Policy Innovation Workshop
Implementation Science and its Practical Application
Wednesday 7th March 2012, Westminster, London SW1

SUMMARY OF KEY POINTS FROM PRESENTATIONS AND DISCUSSIONS

Introduction

This is a summary of selected key points raised at a workshop hosted by the Children's Improvement Board and organised by the Colebrooke Centre, which was held in central London on March 7th 2012 for an invited audience of children's services leaders from local authorities and voluntary organisations across England. The day consisted of two highly complementary keynote presentations giving global perspectives on the learning about implementation; the first from the USA and the second from Norway; followed by a panel of UK experts and innovators from different parts of the sector who reflected thoughtfully on the learning emerging closer to home, and ending with a lively plenary discussion session.

John Harris, Director of Commissioning and Brokerage, Children's Improvement Board, opened the day and welcomed participants. He noted that CIB were delighted to be able to host one of the first events in the UK dedicated to the emerging field of implementation science and practice and exploring how it could be helpful to CIB's mission for sector-led improvement in children's services. A key aspect of CIB's mission is to promote innovation and effective sector support for policy implementation, and the workshop was intended to contribute to the sector's shared development of a learning culture to underpin the drive for excellence through a universal improvement in the outcomes for children, young people and families.

Deborah Ghate, **CEO, the Colebrooke Centre,** set out the aims for the day:

1. To contribute some new perspectives, and integrate existing ones, to the question about 'what matters most' in developing an effective and sustainable improvement culture in children's services
2. To explore how a focus on implementation science and implementation practice can bring additional clarity of thinking to whole-system change
3. To integrate existing knowledge and experience in a different way, within the systematic and evidence-based framework that the emerging field of implementation science and practice is providing

She noted that the Centre hoped that the workshop would not only build awareness of the potential contribution that an evidence-informed, systematic 'implementation focus' can bring to quality delivery, but would also influence participants' thinking and action in these challenging times for children's services.

Dr Karen Blase, Co-Director, National Implementation Research Network (NIRN), FPG Child Development Institute, Chapel Hill, University of North Carolina gave the first keynote presentation:

Bridging the gap from good ideas to great services: the role of implementation

Karen's presentation gave an overview of the 'state of the art' in theory and research in the emerging fields of implementation science and practice, drawing on a major review of the international evidence on effective implementation in services to people, carried out with her colleagues at NIRN. She set out how implementation requires its own focus and rigour, and how the research shows that when insufficient regard is paid and clear pathways to implementation are not developed, evidence-based change cannot be achieved. This is why implementation scientists talk about the 'implementation gap'.

Implementing an intervention begins with a decision for whom a programme is needed and why. There then needs to be careful consideration not only of which programmes match that need, the rigour of the research supporting them and whether the effect size is sufficient – but also of the degree to which a service or intervention is properly operationalized and whether it is service ready or 'street ready'. Programmes whose trial implementation has been positively evaluated may not necessarily come with well-developed guidance and support for 'real world' implementation.

Evidence of effectiveness is critical to the decision of **what** to implement – but tells us nothing about **how** to implement. Positive outcomes for children and families are a function of the effectiveness of the intervention *and* the effectiveness of its intervention. Indeed, a meta-analysis of the features of effective juvenile offender interventions (Lipsey, 2009) found that 'a well-implemented intervention of an inherently less efficacious type can outperform a more efficacious one that is poorly implemented.' Fidelity is also key here, and there is strong evidence across a range of programmes and practice that higher fidelity is correlated with better outcomes. The conclusion: implementing properly matters.

