

Supporting Effective Implementation of Evidence-Based Practices

*A resource guide for child-
serving organisations*

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Preface

This Implementation Guide is intended to provide the reader with research-based information on those implementation strategies that have been linked to successful programme implementation. It is a companion guide to the European Platform for Investing in Children (EPIC) Evidence Guide (Kilburn & Mattox, 2014), which offers insights on how to use evidence to strengthen policies for investing in children.

This guide was developed by RAND Europe. In 2011 RAND Europe was appointed by the European Commission's Directorate-General for Employment, Social Affairs and Inclusion to provide content and technical support for EPIC. EPIC is an online platform that supports the evidence-based policy guidance of the European Commission's Recommendation for Investing in Children and efforts to improve policies related to children and families in several ways:

- Reporting on the approaches that different member states are using to invest in children.
- Providing statistics related to children and families in the European Union (EU) and member states.
- Collecting and disseminating evidence-based practices that were found to have a positive impact on children and families in EU member states.
- Facilitating the sharing of innovative practices across member states.
- Distributing news and information about events around the EU related to investing in children.

The research described in this report was prepared by RAND Europe for the European Commission, Directorate-General for Employment, Social Affairs and Inclusion. RAND Europe is an independent not-for-profit policy research organisation that aims to improve policy and decisionmaking in the public interest through research and analysis. RAND Europe's clients include European governments, institutions, non-governmental organisations and firms with a need for rigorous, independent, multidisciplinary analysis. The document has been reviewed following RAND's quality assurance processes. The opinions expressed do not necessarily reflect the position of the European Commission.

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1. Introduction

The European Platform for Investing in Children (EPIC)

In February 2013, the European Commission adopted the Recommendation *Investing in Children – Breaking the Cycle of Disadvantage*. This was as part of a long-term social strategy to help overcome the negative effects on children of the current economic crisis and to help children do well in school, enjoy good health and realise their full potential later in life (European Commission, 2013). The Recommendation provides guidance for European Union (EU) member states on how to tackle child poverty and social exclusion through policy efforts such as family support and benefits, quality childcare and early childhood education.

One component of the Recommendation encourages member states to strengthen evidence-based practice (EBP) development in order to most effectively break the cycle of intergenerational disadvantage. The EPIC website supports the evidence-based policy guidance of the Recommendation by collecting and disseminating information related to EBPs that were found to have a positive impact on children and families in EU member states, among other activities.

This guide further promotes EPIC's role in supporting the Recommendation and improving investments in children by providing a framework for programme planners who seek more information on how to effectively implement EBPs in a real-world context. Implementation is defined as a 'specified set of activities designed to put into practice an activity or program of known dimensions' (NIRN, 2016a). While identifying and delivering EBPs that have been shown to successfully target the needs of a given population is critically important, without effective implementation, programmes are unlikely to succeed (Fixsen et al., 2013). Here we provide the reader with research-based information on how to most effectively support programme implementation.

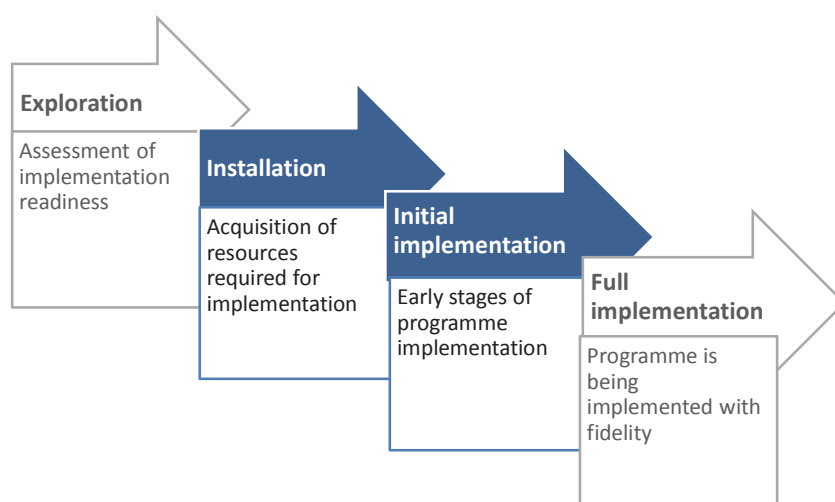
Supporting effective implementation of EBPs

As noted above, selecting evidence-based programmes and practices improves the likelihood of achieving desired outcomes for children and families, but it does not guarantee good results. Achieving desired results also requires that programmes be implemented well. For example, in a review of over 200 school-based evidence-based prevention programmes, researchers found that implementation quality was the single most important factor influencing programme outcomes (Wilson et al., 2003).

