are most appropriate for meeting those needs.

A partnership involves shared information, shared power and decision-making, and shared actions and responsibilities. At each step, each partner brings something to the partnership. Practitioners need to encourage and openly acknowledge the contribution of parents. In sharing their own knowledge and expertise, practitioners need to be careful not to overload families, but to be guided by the families themselves as to how much information is enough for the moment.

In this framework, parents are regarded as 'experts' on their own particular family, children and circumstances, whereas practitioners are experts in their particular discipline and what it tells them about families and children in general. Blending these two forms of knowledge and expertise produces synergistic effects – the resulting plans and actions are more effective and powerful than anything that either partner could have produced on their own.

Introducing the idea of a partnership

Parents who are unfamiliar with or mistrustful of services may have little expectation of being invited to be a partner. Practitioners need to introduce the idea of collaboration early – and then demonstrate the principle through their behavior.

Here's a sample script for introducing the idea of partnership:

The way we work is based upon building a partnership between you and us. The aim is to work with you as equal partners, respecting your experience, values and preferences. We believe that together we can come up with better plans and strategies than either of us could on our own.

You may not feel sure of your ability to contribute much at this stage, but we are sure that you will grow in confidence as we work together. However, we will take care not to ask too much of you, so will let you set the pace.

The extent to which parents / families can be full partners with practitioners will vary according to their circumstances and preferences. There will be situations, particularly with inexperienced parents, where they will want the practitioners to advise them or to make the decisions. When practitioners do take the lead and provide advice and direction, they should only do so with the family's permission, and should seek to re-engage the family as a full partner when the situation has eased or their confidence has improved.

To be effective, both parties must build trust and belief in the other party. The challenge for practitioners is to believe in the capacity of every family to be a meaningful participant in a partnership. An explicit aim should be to progressively build the capacity of families to become effective contributors to the partnership over time.

Strength-building and capacity-building approach

Another key practice underpinning every aspect of the framework is focusing on the strengths of families, seeking to identify and openly acknowledge what families do well or are able to do for themselves. The aim is to build the capacity of parents, helping them develop better ways of meeting their needs. Other aims include helping parents become better able to be effective partners with practitioners, better at making use of what services offer, and more informed as decision makers.

Positive engagement is a necessary but not sufficient condition for change – the family has to change what it does if there is to be any improvement in outcomes for their children. This means that practitioners have to be able to help families develop new skills. There are various effective strategies for doing this, but one of the most powerful is to use a strengths-based approach. What this involves is looking for and commenting favourably upon the things that families do well. This is a challenge for practitioners since what stands out about many of the families they deal with are all the ways in which the families are dysfunctional or doing a less than optimal job of parenting. Observing and commenting on what families do well is a discipline that requires practice, but which yields powerful rewards.

Responding to family priorities

A fourth key underpinning of the framework is that practitioners should always seek to respond to family priorities, helping them identify what is most important to them and providing services to address these needs. This requires practitioners to offer families meaningful choices, and to respect the choices they make.

The priorities families identify may not necessarily be what the practitioner would think was most important. However, family priorities reflect what it is like to be in their particular circumstances, with their own personal resources and histories. Sometimes the family's most pressing needs will have to do with resources or circumstances, rather than parenting.

Responding to family priorities does not mean that practitioners do not share their own views and knowledge about what the person or family might need to consider when making decisions. With continued sharing of such information, families will become better informed over time and make better choices in selecting priorities and strategies. However, families should always feel that they have the final say.

Obtaining feedback from families

The most effective practitioners are those who continuously seek feedback about the service they provide, checking how families have experienced the service and whether they are delivering the service in line with best practice. This feedback is used to correct any falling off in the key aspects of practice (such as authentic engagement, family empowerment, capacity building etc.), and ensure that the practitioners remain properly attuned with the family's needs and preferences.

Throughout the nine steps of the decision-making framework, practitioners need to continuously check that they are delivering the service in the way they intended and are correctly interpreting family values and wishes. The guide identifies the feedback questions that should be asked at each stage. These do not include asking general questions such as whether the families are satisfied with the service, but instead include asking specific questions that relate directly to the aims of the particular stage, such as whether they feel that their views are understood and respected, or whether the issues that concern them most are being addressed etc.

Parents may well find giving honest feedback challenging at first. To prepare them for this role, practitioners need to engage the families as *feedback partners*. This means explaining to them that you cannot do your job effectively unless you are properly understanding their circumstances, their main concerns, their goals, their strengths etc. and that you will ask them regularly to let you know how well you are doing all this. You need them to be honest, rather than being afraid of hurting your feelings or losing the service. On your part, you undertake to listen positively to any feedback and act to correct any missteps or misunderstandings promptly.

Introducing the idea of feedback

Here's a sample script for introducing the idea of feedback:

As we have already explained, our aim is to work with you as partners. We cannot do this effectively unless we have a good understanding of your main concerns, your goals, your strengths and your circumstances.

We will be asking you regularly to let us know how well we are doing all this. We need you to be honest – don't be afraid of hurting our feelings or losing the service. We welcome any feedback that tells us how we might be able to help you better, even feedback that shows us that we have slipped up in some way. Such slip ups are bound to happen in any relationship, but the sooner they are recognised and acted on the better.