Good implementation takes time – typically 2-4 years for a major implementation initiative. The news about timescales may be hard to hear, but it is well evidenced. It involves four key stages: exploration (decisions about what to implement and consideration of organisational readiness); installation (of the implementation infrastructure); initial implementation, and full implementation. Initial implementation often involves 'awkwardness' as people and systems get used to something new: this is a period when organisations need to be prepared to make and learn from mistakes. The stages also overlap, and there will often be the need to revisit a stage. What is key is to ask the questions that are appropriate to each stage and to avoid doing summative evaluation (measuring impact) before full implementation. The Plan-Do-Study-Act cycle is also relevant, and there is a tendency to get stuck in a Plan-Do-Plan-Do cycle as iterative innovations are introduced and partially implemented without the stages needed to review and implement fully.

A systematic review of implementation literature (Fixsen et al, 2005) highlights the key implementation drivers – the infrastructure required to support implementation. First are competency drivers: staff selection, training and coaching to build competency and confidence to implement the innovation and performance assessment to measure the fidelity or adherence to the innovation. The drivers of selection, training, and coaching are "in service" to achieving high fidelity. Every staff vacancy is an opportunity to recruit with an eye on implementation and particularly to recruit people who will flourish in the system of both training and coaching that good implementation requires. Second are organisational drivers, creating organisational and systems environments that are hospitable to innovation through data systems that can be used for decision-making, facilitative administration (policies and procedures) and systems intervention. As the well-known saying goes, all organisations are designed to achieve precisely the results they currently achieve! Organisations and systems need to change if the results are to change. The third set of implementation drivers are about leadership. Implementation requires leadership strategies that distinguish between technical challenges (where the problem and solution are known and agreed upon and the solution exists within the current system) and adaptive challenges (involving uncertainty, deeper change and the need to confront existing norms and ways of working) (Heifetz and Laurie, 1998). Overall we

need 'host systems' which adapt to support an innovation as an integrated feature – not 'ghost systems' with innovations working 'in the shadows'.

Much of this infrastructure for implementation already exists – but it needs to be 're-purposed' and viewed through an 'implementation lens' to support implementation. The drivers are *integrated* in the sense that they reinforce each other in service to high quality implementation and *compensatory* in that a weakness in one may be compensated for by strengthening others.

Multi-disciplinary implementation teams are also key, bringing together individuals who understand the innovation and how to implement it and who represent the stakeholders and systems involved. They need the authority to promote systems change, and they need to work with intermediaries or 'purveyors' providing technical support for that specific programme or intervention (providing such people are available). Large scale implementation may therefore involve interlocking multi-level teams to bring all parts of the system into alignment.

Professor Terje Ogden, Director of Research, Norwegian Centre for Child Behavioral Development (The Behavior Centre – Unirand), University of Oslo gave the second keynote of the day:

Applying an implementation perspective to improve policy and services – a view from Scandinavia

Terje described the strong focus on implementation that has emerged in Norway following the introduction of a suite of evidence-based programmes (EBPs) including Multisystemic Therapy (MST) and Parent Management Training – the Oregon Model (PMTO). Successful implementation is a function of the evidence supporting an intervention, the context in which it is introduced and the degree of facilitation 'making it happen'. Implementation is an active bottom-up process, distinct from the top-down process of dissemination and the passive process of diffusion and absorption of information. The strong lesson from Norway was that interventions that work are of little value without proper implementation, but that effective interventions plus effective implementation yields value for money.

For successful implementation, interventions need an underpinning theory; a clearly defined target group; a detailed description of core components; criteria for recruitment, training and supervision of practitioners; fidelity criteria against which implementation can be assessed; evaluation of outcomes, and continuing quality assurance. In a demonstration of how learning from EBP implementation can be transported to wider services, these issues are increasingly seen as relevant in mainstream services too. Implementation requires its own study and its own evaluation – distinguished from the evaluation of intervention outcomes – with indicators including productivity, client and staff satisfaction, and fidelity and performance monitoring.

