Process Evaluation of the Realising Ambition Programme

Final report for the Big Lottery Fund prepared by Dr Kerstin Junge, Giorgia Iacopini, David Drabble, Dr Dione Hills

The Tavistock Institute
30 Tabernacle Street
London EC2A 4UE

T +44 (0)20 7417 0407
F +44 (0)20 7457 39109
E k.junge@tavinstitute.org
W tavinstitute.org

Contents

List of Figures

List of Tables

Executive Summary

Launched in May 2012 by the Big Lottery Fund (hereafter 'the Fund'), the Realising Ambition programme aims to help more young people aged 8-14 fulfil their potential and avoid pathways into offending. It does this by supporting 25 organisations to replicate proven youth interventions at new sites across the UK. The programme is managed and supported by a consortium of four organisations led by Catch 22 with expertise in programme management (Catch 22), evidence and evaluation (Social Research Unit –SRU), organisational development (the Young Foundation), and monitoring (Substance).

The Realising Ambition process evaluation covered the first three, of five, years of the programme (2012-2015). The key messages from this evaluation are:

- **Replicating social interventions requires adaptation at two levels:** at intervention level (language used, delivery setting, delivery techniques) and organisational level (processes, structures, individual ways of working) in order to make it work locally.

- **The process of adaptation is ongoing so the challenge of replication lies in the ability to balance two needs:** the need to stay faithful to the original intervention for confidence of similar results being produced; and the need to respond to local social, institutional, geographic or other needs. Crucial for successful replication is understanding what the 'core' elements of the intervention are (that is those elements that are key to achieving outcomes) and which aspects are 'peripheral' (that is do not affect outcomes and hence can be modified).

- **There are two different ways of looking at replication models:** the business model (social franchising, social licensing and wholly owned) and organisational model (whether an organisation is replicating an intervention directly, whether it 'delegates', or whether it is reliant on local third parties to implement the replication venture). Each model creates different and specific challenges for the replication effort.

- **Support for replication benefits from being tied to the stage of replication and the replication model used.** Support with tightening the intervention and fidelity benefits from being front-loaded in order to ensure clarity about what is being replicated and ideally the core features of the intervention. Support on organisational aspects of replication becomes more important once replication is underway.

Evaluation purpose and approach

The process evaluation had two key objectives:

- To gain an understanding of the practical issues associated with replication, including issues emerging for organisations involved in replication themselves.

- To explore what does and doesn't work when supporting organisations to replicate proven models, and the resources required to support different approaches to replication.

These objectives were met using a mixed methods approach centred around in-depth case study work with six Realising Ambition projects. These represented the Programme's portfolio in terms of geographical spread, amount of funding received and level of intervention (individual, family, group, school, community, and multiple). The case study data was supported by a literature review on replication of innovation, stakeholder interviews, and programme level documentation.

The replication journey in Realising Ambition

The Fund aimed to reach 135,000 young people through the 25 projects' replication effort. By the end of the third year of the Programme, Realising Ambition had engaged 105,543 children and young people. This represents 78 percent of the total number of beneficiaries to be reached by 2017. **It would therefore appear that the programme is on target towards achieving its overall reach.**

Realising Ambition targets reached by year (2012-2015)

		Number
2012-13	Target for year	15,773
	Target Achieved	8,048
2013-14	Target for year	42,553
	Target Achieved	43,154
2014-15	Target for year	54,904
	Target Achieved	54,341

Number of children and young people (0K–60K)
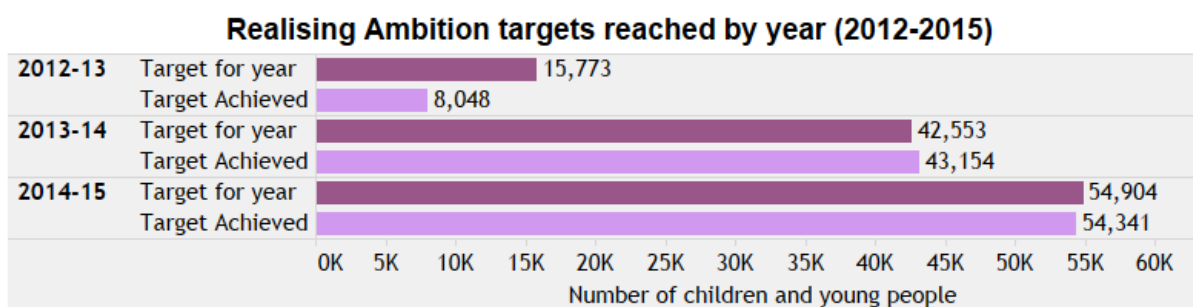
The Programme successfully worked with the challenges that emerged from operating a replication programme at this uniquely large scale. This led to important lessons being learnt by Realising Ambition and for the process evaluation, as shown below.

Replication learning I: factors supporting and challenging intervention delivery

Four factors have emerged from case study work as **supporting successful replication** in terms of reaching beneficiary target numbers. These success factors cut across the replication models chosen:

- **Existing relationships in the replication destinations** mean that knowledge of the intervention, its benefits and the integrity of the replicating organisation has proven itself already through prior work. This, coupled with **local reputation,** ensures that set-up costs such as 'marketing' are reduced, and control over access to target groups by those in a gatekeeping position is reduced.

- **The nature of the intervention and its setting:** the intervention needs to be compatible with the organisational ethos, and local or national context. Organisations and professionals usually find it easier to adapt to the rigours of replication if the intervention chimes with its usual focus and ways of working. For instance, it seems to be easier to 'sell' an intervention to schools if a link to the national curriculum can be demonstrated.

- **Good marketing**: presenting the intervention well and to the right audience emerged as an important technique to 'win' participants. This is especially important where relationships are weak or non-existent. Effective marketing often involved a mix of written and verbal information about the intervention.

Replication challenges, on the other hand, may differ according to the organisational model chosen to implement the replication endeavour. A direct delivery model, where the replicating organisation delivers the intervention itself, can make it difficult to recruit and deliver at the same time. An indirect delivery model may import issues out of control of the grant holding organisation into the replication process. These can impact on the ability to reach beneficiaries within the set time-frames and set locations.

> Replication and the process of adaptation mean that an element of learning by experience is required. The key ingredients of a replication programme should include offering relevant contingencies at application stage, and flexibility in timing and location of delivery.

Replication learning II: adapting the intervention

Our case study work highlighted five categories of adaptations: language, method of delivery, who delivers, intervention components and delivery setting.

Our key messages are that:

- **Adaptations to method of delivery are universal**. These are done to respond to target groups' preferences and interest and, thus, to retain their engagement.

- **Language adaptations concentrate on the licensing model**. Licensed interventions in Realising Ambition have come from abroad and were adjusted to UK English so that it resonated with target groups and deliverers.

- **Licensing projects have required a wider set of adaptations than the home grown interventions**. This is in tension with the inherent inflexibility of the licensing model, which can be a barrier to making necessary adaptations.

- **The need to adapt is likely to be ongoing.** The broad types of adaptation may become clearer as the intervention is delivered in more and more areas, but the detailed operationalisation of them will vary depending on context. Replication therefore requires continuous learning.

Preparing   **Learning**   **Continuously improving**

Pre-delivery   →   First delivery   →   Ongoing delivery

Adapting language and delivery settings

- Adapting delivery techniques
- Managing settings
- Experiencing and adapting to fidelity challenges

- Continuous adaptation of delivery techniques
- Adapting referral mechanisms
- Managing pressures to fidelity
- Managing across multiple sites
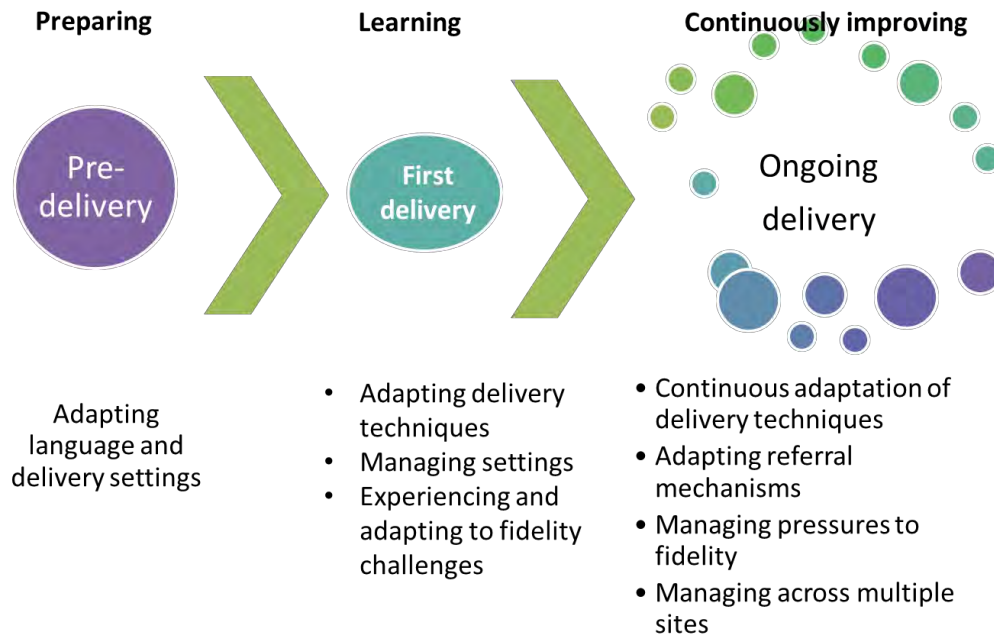
The Programme's emphasis on evidence has been a great benefit for developing replicable interventions. Through discovering the impact pathways of their intervention, the Realising Ambition projects have the opportunity to understand what is 'core' to getting positive outcomes for young people.

Helping projects gain clarity about how to establish the 'core' and 'periphery' of the intervention they are looking to replicate, as well as paying attention to any specific needs business or organisational models for replication, is a worthwhile investment. Organisations new to replication, and using a wholly owned model to replicate their own intervention, may need an intensive start-up period to get both themselves and their intervention replication ready. They in particular are likely to benefit from related support activities.

Replication learning III: impact on organisations

Replication in the Realising Ambition programme required high standards of evidence and the taking of interventions to new contexts or target groups. This often meant adaptations were needed in the lead organisation, in the delivery organisations (or their sites), and in the relationship between the two. This included adapting:

- **Internal resources to support data collection across multiple sites**, which requires more discipline and planning than organisations might be used to.

- **Management processes, structures and functions**. Organisations need to adapt to replication by ensuring staff with appropriate seniority, autonomy and line management support are in place. Senior management and Board support is valuable particularly for the sustainability of the replication venture, and appropriate engagement should be sought from the beginning.

- **Communication patterns or mechanisms** with colleagues across sites and/or with partner organisations to ensure that risks are monitored and managed.

> Besides changes to processes and structures, cultural aspects of organisational life are important for replication success. The ability to adapt and take on a replication venture appears to require similar characteristics to those necessary to take on the project in the first place: an openness to innovation, a strong 'learning culture' and a serious strategic interest in an evidenced-based way of working.

Replication learning IV: Supporting replication

Realising Ambition projects received a significant amount of support, to refine and replicate their interventions faithfully and to aid the organisational buy-in to the concept of 'replication'.

- **Support for intervention specificity benefits from being front loaded:** rigorous mapping of the intervention enables the very important identification of the 'core' and 'peripheral' aspects of interventions.

- **Support for the organisational dimension of replication becomes more relevant and beneficial at a later stage in the replication process.** It should therefore start and finish later. This work is important in ensuring the sustainability of the Realising Ambition programme after funding ends.

> The comprehensive support architecture of Realising Ambition has been a key component in helping projects to not only deliver their targets, but to thrive and spread proven interventions. The level of support distinguished Realising Ambition from other programmes and helped ensure that (to-date) none of the 25 projects has failed. Having support for delivery, learning and influencing are important to ensure that replication is successful both now and following the end of the funding period.

Key Lessons

Lessons for commissioners and managers of replication programmes

Setting up and managing a portfolio grant programme

• Replication programmes like Realising Ambition can be demanding to manage due to the multiple aims they are set up to achieve. To meet the needs of all the different programme objectives it is essential to have professionals with the right skills and experience in place from the beginning. Different programme functions should be the responsibility of different dedicated individuals.

• Successfully managing a complex replication programme requires the right structures and processes together with an openness and willingness to continuously improve and learn.

• The more diverse a replication programme the greater the monitoring challenge. Identifying monitoring systems and agreeing what categories to monitor on a case by case basis will help in the long term to achieve both the programme and the project goals.

Replication challenges

• Replicating social interventions requires adaptation at two levels: at intervention level (language used, delivery setting, and delivery techniques) and organisational level (processes, structures, and individual ways of working) in order to make it work locally. This means that some learning by experience is required. Key ingredients of a replication programme therefore include offering relevant contingencies at application stage, starting with conservative targets and allowing for flexibility in timing and location of delivery.

• Most replication ventures will face contextual challenges outside of their control that can affect the recruitment of beneficiaries, particularly staff recruitment and turnover. Funders and replication practitioners need to develop an ability to continuously learn and adjust.

Supporting replication (timing, focus and method)

Support for replication benefits from being tied to the **stage of replication** and the replication model used.

• Support with tightening the intervention and fidelity benefits from being front-loaded in order to ensure clarity about what is being replicated and ideally the core features of the intervention.

• Support for the organisational dimension of replication becomes more relevant and beneficial at a later stage in the replication process. It should therefore start and finish later. This is because in the first year many projects are

9

concentrated on getting the intervention ready and are not able to engage fully in wider organisational issues.

Some replication challenges are universal and some are specific to a particular replication model. When developing a support offer, it will be useful to consider arranging some support by the broad replication models on **specific issues**.

- Home grown interventions and organisations new to replication may require significant support to prepare them for replication and rigorous evaluation, so appropriate arrangements to firm up the intervention logic, fidelity tools and carry out evaluations need to be made.

- Replicating via licensing, on the other hand, can mean less support is required initially on specifying the intervention and evaluation as relevant support and structures tend to be offered by the intervention owner. Replicating a licensed intervention may therefore require back-loaded support on adapting rather than writing delivery manuals.

- Social franchising may require legal support for franchising agreements before delivery begins.

The selection of **support methods** matters to projects:

- Those engaged in a replication venture particularly value opportunities for face to face discussions and exchanges, especially early on. Support activities at project and programme level should therefore be weighted to support this.

The organisational dimension of replication

- Organisations need to adapt to replication by ensuring staff with appropriate seniority, autonomy and line management support are in place. Provision needs to be made for the complexity of the data collection and interpretation task.

- Senior management and Board support is particularly valuable for the sustainability of the replication venture, and appropriate engagement should be sought from the beginning.

- The ability to adapt and take on a replication venture appears to require similar characteristics to those necessary to take on the project in the first place: an openness to innovation, a strong 'learning culture' and a strategic interest and buy-in into an evidence-based way of working.

Lessons for replication practitioners

Generally applicable replication lessons

- Existing relationships in the replication destinations are key facilitators for successfully reaching beneficiaries.

- Having good marketing and PR for the intervention proposed is helpful to reduce risks and increase opportunities for buy-in. This is especially important where relationships are weak or non-existent. Effective marketing may involve a mix of written and verbal information about the intervention.

- Organisations and professionals usually find it easier to adapt to the rigours of replication if the intervention chimes with their usual focus and ways of working. For instance, it seems to be easier to 'sell' an intervention to schools if a link to the national curriculum can be demonstrated.

- The number of participants that can be reached in a 'replicated' project may be different to those reached in its original setting, particularly during the stage of adaptation and building networks in a new area. Targets may need to be revised in the first year or two.

Working with third parties or with schools

- Invest time in setting up clear agreements from the outset with schools about selection of students onto the programme.

- An understanding of who you are working with and why the intervention is suitable for a particular target group is key: this knowledge helps in negotiating with schools about who should take part in the intervention.

- In some cases, it might be useful to develop formal processes for delivery partners to share learning and resources. This can foster an ethos of working together more effectively, rather than relying solely on goodwill.

Social Franchising

- The need to conclude contracts between franchiser and franchisee creates an additional step in the replication process which needs to be catered for in the project / replication plan.

- If franchising agreements are drawn up with organisations outside the franchisee's formal network (e.g. with non-members in case of a membership organisation), these new partners may challenge identity, approach and values of having a franchising agreement. Ensuring these organisations have a similar ethos to that of the franchising organisation, extra effort (by senior management) to enable common understandings and commitment to the targets among franchisees helps address these challenges.

- The replication efforts are helped if franchisees (and their local project managers) are familiar with the local context as this facilitates contact with potential referral agencies and gets around trust issues in particular communities.

Replicating licensed interventions

- Some modification of the intervention or its delivery is likely to be needed to make it fit or the local context. In particular, materials from abroad will need changing, which is time consuming. This should be factored in to budgeting and considerations of the risk and likelihood of success of a replicated intervention.

- Due to the highly prescribed nature of licensed interventions this requires negotiation with and approval by the intervention owner on a case by case basis. Establishing a good relationship with the intervention owner is important

for understanding and negotiating the adaptations to the intervention that can and cannot be made by the license holder.

- Seeing the intervention in its original context improves understanding about it.

Replicating wholly owned interventions

- Projects who are directly replicating their own intervention often initially may lack many of the key replication ingredients: manualisation, logic models (and a clear understanding of what the unchangeable 'core' of the intervention is), and a strong evidence-base. Undertaking these activities can occur while delivery is taking place at the same time. This can mean a long 'set-up' phase, as learning shapes delivery.

- Providing supervision, Quality Assurance and other support to staff working remotely in the replication destination can be logistically difficult. Starting to replicate in locations 'close to home' can be advantageous.

- Replicating with a wholly owned model can mean an initial upfront investment into the organisation's infrastructure which may need a while to re-coup.

1. Introduction

1.1. This report

This is the final report of the Realising Ambition process evaluation. It covers the first three of the five years of the programme and discusses progress with, and learning from, the replication journey that the programme made during this time. The evaluation aimed to understand the practical issues associated with replication and what does and doesn't work when supporting organisations to replicate proven interventions. This was achieved through case study work, interviews and analysis of secondary data.[1]

The report is structured as follows.

Chapter 2 sets the scene for subsequent evaluative discussion with a brief description of what defines Realising Ambition as a replication programme and how it was set up.

Chapter 3 discusses the replication models used by our case study projects. It distinguishes two kinds of models: replication business models (licensing, franchising and wholly owned) and organisational models for replication (direct delivery – with and without gatekeepers – and indirect delivery – with or without gatekeepers). Key features of these models are explored alongside the learning from their application generated by the Realising Ambition programme.

These models are used in **Chapter 4** to analyse the 'distance travelled' in terms of beneficiary reach achieved in the first three years of the Realising Ambition programme. It also examines the facilitating factors and challenges with reaching beneficiaries in a replication process and how the programme has supported this. The chapter finishes with reflections on measuring reach in a diverse replication programme such as Realising Ambition.

Chapter 5 discusses the delicate balance between replicating a proven intervention with fidelity and adapting parts of it to the new target groups or locations where it is being implemented. It discusses the progress our case study projects have made along the intervention specificity indicators developed as part of this process evaluation, as well as learning about the organisational and support conditions that enable a project to manage the adaptation / fidelity challenge successfully.

Chapter 6 discusses our findings around learning about and supporting replication. It details the choices involved in creating management structures, identifying projects to fund, costing and structuring support packages, as well as the difficulties in supporting learning and influencing.

Chapter 7 concludes with a summary of the key overarching findings from this evaluation and their implications for others seeking to engage in a replication venture.

---

[1] Secondary data included programme-level data and a literature review on replication. The full methodology can be found in Annexes 1 and 2

1.2. Introducing the case studies

This process evaluation selected six case study projects, representing the Realising Ambition portfolio in terms of geographical spread, amount of funding received, level of intervention (multi, individual, family, group, school and community). The case study work enabled us to follow replication journeys in depth, exploring learning about what works and why, in terms of replicating preventative projects addressing young people. Below is a description of each of the six projects.

- **All Stars** is a school-based approach to prevent risky behaviour (e.g. substance use, violence, premature sexual activity). The programme is for youth aged 8-14 years attending schools in targeted, high-risk areas. It consists of interactive sessions, integrated into the school's curriculum, which include: small group activities, discussions, enjoyable worksheets and meaningful games and art activities.

- **Lions Quest Skills for Adolescence** is a group-based programme for at-risk youth aged 11-14. The programme aims to promote citizenship skills, core character values, and social-emotional skills and to discourage the use of drugs, alcohol, and violence. The curriculum consists of 102 lessons organised in seven units and taught in groups. Teaching methods include group activities, parent and family involvement, skills practice, and classroom and community service projects.

- The **Malachi Early Intervention and Family Support Program** is a three-tiered, holistic, therapeutic support intervention for youth aged 6 to 14 who are showing early risk factors relating to emotional issues. The aim is to improve life chances and reduce pathways to offending. The first tier acts as a screening tool for children displaying risk factors, delivered via issue-based drama and performance. The second filters the identified children into a more targeted group and their parents receive a therapeutic support over 12 weeks; the third continues with a bespoke 12 week family therapy package of support.

- **Plusone Mentoring** is a programme for young people, aged 8-14, identified as being at risk of offending due to a cluster of risk factors. The programme provides one-to-one mentoring from a trained volunteer under supervision from a Programme Manager. The mentor builds a trusting relationship, introduces the young person to new activities and supports them to build their resilience, self-confidence and new skills.

- **Roots of Empathy** is a school-based programme for children, aged 5 to 12, aimed at decreasing children's aggressive behaviour and increasing their pro-social behaviour, through focusing on caring for a baby. The programme involves classroom visits from a parent and baby; each visit is preceded and followed by an instructor-led session to reinforce learning.

- **SWITCH** is therapeutic bereavement support for children and young people, aged 8-14, who have lost a parent, sibling or grandparent and who are identified as being at-risk for offending. The aim is to help them recognise, understand and manage feelings and behaviours in relation to their grief. The intervention includes meetings with the children and young people and their parent/carer, group meetings and one parent/carer group session.

2. The Realising Ambition Programme

2.1. About Realising Ambition

Launched in May 2012, the £25m Realising Ambition programme supports the implementation in different locations or with different audiences of proven interventions that aim to help young people fulfil their potential and avoid pathways into offending. The programme, which funds 25 projects to replicate proven interventions from the UK and abroad, is managed and supported by a consortium consisting of four organisations with relevant and complementary expertise in programme management, evidence and evaluation, organisational development, and monitoring.

Realising Ambition is the second major (and pilot) programme of the 'Replication and Innovation' stream at the Fund and innovative in that it: represented an – experimental - change in approach for the Fund in not funding innovation but seeking to demonstrate the value of 'copying' existing proven practice; focused on prevention rather than 'curing'; and aimed to include certain types of projects (e.g. family, school, community) and activities (e.g. mentoring, befriending, group development).

Realising Ambition therefore has a dual aim: to address a social need on the one hand and to learn from the programme (and share this learning) on the other. These two aims are reflected in the three programme objectives:

- **More young people** benefit from opportunities and support to fulfil their potential, avoiding pathways into offending;

- Organisations working with young people have **better evidence** of what works in avoiding pathways into youth offending and are able to replicate the most effective approaches;

- The Fund and others **learn** about how they can best identify and support replication of proven policies and practice.

The remainder of this chapter discusses the Realising Ambition programme from a replication perspective. Details about programme management aspects and their importance for the programme are analysed in Chapter 4.

