Our workforce, our future
Implementation guide

For the Victorian mental
health and wellbeing workforce

Acknowledgements

Contents

Introduction and overview

This guide is a toolkit for the implementation of *Our workforce, our future*, the capability framework for Victoria's mental health and wellbeing workforce.

The guide is not intended to be prescriptive. You may not need to use every tool or strategy.

You should start by reading the overview for each section. Implementation tool 1: Stages of implementation key activities checklists provides checklists to help you determine the implementation activities you will undertake.

If you have already commenced implementation work, start with Stage 3: Start and refine. If you are just beginning implementation work, Stage 1: Engage and explore may be a more suitable place to start.

The guide provides a flexible approach. It does not matter where you are in your implementation journey.

The guide aims to:

- help you think through the stages of implementation
- give you tools to support implementation work
- equip you with knowledge of common success factors and pitfalls that often help or hinder implementation.

Our workforce, our future

Our workforce, our future: a capability framework for the mental health and wellbeing workforce strengthens and shapes Victoria's mental health and wellbeing (MHW) workforce.

It was developed following the final report of the Royal Commission into Victoria's Mental Health System.

The capability framework provides a roadmap for organisations and workers across the MHW sector. It sets out how to build workforce capabilities and deliver high-quality, evidence-informed care.

It provides a common language that can be used across professions, disciplines, specialities and roles. This encourages an inclusive, shared approach to professional practice.

The capability framework's 7 practice principles and 15 capabilities address the evolving workforce needs of mental health services.

They ensure the workforce will be equipped with the necessary knowledge, skills and ways of working to deliver high-quality care to consumers, families, carers and supporters.

Purpose of this implementation guide

This implementation guide provides practical steps and strategies to embed the capabilities and principles in *Our workforce, our future*.

The implementation guide sets out a detailed and staged implementation process, tools and resources to help organisations and services to implement the capability framework.

The guide may also be useful for implementing other innovations or initiatives.

It builds on the sector's considerable strengths and knowledge. It complements these strengths rather than replacing existing tools, strategies or resources. This guide draws on best-practice approaches from implementation science. It outlines a staged implementation process, including practical steps and links to useful tools and resources.

This guide covers:

- what implementation science is and why it is important
- implementation barriers and enablers
- how to select and apply implementation strategies
- how organisations and services can track and measure implementation outcomes
- tools and resources to help implementation efforts.

Different services and organisations will use *Our workforce, our future* in different ways.

This guide sets out a process that can be used:

- by both large and small mental health organisations or services
- to put in place all 7 practice principles and 15 capabilities in the framework
- for both large and small workforce capability building initiatives
- by staff with different backgrounds and experience, including frontline workers, managers and senior leaders.

Who this guide is for

This guide is for the Victorian MHW sector. It is designed to help staff who are leading the implementation of *Our workforce, our future*. This may include:

- senior operational leaders
- practice and workforce development leaders
- lived and living experience experts, leads and frontline practitioners
- clinicians and allied health practitioners
- statewide training and capacity building services
- the Department of Health's Mental Health and AOD Workforce Development team.

How to use this guide

You can use the guide to select, plan, start and maintain evidence-informed ways of building workforce capabilities, as outlined in *Our workforce, our future*.

Implementation is an active process. This guide sets out the activities you need to undertake at each stage. It provides practical resources, tools and templates to help you in this work.

If you are at the beginning of your implementation efforts, follow the sections of the guide in order. If you have already started implementation, you may be able to focus on the parts of the guide that are most relevant for you. However, there is still benefit in reading the guide in full.

We use the term 'initiative' to refer to what is being put in place. An initiative can be a new program, practice or another type of innovation to build workforce capabilities.

If you already have a name for your work, you may prefer to replace 'initiative' with this name while using this guide.

Implementation science for the Victorian MHW system

Implementation science focuses on how a practice, program or other innovation can be applied in real world settings to improve consumer outcomes (Burke, Morris and McGarrigle 2012).

In the health and human services system, there is often a gap between what we know works and what actually gets done.

Evidence-informed programs and practices become 'business as usual' (BAU) at vastly different rates.

This may be because:

- evidence-informed practices and programs are not a good fit for local contexts
- the service provider or staff find it hard to make changes to their practices
- there are obstacles related to the broader systemic, such as large-scale reforms or funding considerations.

Research may be hard to access and apply in real-world settings.

The goal of implementation science is to close this gap between research and practice.

> *'Implementation science is focused on improving service quality through the investigation of strategies and methods that enhance the uptake of evidence-informed practices into routine care across health and social care settings'* (Eccles and Mittman 2006).

Implementation science is important

Consumers, carers, families and supporters are more likely to benefit from services when implementation of those services is well planned and high quality.

MHW funders and service providers place a lot of importance on selecting and running programs and practices informed by the best available:

- research
- advocacy
- lived and living experience expertise
- feedback.

However, simply selecting the right program or practice is not enough. These two common pitfalls are seen across the service system:

- only looking at what practice or program to use and ignoring how it will be put in place
- not paying attention to influencing factors, like enablers and barriers that will affect the ability to start and maintain the practice or program.

Because of these pitfalls, implementation can be costly and not achieve the intended outcomes.

For successful implementation, you need to consider:

- the what – workforce capability building initiative
- the how – implementation strategies
- influencing factors – barriers and enablers.

When implementation is of high quality, outcomes for the Victorian MHW workforce are more likely to be achieved. This in turn improves service experience and outcomes for consumers, families, carers and supporters. Figure 1 sets this out.

Figure 1: Factors influencing the implementation of *Our workforce, our future*

| | | **Barriers and Enablers** | |
| | | Factors that help or hinder implementation | |

| **What** | **How** | **Workforce outcomes** | **Consumer outcomes** |
| *Our workforce, our future* capability framework | Active and effective implementation | Safe, consistent and supportive practice across the Victorian mental health and wellbeing system | Improved service experiences |
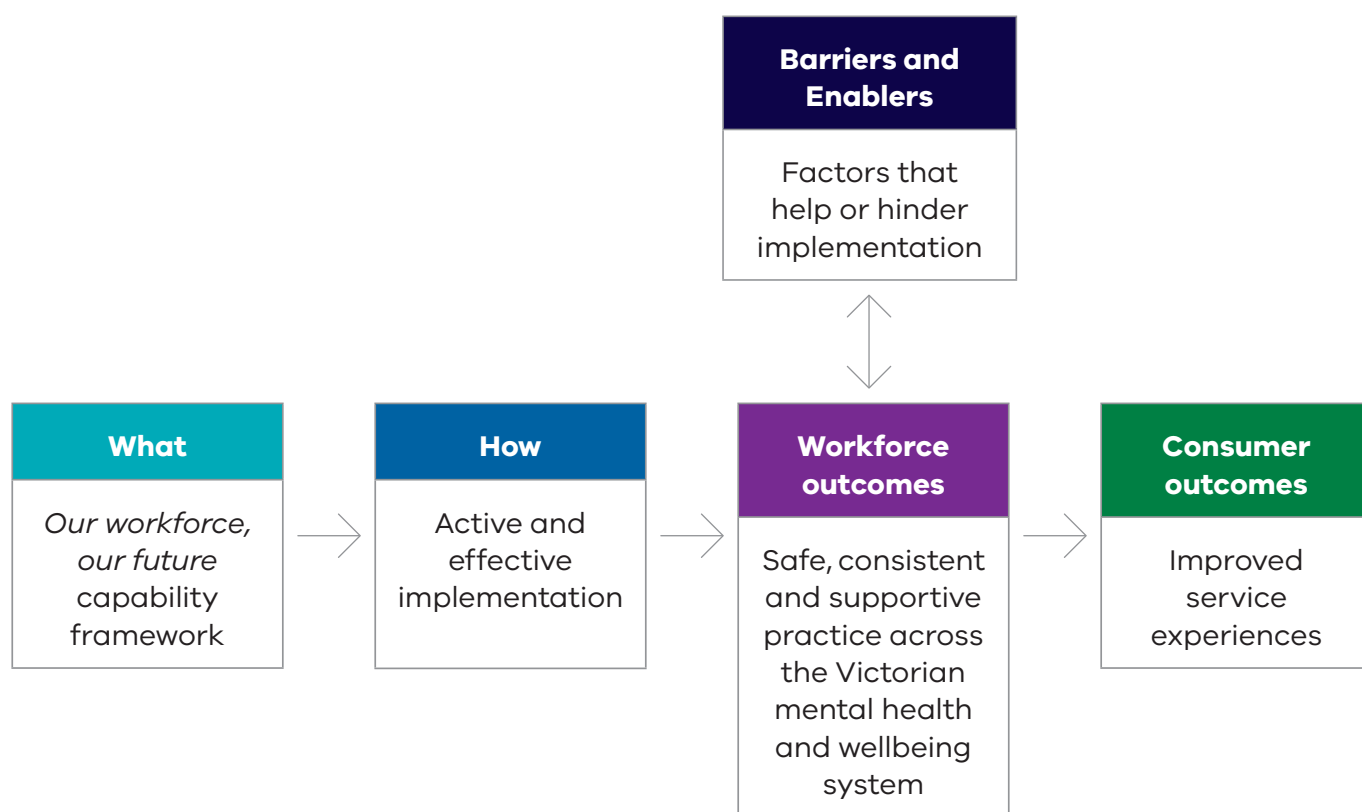
Adapted from Lewis 2017, Lyon and Bruns 2019 and Proctor et al. 2011

How implementation science can help

Our workforce, our future's vision is to realise the full potential of a transformed MHW system through genuine multidisciplinary, integrated and collaborative practice.

To achieve this, workforce practice must be more:

- holistic
- contextualised
- person-centred
- in line with evidence-informed practice.

Implementation science can help apply and embed this framework in real-world service settings.

It focuses on how to put in place and use principles and capabilities across the diverse and multidisciplined workforce.

The approach outlined in this guide:

- is flexible enough to adapt to different organisations' needs and priorities
- recognises and uses existing practice strengths and capabilities
- supports existing implementation efforts and progress
- considers the real-world constraints on service delivery organisations
- uses existing resources, expertise and experience
- uses 'best bet' implementation strategies that can be adapted to fit diverse service types and models of care
- is collaborative and involves people who work in different roles and levels of MHW organisations.

Using implementation science can help the MHW sector improve practice development and outcomes for *Our workforce, our future*. It can also be used with other service improvement initiatives and efforts.

How implementation science improves outcomes for consumers, carers, families and supporters
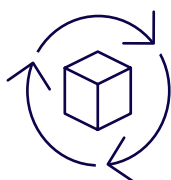
It introduces a flexible process that lines up implementation efforts with organisational needs and priorities.
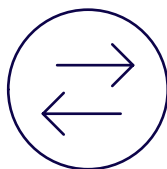
It uses existing practice strengths and capabilities in organisations.
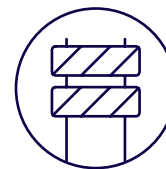
It considers service delivery barriers and constraints.

It uses existing resources, experience and expertise in organisations, including direct feedback and input from consumers, carers, families and supporters.

It promotes collaboration.

An implementation framework for *Our workforce, our future*

An implementation framework is a blueprint for an implementation process. Implementation frameworks outline:

- **shared language**
- **key stages of implementation**
- **major activities in each stage.**

Over the past 20 years, researchers have developed many implementation frameworks.

Some are relevant to a wide range of practice settings. Others are tailored for specific interventions or parts of implementation (Albers et al 2017, Moulin et al. 2015, Tabak et al. 2012).

This implementation guide combines theories from implementation frameworks often used in human service settings. Figure 2 shows the implementation framework for *Our workforce, our future*.

The next section sets out the key terms and concepts we use in this guide.

Figure 2: *Our workforce, our future* implementation framework

Stage 4:
Sustain and scale

Sustain the initiative

Scale up the initiative

Stage 1:
Engage and explore

Select an initiative

Consider barriers and enablers

Assess organisation structure

Define workforce needs

Set up an implementation team

Our workforce, our future implementation framework

Stage 3:
Start and refine

Use data to make implementation improvements

Monitor implementation efforts

Start the initiative

Stage 2:
Plan and prepare

Build readiness

Select implementation strategies

Choose monitoring strategy

Develop an implementation plan

Adapted from Metz and Bartley 2012, Metz et al. 2015, Meyers et al. 2012, Moullin et al. 2020, Powell et al. 2015.

Key implementation terms and concepts

We have adapted the following terms and concepts from Hateley-Browne et al. (2019).

Implementation stages

Implementation is an active process that occurs over time. It is not a single event or action.

Implementation frameworks outline different stages and activities in the implementation process.

Different strategies apply to different stages.

The stages do not always end and start in a linear fashion. Parts of the next stage may start before the previous stage ends.

When setbacks occur (like staff turnover), you may need to revisit earlier implementation activities before you can continue.

This implementation guide outlines 4 stages:

1. Engage and explore
2. Plan and prepare
3. Start and refine
4. Sustain and scale.

Implementation barriers and enablers

Implementation barriers create challenges or hurdles in the implementation process.

You should expect barriers to arise. Plan to identify them and mitigate them early in the process.

Barriers include:

- low staff confidence in the initiative
- lack of resources in the team or organisation for the initiative.

Implementation enablers include the resources, attributes and factors that increase the chance of a successful process.

Enablers include:

- leadership buy-in
- organisational staff supports (like supervision, coaching and professional development plans)
- practitioners who champion the initiative in their team or broader organisation.

Identify barriers and enablers early in the process. Continue to monitor barriers and enablers throughout implementation stages.

Many internal and external factors will influence implementation.

Set aside time to reflect and think through barriers before you begin and as you go.

Track barriers and adapt to them as needed

1.4 Consider barriers and enablers sets out how to identify and assess barriers and enablers.

Implementation strategies

Implementation strategies are the 'how to' techniques of the implementation process. You use them to overcome barriers and improve enablers.

These strategies are ways to improve an initiative's:

- adoption
- planning
- initiation
- sustainability (Powell et al. 2019).

2.1 Select implementation strategies sets out how to identify and select implementation strategies.

Implementation pace and planning

A high-quality implementation process is always informed by the context of your service or organisation circumstances happening in your setting.

There is no recommended timeframe, although it typically takes between 2 and 4 years for a new initiative to be fully put in place.

The complexity of your chosen initiative will affect the duration and timeframe of your implementation efforts.

Other factors (like organisational change and the external policy context) will also inform the pace and planning of implementation efforts.

Organisations (or services) must prioritise implementation planning and preparation activities if they want implementation to succeed.

Common barriers include:

- lack of resources and time for the early stages of implementation
- trying to implement too many initiatives at once
- not moving resources from older implementation initiatives to new ones.

Make sure you invest time and resources in the early stages. The work you do at the start will affect your efforts later in the implementation process.

This is known as 'paying now or paying later'.

Implementation champions and leaders

Implementation is about individual and organisational behaviour change, supported by structural changes within an organisation. Implementation leadership is vital.

Leadership can come from a variety of roles in services or organisations. Leaders may be people with formal authority and power to mandate changes. They may also be people in practice or service roles who want to champion implementation efforts.

Good implementation leaders and champions:

- are committed to the initiative's implementation efforts
- support the implementation team and broader service or organisation
- communicate well, making sure there are consistent lines of communication, information and feedback throughout the implementation process.

Implementation leaders and champions need to:

- define and promote the vision for their chosen initiative
- regularly work to get buy-in for the vision across their service or organisation.

Other key activities for implementation leaders and champions include:

- assigning resources for implementation efforts
- regularly gathering feedback on implementation and how it is viewed by the workforce
- setting expectations for staff performance and behaviours around implementation of the initiative.

Indicators of high-quality implementation

Implementation outcomes are the results of using implementation strategies. Tracking outcomes will show how well the implementation process is going (Proctor et al. 2011).

2.3 Develop a monitoring plan discusses implementation indicators and outcomes.

Summary of implementation stages

The process of implementation occurs in stages. Each stage has its own important activities.

Figure 2 shows the 4 stages and activities.

The first 2 stages occur before you start your initiative.

You should dedicate time to planning and preparation.

Barriers to implementation are more likely to stall later efforts if you do not consider them during planning.

The principle of 'pay now or pay later' is a useful one to guide implementation early on.

If you skip or rush stages 1 and 2, you will probably need to revisit these stages later.

This can cost more in the longer term than if you dedicated more time and resources at the start.

Pay now or pay later ... Staging implementation efforts is important to ensure practice transformation is attainable for the workforce. This is especially crucial given the Victorian MHW service system is rapidly changing.

Stage 1: Engage and explore

Stage 1 focuses on selecting an initiative that:

- matches the needs of your workforce
- addresses an existing need or gap in your workforce's capabilities.

Key activities in this stage include:

1.1 Define workforce needs

1.2 Select your initiative

1.3 Set up an implementation team

1.4 Consider barriers and enablers

1.5 Assess organisational readiness.

1.1 Define workforce needs

The first activity is to identify what needs to change and for whom. This means:

- selecting a capability area from *Our workforce, our future*
- deciding which staff will be the target of your capability efforts.

You may have already started work to identify a capability area, for example:

- professional development needs
- priority strategic areas for capability building
- other service data.

You may need to gather more information about workforce capability.

It can be helpful to assess current workforce capabilities and needs before deciding on an initiative.

This can be done by using any of the strategies (or a mix of them) outlined in Table 1.

Table 1: Workforce capability resources and tools

Strategy	Description or more information
Organisational assessment	• Pre-existing assessment tools that map your workforce's current capabilities • *Our workforce, our future* organisational assessment tool.
MHPOD Learning Portal and *Our workforce, our future* Pathways Tool	The Mental Health Professional Online Development (MHPOD) program has a range of resources, including videos, checklists and templates. For more information, see the MHPOD website <https://www.mhpod.gov.au>. Ask the workforce to complete the *Our workforce, our future* Pathways Tool.
Workforce mapping	A workforce mapping process to identify current workforce strengths and gaps against the 15 *Our workforce, our future* capabilities.
Capability areas	Identify any resources that have already been developed in your organisation around capability areas. For example, this may include organisational protocols to enable 'reflective and supportive ways of working' across the services.
Assess organisational data	Assess organisational data about the target workforce to understand their needs. This may include: • relevant service data like consumer and carer feedback • staff surveys and feedback • workforce support and development data, like completion of internal or external professional development • goals and priorities identified by staff on professional development plans.
Stakeholder engagement initiatives	A range of stakeholders can help identify workforce needs, like: • senior leaders • lived experience roles • consumer and carer representatives • practitioners.

