



## SIX DRIVERS OF SUCCESSFUL IMPLEMENTATION

Below we list six basic components of implementation—or implementation drivers—that can be used by a program to carry out an evidence-based practice successfully. These drivers are not “stages” of implementation, but simply represent six components demonstrated by research to be critical for successful implementation. Therefore, when implementing a new program or practice, program directors may want to pay particular attention to these six core components. These drivers are based on a list of core implementation components developed by the National Implementation Research Network, based at the Louis de la Parte Florida Mental Health Institute at the University of South Florida.

**Driver 1: Staff recruitment and selection** – Staff recruitment and selection involve recruiting, interviewing, and hiring new staff or redeploying existing staff within the program. Staff selection is a key component of implementation at every level, including selecting practitioners who will actually deliver the services, and selecting the organizational staff members (trainers, coaches, supervisors) who will carry out the organizational changes needed to support practitioners in delivering the evidence-based practices. Whether an organization is planning to use existing staff or hire new staff, similar questions should be asked, including:

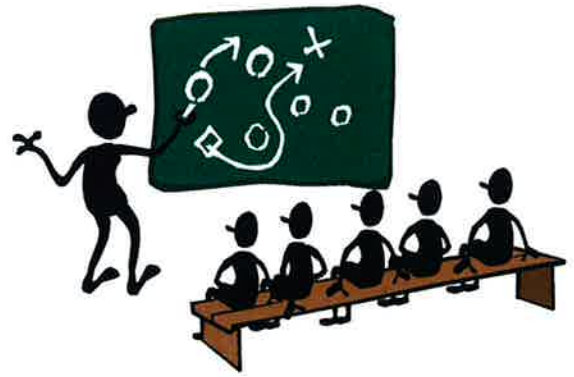
- Who is qualified to carry out the evidence-based practice or program that a program wants to implement?
- What methods will be used for recruiting and selecting those practitioners?
- Beyond academic qualifications or experience factors, what practitioner characteristics are essential for carrying out the evidence-based practice “on the ground?” What characteristics or abilities will not or cannot be addressed through training and coaching?
- Do organizational staff members have a comprehensive understanding of the practices being implemented?
- Are organizational staff members prepared to support practitioners in carrying out the evidence-based practices that are slated to be implemented?

**Driver 2: Pre-service or in-service training** – Training includes activities related to providing specialized information, instruction, or skill development in an organized way to practitioners and other key staff members within the program. It is important to remember that staff members at all levels require training when a new practice is implemented. The content of training will vary across out-of-school time programs, depending upon their priorities and the evidence-based practices that they have selected to implement. However, effective methods of training are less variable. Regardless of the content area, some specific training methods seem to work better than do others. Research indicates that effective training involves:

- Providing practitioners with the background information, theory, philosophy, and values of the new program or practice;
- Introducing and demonstrating the components and rationales of key practices;
- Providing opportunities to practice specific skills related to the new way of work and receive feedback in a safe training environment; 7 and
- Providing staff with opportunities for quality interaction.<sup>8</sup>

### Driver 3: Coaching, mentoring, and supervision –

Coaching and mentoring include activities for either individuals or groups, on-the-job observation, instruction, modeling, feedback, or debriefing of practitioners and other key staff in the program. Implementation research has shown that these activities are particularly critical because, whereas the skills that successful practitioners need can be introduced in training, many of these skills really can only be learned on the job with the help of a consultant or coach. Training practitioners without providing follow-up coaching on the job is sometimes referred to as the “train and hope” approach, and research has shown this approach to be ineffective in achieving practice change.<sup>9</sup>



When trying to change practice, researchers look for three types of evidence at the staff level: 1) knowledge development; 2) skill demonstration; and 3) actual use “in the field.” Implementation research has demonstrated that training that involves the components for effective training (theory and discussion; demonstration in training; and practice and feedback in training)—along with the additional component of ongoing coaching and mentoring in the field—is much more likely to result in actual practice changes than are other methods.

