

CHANGEMAKERS

Implementation and process evaluation



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About Foundations, the national What Works Centre for Children & Families

Foundations, the national What Works Centre for Children & Families, believes all children should have the foundational relationships they need to thrive in life. By researching and evaluating the effectiveness of family support services and interventions, we're generating the actionable evidence needed to improve them, so more vulnerable children can live safely and happily at home with the foundations they need to reach their full potential.

About Cordis Bright

[Cordis Bright](#) was funded to conduct an implementation and process evaluation of the Changemakers programme.

Cordis Bright believes that public sector services can change lives for the better. We work collaboratively with our clients to improve outcomes for service users and their families. We provide research, evaluation, consultancy, and advice aimed at improving public services. Our team has a unique combination of consultancy, research, and evaluation skills with previous experience in practice, management, leadership, and inspection. Cordis Bright offers a range of research and evaluation services which aim to improve the evidence base from which public services are delivered.



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GLOSSARY OF TERMS & ACRONYMS

Abbreviation / acronym / terms	Description
BSiL	Best Start in Life
CICs	Community Interest Companies
DfE	Department for Education
EBI	Evidence-based intervention
EDIE	Equality, diversity, inclusion, and equity
EPEC	Empowering Parents Empowering Communities
FF	Family Foundations
LA	Local Area
LEL	Local Evidence Leader
NHS	National Health Service
PDA	Practice Development Adviser
SEND	Special Educational Needs and Disabilities
Resilience Triple P	Positive Parenting Programme



VCFSE	Voluntary, Community, Faith, and Social Enterprise
YEF	Youth Endowment Fund



EXECUTIVE SUMMARY

Introduction

Evidence-based interventions (EBIs) can improve outcomes for children and families, and recent policy reforms have increased expectations that local areas will use evidence to inform service design and delivery. However, despite a growing evidence base, local areas often face challenges implementing and sustaining EBIs in practice, including workforce pressures, competing priorities, limited implementation capacity and difficulties translating evidence into local action.

Changemakers was developed by Foundations to address these challenges through the introduction of a dedicated Local Evidence Leader (LEL) role. Delivered between 2024 and 2026 across four local areas (City of York Council, Merton Council, Stockport Metropolitan Borough Council, and Wirral Council), the programme aimed to strengthen implementation of EBIs and increase evidence-informed decision-making. This evaluation was funded to understand how the programme operated in practice, the contribution of the LEL role, and what can be learned about supporting implementation and evidence use within local systems.

Aims

Cordis Bright conducted an implementation and process evaluation (IPE) of the Changemakers programme. The evaluation examined: how the LEL role was adopted, implemented and integrated within local systems; barriers and facilitators affecting implementation; the perceived impact of the LEL role on implementation of EBIs, evidence-informed decision-making and partnership working; how implementation and outcomes varied across different local contexts; the extent to which the programme's theory of change was supported by the evidence; and the likely sustainability of the LEL role and wider programme impacts beyond the funded period.

The evaluation sought to generate actionable learning for Foundations, participating local areas and wider stakeholders seeking to strengthen implementation of evidence-based approaches.

Methodology

The evaluation used a mixed-methods implementation and process evaluation design informed by Proctor et al.'s (2011) Implementation Outcomes Framework. Fieldwork was undertaken across four participating local areas implementing one or more EBIs with support from an LEL and Foundations' Practice Development Advisers (PDAs).

Data collection included: review of programme documentation, local theories of change and delivery plans; review of quarterly monitoring returns, implementation reports, and cost information; 12 workshops and 24 1-to-1 interviews with programme stakeholders.



Qualitative data was analysed thematically against the research questions, implementation outcomes framework, and programme theory of change. Quantitative monitoring information was analysed descriptively and findings were triangulated across data sources.

Equality, diversity, inclusion, and equity considerations were embedded throughout the evaluation, including exploration of programme reach, accessibility, and engagement with underserved groups.

Key findings

The evaluation findings indicate that it is feasible and valuable to implement a programme like Changemakers in local areas. The programme addressed a common need within local systems for dedicated capacity to support implementation of EBIs, navigate implementation challenges, and bridge the gap between evidence, strategic decision-making, and operational delivery.

The findings also provide broad support for the Changemakers model and theory of change, indicating that dedicated evidence into practice leadership can strengthen the implementation of EBIs and contribute to catalysing improved conditions for wider evidence-informed decision-making and practice within local systems.

Across all four local areas, the programme was implemented largely as intended and stakeholders consistently identified the LEL role as the central mechanism through which implementation support, stakeholder engagement, relationship-building, and evidence translation occurred. Alongside this, external implementation support from Foundations' PDAs and EBI providers emerged as important to success. Local contextual factors like leadership support, workforce capacity, organisational readiness, partnership infrastructure, and EBI fit all shaped how the programme was implemented and the extent to which wider ambitions relating to evidence use and systems change were realised.

The strongest evidence relates to the programme's contribution to implementation processes and local implementation capability for the selected EBIs included in the programme. Stakeholders consistently perceived the LEL role as improving the acceptability, feasibility, and quality of EBI implementation by providing dedicated implementation leadership, coordination, and problem-solving capacity. The programme appears to have strengthened local stakeholders' ability to critically assess, adapt, and implement the EBIs, and supported more reflective and evidence-informed approaches to implementation and decision-making.

There was also emerging evidence that the programme showed promise in strengthening the conditions needed for improved evidence use beyond the EBIs included in the Changemakers programme, such as improved infrastructure, understanding, and confidence for evidence-based decision-making. Some local areas demonstrated promising examples of broader evidence-informed activity beyond the selected EBIs, though this was not consistently evident across the programme and tended to be most apparent among operational stakeholders closely involved in Changemakers. However, in supporting these shifts Changemakers has strengthened the foundations for future evidence-informed decision-making and practice among stakeholders involved with the programme.



Recommendations and next steps

The evaluation findings highlight the importance of investing not only in effective EBIs but also in the implementation capacity required to support their successful adoption, delivery, and sustainability.

The report offers recommendations to support future policy development, continuous improvement, and shared learning. These are intended to spark constructive dialogue and reflection among those delivering, commissioning, and shaping the Changemakers programme or future similar programmes.

The evaluation contributes to a growing evidence base on implementation support and evidence mobilisation within children's services. Future research should explore the longer-term sustainability of implementation leadership functions and examine whether improvements in implementation capability and evidence use translate into improved outcomes for children and families.



INTRODUCTION

Overview

This report presents findings from the implementation and process evaluation (IPE) of the Changemakers programme. Changemakers was funded by Foundations, the What Works Centre for Children & Families, and delivered between 2024 and 2026 across four local areas: Merton, Stockport, Wirral, and York.

Changemakers was designed to strengthen the implementation of evidence-based interventions (EBIs) and increase the use of evidence in local decision-making through the introduction of a dedicated LEL role. The programme aimed to support local areas to select, implement, adapt, and sustain evidence-based approaches while building local capacity for evidence-informed practice.

Cordis Bright was funded by Foundations to undertake an IPE of the programme. The evaluation sought to understand how Changemakers was implemented, the extent to which it operated as intended, the perceived contribution of the LEL role, and what lessons can be learned about supporting evidence-informed practice within local systems.

The findings are organised into chapters corresponding to the research questions. The report first examines implementation feasibility before considering perceived impacts, programme differentiation, and programme theory validation. This ordering reflects the evaluation's focus on understanding how the programme was implemented before considering why outcomes occurred and the extent to which the programme theory was supported.

Context and need for the evidence-based intervention

There is a growing body of evidence demonstrating that EBIs, particularly those adopting a preventative approach, can improve outcomes for children and families. Parenting and family support interventions have been shown to contribute to positive outcomes including improved parenting practices, child development, and family wellbeing (Overbeek et al., 2021; Sanders et al., 2014). Reflecting this evidence, the Independent Review of Children's Social Care highlighted the importance of evidence-based approaches and recommended that effective interventions should become a central part of local areas' support offers for children and families (MacAlister, 2022).

The increased emphasis on evidence-informed practice has continued through a range of recent policy reforms. These include the Department for Education's (DfE) Children's Social Care National Framework and *Stable Homes, Built on Love*, which emphasise earlier intervention, stronger family support and more effective local systems (Department for Education, 2023). More recently, the expansion of Family Hubs through the Best Start in Life programme providing funding for all local areas to invest in evidence-based parenting interventions locally, and wider children's social care reforms through the Families First Partnership Programme, have reinforced expectations that local areas will use evidence to inform service design and delivery and provide



effective support to children and families (Department for Education, 2026; Department for Education, 2025).

Despite the growing evidence base and policy support for EBIs, their adoption and use within local areas remains variable. Recent research by Nesta reinforces the challenges involved in moving from evidence of effectiveness to implementation at scale. The research highlights the importance of sufficient and long-term funding, infrastructure to support intervention scale up, the capacity and quality of the delivery workforce, effective partnerships, and the ability to maintain fidelity while allowing adaptation to local needs (Nesta and Behavioural Insights Team, 2024). More recent analysis also suggests that evidence-based parenting interventions are not currently implemented at sufficient scale to realise their potential population-level impact, highlighting challenges including the complexity of the intervention landscape, limitations in the information available to commissioners and insufficient funding and infrastructure (Nesta, 2025). These findings reinforce wider evidence that embedding EBIs within local areas can be challenging due to limited awareness of available evidence, insufficient expertise and training to select and implement EBIs, competing organisational priorities, workforce pressures and financial constraints (Acquah & Thévenon, 2020; Atkins et al., 2017). As a result, interventions with strong evidence of effectiveness are not always adopted, implemented with fidelity, or sustained over time.

Research from implementation science suggests that evidence alone is rarely sufficient to change practice. Dedicated implementation roles, leadership and structured processes can play an important role in translating evidence into practice and supporting the successful adoption, implementation and sustainability of EBIs (Chilenski et al., 2016; Proctor et al., 2011). This is consistent with Nesta's work, which highlights the importance of implementation infrastructure and support, effective partnerships and sufficient capacity to successfully implement interventions with fidelity, while responding to local context (Nesta and Behavioural Insights Team, 2024). In the absence of such mechanisms, implementation efforts may have limited reach, inconsistent adoption, and challenges in sustaining change.

Changemakers was developed in response to these challenges, based on implementation science literature and the EPIS framework (Aarons, Hurlburt & Horwitz, 2011). Funded by the DfE and YEF, overseen by Foundations and delivered across four local areas (Merton, Stockport, Wirral, and York), the two-year programme aimed to strengthen the implementation of EBIs and increase the use of evidence in local decision-making through the introduction of a dedicated LEL role. The LEL role was intended to provide a structured approach to evidence-informed decision-making, support implementation planning and delivery, foster stakeholder engagement, and help local areas balance fidelity to EBIs with adaptation to local context. Through this approach, Changemakers sought to build local capacity for evidence-informed practice and support sustainable systems change.

More broadly, Changemakers reflects the role of What Works Centres, including Foundations, in supporting the use of actionable evidence and promoting effective practice across local areas. The programme therefore provided an opportunity to explore whether dedicated implementation and evidence leadership roles can help local areas overcome common implementation challenges and strengthen the use of evidence in practice.



Why this evaluation is important and relevant

While there is growing evidence about the effectiveness of preventative parenting and family support interventions, less is known about how local systems successfully implement, adapt, and sustain these interventions in practice. In particular, there is limited evidence on whether dedicated evidence leadership and implementation support roles, such as the LEL, can help local areas overcome common barriers to implementation and embed evidence-informed approaches within complex systems.

The evaluation of Changemakers, which ran from October 2024 until August 2026, therefore offered an opportunity to understand not only whether the programme showed evidence of promise, but how and under what conditions it operated in practice. It explored how the LEL role was operationalised across different local area contexts, how implementation of the EBIs supported or constrained the programme's intended mechanisms of change, and what adaptations were made in response to local priorities, structures, and needs.

While EBIs were an important part of the Changemakers model, they were not the sole focus of the evaluation. Instead, the EBIs provided a practical lens through which to understand how Changemakers functioned as an implementation support programme. This included examining the extent to which the LEL role supported adoption, fidelity, stakeholder engagement, local adaptation, sustainability, and wider evidence-informed decision-making.

The evaluation is timely given the continued emphasis on evidence-informed practice, early intervention and family support within children's services. It sought to generate actionable learning for Foundations, participating local areas and wider stakeholders about how dedicated implementation roles can support the use of evidence in practice, and how the Changemakers model might be refined or strengthened in future.

The Intervention(s)

Across the four participating local areas,¹ Changemakers supported implementation of four EBIs through a common implementation support model centred on the LEL role. While local delivery varied according to context, all local areas received funding for the intervention(s) themselves and for an LEL role, implementation support from Foundations and access to learning and development opportunities.

Table 1 provides a summary of the Changemakers programme using the Template for Intervention Description and Replication (TIDieR) framework (Hoffmann et al., 2014). A full description of the programme, including the intervention theory of change, is available in the Changemakers intervention protocol.²

¹ The four local areas were City of York Council, Merton Council, Stockport Metropolitan Borough Council, and Wirral Council.

² See: <https://foundations.org.uk/wp-content/uploads/2025/03/intervention-protocol-changemakers.pdf>



Table 1. Changemakers TiDieR Framework (Hoffmann et al., 2014)

TiDieR item	Description
Brief name	Changemakers programme
For whom?	The programme targets: • Local areas (LA), health partners (e.g. midwifery and health visitor teams in Stockport and York respectively) and voluntary, community, faith, and social enterprise (VCSE) practitioners • System leaders and policymakers • Indirect beneficiaries include children, families, and communities impacted by EBIs.
Why?	Changemakers sought to address barriers to the implementation and sustainability of EBIs by introducing dedicated implementation leadership through the LEL role. The programme aimed to strengthen evidence-informed decision-making, stakeholder engagement, and local implementation capability.
Who delivers?	LELs, appointed within each participating LA, are the primary agents of change. They are supported locally by Strategic Leads. They received training and guidance from Foundations, alongside ongoing implementation support from Practice Development Advisers.



TiDieR item	Description
What?	Changemakers supported the implementation of selected EBIs within participating local areas, many of which were being delivered as part of wider Family Hubs transformation activity, providing funding for both the recruitment of LELs and the funds to deliver the following EBIs: • Empowering Parents Empowering Communities (EPEC): a community-based programme for parents with children aged 2–11 years old. It trains local parents to run parenting groups to support disadvantaged families experiencing behavioural difficulties and aims to improve child development, parenting, family resilience, and coping. • Family Foundations: a perinatal group-based programme for couples expecting their first child. Couples learn strategies for enhancing communication, resolving conflict, and sharing of childcare duties. Training is delivered by the Fatherhood Institute. • Resilience Triple P: a family intervention for children aged 6–12 years old who have experienced peer bullying. Resilience Triple P will be new in the UK as part of Changemakers. It combines social and emotional skills training for children, with ‘facilitative parenting’ training for parents. In addition to funding the implementation of selected EBIs, Changemakers provided local areas with dedicated implementation support through the LEL role and support from Foundations’ PDAs. Core activities included stakeholder engagement, implementation planning, evidence mobilisation, problem-solving, and organisational learning.
Where?	The programme was implemented in four local areas: Merton, Stockport, Wirral, and York.
When?	Changemakers ran for two years, from 2024 to 2026, with interim and final evaluation activities planned throughout this period.
Tailoring?	While the core Changemakers programme components remain consistent (LEL recruitment and training, stakeholder engagement, evidence mobilisation, and implementation support), the approach is tailored to LA contexts to accommodate specific stakeholder dynamics, system readiness, and community needs. Real-time adaptations are informed by feedback loops and stakeholder insights.



TiDieR item	Description
Modifications?	During delivery, local areas made adaptations to implementation processes in response to emerging challenges and opportunities. These adaptations related to stakeholder engagement, governance arrangements and implementation activities rather than the core content of the EBIs or the LEL role as it was envisioned at the programme outset by Foundations.
How?	LELs delivered the programme through stakeholder engagement, implementation support, partnership development and evidence mobilisation activities. Delivery was underpinned by regular PDA input, cross-site learning opportunities, and ongoing engagement with EBI providers.
How well?	Fidelity was monitored through quarterly programme returns, stakeholder feedback, and EBI monitoring data. The evaluation examined the extent to which programme activities were delivered as intended and identified factors that supported or constrained implementation.

Research aims

In this study, we conducted an IPE of the Changemakers programme. We collected qualitative and quantitative data to evaluate the extent to which Changemakers was implemented as intended and the perceptions of staff and other stakeholders regarding the implementation. This IPE had the following aims:

- **Assess how effectively the LEL role has been operationalised in practice into participating local areas and whether the LEL role has enhanced the implementation of EBIs:** this includes assessing implementation and impact against a) the dimensions of the Implementation Outcomes Framework (IOF); and b) both the mechanisms by which LELs are expected to bring about change and the outcomes set out in the Changemakers programme-level theory of change. The aspects of EBI implementation which will be in focus include: adoption (e.g. the initial decision to implement the LEL role), feasibility (e.g. the practicality of embedding this role within existing structures), fidelity (e.g. degree of adherence to the planned function of the LEL role), and adaptation (e.g. necessary contextual adaptations); reach (e.g. the extent to which EBIs engage the intended groups), acceptability (e.g. how stakeholders perceive the EBIs), and penetration (e.g. the extent to which EBIs are integrated into local services).
- **Identify implementation barriers and facilitators:** by systematically examining the processes and outcomes associated with the LEL role, the evaluation aimed to generate insights into what supports or hinders effective implementation.



- **Understand the perceived impact of the LEL within local areas:** this includes understanding how the LEL role has supported the adoption and sustainability of EBIs and wider evidence-use behaviours within local areas; whether this is in line with the mechanisms by which the LEL is expected to bring about change as described in the theory of change.
- **Explore sustainability:** the evaluation sought to explore the likelihood of maintaining the LEL role and the EBIs beyond the programme's duration, contributing to wider learning on sustaining evidence-based practices.

Research questions

During analysis, the evaluation team refined and reordered the original research questions to improve alignment between the evaluation framework, findings, and reporting structure. The revised ordering included here moves from implementation feasibility (RQ 2 in the protocol) to perceived impacts (RQ 4 in the protocol), programme differentiation (RQ 3 in the protocol) and programme theory validation (RQ 1 in the protocol). The content of the evaluation remained unchanged; the revisions were made to improve clarity and reduce duplication across chapters.

