

EIF PLACES NETWORK

Thursday 12th October 2017
The Foundry, London

@theEIFoundation
eif.org.uk



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WELCOME

Dr Jo Casebourne, EIF Chief Executive

EIF UPDATE

Donna Molloy, EIF Director of
Dissemination
Ben Lewing, EIF Senior Adviser

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What's recent and in the pipeline at EIF ?

- Communicating the evidence on the potential of social and emotional learning in schools
- Calling for action on children's language development
- Publishing work to support delivery of the troubled families programme
- Developing our remodelled Guidebook
- Making the case for local action to reduce parental conflict and a new guide for local commissioners
- Exploring how to enable more 'trusted adult relationships' for vulnerable young people
- Supporting local areas to apply EIF work on effective early childhood interventions

EIF Project Updates



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Social and emotional learning



Making the case for more skilled, evidence based SEL programmes in primary and secondary schools

Disseminating our evidence on social and emotional learning



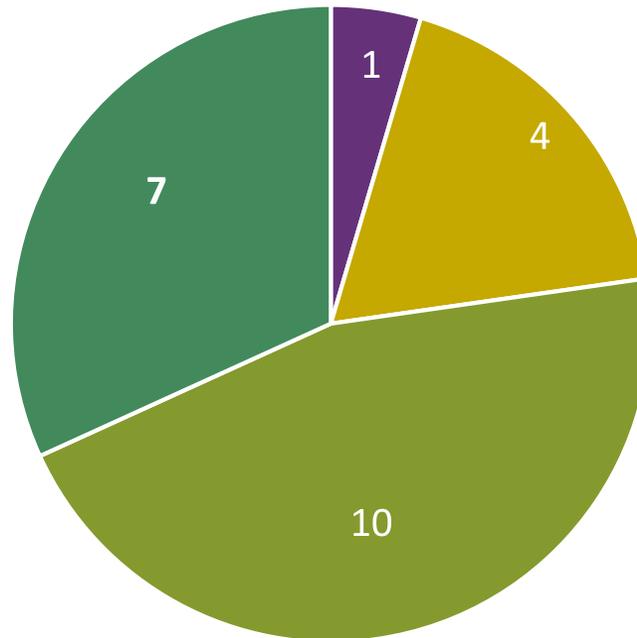
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- Gaps in social and emotional skills open up early
- Clear opportunities for early intervention to improve social and emotional skills before children start school, and during the school years
- There are programmes with good evidence of impact on a range of outcomes – universal programmes that can be delivered in school settings, some designed for higher risk groups
- Emerging research about key factors in the wider school environment

We will be:

- Extracting the ‘so what’ messages - communicating headline messages to schools and local authority & health commissioners.
- Sector leaders roundtable
- Guidance for schools in collaboration with EEF
- Influencing national policy

Distribution of Strength of Evidence ratings for SEL programmes



■ Currently being rated ■ NL2 ■ 2 ■ 3

EIF Project Updates

Speech and Language

- Early language acquisition impacts on all aspects of young children's non-physical development.
- While the majority of young children acquire language effortlessly, a significant minority do not.
- The UK prevalence of early language difficulties is between 5% and 8% of all children, and *over 20% for those growing up in low-income households.*
- This is thought to contribute to the achievement gap that exists by the time children enter school and continues until they leave.
- **EIF is calling for early language development to be prioritised as a child wellbeing indicator, so that it must be treated as a public health issue, like vaccination, obesity and mental health.**

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LANGUAGE AS A CHILD WELLBEING INDICATOR
NEW EIF REPORT, JUNE 2017

Communication skills are essential for education, future employment and adult wellbeing

Children with poor vocabulary skills at age 5 are more likely to have reading difficulties as an adult, more likely to have mental health problems, and more likely to be unemployed

Download from: www.EIF.org.uk

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LANGUAGE AS A CHILD WELLBEING INDICATOR
NEW EIF REPORT, JUNE 2017

The quality of the home learning environment is a key factor

Children living in better-off families will hear many more words from their parents, more complex language and more questions, and engage in more verbal games and shared activities

Download from: www.EIF.org.uk

Two reports to support delivery of the troubled families programme



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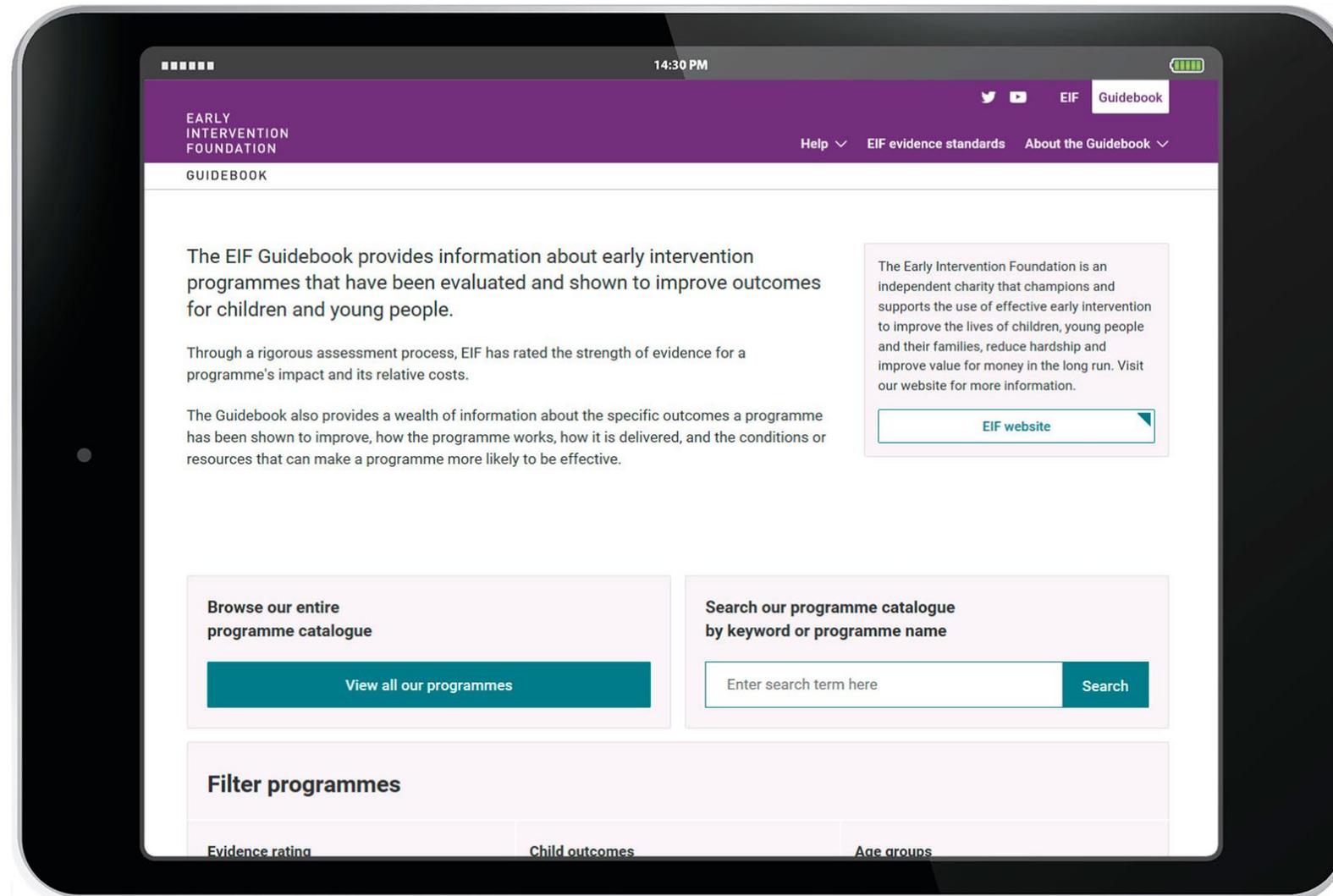
- **Commissioning parenting and family support for Troubled Families**
 - Identified 23 high quality interventions with good evidence of improving the circumstances of highly vulnerable children similar to those participating in the Troubled Families Programme.
 - When implemented properly, these interventions also have the potential for providing value for money and some instances, reduce local authority costs.
- **Troubled Families Practitioner Functional Map**
 - Provides a detailed breakdown of the features of the role
 - Can help service planners, managers, human resources staff to understand and establish roles, construct staff support and development processes etc

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Guidebook



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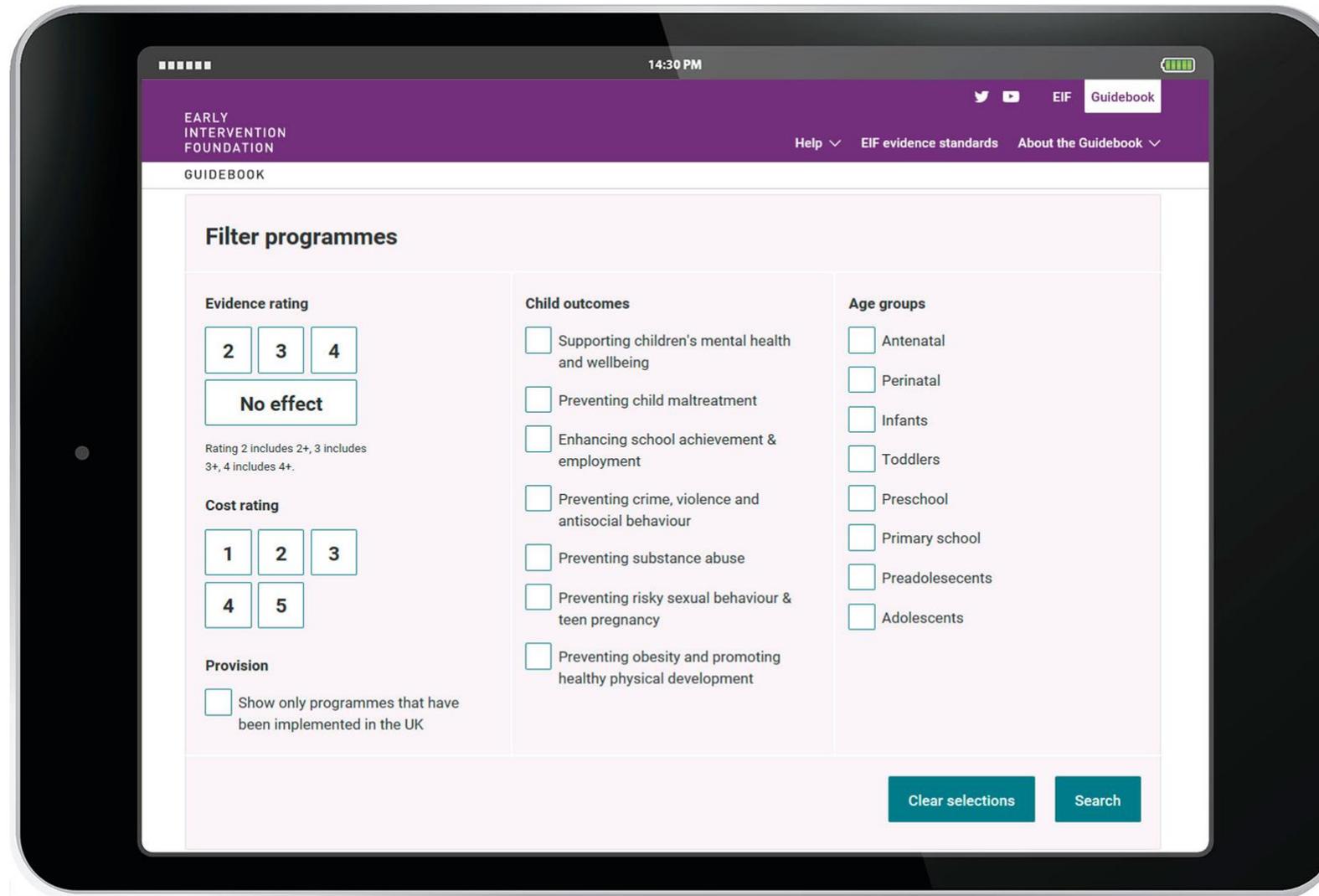


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Guidebook



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Guidebook



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14:30 PM

Example Programme

Example Programme is a targeted-selective programme for children between the ages of 8 and 12. It is designed to prevent antisocial behaviour and substance abuse in children from low-income families.

How strong is the evidence?

Evidence rating: 3+

What does it cost?

Cost rating: 1

What can it achieve?

Child outcomes:
Preventing substance abuse
Preventing crime, violence and antisocial behaviour

Who is it for?

UK provision: Yes

Is it in the UK already?

Age group:
Preadolescents

What does it do?

Delivery model: Group

Where does it all happen?

