

AN IMPLEMENTATION FRAMEWORK

for designing and delivering
services for children & families



Made in partnership

 **Foundations**

NIHR | National Institute
for Health Research



ACKNOWLEDGEMENTS

This Framework has been developed based on the [Education Endowment Foundation's \(EEF\) implementation guidance for schools](#), which was written by Jonathan Sharples, Jon Eaton, and Jamila Boughelaf. This is underpinned by a review of evidence on implementation in education, conducted by Darren Moore and colleagues.

This adaptation has been co-produced by Foundations and City of York Council through the Changemakers programme, which also included Stockport Metropolitan Borough, Merton, City of York, and Wirral Councils. City of York Council first initiated the idea to adapt EEF's guidance for a children's services context, and Changemakers Local Evidence Lead Rob Newton has been pivotal in working to adapt the tool and trial the revised framework in practice. The local evidence leads in the three other Changemakers sites have also been involved in generating examples and trialling the use of the framework in service delivery.

At Foundations, the adaptation work has been co-led by Rosie McGuire, an NIHR-funded research fellow on placement at Foundations, and supported by Nimal Jude, Olivia Martin, Jo Flanagan, Sonia Beard, Kim Johnson and Aoife O'Higgins, as well as other colleagues at Foundations. To further support adaptation and contextualisation of the framework, Foundations conducted an evidence synthesis of implementation in children's services, which was supported by Helen Burridge, Faye Green, Ian Moore, James Nolan, Polina Bishenden, and Eliza Jordan from the Foundations team. The Centre for Evidence and Implementation also supported this in producing an umbrella review, led by Paula Verdugo and Katherine Young. [A summary of this evidence](#) can be found in the final section of this document.

We would also like to thank our newly formed advisory group who are supporting the on-going co-development of this implementation framework for children's services.

Contents

- Introduction.....2**
- Recommendation 1: Adopt the behaviours that drive effective implementation 7**
- Recommendation 2: Attend to the contextual factors that influence implementation.....11**
- Recommendation 3: Use a structured but flexible implementaton process 16**
 - Explore phase 19
 - Prepare phase25
 - Deliver phase 33
 - Sustain phase36
- Summary of evidence39**

This is the initial **beta version** of an Implementation Framework for local areas.

If you would like to be involved in further development of the Framework please email: PracticeDevelopment@foundations.org.uk.

INTRODUCTION

The case for evidence use

Local Authority Children’s Services bring together a diverse network of partners to support children, young people, and families. These partners not only deliver vital services, but also help shape and co-ordinate broader systems, fostering collaboration across education, health, safeguarding, community services, and the voluntary sector. While the work is complex and continually evolving, its purpose remains clear and unwavering: to ensure every child is safe, healthy, and able to thrive. At the heart of this mission is the effective use and implementation of evidence.

Furthermore, Children’s Services are undergoing significant transformation, with ambitious reforms aimed at improving outcomes for children and families. The government has set out how they expect local authorities and safeguarding partners to respond to these reforms, and this includes grounding decision making for service design and delivery in the best available evidence. However, shifting established habits and behaviours related to evidence use through implementation is inherently complex. This guide aims to acknowledge that complexity while offering a structured framework for integrating evidence into local systems that support children and families.

For example, the guide:

- Supports local leaders in considering how different types of evidence can be integrated to ensure that children and families receive the most appropriate support.
- Emphasises the critical importance of context, reflecting a key insight from implementation science - that contextual factors play a pivotal role in effective evidence use.
- Focuses on relationships between people and the way in which we behave as key enablers for success.
- Offers a supportive process intended to be flexible and responsive to changing circumstances.



Frameworks that support evidence use

One of the central challenges is the lack of a consistent definition of ‘evidence use’. To clarify its approach, this guide draws upon two foundational models that, together, articulate a comprehensive and integrated perspective on effectively using and implementing evidence.

The first is the ‘Evidence Pie’, set out in Figure 1, which illustrates the importance of using the full range of evidence and data to inform the commissioning, design and delivery of services. The second, set out in Figure 2, is the framework that demonstrates the process around how this evidence can be effectively implemented.

Figure 1: The Foundations Evidence Pie

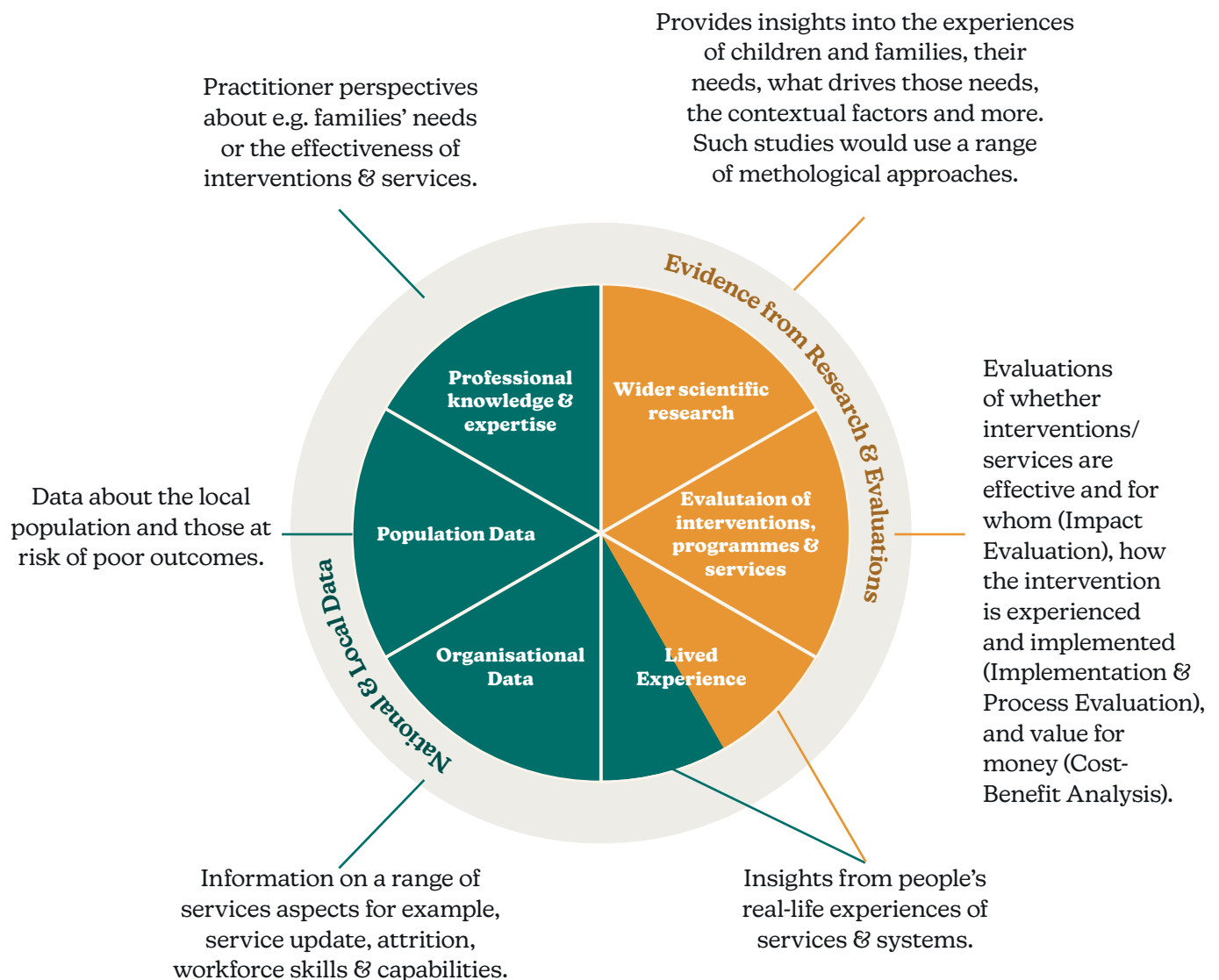
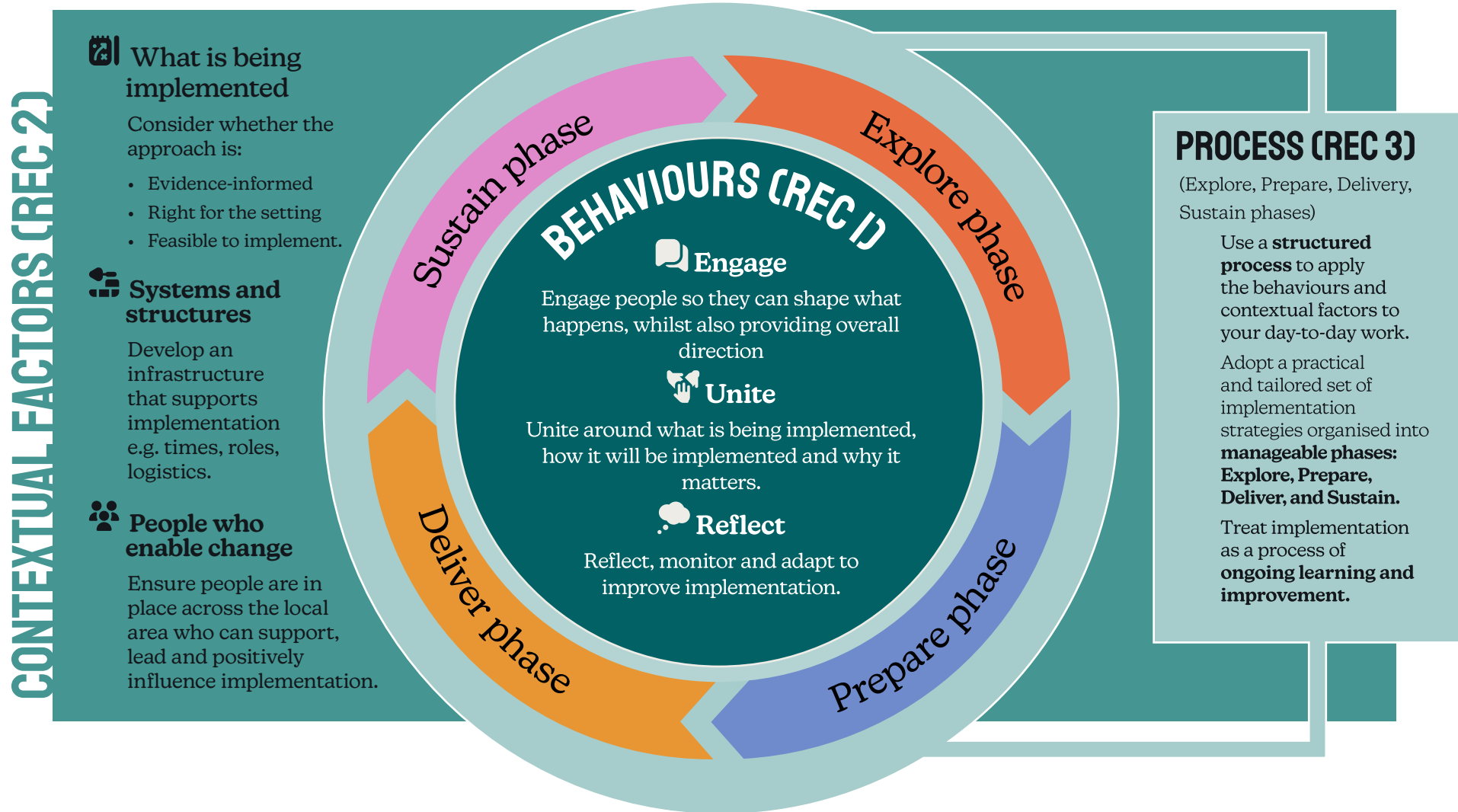


Figure 2: The Implementation Framework  Click to navigate to the section for each recommendation in the document)



Each part of this framework works together. This process helps local areas to implement evidence-based approaches into services for children and families effectively. The cross-cutting behaviours and contextual factors help them do it well.

REC 1.

Adopt the behaviours that drive effective implementation.

- **Engage** people so they can shape what happens while also providing overall direction.
- **Unite** people around what is being implemented, how it will be implemented, and why it matters.
- **Reflect**, monitor, and adapt to improve implementation.

REC 2.

Attend to the contextual factors that influence implementation.

- Consider whether **what is being implemented** is evidence-informed, right for the setting, and feasible to implement.
- Develop **systems and structures** that support implementation, for example, time allocation or data systems.
- Ensure **people who enable change** can support, lead, and positively influence implementation.