The field of implementation science has grown considerably over the last decade, in tandem with the proliferation of practical experience with delivering EBPs. Citing Fixsen et al. (2005), the National Implementation Research Network (NIRN) identifies four stages of implementation (Figure 1):

- Exploration, assessment of readiness for implementation.
- Installation, the acquisition of resources required for implementation.
- Initial implementation, in which the programme implementation is ramping up and programme staff are learning to execute the programme with fidelity.
- Full implementation, which is reached when more than half of the programme staff are executing the new programme with fidelity and good outcomes. (NIRN, 2016b)

Figure 1: Stages of implementation



Note: Adapted from NIRN (2016a)

This implementation guide will familiarise readers with the basics of implementation planning and programme execution, that is, the ‘installation’ and ‘initial implementation’ stages of the implementation process described above in Figure 1. The next two chapters of this document explore these stages in turn. In each we expand upon those elements of programme implementation that have been shown in research to be most closely associated with programme quality. Topics range from work planning and budgeting to hiring staff and recruiting participants. Each topic contains original material summarising the available research literature and also points users to the existing useful information that is available for free on the Internet. Where available, we also

highlight examples of implementation experiences that provide the discussion with real-world context.

It should be noted that the selected topics covered in each of these chapters have been linked to improved quality of programme implementation; however, they are not necessarily specific to EBP implementation as many of them represent good practice in programme implementation more generally. Where available, we have included research linking these practices to the field of EBP implementation specifically.

This guide should be useful to readers who have already selected an EBP and concluded the 'exploration' stage of programme implementation, in which the fit of the EBP has been assessed against the needs and profile of its intended constituents, and where institutional readiness to implement has been assessed (Fixsen et al., 2013; Fixsen et al., 2005).

For readers interested in understanding how to select an EBP, or perhaps in the broader question of how to use evidence to strengthen policies for investing in children, we recommend the EPIC Evidence Guide (Kilburn & Mattox, 2014) as a starting point.

Furthermore, this guide does not cover topics related to 'full implementation', that is, the stage in which a programme has become fully operational and requires forward-thinking related to things like evaluation and sustainability.

In the next chapter, we review the steps of installation and implementation planning, from creating a work plan to identifying partners to recruiting clients. Chapter 3 discusses initial implementation activities, including staff recruitment, training and coaching. The last chapter offers a brief overview and discussion of some important steps related to full implementation, namely impact evaluation and sustainability planning. Each chapter contains sections summarising the research supporting each implementation step and pointing readers to additional resources to help them fine-tune implementation activities to improve the likelihood that a programme is successful.

2. Installation

In this chapter, we describe topics related to the installation phase of implementation. Recall that in this phase, required resources are gathered as planners prepare to implement a new social programme.

Figure 2: Topics covered in this chapter



Each section of this chapter includes research-based guidance on how to best achieve successful programme installation. Where possible, we describe how these elements have been directly linked to EBP implementation.

Identifying and working with partners

Overview

Implementing a new programme can present even the most established organisations with a daunting array of new challenges. New programmes can require organisations to deliver a different range of services to existing clients, or expand constituencies to include new clients. Some or all of these activities might require skills, resources or connections that the implementing organisation does not have. Establishing effective partnerships with community members, other organisations or governmental bodies can help ensure programmatic success, in part by providing the implementing organisation with additional perspectives and skills (Lasker et al., 2001). For these reasons, finding appropriate partners is considered a critical element of EBP implementation (Magnabosco, 2006). Furthermore, partnerships with political or governmental organisations can help to ensure the long-term sustainability of an EBP by making the surrounding political and social ecology more favourable to it (Raghavan et al., 2008).

A partnership can be defined as ‘a collaborative relationship between entities to work toward shared objectives through a mutually agreed division of labour’ (World Bank Partnerships Group, 1998). Partnerships can elevate programmes by providing a broader range of competencies and resources than an individual implementing organisation might have access to on its own, and they can mitigate concerns with programmatic sustainability by providing broader and more diversified sources of funding (Dennis et al., 2015). However, partnerships can take time and resources to develop. If partners are not carefully selected or appropriately nurtured, they will not necessarily work for all parties (Lasker et al., 2001).

The strength of partnerships derives from each partner’s values and unique strengths and resources. It is critical that partners are selected carefully. First, partners must first share a common vision and be willing to agree to the aims of the programme. Second, partners must provide new and complementary skills or resources to the implementing organisation such that they expand the ability of the organisation to implement the programme.

The research literature on successful partnerships has identified synergy among collaborators as a critical element of partnership success (Dennis et al., 2015; Lasker et al., 2001). Synergy in a partnership can be defined as ‘the degree to which the partnership combines the complementary strengths, perspectives, values and resources of all the partners in the search for better solutions’ (Gray, 1989). Synergy is the ‘magic ingredient’ offered by a partnership which allows organisations to achieve better outcomes than they would be able to achieve working on their own. In this way, partners can provide more complete thinking on service delivery, more practical experience in a

particular area, experience with a broader range of working methods and additional sources of funding (Lasker et al., 2001).

Research has also found that long-lasting and mutually beneficial partnerships are based upon mutual trust within a partnership, such that 'trust-building mechanisms need to be built into the partnership forming stage and this trust needs to be sustained throughout the collaborative process' (Jones & Barry, 2011). Strong leadership is a factor that has been found to be an important prerequisite for the development of trust and collaborative synergy within partnerships, with several studies showing that without sustained effort in this area, partnerships can fall apart (Dennis et al., 2015).