Setting:
Primary school
Secondary school
Community centre

Universal or targeted?

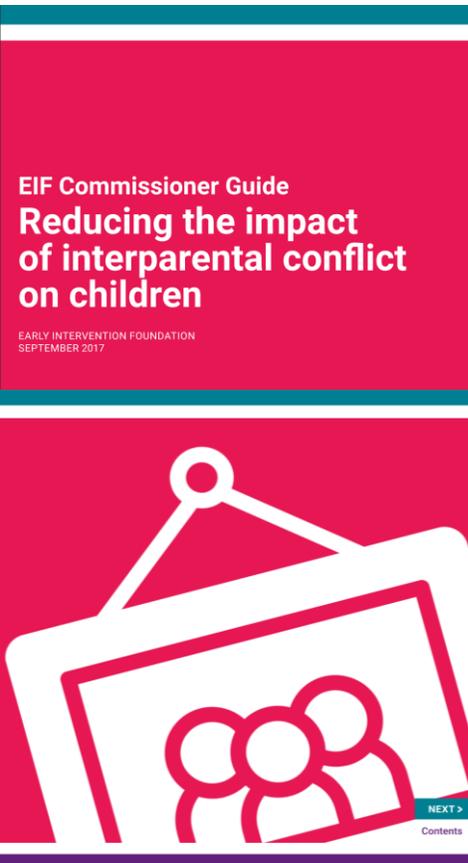
Classification:
Targeted selective

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Children & Interparental Conflict: Commissioner Guide



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- A new way of presenting EIF's evidence on the impact of interparental conflict on children, moving from technical evidence reports to a more pragmatic and practical format, blending robust evidence with practice knowledge.
- Built around three core questions:
 1. What do I need to know about the impact of interparental conflict on children
 2. How can I measure the impact of interparental conflict and understand local need
 3. How can I reduce the impact of interparental conflict on children in my area
- An evolutionary format, adaptable as new knowledge, tools and case studies are generated, designed to be modular and interactive.
- Downloaded over 400 times in the first 2 weeks alone.
- Foundation for EIF's work over the next 12 months on making the case for focusing on the quality of interparental relationships to improve outcomes for children.



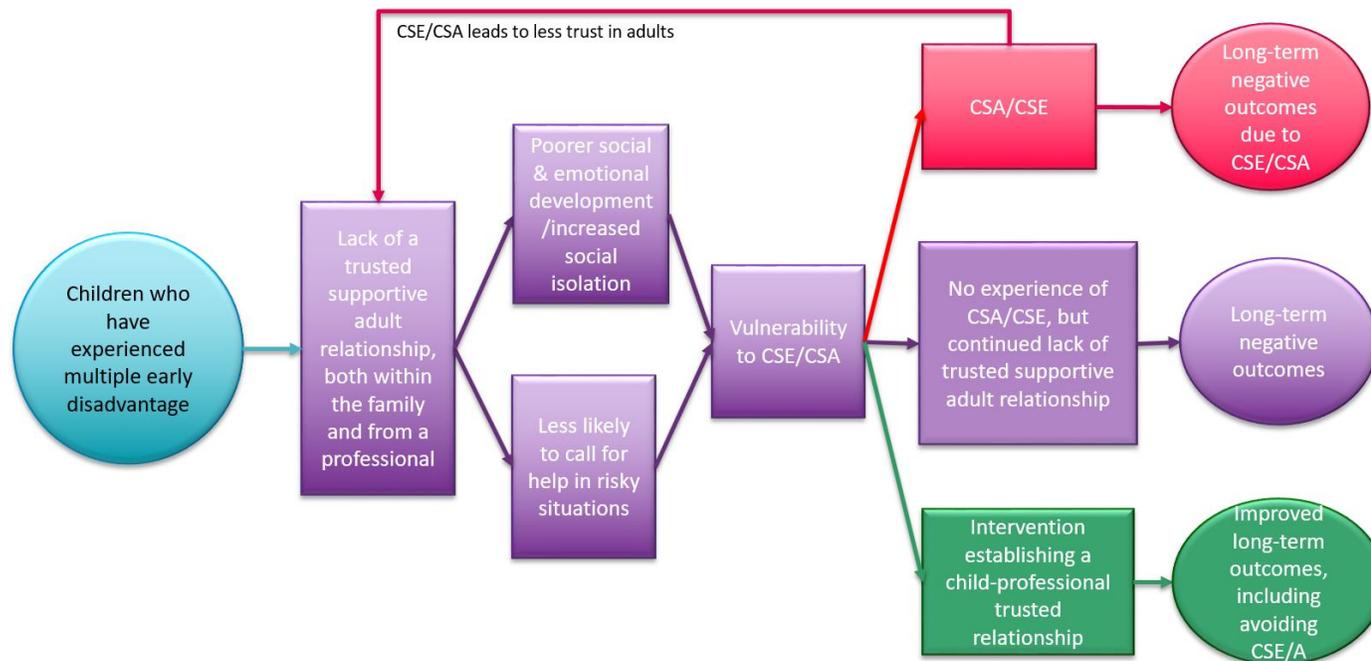
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Children & Interparental Conflict: Making the Case

- EIF as the What Works Centre bringing the evidence rigour to the DWP's programme on reducing parental conflict
- Specific role in raising awareness amongst public service leaders and commissioners across England of the system-wide impact of parental conflict on children, and what to do about it
- A call to action resulting in greater visibility of responses to parental conflict in local commissioning and decision-making
- Engaging local stakeholders in making greater use of the support tools, advice and resources available through the DWP programme including (tbc):
 - *Local Family Offer Advocates and DWP regional transformation leads*
 - *An EIF Evidence Repository: a curated source of information about children and parental conflict*
 - *Local and national events*
 - *A new 'maturity matrix' self assessment tool*
 - *A charter on children and parental relationships*

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Trusted relationships



- Testing the hypothesis about benefits of trusted practitioner-child relationships for vulnerable children as a way of impacting upstream
- Influencing Home Office policy, including potential investment in 2018/20
- Rapid evidence summary; stakeholder consultation, including a focus group; roundtable
- Recommendations to Home Office in early November

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Early Years Transformation

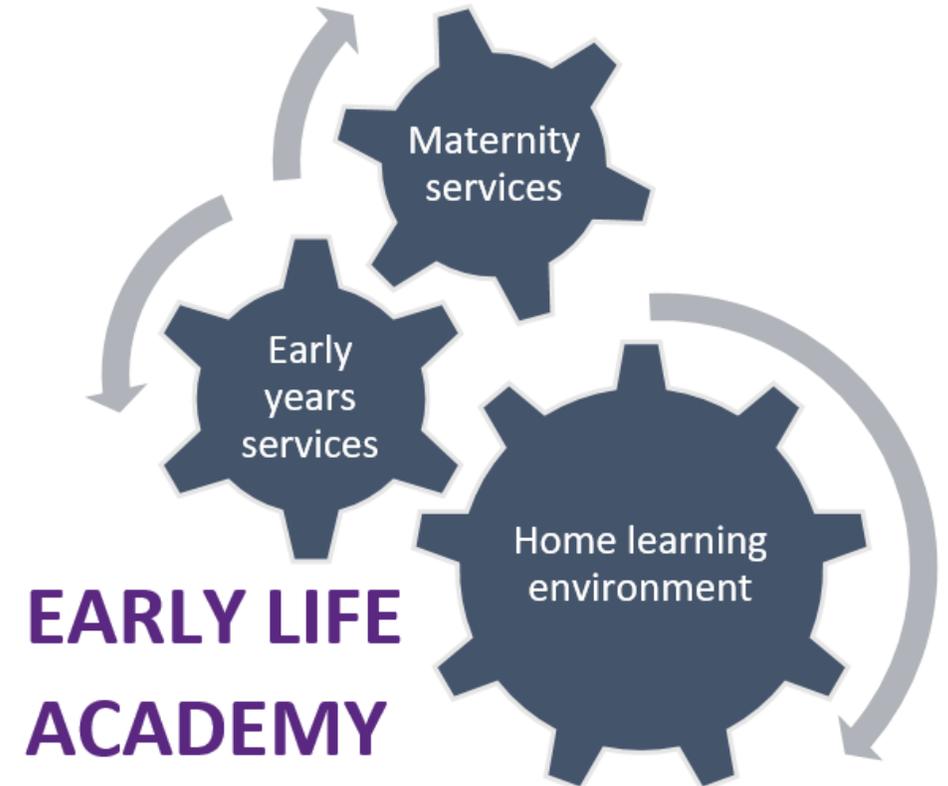


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Using EIF's & PHE's early years evidence (Foundations for Life; Language as a Child Wellbeing Indicator; consolidated work on 0-1 Healthy Child Programme; signals of risk) and implementation experience with local areas to build a whole system maternity and early years transformation programme

From Autumn 2018:

- 10 local multi-disciplinary teams for leaders & commissioners
- Masterclasses and bespoke implementation support
- Peer networks
- Evaluation and measurement systems





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Topic 1: EARLY INTERVENTION & ADOLESCENTS



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***Supporting adolescents to achieve good
outcomes: What do we need to know and
what do we need to do?***

Dr Ann Hagell, Research Lead, AYPH
Dr John Coleman, Chair of Trustees, AYPH

Early Intervention Foundation, 12 October 2017

Workshop outline

Need to know

- Recent advances in understanding adolescent neurobiological development
- How is the current generation of young people doing?
- What's the predominant 'narrative' about young people today?

Need to do

- Given all this, what do we need to do to support young people?
- Additional practical learning to share from sites?

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There are **11 million**
young people aged 10–24
in the UK.

Find out why investing in
their health is vital.



Their wellbeing – what do we know about how they are doing? ...on the positive side



9% of pupils aged 11-15 say they have drunk **alcohol** in the last week, the lowest rate since the 1980s



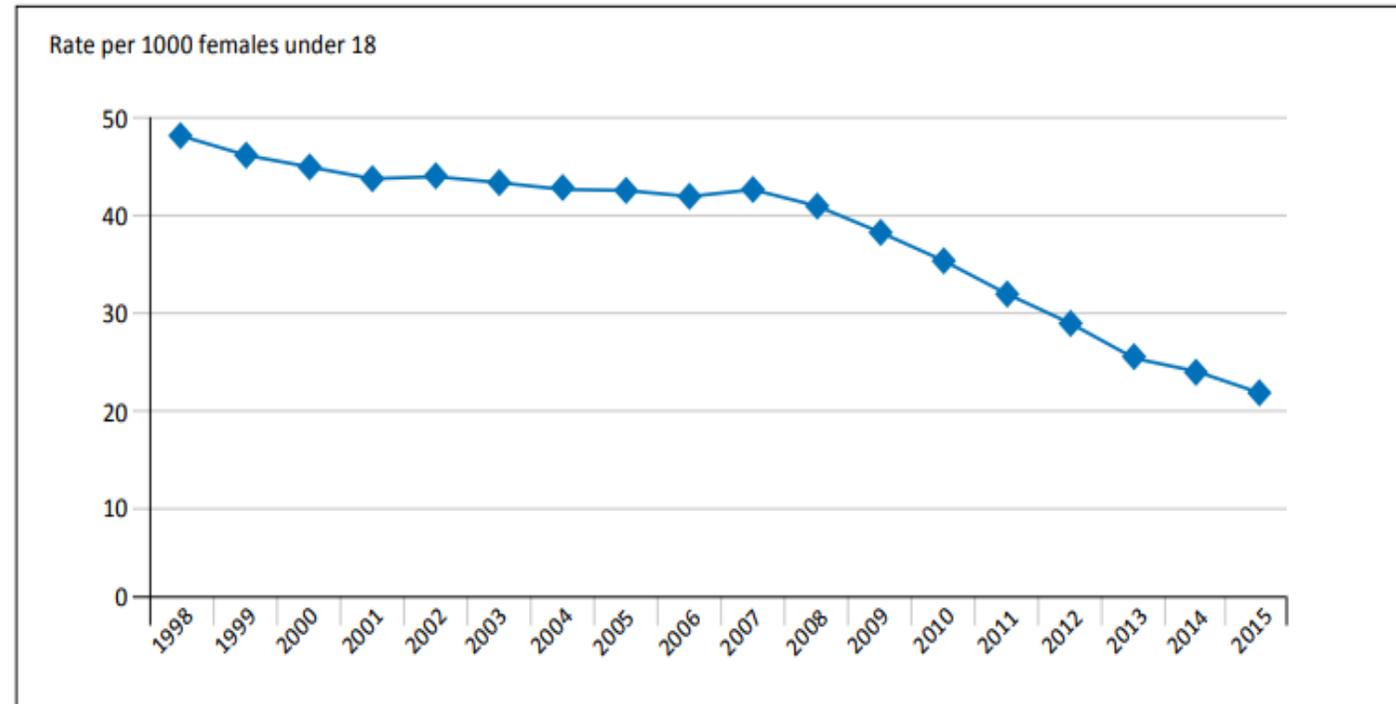
15 year olds reporting **illegal drug use** in the previous year **halved** between 2001 and 2014



5% of 15 year olds say they are **regular smokers**

Their wellbeing – what do we know about how they are doing? ...on the positive side

Chart 4.9: Under 18 conception rate in England and Wales, 1998-2015



Source: ONS, Conception Statistics, England and Wales, 2015
Conceptions outside marriage/civil partnership data

Their wellbeing – what do we know about how they are doing?

