Title registration for a systematic review: Strategies for scaling up the implementation of interventions in social welfare

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Submitted to the Coordinating Group of:

☐	Crime and Justice
☐	Education
	☐ Disability
☐	International Development
	☐ Nutrition
☒	Social Welfare (lead)
☐	Methods
☒	Knowledge Translation and Implementation
☐	Other:

Plans to co-register:

☒	No		
☐	Yes	☐ Cochrane	☐ Other
☐	Maybe		

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TITLE OF THE REVIEW

Strategies for scaling up the implementation of interventions in social welfare: a systematic review

BACKGROUND

There is increasing social welfare sector interest in integrating effective practices into the array of services that are provided to citizens by both public and private provider agencies (Montero, 2015; Supplee & Metz, 2014). Yet maximising the benefits of effective interventions addressing the needs of children, adults and families in adversity, requires these interventions to be implemented at scale, providing high quality interventions to large numbers of individuals who require various types of support.

Social welfare interventions, even if found to have a treatment effect, can fail due to poor implementation. That is, recipients of a potentially effective service can only benefit from a service they actually receive. However, the implementation of potentially effective interventions in social welfare is still sporadic, localised, and can have considerable geographic variation (Walker et al., 2016). There are numerous reasons for uneven uptake. Barriers in social service organisations and their workforce may hamper the systematic uptake of effective practices due to a lack of training and support (McBeath et al., 2015; McBeath & Austin, 2014). Existing attitudes towards and habits for utilising research in social work practice (Wutzke et al., 2016; Kreisberg & Marsh, 2016; Knight, 2013; Smith, 2013) may have the same effect due to the general complexity that characterises processes of evidence integration in routine service settings (Carnochan et al., 2017).

There is also evidence to suggest that high quality implementation of even modestly effective programs can result in better outcomes than the poor implementation of programs that have been found to be highly effective (Lipsey, 2009; Lipsey, Howell, Kelly, Chapman & Carvin, 2010). Understanding how interventions can be scaled up from single trials and local innovation projects to fully implemented practices and programs that reach their intended entire population is a priority within social welfare – a service sector providing care, support and protection to children or adults at risk of, or with needs arising from, mental illness, disability, age and poverty.

Scaling up' or the concept of 'scalability' has been variously defined in the literature. Perhaps the most widely used definition is that provided by the World Health Organization (WHO) in 2009 and since adopted by other agencies within health and human services including the recently published European Scaling Up Strategy in Active and Healthy Ageing (European Commission, 2015). Specifically, WHO defines 'scaling up' as "deliberate efforts to increase the impact of health service innovations successfully tested in pilot or experimental projects to benefit more people and to foster policy and programme development on a lasting basis" (WHO, 2009: 1).

While some already consider the small-scale transport of effective interventions into real life settings (e.g., through a single project or trial site) as a part of scaling up effective practice (Dunlap et al., 2009), others conceptualise scale up first to be achieved at a system-, state-, nation-wide or even global level through efforts aiming to integrate effective interventions within social welfare to entire relevant populations.

'Scaling-up' is a broadly acknowledged concept within implementation science (Dymnicki et al., 2017; Hoagwood et al., 2014; Milat et al., 2012; Norton & Mittman, 2010), and several strategies have been suggested as effective by different researchers based on multiple studies. Among scale up strategies mirrored in this literature are e.g. 'research-practice collaborations' (Chamberlain et al., 2012), advocacy and stakeholder activation; resource allocation; capacity building (Resnick and Rosenheck, 2009; Hurlburt et al., 2014); system restructuring (Eaton et al., 2011), use of business practices and technologies; quality assessment and evaluation (Hoagwood et al., 2014); interagency collaboration (Aarons et al., 2014; Hurlburt et al., 2014) and the adaptation and maximisation of fit between intervention and context (Klingner, Boardman & Macmaster, 2013).

However, a set of commonly agreed upon strategies or actions necessary to include in effective scaling efforts has not emerged from this literature.

OBJECTIVES

The primary objective of this review is to assess the effectiveness of strategies aiming to support the scale-up of interventions in social welfare.

