Why Implementation Matters

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Why Implementation Matters

- Implementation refers to the way an intervention or programme is put into practice and how it is delivered to participants (Durlak, 2016)

- Implementation research is concerned with the central question of how interventions work

Implementation Questions

- **What** is delivered - characteristics of the intervention
- **Who** - characteristics of the implementer and of the intervention participants
- **How** it is delivered - delivery system and its organizational capacity, support systems for training and technical assistance
- **Where** it is delivered - the specific context in which the intervention is being implemented
  - ***complex interaction of all these factors***

  (Chen, 1998; Fixsen et al., 2005; Greenberg et al., 2006; Greenhalgh et al., 2005)
  - ***importance of contextual factors and supportive implementation structures*** (Domitrovich et al., 2008; Bumbarger et al., 2010; Samdal and Rowling, 2013; Barry & Clarke, 2014)

WHO Europe – Evidence synthesis & implementation review on adolescent mental health promotion (Barry, Kousmanen & Clarke 2017)

- Large number of evidence-based programmes, however, implementation is fragmented and few are fully implemented or scaled-up at a country level
- European context – paucity of evidence on how different local contexts influence programme implementation and impact for diverse population groups and educational systems
- Lack of supportive structures and limited capacity in schools and community settings
- Insufficient guidance and support for effective implementation in the local context

Why Implementation Matters

- Implementation research has a critical role to play in developing practice and policy
  - determining how or why an intervention works
  - documenting actual implementation
  - assessing variability across change agents and settings
  - interpreting outcomes - distinguish between ineffective interventions and effective interventions that are poorly implemented
  - providing feedback for quality improvement
  - advance knowledge for effective intervention adoption, scale-up and sustainability

(Dane & Schneider,1998; Durlak, 2016, 2017; Durlak & DuPre, 2008; Domitrovich & Greenberg 2000; Mihalic et al., 2002)

Science of Implementation

- Implementation Science is concerned with the scientific study of methods to promote the uptake of evidence-based strategies into routine practice (Fixsen et al., 2005; Greenhalgh et al., 2005)

  - developing an evidence-base guide to implementation practice
  - identifying the ‘how-to’ of intervention delivery

Importance of Implementation Research

Is the intervention being fully implemented?

- Implementation is variable and it affects outcomes

  (Durlak, 1998; Bumbarger and Perkins, 2008; Domitrovich and Greenberg, 2000; Dane and Schneider, 1998; Mihalic et al., 2002)

- Durlak and DuPré (2008) meta-analyses of 500 school-based studies
  - level of implementation affects outcomes
  - mean effects sizes were 2-3 times higher when interventions are carefully implemented

Variations in Implementation

Brink et al. (1990) *Health Education Research* 6, 353-362
diffusion of a tobacco prevention curriculum in Texas

- Outcome evaluation – negative findings
- Process evaluation – assessed levels of implementation
  - 89% of school districts received the materials
  - 45% of teachers
  - 29% used the materials
  - 17% delivered the intended amount

Closing the Implementation Gap

- The Implementation Gap (Fixsen & Blase, 2012)
  - what is adopted is not used with fidelity
  - what is used with fidelity is not sustained
  - what is used with fidelity is not at a scale or scope to make a critical difference

- Importance of quality of implementation (Durlak, 2016)
  - assess both the quantity and quality of implementation
  - how the intervention is put into practice and how well each part is conduct

Dimensions of Programme Implementation (Durlak, 2016)

- **Fidelity** - the degree to which the major components of the programme have been faithfully delivered
- **Dosage** - how much of the intervention is delivered
- **Quality of delivery** - how well or competently the programme is conducted
- **Adaptation** - what changes if any are made to the original programme
- **Participant responsiveness** or engagement - to what degree does the programme attract participants' attention and actively involve them in the intervention
- **Programme reach** – how much of the eligible population participated in the intervention