REC 3.

Use a structured but flexible implementation process.

- Use a **structured process** to apply the behaviours and contextual factors to your day-to-day work.
- Adopt a practical and tailored set of implementation strategies organised into **manageable phases**: Explore, Prepare, Deliver, and Sustain.
- Treat implementation as a process of **ongoing learning and improvement**.

Structure of this guidance

This guidance report is based on an extensive review of evidence on implementation, which was originally completed by the Education Endowment Foundation for use in schools. However, this evidence on implementation is highly applicable to Local Authority Children’s Services. We have also conducted an umbrella review and evidence synthesis of barriers and facilitators to implementing in children’s services to further contextualise this document (see the Summary of Evidence page X). The guidance sets out three key elements that enable effective implementation, which comprise the main sections of the report:

- The **behaviours** that drive effective implementation (see [Recommendation 1](#));
- The **contextual factors** that influence implementation (see [Recommendation 2](#)); and
- A structured, but flexible, **process** to enact implementation (see [Recommendation 3](#)).

These three elements work together as shown in Figure 2 above. The behaviours and contextual factors underpin effective implementation and should infuse your day-to-day work. The process helps navigate change and organise implementation into manageable phases: Explore, Prepare, Deliver, and Sustain.

Who is this guidance for?

This guidance has been written and designed for leaders working in Local Authority Children’s Services and partnering organisations, who have responsibility for managing change. This includes Directors and Assistant Directors; Heads of Service and Team Leaders. The guidance also highlights the vital role of the range of people who are involved in leading implementation; acknowledging the fact that successful implementation is a collective, team endeavour and not of any one individual.

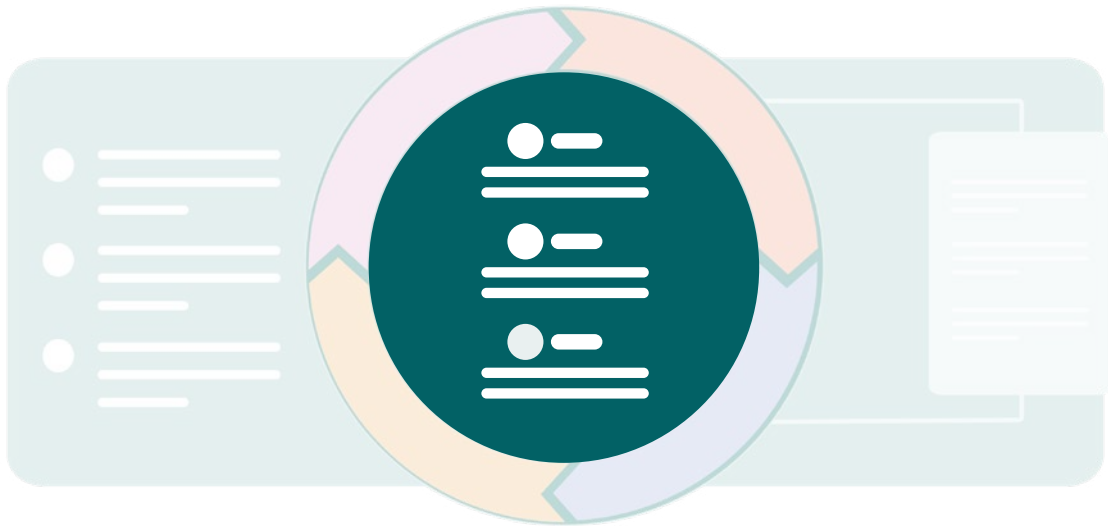
How was this guidance developed?

This guidance has been developed in collaboration by the City of York Council and Foundations, with support by a Research Fellow funded by the National Institute of Health and Social Care Research. This has been adapted from ‘A School’s Guide to Implementation’, originally developed by the Education Endowment Foundation (EFF), who have supported our adaptation of their guidance. This is currently a beta version of the framework, which has been developed in the first instance for testing in collaborating local areas. A final version with updated references will be available in due course.



● RECOMMENDATION 1:

Adopt the behaviours that drive effective implementation



Where Recommendation 1 sits within the overall Implementation Framework ([Figure 2](#))

Implementation is fundamentally a collaborative and social process driven by how people think, behave and interact.

 <p>Engage</p> <p>Engage people so they can shape what happens while also providing overall direction.</p>	 <p>Unite</p> <p>Unite people around what is being implemented, how it will be implemented, and why it matters.</p>	 <p>Reflect</p> <p>Reflect, monitor, and adapt to improve implementation.</p>
--	---	---

These behaviours are at the heart of what drives effective implementation so should feature across a local area’s implementation actions and interactions. While the terms ‘engage’, ‘reflect’, and ‘unite’ may be familiar to local areas – and sound like common sense – they can be difficult to get right.

LOCAL AUTHORITY CASE STUDY

A local authority decided to implement the Family Foundations Evidence Based Intervention (EBI), and they needed to do this within a tight timeframe.

There was recognition that for Family Foundations to be successfully implemented, it needed to be integrated into a wider antenatal offer which was evidence-based. Therefore, at the same time, two Local Evidence Leads from the local authority carried out a review of all antenatal services. As part of this, they held a workshop to explore practitioners’ and service leads’ reflections on the existing model of support. They invited key stakeholders from health and Family Hubs. They delivered a workshop and used the questions in the adjacent table to seek views about the current offer, its strengths, challenges, gaps, and short-, medium- and long-term actions for the partnership.

The workshop revealed that the partnership needed to embed and sustain a new pathway of support which was based on deployment of tools and interventions which were evidence-based, up-to-date and applied with fidelity and consistency, evaluated, and were related to local family needs and Family Hubs’ policy requirements.

<p>What’s the problem & what’s already going on?</p> <p>The current antenatal offer</p>	<p>What’s the research evidence & how does it relate to the context?</p> <p>Outline of the national policy context and research evidence relevant to the antenatal offer</p>
<p>What are the barriers and enablers to change?</p> <p>What would block or facilitate changes to the antenatal offer to happen in the service</p>	<p>How challenging is the approach to implement?</p> <p>Implementation challenges and mitigations, process actions to support implementation of changes to the antenatal offer</p>

ENGAGE

Engage people so they can shape what happens while also providing overall direction.

The way in which people are involved in implementation and the quality of their interactions really matters. To engage people effectively, implementation leaders should:

Engage people so they have the potential to influence change

When the community within a local area feels included in decisions that affect them, and that their perspectives are valued, then implementation outcomes are likely to improve. Leaders should, therefore, provide meaningful opportunities for staff to discuss their perspectives, ideas, and concerns. Active engagement extends to children, families, and other stakeholders who, while may not be implementing an intervention, arguably have the greatest stake in it. People, ultimately, value what they feel part of.

Engage people in collaborative processes

When people work collaboratively during implementation, they can share knowledge and expertise, bounce ideas off each other, and solve problems together. For example, local areas can use implementation teams that include a range of stakeholders to plan, manage, and review implementation of an intervention. Leaders should help people understand how their individual roles contribute to the collective endeavour.

Engage people through clear communication and active guidance

While implementation requires these participatory ways of engaging, and being genuinely open to ideas, it also needs actively guiding and steering. This involves leaders communicating the direction of travel, explaining decisions, motivating staff, corralling efforts, and preventing implementation being dragged off track. These actions provide focus to implementation and mean energy is channelled in the right direction.



UNITE

Unite people around what is being implemented, how it will be implemented, and why it matters.

Poor implementation can often be traced to differing values, understanding, and practices among staff. This incoherence creates ambiguity, meaning colleagues can appear as though they are on the same page when they are not. Actions that align and unite people are a key driver of effective implementation:

Unite views and values

People hold different beliefs and values and if an approach doesn't align with people's values, they are less likely to implement it. By exploring common goals, acknowledging and addressing concerns, and discussing the risks and benefits of taking action, implementation leaders can help unite values and improve buy-in.

Unite knowledge and understanding

While shared values lay the foundation for successful implementation, local areas also need to cohere around what those values and principles look like in practice. This means developing a shared understanding of what is being implemented, how it will be implemented, and why it matters. Doing so creates clarity among staff in terms of what is expected, supported, and gained through an implementation process, which further unites values.



Unite skills and techniques

Uniting within implementation also includes uniting the skills and practical techniques that relate to a new approach. Local areas can use professional development activities such as modelling, rehearsal, and feedback to strengthen the consistency of new practices.

Unite implementation processes

Finally, uniting extends to the values and practices that relate to the process of implementation itself. For example, developing a shared belief that monitoring implementation is key to enabling ongoing improvement, rather than playing a punitive accountability function, can fundamentally change how staff feel about implementation. Leaders should explicitly discuss how implementation is conducted in the local areas and how it can be improved ([see page 14 – ‘Developing a positive implementation climate’](#)).

REFLECT

Reflect, monitor, and adapt to improve implementation

Reflection underpins evidence-informed decision-making within implementation. It enables local areas to assess children and families’ needs, select the right interventions, identify barriers to change, and monitor implementation in a way that drives improvement. Reflecting requires local areas to use structured processes that enable them to learn and adapt. At the same time, individual practitioners should adopt a reflective outlook in which they review and refine their own practice. Research suggests implementation improves when those working across the local area:



Reflect on children and families; needs and current practices

A local area’s ability to identify the needs of children and families and why those needs have emerged is a critical element of implementation ([see page 20](#)). Local areas should reflect on both the experiences of children and families, and related current practices to inform decisions about what to implement and how. Reflecting on the evolving needs of children and families, and learning from the experiences of practitioners delivering services, and whether an approach still meets those needs, continues throughout implementation.

Reflect on fit and feasibility

The question of whether an evidence-informed intervention is likely to work in a particular context, ultimately, can only be answered by considering the setting in which it will be used. Reflecting on the fit of an intervention in a particular context, and its feasibility in that context, ensures that the right approach is selected to meet a need, there is motivation to use the approach, and there are appropriate resources.

Reflect on implementation progress

Reflecting on how implementation is progressing helps people understand what’s working, for whom, in what circumstances, and why. It underpins an understanding of whether an intervention is being delivered as intended and how it is impacting on child and family outcomes ([see page 33 – Deliver phase](#)).

Reflect on implementation barriers and enablers

When monitoring implementation, local areas should reflect on data to identify any problems that arise as well as solutions to those problems. Reflecting on barriers and enablers informs the choice and nature of strategies that improve implementation.

● RECOMMENDATION 2.

Attend to the contextual factors that influence implementation



Where Recommendation 1 sits within the overall Implementation Framework ([Figure 2](#))

The **behaviours that drive implementation** are influenced by what is being implemented, the existing systems and structures, and whether there are people in place who can enable change.



What is being implemented

Consider whether what is being implemented is evidence-informed, right for the setting, and manageable to implement.



Systems and Structures

Develop an infrastructure that supports implementation, for example, time allocation and data systems.



People who enable change

Ensure people who enable change can support, lead, and positively influence implementation.

LOCAL AUTHORITY CASE STUDY

A local authority wanted to develop their kinship care offer following the publication of the Department for Education Kinship Strategy.

A Local Evidence Lead employed by the Council who had local expertise in implementation approaches supported the team to use the Foundation's Evidence Pie to understand their local needs. The team conducted a lengthy consultation with kinship carers in all types of legal arrangements, including informal foster carers. Then they spoke to professionals across children's services who the kinship team may not traditionally have had links with to understand how to reach a wider group of carers, e.g., their colleagues in education and the local Family Hubs.

The kinship team also worked with local authority data analysts to look at service data to understand how many kinship carers might live within the demographics of the local authority and to understand where they lived. They looked at the Foundation's Toolkit ([See Foundations' Toolkit](#)) and found the Kinship Practice Guide ([See Foundations Practice Guides](#)) which contains evidence-based recommendations and key principles

drawn from a systematic review. Recommendations summarise the best-evidenced interventions, and key principles describe how to deliver accessible, acceptable interventions for children and families.

The team realised that they needed to focus more on providing peer support for their informal, Special Guardianship Order (SGO) and Child Arrangements Order (CAO) carers. They developed a series of peer network opportunities for carers and consulted with them about where best to hold them, times of day, and whether they may need additional support, such as creche facilities for the children in their care, so that they would have time to talk and relax. Setting the groups up based on kinship carers feedback encouraged the team to identify kinship carers who could act as champions and support other carers to join the groups and meet with them outside of group time to share experiences and have opportunities to meet up for one-to-one coffee catch ups.