Hence, the research question guiding this systematic review is:

Among social welfare services, what is the impact of strategies, when compared to other interventions or usual practice, in improving the implementation of effective interventions, programs or services at scale?

EXISTING REVIEWS

A small number of systematic reviews, in various states of completion, address implementation in general within health and education without addressing particular questions of scaling (Greenhalgh et al., 2004; Francke et al., 2008; Chaudoir et al., 2013; Gibson et al., 2015; Naylor et al., 2015). Fewer still specifically focus on scale up (Rabin et al., 2010; Milat et al., 2015; Pearson et al., 2015; Wolfenden et al., 2015).

Similarly, very few systematic reviews in social welfare focus on implementation in general (Novins et al., 2013; Leeman et al. 2015), and we are not aware of any systematic reviews, completed or in progress, that specifically focus on scale up in a social welfare context.

INTERVENTION

This systematic review focuses on strategies aiming to scale up the implementation of discrete, potentially effective social welfare interventions in federal, state, community and individual settings including social assistance offices, community based mental health clinics, neighbourhood initiatives, individual households, and individuals within households. Studies of strategies to scale interventions in medical settings such as hospitals or general practice will be excluded, as will those in educational settings such as schools or universities. We will include any intervention with the primary intent of scaling-up the use of effective programs, services, or practices within social welfare that aim to improve the wellbeing of vulnerable, disadvantaged and/or needy individuals.

To be included, studies are required to:

- describe an initiative that sought to enhance the scale of implementation of a discrete social welfare intervention, program or service above the scale at which it had previously been implemented.
- Seek to increase the scale of implementation of a potentially effective social welfare intervention, program or service.

POPULATION

Any social welfare population will be eligible for this review. Participants could include any social welfare organisation that provides care, support and protection services to children, adults, families and communities that are at risk of or already require support due to adversities arising from mental illness, disability, age or poverty. This includes social welfare organisations operating in the areas of child welfare and child protection; mental health and substance abuse; juvenile justice; housing; aged care and employment.

Included are both the internal stakeholders to social welfare organisations - their staff, clients, and administrators - and their external stakeholders responsible for e.g. their financing, regulation and development. This group includes representatives for e.g. government bodies, regulatory agencies or for intermediaries that have a capacity to provide service agencies with professional supports and technical assistance.

OUTCOMES

The review will assess the following outcomes

Primary outcomes:

1. ***Implementation***: Any measure of the fidelity of social welfare intervention, program or service implementation will be included. Fidelity is defined as the degree to which an intervention was implemented as it was intended. Measures could include level of

adherence with a protocol, dose or number of elements implemented, or measures of quality of delivery.

Secondary outcomes:

2. ***Adoption*** – For adoption we will include any measure of uptake, including an intention, initial decision, or action to try and implement potentially effective social welfare interventions, programs or services. These could include decisions by managers of social welfare organisations to take-up a potentially effective service, or individual staff intentions to deliver potentially effective services to clients.
3. ***Penetration*** – Penetration is the integration of a practice within a service setting or its sub-settings. It is comparable to conceptual definitions of intervention 'reach'. We will include any measure of penetration at the individual client, or organisational level, for example, proportion of eligible individuals (or organisations) that receive an intervention (or implement an intervention) of the total number eligible to do so.
4. ***Sustainability***: We will define sustainability as the extent to which a newly implemented intervention, program or service is maintained and institutionalised within social welfare organisations. Measures of sustainability, therefore, must first require successful implementation in part or in full, of an intervention, program or service. We will include any measure of ongoing sustainability assessed at least 6 months following a measure of successful implementation.
5. ***Effectiveness*** – We will include measures of the effectiveness of the social welfare intervention implemented and scaled based on the disease, condition, state or circumstance that it was intended to improve. These could include measures of health status, disability, educational status or other behaviours of clients of social welfare services.
6. ***Costs*** –We will include any reports of any measure of cost (absolute, incremental, cost ratios) associated with the impact of an implementation effort, including costs of the intervention program or service, or the implementation strategy. Costs could relate to new facilities, the expansion of training, hiring new staff, communication activities, or licenses.
7. ***Adverse effects*** – We will include any measure of unintended adverse effects from strategies to increase the scale of implementation of potentially effective social welfare interventions for either individuals, or social welfare organisations. These could include adverse changes to the moral of staff or their working conditions, displacement or defunding of other potentially effective interventions with greater empirical support, or worsening of conditions of service recipients due to poor, incorrect or unsafe implementation practices. All adverse effects described in eligible studies will be included in the synthesis.