On your part, we undertake to listen positively to your feedback and act to correct any slip ups or misunderstandings promptly. That way we can stay connected and focused on what is most important to you.

To obtain genuine feedback from parents, practitioners need to be genuinely curious about and open to the answers they receive. These may not be what the practitioners wanted or expected, and may reveal a failing on their part, but the answers should be acknowledged and welcomed as providing vital information as to whether they are delivering the service as intended. If practitioners are not genuinely interested and accepting of the feedback, the family will register this and be less accepting of your help and expertise.

Seeking and responding to feedback are forms of reflective practice, and contribute to building a culture of continuous learning.

How To Use This Guide

The remainder of this guide is devoted to a detailed examination of each of the nine steps. The following information is provided for each step.

Overview	A brief general description of what the step involves
Rationale	Why this step is important
Process	A more detailed account of what this looks like in practice
Key qualities and skills	This list the key qualities and skills that practitioners need to deliver the step effectively.
What to measure	At each stage of the decision-making cycle, relevant feedback questions are outlined.
How to respond to feedback	Guidance is also provided on how to respond to the feedback received.
Related models	Details of other practice models or elements of models that cover some or all of the practices involved in this stage
Training	This lists what training is available for the skills required at each stage
Resources	This contains a selective list of references and resources that inform the description above

STEP 1	<i>Begin to build a partnership relationship with the family</i>
Overview	This involves engaging with families, seeking to get to understand them and beginning to establish a collaborative relationship with them.
Rationale	<p>Authentic engagement with families is the bedrock of effective practice. Establishing and maintaining a positive relationship with families is a necessary precondition for helping them with the challenges they face. Families who do not feel understood and respected by practitioners are less likely to make use of the support that services can provide.</p> <p>Authentic engagement is the key to establishing collaborative partnerships based on mutual respect. The quality of the partnership between families and practitioners plays a major role in determining the effectiveness of the services provided.</p>
Process	<p>In setting up an initial meeting, the family should be allowed to say who should be present and where the meeting should be held. This is particularly important in the case of families from different cultures who may have particular views about who the family comprises and who makes the decisions.</p> <p>When you meet the family, introduce yourself and your role, and begin the process of engaging with the family.</p> <p>Engaging with families involves finding out about the family – who is in the family, what their circumstances are, what their resources are, how they view their lives and the challenges they face. This can be done in various ways, including using tools such as ecomaps. The important thing is to engage authentically with families in understanding their world and its challenges, and to reflect back your understanding so that the families know you have really understood.</p> <p>Establishing a true partnership involves both telling the person how you intend to work with them, and then actually working in that way. Families may not know what role they are expected or able to play in the relationship. They may assume that the practitioner will be the expert or the authority, and may need encouragement to play a genuine partnership role. Their capacity to play such a role should grow in time, but at this stage it is simply important to let them know that this is the way you intend to work with them, to begin inviting their contribution, and to validate them when they respond. (<i>The partnership script shown earlier can be used as a guide for this purpose.</i>)</p> <p>The other aspect of practice that should be introduced or discussed at this point is the role of the parent as a <i>feedback partner</i>. As discussed earlier, this is not always an easy role for parents to play, so the rationale needs to be clearly explained. (<i>The feedback script outlined earlier can be used for this purpose.</i>)</p>
Key qualities and skills	<p>The key qualities required for building and maintaining effective relationships are <i>attunement</i>, <i>responsiveness</i> and <i>respect</i>.</p> <p>The key skills include <i>reflective listening</i>, <i>questioning / clarifying</i>, and <i>paraphrasing / summarising</i>.</p>

	<p>These qualities and skills are the key to effective practice. Although simple to describe, they need much deliberate practice to become habitual.</p> <p>Practitioners should be aware of the barriers to authentic engagement, such as the impulse to try and fix the problems that parents are facing. For more on the challenges to authentic engagement, see Moore (2016).</p>
What to measure	<p>To what extent the family feels that the practitioner is genuinely interested in them and understands their views and circumstances.</p> <p>To what extent the family understands the way in which you intend to work with them, and the active role you are hoping they will play in the partnership.</p>
How to respond to feedback	<p>If parents have not fully understood the way in which you intend to work with them, or the role they will be expected to play, you may try repeating the explanations given earlier. On the other hand, it may be enough to assure the parents that the nature of the role they are expected to play will become more apparent as you work together.</p>
Related models	<ul style="list-style-type: none"> • Effectively engaging clients – Phase 1 of <i>Motivational Interviewing</i> (Miller & Rollnick, 2013) • Effective listening and responding - <i>Family Partnership Model</i> (Braun, Davis & Mansfield, 2006; Davis & Day, 2010) • Developing partnerships – family-centred practice (Fialka, Feldman & Mikus, 2012; Keilty, Kosaraju & Levine, 2017; Trute & Hiebert-Murphy, 2013) • Cultural awareness (Kalyanpur & Harry, 1999; Lynch & Hanson, 2004)
Training	<ul style="list-style-type: none"> • Family Partnership Training (Davis & Day, 2010) – this provides specific training in listening skills • Motivational Interviewing training (Miller & Rollnick, 2013) – this includes training in engaging families
Resources	<ul style="list-style-type: none"> • Braun, D., Davis, H. and Mansfield, P. (2006). How Helping Works: towards a shared model of process. London, UK: Parentline Plus. www.parentlineplus.org.uk/index.php?id=81&backPID=80&policyreports=95 • Davis, H. and Day, C. (2010). Working In Partnership: The Family Partnership Model. London, UK: Pearson. • Fialka, J. M., Feldman, A. K., & Mikus, K. C. (2012). Parents and professionals: Partnering for children with disabilities. Thousand Oaks, California: Corwin. • Kalyanpur, M. and Harry, B. (1999). Culture in Special Education: Building Reciprocal Family-Professional Relationships. Baltimore, Maryland: Paul H. Brookes. • Keilty, B. with Kosaraju, S. and Levine, H. (2017). Seven Essentials for Family–Professional Partnerships in Early Intervention. New York: Teachers College Press. • Lynch, E.W. and Hanson, M.J. (Eds.)(2004). Developing Cross-Cultural Competence: A Guide for Working with Children and Their Families (Third Edition). Baltimore, Maryland: Paul H. Brookes. • Miller, W.R. and Rollnick, S. (2013). Motivational Interviewing: Helping People Change (3rd. Edition). New York: Guildford Press