WHAT IS BEING IMPLEMENTED?

Consider whether what is being implemented is evidence-informed, right for the setting, and feasible to implement



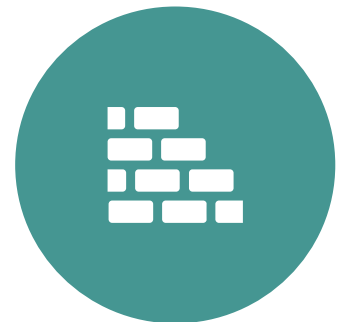
Research suggests that the features of an intervention impact on how it will be implemented. For example, if an approach is well specified, it will be easier to implement than if it is vaguely defined. This suggests local areas need to explicitly consider what is being implemented and whether the approach is:

- Evidence-informed—there is research evidence that the approach has worked in other similar contexts;
- Right for the setting—the approach meets an identified need;
- Feasible to implement—the approach is organised in a way that supports implementation, for example, it is clearly defined, measurable, adaptable, resourced, and so forth.

Building a foundational understanding of evidence-informed approaches, and their constituent features, informs decisions across an implementation process. It helps local areas decide what to implement in the first place and informs how you go about implementing it. For example, a more complex approach might benefit from an initial pilot.

SYSTEMS AND STRUCTURES

Develop an infrastructure that supports implementation, for example, time allocation and data systems.



It is all too easy to ‘dream big’ when thinking about implementing a new programme or practice and overlook the structural conditions that make it possible. While implementation is fundamentally a social process, it relies on a range of systems and structures that create the conditions for those interactions to occur. Systems and structures that influence implementation interact with each other, both within individual services and the wider local area. These interactions and collaborations are dependent on contextual factors, such as joint funding and partnerships. Some of these systems and structures include:

- Organisational structures, such as workforce and delivery;
- Resources such as funding and equipment;
- Time, for example, allocating professional development time;
- Policies, for example, those related to national reforms or local transformations;
- Roles, for example, implementation and/or continuous improvement teams.

Systems and structures are important because they allow people to enact the behaviours that drive effective implementation. For example, data monitoring systems are needed to reflect on implementation progress; structured time and opportunities are needed to engage properly with implementation planning and unite understanding.

The responsibility for developing appropriate enabling structures often lies with senior leadership teams and implementation leaders. Where possible, aim to repurpose existing systems and structures rather than bolting on new ones and keep checking that they are fit for purpose in supporting the changes. Be aware that some structural factors are less controllable than others yet can still influence implementation—for example, national or regional policies.

PEOPLE WHO ENABLE CHANGE

Ensure people who enable change can support, lead, and positively influence implementation.

The final contextual factor that influences implementation is whether there is a range of people who can lead and support the changes. This can include senior leaders, implementation teams, early adopters, people with lived-experience, and delivery practitioners, among others. Distributing leadership and support has several advantages: it shares the burden of managing change, it naturally brings in different perspectives and expertise, and it builds resilience as implementation becomes less reliant on specific individuals.



DEVELOPING A POSITIVE IMPLEMENTATION CLIMATE

Implementation doesn't happen in a vacuum: it is influenced by people's prior experiences of implementation and beliefs about future implementation and whether they feel that the use of an evidence informed approach is expected, supported, and rewarded. These shared perceptions about implementation are referred to as implementation climate.

Implementation climate builds or erodes over time in response to day-to-day activities and experiences. When local areas attend to the behaviours and contextual factors, and stakeholders and practitioners see positive outcomes, then the overall climate is likely to improve; this, in turn, builds further goodwill, which increases the chances of being able to implement approaches successfully in the future. In its simplest terms, this means doing a good job of implementing something useful out of which a more positive climate is likely to develop.

Leaders should take time to reflect on the implementation climate before they begin to make changes. If implementation hasn't run smoothly in the past, visibly attend to challenges and act on what has been learnt. As positive outcomes emerge, embrace them and celebrate success together.



The factors that influence whether an individual or group can support implementation include the degree to which:

- they have the knowledge, skills, and expertise to help implement the intervention
- they feel empowered to act and can empower others
- they have agency – choice over actions – within their remit.

The presence of all these characteristics is key. As such, when beginning an implementation process, consider whether you have enough skilled and empowered people who can support implementation of the specific programme or practice. Equally, there may be people who can help with broader skills, such as expertise in facilitating professional development.

LOCAL AUTHORITY CASE STUDY

A new leadership team was established in a local authority's children's services. They observed there had been a wide range of improvement initiatives across the service, but despite these efforts, outcomes for families were not improving, and workforce morale was low.

The leadership team identified that change management was an area for improvement. Previous periods of high senior leader turnover had resulted in a series of "quick fixes", and workers reported a lack of clarity, change fatigue, and a growing reliance on agency staff, which led to low morale and disjointed experiences for both staff and families.

The new leadership's commitment to improving the service focused on developing a core practice model and high-quality implementation support to embed it. Their approach included:

- **Understanding the root cause:** Taking time to diagnose the underlying issues with implementation and focusing on how to achieve lasting, positive change
- **Providing consistent leadership:** Demonstrating consistent strategic ownership and visible commitment to new ways of working
- **Aligning with values and culture:** Grounding the implementation in a shared set of values and cultural norms, ensuring buy-in from both leaders and the wider workforce

- **Committing to long-term success:** Making difficult but necessary short-term decisions that would deliver long-term, sustained improvements
- **Celebrating progress:** Taking time to recognise and celebrate progress at each step of the implementation process.

This approach re-engaged the workforce with the core purpose of their work and built trust that future changes would be managed effectively. Staff felt safe to embrace the changes and contribute to shaping the service's future.

By celebrating success, the team fostered a sense of purpose and motivation, breaking the cycle of superficial change and replacing it with a more meaningful and sustainable model of improvement.

● RECOMMENDATION 3.

Use a structured but flexible implementation process

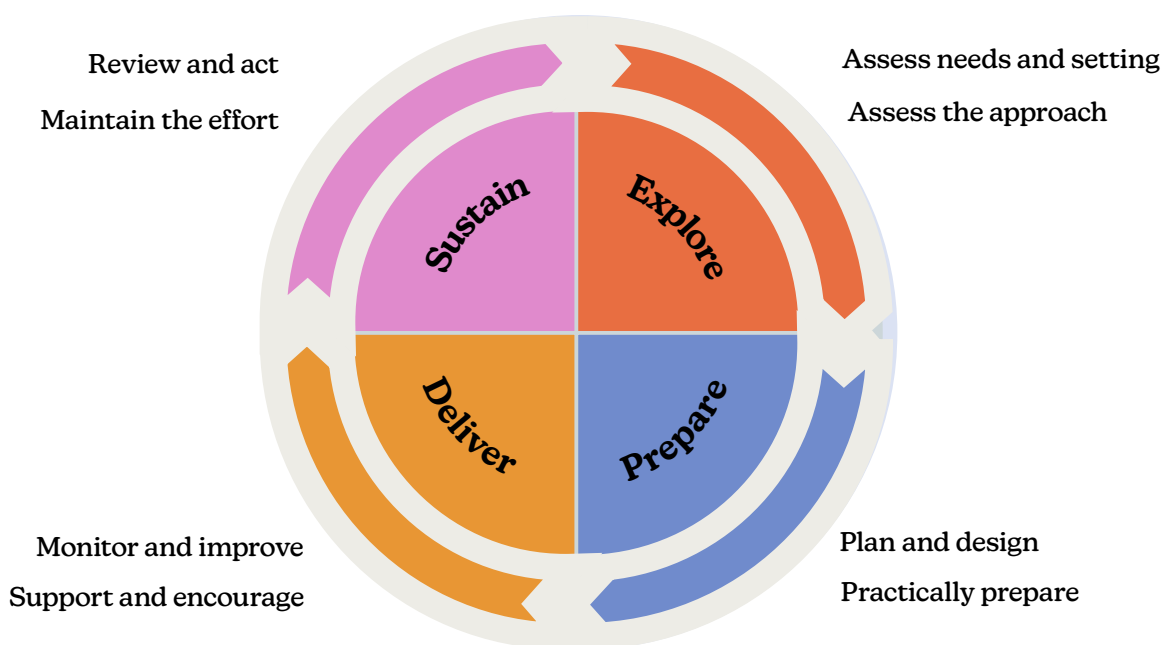


Where Recommendation 3 sits within the overall Implementation Framework ([Figure 2](#))



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families - Beta version

Figure 3. A focus on part of the implementation framework - the structured but flexible implementation process



Without a structured process, the behaviours and contextual factors that underpin effective implementation can be hard to enact. The final recommendation provides a structured process to help local areas navigate implementation and apply the behaviours and contextual factors in their day-to-day work.

The process includes a set of practical implementation strategies that are organised into **four flexible phases: Explore, Prepare, Deliver, and Sustain** (Figure 3 above). This process emphasises that implementation unfolds over an extended period of time rather than being a single event or set of isolated events. Nevertheless, implementation doesn't occur in a neat and linear fashion: strategies and phases overlap and are revisited over time. As such, implementation is best treated as a process of test and learn that adapts to the changing needs of the local context.

Allow enough time for effective implementation

There are no fixed timelines for a good implementation process: its duration will depend on the intervention itself and the setting in which it will be used. Nevertheless, it can take at least two years to implement complex, service-wide initiatives. Where time is spent is also important: local leaders should invest time and effort to thoroughly explore and prepare implementation rather than focus solely on launching or delivering an approach.

As a rule, local leaders should probably take on fewer implementation projects and pursue these diligently. Implementation projects should be thought about holistically, with key stakeholders from across the local area



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families – Beta version

to avoid initiatives occurring in silos and to improve coherence of the local offer. Reviewing and stopping some existing practices and interventions may be required before delivering new ones. Changing existing habits and practices is rarely straightforward, so treat de-implementation – explicitly stopping an approach – with the same care and attention as when implementing new approaches ([see Sustain – page 36](#)).

LOCAL AUTHORITY CASE EXAMPLE

A local authority had completed a piece of work to review uptake and completion of evidence-based interventions. The local authority were diligent in selecting interventions that would meet local needs and had a stronger evidence level rating on Foundations' Guidebook on [Foundations' Guidebook](#). Practitioners in their Early Help team were successfully recruiting families to the interventions but were finding that attendance dropped off as the interventions progressed, with many families not completing them. They decided to 'go back to basics' to review their end-to-end implementation processes and sought family feedback about the factors which would most likely help parents to complete the course.

The local authority considered the following questions:

- Who are the population that we are trying to reach?
- What local assets do we have to support recruitment and retention of engagement with families?
- How can our Local Evidence Lead oversee and support local practitioners in addressing barriers to implementation?
- Do we assess the readiness of parents to engage with interventions in terms of their capability, opportunity and motivation?
- Have we considered the 'pre-work' that families need to support readiness and to achieve success with the programme?
- Are we delivering interventions with fidelity?
- Do we have the necessary inclusive referral pathways e.g., self-referral routes?

- Are we 'matching' families with the most appropriate parenting support and undertaking this as a joint venture, seeing families as 'experts on their own situation'?
- How are we tailoring parenting support programmes and providing a flexible, proportional approach that encourages attendance?
- Do we have backing of senior leaders to champion the use of evidence-based interventions by all stakeholders and referring agencies?
- What is our process for sustaining the intervention over time, especially when there are staff changes?
- Do we have a clear Implementation Blueprint that is iterative and based on ongoing learning?

Parent consultation was also helpful in this endeavour. Families fed back that some of the venues where interventions were offered were not accessible by public transport, others reported that they were offered at a time of day which clashed with child care commitments and some families were disappointed that written information that came with the intervention was not accessible to them linguistically or culturally.

The findings from this test and learn approach were built into new service specifications to increase reach and accessibility of access for all families.