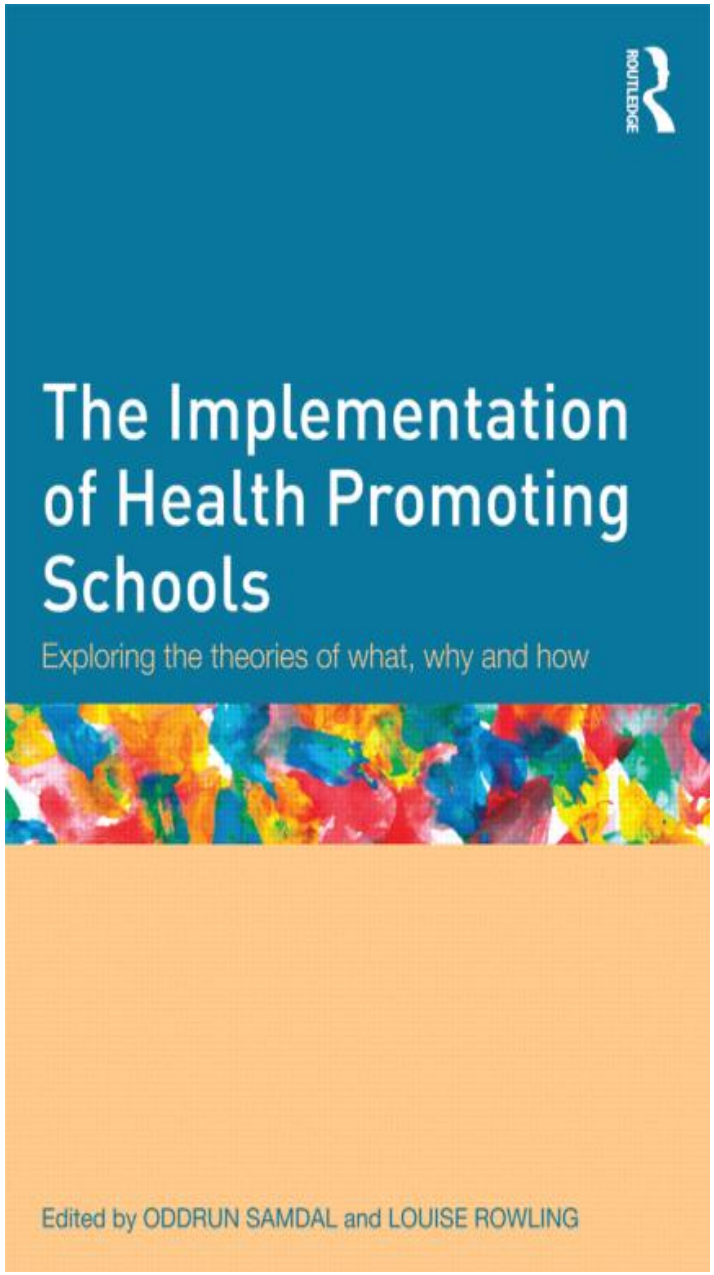
Factors Influencing Implementation

- The content and structure of the intervention
  - programme theory and evidence base
  - identify core components
  - quality and structure of programme strategies and materials
- Supportive implementation structures – planning, skills, training and technical support
  - processes that underpin effective planning and delivery from pre-adoption phases to sustainability
- Contextual factors – conditions necessary for successful implementation in the local context
  - readiness, ethos, effective leadership, organisational capacity and support

Implementation Science – Social and Emotional Learning programmes (CASEL www.casel.org)

- Complex interaction of factors operating at the classroom, school and wider community level (Wanders et al., 2007)
  - role of teachers – attitudes, skills, motivation, wellbeing
  - parental involvement; teacher-parent relationships
  - contextual factors in the local community – social and economic factors

- Understanding whole school practices- organizational and cultural contexts of schools (Rowling, 2008)
  - readiness for change
  - strategies for school organizational change



Need for specific guidelines for implementing health promoting schools (Samdal & Rowling, 2013)

- School Leadership
  - planning for school development
  - policy anchoring
- Establishing Readiness for Change
  - professional development
  - leadership and management practices
  - student participation
- Organizational Context
  - relational and organizational support
  - partnerships and networking
  - sustainability

Implementation Support System

- Readiness to implement the intervention
- Organisational structures and policies
- Mobilisation of support
- Ecological fit of the programme - cultural appropriateness
- Balancing fidelity with adaptation to the local site
- Capacity and competencies to deliver

➢ ***content, context and capacity***

Implementing School-based Programmes
- the whole school context

Content, context, capacity

- **Content** - what is to be implemented, programme strategies
- **Context** - school setting and whole school practices in effecting change; parental and community involvement
- **Capacity** - how it is to be implemented – skills and resources required

- *systemic processes needed to guide effective implementation*
- *shift from packaged interventions to implementation processes and system-level practices*