Use the considerations outlined in Table 2 to identify workforce capability strengths and needs.

First identify:

• the outcomes you would like to create for consumers, families and supporters
• how these outcomes link to workforce needs.

This will help identify relevant capabilities to focus on. It can also help you shortlist possible workforce development initiatives.

Table 2: Considerations for identifying workforce capability strengths and needs

Area	Questions
What outcomes do we want for consumers, carers families and supporters?	• What do our service agreements from funders specify? • What is the service feedback from consumers, carers, families and supporters? • What problems do they face? What are the gaps in our service delivery?
What outcome do we want for the workforce or organisation?	• What skills, knowledge, attitudes or beliefs do we want to change, improve or strengthen? • What changes do we hope to see for consumers, carers, families or supporters?
What do we know about our organisation?	• Which of the 15 *Our workforce, our future* capabilities are we strong in? • Which capabilities do we have gaps in? • What capabilities do we need to improve?
What do we know about our workforce?	• What are the needs of the workforce? • What are the characteristics of our workforce (such as qualifications, training or experience)? • What are their strengths? • What challenges do they face?
What do we think is going on?	• What are the main factors contributing to the identified gaps or practice barriers? • What are we currently doing to address the identified gaps in capabilities? What are other services or organisations in our catchment doing? • Which workforce or service gaps are not being addressed effectively? • What workforce or service data do we have to help us see if existing workforce initiatives are effectively addressing gaps?

Where should we start?	• Looking at our answers, what is the key problem or challenge?
	• What initiatives best address this capability gap – for example:
	  – staff skill development
	  – consultation with a statewide capacity building unit
	  – partnering with another agency?

Defining workforce needs

A clinical mental health service in regional Victoria decided to focus on capability 3 from *Our workforce, our future*: Working with diverse consumers, families and communities.

The service has started developing a plan to improve this capability.

They have identified low rates of referrals to their service from a sizeable culturally diverse community. The referral rate (7%) is low compared with the population of this community in the local area (33%).

To get more information, the service consulted with key staff and reviewed professional development plans.

They found that a significant number of practitioners requested professional development for working in a culturally responsive way with this community.

A recent staff survey showed that staff were not very confident in engaging with this community.

The service has trouble getting consumer feedback data from members of the community. This is due to high disengagement rates from the service. Team leaders and supervisors report that staff:

- often look for more resources to help them work with this community
- feel ill-equipped to help members of the community.

The service decides that their workforce capability-building initiative will focus on building confidence and skills for working responsively with this community. This will include improving their community engagement skills and strategies.

This initiative will improve staff skills and confidence in culturally responsive practice and community engagement.

This, in turn, will lead to:

- more consumers, families, carers and supporters receiving culturally responsive and safe mental health care
- sustained service engagement
- more referrals from the broader community.

1.2 Select your initiative

There is no set number of capabilities you need to choose to begin the implementation process.

It will depend on organisational factors like:

- workforce development needs of staff
- current capacity
- resourcing.

Planning needs to be feasible and realistic. You should consider your organisation's capacity for change.

Too much change at once, or change that is not well planned and supported, can undermine buy-in across your workforce. This can result in poor implementation.

To guide your planning, prioritise capabilities from highest to lowest need for your workforce. An organisational assessment tool can help you do this.

Once you have identified the workforce capabilities, the next step is to explore how to best build these capabilities.

How you choose to build capability in a particular area will depend on your workforce needs. Consider whether the initiative is:

- a good fit for your service context: Has it worked in a similar setting?
- feasible: Can your organisation get the resources needed to implement the initiative? For example, staffing, facilities, funding training providers or accessing relevant expertise.
- evidence informed: This can include research evidence, practice evidence and cultural evidence. Do you have evidence that it has:
  - worked for your target population (if relevant)
  - achieved the outcomes you want for your consumers, carers, families and supporters?

Note: It is usually not enough to select training alone as a strategy to create lasting practice change in key capability areas. Often, you will need other implementation strategies to embed sustained practice change. For example, follow up on-the-job coaching by experts in the program or practice, or support from communities of practice.

Other approaches to building workforce capability include:

- hire staff with particular skill sets
- actively recruit staff to build internal capability
- update position descriptions to attract new staff with needed competencies in particular capability areas
- partner with other organisations in your catchment or local area, such as Aboriginal communitycontrolled health organisations (ACCHOs) or evaluation specialists
- develop internal resources, practice points or practice guides.

Appendix C: Useful resources and contacts sets out further information.

1.3 Set up an implementation team

An implementation team is different from an operational or governance forum.

The implementation team focuses specifically on implementation efforts. It coordinates across your organisation.

The teams champions the implementation of an initiative.

Core tasks include:

- planning implementation activities
- driving and leading implementation activities
- using and building on enablers for implementation
- identifying and mitigating implementation barriers
- regularly reviewing and using data to support implementation efforts.

Common barriers for implementation teams include:

- time restrictions
- external system factors, such as lack of or unclear guidance from funders
- staffing limitations
- organisational decisions, for example competing/ conflicting organisational demands.

However, implementation teams can be a highly effective strategy when:

- the initiative is a significant change to current practice
- the initiative is complex
- implementation affects organisational or system workforces
- collaboration is needed across the organisation (such as frontline staff, leadership)
- collaboration is needed between organisations (such as partnerships between two or more organisations in a local area).

Table 3 outlines the purpose, composition and core responsibilities of an implementation team.

To achieve high quality implementation, well-informed and collaborative implementation teams can assist service systems and organisations to commit to high-quality implementation of new evidence-informed practices and programs (Brown, Feinberg and Greenberg 2010).

Table 3: Implementation team responsibilities, composition, attitudes and attributes

Responsibilities	Composition	Attitudes and attributes
- Prepare the organisation for implementation - Select, plan and execute the initiative - Track implementation, for example: - acceptability - appropriateness - reach in the service or organisation - Gather, review and describe any implementation barriers - Develop and put in place targeted mitigation strategies and solutions to address barriers	Staff representatives from various levels of organisations, including (but not limited to): - frontline practitioners - consumer peer support workers - service leaders - family support workers - practice supervisors - people managers - practitioners, including: - lived experience - allied health - clinician - carer or family - specialised roles - Aim for team of 5–15 representatives. Too many or too few representatives are less likely to be operational	- Commitment to championing implementation - Detailed knowledge of the selected initiative - Detailed understanding of the implementation context, including: - the organisation - service provider - region or catchment - communities - consumer demographics

Source: Adapted from Hateley-Browne et al. 2019

When selecting implementation team members, it is also helpful to:

- set up accountability mechanisms – including tracking actions and scheduling regular meetings
- consider the core competencies needed to drive implementation at each stage
- identify who has the skills, knowledge and decision-making authority to support implementation activities effectively – the team needs the right authority to make changes and decisions to improve implementation efforts
- understand the organisational systems and policies needed for implementation – such as lived experience consultation, data and administrative systems.

As implementation progresses, implementation activities will change.

The team's responsibilities and focus will evolve as the organisation moves through implementation stages. If needed, implementation team members can also change over time.

Linked implementation teams for multilevel systems

Your organisation may need linked implementation teams to support implementation.

Organisations should consider how many implementation teams they may need across their organisation. This will be determined by:

- the size of the organisation
- how services are set up
- how teams are set up.

For example, a large community mental health organisation working across many Victorian catchments may choose to set up a centralised implementation team for implementation across the organisation. They then link to local implementation teams who support implementation in particular local geographical areas.

Linked teams can help establish new initiatives in multi-level systems. Often implementation teams cannot resolve barriers at the local level of an organisation. This may relate to broader issues such as:

- organisational policy
- funding
- other resources.

Conversely, a centralised implementation team may need input from people who understand the local service context.

Linked implementation teams have been shown to help implementation efforts in multi-layered systems.

Interconnected teams with clear feedback channels create a structure to identify and address barriers at different levels of an organisation or broader system.

They also provide strong enablers to support, connect and share expertise across an organisation.

Develop communication and feedback processes between linked teams from the outset to support implementation efforts.

Figure 3 shows an example of communication and feedback processes for linked teams.

The teams in this example are mutually accountable to each other.

Information flows in both directions. Information comes from local implementation teams, who have the best view of what is happening 'on the ground'. Information also flows from the centralised implementation team.

Figure 3: Communication and feedback processes for linked implementation teams
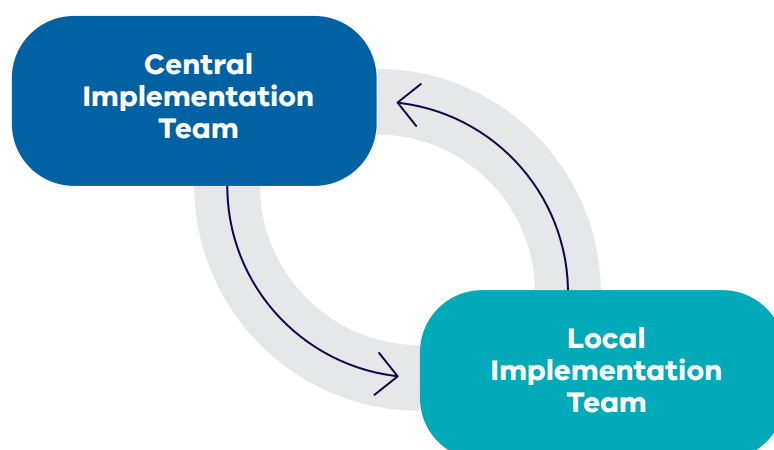
Implementation leadership and facilitation

Implementation champions and leaders can be very helpful– do not undervalue them (Aarons et al. 2014, 2015, 2016).

Teams should include people with the authority to drive and mandate change at the organisational level. They should also include people:

- in direct consumer- and carer-facing positions
- who lead practice expertise
- who understand workforce needs, challenges and strengths.

People in these positions must have experience of directly applying new practices. They must also know about the real-world barriers and enablers of implementation.

Implementation teams are a great way for emerging leaders in organisations to develop their practice expertise and leadership skills.

Unlike operational and governance teams, implementation teams focus specifically on implementation efforts.

A highly effective implementation team should have people with some or all of these characteristics:

- motivation to improve workforce development and practice in service delivery
- knowledge, expertise or a desire to build expertise in the initiative
- knowledge of current organisational workforce needs
- knowledge of implementation science or a desire to build knowledge in it
- frontline practice experience
- data and operational systems experience
- authority to make decisions on behalf of the team and escalate planning and outcomes to other decision makers in the organisation.

A core component of implementation leadership is the ability to facilitate implementation discussions and team meetings effectively.

Implementation facilitation is the process of leading and engaging in support and interactive problem solving. This is done through trusting interpersonal relationships and agreed goals around what needs to change and be put in place (Stetler et al. 2006; Powell et al. 2015).

Facilitation needs:

- a broad set of competencies
- capacity to understand and work with others.

Effective facilitation means responding to the changing conditions and context of the initiative.

provides a template for the terms of reference for an implementation team.

Essential tasks for implementation leaders and champions

- Lead the co-development and execution of an implementation plan, working with relevant stakeholders as needed.
- Identify and co-manage barriers, problems and risks faced by the implementation team.
- Assess influencing factors, such as barriers and enablers that may affect efforts to start and maintain an initiative in the organisation.
- Co-develop a culture of collaboration, learning and continuous quality improvement in the implementation team and the organisation.
- Build mutually respectful, trusting relationships with the team, all stakeholders and more broadly in the service or organisation.

1.4 Consider barriers and enablers

At the start of your implementation project, consider the enablers and barriers.

This can begin as soon as the implementation team is familiar with the initiative.

When considering enablers and barriers, many will be obvious. For example, not having a clear mandate from senior leadership to use organisational resources would be an obvious barrier to implementation.

Other barriers and enablers will be less obvious and arise as implementation progresses.

Barriers are normal and to be expected.

You will be able to anticipate likely barriers. This will help you come up with strategies to overcome them.

Other barriers will arise due to evolving circumstances and factors relevant to your setting.

Because different opportunities and challenges will arise, you should track enablers and barriers throughout the implementation process. Doing so from the start of the implementation process will help you:

- identify and address barriers before they affect progress and reduce traction
- take advantage of enablers that can help the new initiative thrive.

Use structured ways to review enablers and barriers to help you choose suitable implementation strategies. The Consolidated Framework for Implementation Research (CFIR) (Damschroder et al. 2022) can be useful for exploring implementation enablers and barriers.

CFIR implementation domains

The CFIR (Damschroder et al. 2022) identifies 5 domains that will influence implementation efforts:

- **characteristics** of the initiative – such as adaptability or cost
- **people involved** in implementation – including knowledge and beliefs about the initiative
- **inner context** or setting – such as organisational culture and internal resources
- **outer context** or setting – for example, external pressures such as consumer needs, policy landscape or funding priorities
- **implementation process** – such as planning, reflecting and evaluating.

Figure 4 shows the 5 CFIR domains.

Figure 4: CFIR domains

- Adaptability
- Relative advantage
- Cost
- Design
- Complexity

- Needs will be addressed
- Competence, knowledge, skills
- Opportunity, scope, power
- Motivation, commitment

Characteristics of the workforce capability initiative

The people involved (leaders, implementers, recipients)

CFIR Domains

The implementation process

Inside our organisation

Outside our organisation

- Teaming
- Assessing needs and context
- Planning, tailoring
- Doing
- Reflecting, evaluating

- Structures (physical, IT, work flow)
- Culture
- Tension for change, priority
- Compatibility
- Incentives and resources

- Local attitudes and conditions
- Funding
- Policy
- External pressures

Barriers	Enablers
What's blocking implementation in each category?	What already exists that can support implementation?
What needs to change?	How can existing enablers be used to your advantage?
Who needs to change?	
How will we try to make the change happen?	

Adapted from Damschroder et al., 2022

The figure above can guide reflection and identification of implementation barriers and enablers. Use the prompt questions in the figure to guide this process.

For more information on CFIR, see the [CFIR website's Constructs page](https://cfirguide.org/constructs) <https://cfirguide.org/constructs>.

The CFIR website has:

- definitions of factors that influence implementation in each domain
- tools for identifying barriers and enablers for each domain.

1.5 Assess organisational readiness

Organisational readiness is the extent to which your organisation is willing and able to implement the selected initiative (Scaccia et al. 2015). A common barrier early in implementation is low organisational readiness. An organisation does not have to be '100% ready' at the start of the implementation.

Readiness is not fixed. Readiness can decrease at various stages of implementation. For example, key staff may leave the organisation. Implementation strategies can help you build readiness.

Consider organisational readiness in the early stages of implementation. This can be a significant barrier or enabler.

Exploring readiness from the start means implementation champions and teams will know where to focus their implementation strategies during stage 2 of implementation.

You can also assess readiness at various points of the implementation process. This can further inform planning and decision making on what implementation strategies are needed as implementation progresses.

[Implementation tool 3: Readiness Thinking Tool®](#) can help you assess readiness.

[Readiness Thinking Tool® example](#) provides an example of a completed tool.

Stage 1 summary

Stage 1 of the implementation process explores your organisational context, capabilities and practices through engagement with your workforce.

The key activities of Stage 1 are:

- **Step 1:** Assess current capabilities, strengths and needs across your team or broader organisation.
- **Step 2:** Select an initiative. Explore how feasible it is and how well it fits in your organisation.
- **Step 3:** Set up an implementation team. If your initiative involves several teams and services in your organisation, you may need several implementation teams. Consider each team's composition, including authority to endorse the initiative at the organisational level.
- **Step 4:** Identify possible implementation barriers and enablers. Assess the organisation's or team's readiness to adopt the new initiative.

[Appendix B (Implementation Tool 1)](#) provides a checklist outlining key implementation activities.

Completing stage 1 activities will prepare you for stage 2, which includes:

- selecting implementation strategies
- developing an implementation plan
- selecting a monitoring strategy
- building readiness across the team or organisation.

Stage 2: Plan and prepare

Stage 2 focuses on planning and preparing for implementation efforts.

The key activities in this stage include:

2.1 Select implementation strategies

2.2 Develop an implementation plan

2.3 Develop a monitoring strategy

2.4 Build readiness.

2.1 Select implementation strategies

Implementation strategies translate your implementation plans into action.

They:

- build readiness
- address barriers
- drive the initiative's implementation process (Powell et al. 2019).

Some implementation strategies typically used in the Victorian MHW context include:

- briefing sessions with workforces or key workforce representatives
- develop and distribute practice tools and resources
- training with specialist organisations or providers
- set up communities of practice.

The strategies chosen should be a good fit for:

- your service delivery context
- your selected initiative to build capability areas.

For example, you identify that some staff lack practice confidence in Capability 8: Working effectively with families, carers and supporters.

Specifically, you identified that your team are mostly new graduates with less than 2 years' experience working in the mental health system.

The implementation team decides to create a new graduate professional development program as the initiative they will implement.

Some suitable implementation strategies may include:

- educational meetings with carer, family and supporter consultants in your service or other champions of this practice and advocacy
- remind staff of organisational protocols and processes around working with carers, family and supporters
- arrange a professional development opportunity with Tandem, the peak body for family, carers and supporters in Victoria.

You should carefully consider the implementation strategies that will support the initiative at each stage of implementation.

For example, some strategies will be more relevant or important in Stage 1 (engage and explore) than Stage 3 (initiate and refine).

When you are setting up your implementation team in Stage 1, useful strategies may include:

- briefings and educational meetings
- identify and prepare implementation leaders and champions.

In Stage 3, useful strategies may focus on improving skills, knowledge, confidence and attitudes around your chosen capability area. You may do this through strategies like:

- training
- coaching
- prepare and distribute educational materials
- introduce new systems and processes.

Include a range of stakeholders, such as:

- practitioners
- leadership
- workforce development specialists.

They can help you:

- make decisions by rating the feasibility and value of proposed implementation strategies
- select implementation strategies
- develop action plans to carry out the strategies.

Choose implementation strategies that align with the behaviour change needed across your workforce. This can help address barriers identified in Stage 1.