...perhaps less good

One in five 11-15 year olds are obese in England



On average, teenagers consume 8 times the recommended daily sugar allowance



A quarter of secondary school children report they do not get enough sleep



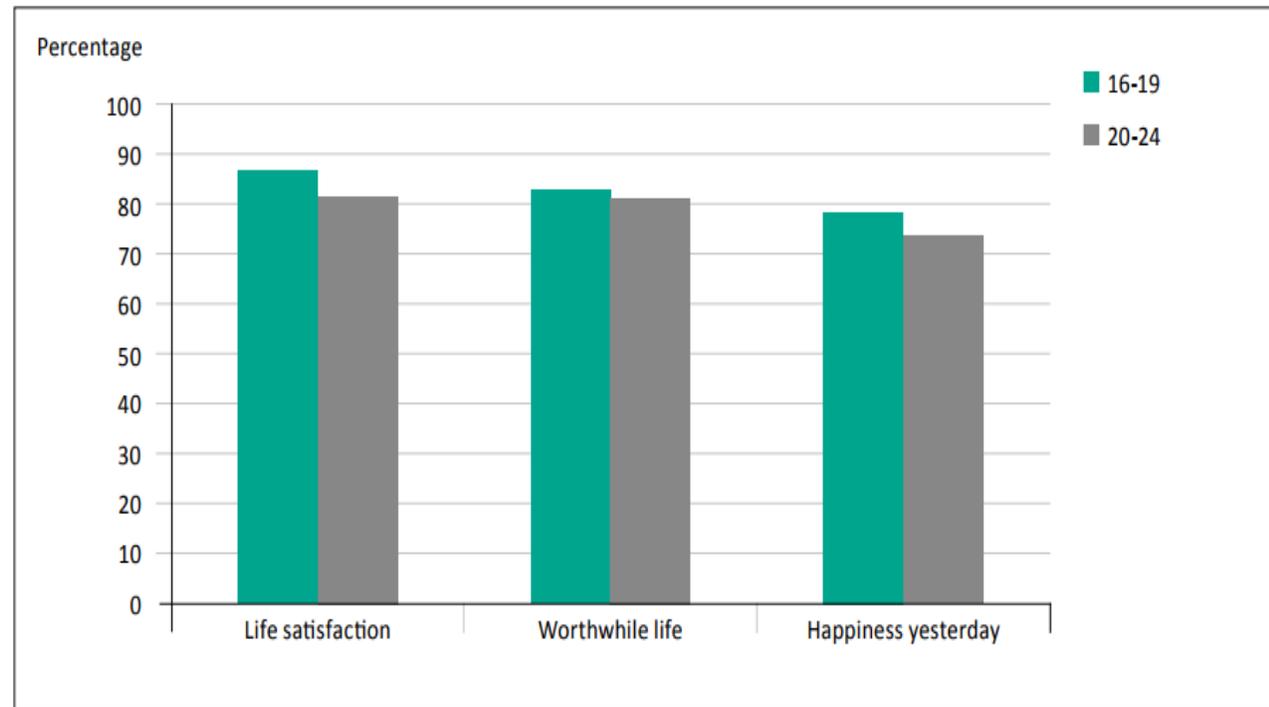
By age 13-15, only 19% of boys and 7% of girls achieve one hour of exercise a day



Their wellbeing – what do we know about how they are doing?

...their reports of mental health and wellbeing

Chart 6.2: Office for National Statistics wellbeing measures, 16-24 year olds, UK, 2015

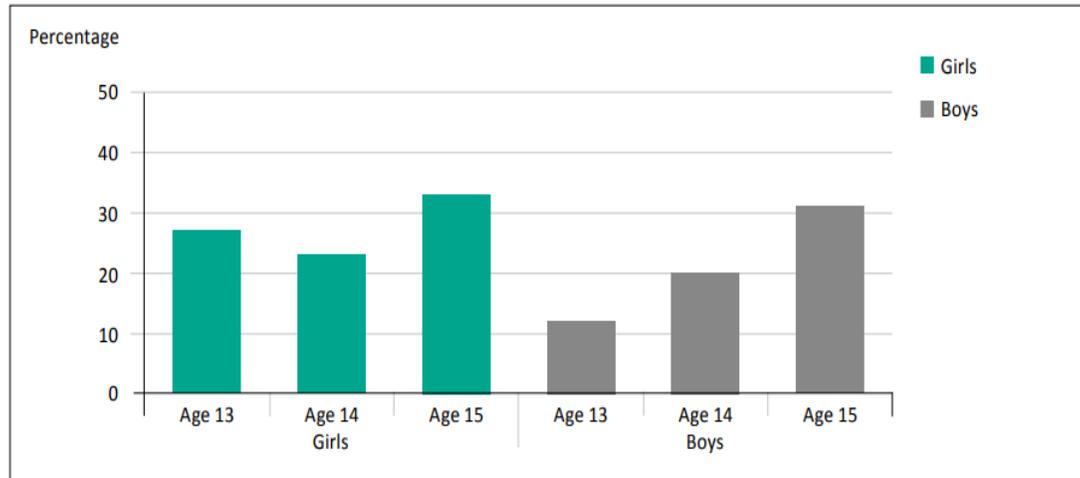


Source: Office for National Statistics, Annual Population Survey

Their wellbeing – what do we know about how they are doing?

...their reports of mental health and wellbeing

Chart 6.7: Proportion of young people 13-15 reporting they felt anxious yesterday, by gender, England, 2015



Source: Office for National Statistics: Measuring National Well-being; Life in the UK 2015/2016
<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing>

32 % of 15 year old girls and 11% of 15 year old boys report self-harming

Source: Brooks et al 2015



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One in four girls is depressed at age 14, new study reveals

AUTHOR



Richard Newson
Media and Communications
Officer

POSTED
19 Sep 2017

TAGS
Mental health • Health and
well-being • News

New research shows a quarter of girls (24%) and one in 10 boys (9%) are depressed at age 14.

Researchers from the UCL Institute of Education and the University of Liverpool analysed information on more than 10,000 children born in 2000-01 who are taking part in the Millennium Cohort Study.

At ages 3, 5, 7, 11 and 14, parents reported on their children's mental health. Then, when they reached 14, the children were themselves asked questions about their depressive symptoms.

[<<< READ THE FULL BRIEFING >>>](#)

NEWS & OPINION

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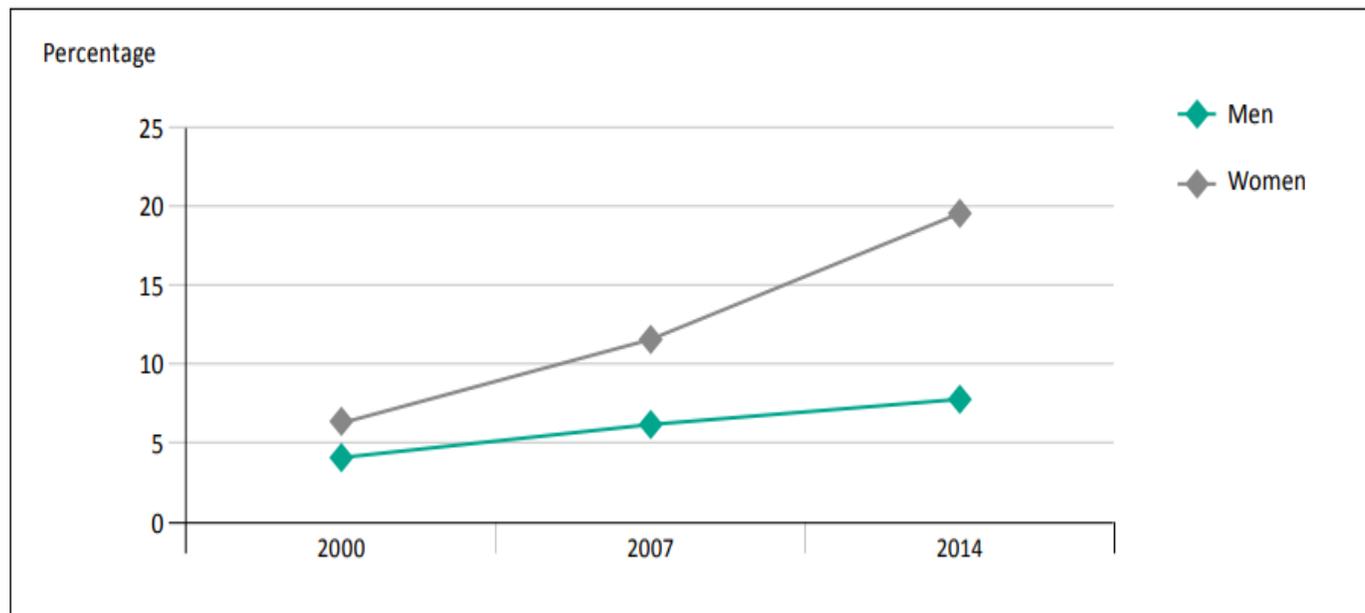
MOST READ



Let's get pregnancy right (and turn around some troubling statistics)

Their wellbeing – what do we know about how they are doing? ...time trends

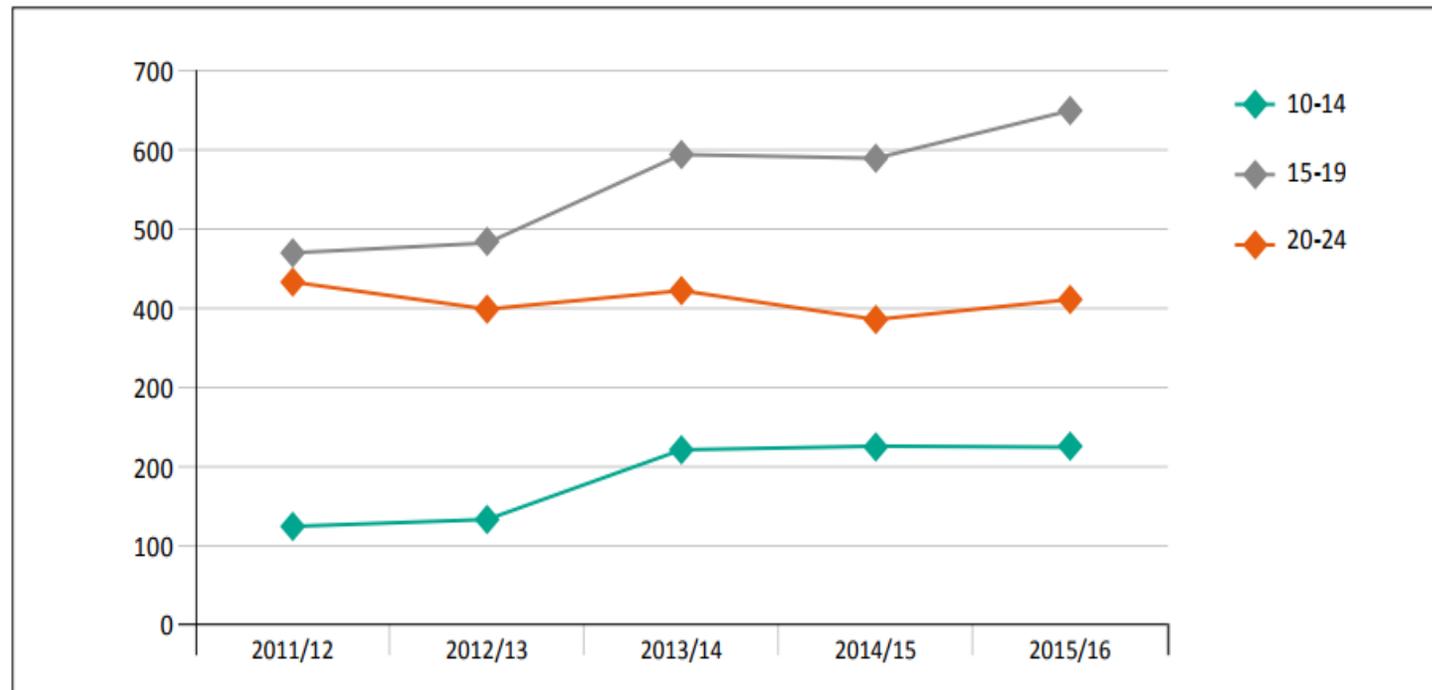
Chart 6.8: Self-harm ever (reported face to face) age 16-24, by gender, 2000, 2007 and 2014