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families - Beta version



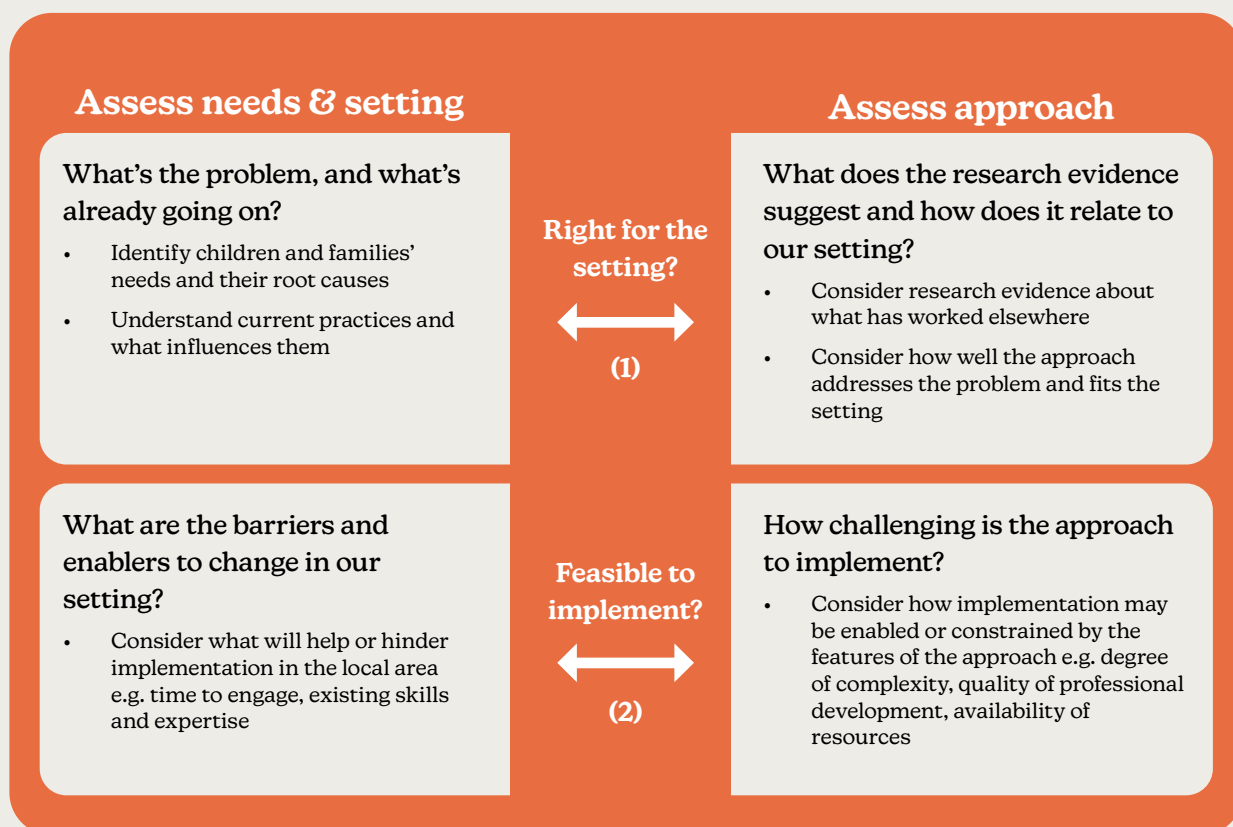
EXPLORE

A TOOL FOR MAKING EVIDENCE-INFORMED IMPLEMENTATION DECISIONS

The complex nature of local needs and local services means it can be challenging to pinpoint the right areas for improvement and decide how best to address them. Local leaders should, therefore, adopt a systematic approach to understanding needs and deciding what to implement, otherwise there is a risk of expending effort on changes that make little difference.

A tool for making evidence-informed implementation decisions is shown in Figure 4 below. Local areas begin by weighing up considerations around the suitability of an approach (1). The tool then focuses on more practical considerations around feasibility (2). Collectively, this helps local areas select evidence informed approaches that are right for their needs and setting.

Figure 4. A tool for making evidence-informed implementation decisions





RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families – Beta version

WHAT'S THE PROBLEM, AND WHAT'S ALREADY GOING ON?

- Identify population needs and their root causes
- Understand current practices and what influences them.

Identify population needs and their root causes

Local areas should adopt a rigorous approach to identifying needs, rather than relying on hunches or justifying a decision that has already been made. It is therefore important to build a rich picture of local population needs by gathering and **reflecting** on a wide range of data, and generating credible interpretations of that data.

Recognise that different forms of data come with different applications in the local area context ([see table page 22](#)). While individually each piece of data may have limitations, together they build a more reliable understanding of what is going on. Insights and perspectives should be gathered from across the partnership – leaders, practitioners and child and family, when it is appropriate and practical to do so. As well as generating useful insights, actively **engaging** people in this way improves implementation through the way it **unites** values and generates buy-in.

Be careful not to confuse the immediately presenting problem with its root causes. For instance, a perceived problem with outcomes from parenting interventions might be caused by multiple factors, not all of which are immediately obvious. For example; the parenting intervention might not have had positive evaluation findings for the target group of children and families selected, there may be issues associated with how the intervention is promoted by referring agencies, or the venue and time, and day it is offered is not feasible for parents or children.

Take time to **reflect** on what might be causing the problem. The deployment of a Local Evidence Leader with specific expertise in research or evaluation and a deep knowledge of local governance and commissioning arrangements and working with and analysing local population administrative data can support this process. When interpreting data, triangulate evidence from different sources and avoid setting out to confirm pre-conceptions.

Understand current practices and what influences them

Having used data and research evidence to identify an area of population need, local areas should establish what's already going on in relation to that need. This informs decisions about what to implement and how. It may be the case for example, that current practices are strong but patchy, in which case it may be better to focus on implementing more consistently rather than implementing a new approach.

Understanding the nature of current practices can also involve examining the beliefs and values that sit behind those practices. This can reveal why certain practices have not been taken up.

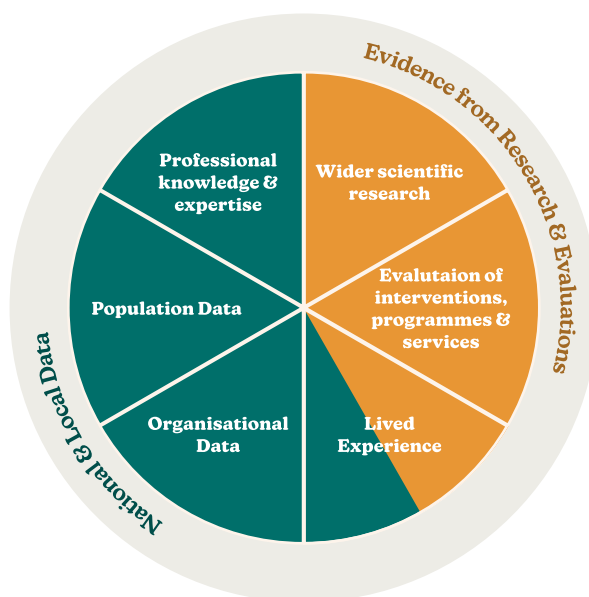
At this point, local partnerships should consider what **contextual factors** are influencing current practices and how they impact on children and young people's outcomes. For example, a local area approach to identifying special educational needs may be shaped by a longstanding professional development programme or wider Special Educational Needs and Disability (SEND) policy.

The overall aim is to provide a window into the experiences of children and families, rather than deciding on what needs to change before you have engaged with research evidence.



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families - Beta version

Figure 1: The Foundations Evidence Pie



Professional knowledge and expertise	Seeking and valuing a full range of practitioner perspectives from across the wider system about e.g. the families' population needs or/and the effectiveness of interventions and services.
Population Data	Regularly seeking and reflecting on data about the local population and paying attention to those at risk of poor outcomes. Focus where there is most need and seek to understand how localities may be changing over time.
Organisational Data	Collect and analyse data, including population needs assessments, to make decisions about what to commission and deliver. Monitor local implementation data around uptake and its impact on children and families. Regularly review data on workforce skills and capabilities to plan professional development and service delivery.
Lived Experience	Actively seeking, valuing and responding to the voice of children and young people, adults and families when making decisions about services, policies and priorities. Lived experience is an important source of insight across many types of evaluation and should be considered alongside national research (e.g. Foundations' evidence synthesis) and local data.
Wider Scientific Research	Explore and apply the findings from research which provides insights into the experiences of children and families, their needs, what drives those needs, the contextual factors and more. Such studies would use a range of methodological approaches.
Evaluations of interventions, programmes and services	Explore evaluations to examine whether interventions/services are effective and for whom (Impact Evaluation), how the intervention is experienced and implemented (Implementation and Process Evaluation), and value for money (Cost-Benefit analysis). Bringing together multiple evaluations (synthesis and systematic reviews) will provide stronger evidence than relying on a single evaluation study.



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families - Beta version

	Population data	Organisational data	Professional knowledge & expertise	Lived experience	Evaluations of interventions, programmes & services	Wider scientific research
What?	Data on what the population looks like, those at risk of poor outcomes and how these change over time. Data on what the population looks like, those at risk of poor outcomes and how these change over time.	Information on a range of service aspects, for example, service uptake, attrition, workforce skills and capabilities, as well as budget and staffing information.	Data on practitioner knowledge and their perspectives about the effectiveness of interventions and services.	Insights from people's real-life experiences from all aspects of their lives, including outcomes, services and systems.	Evaluations of whether interventions / services are effective and for whom (Impact Evaluation), how the intervention is experienced and implemented (Implementation and Process Evaluation), and value for money (Cost-Benefit analysis).	Provides insights into the experiences of children and families, their needs, what drives those needs, the contextual factors and more. Such studies would use a range of methodological approaches, and a synthesis of evidence from many studies would provide stronger evidence.
Found where?	National programme data, for example Healthy Child Programme, demographic such as IMD/IDACI or health fingertips data, census, housing, ethnicity, age, gender, birth registrations, language, ward data.	Case management data, child and family consultations, inspection outcomes reports, workforce surveys, Children's Social Care dashboard data, workforce data, Families First Programme and Family Hubs local and national data returns.	Practitioner consultation feedback, supervision feedback, team meeting minutes, partnership and governance forum meeting minutes, co-production work with the workforce.	Consultation feedback from families and children and young people, experts by experience panels, co-production with families, community and representative groups.	Foundation's Guidebook, local spreadsheets, intervention provider data bases, service user qualitative feedback collected via questionnaires.	Foundation's website, local searches on scientific data bases, publications in professional journals.
Why use?	Identifies target population groups who are at risk of poor outcomes. Enables local areas to focus where there is most need and seek to understand how localities may be changing over time, can compare LA data to statistical neighbours or national averages.	Supports service planning, understanding trends over time and monitoring need, access and take-up. Enables workforce planning by analysing capacity vs demand and practitioner knowledge and skills and understanding of service user experiences.	Provides local knowledge and perspectives about specific community needs and the effectiveness of interventions and services.	Provides insights into service user views, ensures that insights are sought from representative samples of a population, to follow EDIE principles to assure access of opportunity and address gaps in understanding that may exist.	Provides data about whether interventions are effective and for whom (Impact Evaluation), how to implement the intervention with fidelity (Implementation and Process Evaluation), and value for money (Cost-Benefit analysis).	Provides research data about child development and wider, for example family experience of services, timing of delivery and sub-sample analysis of groups who benefit from services and interventions.



Identify root causes and target population who will receive the service or intervention



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families – Beta version

WHAT DOES THE RESEARCH EVIDENCE SUGGEST, AND HOW DOES IT RELATE TO OUR LOCAL AREA?

- Consider research evidence about what has worked elsewhere.
- Consider how well the approach addresses the problem and fits our **local area**.

Consider research evidence about what has worked elsewhere

Once **local areas** have identified a **child or family** need and understand current approaches or interventions in relation to that need, they consider how these needs can be addressed. The goal here is to identify programmes or practices based on existing evidence of what has and hasn't worked before and **for whom**.

Engaging with research evidence is associated with more effective implementation. For example, when implementation leaders draw on evidence to help staff understand why an approach is likely to address a **child and family** need, staff are more likely to buy into it. Furthermore, if staff engage with research to understand better how an intervention is designed to work, it is more likely to be implemented with fidelity.