2.2. Key characteristics of the replication process in Realising Ambition

There is no universally accepted definition of replication in the social policy sphere.[2] Drawing on the wider replication and scaling literature, a useful general working definition of replication is: *a process of where a project, model, idea, or information is copied, and hence multiplied, but in a planned and somewhat directed manner*.[3] In principle, therefore, a whole range of phenomena can be replicated – from the very practical to the very ideational. This process tends to

---

[2] TIHR (2011) Literature review on replication, p. 4
[3] TIHR (2011) Literature review on replication, p. 6

happen in phases which can broadly be characterised as: a 'knowledge and awareness' phase where an effective intervention is found; a 'choice and decision making' phase where individuals and / or organisations deliberate whether or not to take on and [spread] this innovation; an 'implementation' phase where the innovation is replicated in successive waves.[4]

In Realising Ambition, the details of what was going to be replicated and how were defined by the Consortium, appointed by the Fund through a competitive process to design, set up, implement and manage the programme.

The Consortium's initial articulated understanding of replication, closely aligned to the working definition above, was:

> *Spreading a proven intervention, and more specifically the strong model underpinning it, into new geographic areas or to new audiences (not simply doing more of the same).*[5]

Over the course of the first three years of delivery, this definition evolved as follows:

> *"Successful replication may be defined as: a tightly defined service; effectively and faithfully delivered to those who can benefit from it; that provides confidence that outcomes have improved; that is cost-beneficial and scaleable; and is delivered by an organisation that uses evidence to learn and adapt as required. As such, it is not just about replicating a particular practice; rather, it is a way of replicating a positive social impact."* [6]

This understanding is reflected in, and has perhaps significantly shaped, the three phases of the Realising Ambition programme:

• **Application phase:** the selection of the 25 projects that are part of the Realising Ambition portfolio took place during a three-month application phase and was significantly informed by the strength of the existing evidence base of the intervention proposed for replication, which was determined by a rating on a 'standards of evidence' scale (system readiness, intervention specificity, evaluation quality and intervention impact). Whilst the aspiration was to select projects with high objective standards of evidence[7], the final portfolio included a mix of projects (average intervention specificity score of 3.2 out of 5; average impact on child outcomes score of 1.6 out of 5, average evaluation quality score of 1.4 out of 5). This was, fundamentally, because of the shortage of interventions with the highest evidence rating generated through randomised controlled trials (RCTs).

• **Set-up phase:** over six months (May to October 2012), Consortium members identified the support needs of Realising Ambition projects in relation to the

---

[4] TIHR (2011) Literature review on replication, p. 12
[5] Realising Ambition process evaluation scoping phase interviews with UK Partner (2012)
[6] Realising Ambition Programme insights: Issue 1 "The Secret Life of Innovation: Replication, p. 4
[7] "What works" evidence standards: http://dartington.org.uk/projects/what-works-evidence-standards/

intervention that was to be replicated (its internal logic, how clearly defined it is and the anticipated outcomes are, the strength of the existing and future evidence base) as well as the organisational preconditions necessary for successful replication) and began to deliver – and review – this support offer.[8]

• In the **Implementation phase** (October 2012 to the end of the programme in 2017) the 25 Realising Ambition projects replicated their chosen intervention in new geographic locations, continuing to receive support, agreed annually and reviewed biannually, from the Consortium on intervention specificity, organisational preconditions for replication and the Programme's monitoring system. Four projects agreed to participate in a randomised controlled trial (RCT) of their intervention and are working closely with one of the Consortium partners (the Social Research Unit) in this process.

Thus, by design, Realising Ambition was about repeatedly implementing something reasonably specific (a 'model') and, in order to achieve this, supporting projects to be as clear as possible about what this model is and to have the (organisational and evidence) conditions in place to achieve. To this end, nearly 88 percent of the available funds were allocated to the 25 projects in the Realising Ambition portfolio and eight percent to the support activities.[9]

2.3. The role of support in Realising Ambition

The system of support alluded to in the previous section (which will be discussed in greater detail in subsequent chapters) is novel in its clarity: in many cases replication programmes struggle to demarcate lines of support and responsibility. Some literature on supporting replication suggests that there should be an appropriate form of support of projects from the programme, which includes scope for distribution of knowledge, evaluation, and assistance in making replications sustainable beyond their own funding period. However, it also suggests that "responsibility for encouraging replication appears to be clearly accepted by no-one."[10] By contrast, the Consortium provide a support environment designed to fit the needs of projects at every stage of the replication process. They offer webinars, workshops, action learning sets, a policy digest and bespoke support. This support covers a wide variety of topics, the following of which were related to reaching beneficiaries: monitoring of activities; tightening the intervention logic; manualisation and evidencing interventions; support to projects on PIPs; practical learning on leadership; and building networks and other issues.

The Consortium now produce a menu of support options at the start of the financial year so that projects can select what type of support they would like to get. On top of the formal support portfolio, bespoke support is offered to all projects. The Young Foundation offered six days for each project in year three but, as with the main support portfolio, the take-up of support is voluntary and some projects engage more than others according to their needs and attitudes.[11]

---

[8] The support offer and its contribution to replication success is discussed in Chapter 6 of this report.
[9] Percentages calculated from Realising Ambition project budget 2014.08.2015 supplied by Catch 22
[10] Leat, D (2007): *Replicating Successful Voluntary Sector Projects*, Association for Charitable Foundations: http://baringfoundation.org.uk/wp-content/uploads/2014/10/ACFRepReport6.pdf
[11] Stakeholder interviews, 2014

2.4. Summary and implications

The implications from this discussion are two-fold and will be explored in subsequent chapters of this report. Firstly, replicating a model requires clarity about what is essential (the 'core') and what is less so ('peripheral') to successful replication. As we shall discuss later, this is not something that inevitably exists a priori but, in many cases, needs to be learned experientially. Secondly, a reasonable amount of resource, both financial and in expertise was made available to the 25 projects to support them in their Realising Ambition replication journeys, and subsequent chapters will explore the benefits of this.

The next chapter will progress to briefly presenting the Realising Ambition projects and discussing the replication models used by them.

3. The replication approaches used in the Realising Ambition Programme

> **Key lessons**
>
> • Interventions can be replicated with a range of replication business models. The choice of the model represents a mix of strategic intentions of the replicating organisation and / or the intervention owner.
>
> • Different degrees of support may be needed in the early stages of replication for the different replication business models. The wholly owned model, for instance, requires front loaded support on tightening the intervention that is to be replicated. Replicating via licensing can mean less support is required initially on specifying the intervention and evaluation as relevant support and structures tend to be offered by the intervention owner.
>
> • There is a greater degree of flexibility in the choice of the organisational model for replication. This offers opportunities to consider the replicating organisation's embeddedness in the new contexts and the relative advantages of each organisational model in providing relationships and contacts on the ground.

The Realising Ambition portfolio represents a varied set of projects and includes:

• Large (9 projects), medium (4), small (8) and micro (4) lead organisations headquartered in England (21), Scotland (2) and Northern Ireland (2).[12]

• Interventions focusing on individuals (3 projects), families (5), groups (4), schools (7), communities (3), and several of these target groups (3).[13]

• Projected beneficiaries per intervention at proposal stage between 80 and 44,925 and an average agreed grant of £883,642 (ranging from £300,000 to nearly £1.6 million on the original proposal).[14]

• Licensing (11), franchising (1), partnership (3) and wholly owned (10) business models of replication.

Figure 1 overleaf summarises the distribution of types of intervention, levels of funding in numbers of beneficiaries. The map, showing the headquarters of the 25 funded projects, shows a relatively even distribution of projects across the UK, with two Scottish projects, and three Northern Irish alongside 20 English-headquartered projects. Besides Wales, this is roughly in line with the populations of the four UK nations, with England slightly under-represented (having almost 85 percent of the UK population) and London headquarters over-represented. Most interventions are delivered in UK population centres, such as the national capital cities, Bristol, the North-West, the North-East and Glasgow.

---

[12] Realising Ambition programme documentation
[13] Realising Ambition interim report p.38, https://www.biglotteryfund.org.uk/research/children-young-people-and-families/choices
[14] Realising Ambition programme documentation

Figure 1: Overview of Realising Ambition funded projects

Overview of RA funded projects

Funding and type of intervention of the 25 RA projects

Funding (£)
300,000
400,000
600,000
800,000
1,000,000
1,200,000
1,400,000
1,572,639

Type of intervention
Individual
Community
Multi
School
Group
Family

London organisations

Total beneficiary reach by target group
Type of intervention

125,820

8,747
3,348
2,567
1,390
852

School Group Multi Family Community Individual

Funding by organisation size
Organisation size

11,311,714

5,618,798

2,844,954

2,315,587

Large Medium Small Micro

The left bar chart shows that the vast majority of targeted beneficiaries would be reached through school-based interventions (88 percent). The benefits of having a 'captive' audience in schools are very clear, but this also points to the type of interventions that occurred in many school-based projects: presenting to assemblies was a common method of delivery, and so school-based projects were often (though not always) less targeted and less intense than other types. For example, whilst the individual level interventions will only reach less than one thousand children and young people, many of these interventions lasted over a year.

The right bar chart on funding by organisation size shows that whilst a lot of funding went to large charities (51 percent), this was not to the detriment of small and micro organisations who received over a third (36 percent) of the total funding. Overall then, the Consortium made successful efforts to include a diverse range of host organisations and types of intervention into their funding portfolio.

In addition to the four business models of replication (licensing, franchising, partnership and wholly owned), our case study work also identified **five different organisational models** (institutional arrangements) that were used to achieve the replication endeavour:

• Direct delivery (6 Realising Ambition projects);

• Direct delivery, referral model (8 projects);

• Indirect delivery (4 projects);

• Third party delivery (4 projects); and

• Third party delivery, referral model (2 projects).

One Realising Ambition project combined two of the above delivery models (indirect delivery and third party delivery).

Drawing on data from our case studies, this chapter will discuss what replication approaches were used by these projects and why, and how far models and interventions were replicated during the first three years of the programme (September 2012 to March 2015). The chapter will also describe the five organisational models chosen to implement the replication interventions.

3.1. Replication business models used by Realising Ambition projects

Four business models are conventionally cited as underpinning replication: franchising, licensing, partnership and wholly owned.[15] This process evaluation has studied six of the 25 Realising Ambition projects in depth over three years (purposefully sampled to present a good mix of the replication models listed above, intervention type, funding received and geographical spread). This work

---

[15] Social Enterprise Coalition (2011) The Social Franchising Manual, p. 3-6
http://www.socialenterprise.org.uk/uploads/files/2011/11/social_franchising_manual.pdf

has surfaced that there are two different ways of looking at replication models: the business model and organisational model of replication.

Among our case study projects, we can find three primary replication business models: licensing, franchising and wholly owned.[16] Unlike how replication business models are conventionally discussed in the literature, our case study projects occasionally combined two of these primary business models or towards the end of year three were beginning to see the original model as gateway to a different one. This is discussed in more detail below.

3.1.1.   Social franchising

According to the Social Franchising Manual:

> *"(i)n its simplest definition social franchising is simply the application of commercial franchising methods and concepts to achieve socially beneficial ends. Or to put it slightly differently: social franchising is the use of a commercial franchising approach to replicate and share proven organisational models for greater social impact. (…) (S)ocial franchising combines social objectives (sharing learning and methodologies for greater social impact) with financial objectives (charging fees for intellectual property and services for greater economic sustainability)."* [17]

One of our case study projects used a franchising model to replicate an intervention which they had developed and hence wholly own. The organisation had two main reasons for choosing this model:[18]

• Being able to ensure that the same outcomes are produced;

• Sustainable growth. Indeed, very early on in the Realising Ambition programme the organisation had had interest in the organisation from another EU member state (Denmark), and two years into delivery are extending the franchise to North America, having signed an agreement with a Canadian organisation.[19] Moreover, in year 3 (2014/2015) of Realising Ambition, the project submitted a consortium bid to continue to roll out the intervention in Scotland, England and Ireland.[20]

Towards the end of year 3 of the Realising Ambition programme (FY 2014/15), this franchising case study had concluded agreements with 10 out of the 10 planned franchisees.[21]

Table 1 overleaf lists the key components of the social franchising model and how they are realised in our case study example. This shows that the social

---

[16] In the early phases we had identified two further models: collaboration with the intervention owner which subsequently morphed into a licensing model; a remote teams model which subsequently became an organisational growth model.
[17] Social Enterprise Coalition (2011) The Social Franchising Manual, p. 3-6
http://www.socialenterprise.org.uk/uploads/files/2011/11/social_franchising_manual.pdf
[18] Case study interview, 2012
[19] Case study interviews, 2012 and 2014
[20] Case study interview, 2015
[21] Year 3, quarter 3, return log, Catch 22

franchising model as applied in our Realising Ambition case study project closely matches the formal definition of the model and that some useful lessons have been learnt which others can consider when choosing social franchising as a replication model.

In terms of replication progress, the key lessons are:

• The need to conclude contracts between franchiser and franchisee creates an additional step in the replication process which needs to be catered for in the project / replication plan. At the same time, the speed of setting up franchises increases after the first 'waves' due to efficiency gains from having established all relevant policies and procedures. Thus, in our case study project, after the first round of agreements had been concluded there was a feeling that as they were "moving into the next tranche (…) [it] should be smoother as all processes are in place. [You] need a lot of partnership work, need to apply lots of policies with due diligence." [22]

• Extra time and effort may have to be put into conveying brand and ethos of the intervention to franchisees if these are not part of an already existing membership network.

• The replication efforts are helped if franchisees (and their local project managers) are familiar with the local context as this facilitates contact with potential referral agencies and gets around trust issues in particular [disadvantaged] communities.

Table 1: Social Franchising key components[23] and how reflected in Realising Ambition

Social Franchising key component	How reflected in Realising Ambition (case study project)	Learning
A legal agreement between franchisor and franchisee giving the right to use systems, brand and other intellectual property, and to use those to operate an identical business.	Franchise agreement covers: • The overriding principles of the programme (including the intervention's youth work approach) and intellectual property rights and each partner's obligations. • The term (3 years), fees, target numbers and territory. • Termination clause and extension period (12 months). • Training, reference to the manual, financial support. • Data protection and an anti-bribery clause. • Realising Ambition partner agreement (child and data protection).	• Legal advice was budgeted for and sought on the franchising agreement in order to ensure correct wording in the agreement. • Seeking pro bono legal advice may not work as law firms tend to de-prioritise this work. • Management of the franchisees may need convincing to sign a legal document if this is not part of their usual ways of working.
The entire business format being duplicated, including the same brand	• A manual and accompanying templates that project managers might use for beneficiary recruitment, fidelity to the model, exit and review. • Logic model and fidelity tools. • Delivery plan (a checklist of what needs to be done).	• Before Realising Ambition, one case study said they were delivering their intervention without really knowing what it was. • If franchising agreements are drawn up with organisations outside the franchisee's formal network (e.g. with non-members in case of a membership organisation), these new partners may challenge

---

[23] From: Social Enterprise Coalition (2011) The Social Franchising Manual, p. 3, http://www.socialenterprise.org.uk/uploads/files/2011/11/social_franchising_manual.pdf (amended)

Social Franchising key component	How reflected in Realising Ambition (case study project)	Learning
		identity, approach and values of having a franchising agreement. Ensuring these organisations have a similar ethos to that of the franchising organisation, extra effort (by senior management) to ensure common understandings and commitment to the targets among franchisees helps address these challenges. • Conversely, franchising is relatively easier if it involves members as franchisees have the same branding. • Delivery staff in franchisee organisation may need to get used to a more prescribed way of working if they have not had a franchising agreement before.
Ongoing obligations between franchisor and franchisee	• Delivery to target • Fidelity checklist	
Support via training and communications to the franchisee for the duration of their business relationship	• Training pack for mentors lasting for 5 weeks; training pack for programme managers. • Peer support tools: meetings to share learning, creation of a web-portal to support knowledge transfer. • Help for franchisees with acquiring match-funding by facilitating contacts with potential funders (Local Authorities and police).	• Specific support around assessment was needed as each franchisee had their own theories around how to assess young people as well as for referrals and volunteers.

Social Franchising key component	How reflected in Realising Ambition (case study project)	Learning
The franchisee being granted a particular territory to operate the business	• Intervention replicated in 10 areas.	• The franchising model works when franchisees (including those managing the franchise / replication locally) are embedded in the local community where they are replicating. This may require drawing up franchising agreements with organisations outside of the franchisee's formal network to reach particular geographies. • The need to conclude legal agreements between franchiser and franchisee involves an extra stage that makes the set-up process slower than other replication models.
Ongoing fee payments from franchisee to franchisor	• Franchisees need to pay an amount over a three year period. • Franchisees also need to find match-funding from Local Authorities to ensure sustainability of their delivery.	• In some areas getting the match funding from Local Authorities was difficult because the funding landscape had changed between application to the Realising Ambition programme and start of delivery. This has meant delays in delivery in locations where franchisees faced difficulties securing the match funding.
Specific support required on legal issues	• Few social franchising projects were funded, potentially due to the legal barriers and learning that is required to replicate a social franchise. The franchising case study struggled with the wording of the legal agreements which delayed the launch of the project, and the Consortium initially had sparse expertise in franchising.	• Support staff in the programme require early engagement in potential legal difficulties and risk management in case of delays.

3.1.2. Social licensing

Three of our case study projects use a licensing business model to replicate their chosen intervention. Mostly, the choice of this model followed the choice of intervention. The three case study projects are replicating interventions that are not their own and whose owners reside in North America. Our case study projects had chosen these interventions for a number of reasons, including: they had not been delivered in the UK; they matched the criteria for the Realising Ambition programme; there was an evidence base on outcomes; and the intervention was seen as easy to replicate and / or a good match with the organisation. Licensing was a way of gaining permission to replicate the intervention in the UK as part of Realising Ambition by the owners.

According to the Social Franchising Manual:

"Licensing usually involves being granted a license to provide a service or sell a product rather than an entire business format or system. The relationship between a licensing organisation and licensee is also looser than its franchising equivalent. This usually means a much smaller package of training and support (and not ongoing) and often no ongoing fees payable after the initial license purchase. Moreover licensees will usually not receive exclusive territorial rights and the granted rights are usually more limited."[24]

Table 2 overleaf lists the key features of a licensing model and how this is reflected in our three case study projects.

The key conclusion from this mapping is that the headline categories of the social licensing model as defined by the Manual are also found in our three Realising Ambition case study projects but that there are variations in detail. For instance, whilst the intervention training is indeed fairly contained, two of our licensing case study projects receive ongoing support from the intervention owners, be this around issues of fidelity or evaluation. And whilst perhaps legally the relationship between intervention owner and licensee is looser, socially strong relationships with the intervention owner were regarded as a key success factor for replication via licensing.

Amongst our licensing case study projects we can also find an example of combining two replication models. One project chose to **collaborate** with the intervention owner first, on the basis of a written agreement, in order to get to know the intervention and understand the degree of adaptation necessary to implement the intervention in the UK. After one year of collaboration (a piloting phase of the intervention) and some modifications to language and delivery methods, carried out in collaboration with the intervention owner, the project decided to sign a license agreement.

---

[24] Social Enterprise Coalition (2011) The Social Franchising Manual, p. 4
http://www.socialenterprise.org.uk/uploads/files/2011/11/social_franchising_manual.pdf

This partnership model was therefore a gateway towards a more binding agreement. The benefits of this approach were described to us as follows:[25]

• Learning about the background thinking, aims and rationale of the intervention from the designer. "(I)t shows you are serious about the intervention and about evidence."

• Gaining their experience and understanding, "doing the journey with them".

• Being able to re-jig the intervention with the owner and find out what works and why: "you are not just taking it off the shelf."

• It brings kudos and credibility to say you are working with the originator.

In terms of replication progress, the key lessons from applying the social licensing model in Realising Ambition are:

• The relationship with the intervention owner is important for the smooth progression of the replication venture;

• Due to often ongoing support from license owners, projects using this model often do not require as much support from the programme as other models; and

• Training by the owner, in particular when delivered in context, is also valuable to enthuse deliverers about the intervention and hence achieve buy-in.

---

[25] Case study interview, 2012

Table 2: Licensing key components[26] and how reflected in Realising Ambition

Social licensing key component	How reflected in the Realising Ambition programme	Learning
A legal agreement between intervention owner and licensee	• License agreements covering, for instance: the rights to use the intervention materials, targets to be reached, rights and duties of delivering the intervention, duration of the agreement.	• Licensees need to be aware that the intellectual property for the manuals lies with the intervention owner and that copyright cannot be claimed (automatically) on any changes or additions.
Provision of a service or product	• A social intervention prescribed in content and delivery via a programme manual, the effectiveness is normally backed up by (reasonably) rigorous (RCT based) evidence.	• Some modification of the intervention or its delivery is likely to be needed to make it fit or the local context. Due to the highly prescribed nature of licensed interventions this requires negotiation with and approval by the intervention owner on a case by case basis.
Ongoing obligations between licensing organisation and licensee (but looser than in the case of franchising)	• Ongoing collection of outcome data by licensee for intervention owner (not required by all license holders). • Any modifications to the intervention and its delivery need to be approved by the owner.	• Establishing a good relationship with the intervention owner is important for understanding and negotiating the adaptations to the intervention that can and cannot be made by the license holder.
Training and support (but much smaller package and not ongoing than in the case of franchising)	• (Short, between 2 and 4 days for our case study projects) training of host and / or delivery organisation staff by intervention owner and / or trained staff from the host organisation. This may or may not involve a test. • Intervention owner often provides fidelity support,	• Seeing the intervention in its original context improves understanding about it. • Licensing projects often do not require intense support to develop replication tools (logic models, fidelity tools etc.) and generally seek less assistance. However in several cases licensees have

---

26 Adapted from: Social Enterprise Coalition (2011) The Social Franchising Manual, p. 4 http://www.socialenterprise.org.uk/uploads/files/2011/11/social_franchising_manual.pdf

	such as: the manuals / materials, evaluation questionnaires, monitoring visits, a mentor to discuss delivery and any issues faced, reflection questionnaires, regular calls and email exchanges. In Realising Ambition, this support was usually provided throughout intervention delivery. • Support on changes / adaptations to the manual and / or delivery, either ad hoc when unforeseen challenges arise, or in order to make the material / delivery fit for the new local context. • Some intervention owners offer data analysis to license holders.	used support to reflect on implementing replication tools in their own organisation. • Licensees are unlikely to benefit as much from support for core replication tools. • The more 'mature' starting point of licencing projects often leaves them open to organisational learning at an earlier stage.
No exclusive territorial rights	• One of the license projects already operating in Scotland. • Another license granted for delivery under Realising Ambition.	
Limited rights granted	• Delivery of the intervention by license holder in line with manual / content to ensure known outcomes are achieved. • Any modifications to the intervention and its delivery need to be approved by the owner.	• For many licencees, holding a licence means that there is a policy and procedure for everything. Going through the licencer for decisions means rapid responses to an immediate need are rare. While the programmes are often efficient, the model takes away some operational freedom.
No ongoing fees beyond initial license purchase	• Fees charged per manual.	

3.1.3.   Wholly owned

The third replication model used by our case study projects is the 'wholly owned' model.[27] The Social Franchising Manual does not offer a detailed definition of this model, but the title implies that not only is the intervention owned by the replicating organisation, it is also replicated by 'in house' staff. On its spectrum of flexible to controlled replication strategies wholly owned sits at the very end in the 'control' side (with franchising and licensing taking the middle ground between flexibility and control).[28] This is because using one's own staff to deliver one's own intervention means maximum ability to influence content and quality of delivery.