The research questions are organised into four overarching areas:

1. **Implementation feasibility:** Explores the extent to which Changemakers was implemented as intended, using Proctor et al.'s (2011) Implementation Outcomes Framework dimensions to assess:
 - **Adoption:** Decision-making processes leading to the uptake of the LEL role.
 - **Fidelity and adaptation:** Adherence to the theory of change and necessary contextual adaptations.
 - **Acceptability, appropriateness, and feasibility:** Stakeholder perceptions and contextual factors influencing implementation practicality.
 - **Penetration and integration:** The depth and reach of the LEL role within local systems.
 - **Cost and sustainability:** Cost implications and likelihood of sustaining the LEL role beyond the programme period.

This organisation reflects the logical progression of implementation processes, from initial adoption to system integration and sustainability. It emphasises the interconnectedness of dimensions, such as how feasibility influences penetration and how acceptability impacts sustainability. This structure provides a comprehensive exploration of implementation feasibility while maintaining conceptual distinctions between dimensions.

2. **Perceived impacts:** assessed the perceived short-term and long-term impacts of the LEL role on EBI implementation, evidence-informed decision-making, stakeholder engagement, and system-wide change. This includes exploring unintended consequences and the added value represented by the LEL role.



- 3. Programme differentiation:** investigates whether Changemakers works differently under specific conditions or contexts, considering local variations in stakeholder dynamics, system readiness, and governance structures. This is crucial for understanding the scalability and adaptability of the programme.
- 4. Programme theory validation:** examines the extent to which the Changemakers' theory of change is grounded in evidence, identifying any critical outcomes or mechanisms that may be missing or mis-specified, as well as how implementation activities intersected with the barriers and enablers outlined in the implementation protocol. This ensures that the programme's underlying assumptions are validated against real-world implementation data.

The full list of research questions is available in [Appendix A](#). For ease of reference, questions are also outlined at the beginning of the findings chapter in which they are addressed.



METHODOLOGY

Evaluation design overview

This report presents findings from an IPE of the Changemakers programme. The evaluation used a mixed-methods design to understand how Changemakers was implemented across four local areas, how the LEL role operated in practice, what supported or hindered implementation, and the extent to which the programme showed evidence of promise.

The evaluation was guided by Proctor et al.'s (2011) Implementation Outcomes Framework, which supported systematic exploration of implementation outcomes including adoption, feasibility, fidelity, adaptation, acceptability, penetration, cost and sustainability. The evaluation was also informed by the Changemakers programme-level theory of change and local theories of change developed with participating areas.

A full description of the evaluation design and approach is available in the [Changemakers Evaluation Protocol](#).

Evaluation methodology

The evaluation was conducted across the four local areas participating in Changemakers, implementing one or more EBIs with support from a locally appointed LEL and Foundations' PDAs, summarised in Table 2 below.

Table 2. Characteristics of participating local areas

Local area	EBI(s)	Location of LEL role	Key implementation focus
City of York Council	Resilience Triple P & Family Foundations	Children's services	Research partnerships, evidence-informed decision-making, and implementation capability.
Merton Council	Resilience Triple P	Children's services	Strengthening evidence-informed parenting practice, parenting strategy, and evidence-use infrastructure across the borough.
Stockport Metropolitan Borough Council	Family Foundations	Joint role across NHS Trust and children's services	Perinatal support and implementation across maternity, Family Hub, and health services.



Local area	EBI(s)	Location of LEL role	Key implementation focus
Wirral Council	EPEC	Children's services	Community-based delivery, VCFSE engagement, and parent-led approaches.

The evaluation drew on several sources of qualitative and quantitative data, split across the interim and final phases. Findings gathered from varied data sources in the interim phase influenced primary data collection in the final phase. Data sources across the phases included:

- Review of programme documentation, including the programme-level theory of change, local delivery plans and local theories of change from all four sites during the interim phase.
- Review of quarterly programme returns and progress documentation submitted to Foundations during the final phase. The quarterly programme returns documented milestones achieved at different stages of the programme. These were supplemented by progress documentation containing rolling notes from meetings between the LELs and the Foundations team, covering progress, key developments, challenges, and potential solutions.
- Seven online workshops in the interim phase with the following programme stakeholders:
 - Introductory workshops for each local area with local EBI delivery teams (typically the LEL, Strategic Lead and practitioners delivering the EBIs, i.e. Merton (n=4), Stockport (n=6), Wirral (n=3), and York (n=8))
 - Cross-area workshop with LELs and Strategic Leads (n=9)
 - Workshop with EBI providers (n=5)
 - Workshop with Foundations' practice development team (n=4).
- Five final phase workshops with the following programme stakeholders:
 - Summative discussions online with practitioners delivering the EBIs, i.e. Merton (n=3) and Stockport (n=7)
 - In-person cross-area workshop with LELs and Strategic Leads (n=7)
 - Online workshop with two of the three EBI providers (n=3) and a separate interview with the remaining EBI provider (n=1)
 - Online workshop with Foundations practice development team (n=3).
- 23 semi-structured online interviews across the interim and final phases, including two rounds of interviews with LELs (n=5) and Strategic Leads (n=4), and interviews with local EBI delivery staff who were unable to attend workshops and wider stakeholders in strategic roles, such as decision makers and commissioners (n=14)
- Review of available EBI monitoring data in the final phase.
- Review of costs data on the feasibility of the LEL role in the final phase.



Qualitative data from interviews and workshops was analysed thematically. Analysis was structured around the evaluation research questions, the Implementation Outcomes Framework, and the programme-level theory of change, while allowing additional themes to emerge inductively. Quantitative data from programme returns and EBI monitoring data was analysed descriptively where available. Financial monitoring data was analysed to compare expenditure across local areas and identify patterns in staffing, non-staffing and implementation-related costs.

Findings from different data sources were triangulated to strengthen interpretation and identify areas of convergence, divergence, and uncertainty. Evidence from interviews, workshops, survey responses, programme documentation, and monitoring data was mapped against the relevant evaluation questions and compared across data sources, stakeholder groups, and local areas. Triangulation also took place iteratively during the evaluation, with emerging findings from earlier data collection informing areas explored through subsequent fieldwork. The evaluation team also held a pre-reporting analysis meeting to review the evidence collectively and agree how emerging findings should be interpreted and reported.

Where findings converged across different sources or stakeholder groups, this increased confidence in the interpretation; complementary evidence was used to provide context and help explain observed patterns. Where perspectives or findings differed, these differences were examined in relation to factors such as local context, stakeholder role and perspective, timing, and the coverage of available evidence. Divergent perspectives were retained in the analysis and, where relevant, have been reported as areas of variation or uncertainty rather than combined into a single conclusion.

Equality, diversity, inclusion, and equity (EDIE) considerations were embedded throughout the evaluation and formed part of the assessment of reach, appropriateness, acceptability, and implementation outcomes. This included considering the accessibility and inclusiveness of fieldwork approaches and seeking perspectives from stakeholders in different roles and at different levels of local systems. The pool of potential participants was necessarily shaped by the stakeholders involved in Changemakers and in implementing the selected EBIs, and assessing the demographic diversity of the professional stakeholder sample was not within the scope of the evaluation. Within this pool, the evaluation intentionally sought to include local delivery staff alongside LELs, Strategic Leads, and senior strategic stakeholders in commissioning and decision-making roles. This enabled the evaluation to draw on those working at different levels of implementation, as well as different perspectives on equitable EBI reach, including those of staff whose practical experience, relationships with families and communities, and/or knowledge of local populations made them well placed to reflect on the accessibility and reach of EBIs to different groups.

The evaluation did not include direct consultation with children, young people, parents, or carers. This reflected the agreed focus of the evaluation on the implementation of Changemakers as a system-level intervention, rather than on evaluating families' experiences or the effectiveness of the individual EBIs themselves. Changemakers primarily sought to test how LELs could support local systems to select, implement, and sustain EBIs and strengthen evidence use. Accordingly, the evaluation questions focused principally on the implementation of the LEL role and its influence on local implementation processes, stakeholder engagement, decision-making, and evidence-use



behaviours. Professional stakeholders involved in these processes were therefore the primary participants in qualitative fieldwork.

Children and families were nevertheless intended to benefit downstream from more effective and equitable EBI implementation. The evaluation therefore considered reach, accessibility, and engagement through available EBI monitoring data and consultation with stakeholders involved in programme implementation and delivery, including practitioners with direct experience of delivering EBIs to families. The implications of this design decision for the interpretation of these findings are discussed below in the [‘Strengths and limitations’](#) section. Instead, insights about reach, accessibility, and engagement were gathered through stakeholders involved in programme implementation and delivery, alongside available monitoring data.

Deviations from the protocol

The evaluation was delivered broadly in line with the Evaluation Protocol. One substantive change was made during delivery:

Replacement of stakeholder survey with qualitative interviews

The evaluation protocol proposed an online survey of wider local system stakeholders. During delivery, this approach was replaced with additional qualitative interviews with stakeholders involved in programme implementation and delivery. This change was made to enable more in-depth exploration of stakeholder experiences, perceptions of the LEL role, implementation processes, and perceived impacts. The qualitative interview approach generated richer contextual data than would likely have been obtained through a short survey and was better aligned with the evaluation’s focus on understanding implementation processes and mechanisms. While this reduced the amount of quantitative stakeholder perception data available, the increased depth of qualitative evidence strengthened the evaluation’s ability to understand how and why implementation unfolded in different local contexts.

Strengths and limitations

A key strength of the evaluation was its use of multiple data sources, including interviews and workshops with different stakeholder groups, programme documentation, local theories of change, monitoring data, and financial information. Evidence was triangulated across sources, stakeholder perspectives, and local contexts, enabling areas of convergence, divergence, and uncertainty to be identified and increasing confidence in the interpretation of findings.

The inclusion of four diverse local areas implementing different EBIs also strengthened the evaluation by allowing consideration of how the programme operated across different contexts and intervention models. This provided valuable insights into programme differentiation and the conditions influencing implementation success. However, this evaluation has several limitations that should be considered when interpreting the findings.



First, the evaluation was conducted across four local areas that volunteered to participate in Changemakers and may have been more motivated, prepared, or strategically committed to evidence-informed practice than other areas. Findings may therefore not be fully generalisable to all local areas.

Second, the evaluation relied primarily on qualitative data from stakeholders involved in programme implementation. While this generated rich insights into implementation processes, contextual influences, and perceived impacts, many findings rely on self-reported accounts from stakeholders directly involved in the programme. As a result, conclusions regarding programme impact relate principally to implementation processes, implementation capability, and perceived changes in practice. Stakeholder accounts may have been influenced by their role, level of involvement, and individual experiences. While perspectives were triangulated across stakeholder groups to strengthen interpretation and identify where evidence converged or differed, there remains the possibility that some reported impacts reflect positive perceptions rather than objectively measurable change. The evaluation also took place during a period of substantial change across children's services, including Family Hub expansion and wider social care reforms, which may have influenced implementation experiences and stakeholder perceptions.

Third, the availability and quality of monitoring data varied across local areas and EBIs. This limited the extent to which implementation outcomes such as reach, fidelity, cost, and sustainability could be assessed consistently across all local areas and reduced opportunities for quantitative comparison between areas.

Fourth, Changemakers was intentionally designed to allow the LEL role and implementation approach to be adapted to local context. These both varied across the four participating areas. This variation provided valuable learning about how the LEL role could be operationalised in different settings. However, given the small number of local areas and the variation in approaches tested, the evaluation provides more limited evidence about which features of the LEL role and wider Changemakers model are essential for effective implementation, and which can be adapted to different local contexts.

Fifth, as discussed above, the evaluation did not include direct consultation with children, young people, parents or carers participating in the EBIs. While this reflected the evaluation's primary focus on the system-level implementation and outcomes of the LEL role, it means that findings relating to EBI accessibility, acceptability, and reach are therefore based primarily on the perspectives of professionals and available monitoring data rather than the direct experiences of children and families. The evaluation is therefore limited in the conclusions it can draw about how children and families themselves experienced accessing and engaging with the EBIs.

Sixth, the evaluation focused on implementation and perceived impact rather than directly measuring child or family outcomes. It therefore cannot determine whether Changemakers led directly to improved outcomes for children and families. In addition, the relatively short timeframe of the evaluation also limited the ability to assess longer-term outcomes relating to systems change, organisational culture, and sustainability. Findings in these areas should therefore be regarded as early indications, as longer-term follow-up would be required to establish whether observed changes are maintained beyond the lifetime of the programme.



Seventh, the evaluation did not include a formal economic evaluation and therefore cannot determine whether Changemakers was cost-effective. While the evaluation examined programme costs and stakeholders' perceptions of value, conclusions regarding value for money should be interpreted as perceived value rather than evidence of economic cost-effectiveness.

Finally, the evaluation was funded by Foundations, who also acted as the delivery partner. This may have affected how candidly some participants shared their views. To mitigate for this, participants were assured that their responses would be treated confidentially. Further, to mitigate for potential risk of bias in the interpretation and reporting of findings, the evaluation team triangulated evidence across different data sources and stakeholder groups to strengthen interpretation and identify areas of convergence, divergence, or uncertainty. Foundations' review of outputs was limited to checking factual accuracy, with the evaluation team retaining final editorial control.

Use of AI

This evaluation was developed with support from artificial intelligence (AI) tools and under the direction of the evaluation team. AI was used to support qualitative analysis by assisting with refining the coding framework and coding some qualitative data, as well as editing report text to improve clarity, readability, and structure. We maintained oversight, including reviewing all AI-assisted coding and edits, and checked against the underlying qualitative data and evidence. The evaluation team retains responsibility for the analytical approach, interpretation of findings, and all conclusions and recommendations. AI-assisted content was also reviewed through established quality assurance processes, including consideration of equity, diversity, and inclusion to identify and mitigate potential bias.



1. FINDINGS: PROGRAMME IMPLEMENTATION

This chapter examines programme implementation, with a particular focus on the LEL role as the central mechanism for local programme delivery.

Drawing on Proctor et al.'s (2011) Implementation Outcomes Framework, it addresses RQ 2 from the research protocol.

Research questions

RQ 2. Implementation feasibility: To what extent has Changemakers been implemented in line with the following dimensions of implementation?

Adoption

- a. What specific decision-making processes in local areas led to the adoption of the LEL role, such as governance arrangements at the local level?

Fidelity and adaptation

- a. How well did the implementation process adhere to the Changemakers delivery plan?
- b. Were any adaptations made to intended delivery plans, why were they made, and what impact did they have on EBI implementation?
- c. To what extent was the LEL role implemented with fidelity to the theory of change?
- d. What specific activities have LELs undertaken in local areas to support EBI implementation, such as training and stakeholder engagement?

Acceptability, appropriateness, and feasibility

- a. How do different stakeholder groups perceive the acceptability and appropriateness of the LEL role in their local context?
- b. What were the perceived barriers and facilitators to the recruitment of LELs and their integration into local areas?
- c. What were the perceived barriers and facilitators to LELs' engagement with local stakeholders for EBI introduction?
- d. Were these barriers overcome to embed the LEL role within existing local services? If so, how?
- e. How could the role of the LELs and the implementation support they provide be improved?

Penetration and integration

- a. How effectively did the LEL role integrate into the local system?



- b. What types of stakeholders are LELs engaging with in local areas to implement EBIs and promote the use of evidence?
- c. How did the LELs' efforts to build relationships and engage stakeholders influence broader access to and use of EBIs?

Cost and sustainability

- a. What were the costs associated with implementation of the LEL role and how do these compare to the perceived benefits?
- b. To what extent is the LEL role or its principles likely to be sustained in local areas beyond the initial programme period?



Summary of findings: Programme implementation

The Changemakers model proved **feasible to implement across all four participating local areas and the core components of the programme were delivered**, including appointment of LELs, development of local theories of change, implementation of selected EBIs, support from Foundations' PDAs, and participation in programme-wide learning activities. Stakeholders consistently described the LEL role as the central mechanism through which implementation was coordinated and supported.

Implementation was characterised by a balance between fidelity and flexibility. Core programme functions and intended mechanisms were delivered consistently across local areas, while allowing adaptation of implementation approaches to reflect local needs, priorities, and challenges. Fidelity was achieved primarily through consistency in purpose and function rather than through standardisation of delivery approaches. This was evident in the implementation of the LEL role, PDA support, and the selected EBIs.

Across all four local areas, implementation of the selected EBIs was the primary focus of the LEL role. While some local areas, particularly Merton and York, also pursued broader evidence leadership and capacity-building activities, these were less consistently evident across the programme and were more dependent on the extent to which this was a priority for both the local LEL and decision makers, as well as EBI implementation demands. EDIE ambitions were similarly less consistently operationalised than EBI implementation support activities.

Stakeholders consistently viewed the programme as acceptable and valuable. The LEL role was widely perceived as addressing a gap in implementation leadership and coordination capacity.

Overall, the evidence suggests that effective implementation of the role and programme depended on several factors. These included senior leadership support, organisational readiness, and an LEL with sufficient credibility, relationships, and system knowledge to bridge evidence, strategic priorities, and frontline delivery. **Alongside organisational readiness, other factors which constrained effective**



Summary of findings: Programme implementation

implementation, included workforce pressures, and perceptions of the selected EBIs.

Across all four local areas, stakeholders generally described the LEL role becoming increasingly integrated within local implementation systems over time.

Integration was generally strongest within systems directly involved in implementation of the selected EBIs and less evident in relation to wider ambitions relating to organisational culture change and evidence use.

Relationship-building was the most important mechanism for promoting integration, which was strongest where Changemakers aligned with existing local priorities, governance arrangements, and ambitions relating to evidence-informed practice.

Implementation of the Changemakers programme required a substantial but relatively consistent investment in local workforce capacity. Differences in overall expenditure in local areas were driven primarily by non-staffing costs rather than variation in staffing investment. Stakeholders considering implementation of a comparable model in future would need to account for both local implementation costs and any additional centrally funded infrastructure, training or programme support.

While the dedicated LEL role is largely not being sustained beyond Changemakers, its expertise and ways of working are influencing subsequent implementation activity within local systems. However, stakeholders questioned whether momentum on increasing evidence-based decision-making and practice can be maintained without dedicated implementation capacity.