Implementation of the programmes was supported by a strong infrastructure of the new national centre providing support and research, a network of implementation teams, and a national training and maintenance programme. The Norway experience endorsed the RE-AIM framework:

Reach – knowing who needs the intervention and how to target them
Effectiveness – selecting an intervention that works
Adoption – developing organisational support for the intervention
Implementation – ensuring it is delivered properly
Maintenance – embedding the intervention long term

Based on lessons learnt from the implementation of highly specified and well-tested programmes, the key principles of effective parenting on which PMTO is based were adapted to new local programmes. This happened only once implementation of the full PMTO model was secure, and the adapted programmes were also evaluated using RCTs. They provide earlier and more short term preventative support and are integrated with the PMTO system to allow 'stepping up' when the full intensive model is needed. Sound adaptation meant knowing what were the non-negotiable or

essential components of a programme and what could be modified without diluting it. It required a real commitment to the intervention at all levels and good hands-on technical support.

The implementation initiative in Norway has been successful despite the challenge it posed to existing ways of working, and a degree of scepticism about programmes developed in other countries. Practitioners had responded very positively to the new culture and welcomed intensive feedback and coaching – and the programmes had proved themselves through improved outcomes for children. Key to this was the translation of research into locally-adapted programmes; the enthusiasm of key individuals; clear analysis of change enablers and barriers; the credibility of those speaking for the initiative; leadership; continuing financial, technical and emotional support; and the effective integration of new programmes with existing provision.

The Norwegian experience strongly endorsed the framework of 'implementation drivers' described by Fixsen et al. The important implementation facilitators in Norway were political commitment; an infrastructure for implementation, training and research; dedicated implementation teams with clear lines of responsibility; strategies for staff recruitment, training and monitoring; systems to embed staff competence; technical support; and continued positive feedback from families and the media. The experience has left Norway more hospitable to high quality implementation, and this influence extends beyond the EBPs to mainstream services. There is more collaboration between research, policy and practice; more willingness among practitioners to be accountable for outcomes; more interest in 'what works' and in how it can be implemented with rigour, and more research on how to promote the behavioural change in practitioners and services that is essential for better outcomes.

Panel session: Innovation and implementation – learning from the experience in the UK

A panel of innovators with key roles in supporting evidence-based practice and the improvement agenda in children's services in the UK then reflected on the issues raised during the keynote sessions. From different parts of the sector, they each spoke about the challenges and opportunities they have encountered, and key messages of relevance to taking the implementation agenda forward.

Graham Archer, Acting Director for Supporting Delivery Group, DfE considered how well government has squared up to the challenges set out by the keynote speakers and acknowledged a degree of discomfort about how effectively some challenges been met. The Munro and Tickell Reviews are examples where new processes have been designed based on co-creation and evidence, and saw the new focus on localism as an enabler of their implementation. We need more discussion of what national government needs to do to support quality implementation, a continued focus on how to align systems and scale up, and a continuation of the progress being made on leadership and workforce development.

Christine Davies, Chief Executive, C4EO described C4EO's work which involves drawing together the best available evidence; using national and local data; highlighting excellent local practice; multimedia dissemination, and providing hands-on support through sector specialists. Among the key learning about supporting implementation is the need for careful analysis in implementing programmes from overseas; the importance of honesty about current performance and accountability for improvement; the key role of leadership; the value of external practical support working with internal teams; the importance of whole systems change, and the need to align government policies and local priorities. We need to allow enough time to embed change and achieve potential impacts in full, and to recognise the challenge of working in a backdrop of restructuring and personnel change.

Lynda Wilson, Director, Barnardo's Northern Ireland discussed how Barnardo's experience of implementing three EBPs highlighted that implementation needs 'disciplined' attention – taking on board theoretical frameworks, analytical processes, toolkits and opportunities to learn. She recognised the challenge of commissioners specifying programmes in isolation. We need realistic timescales that allow for development of organisational readiness, implementation plans and organisational systems which are sophisticated enough to support an EBP, without which there is a

danger of over-promising and under-delivering. A rigorous and in-depth approach to assessing compliance is needed which really gets to whether mind-sets have changed and practice has an integrity to the theory behind the programme. Leadership, and ultimately 'keeping the eye on the child' and their needs and outcomes, are key.