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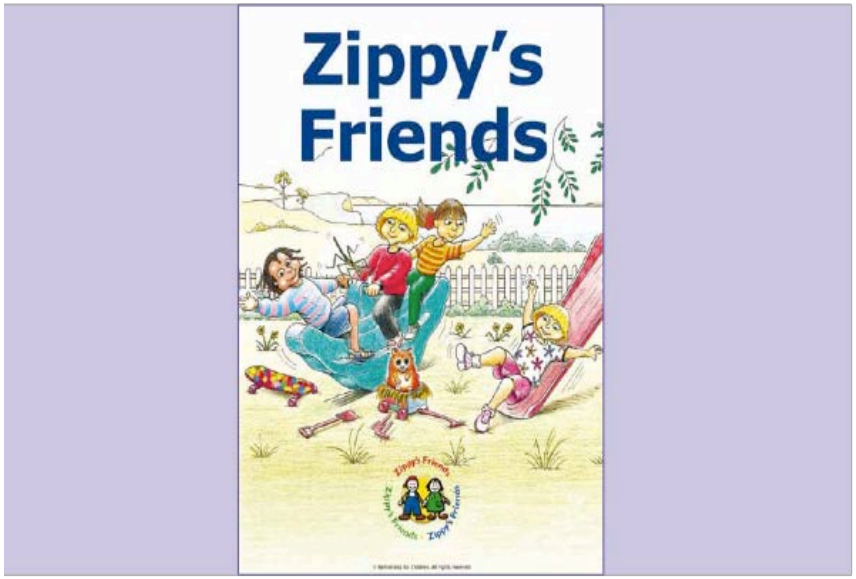
Health Promotion Research Centre

An evaluation of the *Zippy's Friends* emotional wellbeing programme for primary schools in Ireland



Aleisha M. Clarke and Margaret M. Barry.

Health Promotion Research Centre,
National University of Ireland Galway.

March 2010

- Cluster RCT (N =730 pupils in 42 disadvantaged primary schools)
- Outcome Measures: structured scales, child participatory workshops, Draw-and-Write technique
- Implementation Measures: Teachers' weekly reports, class observations, review sessions
- Case studies of school context

Clarke, Bunting & Barry (2014) *Health Education Research, 29, 786-798*

- ➢ *positive outcomes dependent on the quality of implementation*
- ➢ *limited impact on the whole school - need for whole school training and parental involvement*

Findings from practice examples of implementation in Irish educational settings

MIND OUT

A Social and Emotional Learning Programme
for Post-Primary Schools

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Background

Social and Emotional Learning (SEL)
The process through which people acquire and develop their social and emotional skills and competencies.

CASEL, 2015

Research shows SEL programmes have been linked to a number of positive outcomes:

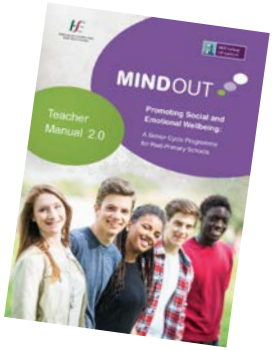
- Improved mental health and wellbeing
- Increased academic performance
- Improved attitudes towards self, school and others
- Increased pro-social behaviour
- Reduced behavioural and conduct problems
- Reduction in risky behaviours

However, a science to practice gap remains:

- Lack of SEL programmes and evaluation in Europe
- Lack of SEL programmes and evaluations with older adolescents (<14 years old)
- Lack of SEL programmes/research with disadvantaged groups
- Lack of programme implementation research

What?

MindOut is a school-based social and emotional learning programme intended to be delivered by teachers within the Social Personal Health Education (SPHE) curriculum in senior cycle.



Sessions:
Intro Session - Minding your Mental Wellbeing
Session 1 - Boosting Self-Esteem and Confidence
Session 2 - Dealing with Emotions
Session 3 - Challenging Thoughts
Session 4 - Coping with Challenges
Session 5 - Support from Others
Session 6 - Walking in Someone Else's Shoes
Session 7 - Managing Conflict
Session 8 - Connecting with Others
Session 9 - Giving and Getting Help
Session 10 - Making Decisions
Session 11 - Happiness and Wellbeing
Session 12 - Review

Key Characteristics:

- Universal Programme
- CASEL's Theoretical Framework
- Evidence-based
- Interactive Teaching Strategies
- 13 x 35 min
- Age: 15-18 years olds
- Skill-based
- Whole school strategies

Where?

School Setting

- Context where young people spend a majority of their time.
- Ability to reach a wide range of young people, particularly harder to reach adolescents.
- Structured context provides opportunity for stronger implementation and sustainability.
- Socialising context where positive relationships can be formed.