Remember: implementation strategies may involve a single action or a series of linked actions that target different implementation barriers (Powell et al. 2012).

Using the ERIC list of strategies

The Expert Recommendations for Implementing Change (ERIC) project (Powell et al. 2015) systematically identified, developed, tested and refined 73 implementation strategy terms and definitions.

These terms are now widely used throughout implementation science. Implementation tool 4: ERIC implementation strategies compilation provides a list of ERIC strategies. The tool outlines possible implementation support strategies.

Example implementation strategies include:

- identify and prepare champions in your team and organisation
- involve executive boards and governance groups in implementation efforts
- get and use feedback from consumers, carers, families and supporters in implementation efforts
- promote how adaptable the initiative is to meet local needs for teams in your organisation
- shadow relevant practice experts in the initiative – see the list of statewide capacity building services and supports available in Appendix A: Glossary of terms.

One effective method is to match implementation strategies to the barriers identified in Stage 1 using the 5 CFIR domains (see CFIR implementation domains).

Large organisations (such as statewide services or hospitals) may find it useful to use CFIR-ERIC matching tool to identify suitable implementation strategies. The CFIR-ERIC matching tool helps organisations create a list of possible strategies to address the CFIR barriers. Strategies are sorted and colour coded by cumulative level of endorsement by the ERIC expert panellists. 'Cumulative percent' shows how strongly the strategy is endorsed across all 7 CFIR barriers. The tool:

- gives organisations a systematic way to identify possible barriers
- supports evidence-informed selection of implementation strategies.

The matching tool is available on the CFIR website's Strategy design page <https://cfirguide.org/choosing-strategies>.

Implementation tool 4 also includes some examples of implementation barriers, strategies and actions relevant to the Victorian MHW sector.

2.2 Develop an implementation plan

An implementation plan documents and tracks implementation efforts.

It guides the work of the implementation team. The plan should be developed by all team members (if there is no implementation team, then involve key decision makers).

The plan is a living document. It can be adapted and changed as needed.

An implementation plan should include:

- implementation barriers and enablers (identified in Stage 1)
- implementation goals (identified in Stage 1)
- implementation strategies and actions you will take to address each barrier (chosen in Stage 2)
- who will complete each action
- timeframes, milestones and due dates for each action.

Depending on your needs, your implementation plan may also include:

- a risk register for risks identified during implementation
- implementation monitoring plan (developed in Stage 2)
- an activity tracker (to track the progress of your implementation strategies and actions)
- a plan to test and trial the rollout of the initiative with a team or group of staff in your workforce before a wider rollout
- any other information needed to guide your process.

You can develop your implementation plan using Implementation tool 5: Implementation plan template. To see an example of a completed implementation plan, see Implementation plan example.

- You can develop your monitoring plan using Implementation tool 6: Monitoring plan templates.
- An implementation progress checklist can help you track your progress as you work through each stage. You can use Implementation tool 7: Implementation progress checklist for this.

2.3 Develop a monitoring plan

Monitoring implementation is an essential part of the implementation process. Monitoring, or tracking, your progress is the only way to truly understand if your implementation strategies and activities are working and creating the desired outcomes.

First, monitor whether your initiative has been implemented or actioned. You can then track the outcomes of your initiative.

You may wish to monitor progress in 2 areas:

- implementation outcomes, which show the quality of your implementation ('is the initiative being implemented and how well?')
- workforce capability outcomes, which show the effects of your initiative ('is the initiative making a difference to the MHW workforce?').

An initiative that is implemented well (that is, has good implementation outcomes) has the best chance of building workforce capabilities and providing benefits to consumers, carers, families and supporters.

Effective monitoring plans apply continuous quality improvement cycles to monitor, review and respond (see Figure 5).

For example, you might plan to track whether your initiative is reaching the intended workforce or staff (reach).

You could set a target to reach 80% of the intended workforce. If your initiative is being implemented well, you would expect reach to be high (80% or higher). After reviewing your monitoring data, if you find that your reach is low or less than your target, you might want to adjust your implementation plan.

Monitoring plans also help identify any unintended consequences (both positive and negative). This can inform future implementation efforts, such as scaling up to other sites or programs (see 4.2 Scale up the initiative).

Monitoring plans are used in Stage 3 – once the initiative has started (see 3.2 Monitor implementation efforts). In Stage 2, you need to decide how to monitor implementation.

Developing your monitoring plan

Your monitoring plan is a key component of your implementation plan. Developing the monitoring plan does not need to be a burden or take a lot of effort.

Developing your monitoring plan involves the following steps:

1. Determine who the intended audience is for monitoring information and how they will use it. This will usually be your implementation team. It may also include others (such as organisational leadership) who have an interest in the information.

2. Identify the expected implementation and workforce capability outcomes from your initiative. This will be informed by work completed in Stage 1 and 2.

3. Decide how you will collect information/data. This data will track the quality of your implementation strategies and activities (your implementation plan). It will also track outcomes for the MHW workforce. Select information that will show you when you need to adjust and improve your implementation plan.

4. Document what you will track, how, when and who will be responsible for data collection, analysis and reporting.

5. Decide how you will regularly review and respond to your monitoring information/data.

Each implementation team has a role to:

1. **Discuss your monitoring approach.** Bring together key people to discuss and define your approach to monitoring. This can be part of implementation team meetings and sits alongside the development of your implementation plan. You can use the Monitoring plan discussions template to guide your conversation.

2. **Prepare your monitoring plan.** Your plan tells you what information/data you will collect, how, when, by who, and how you will review this information. Include it in your implementation plan. You can develop your monitoring plan using the template in Implementation tool 6: Monitoring plan templates.

3. **Review information collected via your monitoring plan.** This is done during Stage 3, once your initiative has commenced. You can develop your monitoring plan using the review table in Implementation tool 6: Monitoring plan templates.

Ideally, the implementation teams and other decision makers will make a plan for monitoring outcomes before the initiative has started. However, even if the initiative has already started, it is not too late to put a monitoring plan in place.

Your monitoring plan will track both implementation and workforce capability outcomes. You should initially plan to monitor implementation outcomes. Your workforce capability outcomes should follow from high-quality implementation. You can track these outcomes as the implementation proceeds.

Implementation outcomes

Table 4 outlines some key implementation outcomes and simple ways to measure them. You can also consider other outcomes and measures that fit your organisational or service context. When making decisions about the tools to use, consider:

- practical issues – such as length, language and ease of use
- psychometric issues – like reliability, validity, and sensitivity.

Table 4: Outcomes and suggestions for measurement

Implementation outcome	Definition	How to measure	When to measure
Acceptable	The degree to which stakeholders believe the initiative is agreeable or satisfactory	**Qualitative interviews with workforces** that provide the initiative: • You can use the individual characteristics questions in the CFIR interview guide • CFIR online interview guide tool <https://cfirguide.org/guide/app/#> **Quantitative survey tool**: • For example: the Acceptability of Intervention Measure (AIM)	Throughout implementation stages
Feasible	How well the initiative can be used or carried out successfully in your setting	**Qualitative interviews with workforces** that provide the initiative: • You can use the intervention characteristics questions in the CFIR Interview Guide • CFIR online interview guide tool <https://cfirguide.org/guide/app/#> **Quantitative survey tool**: • For example: the Feasibility of Intervention Measure (FIM)	Early implementation
Appropriate	How well the initiative fits with, is relevant to or compatible with your setting	**Qualitative interviews with workforces** that provide the initiative: • You can use the intervention characteristics, inner setting and outer setting questions in the CFIR interview guide • CFIR online interview guide tool <https://cfirguide.org/guide/app/#> **Quantitative survey tool**: • For example: the Intervention Appropriateness Measure (IAM)	Early implementation

Implementation outcome	Definition	How to measure	When to measure
Fidelity	The degree to which an initiative is carried out as intended	• **Self-report practice checklists** for practitioners • **Consumer, carer, family and supporter interviews or questionnaires** on aspects of the initiative they have experienced	• Early to mid implementation
Reach	To what degree an initiative reaches relevant staff/ workforce	• **Administrative data**	• Mid to late implementation

Table 4 mentions three accessible and free implementation outcomes measures with sound psychometric properties:

- AIM – to measure acceptability
- FIM – to measure feasibility
- IAM – to measure appropriateness.

Weiner and colleagues (2017) have created and validated these measures. To learn more about these measures – see Implementation science: psychometric assessment of three newly developed implementation outcome measures <https://doi.org/10.1186/s13012-017-0635-3>.

Further tools for monitoring implementation outcomes can be found in the Implementation outcome repository.

Workforce capability outcomes

You should identify short-term workforce capability outcomes that are specific to your initiative and the capability area you are focusing on. Outcomes are the changes that you would like to see happen because of your initiative. These can happen in the short-term, medium-term or long-term after your initiative is implemented.

In general, the outcomes of your initiative are likely to be changes in the capabilities (knowledge, skills, attitudes, self-efficacy) of the MHW workforce

(short-term outcomes). Changes in capability are likely to influence the behaviour of the MHW workforce (medium-term outcomes). This should, in turn, influence outcomes for consumers, carers, families or supporters (long-term outcomes).

The *Our workforce, our future* capability framework provides a set of outcome statements under each capability, as well as the key knowledge and skills that members of the MHW workforce should demonstrate in each capability area. You can reference *Our workforce, our future* to identify outcomes you would like to achieve through your initiative. You will also have identified outcomes as part of 1.1: Define workforce needs and 1.2: Select your initiative.

You then need to decide how to track progress towards each outcome you have identified. You should select a measure, or indicator, that will give you information about progress – an observable clue that tells you something has happened or will happen.

The trick is to only select a few key measures/indicators that you know can show change and are accurate, reliable, and practical for you to measure.

Table 5 gives some examples of measures/indicators for the outcomes and workforce capabilities outlined in *Our workforce, our future*.

Table 5: Examples of capability outcomes and indicators

Capability	Outcome	Outcome area	Measure/ indicator	How to measure
Working with diverse consumers, families, and communities	The MHW workforce will understand current Victorian guidelines, policies and frameworks that guide culturally responsive and psychologically safe care.	Knowledge	The number and proportion of the MHW workforce that can identify relevant current Victorian guidelines, policies and frameworks.	• Quantitative survey • Administrative data
Understanding and responding to mental health crisis and suicide	The MHW workforce understands responsibilities and reporting obligations relevant to risk, including self-harm, suicide and safeguarding.	Knowledge	The number and proportion of staff in the organisation that can describe their relevant reporting obligations.	• Quantitative survey • Administrative data
Delivering compassionate care, support and treatment	The MHW workforce will respond to the range of needs and preferences of consumers, families, carers and supporters. This includes adapting practices based on age, developmental stage, and unique personal and community context.	Skills	Number of instances of adapted practice described or documented by staff within a 12-month period.	• Interviews • Case notes • Meeting minutes
Enable reflective and supportive ways of working	The MHW workforce will seek out learning opportunities, including advice and support from others	Skills	Number of instances of peer support and supervision provided within the organisation within a 12-month period.	• Observation • Administrative data

Once you have decided on your outcomes and measures/indicators, you will need to decide on a method to collect information/data against your indicator.

There are many ways to collect information. Here are several common methods:

- **Surveys** – a method for gathering primarily quantitative information, often from many respondents. Analysed using quantitative techniques and commonly reported as statistics or in infographics.
- **Interviews** – a structured or semi-structured process for gathering qualitative data, such as stories or answers to key questions. Requires time and skill to collect, analyse and report on detailed information.
- **Focus groups** – a structured or semi-structured process for gathering qualitative data from a group of people. Requires skills in group facilitation and in analysing and reporting on detailed information.

- **Observation** – a method for directly watching and recording observable actions and behaviours. May be reported as counts or proportions, as part of a checklist, or as a narrative description.
- **Administrative data** – data collected as part of service delivery and administration. Existing data is accessed and analysed using quantitative techniques. Commonly reported as statistics or in infographics.

Each method has pros and cons. You should choose a method that is relevant to your initiative and feasible for your implementation team. You can choose multiple methods for gathering all the information/data you need and bring information together to answer your key questions.

Finally, your monitoring plan will outline who is responsible for collecting information/data; when this will happen; how information will be stored; and how it will be analysed, reported and reviewed.

Table 6: Example readiness questions to ask and strategies

Implementation strategy	Examples and questions to ask
Identify and prepare champions in teams or the organisation to build buy-in and support for the initiative	- Are there emerging leaders that want to be part of workforce development activities in your organisation? - Are there staff in your teams that want to build practice knowledge and capabilities? - Are there practice experts in your organisation that you could invite to join in your implementation efforts?
Brief or engage staff in the new initiative to build buy-in and motivation to join in the implementation efforts	- Online webinars with implementation champions - Drop-in sessions with implementation champions - Face to face meetings with teams to promote the initiative
Identify early adopters in teams to learn from their insights and experience of the initiative	- Who has expressed interest in the initiative? - Who wants to build their capabilities? - Who has expressed motivation and willingness to try the new practice or process?
Promote networking across teams in your organisation	Encourage networking so staff will: - share information - promote collaborative problem-solving - celebrate successes - build buy-in for the initiative's implementation efforts. A common way to do this through a dedicated online channel like Microsoft Teams or similar.

Developing a monitoring plan

A community mental health organisation developed a plan to focus on *Our workforce, our future* Capability 9: Delivering holistic and collaborative assessment and care planning.

They identified that there is no consistent process for collaborative care planning and review within the organisation. Care planning was done individually by clinicians and documented in case notes.

The organisation decided to develop a holistic process for care planning that would be implemented from the start of the new year. The expected outcome of the new process was for clinicians to improve their capabilities in collaborative care planning.

The implementation plan included these key implementation strategies:

- mandate change
- distribute educational materials
- create a learning collaborative
- remind practitioners.

As part of developing their implementation plan, the Local Implementation Team made the following decisions about monitoring implementation and workforce capability outcomes:

- Key implementation outcomes to be measured included **acceptability** of the care planning process to clinicians; **feasibility** of incorporating the care planning process into existing practice within the organisation; and **fidelity** to the care planning process by clinicians.

- Key workforce capability outcomes to be measured included **knowledge** and **skills** of the clinicians within the organisation related to collaborative care planning.

- The Local Implementation Team would first be responsible for monitoring the acceptability, feasibility, fidelity of the care planning process. They would be responsible for data collection, analysis and reporting.

- Implementation outcomes would be monitored using activity data recorded in the organisation's client management system and through a clinician survey sent after 6 months of implementing the new process.

- Activity data would be reviewed at the Local Implementation Team meeting every month. The Local Implementation Team would plan any response to the findings and update the implementation plan as needed.

- A one-off meeting would be held to review the results of the clinician survey. Key findings and actions from the monitoring information would be presented to organisational decision-makers after this meeting.

- After 6 months of monitoring implementation outcomes, the Local Implementation Team would start to track workforce capability outcomes. These would be monitored using a self-reported assessment of clinician's knowledge and skills. Findings from this assessment would be reviewed at Local Implementation Team meetings.

The team used these decisions to develop the monitoring plan and incorporated them into the implementation plan. The organisation reviewed and approved these and put them into place after the care planning initiative commenced.

2.4 Build readiness

Building organisational readiness is vital when putting in place a new initiative.

Identify implementation strategies and activities in your implementation plan that you will use to prepare the organisation for implementation.

Table 6 outlines some example implementation strategies and questions to consider.

Some strategies are important for Stage 2 as they prepare the organisation and its workforce for implementation. Other strategies are more relevant in Stage 3, once the initiative has begun.

Stage 2 summary

Stage 2 of the implementation process focuses on planning and preparing for implementation efforts. It can be helpful to check off these activities before moving on to Stage 3

The key activities of Stage 2 are:

- Step 1: Select implementation strategies that will use enablers and address barriers
- Step 2: Develop an implementation plan with the implementation team set up in Stage 1 – the plan should outline:
  - identified barriers and enablers
  - chosen implementation strategies
  - clear timelines and milestones
  - who is responsible for leading key actions throughout implementation
- Step 3: Develop a monitoring plan – include what data will:
  - be most useful to support your implementation efforts
  - inform improvements to the implementation process
- Step 4: Continued focus on building team and organisational readiness to support implementation efforts – include these strategies in your implementation plan (such as identify champions for the new initiative).

Appendix B (Implementation tool 1) provides a checklist outlining key implementation activities in Stage 2.

These activities are essential preparation for the activities in Stage 3, which include:

- start the initiative
- monitor implementation efforts
- use data to make implementation improvements.

Stage 3: Start and refine

In stage 3, you will start your chosen initiative.

The key activities in this stage include:

3.1 Start the initiative

3.2 Monitor implementation efforts

3.3 Use data to make implementation improvements.

3.1 Start the initiative

At this point, you will start the initiative in your team or broader workforce.

You have put the key implementation strategies in place. You now start to run the activities you detailed in your implementation plan.

For example, this may mean:

- rolling out briefing sessions with teams or key workforce representatives
- developing practice tools and resources and distributing them
- rolling out specialised training
- setting up communities of practice.

During this stage, the implementation team plays a vital role.

The team will:

- drive implementation efforts and track progress
- meet with people or communicate actively
- pay close attention to the implementation plan
- oversee activities and strategies developed in Stage 2
- meet regularly to discuss barriers that emerge, affecting implementation strategies
- respond quickly and update the implementation plan when new barriers arise, or implementation strategies need to be changed.

At this stage, you need to make sure the initiative is strongly endorsed by:

- all members of the implementation team
- practice champions
- key leaders in your organisation.

Implementation success relies on buy-in across the workforce. Staff need to believe the change will benefit their practice and improve outcomes for consumers, families, carers and supporters.

To make sure implementation stays on track, the implementation team should assess levels of buy-in regularly. They will need to address any issues with buy-in as they arise.

3.2 Monitor implementation efforts

Start monitoring the implementation and implementation quality of the initiative. Do this in line with the monitoring plan you created in Stage 2 (refer to 2.3 Develop a monitoring plan).

At this stage, you should also regularly review implementation enablers and barriers. 1.4 Consider barriers and enablers provides suggestions for how to do this.

Use the data and information you get from monitoring to help you decide if implementation strategies need to be reviewed. Share summaries of monitoring data at implementation team meetings (or meetings with other decision makers).

