concepts/domains	Critical success factors for translation, implementation and use of children's health information in routine practice	
	LOW	**HIGH**
Context – service, quality assurance, evaluation, beliefs and values, culture and leadership	**LOW partnership and participation** between service, HCP[†] and children and parents (see Table 19) **Service** is adult-orientated, rigid and inflexible, children are processed through the clinical encounter with limited time, choice or opportunities for decision-making. **Inconsistent** staff and high turnover leading to lack of continuity of care **Resources: Limited or no** supply of children's health information resources for HCP use. **Children and or parents do not value the service** and frequently do not attend or cancel. **HCPs and organisation** not receptive to change, poor leadership.	**High partnership and participation** between service, HCP and children and parents (see Table 19) **Service** is welcoming and accommodating and allows sufficient time to engage with children and parents to discuss choices and facilitate decision-making. **Resources:** A supply of various types and formats of high quality children's information resources is available for HCP use. **Consistency** of core HCPs who know child and can see the big picture and understand the complexity of the child's diagnosis, care pathway and social context **Children and or parents** value the service and attend as intended **HCPs and organisation** actively engage with service users to evolve and improve services. Appropriate skill mix and staff experienced and skilled in working with children, including play therapists. Strong team ethos with clear leadership. High percentage of **nurse-led care** delivered in non-clinical environment, whereby nurses spend additional time focusing on information, knowledge exchange and checking understanding
Evidence - clinical guidelines, care pathways and children's health information, child and family evidence and experiences	**Evidence-based clinical guidelines and care pathways**, not available, or not valued and not used. **HCPs place low value** on children's health information resources and rely on telling children and parents what to do, and rely on children and parents remembering instructions. **HCPs** are unaware of what is available and do not seek out children's information resources. **Children's information resources:** There is little or no available high quality condition-specific children's health information for use, available children's health information does not match clinical guidelines, information is not quality assured **or** there is a supply of high quality children's health information, but HCPs are unaware of it or do not use it. **Children's and parent's experiences** not counted as evidence or valued	**Evidence-based clinical guidelines and care pathways**, which are valued and integrated into care processes **HCPs- place high value** on children's health information, and children's participatory model of service delivery. Children and parents place **high value** on children's health information. HCPs have high awareness of availability and quality of children's health information and actively seek out new high quality information and resources. **Children's information resources:** There is a range of different types and formats of high quality age-appropriate children's health information. There are robust quality assurance processes to monitor the quality of children's health information. **Children's and parent's experiences** actively sought and highly values