Source: McManus et al (2016) Adult Psychiatric Morbidity study

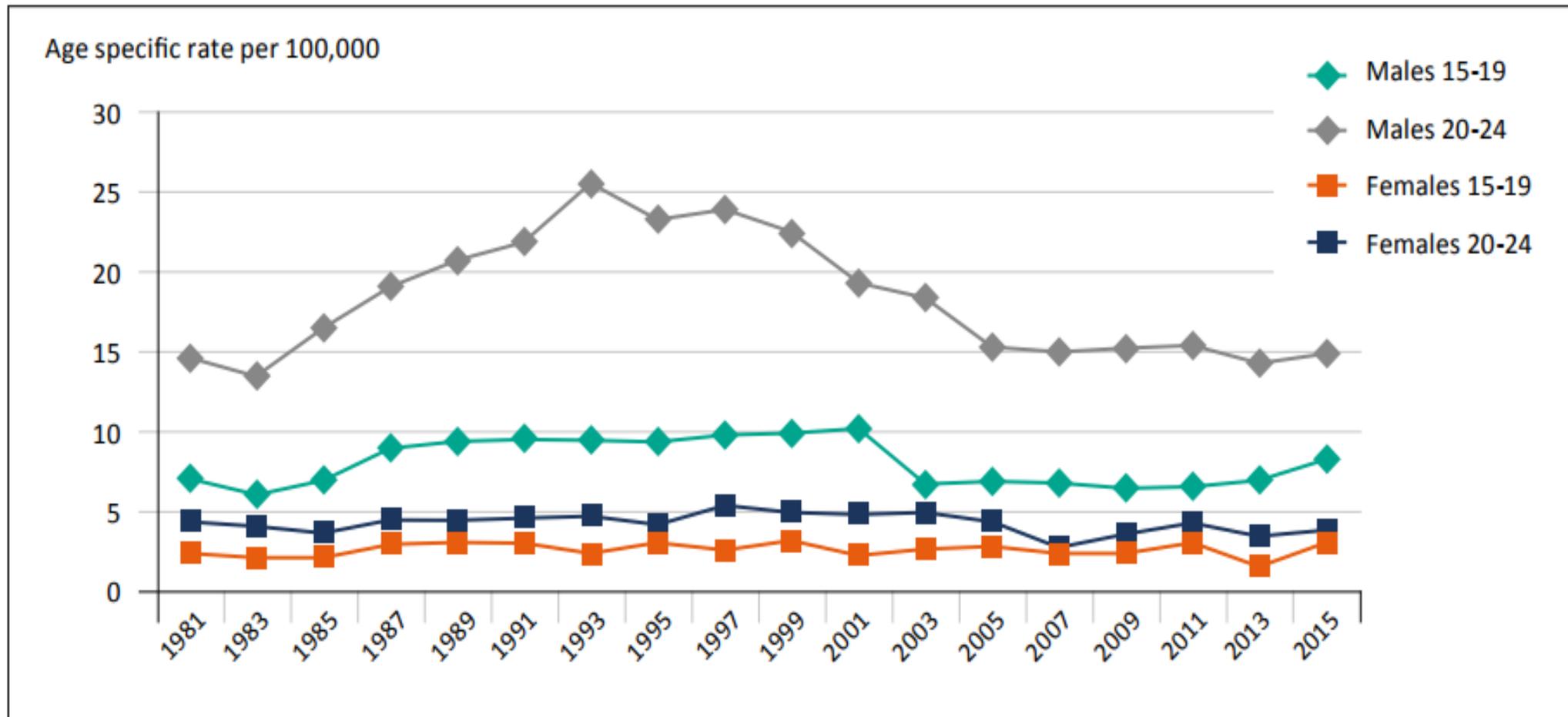
Their wellbeing – what do we know about how they are doing? ...time trends

Chart 6.10: Hospitalisation for self-harm rates (per 100,000) among 10-24 year olds in England, 2007/8 to 2015/16



Source: Hospital Episode Statistics (HES) Copyright © 2016,
Re-used with the permission of The Health and Social Care Information Centre.

Chart 6.11: Age specific suicide rates (per 100,000) in the UK by gender and age, UK, 1981-2015



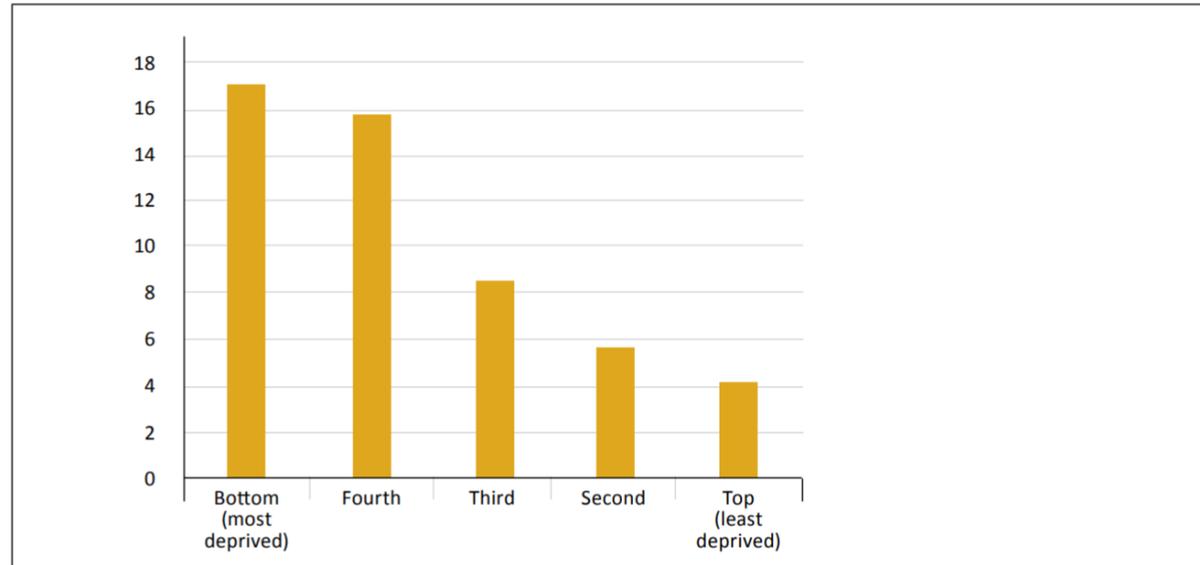
Source: Office for National Statistics, National Records of Scotland and Northern Ireland Statistics and Research Agency

Young people with fewer resources?

- Living with low income & material poverty
- Looked after young people
- Young asylum seekers
- Children in custody
- Young carers
- Homeless young people
- Transgender young people

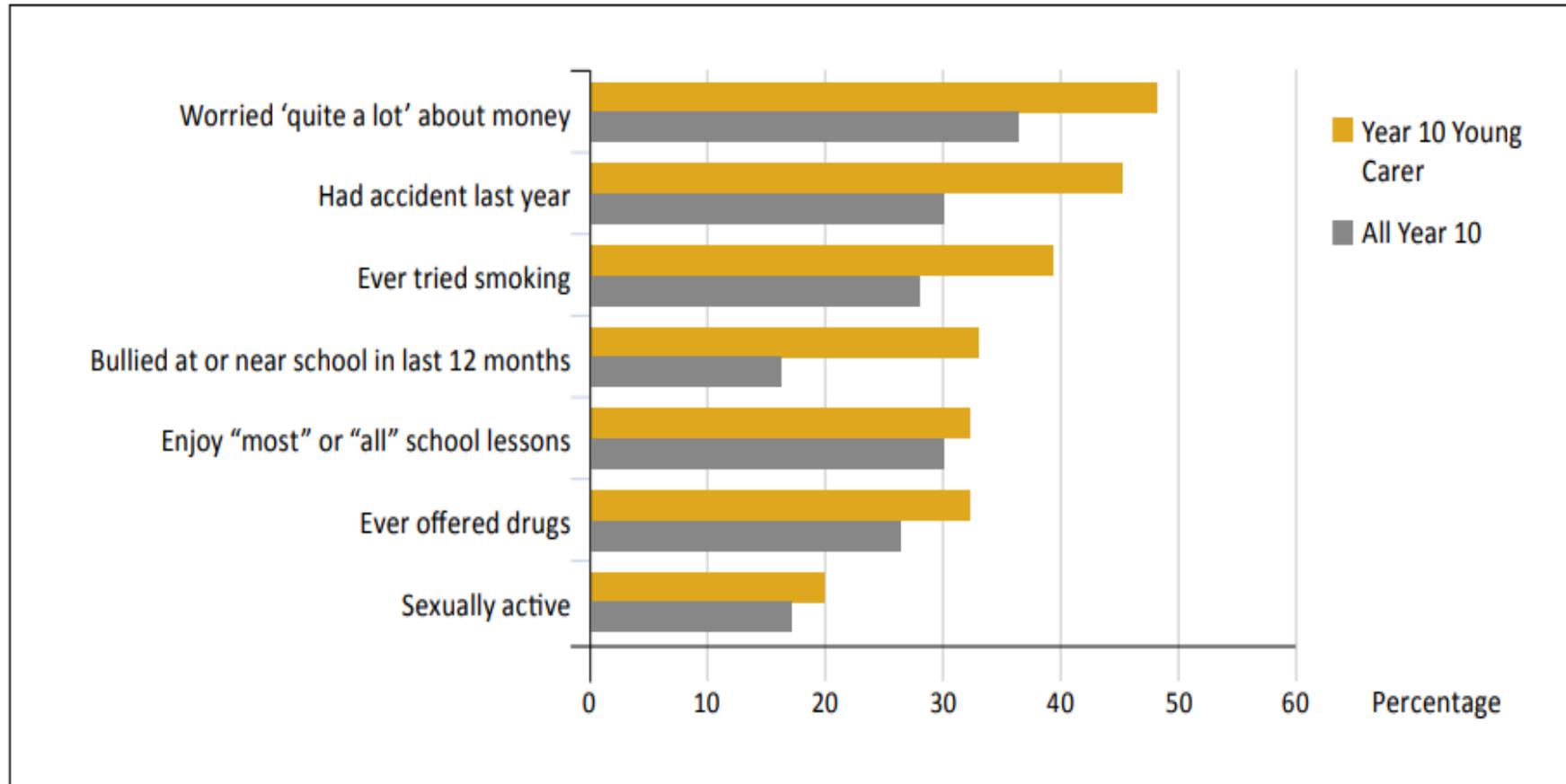
Young people with fewer resources?

11 year olds with severe mental health problems, by income quintile of parents



Source: Gutman et al (2015) Children of the new century: Mental health findings from the Millennium Cohort Study. London: Centre for Mental Health

Chart 8.18: Comparison of health behaviours between young carers and all Year 10 pupils in one local authority, 2016



Source: Balding and Regis (2016) Young people into 2016. Unpublished report

Challenges facing young people: what's in the picture?



Source: Office for National Statistics (2017) ONS Labour Force Survey, Contracts that do not guarantee a minimum number of hours: May 2017



To recap....

- Trends in a number of indices of wellbeing suggest some things are going quite well
- But there are also signs of distress that may or may not be increasing
- All young people need help in boosting their resources to help them maintain wellbeing
- But some groups are particularly marginalised or vulnerable and have fewer resources; they need more help – this is a story of inequality



Predominant narratives about young people (and their health) today?

- Move from 'bad' to 'sad'? Lacking resilience?
- Concern over effects of social media/phones/screens
- Doomed future, lost generation
- Effects of austerity, change in political engagement

What do we think's being missed?

- Sexual identity?
- Education for 'life'?
- Physical health?

Need to do?

- Parenting and families
- 'Youth services'
- Education

In the face of the picture given so far, and the context of cuts and changes to the voluntary sector, what do we need to do locally to promote young people's wellbeing? How do we move beyond thinking secondary schools and CAMHS are the whole answer?

Thank you!

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Topic 2: HOW SCIENCE CAN SUPPORT LOCAL IMPLEMENTATION

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**Applied tools and learning from
Implementation Science
concepts, methods and frameworks for
implementation and improvement**

Deborah Ghaté

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EIF Places Network October 2017

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To begin with....

Implementation science (IS) is the application of scientific methods (= rigorous, systematic, transparent, replicable) to the study and testing of service or policy processes and innovations, so as to increase knowledge of what is effective.