Use the monitoring review plan tool to review your monitoring information and decide if you need to adjust your implementation strategies (refer to Implementation tool 6: Monitoring plan templates).

Regularly explore and review barriers as a group. This will ensure that the information you collect informs decisions about improving the implementation process.

It also makes it easier for you to identify, assess and address any unintended consequences. For example, there could be staff burnout due to

feeling over-extended and unexpected workforce resourcing costs.

Stay open-minded and curious about the information and data you collect during implementation. The aim of tracking and reviewing data is to identify barriers and decide how to address them.

It is not a process to judge whether the implementation 'succeeded' or 'failed'.

3.3 Use data to make implementation improvements

The implementation team should regularly review monitoring data to make sure their decision making is informed by evidence.

Regularly reviewing data can help you understand:

- if implementation strategies were carried out as intended
- if implementation strategies are having the desired effect
- what difference implementation is making for consumers, families, carers and supporters
- where to target future implementation efforts
- if new implementation strategies are needed
- if there are new barriers or enablers.

Reviewing and adjusting implementation strategies is a normal part of implementation work. For example, the team may decide to arrange more intensive practice coaching to:

- embed the initiative into routine care
- build practitioners' skills and confidence.

The team may also run booster training sessions to make sure newer staff have the skills needed for the initiative.

Data may reveal new barriers. Implementation teams and champions should use enablers and available resources to address them.

At times, there may be barriers that the implementation team cannot resolve. This requires input and guidance from stakeholders working in leadership or executive positions.

It is important that leaders and executives make themselves available to help resolve these barriers.

If you need to make any changes to implementation strategies, make sure you record them in the implementation plan.

Continuous quality improvement (CQI) involves regularly monitoring and addressing implementation barriers to improve initiatives as you go.

Figure 5 shows the CQI cycle. Use this cycle to help you decide if you need more strategies to improve how well your initiative fits with the service context.

As you get used to the CQI cycle, data-informed decision making will become more straightforward and routine. Ideally, the CQI process will become part of routine practice.

Figure 5: Continuous quality improvement (CQI) cycle
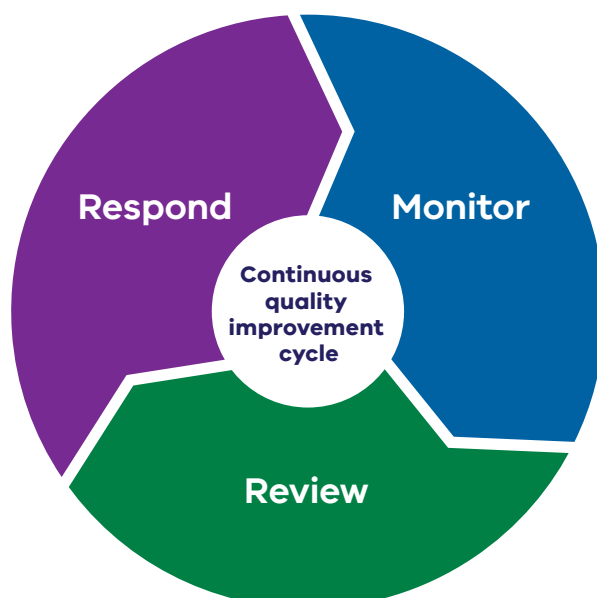
CQI cycle in action

A community mental health organisation developed a plan to focus on *Our workforce, our future* Capability 6: Understanding and responding to substance use and addiction.

They identified that staff in the organisation have lower confidence in responding to consumers with both substance use and mental health needs. To address this, they decide to arrange relevant training for staff.

The team selected one of the Mental Health Professional Online Development Program's self-paced learning modules. They asked all staff to complete the module within 2 months. Service leaders reminded staff to complete the module in team meetings.

Service leaders collected data on the number of staff who completed the online course (monitor phase).

The implementation team reviewed the data regularly (review phase). At the end of the 2-month period, the data showed that only 18% of staff completed the training.

This told the team that the implementation strategy was not working.

They decided to try a new strategy of face-to-face training with a specialist AOD training provider (respond phase). All staff would be rostered to attend and complete the training sessions.

The implementation team used data to identify an issue and inform how to effectively address the barrier to high-quality implementation.

The team updated their implementation strategies and revised their implementation plan. Having responded effectively, the team is ready for the CQI cycle to begin again.

Stage 3 summary

Stage 3 of the implementation process focuses on starting new practices or processes.

The key activities of Stage 3 are:

- Step 1: Start your initiative and carry out the implementation strategies in line with the implementation plan.
- Step 2: Regularly monitor the quality of your initiative.
- Step 3: Regularly review data and use your findings to inform decision making – you may:
  - identify new barriers or enablers
  - decide to make changes to implementation strategies or the implementation process.

Using regular reviews (the CQI approach) allows you to refine and improve the initiative over time.

You can respond quickly to any quality issues, enablers or barriers that arise.

By the end of Stage 3, your chosen initiative is fully underway.

- [Implementation tool 1: Stages of implementation key activities checklist](#) outlines key implementation activities in Stage 3.

The next stage, Stage 4, involves:

- sustaining the initiative as routine practice in your organisation
- scaling up the initiative in your organisation.

Stage 4: Sustain and scale

Stage 4 focuses on maintaining the initiative and scaling it up.

By Stage 4, practitioners use the initiative routinely. It is part of 'business as usual' (BAU) for your service or organisation.

There are no set rules for when scaling up should occur, but there are some things to consider.

The key activities in this stage include:

4.1 Sustain the initiative

4.2 Scale up the initiative.

4.1 Sustain the initiative

A new initiative is sustainable when it becomes part of routine practice. It is no longer considered a new practice or approach.

It may be part of:

- the usual way of working with consumers, carers, families and supporters
- routine care for services in your organisation.

In this final stage of implementation, organisations should:

- maintain CQI processes
- use relevant implementation strategies to address barriers that arise
- celebrate and reward good implementation efforts or gains.

In this stage, you focus on making sure the organisation has the right strategies in place to keep the initiative going. For example, you may need new staff to receive training and an orientation in the initiative.

A key sign of success is when practitioners and systems of care stop using old practices or ways of working. You may see core parts of the initiative still being used over a longer period (for example, 2 years).

Still, this does not mean that you should stop your implementation efforts. There are many things that can cause people to stop using new ways of working.

Common factors may include:

- changes in leadership or strategic priorities
- introducing other initiatives
- organisational change
- new legislation.

These factors can lead to practice drift or less focus on maintaining implementation gains. If these factors are not addressed:

- teams may go back to old ways of working
- implementation strategies may become outdated
- implementation strategies may no longer fit the organisational context.

A sustainment plan can help you document:

- ongoing sustainability strategies
- CQI processes
- quality indicators
- improvement activities.

You can use Implementation tool 9: Sustainment plan for this.

To see an example sustainment plan, refer to the Sustainment plan example.

Table 7 lists some things to consider when planning how to sustain the initiative.

Organisations will continue to face change due to reforms in the MHW sector. Responding positively to change should be normalised in teams and organisations. To do so, organisations need to foster and maintain a culture of learning and improvement.

Table 7: Questions to consider when planning how to sustain your initiative

Issue	Questions

Continuous quality monitoring	• What strategies and activities will help existing staff maintain the desired implementation quality? For example:
	  – booster training
	  – training or coaching focused on specific areas or changing needs.
	• What strategies and activities will support onboarding of new staff and their understanding and application of the initiative?
	• How will these activities be monitored?
	• How often will these activities be monitored?
	• How will these activities be regularly improved? For example, hire an external coach or train an internal coach to review and give feedback.

Collect and monitor data	• Do existing data collection systems include the data you need to see if the initiative is BAU? • Should you develop more tools and processes to collect and review the data you need? • Who will be responsible for creating or updating data collection tools and data management systems? • Who will collect or input the data? • Who will analyse and report the data? • Who needs to use the data for decision making? Who will the data be shared with? • How often will implementation quality be reviewed (for example, quarterly, yearly or in line with funding cycles)?
Maintain staff buy-in and foster a supportive climate for change in the organisation or service	• How will leadership promote and communicate the initiative in the organisation or service? • How will staff be supported to continue to reflect, make mistakes and learn from them?

Maintain organisational and implementation team buy-in for the initiative	• How will you make sure the implementation team stays focused on the initiative – especially if there is staff turnover? For example:
	  – handover plans
	  – onboarding activities
	  – include oversight of implementation in position descriptions and hiring processes.
	• How will staff be supported to continue to reflect, make mistakes and learn from them?
	• How will you make sure there is enough funding for activities needed to sustain the initiative?

Source: Adapted from Hateley-Browne et al. 2019

CQI cycle in clinical mental health

A clinical mental health organisation developed and carried out a range of activities to *Our workforce, our future* Capability 4: Understanding and responding to trauma.

They followed the 4 implementation stages:

- Stage 1: The organisation assessed their workforces needs.
- Stage 2: They set up implementation teams and developed an implementation plan.
- Stage 3: They ran training and practice coaching and developed practice resources for staff.
- Stage 4: They monitored uptake of the activities using a monitoring plan.

In Stage 4, they also:

- regularly reviewed data to assess the quality of implementation
- adapted their plan to address barriers and use enablers as they arose.

One year into implementation, they faced funding cuts. They lost a lot of staff because of it – including many implementation champions.

To address this, they did not simply identify new practice champions. They also updated practice orientation processes and training for new staff to make the process more efficient.

Two years after starting the implementation process, the implementation team were satisfied that all staff had taken part in the activities.

The team had data to show that staff confidence and skills in capability 4 were at or above their desired level.

The team was able to hold implementation team meetings less often. This gave them more time to monitor implementation quality and be prepared to adjust the implementation strategies if necessary.

The team had plans in place to make sure all new staff were supported to build their capacity in capability 4, if needed.

They included oversight of implementation activities in position descriptions for relevant leadership roles to mitigate the impacts of future staff turnover.

The team also developed a sustainment plan to document activities and describe how they were now part of BAU in the organisation.

4.2 Scale up the initiative

A successful and well implemented new initiative can lead to great buy-in and interest from broader parts of your organisation – and even beyond.

The success may motivate decision makers or other stakeholders to adopt or expand the initiative to:

- more services
- other organisations
- other health and human service sectors.

There may be interest in scaling the initiative. Implementation scaling is when the initiative is ready to be put in place for more teams, service sites or even other organisations.

At this stage, careful decision making is critical.

Some questions to consider include:

- Did we achieve the intended implementation and consumer, carer, family and supporter outcomes? Do we have evidence of this?
- Have the outcomes been positive and consistent over time?
- Do we expect major changes to the current implementation context in the foreseeable future (for example, through policy or funding reform)?

If initial implementation efforts are stable, it may be suitable to scale the initiative across the organisation.

It can be useful to review your implementation plan and consider:

- barriers that were identified and addressed at each step
- any unintended consequences that arose
- how these were resolved.

Use lessons learnt from the initial implementation to:

- determine possible barriers and enablers that may arise when expanding the initiative
- forecast possible implementation strategies that may be needed.

The process of scaling up an initiative in an organisation or to broader services and systems is usually a new implementation journey. Still, organisations will need to revisit some of the work of the initial implementation stages to inform implementation in the new context.

Each new team or service should assess readiness. Resources and context will probably be different across sites. You will probably need a new implementation plan each new service or team leading the implementation.

Table 8: Questions to consider when expanding or scaling the initiative

? **Questions to consider**

- Is the initiative suitable for scaling? Will it meet the needs of other teams or sites?
- How will you expand the initiatives to other teams or sites?
- What adaptations or adjustments may be needed to the initiative to make it work for other teams or sites? Will it fit their context?
- What teams or sites would benefit most?
- How will you decide who benefits?
- What lessons from this implementation process will inform and support expanding or scaling up the initiative?
- How will these lessons be summarised, communicated and put in place?

Source: Adapted from Hateley-Browne et al. 2019

People involved in earlier stages may have valuable information for Stage 4. You should use their expertise, skills and implementation information.

Key people may include:

- implementation champions
- decision makers
- statewide capacity building units
- training leads and practice coaches who oversaw staff learning and development needs.

Not all initiatives may be suited to scaling. Table 8 outlines some things to bear in mind when considering whether to expand or scale the initiative.

Stage 4 summary

Stage 4 focuses on maintaining the initiative and considering scaling it up.

In this final stage, your organisation needs to consider how to:

- maintain CQI processes
- use relevant implementation strategies to address barriers that arise
- celebrate and reward implementation efforts or gains.

The key activities of Stage 4 are:

- **Step 1:** Sustain the initiative – make sure the initiative becomes part of BAU
- **Step 2:** Scale up the initiative – consider whether the initiative should be expanded (for example, to different teams, services or organisations).

In Step 1, you review any barriers that may stop your initiative becoming part of BAU. For example, changes in leadership priorities or strategic directions. Then identify strategies to address these barriers so the initiative can be sustained and your implementation efforts are not wasted.

Document how you will sustain your initiative in a sustainability plan.

In Step 2, you may think about expanding or scaling the initiative to other teams. Carefully consider questions like:

- Did we achieve the intended implementation and consumer, carer, families and supporters' outcomes? Do we have evidence of this?
- Have the outcomes been positive and consistent over time?
- Do we expect major changes to the current implementation context in the foreseeable future (for example, through policy or funding reform)?

If you decide to scale up, new teams should:

- assess readiness – resources and context will likely be different to the original implementation sites
- develop a new implementation plan, including possible barriers and enablers.

At the end of Stage 4, your initiative will be a routine practice or process in your team or organisation.

Appendix B (Implementation tool 1) provides a checklist that outlines key implementation activities.

Conclusion

This implementation guide supports implementation of *Our workforce, our future* – a capability framework for the mental health and wellbeing workforce.

Our workforce, our future is available on the [Department of Health's *Our workforce, our future* page](https://www.health.vic.gov.au/our-workforce-our-future) <https://www.health.vic.gov.au/our-workforce-our-future>.

This guide includes evidence-informed and best practice advice for the Victorian MHW workforce.

It supports staged implementation of workforce capability initiatives in Victorian MHW services. You can use it flexibly for different types of initiatives at different stages of implementation.

Quality implementation matters for outcomes.

Using this guide will help you build on the existing strengths of the sector and expand the workforce's capabilities to better meet the needs of Victorian consumers, carers, families and supporters.

Appendix A: Glossary of terms

This glossary defines key terms used in this guide. The definitions are indicative. They may not reflect the 'dictionary definition' of each term.

These terms are deliberately in line with definitions used by the Royal Commission to promote the vision and values of the Victorian MHW reforms.

Appendix A: Glossary of terms

Terms	Definition
Acceptability	The degree to which a practice, program or initiative is agreeable or satisfactory.
Appropriateness	The degree to which a practice, program or initiative fits, is relevant or compatible within a particular setting.
Care, support and treatment	Care, support and treatment are fully integrated and equal parts of responses in the mental health and wellbeing system. This includes wellbeing supports such as rehabilitation, wellbeing and community participation.
Carer	Someone who provides care to a person they have a relationship of care with. This includes carers under 18 years of age.
Consumer	Someone who identifies as having a lived or living experience of mental illness or psychological distress. They do not need to have: • a formal diagnosis • used mental health services • received treatment.
Evidence-informed programs and practices	Programs and practices that use the best available research evidence in conjunction with: • practice expertise • the values and preferences of consumers, carers, families and supporters.
Feasibility	The perceived 'ease of use' of a practice, program or initiative and how it can be implemented in a service setting
Fidelity	The degree to which a practice, program or initiative has been put in place as intended.
Holistic	Viewing the person as a whole, considering: • factors like social determinants of health and wellbeing • how these factors influence and interact with each other.
Initiative	The workforce capability activity, project, program or practice that a team or organisation has chosen to implement to build the 15 capabilities in *Our workforce, our future*.
Implementation	An intentional process that uses active strategies to put evidence-informed approaches into practice. Implementation includes understanding and overcoming barriers to adopt, plan, start and sustain evidence-informed programs and practices.

Terms	Definition
Implementation plan	A document that specifies: • what implementation strategies to use • how they will be completed • when they will occur • who will complete them.
Implementation outcome	Indicators of implementation quality that can be used to measure whether implementation is progressing and what hampers or facilitates this progress. It is different to a consumer outcome.
Implementation science	The study of how to improve the take-up of research findings and evidence-informed practices into 'business as usual'. It aims to improve the quality and effectiveness of health and human services.
Implementation strategy	A technique that improves how a practice is: • adopted • planned • started • sustained. It is the 'how' of implementing a new practice.
Lived experience	People with lived experience includes someone: • living with (or has lived with) mental illness or psychological distress • caring for or otherwise supporting (or has done so in the past) a person with mental illness or psychological distress. People with lived experience are sometimes referred to as 'consumers' or 'carers'. This recognises that the experiences of consumers and carers are different.
Lived experience workforce	A broad term used to represent two distinct professional groups in roles focused on their lived expertise: • people with personal lived experience of mental illness ('consumers') • families and carers with lived experience of supporting a family member or friend with mental illness. There are various paid roles in each area. This includes workers who give help: • directly to consumers, families and carers through peer support or advocacy • indirectly through leadership, consultation, system advocacy, education, training or research.
Leadership role	A role that: • sets direction for others • manages or leads others • has influence and accountability for decision making around mental health and wellbeing supports, systems, practices and delivery.

Terms	Definition
Mental health and wellbeing (MHW)	This describes an ideal state of mental health, including as it relates to people with lived experience of mental illness or psychological distress. It can also be used to refer to preventing, avoiding or lack of mental illness or psychological distress.
Mental health and wellbeing system	The Royal Commission outlined a vision for the future mental health and wellbeing system, which will be designed over the short- to medium term. The definition of the mental health and wellbeing system will change with the reforms. However, it should include: • the strengths and needs that contribute to people's wellbeing • hospital-based and community care, support and treatment.
Multidisciplinary teams	These bring together the expertise and skills of different workforces, roles and professionals (including those with lived and living experience). For the purposes of this guide, a multidisciplinary team is one that involves diverse expertise. It values all expertise to provide care, support and treatment collaboratively and compassionately.
Reach	The number or percentage of staff across the workforce that the workforce initiative has reached.
Sustainment	An implementation outcome that can be measured by looking at whether an initiative is still in routine practice over the longer term, i.e. how well a practice has become part of the mainstream way of working.

