

## Implementer Portraits: Meet Colin Waterman!



Colin Waterman is the Director of the U.K. [National Implementation Service](#) (NIS), and is based in Manchester, in the north of England. The NIS functions as a centre of excellence, providing training and support for evidence-based and research-informed programmes in social care, with a focus on children in/on the edge of care or custody and their carers/families.

### *What is one of your favourite publications on implementation?*

I recently read "[Developing theories of change for social programmes; co-producing evidence supported quality improvement](#)". It challenged me in the first instance – something that is not always comfortable but that I welcome nevertheless. For the past 11 years I have been involved in implementing some of the expensive, evidence-based programmes that Deborah Ghate – the author of the paper – has noted have been imported from overseas. On first reading

her paper, I wondered if some of what she had observed reflected what I perceive as prejudices towards carefully packaged interventions that have come to the UK from the USA. Couple that with recent UK studies concluding that these interventions are faring only as well – or less well – than treatment as usual, and we are left with a general stance that we should encourage commissioners to only use 'home grown' programmes.

However, I think that Deborah gets to the heart of the issue in many ways. The very reason policy makers and innovators looked overseas for cohesive and well-constructed interventions in the first place, is that we were short on them in the UK. Traditionally, evidence-based programmes from overseas have often done the 'heavy scientific lifting' in that they had clearly articulated theories of change, logic models and predicted outcomes for certain parts of the population who present with particular difficulties. The mistake we may have made, is to expect far too much of them and to not fully understand the issues of context and cultural fit. Do most countries have examples of excellent home-grown programmes that are successful? Almost certainly. However, I agree with Deborah that they have to strengthen their design, delivery and evaluability if they are to stand a chance of evidencing what it is they do well and in what circumstances. The big players within the EBP world already understand this and we would be wise to pay attention to and utilise what it is they already do well in order to grow the evidence base for home-grown interventions. Otherwise, we face an over-correction and run the risk of 'throwing the baby out with the bath water'.

### *What are you currently working on that relates to implementation?*

For the past year or more, the NIS has been working hard to sustain the programmes it implements and to provide high quality implementation, training and consultation services to Local Authorities throughout the country. We share information openly and honestly with the sole aim of assisting commissioners to find the programmes that are best suited to their specific contexts. Our commitment to developing excellent practice goes beyond the suite of specific evidence-based programmes that we implement. It extends to focusing on the process of basing good 'conscious commissioning' decisions upon robust research and needs analysis work. Having experienced some service cuts, the NIS is still supporting the UK networks for Multisystemic Therapy, Treatment Foster Care Oregon, KEEP and AdOpt. Given recent austerity measures, these are challenging times, but we remain committed to



maintaining high quality interventions. In addition, we have had enquiries from right across the globe where implementers in Australia, New Zealand and Singapore have contacted the NIS in order to learn from our experiences.

*If you were to have lunch with another 'implementer', whom would you pick?*

I would choose to have lunch with [Dr Phil Hammond](#). He is a UK based GP, journalist and comedian. I would love to sit and listen to some of his thoughts about the current state of the UK's National Health Service (NHS) and other public services. Firstly, [he is very funny](#), and it is this skill that he regularly takes onto stage to entertain his audiences when he is doing his comedy routine. Secondly, as a General Practitioner (GP) of 30 years he has an extremely well-informed view on how the NHS is run. He is extremely committed to its survival and challenges legislators to apply similar standards to implementing policy as you might see when developing a medical treatment for the wider public. His training and practice as a journalist with [Private Eye](#) mean he is well used to the rigours of fact checking and confirming sources of evidence. The combination of high levels of intellect, rigour, a commitment to maintaining ethical standards and a general sense of irreverence all add up to an excellent lunch time date in my view. Perhaps I should just call him.....?

*If you had the resources for it, what within implementation science or practice would you want to work with next?*

I would want to continue and develop the important work we have been doing in supporting foster and kinship carers and those adopting children across the full age range. Foster and kinship carers – as well as adoptive parents – all provide a much-valued alternative family care setting for those children and young people who cannot be brought up within their own families of origin. But, I know from close friends and family who are foster carers and/or adopters – as well as from my 30 years of professional work – just how demanding this work can be. As a sophisticated and complex capitalist society I believe we should want to afford the very best of care for this vulnerable part of our community. Excellent parent training programmes from a variety of different model developers are already in existence and yet their reach is not as wide as it might be. I would seek to establish the very best of these at the heart of what is offered to all of our foster/kinship carers and adoptive parents and for this to be viewed as the orthodoxy – not something to be commissioned only when families are hitting crises.