	<ul style="list-style-type: none"> • Moore, T.G. (2017). Authentic engagement: The nature and role of the relationship at the heart of effective practice. Keynote address at ARACY Parent Engagement Conference – <i>Maximising every child's potential</i> – Melbourne, 7th June. www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-ARACY-Parent-Engagement-Conference17-Paper-Oct2017.pdf • Turnell, A. and Edwards, S. (1999). Practice principles that build partnerships. Ch. 2 in Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework. New York: W.W. Norton • Trute, B. and Hiebert-Murphy, D. (Eds.) (2013). Partnering with parents: Family-centred practice in children's services. Toronto, Canada: University of Toronto Press.
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STEP 2	<i>Explore what outcomes are important to the family</i>
Overview	This involves an exploration of family values and circumstances, and what achievable change would make the most difference to their lives.
Rationale	While families are well able to describe what challenges they face, they are not always able to articulate what would help make things better or what precise outcomes they would like to achieve. Identifying such outcomes is vital, since it forms the basis for subsequent steps in the sequence.
Process	<p>Exploring what is most important to families is a skilled task. Families are acutely sensitive to whether practitioners are truly interested in their real lives and are tuned in to the issues that are most salient to the families themselves. It helps if practitioners frame outcomes in the same terms that the family has used.</p> <p>Cultural awareness is particularly important at this stage. Different cultures value different things, and these cultural values and practices will shape what the particular family sees as important. Practitioners should constantly check with such families to establish if they have understood their values and preferences correctly.</p> <p>Key questions that practitioners can use in exploring outcomes with families include:</p> <ul style="list-style-type: none"> • <i>What are your hopes for your child / family?</i> • <i>What immediate change or changes would make most difference in your lives?</i> • <i>What is the most challenging issue for you at the moment?</i> • <i>What would you most like to work on?</i> <p>Finding out what matters most to the family is critical, but it is also important that, over time, the practitioners share what they see as important issues and outcomes. Through a mutual sharing of information and values over time, parents may shift to views about what is most important for them and most helpful for their child(ren). In the end, it is the family's views of what is most important that should be respected and guide ongoing work.</p> <p>At the end of this step, summarise your understanding of what outcomes most matter to the family, and check with the families that this account is correct.</p>
Key qualities and skills	<p>The key qualities practitioners need to help families identify their most pressing concerns are <i>having a genuine interest</i> in their families, and being <i>non-judgmental</i>.</p> <p>The key skills include <i>reflective listening</i> and <i>summarising</i>.</p>
What to measure	<p>To what extent the parent feels that the practitioner has understood what is most important to them</p> <p>To what extent the parent feels that the outcomes identified are the ones that are what they most want to work on</p>