Therefore, after a partnership group has been selected, the partners should develop a framework for working together with the goal of establishing communication and ultimately trust, as well as establishing clear leadership roles. The framework should include frequency of meetings and methods of communication, methods of resource management across partners, plans for collective decisionmaking and ground rules for dispute resolution (Compassion Capital Fund National Resource Center, 2012).

Finally, once a partnership has been established and guidelines for working together have been set, partners should agree upon a programme of continuous reassessment of partnership vision and the quality of the collaboration. Over time, partnership aims and functions may stray from their original intended purpose. By establishing a regular partnership-wide check-in, or even a more formal assessment of the partnership, any inefficiencies or deviations from the original intent can be identified and addressed before they threaten the partnership and ultimately the programme's constituents (Compassion Capital Fund National Resource Center, 2012).

Example

The Healthy Eating Activity and Lifestyle (HEAL™) programme, part of the Australian government's Healthy Communities Initiative, was designed for individuals at risk of developing cardiovascular disease and type 2 diabetes. The programme's aim was to improve health and reduce overweight, and it did so by providing an eight-week group-based physical activity and healthy-eating course. The programme was implemented widely across Australia, and partnerships between community councils who received the grant funds and local organisations were critical to its broad success (Hetherington et al., 2015).

A study by Dennis et al. (2015) explored how partnering helped lead to the success of the HEAL programme, and in so doing identified lessons learned related to the success of partnerships. This study found that partnerships with local agencies were vital to the success of the local implementation by providing the implementing organisation with a

means of tapping into the local community to advertise and recruit participants. One representative from a community council described this advantage:

What we're doing is we've worked with the organisations and professionals who are already working with the target group and taking the programmes to them, and that's been a lot more successful rather than trying to advertise a programme on its own.

The study also found that the development of good working relationships with local partners was extremely resource-intensive; this was particularly true among collaborators who were at a physically great distance from one another. Furthermore, leadership proved to be a critical element of partnership success; however, it often hinged upon the leadership of one person and the departure of one such leader could lead to a vacuum and the subsequent delay of programme implementation (Dennis et al., 2015).

Suggestions for further reading

- A detailed overview of the process of establishing and maintaining partnerships is available at the Community Tool Box website, 'Chapter 1: Creating and Maintaining Partnerships', and it includes several examples of successful partnerships.
<http://ctb.ku.edu/en/creating-and-maintaining-partnerships>
- A report written by the Compassion Capital Fund (CCF) National Resource Center is another outstanding framework for partnership development. It is informed by CCF's seven years of federal capacity-building work in the United States.
<http://strengtheningnonprofits.org/resources/guidebooks/Partnerships.pdf>

Planning programme adaptations

Overview

Evidence-based practices (EBPs) are so named because rigorous evidence shows that they can be effective at addressing a specific problem. It is worth noting, however, that most EBPs have been designed for a specific population, and their effectiveness has been demonstrated in a specific population at a specific point in time. When an organisation decides to implement an EBP among a different group of participants, this change in context typically results in at least some minor programmatic changes or adaptations. These can range from customising materials in order to more specifically target the needs of the new group of constituents, to completely eliminating entire programme components (Carvalho et al., 2013).

Any time that an EBP is substantially altered, there is a risk that the positive effects of the programme may be diminished. On the other hand, **tailoring a programme without compromising the core programme elements to make it more amenable to a specific population might improve the likelihood of having a positive impact** (Durlak & DuPre, 2008). So what are these core elements? Core elements are defined as 'the essential elements of an evidence-based programme believed to make it effective which should be repeated or replicated to maintain program effectiveness'. They may include:

- Hospital screenings
- Parenting classes
- Home visits
- Community meetings
- A public education campaign
- Recruitment activities
- Staff training and supervision
- Programme activity documentation (Mattox et al., 2013)

Adaptations should be selected in order to help improve how the programme fits with its intended recipients, and the goals and skills of the implementing organisation should also be taken into consideration. Adaptations should be carefully considered in order to identify whether they might jeopardise any of the core components of the programme. While there is no hard and fast rule on what constitutes a 'bad' adaptation, a good general rule is that eliminating entire programme elements should be avoided, while adaptations such as rewording or translating programme material to make it more relevant to the current group of intended participants are generally considered to be fine (Firpo-Triplett & Fuller, 2012).

Examples

An evidence-based sexual health curriculum called 'Get Real' was distributed to implementing schools and other organisations with extensive guidance on appropriate adaptations. The guidance was developed in concert with the original programme designers, who provided insight into what constituted the EBP's core elements, and thus what changes were appropriate versus inappropriate. The guidance included a set of 'green light, yellow light, and red light' adaptations which are summarised in the figure below.

Examples of 'green light' adaptations cited in the report included updating statistics to reflect the most recent teen pregnancy or sexually transmitted disease (STD) statistics, substituting a field trip to a local health clinic for a lecture on available health services, and modifying colloquial language related to sex in order to represent more contemporary language.

Examples of 'red light' adaptations included removing activities involving demonstrating and practising proper condom use, modifying the programme to address teen drug use in addition to sexual health, and lecturing rather than leading a discussion.