Ideally, evidence of what might work will be based on robust evaluations that have been conducted in similar **local areas** and shown to have consistent, positive effects. That said, this is relatively rare so **local areas** must deal with the best research evidence that is available and combine it with their own local, practical knowledge. **The [Foundations' Toolkit](#) is a good place to start exploring information on which interventions and approaches have been shown to improve outcomes for children and families experiencing vulnerability.**

Consider how well the approach addresses the problem and fits the local area

Implementation leaders need to reflect on how research evidence relates to, and fits, their **local area**. The first question to ask is whether the programme or practice being considered squarely addresses the defined **child and family** need. If the approach does address your **child and family** need, carefully examine how the evidence relates to your setting and current practices. How similar is the research context (in which positive effects were seen) to yours? Using research evidence as a lens, consider where and how current practice potentially needs to change. Asking questions like these helps us understand whether a new approach is likely to be more impactful than what's already going on.

Where **local areas** are developing their own initiatives, the range of evidence being considered may be broader than the identified priority. For example, evidence on **domestic abuse covers a range of interventions** – such as **recovery programmes, workforce training, or perpetrator interventions** – yet a **local area** may want to focus on one aspect of this. While aiming to understand all the relevant evidence, shrink the focus to something that is targeted to your issue and manageable to address.

Consider how implementation may be enabled or constrained by the features of the approach

Approaches vary in how hard they are to implement. For example, a well-structured one-to-one **parenting intervention** is likely to be easier to implement than a **service-wide** change. **Local areas** therefore need to consider the features and requirements of what is being implemented and reflect on the degree to which the approach is:

- **Simple:** Unsurprisingly, the more complex an approach is – e.g. the number of elements it contains – the harder it is likely to be to implement. That doesn't mean necessarily rejecting complex approaches, which could end up being more impactful, but it does mean a **local area** needs to be mindful of the additional



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families - Beta version

challenges in adopting them. For example, **active senior level buy in and strong partnerships to help implement the intervention effectively.**

- **Well-specified:** When an approach is well specified it means there is clarity around the essential elements that are needed to make it work. This clarity helps unite understanding around precisely what is being implemented, the expected practices, and what can and can't be adapted, which can lead to greater fidelity.
- **Well-resourced:** Implementation can be aided by supporting resources, structured deliver guidelines, and high-quality professional development. Well-evidenced external programmes have particular value in this respect as they provide support for implementation using established strategies.
- **Measurable:** When an approach has measurable outcomes it makes it easier to learn how implementation is going and share evidence of impact (see page 31). Consider whether the approach has observable outcomes and whether there are tools available to measure them. **To help you understand and measure the impact of your intervention, you can access the Foundations' resource '[Developing a good theory of change](#)'.**

Informed by known implementation 'pinch points' - Programmes and practices can have known implementation challenges (or pinch points), which can be indicated in the evidence. For example, **there are barriers to recruiting parents into programmes for Reducing Parental Conflict (RPC), however** developing strong referral pathways can be vital, and partners such as Local Authority Early Help teams, schools and other voluntary, community and faith organisations played a key role in identifying families in need of support. Awareness of these pinch points can help **local areas** avoid them in their setting.

WHAT ARE THE BARRIERS AND ENABLERS TO CHANGE IN OUR LOCAL AREA?

Consider what will help or hinder implementation e.g. time to engage, existing skills and expertise.

Consider what will help or hinder implementation

Once **local areas** have understood how manageable an approach is to implement, they need to consider barriers and enablers to implementation within their own setting. This enables **local areas** to judge whether they are ready to progress with implementation and to select appropriate strategies that address barriers and improve implementation.

Now is a good time to ask whether the right systems and structures are in place to support implementation—for example, time, resources, roles, and data systems. Consider whether staff have the motivation, knowledge, and skills to deliver the new approach and whether there are sufficient people who can enable change such as professional development leads or skilled administrators. Research suggests there is benefit in simply **asking those delivering services for children and families** about anticipated barriers to implementation and what support would be useful.

Although it is important to anticipate implementation barriers prior to delivery, there are likely to be unexpected issues that arise once an approach is being used. **There are also likely to be enablers within the local system that will support effective implementation, it may be useful to refer to the [Practice Guides](#) for evidence-based recommendations that support implementation.**

Local areas should **continue to reflect on** barriers and enablers and address implementation challenges in a responsive way.



PREPARE

If the Explore phase is about embracing complexity and finding manageable solutions, the Prepare phase is about building clarity and coherence on the direction of travel.

Plan and design

When done well, implementation planning can significantly impact the use of evidence-based approaches as well as child and family outcomes. Planning improves outcomes through the way it **unites** understanding across a range of factors, including:

- **why** the change is taking place: the problem that is being addressed
- **what** the intervention entails: its core components
- **how** it will be implemented: the implementation strategies that will be used
- **how well** implementation is going: the implementation outcomes
- the **overall objectives**: the final intended outcomes of implementation.

Implementation planning is most effective when it is conducted collaboratively. When staff are **engaged** in developing and discussing plans, and can express their professional judgement, it creates a sense of ownership and buy-in. Put simply, if an implementation plan is created in isolation, however great, it's unlikely to **unite** understanding and be widely used.

While planning might begin in the Prepare phase, implementation plans should be treated as living documents that are developed iteratively and revised over time. **Reflecting** on plans in this way ensures they remain relevant and continue to guide implementation.

Leaders should ensure the following contextual factors are in place to optimise implementation planning:

- Provide sufficient time and resources to develop and revisit plans. Overly-ambitious plans and rushed timescales can reduce the impact of an approach
- Develop effective monitoring systems so that plans can be revised in response to real-time data and insights from implementation
- Use collaborative processes to sense-check plans from different perspectives. Implementation teams can play a valuable role in developing, communicating, and revising implementation plans.



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families - Beta version

GUIDING PRINCIPLES OF IMPLEMENTING CHANGE

- The process is as important as the resulting plan
- Use planning to build shared understanding and a sense of ownership
- Engage a range of stakeholders in discussions: uniting values and understanding happens through talking
- Iteratively develop and revise plans over time.

Designing an implementation plan

The following sections describe how to develop an implementation plan ([see an example plan on page 30](#)). Local areas may want to supplement these steps with details on who will be affected by the changes and how, any resources required, the projected timescales, and any external factors that could influence implementation.

1. Define the problem

Implementation plans typically begin by describing the child and family need(s) you want to address, the practices that need to change, and any relevant barriers. Doing so anchors the implementation plan to the needs of children and families and helps unite understanding of the reason for the changes.

The 'problem' column of an implementation plan should be completed using the evidence and insights that emerge during the Explore phase when assessing needs, current practices, and implementation barriers. Try describing the problem from different perspectives, such as those of children and families, staff, and leaders ([see the example of an implementation plan - page 30](#)).

2. Specify the intervention

It is hard to know how to implement something without knowing precisely what it is yet, surprisingly often, local areas head into making changes without a shared understanding of **what is being implemented**. Developing a detailed and shared understanding of an approach can be aided by thinking through and specifying the 'core components' (also known as 'active ingredients'). These are the essential principles and practices that underpin the approach and are needed to make it work ([see examples of core components on the implementation plan on page 30](#)).

Established, evidence-based programmes can provide local areas with a set of defined core components. If that is the case, local areas should focus on understanding why they are important and on implementing them as intended by the developer. If local areas are using research evidence to develop their own evidence-informed approaches, they will need to specify a set of core components and agree them as fixed elements that are applied consistently. For example, if a local area is introducing a new approach to supporting early communication and language skills, its application may differ across different teams but consistent features will apply across all.

3. Select a tailored package of implementation strategies

The next step when planning implementation is to design a package of implementation strategies that will introduce the intervention. Typically, the use of a single strategy alone will be insufficient to successfully support implementation of a new approach. For example, while professional development is certainly useful, it should be used in combination with other implementation strategies ([see example plan - page 30](#)). The aim should be to use strategies that reinforce each other at different levels - those aimed at individual practitioners, as well as those relevant to senior leadership teams or service-wide change.

The choice and nature of such strategies should be shaped by barriers and enablers that were identified in the



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families - Beta version

Taking time to specify and understand core components allows local areas to:

- ✓ **Unite practice:** Local areas can only **unite** practices if those intended practices are clearly understood
- ✓ **Shape implementation strategies:** Core components inform the choice and nature of implementation strategies. For example, professional development should focus on building the knowledge, skills, and practices that are captured in the core components
- ✓ **Keep people on track:** When practitioners try a new approach it's to be expected that they won't get everything right first time. An agreed set of core components to return to can help people refocus on the purpose and nature of the intervention
- ✓ **Monitor fidelity:** To assess whether an approach is being used as intended, you need to know what you are looking for. The core components inform how to monitor implementation fidelity (see [page 36](#))
- ✓ **Enable intelligent adaptations:** Building a shared understanding of the core components allows staff to agree what can and can't be adapted, which can improve implementation. When local areas are developing their own approaches, there are limits to how accurately the core components can be specified. Implementation leaders should, therefore, keep reviewing the core components (see [Sustain phase - page 36](#)).

Explore phase. For example, if a local areas identifies there is weak motivation for a change it may decide to pilot the approach first to build momentum. This process of selecting and tailoring strategies continues throughout implementation as new barriers and enablers emerge ([see Deliver phase - page 33](#)).

4. Design a way of monitoring implementation

Monitoring enables ongoing learning and improvement as implementation progresses; it helps local areas understand what's working, for whom, in which circumstances, and why. It also determines whether an approach is being delivered as intended, that is, with fidelity. **Reflecting** on these insights, through a process of on-going 'test-and-learn', helps target support and make changes that further improve implementation. To prepare for monitoring, local areas need to develop a system for gathering, interpreting, and acting on implementation data.

Prepare at the outset of your planned implementation to create opportunities throughout the process to capture monitoring data from a variety of sources, for example from parents, practitioners, children and young people before, during and after the intervention is implemented. It is also useful to consider collecting wider organisational data, for example initial or re-referral data from services in order to monitor change. The Early Intervention Foundation [Reducing Parental Conflict Evaluation Guide](#) contains further details to support this process.

4.1. Unite values and practices around monitoring

The presence of a monitoring system alone doesn't guarantee it will be used. For monitoring to improve outcomes, practitioners need to be **united** as to why monitoring implementation is important and how data will be used. Implementation leaders have a key role in facilitating discussions here. Monitoring implementation should be framed positively as enabling constructive **reflection** and feedback, rather than playing a punitive accountability function (it's about improving rather than proving).



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families – Beta version

Staff should be actively **engaged** in deciding what types of data will be useful, at what timepoints, and why. Where possible, **engaging** those with lived experiences relating to the intervention when designing monitoring systems can allow local areas to understand how an intervention is impacting those it is intended to support.

4.2. Monitor a range of implementation outcomes

There are two types of outcomes local areas need to think about when implementing an approach. The final outcomes of implementation specify the overall goals of a change such as increased natural networks for children in our care. Equally, local areas also need to consider and measure the key steps towards these final outcomes. These are the implementation outcomes, which indicate whether implementation is being done well - and where and how it can be improved.

A combination of implementation outcomes is needed to increase the likelihood of an intervention having a positive impact (see Figure 4). For example, if a team wants to build resilience in young people with experience of bullying through a manualised programme, staff will need to adopt the intervention and implement it with fidelity (as intended).

To see positive results in the long run the intervention needs to be sustained over time. All of this is influenced by how feasible and acceptable people feel the approach is to use as part of their daily practice. Local areas should, therefore, set out to achieve a range of implementation outcomes.

5. Specify the final outcomes

Local areas complete an implementation plan by specifying the final outcomes that they would like to see. These help determine whether the defined child and family need has been met. It is likely that these final outcomes will include child or family level outcomes such as reduced violence, improved child self-confidence, or increased parental self-efficacy. Implementation leaders should establish what measures and methods will be used to evaluate these changes, for example, comparing different cohorts or tracking longitudinal data.

CREATE A USABLE MONITORING SYSTEM

When specifying implementation outcomes, think about what will indicate success in the short, medium, and long term, for example, initial buy-in and sustained use. As a starting point, set out to capture the degree to which the core components are being implemented, how people's skills are developing, and any adaptations that are made.

Having defined a set of appropriate implementation outcomes, local authorities and their partner agencies also need to develop some reliable measures to capture these outcomes. As an example, if a local authority was introducing the Foundations Parenting through Adversity Practice Guide (0-10 years), they may decide to collect measures based on how the current local parenting offer is being delivered when compared against the practice guides key recommendations. Members of the implementation team may choose to do this as a self-evaluation group exercise across services using the guide's reflective tool, recording the baseline assessment on shared documentation and jointly planning actions and next steps with agreed timescales and resources.