IS suggests that **how** we deliver services may matter as much as (and sometimes more than) **what** we deliver:

Can you share any examples from your own experience of attempts to implement improvement, change or innovation where factors in ‘the implementation process’ influenced the results?

Some definitions

- **Implementation** refers to the *process* of putting a service, a policy, or a set of practices into application so that it achieves its intended outcomes to provide socially significant benefits to individuals and society;
- **Implementation *science*** is the systematic study and testing of implementation processes and innovations in order to increase knowledge about what is effective;
- **Implementation *practice*** is how we apply that knowledge in the design and delivery of services on the ground.

Definitions taken from: the UK Implementation Society's Terms of Reference, 2017

What is implementation & improvement science?

- The idea that we can be ‘scientific’ (rigorous, systematic, transparent, replicable) about delivery as well as content of services
- Part of an emerging body of theory and evidence in a growing family of interconnected fields including *innovation science*, *systems (and complexity) science*, *dissemination science*, *knowledge mobilisation*
- Inter-disciplinary and integrative (esp implementation sci): draws on a wider range of disciplines: developmental and behavioural sciences; natural and environment sciences; social work; social policy; psychology; health; economics; and business and management studies

What is implementation & improvement science?

- Implementation is not new! - but the increasing focus on collating and integrating knowledge across multiple disciplines and sources and applying rigorous standards for learning and practice is.
- Highly applied & practical: “*science in the service of practice and policy*”; bridging the ‘*science to service gap*’

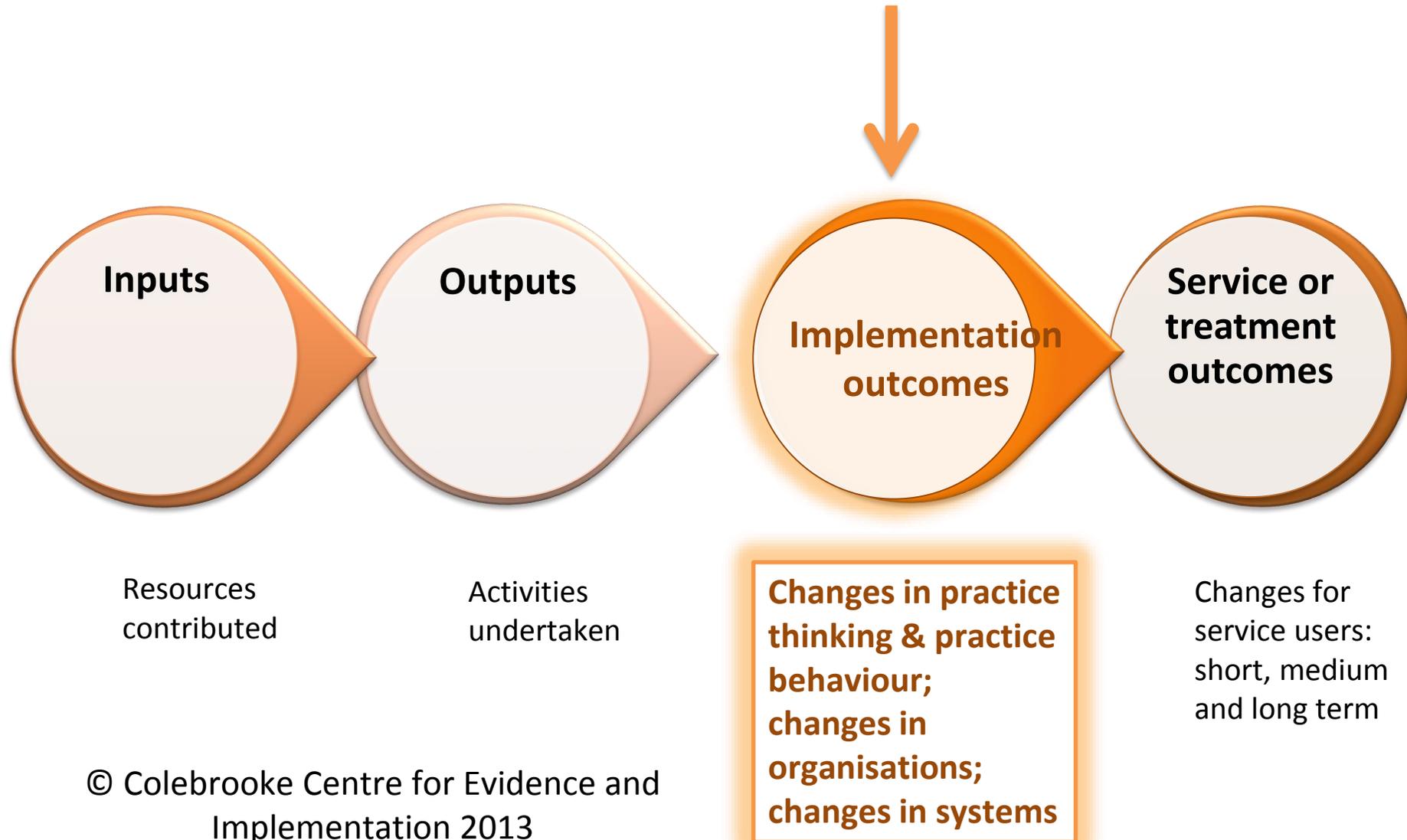
The key learning from implementation science

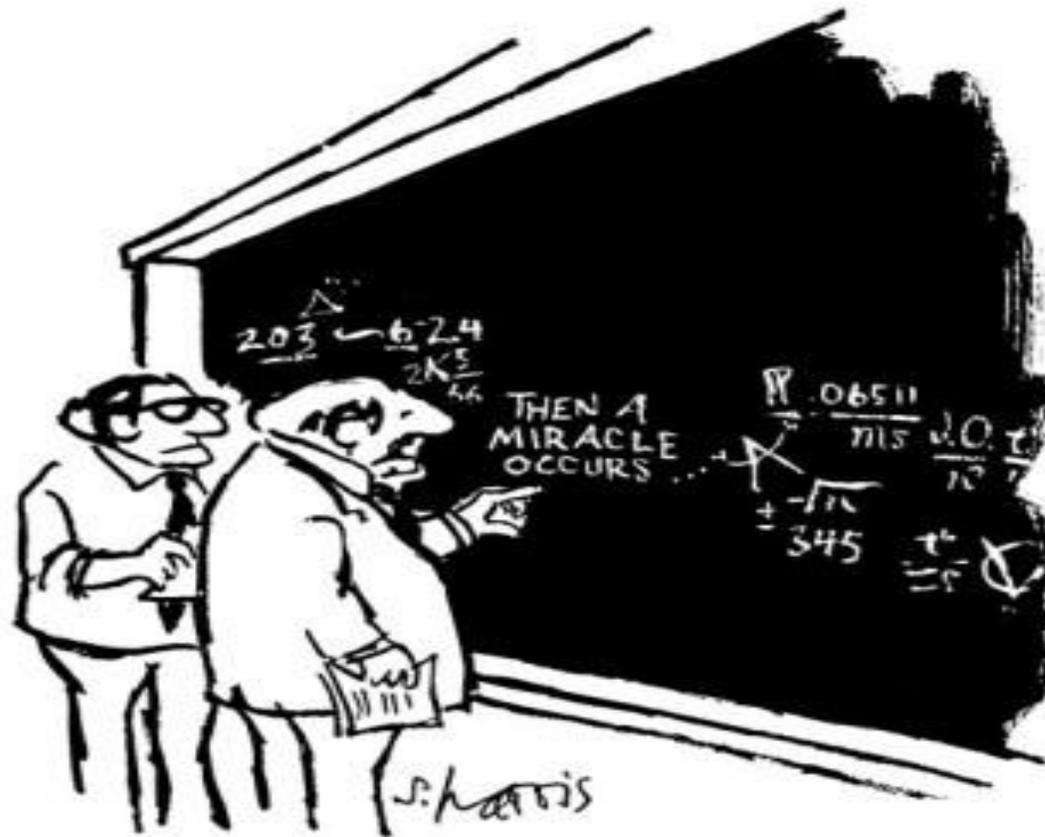
- Whether we are creating new initiatives, or improving existing ones, it is now widely accepted that *implementation quality is the key to effectiveness*
- The best-designed policies, interventions or programmes won't achieve potential unless they combine effective content with effective **and** high-quality delivery

And....

- *How* we deliver services might even matter more than *what* we deliver, in some cases. An important ‘meta-analysis’ by Mark Lipsey and colleagues of juvenile justice interventions found that when the quality of implementation was strong, the content and provenance of an intervention (e.g whether it was a ‘model’ programme or a locally developed one) mattered less for achieving effective results (Lipsey et al, 2010)
- Well-delivered but inherently ‘less efficacious’ or generic programmes can do just as well as ‘model’ programmes under these conditions

Implementation outcomes – expanding the logic model





"I think you should be more explicit here in step two."

Topics for this talk

- 1. Systems context**
- 2. Readiness, fit and disturbance**
- 3. Fidelity and Contextually Sensitive Adaptation**
- 4. Implementation drivers**
- 5. Active implementation support**
- 6. Implementation stages**

Hallmarks of ‘high quality’ implementation’?

Things to which implementation science pays attention

1. Taking a ‘systems focus’

- Recognising we are always working in **complex adaptive systems***:

a **system: defined by its degree of interconnectedness and interdependency (what happens in one part is consequential on another); a **complex system**: one in which even knowing everything about that system is not sufficient to predict what will happen; an **adaptive system**: a system that learns from experience how to respond most effectively to achieve the desired goals [which might be maintaining status quo!], however much the external circumstances change: see Ghate (2015).*

- Understanding that ‘**systems trump programs**’: no service or innovation takes place in a vacuum – yet we often plan as if it does

Definitions from the literature

A system as distinct from an individual organisation or agency, is defined by its degree of interconnectedness and interdependency, where decisions and actions in one entity are consequential on other neighbouring entities [1]. **=Interconnected**

A complex system has been defined as one where “*even knowing everything about that system is not sufficient to predict precisely what will happen*” [1] **=Unpredictable**

A complex adaptive system is self-organising and self-correcting. It is one “*in which the system itself learns from experience how to respond (as) external circumstances change*” It “*consists of interdependent agents... and the group of agents exhibits emergent, system-wide patterns of behaviour*” [21] **=Emergent**

Effective services need to be 'hosted' not 'ghosted' with the whole system

EXISTING SYSTEM can marginalise or obstruct the effectiveness of component services



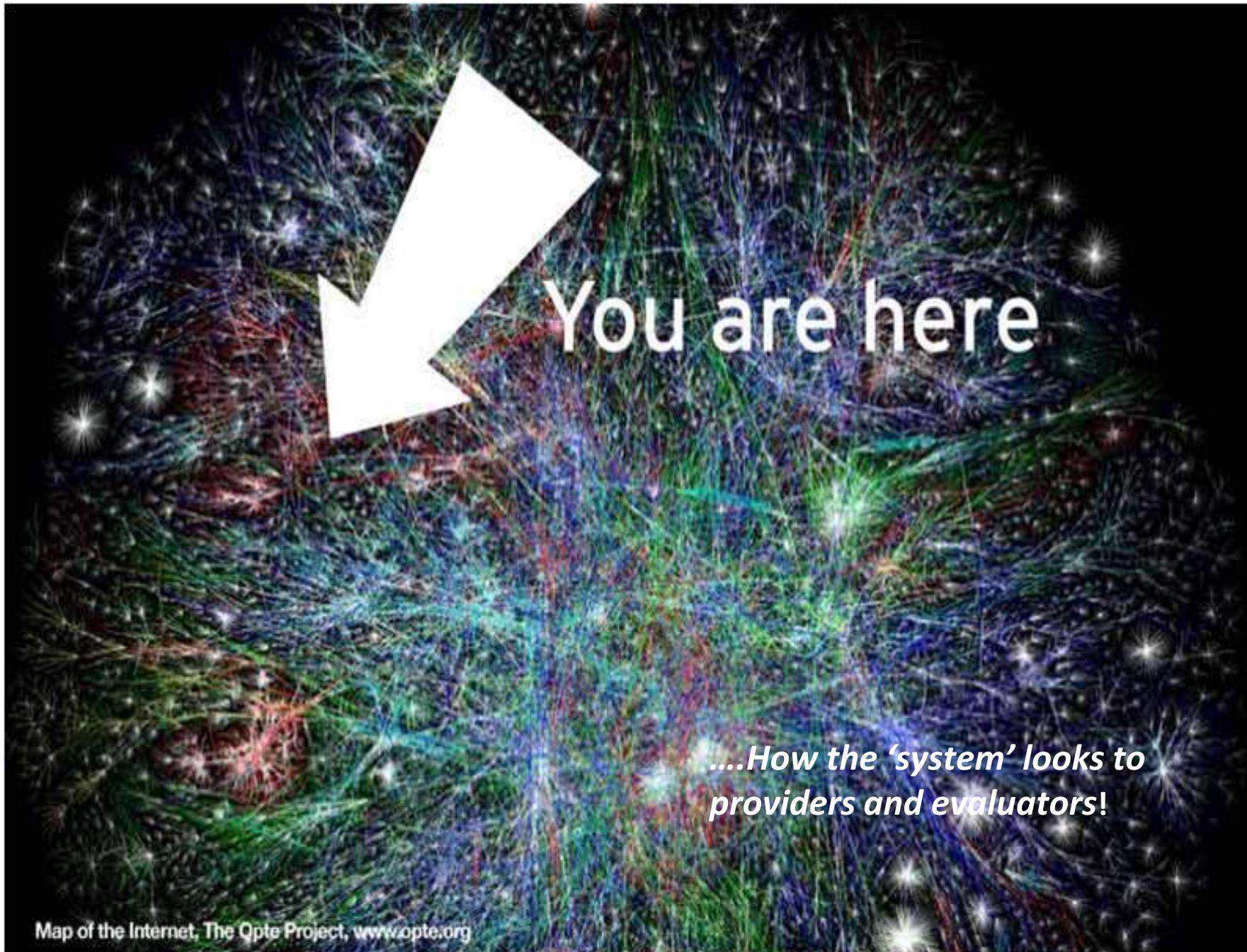
(Ghosting)