Indeed, for one of our case study projects, this seems to have been a key reason for choosing to replicate with their own staff:

> "It's not about licensing or franchising it...what confidence do we have that if we wrote a manual that it would work in Manchester? We've done a little bit of market research and still the most important factor is who's giving the message – this is as important as the message is. And having a genuine relationship with their work. It's important to our clients that [name of staff members] believe in what they do. You underestimate the training and input you give to this company." [29]

As a result, the organisation invested a significant amount of time (two months) into training new staff hired to lead delivery in the replication destination.

A second key reason for a wholly owned replication model was that it fitted with the organisational strategy of 'selling' an intervention which had achieved good brand recognition at home elsewhere, as part of the organisational sustainability strategy to not be grant dependent. In anticipation of the economies of scale that could be achieved through replication, the organisation invested in its own infrastructure so that a growing number of beneficiaries could be supported as part of Realising Ambition and, crucially, beyond.[30] The second case study project which chose the wholly owned model also recognised that there was potential to grow the number of beneficiaries they were engaging with: "whilst they had done some new programmes they hadn't greatly increased numbers. They were a bit static. I knew there was a direct alignment between levels of bereavement in youth offenders, higher than national average, so I thought Realising Ambition was a great opportunity".[31]

Finally, both organisations choosing the wholly owned model recognised the need for a stronger evidence base on the effectiveness of their intervention, and to generate this experience in-house staffing was beneficial to the organisation and its objectives. "[An] RCT [is the] next move for intervention / organisation".[32] And, similarly, "Times are different, the economic climate is different (…) many

---

[27] In previous reports we called this model 'remote teams' and 'organisational growth'.
[28] Social Enterprise Coalition (2011) The Social Franchising Manual, p.7
http://www.socialenterprise.org.uk/uploads/files/2011/11/social_franchising_manual.pdf
[29] Case study interview, 2012
[30] Case study interview, 2012
[31] Case study interview, 2012
[32] Case study interview, 2012

third sector organisations fall by the wayside, it's just another shift up the gearbox."[33]

Interestingly, and without being prompted, two case study projects choosing the wholly owned model articulated some of the key reasons the Social Franchising Manual lists for choosing this model. The key learning from applying this model is:

• This model seems to require a higher support need initially in order to improve intervention specificity.

• The model can create some organisational challenges when management and quality assurance of delivery staff is the responsibility of a (remote) head office.

---

[33] Case study interview, 2012

Table 3: Key components of a wholly owned replication model[34]

Factors that favour control over flexibility	How present in Realising Ambition?	Learning
Multi-faceted, complex model		
Brand and mission requires protection	• Good reputation built up locally by one case study project. • New staff have been trained through six weeks of induction at head office, observing existing workers and working alongside them.	
High risk business where mistakes could have serious consequences	n/a	
Established, proven business model with strong structures and policies	Wholly owned projects compared their model to a commercial product that they want people to buy.	
Package with considerable client recognition and trust	A good reputation in home location. One case study claimed that the local Council are keen on the project.	

---

[34] Social Enterprise Coalition (2011) The Social Franchising Manual, p.7 http://www.socialenterprise.org.uk/uploads/files/2011/11/social_franchising_manual.pdf

Factors that favour control over flexibility	How present in Realising Ambition?	Learning
High programme support needs	• Wholly owned projects replicating for the first time required the whole support architecture. • For projects replicating for the first time on their own intervention, what is 'core' to intervention's success is often unclear. Instead of being set out in a manual, the mechanisms for change need to be worked through in detail and implemented. This required intense, bespoke support throughout the project and especially before project launch.	• Manualisation, learning about the 'core' and implementation / delivery can occur at the same time. This can mean a long 'set-up' phase, as learning shapes delivery. • Programme level support is crucial to replicate wholly-owned interventions in order to develop the project tools. Front-loaded support is a necessity.
Evidence of impact across operations required for funders / investors	One project has expressed an interest to be an RCT site, and saw an RCT as the next move for intervention / organisation. Their rationale was that times are different and the economic climate is different. Third sector organisations tend to fall by the wayside in these circumstances, and an RCT is another shift up the gearbox. The opportunity to do an RCT played a part in this – if this is successful, it will give them the opportunity to develop a first UK home grown licensed parenting support plan. They hope that Local Authorities can buy this. An RCT will build their evidence base and they see it as proving their work is beneficial. They believe their services work and whilst they have heard this from children they also need evidence. The charity environment demand evidence for funders.	• Preparing for an RCT can take up a lot of internal resources. • Investment in the development of internal skills/capacity may be required (for example, increasing the organisation's ability to use evaluation data generated) to prove impact of the work.

Factors that favour control over flexibility	How present in Realising Ambition?	Learning
Need for regular sharing of information and transferability of good practice	• Regular supervision sessions for staff in home and replicating locations. • In one project, the office environment is 'good' and sharing practices is supported by holding joint meetings and running a helpline. The Head of Clinical Services also supervises the practitioners who they have worked with for six years.	• Providing supervision, QA and other support to staff working remotely in the replication destination can be logistically difficult. Starting to replicate in locations 'close to home' can be advantageous.
Significant economies of scale to be exploited	To make one replication site work one case study had to invest quite heavily in their infrastructure which will only become cost effective when another replication site is created. This short-term investment was needed to make the first site viable. Some projects found that Realising Ambition replication can be delivered with only minor additional staff (2 FTE). Another project found the initial volume of schools in the replication destination was not large enough, they needed more mass. Realising Ambition was helpful in getting that. Finally one project had done some new programmes but hadn't greatly increased numbers. They were a bit static. The manager knew there was a direct alignment between levels of bereavement in youth offenders- higher than national average and so Realising Ambition was seen as a great opportunity.	• Replicating with a wholly owned model can mean an initial upfront investment into the organisation's infrastructure which may need a while to re-coup.

3.2. Organisational models for replication

In addition to the three replication business models described above, our case study work has identified that Realising Ambition projects used five different organisational models to implement their replication objectives: two base models with one variation each. The organisational replication models illustrate the institutional and role arrangements chosen to achieve the replication endeavour. They are represented below in text and diagram in a stylised manner and, in some instances, the 'pure' form in which they were originally thought up. Any changes and challenges to these models will be discussed in the next chapters.

3.2.1. Organisational model 1: Direct delivery

The most straightforward organisational model for replication is perhaps the one where the lead organisation is responsible for both recruitment of beneficiaries and delivery. In this model, the lead organisation retains all the responsibilities that come with replication and being part of the Realising Ambition process.

Amongst our case study projects this model is the exception. It can only be found with one of the two lead organisations that use the 'wholly owned' replication business model (but is used by eight Realising Ambition projects in total). The model implies using their own staff to both recruit replication sites and beneficiaries and to deliver the intervention. In line with the wholly owned business model employed by this project, this organisational model gives maximum control in terms of: the right target groups being included in the intervention; fidelity to the intervention model; and the quality of delivery. In the first three years of Realising Ambition, this model was used successfully to recruit at least ten delivery sites in the two replicating locations.

Figure 2: Direct delivery
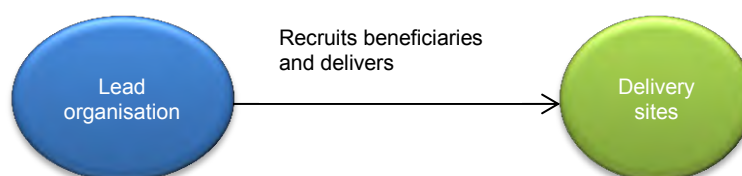
3.2.2. Organisational model 2: Direct delivery, referral model

A variation of the above model is presented by the direct delivery / gatekeeper model. In this model, the lead organisation provides the staff to deliver the intervention in the replication destinations, but the beneficiaries are found ('recruited') though referrals from relevant gatekeeper organisations. In the Realising Ambition case study project that chose this model, these gatekeeper organisations were statutory bodies in the replication destination, such as Local Authorities or multi-agency bodies responsible for the relevant target groups locally. The reasons for choosing this more indirect recruitment method lay in the direct access to relevant target groups. "We are relying on the agencies to

tell us who needs us. (….) Local and frontline workers hold valuable sources of information." [35]

In this model, the lead organisation has all the responsibilities that come with replication, but depends on a third actor to provide beneficiaries in sufficient numbers to meet the required targets.

Figure 3: Direct delivery, referral model
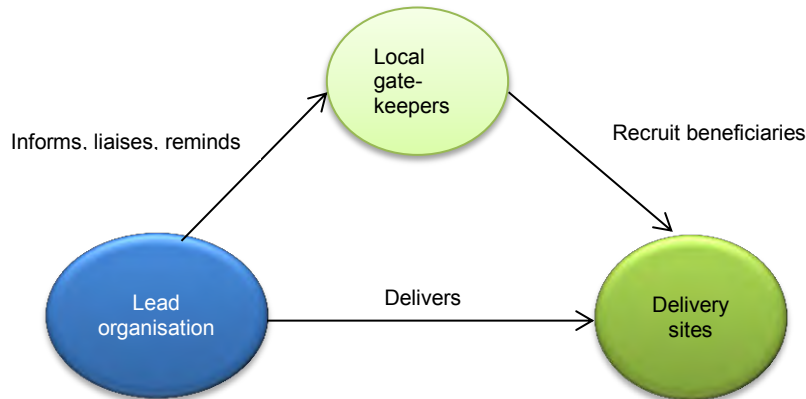
3.2.3.   Organisational model 3: Indirect delivery

In the third organisational model for replication, used by one of our case study projects, the lead organisation recruits the organisation where the intervention is delivered and trains the deliverers who are employees of that organisation. The delivery organisation recruits beneficiaries from the pool of young people they normally work with and delivers the intervention on its own premises. The lead organisation itself does not get involved in delivery. This model is used by one of our case study projects and one other in the Realising Ambition programme, both working with schools and using a licensing model to replicate an intervention from abroad.

Figure 4: Indirect delivery
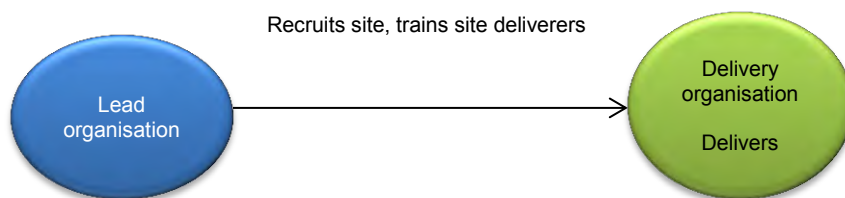
3.2.4.   Organisational model 4: Third party delivery

In the fourth organisational model for replication, recruitment (of sites and / or beneficiaries) as well as delivery is 'delegated' by the lead organisation to a delivery organisation via a contractual agreement. In this model, which is used by two of our case study projects that replicate via a licensing business model, the lead organisation retains the legal right to the intervention, selects and

---

[35] Case study interview, 2012

contracts with interested delivery organisations, provides them with funding and beneficiary targets as well as some support tools (e.g. ensuring deliverers are trained in the programme, peer learning, the programme's monitoring platform). The contracted delivery organisation recruits beneficiaries in their local area and delivers the intervention in its own or in a third setting (e.g. a school). In the instance of our case study project, this organisational model for replication was chosen because it matched the organisation's normal way of working. In the first three years of the programme, this model took the project's intervention to ten locations across England and 44 settings within those.[36]

Figure 5: Third party delivery model

3.2.5. Organisational model 5: Third party delivery and gatekeeper recruitment

The fifth organisational model we have identified through our case study work is a variation of the previous model. It is similar in that it retains the structure of a lead organisation with overall responsibility and contracted delivery organisations responsible for delivering the intervention to agreed targets in agreed locations. However, it adds a layer of complexity to this process in that the delivery organisations rely on local gatekeepers to recruit relevant target groups to the intervention. The reason for replicating in this manner was the value the local structures added to the identification of relevant target groups.

One of our case study projects that used this model did so because: a) it used a franchising business model which requires contracts with delivery organisations; and b) it knew from a piloting phase preceding participation in Realising Ambition that local multi-actor 'referral groups' were dealing with the specific groups required for their intervention as a matter of course, so 'plugging into' these groups was seen as an efficient way of ensuring the right young people join the intervention. In the course of implementation, this model required some creative adjustments to the local contexts as it became clear that the local structures relied upon did not exist universally but on several occasions had to be created as part of the replication effort.

---

[36] Case study interviews, 2013

Figure 6: Third party delivery, referral model
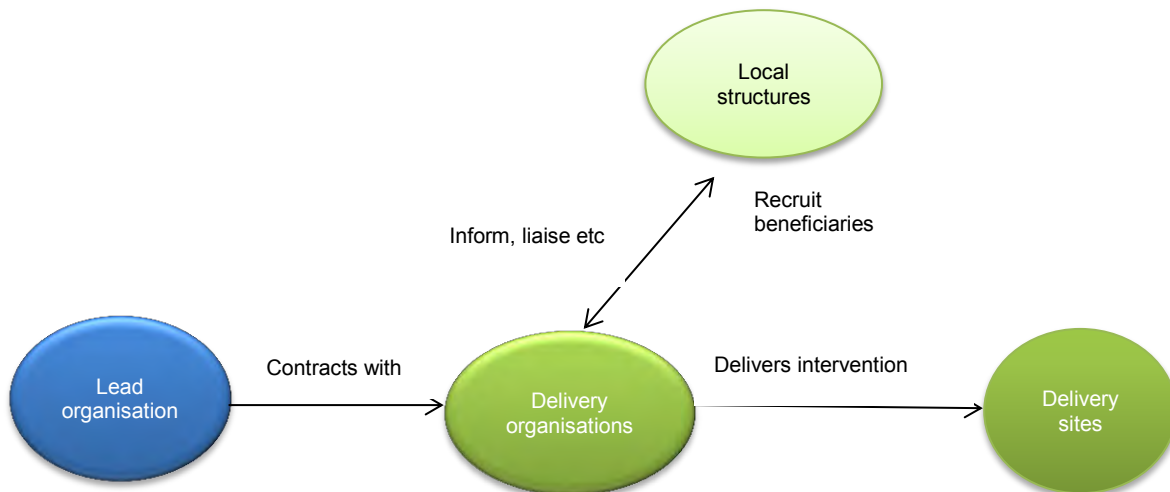
3.3. Summary and implications

Our case study projects represent three out of the four replication business models used in the Realising Ambition programme: social franchising, social licensing and wholly owned. In each case, the choice of the replication model was a result of the organisation's strategy or the needs of the intervention.

Our case study work also identified a number of organisational models of replication, representing different degrees of complexity in terms of relationships and number of actors involved. To some extent, these are independent of the replication business model employed (so one organisational model might be used by projects using different replication business models), and are (sometimes) only subtly different from each other. The organisational models for replication are also not mutually exclusive, as one of our case studies chose to combine two.

Table 4 below maps the links between the replication business model and the organisational model, for the Realising Ambition programme as a whole. It shows that both wholly owned and licensing business models offer significant flexibility in the choice of organisational model which is perhaps afforded less so by franchising (due to the very nature of that business model).

Table 4: Replication business and organisational models

	Direct delivery	Direct delivery referral model	Indirect delivery	Third party delivery	Third party delivery, referral model	Mixed model
Franchising					x	
Wholly owned	x	x	x	x		
Licensing		x	x	x		x

Our case study projects chose both business and organisational models for replication consciously to match organisational objectives, structures and prior knowledge of implementing the intervention. However, the organisational models experienced a higher degree of modification than the business models as lead organisations experienced local changes during their replication journeys. This will be discussed in more detail in the next chapter.

4. More young people benefit from opportunities and support to fulfil their potential

Key lessons

- Existing relationships in the replication destinations are key facilitators for successfully reaching beneficiaries.

- Organisations new to replication, and using a wholly owned model to replicate their own intervention, may need an intensive start-up period to get both themselves and their intervention replication ready and particularly benefit from related support activities.

- Different organisational models for replication come with different possible challenges. A direct delivery model can make it difficult to recruit and deliver at the same time. An indirect delivery model may import issues outside the control of the grant holding organisation into the replication process. Relevant contingencies should be offered at application stage, and flexibility in timing and location of delivery therefore needs to be a key ingredient of a replication programme.

- Most replication ventures will face contextual challenges outside of their control that can affect, at least temporarily, the recruitment of beneficiaries. Funders and replication practitioners need to develop an ability to continuously learn and adjust.

Reach is an important aspect of replication and hence the Realising Ambition programme: the Fund attached initially a top level target to the programme of 145,000 young people to be reached which was translated into each funded project being required to articulate, at application stage, beneficiary targets to be reached through the replication effort. After the first year of the programme, this top level figure was reduced slightly to 135,000, responding to some cases of overestimation of target numbers and changes in the local funding landscape.[37]

4.1. Reach achieved in the first three years of the programme

The figures overleaf show the annual programme-level targets (number of unique beneficiaries engaged) and the extent to which they were achieved.

Figure 7: Beneficiary targets and reach achieved (2012/13 - 2014/15)[38]

---

[37] Tavistock Institute (2014): Process Evaluation of the Realising Ambition Programme, Second Interim Report, p. 36 https://www.biglotteryfund.org.uk/research/children-young-people-and-families/choices
[38] Realising Ambition projects' quarterly returns, 2012-2015 (process evaluation own calculations)
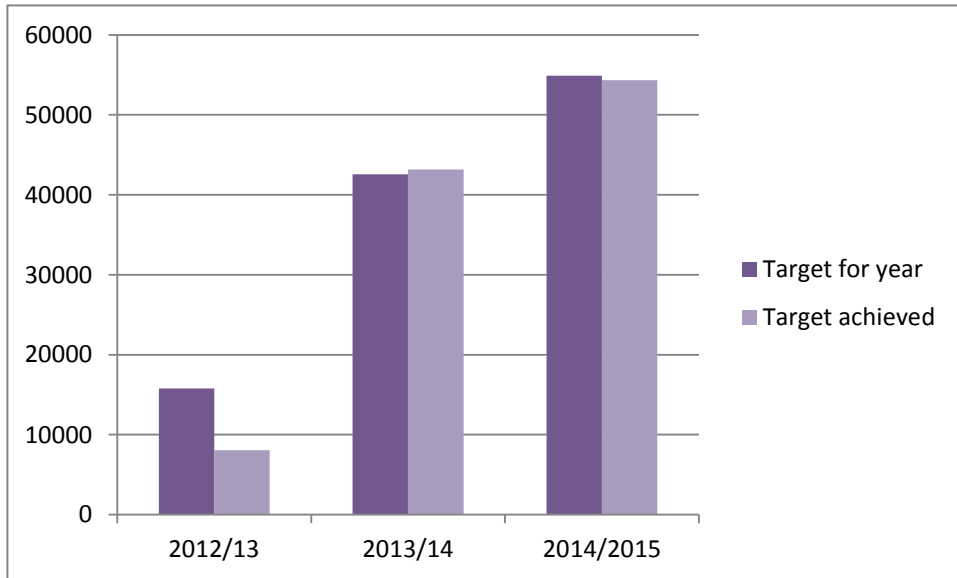
Figure 8: Beneficiary targets and reach achieved (2012/13 - Quarter 3 2014/15)[39]
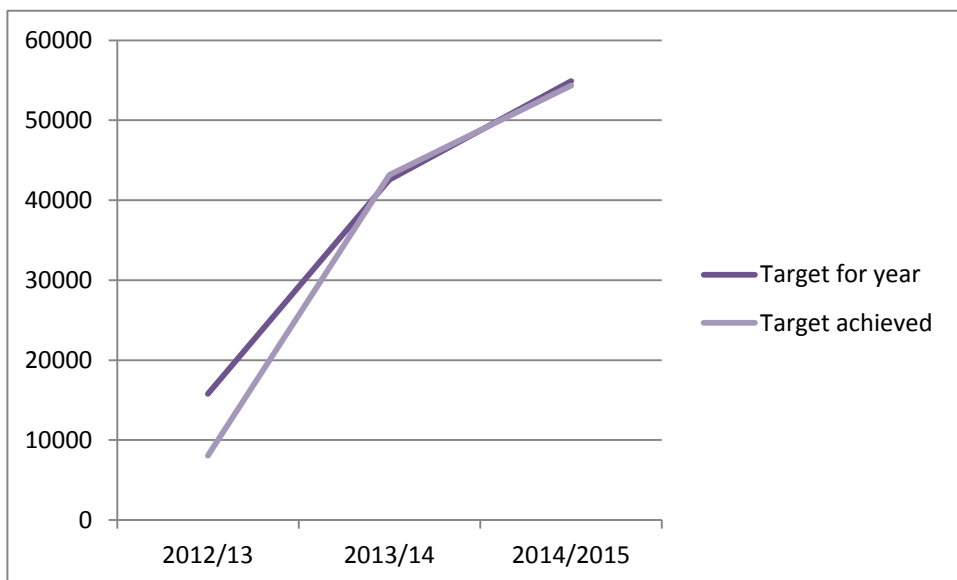
The headline messages from these figures are:

- By the end of the third year of the Programme, Realising Ambition had engaged 105,543 children and young people. This represents 78 percent of the total number of beneficiaries to be reached by 2017 (135,000). The greatest reach in terms of beneficiary targets set and reached was through school-based interventions: they represent 88 percent of the programme level beneficiary targets set for years 1-3 and achieved nearly all of this (95 per cent). Thus, in terms of scale, the setting of the intervention appears to be more important than the replication business model.

- Beneficiary targets are set annually, and the programme is designed to achieve a sharp increase in target numbers between year 1 and subsequent years. This

---

[39] Realising Ambition projects' quarterly returns, 2012-2015 (process evaluation own calculations)

takes account of the fact that: the first six months of the programme (up until October 2012) were focused on set-up (getting projects ready to replicate); and that as the programme continues, projects deliver across a growing number of replication sites, and are thus able to engage with larger numbers of beneficiaries and hence achieve greater scale. Indeed, both the number of sites across which projects were expected to deliver and the number of beneficiaries were designed to jump up from year to year.

• In years 2 and 3, the programme broadly achieved its annual target, with a slight overachievement in year 2, and slight underachievement in year 3.

• In the first year of the programme, however, only 50 percent of the annual target was reached. The reason for this varied by project. One important reason was an over-estimation by some projects in their application forms of the number of beneficiaries that could be reached. This reflected a different understanding of how beneficiaries were to be counted. In Realising Ambition, unique individuals are captured to calculate programme reach. For some projects, however, this was not intuitively obvious: family projects might for instance count each individual in the participating family unit (and hence 'inflate' reach); projects that take young people through successive stages of an intervention might see it logical to count the same individual several times.[40] Other reasons included: changes in the local context, most notably changing priorities in some local authorities due to funding cuts, or lack of relationships in the replication destination(s).[41]

Considering the low number of red rated projects in year 3, the fact that nearly 80 per cent of the planned targets for the programme have already been achieved and assuming a similar trajectory and no unforeseen events out of control of the programme, it would therefore appear that the programme is on target towards achieving its overall reach.

4.2. Factors facilitating and challenging reach: lessons from replication practice

A project's ability to meet the envisaged targets ultimately depends on two kinds of preconditions:

• The extent to which the chosen replication strategy (in particular the organisational model) can be realised in each of the replication destinations;

• The extent to which systems factors support or hinder the implementation of this strategy. These factors include the nature of the intervention, the local context and the organisational conditions.

These are discussed in the following two sections.

4.2.1.   Factors supporting success

---

[40] Case study interviews, Realising Ambition stakeholder interview, 2015
[41] Tavistock Institute (2014): Process Evaluation of the Realising Ambition Programme, Interim Report, p. 36,
https://www.biglotteryfund.org.uk/research/children-young-people-and-families/choices

Four factors have emerged from our case study work as supporting replication (reach): existing relationships in the replication destinations, reputation, the nature of the intervention and its setting and good marketing. To judge from our case study work, these success factors are universal: they apply independently of the replication model chosen.