Monitoring systems need to fit with local area routines and be usable as part of people's daily work. Collect and summarise data in formats that are easy to understand and consider practitioner's time and capacity. Where possible, weave monitoring into existing processes within the local areas, such as staff meetings. Before you start, ensure people understand new monitoring activities and what is required of them, for example, roles of leaders at all tiers in organisations, transformation teams, Local Evidence Leaders, practitioners, families and children and young people.



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families - Beta version

Figure 4. A combination of implementation outcomes is needed to improve final outcomes

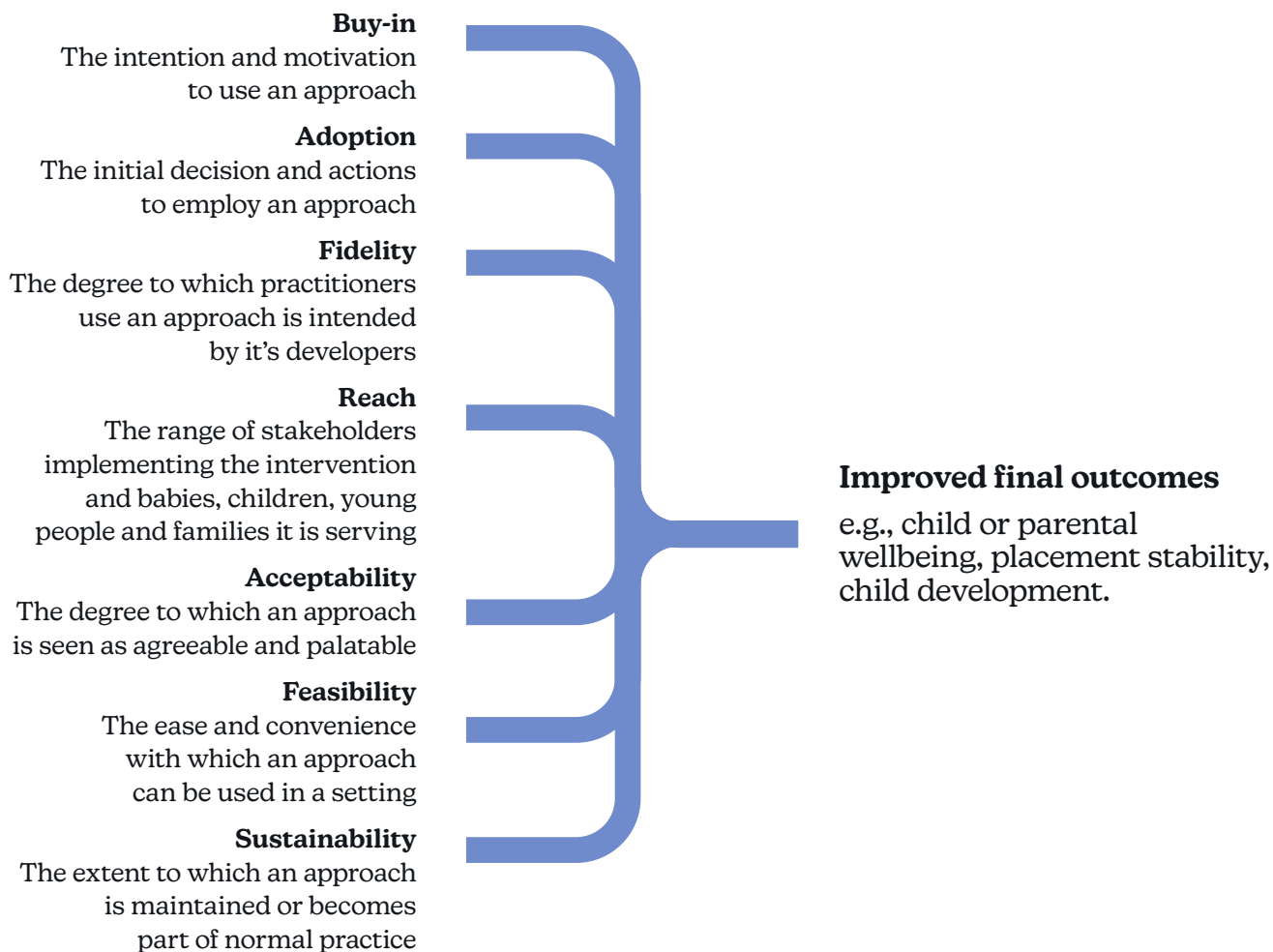


Figure 5: Example implementation plan – supporting family networks using the Family Group Conference approach at the pre-proceedings stage

Problem (Why?)	Intervention description (What?)	Implementation Strategies (How?)	Implementation Strategies (How?)	Final Outcomes (And so?)
<p>Babies, children & young people</p> <p>There is a need to prevent care placements for babies, children and young people. Foundations' Randomised Control Trial (RCT) found that Family Group Conferences (FGCs) can prevent over 2000 children a year going into care.</p> <p>Parents, carers and family networks</p> <p>FGCs provide families with much needed additional family support. They are most effective when part of a whole system of support.</p> <p>LA leaders and FGC service leads</p> <p>Evidence shows that the success of FGCs depends on how they are delivered. Key actions LAs can take are:</p> <ul style="list-style-type: none"> • Set out a clear local vision for FGCs • Ensure workforce capability for family led approaches • Get partners on board with the case for FGCs • Reinforce high quality delivery and set up review arrangements for monitoring and evaluating FGCs. 	<p>Core component 1: Families are offered FGC at the right time and in the right way.</p> <p>Core component 2: The Family Group Conference co-ordinator is independent</p> <p>Core component 3: The family's decision to participate is voluntary</p> <p>Core component 4: FGC is family-led and includes 'private family time'</p> <p>Core component 5: Referred child or adult is the central focus of the FGC and supported to take part</p> <p>Core component 6: FGC service should ensure that the family has all necessary resources to make their plan</p> <p>Core component 7: FGC should respect the family's privacy and right to confidentiality</p> <p>Core component 8: The FGC service should work to the principles of equality and inclusivity, promoting diversity including respecting and being sensitive to the family's culture and individual identities.</p>	<p>Short term</p> <p>Buy-in:</p> <ul style="list-style-type: none"> • FGC team and partner organisations are enthusiastic about the approach • They are clear about what is expected and the support that will be provided <p>Fidelity:</p> <ul style="list-style-type: none"> • Professional development is aligned with the UK standards <p>Feasibility:</p> <ul style="list-style-type: none"> • Staff can engage in initial implementation activities <p>Medium term</p> <ul style="list-style-type: none"> • Adoption – FGC coordinators are beginning to apply new knowledge and skills as they begin to deliver FGCs <p>Fidelity:</p> <ul style="list-style-type: none"> • Practices for core components are being implemented well <p>Acceptability:</p> <ul style="list-style-type: none"> • Staff feel that the approach is supporting family relationships <p>Long term</p> <p>Reach:</p> <ul style="list-style-type: none"> • All families at the pre-proceedings stage are offered an FGC • The approach is being used consistently across all FGC co-ordinators in the team <p>Fidelity:</p> <ul style="list-style-type: none"> • All components are delivered in line with the UK standards <p>Sustainability:</p> <ul style="list-style-type: none"> • The approach is embedded into team pedagogy and planning processes • Systems and structures are in place to train new staff and refresh existing practices. 	<p>Key stages of delivery</p> <ul style="list-style-type: none"> • FGC co-ordinators receive training from accredited provider in relation to UK standards • Ongoing CPD post training with national and local networks • Ongoing support and supervision from local team following staff induction <p>Monitor</p> <ul style="list-style-type: none"> • Referrals into FGC service • Number of referrals converting into an FGC across local communities • FGC planning and delivery processes aligns with the UK standards • Information from child, families and professionals at case closure • Outcome following FGC eg number children placed in kinship care/go into care <p>Implementation team and champions</p> <ul style="list-style-type: none"> • Experienced FGC service lead oversees planning, monitoring, problem solving and reviews implementation • FGC team lead and senior leaders in the local authority champion the approach <p>Ongoing professional development</p> <ul style="list-style-type: none"> • FGC co-ordinators join national professional development networks • FGC service lead provides structured opportunities in the team for staff to overcome barriers <p>Senior leadership communications</p> <ul style="list-style-type: none"> • Senior leaders- emphasise FGC at the pre-proceedings stage as a local authority priority as part of strengthening family networks strategy • Take repeated opportunities to reinforce the approach both within the council and with partner agencies • Communicate signs of successful outcomes as they emerge and cost benefit. 	<p>Babies, children & young people</p> <ul style="list-style-type: none"> • All babies, children and young people are offered the option of remaining within their family network if safe to do so • Children living in kinship care arrangements have better educational and life chances. <p>Families</p> <ul style="list-style-type: none"> • Greater trust between families and professionals • Families feel that power is shared equally during the process. <p>Local authority</p> <ul style="list-style-type: none"> • Children less likely to go into care • More children supported by the local authority kinship local offer • Local authority can demonstrate overall effectiveness of family led



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families - Beta version

PRACTICALLY PREPARE

Once implementation has been planned and a decision has been made to adopt an approach, the focus shifts to practical preparations: preparing people, preparing the approach, and preparing the systems and structures that are needed to support implementation.

Provide leadership direction and support

Before delivery begins, leaders should unite people by reiterating the purpose of the approach and what will be expected, supported, and rewarded in its use, for example, emphasising the core components. Repeated opportunities should also be created to discuss the upcoming changes.

Where people are resistant to change, leaders can use evidence to demonstrate the anticipated benefits of a proposed change compared to previous practice. If views and values differ, implementation leaders can gather and acknowledge differences in opinion and seek to develop consensus, exploring concerns directly with individuals where appropriate.

Now is a good time for leaders to identify and empower other people who can positively influence implementation, that is, people who enable change. For example, 'champions' can advocate for an approach by generating enthusiasm, modelling good implementation, and supporting others to use it effectively. When staff witness implementation leaders being proactive in identifying and solving problems in a collaborative manner, it builds trust and facilitates change.

Consider how the approach can be adapted to better fit the setting

Careful adaptations can improve buy-in, fidelity, and final outcomes. Adaptations should focus on how an approach is delivered rather than on changes to its core components. For example, adapting a programme's resources to better fit the setting in which they are used can potentially improve implementation. For example, changing the appearance of materials for children and parents. Where an adaptation omits or changes crucial elements of the approach (its core components) it is less likely to succeed.

Local leaders and practitioners involved with implementation should discuss whether appropriate adaptations could help make the approach more workable in the setting where it is used. For example, an early help partnership may have defined a core set of components relating to Early Help but the way in which these practices are delivered will vary across different teams.

Provide high quality professional development

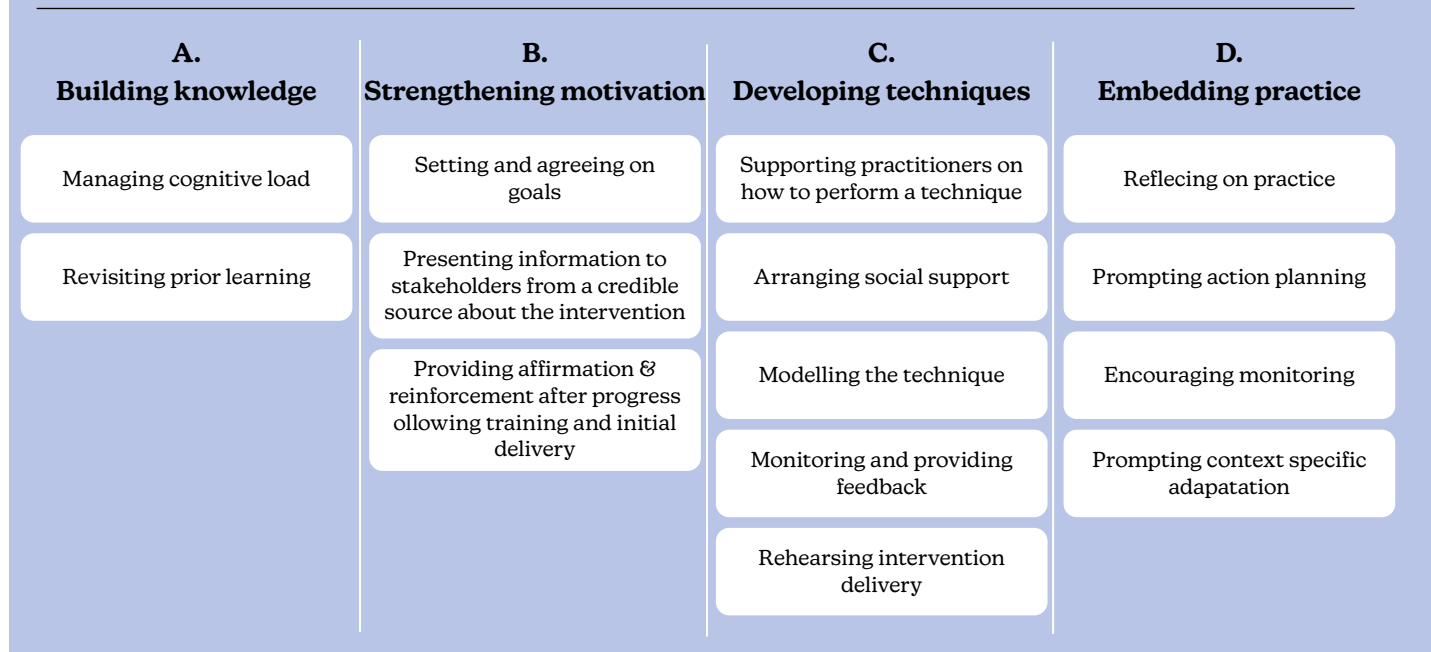
High quality professional development is a key strategy to support people to change their behaviour and practices. Professional development unites staff's knowledge, skills, and practices, which supports implementation of a new approach. Focusing on the mechanisms is more reliable than focusing on broad categories of professional development such as coaching or Professional Learning Communities, which are open to misinterpretation and can be done badly as well as effectively. The guidance identifies 14 mechanisms, which can be split into four groups (see Figure 7 below). This figure is based on research evidence in education for the EEF guidance and is currently still being adapted for a Children's Services context.