Stakeholders generally supported the LEL model and suggested refinements rather than fundamental changes. Future similar programmes may benefit from greater clarity regarding the purpose and expectations of the LEL role, anticipating more intensive external and local implementation support, clearer guidance regarding fidelity and adaptation, and greater attention to sustainability and capability transfer may help embed learning beyond the programme period.



Key findings

Adoption



Key finding 1: priorities of the LEL role in practice

In decisions about adoption of the LEL role, local areas prioritised the LEL role's ability to support the implementation of the selected EBI(s) within the local system, rather than its ability to deliver a broader evidence leadership or capacity-building function within the local system.

The adoption of the LEL role was shaped by a series of local decisions relating to strategic priorities, governance arrangements and role design. While governance arrangements varied across local areas, three common decision-making processes were evident. First, local areas sought to align the role with existing priorities and implementation challenges. Strategic Leads described the role as helping to advance local ambitions relating to prevention, Family Hubs, Early Help, co-production, evidence-informed decision-making, and wider service transformation. Rather than introducing a wholly new agenda, the role was generally viewed as a mechanism for strengthening the system's ability to respond to existing priorities and providing dedicated capacity to support implementation, learning, and improvement.

Second, local areas made deliberate decisions about how the role should be positioned within governance and delivery structures. Stakeholders frequently reflected that the role was most effective when it was able to work across organisational boundaries, maintain links to operational delivery and engage strategic decision makers. Arrangements varied across local areas and reflected local organisational structures and implementation needs. For example, Stockport deliberately positioned the role across both an NHS Trust and Children's Services, while other local areas embedded the role within Family Hubs, Early Help, or SEND services. These decisions suggest that adoption of the role involved not only governance considerations, but also strategic decisions about how to maximise its influence across both operational and strategic aspects of implementation.

Third, local areas placed considerable emphasis on appointing individuals with the skills and credibility required to influence implementation. Local areas prioritised recruiting individuals with local system knowledge, relationship-building skills, implementation experience, and credibility with stakeholders, which together were often viewed as equally important as technical evidence expertise. The ways in which these characteristics facilitated implementation are discussed in the ['Acceptability, appropriateness, and feasibility'](#) section.

Finally, there was evidence that local areas differed in how they interpreted the purpose of the LEL role at the point of adoption. In some local areas, from the outset, the role was conceived primarily by Strategic Leads and other decision makers as an EBI implementation lead rather than a broader evidence leadership or capacity-building role. This narrower interpretation of the role was, to some extent, built into local implementation from the outset, which in turn, shaped subsequent



implementation, by contributing to variation in fidelity to the wider ambitions of the role, as discussed in the [‘Fidelity and adaptation’](#) section.

Taken together, the evidence suggests that local areas tended to prioritise the LEL role’s ability to support the implementation of the selected EBI(s) within the local system, rather than its ability to deliver a broader evidence leadership or capacity-building function within the local system. This narrower interpretation of the role appears to have reflected both local priorities and the considerable time and effort required from LELs to introduce new EBIs within complex systems, as discussed further in the next section. The implications of this prioritisation for wider evidence leadership and sustainability are explored further in the [‘Likely sustainment of perceived impacts beyond the programme period’](#) and [‘Local need and context’](#) sections.

Fidelity and adaptation



Key finding 2: implementation of the delivery plan

The Changemakers delivery plan was implemented largely as intended.

There is strong evidence that the core components of the Changemakers model were implemented across all four local areas and have been delivered broadly as intended. These included the appointment of LELs, development of local theories of change, implementation of selected EBIs, structured support from Foundations’ PDAs, and participation in programme-wide learning and reflection activities.



Key finding 3: flexible delivery of PDA implementation support

Foundations’ Practice Development Adviser support and shared learning opportunities were implemented as intended, with flexibility to local area contexts and variation based on strengths and styles of individual PDAs.

LELs consistently described PDA support as a valuable component of the programme. Across local areas, LELs received regular one-to-one support, challenge and reflection, implementation guidance, and assistance with theory of change development. Mechanisms intended to support learning and reflection, including project meetings, implementation tools and programme documentation, were also delivered as intended. LELs frequently described PDA support as helping them navigate implementation challenges, maintain momentum and reflect on progress, particularly in relation to EBI implementation.

Fidelity to the support model was achieved through flexibility rather than standardisation. While all local areas received the core elements of PDA support, the nature and emphasis of that support varied according to local needs and implementation challenges. Some local areas required



intensive support relating to EBI implementation and provider liaison, while others benefited from greater emphasis on evidence use, organisational learning, or approaches to culture change. LELs generally viewed this flexibility positively and described PDAs as responsive to local context while remaining aligned with the overall aims of the programme.

There was also some evidence that continuity and consistency of support varied across the programme. While PDA support was consistently valued, LELs from one site reflected on changes in PDA personnel during delivery and the need to establish new relationships and ways of working. More broadly, LELs recognised that individual PDAs brought different strengths, styles, and perspectives to the role, resulting in some variation in how support was experienced across local areas. This did not appear to undermine the overall support offer but suggests that fidelity to the support model was achieved through adherence to shared principles rather than through identical delivery approaches.

Opportunities for shared learning between local areas were also implemented and generally valued by LELs. They described benefiting from exposure to different implementation approaches, evidence-use practices and experiences of delivering EBIs. While learning was not always directly transferable due to differences in EBIs and local contexts, LELs generally viewed these opportunities as beneficial and consistent with the wider aims of the programme.



Key finding 4: consistent implementation of a flexible LEL role

The core functions of the LEL role were implemented consistently, with flexibility in how the role was applied within different local contexts.

Overall, there is strong evidence that the core functions of the LEL role were implemented with fidelity to the Changemakers theory of change. Across all four local areas, LELs undertook activities to support EBI implementation that reflected the key functions envisaged within the programme model, including building relationships and networks, strengthening referral pathways, facilitating iterative feedback and learning, and championing evidence-informed practice. While the relative emphasis placed on these activities varied across local areas, there was clear evidence that the broad model and intended functions of the role were implemented consistently.

There is also evidence that the mechanisms through which the theory of change anticipated the LEL role would operate were evident in practice. Stakeholders consistently identified LELs' local system knowledge, relationships, credibility, and evidence expertise as central mechanisms through which the LEL role supported successful EBI implementation, as well as supporting the translation of evidence into practice. Together, these enabled LELs to navigate local systems, build trust, and secure stakeholder buy-in, connect strategic and operational stakeholders, and support them to interpret and apply evidence within their local context. These mechanisms, and how stakeholders reported that they operated in practice, are explored further in the [‘Acceptability, appropriateness, and feasibility’](#), [‘Penetration and integration’](#), and [‘Perceived impacts on local](#)



[stakeholders and systems](#)' sections. Overall, the findings suggest that the theory of change accurately anticipated the principal mechanisms through which the LEL role influenced implementation.

At the same time, there was considerable variation in how these functions were operationalised across local areas. Stakeholders consistently described the role as adapting to local priorities, organisational structures, workforce capacity and implementation challenges. This variation is explored further in the [‘Local need and context’](#) section. This suggests that fidelity was achieved primarily through consistency in purpose and function rather than through standardisation of delivery approaches. While local areas implemented the role differently, there was strong evidence that they remained aligned with its core aims and mechanisms.



Key finding 5: balancing fidelity and flexibility in EBI delivery

Fidelity to EBI delivery was maintained while allowing flexibility in implementation processes.

There was limited evidence that local areas substantially altered the core components of the EBIs being implemented. Across local areas, the LELs, Strategic Leads, and local delivery teams generally described working closely with EBI providers to understand programme requirements and ensure that key EBI components were delivered as intended.

Where modifications occurred, these typically related to implementation processes rather than EBI content. Local areas adapted recruitment approaches, referral pathways, stakeholder engagement activities, governance arrangements, and delivery processes to improve feasibility and local fit. Stakeholders generally viewed these changes as necessary responses to workforce pressures, local service structures, and the practical realities of implementation.

Discussions regarding fidelity and adaptation were most evident within local areas which implemented Family Foundations and Resilience Triple P. For Family Foundations, stakeholders in Stockport and York identified areas where programme materials and content did not align with local requirements and practice, including antenatal education guidelines and aspects of visual content and programme activities. This required dialogue with the EBI provider to agree adaptations that would improve local fit while maintaining the core intervention model. Concerns were also raised about the suitability and adaptability of Resilience Triple P to the local context, including its cultural relevance and the feasibility of implementing some elements of the evidence-based model locally. The absence of adequate evidence on suitability to local context due to Triple P not having been tested in the UK before meant that the model required extensive adaptation to the local context. In contrast, stakeholders implementing EPEC generally reported fewer concerns regarding EBI fit and described less need for adaptation as the intervention was developed and previously implemented in the UK.

The adaptations required also had implications for the role of EBI providers and the pace of implementation. The level of provider involvement varied between EBIs and local areas. For Family Foundations, for example, the Fatherhood Institute provided substantial input into



adapting programme content for implementation in Stockport and York, while maintaining fidelity to the core intervention model. Provider involvement was more limited for Triple P, while no adaptations requiring provider input were made to EPEC. Where adaptation or fidelity questions did arise, the accessibility and responsiveness of providers affected how quickly these could be resolved. In some instances, PDAs also supported local areas to obtain the provider input required.

Overall, the findings suggest that local areas were largely able to maintain fidelity to the core components of the EBIs while exercising flexibility in how implementation was organised and delivered. Successful implementation depended not on rigid standardisation but on balancing fidelity to EBI requirements with responsiveness to local context. The findings also highlight the importance of anticipating the potential role of EBI providers in supporting this process, particularly where implementation is likely to require negotiation of adaptations to improve local fit.



Key finding 6: variable delivery of wider evidence leadership

Fidelity to wider evidence leadership ambitions was more variable among LELs than fidelity to EBI implementation.

While fidelity to the core implementation functions of the role was high, there was greater variation in the extent to which local areas pursued broader ambitions relating to evidence use, organisational learning, and systems change.

Assessment against local theories of change suggests that local areas generally delivered the activities and mechanisms they had identified. However, local areas often placed greater emphasis on supporting implementation of EBIs than on wider ambitions relating to evidence use, continuous improvement, and organisational culture change. While there was evidence of activity relating to evaluation, data use, organisational learning, and evidence-informed decision-making in some local areas, particularly Merton and York, as discussed in more detail in the [‘Local need and context’](#) section, these activities were less consistently evident across the programme than EBI implementation-focused activity.

This may partly reflect the substantial time and effort required to establish and support implementation of EBIs within complex local systems. Across local areas, LELs spent considerable time addressing workforce pressures, stakeholder engagement challenges, recruitment difficulties, and questions relating to local fit. In addition, findings from the adoption phase suggest that local areas often prioritised the role’s contribution to EBI implementation when designing and embedding the role locally. Taken together, these factors may have limited opportunities to pursue wider evidence leadership ambitions during the programme period.

Variation in fidelity therefore appears to reflect both local interpretation of the role across both the LEL and decision makers and the realities of programme delivery. As discussed in the [‘Adoption’](#) section, local interpretations of the LEL role differed from the outset (see, Table 2 in [‘Methodology’](#) for characteristics of the LEL role across areas). These differences, combined with the practical



demands of supporting EBI implementation within complex local systems, especially where EBIs required considerable adaptation or faced recruitment challenges, help explain why LELs' wider ambitions relating to evidence leadership and organisational change may have been constrained to differing extents across local areas. The implications of this variation across local areas are explored further in the [‘Local need and context’](#) section.



Key finding 7: challenges embedding EDIE in practice

EDIE ambitions were less consistently operationalised than EBI implementation support activities.

The programme and local theories of change emphasised the importance of approaching implementation through an EDIE lens, relating in particular to reducing inequalities, engaging underserved groups and tailoring EBIs to local populations. However, there was less consistent evidence of stakeholders undertaking EDIE-related discussions or activity as part of implementation than there was for broader EBI implementation support, partnership-building, and evidence use.

In some areas, stakeholders also described challenges engaging disadvantaged groups and reaching target populations. This is explored further in the [‘Amendments to programme theory for future similar programmes’](#) section. This may partly reflect the demands of establishing a new evidence leadership function and implementing new EBIs within relatively short timescales. It may also suggest that local areas would have benefited from earlier, more explicit and more practical support to embed EDIE considerations consistently throughout implementation, rather than relying on them to emerge organically within wider implementation activity.

Acceptability, appropriateness, and feasibility



Key finding 8: addressing a recognised implementation need

The LEL role was widely viewed as acceptable and appropriate because it addressed a recognised implementation gap.

Stakeholders across all groups generally viewed the LEL role as both acceptable and appropriate within their local context. There was broad agreement among Strategic Leads, practitioners, and EBI providers, as well as the LELs themselves, that the role addressed an important gap between evidence, strategy, and implementation. Stakeholders frequently described the role as providing dedicated capacity to coordinate implementation, build partnerships, facilitate stakeholder engagement, and bring evidence into local decision-making processes.



While several local areas had existing commitments to evidence-based practice, stakeholders noted that implementing EBIs and embedding evidence use within local systems required dedicated leadership and coordination. A dedicated LEL role, coupled with the LELs' established credibility, knowledge, and, for some, past experience of delivering EBIs resulted in the LEL role being viewed as helping local areas move beyond selecting EBIs towards understanding how to implement, adapt, evaluate, and sustain them effectively. Importantly, stakeholders including operational staff, the Strategic Leads, and the LELs themselves were generally more positive about the role itself than they were about some of the EBIs being implemented. Where concerns were raised about the role by a small number of wider stakeholders these were typically directed towards the suitability of particular EBIs, implementation challenges, or resource constraints rather than the purpose of the LEL role.

While support for the role was widespread, different stakeholder groups often emphasised different aspects of its value, suggesting that the role was perceived as addressing multiple needs within local systems rather than serving a single purpose. This variation in stakeholder perspectives is explored further in the [‘Perceived impacts on local stakeholders and systems’](#) section.



Key finding 9: factors enabling successful implementation

LEL credibility, relationships, and local knowledge enabled successful implementation, alongside leadership support for the role and programme.

Across local areas, successful recruitment and integration of the LEL role, as well as the success of their stakeholder engagement, were closely linked to the skills, credibility, and positioning of the individual occupying the role. Stakeholders consistently described the role as requiring a blend of evidence and research expertise, implementation knowledge, strategic influence, and relationship-building skills. However, as discussed earlier in the [‘Adoption’](#) section, many stakeholders placed greater emphasis on local system knowledge, credibility, and existing relationships than on technical expertise.

Stakeholders frequently reflected that LELs were able to engage stakeholders because they understood local systems, were known by key partners, and were able to navigate organisational structures and decision-making processes. Stakeholders also valued the flexibility of the role, suggesting that its relatively broad remit enabled LELs to respond to local implementation needs and work across organisational boundaries in ways that more narrowly defined roles may not have allowed. EBI providers similarly highlighted the importance of implementation leadership, stakeholder management, and system navigation skills.

Senior leadership support emerged as another important facilitator. Across all four local areas, Strategic Leads and senior leaders provided legitimacy for the role and helped create opportunities for LELs to engage with decision makers and delivery partners. Stakeholders also noted that implementation was easier where the role aligned with existing local priorities, including prevention, Family Hubs, Early Help, and wider ambitions relating to evidence-informed practice.



Overall, the findings suggest that the effectiveness of the role depended not only on what LELs knew, but also on their ability to build trust, secure buy-in, and influence others across organisational boundaries.



Key finding 10: barriers to implementation

Workforce pressures, organisational readiness, and perceptions of EBIs constrained implementation.

While support for the LEL role was generally strong, stakeholders identified several barriers to recruitment, integration, and stakeholder engagement.

Organisational readiness for evidence-informed practice varied across local areas. In some areas, this created uncertainty regarding how the role differed from existing commissioning, performance improvement, or service development functions. Although stakeholders were generally supportive of evidence-informed practice in principle, they did not always share the same understanding of how the LEL role should operate within existing systems.

Workforce pressures and competing operational priorities were identified as significant barriers across all local areas. Local areas and partner organisations were managing multiple reforms and operational pressures during the programme period, limiting capacity to engage with implementation activities. Stakeholders also noted that LELs worked part-time alongside other responsibilities, constraining the amount of activity that could realistically be undertaken.

The extent to which stakeholders engaged with the role was also influenced by perceptions of the EBIs themselves, which was informed by the pre-selection of EBIs by Foundations, rather than local areas selecting which EBI(s) to implement based on local need and fit. In Stockport, stakeholders described challenges securing buy-in within maternity services due to differing views regarding the role of antenatal education and the relevance of Family Foundations within existing clinical priorities. In Merton, stakeholders described challenges engaging schools in delivery of Resilience Triple P due to competing demands and concerns regarding programme fit.

Overall, the evidence suggests that the role was most effective where local areas combined senior leadership support, organisational readiness, and a postholder with sufficient credibility, relationships, and system knowledge (as discussed above) to act as a bridge between evidence, strategic priorities, and frontline delivery.



Penetration and integration



Key finding 11: embedding the LEL role through existing systems

Integration of the LEL role was more evident within EBI governance and implementation structures than within the wider system, and it was strongest where the role aligned with existing priorities, structures, and relationships.

Across all four local areas, stakeholders generally described the LEL role becoming increasingly integrated within local implementation systems over time. Integration appeared strongest within governance and delivery arrangements associated with the selected EBIs where the role complemented existing implementation activity rather than introducing a new agenda. The factors that supported successful integration are discussed above in the [‘Acceptability, appropriateness, and feasibility’](#) section.

Stakeholders most frequently described the role becoming embedded within governance and implementation structures associated with the EBIs. Some local areas demonstrated broader engagement beyond immediate implementation activity. In particular, stakeholders in Merton and York described stronger engagement with research partners, evaluation functions, and wider evidence-related networks. However, these activities were less consistently evident across the programme than implementation-focused engagement and were often concentrated among a relatively small group of stakeholders. This suggests that penetration was strongest within EBI implementation-focused networks rather than across whole-system structures.



Key finding 12: relationship-building as the foundation for integration

Relationship-building across organisations and teams was the primary mechanism through which LEL’s integration into the local systems was achieved.