Kate Billingham, Project Director, Family Nurse Partnership Programme and the Healthy Child Programme, DH/DfE explained how her experience of leading the national implementation of FNP across England highlighted the need for a high degree of specificity about who the programme works for, its content, how to implement it and the infrastructure required. The successful aspects of the approach to implementing FNP have been: a real respect for the programme and the research behind it; being open and curious; accepting a challenge to existing professional silos; focusing on 'the craft of practice' and seeing this, rather than systems and organisational change, as the starting point; taking a measured approach to implementation and learning as you go; strong clinical leadership; active use of fidelity data, and local funding leading to local ownership. She stressed the importance of coherent and 'fully inclusive' programmes, and of an approach in which interactions between each player – leader, organisation, supervisor, frontline practitioner and parent - has an integrity to the programme and 'role models' it.

John Harris, Director of Commissioning and Brokerage, Children's Improvement Board then talked about the important role for the Children's Improvement Board in helping to create a climate which supports high quality implementation. He highlighted the need for a coherent system underpinned by a theory of change for improvement with strong leadership, effective workforce development and organisational systems which support leaders and the workforce including through creative use of data and an approach which is freed from the clutter of procedures and compliance.

Key messages from discussion sessions included:

The description of the 'implementation gap' and of a need for a more rigorous and purposeful approach to implementation were strongly endorsed by delegates' own experiences. There was some discomfort with the term 'science', which can seem exclusive and intimidating, but the concept of a more evidence-based and systematic approach to implementation, actively using and contributing to the accumulating knowledge base about implementation and adaptation, clearly chimed with the participants.

The scale of change involved in implementing, for example, the Munro Review recommendations or a new framework for adoption was highlighted, and there was agreement that we often under-estimate what is involved. There was discussion of the challenge of implementation at a time of considerable systems, organisational and personnel change, as relationships between national policy and local practice, and between agencies and professions, are redefined. It was noted that a focus on implementation quality and the processes that support it may provide a helpful unifying framework in this context.

Organisations with experience of implementing programmes with monitoring of fidelity had found this a new culture, but one to which staff responded positively. They highlighted the importance of collecting data geared to assessing implementation and of using it honestly, recognising and learning from what is not going well. There was a lot of interest in making more use of existing frameworks and tools, and in identifying and working with implementation scientists and external implementation experts. There was strong endorsement of the value of multi-disciplinary implementation teams which are accountable for implementation and empowered to make it happen. The role of organisational leaders was seen as central.

The challenge of timescales was also discussed. It was noted that funders, having identified a set of programmes, need to allow time for agencies to do their own exploration and development to inform their decisions of what and how to implement. In the US there are examples of funded initiatives where the first year is used to develop a detailed implementation plan. Commissioners need to recognise that implementation is complex and that providers need to experiment if they are to get things right particularly in cases of service innovation or first-time implementation. We need

to be courageous about the time required for high quality implementation but to use sophisticated measures of implementation quality for accountability before outcomes can be measured. And if we need further evidence to convince government of the timescales involved in quality evaluation, we need only look at the many examples around us of partial and failed implementation, superseded, often at great cost, by the next 'good idea'.

References and Resources

Fixsen D, Naoom S, Blase K, Friedman R and Wallace F (2005) *Implementation Research: a synthesis of the literature* The National Implementation Research Network

Heifetz R and Laurie D (1998) 'The Work of Leadership' *Harvard Business Review*.

Lipsey M (2009) 'The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview' *Victims and Offenders*, 4, 124–47

See also (available on the web at www.cevi.org.uk)

- Slides for both keynote presentations and bibliography for the day
- Five practical tools for assessing implementation readiness and quality, kindly shared by the National Implementation Research Network, Chapel Hill at the University of N Carolina
- Other resources and web links relevant to implementation practice and science

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The Colebrooke Centre for Evidence and Implementation
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