It is particularly important that those delivering the intervention are provided with ongoing professional development once the approach is being delivered, meaning that professional development should continue throughout implementation.



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families - Beta version

Figure 7. The mechanisms of professional development



Prepare the systems and structures that enable implementation

Practically preparing for implementation involves ensuring that the right systems and structures are in place. This can include, for example:

- dedicated administrative support staff who understand their roles
- systems for collecting and reporting data
- technical support and equipment—with practitioners trained and skilled in its use
- a realistic amount of time to implement the approach
- accessing new funding
- appropriately defined governance and leadership.

These practical systems and structures tend not to be noticed when working well, however, they are important in removing barriers and allowing practitioners to focus on developing and applying new skills. Where possible, local leaders should repurpose existing systems and resources rather than adding lots of additional infrastructure. If this isn't possible, it may be necessary to prune competing initiatives ([see De-implement Approaches - page 38](#)).

LEADERS' KNOWLEDGE OF IMPLEMENTATION

Leaders may well need professional development themselves if the intervention is new to them, especially as research suggests that leaders can overestimate their knowledge and be less likely to take up training. Local leaders should, therefore, take time to learn about **what is being implemented** and its implementation, including:

- How the approach addresses children and families needs
- how it applies to the setting
- the core components of the approach and measures of fidelity
- the barriers and enablers to implementation.



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families – Beta version



DELIVER

Delivery of a new approach can be challenging as new behaviours and structures are learned and old habits set aside, creating feelings of uncertainty that can potentially derail the implementation effort. This phase is, therefore, about enabling ongoing improvement by, for example:

- Demonstrating support from leadership
- Motivating staff
- Identifying and solving problems
- Providing ongoing professional development to help embed new skills, knowledge, and behaviours.

When delivery is framed as a learning process, monitoring implementation becomes an essential tool in identifying, and acting on, implementation problems. Data and experiences should be gathered while applying the new approach and this information used to improve its use over time.

Support delivery practitioners during initial attempts at implementation

A key role for leaders during this period is to support wellbeing, manage expectations, and encourage buy-in until positive signs of change emerge.

Personal emotional stress and burnout can be damaging for individuals and prove a barrier to implementation. This applies across all phases but is particularly relevant during the initial delivery period if practitioners are inexperienced, or if key people leave a project. There is evidence that wellbeing can be supported throughout implementation by:

- **sharing the responsibility** for implementation and **engaging people in decisions**
- **giving time** for practitioners to collaborate, plan, and learn together
- **focusing on realistic goals** and the **removal of burdensome administrative tasks**
- providing **extra time** and **additional support**
- **engaging practitioners directly** in discussions about **their wellbeing**.

If local areas are attending to the behaviours and contextual factors that underpin effective implementation, supportive strategies such as these are likely to be embedded in the day-to-day work of the local areas rather than being reactive solutions.



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families – Beta version

Provide timely prompts and reminders

Providing timely prompts and reminders—such as prompts in meetings—can help people feel connected to the intervention, maintain commitment, and improve fidelity. A good place to start is reminding practitioners of the core components of the approach and reiterating the importance of their consistent implementation. Examples of other types of reminders include providing advice about challenging aspects of delivery and providing self-evaluation checklists.

Reminders and prompts only work if those who are implementing an approach are **reflective** and monitoring their practice; if the intention or knowledge to use an intervention isn't in place, then reminders are unlikely to overcome these barriers.

Reinforce initial professional development with follow-on support

While up-front training is important in developing a conceptual understanding of a new approach, crucially, initial training is unlikely to be sufficient to yield changes in practice. Often, it is only when follow-on support is provided, as practitioners are delivering a new approach, that they can apply their conceptual understanding to practical behaviours.

Follow-on support should align with the best available guidance on effective professional development ([see page 33](#)) and should include:

- building-in opportunities for practitioners to revisit prior learning
- arranging social supports so practitioners can discuss problems, share insights, and provide peer support and assistance
- modelling the delivery of new skills and strategies, for example, via demonstrations from expert practitioners
- creating opportunities for practitioners to rehearse techniques and prompt context specific repetition;
- providing support and feedback to improve techniques and set specific goals
- encouraging practitioners to monitor and reflect on their own performance
- acknowledging practitioner's efforts and reinforcing key messages.

There may be individual differences in who needs further support, and when, so be responsive to people's needs. For example, face to face support might be targeted to practitioners who are facing particular challenges with implementation.

Use monitoring data to improve implementation

For monitoring to improve implementation and child and family outcomes, data and insights on progress need to be shared, understood, and used. Sufficient time and opportunities should be created for practitioners to **reflect** on implementation data and feedback, and for implementation leaders to identify and tackle problems. When practitioners witness early signs of implementation success, it can help generate enthusiasm and buy-in, particularly if there has been resistance to a change.

A key outcome to be monitored is implementation fidelity, which is the degree to which an intervention has been implemented as intended by its developers. Fidelity data can relate to structural aspects of the intervention, such as whether the correct number of sessions are delivered, or more dynamic aspects such as whether key

MONITOR AND IMPROVE

During implementation planning, systems and structures were developed to monitor implementation ([see Design a Way of Monitoring Implementation – page 28](#)).

These are now used to identify, and act on, implementation barriers and enablers, which drives ongoing improvement.



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families – Beta version

techniques are included in intervention delivery. Practitioners shouldn't view fidelity as a threat to professional autonomy but as a way of understanding where to be 'tight' and where to be 'loose'.

Leaders and delivery practitioners should **reflect** jointly on how well practice aligns with core components, how fidelity might be improved, and whether additional support is needed. Doing so helps **unite** practices and behaviours for the new approach.

Gather feedback from children and families

Engaging children and families can provide valuable feedback on the implementation of an approach, which may improve fidelity and help sustain change. Feedback shouldn't just focus on whether children and families like a new approach but also on how they think implementation can be improved and whether their needs have changed.

Feedback can be informal or be gathered more formally through surveys and meetings. Seeking open feedback can unearth misunderstandings and differences in priorities and values among children, families and services. This creates opportunities to address tensions across the local partnership and **unite** values around a change.

Tailor implementation in response to barriers and enablers

As implementation unfolds, monitoring will inevitably reveal barriers and setbacks. For example, a particular session in a manualised intervention may be proving too long to deliver effectively or not landing well with families.

Encouragingly, solutions to addressing implementation barriers often lie within the local partnership. For example, some practitioners will inevitably pick up techniques quicker than others so be ready to draw on these 'early adopters' to model good practice: these are **people who enable change**. This illustrates how **reflecting** on implementation data helps local services tailor their implementation strategies and adapt plans over time.

Essentially, this process of acting on implementation barriers and enablers is a continuation of considerations that began in the Explore phase when potential implementation barriers and enablers were being anticipated: now they are being responded to as they emerge, based on real-time data.

Checklist

- Is delivery of the approach treated as a process of ongoing learning and improvement?
- Are systems in place to monitor implementation, identify barriers and enablers, and make improvements?
- Do practitioners feel supported by the actions of leadership?
- Is professional development built into a support structure following training, such as supervision and feedback?
- Is there a critical mass of staff who have received up-to-date training in the intervention to meet need and account for staff turnover?



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families - Beta version



SUSTAIN

MAINTAIN THE EFFORT

Local services regularly feel under pressure to implement change and deliver results quickly. While rapid change is sometimes necessary (for example, responding to a pandemic), a culture of short-termism can result in projects withering or becoming far removed from their original intention.

There can sometimes be an initial dip in outcomes during implementation as existing practices are stopped and new practices take time to embed. Implementation dips can also occur later as momentum fades and competing priorities emerge. In both cases, the evidence suggests the need to maintain implementation effort and keep supporting and monitoring the changes.

Build sustainability by continuing implementation strategies

In many ways, the seeds for sustainability are sown throughout an implementation process. In the context of this guidance report, this means adopting the right **implementation strategies** and ensuring they include the **behaviours** and **contextual factors**. Strategies that help sustain an approach include revisiting and adapting implementation plans, refreshing professional development, and ensuring that improved outcomes are clearly visible to delivery practitioners and across the local partnership.

Keep acknowledging and supporting good implementation practices

Implementation can falter without sustained leadership support. For example, an approach is less likely to be sustained if people aren't clear of their ongoing role in relation to implementation—such as how all practitioners can follow the new practice model. Keep using reminders to maintain fidelity and emphasise it is still valued.

The loss of key people can fundamentally change how an intervention is perceived in a local area, especially when there is an over-reliance on certain individuals. Rather than leave the responsibility for implementation to one or two people, ensure that a broad range of staff are involved. Where specific leads or champions are driving implementation, they should function within a supportive team.

REVIEW AND ACT

Once the implementation effort has been maintained and given a good chance of success, implementation leaders and local partnerships should take stock of how implementation has gone and decide on next steps.

This can lead to several possible pathways, including embedding the approach, changing its scale, or stopping its use.



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families – Beta version

Conduct a thorough review of implementation to inform next steps

Reviewing implementation requires revisiting children and families needs and reassessing the suitability, feasibility, and impact of your approach. A practical way to do so is to revisit the Tool for Making Evidence-Informed Decisions from the Explore phase ([see page 19](#)) and your implementation plan ([see page 30](#)). This involves:

Reassessing child and family needs and the suitability of the approach

Implementation leaders should assess to what extent the identified child and family need has been addressed. Whereas as in the Explore phase judging effectiveness was based on external research evidence, now it will be possible to focus more on the evidence and data collected from participants or those who have benefitted from the approach:

- What local evidence do we have that the approach is effective?
- How has the setting for implementation changed and how have practices changed?
- How suitable is the approach now for our needs and context?

Reassessing implementation readiness

Local partnerships are always evolving: for example, turnover in workforce can affect how an intervention is delivered or a change in strategy can shift improvement priorities. This means that a local area's capacity to implement is rarely static; it can be developed and built, but can also diminish. Implementation leaders might ask:

- Have any new barriers to implementation emerged?
- Are the associated systems and structures still suitable?
- Are there sufficient people who can enable change?

Reviewing implementation plans

There is also value at this point in revisiting implementation plans and using them to reflect on the overall implementation process: supportive strategies such as these are likely to be embedded in the day-to-day work of the local areas rather than being reactive solutions.

- Overall, what has been successful and less successful?
- How well has the approach been implemented (for example, in terms of reach, fidelity, and acceptability)?
- Are the implementation strategies still appropriate?
- How have people's experiences influenced the implementation climate?

Collectively, these deliberations should inform an explicit decision to sustain, scale, or de-implement an approach.