This is an ideal scenario, where programme developers were able to give input on exactly what constitutes major and minor programme adaptations. It is best to confer with programme developers on the proper adaptations; however, this is not always possible. When it is not possible, it is imperative that planners work carefully to identify a programme's core components and do not compromise those.

Figure 3: Green-, yellow- and red-light adaptations to sexual health education programmes

Snapshot of General Adaptation Guidance		
<p>Green Light Adaptations</p> <ul style="list-style-type: none"> Updating and/or customizing statistics and other reproductive health information. Customizing role play scenarios (e.g., using wording more reflective of youth being served). Making activities more interactive, appealing to different learning styles. Tailoring learning activities and instructional methods to youth culture, developmental stage, gender, sexual orientation. 	<p>Yellow Light Adaptations</p> <ul style="list-style-type: none"> Changing session order or sequence of activities. Adding activities to reinforce learning or to address additional risk and protective factors. Modifying condom activities. Replacing videos (with other videos or activities) or replacing activities with videos. Implementing program with a different population or in a different setting. 	<p>Red Light Adaptations</p> <ul style="list-style-type: none"> Shortening a program. Reducing or eliminating activities that allow youth to personalize risk or practice skills. Removing condom activities. Contradicting, competing with, or diluting the program's goals. Minimizing or eliminating strategies built into the curriculum that promote effective classroom management. Replacing interactive activities with lectures or individual work.

Figure taken from Firpo-Triplett & Fuller (2012)

Suggestions for further reading

- Step 4 of the Getting to Outcomes for Home Visiting online tool provides tips and worksheets for first assessing programme fit and adapting the programme without compromising the core components of the programme, and also provides examples of adaptations that would meet the 'green light' standard described above.

<http://www.rand.org/pubs/tools/TL114/manual/step4.html>

Creating a work plan and budget

Overview

Studies have shown that **setting goals and creating work plans to achieve those goals helps to motivate individuals and groups to work harder and better** (Locke & Latham, 2002). Work plans can help focus individuals and organisations on the work that needs to get done. They provide structure and serve as a guide for staff to understanding how day-to-day activities link to the programme's broader goals (Centers for Disease Control and Prevention, 2013).

Developing a work plan is particularly critical in the implementation of EBPs which have a specific set of inputs required to achieve fidelity. To that end, **the first step in developing a work plan is developing a logic model for the programme, linking programmatic goals with activities and inputs that will help to ensure that the programme effectively reaches those goals.** It is helpful to specify a logic model early in the life of a project in order to identify the required inputs. These may include new staff, new facilities or new training materials etc. (Vogel, 2012; W.K. Kellogg Foundation, 2006). Logic models are covered in more detail in the EPIC Evidence Guide (Kilburn & Mattox, 2014). Many EBPs have programme materials that give detailed specifications on inputs, and some EBP materials will provide other resources that can support the work planning process.

Once project goals and activities are identified in the form of a logic model, the work plan serves to place the required tasks and activities on a concrete timeline based on key dates and milestones. **The work plan should provide concrete direction on the ways that goals might be achieved, but also should be considered a living document and as such should be revisited at the end of implementation planning, and otherwise as often as necessary, for fine-tuning.**

To complete a work plan, planners should first break all activities down into manageable tasks. Tasks should be concrete and it is helpful if each task is suitable for one person or a small team of people to undertake. Each task should carry with it a reasonable timeline, responsible staff and measures of success. Partnering organisations should also have clearly defined roles and responsibilities recorded in the work plan.

After a detailed work plan has been created, a project budget can be estimated for each task and associated input described in the work plan. Budgeting best practices have been developed and refined over the course of the last century, and in the 'Additional Resources' section below we point the reader to useful guides for creating a comprehensive budget. It is important to remember that budgets may need to be revised

according to the amount of funding available, and should take into account contingency plans in case programme plans change, or an element of the programme turns out to be more resource-intensive than was expected. Again, EBP developers often offer support for budget planning in their materials, so it is advisable to check first with them.

Example

Here we include an example of an annual work plan, created by the Joint United Nations (UN) Team on AIDS in Belarus. This work plan includes many essential elements described above, from overarching aims to target measures of success, activities (tasks), agencies responsible and required budget by task (UNAIDS, 2009).