Existing relationships in the replication destination

All of our case study projects stressed the importance of knowing the key people in the replication destination to be able to gain access to target groups (be this the head teacher in a school or a key person in a Local Authority Education department).

The key benefit of having prior relationships in replication destinations is that they reduce barriers to entry for the replicating organisations in the new destination. It means (experiential) knowledge of the intervention and its benefits already exist, and the integrity of the replicating organisation has proven itself already through prior work. So 'set-up costs' such as 'marketing' oneself, one's organisation or the intervention are reduced, and control over access to target groups by those in a gatekeeping position is reduced.

These relationships may exist because project staff had worked with or in the delivery site before Realising Ambition. Or they may be created via the organisational model of replication. In particular, the role of the gatekeepers chosen in the system thus created, was explicitly designed to achieve this local knowledge. The quotes below, coming from projects using different organisational replication models, illustrate this point.

> "Initially a key role was played by a teacher familiar with the work of [intervention name] who moved down to [name of replication destination] and provided the introductions to her cluster of schools locally."[42]

> "Recruiting is a matter of relationships with organisations. (…) our members have local links. If we did not have that we would not have the success we have, that's the key thing." [43]

Given the importance of relationships in replication destinations, it is therefore not surprising that several of our case study projects reported starting their replication journey in areas where they had existing links.

The 'magnetic pull' of reputation

Linked to the value of existing relationships is the value of a strong reputation in the replication destination, either of the intervention or the delivering organisation. Indeed, four of our case study projects explicitly mentioned the positive effects of reputation on recruitment: as replication progresses, and the intervention is a success, **reputational gain** supports the recruitment of beneficiaries in a geographic location. In the words of three of our case study interviewees:

---

[42] Case study interview, 2013
[43] Case study interview, 2013

> "There was a number of fantastic schools in (…) and when they're on board it convinced the others to get on board. They do ask 'who else is doing this? (…) if one post-primary school has it [the intervention]'. There's some competitiveness (…) others want it." [44]

> "In the first year it was harder to involve schools – by the current [third] year, the project has become known in the area making it much easier to get schools on board." [45]

One case study project consciously worked with this dynamic by starting to replicate in schools that were respected in the local area, and through their involvement creating demand amongst a large number of schools.

In the words of a third case study project:

> "Having [name of organisation] services already in those areas has helped massively: in [name of replication destination] we have really big projects already and the [replication destination] service is a schools-based service so we've been able to get the programme straight into schools there with very little work needed on our part to sell the programme. They have such good relationships with our service and a good experience with our staff and projects that they trusted this one and tended to say 'yes, if you're delivering this, we'll happily have you'". [46]

Some forms of reputational pull may have a geographic limit. It is likely to work in a geographic space small enough for key actors to inter-mingle or for one deliverer to work and build up relationships across multiple sites. And of course, geographic proximity can also have the opposite effect if negative perceptions of an intervention travel between settings.

Nature of the intervention and the setting

Reputational pull does not work if the intervention does not chime, either with delivering professionals or with the needs of the target groups in the replication destination. It seems to be easier to 'sell' an intervention to schools if a link to the national curriculum can be demonstrated. And whilst we have found several instances among our case studies where changes in the local institutional environment proved challenging for recruitment, there was also one example where funding cuts increased referrals from the local statutory body.

In a programme with targets on reach, there also appear to be advantages of delivering in a school setting. As one of our interviewees put it:

> "We have done a lot of work in the community, with community organisations, youth organisations and schools, and we found that working with schools gives you a targeted audience that you know is going to be

---

[44] Case study interview, 2013
[45] Case study interview, 2013
[46] Case study interview, 2013

there consistently. This was a major factor in delivering in schools for this programme." [47]

Schools come with their own rhythm (timetables, school holidays), of course, and for one project that received most of its beneficiaries via schools the learning curve was to work with this rhythm in terms of scheduling their delivery.

Marketing tools

Finally, presenting the intervention well and to the right audience was an important technique for most of our case study projects to 'win' participants. This often involved a mix of written and verbal information about the intervention, such as an information leaflet or an email followed up with a face to face conversation to explain the intervention and its benefits. Where delivery settings are schools, an ability to make a link between the intervention and the curriculum has tended to be convincing. Getting teachers trained in the intervention also worked, in particular where they were intended to be deliverers.

> "We met with the school curriculum people to 'sell' the idea to them and link [name of intervention] to the curriculum. It was a tough meeting as they said that teachers already have their own teaching material and don't need new materials. When we said that the programme was 13 weeks of lessons plans, that helped." [48]

Three of our case study projects mentioned the advantage of being able to offer the intervention for free. One mentioned using evaluation evidence to demonstrate the intervention's benefits. A deliverer described how they successfully combined a number of these techniques to win over schools:

> "(I) emailed the curriculum coordinator with information on the programme, adapted some of it and made it shorter and snappier. I said that we were keen to deliver, for free, to 12-15 people for a minimum of one hour a week. On that basis I got invited to meet them. At the meeting a teacher was telling us about young people they'd like us to work with. They had concerns that additional support would be needed in areas of life to achieve academically but this would be a new group of young people who would come together for this programme. This worked well for building a group agreement." [49]

Other engagement techniques used by one case study project were: stories about individual children, using a recording of a radio appearance with new schools and additional offers such as football activities or teaming up with local clubs to deliver activities jointly as way to get to know children / families and to get them on board.

---

[47] Ad hoc case study interview, 2013
[48] Case study interview, 2012
[49] Case study interview, 2013

4.2.2.   Factors challenging replication (reach)

One challenge that appeared to cut across different organisational and business models for replication was dealing with new or unusual elements to an intervention. For instance, one project modified its own intervention to secure engagement with a more disadvantaged target group.

> "Given that each practitioner will now have to put in an extra four hours of work with the parents and given we are at full capacity, I'm inclined to think it will have repercussions [on achieving target numbers]." [50]

Another project, which replicated an intervention requiring a newborn baby saw one of its intervention groups collapse because the baby became ill and could not be replaced.[51] Mostly, however, it is helpful to discuss challenges in reaching anticipated delivery targets by organisational replication model.

Reach challenges experienced by those using a direct delivery model (with or without gatekeepers)

The direct delivery model involves the lead (Realising Ambition) organisation delivering the intervention in the replication destination. This may or may not involve also being in charge of recruiting beneficiaries to meet the agreed targets. Projects using these models experienced the following challenges:

• **Balancing managing relationships with delivery**. As one case study project explained:

> "I usually spend a lot of time networking and then when delivery starts I can't do networking anymore and the numbers dip. There is a start, stop approach. Making sure that delivery and networking are happening at the same time is better. (...) The drops have had an impact (…) we had enough referrals to deliver the intervention for two months but we didn't have the resources to sustain this. The numbers became less because we could not keep networking and the process of recruiting someone else, an associated practitioner, was long." [52]

This happens where assumptions conflict with reality:

> "The reason for the ramp up [in target numbers] is that there was an assumption at the application phase, perhaps, that the networking done at the beginning would guarantee that we would be embedded in the areas / communities and hence (…) wouldn't need much outreach work. But what actually happened is that we are facing a chaotic situation in constant flux: organisational restructures, redundancies in Local Authorities, and local authority staff moving into private consultancy roles, for example, has meant that people we may have connected with at the beginning might have left or moved to different posts. Therefore, there has been a constant battle not to be forgotten. So what this tells us is that the assumptions made at the beginning ended up not really matching reality

---

[50] Case study interview, 2014
[51] Case study interview, 2013
[52] Case study interview, 2014

on the ground because, if anything, the outreach needed to be ramped up (…)" [53]

- **Local context.** Delivering in new locations also meant encountering issues which had not been anticipated in earlier delivery. One of our case study projects carrying out both the beneficiary recruitment and delivery of their own intervention in the replication destination experienced the unintended consequences of entering a location via an existing relationship: they had concluded an agreement to deliver in rural areas and subsequently found that class sizes were quite small, so to reach target numbers they had to do more 'ad hoc' activities. As a result, in later cohorts they paid much more attention to working with larger schools. [54] Another case study project saw significant changes to the statutory body who had originally agreed to champion the intervention with local schools:

> "(…) the staff who are now there had no idea about intervention / programme and what conversation happened earlier so we kind of had to start all over again." [55]

The second gatekeeper (Chair of Head Teachers) was difficult to get hold of and chose an ineffective approach to contacting schools. However, for a third case study project changes in the local referring statutory body went in its favour: budget cuts meant that the local authority referred more young people to this Realising Ambition project. [56]

Figure 9: Replication challenges (reach) of the direct delivery model

Affected by changes to statutory bodies and dependence on others speed (of)' actions

Local gate-keepers

May use less effective methods of engaging with sites, leading to loss of potential participants.

Can experience tensions between networking to get referrals and delivery

Lead organisation

Delivery sites

Imports assumptions from home to new site which, together with assumed targets, may have to be revisited

Reach challenges experienced by those using an indirect delivery model (with or without gatekeepers)

The indirect delivery model involves the lead (Realising Ambition) organisation contracting with local delivering organisations to implement the replication venture. These delivery organisations may either recruit target groups directly, or rely on local structures (often statutory bodies) to refer beneficiaries to them.

---

[53] Case study interview, 2014
[54] Case study interview, 2013
[55] Case study interview, 2013
[56] Case study interviews, 2013, 2014

48

The three case study projects that used these models experienced the following challenges:

- **The relationships between lead organisation and contracted deliverer**. In one case, the contracted deliverer withdrew. The lead organisation thus needed to negotiate with the other contracted deliverers to re-assign their targets so that the project as a whole could meet its anticipated number of beneficiaries. This was (only) possible because several of the other deliverers experienced sufficient demand locally to be able to accommodate the extra numbers. In another case, one of the delivering organisations lined up to be contracted for replication struggled to meet a particular condition of getting involved (match funding) so had to be substituted with one in a different area.

- **The relationship between contracted deliverer and local structures**. One case study project had built its Realising Ambition replication project on knowledge gained from delivering the intervention in a pilot phase. This had led to the inclusion of local referral groups as key vehicles to help contracted deliverers reach target groups. As the project began to replicate, it learnt that these groups did not always exist in the replication destinations, or may have been composed differently. As a result, they often had to be formed before the intervention could be implemented locally and involvement in the group negotiated. This led to delays with delivery and complicated the referral process in instances where a project representative was not allowed to participate in the group. Also because of these challenges, at the end of year 3 the project reflected that its "assumptions might have been out a bit...15-20 matches would be more realistic than the 20-25 (anticipated)." [57]

What this shows is that an indirect organisational replication model introduces additional layers of uncertainty into the replication venture which need to be dealt with as an integral part of the replication effort.

Figure 10: Replication challenges of the indirect delivery model

Needs to form and / or build relationships with

Local structures

Lead organisation

Loses

Delivery organisations

Replication delays or stoppage

Delivery sites

Potential impact on targets

---
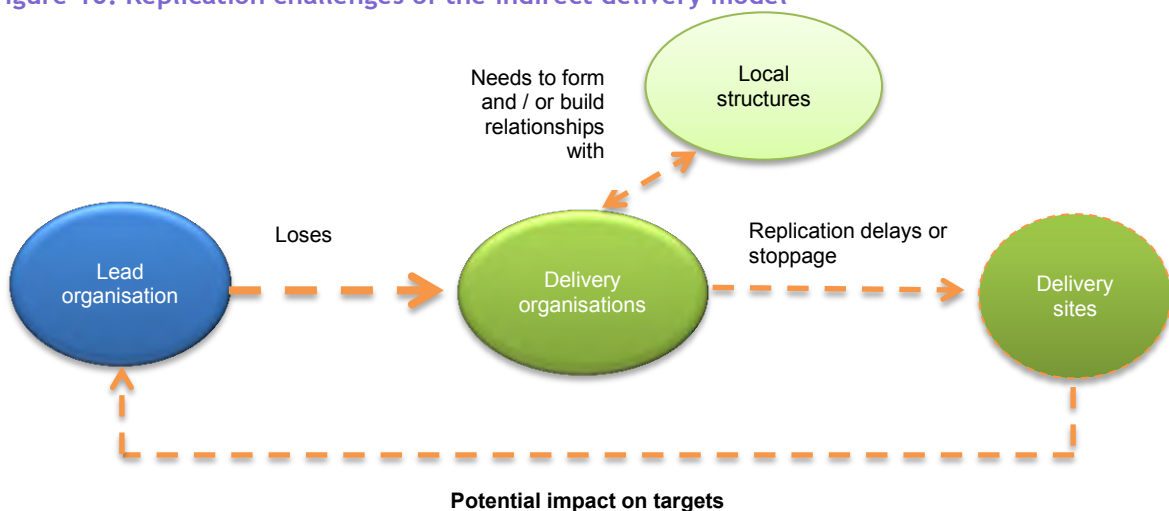
[57] Case study interview, 2014

4.3. Programme level activities to support progress to targets

To maximise the likelihood of success for each of the 25 projects, the Consortium therefore set up a support system that covered the full replication cycle and most aspects of replication. We could argue that in terms of supporting reach, there were two aspects to consortium support to projects: the grant management tools and the support offered to ensure the replicability of interventions as well as the organisational preconditions for this work.

4.3.1.   Programme management tools and approach

In order to monitor progress to targets, and support those projects that were finding it more challenging to achieve their projected figures, the Consortium designed a number of management tools which were refined as the Realising Ambition programme progressed:

- A system of **quarterly returns** was implemented from year 1, Quarter 4. These forms, completed by each of the 25 projects, reported on targets achieved by replication area, a narrative on progress, successes, difficulties and issues encountered. Later versions of these quarterly returns incorporated projects' RAG ratings (see below) and the supporting actions taken by the Consortium where required.

- **Change request forms** for projects to apply for changes in target numbers and / or in replication destination. Proposals for changes in beneficiary numbers of less than 10 percent are dealt with by programme management directly; changes above 10 percent are taken to the Fund with a recommendation from the Consortium.

- A **Red-Amber-Green (RAG)** rating for each project, which has operated since July 2013. These ratings are given quarterly, based on eight factors, four of which capturing reach.[58] This system has "helped delivery organisations to develop a clear understanding of how to deliver their intervention effectively and the consortium to monitor their progress."[59] This was subsequently amended to a **RAGG** (Red-Amber-Green-Gold) rating: projects consistently rated green are awarded gold and are eligible to apply for additional money from the programme's underspend. Interestingly, the gold rating also had a perhaps unintended effect on a project's ability to attract interest in its work. In the words of one of our case study projects: "We got a gold rating for our performance [that] we shout about. That helps increase people's [interest] – [from] other members within our network, other partners and stakeholders and funders we work with".[60]

- **Performance improvement plans** (PIPs) which are put in place if organisations struggle to meet their projected delivery levels. These are three-month plans

---

[58] Tavistock Institute (2014): Process Evaluation of the Realising Ambition Programme, Second Interim Report, p. 36 https://www.biglotteryfund.org.uk/research/children-young-people-and-families/choices
[59] Realising Ambition 2014: Lessons on replication and evidence-based interventions - mid-programme report, http://www.catch-22.org.uk/wp-content/uploads/2014/10/Realising-Ambition-Mid-Programme-Report-Final.pdf
[60] Case study interview, 2014

that identify key issues and trigger additional support from appropriate consortium partners.[61] If at the end there is insufficient improvement, either a new PIP is developed or investigated whether this project can continue or not.[62]

These 'performance' management tools were implemented with a relationship based approach to programme management:[63]

> "[We] spent time physically visiting [projects] and going through their action plans. You cannot underestimate the power of visits. Emails can come across as brusque; face to face you can be seen offering support. It's time consuming to do it that way [but] leads to better outcomes. And people are more trusting, as they see you help them do the best they can." [64]

The figure below shows the number of projects being given green, amber and red ratings in each quarter since the system has been put in place. It shows that the number of projects rated amber and green has reduced since the system was introduced. The programme management tools and techniques outlined above are likely to have at least contributed to this trend.

Figure 11: Number of projects achieving green, amber and red ratings by quarter [65]

---

[61] Realising Ambition 2014: Lessons on replication and evidence-based interventions - mid-programme report, http://www.catch-22.org.uk/wp-content/uploads/2014/10/Realising-Ambition-Mid-Programme-Report-Final.pdf
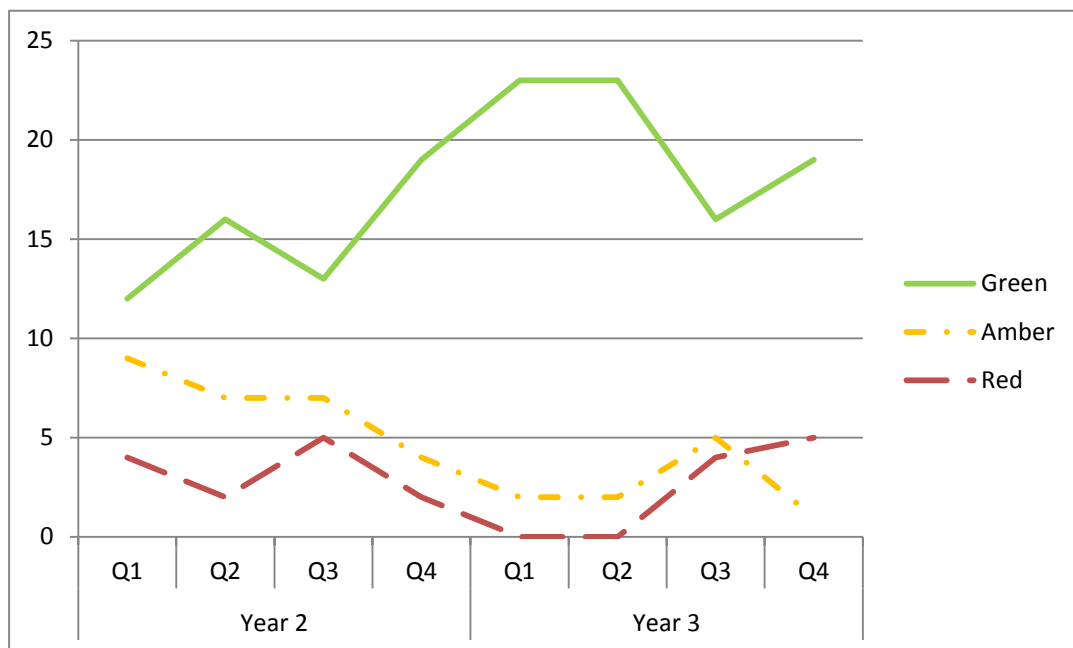[62] Stakeholder interview, 2013
[63] Stakeholder interview, 2015
[64] Stakeholder interview, 2015
[65] Process evaluation calculations based on programme quarterly returns

4.3.2. The role of project support in progress to targets

The Consortium's support offer to projects had a contributing impact on (some) projects' ability to deliver this first Realising Ambition aim. This is because the programme is not just about reaching a set number of beneficiaries but about **the ability to deliver a replication** project designed to maximise the chance to impact on young people achieving their potential. The requirements of the programme were stringent as, in order to reach their beneficiaries, each project had to fully understand their intervention, be able to effectively implement it, maintain its quality (and improve the evidence of the intervention), and grow their own capacity to replicate in the future. It was at this level that Consortium support offered in the different phases of the programme was most effective.

Support during the application and set up phases

Already at **application stage** some projects' understanding about their intervention and how best to deliver it was improved. This was due to how the forms were constructed. Most notably, the standards of evidence assessment helped test the intervention in a systematic way and understand the evidence behind its effectiveness.

In one case study this led to an early adaptation in a licensed intervention: the application proposed to use teachers to deliver the intervention rather than health workers due to stronger evidence of impact.[66] Whilst aiding licensing projects to familiarise themselves with the intervention, the categories in the application form and the Consortium support given around this process also helped wholly owned projects work through their intervention and better articulate it.[67]

Figure 12: Number of support events for projects, years 1 to 3 [68]

Evolution of support type over time

Aim	Year 1	Year Year 2	Year 3
Support for reach	11	7	1
Evidence and fidelity	2	4	4
Influencing and sustainability	2	15	11

Following the application phase, support for projects fell into two time periods: set-up and post set-up. The **set-up period** was the most intensive period of support for reaching beneficiaries. As shown in Figure 12, reach support was focused primarily at the set-up stage, and tailed off from 11 events in year 1 to 7 events in year 2. By year 2, more events were being held to support projects improve their evidence and fidelity, and the number of events for sustainability skyrocketed from two in year 1 to 15 in year 2. Yet the support in year felt intense to both programme managers and project. There were several reasons

---

[66] Case study interview, 2012
[67] Case study interview, 2012
[68] An overview of all support events held for projects is available in Annex 4

for this. Even for projects which knew the replication 'language', staff needed to understand the mechanisms of their chosen intervention: how and why it helped young people and others. Once projects understood the intervention, it then needed to be honed and made ready for implementation, which required recruiting beneficiaries, training delivery staff and manualisation. The early support at this stage was crucial to get right as evidence of their success would not be available for analysis for several years in most cases: "We need to deliver the service first and record and review what's happening (...) In two full years we will really know if it worked".[69]

The early support filled the needs of project staff to 'articulate' their interventions, defining what the project did for young people, and what should go in the manual. Programme-level support was offered to each project and was often decisive at the point of manualisation. One project manager stated that:

> "The SRU came for a day and helped (...) draw up a logic model which is being used as the basis for the manual. This was the missing bit before, together with having good evidence of effectiveness. The SRU also helped us surface the theories underpinning our work." [70]

The offer of webinars and workshops on the generic replication requirements at this time were not equally suited to every organisation. The early support needs varied from project to project depending on the internal resources of the lead partner and the established length of the replicated intervention. One licensing case study project in particular required little programme support as the intervention was:

> "So well supported from [host organisation]. They've grown it internationally through replication so we are set for replication. Also, for such a big organisation, we have resources we can draw upon to replicate. The support isn't as necessary for us as it is for other projects." [71]

For those smaller organisations replicating their own intervention for the first time using the wholly owned business model the support needs are reversed: they require the support to develop the core functions of their intervention, especially understanding and implementing the service. At this point many projects felt organisational development was not a "huge priority" and it fit better at later stages.[72]

---

[69] Case study interview, 2012
[70] Case study interview, 2013
[71] Case study interview, 2013
[72] Case study interview, 2013

Figure 13: Reach and monitoring support[73]

Given these necessities, the intensity of support in the set-up phase was a challenge for some projects that were at their busiest in this period as they were also busy preparing for delivery.[74]

Support during the implementation phase

Support following set-up shifted away from the replication basics towards organisational learning, as explored in Chapters 5 and 6. This is reflected in Figure 13 which shows that support for reach and monitoring was focused in year one.[75] Events held in year one were mainly practical, covering many topics related to recruiting beneficiaries such as engaging schools, networking in new areas and marketing interventions. Refining the intervention before launch and engaging staff and trustees in replication were popular topics for project staff. Support for Views in year one was also delivered in year one (we lack data on attendances), and continued to be provided to projects through bespoke support and Views webinars. As a whole, early support focused on getting ready for replication delivery whilst monitoring support continued throughout the programme.

Whilst delivery support was only prioritised early on, projects have continued to adjust their delivery and how they are reaching beneficiaries: in year 3, one project manager was working one day a week on refining the screening of young people, the length of relationships, fidelity tools, the logic model and the theory of change.[76] This was supported throughout by workshops and phone conversations with support staff.