Decide on next steps

Reviewing implementation leads to several possible options, including:

1. Sustain

If an approach is working, and people think it is worth retaining, then efforts should be made to integrate it into the everyday life of the team. For example, it could become part of a team's induction process for new staff or captured in local policies. Embedding the approach in the local area's **systems and structures** makes it more resilient and likely to be sustained.



RECOMMENDATION 3 PROCESS | An implementation framework for designing and delivering services for children & families – Beta version

Where services are implementing internally developed approaches, further adaptations may be needed to maintain a good fit between the approach and the setting. Be careful though! Too much flexibility can be damaging, with over-modification resulting in lack of impact. The take-home lesson is to adhere to the core components of an approach until they are securely understood, characterised, and implemented and only then begin to consider adaptations based on robust evidence ([see the section on designing a way of monitoring implementation on page 28](#)).

2. Scale

Decisions about scale-up will be influenced by what is being implemented and the overall aims of implementation. For example, following a successful pilot, an approach to improving early communication and language might need scaling across a whole authority, whereas a small group intervention to reduce parental conflict will continue to be used with a smaller cohort. It may even be appropriate to reduce the scale of an approach if child and family needs have changed.

It's important to remember that as an intervention is scaled, the context for implementation also changes. New implementation barriers and enablers can emerge. For example, practitioners or local leaders who are new to an approach may not be as united around its purpose, or more facilitators may be required to lead professional development. This would suggest a new implementation process is required.

3. De-implement

An implication of taking a more thoughtful and purposeful approach to implementation is that local services and partnerships should probably do fewer things better. To make room for this it might be necessary to de-implement approaches that have served their purpose or have proven to be ineffective. Stopping practices is rarely straightforward, particularly in the dynamic environment of local authorities where business as usual can become routine and habitual. This means it can be hard to stop established practices even if there is a clear rationale and instruction to do so. Just as when introducing an approach, de-implementation should be conducted in a similarly thoughtful and structured way.

Checklist

- As new priorities emerge, is sufficient support in place to protect and maintain the implementation effort?
- Do leaders continue to acknowledge and support good implementation practices?
- Are a range of people involved so that we aren't over-relying on individuals?
- Before deciding whether to continue, scale-up, or stop an approach, have we reviewed the previous implementation effort and outcomes achieved so far?

SUMMARY OF EVIDENCE

This is a summary of evidence that aims to identify and synthesise the barriers and facilitators that influence the implementation of evidence-based interventions, and service reform, within children’s services and partner organisations.

This synthesis has been conducted to support the development of the Foundations Implementation Framework. This Framework is based on the Education Endowment Foundation’s School’s Guide to Implementation, which is underpinned by primary data collection in schools and extensive evidence reviews. These reviews include details on what leads to improved implementation in schools, and the theories, models, and frameworks within the implementation science literature more broadly.

While the broader literature is relevant, and there are important overlaps across the contexts of education and children’s services, there are also distinct differences. These differences may have implications for how interventions and service changes are implemented within these settings. Therefore, to ensure this Framework is contextually relevant more broadly to services and systems that support children and families, we conducted two separate streams of evidence synthesis. We describe these two streams and present their combined findings below.

Methods

This evidence synthesis was developed from two complementary approaches. First, we commissioned the Centre for Evidence and Implementation (CEI)¹ to conduct an umbrella review of the existing literature on the barriers and facilitators for implementation of evidence-based interventions in children’s services, including in statutory, voluntary, and third-sector children’s services (e.g. child protection, child welfare, family support services, foster care, adoption services, and residential care). This review included systematic and narrative reviews that met the identified inclusion criteria. Most importantly, as the purpose of the exercise was contextualisation, research that was conducted in the United Kingdom, along with other high-income countries, was prioritised. Eight review papers were identified for inclusion.

Second, we conducted an in-house synthesis² of evidence of implementation determinants from Foundations evaluation projects (published and unpublished outputs) and systematic reviews underpinning the [Practice Guides](#). The evaluation projects ranged in scope and focus, including whole-system change as well as specific interventions across children’s services, Children’s Social Care, parenting, and domestic abuse. Practice Guides cover Kinship care, Parenting (0–10 years and 11–18 years), Mentoring & Befriending, and Disabled children.

For the synthesis of these Practice Guides, we particularly focused on qualitative data relating to facilitators and barriers of intervention implementation, and the preferences and perceptions of both intervention deliverers and recipients. Data was extracted using a standardised template aligned with the themes and domains also used in the umbrella review, to enable cross-source comparison.

1 Available at: <https://foundations.org.uk/wp-content/uploads/2026/04/cei-umbrella-review-implementation-childrens-social-care-evidence-based-interventions.pdf>

2 Available at: https://foundations.org.uk/wp-content/uploads/2026/04/implementation-framework_extraction-synthesis.pdf

Consolidated Framework for Implementation Research (CFIR)

Findings from both the umbrella review and the in-house review were organised according to the Consolidated Framework for Implementation Research (CFIR). This is a tool that helps people understand why a new programme, policy, or practice works (or does not work) in the real world. In simple terms, it is like a checklist or map that shows all the different factors that can affect whether a new idea gets put into action.

CFIR has five main areas (called domains):

1. **Innovation:** What is being implemented?
2. **Outer setting:** What is going on outside the organisation?
3. **Inner setting:** What is happening inside the organisation(s)/service(s)?
4. **Individuals:** Who is involved?
5. **Implementation process:** How is it being rolled out?

Essentially, CFIR helps to think systematically about facilitators or barriers to getting new ideas into practice within these different domains – i.e. what helps or hinders change. Many of these align with parts of Foundations' Implementation Framework itself too. However, we have used the CFIR to present information here because it enables an in-depth consideration of the context of implementation, distinguishing between 'inner' and 'outer' setting domains. As this evidence synthesis is primarily concerned with contextualisation in children's services, we felt that it was important to present the findings from both the umbrella review and the in-house extraction within the CFIR, where context is thoroughly considered. This also facilitates coherent synthesis of the two streams of evidence review.

Summary of findings

This section summarises key facilitators and barriers for each of the domains in the CFIR framework. Further information is presented in the full reports.

1. Innovation

The characteristics of the intervention, programme, or reform that is being implemented; for example, how it was designed and how complex it is.

Key facilitators

- **Alignment of an innovation with national policy:**
 - Alignment with central government policies.
- **Strong evidence base:**
 - Evidence of effectiveness of the programme
 - Evidence of acceptability, including from target group/recipient and staff.
- **Design of support:**
 - Tailored and flexible support
 - Assists access to a range of support to meet needs
 - Support that recognises emotional, psychological, and practical needs of children and families
 - Trusted relationships between practitioners and children and families are facilitated and encouraged as part of the design of support.

Key barriers

- **Delivery context:**
 - Short timeframes to deliver the intervention, often due to funding timelines.
- **Design of support:**
 - Complex or intricate designs of interventions that are difficult to embed into routine practice
 - Insufficient tailoring to meet needs of recipients
 - Unclear intervention aims or outcomes.
- **Weak evidence base:**
 - Lack of relevant research on acceptability and effectiveness.

2. Outer setting

The external factors or the broader context in which the inner setting exists; for example, national policies, local community pressures, and partnerships.

Key facilitators

- **Alignment with local context:**
 - Alignment of the intervention with local priorities and existing practice, structures, and networks.
- **Robust governance:**
 - Strong local governance arrangements.
- **Strong and effective partnerships:**
 - Strong multi-agency partnerships
 - Shared purpose and commitment
 - Partnership buy-in and understanding
 - Effective information-sharing systems.
- **Availability of support for implementation:**
 - Support from other implementing local authorities or innovation developers.

Key barriers

- **External regulatory influences:**
 - External regulatory processes (e.g. Ofsted inspections) influencing delivery
 - Overly bureaucratic or inflexible legislation preventing flexible delivery.
- **Limited resources and capacity:**
 - Limited local resources and finances needed for implementation
 - Lack of sustainability planning.

- Issues with partnership working:
 - Issues with referrals from partners, including low referral rates
 - Unclear or inconsistent referral pathways
 - Discrepancies in understanding or applying children’s services thresholds for referral and support
 - Divergent processes across the partnership, including for consent and confidentiality
 - Information-sharing difficulties between partner organisations.

3. Inner setting

The internal factors or setting of implementation; for example, culture, teamwork, and communication. This might be comprised of multiple settings and/or levels.

Key facilitators

- Strong organisational infrastructure and systems:
 - Sufficient infrastructure to support implementation
 - Dedicated resources and capacity for implementation
 - Comprehensive monitoring and evaluation processes.
- Positive team culture and shared purpose:
 - Shared purpose and vision among staff
 - Consistent understanding and buy-in across teams.
- Effective communication and joined-up working:
 - Co-location of staff and teams
 - Shared understanding of roles and responsibilities
 - Networks among likeminded stakeholders/peers
 - Good two-way communication between practitioners and recipients
 - Single lead professional to coordinate delivery.
- High quality training:
 - Access to appropriate and consistent information, training, and guidance
 - Training is available for practitioners and recipients.
- Culturally competent, relationships-based practice:
 - Non judgemental, culturally sensitive approaches
 - Shared cultural experiences
 - Practices that promote trust, respect and meaningful engagement.

Key barriers

- Structural and organisational issues:
 - Issues with data access, ownership and recording that limit information sharing
 - Incompatible IT systems and recording processes that hinder coordination across partners
 - Organisational restructuring, causing instability.

- **Workforce capacity and stability issues:**
 - Overstretched staff managing heavy or complex caseloads
 - High workforce turnover or instability, reducing consistency
 - Limited time and capacity for training.
- **Communication and role clarity issues:**
 - Lack of clarity regarding roles and responsibilities
 - Poor understanding of the intervention across teams
 - Poor communication and lack of continuity in relationships between recipients and deliverers.
- **Cultural and values-based misalignment:**
 - Tension between intervention aims and existing practitioner values or practices
 - Team cultures that resist change.
- **Problems with intervention design or delivery:**
 - Design or delivery approaches that do not fit local needs or are inappropriate for recipients.

4. Individuals

The people involved (such as service leads, deliverers, and recipients), including their beliefs, knowledge, confidence, and motivation to make the change.

Key facilitators

- **Strong and stable leadership:**
 - Stable and committed senior leaders and team managers
 - Leaders who are dynamic, open, and motivated to implement change.
- **Skilled and trusted practitioners:**
 - Practitioners who are able to connect well with recipients, communicate openly and build trust
 - Practitioners who are perceived as expert and knowledgeable.
- **Role of parents/carers:**
 - Parents/carers who provide appropriate emotional support to their children during implementation of interventions for children and young people.

Key barriers

- **Negative practitioners' interactions with recipients:**
 - Monitoring approaches are sometimes viewed as unhelpful.
- **Lack of engagement or inappropriate engagement:**
 - Parents/carers' involvement during implementation that is viewed as intrusive by young people or leads to self-censorship by parents and young people
 - Difficulties engaging parents/carers due to distrust of services
 - Diverse and individual nature of needs, and low individual motivation or capacity to engage.

5. Implementation process

The process of change, including planning, training, engaging of people, and evaluating along the way.

Key facilitators

- **Appropriate tailoring of interventions or practice:**
 - Adaptations to meet delivery context
 - Support that is co-designed and responsive to needs
 - Regular professional reviews to adapt support over time.
- **Engagement with recipients:**
 - Co-production and co-design for meaningful engagement
 - Recipients give and receive peer support during implementation.

Key barriers

- **Difficulties with tailoring interventions or practice:**
 - Difficulties meeting full range of needs through tailoring
 - Challenges with balancing structure and adaptations.
- **Barriers to engagement:**
 - Structural and emotional barriers reduce ability to engage effectively
 - Stigma and marginalisation hinder engagement.

Limitations

A key limitation of the umbrella review conducted by CEI is that, as with all umbrella reviews, this drew solely on published systematic and narrative reviews. This may have resulted in missing important implementation details that are captured in primary empirical studies, process evaluations, and practice reports.

The in-house synthesis of evidence of implementation determinants from Foundations' evaluation projects attempted to address this, though it was completed for a small sample of evaluation projects only. Although the projects were selected to represent a range in terms of scope and focus, it should be noted that this does not represent all of Foundations' evaluation projects, or evaluations within children's services more broadly conducted by other organisations or services. Therefore, there may be key implementation details that have been identified in other reports and outputs that are not included here.