Stakeholders consistently identified relationship-building as the primary mechanism through which LELs became embedded within local systems. Across all local areas, stakeholders described the role as relying heavily on trust, credibility, and the ability to work across organisational boundaries.

LELs frequently acted as connectors between organisations, services, and stakeholder groups that would not otherwise have worked closely together. Stakeholders often described this brokering function as particularly valuable in complex local systems where responsibility for implementation was distributed across multiple organisations and professional groups.

Across all local areas, LELs engaged a broad range of stakeholders to support implementation of EBIs and promote evidence-informed practice. These included senior leaders, operational



managers, practitioners, Family Hub leads, health services, schools, VCFSE organisations, EBI providers, parents, universities, and colleagues from other local areas.

Engagement typically occurred across both strategic and operational levels. At a strategic level, LELs worked with senior leaders and decision makers to secure buy-in, influence decision-making, and promote evidence-informed approaches. At an operational level, they worked with practitioners, delivery partners, and service managers to support implementation, troubleshoot challenges, and maintain momentum.

The focus of engagement varied across local areas according to local priorities and EBI models. For example, Merton established a parenting steering group focused on parenting provision and evidence use across the borough, while York developed relationships with senior leaders and university partners that contributed to the development of the Raise York Research Network. In Stockport, engagement activity focused heavily on maternity, Family Hub, and health services, whereas in Wirral there was particularly strong engagement with VCFSE organisations to support implementation of EPEC.

Despite these differences, stakeholders consistently described the role as operating across organisational boundaries and acting as a bridge between strategic priorities, evidence, and frontline delivery.

Stakeholders also highlighted the importance of flexibility and responsiveness. LELs frequently adapted their engagement approaches to different audiences and local circumstances, helping them navigate competing priorities, organisational sensitivities, and implementation challenges. PDA support was similarly viewed as helping maintain momentum and supporting LELs to respond to barriers as they emerged.

The findings suggest that integration was achieved less through formal authority and more through influence, facilitation, and relationship-building. Stakeholders frequently reflected that engagement and buy-in increased as partners observed the practical contribution LELs were making to implementation, coordination, and problem-solving activities. This reinforces findings presented earlier in this chapter regarding the importance of the LEL's local credibility, system knowledge, and implementation leadership skills.

Cost and sustainability



Key finding 13: investment in workforce capacity

Implementation of the Changemakers programme required a substantial but relatively consistent investment in local workforce capacity.

Analysis of the costs associated with implementation of the LEL role suggests that Changemakers required a substantial and relatively consistent investment in workforce capacity. This was supplemented by varying levels of expenditure on EBI delivery and wider implementation



infrastructure. The analysis draws primarily on financial monitoring data submitted by participating local areas, alongside qualitative evidence from stakeholder interviews about how resources were used to support implementation.

Merton, Stockport, and Wirral were each allocated £260,000 to support programme implementation across the set-up phase (March–August 2024) and delivery phase (September 2024–March 2026). York received £303,023.16, reflecting its implementation of two separate EBIs. Actual expenditure was broadly aligned with allocated funding across all four local areas.

Table 3. Actual expenditure and distribution of staffing and non-staffing costs across Changemakers local areas

Local authority	Total actual spend	Staffing costs	Non-staffing costs	Staffing costs (% of spend)	Non-staffing costs (% of spend)
Merton	£256,367.15	£210,923.33	£45,443.82	82%	18%
Stockport	£260,000.00	£217,529.50	£42,470.50	84%	16%
Wirral	£253,244.70	£216,807.27	£36,437.43	86%	14%
York	£301,250.28	£213,028.20	£88,222.08	71%	29%

Note: Expenditure covers both the set-up phase (March–August 2024) and delivery phase (September 2024–March 2026).

Financial monitoring data shows that staffing was consistently the main cost driver across all four local areas. Staffing costs were notably similar, ranging from approximately £211,000 to £218,000, despite variation in total expenditure. This suggests that the core cost of the LEL function and required staff time for other functions like project management, project support, and strategic leadership was relatively consistent across local areas.

Merton, Stockport, and Wirral had particularly similar expenditure profiles, with 82–86% of total spend allocated to staffing. York was the exception, with 71% of spend allocated to staffing and 29% to non-staffing costs.



Key finding 14: non-staffing costs drove expenditure differences

Differences in overall expenditure in local areas were driven primarily by non-staffing costs rather than variation in staffing investment.

York's higher overall expenditure was not driven by greater staffing investment but by higher non-staffing costs associated with implementing two EBIs. These included training, venue hire, and programme resources.

Additionally, non-staffing expenditure appeared to spike around training delivery, programme set-up, and implementation events. This suggests that many non-staffing costs were one-off or episodic, in contrast to recurring staff costs.

While staffing and non-staffing expenditure can be quantified consistently, it is not possible to provide a fully comparable breakdown of non-staffing costs. Local areas categorised expenditure differently in their financial monitoring returns and there was no standardised approach to recording specific types of implementation activity. As a result, non-staffing budget lines captured different combinations of training, resources, implementation support, communications, engagement work, and EBI-specific costs across local areas.

Variation in non-staffing expenditure also reflects differences in local implementation approaches. Although all local areas invested in establishing and embedding the LEL role, they varied in the extent to which they focused on implementing a specific EBI versus wider systems-change and evidence-use activity. Some costs were highly EBI-specific, such as programme training, manuals, clinical supervision, venue hire, and participant resources. Other expenditure supported broader implementation infrastructure, including stakeholder engagement, communications, monitoring and evaluation systems, and learning activities. For example, Merton redirected some resources originally allocated to EBI delivery towards activities intended to strengthen local evidence use, including development of dashboards, a practitioner network, and a learning event, once EBI recruitment challenges became insurmountable. The York LEL attended three conferences using non-staffing resources.

A further consideration is that the financial monitoring data captures expenditure incurred by participating local areas, but does not provide a complete picture of all programme costs. Some implementation costs were borne centrally by Foundations and are therefore not reflected in local area financial returns. For example, programme licences and other EBI-related support appear to have been funded centrally for some local areas rather than through local budgets. The figures presented here should therefore be understood as the local implementation costs associated with Changemakers, rather than the full economic cost of programme delivery. Stakeholders considering implementation of a comparable model in future would need to account for both local implementation costs and any additional centrally funded infrastructure, training, or programme support.



Key finding 15: sustaining ways of working beyond the LEL role

While the dedicated LEL role is largely not being sustained beyond Changemakers, its expertise and ways of working are influencing subsequent implementation activity within local systems. However, stakeholders questioned whether momentum on increasing evidence-based decision-making and practice can be maintained without dedicated implementation capacity.

Across the four local areas, three will not be sustaining the LEL role beyond the funding period due to financial constraints in funding a ringfenced LEL role. One area has secured alternative funding to continue the LEL role for 16 months through another funding programme. In the remaining local areas, stakeholders reported that the individuals who had undertaken the LEL role were remaining within local authority children's services, but moving into wider strategic implementation and transformation roles linked to Best Start in Life reforms and other evidence-informed improvement programmes. As a result, while the dedicated role is largely ending, some of the knowledge, relationships, and implementation expertise developed through Changemakers and held by the LEL postholders appears likely to be retained within the local areas' children's services systems.

The degree to which the principles, progress, and perceived impact of Changemakers are likely to be sustained following the end of the programme is explored in the [‘Likelihood of perceived impacts sustaining beyond the implementation period’](#) section.

Overall, the evidence suggests that Changemakers is more likely to leave a legacy through retained implementation expertise in the individuals who held the LEL roles as they continue in different, but aligned, posts, strengthened relationships, and more evidence-informed ways of working than through continuation of the dedicated LEL role. Across several local areas, stakeholders identified examples of implementation approaches, governance arrangements, and professional networks that were expected to continue beyond the programme. However, the strength of evidence varied between local areas, with some demonstrating clearer signs of organisational embedding than others.

Taken together, the findings suggest that few local areas intend to sustain the LEL role itself. Instead, there is evidence that some of the role's core principles including greater use of evidence, stronger implementation capability, and cross-system collaboration, are likely to continue within future strategic improvement activity. However, the extent of this sustainability will likely vary across local areas.



Potential improvements to role and implementation in future similar programmes



Key finding 16: refining future implementation support

Stakeholders generally supported the LEL model and suggested refinements rather than fundamental changes. Future similar programmes may benefit from greater clarity regarding the purpose and expectations of the LEL role, anticipating more intensive external and local implementation support, clearer guidance regarding fidelity and adaptation, and greater attention to sustainability and capability transfer may help embed learning beyond the programme period.

Across stakeholder groups, there was strong support for the overall concept of the LEL role and for the implementation support provided through Changemakers. Stakeholders rarely suggested that the role itself should be fundamentally redesigned. Instead, reflections focused on strengthening the conditions that enabled the role to operate effectively and increasing the likelihood that wider programme ambitions could be achieved.

The evaluation identified several potential future improvements to the LEL role and programme implementation that could be considered in future similar programmes.

First, while most LELs ultimately developed a clear understanding of their responsibilities, some stakeholders described uncertainty during the early stages of implementation regarding the intended balance between implementation support, evidence leadership, and wider systems-change ambitions. Several stakeholders suggested that future programmes could provide clearer articulation of the role's core functions, expected activities, and success measures from the outset.

Second, in most cases implementation support activities became prioritised over wider ambitions relating to evidence use, organisational learning and systems change. Future programmes may therefore benefit from clearer expectations regarding how these different elements of the role should be balanced and how progress against each should be assessed.

Third, a consistent finding across the evaluation was that successful implementation required substantial support from PDAs, EBI providers, and wider programme infrastructure. Stakeholders frequently reflected that introducing new EBIs within complex local systems required more time, coordination, and problem-solving than initially anticipated. Activities such as stakeholder engagement, provider liaison, adaptation planning, workforce development, and implementation troubleshooting were often viewed as central components of successful delivery rather than supplementary activities. Future programmes may therefore benefit from explicitly recognising implementation support as a core programme component and ensuring that sufficient capacity and resources are available to support local areas throughout delivery.

Fourth, stakeholders generally valued the flexibility afforded by the Changemakers model. However, some described uncertainty regarding what aspects of EBIs or implementation



approaches could be adapted, who should make adaptation decisions, and how fidelity should be assessed and maintained. Future programmes may benefit from clearer guidance regarding the distinction between adaptation of implementation processes and adaptation of EBI content. More structured opportunities for discussion between local areas, providers, and implementation support teams could also help local systems navigate adaptation decisions while maintaining fidelity to core EBI requirements.

Fifth, while stakeholders widely valued the expertise, relationships, and implementation support provided through the LEL role, some expressed concern that these capabilities remained concentrated within individual postholders. Several stakeholders questioned how evidence leadership, implementation support, and partnership-building functions would be maintained once programme funding ended. Future programmes may therefore benefit from placing greater emphasis on succession planning, capability-building, and distributed ownership from the outset. This could include strengthening local governance arrangements, embedding implementation knowledge within teams, and creating structures that allow evidence-informed decision-making and implementation learning to continue beyond the lifetime of individual roles.



2. FINDINGS: PERCEIVED IMPACTS

This chapter assesses the perceived impacts of the LEL role on EBI implementation and broader system change.

It draws on qualitative consultation in each of the four participating local areas with LELs, Strategic Leads, practitioners delivering the EBIs, and wider stakeholders in strategic roles, including decision makers and commissioners. It also draws on consultation with EBI providers and the Foundations practice development team. As this was an IPE, findings provide evidence of promise rather than rigorous evidence of impact. The chapter addresses RQ 4, from the research protocol.

Research questions

RQ 4. Perceived impacts: To what extent does Changemakers show evidence of promise – and why?

Perceived impacts on implementation of EBIs included within Changemakers

- a. How do stakeholders perceive the impact of the LEL role on enhancing the acceptability of EBIs in their local contexts?
- b. What are the perceived improvements in the feasibility of implementing EBIs due to the involvement of the LEL role?
- c. To what extent has the LEL role increased the adoption and appropriate use of EBIs among local stakeholders?
- d. Is there any evidence across the local areas that the LEL role has begun to contribute to broader reach of EBIs, particularly among diverse and vulnerable populations? If so, what evidence is there for this?
- e. What is the perceived value-for-money of the LEL role in enhancing the cost-effectiveness of EBI implementation? Did the investment in the EBI go further because of the LEL role?

Perceived impacts on local stakeholders and systems

- a. In what ways has the LEL role influenced stakeholder engagement and buy-in for broader EBI implementation beyond the specific EBI(s) delivered during the Changemakers programme?
- b. Is there any evidence of changes in engagement with evidence, motivation to draw on evidence, or changes in decision-making processes (e.g. which opportunities are pursued) which can be attributed to the LEL role? If so, what evidence is there for this?
- c. How did the perceived outcomes of the LEL role vary by stakeholder group, and what factors contributed to these differences?



- d. How has the LEL role affected the formation and strengthening of local partnerships and networks that support EBI implementation beyond the specific EBI(s) delivered during the Changemakers programme?
- e. Are there any unintended impacts or negative consequences observed as a result of the LEL role's introduction?

Likely sustinment of perceived impacts beyond the programme period

- a. To what extent are the perceived impacts of the LEL role likely to be sustained beyond the Changemakers programme implementation period?



Summary of findings: Perceived impacts

The findings on perceived impact suggest that **Changemakers generated value in local areas primarily through improving the conditions for successful implementation of the EBIs delivered under the programme.** The main mechanism for doing so was the dedicated implementation leadership and coordination capacity injected by the LEL role. This helped to increase the acceptability of the selected EBI(s) to local stakeholders. **It also made EBI implementation more feasible,** resulting in quicker and more effective implementation because the LEL had capacity to focus on activities required to support implementation, such as stakeholder engagement, coordination across different services and layers of the system, and problem-solving around implementation challenges.

The strengthened implementation capability generated by the LEL role promoted the adoption and appropriate use of the selected EBIs beyond what would have been likely to happen without the LEL role in place. LELs also sought to increase the reach of the selected EBIs among underserved populations. However, these efforts did not consistently translate into substantial or sustained participation among underserved groups during the programme period, suggesting that the Changemakers model or implementation might need to be revised in order to maximise the reach of the EBI to the most underserved populations.

There was also evidence of the programme's promise in contributing to shifts in conditions to support improved evidence use beyond the EBIs included in the Changemakers programme. These shifts took two main forms. First, the activities undertaken by the LEL role increased stakeholders' confidence and capability to engage critically with evidence and their interest in using evidence, implementation tools and critical appraisal approaches in other areas of service development and reform activity. Second, the LEL strengthened infrastructure for evidence-informed decision-making by supporting the development of stronger relationships, networks, and structures.

Such shifts were most evident among stakeholders and partnerships closely involved in implementation and governance of the selected EBIs, although some local areas also demonstrated specific instances of broader evidence leadership activity relating to organisational learning, research partnerships, and evidence-informed decision-making. While



Summary of findings: Perceived impacts

these wider shifts were not consistently evident across all four local areas, **Changemakers has strengthened the foundations for future evidence-informed decision-making and practice among stakeholders involved with the programme.**

The EBIs introduced under Changemakers will continue to be delivered in some local areas, suggesting that **the programme can successfully catalyse the sustained adoption of specific evidence-based approaches.**

Local stakeholders wish to maintain the perceived impacts of the Changemakers programme on local services and system conditions. They have sought out ways to support sustainment where possible. However, the perceived impact and progress made during Changemakers was heavily linked to the capacity provided by the LEL role. Therefore, there is a risk that progress in engagement and use of evidence is not sustained without further dedicated resource, leadership, and coordination capacity.

Key findings

Perceived impacts on implementation of EBIs included within Changemakers



Key finding 17: the LEL role improved EBI acceptability

The LEL role improved the acceptability of the selected EBI(s) by supporting local stakeholders to understand and interrogate their relevance and potential value in the local context.

Stakeholders consistently described the LEL role as increasing the acceptability of the selected EBIs. Across all local areas, LELs helped stakeholders understand the rationale for introducing EBIs and how they aligned with local priorities, service needs, and strategic objectives. Through communication, relationship-building, and stakeholder engagement activities, LELs translated evidence into locally meaningful terms and helped stakeholders understand the potential contribution of EBIs to local outcomes.

Stakeholders also described the role as creating opportunities to critically engage with the selected EBIs. In several local areas, LELs facilitated discussions about the suitability of EBIs for local populations and services, enabling stakeholders to explore questions relating to local fit, implementation requirements, and potential adaptations. This contributed to a perception that EBIs could be implemented in ways that reflected local needs and circumstances, thereby increasing stakeholder buy-in and support for implementation.



Key finding 18: dedicated implementation capacity improved feasibility

The LEL role improved the feasibility of implementing the selected EBIs through providing dedicated implementation leadership and workforce capacity for implementation and coordination.

Stakeholders consistently perceived the LEL role as improving the feasibility of implementing the EBI(s) by providing dedicated implementation capacity that would not have been readily available within the local system. This additional workforce capacity enabled the LEL to coordinate implementation activities that existing staff often lacked the time or resource to undertake alongside their substantive roles. Across local areas, stakeholders described the role as creating additional coordination, problem-solving, and stakeholder engagement capacity and by acting as a bridge between strategic leadership, delivery services, practitioners, and providers.

One of the most commonly identified contributions related to implementation problem-solving. Stakeholders described LELs as helping to resolve practical and operational challenges as they emerged, bringing together practitioners, providers, and delivery partners to identify solutions and maintain momentum. This included addressing issues relating to workforce engagement, recruitment, delivery arrangements, referral pathways, and family participation. For example, in Merton, the LEL worked with the project lead and facilitators to respond to the needs of a child who fell outside the programme's usual age eligibility criteria, but where it was felt they would benefit from the programme. This involved considering how session content, which had not been designed for this age group, could be adapted. This illustrates how the LEL provided dedicated capacity to respond to emerging delivery challenges and connect practitioners' experience of local delivery with relevant programme expertise.

The role was also perceived to improve feasibility by reducing practical burdens on EBI delivery staff. Stakeholders described LELs supporting activities such as partnership coordination, securing delivery venues, facilitating referrals, and maintaining communication between organisations. Local EBI delivery teams frequently suggested that these activities would have been difficult to absorb alongside existing workloads and that the additional implementation capacity provided by the role enabled them to focus more directly on EBI delivery.