How to respond to feedback	If parents report that they do not feel that their views have been understood or respected, thank them for the feedback, apologise for not understanding their issues, and ask them to tell you what you had missed. It is extremely important that the practitioner establish a good understanding from the start.
Related models	<ul style="list-style-type: none"> • Focusing – Phase 2 of <i>Motivational Interviewing</i> (Miller & Rollnick, 2013) • Family-centred practice (Dunst et al., 1988; Keilty, Kosaraju & Levine, 2017; Trute & Hiebert-Murphy, 2013) • Family Partnership Model (Davis & Day, 2010) • Outcomes-based approaches (Cook & Miller, 2011; Miller 2011, 2012; Miller, Cook & Samet, 2009) • Cultural awareness (Kalyanpur & Harry, 1999; Lynch & Hanson, 2004)
Training	<ul style="list-style-type: none"> • Results-Based Accountability (Friedman, 2005) • Motivational Interviewing (Miller & Rollnick, 2013) • Family Partnership Training (Davis & Day, 2010)
Resources	<ul style="list-style-type: none"> • Dunst, C. J., Trivette, C. M., & Deal, A. G. (1988). Enabling and empowering families: Principles and guidelines for practice. Cambridge, Massachusetts: Brookline Books. • Friedman, M. (2005). Trying Hard Is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities. Victoria, British Columbia: Trafford Publishing. • Kalyanpur, M. and Harry, B. (1999). Culture in Special Education: Building Reciprocal Family-Professional Relationships. Baltimore, Maryland: Paul H. Brookes. • Keilty, B. with Kosaraju, S. and Levine, H. (2017). Seven Essentials for Family–Professional Partnerships in Early Intervention. New York: Teachers College Press. • Lynch, E.W. and Hanson, M.J. (Eds.)(2004). Developing Cross-Cultural Competence: A Guide for Working with Children and Their Families (Third Edition). Baltimore, Maryland: Paul H. Brookes. • Miller, W.R. and Rollnick, S. (2013). Motivational Interviewing: Helping People Change (3rd. Edition). New York: Guildford Press • Trute, B. and Hiebert-Murphy, D. (Eds.) (2013). Partnering with parents: Family-centred practice in children's services. Toronto, Canada: University of Toronto Press. • Cook, A. and Miller, E. (2011). Personal Outcomes Approach: Practical Guide. Edinburgh, Scotland: Joint Improvement Team. http://lx.iriss.org.uk/sites/default/files/resources/talking_points_-_practical_guide_-_21_june_2012.pdf • Miller, E. (2011). Good conversations: Assessment and planning as the building blocks of an outcomes approach. Edinburgh, Scotland: Joint Improvement Team. http://lx.iriss.org.uk/sites/default/files/resources/outcomes_focused_conversations.pdf • Miller, E. (2012). Individual outcomes: getting back to what matters. Edinburgh, Scotland: Dunedin Academic Press. • Miller, E., Cook, A. and Samet, W. (2009). Philosophy and principles underpinning an outcomes approach. Edinburgh, Scotland: Joint Improvement Team.

STEP 3	<i>Agree what outcome will be the focus of work with the family</i>
What this involves	This involves selecting the goals that the family wants to work on and identify how they will know when the outcome has been achieved.
Rationale	Families are more likely to act on issues that are important to them, rather than those that practitioners or services decide are most important.
Process	<p>In the Step 2, the family may have identified a number of outcomes they would like to achieve, too many to tackle at once. In this step, the aim is to help families select a manageable goal to start working on. This can be done by</p> <p>Families are likely to frame their challenges in different terms than practitioners – their goals are likely to be more specific and, in the first instance, may focus on family circumstances, rather than the parenting or other issues that are most salient to practitioners.</p> <p>While the outcomes chosen by families initially may not be what the practitioners would have chosen, it is important to respect their first choices as a basis for building a sound partnership. With continued mutual sharing of information, the choices that the family makes should become progressively better informed. The final decision of what to focus on, however, should always rest with the family.</p> <p>It is important to agree how success will be measured – how we will know when the outcomes have been achieved. This will be used at a later stage in evaluating how effective the chosen strategies have been in achieving the outcome.</p> <p>Avoid setting up the family for failure – help them identify goals that are realistic and achievable. If the family nominates an outcome that is much to be desired but unachievable in the short term, acknowledge their hopes but help them break the goal down to manageable stages.</p>
Key qualities and skills	<p>Key qualities include <i>respect</i> for parental choices, and an <i>optimistic attitude</i> regarding what the family hopes to achieve.</p> <p>Key skills include <i>endorsing parental decisions</i>, selecting achievable goals, and framing outcomes in measurable terms.</p>
What to measure	<p>To what extent the parent feels they have chosen goals that are important to them and achievable by them</p> <p>To what extent the parent feels that the practitioner respects their choice of priorities.</p>
How to respond to feedback	If the family indicates that they did not feel that the goal discussed was, in fact, the one that was most important to them, thank them and immediately backtrack to the beginning of the discussion about goals, and ask again what outcomes are most important for them.
Related models	<ul style="list-style-type: none"> Focusing (Phase 2) and Evoking (Phase 3) of <i>Motivational Interviewing</i> (Miller & Rollnick, 2013)