**Driver 4: Internal management support** – Internal management support refers to activities related to establishing structures and processes within a program that facilitate implementing a new evidence-based practice or program by staff. Internal management activities that support implementation will “provide leadership, and make use of a range of data inputs to inform decision making, support the overall processes, and keep staff organized and focused on desired outcomes,” as stated in the aforementioned synthesis of implementation research.<sup>11</sup> Examples of internal management supports include the allocation of resources and the formation of organizational structures and processes to support the following:

- Recruitment and selection of appropriate staff;
- Administrative support for effective training (e.g., time, equipment, training for trainers);
- Administrative support for coaching and mentoring of practitioners (e.g., time, skill development for new supervisors and coaches);
- Administrative support to provide time for quality interactions among staff;
- Use of data to inform program improvement;
- Activities that continue to keep the staff focused on desired outcomes, such as staff meetings where staff members are asked to report on how they perceive the new practice affecting participant outcomes; and
- An ongoing willingness to identify barriers to high-fidelity service (i.e., service with integrity to the planned model) and make the necessary changes in policy, regulation, funding, and support.

**Driver 5: Systems-level partnerships** – Systems-level partnerships refer to the development of partnerships within the immediate and broader systems to ensure the availability of the financial, organizational, and human resources that are required to support practitioners' work. Partnerships within the immediate system refer to individuals or organizations that have a direct impact on service delivery (e.g., service providers), while partners in the broader system may include funders, policy makers, or other community organizations that support a program, but are not directly involved in service delivery. Examples of activities related to the development of systems-level partnerships to support implementation and frontline practice include:

- Conducting fundraising activities to support the ongoing implementation of the evidence based practice or program;
- Collaborating with other out-of-school time programs to enhance program participation and ensure the seamless delivery of services;
- Promoting meaningful engagement of parents and family members to identify barriers and spurs to participation, as well to garner support and receive feedback;
- Conducting community outreach to garner support and awareness of the program;
- Using outside consultants and coaches to assist with ongoing training, mentoring, and technical assistance; and
- Reporting to funders and policy makers on program activities and outcomes.



**Driver 6: Staff and program evaluation** – Evaluation includes the assessment of practitioner performance, as well as the adherence to the program model or intervention and the achievement of desired outcomes. Through evaluation, programs use measures of practitioner performance, compliance with the new practice or program model, and expected outcomes to help assess and improve overall program performance.

## CONCLUSION

The implementation of high-quality evidence-based practices cannot occur without well-trained, well-prepared practitioners who are supported by informed and competent supervisors, coaches, and program managers. We believe that understanding “what works” in program implementation is just as important as understanding “what works” in a program model. Knowledge of both these factors will minimize the research-to-practice gap and facilitate the application of innovative, evidence-based practices throughout out-of-school time programs. In this brief, we have outlined the six core components or “drivers” of successful implementation. While the services that out-of-school time programs provide and the outcomes that these programs want to achieve vary greatly, research indicates that these core implementation drivers are important across programs. Programs are encouraged to consider these drivers when trying to implement sustainable programs or practices and seeking to tailor them to meet the needs and resources of their organization.

## REMEMBER THE 6 DRIVERS OF SUCCESSFUL IMPLEMENTATION

1. **Staff Selection:** Staff recruitment and selection are key components of implementation at practitioner and organizational levels.
2. **Staff Training:** Staff members at all levels require training when a new practice is implemented. Effective training involves theory and discussion; demonstration of skills; and opportunities for practice and feedback.
3. **Coaching, Mentoring, and Supervision:** Whereas skills needed by successful practitioners can be introduced in training, many skills can only really be learned on the job with the help of a consultant or coach.
4. **Internal Management Support:** Internal management support provides leadership to support implementation, makes use of a range of information to shape decision making, and provides structures and processes for implementing new practices and keeping staff focused on desired outcomes.
5. **Systems-Level Partnerships:** Systems-level partnerships involve working with external partners to support program implementation and the frontline work of practitioners.
6. **Staff and Program Evaluation:** Evaluation entails using measures of practitioner performance and adherence to the program model, along with program outcome measures, to assess overall program performance and develop quality improvement plans.



Source: Adapted from the National Implementation Research Network  
University of South Florida, Louis de La Parte Florida Mental Health Institute  
<http://nirn.fmhi.usf.edu/>