



Implementing evidence-based programmes in children's services: key issues for success

Meg Wiggins*, Helen Austerberry* & Harriet Ward**

Childhood Wellbeing Research Centre¹

INTRODUCTION

Across the government in England there is an increasing trend towards promoting programmes that have been rigorously evaluated and have a strong evidence base, (e.g. Allen Reports on Early Intervention (Allen 2011), Munro Report of Child Protection (Munro 2011)). This research brief brings together the latest international thinking about the key issues relating to the implementation of evidence-based programmes in children's services, utilising both published work and expert opinion. The aim is to provide a summary of issues that should be considered and planned for by those beginning to implement a new programme in children's services, in order to increase their chances of success. It also draws attention to sources of further information and shares lessons learned by others who are implementing particular evidence-based programmes: Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC), and the KEEP training programme for foster carers.

KEY FINDINGS

- Carefully planned and well resourced implementation is critical to achieving better outcomes and programme success.
- Implementation of an evidence-based programme may be aided by the involvement of an implementation team to plan for the changes that are required

¹ The Childhood Wellbeing Research Centre is a partnership between the Thomas Coram Research Unit (TCRU) and other centres at the Institute of Education*, the Centre for Child and Family Research (CCFR) at Loughborough University** and the Personal Social Services Research Unit (PSSRU) at the University of Kent.

at four different stages: exploration and adoption of the programme; installation; early implementation and full operation.

- **Exploration and adoption:** Before selection, careful consideration should be given to whether a programme could work in the local context, with existing agencies and available resources.
- **Installation:** Planning for successful implementation of an evidence-based programme requires change at the practitioner, supervisory and administrative support levels, as well as the system level (Fixsen et al 2005). There are however no purely administrative decisions – they are all treatment decisions (National Implementation Research Network). Support for these changes has to be resourced both prior to and during implementation.
- **Early implementation:** The implementation phase requires ongoing support and fidelity monitoring, as well as evaluation of the new processes being introduced.
- Maintaining fidelity to the original evidence-based programme has been improved by working with a ‘purveyor’ – individuals or groups who work in a systematic way with local sites to ensure that they adopt a pure and effective model of the programme.
- **Full operation:** Over time the programme should become accepted practice, staff become fully competent and procedures become routine. Sustainability of a programme depends on commitment to ongoing funding and continued staff training and monitoring.
- Examination of the experiences of implementation of four high intensity evidence-based programmes in children’s services has shown that it is possible to successfully implement them in a different cultural context. This has been aided by maintaining fidelity to the programme, but allowing some planned adaptations to processes to accommodate different national and local systems. Successful implementation was boosted, for instance, by early concentration on changes in staff working patterns, careful focus on referrals of appropriate clients, and modification of training materials to suit local culture and language needs.

METHODOLOGY

The methodology consisted of a literature review undertaken initially using snowballing techniques, following the identification of key experts in the field. This was followed by a systematic search of electronic databases (medline, web of knowledge; Google scholar) for previous reviews of implementation studies and for published academic papers relating to the MST, FFT, MTFC, and KEEP programmes. Further Google searches were carried out to locate unpublished

literature relating to the implementation of these programmes. Additionally, telephone discussions were held with five UK experts (researchers and programme implementers). A further three international experts reviewed drafts of this report and offered suggestions about further literature and issues to consider.

FINDINGS

A model for implementation

Evidence suggests that a carefully planned and well-resourced implementation is key to successful outcomes. A systematic review found that that when there was careful implementation without major problems, effect sizes were at least twice as great as for studies where these conditions did not exist (Durlak & DuPre 2008). Across disciplines, implementation researchers have devised a number of frameworks that can be used to encourage the best practice in implementation and greatest fidelity to the original programme. One of the best known of these implementation frameworks, primarily focused on social or educational programmes, was developed by Fixsen and colleagues (2005). This framework takes the view that to implement innovative programmes, change is required at the practitioner, supervisory and administrative support levels, as well as the system level. The authors suggest there are four key stages to implementation: exploration and adoption; installation; initial implementation and full operation.

Stage 1: Exploration and adoption

Implementation is boosted by selection of the most appropriate programme to meet the identified needs of children in a local area. Consideration should be given to exploring the findings from previous evaluations of the programme and asking the following questions: who received the services? What programme elements were actually delivered? Were achievements sufficient to justify costs? Can similar resourcing levels be provided locally?

Once selected, implementation is aided by setting up a local implementation team, to determine what local changes will be required to adopt the programme. Programmes have been found to be more effective if the local model remains faithful to the original programme design. Fixsen and colleagues advocate the use of purveyors - individuals or groups who work in a systematic way with local sites to ensure that they adopt a pure and effective model of the programme. However, successful implementation of these programmes in Europe has shown that it is possible to maintain fidelity of the programme whilst making necessary adaptations to legal and

local delivery systems. Clear support from senior managers provides leadership, demonstrates commitment to the programme and ensures that there are adequate resources for start-up and implementation.

Stage 2: Installation

The programme installation stage is when structures are put in place to initiate the new practice. In this stage systems are set up to select, train and coach practitioners in the new programme. Funding is secured and organisational support systems put in place (policies, procedures, referral pathways).

