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EDITORIAL

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Developing research and evaluation skills in a family, parent or child health workforce

The health sector is a dynamic and constantly evolving environment. Health workers face a myriad of challenges including providing quality clinical care whilst balancing elevated client and organisational expectations, budgetary constraints and adapting to technological advancements. Training health workers in research skills equips them to be instrumental in the development and implementation of evidence-based practices that reflect contemporary health service delivery. Research training seeks to develop health worker knowledge, skills and behaviour in practice research and evidence and where possible to develop an evidence focused organisational culture. This special issue reports on a four-year collaboration between Children's Health Queensland, Child and Youth Mental Health and Monash University, School of Rural Health.

In capacity building and applying new skills in practice, it is important for sustainability to consider the enabling context to develop a new innovation from within the practice setting (Holden, Pager, Golenko, Ware, & Weare, 2012). Social work professionals are critical contributors to practice-based evidence development, particularly in delivering effective practice strategies within complex health and mental health settings. However, despite their academic training, many social work professionals report a lack of knowledge, confidence and skills in evaluation and research within their practice setting. This was the case within Children's Health Queensland social work professional group who identified ' … practitioner based service evaluation and research skills as a priority area … ' (Withington et al., 2020, p. 4). This special issue presents a series of research papers completed as an outcome of a capacity building research and evaluation training program. The program was conducted with social workers in Children's Health Queensland, which comprises a large metropolitan hospital, community health and mental health services for children, young people and families.

Concurrently, Monash Rural Health, as part of their role to improve the evidence-based practice of the health workforce in rural areas had completed multiple state and national research skills training initiatives. Termed 'Smart Skills', the training aimed to increase the evidence base for health and mental health programs and practices related to Australian children, parents and/or families through training and mentorship. In 2015, Monash Rural Health and Children's Health Queensland collaborated to enhance the capacity of social workers to undertake research or service evaluation activities in the Children's Health Queensland context, using the 'Smart Skills' approach.

The 'Smart Skills' approach commences with participants identifying an area of research/ evaluation that they wish to pursue, ideally closely related to their work and supported by their workplace. The participant submits an online application outlining their initial research/evaluation idea. Identifying areas of research interest prior to the training allows the trainers to understand the participants' learning needs and research or service evaluation interests. This allows any modifications or specific foci of the two days of face to face training to be incorporated into the two day training. The two days face to face training involve lectures, small and large discussion groups and examples of research study design in the trainee's

research area. The training focuses upon the use of program logic models, understanding quality evaluation cycles, and appreciating levels of evidence in research. Sessions are highly interactive and allow for the demonstration of skills and behaviour rehearsal, with participants supported to apply key concepts to their workplace. Participants are encouraged to work in interdisciplinary groups and supported to work together when developing and evaluating project ideas. At the end of the two days, participants are able to design an ethical and realistic evaluation that measures change in practice and programs over time, use on-line evaluation outcomes measures and tools, and complete an evaluation plan that identifies appropriate measurement instruments or tools and collaborative processes.

The training is followed by bi-monthly mentoring sessions using technology mediums e.g., videoconferencing or telephone with trainers taking the role of research mentors. This process enables the transfer of knowledge gained in training to the workplace, and addresses implementation challenges arising from evaluating practice and programs. Participants share progress with mentors and co-participants, and receive advice and support specifically regarding implementation issues.

A total of 22 trainees engaged in this process and each developed a research and evaluation plan during the two days training. The participants identified an area of service to examine, reviewed the research literature, considered aspects of their service that was not working well or could work better, and/or sought to better understand why an area was working well. For most, their endeavours did not lead to an academic publication but importantly they showed clear improvements in research skill, knowledge, confidence and behaviour over the course of the training and mentorship (Withington et al., 2020).

As outlined in the evaluation of the program, Withington et al. described significant processes that were embedded across the organisation and at managerial level to regularly monitor and review processes and progress and to provide additional skill development opportunities for participants. A significant component of the capacity-building program trialled in this large hospital and health service environment was the support applied to the change process within the local work environments of participants. This included dedicated time, internal and external mentoring support, resource provision, and management accountability. A steering group made up of senior leadership staff had overall accountability for the project across the organisation.

An important part of the process was that social workers nominated, were competitively selected and drove their own innovation to instigate the research and evaluation process. This process, whereby the 'users' of the new or enhanced practice have a sense of ownership in the design and delivery of an innovation, is core to new ways of thinking to promote more effective translation to practice attempts (Stewart et al., 2019). This participatory approach also helps reduce the evidence-to-practice gap by ensuring research and evaluation is of relevance to the clinical practice setting (Misso et al., 2016).

For seven of the participants their work led to the publications found in this special issue. The findings contribute to a better understanding of family therapy in mental health day programs (Morlin, 2020), improved knowledge about mothering with a brain injury (Alcorn, 2020), better understanding of how the assessment of children impacts on parents (Bates, 2020), the use of telehealth to improve service delivery across rural environments (Owen, 2020), the effectiveness of peer support for parents of children with cancer (Ratten, 2020), and factors affecting parents' engagement with early intervention for babies with permanent hearing loss (Green, 2020). Also included in this issue is an evaluation of the research training program for social workers practising within Children's Health Queensland (Withington et al., 2020).

It is notable that qualitative, quantitative, mixed methods and case study methodologies feature across these papers. They also cover a range of delivery settings, including primary care, day program, hospital and telehealth, along with a variety of interventions that have previously not been well studied within these contexts or within these study populations.

