

NSPCC

What have we learnt from scaling up NSPCC services?

Eleni Romanou
NSPCC Evidence Team
March 2018



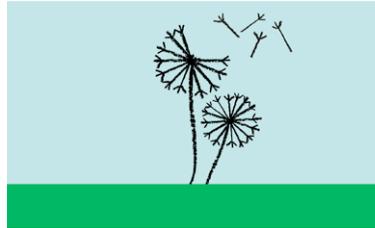
EVERY CHILDHOOD IS WORTH FIGHTING FOR

Introduction

We believe more children and families can benefit from the programmes, practice tools and frameworks we have tested within the NSPCC and found to be effective. We've taken several of our tested services to scale across the UK and have supported our partner organisations to implement and embed them in a range of different contexts.

But how is the scale-up process working in practice? We have evaluated the implementation process for four of our scaled-up services to find out what it takes for implementation to be successful. This is a summary of what the evidence from the 'early adopter' sites has told us.

The four evaluated services consist of two assessment tools (Graded Care Profile 2, used to assess neglect, and the Reunification Framework, used with children and young people in care) and two programmes (Baby Steps, a perinatal education programme for vulnerable parents, and Domestic Abuse, Recovering Together, which works with mothers and children who have experienced domestic abuse).



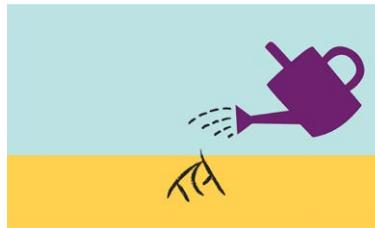
The services we've dispersed are highly valued

page 3



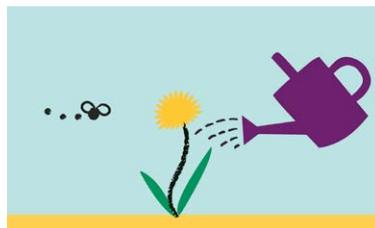
We must prepare the ground for the uptake of services

page 4



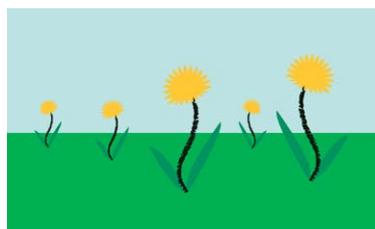
Certain strategies can help services take root

page 5



We must pro-actively support services if they are to flourish

page 6



It takes time for services to thrive

page 7

The services we've dispersed are highly valued

Our partners are very positive about the quality of the services they have adopted. They regard them highly and feel they are much-needed locally. Adopting organisations value the distinctive approaches they offer to fill gaps in local practice or service provision. They praised the clarity and comprehensiveness of the assessment tools and programme resources, appreciating the accessible tone, look, and feel of most of the materials, and setting great store by their evidence base and theoretical underpinnings. The evaluations also told us about perceived shortcomings in the content or relevance of the services for specific groups of service users. The NSPCC has been addressing these concerns



through modifications to training materials, supporting resources and other elements of their support offer.

A case study: Graded Care Profile 2 (GCP2)

Value and quality were recurrent themes across the evaluations of our scaled up services, but were particularly prominent in our partners' opinions of the GCP2 assessment tool. As outlined in the evaluation report, the tool was described as clear, comprehensive and up-to-date (see p. 11). This reportedly gave GCP2 a unique advantage over other approaches to assessing neglect: it had the edge on functionality – enabling practitioners to make clear judgements, even about less obvious forms of neglect – as well as accessibility. The tool was viewed as attractive and engaging, while its language and colour-coding aspects were felt to be user- and family-friendly. The evidence recorded by the tool was seen to have tangible benefits to practice: it facilitated referrals, carried weight in the Child Protection arena, and provided parents with a concrete platform from which they could start to change their behaviours (see p.20).

At the same time, our partners recognised and shared some concerns about the tool, such as its incompatibility with households which included children with disabilities or teenagers, and its limitations for capturing sustained lower level neglect or serious types of emotional neglect (see p.12). The Scale-Up Unit were already aware of these issues from earlier evaluation findings and feedback from early adopters, and have developed a variety of supporting resources and guidance materials to help practitioners navigate these situations when using the tool (see Table 1, p.25).

Smith, E. Johnson, R. and Andersson, T. (2018) Implementation evaluation of the scale-up of Graded Care Profile 2: impact and evidence briefing. London: NSPCC.

We must prepare the ground for the uptake of services

Our programmes, tools and frameworks were initially tested in relatively sheltered conditions within NSPCC settings. They have now been dispersed to a range of environments, many of which face uncertainty or instability. Our partners cited challenges around tight resources and capacity, precarious funding, and disruption associated with staff turnover and organisational restructuring – all of which could jeopardise delivery, engagement and the longer term sustainability of services. Learning from the evaluations, the NSPCC is now placing greater emphasis on preparing the ground for the uptake of services. Rigorous readiness assessments have been introduced to provide transparency from the outset regarding the time, costs, infrastructure and commitment required from the adopting organisation to grow and embed services



locally. Pre-implementation discussions and strategic briefings help potential partners preempt organisational barriers and think through the challenges of funding services sustainably, equipping them to recognise whether it is the right time for them to adopt one of our services.