---

[73] Support data year 2, Catch 22, and individual support data from Consortium partners
[74] Case study interviews, 2013; stakeholder interviews 2015
[75] Data on attendances at support events in year one, quarters 1 and 2, is not available and the relevant figures showing year one support events are exclusively representing quarters 3 and 4
[76] Case study interview, 2013

Support needs for delivery varied by replication business model and by relationship with the intervention developer within these models. Whilst support from some licensers was continuous, even incorporating questionnaire design and analysis others only received the core materials and induction training.[77] Projects which used interventions that had been replicated for decades were plugging into well-established support architecture and had less need for tailored support from the programme.

Staff from projects generally found that the support offer and understanding of their own projects improved over time.[78] This was particularly the case for the Young Foundation's support whose regular mid-year and annual reviews led to progressively closer professional understanding and guidance of many projects. This allowed gaps to be addressed covering almost all aspects of delivery, from investment readiness and business planning, to engaging with new schools. On the whole, the annual review process has worked well and ensured that the support remained relevant.[79]

Thus, whilst reaching sufficient young people was possible without support, support was necessary to embed professionalisation in replication, to institute high standards across 25 projects and to share learning on all aspects of the replication process. This support was especially important for interventions being replicated for the first time.

4.4. Summary and implications

The above discussion has shown that past experience in delivering an intervention in a particular location cannot necessarily and accurately be a predictor of reach in new settings: new delivery locations are likely to challenge assumptions in unknown ways.

The temptation to extrapolate from past experience is perhaps particularly high when replicating home grown interventions, and the challenges of new location and / or modified intervention or target group to recruitment and targets tend to be underestimated (as not considered or not able to be accurately anticipated). Interestingly, in some ways what the 'wholly owned' model, especially when delivered via the direct delivery model, lacks is what the others have the opportunity to cater for: to acquire local knowledge by contracting with delivery organisations embedded in the replication destination (both its geography and target group needs).

Therefore, starting with conservative targets and allowing flexibility in location of delivery are essential in a replication process.

Whilst projects were keen to state they were capable of replication it is equally clear that the mobilisation of support was a unique experience and whilst at least some projects could have delivered these interventions, overall the quality would have been undermined by the absence of rigour that was provided by the logic modelling, theory of change mapping, manualisation, and improvement of

---

[77] Case study interviews, 2013
[78] Case study interviews, 2014
[79] Case study interviews, 2013

organisational processes. These were each key to ensure that the effectiveness of the intervention is maximised. This level of support for reach also ensured that the project staff will be able to replicate in the future with less support and that more young people will benefit from involvement in effective replicated interventions.

5. Organisations have better evidence of what works and are able to replicate the most effective approaches

Key lessons

- Home grown interventions may require significant support to prepare them for replication and rigorous evaluation, so appropriate arrangements to firm up the intervention logic, fidelity tools and carry out evaluations need to be made.

- Over the course of a replication process, each project has come under pressures to adapt the intervention, whether these are internal (deliverer led) or external (environmentally led). The challenge for projects is to balance two needs: the need to stay faithful to the original intervention (so as to have confidence of similar results being produced) and the need to respond to local needs (to be able to win and retain target groups for the intervention). This struggle is mostly about understanding what the core elements of the intervention are (i.e. those affecting outcomes) and which aspects are peripheral (i.e. do not affect outcomes and hence can be modified). Whilst it can be tempting for projects to make wholesale changes to their interventions, responding to these pressures must follow the pathways that the evidence suggests will lead to better impacts.

- Organisations need to adapt to replication by ensuring staff with appropriate seniority, autonomy and line management support are in place. Provision needs to be made for the complexity of the data collection and interpretation task. Senior management and Board support is valuable particularly for the sustainability of the replication venture, and appropriate engagement should be sought from the beginning.

This second Realising Ambition objective covers the quality aspect of replication: if replication is about copying a proven practice, then evidence of the effectiveness of that practice needs to exist and the intervention needs to be delivered faithfully to the evaluated approach to produce similar results. In the Realising Ambition programme, this is described as 'intervention specificity'. In order to try and capture how far the programme has travelled towards replicating specific interventions, we developed a set of process indicators, covering two dimensions of being able to replicate: understanding the intervention and being able to reproduce it faithfully elsewhere; and the organisational dimension underpinning this process.[80] These will be discussed in more detail below, together with the results from our case study work.

---

[80] The full list of process indicators can be found in Annex 3

5.1. Ability to replicate the most effective approaches

### 5.1.1.	Standards of evidence: the distance travelled by case study projects

Realising Ambition projects started off with variable standards of evidence for the interventions they were replicating.

Table 5 overleaf gives an overview of the distance our case study projects have travelled during the first three years of the Realising Ambition programme. The story that emerges from this table is that:

- **'Imported' interventions started from a relatively high level**. With only a few exceptions, those Realising Ambition projects that took on an evidence-based intervention from abroad via a licensing model tended to have logic models, manuals, fidelity monitoring tools in place and the highest level of evidence on effectiveness. This is what could be expected from licensed interventions as these tools are fundamental to make this replication business model work.

- **'Home grown' interventions travelled the greater distance towards being able to replicate with fidelity.** Across the programme, home grown interventions had no logic model (with two projects having a partial one only) or fidelity monitoring tools. Very few (three out of 25 projects) had manuals and the strength of evidence on impact was mostly descriptive with some before and after work and the occasional use of a comparator group (in 2 cases). Those projects that are replicating their own (home grown) intervention made significant progress along those items measured in the first three years of Realising Ambition: all now have logic models in place, all but two interventions now have manuals and fidelity monitoring tools. In terms of evaluation quality as measured by the Maryland scale[81], out of the six Realising Ambition projects that only had descriptive, anecdotal evidence of impact (Level 1 on the Maryland scale), all moved up to Level 3 (a study which accounts for when the services or programme were delivered by surveying before and after). Two projects are preparing for the highest evidence level: a study where services or programmes are provided on the basis of individuals being randomly assigned to either the treatment or the control group (Level 6).

---

[81] Maryland scale assessment (http://www.ifs.org.uk/centres/cayt/):
0. Foundation level
1. Descriptive, anecdotal, expert opinion
2. Study where a statistical relationship (correlation) between the outcome and receiving services or programme is established
3. Study which accounts for when the services or programme were delivered by surveying before and after
4. Study where there is both a before and after evaluation and a clear comparison between groups who do and do not receive the services or programme
5. As above but includes statistical modelling to produce better comparison groups and of outcomes to allow for other differences across groups
6. Study where services or programmes are provided on the basis of individuals being assigned to either the treatment or the control group

Table 5: Quality of replication distance travelled [82]

Intervention and organisation	Replication model	Logic model		Manual		Fidelity monitoring		Study of impact	
		Start	Now	Start	Now	Start	Now	Start	Now
All Stars (Barnardo's NI)	Licensing	Yes	Yes	Yes	Yes	Yes	Yes	6	6
Lions Quest Skills for Adolescence (Ambition)	Licensing	No	Yes	Yes	Yes	Yes	Yes	6	6
Roots of Empathy (Action for Children	Licensing	Yes	Yes	Yes	Yes	Yes	Yes	6	6
Plus One Mentoring (YMCA Scotland)	Franchising	No	Yes	No	Yes	No	Yes	1	3
Early Intervention Programme (Malachi)	Wholly owned	No	Yes	Yes	Yes	No	Yes	3	3 (6 in progress)
SWITCH (Winston's Wish)	Wholly owned	Partial	Yes	No	Yes	No	Partial	1	3
Anne Frank Schools and Ambassadors Programme (Anne Frank Trust)	Wholly owned	Yes	Yes	Needs work	Yes	No	Needs work	1	3
Be Safe Children's Programme (North Bristol NHS Trust)	Licensing	Needs work	Needs work	Yes	Yes	No	Needs work	6	6
Children's Parliament Community Initiative (Children's Parliament)	Wholly owned	No	Yes	No	Yes	No	No	1	3
Conflict Resolution Uncut (Working with Men)	Wholly owned	No	Yes	No	Needs work	No	Needs work	4	4
Early	Wholly	No	Yes	No	Yes	No	Yes	3	3 (6 in

---

[82] Social Research Unit (modified), as determined from project uploads to the Standards of Evidence Tool as at the end of March 2015
'Yes': there is a document of sufficient quality
'No': work in progress
'Needs work': projects have made a good start but document needs further development

Intervention and organisation	Replication model	Logic model		Manual		Fidelity monitoring		Study of impact	
		Start	Now	Start	Now	Start	Now	Start	Now
Intervention Mentoring (Chance UK)	owned								progress)
Friends of the Children (Trelya)	Licensing	No	Yes	Yes	Yes	No	Needs work	2	3 (6 in progress outside Realising Ambition)
Functional Family Therapy (Action for Children)	Licensing	Yes	Yes	Yes	Yes	Yes	Yes	6	6
Shelter Realising Ambition (Shelter)	Wholly owned	No	Yes	No	Yes	No	No	3	3
It's not OK (INOK) (Ariel Trust)	Wholly owned	No	Yes	No	Yes	No	Needs work	4	4 (6 in progress for one module of resource)
Life Skills Training (Barnardo's)	Licensing	Yes	Yes	Yes	Yes	Yes	Yes	6	6
Multi-Systemic Therapy (Extern)	Licensing	Yes	Yes	Yes	Yes	Yes	Yes	6	6
PATHS Plus	Licensing	Yes	Yes	Yes	Yes	Yes	Yes	6	6
Positive Assertive Confidence Skills (PACS) (Kidscape)	Wholly owned	No	Yes	Yes	Yes	No	Needs work	1	3
Respect Young People's Programme (RYPP) (Respect)	Wholly owned	No	Yes	No	Yes	No	No	3	3
Safer Schools Partnership (Remedi)	Wholly owned	No	Yes	No	No	No	No	3	3
Stepping up (The Bridge Foundation)	Wholly owned	No	Yes	No	No	No	No	1	3

Intervention and organisation	Replication model	Logic model		Manual		Fidelity monitoring		Study of impact	
		Start	Now	Start	Now	Start	Now	Start	Now
Strength 2 Strength (BANG Edutainment)	Wholly owned	No	Yes	No	Needs work	No	No	1	3
Strengthening Families Programme (Oxford Brookes University)	Licensing	Yes	Yes	Yes	Yes	Yes	Yes	6	6
The Cooperative Primary School (Success for All)	Licensing	Yes	Yes	Yes	Yes	Yes	Yes	6	6

5.1.2.   The role of programme support

A range of support offers to improve standards of evidence…

The Programme supported each of these aspects from the beginning via a range of support offers, including: tightening the intervention logic, manualisation and evidencing project interventions; RCT support; and monitoring outcomes. It also supported projects to understand the evidence base of interventions in order to test the accuracy of the logic models. Our case study projects welcomed this support, and the perceived breadth of value they obtained also depended on the replication business model they were using.

Two of the three case study projects using a licensing business model, for instance, experienced being well supported by the intervention owner in North America, so had less felt need for Programme support on logic modelling and manualisation. Nevertheless, one of these projects reported that the support session on fidelity "made us think we could do a lot more (…). [We] created a fidelity form following this session, inherited one from [name of intervention owner] but almost never used it. Now we have a good form."[83] Moreover, this project also shared the ideas they got from the fidelity support session with their other programmes. The third case study using a licensing model, which had more leeway from the owner about how to implement the intervention, sought support with developing the (existing) logic model (and underpinning theory of change) to ensure the intervention was delivered with fidelity in light of the need to make adaptations to resources created for a US audience several decades ago.

The three case study projects replicating their own intervention via wholly owned and social franchising models received ongoing support on improving standards of evidence. For one, the support (delivered over 15 months) promoted

---

[83] Case study interview, 2014

a coherent movement towards robust replication, and an RCT: developing the original (partial) logic model via logic modelling support included surfacing the theories underpinning their intervention which led to the development of a comprehensive manual and understanding of the evidence of the intervention's effectiveness.[84]

…with evidence as the overarching link

The support topics discussed above were united by the way the programme was constructed: evidence was the overarching link to each of the required elements for replication. Given this, engaging with and understanding evidence, such as survey data, helped projects understand how their interventions were working in new areas. The Consortium helped projects produce good data by hosting evidence support events that bring this vision of evidence-led replication together, often with good results.

In one notable example, a project manager attending an evidence workshop had a 'lightbulb moment' when she realised that "everything we are doing is not just about questionnaire data, it is about logic models, fidelity manuals, processes. All go towards evidence."[85] This project manager continued to say that using evidence to find which parts of the intervention are leading to impact has prompted improvements in their logic model. Following a fidelity workshop, another project manager realigned fidelity tools to ensure the mechanisms that produce impact were in place. Without the support on evidence projects would have been unlikely to have rolled out "this degree of evidence building" and would "never be able to do an RCT ourselves".[86]

Figure 14: Evidence and fidelity support[87]
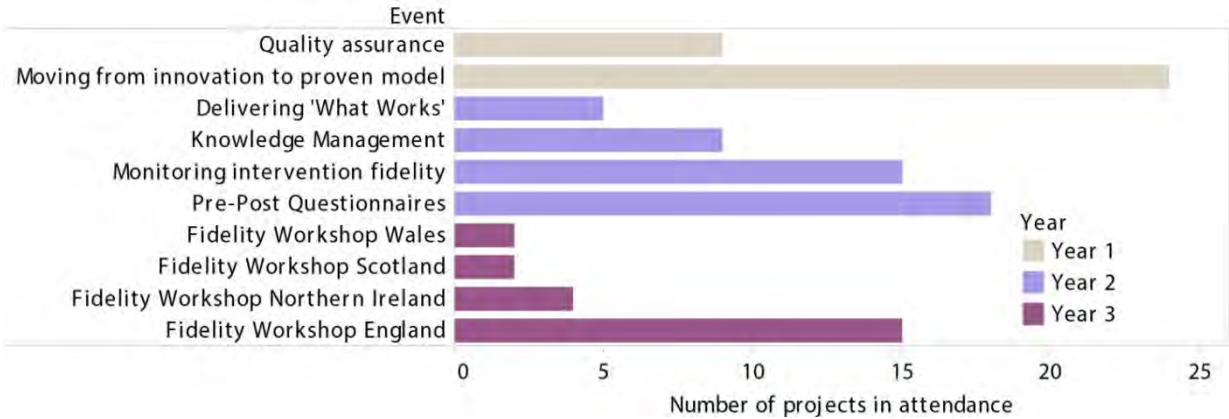
The types and timing of evidence and fidelity support are shown in the figure above. Unlike reach and monitoring support, these events were distributed evenly throughout the programme duration, showing that capacity building for evidence was relevant at every stage of the replication process. These events covered diverse topics from those related to ensuring quality and fidelity of delivery to gathering evidence and proving the effectiveness of interventions in the new settings. These support events were amongst the most popular in the

---

[84] Case study interview, 2013
[85] Case study interview, 2014
[86] Case study interview, 2012
[87] Sources: Year 2 support data, Catch 22, and individual support data from Consortium partners

programme and very well attended. Whilst not represented above, the majority of evidence support was bespoke, with a large number of trips by Consortium staff to project offices in order to develop outcome indicators, logic maps, manuals and, to a lesser extent, fidelity measures.

The evidence support was given to projects on Strengths and Difficulties Questionnaires (SDQs) and how the data could be used. This has resulted in a rich dataset for projects, but our case study data highlighted that not all project organisations have the capacity to do quantitative or qualitative data analysis to understand the effect of their intervention. These support workshops were being run to mitigate this analytical skills gap, but given the difficulty of statistical analysis they have not always led to practical results. In these cases the projects are generating data that cannot currently be analysed (the aspect of adapting to evidence-based practice is discussed further in section 5.3).

At times the ambition of Realising Ambition has outstretched what was possible. One proposed RCT did not go ahead for two main reasons. First, the beneficiary numbers were not high enough for a full (or even 'low powered') RCT. Second, whilst the programme leads were happy to randomise participants, the idea of a control group was against the ethos of many of the delivery organisations who saw themselves as committed to helping every young person that they could. This compounded the issue of the sample size as potentially several sites would have declined to be involved. Ultimately, these two factors led to the RCT not going ahead.

5.2. Adaptation and replication

One of the key learning journeys by Realising Ambition (case study) projects and – perhaps – the programme as a whole was how to strike a balance replicating with fidelity and meeting the specific needs of new target groups and localities. This need to adapt was explicitly budgeted for by the one case study project that came with prior experience of replication to Realising Ambition. But it was not one that was, perhaps, strongly anticipated at programme level early on (for instance, it was not a question explicitly asked in the application form), as the following quote illustrates:

> "(…) when we first started delivering the programme there was a lot of support around replication with fidelity, however for our programme, (…) we were using USA based resources and resources that were outdated, it was difficult to balance how we could replicate with fidelity whilst making the programme relevant for our young people (…)".[88]

Types of adaptations made by case study projects

Indeed, the lived experience of projects' replication practice was that from the beginning adaptations to the chosen intervention were needed. Table 6 overleaf shows the types of adaptations our six case study projects reportedly made during the first three years of their replication journey. These fall into five categories: language, method of delivery, who delivers, intervention components and delivery setting.

---

[88] Case study interview, 2014

Table 6: Type of adaptations carried out by process evaluation case study projects[89]

Case study project	Replication business model	Delivery setting	Adaptations				
			Language (manuals)	Method of delivery	Deliverer	Intervention components	Delivery setting
All Stars	Licensing	Schools	x	x	x		
Roots of Empathy	Licensing	Schools	x	x			
Lions Quest	Licensing	Schools and youth clubs	x	x	x		x
Malachi	Wholly owned	Schools	x	x			
Switch	Wholly owned	Community		x		x	
Plusone Mentoring	Franchising	Community				x	

Three top level messages emerge from this table:

• Adaptations to method of delivery are universal. We can expect these modifications to be taking place independent of the replication business model.

• Language adaptations concentrate on the licensing model. Licensed interventions have come from abroad and needed adjusting to UK English.

• Licensing projects have required a wider set of adaptations than the home grown interventions. This suggests that their replication journeys have been quite different.

These are discussed in more detail in the sub-sections below.

Adapting delivery methods

One set of adaptations appears to be universal, cutting across the different replication models: adapting how the intervention is delivered. All but one of our case study projects reported adjusting delivery techniques to the needs of their target groups in order to keep them engaged.

There appear to be two main reasons for this:

• **Delivery techniques need to respond to target groups' preferences and interest** if their engagement in the intervention is to be maintained. For instance, one case study project changed when activities were delivered from late afternoon to lunch time[90] and one modification to a North American

---

[89] Case study interviews 2012-2015
[90] Case study interview, 2014

intervention was to use an ICT component (PowerPoint presentations) as a way of dealing with low attention spans. This required negotiations and slides that gave examples of how ICT could be used with fidelity and the owner eventually agreed.[91]

• **'Pedagogies' underpinning manuals may be culturally jarring or in need of modernising.** In the words of one deliverer:

> "[I] have adapted most of it, if I'm honest. [The] lessons are quite dull, [it's about] making it more exciting for them and de-Americanising (...) to make it more suitable for [the] UK. (...). [There's] a lot of writing in books which young people don't tend to engage with. Making discussions and games that are more exciting to engage with (rather than writing in books)." [92]

Language adaptations

Among our case studies all of the interventions that were 'imported' from North America and using a licensing model required language adaptations. This meant replacing American English words with British English words so that they resonate with target groups and deliverers. As one project manager explained:

> "We have added curriculum language to the manual – to use the UK teachers' language. [For example], we have changed 'goal' to 'learning intention'. This looks more familiar to teachers and helps to embed the programme."[93]

This project recruited a local teacher training college to adapt the intervention's manuals to the UK context and held a focus group with teachers to see whether adaptions were necessary. Other licensing projects carried out the adaptations themselves.

Adapting delivery methods and language required liaison with, and approval by, the intervention owner. Broadly speaking, changing the delivery technique appeared to require more negotiation than changing individual words to ensure cultural relevance (as illustrated in one of the quotes above). This was to ensure changes are not known to, or are unlikely to, affect outcomes.

External pressures to adapt

Pressure to adapt an intervention being replicated can also come from those organisations or institutions taking on a referral role. Here, the main pressure on the intervention was the wrong young people being included in the intervention.[94] For instance, two of our case study projects experienced that schools included, or tried to do so, inappropriate types of pupil in the intervention. According to one of these projects:

> "(...) the programme was originally delivered to whole classes in a year group and the schools chose to separate out a specific group of young

[91] Case study interview, 2013
[92] Case study interview, 2014
[93] Case study interview, 2012
[94] Case study interviews, 2013 and 2014

people, all of whom had behaviour issues. This meant that the youth workers delivering were having to deal with behaviour issues rather than being able to concentrate on the programme".[95]

In subsequent delivery rounds, therefore, the deliverer was more prescriptive about which students to select on the programme. Another project was asked by a school to deliver their programme to a younger audience than it is designed for. These pupils would not have been ready for the intervention. The deliverer therefore chose to defer this cohort to the following school year when they were old enough to fit the targeted age bracket.

The role of monitoring and evaluation data to inform adaptation

Over the course of a replication process, a project can thus experience both internal (deliverer led) and external (environmentally led) pressures to change. The challenge is to balance two needs: the need to stay faithful to the original intervention so as to have confidence of similar results being produced; and the need to respond to local needs to win and retain target groups. This struggle is mostly about understanding what the core elements of the intervention are, that is those elements that are key to achieving outcomes, and which aspects are peripheral, that is do not affect outcomes and hence can be modified.

Rigorous evaluation is an important tool for understanding the impact of adaptations: all other things being equal, unexpected negative changes in outcomes measured following a set of adaptations should be attributable to the changes made and corrected. Our social franchising case study project successfully fed information from SDQ analysis back into the replication process. The data made the lead organisation aware that young people with more complex situations than catered for by the intervention were being accepted. This was fed back to programme managers in the franchises. The project also talked with one of the Consortium partners about developing a screening tool to ensure the entry onto the programme and interpretation of risk factors is more consistent (though this work is yet to be undertaken). Moreover, the SDQ data also highlighted that a high number of young people had become angry and lost their temper in recent months. As a result, the project revised their mentor training materials to include a session on managing challenging situations. Overall, however, it appeared that logic modelling work took on the role of specifying core and peripheral dimensions of an intervention.[96] Some of this may have had to do with a skills gap around data analysis (see below).

5.3. The organisational dimension of replication

Replication also requires adaptation of individuals' and organisations' ways of working. It can be characterised as a knowledge transfer process of broad scope[97]: the transfer of an extensive set of routines and practices which modifies the organisational context of the delivery or indeed lead organisation. The specific challenge of a replication process is that it requires such a knowledge transfer across a number of different delivery sites and, depending on the

---

[95] Case study interviews, 2013
[96] Case study interview, 2015; year 3 quarterly returns
[97] Winter, S.G. et al (2001) "Replication as Strategy" *Organization Science,* Vol. 12 No. 6 (Nov-Dec), p. 730

organisational model for replication, delivery partners. This requires adaptation in the host organisation, in the delivery organisations or sites, and in the relationship between the two.

5.3.1. The host organisation: adapting to evidence-based practice

Even though all of our case study projects were committed to evidence-based practice and entered the programme motivated to develop this, there were aspects of replicating effective approaches that challenged established ways of working. Two case study projects reported that embedding ongoing monitoring and evaluation in the day to day role of practitioners was one of the biggest organisational challenges - and changes - faced over the course of their replication journey. Across case studies, three issues emerged from our case study work as profoundly challenging.

