

1. Introduction

1.1 Purpose of this document

This document was commissioned by Berry Street in 2014 to inform the organisation about the potential application of the Common Practice Elements or 'kernels' approach to child and family welfare practice.

1.2 Definition of some core concepts

A **practice element** is a discrete technique or procedure used intentionally to influence a psychological process or behaviour. Almost all larger interventions are comprised of a number of practice elements. Other terms that have been used to refer to the same basic construct include kernels, active ingredients and procedural elements.

The idea of breaking down larger interventions into practice elements has been gaining increased attention in recent years from researchers interested in finding ways to speed up the implementation of evidence-informed practice in health and human services, particularly services for children, adolescents and families.

Kernel is a term that is sometimes used interchangeably with practice element, but a kernel may be better understood as a type of practice element. The term kernel was coined to highlight the idea of an indivisible unit or the smallest possible meaningful procedure. Consistent with this, the literature on kernels tends to describe very small practice elements, comprised of only one technique, whereas some practice elements are comprised of several techniques.

Evidence-based practice (EBP) is practice that is designed primarily on the basis of evidence from research about what is effective for particular target populations. Other influences such as client preferences and practitioner judgement may be considered at various points in decision-making, but these tend to take second place behind evidentiary consideration.

The evidence-based practice (EBP) movement has focused most of its attention on the development and dissemination of whole programs, particularly manualised programs, that have been demonstrated in randomised controlled trials (RCTs) to be effective in achieving particular outcomes, for particular client populations, in particular settings. For the sake of convenience these programs will sometimes be referred to as Empirically Supported Treatments (ESTs). Despite demonstrating the effectiveness of hundreds of such ESTs, they have enjoyed only limited adoption throughout community-based child, youth and family services. Research focused on the implementation process has documented many barriers including the attitudes of practitioners, aspects of organisational culture, and resource limitations. This experience has led some implementation scientists to investigate alternative ways of using evidence from research to inform practice.

Evidence-informed practice (EIP) is practice that is informed by research evidence, alongside other influences including client values and preferences, practitioner experience, and organisational or community context. The idea of EIP has grown in popularity among practitioners and researchers who work closely with them, as an important alternative approach to improving the quality and effectiveness of practice, while being sensitive to the realities of each unique practice setting.

Whether justified or not, EBP has developed a reputation among practitioners in health and human services as a process that is largely controlled by academic researchers, that gives insufficient credit to the creativity and expertise of practitioners in real-world services, and which provides too little room for a creative response to the majority of clients who have highly diverse and complex needs.

In contrast, EIP is increasingly viewed as accommodating, even requiring a process of innovation and experimentation within practice settings. Within EIP academic researchers are positioned as equal partners who are invited to exchange knowledge with practitioners, or as consultants invited to contribute to a process controlled or mediated by community-based organisations.

The **practice elements approach** is an approach to practice and the design of interventions that emphasises the use of practice elements rather than programs. It sits within the new and rapidly

evolving philosophy of evidence-informed practice, because it draws on evidence from empirical research as well as practitioner knowledge, client values, and organisational context. The empirical research base includes controlled trials of intervention or program effectiveness (the core focus of EBP) as well as studies of the implementation of evidence-based interventions within real organisations (implementation science). This empirical influence is complemented by recognition and valuing of practitioner and client perspectives. This perspective is not homogeneous. It is specific to organisational context and highly variable. Hence the practice elements approach places the tools for intervention design into the hands of practitioners so that they are empowered to build or create interventions that are tailored to the unique needs of each individual client.

One of the core strategies of a practice elements approach involves selecting and bundling a set or package of practice elements appropriate to the needs of a particular client or group of clients with a shared need. This can be done by practitioners in real time as they work with clients or when individualised care plans are being developed and revised. Alternatively, practice elements may be organised into pre-arranged modules designed with particular types of emotional and behavioural issues in mind. Pre-arranged modules may be particularly helpful for less experienced practitioners. Effective real-time arrangement of practice elements will strengthen over time with training, coaching and experience.

1.3 Scope and rationale

The idea of practice elements has emerged from work in the field of clinical or therapeutic practice. Consistent with these origins most applications to date have been in the field of specialist mental health care. Section 2 of this document provides a brief review of the scholarly thinking that is driving the practice elements approach within the world of psychological therapy.

While its origins are highly clinical, other sections of this Discussion Paper explore the proposition that the practice elements approach has application beyond the world of psychological therapy, and that practice elements can be used by a wide variety of practitioners who do not work in clinical settings and do not possess high level training in therapeutic disciplines. Work on the implementation of a practice elements approach is beginning to take place beyond the boundaries of psychological therapy. This work is recent and evaluation is yet to be published.

Some of the innovative applications which Berry Street would like to explore include describing a set of practice elements that:

- Constitute a set of core or foundational practices that every member of the workforce is expected to have the capability to deliver;
- Can be used in early interventions implemented in the context of place-based community development models;
- Can be delivered by residential workers;
- Can be taught to kinship and foster carers.

At Berry Street, one of the key drivers of interest in practice elements is a concern that new employees are not necessarily coming into their roles equipped with all of the core skills needed to work effectively with the children and young people in their care. This is despite most having at least Certificate 4 level training in a relevant subject area. As a result the organisation needs to respond by providing education and skill development on-the-job. The practice elements approach may provide a framework for defining a core set of practices that every member of the workforce is expected to have capability for. Documentation in this form could assist with the design of training and professional development in-house, self-directed learning, and a variety of structured continuous quality improvement strategies.