Key finding 19: increasing the pace and effectiveness of implementation

Stakeholders perceived the LEL role as adding value to investment in the selected EBIs by increasing the pace and effectiveness of implementation.

This section addresses stakeholders' perceptions of the value for money of the LEL role. While the evaluation cannot determine whether the role was cost-effective in economic terms, stakeholders generally perceived the LEL role as adding significant value to EBI implementation because it increased the likelihood that investment in EBIs would achieve its intended benefits. Strategic Leads and wider strategic stakeholders across local areas suggested that investment in EBIs would have achieved less without the dedicated implementation leadership, coordination, and relationship-building capacity provided by the LEL role.

Stakeholders described the role as helping local areas maximise the value of investment in EBI training and delivery by reducing implementation delays, addressing barriers as they emerged and supporting more effective coordination between partners. In this way, the role was perceived as increasing the likelihood that investments in EBIs would achieve their intended benefits and reducing the risk of implementation failure.



Key finding 20: strengthening EBI adoption through implementation capacity

The strengthened implementation capability resulting from the LEL role increased the adoption and appropriate use of the selected EBI(s).

Stakeholders consistently perceived the LEL role as increasing the likelihood that selected EBIs would be implemented successfully and used appropriately within local systems. Rather than simply promoting adoption of EBIs, LELs helped local areas engage critically with how EBIs should be introduced, adapted, and sustained.

Across local areas, stakeholders described the role as improving implementation quality through increasing stakeholder buy-in, strengthening coordination across organisations, and creating opportunities to identify and address implementation challenges. The role provided dedicated implementation leadership and coordination capacity that enabled local areas to respond to barriers, maintain momentum, and adapt implementation processes to local circumstances.

Stakeholders also perceived the role as supporting more nuanced use of EBIs. Through ongoing engagement with providers, practitioners, and delivery partners, LELs helped local areas move beyond discussions about whether EBIs should be implemented towards more sophisticated consideration of local fit, adaptation, fidelity, and sustainability. This was particularly evident in



Family Foundations and Resilience Triple P local areas, where LELs proactively approached intervention providers to raise specific implementation challenges and work collaboratively to identify adaptations that reflected local circumstances while maintaining fidelity to the intervention, as discussed in the [‘Fidelity and adaptation’](#) section.

Stakeholders nevertheless emphasised that decisions about EBI adoption continued to involve trade-offs between the strength of the evidence base and the affordability and feasibility of delivery. In the context of significant financial and workforce pressures, local areas could not necessarily prioritise interventions solely on the strength of their evidence, particularly where implementation required substantial upfront or ongoing investment. This highlights that strengthening local capability to identify and implement EBIs does not remove the wider resource constraints shaping decisions about their adoption and use.



Key finding 21: limited evidence of increased EBI reach

LELs actively sought to increase the reach of EBIs, but evidence of increased reach among underserved populations remains limited.

Across all local areas, LELs made efforts to broaden access to EBIs to ensure they reached diverse and vulnerable populations. This included outreach activity, partnership working, and adaptation of recruitment approaches. However, these efforts did not consistently translate into substantial or sustained participation among underserved groups during the programme period.

In several areas, LELs sought to achieve broad reach by identifying and engaging partners who could help connect programmes with communities less likely to engage through standard local authority routes. Even where targeted approaches were undertaken to reach underserved groups, stakeholders frequently identified barriers that limited their success. These included aspects of EBI design that were perceived as making programmes less suitable or accessible for some families, limited alignment with local cultural contexts, and practical challenges to sustained participation among families experiencing multiple and competing pressures.

For instance, LELs and operational stakeholders in Stockport described how Family Foundations’ couple-based design made it less suitable for separated parents, as well as local cultural contexts, where antenatal support was generally delivered to women rather than couples, and some families were thought to prefer support from female practitioners from similar cultural backgrounds.

Similarly, LELs in both Wirral and Merton reported that the length of the EBIs and their reliance on in-person delivery reduced accessibility for some families accessing children’s social care support. Competing priorities and complex family circumstances further limited some families’ ability to engage consistently, making the likelihood of their sustained participation particularly challenging.



As a result, some local areas shifted towards more universal recruitment approaches in order to secure sufficient participation to make programme delivery viable and to ensure that the EBIs reached adequate numbers of families during the programme period.

This suggests that the model or implementation of a programme like Changemakers may need to be adapted in order to successfully reach the most underserved populations. For example, rather than requiring pre-selection of EBIs, enabling local areas to select EBIs for inclusion with specific underserved populations in mind, or to co-select them in conjunction with the people they are intended to reach, could help ensure that the chosen interventions are perceived as appropriate and aligned with local needs. Alternatively, programme implementation timescales could be extended to allow sufficient time to establish the relationships and referral pathways needed to overcome barriers to EBI fit and reach during implementation.

Perceived impacts on local stakeholders and systems



Key finding 22: varied stakeholder perspectives on impact

Perceived impacts of the LEL role varied across stakeholder groups.

Stakeholders emphasised different benefits of the LEL role depending on their own role within the local system. Strategic Leads most commonly highlighted impacts relating to implementation oversight, partnership development, and evidence-informed decision-making. Practitioners were more likely to emphasise impact on practicalities of implementation, workforce development, confidence, and problem-solving. EBI providers frequently highlighted the role of LELs in facilitating communication, securing stakeholder buy-in, and supporting implementation quality.



Key finding 23: strengthening evidence capability

The activities delivered through the LEL role strengthened stakeholders' confidence and capability to engage critically with evidence.

Across local areas, stakeholders described the programme as increasing their confidence to engage with evidence, assess the suitability of interventions, and consider how evidence-based approaches could be translated into local practice.

The most commonly cited example related to stakeholders' engagement with the selected EBIs. Through involvement in implementation planning and delivery, operational stakeholders reported developing a greater understanding of evidence quality, implementation requirements, adaptation, and local fit. This view was especially prevalent among stakeholders in York. Several stakeholders described becoming more confident in asking critical questions about evidence and how evidence-informed approaches could be applied within their local context.



Stakeholders also described increased interest in using evidence, implementation tools, and critical appraisal approaches in other areas of service development and reform activity. For example, stakeholders in York described evidence being considered earlier in decision-making and leaders asking about evidence more routinely. While there was limited evidence that participation in Changemakers directly led to adoption of additional EBIs, the programme appears to have strengthened the foundations for future evidence-informed decision-making by increasing awareness, confidence, and capability among those involved.



Key finding 24: building infrastructure for evidence-informed implementation

The LEL role strengthened infrastructure for evidence-informed decision-making and implementation.

Stakeholders described the programme as contributing to stronger relationships, networks, and structures supporting evidence-informed practice and implementation. Across local areas, LELs facilitated connections between organisations, services, and professional groups that may not otherwise have worked together as closely.

Several stakeholders described improvements in communication, partnership working, and opportunities for shared learning. There was also evidence that implementation processes, governance arrangements, and decision-making structures developed through Changemakers were beginning to embed more systematic use of evidence and data within implementation activity, with some structures also supporting wider evidence-informed activity beyond the selected EBIs. For example, in Merton, the LEL introduced monthly data review meetings, bringing together practitioners and providers to examine referral patterns, including sources of referrals, programme demand, and gaps in reach. This enabled the team to identify where referrals from particular services or agencies were lower than expected and use this information to inform more targeted outreach. The parenting team lead reported that these meetings would continue beyond Changemakers, suggesting that the LEL had helped establish an ongoing structure for using data to inform implementation and delivery.

However, the extent to which these changes became embedded within local systems varied across local areas and remained dependent on local context, organisational capacity, and future investment. The reasons for this variation are explored further in the [‘Local need and context’](#) section.



Key finding 25: risk of reliance on dedicated LEL role

The main unintended consequence identified by stakeholders was the risk that progress became dependent on the LEL role itself.

The most commonly identified unintended consequence of the programme was the risk that progress became concentrated within the LEL role. Stakeholders frequently described the role as providing expertise, coordination, relationships, and implementation support that were difficult to replicate elsewhere within local systems.

While stakeholders viewed this positively during implementation, some expressed concern that progress could be difficult to sustain if these functions were not embedded more broadly across organisations and partnerships. This created a potential risk that implementation capability and evidence leadership would remain dependent on individual postholders rather than becoming fully integrated within local systems.

Likelihood of perceived impacts sustaining beyond the programme period



Key finding 26: sustained adoption of selected EBIs

The EBIs introduced under Changemakers will continue to be delivered in some local areas, suggesting that the programme can successfully catalyse the sustained adoption of specific evidence-based approaches.

There is evidence that some of the EBIs introduced through Changemakers will continue beyond the programme period, although this varied across local areas. Stockport plans to continue delivery of Family Foundations, supported by the continued implementation capacity described above, while Wirral stakeholders described EPEC as becoming part of the ongoing Early Help offer. By contrast, Merton does not intend to continue Resilience Triple P following the recruitment challenges experienced during Changemakers. Similarly, it is unclear whether York will retain Resilience Triple P, while stakeholders were interested in exploring the continuation of Family Foundations, expressing a strong desire to retain the programme providing that facilitator capacity can be expanded.

Stakeholders highlighted that sustained adoption also depended on the ongoing resource and delivery requirements of individual EBIs. Continued delivery could require investment in training, implementation support, and workforce capacity, creating challenges within already constrained local authority budgets. This was particularly relevant where EBIs did not include a train-the-



trainer model. For example, stakeholders identified the absence of this model for Family Foundations as a potential challenge to sustainability, as maintaining facilitator capacity would require continued investment in external training.

Some local areas sought to mitigate these pressures by exploring how EBI delivery could be embedded within wider strategic and operational budgets. However, stakeholders emphasised that this could involve difficult decisions about the allocation of limited resources, including potentially redirecting funding from other services. Sustained adoption therefore depends not only on local commitment to an EBI, but also on whether its ongoing workforce, training, and implementation requirements can be accommodated within local systems.

Overall, this indicates that the Changemakers programme has the potential to catalyse the sustained adoption of specific evidence-based approaches that form the primary focus of the programme and LEL role, but that continuation beyond the programme is shaped by both the implementation achieved through Changemakers and the longer-term financial and operational feasibility of individual EBIs.



Key finding 27: risks to sustaining system change

Local stakeholders wish to maintain and build on the perceived impacts of the Changemakers programme for local services and systems. However, there is a risk that progress in engagement with and use of evidence is not sustained without further dedicated resource, leadership, and coordination capacity.

There is appetite among local stakeholders involved with the programme to sustain and build on the progress and perceived impacts supported by the LEL role. However, stakeholders highlighted that much of the progress to-date has been underpinned by having a dedicated role and related resources, and that therefore progress might not be sustained without a similar role in place.

One local area has sought to address this by securing funding for a role with similar implementation functions to the LEL for a further 16 months through participation in another programme. This provides continued implementation leadership and coordination capacity to support delivery of the EBI and maintain momentum beyond Changemakers.

As discussed in the [‘Cost and sustainability’](#) section, the expertise, experience, and connections of LEL postholders are being retained in local systems even though they are moving into new roles. Similarly, increased understanding and confidence developed by other local stakeholders involved with the programme will remain within the local system as long as those individuals continue to work in it. This may contribute to more incremental cultural shifts in favour of the increased valuing and use of evidence.

Similarly, some of the cross-sector relationships developed through Changemakers may endure beyond the programme, particularly relationships between Early Help and VCFSE organisations in Wirral and between local services and university partners in York. In Wirral, stakeholders



described stronger connections developed between Early Help and the VCFSE sector through implementation of EPEC. In York, relationships with university partners developed through Changemakers contributed to the establishment of the Raise York Research Network (see the [‘Penetration and integration’](#) section) which represents an ongoing mechanism for connecting local services with research expertise and supporting local research needs. These relationships represent an important legacy of the programme, although they may be more difficult to sustain if there is no dedicated role responsible for maintaining momentum.

In some local areas, there are examples of promising shifts in structural conditions to which Changemakers appears to have contributed, alongside wider local priorities and reforms. These may help to sustain increased engagement with evidence-informed approaches as part of decision-making and EBI implementation. Primarily these are established networks and governance arrangements intended to sustain aspects of the LEL role’s function. Examples include the research partnership in York, the parenting steering group and monthly data review meetings in Merton, and the EBI group in Stockport. If these structures can be maintained and have adequate leadership, capacity, and influence within the local system, they may offer a means to sustain and build on the progress and perceived impact achieved by the LEL role.

Overall, this adds up to promising examples of stakeholders and systems shifting towards greater valuing and use of evidence upon which future initiatives can build. Maintaining and furthering progress will depend on the level of priority and resource that local areas can afford to continue investing in increasing evidence-based decision-making and practice.



3. FINDINGS: PROGRAMME DIFFERENTIATION

This chapter outlines findings on whether Changemakers works differently under specific conditions or contexts, considering local variations in stakeholder dynamics, system readiness, and governance structures.

This is crucial for understanding the scalability and adaptability of the programme. The chapter addresses RQ 3 from the research protocol.

Research questions

RQ 3. Programme differentiation: Does Changemakers work differently in certain conditions?

- a.** Was the Changemakers programme appropriate for the needs of the four local areas?
- b.** How did local context and external factors influence the implementation of the Changemakers programme?
- c.** What local factors (e.g. organisational culture, stakeholder readiness, perceived agency of the LEL) influenced the effectiveness of the LEL role and the short-term outcomes (as identified in the programme theory of change) of the EBI implementation?
- d.** How did the perceived outcomes of the LEL role vary by local area, and what factors contributed to these differences?
- e.** Were there differences in how LELs approached their roles across different local areas, and how did these variations impact implementation outcomes?
- f.** Were there any perceived differences between the implementation strategies employed by LELs for the different EBIs?



Summary of findings: Programme differentiation

The Changers programme was broadly appropriate across all four local areas. It addressed a common gap between evidence, strategy, and

implementation. All local areas benefited from having dedicated capacity in the form of the LEL role. All local areas directed this towards evidence leadership and implementation support to create the conditions for successful EBI implementation. Some local areas also focused capacity on shifting system conditions to promote increased valuing and use of evidence outside of the EBI itself.

Local context and priorities influenced the extent to which LELs acted as evidence leaders beyond supporting selected EBI implementation, and also the degree to which local areas were able to benefit from the programme. Local factors which increased programme implementation efficacy and perceived impact included leadership support, workforce capacity, organisational culture, and existing evidence-use infrastructure.

As well as local contextual factors, the implementation and perceived impact of the LEL role was affected by the postholder's position in the system and level of influence with core stakeholders whose engagement was important to the EBI and/or wider shifts in system conditions.

This suggests that decisions about the appropriateness and design of future similar programmes should consider local need, local readiness for implementation and evidence-informed change, and ways to maximise the influence of the LEL role within the local system.

LELs adapted their implementation strategies to different EBIs and local contexts. Since different EBIs were delivered in different local areas, it is difficult to draw firm conclusions about specific strategies which might be needed for different EBIs or local characteristics. However, future similar programmes should anticipate tailoring of the implementation approach to account for the intersection of EBI implementation requirements and the strengths and challenges within the implementation conditions in local areas.



Key findings

Local need and context



Key finding 28: appropriateness of the Changemakers model

The Changemakers model was broadly appropriate for all four participating local areas because it addressed a common need for implementation capacity and evidence leadership.

The Changemakers programme was broadly appropriate across all four local areas. As discussed in the [‘Acceptability, appropriateness and feasibility’](#) section, it addressed a common gap between evidence, strategy, and implementation, and fulfilled a perceived need for implementation capacity and evidence leadership.

As discussed in the [‘Perceived impacts on local stakeholders and systems’](#) section, different stakeholder groups emphasised different aspects of the LEL role – including EBI implementation support, evidence leadership and systems change functions – depending on their responsibilities within their local systems. However, there was broad agreement that local areas benefited from having dedicated capacity via the LEL role to build partnerships, coordinate implementation, engage stakeholders, and support evidence-informed decision-making.



Key finding 29: local readiness shaped programme success

The extent to which local areas were able to benefit from the programme was shaped by local readiness. Local factors which increased programme implementation efficacy and perceived impact included leadership support, workforce capacity, organisational culture, and existing evidence-use infrastructure.

Local context and system conditions affected local areas’ readiness for the Changemakers programme. This influenced the efficacy of programme implementation and the extent of the perceived impact of the programme in different local areas.

Areas with established partnership arrangements, experience of implementing EBIs and strong strategic commitment to evidence-informed practice generally encountered fewer barriers to implementation and impact relating to Changemakers. In particular, these local areas were better positioned to pursue wider ambitions for changes to evidence-based decision-making and practice beyond implementation of the selected EBIs included in the programme.

Local workforce capacity also shaped how implementation challenges were experienced and addressed. While all local areas faced challenges relating to workforce pressures, competing priorities, and organisational change, the significance of these barriers varied according to local



circumstances. Where implementation required workforce engagement which varied from existing practice or more complex governance arrangements, implementation often progressed more slowly and required additional support.

Separately, the wider strategic context also influenced how readily Changemakers could be embedded within local systems. Wider reform agendas, Family Hub developments and local ambitions to strengthen prevention often created favourable conditions for Changemakers as strategic stakeholders were more likely to view Changemakers as supporting existing priorities rather than competing with them.

The strength of existing partnership infrastructure also influenced EBI implementation efficacy. Where relationships between organisations were already established, local areas were generally better able to identify delivery solutions, engage target populations and respond to emerging challenges. For instance, both the Merton and York LELs described benefiting from established links with local CICs in delivering Resilience Triple P, which made it easier at the outset of the EBI to recognise who to partner with.

Further, where new relationships needed to be developed, EBI implementation often required additional stakeholder engagement and coordination effort. In Merton, for example, establishing new relationships with schools to deliver Resilience Triple P required sustained engagement to build understanding of the programme and secure buy-in. Some schools initially understood the programme as focusing on bullying rather than building resilience more broadly, creating concerns about potential reputational implications, which often made them reluctant to participate. Similarly, in Stockport and Wirral, LELs invested time in identifying and developing relationships with community leaders and VCFSE organisations to extend the reach of Family Foundations and EPEC. Establishing these new partnerships required ongoing engagement to build awareness of the EBIs and develop referral pathways. There was some evidence by the end of Changemakers that LELs' efforts had broadened local networks and increased awareness of the programmes.