Organising internal resources to support data collection across multiple sites

Although all our case studies welcomed the opportunity to engage with evidence-based practice, collecting data across multiple sites required more discipline and planning than organisations were used to. As two case study projects reported:

> "Replication is a massive task – you have to be very disciplined – we have had to commit to be more planned than usual. We've always been strategic, but not necessarily fully planned"[98] and "more time is spent on this [data collection] activity. Making it part of our routine is one of the biggest things we've had to do".[99]

The data collection challenge can be compounded if the lead organisation relies on delivery partners or other third parties to collect the monitoring or outcome data or if target groups are 'hard to reach' and, hence, difficult to contact for the completion of follow-up questionnaires. While this has not been a considerable problem across the board, it nevertheless highlights the difficult and sometimes time-consuming process involved in gathering beneficiary data.

The challenge extends to programme managers, who might be in charge of managing the collection and inputting of large amounts of data and to the practitioners, whose role it might be collect the data. In a further two cases (from large organisations), project staff could draw on support staff available in the organisation to help with chasing up and recording data, though one highlighted that this would not have necessarily occurred normally: "[the organisation] helped me shape the organisational structure to how it fits in with [replication project]. Having all those numbers means being very organised. Having business service officer giving me specific time, which wouldn't have happened normally, helped".[100]

---

[98] Case study interview, 2014
[99] Case study interview, 2014
[100] Case study interview, 2014

Parallel monitoring systems

A further consideration relates to the 'fit' of the Programme's monitoring system Views with the kind of information that a project might need to analyse and present to a third party or for the organisation's own purposes (hence, information that may not be required for the Realising Ambition programme itself). In several case studies, projects did not initially have their own monitoring systems but developed them (usually a single large spreadsheet) as Views did not monitor the information they needed to run the project. This speaks to the challenge of designing a one-size-fits all monitoring system for a (replication) programme consisting of diverse projects. The choice seems to be between: either investing a good amount of resources into allowing projects to tailor the programme monitoring systems so that their own monitoring needs are also met; or contracting carefully and in an ongoing manner with projects around using a system designed exclusively for programme level monitoring and making all efforts to reduce the burden of data collection. In either scenario, the time taken to understand and resolve issues related to data collection for replication projects can be considerable.

What is the data saying?

The final challenge was the extent to which organisations felt they had the required skills in-house to make use of the evidence collected. This emerged more strongly as the replication process advanced.

Two case studies specifically mentioned an internal skills gap, making them feel "unsure" about how to use the data to benefit the intervention: "we have a large pool of data that sometimes we don't know how to use."[101] Another case study spoke of the difficulty relating to accessibility of wider evidence: "If you don't know what the trends are generally and you don't have access to the academic research how do you interpret this data? I think it [evidence-based practice] will [feed into organisation's way of working] but not sure it has".[102]

This latter point, however, can be seen in the broader context of surrounding the effective supply and demand of evidence, which has seen the development of What Works (and other) initiatives. Faced with internal skills gaps, one case study invested into hiring a Research Team for the organisation and another was in the process of debating about whether to hire a research intern, reflecting projects' commitment and willingness to embed evidence-based practice more widely.

---

[101] Case study interviews, 2014
[102] Case study interviews, 2014

5.3.2.   Sharing learning across multiple sites

Knowledge management across multiple sites is a major challenge in replication projects. Here the issue is how to iteratively share learning among dispersed team members and ensure necessary senior management support is available. In the absence of easy opportunities for formal and informal communication and feedback staff in several of our case study projects experienced uncertainty and isolation.

Delivery staff in the replication site of one project felt challenged in delivering the intervention because "I felt I was going at it a bit blind (…), there is no one else for the project on-site and I am not privy to the level of communication that I would have if I were in the central office".[103] For another project, working in the replication site "was a bit isolating and [staff] missed the interaction with the larger team".[104] Or, similarly, "[central office staff] have more support by default and to have more presence is better because it offers people delivering more support in terms of morale and feeling less isolated. Also, having face-to-face interaction is irreplaceable and [in replication site] this was causing challenges".[105]

The challenge appeared to have been compounded when delivery staff were confronted with potential delivery difficulties, such as engagement with gatekeepers or with key target groups; running up against stretched resources; or when undertaking the process of identifying what, in the intervention model, could be adapted.

Specifically, diffusion of organisational learning on fidelity was a frequent challenge even in projects using a direct delivery model. In one example, a project manager had been to many support events on fidelity whilst delivery colleagues had not. She found it was "very hard to get them to go beyond delivery (…) because they are very stretched (….). Maybe I need to spend more time explaining the importance of things like fidelity measures and manuals because they are not seen as too important actually." [106]

One lesson may be that it can be difficult to embed measures for maintaining the quality of the intervention at later replication stages if the attitudinal groundwork is not established early on. The challenge is exacerbated in an indirect delivery model where deliverers are not a part of the lead organisation and do not have access to Realising Ambition support. Getting external deliverers such as teachers to implement fidelity checks can be very difficult. Another project experienced the challenge of managing the relationship with delivery partners who had set up the intervention in schools differently to how they had expected. This created fidelity issues and potentially reduced the effectiveness of the intervention. [107]

Part of the challenge of replication thus becomes how to replicate the positive aspects of 'co-location' or, more broadly, how to ensure that the knowledge base

[103] Case study interview, 2014
[104] Case study interview, 2014
[105] Case study interview, 2014
[106] Case study interview, 2013
[107] Case study interviews, 2014

underlying a project does not become fragmented over multiple locations. Solutions developed to do this highlight some of the organisational adaptations that may be required to facilitate the implementation of a replication project.

Adapting management processes, structures and functions

Line management arrangements may need to adjust to the complex management challenges of replication. This may, for instance, involve: allowing more time to effectively manage at a distance or giving project managers a more strategic remit in order to trouble-shoot potential challenges (see also below). Moreover, home-grown interventions, who are delivering in areas where the organisations have offices, resourced the replication site with staff with a distinct management role, working across the central and the replication areas. This enabled more streamlined communication, as well as providing staff with direct support.

> "There wasn't really a point of contact before, no one who acted as a filter between the two sites (…) Now there is one person who will act as a go-between and this will make us more joined up rather than operating so separately (…). It also makes it easier in my mind to have a streamlined approach to the information and problem solving".[108]

Adapting internal communication patterns

This requires most notably establishing or facilitating more frequent communication patterns and mechanisms - between staff across replication sites and/or between deliverers in multiple sites. Examples include regular team meetings as well as delivery reviews in order to share experiences, learning and challenges, as illustrated by the quotes below[109]:

> "Not having a regular visit or an on-site team in the replication area was very hard but now we have team meetings each week. It's been less of a problem in the central office but not having that [a team] is difficult and it's helpful to share learning and stories".

> Similarly, another case study mentioned that "(…) contact between [central office and replication site] is now very frequent - up to 17 phone calls a day".

> "There is support available to deliverers: we try to get all delivery staff together at least every six months to explore what challenges are, what solutions they've found and what's worked".

5.3.3.   Constructing roles that are fit for replication

Finally, the replication journeys undertaken, the demands it placed and how challenges were overcome provide the following learning on the roles and functions that support successful replication:

---

[108] Case study interviews, 2014
[109] Case study interview, 2014

- **Project management.** This role is more complex in a replication project than elsewhere as it requires balancing a wide range of different tasks, from (emotionally) supporting delivery staff to being responsible for impact measuring. The coordination time needed to plan work and manage multiple sites and negotiations can also be considerable: "The time needed to trouble-shoot is something I didn't entirely envisage. A large part of my time is devoted to solving others' issues they may come up against"[110], which is particularly relevant for indirect organisational models of delivery. The project management role in a replication project therefore needs to be shaped to accommodate this broad scope of activities, and come with the authority to act independently. This suggests it might be a more senior role than for other activities.

- **Delivery staff** will be confronted with the challenge of ensuring fidelity, which in some cases can reduce more flexible, way of working. As one case study interviewee noted, "trying to keep a lid on wanting to be creative is a question of almost learning a new skill, which is about getting a balancing act right".[111] Being able to reach this balance means engaging in a process of learning about the intervention and about can be adapted to suit the target group.

- **Senior management.** Replication can require organisations to slightly modify line management arrangements. For instance, one organisation created different line management procedures for its Realising Ambition project which are less hierarchical than normally. This was seen as offering "more space" to the role "which is important as [...] is new and different to other [...] projects."[112] Other examples of the importance of senior management support specifically include mobilising resources for staff in replication sites, therefore supporting the replication venture particularly by: providing streamlined communication mechanisms with staff involved in the process of adaptation; being able to take matters up at a more senior level or feeding in directly in decision-making (where the project requires change to some of the established policies and procedures in the organisation). As one case study project said "the [advisory group] is now fully in place, all senior management come to this, even on their day off. If there is a problem, it gets solved. We're in a good position because SMT have bought into the programme and things just get done".[113] The extent and role of senior management support is discussed in more detail in the section below.

5.3.4. Senior management support and knowledge of replication

As well as covering reach and standards of evidence dimensions, the replication process indicators we developed at the beginning of Realising Ambition and this process evaluation were designed to capture some aspects of the organisational dimension of replication. These were:

---

[110] Case study interview, 2014
[111] Case study interview, 2014
[112] Case study interview, 2012
[113] Case study interview, 2014

- The level of senior management and Board / Trustee support for the replication project (organisational 'skill and will');[114] and

- The extent to which project teams gained a better understanding of the organisational and intervention requirements supporting successful replication (knowledge of replicating interventions - 'ability to replicate').

This section will look at the distance travelled on these indicators for our case studies as well as the impact of Consortium support in helping projects.

The progressive importance of high level support for replication

All case study projects indicated significant Senior Management and Board / Trustee support for the Realising Ambition intervention from the early stages of the programme. In some cases they also had direct involvement.

The support from the organisations' senior managers was either in the form of direct delivery or direct oversight. In terms of Boards, all case study projects report them being aware and supportive of the intervention. In three case studies, Board members have a direct link to the Realising Ambition intervention. In one case, there is a designated Board member with oversight of the intervention and who also sits on the project advisory group; in another, there is a sub-committee at Board level on the Realising Ambition project whose task is to review the project and look at future plans. In the third case, a Board member has been given the task to represent the Realising Ambition project externally.

The level of Senior Management and Board engagement with, and support for, the Realising Ambition interventions in our case studies may not be surprising, as all projects articulated a strong commitment to evidence-based practice[115] and, therefore, to the replication effort. As a consequence, it potentially 'primed' the organisations to the internal organisational requirements of the programme, suggesting that projects could bypass particular challenges around gaining support for the intervention.

However, our case study work highlighted that Senior Management and Board support becomes increasingly important as the replication journey unfolds: as projects replicate in new areas where there may be no existing links, as potential challenges appear and as the organisation begins to lay foundations for sustainability.

According to our case study interviews, Board and Senior Management contributed to the replication effort in the following ways:

- **Advisory role.** Three case studies highlighted making use of Boards in particular areas. Examples include giving technical advice in areas of members' expertise, which ranged from technical advice for licensing arrangements and legal advice.

---

[114] The theory that underpins this indicator is that senior management (and Boards) need to be supportive if 'replication to plan' (as well as effective dealing with delays, diversions and general challenges brought about by the replication journey) is to be achieved. This chimes with the literature, which highlights the importance of the whole organisation (particularly its senior management structures) of being supportive of the incoming innovation.
[115] Tavistock Institute (2013): Process Evaluation of the Realising Ambition Programme, First Interim Report, pp 30-31 https://www.biglotteryfund.org.uk/research/children-young-people-and-families/choices

- **Visibility / Networking.** The importance of both senior management and Board involvement was also highlighted in terms of support it can harness in areas in which the project may not have existing, or strong enough, links. In three of our case studies this involvement has positively affected replication of interventions in new sites and supported efforts to reach project beneficiaries. As one case study explained, "The Director of [name of service] has been very supportive. Her manager is also looking over the cluster of work in [replication area], which means [name of intervention] is spoken of. Getting the area on board to deliver this was therefore easy for me".[116]

- **Sustainability.** Alongside this more 'practical' nature of the support it also plays an important part in two aspects of sustainability. First, it helps with identifying new funding streams for replication beyond Realising Ambition. For one case study, this link was very direct: "the senior manager is head of fundraising so [name] is investing a lot of time to ensure the intervention works. We want to roll this out in [another area, following the grant from the Fund] and [name of manager] is also head of Regional Development so she sees this as her remit".[117] All case studies, however, saw the value of this function at senior management and Board level. In the words of one of our interviewees: "[The] Director of Service is getting involved with Government officials. It's made a difference in terms of how we replicated and in terms of how we might develop this work further".[118] Similarly, all case studies reported discussions and strategic business planning taking at Board level on future roll out and scaling of the Realising Ambition intervention. Second, senior management or Board buy-in can facilitate the embedding of the programme (and its learning) in the wider organisation. In three cases, for example, the value of evidence-based practice has significantly moved up the agenda. This has manifested in the development of internal skills, through hiring a research team for the organisation; developing logic models for the organisation as a whole or for its core services; and manualising programmes more widely.

Knowledge of replication

This section looks at the distance our case studies travelled on this indicator, as well as the impact of Consortium support in helping projects.

The indicator on knowledge management relates to the level of infrastructure development and improvement of how information is dealt with and processed by the replication projects. This was tracked by the organisational health scorecards, and supported through a well-attended webinar in year 2 on knowledge management. This support was appreciated by one case study, who stated "Knowledge management support has been helpful. This is being fed into the wider organisation. Views is a good tool for the family services side of things. It will help them and they might take it on board entirely. We can't keep everything in paper files and this is a new way of recording".[119]

Handling knowledge within and between organisations clusters in three categories, systems, practices and relationships:

---

[116] Case study interview, 2014
[117] Case study interview, 2014
[118] Case study interview, 2014
[119] Case study interview, 2014

- First, projects often built a set of **systems and products**, including Views dashboards, manuals, flyers, and spreadsheets that tracked the progress of delivery partners and young people. Several projects set up online peer learning portals (one case study used Dropbox) for partner organisations to share learning whilst others used less formal methods such as setting up a twitter account for the intervention.

- Second, projects used **practices and procedures** to make sure that knowledge was shared and given to project administrators, by holding meetings, and asking deliverers to complete paperwork for fidelity checking. These practices were sometimes underpinned by partnership agreements.

- Finally, projects tried to **manage relationships** with key contacts, such as partners and local commissioners, by networking at events, and keeping in regular contact. Many projects had strong existing contacts that allowed for more ambitious methods of relationship management. For instance, one senior manager established a high-profile national group on prevention of youth offending.[120]

Knowledge management allowed projects to stay aware of what was happening in the local area, understand how the project was performing and share learning from the replication.

Projects tended to initially struggle with procedures and practices rather than systems and relationships. For instance, one case study found that their Dropbox folder for sharing learning was rarely used in years 1 and 2. By year 3 the project manager had made capturing and sharing what partners have learnt a requirement. By the end of year three all case studies reported feeling confident about the quality control mechanisms in place: this is not surprising, given the presence of internal structures in place with an oversight of the replication project.

Another aspect which improved over time included tightening the manual as projects learnt more about how the intervention was performing and what its core rationale was. Even into year 3 manuals were being refined across several projects. Doing this had spin off benefits: for one case study the continued refinement of their manual, logic model, and SDQ "is causing adaptation of the core business lines of the organisation."[121]

There were several persistent issues which were not so easily solved. The most significant of these was the impact of staff turnover on knowledge. Several case study projects had project managers go on parental leave. In one case, temporary staff loss had a significant impact on the development and continuity of relationships with delivery partners, since cover was often part-time and the new staff member had to been trained and swiftly learn complex practices such as fidelity monitoring.[122] This example points to the risk of knowledge management and learning going through to one person; if that staff member leaves when procedures have not been systematically written down, then the loss of key staff can temporarily cripple project delivery. Staff turnover and

---

[120] Organisational Health Scorecard year 1
[121] Organisational Health Scorecard year 3
[122] Organisational Health Scorecard year 3

recruiting suitable staff was a widespread problem and the most common organisational issue faced in year 2.[123]

Whilst setting up procedures could be trying for staff, these practices often bore fruit in the long term. For instance, it took case study projects some time to understand how to use the monitoring data they were collecting on learning from their delivery partners.[124] Their collection of monitoring data was improved following fidelity workshops that made the relationship between monitoring and fidelity more clear. After this, monitoring focused on measuring what was core to the intervention's success.

Case study data from year 3 indicates that learning is being captured, both vertically (delivery level to Board / SMT level) and horizontally (between teams and / or between the organisation and delivery partners) and that systems and procedures for doing this have been refined over the course of the three years. For instance, one case study's database has been expanded and now contains the names and contacts of every school in their country alongside a note of which programmes are being delivered in existing partner schools. However it is clear that knowledge management is a delicate ecosystem that takes some time to get right and can be damaged when risks are not sufficiently accounted for.

The impact of programme support

The Young Foundation's bespoke support to organisations has included working to encourage Boards of Trustees to adopt and support the delivery of evidence-based approaches more widely. In one case, this proved crucial in gaining organisational buy-in:

> "We needed to build a link with the Board, keep them updated and the Young Foundation supported us to build that link. They helped the Board understand the importance of replication. They talked about commissioning and wider push factors, for example value of evidence. People are busy with day to day things, they forget about the wider picture: what is so important about replicating, why are we doing this? It was really useful."[125]

The development of these quality assurance procedures was facilitated by a mix of direct and indirect support. A workshop was held in year two on quality assurance following which many projects developed or revised their QA plans. In at least some cases, these draft procedures were sent to programme support staff who sent feedback and allowed projects to finalise.[126]

5.4. Summary

Replication is a process of matching an intervention to a new context, and understanding what kind of adaptations need to be made to ensure success.

---

[123] Tavistock Institute (2014) Process Evaluation of the Realising Ambition Programme, Second Interim Report p 51: https://www.biglotteryfund.org.uk/research/children-young-people-and-families/choices
[124] Organisational Health Scorecard year 1
[125] Case study interview, 2014
[126] Case study interview, 2014

Over the course of a replication process, pressures to adapt the intervention can be both internal (deliverer led) and external (environmentally led). Whilst it can be tempting for projects to make wholesale changes to their interventions, responding to these pressures must follow the pathways that the evidence suggests will lead to better impacts. The challenge for projects is to balance two needs: the need to stay faithful to the original intervention and the need to respond to local needs. This allows confidence of similar results being produced whilst able to win and retain target groups for the intervention. This struggle is mostly about understanding what are the core elements of the intervention (i.e. those affecting outcomes) and which aspects are peripheral (i.e. those which can be modified). This was a learning journey for all of our case studies, and it would appear that overall home grown interventions using a wholly owned replication model benefitted more than the licensing projects from participating in Realising Ambition in terms of specifying their intervention and delivering with fidelity. Realising Ambition, through the support offered by the programme, thus made a significant contribution to strengthening home grown social interventions.

Nevertheless, participating case study projects across replication models benefited from the Realising Ambition approach by embedding some of the programme's ways of working into their other activities. However, engaging in this learning journey was stretching at times: to normal ways of working, to internal knowledge and to systems. Creating systems and structures that allow learning and communication across replication sites to reduce isolation and create the conditions for faithful intervention delivery were the key organisational adaptations that needed to be made.

To date, case study projects appear to have developed the infrastructure (knowledge management systems, manuals, information sharing systems) that aids capturing learning, improving their ability to replicate. In some cases the infrastructure developed for their Realising Ambition project has also begun to expand to the wider organisation.

Senior management and Board support appears to have become increasingly important as replication unfolded: for case study projects, this has resulted in overcoming of challenges when they arose; in supporting target reach; raising visibility and for beginning to embed a new way of working in the organisation more widely. Taken together, this indicates that projects appear to be beginning to lay foundations to sustain their evidence-based learning and practice.

6. Learning about and supporting the replication of proven policies and practice

Key lessons

- Support for intervention specificity benefits from being front loaded.

- Support for the organisational dimension of replication becomes more relevant and beneficial at a later stage in the replication process. It should therefore start and finish later.

- Those engaged in a replication venture particularly value opportunities for face to face discussions and exchanges. Support activities at project and programme level should therefore be weighted to support this need.

This chapter explores some key issues around the third and final objective of the Realising Ambition programme: the Fund and others learn about how they can best identify and support the replication of proven policies and practice. This also includes a discussion of the last set of process indicators developed by this evaluation, looking to measure distance travelled in terms of projects' learning about replication.

6.1. Identifying projects for replication

The selection of projects into the Realising Ambition programme followed two sets of criteria:

- **The Fund** set the broad parameters for the programme in terms of: geographic reach (UK wide), type of lead organisation (not-for-profit), age bracket of beneficiaries (8-14) and intervention aim (prevention of first time offending).

- **The Consortium** defined the specific selection criteria for projects within these parameters. These were: an evaluation, ideally experimental, demonstrating effectiveness; an intention and willingness to replicate and scale up; and having delivered the intervention for at least two years.[127] These criteria combined both intervention specific aspects as well as organisational preconditions for replication.[128] They were translated into the design of the application form through questions addressing these dimensions, used as criteria to assess applicants and then to form a baseline and subsequent support plan for successful projects.

---

[127] Consortium proposal 2011, p. 9
[128] Tavistock Institute (2013): Process Evaluation of the Realising Ambition Programme, First Interim Report, https://www.biglotteryfund.org.uk/research/children-young-people-and-families/choices

A three stage selection process

The identification of the Realising Ambition project portfolio took place in three stages:

- **An information and outreach phase** (of circa one month in September 2011) where inclusion criteria were developed and information about the programme broadcast via webinars as well as a web-based information and advice line in English and Welsh.

- **An expression of interest stage** (of circa one month, mid-September to mid-October 2011) where relevant organisations were asked to complete an online checklist ('screening tool') designed to allow the Consortium "to plot the distribution of applications in terms of evidential standards reached, geographic coverage, target groups involved, cost benefits involved."[129] As a result of this process, more than one third of expressions of interests received were deemed ineligible for the programme.[130]

- **A long-listing phase** (of about one month until around mid-November) where a long list of 51 projects for potential inclusion in the programme was drawn up, compulsory workshops held in each UK country where information and support for the full online application was provided. This led to 44 of the 51 longlisted projects submitting a full application on 11th November 2011. These applications were assessed against the selection criteria and grouped into bronze, silver and gold categories depending on the level of evaluation support they required. Of these, 25 (plus three reserve) projects were presented to the Big Lottery Fund's Funding Committee in February 2012.[131]

Key lessons learnt

The following key learning points have emerged from this process:

- The process worked in funnelling the pool of applicants down to those projects with the greatest relevance to Realising Ambition, hence avoiding unnecessary work on both the side of applicants and the Consortium in selecting projects. The two Consortium organisations leading on the evidence and organisational aspects of replication led on project selection which improved the quality of decision making: "It was strength to have different organisations looking at the projects from different angles." [132]

- It pays to coherently follow through selection criteria into application forms and monitoring tools. As shown in Section 4.3.2, on the applicant's side, through its focus and the nature of the questions asked, the Realising Ambition application process prompted our case study projects to engage more thoroughly with the intervention, the programme requirements for replication and the organisational reasons for getting involved than they had before.[133] To projects, the process, as designed, communicated a sense of prestige,

[129] Stakeholder interview, 2012
[130] Stakeholder interview, 2012
[131] Tavistock Institute (2013): Process Evaluation of the Realising Ambition Programme, First Interim Report, pp 30-31
https://www.biglotteryfund.org.uk/research/children-young-people-and-families/choices
[132] Stakeholder interview, 2012
[133] Tavistock Institute (2013): Process Evaluation of the Realising Ambition Programme, First Interim Report, pp 34-35
https://www.biglotteryfund.org.uk/research/children-young-people-and-families/choices

relevance and importance, which, for some, was an additional motivating factor to apply. On the side of programme management, this approach offers a robust framework from which to assess projects' strengths and weaknesses, tailor support and track progress. In the case of Realising Ambition, for instance, those projects that scored lower on the application criteria (and hence were felt to be more risky) were given more time to prepare for the start of their replication activities than those that scored highly (i.e. were given a green rating).