Figure 4: Annual work plan of the Joint UN Team on AIDS in Belarus

Regional UNAIDS Priorities	AIDS Team output targets and indicators	ACTIVITIES	RESPONSIBLE agency	PLANNED BUDGET		
				Amount required	Committed resources	Resources to be mobilized
1. Sustained leadership and stewardship for UA implementation	Capacity of the national leaders to effectively participate in the international Fora and high level meetings improved	Support participation of the NAC representatives, high level authorities and PLHIV in the international Fora and high level meetings:				
		UNGA High Level Meeting on AIDS (July)	UNAIDS	RST budget		
		Mexico International AIDS Conference	UNAIDS			
		The HIV/AIDS Implementers' Meeting, June 3-7, 2008, in Kampala, Uganda	UNICEF	2,500	2,500	
	Capacity of the National AIDS Coordination authorities improved (CCM, NAC).	2 nd European Conference in Moscow (May), EECAAC	UNDP UNICEF	16,000 4,500	16,000 4,500	
		Technical support by attracting WHO and UNAIDS International experts for training of National Organizations' and NGO specialists working on HIV/AIDS issues.	UNDP UNAIDS,	14,000	14,000	
		Provide assistance in preparing effective strategic participation of the NAC members in HIV policy meeting at the national, regional and international level.	UNAIDS,			
	Capacity for drafting a non-discriminatory Law on HIV and AIDS/ right of PLHIV is built	"The Ones Civil Society Guidelines" promoted with the CCM and stakeholders	UNAIDS			
		Strengthening capacity of the law-makers in drafting the Law and ensuring participatory process of public discussions of the draft law and international expertise of the draft.	UNAIDS	35,000		35,000
		Strengthening capacity of the MoLSP, MoH and MoE for effective contribution in the draft law in the aspect of children and women affected by the epidemic.	UNICEF	4,000	2,000	2,000
2. Increased resources mobilized and effectively used to achieve UA	The GFATM proposal is drafted by the National Working group and timely submitted	Support to the National working group in drafting the GFATM Proposal .	UNDP, UNAIDS	5,000 4,000	5,000 4,000	
		International expertise of the draft GFATM Proposal	UNDP WHO UNAIDS	5,000	5,000	
	The fundraising tools effectively used	"Salesbook" developed and submitted to RST	UNAIDS			
		PAF proposal/s for biennium 2008-2009 submitted	UNAIDS			

Suggestions for further reading

Work Planning

- The United States' Centers for Disease Control and Prevention has published a guide for developing work plans with detailed suggestions for completing each step of the work planning process.
http://www.cdc.gov/OralHealth/state_programs/pdf/workplans.pdf
- For more information on developing a logic model, and links to helpful supporting materials, please see the associated chapter in the EPIC Evidence Guide (Kilburn & Mattox, 2014).
<http://www.rand.org/pubs/tools/TL140.html>
- This UN Women's guide to work planning and budgeting describes the key steps in the work planning and budgeting processes and provides a useful sample work plan.
<http://www.endvawnow.org/en/articles/931-develop-a-workplan-and-budget.html>

Budgeting

- Mango, a United Kingdom (UK)-based non-governmental organisation (NGO), provides financial management support to NGOs worldwide, including free resources related to budgeting. Their budgeting tips and example budget worksheet are great resources to get started on crafting a project-specific or organisation-wide budget.
<http://www.mango.org.uk/toptips/tt3budgeting>
<http://www.mango.org.uk/guide/budgetworksheetexample>
- For organisations interested in crafting an organisation-wide annual budget, a very detailed overview of annual budgeting is available at the Community Tool Box website, 'Chapter 43, Section 1: Planning and Writing an Annual Budget.'
<http://ctb.ku.edu/en/table-of-contents/finances/managing-finances/annual-budget/main>

Planning for client recruitment and retention

Overview

Client recruitment and retention planning should be considered a part of the work planning process which was covered in the previous section on creating a work plan and budget. However, because recruitment is a critical element of programme implementation and there are specific research findings that can support effective recruitment, the topic merits its own discussion. We also discuss strategies for improving client retention once clients have been recruited into a programme.

Recruitment planning should start from an understanding of the intended target client population. The implementing organisation must develop an understanding of where these individuals are in the community, both in terms of physical spaces and virtual spaces such as social media sites. Understanding this will support recruitment efforts by allowing implementers to meet clients where they are. Talking to members of the target population, informally or via more formalised focus groups, should thus be an important step in recruitment planning. If the implementing organisation has already engaged community voices in the partnering process (see the previous section on identifying and working with partners), then identifying members of the target population will be easier through collaboration with community partners.

Recruitment strategies should be tailored to the programme's goals and eligibility requirements. Recruiting participants via social media can be very effective in recruiting large numbers of potential participants; however, if the programme has eligibility criteria limiting who can join the programme, social media recruiting may largely serve to engage individuals who are ultimately ineligible for the services (UyBico et al., 2007). Additionally, programme participants recruited via social media may be less likely to stay enrolled in a programme than programme participants recruited via more intensive, face-to-face strategies. Face-to-face recruitment, or recruitment via referrals from community agencies, has the potential for generating fewer interested participants, but as noted above, individuals recruited via these methods will be more likely to be eligible for the programme. Research has shown that individuals recruited via these more individualised methods will also be more likely to remain in the programme (Frew et al., 2014; Gilliss et al., 2001; Senturia et al., 1998).

Recruitment planning should also incorporate plans for improving client retention.

Vulnerable populations tend to be more likely to drop out of a programme, so if the programme being implemented is geared towards these populations, implementers should take care to develop a client retention strategy before the programme begins

(Hooven et al., 2011; Thompson et al., 2012). One strategy that has been shown to help improve client retention particularly among vulnerable populations involves using text messages, social media or old-fashioned greeting cards to maintain virtual contact with participants between face-to-face interactions, as increased length of time between contacts with participants is associated with increased programme drop-out (Conover et al., 1997; U.S. DHHS Office of Adolescent Health, 2013). A participant tracking system can also help identify when a client has been absent and re-engage a client before they are lost completely (Senturia et al., 1998). Utilising a combination of different retention strategies rather than just one is ideal and associated with the lowest rate of client drop-out (Davis et al., 2002).