OR EXISTING SYSTEM can support the effectiveness of component services



(Hosting)

*To be **hosted** rather than **ghosted**, services need to work on alignment, fit & development of shared goals within whole system*



You are here

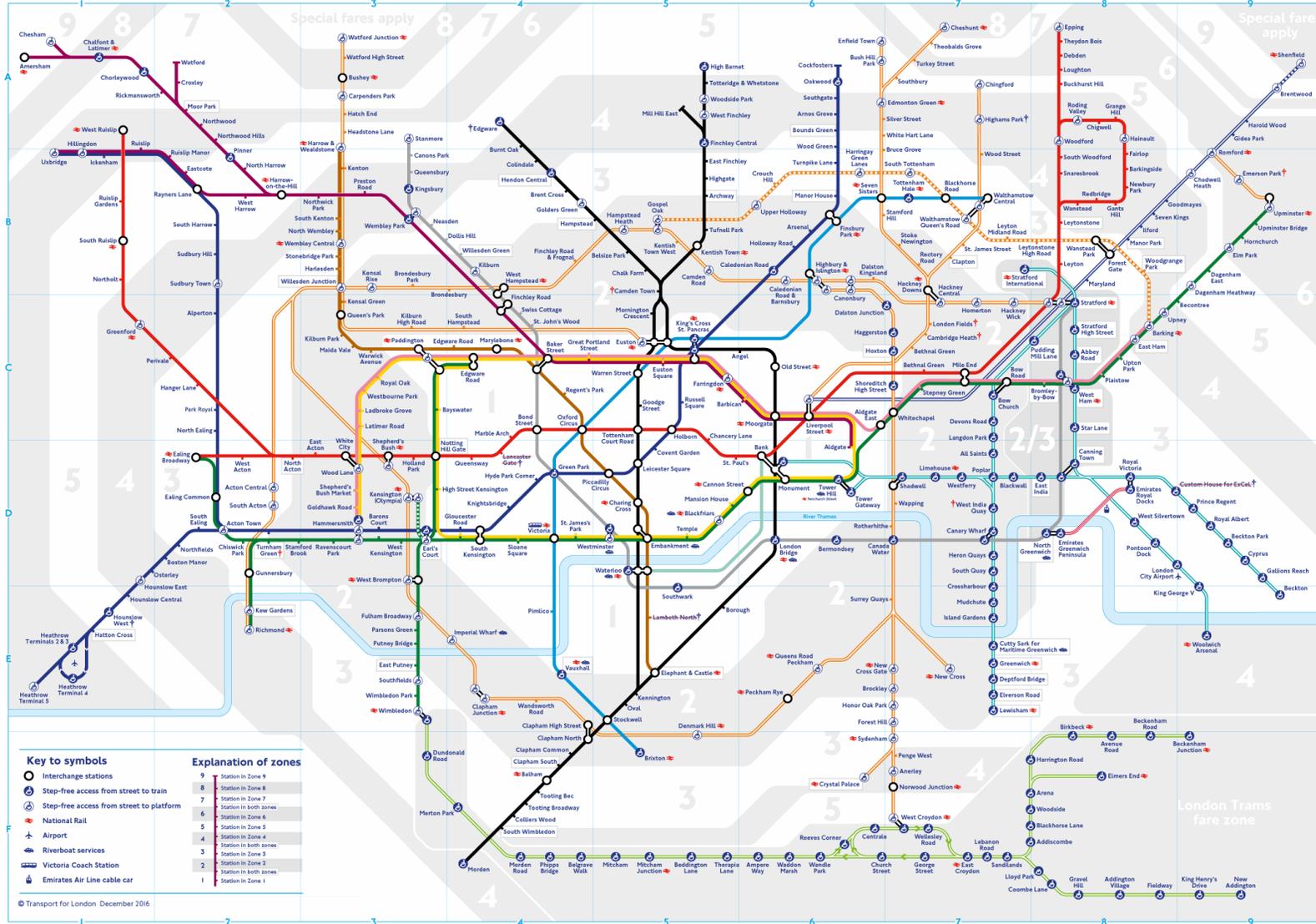
....How the 'system' looks to providers and evaluators!



**Not surprisingly, many providers (and commissioners)
tend to see their own services like this.....**

...or like this.....





Check before you travel

- 5 Custom House for ExCel. Station closed from January until late December 2017.
- 5 Edgware Restricted step-free access from January until March 2017.
- 5 Highams Park No step-free access to northbound platform until March 2017.
- 5 Hounslow West Step-free access for manual wheelchairs only.
- 5 Lambeth North Station closed until February 2017.
- 5 Lancaster Gate Station closed from Tuesday 3 January until August 2017.
- 5 Services for these stations are subject to variation. Please search 'TfL stations' for full details.

London Overground

- 5 Gospel Oak to Barking No service until February 2017. Check online for rail replacement bus information.

TfL Rail

- 5 Brentwood to Shenfield No service from early January until late May 2017. Check online for rail replacement bus information.

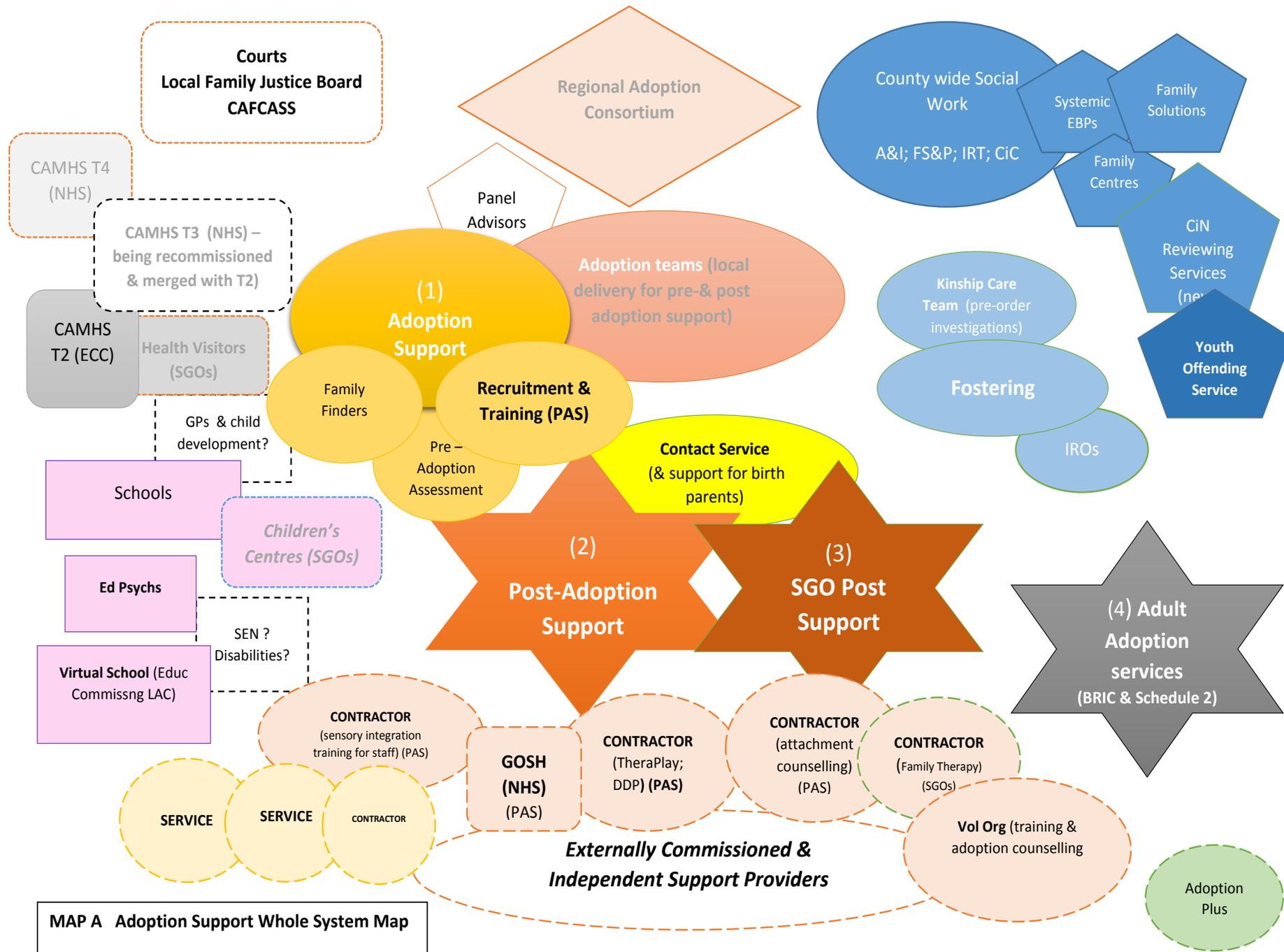
- Key to lines**
- Bakerloo
 - Central
 - Circle
 - District
 - Hammersmith & City
 - Jubilee
 - Metropolitan
 - Northern
 - Piccadilly
 - Victoria
 - Waterloo & City
 - DLR
 - Emirates Air Line cable car (special fares apply)
 - London Overground
 - TfL Rail
 - London Trams
 - District open weekends and on some public holidays

Systems-focus challenges for implementation

- Stakeholders often don't have a clear mental model of their system
- Stakeholders have different mental models of the system
- System looks and feels different depending where you are in it
- Boundaries are fuzzy and fluid
- Stakeholders in one part of the system often don't have clear understanding of what others do, how they operate, what are their priorities
- Representations of the system are highly political
- **Creating a map of key nodes** for the specific innovation being implemented is time consuming: requires triangulation (lots) and iteration; but is valuable and illuminating in itself

Building systems maps (naming the parts)

- **Creating a map of key nodes** for the specific innovation being implemented is time consuming: requires triangulation (lots) and iteration; but is valuable and illuminating in itself
- There are many ways to do this – and what will work best for you depends on what kind of system you are in and your own ‘purposes’ for mapping – but ‘naming the parts’ is valuable in its own right
- Example below: ‘system of interest’ – sets of activities around a specific purpose (here; wrt a LA permanency service)



MAP A Adoption Support Whole System Map

Hallmarks of ‘high quality’ implementation’?

Things to which implementation science pays attention

2. Readiness, Fit, and Managing the Disturbance

- How does the planned innovation align with existing policies, services and practices?
- Readiness & Fit: are **individuals, organisations & systems** ready for innovation and change? What preparations and adjustments will facilitate uptake?
- Disturbance: how can ‘positive’ disturbance be nurtured? How can ‘negative’ disturbance be minimised or managed? Will there be resistance? Will it be warranted or unwarranted?
- Expecting the unexpected....
- *Google ‘Readiness to Change’ for ideas to how to measure*

Hallmarks of ‘high quality’ implementation’?