• The timing of the three stage selection process in Realising Ambition was felt to be too tight, both by projects and by the Consortium. Perhaps the key improvement opportunity was in the third phase, where some of the compulsory workshops (at which application forms were made available) were felt by applicants to be too close to the final deadline. Therefore, careful thought needs to be put into the relationship between the timing of such workshops in relation to their location across the UK and the final application deadline in order to avoid a potential and unintended bias towards more 'ready' projects.

• In the context in which the Realising Ambition programme was set up, the information and outreach phase would perhaps be more quickly conducted today due to the launch of the 'What Works' initiative in 2013[134] as well as local initiatives such as Project Oracle in London.[135] These provide rich sources of information about evidenced interventions. However, the number of well-evidenced interventions in the UK remains low.

6.2. Supporting projects to replicate proven practices

In order to support projects' replication efforts, the Consortium made available to them a range of support activities. Learning from the costing of these activities and formulating / running the activities themselves is presented in this section.

6.2.1.   Structuring the cost of support

The figures below illustrate the budgeted break-down of planned support for Realising Ambition projects.

Figure 15: Cost of replication support offered to Realising Ambition projects (agreed in 2012)[136]
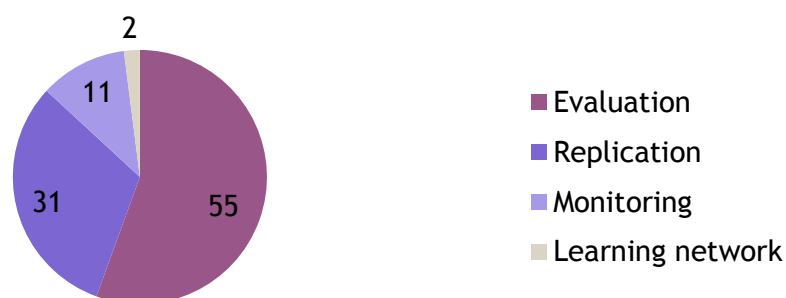
---
[134] https://www.gov.uk/what-works-network
[135] http://project-oracle.com/
[136] Realising Ambition Year 2 programme documentation

As Figure 15 shows, the programme made a significant investment in evaluation: 55 percent of the support resources were allocated to evaluation activities which includes programme level outcome evaluation, evaluation support to interventions and four RCTs. Almost one third of resources for support were allocated to replication support (that is, the organisational dimension of replication) and 11 percent allocated to the monitoring system and related support programme, with two percent of the support budget allocated to a programme-level learning network.

Figure 16 and Figure 17 below and overleaf show, the planned annual spend (percentage of total) by support activity. Figure 16 shows that all three types of support activities were front-loaded, trailing off after the first three years.

Figure 16: Planned annual support spent as a percentage of total[137]
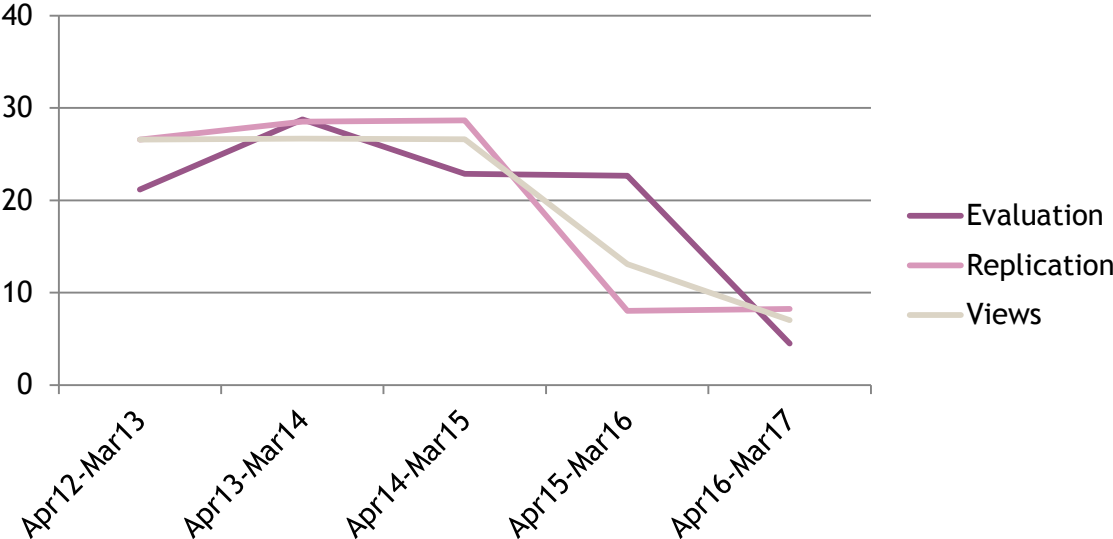
Figure 17 breaks down the evaluation support into RCT support and support for interventions and shows how these activities were structured in comparison to the replication support. This shows that the intervention support (evaluation) was to be focused on the first year when nearly 60 percent of this budget was planned to be spent and only a low level of support to be offered from year 3. During this time, the replication support was intended to remain in place, and only trail off a year later in 2014/2015. These two activities were thus phased differently, with the RCT support covering the middle three years of the programme.

---

[137] Process evaluation calculation based on Realising Ambition year 2 Master Budget 2013 (revenue only)

Figure 17: Volume of evaluation and replication support budgeted by year (% age of total) [138]
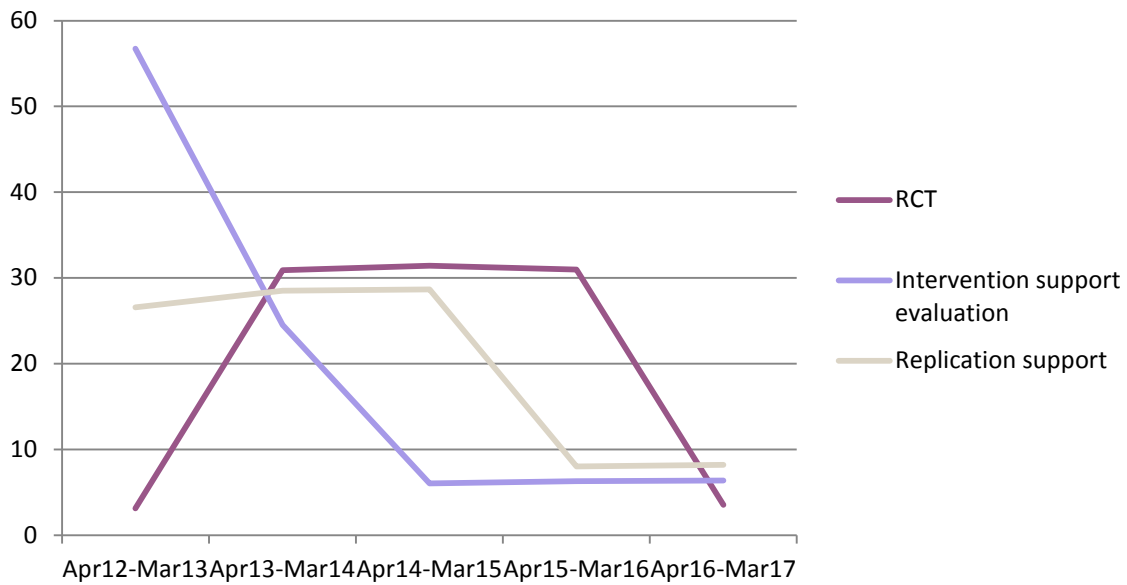
Revisiting this planned spend in light of the previous chapters, the following two conclusions can be drawn:

• **Evaluation and intervention specificity support should be front-loaded.** It is sensible to focus evaluation and intervention specificity support at the beginning of a replication process in order to ensure that interventions are as specific as possible and staff understand the importance of balancing adaptation with fidelity.

• **Replication support benefits from starting later.** Replication support, however, which encapsulates support for the organisational dimension of replication, will benefit from starting and finishing later. Our case study data would suggest that in the early stages projects might not be in a position to appreciate the need and value of this support. However, certainly once delivery is established and questions of sustainability become more prominent, this dimension gains significant interest.

Indeed, reflecting on the first three years of programme delivery, the Consortium itself sees the sequencing of support as one of the key changes they would now make when organising support for replication. [139] This would involve:

• Focusing at the beginning on helping projects refine their interventions, including support to identify the core and peripheral aspects of interventions.

• Only light touch support for the organisational dimensions in the first two years (when Realising Ambition projects were busy with the practical and conceptual preparation for replication) with greater intensity of organisational support from the third year of Programme delivery, when questions of sustainability became more prominent.

[138] Process evaluation calculation based on Realising Ambition year 2 Master Budget 2013 (revenue only)
[139] Stakeholder interviews, 2015

Looking back, the Consortium's experience is also that integrating the two kinds of support as much as possible is important, for reasons of efficiency and to ensure a consistent message is delivered to projects. Replication business models could be one (conceptual) vehicle to organise such integrated working.[140]

6.2.2.   Structuring the delivery of support

Over the period covered by this process evaluation, the delivery method of the programme's support offer also evolved. The formal support events are illustrated in Figure 18 below. These events were held in addition to the bespoke support offered to each project which included one to one meetings and personal calls.

Figure 18: Evolution of support types[141]
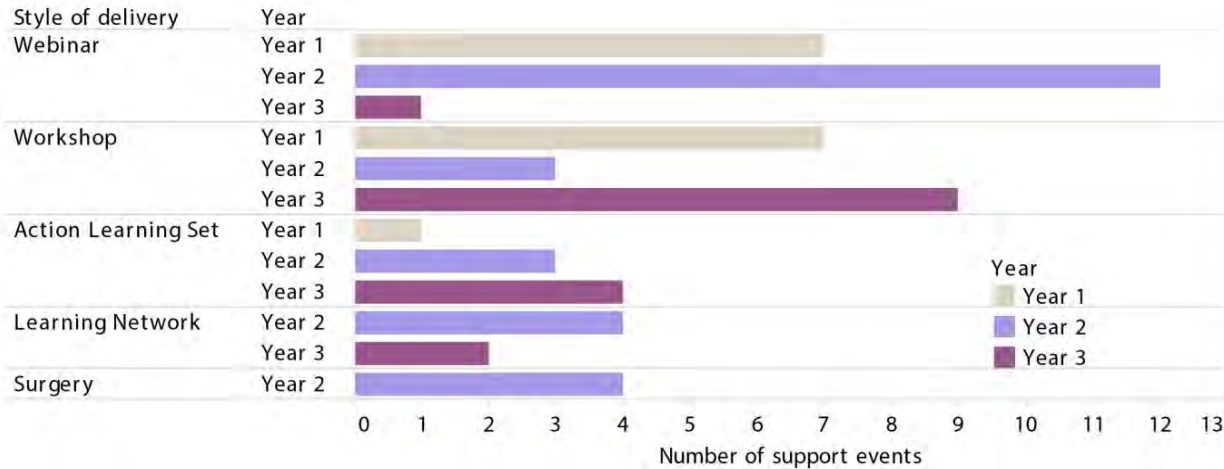
In year one the support events were delivered evenly via webinars (seven) and workshops (seven). Year two saw a high point of webinars (twelve). Whilst the number of workshops reduced to three in that year, three Action Learning Sets were held alongside four learning network events and four surgeries. Year three saw a focus on intense, longer events. The majority of events were workshops (nine) which were often held over a number of days. Only one webinar was held in year three. It would therefore seem that as replication progressed, the need for transmission of information (via webinars) reduced, whilst that for peer learning activities increased. This is in line with the increased breadth of support event topics, with only four of 16 events in year 3 being on narrower replication subjects such as bid writing and social finance.

This evolution of support was explained by one Consortium staff member as being due to a combination of factors: the value of webinars was re-evaluated and the issues around travel budgets became less important than promoting learning:

> "We wouldn't do them [webinars] again. They might have encouraged people to think about specific things, such as working with Boards, QA, knowledge management, but they weren't useful in terms of delivering useful learning (...) if we had made available a fund of money to travel to

---

[140] Stakeholder interviews, 2015
[141] Year 2 support data, Catch 22, and individual support data from Consortium partners.

training, we could have used resources differently: we could have turned these webinars into a series of workshops and this could have been mandatory in first two years. We could have done more with workshops but we would have had to make provisions for it money-wise."[142]

This appraisal of why the type of support events changed over time is interesting from a process standpoint. First, the original decision not to ensure that projects budgeted for travel to support events militated against the possibility of having a large number of face-to-face events. A travel budget for learning would have allowed staff to attend from organisations with few reserved resources for professional development and those based in further regions. Second, workshops were seen as far more beneficial to projects actually learning than webinars. This is likely to be due to the importance of sharing learning for many topics such as fidelity which cannot be 'taught'. Finally, it shows that the Consortium's commitment to learning led them to change their own practices, a change which appears to have borne fruit, as shown below.

6.3. Supporting learning

Learning is one of the three objectives of the Realising Ambition programme. It was built into both the design of support activities and supported via two programme level events held in the first three years of the programme.

Figure 19: Learning support [143]

---
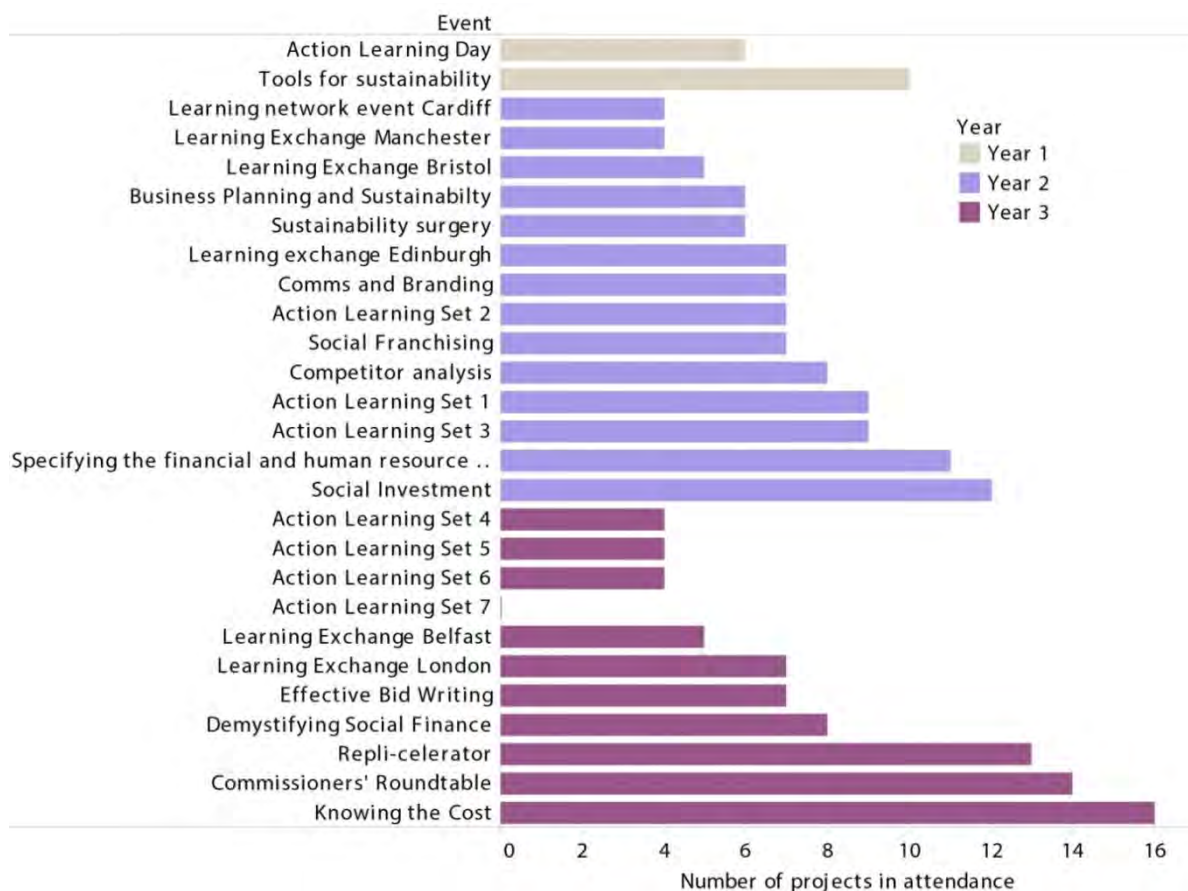
[142] Stakeholder interview, 2015
[143] Year 2 Support data, Catch 22, and individual support data from Consortium partners.

However, the majority of events that brought projects together were the workshops and action learning sets to support replication. In Figure 19 above we can see that a large number of such events were held (27) over the course of 2.5 years. All but two were held in years 2 and 3. Year 2 support events covered a large variety of topics, often related to specific interests such as branding, social franchising and social investment whilst sustainability was also covered through surgeries and workshops on finances and competitors. The transition from year 2 support to year 3 support in this area represents a new focus on general topics and skills and more in-depth support. This has resulted in some events that required a large time commitment by projects but were even better attended than in previous years.

Overall, the peer-to-peer elements of support were seen by projects as the most useful component in dealing with operational issues and troubleshooting. For instance:

- Support events that clustered projects by a common feature (such as school delivery) were also shown to be good opportunities to share common issues.[144]

- More specifically, peer support at events helped improved fidelity measurement.[145] One fidelity workshop was judged to be "Very good, really good. It was very practical, gave us lots of ideas and shared what other projects did too. Our intervention and another were fairly light touch. It made us think we could do a lot more on fidelity."[146] Following this discussion the project created a new fidelity form. This was a good case of peer discussion prompting the recognition of shortcomings and better fidelity monitoring.

Because of the benefits of peer support, by year 3 the programme promoted inter-project learning by increasing the numbers of workshops and expanding their Action Learning Sets to be four-day events. The increased length of workshops and Action Learning Sets has led to stronger connections between projects and better quality exchanges. One Action Learning Set delegate stated that "I was rather dubious at first but now I'm really looking forward to the third day. None of us knew each other before and we really gelled on Friday".[147] This appears to have built skills and capacity in the project staff who attended as well as promoting a sense of collective identity amongst project leads. This is important as one-to-one conversations were seen as more helpful in "getting the replication going" than webinars.[148]

In many cases the Consortium's close bespoke support acted as a surrogate to these peer relationships. In one example a project manager stated "having an external critical friend to say we are on the right track was really helpful and affirming."[149] Having 'outsiders' available at the outset of the project to validate and ensure its right direction appears to give confidence during an uncertain process. These critical friendships have so far mostly not been between projects but between project and programme staff. As the funding for support events has

[144] Case study interviews, 2013
[145] Case study interviews, 2013
[146] Case study interview, 2014
[147] Case study interview, 2014
[148] Case study interview, 2013
[149] Case study interview, 2012

been scaled back after year 3 these peer relationships may begin to be developed in earnest.

Whilst programme events brought projects together, there was little peer contact outside of these, even for projects based in the same cities.[150] Among our case studies we only found a few examples of relationships between projects outside programme events, all linked to projects with the same replication business model making contact with each other. One example of this was that when reading an annual report of another project, a project manager with the same replication model called the author. This conversation was useful to "see when problems crop up".[151]

6.4. Supporting projects to influence

While most project staff initially understood their intervention to be a funded 3-5 year project, the Consortium's approach was to see these projects as a starting point for a wider impact: on local young people, commissioners and their own organisations. As this was unusual compared to many youth programmes, it took some projects a long time to understand (and even today some may not fully engage with this aim).

Project support like building evidence and capacity building for sustainability were all designed to contribute to sustainability and impact.

Building evidence

Alongside the influencing events, the emphasis on evidence "helps to put their work on the map, locally and nationally."[152] The Realising Ambition projects fit well with Government's 'What Works' agenda and make the programme ahead of the curve in this respect. The work on capacity building, improving the standards of evidence and (to a lesser extent) the launch of the programme have created conditions where the programme is likely to have a lasting impact.

Capacity building for sustainability

Whilst the project tools such as logic models will make it easier for most projects to replicate again, **organisational capacity building** has allowed staff to better identify new opportunities and improve their chances of winning funding. The capacity building by the SRU and Young Foundation is providing support to help with "securing funding beyond Realising Ambition and when the Big [Lottery Fund's] funding ends."[153]

There have been a number of events related to sustainability as shown in Figure 19. The most highly praised by case study project staff has been the Repli-celerator.[154] Run in year 3 over four days, this event let projects develop a social business plan and socially map a project into a business case. Finally, delegates pitched their business case to a 'Dragon's Den' style panel made up of actual

---

[150] Case study interviews, 2014
[151] Case study interview, 2014
[152] Case study interview, 2012
[153] Case study interview, 2014
[154] Case study interviews, 2014

commissioners and social investors. By going through the process of applying for funding in detail and in an artificially 'pressured' setting, project staff not only built soft skills but managed to get constructive feedback on the strengths and weaknesses of their business cases. Following the event, the weaknesses were then addressed through bespoke support, for example helping to finalise financial models. In effect, "the Repli-celerator was the bringing together of all the things we got from partners up to now, in a tangible document that tells us what [our intervention] does, how it works and how much it costs."[155] The attendees appear to have boosted their chances of taking up funding opportunities following this event and therefore of spreading replicated projects further around the UK.

6.5. Managing a replication programme like Realising Ambition

Key Lessons

• Managing a replication programme with multiple aims is demanding. To meet the needs of all the different programme objectives it is essential to have professionals with the right skills and experience in place from the beginning. Different programme functions should be the responsibility of different dedicated individuals.

• The more diverse a replication programme the greater the monitoring challenge. The unit of analysis and systems need to be clear and communicated from the beginning and provisions for support to projects made.

Realising Ambition can be characterised as a complex programme:

• It aims to achieve multiple objectives: reaching beneficiary targets, gathering evidence about what works and learning about supporting replication.

• It incorporates a large number of actors: four organisations at programme level implementing and managing the programme and accountable to the Fund; 25 lead organisations responsible for overseeing the replication of diverse interventions on the ground.

The learning from the first three years of the programme is that this complexity needs to be catered for in the design of the programme management. This is discussed further in the sections below.

6.6. Management structures and processes

Successfully managing a programme as complex as Realising Ambition requires the right structures and processes, together with an openness and willingness to continuously improve and learn.

---

[155] Case study interview, 2014

Management structures

The programme management function in a replication programme like Realising Ambition is particularly demanding. It combines three responsibilities: grant management, which may resemble contract management, with consortium and fundholder management (compliance function); and external communication and supporting programme learning (value added functions). The diversity of interventions and reach built into Realising Ambition also meant that perhaps more change than in a non-replication programme is carried into programme management. Reflecting on the programme management task in replication, one Consortium interviewee shared:

> "I guess it's different because of levels of complexity and multiple layers within that. [It's] not just the organisations we're working with in consortium, there's the projects themselves in terms of where they are and their own development and [the] support they need to implement their replication plan[s] successfully. (…) (S)ometimes you're managing who's got the lead contract but [that organisation] may not be deliverers."[156]

To meet programme needs it is therefore essential to have professionals with the right skills and experience in place from the beginning, to focus on relationships and to dedicate individuals to different functions. For instance, one of the learning points from Realising Ambition was that the nature of the external communications work was initially underestimated. There was thus no dedicated communications manager in place from the beginning. As a result, the influencing dimension of the programme's third objective was initially given less attention.