A case study: Domestic Abuse, Recovering Together (DART)

The organisations that have taken up our services vary widely in structure, size and culture, but when it comes to rolling out and delivering services they tend to come up against a common realm of challenges. The evaluation of DART highlighted barriers to implementation that were subsequently found to apply to all of our other scaled up services: namely, stretched resources, unstable funding, and disruption caused by changes in staffing or shifts in the organisations' strategic direction (see list of barriers, p10).

In the case of DART – which requires a considerable amount of staff input over an extended period – the main stumbling block for adopting organisations was their ability to make the requisite staff, time, and resources available to deliver the programme. These difficulties were felt more acutely because certain costs and time commitments had not been anticipated at the pre-implementation stage; and budgeting challenges were exacerbated in a climate where funding streams for prevention work were already scarce (p. 11-12).

The Scale-Up Unit has since introduced a stronger readiness assessment and discussion of cost-efficient strategies at the pre-implementation stage. We use this approach to make sure our partners understand the resources and costs needed to deliver DART. We also present them with alternative options for delivery and training models, so they can plan ahead on how to tackle shortfalls in resourcing (see Table 1, p.16).

Stokes, I. (2017) Implementation evaluation of Domestic Abuse, Recovering Together (DART) scale-up: impact and evidence briefing. London: NSPCC.

Certain strategies can help services take root

The evaluations have shown us strategies which can help our services take root in their new environments. For many of our partners, enthusiastic buy-in at senior levels – where commissioners and senior managers are on board from the beginning, and a multi-agency steering group is put in place – has been instrumental in driving forward service implementation and keeping it on course. Demonstrating a financial commitment to the service, either by identifying a stable source of funding or by commissioning the service as ‘core business’ rather than a pilot exercise, provides a strong safeguard from the outset. Also effective in helping the service bed-in at its fragile early stages is an upfront commitment of resources: this might consist of dedicated personnel (most crucially an operational lead) or protected time for practitioners to use the tool or deliver the programme. Providing training which is comprehensive and inspirational, and ensuring sufficient time is allocated so that sessions are well-attended by managers as well as front line staff, fosters enthusiasm and a clear



understanding of what the service itself, and fidelity to the original model entail. Confidence in the application of the service can be cultivated in the early stages by multiple, self-selecting service ‘champions’ and nurtured through ongoing peer support, management support and supervision. These strategies work particularly well in settings where the service sits comfortably within the organisation’s strategic priorities and practitioners’ current ways of working. Where these types of strategies are not put in place implementation may falter.

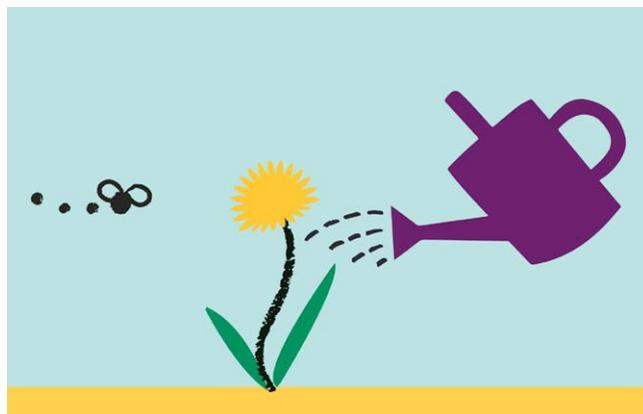
Five tips for successful implementation

The findings from our evaluations have underscored one of the fundamental principles of implementation science: that the enthusiasm and pro-active efforts of adopting organisations are crucial to success. We have drawn various insights from our completed evaluations and can offer five tips on what our partners can do to facilitate implementation in their own settings:

- 1. Your organisation needs to be ready:** Ask yourself: Do you feel you have a clear understanding of what the service and its implementation entails? Does the service fit with your strategic direction and existing ways of doing things? Does the senior leadership have the appetite to commit to something new?
- 2. Demonstrate your commitment from the get-go:** Think of tangible ways to do this e.g. by ring-fencing resource; securing long-term funding; introducing protected caseloads; or allocating dedicated personnel to the service.
- 3. Make it future-proof:** Develop plans from the outset to accommodate challenging situations you can already foresee e.g. staff turnover and staff absence; the training needs of new staff; ebbs and flows in referrals; or long waiting lists.
- 4. Nominate a strong, experienced operational lead:** This should be someone dedicated to the service, who takes ownership for co-ordinating resources and practicalities, understands the service inside out (including issues around model fidelity), actively supports practitioners and can address their concerns.
- 5. Ensure there is strong and consistent managerial support for those on the front line:** Managers should be able to understand and pre-empt the needs and concerns of those working on the ground, offer regular and tailored supervision, and facilitate peer support.