	<ul style="list-style-type: none"> • Family-centred practice (Dunst et al., 1988; Keilty, Kosaraju & Levine, 2017; Trute & Hiebert-Murphy, 2013) • Family Partnership Model (Davis & Day, 2010) • Outcomes-based approaches (Cook & Miller, 2011; Miller 2011, 2012; Miller, Cook & Samet, 2009) • Cultural awareness (Kalyanpur & Harry, 1999; Lynch & Hanson, 2004)
Training	<ul style="list-style-type: none"> • Results-Based Accountability (Friedman, 2005) • Motivational Interviewing (Miller & Rollnick, 2013) • Family Partnership Training (Davis & Day, 2010)
Resources	<ul style="list-style-type: none"> • Cook, A. and Miller, E. (2011). Personal Outcomes Approach: Practical Guide. Edinburgh, Scotland: Joint Improvement Team. http://lx.iriss.org.uk/sites/default/files/resources/talking_points_-_practical_guide_-_21_june_2012.pdf • Dunst, C. J., Trivette, C. M., & Deal, A. G. (1988). Enabling and empowering families: Principles and guidelines for practice. Cambridge, Massachusetts: Brookline Books. • Friedman, M. (2005). Trying Hard Is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities. Victoria, British Columbia: Trafford Publishing. • Kalyanpur, M. and Harry, B. (1999). Culture in Special Education: Building Reciprocal Family-Professional Relationships. Baltimore, Maryland: Paul H. Brookes. • Keilty, B. with Kosaraju, S. and Levine, H. (2017). Seven Essentials for Family-Professional Partnerships in Early Intervention. New York: Teachers College Press. • Lynch, E.W. and Hanson, M.J. (Eds.)(2004). Developing Cross-Cultural Competence: A Guide for Working with Children and Their Families (Third Edition). Baltimore, Maryland: Paul H. Brookes. • Miller, W.R. and Rollnick, S. (2013). Motivational Interviewing: Helping People Change (3rd. Edition). New York: Guildford Press • Trute, B. and Hiebert-Murphy, D. (Eds.) (2013). Partnering with parents: Family-centred practice in children's services. Toronto, Canada: University of Toronto Press. • Miller, E. (2011). Good conversations: Assessment and planning as the building blocks of an outcomes approach. Edinburgh, Scotland: Joint Improvement Team. http://lx.iriss.org.uk/sites/default/files/resources/outcomes_focused_conversations.pdf • Miller, E. (2012). Individual outcomes: getting back to what matters. Edinburgh, Scotland: Dunedin Academic Press. • Miller, E., Cook, A. and Samet, W. (2009). Philosophy and principles underpinning an outcomes approach. Edinburgh, Scotland: Joint Improvement Team.

STEP 4	<i>Explore what strategies are available for addressing the outcomes chosen</i>
What this involves	This involves exploring with the family what strategies they already know about or use, as well as sharing with them information about what evidence-based strategies are available.
Rationale	Parents are the ones who will be taking action to address the outcomes they have chosen, so we need to help them build the capacity to do so. However, it is also important that any strategies chosen are known to be effective.
Process	<p>This stage involves a dual focus: finding what strategies families already use, and sharing with them evidence-based strategies that they might use to achieve the outcomes they have chosen.</p> <p>At this stage, the partnership involves parents and practitioners each bringing to the table strategies that they have found or know to be effective. In the case of the parents, the emphasis here is on identifying and building upon existing family strengths and resources, as well as on building new competencies, promoting the family's capacity to meet the needs of family members. This involves exploring what strategies they have tried already, who in the family has had the greatest success, and what other people and resources they can call on.</p> <p>In the case of the professionals, the focus is on sharing with families evidence-based strategies that address the particular issues identified. Evidence-based programs and strategies have an important role to play, but always in the context of family values and priorities. Information about such programs is not introduced until this stage, and only once a true partnership has been established and the professional has understood the family values and circumstances.</p> <p>When it comes to selecting strategies to address the issues that the parents have identified, practitioners need to be able to bring to the table a range of strategies that are known to be effective in addressing the particular problems. These could take the form of evidence-based programs (such as Triple P) to address general parenting issues, or evidence-based modules to address specific issues (eg. sleep, behavior management). How well the parents are able to implement a particular strategy depends upon how well the practitioner is able to coach and support them in using the strategy effectively.</p> <p>An important consideration is how well the chosen strategy fits with family practices. Strategies that involve a major disruption of existing family patterns are less likely to be implemented consistently, and may cause stress</p> <p>One way of limiting disruption to family life and minimising stress is to use a routines-based approach (McWilliam, 2010), seeking to embed the use of new strategies in family routines.</p>
Key qualities and skills	<p>The key qualities include <i>genuine belief</i> in the client's ability to learn how to manage their challenges more effectively.</p> <p>The key skills include <i>coaching skills</i>, <i>strength-based practice</i>, and <i>skills in implementing</i> specific evidence-based programs and strategies.</p>

	Practitioners also need to have access to and skills in implementing a range of evidence-based strategies and modules to address the specific issues and challenges that families would like to address.
What to measure	<p>To what extent the family felt that their existing strengths and capabilities were acknowledged.</p> <p>To what extent families felt that they had been helped to learn new strategies and skills that would enable them to address their most pressing challenges.</p>
How to respond to feedback	If parents report that they did not feel that their existing strengths and capabilities were recognised, thank them for the feedback, and ask what particular skills you have overlooked or not understood. Acknowledge these and seek to make use of these in developing the action plan.
Related models	<ul style="list-style-type: none"> • Evoking (Phase 3) of <i>Motivational Interviewing</i> (Miller & Rollnick, 2013) • Family-centred practice (Dunst & Espe-Sherwindt, 2016; Keilty, Kosaraju & Levine, 2017) • Strength-based approaches (Levine, 2013; Saleebey, 2012)
Training	<ul style="list-style-type: none"> • Routines-based assessment (McWilliam, 2010) • Strength-based training (Saleebey, 2012) • Coaching skills (eg. Rush & Shelden, 2011)
Resources	<ul style="list-style-type: none"> • Dunst, C.J. & Espe-Sherwindt, M. (2016). Family-centered practices in early childhood intervention. In B. Reichow, B. Boyd, E. Barton & S. L. Odom, (Eds.), Handbook of Early Childhood Special Education. New York: Springer. • Greenhalgh, T. (2018). How to Implement Evidence-Based Healthcare. Oxford, UK: Wiley- Blackwell. • Keilty, B. with Kosaraju, S. and Levine, H. (2017). Seven Essentials for Family–Professional Partnerships in Early Intervention. New York: Teachers College Press. • Levine, K. (2013). Capacity building and empowerment practice. Ch. 6 in B. Trute and D. Hiebert-Murphy (Eds.). Partnering with parents: Family-centred practice in children's services. Toronto, Canada: University of Toronto Press. • McWilliam, R.A. (2010). Routines-Based Early Intervention: Supporting Young Children and Their Families. Baltimore, Maryland: Paul H. Brookes. • Miller, W.R. and Rollnick, S. (2013). Motivational Interviewing: Helping People Change (3rd. Edition). New York: Guildford Press. • Rush, D.D. and Shelden, M.L. (2011). The Early Intervention Coaching Handbook. Baltimore, Maryland: Paul H. Brookes. • Saleebey, D. (Ed.) (2012). The Strengths Perspective in Social Work Practice (6th Ed.). New York: Pearson Higher Education.

