



## **Workshop 5 – 2018 Nordic Implementation Conference**

### **The nexus between research, practice, and policy – Intermediaries in Implementation**

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#### **Presentation 1: Building partnerships: Interactions of strategy & context in implementation infrastructure (Nick Sevdalis)**

##### *Background*

This paper focuses on two interfaces, one conceptual and the other operational. The former is the ongoing debate in the literature regarding similarities and differences between improvement and implementation sciences; the latter is the space between academic improvement and implementation research and healthcare services infrastructures.

##### *Project aim*

Anecdotal evidence suggests that both of the above interfaces remain far from optimal; in turn this represents a significant barrier for evidence-driven, sustainable improvement of healthcare services. To-date this is backed by little conceptual or empirical investigation. This study aims to start addressing this gap and contribute a conceptual advance, through application of concepts from improvement, implementation and health systems sciences.

##### *Project methods*

This is a reflective comparative case-study approach, using document analysis and auto-ethnography. We report on the institutional set-up of infrastructure that carries out both improvement and implementation research (King's Improvement Science; King's Centre for Implementation Science); and the translational mechanisms between this infrastructure and affiliated healthcare provider organisations. We report on the experience of the institutional set-up (2014-17); two waves of implementation and improvement projects co-developed between academic and service partners; and strategic barriers.

##### *Project results*

- (i) description: a timeline of the establishment of the core infrastructure is presented, including their strategy & approach to bridging the evidence-practice gap & criteria & process of supporting service improvement projects.
- (ii) reflection: successes & challenges are presented. Strategy shifts in improvement projects become apparent, from supporting 'bottom-up' projects to co-designing 'top-down' programmes; & from supporting early implementation to focusing on evaluation.
- (iii) concepts from resilience & health systems theories are applied to the infrastructure & elaborated.

##### *Preliminary or final conclusions/discussion*

Interfacing successfully improvement & implementation research, & research & health service infrastructures is challenging. This study offers a detailed approach to these challenges at scale. The analysis reveals the dynamic interaction of strategic choices & contextual shifts, which remain ongoing. Hybrid infrastructures such as those studied may find addressing the



improvement/implementation science interface easier than bridging the research/service interface, due to contextual pressures.

## Presentation 2: Joining policy makers, purveyors and providers: 18 years of implementation of EBPs in Norway (Bernadette Christensen)

### *Background*

Since 1999, the National Implementation Team for youth interventions at The Norwegian Center for Child Behavioural Development has played an integral role in the uptake, dissemination, and sustaining of EBPs for youth displaying problem behaviour.

### *Project aim*

The National Implementation Team has been pro-actively involved in the system-wide interplay among stakeholders, and processes focusing on continually engaging and facilitating the whole chain of implementation – ranging from recruitment of therapists, through stimulating championship and active leadership involvement at all levels, to laying the groundwork for changes in legislation. The long-term objective has been to pave the way for a normalization process whereby these EBPs would become the standard treatments for the target groups involved.

### *Project methods*

In 1999, the Norwegian government initiated a national project to establish a research and implementation center to implement EBPs for children and youth with behavioural problems. Through the centre's growth of in-depth clinical model knowledge and practical application of the Active Implementation Frameworks and related implementation models, a long-term and successful implementation has been secured. Central to this is the continued dialogue with politicians, policy makers, provider organizations and practitioners, to assess, discuss, and take action on implementation issues at all levels.

### *Project results*

At the clinical level, there are presently 30 active teams, having served 10,000 families, with an 86% completion rates, and more than a 50% reduction in severe behaviour problems and adolescent risk levels. The presentation will focus on implementation processes, outcomes, and lessons learned. Parameters for implementation outcomes will be presented. At the policy level a case example will be presented on the active implementation work done in relation to changing a proposed law that in its original form would have de-implemented the established national EBPs for these youth.

### *Preliminary or final conclusions/discussion*

While evidence-based implementation strategies are still in short supply, there is an accumulation of learning experiences from systematic, theory-informed, practical implementation. Given the lessons learned from 18 years of implementation in a Nordic setting, this presentation sets out to synthesize and share such learning experiences, thus hopefully contributing to the common knowledge base on how to improve lives at the receiving end of human service systems.



## Presentation 3: Using different forms of evidence to improve policy design and implementation (Katie Burke)

### *Background*

Research and evidence suggests that certain factors contribute to successful policy design and implementation, including synthesising evidence, capacity building, leadership development and cross-government collaboration. CES is an Irish intermediary organisation working to use these factors in 9 major government reform programmes across 7 government departments in Ireland and Northern Ireland.

### *Project aim*

The aim is to use implementation science and different forms of evidence to improve policy design and implementation in health, education, and services for children and young people. The CES programme of work covers major reform projects to apply new ways of working, to use different forms of evidence, to build skills and capacities and to enhance collaborative working processes. The objective is to increase the number of civil and public servants with experience in driving improvements in outcomes and collaborative working, and to support systemic change in public services.

### *Project methods*

Collaborative methodologies are used to enhance the capacity to access and use evidence from policy, practice and research. Each project employs a variety of methods to gather and use different types of evidence to enhance policy design and implementation in an evidence-informed manner. Methods include literature reviews, stakeholder consultation, pilot testing of reforms, co-creation of resources and syntheses of different sources of evidence to generate recommendations, guides, tools and action plans.

### *Project results*

To date the programme of work has generated literature and evidence reviews, reports on consultation processes and outcomes, workbooks and other tools, and co-developed guides to collaborative working within government departments and to solving complex policy issues such as youth mental health. Pilot projects involving staff from departments and relevant stakeholders are actively testing proposed reforms, providing an opportunity to test and amend reforms before they are implemented at scale, and to actively involve stakeholders in the design and implementation of reforms.

### *Preliminary or final conclusions/discussion*

The nine reform programmes spanning health, education and children and young people's services address a number of common themes including collaboration, evidence utilisation and capacity building. Useful learning on enhancing collaborative working within and across departments has been generated. Ways to synthesise different sources of evidence to inform policy recommendations have been identified. There are already changes in practice. The question now relates to sustainability and impact.