Further, there is a need for frequent communication between those organisations in charge of managing and supporting replication. In Realising Ambition, initial six-weekly Consortium meetings were supplemented by fortnightly telephone conferences to create additional structured spaces for communication, facilitate reflective discussions and thus provide more opportunities to resolve issues. A culture that encourages honest reflection in the spirit of continuous improvement supports programme management.

Finally, the need to communicate also extends to the funded projects. In a programme led by several actors confusion tends to arise externally about roles. The need to communicate role division clearly and frequently cannot be underestimated.

Monitoring and outcome measurement

Designing and embedding a fit-for-purpose monitoring system that gives an accurate picture of achievements is challenging, both conceptually and practically.

The **conceptual challenge** is to 'impose' a uniform set of measures on a diverse set of projects. For instance, Realising Ambition's basic monitoring unit is the

---

[156] Stakeholder interview, 2015

number of unique beneficiaries involved. This initially created data quality problems as this unit did not chime with some projects. For instance, one project double counted participants as each one was participating in two aspects of the same intervention. Thus, any programme level monitoring system is likely to require investment in supporting projects to use the tool appropriately.

The **practical challenge** involves accurate data collection. For instance, a third party organisational model for replication can introduce delays with lead projects feeding information into an online system if deliverers do not provide monitoring information on time. This may lead to an incorrect assessment of both the project's and the programme's progress. School-based interventions can struggle to record every single participating pupil onto the system. The Realising Ambition programme responded sympathetically to these challenges, and found solutions to them. For instance, school-based interventions were offered sampling support. However, these challenges highlight the need to agree a data model and collection strategy as early as possible, to communicate this clearly to funded projects and to offer support and training. A pilot phase with low target numbers could also be useful to surface unexpected difficulties and address them without affecting programme level reporting too strongly.

Introducing a programme level monitoring technology itself can be a challenge. Realising Ambition used Views, an Internet-based monitoring platform. Our case study projects appreciated Views as a simple and valuable tool to collect data from a range of sources. Three case study projects bought a license to use the technology on other projects their organisations are running. Nevertheless, projects' engagement with the monitoring technology was not without difficulties. For those organisations with their own monitoring system it normally meant entering the same data twice, which was perceived as burdensome. [157] Others mentioned some difficulty in being able to easily pull out information from Views to use for reporting demands. This challenge related to the kind of information that a project needed to present to a third party or to use for the organisation's own purposes. Due to these information needs not always being required for the Realising Ambition programme itself, in cases where projects wished to analyse data using complex filtering, they required additional bespoke support from Substance. [158]

These struggles meant that it took significant (management and support) effort and time on the part of the Consortium to improve the programme-level data quality, and support projects to meet their own data needs, the number of support days originally budgeted for monitoring support were increased significantly after the first year of the programme.

6.7. Summary

This chapter explored some key issues around final objective of the Realising Ambition programme: the Fund and others learn about how they can best identify and support the replication of proven policies and practice. It also discussed the

---

[157] Case study interviews 2012-2014; stakeholder interview, 2015

[158] Tavistock Institute (2014): Process Evaluation of the Realising Ambition Programme, Second Interim Report, p. 38-39 https://www.biglotteryfund.org.uk/research/children-young-people-and-families/choices

process indicators developed by this evaluation, looking to measure distance travelled in terms of projects' learning about replication.

The three-staged process of identifying Realising Ambition projects (an information and outreach phase; an expression of interest stage and a long-listing phase) has yielded useful **learning about how to best to identify projects for replication.** First, funnelling the pool of applicants enabled the identification of projects with the greatest relevance to Realising Ambition. Second, having two Consortium organisations with different expertise leading on project selection improved the quality of decision making. Third, following through selection criteria into application forms and monitoring tools prompted our case study projects to engage more thoroughly with the intervention, the programme requirements for replication and the organisational reasons for getting involved than they had before. Finally, on the side of programme management, this approach offered a robust framework to assess projects' strengths and weaknesses, tailor support and track progress.

The timing of the three stage selection process was however felt to be too tight. Therefore, careful thought needs to be put into the relationship between the timing of application activities and the final deadline in order to avoid a potential and unintended bias towards more 'ready' projects.

In terms of **how best to support projects in their replication journeys**, this chapter highlighted that: evaluation and intervention specificity support should be front-loaded, as this ensures that interventions are as specific as possible and that staff understand the importance of balancing adaptation with fidelity; replication support, on the other hand, benefits from starting later, as projects might not be in a position to appreciate the need and value of this support. Once delivery is established and questions of sustainability become more prominent, this dimension gains significant interest. Finally, those engaged in a replication venture particularly value opportunities for face to face discussions and exchanges. Support activities at project and programme level should therefore be weighted to support this need.

From the first three years of the programme, lessons also emerged about **managing replication** in a complex set-up like Realising Ambition. Programmes like this can carry particular challenges due to the multiple dimensions and aims they are set up to achieve. To meet programme needs it is therefore essential to have professionals with the right skills and experience in place from the beginning, to focus on relationships and to dedicate individuals to different functions. There is also a need for frequent communication between those organisations in charge of managing and supporting replication. Alongside the right structures and processes, successfully managing a programme of this complexity also requires an openness and willingness to continuously improve and learn.

Finally, **designing and embedding a fit-for-purpose monitoring system** for such a diverse a replication programme is conceptually and practically challenging. Any programme level monitoring system is likely to require investment in supporting projects to use the tool appropriately. This includes the time required in setting up, adapting and supporting projects themselves in using a new

reporting system. This is potentially valuable learning for the development of similar programmes in the future. For example, it highlights the importance for commissioners and programme managers to agree a data model and data collection strategy with the delivery agencies themselves so expectations are clear from the outset.

7. Conclusions

This process evaluation was set two tasks:

- To gain an understanding of the practical issues associated with replication, including issues emerging for organisations involved in replication themselves.

- To explore what does and doesn't work when supporting organisations to replicate proven models, and the resources required to support different approaches to replication.

The evaluation has covered the first three (of five) years of the Realising Ambition programme. It included the programme's application phase, set-up (2011-2012) and the first two years of full implementation (until March 2015).

Drawing primarily on findings from six project case studies, the following key conclusions can be drawn on the evaluation questions outlined above.

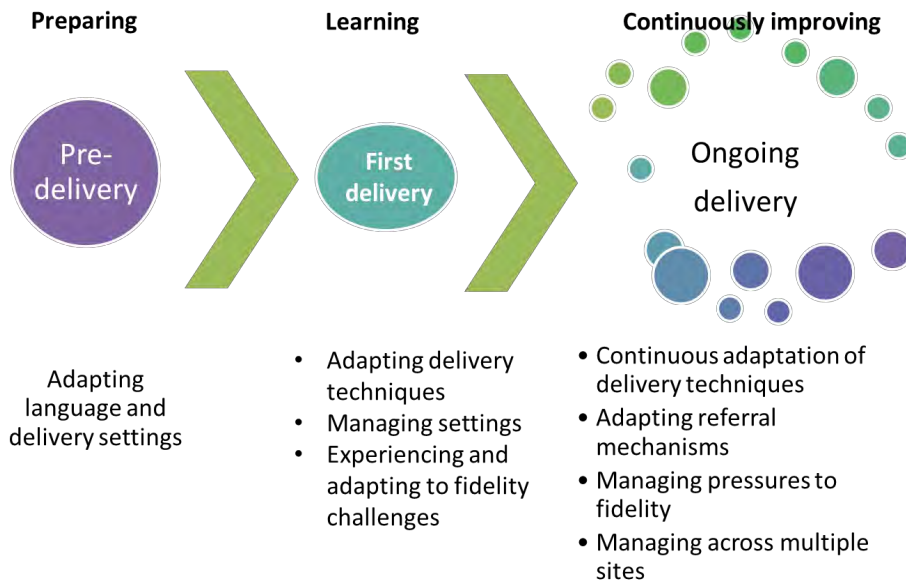*Replication is not simply about copying an existing proven practice*

Replication always requires adaptations of the original model (language used, delivery setting, delivery techniques) in order to make it work elsewhere. However, where replication takes place in several locations and / or over several years, this process of adaptation is ongoing and predictable only to a limited extent. This is because, fundamentally, the challenge of replication lies in the ability to balance two needs: the need to stay faithful to the original intervention (so as to have confidence of similar results being produced) and to respond to local needs (to be able to win and retain target groups for the intervention).

Replicating a proven intervention by implementing it in different locations or with different target groups requires an understanding of what is core and what is peripheral to an intervention. A strong understanding of the 'core' prevents this ongoing adaptation process from 'diluting' the intervention and, therefore, from losing its impact. In our Realising Ambition case study projects, the journey towards this understanding differed between projects replicating an intervention via a licensing agreement (with a usually North American owner) and those replicating their own, home grown intervention. Licensed interventions have tended to come with a clear understanding of core components, so the learning process focused on understanding and negotiating the extent of 'cultural' adaptations that could be made. Home grown interventions, on the other hand, have required the development of logical models, literature, manuals, fidelity tools and screening protocols, often more or less from scratch.

The Programme's emphasis on evidence has been a great benefit in developing replication interventions in this respect; through discovering the pathways that the service has an effect on young people's lives, the Realising Ambition projects have the opportunity to understand what is core and vital to getting positive outcomes out of their interventions.

In both cases, replication is best conceptualised as a process of continuous improvement where experiential knowledge gained from intervention delivery is fed into an improved understanding of the intervention core. Ideally, this should be supplemented by the use of evaluation data to track impact of adaptations made on outcomes.

Figure 20: The process of adaptation in replication

Preparing	Learning	Continuously improving
Pre-delivery	First delivery	Ongoing delivery
Adapting language and delivery settings	• Adapting delivery techniques • Managing settings • Experiencing and adapting to fidelity challenges	• Continuous adaptation of delivery techniques • Adapting referral mechanisms • Managing pressures to fidelity • Managing across multiple sites

Organisations need to adapt too

The organisations involved in replicating interventions are often themselves faced with challenges to established ways of working: internal processes and mechanisms may need to change in order to accommodate the needs of the intervention to be replicated. This is because replication creates a specific challenge; it requires the transfer of tacit and explicit knowledge of an intervention, its delivery and impact to multiple people in multiple locations. This is a two-way process between those managing replication and those delivering. In organisations leading a replication process, this tends to require a re-thinking of conventional staffing or ways of working. Thus, successful replication tends to require more senior staff input, be this in the form an experienced project manager whose role allows exercise of autonomy and flexibility, or more hands-on senior management/Board involvement in order to trouble shoot and contribute to sustainability. Moreover, the creation of new systems and structures is likely to be required in order to facilitate learning and communication across replication sites, avoid isolation of deliverers and create the conditions for faithful intervention delivery. Finally, replication is supported by a strategic interest and buy-in to an evidence-based way of working; an organisational culture that is open to innovation. A strong 'learning culture' is critical to successful replication.

Support for replication needs to be linked to the stage of replication and the replication model used

Realising Ambition projects received a significant amount of support, on refining their interventions and replicating them faithfully and to the organisational dimensions of replication. Whilst this support was offered simultaneously, its

value peaked at different times. For example, support with tightening the intervention and fidelity was valued from the beginning; the organisational support came into its own once implementation had become more established. This suggests that replication support is most effective when it is targeted to the specific phase of replication. Helping projects gain clarity about how to establish the core and periphery of the intervention they are looking to replicate, as well as paying attention to any specific needs business or organisational models for replication, could be a worthwhile investment.

Local relationships are a key success factor

Existing relationships in the replication areas are key to successfully reaching beneficiaries. However, most replication ventures will face contextual challenges outside of their control such as past experience in delivering an intervention in a particular location not necessarily and accurately being a predictor of success in new settings. New delivery locations are likely to challenge assumptions in unknown ways that can affect the extent to which they can reach their target beneficiaries. Funders and replication practitioners need to plan for such unforeseen and develop an ability to continuously learn and adjust.

Replication requires thinking about systems

Based on an evidence review of factors that affect the success of replication and innovation process more generally, we constructed a model that underpinned the process evaluation activities (see Figure 21 overleaf). According to this model, replication success is determined by a dynamic interplay (indicated by the 'permeable boundaries' of dotted lines between the different circles in the model) of intervention (and its features), the replicating organisation, the local context (of the replication destination) and wider political, economic and social environment.

Our evaluation activities chimed with the literature as we found that replication is helped if the **intervention** is **compatible** with the organisational ethos and local context; the **organisation** has a **culture** that is supportive of the complex replication task, the right number of skilled people in as well as organisational processes for monitoring and agile working in place (**capacity and capability**). Knowledge of the **institutional** and **community structures** for referral processes is essential, but these can be affected by **wider economic and political processes** (both positively and negatively). Knowledge of local geography and community structures is important for working out the logistics of intervention delivery. We have not been able to test issues of 'relative advantage' of the Realising Ambition interventions, partly because of the timing of this process evaluation (which finishes at the point when most projects are beginning their work on sustainability in earnest), partly because the Programme itself, in delivering funding, does not test the economics of the interventions in their replication contexts. We also have not discovered strong evidence on the importance of organisational type (e.g. whether and to what extent size matters). As a result of evaluation activities we have, however, slightly re-organised the original model so that the intervention is now at the heart of the concentric circles to better reflect the importance of the link to the

organisation. This model will remain a useful tool to both assess the replication process and support the implementation of a replication project itself.

Figure 21: System approach to replication

Annex 1: Case study selection method

In coming up with a case study long list, we applied the following criteria: the six case study projects needed to represent the Realising Ambition portfolio as a whole and fulfil other primary criteria agreed with the Fund including:

• Representation of the four nations (based in and replicating in);

• Funding amount received (high, medium and low);

• Level of intervention (multi, individual, family, group, school and community);

• If the intervention was home-grown or from abroad;

• Evaluation rating (wave 1, 2 or 3).

We also aimed to select one project who would receive an RCT.

Secondary criteria have also been considered. For example, any specific target groups, size of host organisation and if the intervention is being delivered in an urban or rural area.

The case studies were selected in a two-stage process:

• Stage 1 involved creating a long list of 11 potential case study projects by choosing the ones that 'best' matched the primary criteria, whilst providing a spread across projects. This stage also included looking at secondary criteria so that the proposed projects represented the portfolio's make up, e.g. rural/ urban, size of delivery organisation, specific target group and level of intervention. In the table below, rationales for selection are provided as well as some considerations that may inform the final selection.

• Stage 2 involved a series of consultations with the Consortium in order to supplement the above formal criteria with the tacit knowledge held by those having worked with Realising Ambition projects over a number of months. These discussions concluded with the selection of the six projects listed in section 1.2 of this report.

Annex 2: Realising Ambition process evaluation questions and methods

Conditions for successful replication	Evaluation question	Methods
Effective demand (a need within society)	▪ What process was undertaken and what information was required by the Consortium to identify projects suitable for replication?	▪ Observations ▪ Stakeholder interviews ▪ Project and programme document review ▪ System audit ▪ In-depth case studies
Effective supply (generation of innovative ideas development of these ideas into demonstrably workable forms; communication and dissemination)		
Effective strategies (connecting pull to push and fining the right organisational forms to put the innovation into practice)	▪ What replication approaches were favoured by project organisations and the Consortium and why? ▪ What were the comparable time and costs of the replication approaches employed to achieve what type and scale of replication? ▪ How did the Consortium structure funding for projects to enable their replication? What lessons should the Fund learn from this for its own future funding of replication? ▪ What support was provided by the Consortium to projects in the portfolio to realise their replication aims, and how effective was this in meeting organisations' and other key stakeholders' needs? ▪ To what extent were models and proven interventions replicated by organisations in years 1 & 2 of the programme? ▪ How were models and interventions modified to adapt to different contexts?	▪ Review of replication literature ▪ Cost assessment ▪ Indicator data ▪ Document review: indicator development ▪ Consultation with indicator task force ▪ Learning event ▪ In-depth case studies ▪ Ad hoc case studies

Conditions for successful replication	Evaluation question	Methods
	▪	
Learning and adaptation (ensuring that the innovation achieves social impact and continues to do so as the environment around it changes)	▪ In what circumstances has replication proved difficult or not possible and conversely what factors have appeared to support success? ▪ What has been the impact so far of the replication process on the original project organisation and any new organisations involved (including on their financial stability, organisational structure etc) and what issues have emerged? ▪ To what extent is the portfolio funding model fulfilling the Fund's objectives in promoting policy leadership and specialist replication expertise in this UK-wide programme? ▪ To what extent has the Consortium's mix of skills and expertise (which were assessed and selected by the Fund) supported the delivery of the Realising Ambition programme's aims and outcomes so far? ▪ To what extent has the Fund's standard grant assessment and management processes supported or complicated delivery of the programme?	▪ Learning event ▪ System audit ▪ In-depth case studies ▪ Ad hoc case studies ▪ Reporting

Annex 3: Replication process indicators

Realising Ambition objective 1: More young people benefit from opportunities and support to fulfil their potential		
Indicator Title	**Indicator Definition**	**Data source**
Number of children and young people participating	Number of children and young people enrolled and participating in intervention	Views (postcode data and referral mechanisms)
Percentage of intervention sessions attended	The percentage of all sessions planned and run by the project that the beneficiary of the intervention has participated in	Views
Number of children and young people who have completed the full intervention	Number of children and young people who have completed the full intervention (including any booster sessions that may be offered)	Views
Percentage of target and sub-target groups reached	Percentage of children and young people participating, broken down by relevant target group categories The existence of a process to find the right children and young people to participate in the intervention.	Views Standards of evidence
Level of engagement by children and young people in the intervention[159]	Changes in (engagement) of individual child and young person participating in the programme: measured through a move from disengagement (Level 1) to curiosity (L2), involvement (L3), achievement (L4) to autonomy (L5)	Engagement matrix (only for projects who use the matrix)
Realising Ambition objective 2a: Organisations working with young people have better evidence of what works in avoiding pathways into youth offending (standards of evidence)		
Indicator Title	**Indicator Definition**	**Data source**
Specificity of intervention replicated	Changes in the specificity score (1-5) achieved compared to the assessment at application stage	SRU rating on Intervention Specificity dimension of Standards of Evidence / support plan
Quality and appropriateness of evaluation evidence	The quality of evidence available on the intervention (in terms of appropriateness and 'fitness for purpose') as measured by the project's location on the Maryland scale on strength of scientific evidence (1-5) at the beginning of the programme and after two years of operation	SRU data Department for Education assessment of projects' evaluation according to Maryland scale
System readiness of intervention	Improvements in the 'system readiness' of an intervention: indication of unit cost and staffing requirements; an explicit process to measure the fidelity of implementation and to address common implementation problems	SRU rating on Intervention Specificity dimension of Standards of Evidence / support plan

---

[159] This indicator was optional

Realising Ambition objective 2b: Organisations working with young people are able to replicate the most effective approaches (organisational readiness)		
Indicator Title	**Indicator Definition**	**Data source**
Fidelity of intervention delivery	The extent to which the intervention is delivered with fidelity in the replication destinations	Support and replication plans. SRU Standards of Evidence Question for replication managers
Existence of fidelity monitoring tools	Do fidelity monitoring tools exist for the intervention? (yes/no)	SRU assessment on system readiness dimension of Standards of Evidence
Routine use of fidelity monitoring tools	Are fidelity monitoring tools routinely being used by projects?	Views
Senior management support (organisational skill / will)	The level of senior management and Board / Trustee support for the replication project	Answers to YF questions on Board support as part of regular review meetings. Process evaluation case study work
Knowledge of replicating children and young people interventions ('ability to replicate')	The extent to which project teams have gained a better understanding of the organisational and intervention requirements supporting successful replication, specifically in the areas covered by the Young Foundation's support	Self-assessment tool based on Organisational Health Scorecard Process evaluation case study work
Realising Ambition objective 3: The Fund and others learn about how they can best identify and support the replication of proven policies and practice		
Indicator Title	**Indicator Definition**	**Data source**
Number / Percentage of learning group meetings and practice sharing days attended	The presence of one or more key member of the project team at programme events designed to encourage inter-project learning	Registration sheets for events from Catch 22 and Young Foundation Collected quarterly as part of partners' returns
Frequency and quality of contact with other Realising Ambition projects outside formal programme events	The regularity with which a project is in contact with other projects relevant to its replication efforts, and the quality of that interaction in terms of supporting replication	Process evaluation case study work

Annex 4: Support events overview

Recorded support events offered by RA Consortium, years 1 to 3

Aim	Event	Style of delivery	Year	Project attendance
Support for reach	Engaging young people and schools	Workshop	Year 1	3
	Networking in new areas 1	Workshop	Year 1	3
	Networking in new areas 2	Workshop	Year 1	5
	Engaging schools and young people	Workshop	Year 1	5
	Getting what you need from trustees	Webinar	Year 1	4
	Developing a Leadership style for Replication..	Webinar	Year 1	5
	Developing a Leadership style for Replication..	Webinar	Year 1	11
	Serving the right people	Webinar	Year 1	11
	Specifying intervention activities	Webinar	Year 1	12
	PR and marketing	Webinar	Year 1	14
	Specifying financial and human resources	Webinar	Year 1	17
	Bespoke Staff Training and Introduction to RA	Workshop	Year 2	2
	Views	Webinar	Year 2	3
				4
	Project management	Webinar	Year 2	6
	Views Refresher	Webinar	Year 2	17
	Views Overview	Surgery	Year 2	2
	Quarterly returns surgery	Surgery	Year 2	11
	Views Report Template	Webinar	Year 3	15
Evidence and fidelity	Quality assurance	Workshop	Year 1	9
	Moving from innovation to proven model	Workshop	Year 1	24
	Delivering 'What Works'	Workshop	Year 2	5
	Knowledge Management	Webinar	Year 2	9
	Monitoring intervention fidelity	Webinar	Year 2	15
	Pre-Post Questionnaires	Webinar	Year 2	18
	Fidelity Workshop Wales	Workshop	Year 3	2
	Fidelity Workshop Scotland	Workshop	Year 3	2
	Fidelity Workshop Northern Ireland	Workshop	Year 3	4
	Fidelity Workshop England	Workshop	Year 3	15
Influencing and sustainability	Action Learning Day	Action Learning Set	Year 1	6
	Tools for sustainability	Workshop	Year 1	10
	Action Learning Set 1	Action Learning Set	Year 2	9
	Action Learning Set 2	Action Learning Set	Year 2	7
	Action Learning Set 3	Action Learning Set	Year 2	9
	Business Planning and Sustainabilty	Workshop	Year 2	6
	Comms and Branding	Webinar	Year 2	7
	Social Franchising	Webinar	Year 2	7
	Competitor analysis	Webinar	Year 2	8
	Specifying the financial and human resource ..	Webinar	Year 2	11
	Social Investment	Webinar	Year 2	12
	Sustainability surgery	Surgery	Year 2	2
				4
	Learning Exchange Manchester	Learning Network	Year 2	4
	Learning network event Cardiff	Learning Network	Year 2	4
	Learning Exchange Bristol	Learning Network	Year 2	5
	Learning exchange Edinburgh	Learning Network	Year 2	7
	Action Learning Set 4	Action Learning Set	Year 3	4
	Action Learning Set 5	Action Learning Set	Year 3	4
	Action Learning Set 6	Action Learning Set	Year 3	4
	Action Learning Set 7	Action Learning Set	Year 3	Null
	Effective Bid Writing	Workshop	Year 3	7
	Demystifying Social Finance	Workshop	Year 3	8
	Repli-celerator	Workshop	Year 3	13
	Commissioners' Roundtable	Workshop	Year 3	14
	Knowing the Cost	Workshop	Year 3	16
	Learning Exchange Belfast	Learning Network	Year 3	5
	Learning Exchange London	Learning Network	Year 3	7