STEP 5	<i>Agree on what strategy or strategies will be used</i>
What this involves	This involves agreeing on an action plan that describes the outcomes and strategies chosen, how the implementation will be monitored, and what roles the parents, practitioners and any others will play.
Rationale	The strategies should be acceptable to the family and able to be implemented in their particular circumstances. If these conditions are not met, then it will be less likely that they will want to or be able to carry through the plan at all.
Process	<p>Agree on a plan of action – who will do what and by when. Explore with the parents the logistics of the plan and how confident they feel about carrying out the plan.</p> <p>Keep the plan simple – a single page ‘fridge’ plan (one that can be pinned to a fridge door with a magnet) is better than a multi-page tome.</p> <p>The action plan should be regarded as a working document that can be easily revised as the strategies are trialled and monitored, and as family priorities change.</p> <p>Agree what support the practitioner will offer and how it will be offered (eg. face-to-face, telephone calls, electronic messages to check with or prompt parents).</p>
Key qualities and skills	<p>Key qualities and attitudes include a <i>genuine belief</i> in the client’s ability to carry out the plan</p> <p>Key skills include <i>strength building approaches</i>, and <i>coaching</i> strategies</p>
What to measure	<p>To what extent the family feels that they are clear about the plan of action and the part they will be playing.</p> <p>To what extent the family feels confident that the strategy chosen is likely to succeed.</p> <p>To what extent the family feels that they are capable of implementing the plan of action</p>
How to respond to feedback	<p>If the family reports that they are not clear about the plan of action, revisit the plan and check that they understand it and what their role is and how they will carry out this role.</p> <p>If the family reports that they are not confident about how effective the chosen strategy will be, or whether they will be able to implement it successfully, review the plan, focusing on what is being asked of the parents, and explore what supports or coaching they might need to feel confident about carrying out the strategy.</p>
Related models	<ul style="list-style-type: none"> • Planning – Phase 4 of <i>Motivational Interviewing</i> (Miller & Rollnick, 2013) and ch. 7 in <i>Signs of Safety</i> (Turnell & Edwards, 1999). • Family-centred practice (Keilty, Kosaraju & Levine, 2017; Klassen, Trute & Hiebert-Murphy, 2013). • Coaching strategies (Rush & Shelden, 2011)

	<ul style="list-style-type: none"> • Implementation science (Dunst, Trivette & Raab, 2013; Fixsen et al., 2005)
Training	<ul style="list-style-type: none"> • Coaching (Rush & Shelden, 2011)
Resources	<ul style="list-style-type: none"> • Dunst, C.J., Trivette, C.M. and Raab, M. (2013). An implementation science framework for conceptualizing and operationalizing fidelity in early childhood intervention studies. Journal of Early Intervention, 35 (2). 85-101. doi:10.1177/1053815113502235 • Fixsen, D.L., Naoom, S.F., Blasé, K.A., Friedman, R.M. and Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. (FMHI Publication #231). Tampa, Florida: The National Implementation Research Network, Louis de la Parte Florida Mental Health Institute, University of South Florida. www.fpg.unc.edu/~nirn/resources/publications/Monograph/pdf/Monograph_full.pdf • Keilty, B. with Kosaraju, S. and Levine, H. (2017). Seven Essentials for Family–Professional Partnerships in Early Intervention. New York: Teachers College Press. • Klassen, T., Trute, B. and Hiebert-Murphy, D. (2013). The Family-Centred Support Plan: An action strategy for parent and professional partners. Ch. 9 in B. Trute and D. Hiebert-Murphy (Eds.). Partnering with parents: Family-centred practice in children's services. Toronto, Canada: University of Toronto Press. • Miller, W.R. and Rollnick, S. (2013). Motivational Interviewing: Helping People Change (3rd. Edition). New York: Guildford Press • Rush, D.D. and Shelden, M.L. (2011). The Early Intervention Coaching Handbook. Baltimore, Maryland: Paul H. Brookes. • Turnell, A. and Edwards, S. (1999). Developing a cooperative case plan. Ch. 7 in Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework. New York: W.W. Norton