STUDY DESIGNS

Given the potentially complex nature of evaluation studies of implementation trials, we will include a broad range of study designs in this review. While randomized controlled trials

(RCTs) are the most internally valid design to assess the effectiveness of a scaling strategy, such designs may not always be the most appropriate research designs for evaluating the impact of such strategies. For example, there may be too few allocation units available for baseline equivalence when measuring scaling strategies that target large geographic regions, such as provinces, counties, states or nations. Furthermore, given that implementation science (more broadly) and scale up (more specifically) are relatively new fields of science, large numbers of randomised trials are unlikely and the inclusion of non-randomised trials may increase the pool of available studies, providing a more comprehensive evidence-base for policy and practice decision-making. We therefore will include any study that uses one of the following designs:

- RCTs and cluster RCTs
- Quasi-RCTS and cluster quasi RCTs (e.g., step-wedge)
- Controlled before and after studies (CBAs) and cluster CBAs
- Time series research designs
- Regression discontinuity designs
- Difference of difference or other econometric designs
- Propensity score matching and other matching designs
- Qualitative and mixed-method studies conducted as part of these other designs that either:
  - Generate hypotheses;
  - Explore the meaning or applicability of quantitative findings

Qualitative studies will not be used to establish efficacy or effectiveness of scaling strategies. Instead, such designs will provide contextual information regarding efforts to increase the scale of social welfare interventions.

We will include studies that 1) compare a strategy to achieve implementation at scale with no intervention or 'usual practice', 2) compare two or more strategies to achieve implementation at scale, or 3) assess a single scaling strategy (given an appropriate design).

There will be no restriction on the length of the study follow-up period, or the language of publication if suitable translation can be found.

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ROLES AND RESPONSIBILITIES

- ***Content***

All three co-authors will contribute equally with content expertise to this review.

Dr Luke Wolfenden is currently co-authoring systematic reviews registered with the Cochrane Collaboration that focus on the role of implementation strategies in enhancing the implementation of public health interventions (Wolfenden, 2015; Williams et al., 2015). He is also a member of the editorial board of the international journal Implementation Science. *Bianca Albers* is a practice expert in implementation, who has worked for more than ten years with implementing evidence-based practices, programs and policies in child, youth and family services. She heads several international professional networks for implementation practitioners and scientists and is currently involved in preparing the first professional certificate in Implementation Science to be provided as online courses through the University of Melbourne from 2016. *Aron Shlonsky* has worked with the Campbell Collaboration for many years, first as co-chair of the Social Welfare Coordinating group and currently as editor of the Knowledge Translation and Implementation Coordinating Group. Aron has substantial experience in evidence synthesis and services on the Editorial board of Systematic Reviews and Cochrane Child Health. He is also coordinating the professional certificate in Implementation Science with Bianca Albers.

- ***Systematic review methods & statistical analysis***

Dr Wolfenden and professor Shlonsky will provide methodical and statistical expertise to the review team.

Dr Luke Wolfenden is a conjoint associate professor at the University of Newcastle and an associate at Hunter New England Population Health, a provider of health services in New South Wales. Dr. Wolfenden worked as an associate training lecturer in systematic reviews at the UK Cochrane Centre, and he has authored and co-authored a number of published systematic reviews. Dr. Wolfenden was recently awarded a prestigious National Health and Medical Research Council (NHMRC) Career Development Fellowship. Professor Aron Shlonsky is a Cochrane/Campbell systematic review author, is the current editor of Campbell's KTI group, and conducts large-scale data analytics in the child welfare field. He is Professor of Evidence Informed Practice at University of Melbourne School of Health Sciences, Department of Social Work, Director of the Victoria Child Welfare Decision-Making Project, and Director of the Centre for Applied Research on Effective Services at the University of Melbourne. Shlonsky is known internationally for his work in risk assessment for child maltreatment and domestic violence, child welfare practice and policy, data analytics and the use of evidence to inform practice and policy.