Appendix B: Implementation tools

The following section outlines a collection of tools and resources that have been referenced throughout this guide to support your implementation efforts.

Implementation tool 1: Stages of implementation key activities checklists

STAGE 1 KEY ACTIVITIES CHECKLIST

At the end of Stage 1, check off these activities before moving on to Stage 2.

1. Define your workforce needs

Activity	Done?
1. Workforce mapping or assessment process to determine current workforce capability	
2. Identify existing resources	
3. Identify workforce needs use organisational data, such as:	
3.1 Service data like carer and consumer feedback	
3.2 Staff feedback and surveys	
3.3 Workforce support and development data	
3.4 Goals and priorities, identified through professional development plans	
4. Consult relevant stakeholders to determine workforce needs	

2. Select your initiative

Activity	Done?
5. Decide the best way to build capacity in identified areas of need, in line with available evidence, fit to context and feasibility	
6. Review resources available for rollout of chosen capability-building initiative	

3. Set up an implementation team

Activity	Done?
7. Identify key internal stakeholders and include in implementation team planning	
8. Identify suitable structure for implementation team, in line with organisational context	

Activity	Done?
9. Decide makeup of implementation team, considering: - leadership and authority - insights and understanding of the workforce needs - motivation, knowledge and skills	
10. Identify core competencies for implementation team members	
11. Identify and engage implementation leaders and facilitators	
12. Develop accountability methods, like trackers, agendas and meeting schedules	

4. Consider barriers and enablers

Activity	Done?
13. Identify likely implementation: - barriers (such as low motivation across the team or workforce) - enablers (such as strong practice leadership)	
14. Record barriers and enablers in a log for reference throughout implementation	

5. Assess organisational readiness

Activity	Done?
15. Consider organisational readiness and use a suitable assessment tool, if relevant	

STAGE 2 KEY ACTIVITIES CHECKLIST

At the end of Stage 2, check off these activities before moving to Stage 3.

1. Select Implementation strategies

Activity	Done?
1. Select implementation strategies, considering the barriers identified in Stage 1	
2. Implementation strategies are a good fit for the service delivery context	

2. Develop an implementation plan and consider relevant tools

Activity	Done?
3. Develop an implementation plan that includes:	
3.1 Implementation barriers (identified in Stage 1)	

Activity	Done?
3.2 Implementation strategies and specific actions to address each barrier	
3.3 Who will complete each action	
3.4 Timeframes, milestones and due dates for each action	

3. Choose a monitoring strategy

Activity	Done?
4. Decide what data will be collected to support implementation monitoring	
5. Select what data will show you what needs to be adjusted or improved during the implementation process	
6. Develop a monitoring plan, including:	
6.1 Method for tracking key implementation outcomes (like acceptability, feasibility, appropriateness, fidelity and reach) and key workforce capability outcomes	
6.2 How data will be collected and reviewed regularly	

4. Build readiness in your team or organisation

Activity	Done?
7. Include implementation strategies in your implementation plan to build readiness throughout the implementation process	

STAGE 3 KEY ACTIVITIES CHECKLIST

At the end of Stage 3, check off these activities before moving to Stage 4.

1. Roll out the initiative

Activity	Done?
1. Carry out implementation strategies, in line with the implementation plan	
2. Implementation team oversees implementation strategies to make sure they are carried out as intended	
3. Update the implementation plan when strategies are changed based on feedback and monitoring	

2. Monitor implementation efforts

Activity	Done?
4. Implementation team carries out monitoring plan	
5. Implementation teams meet regularly to review and respond to barriers and enablers	
6. Regularly share implementation data and use it to make decisions about implementation plan changes - If needed, escalate decisions in line with implementation team structures and processes (set in Stage 2)	

3. Use data to make implementation improvements

Activity	Done?
7. Implementation team uses CQI cycle for decisions on implementation improvements	
8. Adapt current strategies or use new strategies to address issues uncovered by data	
9. Share monitoring data with key organisational stakeholders to inform organisational decision making	
10. Monitoring data indicates that planned strategies have been carried out with the desired uptake, frequency, fidelity and so on	

STAGE 4 KEY ACTIVITIES CHECKLIST

At the end of Stage 4, check off these activities

1. Develop a sustainment plan

Activity	Done?
1. Put in place continuous quality improvement (CQI) processes that:	
1.1 Maintain the desired level of implementation quality	
1.2 Address the possible impact of staff turnover	
1.3 Monitor sustainment activities	
1.4 Monitor how frequent sustainment activities are carried out	
1.5 Monitor how sustainment activities improve	
2. Put In place systems for collecting sustainment data:	
2.1 Decide who is responsible for creating and updating data collection tools and management systems	

Activity	Done?
2.2 Decide who is responsible for data entry	
2.3 Decide who is responsible for data analysis	
2.4 Decide who is responsible for decision making and communicating decisions	
2.5 Set a review timeline	
3. Carry out activities to maintain staff buy-in and foster a culture that supports change...	
3.1 Decide how leadership will communicate about the initiative	
3.2 Decide how staff will be supported to reflect on and learn from mistakes	
4. Carry out activities to maintain organisational and implementation team buy-in and foster an organisational culture that supports change:	
4.1 Decide how to keep implementation a priority over time, particularly if there is staff turnover in the implementation team or organisation	
4.2 Decide how organisational and implementation teams will be supported to reflect on and learn from mistakes	
4.3 Decide how to make sure there is funding for ongoing sustainment activities	

2. Consider scaling up

Activity	Done?
5. Decide if the initiative should be scaled up	
6. If you decide to scale up the initiative in your organisation:	
6.1 Explore how well you achieved the intended implementation and consumer, carer, family and supporter outcomes. Does your data support this?	
6.2 Explore whether the outcomes have been positive and consistent over time?	
6.3 Explore any possible major changes to the current implementation context in the foreseeable future (such as policy or funding reform)	
7. If you scale up the initiative in your organisation, make sure you...	
7.1 Review the initial implementation plan and develop new or updated strategies for scale up	
7.2 Review lessons learnt during initial implementation to inform scale up	

Implementation tool 2: Implementation team terms of reference template

You can adapt this terms of reference (ToR) template to suit your organisational context and the implementation of your chosen initiative.

The sections outlined in this template serve as a guide for key considerations when creating your own ToR for implementation teams.

Implementation team terms of reference

Purpose of the local implementation team

The purpose of the implementation team is to monitor, enable and improve the implementation of the [insert name of initiative] associated with the *Our Workforce, our future* capability framework.

It does this by:

- preparing the organisation for implementation of the initiative
- selecting, planning and executing the initiative
- supporting and driving the implementation of the chosen workforce capability initiative
- monitoring implementation of the initiative (e.g. acceptability, appropriateness, and reach in the team/organisation)
- gathering, reviewing and describing any barriers to implementation
- developing and implementing targeted mitigation strategies and solutions for addressing these barriers
- identifying what's working well and identifying ways to continue to support the strengths.

Responsibilities

The team's responsibilities include:

- detailed knowledge of the selected initiative
- detailed understanding of the implementation context (i.e. the team/organisation, service type, region/catchment, communities and consumer demographics)
- commitment to championing implementation of the initiative.

Membership

Membership of an implementation team may change as the team/organisation moves through the implementation process and different barriers emerge.

The implementation team is non-hierarchical. All members have an equal role within the team.

Use the list below to plan your implementation team's structure.

The roles and responsibilities listed are a suggestion and can be adapted to suit your organisational context.

Suggested LIT roles, capabilities and experience	Role responsible
Chairing	
Facilitation	
Record keeping and other facilitative administration (e.g. scheduling meetings)	
Understanding of implementation principles and methods	
Practice expertise, including those committed to using the initiative	
Thorough understanding of 'inner context i.e. the agency's structure, strategic priorities, values, workforce characteristics	
Thorough understanding of 'outer context' i.e. needs and preferences of local families, referring agencies, professional networks	
Ability to drive change within each agency; authority to make decisions that facilitate the required change	
Strong data literacy and expertise in outcomes measurement	
Commitment to use, and build capacity for using, active implementation methods and techniques	
Understanding how to use continuous quality improvement cycles to improve consortium-level implementation	
Ability to observe, assess, synthesise and respond to complex concepts and problem-solve effectively and collaboratively	

Suggested LIT roles, capabilities and experience	Role Responsible
Chairing	
Facilitation	
Record keeping and other facilitative administration (e.g. scheduling meetings)	
Understanding of implementation principles and methods	
Practice expertise, including those committed to using the initiative	
Thorough understanding of 'inner context i.e. the agency's structure, strategic priorities, values, workforce characteristics	
Thorough understanding of 'outer context' i.e. needs and preferences of local families, referring agencies, professional networks	

Suggested LIT roles, capabilities and experience	Role Responsible
Ability to drive change within each agency; authority to make decisions that facilitate the required change	
Strong data literacy and expertise in outcomes measurement	
Commitment to use, and build capacity for using, active implementation methods and techniques	
Understanding how to use continuous quality improvement cycles to improve consortium-level implementation	
Ability to observe, assess, synthesise and respond to complex concepts and problem-solve effectively and collaboratively	

Responsibilities of the local implementation team

- The Implementation Team is responsible and accountable for ensuring a good fit between the initiative and the team/organisational context.
- By looking at data regularly and making continuous improvements to the implementation of the initiative, team members collaborate to address challenges, make key decisions about implementation strategies and explore ways to build on enablers.
- Reviewing and responding to data that shows how well the implementation process is going, and how effective the initiative is. This includes data on:
  - Reach: the extent to which the initiative is reaching practitioners and therefore in practice with consumers, carers, families and supporters.
  - Implementation: The extent to which the initiative is being delivered as intended. For example, the extent to which a new practice is being used and adhered to by practitioners. The extent to which core implementation strategies (e.g. training, coaching, implementation teams) are being used/participated in as intended.
  - Outcomes: Indicators of benefits and positive outcomes experienced by consumers, carers, families and supporters. The implementation team will develop a plan for how this data will be collected, reviewed and responded to, and how frequently this will happen.
- Use data to identify and understand implementation barriers.

- Selecting strategies to address these barriers and to improve the fit between the initiative and the service/organisational context. For the implementation team, these may include:
- Engagement strategies to build buy-in amongst organisational leadership and other stakeholders to prioritise the initiative within the organisation/service.
- Supportive strategies that enable practitioners to allocate time to actively participate in the initiative's implementation strategies. For example, practice training, coaching, communities of practice.
- Infrastructure-related strategies, such as building a simple system or process to capture the data that is needed.
- Note: Implementation team members do not have to enact all the strategies. Implementation team members may identify other people, establish working groups who are accountable to the implementation team.
- Monitoring the impacts of the implementation strategies used to check if they are working.
- Work collaboratively, enabling two-way communication with other implementation teams (where applicable) and other with other relevant organisational governance groups and partners.

Ways of working

- The Implementation Team is an active group: decisions are made in the room wherever possible. Updates without action are to be avoided.
- The Implementation Team will communicate with other implementation teams/groups, in particular

by receiving and providing data and decision-making records.

- The Implementation Team will actively apply strategies to address problems and will seek to use their influence to ensure that the initiative is implemented effectively.
- Transparency is valued and encouraged. Members should clarify what content can be shared and with whom.
- The Implementation Team values positive working relationships that provide a safe environment to share ideas and provide honest and constructive feedback between colleagues.
- Members will commit time to review materials and attend meetings, arriving prepared to discuss the topics at hand, to take on responsibility for actions as appropriate, and participate fully.

Administrative arrangements

Meetings

- The implementation team will meet regularly (fortnightly, monthly etc) till December 2025.
- Meeting length and frequency may be increased or decreased at any time according to need, by agreement of members.

Chair responsibilities

The Chair (or delegated meeting organiser) will:

- attempt to schedule meetings that are accessible to all members.
- draft the meeting agendas, in collaboration with the facilitator and team leaders.
- circulate the agenda in advance of each meeting.
- ensure data summaries are prepared and available (this may be reliant on other implementation team members).

Action taker responsibilities

The implementation team will ask for a volunteer each meeting to record decisions and actions.

The implementation team should decide the best way to record actions, this could be in the barriers/enablers tracker or in another format.

When an implementation plan has been developed, the implementation team should decide how this is could be used to track actions.

Other record-keeping and communication matters

Records of each meeting can be limited to the implementation plan and the tracker unless a need arises to produce other documentation and records.

The implementation team will establish clear processes for communication with other teams/groups in a way that guide what should be communicated with who and how.

At least [insert number] members plus the Chair must be present for the Implementation meeting to proceed.

Each member will make a good faith effort to attend each team meeting. Should a member miss two consecutive meetings, the team may recommend that the member consider whether their seat on the implementation team should be delegated to someone with availability to participate.

Additional persons may be invited to attend a meeting at the request of the Chair on behalf of the implementation team.

Working groups

The implementation team may form working groups to complete its work. A working group should consist of selected members of the implementation and other appropriate and qualified persons who can undertake the specified task.

Lifespan

The implementation team will operate until there is evidence that the initiative is embedded as 'business as usual' within the service/organisation (being implemented as intended without drift, achieving the intended outcomes) and no new implementation cycles are planned (i.e. no further expansion or scale-up).

Review

The implementation team will review these terms of reference:

- *[insert agreed timeline for review]* for the first year following the team's inception
- biannually each year thereafter *(if relevant)*
- when major changes to the group's structure or function occur to ensure their relevance and appropriateness to the work.

In addition, the implementation team may revise these terms of reference at any time as better ways of functioning emerge.

Implementation tool 3: Readiness thinking tool®

Introduction

This tool aims to help you think about your organisation's readiness to implement an initiative

This tool has been adapted from the [Wandersman Centre Readiness Thinking Tool®](https://www.wandersmancenter.org/uploads/1/2/8/5/128593635/531c7f_dbd8360b53b146b6a4fbffcb321cacfd.pdf) <https://www.wandersmancenter.org/uploads/1/2/8/5/128593635/531c7f_dbd8360b53b146b6a4fbffcb321cacfd.pdf>.

Instructions

1. Write down the initiative you are considering.
2. Reflect and consider whether the areas listed are challenges or strengths for your initiative. Discuss your rationale with colleagues also involved in the implementation of the initiative.

Motivation	Degree to which we want the innovation to happen	Challenge	Strength	Unsure
Relative advantage	The initiative seems better than what we are currently doing.			
Compatibility	This initiative fits with how we do things			
Simplicity	This initiative seems simple to use			
Ability to pilot	The degree to which the initiative can be tested and experimented with			
Observability	Ability to see that the initiative is leading to outcomes			
Priority	Importance of the initiative compared to other things we do			

Innovation-specific capacity	What is needed to make this initiative happen	Challenge	Strength	Unsure
Innovation-specific knowledge & skills	Sufficient abilities to implement the initiative			
Champion	A well-connected person who supports and models implementation of the initiative			
Supportive climate	Necessary supports, processes, and resources to enable the implementation of the initiative			
Inter-organisational relationships	Relationships between organisations that support the implementation of the initiative			
Intra-organisational relationships	Relationships within an organisation that support the implementation of the initiative			

General capacity	Our overall functioning.	Challenge	Strength	Unsure
Culture	Norms and values of how we do things here			
Climate	The feeling of being part of this organisation			
Innovativeness	Openness to change in general			
Resource utilisation	Ability to acquire and allocate resources, including time, money, effort, and technology			
Leadership	Effectiveness of our leaders			
Internal operations	Effectiveness of communication and teamwork			
Staff capacities	Having enough of the right people to get things done			
Process capacities	Ability to plan, implement, and evaluate			

Discussion questions

1. What is currently the greatest challenge for implementation?

2. What is the greatest strength?

3. Where would more information and data be helpful? How can you get this data?

4. Where do you have differences with your colleagues?

5. Which areas do you think would be most important to address early in your project

Principles of readiness

1. Readiness isn't one thing: it is a combination of motivation, innovation-specific capacity and general capacity.

2. Readiness can change over time.

3. Readiness is important throughout implementation.

4. Readiness is innovation specific.

5. Readiness can vary across levels of implementation.

6. Readiness can be built.

Readiness thinking tool® example

Introduction

This tool aims to help you think about your organisation's readiness to implement an initiative.

This tool has been adapted from the [Wandersman Centre Readiness Thinking Tool®](https://www.wandersmancenter.org/uploads/1/2/8/5/128593635/531c7f_dbd8360b53b146b6a4fbffcb321cacfd.pdf) <https://www.wandersmancenter.org/uploads/1/2/8/5/128593635/531c7f_dbd8360b53b146b6a4fbffcb321cacfd.pdf>.

Instructions

1. Write down the initiative you are considering Implementing reflective practice sessions across all services – Capability 13: Enabling reflective and supportive ways of working.

2. Reflect and consider whether the areas listed are challenges or strengths for your initiative. Discuss your rationale with colleagues also involved in the implementation of the initiative.

Motivation	Degree to which we want the innovation to happen	Challenge	Strength	Unsure
Relative advantage	The initiative seems better than what we are currently doing.		X	
Compatibility	This initiative fits with how we do things.	X		
Simplicity	This initiative seems simple to use			X
Ability to pilot	The degree to which the initiative can be tested and experimented with		X	
Observability	Ability to see that the initiative is leading to outcomes		X	
Priority	Importance of the initiative compared to other things we do	X		

Innovation-specific capacity	What is needed to make this particular initiative happen	Challenge	Strength	Unsure
Innovation-specific knowledge & skills	Sufficient abilities to implement the initiative			X
Champion	A well-connected person who supports and models implementation of the initiative		X	
Supportive climate	Necessary supports, processes, and resources to enable the implementation of the initiative	X		
Inter-organisational relationships	Relationships between organisations that support the implementation of the initiative			X
Intra-organisational relationships	Relationships within an organisation that support the implementation of the initiative		X	

General capacity	Our overall functioning	Challenge	Strength	Unsure
Culture	Norms and values of how we do things here		X	
Climate	The feeling of being part of this organisation	X		
Innovativeness	Openness to change in general	X		
Resource utilisation	Ability to acquire and allocate resources, including time, money, effort, and technology	X		
Leadership	Effectiveness of our leaders		X	
Internal operations	Effectiveness of communication and teamwork		X	
Staff capacities	Having enough of the right people to get things done	X		
Process capacities	Ability to plan, implement, and evaluate			X

Discussion questions

1. What is currently the greatest challenge for implementation?
   - Staff capacity, ability to acquire and allocate resources and having the right people to get things done due to lots of staffing shortages and turnover.
   - Prioritising this initiative in the current climate is tricky as there are so many other reform activities that we are required to focus on; finding time for reflective practice will be hard and there is a lot of change fatigue.