Greater faithfulness can be achieved by putting systems in place to ensure fidelity; these should include clear delegation of this responsibility to specific staff, regular supervision and staff evaluation.

Stage 3: Initial implementation

In this stage, the implementation team needs to address all the challenges that change brings to individual staff and the organisation, at a time when the workforce is gaining new skills. The team must focus particularly on coaching and using data to improve staff competence and confidence, change administrative procedures and manage expectations.

Stage 4: Full operation

Over time the innovation becomes “accepted practice”, staff are fully competent and new ways of working become routine. Implementation teams monitor programme fidelity and outcomes, with on-going systems in place (e.g. staff training and supervision, fidelity monitoring) to maintain a favourable organisational climate and a skilled and committed workforce.

Challenges to implementation

Implementation researchers have identified key areas for decision-makers in real-life settings to consider and work on in order to successfully implement evidence-based practice in a way that maintains a high degree of fidelity to the intervention model whilst valuing practice-based knowledge. These include: the attitude of providers; characteristics of the client population; characteristics of usual practice; organisational factors – leadership; resource availability.

Sustainability

Four components have been identified as crucial to maintaining a successful programme: capacity; the nature of the innovation; evaluation and monitoring of fidelity; and the context. Securing longer term funding relies on being able to demonstrate cost effectiveness, promoting a 'shared vision' about an innovation and how it becomes 'business as usual', and ensuring that local commissioners of services and other key local professionals value the programme and see it as contributing to local service provision.

Sustainability is enhanced when a programme has been able to develop a stable group of skilled practitioners, who have a positive attitude towards the programme. Also key to sustainability are an organisational culture and structure that foster the new practices.

Scale-up

Following the successful implementation of an evidence-based programme in a new setting, the next stage for policy makers is to decide whether, and how, to effectively broaden its reach. This might be through scaling-up capacity within the original local area where a programme was previously implemented, or it may be through increasing the number of sites across a region or country. Three different examples of scaling-up evidence-based programmes are described (Chamberlain et al 2011): *Cascading training model* – where programme developers trained and supervised the first wave of staff within a new programme site. These first wave staff then carried out training and supervision of the second wave staff at the new site, thereby eliminating the direct involvement of the programme developers in this aspect.

Community Development Team model - where representatives from areas where a programme is operating met regularly for information sharing, exchanges about barriers to implementation, and support relating to problems (e.g. programme fidelity or sustainability).

Rolling cohort model – where a central implementation team was established and initial sites implemented the programme. Subsequently, lessons learned from implementation in the first sites, were used to assist the implementation of the programme in successive cohorts of new sites.

International examples of implementation

The exploration of the experience of four evidence-based programmes (MST, FFT, MTFC and KEEP) in transferring these programmes from their original settings to England, as well as to a number of other countries, underlines that it is possible to successfully implement them in a different cultural context. These examples of implementation underline the importance of careful planning and expectation that it will take considerable time and resources to embed these programmes.

There are examples from new settings of the very successful replication of the positive outcomes found in the original programme. While remaining faithful to the core programme, innovative solutions have been found to overcome cultural differences, language barriers, and different system structures. Successful implementation was boosted, for instance, by anticipating and addressing concerns relating to changes in staff working patterns brought about by the programme, careful focus on referrals of appropriate clients, and modification of training materials to suit local culture and language needs.

However, some programme sites have found implementation and/or the replication of original success unachievable; and in other sites programmes have been successfully implemented but found to be unsustainable when reliant on mainstream funding.

CONCLUSIONS

National and local policy makers choose to adopt evidence-based programmes because they desire the beneficial effects seen in previous evaluations of these programmes. Considerable resources are invested in setting up these new programmes. To maximise the possibilities for return on this investment, in the form of positive outcomes for children, young people and their families, those commissioning these services should ensure that a careful, well-resourced implementation plan is followed. This review has highlighted that implementation of evidence-based programmes is not easy, but it can be more successful through using the available implementation frameworks and resources, anticipating challenges, and ensuring fidelity to the original programme.

REFERENCES

Allen G. (2011a) *Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government*. London: HM Government.

Allen G. (2011b) *Early Intervention: Smart Investment, Massive Savings. The Second Independent Report to Her Majesty's Government*. London: HM Government.

Chamberlain P, Roberts R, Jones H, Sosna T, Price JM. (2011) Three Collaborative Models for Scaling Up Evidence-Based Practices. *Administration and Policy in Mental Health*, 39 (4): 278-90.

Durlak JA, DuPre EP. (2008) Implementation matters: a review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41: 327–350.

Fixsen D, Naoom SF, Blase KA, Friedman RM, Wallace F. (2005) *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National implementation Research Network.(FMHI Publication #231).

Munro E. (2011) *The Munro Review of Child Protection: Final Report: A child-centred system*. London: The Stationery Office.

National Implementation Research Network: <http://nirn.fpg.unc.edu/>.

Additional Information

The full report can be accessed at <http://www.education.gov.uk/publications/>

Further information about this research can be obtained from

Jessica Dunn, DfE, Level 5, 2 St Paul's Place, 125 Norfolk Street, Sheffield, S1 2FJ

Jessica.DUNN@education.gsi.gov.uk.

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.