- ***Information retrieval***

Two highly experienced librarians will conduct literature searches for this review.

Debra Frances Booth is leading the information retrieval team. She is a faculty librarian at the Faculty of Health and Medicine at The University of Newcastle, where she provides leadership and advice on the development of strategic information policy and services required to support the University Library's learning. Ms. Booth is an experienced academic librarian with expertise across health, medicine and social science databases. She has designed and executed search strategies and managed citations for approximately 90 systematic reviews for academics at the University of Newcastle, three of which have been conducted for the Cochrane Collaboration.

Tania Celeste is a librarian and a passionate information retrieval specialist working for the University of Melbourne (UoM) as a liaison librarian specialized in health related topics. Tania will contribute with her specialist expertise on systematic searches in the production of this systematic review, and support the lead librarian, Ms. Booth.

- ***Process management***

Bianca Albers will head the daily management of the production of this systematic review.

She will manage processes necessary to coordinate and progress the work with this systematic review and be involved in all phases of the review work, including literature screening, data collection and writing. Bianca has extensive experience in processes of research synthesis and translation, has co-authored several rapid and scoping reviews and co-tutors a course in scoping reviews provided to social work students at the University of Melbourne.

Furthermore, two research assistants recruited through the University of Melbourne and University of Newcastle will support the production of this systematic review. Both have substantial experience with conducting, coordinating and managing literature searches and will be supervised by assistant professor Luke Wolfenden.

- ***Advisory Panel***

An advisory panel will be linked to this systematic review to provide input on especially content-related questions linked to the topics 'scaling', 'implementation measurement' and 'implementation strategies'. Suggested members for this advisory panel are

1. **Byron J. Powell**, assistant professor for health policy and management at the Gillings School of Global Public Health at the University of North Carolina, US. Dr Powell's research focuses on efforts to improve the quality of behavioural health and social services provided in community settings. Specifically, he is working to develop a better understanding of the types of strategies that can be used to implement effective services,

and the organizational and systemic factors that can facilitate or impede implementation and quality improvement.

2. **Greg Aarons**, professor at the Department of Psychiatry at the University of California San Diego, US. Professor Aarons is also the Director of the Child and Adolescent Services Research Center (CASRC) and Co-Director of the Center for Organizational Research on Implementation and Leadership (CORIL). His research focuses on identifying and improving system, organizational, and individual factors that impact successful implementation and sustainment of evidence-based practices and quality of care in health care and public sector practice settings.
3. **Cara Lewis**, Assistant Professor, Department of Psychological & Brain Sciences, Indiana University, US. Dr Lewis' research focuses on factors and processes related to the successful dissemination and implementation of evidence-based programs in the community. She serves as principal investigator of a research project focused on comparing standardized versus tailored approaches to implementing measurement based care. Dr Lewis is President of the Society for Implementation Research Collaboration (SIRC) and co-director of the SIRC conference series. Through SIRC, she serves as principal investigator on an additional research project focused on developing measures and methods to advance implementation science.
4. **Nick Sevdalis**, Professor of Implementation Science and Patient Safety, King's College London, UK. Nick Sevdalis is also the director of the Centre for Implementation Science and leads the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) South London implementation science research team. The team supports the work of the CLAHRC in its eight specialty areas (alcohol, diabetes, infection, maternity and women's health, palliative and end of life psychosis, public health and stroke) and seeks to develop the discipline of implementation science.
5. **Sharon Licqurish,** Research Fellow, Department of General Practice and Primary Care Academic Centre, University of Melbourne. Sharon is a qualitative researcher who has successfully applied rigorous qualitative methodology and theoretical perspectives to develop substantive theory about social action. Her area of expertise is Cancer research in Primary Care. She is working on a program of research exploring cancer beliefs in migrant populations and developing community-based interventions to facilitate timely diagnosis in culturally and linguistically diverse populations. Her research experience is broad and includes cancer in primary care, work with culturally and linguistically diverse communities, women's' health and midwifery practice. Sharon holds a strong interest in Implementation Science methodology, translation of research findings into practice and integrated health care.
6. **Kathleen Conte**, Research Fellow, Australian Prevention Partnership Centre, Menzies Centre for Health Policy, University of Sydney, Australia. Dr Conte's research interests are in developing health prevention systems through intersecting policy, research and practice.
7. **France Légaré,** Tier 1 Canada Research Chair in Shared Decision Making and Knowledge Translation, Department of Family Medicine and Emergency Medicine, Faculty of Medicine, Laval University, Québec, Canada. France Légaré practices family

