Purpose: This study aimed to examine the impact of introducing or expanding children’s community nursing (CCN) services, and support the contextual mechanisms that mediate the success of planning and implementing such service change. This paper presents findings about the identified contextual mechanisms: the perceived factors that mediated efforts to plan and implement new or expanded CCN services.

Methods: A case study design was used with five health communities in England that had recently, or were in the process of, introducing or expanding their CCN provision. Data were collected through twenty-one longitudinal (time frame), in-depth interviews and 6 focus groups with 41 children’s community nurses, managers and commissioners. Interviews and focus groups explored the processes, barriers and facilitators to service change planning and implementation. Documentary evidence was also collected. Data were managed using the Framework approach, and analysed thematically.

Results: Service change was implemented as planned in three sites, and partially in one site. Intended change was not achieved in one site. Dedicated finance, medical buy-in of CCN, and (where multiple providers were involved) use of a centralised network, all facilitated the achievement of service change. Competition between providers and NHS reforms made service planning complex and time consuming. An absence of medical support for CCN services, and a lack of commitment from commissioners, prevented intended service change in two sites. Communicating service change was deemed important for integration with, and take up by, other local NHS services. However, CCN team staff struggled to do this alongside care delivery and talked of the need for ‘marketing’. Demonstrating value and impact of the new and expanded services was challenged by inadequate data collection systems and inaccessible or overly complex data. Staff were keen to explore ways of measuring quality-based outcomes.

Conclusions: Issues of visibility and acceptability of CCN services appear to pervade the reported difficulties and successes of planning and implementing service change. Implications for care ‘closer to home’ policy and practice will be discussed.