Things to which implementation science pays attention

3. Fidelity, and Adaptation

- ‘What’ is being delivered (the content, and method) are sufficiently well-defined to identify the core (essential) elements
 - **so that ‘fidelity’ to the core design** can be monitored and maintained during delivery
 - **AND contextually sensitive adaptations can be made** in response to situational factors (e.g changes in the environment, unexpected factors, new settings)
 - *Sounds straightforward but is hard, reflective, iterative work! Documentation is the key.....record what you do, as you go*

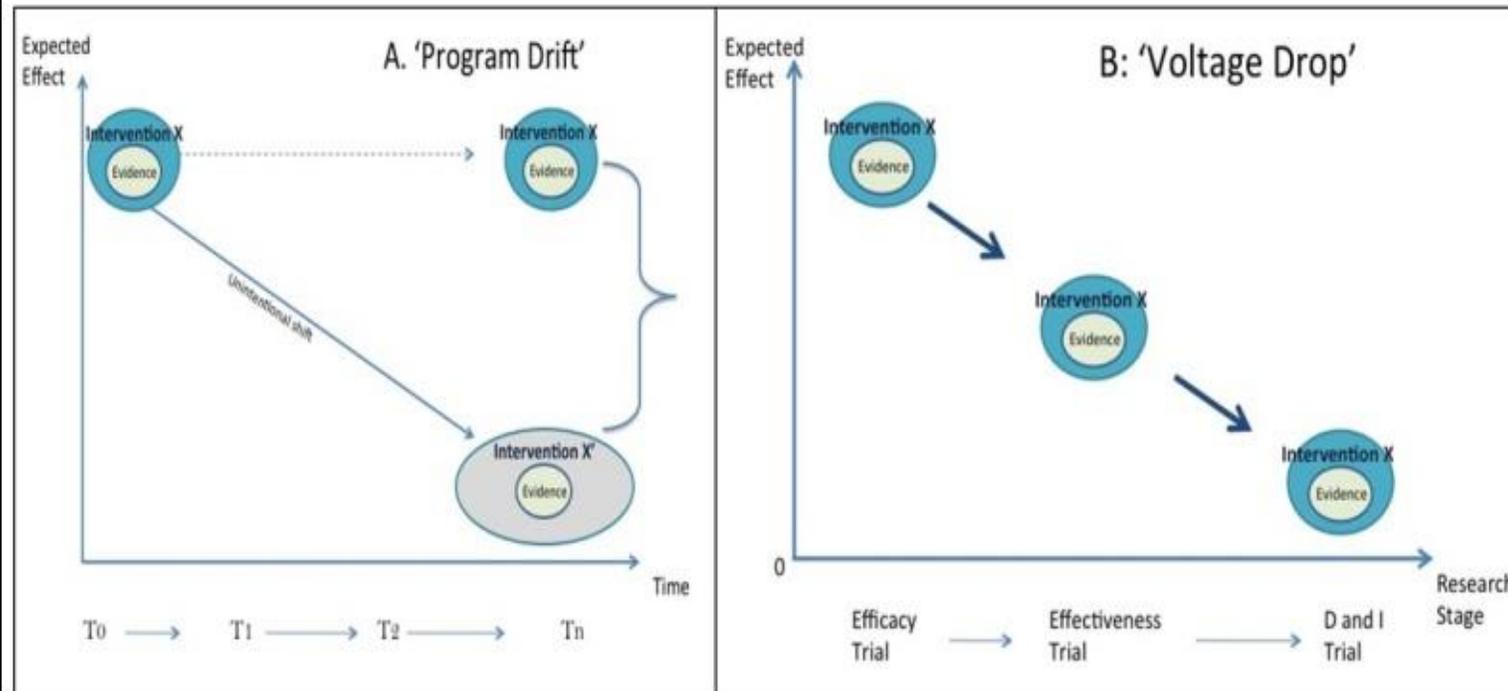


Figure 2 Program drift & voltage drop
 © Chambers, Glasgow & Stange (2013)

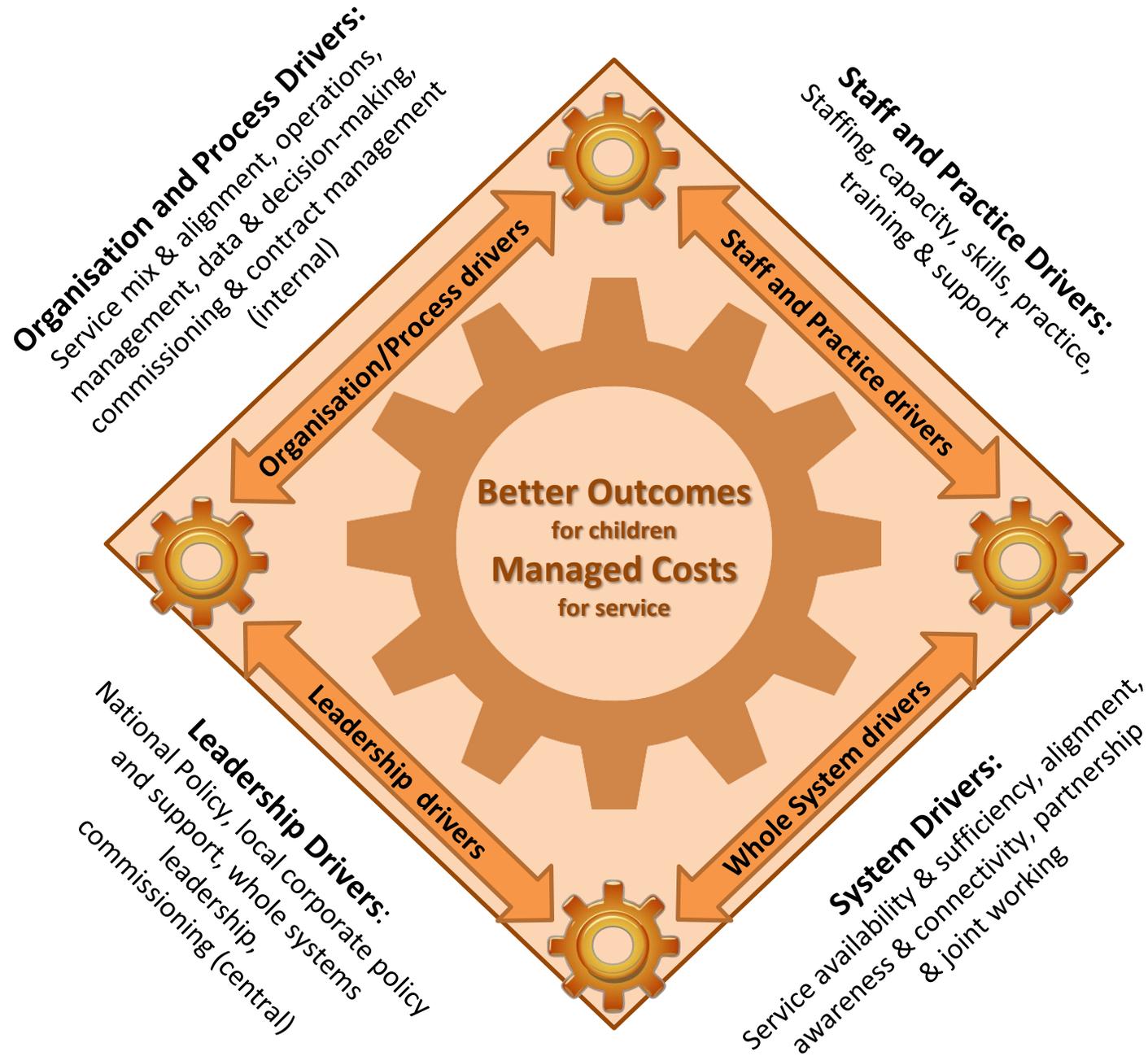
Hallmarks of ‘high quality’ implementation’?

Things to which implementation science pays attention

4. ‘Drivers’ of implementation

- Drivers of implementation quality: factors in the environment of the innovation that accelerate (or impede) effective implementation (Fixsen et al, 2005)
- Typically identified as at existing at multiple levels – eg: wider system; agencies/organisations; and individuals (front line staff & managers)
- Theorised to be “integrated and compensatory”: optimally, will complement and re-inforce one another; strengths in one set of drivers may compensate for weaknesses or absences elsewhere

Drivers of Implementation - used in a UK project for a local authority



Hallmarks of 'high quality' implementation'?

Things to which implementation science pays attention

5. Active implementation support

- Implementation practice and evidence has shown :
 - Dissemination (*telling* people) alone *doesn't work* to change behaviour
 - Training (*showing* people) alone *doesn't work* to change behaviour
 - **Active strategies are required** (*helping* people): learning about 'key principles' from research must be translated into active implementation support for sustained behaviour change

- **Active strategies** (mostly in other countries) often include:
 - Coaching (face to face, video feedback)
 - Regular ongoing support ‘in situ’ and remotely
 - Implementation support teams who “know the intervention and know implementation science”
 - It’s not just about ‘champions’ and it’s not just about communications (guidelines, directives, manuals)

Staff Training & Coaching

	OUTCOMES (% of Participants who Demonstrate Knowledge, Demonstrate new Skills in a Training Setting, and Use new Skills in the Classroom)		
TRAINING COMPONENTS	Knowledge	Skill Demonstration	Use in the Classroom
Theory and Discussion	10%	5%	0%
..+Demonstration in Training	30%	20%	0%
...+ Practice & Feedback in Training	60%	60%	5%
...+ Coaching in Classroom	95%	95%	95%

From Joyce and Showers, 2002; with thanks to Karen Blase, NIRN 2012

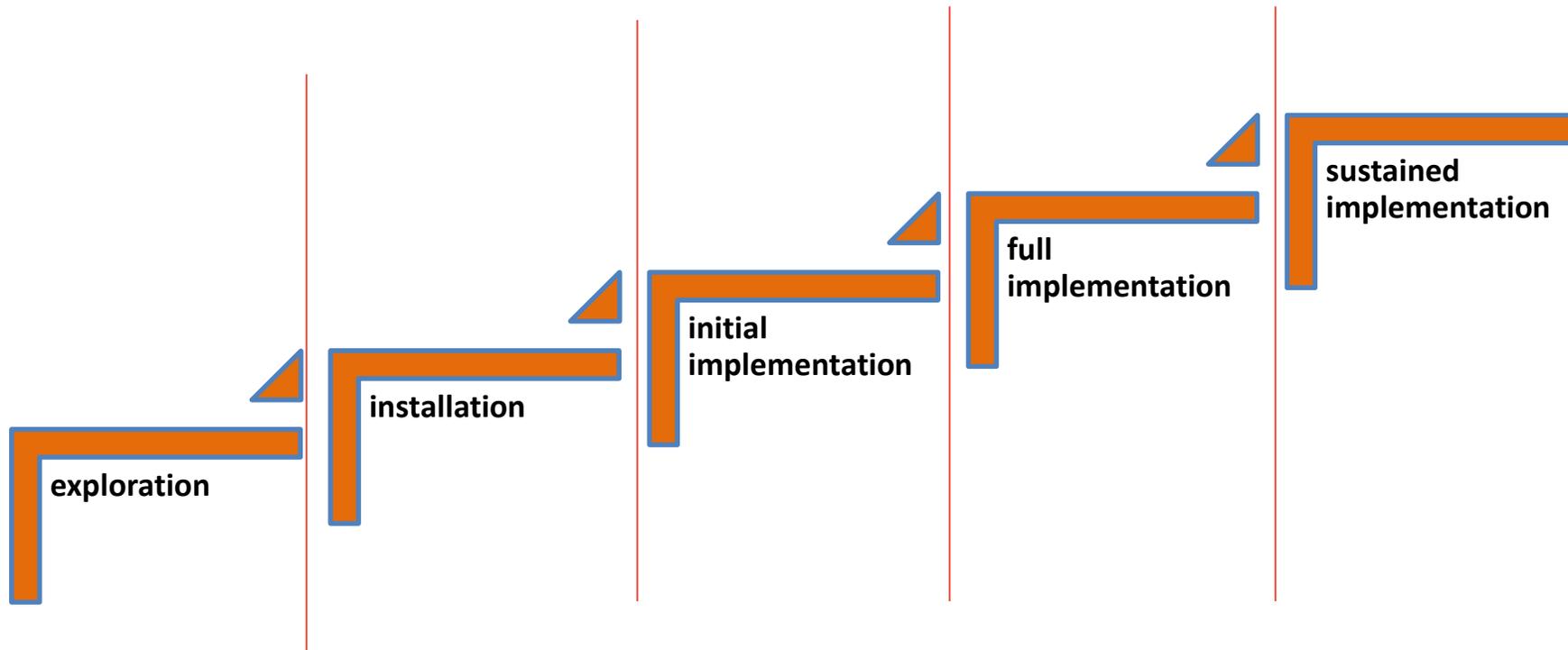
Hallmarks of 'high quality' implementation'?

Things to which implementation science pays attention

6. Stages of implementation

- Idea (and evidence) that successful implementation proceeds in critical **but non-linear** stages,
 - Which take time (c. 2-4 years for defined interventions, longer for policies and major initiatives)
 - and skipping stages incurs penalties!