The findings suggest that future programmes should consider not only local need, but also local readiness for implementation and evidence-informed change, in order to secure EBI take-up.



Key finding 30: variation in wider evidence leadership ambitions

Local context and priorities influenced the extent to which LELs acted as evidence leaders beyond supporting selected EBI implementation.

As discussed in the [‘Fidelity and adaptation’](#) section, implementation support was a consistent feature of the LEL role across all four local areas, but there was greater variation in the extent to which LELs fulfilled wider evidence leadership ambitions.

In some local areas, particularly Merton and York, stakeholders described activity extending beyond implementation of specific EBIs into broader work relating to evidence use, organisational learning, research partnerships, and evidence-informed decision-making. Examples included



development of practitioner networks, stronger relationships with universities, increased attention to evaluation, and wider discussions regarding how evidence should inform local service development.

In contrast, stakeholders in Stockport and Wirral more commonly described the role in relation to implementation support, delivery coordination, and partnership development associated with the EBIs. While evidence leadership activities were not absent, they were generally less prominent within stakeholder accounts.

These differences appear to reflect variation in local priorities, implementation pressures, and organisational readiness. In areas where implementation challenges were more demanding or workforce capacity was constrained, LEL effort was often concentrated on supporting delivery of the EBIs themselves. In areas where implementation became more established, there appeared to be greater opportunity to pursue wider ambitions relating to evidence use and systems change.

This finding suggests that implementation support may be a necessary foundation for evidence leadership activity, but not a guarantee that wider evidence-use ambitions will be realised. Future programmes may therefore benefit from considering how implementation demands interact with broader goals relating to organisational learning and evidence-informed practice.

LEL characteristics and approaches



Key finding 31: influencing stakeholders to support implementation

The LELs' ability to influence system stakeholders shaped implementation experiences and perceived impact in local areas.

As discussed in the '[Acceptability, appropriateness and feasibility](#)' section, individual LELs' credibility, relationships, and understanding of the system were important factors in determining the success of the role in supporting EBI implementation and wider shifts in the conditions for evidence-based decision-making and practice. Therefore, the way the LEL role was positioned and its ability to influence system stakeholders also shaped implementation experiences and perceived impact in different ways across local areas.

In Stockport, both LELs had an established presence and were trusted across midwifery, antenatal, and postnatal services. Their local knowledge, credibility, and existing relationships enabled them to engage and influence a wide range of stakeholders, without having to build relationships from scratch – an important advantage given the programme's relatively short delivery timescale.

Similarly, in York, the LEL's research background, relationships with academics, and previous engagement with local services, including Family Hubs, gave them credibility with both operational and strategic stakeholders. This enabled the LEL to secure buy-in for programme delivery, support senior stakeholders in considering EBIs, and develop trusted relationships through which stakeholders increasingly sought the LEL's input when assessing potential programmes. These new



relationships, as well as prior ones, also supported the establishment of the Raise York Research Network, illustrating how the LEL's credibility and system knowledge could contribute to wider evidence leadership activity beyond implementation of the selected EBIs.

This suggests that programmes like Changemakers should consider not only LELs' implementation expertise, but also the extent to which they have the credibility, relationships, and system knowledge needed to engage and influence stakeholders who are central to successful EBI implementation and, where local conditions allow, can contribute to broader system shifts in the valuing and use of evidence. Where these relationships do not already exist, additional time and resource may be required to develop them.



Key finding 32: tailoring implementation to local context

LELs adapted their implementation strategies to different EBIs and local contexts. Since different EBIs were delivered in different local areas, it is difficult to draw firm conclusions about specific strategies which might be needed for different EBIs or local characteristics.

While there were commonalities in the implementation approaches used by LELs, their implementation strategies varied according to both the EBI being delivered and the context in which delivery occurred.

Across all local areas, the most consistently valued approaches included stakeholder engagement, relationship-building, implementation coordination, provider liaison, and structured opportunities for reflection and problem-solving. However, the emphasis placed on these activities varied depending on EBI requirements, delivery models, and local implementation challenges.

For Family Foundations, implementation approaches focused heavily on workforce engagement, provider liaison, fidelity, and adaptation. Stakeholders described substantial effort devoted to supporting practitioners and delivery partners to work through concerns regarding programme content, accreditation requirements, local antenatal education practice, and delivery feasibility.

For Resilience Triple P, implementation focused more strongly on recruitment, delivery logistics, and engagement with schools and community settings. The principal implementation challenges related less to adapting programme content and more to ensuring that delivery was feasible and acceptable within local contexts.

For EPEC, implementation focused more heavily on community engagement, co-production, and supporting parent-led delivery. The model required different forms of stakeholder engagement and partnership-building, particularly with VCFSE organisations and community partners.

These findings suggest that variation in implementation experiences reflected not only differences in local context, but also differences in the EBIs themselves. Different EBIs created different implementation demands, required different forms of support, and generated different challenges for local systems. The added value of the LEL role therefore lay less in expertise relating to any



specific EBI and more in the ability to adapt implementation approaches to local needs and circumstances.



4. FINDINGS: PROGRAMME THEORY VALIDATION

This chapter examines the extent to which the Changemakers' theory of change is grounded in evidence.

This ensures that the programme's underlying assumptions are validated through real-world implementation. The chapter addresses RQ 1, from the research protocol.

Research questions

RQ 1. Programme theory validation: To what extent is Changemakers' theory of change rooted in evidence?

- a. To what extent is the Changemakers programme's theory of change validated by the evidence?
- b. Were there any critical outcomes or mechanisms missing or mis-specified in the theory of change, and what implications does this have for future programme implementation?



Summary of findings: Programme theory validation

The evaluation findings provide broad support for Changemakers' theory of change. Across all four local areas, evidence suggests that the core programme logic operated largely as intended. **Stakeholders consistently described the LEL role as acting as a bridge between evidence, implementation, and strategic decision-making,** supporting implementation of EBIs while also helping local systems engage more critically with evidence and evidence-informed practice.

The strongest evidence supports the theory that dedicated implementation leadership can improve the acceptability, feasibility, and quality of EBI implementation by providing protected capacity for relationship-building, stakeholder engagement, problem-solving, and coordination. There is also evidence that the programme contributed to stronger partnerships, increased engagement with evidence, and more reflective approaches to implementation and decision-making, chiefly among those stakeholders closest to EBI governance and implementation.

The programme theory would benefit from refinement to better reflect the implementation conditions, contextual factors, and mechanisms that shaped delivery in practice. Implementation support provided by Foundations' PDAs, support from EBI providers and relationship-building by LELs were more important mechanisms than anticipated. Local



Summary of findings: Programme theory validation

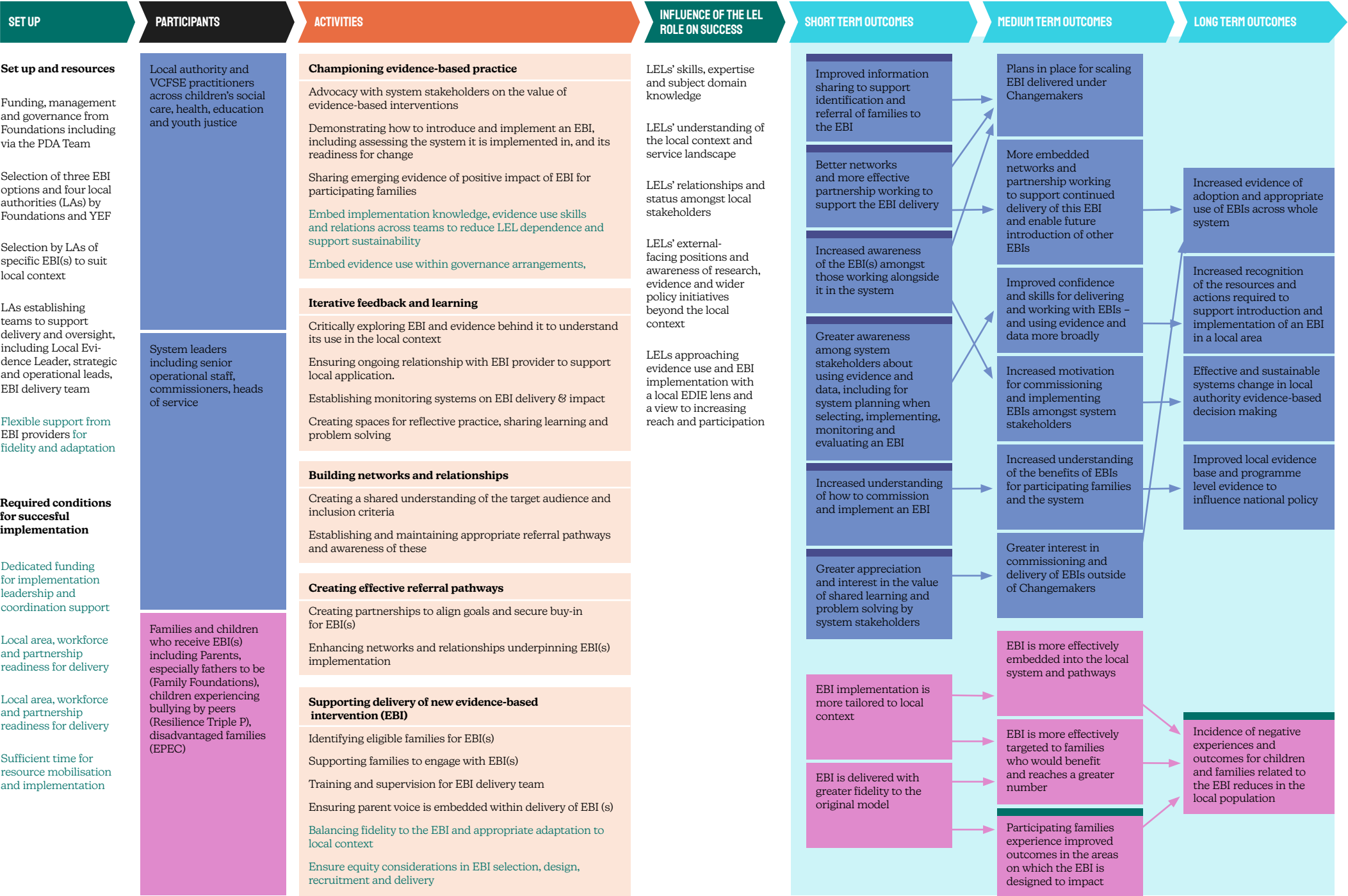
area readiness and system capacity also heavily influenced implementation approaches and success.

Some longer-term ambitions within the theory of change remain emergent. **Although dedicated evidence leadership increased the visibility and salience of evidence within local systems, there was less evidence that this had yet translated into widespread shifts in system conditions to support evidence-based decision-making or evidence into practice.** Similarly, while EDIE considerations informed implementation activity in several local areas, there was limited evidence that the programme substantially increased reach among underserved populations.

Changemaker's theory of change

Figure 1 (on the following page) sets out an updated programme-level theory of change which incorporates recommendations in this chapter for what a future theory of change should include, and is further discussed in detail in the section [Amendments to programme theory for future similar programmes](#).

To go to accessibility text for this graphic please [click here](#).



Key:

Impact areas against which perceived progress can be considered as part of the implementation and process evaluation

Areas where impact evaluations would be necessary to measure progress

Teal text: Recommendations from the evaluation

Related to funded EBIs

Related to local authority & VCFSE participants

EVIDENCE BASE	DEFINITIONS	KEY PRINCIPLES AND APPROACHES
a. There is evidence that the preventative approach taken by many EBIs is effective in delivering long-term positive outcomes for children. b. Evidence-based interventions (EBIs) have not been implemented widely in local authorities despite their potential. c. There are widely agreed barriers which impact commissioning, implementing and sustaining EBIs, including limited resources, lack of support from system leaders, etc.	Evidence-based intervention (EBI): programmes, practices or strategies that are informed by the best available, current, valid and relevant research evidence. VCFSE: Voluntary and Community, Faith and Social Enterprise	• Whole family approach • Multi-agency, partnership-led • Centring the needs, voices and safety of families • Early intervention and prevention • Ongoing learning and reflection

Key findings

Theory validation



Key finding 33: validation of the theory of change

The programme theory was broadly validated by the evidence. In particular, introduction of the programme into local areas demonstrated that the LEL role and core mechanisms associated with it can positively influence EBI implementation and the system conditions required to support it.

The evaluation provides strong support for the central programme theory that a dedicated LEL role can act as a bridge between evidence, operational delivery, and strategic decision-making. Across all four local areas, stakeholders consistently described the LEL role as central to implementation activity and to perceived progress towards many of the outcomes anticipated within the theory of change.

There is evidence supporting each of the core mechanisms outlined within the programme theory. Stakeholders described LELs facilitating implementation of EBIs, building relationships across systems, creating referral pathways, supporting adaptation, promoting reflective learning and encouraging engagement with evidence-informed practice. The strongest evidence relates to dedicated implementation capacity, relationship-building, and strategic influencing, all of which emerged as important mechanisms through which change occurred.

The findings also support the theory that introducing dedicated evidence leadership can increase the visibility and salience of evidence within local systems. Across local areas, stakeholders described increased discussion of evidence, implementation, and EBI suitability. There was evidence that local areas became more confident in critically assessing evidence, considering local fit, and interrogating implementation requirements. However, there was less evidence that these changes had yet translated into widespread shifts in strategic decision-making or organisational culture.

The evaluation therefore suggests that the theory of change accurately captures the broad direction of change generated by the programme. However, it appears to overestimate the extent to which implementation of a single EBI can rapidly influence wider system-level outcomes. The strongest evidence of perceived impact relates to EBI implementation capability and to emergent shifts in stakeholder understanding and infrastructure to support evidence-based decision-making and evidence use among those close to the EBI itself. The degree to which the programme was able to shift conditions in the wider system during the funding period was more limited.

Amendments to programme theory for future similar programmes



Key finding 34: importance of external support and relationship-building

External implementation support from Foundations' PDAs and EBI providers, and relationship-building by LELs were more important mechanisms than anticipated within the original theory of change.

The evaluation findings indicate that future iterations of the theory of change should place greater emphasis on implementation support and relationship-building as central mechanisms through which change occurs.

First, implementation support provided by Foundations, PDAs, and EBI providers emerged as a core mechanism through which implementation challenges were identified and addressed. While the theory of change identifies programme governance and support structures as important inputs, the findings suggest that implementation support functioned as an active mechanism rather than simply a contextual enabler. LELs and operational stakeholders consistently described implementation as more complex than anticipated and highlighted the importance of ongoing support, challenge, coaching, and problem-solving throughout delivery.

Second, relationship-building emerged as a more fundamental mechanism than originally anticipated. Across local areas, implementation success was strongly linked to the ability of LELs to establish trust, build credibility, and create connections across organisations, services, and sectors. Relationship-building appeared to underpin many of the programme's other mechanisms, including stakeholder engagement, implementation coordination, and evidence use.

Finally, EBI providers also played a more substantial role in implementation than originally anticipated, although the nature and intensity of their involvement varied between EBIs and local areas. While PDAs provided broader implementation support, EBI providers could provide intervention-specific expertise on fidelity, adaptation, and delivery challenges. For some EBIs, this extended beyond initial training and programme materials to repeated engagement with local areas, implementation troubleshooting, communications support, local adaptation, and participation in task groups and evaluation activity. Some EBI provider accounts indicated that these expectations were not always fully anticipated at the outset. Some providers had developed staffing and budget assumptions around delivery of a relatively established programme model, but subsequently provided a wider range of implementation support. This additional input had not always been anticipated within providers' original staffing and budget assumptions.

These findings suggest that external implementation support should not be treated as a uniform component of the Changemakers model. Future iterations should distinguish between the complementary roles of PDAs and EBI providers, recognise that the level of provider support required may vary according to the EBI and local implementation context, and ensure that

expectations about provider involvement and associated resource requirements are established at the outset.



Key finding 35: reflecting readiness and capacity in the theory of change

Local area readiness and system capacity should be reflected more explicitly in the theory of change because they heavily influence implementation success.

The evaluation identified several contextual factors that strongly influenced implementation but are currently underplayed within the theory of change. These included organisational readiness, workforce capacity, leadership support, existing partnership infrastructure, and the extent to which ownership of implementation activity was distributed across local systems.

Differences in these conditions influenced implementation pace, stakeholder engagement, and the extent to which local areas could pursue wider evidence leadership ambitions alongside EBI implementation. Local areas with stronger existing partnerships, greater organisational stability, and greater implementation capacity generally appeared better positioned to progress implementation activity and pursue wider systems-change ambitions.

The findings also suggest that sustainability is strongest where ownership of evidence use and implementation activity is distributed across systems rather than concentrated within individual postholders. Where implementation knowledge, relationships, and decision-making processes became more embedded within wider governance structures and networks, LELs and Strategic Leads expressed greater confidence that progress would be sustained beyond the programme period.

Future iterations of the theory of change should therefore place greater emphasis on organisational readiness, system capacity, and distributed ownership as important conditions supporting successful implementation and sustainability.



Key finding 36: reflecting flexibility, evaluation, and EDIE

The theory of change should place greater emphasis on flexibility, evaluation, and EDIE.

Several additional mechanisms remain important for future iterations of the theory of change.

First, flexibility and tailoring emerged as a critical implementation mechanism throughout the programme, suggesting that it should be recognised more explicitly within future programme theories. The evaluation consistently identified the need to balance fidelity with responsiveness to local context. The most successful approaches appeared to combine implementation leadership, relationship-building, and strategic influence while remaining responsive to local needs and emerging implementation challenges.

Second, evaluation played a more important role than anticipated. Several LELs described collecting local evidence, monitoring implementation progress, and using findings to inform decision-making. While this was not explicitly reflected within the original theory of change, the ability to generate and use local evidence emerged as an important aspect of implementation learning and sustainability.

Finally, the findings suggest that the theory of change may overestimate the extent to which a dedicated evidence leadership role alone can improve reach among underserved populations. While LELs actively pursued outreach and engagement activities, progress was constrained where EBIs themselves were not well aligned with the needs, preferences, or circumstances of target communities. This suggests that EDIE considerations need to be embedded within EBI selection, design, and provider support from the outset rather than being treated primarily as a local implementation responsibility.