We must pro-actively support services if they are to flourish

We are constantly learning through evaluation activity about the support our partners need to ensure services become well established in their new settings. We've learnt that we need to offer clearer guidance on which adaptations to our programmes and tools are acceptable and which are not; and we've taken on board suggestions for refining elements of our training and giving greater emphasis to instruction on the practical aspects of delivery. We've learnt a great deal about 'real world' barriers to implementation and we've heard our partners' calls for flexibility in how models are delivered in their new local contexts: we have listened and sought workable solutions where resources are stretched, all the time balancing considerations around model fidelity. We have also been impressed by the creative solutions devised by our partners to mitigate difficulties on the ground, including cross-organisational waiting lists, 'banks' of back-up facilitators, and rolling training programmes. We've shared such ideas with other partners who might benefit from them. All our



evaluations capture a recurrent request from adopting organisations to learn from each other's experiences: and we have responded by creating shared learning spaces and Community of Practice events. We've also heard from partners who have felt that, in certain instances, we've withdrawn from the implementation process too early, when the service was still too vulnerable to thrive without our support: and we've reassessed our support offer to address this.

A case study: Baby Steps

All our partners received support from the NSPCC in the early stages of implementation. Our evaluations told us how this support was perceived and what the NSPCC could be doing differently so that organisations could get the most effective assistance in implementing our services locally.

In the case of Baby Steps, implementation support comprised a combination of site visits and calls, and the provision of expert training and supporting resources. Adopting organisations appreciated the assistance offered by the NSPCC implementation manager in the set up and implementation of the service, though additional support – which would have been particularly welcomed at the pre-implementation stages – was felt to be constrained by that individual's capacity (see p. 11). While the training was very well received on the whole, some felt it paid insufficient attention to the practical aspects of programme delivery (see p. 12). The evaluation also captured a degree of anxiety amongst practitioners regarding adaptations to the programme, suggesting that greater clarity around model fidelity could be given at the start (see p. 14-15). Both points are being addressed through a refreshed version of the training programme, which is now delivered by an NSPCC training team which includes experienced Baby Steps facilitators. In the meantime the Scale-Up Unit is also approaching our partners' adaptations more open-mindedly, with a view to agreeing a tailored local approach to fidelity in each setting which does not compromise the service model (see Table 1, p.18).

[Johnson, R. and Andersson, T. \(2018\) Implementation evaluation of Baby Steps scale-up: impact and evidence briefing. London: NSPCC.](#)

It takes time for services to thrive

Implementation is still in its early stages and we don't expect services to become fully established in their adopted locations for several more years. In some settings we have seen services flounder early on; but elsewhere, where the right strategies were applied, services have successfully taken root and grown in scale. The Scale Up Unit is assimilating all the applied learning we've gained from the evaluations, combining this with our theoretical know-how on implementation science and behavioural science to develop our methodological approach to implementing our services. We will continue to collaborate with our partners to gain additional learning around successful implementation and sustainability and



develop the evidence base for our programmes, tools and frameworks so we can demonstrate how best to help even more children and families.

A case study: The Reunification Practice Framework

Our services have had a varied reception in their new settings, and not all have flourished to the extent we had hoped. To demonstrate this we can take a look at the mixed fortunes of the Reunification Practice Framework. We evaluated this tool by taking a snapshot of how implementation was progressing in eight settings a year after the framework had been adopted. We found that the framework was well on its way to becoming embedded in practice in one location, but elsewhere had fallen into sporadic use or become substantially altered (see Table 1, p.10). As outlined in the evaluation report (see p.12-13), the disappointing level of sustainability stemmed from a number of 'real world' pressures on practitioners, and was compounded by a background of organisational instability and insecure funding. However this service has also demonstrated a valuable learning: that the progress of implementation is not always linear. At the time of writing some of the areas where implementation had faltered were reinstating the framework or were considering reintroducing it in the future.

An unanticipated finding from the evaluation was that the framework had found a wider usage than originally envisaged – for example with 'edge of care' cases (see p.18). Learning from this, the Scale-Up Unit is now considering updating the guidance about the type of cases the tool is suitable for. There are also ongoing discussions with the framework authors on identifying the core components of the framework, so our partners can feel empowered to make adaptations to match their local needs and resources without compromising the tool's fidelity (see Table 2, p.21).

[Magilton, S. \(2018\) Implementation evaluation of Reunification Practice Framework scale-up. Learning points for sustainable practice: impact and evidence briefing. London: NSPCC.](#)

NSPCC

Want to find out more about the implementation support we provide? Contact our Scale-up unit: scaleupunit@nspcc.org.uk

Visit our Impact and Evidence pages to read about how we are taking an evidence-based approach to helping children: <https://www.nspcc.org.uk/services-and-resources/impact-evidence-evaluation-child-protection>

For more information about the work we do, visit [nspcc.org](https://www.nspcc.org)

EVERY CHILDHOOD IS WORTH FIGHTING FOR