Youth Settings

- Provides a more flexible modular based programme.
- Out of school settings: e.g., YouthReach, Foroige, local youth centres etc.
- National Youth Council of Ireland (NYCI)

(Ward, Ryan & Barry, 2017)

Who?

Implementer:

- Delivered by teachers (e.g., SPHE, Religion)
  - SEL programmes are most effective when delivered by teachers themselves as opposed to outside experts (Clarke and Barry, 2010; Durlak, Weissberg, Taylor, Dymnicki, & Schellinger, 2011; Payton et al. 2008; WHO, 2012).

Participants:

- Senior Cycle (TY/5th /6th years)
  - Lack of SEL programmes for these years.
  - Transformative adolescent years characterised by many biological changes and psychosocial developments.
  - Exposure to a number of new challenges and stressors.
  - 75% of all mental health difficulties first become evident between the ages of 15 and 25 years old (Hickie, 2004; Kessler et al. 2005; Kim-Cohen et al. 2003).

How?

Delivery System

- Principal and staff support (timetabling, awareness of programme etc.)
- Government support (HSE, Dept of Ed. etc.)

Training

- 1-day training the trainers (HPO's -delivered by HSE)
- 1-day free training for teachers (PDST - delivered by trained HPO's)

Ongoing Support/Monitoring

- School HPO's
    - Delivering training
    - Check-ins with schools, support for issues, evaluation etc.
    - Implementation teams

Outcome Evaluation

Study 1:

Aim:

To determine if the revised MindOut programme has significant effects on adolescents' social and emotional skills; mental health and wellbeing and academic outcomes.

Methods:

- Cluster-RCT; Mixed Modelling
- Sample n=32 schools (17 intervention; 15 control); n=497 students
- Measures: Quantitative data collected at two time-points pre- and post-intervention. Questionnaires measured adolescents' social and emotional skills; mental health and wellbeing and academic outcomes.

Results:

- Social Emotional Skills:
  - Increased social support coping
  - Decreased avoidance coping
  - Decreased suppression of emotions
- Mental Health and Wellbeing:
  - Decreased stress scores
  - Decreased depression scores
  - Decreased anxiety scores (female)

(Dowling, Simpkin & Barry, 2019)

Process Evaluation

Study 2:

Aim:

To examine the process of implementation to determine the implementation quality of schools delivering MindOut and to examine differences in delivery between high and low implementing schools.

Methods:

- ***Design:*** Mixed methods approach
- ***Sample:*** DEIS schools; 16 schools (intervention); 280 students *1 school eliminated from analysis.
- ***Measures:*** Teacher Weekly Reports, Student Review Questionnaires, classroom observations (n=6), participatory workshops (n=5) and Teacher telephone interviews.
  - Indicators selected for each of the four dimensions from TWR and SRQ: Dosage, Adherence/Fidelity, Quality of Delivery and Participant Responsiveness.
- ***Analysis:***
  - Indicator scores summed and final percent scores for each of the four dimensions calculated.
  - Visual Binning procedure completed (SPSS) to determine implementation quality levels
    - Schools falling into the lowest 3rd for each dimension were considered 'low implementers'

Implementation Quality Dimensions

1. Dosage: Often called ‘exposure’ refers to how much of the original programme was delivered (e.g., whether the quantity, frequency and duration of the intervention sessions is full).

2. Adherence/Fidelity: How much the delivered programme matches the programme as designed and intended by developers (e.g., core activities, use of resources, videos, review etc.).

3. Quality of delivery: The way the facilitator delivers the programme (e.g., implementer enthusiasm, leader preparedness, attitudes toward programme etc.).

4.Participant responsiveness: Participant responsiveness measures participants’ response to and engagement with the programme.

Preliminary Results

- **Dosage:**
  - 12 of the 16 schools (75%) delivered the MindOut programme in its entirety.

- **Adherence/Fidelity:**
  - On average teachers reported delivering 71% of the key activities.
  - When eliminating the schools that did not complete the programme the remaining teachers reported delivering an average of 85% of the key activities.
  - Half the schools reviewed less than 50% of whole school resources. Only 3 schools reported that they reviewed all of the whole school resources.

- **Quality of delivery**
  - The average student rating on teachers' quality of delivery was 76%. (Range 51% - 92%)
  - 5 schools had a quality of delivery rating below 70%. 8 schools rated teachers' quality of delivery above 80% .