medicine in Quebec and is a full professor in the Department of Family Medicine and Emergency Medicine at Université Laval, Quebec. In 2005, she obtained her PhD in Population Health from the University of Ottawa. From June 2006 to May 2016, Dr. Légaré has held the title of Tier 2 Canada Research Chair in Implementation of Shared Decision Making in Primary Care. She has also been the Canadian Cochrane Network Site representative at Université Laval (the CHUQ Research Centre) from 1999 to 2013; she has launched in 2013 Cochrane Canada Francophone and now serves as its co-director. She is working closely with Herve Zomahoun PhD scientific coordinator of Health and Social Services Systems, Knowledge Translation and Implementation component of the Québec CIHR SPOR SUPPORT Unit. Herve Zomahoun has a PhD in pharmacoepidemiology and teaches systematic reviews methods in the Master and doctoral programs of epidemiology at Université Laval. She also works closely with Ali Ben Charif PhD is a postdoctoral Fellow, Health and Social Services Systems, Knowledge Translation and Implementation component of the Québec CIHR SPOR SUPPORT Unit. Dr Ben Charif's research interest is in scaling up evidence-based practices in community-based primary health care. As part of this review, both Dr Zomahoun and Dr Charif will contribute to the Advisory Panel discussions.

FUNDING

This systematic review receives financial support (38,859 USD) from the Campbell Collaboration / the American Institutes for Research (AIR). Members of the advisory committee provide their time as in kind contribution to the production of this systematic review.

POTENTIAL CONFLICTS OF INTEREST

The authors declare to have no competing interests.

PRELIMINARY TIMEFRAME

- Notification of funding decision: 1.6.2016
- Submission of a draft protocol: 25.6.2017
- Submission of a draft review: 1.5.2018
- Submission of final review: 1.9.2018

AUTHOR DECLARATION

Authors' responsibilities

By completing this form, you accept responsibility for preparing, maintaining, and updating the review in accordance with Campbell Collaboration policy. The Coordinating Group will provide as much support as possible to assist with the preparation of the review.

A draft protocol must be submitted to the Coordinating Group within one year of title acceptance. If drafts are not submitted before the agreed deadlines, or if we are unable to contact you for an extended period, the Coordinating Group has the right to de-register the title or transfer the title to alternative authors. The Coordinating Group also has the right to de-register or transfer the title if it does not meet the standards of the Coordinating Group and/or the Campbell Collaboration.

You accept responsibility for maintaining the review in light of new evidence, comments and criticisms, and other developments, and updating the review every five years, when substantial new evidence becomes available, or, if requested, transferring responsibility for maintaining the review to others as agreed with the Coordinating Group.

Publication in the Campbell Library

The support of the Coordinating Group in preparing your review is conditional upon your agreement to publish the protocol, finished review, and subsequent updates in the Campbell Library. The Campbell Collaboration places no restrictions on publication of the findings of a

Campbell systematic review in a more abbreviated form as a journal article either before or after the publication of the monograph version in *Campbell Systematic Reviews*. Some journals, however, have restrictions that preclude publication of findings that have been, or will be, reported elsewhere and authors considering publication in such a journal should be aware of possible conflict with publication of the monograph version in *Campbell Systematic Reviews*. Publication in a journal after publication or in press status in *Campbell Systematic Reviews* should acknowledge the Campbell version and include a citation to it. Note that systematic reviews published in *Campbell Systematic Reviews* and co-registered with the Cochrane Collaboration may have additional requirements or restrictions for co-publication. Review authors accept responsibility for meeting any co-publication requirements.

I understand the commitment required to undertake a Campbell review, and agree to publish in the Campbell Library. Signed on behalf of the authors:

Form completed by: Bianca Albers **Date: 25 June 2017**