DISCUSSION

Summary of main findings

This impact and process evaluation (IPE) examined how the Changemakers programme was implemented across four local areas, the extent to which implementation aligned with the programme's theory of change, how implementation experiences varied across contexts, and the perceived impacts of the programme on implementation of EBIs, evidence-informed practice, and local systems.

Overall, the findings provide broad support for the Changemakers model and theory of change. Across all four local areas, the programme was implemented largely as intended and stakeholders consistently identified the LEL role as the central mechanism through which implementation support, stakeholder engagement, relationship-building, and evidence translation occurred. The evaluation found that the programme addressed a common need within local systems for dedicated capacity to support implementation of EBIs, navigate implementation challenges, and bridge the gap between evidence, strategic decision-making, and operational delivery.

These findings are particularly relevant in the context of ongoing children's services reforms in England. The Families First Partnership Programme, alongside the continued development of Family Hubs and the wider reforms set out in *Stable Homes, Built on Love*, the government's 2023 strategy for children's social care reform, places increasing emphasis on earlier intervention, evidence-informed practice, and more integrated local support for children and families (Department for Education, 2023). Changemakers provides practical evidence about some of the implementation conditions that may be needed to translate these ambitions into local delivery. In particular, the findings suggest that increasing the use of EBIs within local systems requires not only access to evidence about what works, but sufficient local capacity and capability to select, implement, and adapt evidence-based approaches, build stakeholder engagement, and embed evidence use within local decision-making.

The strongest evidence relates to the programme's contribution to implementation processes and local implementation capability for the selected EBIs included in the programme. Stakeholders consistently perceived the LEL role as improving the acceptability, feasibility, and quality of EBI implementation by providing dedicated implementation leadership, coordination, and problem-solving capacity. The programme appears to have strengthened local stakeholders' ability to critically assess, adapt, and implement the EBIs and supported more reflective and evidence-informed approaches to implementation and decision-making.

There was also evidence of the programme's promise in contributing to shifts in conditions to support improved evidence use beyond the EBIs included in the Changemakers programme. These shifts took two main forms. First, the activities undertaken by the LEL role increased stakeholders' confidence and capability to engage critically with evidence and their interest in using evidence, implementation tools, and critical appraisal approaches in other areas of service development and

reform activity. Second, the LEL strengthened infrastructure for evidence-informed decision-making by supporting the development of stronger relationships, networks, and structures.

Such shifts were mainly contained to stakeholders and partnerships closely involved with the selected EBI implementation and governance, rather than stakeholders across the wider system. As yet, there is limited evidence that these shifts have contributed to the adoption or increased efficacy of evidence-based practice outside of the selected EBIs. However, in supporting these shifts, Changemakers has strengthened the foundations for future evidence-informed decision-making and practice among stakeholders involved with the programme.

While EDIE considerations were incorporated into implementation activity across local areas, there was limited evidence that the programme substantially increased reach among underserved populations during the evaluation period. This appears to reflect both the relatively short implementation period and wider challenges relating to EBI fit, recruitment pathways, and engagement with target populations. Such findings indicate that EDIE considerations need to be embedded within EBI selection, design, and provider support from the outset rather than being treated primarily as a local implementation responsibility.

Implementation experiences and perceived outcomes were strongly influenced by local context. Leadership support, workforce capacity, organisational readiness, partnership infrastructure, and EBI fit all shaped how the programme was implemented and the extent to which wider ambitions relating to evidence use and systems change were realised. Different EBIs generated different implementation challenges and required different implementation strategies, while the credibility, relationships, and influence of individual LELs emerged as important factors shaping implementation success. These findings suggest that flexibility and local adaptation were strengths of the programme model and that a more standardised approach would have been unlikely to produce better outcomes across all local areas.

The evaluation also identified several mechanisms that appear to have been more important than originally reflected within the programme theory of change. In particular, implementation support provided by Foundations, PDAs, and EBI providers emerged as a critical enabling mechanism. Relationship-building, trust, local credibility, organisational readiness, and workforce capacity also played a more significant role in shaping implementation experiences and outcomes than originally anticipated. These findings suggest that future iterations of the theory of change should place greater emphasis on these mechanisms and implementation conditions.

Finally, the findings suggest that sustainability is likely to depend less on continuation of dedicated LEL posts and more on the extent to which implementation knowledge, relationships, networks, and evidence-informed ways of working become embedded within local systems. Stakeholders expressed a strong desire to sustain the benefits generated through Changemakers, but there was uncertainty regarding how implementation leadership and evidence-use functions would be maintained once dedicated funding ended.

Taken together, the findings suggest that Changemakers generated its greatest value through strengthening the conditions required for successful EBI implementation and also demonstrated the potential to catalyse longer-term shifts in system conditions to support evidence-informed decision-making and practice. Future programmes' longer-term impact in this catalysing role

would likely be greater if local areas can sustain dedicated roles and resource for evidence leadership and implementation beyond the programme funding period, or if the programme can maximise capability transfer and embedded shifts in wider system conditions during its lifetime.

Comparison with existing evidence

The findings from the Changemakers evaluation are broadly consistent with existing evidence on implementation science, evidence mobilisation, and systems change. They reinforce the importance of dedicated implementation support, stakeholder engagement, organisational readiness, and local adaptation in supporting successful implementation of EBIs, while also providing new insights into how these mechanisms operate within local authority children's services.

Implementation leadership and implementation support

The Changemakers findings align closely with recent evidence on implementation in children's services and related settings. A systematic review of barriers and facilitators to implementing EBIs in children and young people's mental health care found that implementation is often constrained by organisational and clinician-level barriers, including access to funding and resources, workforce skills, attitudes towards evidence-based practice, and the flexibility of EBIs. Facilitators included targeted funding, supportive leadership, access to resources, and staff skills in the intervention (Peters-Corbett et al., 2024). This is consistent with the Changemakers finding that workforce capacity, organisational readiness, EBI fit, and leadership support shaped implementation experiences across the four local areas.

The findings also align with recent evidence from children's social care. Day et al. (2025), in a qualitative study of Safeguarding Family Group Conferences in England, found that implementation in child protection services was shaped by leadership and stakeholder engagement, resource availability, protected time, understanding of the innovation's advantage, and having an allocated implementation lead to coordinate activity. These findings strongly mirror Changemakers, where the LEL role was consistently described as providing dedicated implementation leadership, coordination, and problem-solving capacity.

The importance of leadership identified through Changemakers is also consistent with international evidence from child welfare settings. A systematic review focusing specifically on implementation of research-supported interventions in children's services found that leaders supported the implementation of evidence-based programmes and evidence-informed practice through activities including establishing a vision for evidence use, creating supportive organisational cultures and structures, proactively planning for implementation, building capability, and developing and maintaining relationships (McCarthy & Griffiths, 2021). While the evidence reviewed was predominantly from the United States, these findings reinforce the importance of leadership as an organisational and relational process supporting implementation, rather than simply the presence of an individual implementation lead.

Evidence on facilitation similarly highlights the importance of dedicated implementation support. A qualitative systematic review found that facilitation involved both technical and non-technical support, including collaboration and relationship-building, and that its effectiveness was influenced by facilitator skills and characteristics, the resources and support available to them, and the organisational context in which implementation took place (Lizarondo et al., 2023).

Taken together with the evidence above, this wider literature reinforces a well-established finding from implementation research: effective implementation requires more than selecting an EBI. It requires investment in the people, relationships, resources, and organisational conditions needed to translate evidence into practice. The Changemakers findings illustrate how these factors operated within English local authority children's services, particularly through the combination of dedicated implementation leadership provided by the LEL role, external implementation support from Foundations' PDAs and EBI providers, and responsiveness to local implementation conditions.

Knowledge mobilisation and evidence-informed practice

These findings are also consistent with recent evidence on knowledge mobilisation in local systems. Durrant et al.'s (2024) systematic scoping review of local models of knowledge mobilisation found that effective knowledge mobilisation at local level is relational, involves integrating different forms of knowledge, and needs to be tailored to local contexts, cultures, and capacities for evidence use. This aligns strongly with the Changemakers finding that LELs generated value through relationship-building, local credibility, translation of evidence into locally meaningful actions, and support for evidence-informed decision-making.

These findings are also consistent with evidence specifically examining research use within local government. A systematic scoping review of evidence use in English local public health decision-making identified the importance of locally relevant evidence and local experts in providing evidence and knowledge to decision makers (Kneale et al., 2017). More recent systematic review evidence from local government internationally, including a substantial body of UK research, similarly highlights the importance of localised evidence, integrating different sources of knowledge, and attending to differences between local contexts and interventions (Dam et al., 2023).

Taken together, this evidence suggests that improving evidence use is not simply a matter of making research available to local areas. It requires practical support to help local stakeholders interpret evidence, assess local fit, adapt implementation approaches, and build confidence in using evidence within decision-making. Changemakers illustrates how a dedicated local evidence leadership role can support these processes: LELs appeared to perform many of these knowledge mobilisation functions by acting as a bridge between evidence, strategic decision-making, and operational delivery.

The findings also resonate with evidence on local government research systems. Hock et al. (2024) found that local areas need appropriately organised research capacity and that effective local research systems may include centres, partnerships, collaborations, networks, and communities. This is relevant to Changemakers because several local areas developed or strengthened local

infrastructure for evidence use, including research networks, practitioner groups, and governance arrangements. However, as in the wider evidence base, these developments were variable and depended on local capacity, leadership, and readiness.

Systems change and sustainability

The importance of these wider organisational and system conditions is also reflected in the broader literature on sustainability. A systematic integrative review of 124 studies found that sustainability was shaped by factors operating across the organisational and wider system context, with leadership and organisational support, ongoing training and support, and staffing and turnover among the most commonly identified influences. Wider factors, including funding and external leadership, were also important (Zurynski et al., 2023). While this review focused on healthcare programmes, it provides broader evidence that sustaining changes in practice depends not only on the intervention itself but also on the organisational capacity, leadership, resources, and wider conditions needed to embed it over time.

These themes are also evident in research more directly relevant to English children's social care. Currie et al. (2025), in a four-year longitudinal study of innovations supporting care leavers in England, found that sustaining public service innovations depends on several ingredients, including senior managers cultivating a receptive context, distributed leadership, co-production, measurement of outcomes, and adaptation. They also found that organisational pressures, including performance and financial pressures, shape the innovation journey. This closely reflects the Changemakers findings that sustaining change depended not simply on continuation of the LEL post but on whether evidence-informed ways of working, relationships, and implementation knowledge could become embedded beyond individual postholders.

The findings are also relevant to the wider context of children's social care reform in England. Recent reforms, including *Stable Homes, Built on Love*, the Families First Partnership Programme and the expansion of Family Hubs, place increasing emphasis on evidence-informed practice, earlier intervention, and local system transformation (Department for Education, 2023). Evidence from the Family Hubs Transformation Fund evaluation similarly highlights the importance of governance, partnership working, relationship-centred practice, workforce development, and peer learning in supporting local transformation (Blades et al., 2025).

Taken together, this wider evidence suggests that sustainability is best understood as a system and organisational process rather than simply the continuation of a particular programme or role. Changemakers adds to this evidence by providing insights into how local systems can be supported to translate evidence-informed ambitions into practice. In particular, the evaluation highlights the value of dedicated implementation capacity to coordinate activity across organisational boundaries and build relationships and engagement around evidence-based approaches, including with strategic and operational decision makers. At the same time, the variation between local areas demonstrates that dedicated implementation support is not sufficient in isolation: its effectiveness depends on wider conditions including leadership support, workforce capacity, organisational readiness, and the extent to which evidence-informed approaches become embedded within local structures and processes.

Contribution of the Changemakers evaluation

While existing evidence highlights the importance of implementation support, knowledge mobilisation, and system readiness, there remains relatively limited evidence on how these functions operate within English local authority children's services. The Changemakers evaluation contributes to this evidence base by demonstrating how dedicated implementation leadership can support implementation of EBIs, strengthen evidence-informed practice, and improve local implementation capability.

Importantly, the findings suggest that the effectiveness of such roles depends not only on the skills and activities of individual postholders but also on their organisational positioning, local credibility, relationships, leadership support, and wider system readiness. The evaluation therefore reinforces the importance of viewing implementation as a systems process and highlights the potential value of combining implementation leadership, evidence mobilisation, and practical implementation support within a single programme model.

Conclusions

The conclusions below synthesise the evidence presented through the individual key findings boxes throughout the report. Rather than corresponding to individual findings, each conclusion draws together evidence from multiple aspects of the evaluation to provide an overall assessment of the Changemakers programme.

1. The Changemakers model was feasible to implement across diverse local areas. **All four local areas implemented the core components of the programme, including the LEL role, selected EBIs, PDA support, and shared learning activities.**
2. The LEL role was the primary mechanism through which the programme generated value. **Stakeholders consistently described the role as providing dedicated implementation leadership, coordination, relationship-building, and problem-solving capacity that would not otherwise have been available.**
3. The programme strengthened implementation capability and evidence-informed practice. **The strongest evidence of impact relates to improved implementation processes, stakeholder engagement, and partnership development for the EBIs included in the programme.**
4. Implementation support was critical to successful delivery. **Support from Foundations, PDAs, and EBI providers played a more important role in supporting implementation than originally reflected within the programme theory of change.**
5. Local context strongly influenced implementation experiences and outcomes. **Leadership support, workforce capacity, organisational readiness, partnership**

infrastructure, and intervention fit all shaped how the programme was implemented and the extent to which wider ambitions were realised.

6. Flexibility and local adaptation were strengths of the programme model and should be further emphasised in any future theory of change. **There was little evidence that a more standardised implementation approach would have produced better outcomes across all local areas.**
7. The programme generated stronger evidence of impact on EBI implementation capability than on wider systems change. **There was evidence of the programme's promise in contributing to shifts in conditions to support broader improvements in evidence-based decision-making. At this stage, there is limited evidence that this has contributed to the adoption or increased efficacy of evidence-based practice outside of the selected EBIs.**
8. Evidence that the programme increased reach among underserved populations was limited. **Although EDIE considerations informed implementation activity across local areas, structural barriers relating to intervention fit, recruitment pathways, and engagement with target populations constrained progress.**
9. The programme's long-term legacy is likely to depend on embedding implementation capability within local systems. **Sustainability appears more likely to be achieved through strengthened relationships, networks, governance structures, and evidence-informed ways of working than through continuation of dedicated LEL posts alone.**
10. The programme theory of change was broadly validated, and the evaluation identified areas for refinement. **These findings informed updates to the theory of change, with greater emphasis placed on external and internal implementation support, relationship-building, local area readiness, and system capacity as factors influencing implementation success.**

RECOMMENDATIONS AND NEXT STEPS

The recommendations in this chapter are intended for different stakeholder groups involved in designing, delivering, and supporting programmes such as Changemakers. They are organised according to the primary audience, including local areas, the Foundations Practice Development Team, and funders and policymakers.

While some recommendations are specific to particular groups, many will require collaboration across stakeholders to support effective implementation and sustainability.

For Foundations and other organisations delivering Changemakers or similar programmes

The evaluation provides broad support for the Changemakers theory of change. The core programme logic was largely validated, with evidence suggesting that Local Evidence Leaders acted as intended to support implementation of evidence-based interventions, strengthen stakeholder engagement, and increase engagement with evidence-informed practice.

If Changemakers is developed or delivered in future, Foundations should refine the programme theory of change to reflect the mechanisms and contextual conditions identified through the evaluation. In particular:

- 1. Recognise external implementation support as a core mechanism of change, rather than solely an enabling condition**

Support from PDAs and EBI providers played a more substantial role in supporting implementation than originally anticipated, although their roles and the level of support required varied across EBIs and local contexts. Future iterations of Changemakers should more explicitly define the respective roles of PDAs and EBI providers and ensure that anticipated EBI provider involvement, including support with adaptation, fidelity, and implementation challenges, is agreed and appropriately resourced from the outset.

- 2. Give greater prominence to relationship-building, trust, and local credibility**

These mechanisms were consistently identified as critical to how LELs built stakeholder engagement, navigated local systems, and influenced implementation.

- 3. More explicitly recognise organisational readiness and wider system conditions**

Organisational readiness, workforce capacity, leadership support, and partnership infrastructure shaped how effectively LELs could operate and the extent to which implementation could progress.

4. Recognise local tailoring and adaptation as a central feature of implementation.

Successful implementation depended on balancing fidelity to EBI models with flexibility to respond to local contexts, needs, and implementation challenges.

5. Strengthen the role of learning, evaluation, and equity within the programme logic

The theory of change should more explicitly reflect the role of local evaluation, implementation learning, and evidence generation to supporting ongoing adaptation and strengthening local capability for evidence-informed implementation.

6. Give greater prominence to EDIE and equitable reach

The theory of change should recognise that improving reach among underserved populations depends not only on implementation activity but also on the selection, design, and local fit of EBIs.

For local area children's services and partnerships

1. Invest in implementation capacity and capability, not just interventions

The findings suggest that successful implementation depends on dedicated capacity to coordinate activity, engage stakeholders, solve problems, and sustain momentum. Local areas considering implementation of EBIs should invest in implementation leadership and coordination alongside EBI delivery. Those leading implementation should also have an understanding of implementation science, or access to appropriate implementation expertise, to support planning, adaptation, and problem-solving throughout implementation, recognising that not all local areas will have this capability in-house.

2. Assess local readiness before implementation begins

Before introducing new EBIs, local areas should assess organisational readiness, workforce capacity, leadership support, and partnership infrastructure. Understanding these factors early can help identify risks and inform implementation planning and delivery.

3. Embed implementation knowledge across teams

Many perceived benefits of Changemakers were concentrated within individual postholders. Local areas should seek to distribute and embed knowledge on how to effectively implement EBIs, evidence literacy and relationships across teams to improve sustainability and success of implementation. Wider sharing of this knowledge across teams could have generated additional benefits during the programme by increasing organisational capability and enabling more staff to support effective implementation.

4. Embed evidence-informed decision-making into governance arrangements and commissioning processes

Local areas should build on learning from Changemakers by embedding evidence-informed decision-making within governance arrangements and commissioning processes. This will help ensure that consideration of evidence routinely informs strategic decision-making about service design, implementation, and improvement, rather than relying on individual champions or dedicated implementation roles.