2. What is the greatest strength?
   - We have strong cross-organisational relationships and champions who are keen to implement this initiative.
   - Staff are expressing a strong need for more time for reflection, and this aligns with the organisational values.

3. Where would more information and data be helpful? How can you get this data?
   - More information about best practice Reflective Practice frameworks/models, including time required for training, rollout etc.
   - Better understanding of what staff want to reflect on in their practice – is there a clear theme e.g. increasing awareness around trauma-informed care in practice or is it broader across a number of practice themes and needs? Short staff survey could be the way to elicit this.

4. Where do you have differences with your colleagues?
   - Supportive Climate is differing – I see this as a challenge due to all of the other reform activities and requirements we are undertaking, whereas a few peers see that these other activities are creating a strength and opportunities to build in more reflective ways of working. Staff capacities also differ, my colleagues from other teams have staff that have strong experience, skills and willingness to build in reflective practice.

5. Which areas do you think would be most important to address early in your project
   - The area of General Capacity – Climate, Innovativeness, Resource utilisation, Staff capacities are the areas that we think are most important at the start of the project. Perhaps we test and trial the initiative in the team where there is high motivation and experience first, review learnings and then roll out to other teams when a clearer process has been established.

Principles of readiness.

1. Readiness isn't one thing: it is a combination of motivation, innovation-specific capacity and general capacity
2. Readiness can change over time.
3. Readiness is important throughout implementation.
4. Readiness is innovation specific.
5. Readiness can vary across levels of implementation.
6. Readiness can be built.

Implementation tool 4: ERIC implementation strategies

Adapted from Powell et al. 2015

Strategy	Definitions
Access new funding	Access new or existing money to facilitate the implementation
Alter incentive/allowance structures	Work to incentivise the adoption and implementation of the innovation
Alter consumer fees (if applicable)	Create fee structures where consumers pay less for preferred treatments (the clinical innovation) and more for less-preferred treatments
Assess for readiness and identify barriers and facilitators	Assess various aspects of an organisation to determine its degree of readiness to implement, barriers that may impede implementation, and strengths that can be used in the implementation effort
Audit and provide feedback	Collect and summarise performance data over a specified time and give it to practitioners and administrators to monitor, evaluate, and modify provider behaviour
Build a coalition	Recruit and cultivate relationships with partners in the implementation effort
Capture and share local knowledge	Capture local knowledge from implementation sites on how implementers and practitioners made something work in their setting and then share it with other sites
Centralise technical assistance	Develop and use a centralised system to deliver technical assistance focused on implementation issues
Change accreditation or membership requirements	Strive to alter accreditation standards so that they require or encourage use of the initiative. Work to alter membership organisation requirements so that those who want to affiliate with the organisation are encouraged or required to use the initiative.
Change liability laws	Participate in liability reform efforts that make practitioners more willing to deliver the initiative
Change physical structure and equipment	Evaluate current configurations and adapt, as needed, the physical structure and/or equipment (e.g., changing the layout of a room, adding equipment) to best accommodate the targeted initiative
Change record systems	Change records systems to allow better assessment of implementation or outcomes
Change service sites	Change the location of service sites to increase access

Strategy	Definitions
Conduct cyclical small tests of change	Implement changes in a cyclical fashion using small tests of change before taking changes system-wide. Tests of change benefit from systematic measurement, and results of the tests of change are studied for insights on how to do better. This process continues serially over time, and refinement is added with each cycle
Conduct educational meetings	Hold meetings targeted toward different stakeholder groups (*e.g.*, providers, administrators, other organisational stakeholders, consumer, carer, family and supporter stakeholders) to teach them about the initiative
Conduct educational outreach visits	Have a trained person meet with the organisation in their practice settings to educate them about the initiative with the intent of changing the provider's practice
Conduct local consensus discussions	Include local providers and other stakeholders in discussions that address whether the chosen problem is important and whether the initiative to address it is appropriate
Conduct local needs assessment	Collect and analyse data related to the need for the innovation
Conduct ongoing training	Plan for and conduct training in the initiative in an ongoing way
Create a learning collaborative	Facilitate the formation of groups of providers or provider organisations and foster a collaborative learning environment to improve implementation of the initiative
Create new teams	Change who serves on the implementation team, adding different disciplines and different skills to make it more likely that the initiative is delivered (or is more successfully delivered)
Create or change credentialing and/or licensure standards	Create an organisation that certifies practitioners in the initiative or encourage an existing organisation to do so. Change governmental professional certification or licensure requirements to include delivering the initiative. Work to alter continuing education requirements to shape professional practice toward the initiative
Develop a formal implementation blueprint	Develop a formal implementation blueprint that includes all goals and strategies. The blueprint should include the following: 1) aim/purpose of the implementation; 2) scope of the change (*e.g.*, what organisational teams are affected); 3) timeframe and milestones; and 4) appropriate performance/progress measures. Use and update this plan to guide the implementation effort over time
Develop academic partnerships	Partner with a university or academic unit for the purposes of shared training and bringing research skills to an implementation project
Develop an implementation glossary	Develop and distribute a list of terms describing the initiative, implementation, and stakeholders in the organisational change

Strategy	Definitions
Develop and implement tools for quality monitoring	Develop, test, and introduce into quality-monitoring systems the right input—the appropriate language, protocols, algorithms, standards, and measures (of processes, consumer outcomes, and implementation outcomes) that are often specific to the initiative being implemented
Develop and organise quality monitoring systems	Develop and organise systems and procedures that monitor processes and/or outcomes for the purpose of quality assurance and improvement
Develop disincentives	Provide financial disincentives for failure to implement or use the initiative
Develop educational materials	Develop and format manuals, toolkits, and other supporting materials in ways that make it easier for stakeholders to learn about the initiative and for practitioners to learn how to deliver the new practice and/or processes
Develop resource sharing agreements	Develop partnerships with organisations that have resources needed to implement the initiative
Distribute educational materials	Distribute educational materials (including guidelines, manuals, and toolkits) in person, by mail, and/or electronically
Facilitate relay of clinical data to providers	Provide as close to real-time data as possible about key measures of process/outcomes using integrated modes/channels of communication in a way that promotes use of the targeted initiative
Facilitation	A process of interactive problem solving and support that occurs in a context of a recognised need for improvement and a supportive interpersonal relationship
Fund and contract for the clinical innovation	Governments and other payers of services issue requests for proposals to deliver the initiative, use contracting processes to motivate providers to deliver the new practice and/or processes, and develop new funding formulas that make it more likely that providers will deliver the initiative
Identify and prepare champions	Identify and prepare individuals who dedicate themselves to supporting, marketing, and driving through an implementation, overcoming indifference or resistance that the initiative may provoke in an organisation
Identify early adopters	Identify early adopters at the local site to learn from their experiences with the initiative
Increase demand	Attempt to influence the market for the initiative to increase competition intensity and to increase the maturity of the market for the initiative
Inform local opinion leaders	Inform providers identified by colleagues as opinion leaders or "educationally influential" about the initiative in the hopes that they will influence colleagues to adopt it

Strategy	Definitions
Intervene with consumers, carers, families and supporters to enhance uptake and adherence	Develop strategies with consumers, carers and families to encourage and problem solve around adherence
Involve executive boards	Involve existing governing structures (*e.g.*, boards of directors, governance groups) in the implementation effort, including the review of data on implementation processes
Involve patients/consumers and family members	Engage or include consumers, carers, families and supporters in the implementation effort
Make billing easier	Make it easier to bill for the initiative
Make training dynamic	Vary the information delivery methods to cater to different learning styles and work contexts, and shape the training in the initiative to be interactive
Mandate change	Have leadership declare the priority of the initiative and their determination to have it implemented
Model and simulate change	Model or simulate the change that will be implemented prior to implementation
Obtain and use consumers, carers, families and supporters feedback	Develop strategies to increase consumer, carer. Family and supporters feedback on the implementation effort
Obtain formal commitments	Obtain written commitments from key partners that state what they will do to implement the initiative
Organise practitioner implementation team meetings	Develop and support teams of practitioners who are implementing the initiative and give them protected time to reflect on the implementation effort, share lessons learned, and support one another's learning
Place initiative fee for service lists/formularies	Work to place the initiative on lists of actions for which providers can be reimbursed (*e.g.*, particular training packages can be reimbursed)
Prepare consumers to be active participants	Prepare consumers to be active in their care, to ask questions, and specifically to inquire about care guidelines, the evidence behind practice decisions, or about available evidence-supported treatments
Promote adaptability	Identify the ways an initiative can be tailored to meet local needs and clarify which elements of the initiative must be maintained to preserve fidelity
Promote network weaving	Identify and build on existing high-quality working relationships and networks within and outside the organisation, services, teams, etc. to promote information sharing, collaborative problem-solving, and a shared vision/goal related to implementing the initiative

Strategy	Definitions
Provide supervision	Provide practitioners with ongoing supervision focusing on the initiative. Provide training for supervisors who will supervise practitioners who provide the innovation
Provide local technical assistance	Develop and use a system to deliver technical assistance focused on implementation issues using local personnel
Provide ongoing consultation	Provide ongoing consultation with one or more experts in the strategies used to support implementing the innovation
Purposely reexamine the implementation	Monitor progress and adjust clinical practices and implementation strategies to continuously improve the quality of care
Recruit, designate, and train for leadership	Recruit, designate, and train leaders for the change effort
Remind practitioners	Develop reminder systems designed to help practitioners to recall information and/or prompt them to use the initiative
Revise professional roles	Shift and revise roles among professionals who provide care, and redesign job characteristics
Shadow other experts	Provide ways for key individuals to directly observe experienced people engage with or use the targeted practice change/initiative
Stage implementation scale-up	Phase implementation efforts by starting with small pilots or demonstration projects and gradually move to an organisational wide rollout
Start a dissemination organisation	Identify or start a separate organisation that is responsible for disseminating the clinical innovation. It could be a for-profit or non-profit organisation
Tailor strategies	Tailor the implementation strategies to address barriers and leverage facilitators that were identified through earlier data collection
Use advisory boards and workgroups	Create and engage a formal group of multiple kinds of stakeholders to provide input and advice on implementation efforts and to elicit recommendations for improvements
Use an implementation advisor	Seek guidance from experts in implementation
Use capitated payments	Pay providers or care systems a set amount per consumer for delivering care
Use data experts	Involve, hire, and/or consult experts to inform management on the use of data generated by implementation efforts
Use data warehousing techniques	Integrate clinical records across facilities and organizations to facilitate implementation across systems

Strategy	Definitions
Use mass media	Use media to reach large numbers of people to spread the word about the clinical innovation
Use other payment schemes	Introduce payment approaches (in a catch-all category)
Use train-the-trainer strategies	Train designated practitioners or organisations to train others in the initiative
Visit other sites	Visit sites where a similar implementation effort has been considered successful
Work with educational institutions e.g. Statewide Capacity Building Units, Universities, expert consultants	Encourage educational institutions to train practitioners in the initiative

Example implementation barriers, strategies and actions relevant to the MHW sector

Barrier	Implementation strategy	Example action
Lack of contextual fit: A preferred initiative has not been developed for the intended service delivery context and target population. It is not suitable in its current form due to these contextual factors.	**Promote adaptability**: Identify how to adapt the initiative to meet local needs. Clarify which elements of the initiative will be maintained to ensure faithfulness to aims.	• **Ask stakeholders** what changes would make the initiative fit their context more. • **Clarify** which parts of the initiative are needed to achieve the intended outcomes (e.g., with the statewide capacity building provider who created it).
Low workforce engagement: Practitioners are not committed to the change as they do not believe the initiative is needed.	**Local consultations**: Ask practitioners if the chosen problem is important to them and how they would address it.	• **Hold workshops with practitioners** and ask them how to address their unmet needs. • **Group discussions** with practitioners and leadership staff – you can use the questions in Implementation tool 8: Implementation considerations checklist.
Low workforce engagement	**Information meetings**: Meet with practitioners and other relevant stakeholder groups and tell them about the workforce initiative.	• **Run group or one-on-one information sessions** with staff: • explain the possible benefits • talk about the resources and commitment needed to build workforce capability • let staff ask questions and explore their concerns.
Low workforce engagement	**Identify and prepare workforce champions**: Identify and prepare people who can: • motivate colleagues • model effective implementation • build interest and buy-in.	During consultations, **identify possible implementation champions**. Approach them afterwards and talk to them about the positive behaviours you observed. Try to enlist their support in the implementation process.

Barrier	Implementation strategy	Example action
Low leadership engagement: Key managers are not committed to or actively involved in the implementation process.	**Recruit, appoint and train leaders**: Recruit, appoint or train leaders to drive the implementation process. This can also include emerging leaders in your organisation.	Implementation leaders need to regularly communicate the initiative's vision, purpose and expectations. Leaders should inspire and encourage staff to adopt the new way of working. You may need to: • clearly select someone to lead the implementation process • recruit staff to help drive the implementation – do not assume current staff can carry out the change • make clear professional development plans for current leaders to build their capacity ahead of major implementation efforts.
Limited capacity to monitor the implementation process	**Develop tools and processes to track implementation quality:** Develop tools and processes to monitor the quality of the implementation, in line with implementation outcomes. Use these to inform your continuous quality improvement cycle.	**Plan how to collect and review data** to inform your decisions on how to improve practice or implementation processes. The data should show: • if the practice is being used • how well it is being used • if it's being used as intended • the quality of the implementation process • the effect of the practice on consumers. You should decide and put into practice: • the specific data points to collect • the best way to collect, store, manage and assess the data • how to communicate the data so it informs decision making • who is responsible for collecting, analysing and reporting on the data. **Consider how you can use the data you already have or routinely collect** to track implementation quality and auditing performance. For example: • intake data and consumer feedback • systems and processes that already exist such as consumer databases or case notes.

Barrier	Implementation strategy	Example action
Limited monitoring of the implementation process	**Audit and give feedback**: Collect and summarise performance data over a specified time period. Share monitoring data with practitioners and administrators to inform the decision making about the selection and adjustment of implementation strategies.	Implementation leaders nominate regular timeframes to **share data reports** and presentations with practitioners to celebrate progress and inform decision making about adjustment of implementation strategies.
Low self-efficacy: Practitioners are not confident in their ability to implement and carry out the initiative to a high standard	**Ongoing training:** Plan and run ongoing training in the initiative.	Ensure all practitioners, team leaders, supervisors and managers **can access training in an ongoing way**. Consider using rewards or similar to encourage people to take part.
Low self-efficacy	**Make training dynamic:** Vary your training methods to cater to different learning styles and work contexts. Make sure your training is interactive, with a focus on building skills.	**Use adult learning principles** to design training in the new program or practice. Consider using web-based technology to reach a broader audience and make the delivery more flexible.
Low self-efficacy	**Give follow-on coaching or set up communities of practice**: Use skilled coaches to give staff ongoing support, modelling and feedback in the initiative. The coaches can help staff apply their new skills and knowledge in the initiative practice. They can be either internal or external to your organisation.	**Supplement training with follow-on coaching by experts in the program or practice** Training alone is usually not enough to create a change in practice. Coaching can help practitioners turn their new knowledge into practice. Training takes place at the end of Stage 2 and coaching can start at Stage 3. Experts may be in your organisation or external, such as from statewide capacity building units. Consider a coach-the-coach model. In this model, an expert gives intensive coaching to an existing team leader, supervisor or practice lead. They, in turn, coach the practitioners in their team.

Implementation tool 5: Implementation plan template

This template supports implementation teams (or other decision makers) to develop and update the implementation plan. It is used in stages 2, 3 and 4.

You can use the Implementation action tracker to structure implementation team meetings. It tracks and logs the 'agreed actions' listed in the implementation plan.

Details to complete	Response
Aim of the initiative	
Scope of the initiative (Description, deliverables, constraints, exclusions, etc)	
Timeline	
Implementation team members (roles and teams)	

Implementation barrier or enabler	Implementation strategy to address barrier or maintain enabler	Implementation stage	Agreed action(s)	Person responsible to action	Timeframe or due date

The following guiding questions may assist Implementation Teams in developing and updating Implementation Plans. These can be used to prompt discussion. Stage 1 has no guiding questions because the Implementation Plan is developed in Stage 2.

Guiding questions relevant to Stage 2: Plan and prepare

What data will you collect and monitor?

For example, this might include data collected to monitor:

- implementation outcomes identified in 2.3 Develop a monitoring plan to monitor implementation quality (e.g., acceptability, appropriateness, feasibility, etc.), or
- initiative outcomes that are identified in 1.1 Define workforce needs.

How will you collect and monitor the data?

- Do your existing data collection systems include the data you require, or do you need to develop your own tools and processes to collect and monitor implementation or program outcome data? For example, this might include:
- Who will be responsible for creating or adapting data collection tools and data management systems?
- Who will collect and/or input the data?
- Who will analyse and report the data?
- Who needs to use the data for decision making / who will the data be circulated to?

How will workforce skill development be supported throughout the implementation process?

For example, this might include:

- initial and booster training
- coaching in practice-specific skills
- updating role and position descriptions to include practice skills
- reallocation of work tasks technical assistance from practice experts within or outside of the agency or service.

Describe how you will approach staff training and skill development over time, taking into consideration how to adapt the approach to accommodate staff turnover.

For example, this might include:

- how to integrate new managers and practitioners who commence employment after the initial practice training is provided, or
- seeking staff feedback on training, or more generally exploring implementation enablers and barriers with staff.

How will you obtain and maintain staff buy-in and foster a supportive change climate across the organisation or service?

For example, this might include:

- How leadership will promote and communicate about the initiative across the organisation or service
- How staff will be supported to give the initiative a try, and to make mistakes and learn from them
- Ensuring there is sufficient time and space to pace implementation appropriately.

What planning can you do now, and/or what safeguards can be put in place now to promote practice sustainability?