Examples

Example 1: Recruitment

As noted above, face-to-face recruitment can be costly, but can also be the highest-yield recruitment strategy versus other less targeted approaches if the programme is aimed at a specific group of high-risk participants. A review of international reproductive health interventions for young adults by Senderowitz (1997) found that many reviewed programmes whose goal was to attract and recruit teenage participants met with success using peer programmes to conduct face-to-face outreach. For example, The Centro de Orientación para Adolescentes (CORA), founded in Mexico City in 1978, provided a range of sexual and mental health services to youth as well as programming for teen mothers. In an evaluation of the programme's implementation, it was found that the programme was not doing a good job of attracting the high-risk young people envisioned as the target population. As a response, programme administrators began using members of the target population itself, embodied in peer promoters, to spread the word about the programme and recruit those hard-to-reach populations. These peer promoters reached out into schools, factories and the community to connect with these populations and recruit them into the programme face to face, a shift that improved programmatic reach (Monroy et al., 1988; Senderowitz, 1997).

Example 2: Retention

A charity providing drug and alcohol treatment services used text messaging to increase client retention by providing continued light-touch contact with the treatment agency. By sending clients a weekly text with a positive quote, not only were clients reminded of the support they were receiving, they also provided clients with a boost to their mood. The charity notes that the texts were an immediate success with clients (Hothi & Wilson, 2013).

Suggestions for further reading

- The United States Department of Health and Human Services' Office of Adolescent Health hosts a resource centre on recruiting and retaining programme participants, providing a broad range of training resources for recruiting and engaging youth and their parents.
http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/engagement.html
- The Wallace Foundation created a guide to recruiting and selecting programme participants for a specific school-based programme. While some of the details are specific to this programme, implemented in school districts in the United States, the insights contained in the guide are broadly applicable.
<http://www.wallacefoundation.org/knowledge-center/pages/section-2-ahead-of-the-class.aspx>

Recruiting programme staff

Overview

Finding excellent staff for a new programme is a critical step that leadership takes in ensuring the success of their endeavours. Ideally, the composition of programmatic staff is a direct reflection of the programme's goals and the staff selection process itself should reflect the organisation's philosophy and culture. In developing a recruitment strategy, leadership will need to determine how applications will be solicited, what the job descriptions will be, and what professional and personal qualifications they will take into account when making a hiring decision.

The human resource literature now considers use of the Internet, or 'e-recruitment', to be more effective and less costly than recruiting staff from any other source (Gatewood et al., 2016). Non-profit organisations have historically lagged behind the private sector in their use of the Internet in recruitment activities. This is rapidly changing, however, as the Internet becomes the primary means by which job-seekers find out about new opportunities (Ban et al., 2003).

Despite this, a review of the literature on employee recruitment found consistent evidence across studies that applicants referred to a position by current employees are most likely to stay and most likely to perform their job duties well (Breaugh, 2008). In addition to posting jobs to Internet sites and scouring job sites such as LinkedIn and Monster.com for candidates, hiring organisations should consider soliciting referrals from current employees or partner organisations.

Before meeting with any job candidates, leadership should determine exactly what they are looking for in potential hires. Staff members who will be interacting with clients directly should be chosen to meet the professional requirements of the position: at a minimum, professional qualifications of selected staff should meet the fidelity requirements of the selected programme. For example, if a programme requires that a nurse implement a given programmatic component, selecting a staff type other than a nurse for that component should be considered a 'yellow light' programme adaptation and should not be done without discussing the adaptation with the programme developers (see the section on planning programme adaptations for more information).

In addition to qualifications related to delivering services, staff will also need a minimum level of technical competency in order to be able to enter data or otherwise document their work. The type of data entry which will be required will vary depending on the programme. Supervisors or managers will need not only to be able to enter data, but also to understand how to use data in order to monitor performance of the programme (see

the chapter on putting in place a system of ongoing implementation monitoring for more information on this).




Beyond professional qualifications, leadership should take interpersonal skills and cultural background into account when making staffing decisions, particularly with respect to staff that will be interfacing directly with clients. Across several different fields of social service, research has shown that matching staff backgrounds, characteristics and values to the backgrounds, characteristics and values of the population served can improve the quality of the relationship between staff and client, and ultimately can improve programme outcomes (Hersoug et al., 2001; Wasik, 1993). One way to improve the likelihood that an organisation's programmatic staff reflect the needs and characteristics of the target population could be including members of the community, particularly the population from which your clients will be drawn in the hiring process. Below we document one such example.

Examples

As noted above, organisational fit and fit with the target population should be considerations when hiring staff, particularly those staff that will be in direct contact with programme participants. Including members of the target population in the hiring process is one way in which organisations can ensure that constituents' views are represented in the profiles of selected candidates.