For organisations supporting the implementation and scaling of EBIs

1. Continue to provide flexible implementation support

PDA support was consistently identified as one of the most valuable aspects of the programme. Future programmes should retain a flexible support model that can respond to local needs while maintaining a clear set of core support functions.

2. Provide clearer guidance on fidelity and adaptation

Future programmes should offer clearer guidance on which aspects of EBIs can be adapted, how adaptation decisions should be made, and how fidelity should be monitored and maintained.

3. Support local areas to balance implementation and evidence leadership ambitions

Implementation demands often limited opportunities to pursue wider goals relating to evidence use, organisational learning, and systems change. Future programmes should provide clearer expectations and support regarding how these ambitions can be pursued alongside implementation activity for specific EBIs.

4. Strengthen support for EDIE in implementation

Future programmes should provide more explicit support on how equality, diversity, inclusion, and equity considerations can be translated into implementation practice, including approaches to engagement, recruitment, and EBI selection.

For funders, policymakers, and organisations investing in implementation and scale-up of EBIs

1. Recognise implementation capability as a critical component of evidence use and distinct investment need

The findings suggest that implementation support should not be viewed as an optional add-on to EBIs. Dedicated implementation leadership, coordination, and support are likely to increase the likelihood that investments in EBIs achieve their intended outcomes. Future funding and policy should therefore recognise implementation capability as a core requirement alongside EBI delivery.

2. Design programmes to support successful implementation

Implementation frequently took longer than anticipated due to workforce pressures, stakeholder engagement requirements, and challenges relating to local fit. Future funded programmes should allow sufficient time for implementation activity alongside EBI delivery and consider local readiness during programme selection and mobilisation. Recognising differences in local context and implementation capacity may help tailor support and improve the likelihood of successful implementation.

3. Embed sustainability from the outset

Future programmes should place greater emphasis on sustainability planning, capability transfer and embedding implementation knowledge within local systems from the beginning of delivery. Consideration should also be given to how implementation leadership and evidence-use capability can be sustained beyond the lifetime of individual programmes.

4. Continued investment in implementation and intervention effectiveness is vital for EBI success

Evidence about implementation processes, adaptation, local fit, and intervention effectiveness is essential to improving future implementation of evidence-based approaches. Funders and policymakers should continue to support programmes that generate learning about implementation alongside impact.

5. Address inequalities through intervention selection and adaptation

Improving reach among underserved populations requires attention not only to implementation approaches but also to whether EBI themselves are appropriate, accessible, and acceptable for the populations they are intended to serve. Policymakers should work with intervention providers to ensure EBIs can be appropriately adapted to different local contexts and populations, while providing local areas with clear guidance and support on balancing local adaptation with fidelity to the intervention model.

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APPENDICES

Appendix A: Full list of research questions

 Research questions
RQ 1. Programme theory validation: To what extent is Changemakers' theory of change rooted in evidence?
a. To what extent is the Changemakers programme's theory of change validated by the evidence?
b. Were there any critical outcomes or mechanisms missing or mis-specified in the theory of change, and what implications does this have for future programme implementation?
RQ 2. Implementation feasibility: To what extent has Changemakers been implemented in line with the following dimensions of implementation?
Adoption
a. What specific activities have LELs undertaken in local areas to support EBI implementation, such as training and stakeholder engagement?
b. What specific decision-making processes in local areas led to the adoption of the LEL role, such as governance arrangements at the local level?
Fidelity and adaptation
a. To what extent has the LEL role implemented with fidelity to the theory of change?
b. How well did the implementation process adhere to the Changemakers delivery plan?
c. Were any adaptations made to intended delivery plans, why were they made, and what impact did they have on EBI implementation?
Acceptability, appropriateness, and feasibility
a. How do different stakeholder groups perceive the acceptability and appropriateness of the LEL role in their local context?



 Research questions
b. What were the perceived barriers and facilitators to the recruitment of LELs and their integration into local areas?
c. What were the perceived barriers and facilitators to LELs' engagement with local stakeholders for EBI introduction?
d. Were these barriers overcome to embed the LEL role within existing local services? If so, how?
e. How could the role of LELs and the implementation support they provide be improved?
Penetration and integration
a. How effectively did the LEL role integrate into the local system?
b. What types of stakeholders are LELs engaging with in local areas to implement EBIs and promote the use of evidence (e.g. local children's services senior management, including children's services leaders, decision makers, heads of services)?
c. How did the LEL's efforts to build relationships and engage stakeholders influence broader access to and use of EBIs?
Cost and sustainability
a. What were the costs associated with implementation of the LEL role and how do these compare to the perceived benefits?
b. To what extent is the LEL role or its principles likely to be sustained in local areas beyond the initial programme period?
RQ 3. Programme differentiation: Does Changemakers work differently in certain conditions?
a. Was the Changemakers programme appropriate for the needs of the four local areas?
b. How did local context and external factors influence the implementation of the Changemakers programme?
c. Were there any perceived differences between the implementation strategies employed by LELs for the different EBIs?
d. What local factors (e.g. organisational culture, stakeholder readiness, perceived agency of the LEL) influenced the effectiveness of the LEL role and the short-term outcomes (as identified in the programme theory of change) of the EBI implementation?
e. How did the perceived outcomes of the LEL role vary by local area or stakeholder group, and what factors contributed to these differences?
f. Were there differences in how LELs approached their roles across different sites, and how did these variations impact implementation outcomes?



Research questions

RQ 4. Perceived impacts: To what extent does Changemakers show evidence of promise – and why?

Perceived impacts on EBI implementation

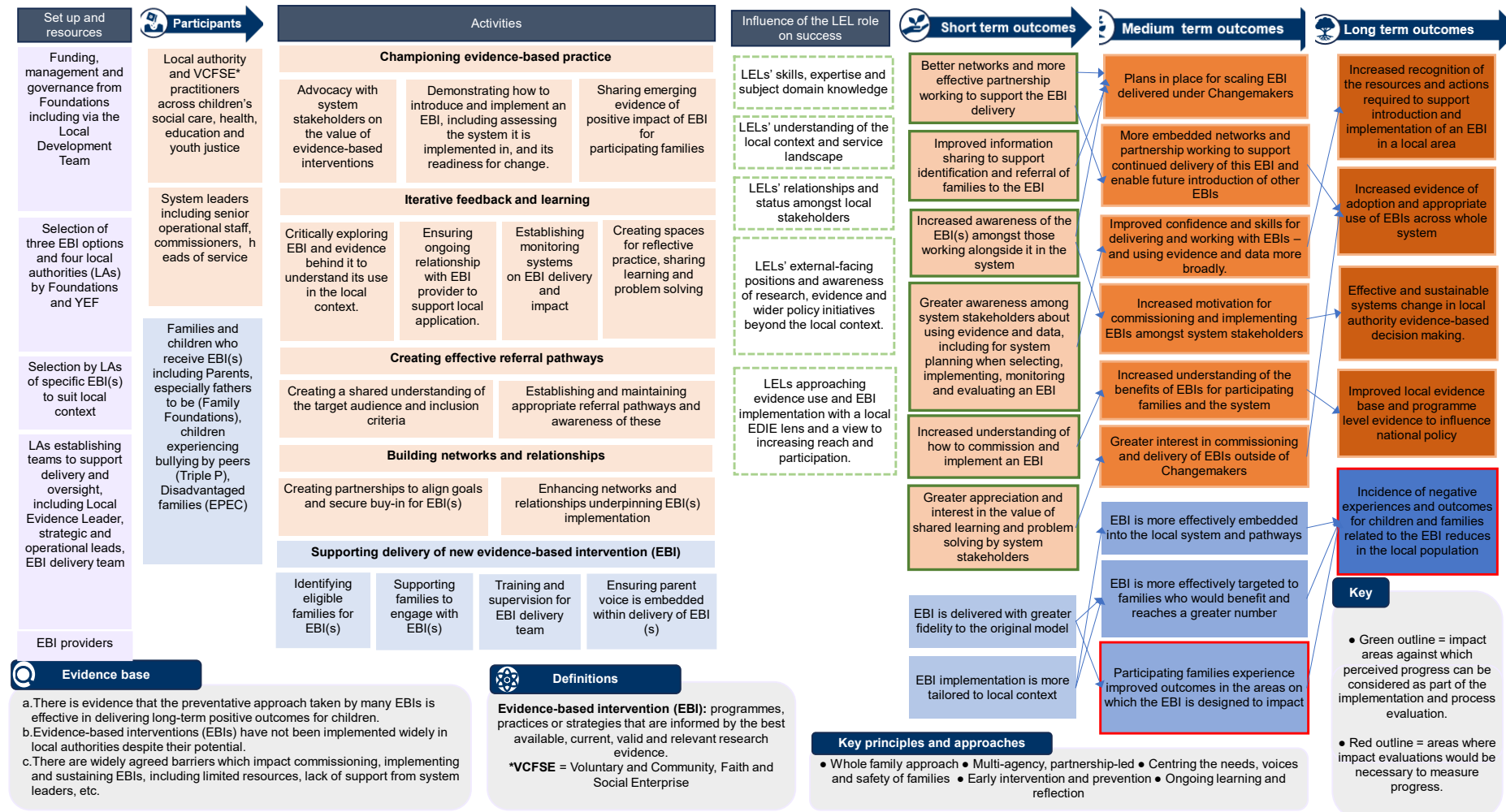
- a.** How do stakeholders perceive the impact of the LEL role on enhancing the acceptability of EBIs in their local contexts?
- b.** What are the perceived improvements in the feasibility of implementing EBIs due to the involvement of the LEL role?
- c.** To what extent has the LEL role increased the adoption and appropriate use of EBIs among local stakeholders?
- d.** Is there any evidence across the local areas that the LEL role has begun to contribute to broader reach of EBIs, particularly among diverse and vulnerable populations? If so, what evidence is there for this?
- e.** What is the perceived value-for-money of the LEL role in enhancing the cost-effectiveness of EBI implementation? Did the investment in the EBI go further because of the LEL role?
- f.** How likely is it that the LEL role will be sustained in local areas after the programme ends?

Perceived impacts on local stakeholders and systems

- a.** In what ways has the LEL role influenced stakeholder engagement and buy-in for broader EBI implementation beyond the specific EBI(s) delivered during the Changemakers programme?
- b.** Is there any evidence of changes in engagement with evidence, motivation to draw on evidence, or changes in decision-making processes (e.g. which opportunities are pursued) which can be attributed to the LEL role? If so, what evidence is there for this?
- c.** How has the LEL role affected the formation and strengthening of local partnerships and networks that support EBI implementation beyond the specific EBI(s) delivering during the Changemakers programme?
- d.** Are there any unintended impacts or negative consequences observed as a result of the LEL role's introduction?



Appendix B: Original Changemakers programme theory of change





Appendix C: Accessibility text

Figure 1. Updated Changemakers programme theory of change

The Changemakers theory of change is presented as a flow diagram showing how the programme is intended to support the implementation and longer-term use of evidence-based interventions, or EBIs, within local authority systems. An EBI is defined in the diagram as a programme, practice or strategy informed by the best available, current, valid and relevant research evidence. The theory of change brings together the programme's evidence base, participants, resources, activities, anticipated outcomes and the conditions required for successful implementation. It shows how activity undertaken through Changemakers is expected to contribute to changes in local systems and practice, ultimately leading to improved outcomes for children and families.

How to interpret the diagram

Overall, the theory of change describes a pathway in which **appropriate programme set-up, resources and implementation activity lead to changes in knowledge, skills, attitudes, relationships and local systems; these changes enable more effective implementation and embedding of EBIs; and stronger implementation contributes to improved outcomes for participating children and families and, over the longer term, more sustainable evidence-based decision making within local authorities.**

The diagram's key distinguishes between different types of areas for evaluation. The **Dark blue-purple bar** indicates impact areas against which perceived progress can be considered as part of the implementation and process evaluation. The **Teal bar** indicates areas where impact evaluations would be necessary to measure progress. **Teal text** identifies recommendations arising from the evaluation.

Evidence base and principles

The theory of change is underpinned by evidence that the preventative approach taken by many EBIs is effective in delivering long-term positive outcomes for children. However, EBIs have not been widely implemented in local authorities despite their potential. The theory of change recognises a number of commonly identified barriers to commissioning, implementing and sustaining EBIs, including limited resources and a lack of support from system leaders.

The programme is also informed by several key principles and approaches: taking a whole-family approach; working through multi-agency partnerships; centring the needs, voices and safety of families; focusing on early intervention and prevention; and facilitating ongoing learning and reflection.



Set-up and resources

The Changemakers programme includes funding, management and governance from Foundations, including through the PDA team. Foundations and YEF select three EBI options and four local authorities, after which local authorities select the specific EBI that is appropriate for their local context. Local authorities establish teams to support delivery and oversight, including a Local Evidence Leader, strategic and operational leads and an EBI delivery team. EBI providers also provide flexible support relating to fidelity and adaptation.

Conditions required for successful implementation

The theory of change identifies several conditions that are required to support successful and sustainable implementation. These include dedicated funding for implementation leadership and coordination; local area, workforce and partnership readiness for delivery; sufficient time for resource mobilisation and implementation; and an appropriate balance between fidelity to the EBI and adaptation to the local context.

The diagram also identifies the importance of embedding implementation knowledge, evidence-use skills and relationships across teams to reduce dependence on individual Local Evidence Leaders and support sustainability. Evidence use should be embedded within governance arrangements, service planning and commissioning processes, while equity considerations should be incorporated into EBI selection, design, recruitment and delivery.

Participants (and stakeholders)

Changemakers involved a range of people and organisations within local systems. These include local authority and voluntary, community, faith and social enterprise practitioners working across children's social care, health, education and youth justice. System leaders are also involved, including senior operational staff, commissioners and heads of service.

Families and children receiving the EBIs are another central group within the theory of change. Depending on the intervention, these include parents, particularly fathers-to-be participating in Family Foundations; children experiencing bullying by peers through Triple P Resilience; and disadvantaged families participating in EPEC.

Activities

The main body of the theory of change sets out a range of interconnected implementation activities.

Activities relating to **championing evidence-based practice** include advocating with system stakeholders on the value of evidence-based interventions; demonstrating how to introduce and implement an EBI, including assessing the system in which it will operate and its readiness for change; sharing emerging evidence of positive impact of EBI for participating families. The programme also embeds implementation knowledge, evidence use skills and relations across teams to reduce LEL dependence and support sustainability as well as embeds evidence use within governance arrangements, service planning and commissioning processes.



Activities also focus on iterative feedback and learning. This includes critically exploring the EBI and evidence behind it to understand its use in the local context

Activities relating to **building networks and relationships** include creating partnerships to align goals and secure buy-in for the EBI and enhancing the networks and relationships underpinning EBI implementation.

Activities also focus on developing understanding of the EBI and its application in the local context. This includes critically exploring the EBI and the evidence behind it; and advocating with system stakeholders for the value of evidence-based interventions. Emerging evidence about the positive impact of the EBI for participating families is also shared.

Activities supporting delivery include training and supervision for the EBI delivery team, maintaining an ongoing relationship with the EBI provider to support local application, and ensuring that parent voice is embedded within EBI delivery. The programme also supports the establishment of monitoring systems covering EBI delivery and impact.

A further set of activities relates to **supporting delivery of a new evidence-based intervention**. These include identifying eligible families for EBI, supporting families to engage with EBIs, training and supervision for EBI delivery team and ensuring parent voice is embedded within the EBI. Activities also relate to balancing fidelity to the EBI and appropriate adaptation to local context and ensuring equity considerations in EBI selection, design, recruitment and delivery.

Influence of the LEL role on success

The Local Evidence Leader, or LEL, plays an important role in implementation. Factors influencing the effectiveness of this role include LELs' skills, expertise and subject-domain knowledge; their understanding of the local context and service landscape; their relationships with and status among local stakeholders; and their external-facing positions and awareness of research, evidence and wider policy initiatives beyond the local context. LELs are also expected to approach evidence use and EBI implementation through a local EDIE lens, with a view to increasing reach and participation.

Anticipated changes and outcomes (short-term outcomes)

Through these activities, the theory of change anticipates a series of changes in local knowledge, confidence, attitudes, relationships and systems.

These include increased understanding of how to commission and implement an EBI and greater recognition of the resources and actions required to introduce and implement an EBI within a local area. System stakeholders are expected to develop increased awareness of the EBI and the benefits that EBIs can offer participating families and the wider system. They are also expected to have greater awareness of the role of evidence and data in system planning when selecting, implementing, monitoring and evaluating an EBI.

The theory of change anticipates improved confidence and skills in delivering and working with EBIs and in using evidence and data more broadly. It also anticipates increased motivation among



system stakeholders to commission and implement EBIs, alongside greater appreciation of shared learning and problem solving.

Changes to relationships and local systems are also expected. These include better networks and more effective partnership working to support EBI delivery, improved information sharing to support the identification and referral of families, and more embedded networks and partnerships that can both support continued delivery of the current EBI and enable the future introduction of other EBIs.

Implementation and delivery outcomes (medium-term outcomes)

As these changes develop, the EBI is expected to become more effectively integrated into the local system. The theory of change anticipates that implementation will be better tailored to the local context, while maintaining an appropriate balance between fidelity to the original intervention model and local adaptation. The EBI is expected to be delivered with greater fidelity to its original model, to become more effectively embedded in local systems and pathways, and to be more effectively targeted towards families who could benefit, enabling it to reach a greater number of families.

At a wider system level, the theory of change anticipates increased evidence of the adoption and appropriate use of EBIs across the whole system, as well as greater interest in commissioning and delivering EBIs beyond those introduced through Changemakers. Plans are also expected to be developed for scaling the EBIs delivered through Changemakers.

The programme is expected to strengthen the local evidence base and generate programme-level evidence that can influence national policy.

Longer-term outcomes

Ultimately, participating families are expected to experience improved outcomes in the areas that each EBI is designed to influence. At population level, the longer-term ambition is for the incidence of negative experiences and outcomes for children and families related to the EBI to reduce within the local population.

The theory of change also identifies a longer-term systems ambition: **effective and sustainable systems change in local authority evidence-based decision making**. Together, these outcomes illustrate that Changemakers is intended not only to support successful implementation of individual interventions, but also to strengthen the capacity of local systems to use evidence to inform decisions and to commission, implement and sustain EBIs in the future.

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