For example, this may include:

- Gathering information that will be useful for developing a sustainable funding plan for program costs for the next one to four years
- Planning for providing ongoing skill development for staff in the long-term,
- How to address staff turnover, particularly at the manager/supervisor level.

Guiding questions relevant to Stage 3: Initiate and refine

How will you know if your implementation strategies and actions should be improved? Who is going to make the decisions and changes, and how?

For example, this might include:

- What information would trigger a discussion about changes to process?
- Would decisions about changes sit with the implementation team, or other decision maker(s)?
- Whose responsibility is it to ensure changes are made, and who needs to approve those changes?

Is the initiative being implemented well (according to the indicators of quality implementation that you are monitoring)?

Which changes are you observing in the implementation quality monitoring data?

For example, this might include:

- Are you achieving the implementation outcomes you planned for?
- Which monitoring tools, systems and processes were useful, and which were a challenge to use? Are revisions required to monitoring tools and processes?

Guiding questions relevant to Stage 4: Sustain and scale

Describe how you will maintain initiative practice/process implementation quality over time.

For example, this might include:

- Capacity-building to support practitioner skill maintenance and continuous learning to be able to fully sustain the initiative (e.g. training internal, identifying additional skills for practitioners to develop)
- Continue to use information collected from monitoring data to respond to required changes needed to improve implementation strategies and actions using continuous improvement cycles
- Handover plan for training and work tasks when new staff come on board (especially senior management) including ensuring new managers are provided with your implementation plan.

Who will be involved in reviewing implementation monitoring data, and when will it be reviewed and discussed?

For example, this may include:

- Hiring an external coach or training an internal coach to continue to review and provide feedback on implementation quality indicators
- Developing a timeline for reviewing implementation quality (quarterly, annually or aligned with funding cycles).

What needs to be planned for if you decide to expand and scale up the initiative in your organisation?

For example:

- If/how to expand the initiative to other teams or sites
- What teams or sites would benefit most? How would those decisions be made?
- What learnings from this implementation process will inform and support an expansion/scaling up of the initiative? How can these learnings be summarised and communicated?

Implementation action tracker

You can use this implementation action tracker to structure implementation team meetings.

Implementation strategy	Agreed action	Key actions since last update	Key actions prior to next update

Barriers or enablers identified	Key learnings	Feedback (practitioners, leadership)	Proposed solution or change

Implementation plan example

This is an example of a completed implementation plan template.

This template supports implementation teams (or other decision makers) to develop and update the implementation plan. It is used in stages 2, 3 and 4.

You can use the Implementation action tracker to structure implementation team meetings. It tracks and logs the 'agreed actions' listed in the implementation plan.

Details to complete	Response
Aim of the initiative	Build workforce skills and capacity in Capability 8: Working effectively with families, carers and supporters. Specifically, the initiative will focus on building practice capabilities in responding to the wellbeing needs of carers, families and supporters of consumers who access our Mental Health and Wellbeing Local service.
Scope of the initiative (Description, deliverables, constraints, exclusions, etc)	**Description:** Enhance practice skills for working with families, carers and supporters across the whole service team within the Mental Health and Wellbeing Local (50+ staff) **Deliverables:** 1. Practice Training across whole team 2. Establish Community of Practice 3. Group Practice coaching sessions to be established to embed practice 4. Establish service process and guidelines that support best practice 5. Onboarding strategy to be updated based on best practice guidelines **Constraints:** Time (service model hours) **Exclusions:** Other Mental Health and Wellbeing Hub – this initiative will be trialled and tested at this site, to then review and consider scaling across other sites.
Timeline	January 2025 – June 2026
Implementation team members (roles and teams)	Practice Lead x 1 (Implementation Lead/Facilitator) Operational Lead x 1 – (Implementation Lead – authorising) Clinical Lead x 1 Lived Experience Lead x 1 Family practitioner x1 Clinician x 1

Implementation barrier or enabler	Implementation strategy to address barrier or maintain enabler	Implementation stage	Agreed action(s)	Person responsible to action	Timeframe or due date
Barrier: Low buy-in and understanding about the need/ importance of the imitative	Conduct education presentations to staff	Stage 2	4 x Education presentations that outline the need including, presenting data from service that highlights low rates of carer/family/ supporter support and linkages to supports	Practice Lead & Operational Lead	Between March–April 2025
Barrier: Rostering for service – creates barriers for attending training & other group related activities	Make training dynamic	Stage 2	Working group to explore options, delivery methods etc that will suit service context	Clinical lead Lived Experience lead Practice Lead Carer and Family Practice support specialist	April-May 2025
Enabler: High buy-in from Leadership Team across service	Continue to promote the initiative in team meetings, supervision and informal interactions with all staff	Stage 2	Place the initiative as a permanent agenda item for team meetings and supervision.	All Leadership team	Ongoing

Implementation action tracker example

You can use this implementation action tracker to structure implementation team meetings.

Implementation strategy	Agreed action	Key actions since last update	Key actions prior to next update
Conduct education presentations to staff	4 x Education presentations that outline the need including, presenting data from service that highlights low rates of carer/family/supporter support and linkages to supports.	4 x online sessions have been booked. Guest speaker from Carers Victoria has also been confirmed.	Create feedback survey for staff to complete based on these sessions. To also include practice needs assessment to further understand learning needs.
Make training dynamic	Working group to explore options, delivery methods etc that will suit service context and be accessible for staff across the service.	Working group established. 2 x meetings conducted.	Exploring option of splitting 1 x day training over 2 x half day workshops to work in with service roster/ operating hours
Continue to promote the initiative in team meetings, supervision and informal interactions with all staff	Place the initiative as a permanent agenda item for team meetings and supervision.	Permanent agenda item set for staff meetings.	Initiative to be a key focus in upcoming service planning sessions with teams

Barriers or enablers identified	Key learnings	Feedback (practitioners, leadership)	Proposed solution or change
Barrier: contextualising training packages to the Wellbeing Hub service model	Need to consolidate contextual needs of service model work this into training package with Carer and Family Practice Support Specialist who will deliver training.	Practitioners keen to use real examples or case studies as part of the training.	Practice Lead to discuss Carer and Family Practice Support Specialist who will deliver training. Explore how service context can be factored into package.
Enabler: team providing positive feedback about the initiative and clear planning	Team buy-in is building. 4 x online sessions with focus on the implementation plan, guest speaker and clarity around upcoming training sessions well received.	Team appreciates the clarity and thought that is going into implementation planning.	N/A

Implementation tool 6: Monitoring plan templates

Monitoring planning discussions

Instructions

- Use this template to help structure your discussions about monitoring your initiative.
- Once completed, the information in this template will help you to populate your monitoring plan.

Who needs information about the outcomes of your initiative?

- Who are your stakeholders/audience (e.g. implementation team, organisational leaders, consumers or other stakeholders)?
- How do they like to receive and use information?
  - Do they prefer numbers or stories?
  - How will they use the information (e.g. to make decisions, to close a feedback loop)?

What are the expected outcomes of your initiative that are important to monitor?

- What would you expect to see happen because of your initiative?
- Which implementation outcomes are important to track (e.g. reach, acceptability, appropriateness, feasibility)?
- Which workforce capability outcomes are important to track (e.g. knowledge, skills, attitudes, behaviours)?

How will you know if your implementation and workforce capability outcomes have been achieved?

- What are key indicators that your outcomes have been achieved? What are key measures of success?
- Do you have targets for your outcomes? Do you need them?
- How will you know if your implementation plan has been executed?

How will you collect and analyse information to track outcomes?

- What information/data do you have already?
- What additional information/data would you need?
- Who is responsible for collecting information/data?
- What systems do you already have in place to collect information/data (e.g., client management systems, survey systems)? Do you need to develop new data collection systems?
- When is the most helpful time to collect information/data?
- Who is responsible for analysing information/data?

How will you review and respond to the information you gather?

- How often will you review your monitoring information/data?
- How will you present the information/data you gather (e.g. a dashboard, analysis of quotes or stories)?
- Who will be involved in deciding whether and how to respond to your monitoring information/data? How will you decide if you are on track?
- How will key actions and responses be recorded?
- Who is responsible for updating your Implementation Plan?

Outline the key points to include on your monitoring plan

Monitoring plan template

Instructions

- Write down your expected outcomes.
- Write down how you will measure each outcome, or an indicator of how you'll know the outcome is happening. Record a target, if applicable.
- Write down your data collection plan, including how data will be collected, who will collect data, when data will be collected, who will analyse the data, and when it will be reviewed.

Implementation outcomes

Outcome What you think will happen	Indicator / measure How you will know the outcome is happening	Target What you're aiming for	Data collection method How you will collect information	Data collection lead Who will collect the information	Data collection schedule When you will collect information	Data analysis lead Who will analyse the information	Data review schedule When you will review the information

Workforce capability outcomes

Outcome What you think will happen	Indicator / measure How you will know the outcome is happening	Target What you're aiming for	Data collection method How you will collect information	Data collection lead Who will collect the information	Data collection schedule When you will collect information	Data analysis lead Who will analyse the information	Data review schedule When you will review the information

Monitoring plan example

This table provides a few examples of how to complete rows in your monitoring plan.

Implementation outcomes

Outcome What you think will happen	Indicator / measure How you will know the outcome is happening	Target What you're aiming for	Data collection method How you will collect information	Data collection lead Who will collect the information	Data collection schedule When you will collect information	Data analysis lead Who will analyse the information	Data review schedule When you will review the information
Reach	Proportion of staff who complete the online module	80% completion rate	Completion rate data extracted from online system	Service leaders	Fortnightly	Service leaders	At monthly LIT meeting
Acceptability	Proportion of staff who are satisfied with the online module	80% satisfaction	End-of-module feedback survey	Service leaders	End of module	Service leaders	At monthly LIT meeting

Workforce capability outcomes

Outcome What you think will happen	Indicator / measure How you will know the outcome is happening	Target What you're aiming for	Data collection method How you will collect information	Data collection lead Who will collect the information	Data collection schedule When you will collect information	Data analysis lead Who will analyse the information	Data review schedule When you will review the information
Knowledge	Proportion of clinicians who self-report improved knowledge about working with diverse consumers	80% of clinicians report improved knowledge	Pre/post self-report survey	Service leaders	Before and after module	Services leader	At monthly LIT meeting
Skills	Number of instances of clinicians applying their knowledge in interactions with diverse consumers	All clinicians report at least 1 instance of applying knowledge	Observation of clinician applying technique; case notes describing use of techniques	Service leaders	3 months after end of training	Service leaders	Quarterly

Monitoring review plan

Instructions

- Copy your outcomes; measures/indicators; and targets from your monitoring plan.
- Copy results from your data collection systems (e.g. dashboards, reports). Indicate whether you are on target.
- Discuss results and decide if action is needed and what action should be taken.

Implementation outcomes

Outcome What you think will happen	Indicator / measure How you will know the outcome is happening	Target What you're aiming for	Collected information The data/information you collected	At target? Whether you were below, at or above target	Action needed? When you will collect information	Action to be taken What you will do in response to your findings

Workforce capability outcomes

Outcome What you think will happen	Indicator / measure How you will know the outcome is happening	Target What you're aiming for	Collected information The data/information you collected	At target? Whether you were below, at or above target	Action needed? When you will collect information	Action to be taken What you will do in response to your findings

Monitoring review plan example

This table provides a few examples of how to complete rows in your monitoring plan.

Implementation outcomes

Outcome What you think will happen	Indicator / measure How you will know the outcome is happening	Target What you're aiming for	Collected information The data/ information you collected	At target? Whether you were below, at or above target	Action needed? When you will collect information	Action to be taken What you will do in response to your findings
Reach	**Proportion of staff who complete the online module**	80% completion rate	18% completion rate	Below target	Yes	Implement face-to-face training with a specialist AOD training provider. Roster staff to attend.
Acceptability	Proportion of staff who are satisfied with the online module	80% satisfaction	90%	Above target	No	N/A

Workforce capability outcomes

Outcome What you think will happen	Indicator / measure How you will know the outcome is happening	Target What you're aiming for	Collected information The data/ information you collected	At target? Whether you were below, at or above target	Action needed? When you will collect information	Action to be taken What you will do in response to your findings
Knowledge	**Proportion of clinicians who self-report improved knowledge about working with diverse consumers**	80% of clinicians report improved knowledge at post-survey	74%	Below target	Yes	Review training materials and conduct ongoing training. Add additional educational outreach visits. Provide supervision.
Skills	Number of instances of clinicians applying their knowledge in interactions with diverse consumers	N/A	Observations + case notes indicate clinicians are routinely adapting interactions to suit diverse consumers	N/A	N/A	Continue to conduct routine observations and case note audits. Implement a learning collaborative to promote clinicians learning from each other about adapting interactions for diverse consumers.

Implementation tool 7: Implementation progress checklist

The following checklist can be used to track implementation progress.

This is a progress monitoring and planning tool designed to support implementation teams and other key stakeholders to keep track of implementation progress.

Please note that the implementation process is non-linear. It is not uncommon for stages and activities to overlap.

It is also worth noting that it may not be necessary to follow every step within each stage. Once you have audited completed activities, key decisions and what will apply to your context, you may find that some steps are not relevant.

This tool can be tailored as necessary to suit your service context.

Stage 1: Engage and explore

Key implementation activities and requirements	Not commenced	Commenced	Complete
Target initiative has been identified, and the workforce need or gap that needs to be addressed has been determined			
Desired outcomes of the initiative have been defined			
An initiative meets the defined need and will bring about the desired outcome has been identified and is a good fit for your organisational/service context			
Implementation team has been established (if using)			
Early enablers and barriers have been assessed and identified, including organisational readiness			

Stage 2: Plan and prepare

Key implementation activities and requirements	Not commenced	Commenced	Complete
Implementation strategies have been chosen			
An implementation plan has been developed			
Indicators of implementation quality have been decided on			
A plan for monitoring indicators of implementation quality has been developed			

Key implementation activities and requirements	Not commenced	Commenced	Complete
Readiness has been built by using implementation strategies such as training, practice coaching and acquiring/adapting resources and infrastructure			

Stage 3: Initiate and refine

Key implementation activities and requirements	Not commenced	Commenced	Complete
The first practitioners have started using the initiative's new practices or processes			
Implementation quality monitoring processes have commenced			N/A
Processes to review data and respond to monitoring data have commenced			N/A

Stage 4: Sustain and scale

Key implementation activities and requirements	Not commenced	Commenced	Complete
Staff competencies and skills have been further improved.			
Continuous quality improvement processes are continuing to be used.			N/A
Acknowledge and reward good implementation efforts.			N/A
The first implementation cycle has stabilised.			
Opportunities (if applicable) for scaling up or scaling out the initiative across your organisation or within the broader sector have been identified.			
A new implementation cycle for the scale-up / scale-out has been started.			

Implementation tool 8: Implementation considerations checklist

This tool has been designed as a guide to help thinking through important considerations for implementing an initiative. The list of prompts can be used to explore whether the Initiative you have in mind is a good fit and is feasible for your service/organisational context and circumstances.

The checklist can be used to ensure that all relevant information has been gathered about the initiative to make an informed response to each of the questions. Further Information can be found via:

- the MHPOD website <https://www.mhpod.gov.au>
- organisational assessment resource.

Staff training and support

Topic/issue	Guiding questions to be considered by the implementing service or organisation	Issues to check to ensure you have considered all information available to inform your decision	Notes
Staffing	• How many staff will be needed (at a minimum) to deliver the initiative successfully over time? • Are the staff you need already employed at your service or agency, or will new staff need to be recruited? • Does the initiative you are considering specify qualification or education requirements for practitioners? Are these consistent with the common qualifications in the workforce that is available to you? • How will staff turnover be addressed? What approach will you take to ensuring any new staff that join the implementing team have the required training and support to deliver the initiative?	• Staffing requirements • Minimum qualifications required for program staff	

Topic/issue	Guiding questions to be considered by the implementing service or organisation	Issues to check to ensure you have considered all information available to inform your decision	Notes

Training	• What training is required for staff to be able to deliver the initiative?
	
	• Self-guided learning modules can be accessed via MHPOD
	
	• Can this training be delivered by the organisation or service provider internal staff? Or will it require external support? I.e. via a Statewide Training Capacity Unit.
	
	• If external:
	
	  - Is this training support available in Victoria?
	