STEP 6	<i>Support the implementation of the strategy</i>
What this involves	This involves supporting the family as they implement the chosen strategy, and helping them make any adjustments that are needed.
Rationale	There is no guarantee that the chosen strategy will be able to be implemented successfully, therefore it is important to check with parents and support them as they try out the agreed approach.
Process	<p>During the actual implementation phase, the role of the practitioner is to support the family as they implement the strategy, and to help them make any adjustments needed to enable them to carry out the plan.</p> <p>The issues to be addressed are whether the family is able to implement the strategies that have been chosen. If they are having difficulties, explore what additional training or support they might need. Any problems identified should be addressed promptly and the plan modified as required. It is important not to persist with strategies that are not working or are causing undue stress.</p> <p>In the case of evidence-based strategies, the focus should be in helping the parents implement the strategy in the way intended, ensuring implementation fidelity.</p>
Key qualities and skills	<p>Key qualities are <i>positive encouragement</i>,</p> <p>Key skills are <i>coaching, motivational interviewing skills, implementation science</i> skills.</p>
What to measure	To what extent do the parents say they are able to implement the strategy as planned
How to respond to feedback	If the parents report that they are struggling or unable to implement the strategy as planned, review the strategy to see what adjustments might make it easier to implement. If the parents continue to experience difficulty in implementing a strategy, go back to Steps 4 and 5 and explore what other strategies are available. Make sure this is not seen by the parents as a failure on their part, but simply as part a natural process of experimentation to find the right fit for them.
Related models	<ul style="list-style-type: none"> • Coaching skills (Rush & Shelden, 2011) • Motivational interviewing (Miller & Rollnick, 2013) • Implementation science (Dunst, Trivette & Raab, 2013; Fixsen et al, 2005)
Training	<ul style="list-style-type: none"> • Coaching (Rush & Shelden, 2011)
Resources	<ul style="list-style-type: none"> • Dunst, C.J., Trivette, C.M. and Raab, M. (2013). An implementation science framework for conceptualizing and operationalizing fidelity in early childhood intervention studies. Journal of Early Intervention, 35 (2). 85-101. doi:10.1177/1053815113502235 • Fixsen, D.L., Naoom, S.F., Blasé, K.A., Friedman, R.M. and Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. (FMHI Publication #231). Tampa, Florida: The National

	<p>Implementation Research Network, Louis de la Parte Florida Mental Health Institute, University of South Florida.</p> <p>www.fpg.unc.edu/~nirn/resources/publications/Monograph/pdf/Monograph_full.pdf</p> <ul style="list-style-type: none"> • Miller, W.R. and Rollnick, S. (2013). Motivational Interviewing: Helping People Change (3rd. Edition). New York: Guildford Press • Rush, D.D. and Shelden, M.L. (2011). The Early Intervention Coaching Handbook. Baltimore, Maryland: Paul H. Brookes.
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STEP 7	<i>Review the action plan</i>
What this involves	This involves checking whether the strategy has been able to be implemented and everyone has been able to contribute as planned, and, if not, revisiting Steps 4 and 5.
Rationale	No one can see for certain whether a particular strategy or program, no matter how evidence-based, will work with a particular family. Therefore, an experimental approach is needed, trying different options in search of ones that work best for the family.
Process	<p>In addition to the ongoing support and monitoring of the implementation in Step 6, time should be made for a review of action plan. The key questions are whether the strategy has been able to be implemented and everyone has been able to contribute as planned. If not, then Steps 4 and 5 should be revisited and a new action plan developed.</p> <p>This is also a time for reviewing the parent-professional partnership. The practitioners should be seeking feedback as to whether the parents feel their views are being heard and respected, and whether they are being helped to develop new competencies.</p>
Key qualities and skills	<p>Key qualities include <i>reflective listening, questioning / clarifying, and paraphrasing / summarising</i></p> <p>Key skills include <i>coaching</i> skills</p>
What to measure	To what extent the parents feel that the action plan had been able to be implemented successfully without undue stress and disruption to family life
How to respond to feedback	If the parents indicate that what the action plan required of them was too demanding and disruptive, return to Steps 4 and 5 to find strategies that do not have these effects.
Related models	<ul style="list-style-type: none"> • Family-centred practice (Klassen, Trute & Hiebert-Murphy, 2013) • Coaching (Rush & Shelden, 2011)
Training	<ul style="list-style-type: none"> • Family-centred practice • Coaching
Resources	<ul style="list-style-type: none"> • Klassen, T., Trute, B. and Hiebert-Murphy, D. (2013). The Family-Centred Support Plan: An action strategy for parent and professional partners. Ch. 9 in B. Trute and D. Hiebert-Murphy (Eds.). Partnering with parents: Family-centred practice in children's services. Toronto, Canada: University of Toronto Press. • Rush, D.D. and Shelden, M.L. (2011). The Early Intervention Coaching Handbook. Baltimore, Maryland: Paul H. Brookes • Turnell, A. and Edwards, S. (1999). Developing a cooperative case plan. Ch. 7 in Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework. New York: W.W. Norton