- **Participant Responsiveness:**
  - Total participant responsiveness was rated as 76% across schools. (Range = 62% - 89%)

School	Dosage Total	Adherence/ Fidelity Total	Quality of Delivery Total	Participant Response Total	Total
1	3	2	1	1	2
2	2	3	2	2	4
3	1	1	2	1	1
4	2	3	1	1	2
5	1	1	1	1	0
6	1	1	1	2	1
7	3	3	3	3	4
8	3	3	3	2	4
9	3	2	2	2	4
10	1	1	1	2	1
11	2	3	2	2	4
12	1	2	2	3	3
13	3	3	3	3	4
14	2	2	3	3	4
15	2	1	2	1	2
16	2	3	3	2	4

Preliminary Results:

- 1 school fell into the LOW implementation group for ALL of the dimensions

- 3 schools fell into the LOW implementation group for 3 of the 4 dimensions

- 3 schools fell into the LOW implementation group for 2 of the 4 dimensions

- 1 school fell into the HIGH implementation group for 3 of the 4 dimensions

- 8 schools fell into the HIGH implementation group for ALL of the dimensions

***Clear variation between schools on implementation quality as assessed by each of the**

Next Steps

Study 2:

- To assess the views of teachers and student participants on their experiences and perspectives regarding the implementation process of MindOut as well as suggestions for improvement.
  - Methods: Qualitative; Thematic analysis

- Examine the process of implementation for high- vs. low-implementing schools.
  - Methods: Concurrent Triangulation Method

Study 3:

Aim:

- To determine whether or not levels of implementation quality impacts on students' outcomes.

Methods:

- Cluster-RCT; Mixed modelling
- Groups (3): Control; Low-implementers; High-implementers
- Time points (3): pre-, post-, 1-year follow-up

Considerations for Implementation:

WHERE?	WHO?	HOW?
• **Timetabling** – Is there room for the programme in the curriculum? • **Class time** – 35 min class periods. • **Conflicting priorities** – Schools under pressure to achieve academic outcomes. • **Class sizes** – Too big, too small. • **Adequate Space** – Is there an appropriate space to deliver the programme?	**Implementers:** • Teaching experience (SPHE) • Attitudes towards the programme and SEL • Adequate training provided • Confidence in teaching mental health **Participants** • Grade/Year • Age-appropriate/relevant content	**Schools** • Buy-in and support from schools (principals; staff; parents etc.) • School ethos • Multiple teachers trained **Health Promotion Staff** • Ability of staff to provide the support (Time, cost, resources etc.) • Attitudes towards the importance of implementation monitoring/evaluation **Government** • Support from governmental bodies (prioritised in the curriculum, hiring staff, teacher wellbeing etc.)

References

- Dowling, K., Simpkin, A., and Barry, M.M. (2019). A Cluster Randomized-Controlled Trial of the MindOut Social and Emotional Learning Program for Disadvantaged Post-Primary School Students. *Journal of Youth and Adolescence.* https://doi.org/10.1007/s10964-019-00987-3

- Sheridan, Dowling and Barry "MindOut programme: Implementation of the MindOut programme in Irish post-Primary Schools" in chapter 11, Barry, Clarke, Petersen and Jenkins (2019). *Implementing Mental Health Promotion*, (2nd Edition), New York: Springer (in press).

- Dowling, K. and Barry, M.M. (2018). An Evaluation of the MindOut Programme in Disadvantaged Post-Primary Schools: Executive Summary Report. Produced by the Health Promotion Research Centre, National University of Ireland Galway.

- Dowling, K., Ryan, J., Clarke, A.M., Sheridan, A. & Barry, M.M. (2017). *MindOut Teacher Manual 2.0 – Promoting Social and Emotional Wellbeing: A senior cycle program for post-primary schools (2nd Edition).* Health Promotion Research Centre, National University of Ireland Galway and the Health Service Executive, Ireland.

- Ward, K., Ryan, J., & Barry, M.M (2017). *A feasibility study report on the implementation of the revised MindOut programme in the youth sector in Ireland.* National University of Ireland Galway: Health Promotion Research Centre.

- **Video:** https://tinyurl.com/mindoutprogramme

The implementation of SPARX-r computerised mental health programme: What, who, how and where?