In the UK, the Oxfordshire Learning Disability NHS Trust provides support to individuals with learning disabilities. The organisation decided to incorporate their current clients into the hiring process for a new psychologist in order to select a candidate who would be able to work well with the clients. They also aimed to use the exercise as a means of empowering clients. Potential staff were interviewed by a professional panel comprising existing staff from the organisation, and then were interviewed by a client panel. The panel of clients had been prepared for the interview in focus groups where they met with existing staff and were given the opportunity to think through the characteristics that were important to them. Scoring sheets were then prepared for clients to use in interviews, shown below in Figure 5.

Figure 5: Client scoring sheet for staff recruitment

	Good 	Bad 	Don't know 
Talking to me, (interested in talking to me)			
Listening to me (interested in what I have to say)			
Helping me with activities			
Speaking (loud)			
Speaking (quiet)			
Speaking clearly			
Being calm and patient			
Being funny/having a sense of humour			

Source: Hurtado et al. (2014)

At the end of the interviews, staff and clients agreed in their ratings of most of the applicants, and the clients felt that that the process had been valuable. The authors conclude that, while more intensive than selecting an applicant using only the programme's professional staff, this method was efficient in the end at selecting an applicant who would be a good fit for the organisation (Hurtado et al., 2014).

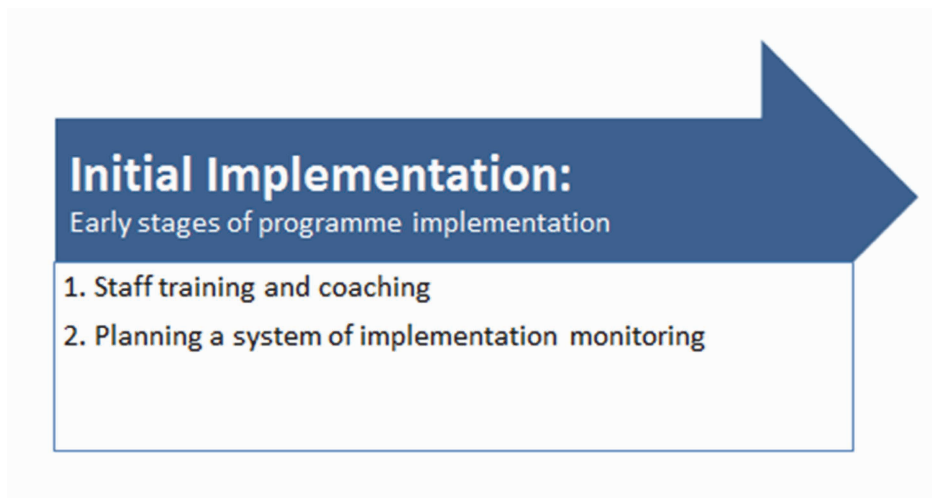
Suggestions for further reading

- Canada's HR Council has created a toolkit with information on recruiting a diverse and inclusive workplace.
<http://hrcouncil.ca/hr-toolkit/diversity-recruitment.cfm>
- The Community Toolbox has a good general overview of considerations to take into account during the hiring process.
<http://ctb.ku.edu/en/table-of-contents/structure/hiring-and-training>

3. Initial Implementation

In this chapter, we describe topics related to initial implementation. Recall that in this phase, the programme implementation is ramping up and programme staff are learning to execute the programme with fidelity.

Figure 6: Topics covered in this chapter



Staff training and coaching

Overview

Staff professional development, including training at the outset of a programme, ongoing training and one-on-one coaching, is perhaps the single most important piece of the implementation process for ensuring programmatic success. Training and technical assistance activities have been consistently shown to be linked closely with improved programme outcomes across dozens of studies (see a review of studies in Durlak & DuPre, 2008). Furthermore, a survey of EBP developers found that developers considered adequate staff training and technical assistance to be one of the most important elements associated with the successful implementation of their interventions (Forman et al., 2008). This section covers training conducted at the outset of a programme during initial implementation, as topics such as ongoing coaching and reflective supervision are relevant to full implementation, which is not covered in this document.

Staff training programmes should be the space for programme leadership to review the theory underlying each of the new service strategies as well as any skills required to conduct the programme. Initial staff training should also cover each staff person's roles and expectations, and should be the place in which the staff are oriented to the organisational structure at large, including offering an understanding of where each position fits into the broader structure. Performance assessment criteria should be covered in detail, as should any fidelity requirements of the programme, so that these are not a surprise later on. Finally, the training should take care to cover the broader context of the programme being implemented, including the needs and characteristics of the community being served.

After the initial training is complete and the programme has been implemented, ongoing staff development training should be established. This training will support staff in continuously improving their ability to perform their jobs while maintaining commitment and motivation. The specific contents of the training might be based upon any findings related to areas of need identified in the organisational ongoing monitoring efforts (for more information, see the next section on developing a system of implementation monitoring). Studies have shown that re-training staff based on early findings from programme monitoring can dramatically improve implementation fidelity (Dufrene et al., 2005; Durlak & DuPre, 2008).