Stages of Implementation (Blase et al 2012)

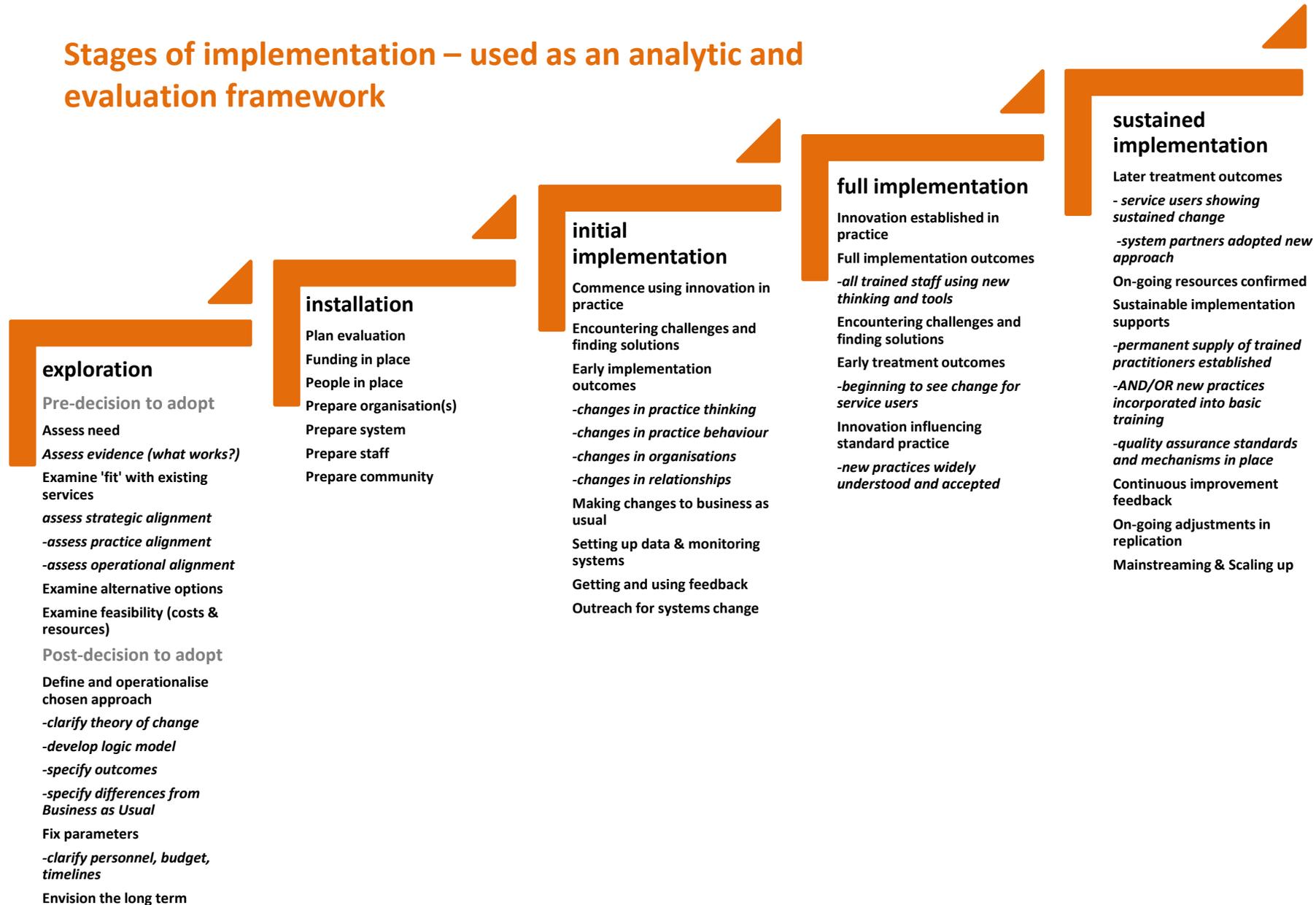


New innovations generally take 2-4 years from conception to full implementation

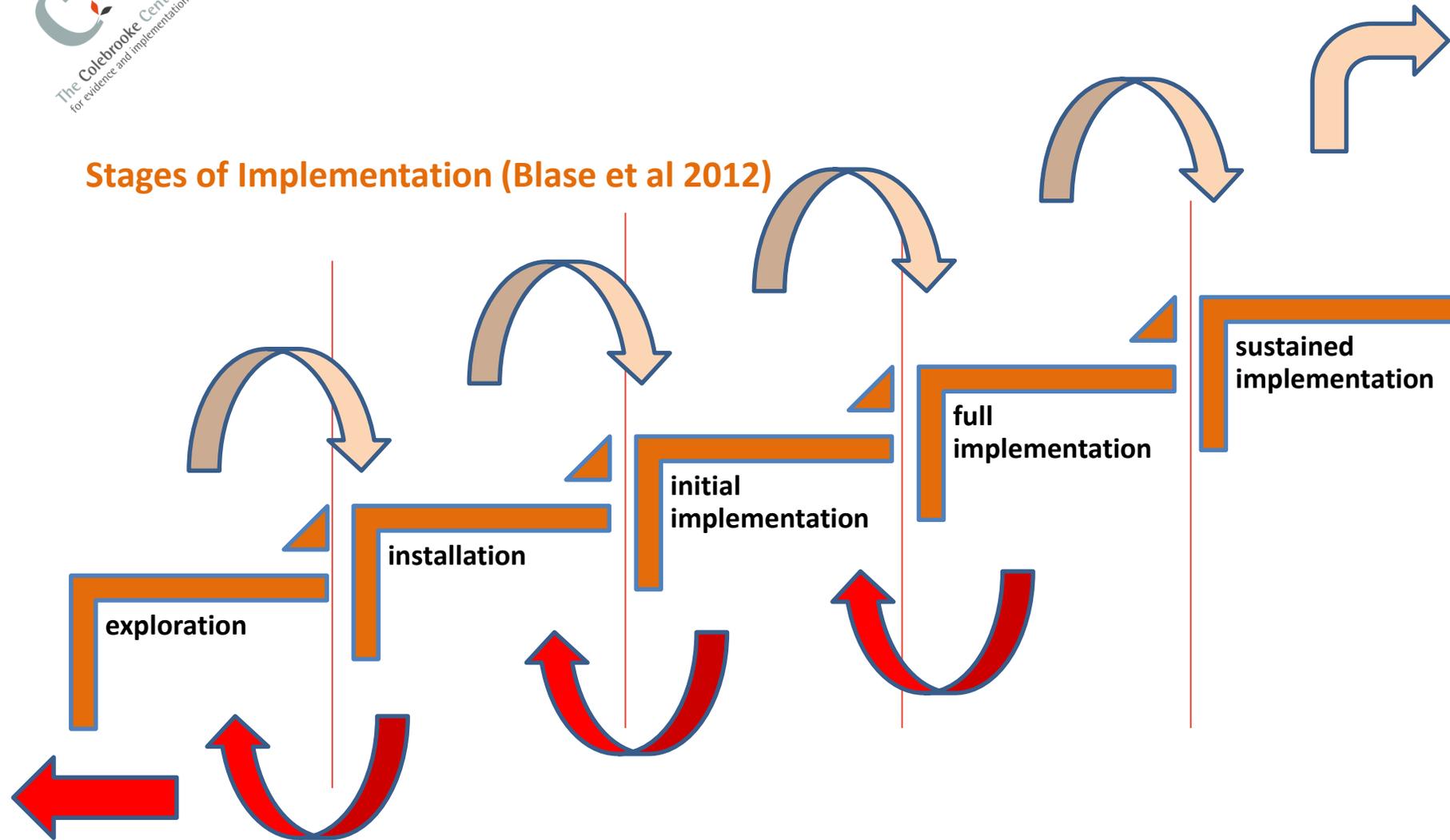
(Fixsen et al 2005, review of international implementation evidence across multiple fields)

Read more in: Blase KA, Van Dyke M, Fixsen DL & Bailey FW (2012) Implementation Science: key concepts, themes and evidence for practitioners in educational psychology *In Handbook of Implementation Science for Psychology in Education Kelly B and Perkins D (eds) Cambridge University Press 2012*

Stages of implementation – used as an analytic and evaluation framework



Stages of Implementation (Blase et al 2012)



STAGES ARE NOT LINEAR!!!!!!

References, resources and bibliography

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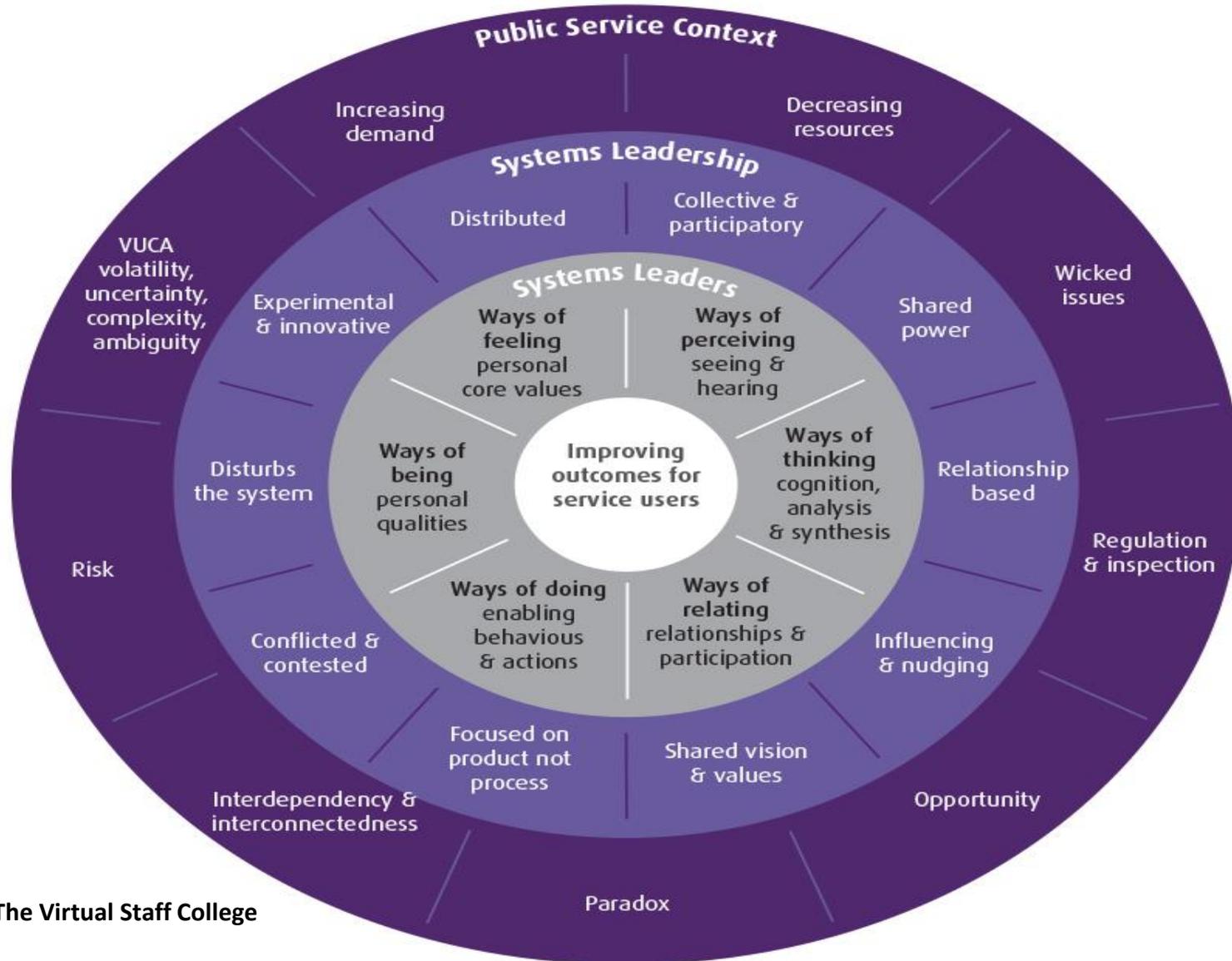
Thank you

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Systems Leadership - an integrated model





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FOCUS GROUP 1: DEVELOPING EIF'S EVALUATION SUPPORT OFFER

Assessing demand, key knowledge gaps and the most useful types of support

Naomi Jones, EIF Qualitative Research Associate

FOCUS GROUP 2: BUILDING TRUSTED RELATIONSHIPS INTO PUBLIC SERVICES

Identifying and exploring local approaches for funded pilots in 2018

Clarissa White, EIF Qualitative Research Associate

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