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SPARX

cCBT for depression

- Interactive and rich in multimedia
- Evidence based
  - Effective in reducing depression in young people (12-19 years; Merry et al., 2012; Fleming et al., 2011)
- CBT, problem solving, regulating emotions, mindfulness, interpersonal skills

SPARX-R

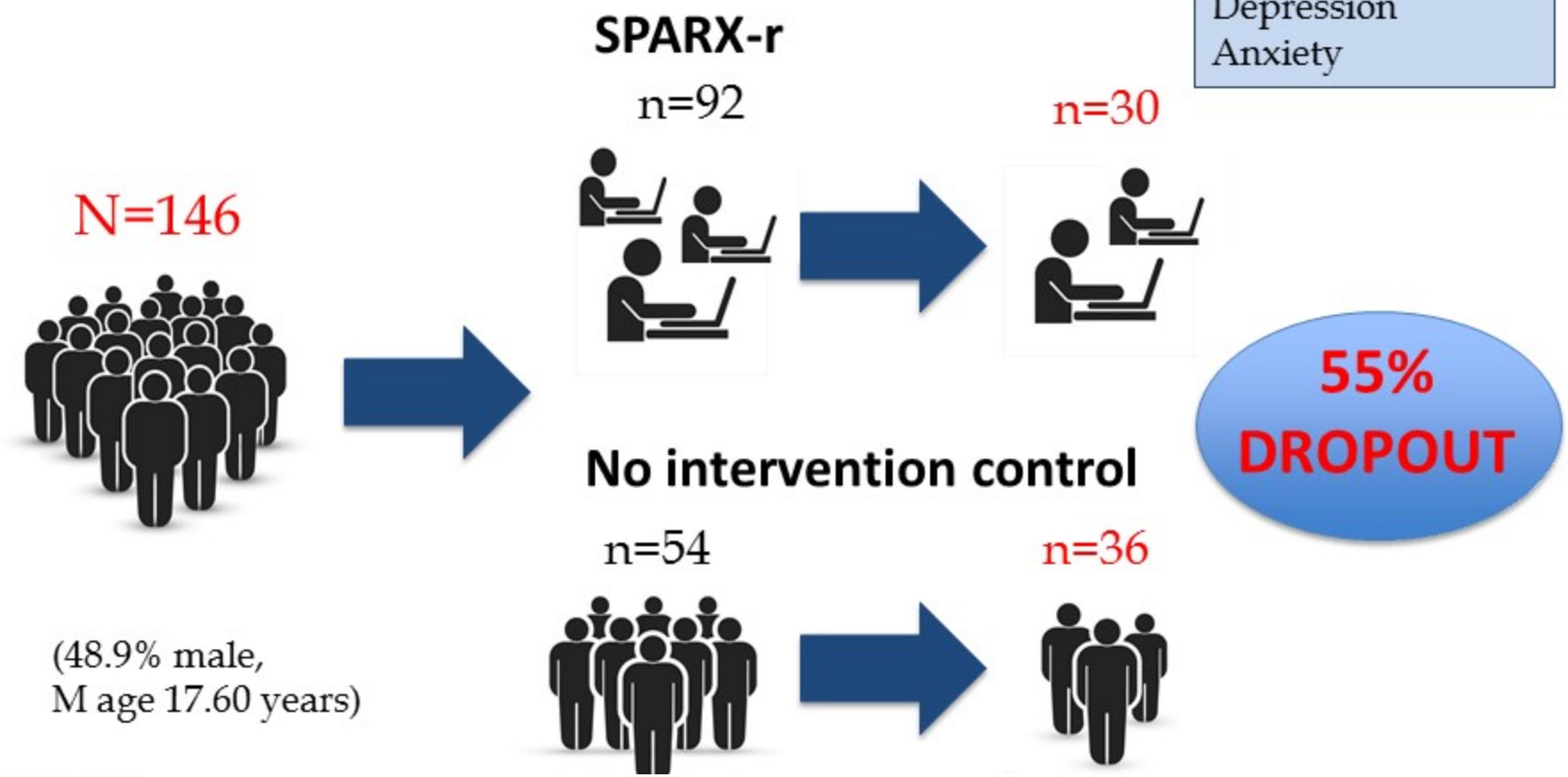
- Preventative version
  - Low mood, anger, stress

Youthreach

- Ireland's National Second-chance education programme for early school leavers
- 110 Centres with over 3700 students
- Young people aged 15-20 years
- Student-led approach, less structured than mainstream education
- Social, economic and educational disadvantage
- An estimated 30% in need of mental health support (WRC Social and Economic Consultants, 2007)

Methodology

Emotion regulation
Mental wellbeing
Coping styles
Depression
Anxiety



Implementation research

Students

Post-intervention:

Implementation questionnaire *(n=28, 32.1% male, mean age 17.32 years)*

Open-ended feedback *(n=12)*

Staff

Post-intervention:

Staff Questionnaire *(n=6)*

Interviews *(n=3)*

WHAT?