Group training should include ample time for practising new skills as well as immediate feedback from trainers in order to maximise effectiveness (Fogarty & Pete,

2007; Sterling-Turner et al., 2002). Trainers should also use training as an opportunity to instil within staff a sense of self-efficacy and motivation because these feelings can influence how and with what degree of quality staff implement an EBP (Durlak & DuPre, 2008).

Additionally, any staff training programme should take care to ensure that programme staff is engaging with clients and one another in a culturally competent way. Cultural competence can be defined as 'the ability of individuals to establish effective interpersonal and working relationships that supersede cultural differences' (Cooper & Roter, 2003). Cultural competence can be addressed in training programmes that underline the importance of social and cultural influences on clients' belief systems. The training should explore how these belief systems might interact with the programme and introduce barriers to effective programme implementation within some communities (Betancourt et al., 2003). Cultural competence training has been associated with improved client adherence to and satisfaction with healthcare promotion programmes (Beach et al., 2005).

Examples

In 2005, two researchers examined what programme implementation factors impacted client satisfaction in a group of Dutch nursing homes. They found that the amount of job-related training that nursing home staff had undergone directly impacted client satisfaction with care providers. Researchers investigated this link further and found that the reason for this association was that job-related training positively impacted staff behaviours, which then led to improved client satisfaction (Ott & van Dijk, 2005).

Suggestions for further reading

- The Community Tool Box has a thorough discussion of considerations related to the development of staff training programmes.
<http://ctb.ku.edu/en/table-of-contents/structure/hiring-and-training/training-programs/main>

Developing a system of implementation monitoring

Overview

In the previous sections we have described some critical elements of implementation planning. In order to know whether implementation is being carried out according to these plans, ongoing implementation monitoring should be a key component of your implementation processes.

Having an established system of ongoing implementation monitoring which provides timely information about implementation processes is associated with high-quality implementation, improved programme fidelity and improved participant outcomes (Dusenbury et al., 2003; Elliott & Mihalic, 2004; Fixsen et al., 2005; Greenhalgh et al., 2004; Schoenwald et al., 2000). At the organisational level, systems of implementation monitoring and feedback can help to enhance organisational capacity and can even improve staff retention (Aarons et al., 2009; Hunter et al., 2009).

Beyond just monitoring implementation at the outset, it is important to monitor implementation processes throughout the course of the programme's lifespan, as programme implementation quality has been shown to degrade over time (Durlak & DuPre, 2008; Fixsen et al., 2005). For that reason, it is important to think through and put in place a system for conducting this type of monitoring in an ongoing way. Fundamentally, this type of continuous monitoring would involve reviewing programme data on a regular basis, and using that information to improve programme quality.

Programme data should include at a minimum basic information on programme processes (e.g. number of clients served, average caseloads) and data on adherence to any existing programme fidelity requirements. Client and staff feedback data are also very valuable in improving implementation quality, as are any client outcome measures that can be collected. An organisation could consider adopting a formal 'quality system' to facilitate systematic self-reflection and improvement processes: some such systems include the Balanced Scorecard, Best Practice Benchmarking, Total Quality Management and Outcome Measurement (Cairns et al., 2005). The first link in the 'suggestions for further reading' section below provides a link to the Cairns (2005) report summarising these options in more detail.

Depending on the resources available, many organisations choose to purchase a system for gathering and reporting ongoing monitoring data. Data systems can be very helpful, but it is critical that they be integrated into the staff workflow as much as possible to reduce staff burden. An effective system will allow users to view data at all relevant units, including at the staff-member, site and organisational level. The example below highlights

a programme's innovative use of mobile technologies to gather and analyse programme implementation data.

Example

The government of Uganda, through the Ministry of Health, in collaboration with the World Health Organization and UNAIDS, launched a national programme aimed at preventing mother-to-child HIV transmission by providing antiretroviral treatment to pregnant and breastfeeding women living with HIV. The programme was rolled out in health centres nationwide. In support of the programme, Pulse Lab Kampala (part of UN Global Pulse) developed an application to track and report upon the implementation of the programme across health centres. Data collected from participating health centres include the number of patients attending regular antenatal care visits, number of HIV/AIDS cases and number of patients receiving the antiretroviral treatment. The application developed by Pulse Lab Kampala includes a dashboard, updated weekly, that programme implementers can use to track the performance of health centres in real time, based on different indicators developed by the Ministry of Health. The dashboard also looks at important data correlations that could support improved programme implementation, such as the correlations between out-of-stock medical supplies and programme drop-outs. This data is helping the implementing organisations to address bottlenecks in programme utilisation (UN Global Pulse, 2016).

Suggestions for further reading

- A review of UK non-profits' engagement with quality systems describes the challenges and critical success factors associated with adopting a formal quality system as part of the ongoing monitoring process (Cairns et al., 2005).
<http://onlinelibrary.wiley.com/doi/10.1002/nml.97/pdf>
- The Organisation for Economic Co-operation and Development (OECD) has published a toolkit exploring quality-monitoring systems in the context of early childhood education.
<http://www.oecd.org/publications/starting-strong-iv-9789264233515-en.htm>

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