	  - Does the provision of training depend on a minimum number of trainees? How many staff will attend training?
		• Compulsory training requirements – both basic pre-training and ongoing (e.g. booster) training activities
		
		• Minimum number of trainees for a training to be conducted (if relevant)
		
		• How to access external training support (if required)	

Supervision / Coaching	• What existing supervision and coaching practices and processes (e.g. opportunities for reflective practice, regular case review meetings, role playing practice issues, etc.) does your organisation or service already use? Could you integrate supervision/ coaching in the new initiative into existing processes? • Does the initiative require a particular approach to supervision and/or coaching for staff involved in its delivery? • If the initiative specifies a specific approach for supervision, who will need to deliver the supervision and coaching? Can you access or train someone locally? • If using internal supervisors and coaches: - Do program or practice supervisors and coaches require additional training and/ or professional development before and during delivery? What qualifications do internal supervisors and coaches currently have? • If the initiative specifies a particular approach to supervision and coaching, do you have the capacity to meet the supervision and coaching requirements?	• Supervision and coaching practices defined by the initiative • Who delivers this supervision and who delivers coaching (internal/external) • Minimum qualifications/ experience/training required to be a supervisor and a coach • How and when supervisors and coaches will be trained and when they will they work with the practice practitioners	

Initiative characteristics

Topic/issue	Guiding questions to be considered by the implementing service or organisation	Issues to check to ensure you have considered all information available to inform your decision	Notes
Target Initiative	• Is the initiative designed for use with the target team/workforce you want to use it with? • Is there evidence to support the effectiveness of the initiative when used with the target team/workforce?	• The target workforce for the initiative • Evidence to support the effectiveness of the initiative	
Referral pathways in relation to population specific capabilities (e.g. Aboriginal and Torres Strait Islander communities)	• How many referrals do you currently receive a year and what are your referral pathways? • Do referral pathways depend on the involvement of partner organisations? Or broader catchments?	• Any minimal referral/ caseload requirements	
Initiative description and details	• How well does the practice description fit with your current services, priorities, and organisational values and mission?	• Service policies or procedures, and values or mission documents	

Costs	• Are there costs associated with acquiring and using the initiative? Consider for example:
	  - purchase of any relevant practice materials and guides
	  - purchase of licenses
	  - initial and ongoing training and supervision costs (including travel costs and fees for trainers) – staffing (including backfill)
	  - data systems and other infrastructure needed to roll out the initiative
	  - funding required to maintain the initiative over time
	  - consumer/carer consultation costs
	• What funding is available to cover 2–3 years of practice implementation costs?
		• Cost information collected for all available items
		• Funding source(s) that are available for the first 2–3 years of the initiative implementation	

Topic/issue	Guiding questions to be considered by the implementing service or organisation	Issues to check to ensure you have considered all information available to inform your decision	Notes
Initiative adaptability	• Does the initiative allow for local and/or cultural adaptations? • What are the non-negotiable practice core components that cannot be adapted locally and/or for particular target populations, such as Aboriginal and Torres Strait Islander, culturally diverse or LGBTQIA+ communities?	• Core practice components that are non-negotiable	

Program/practice system and implementation

Topic/issue	Guiding questions to be considered by the implementing service or organisation	Issues to check to ensure you have considered all information available to inform your decision	Notes
Tools and systems	• What data collection tools, data management systems and processes do you currently use? • Does the initiative require the compulsory use of any additional tools and systems (e.g. tools for collection and analysis of consumer or program outcome data; regular re-accreditation)? – If yes, do you have the capacity to collect the data that is required by the 'initiative'?	Any data collection tools that are compulsory to use for the initiative Any data management processes or systems that are compulsory to use for the initiative	

Topic/issue	Guiding questions to be considered by the implementing service or organisation	Issues to check to ensure you have considered all information available to inform your decision	Notes
Implementation model	Does the initiative have specific implementation quality standards you have to meet (e.g. fidelity requirements, mandatory one-off or continuous implementation activities)? Will the implementation of the 'initiative' require the involvement of the developer, statewide capacity building unit, peak body – either for parts of the implementation or on an ongoing basis? Does the practice require activities other than training (e.g. accreditation, reporting, program briefings) to establish a team of practitioners able to deliver the initiative? Will leadership and management staff have the capacity to implement the initiative (e.g. time, resources, attend implementation leadership training)	Implementation outcomes defined by the program or practice standards (e.g. fidelity standards to be met) Any activities required to deliver the initiative with sufficient quality (e.g. regular booster trainings, regular assessment meetings with training and practice developer, briefing meeting with management staff) If and how does a peak body, statewide capacity building unit, developer needs to be involved? (e.g. training only; readiness assessment plus training; ongoing involvement under a license, coaching, consultation etc).	

Implementation tool 9: Sustainment plan template

The Centre for Evidence and Implementation (CEI) designed this template to support implementation teams (or other decision makers) to develop and update a sustainment plan during Stage 4.

You can also use the sustainment action tracker that follows this template to monitor sustainment progress. This tool can help you track and log the agreed activities listed in the sustainment plan.

Details to complete	Response
Aim of the initiative implementation	
Scope of the initiative	
Timeline	
Implementation team members (roles and teams)	

Sustainment strategy	Continuous quality improvement processes What is in place to maintain the key activities you implemented in Stage 3?	Agreed indicators of quality implementation What is the minimum benchmark of quality that you want to maintain?	Activities in place to maintain desired quality How are you going to maintain that benchmark?	Possible improvement activities What might you do if you are not reaching your benchmark?

The following guiding questions may assist Implementation Teams in developing and updating Sustainment Plans. These can be used to prompt discussion. Stage 1, 2 and 3 have no guiding questions because the Sustainment Plan is developed in Stage 4.

Guiding questions relevant to Stage 4: Sustain and scale

Continuous quality monitoring:

- What sustainment strategies and activities will support existing staff to maintain the desired quality of implementation? For example, booster training, training or coaching focussed on specific areas of need, or changing needs.

- What sustainment strategies and activities will support maintaining the desired quality of implementation despite staff turnover, particularly at the manager/supervisor level? For example, onboarding processes and activities, ongoing training and coaching for new staff, additional training for managers/supervisors.

- How will sustainment activities be monitored?

- How frequently will sustainment activities be monitored?

- How will sustainment activities themselves be continually improved? For example, hiring an external coach or training an internal coach to continue to review and provide feedback on implementation quality indicators.

Collecting and monitoring sustainment data:

- Do your existing data collection systems include the data you require, or do you need to develop additional tools and processes to collect and monitor sustainment data? For example, this might include:
  - Who will be responsible for creating or adapting data collection tools and data management systems?
  - Who will collect and/or input the data?
  - Who will analyse and report the data?
  - Who needs to use the data for decision making/who will the data be circulated to?

- What is the timeline for reviewing implementation quality (quarterly, annually or aligned with funding cycles)?

Maintaining staff buy-in and foster a supportive change climate across the organisation or service:

- How will leadership promote and communicate about the initiative across the organisation or service?

- How staff will be supported to continue to reflect, to make mistakes and learn from them?

Maintaining organisational and implementation team buy-in in the initiative

- How will you continue to ensure the initiative is in focus for the implementation team, particularly if staff turnover occurs? For example, handover plans, onboarding activities, embedding oversight of initiative implementation into position descriptions and hiring processes

- Staff will be supported to continue to reflect, to make mistakes and learn from them

- Continued funding for sustainment activities.

Expanding and scaling up the initiative in your organisation:

- How will you expand the initiatives to other teams or sites?

- What teams or sites would benefit most? How would those decisions be made?

- What learnings from this implementation process will inform and support an expansion/scaling up of the initiative? How can these learnings be summarised, communicated and enacted?

Sustainment action tracker

The Sustainment Action Tracker can be used by the implementation team to monitor sustainment activities.

Date	Activity in place to maintain desired quality	Extent to which sustainment activity meets desired quality indicator	Possible improvement activities	Improvement activity to be conducted	Review timeline

Sustainment plan example

The Centre for Evidence and Implementation (CEI) designed this template to support implementation teams (or other decision makers) to develop and update a sustainment plan during Stage 4.

You can also use the sustainment action tracker that follows this template to monitor sustainment progress. This tool can help you track and log the agreed activities listed in the sustainment plan.

Details to complete	Response
Aim of the initiative implementation	Sustain workforce practice skills in Capability area 7: Understanding and responding to family violence Specifically, the sustainability initiative will focus on sustaining practice through targeted strategies and internal processes for current and future staff in our organisation.
Scope of the initiative	Description: Sustain practice across acute clinical teams within our organisation Constraints: Time (service hours, rotating rosters), Exclusions: Does not include community clinical services within our organisation – these services have their own sustainment plan as setting and context is different.
Timeline	Feb 2026 – Aug 2027
Implementation team members (Roles and Teams)	Social Work Educator - (Implementation Lead/facilitator) Clinical Service Manager x 1 – (Implementation Lead – authorising) 2 x Psychiatric Nurses 2 x Social Workers 1 x Occupational Therapist 2 x Lived Experience Practitioner 1 x Data Specialist

Sustainment strategy	Continuous quality improvement processes What is in place to maintain the key activities you implemented in Stage 3?	Agreed indicators of quality implementation What is the minimum benchmark of quality that you want to maintain?	Activities in place to maintain desired quality How are you going to maintain that benchmark?	Possible improvement activities What might you do if you are not reaching your benchmark?
Maintain organisational and implementation team buy-in with the initiative	Implementation team has continued oversight of sustainment of the initiative.	There is always a team of people designated as implementation leads for the initiative who meet regularly to review data.	Key activities, responsibilities and roles are embedded into position descriptions and hiring procedures for the implementation team. In the case of team turnover, there are detailed handover plans and onboarding activities for members of the implementation team which include information about the initiative and sustainment activities.	Regular reviews of position descriptions, hiring procedures, handover plans and onboarding activities to ensure they include sustainment activities.
Maintain organisational and implementation team buy-in with the initiative	Implementation team continue to meet quarterly to: • Review initiative data from CMS, Consumer, carer, family and supporter feedback, staff feedback from supervision and team meetings bi-monthly • Feedback key outcomes, trends and themes to Central Implementation Team/Executive leadership. Celebrate successes.	Summary of initiative data is shared with Central Implementation Team/Executive leadership quarterly. Successes, areas for continued development and key messages about the initiative are shared on the Practice Development Teams channel.	Standing agenda items that unpack barriers and enablers to good outcomes in supervision, relevant team meetings with documented actions and follow up. Designated roles with responsibility to communicate successes, areas for development and key messages (i.e. operational manager, implementation/practice champion).	Regular review of responsibilities and communication activities – designated personnel, updates to shared Practice development Teams channel and data collection including feedback processes.

Sustainment strategy	Continuous quality improvement processes What is in place to maintain the key activities you implemented in Stage 3?	Agreed indicators of quality implementation What is the minimum benchmark of quality that you want to maintain?	Activities in place to maintain desired quality How are you going to maintain that benchmark?	Possible improvement activities What might you do if you are not reaching your benchmark?
Maintain organisational and implementation team buy-in with the initiative	Executive/ operational leadership support and promote sustainment activities, including funding for training, coaching etc.	Sustainment data is regularly reviewed and prioritised in leadership meetings.	Position descriptions and hiring procedures for Executive/ Operational leaders include Key Performance Indicators related to supporting and promoting the initiative. Sustainment of the initiative is a standing agenda item on leadership team meetings and in strategic planning.	Ensure that executive and governance structures are regularly provided updates through standard reporting processes.
Maintain knowledge and skills of existing staff in understanding and responding to family violence	A survey is conducted quarterly to assess self-reported knowledge, skills and confidence in responding appropriately to FV.	Staff report an average of **high** to **very high** level of knowledge and skills in responding to family violence. Staff report they are using the prompts built into CMS for screening and key cues.	Community of practice with a focus on understanding and responding to family violence. Coaching- group and individual with a periodic focus on family violence related practice. Invite people with lived experience expertise in FV to share their experience in community of practice or coaching settings.	Examine specific needs within identified areas of FV knowledge or skill to inform coaching or training.

Sustainment strategy	Continuous quality improvement processes What is in place to maintain the key activities you implemented in Stage 3?	Agreed indicators of quality implementation What is the minimum benchmark of quality that you want to maintain?	Activities in place to maintain desired quality How are you going to maintain that benchmark?	Possible improvement activities What might you do if you are not reaching your benchmark?
Maintain knowledge and skills of existing staff in understanding and responding to family violence	File audits are conducted, and check whether staff are identifying and responding appropriately to FV.	File audits indicate that 90% of staff are screening for FV and responding appropriately.	Case management and case note training and guidelines include how to record activities related to screening for and responding to FV.	More opportunities to share their practice experience and using CMS prompts with broader teams and newer staff i.e. short section in Team Meeting to share insights and learnings.
Maintain knowledge and skills of existing staff in understanding and responding to family violence	Training participation rates are reviewed quarterly.	90% staff participation.	Booster training to ensure relevant and contemporary information about family violence is provided.	Improve delivery and implementation of training such as quality, dosage, duration, format.

| Sustainment strategy | Continuous quality improvement processes | Agreed indicators of quality implementation | Activities in place to maintain desired quality | Possible improvement activities |
	What is in place to maintain the key activities you implemented in Stage 3?	What is the minimum benchmark of quality that you want to maintain?	How are you going to maintain that benchmark?	What might you do if you are not reaching your benchmark?
Ensure that all new staff and students have the required levels of knowledge and skills in understanding and responding to family violence	Staff onboarding and learning and development data indicates that new staff and student have enrolled and completed core training.	Training is completed by all new staff and students within first 4 months of starting the role.	Onboarding pack outlines this as a set learning requirement to be met and signed off by line manager. Practice Leads across disciplines review data monthly as part of service reporting processes and feedback to their respective teams.	As part of onboarding activities, new staff member/ student could be provided opportunity to hear from a more experienced staff member who has used the practices. To further enable understanding of how the knowledge translates into practice.

Sustainment action tracker example

Use this tool to monitor sustainment activities.

Date	Activity in place to maintain desired quality	Extent to which sustainment activity meets desired quality indicator	Possible improvement activities	Improvement activity to be conducted	Review timeline
4.5.26	1 x booster practice sessions for all staff who completed core training 12 months ago.	Booster will ensure staff confidence in practice and skills is maintained.	Community of practice sessions for key practitioners from each team – to further embed learning, practice skills etc.	Set up trial bi-monthly Community of practice session (1 x hour), over 6 months period and then review.	6 months – Nov 2026.

Appendix C: Useful resources and contacts

Department of Health resources

Our workforce, our future: a capability framework for the mental health and wellbeing workforce. Access the framework from the Department of Health website https://www.health.vic.gov.au/our-workforce-ourfuture.

The MHPOD Pathways Tool and a clearing house of developed resources. Access the resources from the MHPOD website<https://www.mhpod.gov.au>.

Victorian MHW sector resources

These resources can help the Victorian MHW sector implement *Our workforce, our future*.

Mental Health Professional Online Development (MHPOD) Program

The Mental Health Professional Online Development (MHPOD) Program aims to build the capacity of Australia's mental health and related workforces to offer high-quality, evidence-based care.

The MHPOD Program has online education, resources and tools.

Access the resources from the MHPOD website <https://www.mhpod.gov.au>.

MHW sector organisations

Many Victorian MHW organisations offer advice and information on specialised training, practice consultation and support.

These organisations include:

- Victorian statewide capacity building units
- Victorian mental health peak bodies
- lived and living experience peak bodies
- carer, family and supporter peak bodies
- professional bodies, such as the Australian Association of Social Workers (AASW)
- specialised practice experts or services, like LGBTIQA+ specialist organisations

- specialised mental health services, such as ACCHOs
- mental health research bodies, like Black Dog Institute
- mental health evidence clearing houses, like the Indigenous Mental Health and Suicide Prevention Clearinghouse <https://www.indigenousmhspc.gov.au>.

Implementation resources

Centre for Evidence and Implementation (CEI)

CEI is a global, for-purpose, evidence intermediary and advisory organisation.

CEI is dedicated to using the best evidence in practice and policy to improve the lives of people facing hardship.

CEI works with a range of partners including:

- policymakers
- governments
- practitioners
- program providers
- organisation leaders and funders.

CEI focuses on 4 key areas of work:

- understanding and making sense of the evidence base
- building evidence through trialling, testing and evaluating policies, programs and services – for more effective decisions and better outcomes
- applying research-informed implementation methods and processes to make high-quality evidence part of policy and practice
- building cultures for evidence use.

Learn more about CEI at the CEI website <https://www.ceiglobal.org>.

Consolidated Framework for Implementation Research (CFIR)

The CFIR is a framework for assessing context based on current or possible implementation barriers and enablers. This information can help tailor implementation strategies and explain outcomes.

The CFIR covers a range of factors across 5 domains.

The CFIR website has:

- definitions of factors that influence implementation in each domain
- tools for identifying barriers and enablers for each domain.

For more information on CFIR, see:

- CFIR Website <https://www.cfirguide.org>
- CFIR website's Constructs page <https://cfirguide. org/constructs>.

Evidence-base Prevention and Intervention Support (EPIS)

EPIS is a university-based intermediary organisation. It connects research, policy and real-world practice to improve outcomes for children and families in Pennsylvania.

The EPIS website includes a range of tools and resources to support implementation. This including resources around:

- assessing outcomes
- monitoring fidelity
- collecting and analysing data
- communicating results.

For mor information, see:

- EPIS website <https://www.episcenter.psu.edu>
- EPIS' Monitoring process and outcomes page <https://www.episcenter.psu.edu/monitoring>.

Wandersman Center

Wandersman Center is an interdisciplinary team with extensive experience in:

- community psychology
- program evaluation
- quality improvement
- implementation science.

Their specific area of expertise is organisational readiness. The Wandersman Center developed the Readiness Thinking Tool <https://www. wandersmancenter.org/using-readiness.html>.

The Readiness Thinking Tool helps organisations identify possible implementation barriers and enablers.

For more information, see:

- Wandersman Center website <https://www. wandersmancenter.org>
- Wandersman Center's Using readiness page <https://www.wandersmancenter.org/using-readiness.html>.

Appendix D: Image descriptions

Figure 1: Factors influencing the implementation of *Our workforce, our future*

The diagram shows that focusing on both the What ('*Our workforce, our future* capability framework') and the How ('active and effective implementation') leads to Workforce Outcomes.

Workforce outcome: Safe, consistent and supportive practice across the Victorian mental health and wellbeing system.

To achieve workforce outcomes, you must also consider Barriers and Enablers ('factors that help or hinder implementation'). The diagram has a double-headed arrow between Workforce outcomes and Barriers and Enablers.

Achieving workforce outcomes leads to Consumer outcomes (Improved service experiences).

Figure 2: *Our workforce, our future implementation framework*

Stage 1: Engage and explore

- Define workforce needs
- Set up an implementation team
- Select an initiative
- Consider barriers and enablers
- Assess organisational readiness

Stage 2: Plan and prepare

- Select implementation strategies
- Choose monitoring strategy
- Develop implementation plan
- Build readiness

Stage 3: Start and refine

- Start the initiative
- Use data to make implementation improvements
- Monitor implementation efforts

Stage 4: Sustain and scale

- Sustaining the initiative
- Scaling up

Figure 4: CFIR domains

This figure shows elements of the 5 CFIR implementation domains. It also shows questions to ask when considering barriers and enablers.

Implementation domains

Domain	Elements
The workforce capabilities	• Relevance • Fit with organization • Value • Complexity
The people involved	• Attitudes and beliefs • Practice knowledge and skill • Motivation • Remembering • Confidence
Inside our organization	• Culture • Access to resources • Workload and work processes • Leadership engagement • Communication
Outside our organization	• Consumer needs or preferences • Funding • Policy • Sector or community expectations
The implementation process	• Planning • LITs (local implementation teams) • Training and coaching • Data monitoring • External supports (such as Department of Health team)

Barriers and enablers

Barriers	Enablers
• What's blocking implementation in each category? • What needs to change? • Who needs to change? • How will we try to make the change happen?	• What already exists that can support implementation? • How can they be used to your advantage?

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Notes

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