Programme selection based on requirement analysis

- Programmes should be **engaging, activity based, positive** and **emphasise user control**

- The majority of participants found SPARX-r easy to use (75%) and the language easy to understand (71%)
- 46% liked the look of SPARX-r and 39% considered it fun
- Focusing on depression considered negative and unhelpful

WHO?

Implementers:

Delivered by staff in 7 Centres and by researcher in 2 Centres

- Staff felt more comfortable in programme delivery when researcher present
- Students rated SPARX-r higher when it was delivered by the researcher

➢ **Need for training to increase staff confidence and motivation**

Participants:

- Low levels of literacy and concentration, and vulnerability of students
- Mental health difficulties:
  - 36% at risk of depression (SMFQ 5-10), 24% high levels of depression (SMFQ >11)
  - 34% above the cut off for generalized anxiety disorder (GAD-7 >10)
- Those categorised as being **at risk** for depression rated SPARX-r

WHERE?

- Less structured than mainstream education
- Inconsistencies in student attendance and the curriculum contributed to drop-out
- Need for shorter, themed programmes?
- SPARX-r more appropriate for mainstream secondary schools?

HOW?

Delivery: In class to all students

Training: Programme manual for staff, email/phone support

Students and staff preferred universal delivery WHILE allowing choice

- **Positive strengths based approach suitable for universal delivery**

Staff indicated the need to

- Integrate programme into the curriculum
  - Improve sustainable delivery and monitor student reactions
- Use a variety of teaching methods including face-to-face discussion

Conclusions

What? Strengths-based positive programmes that are appropropriate for universal delivery

Who? **Staff:** Need for teacher manuals and training to increase staff confidence

Students: Differing needs and preferences of students call for tailoring of programme content and delivery

Where? The less structured approach used in Youthreach calls for more flexible and shorter programmes

References

Kuosmanen, T., Fleming, T. M., & Barry, M. M. (2018). Using computerized mental health programs in alternative education: Understanding the requirements of students and staff. *Health Communication, 33(6*), 753-761.

Kuosmanen, T., Fleming, T. M., Barry, M. M. (2019). The implementation of SPARX-R computerized mental health program in alternative education: Exploring the factors contributing to engagement and dropout. *Child and Youth Services Review, 84*, 176-184.

Kuosmanen, T., Fleming, T. M., Newell, J., & Barry, M. M. (2017). A pilot evaluation of the SPARX-R gaming intervention for preventing depression and improving wellbeing among adolescents in alternative education. *Internet Interventions, 8,* 40-47.

Fleming et al. (2011). A pragmatic randomized controlled trial of computerized CBT (SPARX) for symptoms of depression among adolescents excluded from mainstream education. *Behavioral and Cognitive Psychotherapy,* 40(5), 529-541.

Merry et al. (2012). The effectiveness of SPARX, a computerised self help intervention for adolescents seeking help for depression: Randomised controlled non-inferiority trial. *BMJ, 344*(e2598).

Review of Implementation Models (Meyers et al., 2012)

- **Enabling policy structure** – mandate for delivery (e.g., Wellbeing Policy Statement and Framework for Practice)
- **Enabling implementation structure** - delivery mechanism within existing services
- **Select evidence-based interventions** –meet local needs
- **Comprehensive planning process** – assess needs, resources, readiness, capacity
- **Implementation Team and Plan** – leadership and support for quality implementation
- **Stakeholder engagement** and supportive organisational conditions – enhance local delivery
- **Capacity-building strategies** – organisation and workforce capacity
- **Ongoing implementation support** strategies – training, supervision and technical assistance
- **Evaluate the process of implementation** – process and outcome delivery

Implementation Frameworks

Multiple Levels

- Implementation occurs in complex systems
- Need to identify influencing factors at different levels
  - systems, organization, provider, participants

Multiple Phases

- Process that occurs over time – distinct phases or stages involved

Consolidated Framework for Implementation Research (Damschroder et al., 2009)

Domains:

- Intervention characteristics – intervention components
- Outer Setting
  - policy, funding, communication
- Inner Setting
  - local culture, attitudes, structure, competing demands
- Characteristics of the individuals involved
  - motivation, knowledge, skills, expertise
- Process of implementation
  - stages and activities involved

Stages of Implementation (Fixsen et al., 2005; Aarons et al., 2011)

- Exploration – programme initiation, preparation *(pre-planning)*
- Installation – *implementation plan*
- Initial implementation – *quality of delivery*
- Full implementation - *sustainability*

➢ factors influencing implementation in the innner context (organisation, providers, individual implementers) and outer context (system, funding, policy environment, local community etc.)