STEP 8	<i>Monitor the intervention outcomes</i>
What this involves	This involves monitoring whether the particular intervention has had the effect that the family wanted
Rationale	The actions that have been taken are designed to have a certain impact / outcome, so it is important to ascertain if they have had the desired effect.
Process	<p>In addition to monitoring the processes involved in implementation, it is also important to monitor the actual outcomes. The role of the professional is to help the family use measures identified earlier (Step 3) to check whether the strategies are producing the changes that they wanted.</p> <p>Family capacities and circumstances vary so much that it is impossible to be sure that any particular strategy, even one that has been proven effective elsewhere, will work for a particular family. Any indication that a strategy is not effective or is even causing harm in some way should be signal for an immediate review, revisiting Steps 4 and 5 to identify other likely strategies.</p>
Key qualities and skills	<p>Key qualities.....</p> <p>Key skills include <i>outcomes-based planning</i> skills, and <i>evaluation</i> skills</p>
What to measure	<p>To what extent does the family believe that the outcomes they were seeking have been achieved</p> <p>To what extent the changes achieved have made a positive difference to their lives</p>
How to respond to feedback	<p>Families may underestimate the progress they have made, so it is important to provide them with a reflection of their actual progress, highlighting the distance they have come and what they have achieved.</p> <p>Families may also overestimate the progress made. This is a time for revisiting the outcomes they were hoping to achieve, and revise them if necessary – returning to Step 3 in the decision-making cycle.</p>
Related models	<ul style="list-style-type: none"> • Family-centred practice • Outcomes-based approaches (eg. Cook & Miller, 2011)
Training	<ul style="list-style-type: none"> • Family-centred practice
Resources	<ul style="list-style-type: none"> • Cook, A. and Miller, E. (2011). Personal Outcomes Approach: Practical Guide. Edinburgh, Scotland: Joint Improvement Team. http://lx.iriss.org.uk/sites/default/files/resources/talking_points_-_practical_guide_-_21_june_2012.pdf

STEP 9	<i>Review the overall family priorities and outcomes</i>
What this involves	<p>At an agreed point, a review of the whole intervention plan should be undertaken by the practitioner and parents. The main question to be addressed is whether the desired outcome was achieved. If not, so, what other outcomes, and, if not, then why not.</p> <p>This is also a time for a general reflection on what has been learned – by the family (what new skills have they developed?) as well as by the professional (what new strategies did they discover?).</p>
Rationale	<p>Families benefit from the opportunity to reflect upon what they have achieved and what it means for them as a family. This is part of the process of moving forward.</p> <p>Constructing a positive narrative about the family and its capabilities gives families a new perspective on what they may be able to achieve in the future.</p>
Process	<p>Set up a time with the family to reflect upon the whole cycle of engagement, decision-making and action. Reflect on the original goals, what action was taken, and how effective this was. Take care to note the contributions and achievements of the family, and help them think about what this means for them as a family.</p> <p>The goals may not be fully achieved, but it is important to acknowledge what has been achieved, even if it was not what the family originally hoped for. The reflection may result in a more modest and realistic target being set for next time.</p> <p>If the original goals have been achieved to the parents' satisfaction, then the parents and practitioners can discuss new goals and how these might be tackled – which means beginning the decision-making cycle again from Step 3.</p> <p>This is a partnership exercise, so the recollection and reflections should involve the practitioner as well as the family. Practitioners can reflect on what they have learned from the family and how they were able to meet the challenges. For example, they might share how they were initially unsure about the goal chosen or the family's capacity to carry out a particular strategy, but the family proved that they could. Practitioners learn from such experiences, as it expands the range of things they know that families can do. Practitioners might also share with the parents what they learned from getting feedback from the family about something they had missed.</p>
Key qualities and skills	<p>Key qualities include <i>positive enthusiasm</i></p> <p>Key skills include <i>reflective listening, summarising, strength-based approach</i> (highlighting family strengths and capabilities, especially new skills), and <i>narrative framing</i> (helping families construct a positive narrative of their journey and a revised appraisal of themselves.)</p>
What to measure	<p>To what extent does the family feel that the goals they were seeking have been achieved</p>

	To what extent did the family feel that they played a significant role in achieving these outcomes
How to respond to feedback	<p>If the family reports that they did not feel their main goals were achieved, this may be because their goals have changed or the way the goal was framed was not, in hindsight, capable of making the changes they wanted. In this case, return to Steps 2 and 3 to think through the outcomes with this in mind.</p> <p>If the family reports that they did feel that the main goals had been achieved but did not feel that they had played a major role in this, this would suggest that capacity-building strategies that were meant to be deployed in Steps 4 and 5 were not.</p>
Related models	<ul style="list-style-type: none"> • Family-centred practice • Outcomes-based approaches (eg. Cook & Miller, 2011)
Training	<ul style="list-style-type: none"> • Family-centred practice
Resources	<ul style="list-style-type: none"> • Cook, A. and Miller, E. (2011). Personal Outcomes Approach: Practical Guide. Edinburgh, Scotland: Joint Improvement Team. http://lx.iriss.org.uk/sites/default/files/resources/talking_points_-_practical_guide_-_21_june_2012.pdf

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