Following finding no recorded evidence on the use of Family Therapy in Adolescent Mental Health day programs Morlin (2020) employed a mixed methods case study methodology to investigate the experiences of two families' participation in Family Therapy during their adolescent children's day program stays. Family members reported a shift from a sole focus on the young person with a mental illness to consideration of how the family could work together to support the young person. Both families also pointed to the continuity of care that came from having both the young person's mental health clinician and the family therapist present at Family Therapy sessions. Families faced logistical challenges and competing priorities in getting all family members to therapy sessions. Positive responses from family members who did continue to attend sessions indicate that Family Therapy could be a valid component of care for young people in mental health day programs, and this study provides useful family insights that could help inform the development of Family Therapy approaches in this setting.

The single case report by Alcorn (2020) describing home-visit psychological therapy over more than two years with a mother with an acquired brain injury (ABI) provides privileged access to rich information about challenges and learnings for both the client and practitioner in this case. Over the course of the studied clinical relationship, a range of therapeutic interventions were employed as the mother and her young son negotiated significant challenges and the mother grappled with possible effects of intergenerational trauma on her parenting behaviours. Alcorn reports that the small amount of literature on parenting with ABI suggests increased likelihood of emotional and behavioural difficulties in children. As a child and adolescent mental health clinician, Alcorn identified a need to explore possible early intervention treatment strategies to support parents with ABI and their children. It is clear this is a subject in need of greater research attention. The long-term nature of the clinical relationship described in this study, along with Alcorn's own practitioner reflections, has yielded important findings on the usefulness of various interventions and the capacity of a client with an ABI to handle demanding and sustained therapy.

Bates' (2020) study of the impact of the Child Development Assessment Process on parents is interesting in that it considers the routine assessment itself as the intervention, for its potential to increase parents' sense of self-efficacy. Parental self-efficacy, Bates reports, is an important area of study in this context as it has been associated with increased capacity and resilience to cope with challenges. The study uses a quantitative pre and post design to measure changes in the self-efficacy of 43 parents following their child's completion of developmental assessment and diagnosis. The analysis found that the majority of parents recorded a higher self-efficacy following their child's assessment, regardless of whether their child was diagnosed with a developmental delay. It also found that parents with mental health issues or intellectual disability entered the study with lower self-efficacy scores. The findings point to the benefits of further research to gain an understanding of how the developmental assessment process facilitates improved parental confidence, and how this could be optimised, particularly for parents vulnerable to low levels of self-efficacy.

Accessing parent counselling services can be onerous not only for people living in rural locations, but also those with health issues, without childcare, or restricted available time. Owen's (2020) evaluation of the feasibility and acceptability of using video-conferencing (VC) for remote parent counselling has generated useful implementation findings and recommendations, at the same time as measuring confidence, satisfaction and outcomes for parents and clinicians. The two-year pilot project involved nine parents and 13 clinicians in

child health services across Queensland and builds on the growing body of evidence on tele-health generally, and psychotherapy by VC more specifically. The evaluation's findings indicate that parent counselling by VC is effective in meeting a range of parent needs, while pointing to areas for improvement in terms of service implementation and technical delivery.

Drawing on evidence on the effectiveness of mutual aid support groups, Ratten (2020) conducted a 12-month pilot study in a tertiary paediatric hospital of a peer support group for parents of children with a cancer diagnosis. Qualitative data on the experiences of nine group participants identified reduced psychosocial distress and isolation in parents, with benefits thematically categorised as: forming connections, feeling a sense of community, having peer support, and having facilitated time out. Interestingly, an unexpected positive characteristic of the support group was its non-compulsory nature which contributed to a sense of choice and autonomy among participants. Ratten has highlighted the possible link between parental support group participation and their child's own coping as an area for further exploration within the paediatric cancer setting.

Green (2020) used two measures: the Diamond Maternal Reflective Function Scale and the DASS 21 (Depression Anxiety and Stress Scale) to explore emotional responses that could deter parents from engaging in early intervention services for infants diagnosed with permanent hearing loss. With a substantial proportion of parents delaying early intervention for their child, this was an important exploratory study aimed at helping to reduce time to intervention and in doing so, improve language development in young children with hearing loss. A total of 27 parents participated in this study, with 35% of them failing to attend early intervention services within six-months post-diagnosis. A number of contributing factors were investigated resulting in some unexpected findings. Parental anxiety was found in this study to have a significant association with decreased engagement in early intervention services, and the importance of supporting parents during anxious times is highlighted.

In the evaluation paper on the four-year research mentoring project, Withington et al. found significant improvements in skills, knowledge and confidence of social workers to generate research evidence to inform their work in supporting the mental health of children and families. The 22 projects illustrated by Withington et al. and the publications in this special issue demonstrate that social workers' capacity can be developed to take on practitioner-researcher roles. However, learnings for Children's Health Queensland and CYMHS trial also included that dedicated time to undertake the research is a clear capacity constraint for clinicians and mentoring *in situ* is a critical support element in research training. Additionally, leadership support was found to play a critical role in monitoring and addressing systemic road blocks to research. The team at Monash Rural Health also had considerable learnings, particularly the importance of individual and small group mentoring, and how this can be undertaken at a distance using technology most effectively when quality relationships between trainers and trainees have already been established.

The training and mentoring program appears to be a viable method to support practitioners working in the mental health field to build the evidence behind what they do in practice. As a group, these participants are now contributing to an evidence-informed culture at Children's Health Queensland, bridging the gap between research and implementation, contributing to evidence-informed service development and improvement, and ultimately, better outcomes for children and their families.

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