Quality Implementation Framework (Myers et al., 2012)

- Phase 1- Considerations regarding the local setting

  consultation, assessment, capacity building, buy-in from key stakeholders, mobilising support, champions, staff recruitment, training
- Phase 2- Creating a structure for implementation
  - implementation teams, developing an implementation plan
- Phase 3 - Ongoing implementation support strategies
  - technical support, supervision and training, process evaluation
- Phase 4 - Improving future applications
  - continuous quality improvement, learning from experience

What are the Critical Factors for Ensuring Quality Implementation across all Stages?

- **Planning** – what needs to happen before the programme/intervention is adopted? How to get buy-in?
- **Delivery** – ensuring high quality delivery – support, training, embedding the programme
- **Quality Improvement** – monitoring implementation, feedback mechanisms
- **Sustainability** - plan for long-term maintenance and integration, leadership, ongoing support

References

- Barry, M.M., Clarke, AM. & Dowling, K. (2017). Promoting social and emotional wellbeing in schools. *Health Educa*tion, 117(5):434-451.
- *Blueprints for Healthy Youth Development* –website outlining descriptions of programme components, implementation requirements, practical aspects of training and organisational support ts for a range of evidence-based model programmes for children and young people at: http://www.blueprintsprograms.com/programs.
- CASEL (2015). CASEL Guide. *Effective Social and Emotional Learning Programs. Middle and High School Edit*ion. Chicago, IL: Collaborative for Academic, Social and Emotional Learning
- Damschroder, L.J., Aron, D.C., Keith, R.E.,, Kirsh, S.R., Alexander, J.A., Lowery, J.C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*, 4(1), 50. doi:10.1186/1748-5908-4-50
- Department of Education and Skills (2018). *Wellbeing Policy Statement and Framework for Practice 2018-2023*. Dublin: Department of Education and Skills
- Durlak, J. A. (2016). Programme implementation in social and emotional learning: Basic issues and research findings. *Cambridge Journal of Educatio*n, 46(3), 333–345.

References

- Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41(3–4), 327–350.
- Durlak, J.A., Domitrovich, C.E., Weissberg, R. P., and Gullotta, T.P. (2015), Handbook of Social and Emotional Learning: Research and Practice, Guilford Press, New York. Samdal and Rowling (eds) (2013) *The Implementation of Health Promoting Schools*. New York: Routledge
- Fixsen, D. L., Naoom, S. F., Blasé, K. A., Friedman, R. M., Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature.* Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231), at: http://nirn.fpg.unc.edu/resources/implementation-research-synthesis-literature
- Meyers, D. C., Durlak, J. A., Wandersman, A. (2012a). The quality implementation framework: A synthesis of critical steps in the implementation process. *American Journal of Community Psychology*, 50(3-4), 462–480
- Wandersman, A., Duffy, J., Flaspohler, P., Noonan, R., Lubell, K., Stillman, L., … Saul, J. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *American Journal of Community Psychology*, 41(3-4), 171-181. doi: 10.1007/s10464-008-9174-z

Key Points - Workshop

Planning	Delivery	Quality Improvement	Sustainability
1. Ethical Question: If you know you can't support implementation, do you go ahead? 2. Readiness of schools – leadership/buy-in 3. Principal buy-in for schools is essential 4. Need a shared vision 5. Resources for implementation 6. Relationship building/champions 7. Needs of the staff.	1. Core messages – flexible approach to delivery 2. Standardised approach 3. Consider the 3 C's: Content, context and capacity 4. 'Tweeks' for specific contexts 5. Cannot think about delivery without considering the questions in the planning process.	1. Very challenging to monitor implementation 2. Need to establish channels for feedback 3. Need reasonable targets for implementation (e.g., % trained vs % implementing) 4. Can't be burdensome! 5. Online monitoring 6. Online manual?	1. Internal champion 2. Ongoing evaluation feedback loop 3. Ongoing support – peer, supervision 4. Using multi-media for both research and supporting implementation